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THE INTIMATE PARTNER VIOLENCE EXPERIENCE OF ARAB IMMIGRANT WOMEN IN THE U.S.

by

Aieyat B. Zalzala

A Dissertation

Submitted to the Faculty of Purdue University

In Partial Fulfillment of the Requirements for the degree of

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ABSTRACT

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Intimate partner violence (IPV) is a significant problem for immigrant women in the U.S. There are a number of unique risk factors and help-seeking barriers (e.g., patriarchal beliefs, lack of social support, immigration status, language as a barrier, limited knowledge about and access to resources) that contribute to the likelihood of immigrant women being in and remaining in violent relationships. As a result, immigrant women often feel isolated, alone, and silenced in their attempt to address their IPV. However, we know less about the IPV experience of Arab immigrant women in the U.S. as these women hold multiple marginalized identities (e.g., racial/ethnic, gender, immigration status) and their IPV experiences may be potentially more complicated. Therefore, it is critical for researchers and practitioners to understand better about the intersectionality of these identities and their IPV experience. While many theories use a one-dimensional approach to understand the cause of IPV (e.g., individual-based, feminist), Heise's (1998) ecological model suggests the cause of IPV is at the integration of individual, microsystem, exosystem, and macrosystem factors. Using this ecological model as a theoretical framework, I examined the IPV experience of Arab immigrant women in the U.S. using a qualitative framework. The focus of this study is to examine how the individual, microsystem, exosystem, and macrosystem factors impact the lived experience of Arab immigrant women who are survivors of IPV.

CHAPTER I

INTRODUCTION

Intimate partner violence (IPV) is an epidemic impacting men and women across the globe. Intimate partner violence is considered "any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship" (Heise & Garcia-Moreno, 2002, p. 89). Included in this definition are acts such as slapping, hitting, forced sexual intercourse, controlling behaviors such as isolating a person from family and friends, and emotional or psychological abuse such as insults, belittling, or threats of harm (Heise & Garcia-Moreno, 2002). Intimate partner violence can be perpetrated by either partner in a relationship. According to the National Intimate Partner and Sexual Violence Survey (NISVS) 2010-2012 state report, within the U.S., 27% of women and 11% of men have reported experiencing some form of sexual violence, physical violence, or stalking; 1 in 4 women and 1 in 7 men aged 18 and older have been a victim of severe physical violence by an intimate partner; about 14% of women and 4% of men reported injuries as a result of IPV; and 1095 women and 241 men were murdered by an intimate partner (Smith et al., 2017). While women can be the perpetrators of IPV against men, and IPV can be found in same-sex partnerships, IPV perpetrated by men against women is present in overwhelming rates (Heise, Ellsberg & Gottemoeller, 1999; Rennison & Welchans, 2000). In fact, one of the most common forms of violence against women is that performed by a husband or male partner in an intimate relationship (Heise & Garcia-Moreno, 2002). Therefore, this paper will focus on the experiences of women who have experienced IPV by a romantic partner.

Intimate partner violence is a significant public health problem and fundamental violation of women's human rights (WHO, 2013). Worldwide, one third of women who have been in a

romantic relationship report they have experienced some form of physical and/or sexual violence by their intimate partner (WHO, 2013). In one multi-nation study conducted with 24,000 women, across 10 countries that represent diverse cultural, geographical and rural settings, findings indicated the range of physical or sexual violence by a male intimate partner ranges from 15 to 71 percent (WHO, 2005) with as much as 38% of murders of women committed by an intimate partner (WHO, 2013). Additionally, across these countries anywhere from 20-75% of women reported experiencing one or more emotionally abusive act (e.g., being humiliated, controlled, insulted; WHO, 2005). The wide range of women who have experienced IPV across the globe speaks to the need for research to better understand the factors that contribute to a woman's likelihood of experiencing IPV.

In the United States (U.S.), approximately 1.5 million women are abused by their intimate partners annually (Esquivel-Santovena, Lambert & Hamel, 2013). More than one in three women have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al., 2011). Nearly half of women in the U.S reported experiencing some form of psychological aggression by an intimate partner in their lifetime (Black et al., 2011). According to the U.S. Department of Justice (2015) approximately 57.9% of victimizations (i.e., acts of violence such as rape, robbery, assault in which there is a victim) reported to the police are acts of intimate partner violence committed by a current or former spouse, boyfriend, or girlfriend. In 2014, serious acts of IPV, including acts of rape or sexual assault, robbery, and aggravated assault was 56.7% of all victimizations reported to police. However, only 28.2% of the survivors sought help from a victim service agency (U.S. Department of Justice, 2015). With high rates of underreporting, these numbers are likely an underestimation of IPV (U.S.

Department of Justice, Bureau of Justice Statistics, 2003). Regardless, IPV is a problem that impacts a majority of women (Robinson, 2003).

The Me Too movement, originally developed by a Black woman over 12 years ago has resurfaced in Hollywood, sparking a discussion not only about the prevalence of violence against women but the IPV experiences of women of color that are often ignored. Tarana Burke started the Me Too movement in 2006, with the goal of reframing and expanding the conversation around sexual violence to "speak to the needs of a broader spectrum of survivors" including "young people, queer, trans, and disabled folks, Black women and girls, and all communities of color" ("Vision," n.d., para. 3). Unfortunately, her efforts did not receive the heightened level of support until it emerged under the Hollywood lens, led primarily by White women. Since then, many have spoken about the longstanding lack of support for women of color who have reported assault and harassment (Garcia, 2017). As such, the voices and experiences of women of color are left out of the conversation, leaving them to wonder who this movement is actually serving. This question is important because sexual assault and other forms of violence against women is not only present in the White community but extends to many different communities of color.

Intimate partner violence is especially a problem in the U.S. immigrant community (Raj & Silverman, 2002). Life stressors that come with adapting to a new environment make this population more susceptible to experiencing IPV and may limit access and resources for the survivors. Researchers have found various risk factors (e.g., patriarchal beliefs, lack of social support, immigration status) that contribute to the increased vulnerability for immigrant women to experience IPV (Min, 2001; Orloff, 2000; Raj & Silverman, 2001). Furthermore, these women often experience barriers to seeking help (e.g., loyalty to family expectations, fear of deportation, acculturation) that make it increasingly difficult for some of these immigrant women to seek the

appropriate forms of help (Brabeck & Guxman, 2008; Bui, 2003; Raj & Silverman, 2002). Unable to get the help they need, these women suffer many negative mental health consequences (e.g., depression, anxiety, PTSD; Bonomi et al., 2009; Fedovskiy, Higgins, & Paranjape, 2009). The large number of immigrant women in the U.S. suggests a need to better understand their experiences with IPV in order to develop policies and interventions that can help them.

The IPV experience of immigrant women (e.g., risk factors, help-seeking barriers, mental health consequences) suggests the intersection of their various social identities creates an IPV experience different than some other women in the U.S. In addition to their gender, most immigrant women have additional forms of marginalized identities connected to their race, ethnicity, religion, or legal status. That is, these women exist in a social context where intersections of systems of power (e.g., gender, racial/ethnic, immigration status) and oppression (e.g., racial discrimination, gender inequality) operate interactively to create a unique lived experience for women who hold intersecting marginalized identities (Bogard, 1999). For instance, both White and immigrant women deal with the consequences of gender inequality; however, immigrant women must also navigate how gender inequality intersects with limited access to resources due to their immigration status or difficulties with acculturation (e.g., language proficiency, knowledge of resources available). It is within these intersections of identities that it becomes clear the IPV experience is not the same for any two women. Nonetheless, in order to best understand the IPV experience (e.g., causes, risk factors, barriers to seeking help) of any group of immigrant women, we must understand how these various identities reinforce and interact with each other (Crenshaw, 1989). However, most IPV theories do not address such intersections.

A number of theories (e.g., individual theories, feminist theories) have attempted to explain the causes of IPV using a one-dimensional approach. Each of these theories identifies a specific subset of variables (e.g., witnessing abuse in childhood, gender role stereotypes) that may contribute to IPV perpetration. Individual-based theories such as Bandura's (1973) Social Learning Theory suggests personal characteristics (e.g., behavior acquired through modeling during childhood) are a cause for IPV perpetration. Feminist theorists identify IPV as a social problem in which social systems (e.g., patriarchal society) sustain inequalities in intimate relationships (Kaufman, 1992; Lenton, 1995). These one-dimensional theories fail to acknowledge the complexity of additional variables present in the IPV experience. For instance, these theories do not consider how the intersection of marginalized social identities (e.g., racial/ethnic, religion, SES) may create a unique IPV experience for immigrant women. More specifically, these theories fail to capture the complex experiences of women who live within various systems of oppression, domination or discrimination (Crenshaw, 1991).

Integrated theories of IPV focus on multiple variables (e.g., individual factors, systemic factors) and how they interact with one another. For example, Heise's (1998) ecological model extends beyond one-factor theories by conceptualizing IPV as a "multifaceted phenomenon grounded in an interplay among personal, situation, and sociocultural factors" (p. 263). Within this framework, the causes for IPV are addressed on individual (e.g., witnessing marital violence in the home), microsystem (e.g., decision-making in the family), exosystem (e.g., poverty, social isolation), and macrosystem levels (e.g., rigid gender roles, acceptance of IPV; Heise, 1998). The framework focuses on a broader understanding of the determinants of IPV and the interrelated effects of the various levels (e.g., individual-community, community-societal, individual-societal). Rather than simplifying the IPV experience to one-factor, it is important to explore

how these interacting factors impact the IPV experience of the large number of immigrant women in the U.S.

Research has been conducted to explore various ethnic immigrant populations' (e.g., Latina, Chinese, South Asian, African) experience with IPV (Akinsulure-smith, Chu, Keatley & Rasmussen, 2013; Mehotra, 1999; Reina & Lohman, 2015; Shibusawa & Yick, 2007); however, there is little research done on the IPV experience of the approximately 3.6 million Arabs in the United States (Arab American Institute, 2014). Much of the information on this population's IPV experience comes from IPV research done with other ethnic populations taken together with the general literature on the life of Arab Americans. Although such information is helpful, it cannot be assumed that information gathered about various ethnic groups will consider the specific influences of the Arab culture. The purpose of the present study was to gain a deeper understanding about the Arab immigrant woman's experience with IPV. Specifically, I examined the experiences of Arab immigrant women who have experienced some form of IPV using an ecological framework (Heise, 1998).

Arab Americans

Arab Americans represent an ethnic group of individuals from 22 Arabic-speaking countries in the Middle East and North African (MENA) region, who have been immigrating to the United States since the 1880s (AAI, 2014). A majority of Arab immigration to the United States has occurred over major waves in an attempt to escape war and persecution. The exact number of Arab Americans is debated because as it currently stands, Arabs are categorized as White on the U.S. Census (Krogstad, 2014). The U.S. Census Bureau (2011) reported approximately 1.8 million Arab Americans living in the U.S.; however, according to the Arab American Institute (2014), it is estimated that there are more than 3.6 million Arab Americans.

The Arab American Institute (2014) reports the number of Arabs are significantly higher than those reported in the Census because the Census survey only captures a portion of the Arab population with a single question on ancestry.

Today, the rhetoric displayed by U.S. President Donald Trump and his administration showcases a presence of xenophobia infiltrating even the highest systems of power, reminding communities of color such as Arab Americans, that they are not welcome. Bans on individuals from Arab countries (BBC, 2017), sexist speech aimed at women (Fang, 2017), and the clear tolerance of discrimination toward marginalized communities (Blow, 2017; Boylan, 2018), presents an added difficulty for women who hold multiple marginalized identities. Today, Arab women experience not only the common adjustment difficulties of being in a foreign land, but must navigate how their identities make it difficult for them to simply exist in the U.S. Taken together with the literature that suggests immigrant women are more likely to be in an IPV situation, it becomes increasingly more important to understand their IPV experience. Yet, little is known about their IPV experience as it relates to risk factors, help-seeking behaviors, and mental health consequences.

Arab Women and IPV

There is a limited literature examining the IPV experiences and risk factors that Arab women face in the U.S. or outside of the U.S. In this limited literature, researchers have found traditional beliefs regarding gender roles (Haj-Yahia, 2000) and tolerant attitudes toward IPV (Haj-Yahia, 2003) as potential contributors to the high rates (e.g., 17-45% for physical abuse) of perpetration across various Arab countries (Gharaibeh, 2009; Maziak & Asfar, 2003; Sadiqi, 2010). Other researchers in the MENA region have found cultural norms that reject seeking help in a public forum to be contributor of a woman's inability to leave an abusive relationship

(Gharaibeh & Oweis, 2009). Although these findings are found in the Arab region, it emphasizes the problem of IPV exists among a population that is immigrating to the U.S. in increasingly large numbers.

In the U.S., the limited research highlights high rates of IPV in the Arab American population (Barko, Fakhouri, & Arnetz, 2011; Kulwicki, 1996). In these studies, researchers reported a range of 7-57% for physical abuse, a range of 76-93% reporting some form of emotional or psychological abuse (e.g., controlling, threatening; Barko, Fakhouri, & Arnetz, 2011; Kulwicki, 1996). Additional studies conducted with Arab immigrant women who have experienced IPV has been limited to examining cultural beliefs and help-seeking behaviors (Abu-Ras, 2007), and mental health expression of trauma symptomology (Hamza, 2010). This limited literature reflects the complexity of IPV in this community and suggests that some cultural norms may contribute to the problem of IPV and prevent these women from feeling safe about seeking formal help services. Yet, little is known about the cultural barriers or resiliency factors present in the lives of Arab immigrant women suffering from IPV.

Taken together with findings in the Arab world, there exists a need to expand on research understanding the IPV experience of Arab immigrant women. Difficulties in adjusting to a new environment and the various systems of oppression that come with being a woman of color in the U.S. make for a unique lived experience. Compounded with the vulnerability of experiencing IPV, it becomes necessary that more research be done to understand the lived IPV experience of Arab immigrant women.

Statement of Purpose

The purpose of this study is to examine the intimate partner violence experience of Arab women living in the U.S., a marginalized community with a number of “minority” identities that

create a unique experience. For example, even though these women suffer from discrimination based on their sex and race, some have additional discriminatory experiences based on their religion, socioeconomic status, and immigration status. Further, the increased risk for immigrant women to experience IPV leaves them to suffer not only public forms of discrimination based on their social identities, but also endure violence from their intimate partner within the privacy of their own home. To better understand the lived IPV experience of Arab women, I used an ecological theoretical framework (Heise, 1998). With this framework, I explored the individual, microsystem, exosystem, and macrosystem factors that contribute to the IPV experience of Arab immigrant women (Heise, 1998). The experiences of immigrant women cannot be explained within the traditional boundaries of race or gender, rather the intersection of race and gender that together influence and shape an immigrant woman's experiences. In this study, I also extend beyond the intersection of race and gender and address the intersection of additional identities held by Arab women (e.g., religion, SES, immigration status).

In an attempt to give these women a voice about their experiences with IPV and expand the Arab literature, I examined the IPV experience through a consensual qualitative approach (CQR; Hill, Thompson, Williams, 1997; Hill, Knox, Thompson, Williams, & Hess, 2005). In order to capture the experience of marginalized communities in which little is known, counseling psychology has become more open to approaching research through a qualitative lens. In fact, the field has begun to shift from the primary use of quantitative methods to create a greater inclusion of qualitative methodologies (Polkinghorne, 2005). Using qualitative methodology provides a space in which we can "transform the lived experience [of participants] into a research report" (Kirsch, 1999, p 45). Through this approach, I conducted semi-structured interviews with Arab immigrant women who have experienced at least one form of IPV.

Importance of the Study

Understanding the IPV experience of Arab women is important for a number of reasons. First, given the increasing population of Arabs in the U.S. and the negative implications IPV has on the mental health among other immigrant groups, attention to the risk factors and help-seeking behaviors of this population is an important concern for clinicians and researchers. Arab Americans tend to seek help from friends, family and religious leaders before seeking out formal psychological services (Shawahin, 2016). However, Arab Muslim women in the U.S. have reported very low support from religious leaders, suggesting that even the support system for men may not exist for women (Shawahin, 2016). Therefore, it is particularly important to explore the life stressors that may be impacting this underserved population and better understand the experiences of these survivors.

Second, this information extends beyond what we already know about the IPV experience of immigrant women by providing a voice to an underrepresented population of women. The lived experiences of Arab women are often ignored in literature of Arab Americans and IPV survivors. Even though Arab women represent diverse social identities across religion, SES, and immigration status, this diversity in lived experiences is often ignored in the literature. Further, much of what is known from this population's experience comes from literature that describes the IPV experience of other immigrant populations. This study contributes to the literature by identifying how various intersecting social identities can create a unique lived IPV experience for Arab immigrant women by allowing these women to share their stories.

Third, in my attempt to better understand the IPV experience of Arab immigrant women, I focus on potential resiliency factors that help these women. I explore cultural norms that may serve as strengths for this population. This information can serve as evidence counteracting the

plethora of negative associations made about the cultural practices of Arab Americans and be utilized as protective factors for clinicians who work with this population.

Fourth, a better understanding of how these women experience IPV can help in developing clinical measures that are culturally appropriate. Considering the little attention given to this population, it can be difficult for researchers to create or use validated measures with this population. Currently, it can be challenging for clinicians to develop competence in working with Arab immigrants without the literature to help guide the therapeutic process or development of preventative programs. This research can contribute to the literature on IPV, and also improve the field's understanding in working with Arab immigrants.

Relevance to Counseling Psychology

Counseling psychology is a general practice and health-service provider specialty in professional psychology (APA, 1999). The specialty focuses on personal and interpersonal functioning across the lifespan on emotional, social, vocational, educational, health-related, developmental, and organizational perspectives (APA, 1999). Counseling psychologists help people with physical, emotional and mental disorders improve well-being, alleviate distress and maladjustment, and resolve crises. In addition, practitioners in this professional specialty provide assessment, diagnosis, and treatment of psychopathology (APA, 1999). Counseling psychologists are diverse in their ability to function in a range of job settings, perform a wide range of tasks and work with a wide array of individuals, use a variety of interventions while still being aware of cultural diversity.

Counseling psychologists are unified by six themes and three roles that highlight major aspects of the profession. The five unifying themes include the profession's focus on intact personality, brief interventions, strengths-focused, and emphasis on vocational development and

person-environment interaction (Gelso & Fretz, 2001). Meara and Myers (1999) identified the field's focus on multiculturalism and social justice as an emerging theme of counseling psychology. The three roles that emerged from the field's generalist approach are remedial, preventative, and educative-developmental (Gelso & Fretz, 2001). Two themes most relevant to this research study are (a) multiculturalism and social justice, and (b) person-environment interactions. Further, (a) preventative and (b) remedial roles are strongly applied in this study (Gelso & Fretz, 2001). Finally, this research study contributes to counseling psychology's emphasis on integrating theory, research, and practice (Gelso & Fretz, 2001).

First, this study is consistent with counseling psychology's focus on social justice and multiculturalism. In this study, my focus on a population that holds multiple marginalized identities is consistent with counseling psychology's commitment to identifying and dismantling structural barriers that prevent individuals from actualizing their potential (Meara & Meyers, 1999). In fact, counseling psychology has made it a goal to better understand the mental health of underrepresented groups through identifying and confronting the forces that oppress underrepresented populations (Meara & Meyers, 1999). The findings of this study can help us better understand the factors that impact Arab immigrant women's intimate partner relationships. The purpose of this study aligns with the American Psychological Association's (APA, 2007) guidelines for working with girls and women, which encourages a focus on treatment needs of diverse girls and women with a consideration on the sociopolitical context. Further, by focusing on an immigrant population, findings from this study provide additional support for the APA presidential task force on immigration (2012), which emphasized the importance of raising awareness on this "growing but poorly understood group" (p.1). This study's focus on IPV may

shed light on the sociopolitical context of Arab immigrant women in their intimate relationships and the implications their experience may have on their mental health.

Second, this study reflects counseling psychology's focus on person-environment interactions. Counseling psychologists' focus on the contributing factors of the environment on a person's way of life and how this interaction can influence their mental health (Gelso & Fretz, 2001). In doing so, counseling psychologists can better understand the way in which an individual's surroundings can impact their functioning. With this understanding, counseling psychologists then work to apply this interaction in how they tailor psychological interventions, social justice advocacy, and research. Within this study, a better understanding of the potential IPV risk factors for Arab immigrant women in the context of their life in the U.S., are examinations of person-environment interactions on the psychological well-being of IPV survivors.

Third, consistent with the counseling psychology roles, this study can inform counseling psychologists who engage in remedial and preventative roles with women who suffer form IPV. The remedial role of counseling psychologists includes helping those currently experiencing emotional difficulties (Gelso & Fretz, 2001). In the preventative role, counseling psychologists focus on averting difficulties before they occur (Gelso & Fretz, 2001). In this study, a greater understanding of risk factors and help-seeking behaviors can inform counseling psychologists in the development of IPV prevention and intervention approaches that are culturally appropriate.

Finally, consistent with counseling psychology's strong roots in scientific thinking, this study aims to provide empirical support for counseling psychologists working to improve the lives of Arab immigrants in the U.S. Consistent with most counseling psychology training programs' scientist-practitioner model (Gelso & Fretz, 2001), this study integrates theory,

research, and practice (Belar & Perry, 1992). This study contributes to the scientific knowledge about Arab women. Clinicians can use the results to develop specific interventions that target processes that contribute to the perpetration among Arab immigrant women, as exemplifies evidence-based practice (APA, 2006).

CHAPTER II

LITERATURE REVIEW

In this section, I begin by presenting an introduction to the population of focus by reviewing the literature on immigration and identity development of Arab immigrants in the U.S. Then, I review the current literature on the Intimate Partner Violence (IPV) experience of immigrant women in the U.S. including the limited literature that exists on Arab immigrant women in the U.S. In this literature review on Arab immigrant women in the U.S., I also describe the literature on the IPV experiences of women in the MENA region. Herein, I identify areas of similar experiences with other immigrant populations in the U.S. and women in the MENA region and present the gaps in the existing literature. Finally, I review the current IPV theories that exist, present my proposed theoretical framework, and conclude the section with a rationale for my study.

Immigration and Identity Development of Arabs in the U.S.

The first major migration from the Arab world to the United States in 1875 was a majority of Syrian and Lebanese Christians coming from the Ottoman Empire (Amer & Hovey, 2007). Researchers indicated this move was motivated by economic, religious, and political reasons (Hitti, 1923; Naff, 1985; Suleiman, 1994; Younis & Kayal, 1995). A majority of these immigrants were described as farmers and peddlers (Amer & Hovey, 2007). After changes in the American immigration policies made it difficult for immigrants to enter the United States, the number of Arab immigrants declined (Amer & Hovey, 2007) and a majority of the Arabs migrating were women and children joining their families in the U.S (Seeman, 2013).

At this point in history, Arabs did not have a clear identity in the United States. Specifically, World War I showcased a shift in the presence of this group in America. Before

WWI, the majority of these immigrants were focused on economic improvement, and considered themselves to be temporary visitors (Suleiman, 1994). European Americans considered the Arabs “an inconvenience at best and a threat to the purity of the white race and U.S. moral and public order at worst” (Suleiman, 1994, p. 42). After WWI, the Arab immigrants began to operate under an “Arab American” identity (Suleiman, 1994). They no longer saw themselves as visitors, focused on unifying their community, and began to identify with the United States through increased political involvement (e.g., voting, political service). The assimilation to American society presented a more cohesive Arab group and potential opportunity to showcase the unique Arab heritage.

Following World War II and adjustments to immigration policies, another large migration wave of Arabs occurred. During this wave of immigration, Palestinian refugees were fleeing the dangerous conditions they faced as a result of the establishment of the Israeli state in 1948 (Amer & Hovey, 2007). Additionally, this migration included Egyptians, whose land was under the control of the Nasser regime; Syrians fleeing the revolutionary leadership; and, Iraqis leaving the establishment of a republic government (Amer & Hovey, 2007). Whereas previous immigrants were predominately Christians from the Levant (i.e., the region on the eastern coast of the Mediterranean Sea, north of the Arabian Peninsula, and south of Turkey, including Lebanon, Palestine, Jordan, and Syria), this migration showcased a more religiously diverse group of Arabs (e.g., Muslims) including those from countries in the Gulf and North Africa (Amer & Hovey, 2007; Suleiman, 1999). In addition to national and religious diversity, a majority of these immigrants were highly educated, spoke English, held professional occupations, and were interested in the democratic lifestyle of the U.S. (Amer & Hovey, 2007; Seeman, 2013).

Following these waves of migration, Arabs began to exist under a new identity in the U.S. The years following the establishment of the nation of Israel in 1948 began a shift from a nearly invisible identity to a highly negatively stereotyped group of people. The 1967 Arab-Israeli war motivated a stronger unifying ethnic identity among the Arabs in the U.S (Seeman, 2013). Rejecting the U.S.'s pro-Israeli stance strengthened the identification with their Arab identity, but made it increasingly difficult for these new Arab immigrants to be accepted in the U.S. society.

The early stereotyped image of Arabs in the West began to appear across various media avenues. Arabs were stereotyped in comics and cartoons (Lendenmann, 1983); television shows (Shaheen, 1983); U.S. press coverage (Suleiman, 1988); magazines (Zaharana, 1995); movies (Nasir, 1979); and even in scholarly work (Ayish, 1994). For example, Arab men in movies and television shows were often depicted as terrorists or bad guys while Arab women as belly dancers (Shaheen, 1983). In an attempt to counter these negative stereotypes, Arabs began to form various political and social organizations. The first of these organizations was the Association of Arab-American University Graduates (AAUG) in 1967, followed by organizations such as the National Association of Arab Americans (NAAA) in 1972, the American-Arab Anti-Discrimination Committee (ADC) in 1980, and the service organization the Arab Community Center for Economic and Social Services (ACCESS) in 1971 (Seeman, 2013). Even with increased exposure to organizations aimed at the positive portrayal of Arab interests, Arab Americans faced continued discrimination that impacted the development of their identity.

Beginning in the 1990s until today there has been a large influx of immigrants from North African and Arabian Gulf countries. Today, of the estimated 3.6 million Arab Americans, most are US citizens, and hold jobs as business owners and entrepreneurs (AAI, 2014). A

majority of these Arab Americans identify as Christian and represent the Arab countries of Lebanon, Egypt, Syria, and Palestine retrospectively (Seeman, 2013). According to the 2000 Census, Arab Americans also reign from the Arab countries of Jordan, Iraq, Morocco, Yemen, Algeria, Saudi Arabia, Tunisia, Kuwait, Libya, United Arab Emirates, Oman, Qatar, and Bahrain. They are represented in all 50 states with one-third living in California, New York, or Michigan (Haddad, 2004). Differences in religion, ethnic identity, countries of origin and political histories make the Arab American population a heterogeneous group (Amer & Hovey, 2007).

The terrorist events that killed nearly 3,000 people on September 11th, 2001 (Mosquera, Khan, & Selya, 2013) marked a significant negative shift in the Arab American identity. The aftermath of these attacks resulted in a vilification of Arab Americans in the press (Erickson & Al-timimi, 2001) that made Americans concerned for their safety. As a result, Arab Americans faced increasing amounts of racial discrimination. On various individual and systematic levels, Arab Americans have been harassed, attacked, and further marginalized due to their Arab descent. Arabs have experienced discrimination in the forms of workplace discrimination (Daraiseh, 2012; Derous, Ryan & Nguyen, 2012); housing discrimination (Gaddis & Ghoshal, 2015); vandalism of houses of worship and hate crimes such as shootings and murders (Levin & McDevitt, 2002). In the weeks following the attacks of 9/11, the American Arab Anti-Discrimination Committee (ADC) reported 27 Arab passengers were banned from airplane flights (Daraiseh, 2012). In the following months, they reported over 700 violent acts toward Arab Americans, and an increase in police, Federal Bureau of Investigation (FBI), and Immigration and Naturalization (INS) misconduct (Ibish, 2003). Further, this discrimination has begun to permeate into federal policies with the establishment of the Patriot Act that has been

used to interview and screen visitors from Arab countries as well as deport those Arab and Muslim Americans (Chishti et al., 2003). Such victimization by policies and laws has been shown to create greater fear in Arab Americans "than fear of conventional hate or bias related violence" (Hendricks, Ortiz, Sugie, & Miller 2007, p. 110). Nonetheless, it was not until 2013 that the Department of Justice (DOJ) and FBI updated their Hate Crime Data Collection Guidelines and Training manual to include hate crimes against Sikh, Hindu, and Arab Americans (FBI, 2015). Previously, there were no federal statistics kept on hate crimes against these groups, indicating a potential underreporting of their discrimination experience (Ibish, 2001).

One proposed change in the identity of Arabs in America, is the inclusion of a Middle Eastern or North African (MENA) category to the 2020 Census (AAI, 2015). The MENA region includes 22 Arab countries plus non-Arab countries such as Iran, Israel, and Turkey (ADC, 2009). As it currently stands, the Census does not include a racial or ethnic category that identifies individuals from the MENA region. Instead, the Census combines Arab Americans with non-Arab ethnic groups from the MENA region with White Europeans (Awad, 2016). The inclusion in the Census would have helped in providing national statistics that are needed to access "economic, education, and health disparities and provide solutions" (Awad, 2016).

Despite many efforts by advocates and policy-makers to include this category in the 2020 Census, there has been much resistance. Unfortunately, as it currently stands, the U.S. Census Bureau (2018) has decided not to include the MENA category in the 2020 Census. The Trump administration's decision to rescind their decision to include this category, a proposal introduced by Barack Obama when he was still in office, means individuals from the MENA region will continue to be categorized as White. This decision means continued difficulty to understand the nuanced statistics of a growing population in the U.S. (e.g., civil rights laws, education, health).

Nonetheless, advocates of the MENA population continue to work for such inclusion in the Census data.

Further, recent changes in the U.S. administration and several modifications to immigration policies have created immense difficulties for Arabs in the U.S. and abroad. One such modification came in January 2017 when U.S. President Donald Trump signed an executive order stopping all refugee admissions and banning people from seven Muslim-majority countries, six of which are Arab nations (i.e., Iraq, Libya, Somalia, Sudan, Syria, Yemen; BBC, 2017). Though the original order was rescinded weeks later, the administration has released several revised bans (Al Jazeera, 2018). The Trump administration claims the presence of Muslims and Arabs in the U.S. pose a heightened threat, despite no evidence to show that immigrants commit crimes at higher rates than others (Suto, 2017). Despite an extensive history of Arab immigrants fleeing war-torn countries for a safer life in the U.S., this ban sent a message that individuals from these countries were not welcome. For Arabs residing in the U.S., they felt an overwhelming fear about their personal safety and worried about the potential implications regarding their ability to stay in the U.S. Despite advocacy efforts to counteract negative messages about Arab Americans that began thirty years ago, Arab Americans are back to being considered violent, intolerant people.

Intimate Partner Violence

Intimate partner violence is a problem that occurs across the world among all groups of people, regardless of socioeconomic status, religion, or ethnic identity (World Health Organization, 2012). According to a 2014 report by the American Immigration Council, there are approximately 20 million immigrant women and girls in the U.S. (American Immigration Council, 2014). Immigrant women represent a diverse community in their citizenship status (i.e.,

legal permanent residents, refugees and asylums, naturalized, undocumented), racial and ethnic identity, nation of origin, generational status (i.e., 1st generation, 1.5 generation, 2nd generation), education and employment, and socioeconomic status (Pew Research Center, 2013). These immigrant women account for over half (51.3%) of the foreign-born, half (52%) of the U.S. born immigrant population (Pew Research Center, 2013), and 13 percent of the overall female population in the U.S (American Immigration Council, 2014). In 2011, over 500,000 immigrant women obtained legal permanent resident status, 377,581 women became naturalized citizens, 26,948 refugee women arrived, and over 6,000 women were granted asylum (U.S. Department of Homeland Security, 2012). Mexican women represent more than one-quarter (26%) of all foreign-born females, followed by Chinese (6.1%), Filipino (5.3%), and Indian (4.5%) women (American Immigration Council, 2014). With such a large presence in the U.S. and heightened vulnerability to experiencing IPV, it is important to examine the immigrant woman's IPV experience.

While women may be perpetrators of violence in relationships with men, men are significantly more likely to be perpetrators of violence against their current or ex- intimate partner (Heise et al., 1999). According to the World Health Organization (2012), intimate partner violence is "one of the most common forms of violence against women and includes physical, sexual and emotional abuse, and controlling behaviors by an intimate partner" (p. 1). However, many national and global reports focus on the rates of intimate partner violence in the context of physical or sexual abuse, leaving out the number of women who suffer from other forms of violence such as emotional or psychological abuse. A lack of agreement on a standard measure of emotional and psychological partner violence has meant emotional and psychological abuse are overshadowed by physical and sexual partner violence and omitted from global studies that

assess for prevalence of IPV (WHO, 2013). Nevertheless, in many population-based surveys that assess for IPV, researchers have found that women report experiencing each type of IPV at alarming rates (i.e., 13-61% reported physical violence; 4-49% reported severe physical violence; 6-59% reported sexual violence; 20-75% reported emotional abuse; Garcia-Moreno et al., 2005). In the end, these rates highlight just how many women across the world are impacted by intimate partner violence.

Intimate Partner Violence Against Immigrant Women

Erika came to the United States with her parents when she was six years old. She has lived in fear for most of her adult life because of her ex-husband. The couple met as high school students in Chicago. After the couple married, Erika's husband began to assault her. He would lock Erika in the house all day when he was at work, even when she was the caretaker for their infant son. When her husband was deployed to Iraq, he opened a separate bank account and denied Erika access to the couple's income. Because Erika was undocumented, she could not work to earn money to feed her children and relied on her parents to buy food. The abuse continued when Erika's husband returned home, and eventually Erika reached out for help and left the relationship. Erika says, "I would have lived in fear my whole life without protection under the Violence Against Women Act." Erika now has lawful status and a job as an office manager. "I am not afraid that my ex-husband will take my children away from me or have me deported, as he threatened to do before," she says. "I have high hopes for the future. I want to go back to school to study culinary arts, and because of VAWA, I can reach for that goal." ("VAWA Survivor Stories," n.d., para. 3)

Erika's story is not an uncommon experience for immigrant women in the U.S. In fact, immigrant women in the U.S. are particularly vulnerable to experiencing IPV (Menjivar & Salcido, 2002). Current literature on the IPV rates against immigrant women is fragmented across various subgroups (e.g., Latina, Japanese, South Asian immigrant women). Across these subgroups of immigrant women, the rate at which they experience IPV and type of perpetration experienced differs. For instance, in a sample of immigrant Latina women, 49.3% reported physical abuse, 11.4% experienced sexual abuse, and 40.7% indicated emotional or verbal abuse from an intimate partner during their lifetime (Hass, Dutton & Orloff, 2000). In a survey distributed to 211 Japanese immigrant women in the Los Angeles County, 61% reported some form of physical, emotional, or sexual partner violence (Yoshihama, 1999). For Filipinas in the San Francisco Bay Area, 20% of 54 undocumented women reported experiencing some form of physical, emotional or sexual abuse either in their country of origin or in the U.S. (Hogeland & Rosen, 1991). Among 160 South Asian women in the Boston area, 40.8% reported physical and/or sexual abuse by their current male partners in their lifetime and 36.9% reported having been victimized in the past year (Raj & Silverman, 2002). According to the New York City Department of Health and Mental Hygiene (2004), 51% of intimate partner homicides are foreign-born in comparison to the 45 percent of those born in the U.S. Nonetheless, even these high rates of IPV may still an underestimation. Unlike Erika, many immigrant women are not aware of the laws and policies that protect them from IPV. Unique barriers such as fear of deportation (Reina & Lohman, 2015) or limited English-speaking skills (Bui, 2003) can discourage immigrant women from reporting their IPV. As a result of these barriers, even the high rates of IPV reported above can be an underestimation for the rate at which immigrant women experience IPV.

One population of immigrant women often overlooked in IPV prevalence research is Arab immigrant women. In a study conducted by Kulwicki (1996), she found that among 227 low income Arab American women in Dearborn, Michigan, 25% reported they were beaten by their spouses, 18.4% reported being kicked, 7% indicated their husbands used a gun or knife on them, about 20% were sexually abused, and 56.6% indicated being unable to complete daily tasks because of stress, depression, and emotional disorders. Similarly, in a sample of 55 Iraqi women in the Metro Detroit area, Barkho et al., (2011) found that only four (7%) reported never having been exposed to any kind of abuse by their partner. More specifically, 93% reported one type of controlling behavior during their lifetime, with 76% of those women surveyed indicating exposure to threatening behavior and 80% reporting a physical assault by an intimate partner in their lifetime. Both studies on the prevalence rates of IPV were conducted in the Detroit area, a region heavily populated with Arab immigrants; however, considering the continued migration of Arab immigrants, there is a need to continue updating these prevalence rates.

Although there is limited research on Arab immigrant women in the U.S., research conducted in the MENA region indicates IPV is a large problem for Arab women in the MENA region. By presenting the IPV literature on Arab women in the MENA region, we can better understand the cultural norms and traditions that may contribute to IPV for this community. While the number of women who have experienced IPV is inconclusive due to underreporting in the Arab region, there are a number of studies that showcase the high rates of IPV in Arab countries including Algeria (Sadiqi, 2010), Egypt (El-Zanaty, Hussein, Shawky, Way & Kishor, 1996), Iraq (Ministry of Health Iraq, Central Organization for Statistics & Information Technology, Ministry of Health, Kurdistan, Kurdistan Regional Statistics Office, & WHO, Iraq, 2007), Jordan (Gharaibeh, 2009), Morocco (Kadiri & Moussaoui, 2001; Sadiqi, 2010), Palestine

(Palestinian Central Bureau of Statistics, 2006), Syria (Maziak & Asfar, 2003), and Tunisia (Douki, Nacef, Belhadj, Bouasker, & Ghachem, 2003). The rates of IPV range in this region from 17-45% for physical abuse, 8-11% for sexual abuse, and 20-83% for emotional or psychological abuse (e.g., Douki et al., 2003; El-Zanaty et al., 1995; Gharaibeh, 2009). More specifically, in a random sample of over 14,000 Egyptian women, one-third reported being beaten by their husbands at least once during their marriage, about 45% had been beaten at least once by their husband over the past year, and 17% had been beaten at least three times during the same period (El-Zanaty et al., 1996). Further, among Palestinian women who responded to a survey, 11% reported sexual abuse at least once during the year 2005 (Palestinian Central Bureau of Statistics, 2006). Finally, in a sample of Iraqi women ages 15-24, 83.1% reported at least one form of marital control or psychological abuse (e.g., needing to ask for permission to seek health care). Nonetheless, considering the stigma associated with reporting IPV in the Arab world, even these numbers may be an underestimation. The large number of immigrant women in the U.S. from the MENA region and other parts of the world suggests a need to better understand their experiences with IPV in order to develop policies and interventions that can help them.

Critical Factors that Perpetuate Intimate Partner Violence for Immigrant Women

In this section, I specifically discuss the factors (i.e., acculturation, immigration status, cultural definition of IPV, language proficiency, rigid loyalty to family, discrimination of helpers, lack of social support, patriarchal beliefs, tolerant attitudes toward IPV) that contribute to the risks of experiencing IPV and the barriers that make it increasingly more difficult for immigrant women to seek help. Based on an extensive literature review, the presented factors showcase the heightened vulnerability immigrant women have for experiencing IPV and the barriers that prevent them from leaving a violent relationship. While some of the factors

presented may be applicable to all women, unique life circumstances make these factors particularly difficult for immigrant women. Taken all together, these factors showcase the complicated lived experience of IPV for immigrant women.

Integrated in this section, I also describe the IPV literature both from the MENA region as well as the limited literature on Arab immigrant women in the U.S. I have two rationales for including the literature from MENA with the literature from the U.S. First, the presented literature will highlight some of the cultural norms and values that relate to IPV in the MENA region. In presenting this literature, I assume some of these cultural values that exist in the MENA region may be transferred to the immigrant women to the U.S. Second, there is limited research on the IPV experience of Arab immigrant woman's IPV in the U.S. Therefore, to better understand the lived IPV experience of Arab immigrant women, we must first seek out what is already known about this population, even if it is limited to those in MENA countries. In presenting this literature, I identify similarities and differences in the Arab immigrant woman's IPV experience as it compares to women in the MENA region and other immigrant populations in the U.S. Throughout this section, I identify gaps in the literature that I hope to address with my research.

The life conditions and circumstances associated with acculturation can be a stressor linked to immigrant women being in and remaining in intimate partner violent situations. The process of adapting to a new environment creates stressful life experiences related to political, economic, and cultural conditions (Kim & Sung, 2000). For instance, the struggle of immigrants to get and maintain a job creates a hectic situation in which immigrant families suffer socioeconomically, putting more pressure on the man. Erez et al. (2009) found such economic struggle to be the self-reported cause for conflict among spouses. In addition to the risk factors

that increase an immigrant woman's likelihood to experience IPV, they also have to overcome barriers that hinder their ability to seek help from formal services. For example, for Latina immigrants, lack of access to education means fewer skills necessary to maintain a job and decreased economic mobility to leave the abuser (Vidales, 2010). Further, IPV survivors without permanent residency or citizenship are more likely to be seriously abused by their romantic partner (Kim & Sung, 2015) with fear of deportation making them feel trapped in their abusive relationship (Akinsulure-Smith et al., 2013). Overall, researchers suggest factors that come with immigrating and adjusting to a new country are related to the higher risk that immigrants may face regarding IPV.

Acculturation. An immigrant woman's adjustment to life in the U.S. can determine her willingness to seek help, her method of help-seeking (e.g., medical, mental health, legal), and her knowledge of available services. Researchers have shown that level of acculturation for immigrant women was indicative of their willingness to seek help, suggesting those with low levels of acculturation are less likely to seek help from public services (Bui, 2003; Ganguly, 1998; Gilbert, El-Bassel, & Baig-Amin, 2003; Lipsky, Caetano, Field, & Larkin, 2006; West, Kantor, & Jasinski, 1998; Yoshioka,). For instance, Lipsky et al., (2006) found White immigrant women were twice as likely to use domestic violence services compared to the Hispanic immigrant participants. Furthermore, Hispanic women who reported abuse and low acculturation were significantly less likely to utilize social or healthcare services in comparison to their White counterparts (Lipsky et al., 2006). For many immigrant women, the process of adjusting can be an isolating experience when they are socially dependent on their husband (Bauer et al., 2000). Seeking protection from an abuser in an unfamiliar place can be increasingly more difficult without any social support. For some Asian and Latina women's difficulty with seeking help was

found to be exacerbated because they did not have friends or family they could confide in or information about safe places where they could seek help (Bauer et al., 2000). Bui (2003) suggested low acculturation can negatively impact the woman's perceived self-efficacy, which in turn alters the help-seeking behaviors of Asian women who experience IPV. Overtime, however, as these women adapt to the U.S., through increased knowledge about available resources, Bui (2003) found they are more likely to modify their attitudes toward IPV and help-seeking behaviors. There is no literature to the author's knowledge on the impact of acculturation on the experience of Arab immigrant women in the U.S. who have experienced IPV. Considering the implications that come with adjusting to a new environment, research on how the acculturation process may contribute to the IPV experience of Arab immigrant women is necessary.

Immigration Status. A woman's immigration status, limited access and knowledge on her legal rights can be a risk factor for IPV (Orloff, 2000). A woman's place on the hierarchy of immigration status (e.g., undocumented, work visa holders, family-sponsored immigrants) can be a predictor of her risk of experiencing IPV (Raj & Silverman, 2002). For instance, deportation is a threat used by abusive partners to control undocumented immigrant women (Raj & Silverman, 2002). Without any legal status in the U.S., undocumented immigrant women do not have the option to seek legal action, making them vulnerable to IPV by their partners.

On the other hand, women who immigrate to the U.S. as a spouse of a U.S. citizen or legal permanent resident have an added level of legal protection that undocumented immigrant women do not have (Raj & Silverman, 2002). Nonetheless, even these women are vulnerable to experiencing IPV. Unless they are aware of the policies and laws that can protect them, these women may not be willing to risk reporting their abusive partner. For instance, unless they obtain protection through the Violence Against Women Act (VAWA), a law that protects even

immigrant women who are dependent on their spouse, they may not be able to petition for permanent residency (Orloff, 2000). Without this knowledge, the abuser can use the woman's residency as a method of control to keep her silent. The abuser may even choose to withhold filing the paperwork for their spouse, which would keep the woman depending on the abuser in order to stay in the U.S. (Dutton et al., 2000). Shockingly, in a sample of Latina women who reported physical and/or sexual abuse by their husband, 72.3% indicated their husband never filed the immigration papers on their behalf (Dutton et al., 2000).

Another level up on the hierarchy of immigration status, women who are permanent residents are still at risk for IPV based on their immigration status. For many of these women, holding a work visa means maintaining sponsored employment to remain in the country. The need for these women to hold jobs is another avenue in which their partners can exert their control. Sorenson (1996) reported that among various groups of immigrant women (e.g., Korean American, Mexican American), they were often fired or quit from their jobs because their partner would threaten them and other employees. Additionally, holding a job may be one of the few ways immigrant women can exert some control over their relationship; therefore, removing their ability to hold a job makes it difficult for these women to leave the abusive situation. Recently, the Trump administration has decided to tighten scrutiny of H-1B visa applications and remove the H-4EAD program, which allows spouses of H-1B visa holders to hold a temporary work permit (Jordan, 2018). As it currently stands, the "estimated 100,000 spouses, overwhelmingly women" stand to lose their work permits, leaving them to rely on the earnings of their husband (Jordan, 2018). In the end, regardless of the woman's immigration status, immigrant women are often torn between risking their safety in an abusive relationship to remain in the country and making attempts to escape the relationship with the potential that they may be deported.

For women, whose residency status (e.g., family-sponsored visas, green cards) depends on the support of their abuser, fear of deportation keeps them from seeking help. For instance, in a study with Latina IPV survivors, Reina and Lohman (2015) found Latina women often thought they would be deported if they reported their abuse. Immigrant women often believe they have no legal protection (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000) or are unaware of the laws that may protect them from abuse (Raj & Silverman, 2002). The lack of awareness taken together with the recent hostile treatment by immigration agencies (i.e., ICE) has led them to believe that if they sought help from police or medical agencies, they may be reported to federal authorities and deported (Bauer et al., 2000; Dutton, Orlogg, & Hass, 2000; Reina & Lohman, 2015). As a result, it is more likely for immigrant women to feel trapped in their abusive relationship. Survivors of IPV have also reported their lack of permanent residency has been used by their male partners to exert power and control (Hass, Dutton, & Orloff, 2000). That is, the abusers use deportation as a constant threat to control the woman and exacerbate their fear of reporting. As a result, immigrant women from many communities (e.g., East Asian, Latina, South Asian) are hesitant to involve the police or legal system. One study that assessed for help-seeking attitudes among Arab American professionals, service providers, and community leaders in the U.S. revealed that fear of deportation meant women were under the control of their husbands (Kulwicki, Aswad, Carmona, & Ballout, 2010). Additional research is needed to identify how immigration status impacts the IPV experience of Arab immigrant women.

Cultural Definition of IPV. Although there are high rates of IPV across various immigrant groups in the U.S., there exists a lack of consistency from one culture to another regarding the definition of IPV. Kulkarni, Racine, and Romas (2012) found Latina women in the U.S. defined domestic abuse in terms of physical acts while underestimating emotional, sexual

and economic abuse. In contrast, Yick and Agbayani-Siewert (1997) found Chinese Americans defined domestic violence as physical or sexual abuse. In a literature review across 12 studies conducted with West African immigrants, West (2015) reported no consistent definition of IPV. With these differences across groups of men and women, it appears IPV is a culturally defined construct.

The literature suggests a relationship between the inclusivity of the definition of intimate partner violence and attitudes toward IPV. That is, the more inclusive of a definition, the less tolerance one might hold toward IPV. For instance, Torres (1991) found Chinese American men and women who defined IPV as physical and sexual abuse, had a low tolerance for physical violence as evidenced by the belief that hitting was not an effective means of problem solving. Further, Torres (1991) found European American women perceived more types of behavior as being abusive than Mexican American women and exhibited a less tolerant attitude toward wife abuse than Mexican American women. These findings highlight that the breadth of acts that are considered under the construct of IPV varies by culture groups and that inclusive definitions of IPV appear negatively associated with tolerance for IPV.

While immigrant women are more vulnerable to experience IPV, not having a consistent definition can make it problematic for those working to improve the lives of IPV survivors. Without a universal definition of IPV, it becomes challenging to identify when a woman is in an unsafe situation with her intimate partner. Depending on the definition of IPV, mental health symptomology may also be presented differently across various ethnic groups. More research is needed to capture the IPV definition of other immigrant populations, such as Arab immigrant women, to create more culturally appropriate interventions when screening for and treating IPV.

Language Proficiency. Even in times when a woman may decide to seek help, language proficiency is a common help-seeking barrier for immigrant women. Immigrant women with limited English-speaking skills are limited to non-English speaking speakers at local legal and social service centers. For instance, in a study done with approximately 9,243 Latina and Asian American individuals with severe mental illness (i.e., schizophrenia, bipolar, major depression) that sought out services through the San Diego County Adult and Older Adult Mental Health Services, those with limited English-speaking skills were less likely than their proficient English-speaking counterparts to seek mental health care emergency services (Gilmer et al., 2007). Additional studies conducted with the Asian immigrant population found that language barriers restricted women's knowledge of available resources, further hindering their ability to seek help (Bui, 2003; Rasche, 1988). In a literature review on the IPV experience of women of color, Rasche (1988) suggests the language barrier not only means these women are not able to speak to the police, but that police officers may not be so quick to help women who do not speak English effectively. Without the necessary English-speaking skills, these women are left to suffer in silence. In one study with Arab American women, language proficiency was cited as a help-seeking barrier that created a cultural gap between the helper and the survivor (Kulwicki et al., 2010). Nonetheless, this captures the attitudes of those not internal to the IPV experience. That being said, findings from this study cannot be assumed to be true for Arab women who are suffering from IPV.

Rigid Loyalty to Family "Expectations." Rigid loyalty to family is one factor that has been found to impede women from seeking professional help. For instance, in discussing options for coping with partner conflict, West African immigrant women reported seeking help from family and religious leaders before seeking help from police and taking legal action (Akinsulure-

smith et al., 2013). Similarly, Mexican immigrant woman were found to be more likely to seek help from family and friends (Brabeck & Guxman, 2008) before seeking help from formal services (Kyriakakis, 2014). While this can be a good initial step for seeking help, often family members or religious leaders may encourage women to stay in the relationship to make it work. For these Mexican immigrants, cultural factors such as *marianismo*, the expectation that a woman sacrifices her interest and show deference to her husband's authority, and *respeto*, deference to parent's authority, play a role in their hesitancy to seek formal help for abuse (Edelson, Hokoda, & Ramos-Lira, 2007; Perilla, 1999; Perilla, Bakeman, & Norris, 1994). Ting and Panchanadeswaran (2009) found barriers such as concerns for children and loyalty to family made it difficult for African immigrant women to seek help. Sometimes, the abusers threat of divorce can be a help-seeking barrier for women who believe in the importance of family. For instance, Dasgupta and Warrier (1996) found South Asian women who were survivors of IPV did not leave the relationship because they felt that a divorce would compromise the families' honor, bring shame onto the family, and damage the image of their family. Overall, it appears the woman's loyalty to the wellbeing of her family must come before her decision to seek help from professionals (e.g., legal, medical, psychological).

Much of the research on the experience of Arab women in the MENA region who suffer from intimate partner violence showcases the pattern in which IPV is considered a private family issue that should be dealt within the family, rather than a social problem that requires the help of outside resources (Gharaibeh & Oweis, 2009; Haj-Yahia, 2000). While extra-familial violence is criticized, IPV is considered a private problem that leaves Arab women who suffer from IPV to suffer in silence. The rejection of seeking help in a public forum reflects the importance of family privacy in the Arab society. Since the tolerance towards IPV among Arabs extends to

include the disapproval of women seeking help from a public avenue, it becomes increasingly important to examine how holding these tolerant attitudes may impact the IPV experiences as well as their ability to cope with the mental health challenges that may come with being a survivor

Discrimination of Helpers. Discrimination experienced by immigrant women (in the U.S. and abroad) has made them distrust police officers and health practitioners, in turn, making them hesitant to seek help. Al-Mateen, Lewis, and Singh (2001) describe immigrants of hate crimes to be reluctant to report crimes, for fear they will not be taken seriously, reporting will lead to repercussions, or that police will not be effective. In fact, Levin and McDevitt (2002) found some police law enforcement departments do not take hate crimes against immigrant populations serious enough, making these individuals even more reluctant to trust in law enforcement agencies. For many immigrant women, they come from countries in which police do not respond to reports of IPV and are expected to deal with these issues in a private manner (Bauer et al., 2000). Bauer et al., (2000) found Latina woman reported their expectations that police would not help them made them less likely to seek help from not only police, but also medical providers. For other immigrant women, the mistreatment or discrimination experience in the U.S. is what made them less likely to seek help. Researchers have found that service providers' attitudes toward undocumented Latina immigrant women who experience IPV were indicative of discriminatory practices, and lack of multicultural competence making it difficult for these women escape the abuser (Bauer, 2000; Purvin, 2007; Reina & Lohman, 2015; Vidales, 2010). Currently, there have been increased reports of federal agencies making it difficult for undocumented immigrants to feel safe in the U.S. The Immigration and Customs Enforcement (ICE) agency recently performed a raid arresting 225 undocumented immigrants using illegal

maneuvers such as “storm[ing] private property without warning, without identifying themselves, and without a warrant to arrest” (Flynn, 2018, para. 3). In turn, New York state governor signed an order prohibiting ICE agents from making any arrests without valid warrants, sparking a larger debate between local and federal agencies regarding the enforcement of federal and local laws (Flynn, 2018). Nonetheless, these aggressive tactics perpetrated against immigrant populations in the U.S. make it increasingly more difficult for immigrant women suffering from IPV to seek help. The mistreatment of IPV survivors by legal and medical professionals has made immigrant women reluctant to openly discuss their IPV situation. However, it is unclear if this may contribute to the Arab immigrant woman’s experience of IPV.

Arab immigrant women are particularly vulnerable to experiencing discrimination in the U.S. Much of the literature presented on discrimination lumps the experience of Arab men and women together, ignoring any within group differences that may come with holding additional marginalized identities (e.g., racial/ethnic, gender, religion). In fact, Arab Muslim Americans have been shown to perceive significantly more discrimination than their Christian counterparts (Awad, Martinez & Amer, 2013). Further, Arab immigrant women who practice Islam represent multiple marginalized identities that make them more likely to experience discrimination (Grollman, 2014). In one study conducted with Arab Muslim women in the U.S., Hassouneh and Kulwicki (2007) found that after the events of 9/11, 63% experienced an increase in discrimination. Included in experiences of discrimination, 53% reported being insulted or called names, 67% had been treated rudely, 57% had been treated unfairly, and 27% had been refused service in a store or restaurant. For Arab Muslim women who choose to wear hijab, the public display of religion creates an added challenge. Carr (2015) reported that women who displayed their religious identity through the hijab reported higher rates of discrimination in public settings

(e.g., public transportation, restaurants, airports) when compared to their Muslim men counterparts. For Arab immigrant women, these experiences of discrimination may make them feel even less safe seeking help from public forums.

Although discrimination against Arab immigrants has shown to have negative mental health consequences (e.g., psychological distress, depression, anxiety; Rousseau, Hassan, Moreau, & Thombs, 2011), this population has been shown to be reluctant to seek help from professional services. A common barrier to counseling services among Arab Americans is the hesitancy to seek help outside of the family, especially for problems within the family (Nassar-McMillan, & Hakim- Larson, 2003). However, the experienced discrimination in the U.S. may contribute to this population's hesitancy to seek help. In one of the few studies on health care professionals' attitudes toward Arab Americans, Lipson, Reizian, and Meleis (1987) reported that health care workers had significant negative attitudes toward their Arab American patients. These health care workers perceived Arab Americans as noncompliant with treatment, unwilling to utilize mental health services, and difficult to work with (e.g., using words such as "demanding" and "overanxious" to describe their patients; Lipson et al., 1987, p. 101). Further, there was little evidence to showcase that these health care workers made attempts to recognize the importance of taking into consideration the Arab culture or principles in understanding their patient's concerns. More recently, Shah, Ayash, Pharaon, and Gany (2007) conducted focus groups with Arab American men and women residing in New York to better understand the health care and cancer knowledge, attitudes, and beliefs of Arab American immigrants. In their findings, they reported that both men and women reported increased levels of discrimination against them after September 11, 2001; however, the women who wore hijab (i.e., Islamic head covering) described the presence of this discrimination in the health care settings (Shah et al.,

2007). Specifically, they described how the health care providers treated them "completely differently," and incorrectly assumed they were ignorant, did not speak English, and had an abusive husband because they were Arab (Shah et al., 2007, p. 433). Nonetheless, this research suggests how negative attitudes toward Arab Americans may permeate into how health providers treat Arab Americans, in turn influencing an Arab woman's decision to seek help.

In addition to holding negative attitudes, researchers have shown that clinicians lack knowledge on the Arab worldview and are less competent in working with Arab Americans in comparison to other minority groups in the U.S. (Sabbah, Dinsmore & Hof, 2009). When a random sample of 150 mental health practitioners were asked where they received their knowledge on Arabs, the most common source was newspapers, a source shown to often portray Arabs in negative images that promote anti-Arab bias (Sabbah, Dismore & Hof, 2009). Considering the increase in discrimination toward Arabs in the U.S., it is important to examine how this lack of knowledge on Arab immigrants may impact the help-seeking behaviors of Arab immigrant women who have experienced IPV.

Lack of Social Support. The immigrant experience often involves being isolated from friends and family due to the migration to a foreign land (Bauer et al., 2000). Raj and Silverman (2001) reported among a sample of South Asian immigrant women, more than half reported no family members residing in the United States. As a result, immigrant women are placed in a context in which cultural norms (e.g., traditional gender roles, emphasis on extended family) and economic necessity (i.e., lack of income) means their social surrounding consists of their husband and members of his family or the couple living in isolation from any family (Bauer et al., 2000; Morash, Bui, & Santiago, 2000). Within this context, women's primary sources of support do not extend beyond their husband and his family. For instance, in a Mexican American

family, the "interlocking system of gender and generation" can mean immigrant wives are subject not only to the power of their husbands, but of the women in the older generation (e.g., the husband's mother; Morash et al., 2000, p.78).

The isolation from close friends and family can be a risk factor for the perpetration of IPV against immigrant women. For immigrant women trapped in abusive relationships, the lack of support can mean feeling stuck between wanting to leave the relationship and fear of further isolation from the community (Hoyle & Sanders, 2000). That is, immigrant women living in ethnic enclaves where the community's disapproval of leaving a relationship can make it difficult for women to escape abuse (Morash, Bui, Stevens, & Zhang, 2008). This problem is intensified for women who rely predominately on the support of the abuser's family (Bauer et al., 2000; Morasch et al., 2000; Raj & Silverman, 2001; Tran, 1997). For instance, among a group of Vietnamese immigrants, Tran (1997) found the women stayed in the relationship because of pressure from the family members to endure their situation. Together, the lack of economic and emotional support from friends, family or even the community, can influence a woman's decision to stay in an abusive relationship (Dasgupta & Warrier, 1996; Mehrotra, 1999; Preisser, 1999). Among one sample of Arab immigrant women in the U.S. who have experienced IPV, hesitation to seek formal help was due in part to the lack of support many of the women (70.1%) reported from their social networks to seek help and the reported sense of shame (74.6%) that relatives and friends might think of them (Abu-Ras, 2007).

Patriarchal Beliefs. Patriarchal beliefs are the beliefs in a system about gender roles in which women are secondary to men (Chesney-Lind, 2006). Within a patriarchal system, "men dominate women and what is considered masculine is more highly valued than what is considered feminine" (Chesney-Lind, 2006, p. 9). Those who hold patriarchal beliefs believe in a

set of ideas that justify male dominance over women (Ahmad, Riaz, Barata, & Stewart, 2004) that in turn are reinforced by societal and cultural norms. Patriarchal beliefs often include aspects related to traditional gender roles such as a man's dominance, leadership, financial decision-making skills, and a woman's obedience, deference, and loyalty (Emery et al., 2012; Smith, 1990). Researchers have suggested holding patriarchal beliefs can be a contributing factor to the perpetration of IPV (Morash et al., 2000). That is, researchers have found holding patriarchal beliefs can contribute to various aspect of IPV (e.g., need for power and control, importance on financial dependence, help-seeking behaviors).

One aspect of these patriarchal beliefs is the belief that men should be the primary providers for the household, leaving women to depend on their partners for financial support and more susceptible to experiencing IPV. Frequently, an immigrant woman's financial dependence can be a significant risk factor for intimate partner violent situations. For instance, Cho (2012) reported Asian women who found themselves as financially secure were less likely to be victimized than those who did not. Similarly, other researchers have found those women who rely on their partner for financial security are more likely to experience IPV and experience difficulties in seeking-help (Golden, Perreira & Durrance, 2013; Hyman, Guruge & Mason, 2008; Morash, Bui, Stevens & Zhang, 2008).

On the other hand, financial independence among immigrant woman can also increase their likelihood of experiencing violence when their male partners feel a loss of power or control. Women who work outside of the home can be a source of tension. When a woman's work outside of the home prevents her from being able to fulfill the man's expectations of traditional roles as a housewife and mother, conflict arises (Morash et al., 2000). As women become more financially independent (e.g., seek out jobs, increase their education), men compensate for this

loss of power by regaining control through violence. Pan et al. (2006) found that among Somali immigrants, the shift in gender roles was a main source for family conflict. Somali men in these relationships indicated the loss of identity as the primary financial provider made them feel helpless and useless (Pan et al., 2006). Min's (2001) work with Korean immigrants suggests that while the women experience an increased sense of autonomy when they contribute to the family's income, their male partners sense a loss of power and authority. That is, while these Korean women begin to contribute more financially to the family, this challenges their male partners who still hold on to their rigid patriarchal beliefs (Min, 2001). In turn, the change in gender role dynamics increases the likelihood of family conflicts and psychological and physical abuse (Min, 2001). For instance, Nilsson, Brown, Russell and Khamphakdy-Brown (2008) reported that Somali women with more financial independence were more likely to experience both psychological and physical abuse from their male partners. Overall, to restore loss of power, it has been shown that some men may resort to violent behaviors (Watkins, 1982).

These conflicting findings regarding financial security is just one indicator of how complicated it can be for immigrant women to leave their partner and seek the help they need. Patriarchal beliefs prescribe roles that are challenging for immigrants to fill in the U.S. and may contribute to the Arab immigrant population being more vulnerable to IPV. However, more research is needed to better understand if these beliefs exist among Arab immigrant women who have experienced IPV.

Just as the patriarchal beliefs of immigrant women present a risk factor for experiencing IPV, women who hold these beliefs are also less likely to seek help from outside sources. For instance, Dasgupta and Warrier (1996) found immigrant women who adhered to traditional gender roles were less likely to seek help. They reported that a woman's belief in the importance

of being a wife and mother and their willingness to sacrifice their autonomy determined their willingness to seek help from a public forum (Dasgupta & Warrier, 1996). Another study with South Asian survivors of IPV suggested women with strong patriarchal beliefs who did not perceive a vignette to be abuse would be less likely to seek help (Ahmad, Riaz, Barata & Stewart, 2004). They also found that only 1 out of the 11 South Asian women who reported abuse sought help from a social service agency (Ahmad et al, 2004). Similarly, Ting and Panchanadeswaran (2009) reported tolerant attitudes toward gender inequality and acceptance of women as secondary to men were found to be help-seeking barriers for African immigrant women. Overall, the acceptance of patriarchal beliefs presents not only a risk for the tolerance and perpetration of IPV, but a hindrance on the survivor's help-seeking behavior.

In a study with 28 married women in Jordan, Gharaibeh and Oweis (2009) used a qualitative descriptive approach to identify the reasons why women stay in abusive relationships. Their findings indicated the traditional beliefs about the woman's gender role contributed to the woman's decision to stay. They found five main reasons including: inherited social background (e.g., characteristics of family members that disapprove of leaving her husband); financial dependency; lack of family support; sacrificing self for the sake of children (i.e., tolerating the situation in order not to lose their children); and the adverse social consequences of divorce (i.e., the stigma associated with a being a divorced woman). Based on these findings, the researchers concluded Jordanian women are strongly compelled by cultural norms and lack all sense of agency. Their economic dependency resulted in a lack of empowerment in making decisions regarding their life and the life of their children (Gharaibeh & Oweis, 2009). As a result, Jordanian women have the expectation that they must stay in an abusive relationship because (1) they are afraid of the social consequences of divorce and (2) they strongly adhere to the cultural

belief that even a man incapable of being a good husband and father is better than no husband at all.

In a study conducted with Arab immigrant IPV survivors, Abu-Ras (2007) found the women who held more of these traditional gender role attitudes were less likely to use legal services in response to acts of IPV in comparison to those with less traditional gender role attitudes and those who did not blame the wife for the violence (Abu-Ras, 2007). However, Abu-Ras (2007) did not report any additional significant differences regarding help-seeking behaviors as a result of holding traditional gender role beliefs. Therefore, additional research here is needed to better understand the role of gender roles on the experience of Arab immigrant women who are IPV survivors.

Tolerant Attitudes/Justification for IPV. Tolerant IPV attitudes have been shown to be a risk factor for women to be in and remain in a violent situation with their intimate partner. Among many studies, researchers have shown that patriarchal beliefs contribute to holding tolerant IPV attitudes across immigrant populations. For instance, Ahmad, Riaz, Barata, and Stewart (2004) found South Asians who held patriarchal beliefs were more likely to blame the victim for the violence. Similarly, Mehotra (1999) found South Asian women who held rigid traditional gender roles were more likely to justify abuse, in which they believed men are violent because they are deprived of an outlet to channel their aggression. Sakalli (2001) found Turkish men who held these beliefs were more likely than Turkish women to accept physical violence. Furthermore, Akinsulure-smith, Chu, Keatley and Rasmussen (2013) reported that female West African immigrants reported their male partner's expectations for them to maintain traditional roles at home created conflict. Among older Chinese American men, those who are less acculturated were more likely to justify the use of physical violence toward women (Shibusawa

& Yick, 2007). In addition to the already stressful life situation of immigration, those immigrant men coming from a patriarchal society have the added stress of ensuring they can provide for their family financially. However, the lack of a necessary skillset (e.g., language, certification, immigration status) makes it increasingly more difficult for these men to fulfill the role of a primary financial provider (Wallach, Weingram, & Avitan, 2010). More research is needed to further explore the cultural differences that exist regarding the relationship between patriarchal beliefs and attitudes toward IPV, particularly with cultures that have received minimal empirical attention.

In the Arab society, traditional beliefs about the role of women have also been shown to contribute to tolerant attitudes of IPV and justification of IPV behaviors (Haj-Yahia, 1997). Haj-Yahia conducted studies with engaged (Haj-Yahia, 1997) and married (Haj-Yahia, 2003) Palestinian men and women (Haj-Yahia, 2000) living in Israel to assess for attitudes toward IPV. Among men in one study, (1) traditional sex role stereotypes, (2) nonegalitatian expectations of marriage, and (3) witnessing or experiencing violence in their family of origin were all indicative of: (1) justification of wife beating, (2) beliefs that women benefit from the beating, and (3) help should not be given to battered wives (Haj-Yahia, 1997). Men with lower levels of education that held such attitudes toward women were also predictive of a tendency to justify wife beating and blame wives for violence against them (Haj-Yahia, 2003). Among the women, he found they were likely to justify acts of physical abuse in certain situations in which the woman is engaging in behavior that goes against the normative image of a woman (e.g., failure to honor the husband, challenges his masculinity and undermines his position as the head of the family, threaten the family's stability; Haj-Yahia, 2000).

Additional research in the MENA region highlights the tolerant attitudes toward IPV among Arab men and women. For example, among a sample of married Jordanian women that believed (1) women benefit from the violence against them, (2) blamed the women for their beating, and (3) discouraged the use of formal assistance for battered women, there was a low tendency to blame the husband for his violent behavior and strong beliefs that violent men should not be punished for their behavior (Haj-Yahia, 2002). In a qualitative study conducted with married Jordanian women, Gharaibeh and Al-Ma'aitah (2002) confirmed such findings about tolerant attitudes. Although women conceptualized violence in terms of physical, sexual, emotional, social, and economic abuse, about 50% of these women believed that men were justified in physically or sexually abusing a woman that is rebellious (Gharaibeh & Al-Ma'aitah, 2002). Overall, justification for violence against women occurs in times in which the woman challenges her husband's role as the masculine and dominant figure of the family and when the woman fails to fulfill her duties of making the family welfare her primary commitment (Haj-Yahia, 2000; Haj-Yahia, 2003). Taken together with the high rates of IPV in the Arab world, these findings indicate high tolerance for IPV that exists in the Arab region. Nonetheless, it is not clear if these attitudes toward IPV are present among Arab immigrant women in the U.S.

Two studies conducted with Arab Americans offered alternative findings regarding the tolerance of IPV in the U.S. In a survey distributed to random homes of Arab Americans, Kulwicki and Miller (1999) found 58% of women and 59% of men approved of a man slapping his wife if she hits him first; 48% of women and 23% of men approved of slapping his wife if she was unfaithful; and 18% of women believed a man is justified in killing his wife if she were having an affair. In other words, tolerant attitudes toward any physical confrontation during a conflict were found among approximately half of the respondents (Kulwicki & Miller, 1999).

Further, in a study with 67 Arab immigrant women who reported experiencing at least one act of IPV, 36% of these women agreed with the sentiment that men cannot be held responsible for their violent behavior because they cannot always control themselves, while 31% believed battered women are solely responsible for their abuse because she did something to initiate the violent behavior in her husband (i.e., did something to irritate her husband; Abu-Ras, 2007). Similar to findings in the MENA region, participants were more accepting of physical confrontation during instances in which the wife is insubordinate.

In a study that explored the cultural implications on IPV experience, Abu-Ras (2007) found among Arab immigrant women who reported IPV, 25% justified wife beating in the case of a woman challenging her husband's manhood and 24% of participants approved of killing a wife who is sexually unfaithful to her husband. Furthermore, those Arab immigrant women who held more of these traditional gender role attitudes were less likely to use legal services in response to acts of IPV in comparison to those with less traditional gender role attitudes and those who did not blame the wife for the violence (Abu-Ras, 2007). However, Abu-Ras (2007) also found these women did not always justify the husband's abusive behavior. She found 85% of the Arab immigrant women believed a husband who beats his wife is responsible for his behavior and 88% did not believe that battered women should be held responsible for the violent behavior (Abu-Ras, 2007).

Overall, findings from studies conducted in the MENA region and the U.S. highlight that some of the cultural values present in the MENA region world are not entirely absent among Arabs that immigrated to the U.S. These findings also indicate that maintaining some of these cultural norms place Arab immigrant women in a dangerous place in which they be at more risk for experiencing intimate partner violence. Nonetheless, it becomes important to better

understand if similar attitudes are present among Arab IPV survivors in the U.S. Specifically, research is needed to understand if these attitudes are held among Arab women in the U.S. that have experienced IPV and how these attitudes impact their overall struggles with IPV.

Taken all together, these critical factors keep these women suffering from IPV in private. Being unable to seek help for a painful IPV experience can create an additional layer of stress, making the lived IPV experience increasingly more difficult.

Mental Health Outcomes

The risk factors for perpetration and help-seeking barriers present for immigrant women are concerning considering the mental health implications for survivors. Women who experience IPV are at an increased risk for negative mental health outcomes (e.g., depression, anxiety, post-traumatic stress disorder, suicidal ideation; Ansara & Hindin, 2011; Bonomi, et al., 2009; Coker, Weston, Creson, Justice, & Blakeney, 2002; Pico-Alfonso et al., 2006; Roberts, Klein, & Fisher, 2003). According to the World Health Organization (2016), women who experience IPV in the form of physical and/or sexual abuse are more than twice as likely to experience depression. Compared to the 18.6% of the general population, 47.6% of women who experience abuse reported depression (Golding, 1999). Specifically, compared to nonvictimized women, intimate partner violence survivors are three times more likely to develop depression (Bonomi et al., 2009). Among a sample of 369 women survivors, Coker et al., (2002) found 24% of these women to experience moderate-to-severe PTSD symptoms. Further, another study conducted with 242 women who reported IPV in the past year, 38% reported dealing with anxiety issues (Bonomi et al., 2009). Based on these findings, it is clear that IPV survivors are left dealing with devastating mental health issues.

Immigrant women who experience IPV are not exempt from experiencing negative mental health outcomes. According to a study conducted with Latina women, those with IPV histories had approximately three times the odds of meeting the criteria for Post-Traumatic Stress Disorder when compared to those without IPV histories (Fedovskiy, Higgins, & Paranjape, 2009). In a community-based sample of South Asian women in the greater Boston area, women who reported IPV were significantly more likely than those with no history of IPV to report symptoms of depression, anxiety, and suicidal ideation (Hurwitz, Gupta, Liu, Silverman & Raj, 2006). Further, qualitative analyses of interviews with Chinese American women revealed that a history of IPV was associated with significantly higher rates of lifetime, 12-month, and current depression (Hicks & Li, 2003). Similarly, mental health symptoms related to depression emerged among Chinese and Vietnamese-refugee women survivors of IPV (Tang, 1997; Tran, 1997). Considering the underreporting of IPV, the help-seeking barriers and increased vulnerability present among the immigrant population (i.e., many risk factors), it is likely the presented numbers do not adequately describe the mental health difficulties faced by immigrant women.

For those Arab women in the MENA region who experience IPV suffer not only physical injuries but are left with emotional scars that manifest themselves in psychological distress. For instance, Haj-Yahia (2000a) reported psychological, physical, sexual, and economic abuse was illustrated in two national surveys among Palestinian women from the West Bank and Gaza Strip. In this sample, he reported both surveys showcased women with psychological distress, fear, anger (Haj-Yahia, 1999), depression, anxiety, and low self-esteem (Haj-Yahia, 2000b, 2001). In contrast to much research that indicates Arab women tend to be submissive in violent relationships, Haj-Yahia (2000) found most of the Arab women in his study did not endorse a passive response to violence (i.e., agreed that they should seek help and did not justify the

violence). Nonetheless, similar to other studies, he found these women cope with the violence by seeking help with the nuclear and extended family with a minority of the women seeking legal or mental health help with an even smaller minority recommending a divorce (Haj-Yahia, 2000). The belief that IPV is a private problem and the hesitancy to seek help for mental health issues makes it difficult to draw clear conclusions regarding the mental health ramifications of those Arab women who suffer from IPV.

Among those Arab immigrant women in the U.S. who have been victimized by their intimate partner, research indicates uniqueness in the expression of their mental health outcomes. Hamza (2010) found these women are often left internalizing much of their suffering while maintaining a "superficial happiness and content appearance" (p. 125). In turn, they exhibit physical symptoms as a reaction to the trauma-induced IPV experience. In this area, additional research is needed to better understand the mental health consequences of IPV among this population. More specifically, a better understanding of how IPV impacts the mental health of these women and the strategies they use to cope. Without this understanding, those working to help IPV survivors are left without the information they need to screen, prevent, and treat women who experience IPV.

The literature set forth up until this point highlights the complex nature of the IPV experience for immigrant women. Specifically, the literature presented illustrated some of the unique factors (e.g., language proficiency, discrimination of helpers, immigration status) that distinguish an immigrant woman's IPV experience from that of their White American counterparts. That being said, it becomes important to understand how an increasingly large population of immigrant women experience IPV. The IPV experience of Arab immigrant women, who are immigrating to the U.S. at large rates, is underrepresented in the literature.

More research is needed to understand the risk factors and help-seeking behaviors of Arab immigrant women living in the U.S. and how these behaviors impact their mental health. More specifically, research is needed to better understand the mental health consequences of IPV and the coping strategies Arab immigrant women use to deal with their IPV.

In sum, multiple factors of being in and remaining in intimate partner violent situations have been documented in the extant literature among populations of immigrant women. The increased risk for immigrant women to experience IPV in conjunction with help-seeking barriers means immigrant women are left to suffer the mental health consequences (e.g., depression, PTSD, suicidal ideation) in silence. Nonetheless, to better understand the potential IPV risk factors and help-seeking barriers of Arab immigrant women, we must first explore how these risk factors and help seeking behaviors impact the IPV experience of other immigrant populations.

Theories of Intimate Partner Violence

There are a number of IPV theories that have been proposed to offer explanations for the phenomenon of IPV, in an attempt to create a common understanding. Each theoretical explanation differs in what is considered to be the important factors contributing to the perpetration or victimization of IPV. Among the popular theories are those that focus on the individual (Bandura, 1973) and feminist approaches (Connell, 1987; Dobash & Dobash 1977; Lenton, 1995; Walker, 1979; Yllo, 1998). Individual theorists focus on the importance of personal characteristics (e.g., behaviors acquired through modeling during children) as a cause for IPV perpetration. Feminist theorists emphasize the role of social systems (e.g., patriarchal values of society, power distribution) in maintaining inequalities in intimate relationships that lead to IPV perpetration of men against women. Although these theories have influenced IPV

research and provided empirical support, these models are limited in capturing the complex IPV experience for women from marginalized communities. These one-dimensional conceptualizations tend to oversimplify the complex nature of IPV for some women. To expand on these one-dimensional approaches, integrated theories of IPV incorporate two or more theories of IPV (Anderson, 1997; Heise, 1998). That is, integrated theorists attempt to capture the larger and varied contexts in which IPV is perpetrated. These theorists believe that IPV cannot be explained by characteristics (e.g., individual-based theories) or just one systemic factor (e.g., feminist theories). Rather, they emphasize the importance of addressing the intersection of various societal or individual variables to better explain IPV.

Proposed Theoretical Framework: Heise's Ecological Model

Considering the limitations with existing theories of IPV, researchers have proposed improving on previous theories by including the intersection of other social identities that complicate the IPV experience of marginalized women (Bograd, 1999; Lawson, 2003; Skoloff, 2005). They challenge the current understanding of IPV by encouraging scholars to "examine how other forms of inequality and oppression, such as racism, ethnocentrism, class privilege, and heterosexism, intersect with gender oppression" (Sokoloff, 2005, p. 39). Rather than attempting to find one factor to explain intimate partner violence, it becomes important to address how race, class, and gender intersect with a woman's IPV experience.

Mourad and Carolan (2010) emphasized the need to recognize the influence of intersecting systemic issues when attempting to understand Arab American women's life experience. Specifically, they suggest an approach that includes macro system (e.g., immigration policies, historical events such as 9/11), internal and external cultural norms (e.g., loyalty to family), societal beliefs and stigmas (e.g., anti-Arab discrimination), and micro system issues

(e.g., family dynamics). To capture these suggested issues, I used an integrated approach, Heise's (1998) ecological model, to understand the IPV experience of Arab women.

Heise's (1998) ecological model attempts to integrate various factors that may contribute to a woman's experience of IPV. Heise (1998) conceptualizes violence against women by addressing the intersection of personal, situational, and sociocultural factors across four levels. According to this model, the woman's individual characteristics (personal history), the microsystem factors (situational/relationship), exosystem factors (social/community structures), and macrosystem factors (cultural and social norms) interact to create a unique environment in which women are exposed to violence. Within this model, casual factors such as experiencing childhood abuse, male dominance in the family, unemployment or low socioeconomic status, and rigid gender roles contribute to women's experience of IPV.

Heise's (1998) framework includes the interpersonal, intrapersonal, and environmental elements that may impact the IPV experience. In doing so, this model extends beyond previously developed theories of IPV by considers multiple variables (e.g., individual, systemic, cultural) in the explanation for IPV. The ecological model used to understand IPV explores the relationship between individual and contextual factors, conceptualizing violence as the consequence of multiple levels of influence on behavior (Krug et al., 2002).

The first set of factors in this model focus on the individual level. Similar to Bandura's Social Learning Theory (1973), individual factors refer to features of an individual's developmental experience or personality that predicts future violent behavior (Heise, 1998). Individual factors include a person's experiences and characteristics that shape their response to the surroundings (Heise, 1998). Included at this level are witnessing domestic violence as a child, experiencing physical or sexual abuse as a child, or having an absent or rejecting father

(Heise, 1998). Arab women's high exposure to violence related situations in the MENA region (e.g., war, conflict, political persecution) might be connected to the high rates of IPV perpetration in MENA, and their tolerant attitudes and justification of the violence. In a study conducted with 30 Arab women (27 immigrants), 93% reported experiencing some form of trauma in their lifetime such as crime, general disaster, physical and sexual abuse, with the vast majority of general disaster including incidents caused by war and military occupation (Hassouneh & Kulwicki, 2007). Arab immigrant women who have escaped war or political persecution in their home countries may dismiss the abuse of their husbands due to their perception that the abuse is minor in comparison to the suffering they had previously experienced (Encyclopedia of Women & Islamic Cultures, 2011).

At the next level, the microsystem (situational), exists the interactions in which a person engages with others and the subjective meaning individuals assign to those interactions (Heise, 1998). Microsystem factors are those elements that exist within the context of the individual's immediate environmental influences (Heise, 1998). In other words, this level of the model explores how social relationships (e.g., relations with peers, intimate partners, family members) increases the risk of being a victim or perpetrator of violence (Krug et al, 2002). For instance, factors related to the structure of the traditional family (e.g., male dominance in the family, use of alcohol, male control of wealth in the family) are the most important in their contribution to the explanation of IPV (Heise, 1998).

The third level of factors, exosystem factors, refer to the social surroundings in place that influence a person's lived experience, in turn, determining the decisions made (Heise, 1998). Often, these factors are "byproducts of changes taking place in the larger social milieu" (Heise, 1998, p. 273). The exosystem level of the model considers the community contexts in which

social relationships are embedded (e.g., schools, neighborhoods, workplace; Krug et al, 2002). Heise (1998) identifies three exosystem factors contributing to violence against women (i.e., unemployment/low SES, isolation of the woman and the family, and delinquent peer associations). For example, communities that are characterized by problems such as high levels of unemployment have been shown to be communities that are also more likely to experience violence (Heise, 1998). That is, research on violence suggests opportunities for violence are greater in some community contexts than others (Heise, 1998).

Finally, at the macrosystem level exist factors that refer to a set of cultural values and beliefs that influence factors on all levels of the system (i.e., individual, microsystem, exosystem; Heise, 1998). Similar to feminist theorists of IPV, which focus on systemic influences such as patriarchy, this level considers the implications of system-level factors on the perpetration of IPV. This level focuses on understanding the interrelationship of macrosystem factors with other factors in the framework (i.e., individual, microsystem, and exosystem factors). Among these factors are rigid gender roles, notions of masculinity linked to dominance, sense of male entitlement, and cultural ethos that condone violence as a method of conflict resolution (Heise, 1998).

Taken all together, this ecological framework presents a model that supports an intersectional understanding of complex IPV experiences. The use of an ecological model conceptualizes IPV from the notion that IPV is a multifaceted problem with biological, psychological, social and environmental roots that need to be addressed on several different levels. With this integrated approach, we can expand from individual-based and feminist theorists by bringing our attention to the invisibility that exists within gender inequality through the integration of any power system (Crenshaw, 1991). Further, we can establish a means for

understanding the experiences of individuals within various systems of oppression (Crenshaw, 1991).

The experiences of women who hold multiple marginalized identities cannot be understood in terms of only individual racial or gender identities. Rather, Crenshaw (1989) stresses the importance of understanding how our identities interact with each other. For instance, the experiences of Arab women are not just shaped in terms of being an Arab or being a woman independently, but by the interaction and their third identity as an Arab woman. Since "domestic violence is not a monolithic phenomenon" (Bograd, 1999, p. 276), using an integrated approach fills the gap of preceding theories by capturing how the interaction of various factors can impact a woman's IPV experience. In using an integrated approach to IPV, I hope to give a voice to those marginalized women who are not heard through traditional IPV theories, "women for whom gender is but a part of their marginalized status" (Kanuha, 1996, p. 45).

Arab immigrant women in the U.S. hold other forms of marginalized identities that extend beyond their gender, connected to their race, ethnicity, or religion, which creates an IPV experience not captured by one-dimensional theories. Current literature on the IPV experience of Arab women showcases this complexity when IPV is explained by patriarchal norms (Haj-Yahia, 1997), socioeconomic status and age (Maziak & Asfar, 2003), religion (Belhadj, Bousaker & Ghachem, 2003; Douki, Nacef, Gharaibeh, 2009); and education (Akyuz, Shainer, & Bakkir, 2008). These findings align with the ecological approach in that they illustrate how the intersection of social identities as well as environmental circumstances can affect the IPV experience of an Arab woman.

In using the ecological framework, I expand on the current literature that exists on this population by understanding Arab immigrant women's IPV experience. As it currently stands,

those who are working to make a difference in the lives of immigrant Arab women have limited understanding of their experience with intimate partner violence. Scholars who are interested in understanding the IPV experience of Arab immigrant women must use literature on other immigrant populations taken together with general literature on the lived experiences of Arab Americans and IPV literature on women in the Arab region. In doing so, the experiences of IPV are left up to the interpretation of researchers rather than based in the stories of Arab immigrant women.

Rationale for the Study

In this study, I am interested in understanding the Arab immigrant woman's IPV experience through an ecological framework (Heise, 1998). Existing theories of intimate partner violence give only a partial understanding of intimate partner violence for Arab women in the U.S. That is, one-dimensional theories (e.g., individual-based, feminist) address only one factor that explains the cause of IPV (e.g., witnessing abuse as a child, male dominance). As a result, these theories fail to address the implications multiple marginalized identities may have on the IPV experience of Arab immigrant women.

Among the factors that contribute to an immigrant woman's vulnerability to IPV are the stressful life conditions of adjusting to a new environment, lack of consistent definition, tolerant attitudes toward IPV, and holding patriarchal beliefs. These findings showcase how the intersection of various social identities creates a unique IPV experience for immigrant women. Even with the many risk factors and help-seeking barriers that exist across immigrant populations, no two groups of women experiences IPV the same. Although gender may be a source of oppression in the lives of women, we must not overlook the intersecting sites of oppression and domination. That is, if we assume that IPV affects all women equally, regardless

of race, class, religion or any other "markers of difference" we cannot create programs or policies that will fully and effectively meet the needs of women who hold multiple marginalized identities (Jaffee, Berman & MacQuarrie, 2011). These markers of difference highlight the need to expand our understanding of the IPV experience of Arab immigrant women, an immigrant group often ignored in the U.S. literature.

The IPV experience of Arab women is captured through the literature of other immigrant populations taken in conjunction with literature on women's experience in the MENA region. Literature from the MENA region showcases two recurring factors, traditional gender role stereotypes and tolerant attitudes toward IPV, similar to those of other immigrant populations. These factors were also found to be a part of the limited literature on the U.S. Arab immigrant woman's IPV experience; however, it appeared that there were help-seeking differences when compared to women in the MENA region. This limited research also indicated some potential differences between Arab immigrant women and other immigrant groups in the mental health consequences of IPV.

Taken all together, these findings showcase the complicated phenomenon of IPV, the immigrant population's vulnerability to IPV, and the gaps in immigrant IPV research as it relates to the IPV experience of Arab immigrant women. To better understand the IPV experience of Arab immigrant women, research is needed to capture the implications of various intersecting social identities. By building on the theoretical and empirical research of intimate partner violence, the purpose of this study is to extend the study of women's IPV experience by focusing specifically on a group of women that has not been studied in depth: Arab women who have experienced IPV. My main research question is, what is the intimate partner violence experience of Arab immigrant women in the U.S.?

CHAPTER III

METHODOLOGY

In this chapter, I present the research method (i.e., research design, participants, procedure, and instruments), and data analytic plan. The primary purpose of this study is to examine the intimate partner violence experience of Arab immigrant women in the U.S.

Overview of the Design

Qualitative methodologies are a comprehensive approach of data analysis designed to describe and interpret the experiences of research participants in a context-specific setting (Denzin & Lincoln, 2000). These methods have been used in educational and social sciences to aid in filling in the limited information that can be gathered from quantitative paradigms (Miles & Huberman, 1994; Polkinghorne, 2005). In fact, counseling psychology has begun to shift from the primary use of quantitative methods to a greater inclusion of qualitative methodologies (Ponterotto, 2005). Morrow, Castaneda-Sound, and Abrams (2012) suggest this increased inclusion in counseling psychology "reflects our openness as a discipline to the diversities of all kinds." (p.112). Consistent with the goal of qualitative research, the current study hopes to put forth a representative description of the Arab immigrant woman's experience with IPV. The use of a qualitative approach provides an exploratory avenue, allowing the data to speak for itself. Considering the sensitive nature of this topic and the limited amount of literature that exists among this population, a qualitative approach seems most appropriate.

To best capture the IPV experience of Arab immigrant women, I use consensual qualitative research (CQR; Hill, Thompson, Williams, 1997; Hill, Knox, Thompson, Williams, & Hess, 2005) method of qualitative inquiry. The CQR method has become an increasingly more relevant form of qualitative research in counseling psychology (e.g., Sue, Torino, Capodilupo, &

Rivera, 2009; Yoon, Koo, & Yoo, 2010) as it provides a strategy for examining themes across participants (Hill, 2012). Further, a team of researchers works toward consensus in data analysis with the use of an external auditor to provide trustworthiness of the results (Hill et al., 1997; 2005).

There are five essential elements in CQR that best capture the individual experiences of participants. First, the use of open-ended questions in a semi structured data collection method allows for consistent data collection across individuals as well as in-depth examination of the individual's experience without constraining the responses of the participant (Hill et al., 2005). Second, the use of several judges in analyzing the data creates a space for a variety of opinions and perspectives of the data (Hill et al., 2005). Third, consensus is used to arrive at the best possible judgments about the interpretation of the data (Hill et al., 2005). Fourth, one or two auditors are used to check the work of the primary team and ensure no data has gone overlooked and to "minimize the effects of groupthink" (Hill et al., 2005, p. 2). Finally, the primary team continuously returned to the data to establish the domains, core ideas, and categories.

Though data analysis for this study was guided by CQR, this study was grounded in constructivism paradigm. The constructivist paradigm posits human beings construct their own social reality in relation to one another which may change depending on the circumstances (Golafshani, 2003). In other words, constructivists believe that reality is constructed in the mind of the individual, rather than it being an objective entity (Hansen, 2004). The constructivist position adopts a hermeneutical approach, which suggests meaning is made only when it is brought to the surface through reflection (Sciarra, 1999). As such, the dialogue present in the researcher-participant interaction is a key part of meaning-making and serves as an opportunity for deep reflection (Sciarra, 1999). Considering the complex lived experiences of immigrants and

sensitive nature of intimate partner violence, it seems most appropriate to approach this study with a constructivist lens. In doing so, we can better understand the lived experiences of IPV survivors from the point of view of those who experience it every day and allow their experiences to stand alone without attempting to explain it.

Participants

Consensual qualitative researchers have suggested using 8-15 interview participants (Hill et al., 1997). In this study, four women were interviewed. Despite the recommended 8-15 participants, every effort was made to increase the number of participants (Table 2). Considering the uniqueness of the sample, the stigma surrounding IPV within the Arab community, and sensitive nature of this topic, with the approval of the dissertation committee, I finalized my data with four participants. Decisions on the time and location of the interview were determined by the participant.

Recruitment of participants resulted in four interested women, and four interviews conducted and used for data analysis (Table 1). All participants self-identified as English-speaking, Arab immigrant women, living in the U.S. Participants represented four countries from the Middle East and North African region (i.e., Lebanon, Syria, Oman, Egypt). Participants reported the following generational statuses: one (25%) born in the US or moved to the US when they were 6 years or younger and three (75%) born outside of the US and moved to the US when they were 15 years or older. Regarding religious identity, one participant identified as Muslim, two identified as Christian/Catholic, and one identified as an Agnostic Muslim. Regarding importance of religion, one (25%) reported religion as important, two (50%) reported religion as minimally important, and one (25%) reported religion was not important at all. Participants' ages ranged from 24-31 years old (*M* = 27 years; *Mdn* = 26.5 years). Regarding the participants'

relationship status, one reported being married, one reported being divorced, one reported being single, and one reported being engaged. Most participants reported the IPV took place in a relationship with someone from the opposite sex (N = 3), while one participant reported IPV took place within a same-sex relationship.

Participants also reported information regarding education and income. When asked to describe their employment status, all participants reported being employed outside the home with a professional career. The mean Subjective Social Economic Status of all participants was 6.75 out of 10 (*Mdn* = 6, *SD* = 1.5, range = 6 to 9). Regarding socio-economic status, one participant reported an approximate annual family income of more than $125,000, one reported an approximate annual family income of $50,000-74,999, and two reported an approximate annual family income of $25,000-49,999. Two participants reported being a student from a graduate level. Of the participants who were not students, they reported the following highest levels of education completed: one master's degree and completed her doctorate of medicine (i.e., M.D.).

Table 1

Basic Participant Demographic Information

Participant Pseudonym	Country of Origin	Religion	Current Relationship Status	Perpetrator Relationship	Abuse Described
Zainab	Lebanon	Agnostic Muslim	Single	Ex-husband	Physical, sexual, emotional, psychological
Nour	Oman, Egypt	Muslim	Single	Ex-girlfriend	Emotional, psychological
Adeline	Lebanon	Catholic	Married	Ex-boyfriend	Sexual, emotional, psychological
Nadine	Syria, Lebanon	Catholic	Engaged	Ex-boyfriend	Emotional, psychological

Researchers

Four researchers participated in this study. The primary researcher developed the research question and initial interview questions, and conducted all interviews under supervision. The three remaining researchers joined the team at the beginning of data analysis. Three researchers made up the primary research team, and the 4th member served as an external auditor. The primary research team composed of two Arab women and one White woman. The Arab women identified as Iraqi and Palestinian American and the White woman identified Canadian.

The primary researcher immigrated to the United States from Iraq IN 1993, completed a Bachelor's and Master's degree at a United States institution, and is currently working toward a doctorate degree in counseling psychology. She identifies as an Arab immigrant women and grew up in an ethnic enclave wherein the majority of community members identify as Arab American. Growing up in such an environment, it became clear this population was underserved in appropriate mental health resources and treatment. Her personal social identities taken together with the environment she grew up in contributed to a research and clinical interest focused on improving the services offered to an underserved and underrepresented population.

Prior to reading the transcribed data, the primary analysis team discussed the expectations of participants' responses. Hill et al. (2005) recommend clearly identifying the expectations and beliefs of the research team members before data collections, analysis and interpretation to minimize the subjective influence of researcher biases. Expectations included that the Arab women would (a) experience familial pressures in the decision-making process related to leaving or staying in the relationship, (b) endorse traditional gender roles as a risk factor and help-seeking barrier, (c) report feelings of shame and guilt as a result of the IPV and in their decision to seek help, and (d) identify fear of racial discrimination as a help-seeking barrier.

Instruments

Demographic Questionnaire

Participants completed a demographic/background questionnaire that included items on sex, age, generation status, religious identity, importance of religion, relationship status, employment status, highest level of education completed, and subjective SES (Appendix F). The MacArthur Scale of Subjective Social Status (Adler & Stewart, 2007) determined the subjective social economic status. Participants placed themselves on a ladder from rung 1 (top) to rung 10 (bottom) and rated their perceived social/economic status relative to other individuals in the US.

Interview Protocol

To develop the interview protocol, Hill et al. (1997) suggest having a thorough understanding of existing literature to avoid repeating the mistakes of previous researchers and to build on the literature. Hill et al., (1997, 2005) recommend creating an interview protocol consisting of approximately 8-10 open-ended questions with probes that fit within one hour. Further, CQR researchers suggest pilot testing the interview protocol at least two times before administering the protocol with a participant (Hill et al., 2005).

The interview protocol, designed based on Heise's (1998) ecological model, was developed and pilot tested two times prior to administering it to participants (Appendix G). The researcher and four members of the doctoral committee then reviewed the questions and provided feedback and approval. For this study, the interview guide included 12 questions with several probes. To establish initial rapport with participants and make them feel more comfortable, the interview began with background questions (Hill et al., 1997). In this study, background questions related to the participant and their family's racial/ethnic background and life in the U.S.

Procedure

Recruitment

After I received approval from the Purdue University Institutional Review Board (Appendix A), I used five methods to recruit participants (Table 2). First, I placed flyers in cultural centers within the large cities that included the researchers contact information (Appendix D). Second, I met with the directors of cultural centers in these large cities that provide services for women suffering from IPV. These directors then contacted potential participants based on the inclusion criteria provided by the primary researcher. These directors also distributed the researcher's contact information and a flyer to Arab women that visit the center. Third, I sent emails to various Arab student organizations and activists group that included Arab women (Appendix I). Fourth, I used social media was used to share the flyer (Appendix E; e.g., Facebook, Craigslist, Reddit). Fifth, I asked participants were asked to inform other eligible participants of the research study (i.e., snowball technique).

Table 2

Sample of Recruitment Locations

Organization	Location	Method of Contact	Participants Recruited (n)
Arab Community Center for Economic and Social Services (ACCESS)	Dearborn, MI	Email, phone, in-person meeting	0
Muslim Family Services	Detroit, MI	Email, in-person meeting	0
Peaceful Families Project	Various	Email, phone conference	0
Student listservs aimed at MENA population in undergraduate and graduate programs	Various	Email, flyer	0
Social Media (e.g., Facebook, Reddit, Craigslist)	Various	Flyer posted	1
Obstetrics and Gynecology Associates EPIC Medical Office Building	Dearborn, MI; Detroit, MI	Flyer posted	0
Z Collective Organization	Various	Email, flyer	1
Arab American Business Women Council	Detroit, MI	Email	0
Turning Pointe Domestic Violence Shelter	Macomb, MI	Email	0
Personal Contacts within the Arab American community	Various	Email, phone, in-person	2
HEART girls and women	Chicago, IL	Email	0
FAITHUS.org	Herndon, VA	Email	0
Muslim Women's Shelter	Baltimore, MD	Email	0
Arab American Family Support Center	New York, NY	Email	0

Data Collection

Participants interested in participating in the study did so by emailing or calling the researcher. Then, I asked those who expressed interested if they fulfilled the inclusion criteria for the study either via email or over the phone. The inclusion criteria for this study included:

1) Self-identify as an Arab immigrant women
2) 1st, 1.5, or 2nd generational status
3) English-speaking

4) Married, separated, or divorced
5) Experienced at least one form of IPV in a relationship
6) At least 18 years old

I utilized face-to-face, phone, and videoconferencing to complete the interview. Considering the sensitive nature of the topic, I allowed for participants to decide how they would feel most comfortable completing the interview. With face-to-face interviews, the environment is conducive for trust and openness with participants (Polkinghorne, 1994); however, phone and videoconferencing provide a bit more anonymity for participants who may be hesitant to meet in person. Since discussing an IPV experience can be difficult, it is important to create a safe space for these women to openly share their experience. In this study, I conducted two interviews face-to-face, one interview via phone, and one interview via videoconference (i.e., Skype).

After completing the consent form, participants decided whether they'd like to continue to the demographic questionnaire. The consent form included information about the National Domestic Violence Hotline and a list of local resources that help survivors of IPV. The demographic questionnaire included questions regarding country of origin, generational status, education and income. After participants completed the demographic questionnaire, the interview conversation began with the background questions.

I conducted the four interviews over the course of twelve months. Each interview was audio-taped and lasted approximately 45-80 minutes. Interviews took place in a participant's home, a local coffee shop, or via phone/Skype. For the participant who requested to meet in a coffee shop, we found a quiet corner during a time wherein there were no other customers around in effort to protect confidentiality. I obtained informed consent before the start of the interview and tape recording (Appendix B; Appendix C) and reimbursed participants for their

time with a $30 Visa gift card (Appendix H). Participants had the option to stop at any point in the interview without forfeiting their eligibility for the gift card.

Data Analysis

In addition to transcribing the interviews, Hill et al. (1997) proposed three main steps of analyses. First, topics are used to group the interview data into domains. Second, data within these domains are summarized to capture the central message into a few words, or core ideas. Third, categories are developed to describe common themes found across participants in the cross analyses.

Transcription

In accordance with Hill et al.'s (1997) guidelines, all interviews were transcribed by the primary researcher. After transcription of all interviews was completed, it was cross-checked by another researcher to make sure the transcript was accurate, all proper names, places and identifiable information were deleted.

Domains

The first step of analyses was to develop the domains (Hill et al., 1997). Domains group together data that contains similar topics, and are based on the literature review and interview protocol. Coding the data for domains began with having the entire research team code one interview. After all members of the team independently coded the data into domains, the team met to discuss their coding to come up with the best approach to coding the data into domains and come to a consensus. The team added, deleted, and modified domains throughout this initial process until they found the data was divided in the most appropriate manner. The entire team then coded one additional interview and met again to ensure consensus. After revisions of the domains, the team finalized four domains. The domains were called: Formative Experiences

During Childhood and Adolescence, Experience of IPV, Impact of Familial Relationships, and Post IPV Growth.

As recommended by Hill et al. (1997), once the whole team established domains, three members coded the remaining three interviews. Specifically, the primary researcher coded interviews two and three with one member, while the primary researcher and another member coded interviews three and four. During this time, researchers were careful to make sure all data was assigned to a domain. Any data that did not align with a domain was included in an "other" domain to make sure all data was presented. The team reassessed the domains and some were combined or deleted. Finally, the primary researcher created the consensus drafts across all interviews based on the group meetings.

Core Ideas

The second step of analyses was to construct core ideas based on the consensus drafts (Hill et al., 1997). Research team members read through all the consensus drafts and summarized the data into a few words to develop core ideas for each domain. Again, once members read through and established core ideas, the team met to discuss the core ideas and reach an agreement. The primary researcher updated the consensus drafts to include the core ideas established by the team.

At this point, the consensus draft is sent to an auditor (Hill et al., 1997). The auditor read through all the data, and ensured that:

> (a) The raw material [was] in the correct domain, (b) all the important material in the domain [was] abstracted, and (c) the wordings of the core ideas [was] concise and reflective of the raw data (Hill et al., 1997, p. 548).

The auditor's feedback was then taken back to the research team, reviewed and discussed (Hill et al., 1997). The team responded to each comment by accepting or rejecting any changes. The final auditor feedback indicated that data aligned with the domains and core ideas.

Cross Analyses

Once the domains and core ideas were complete for each individual participant, the team conducted cross analyses to identify the similarities across participants (Hill et al., 1997). More specifically, the entire research team looked across participants, and examined the domain and core ideas to identify categories. To identify these categories, the research team members individually brainstormed potential categories, then the team met to compare findings. By comparing findings, the team then established consensus for categories.

At this point, the consensus draft was sent back to the auditor for feedback. The auditor's feedback indicated the primary issue was too many categories (i.e., 20 categories) considering the low number of participants. Additionally, the auditor recommended changes to the titles of domains to better capture the overall core ideas. The auditor recommended returning to the data and modifying the number of categories by removing or combining those that had few participant responses. Based on the feedback, the research team met to discuss each comment and came to a consensus regarding accepting or rejecting the auditor's feedback. The team then revised the domains and categories and the primary researcher revised the consensus draft. Once the team came to consensus, the team established the frequency labels (Hill et al., 1997). The research team decided to use the Hill et al., (2005) updated recommendation in which "general" results applied to all or all but one cases, "typical" results applied to more than half of cases, and "rare" results applied to at least one up to the cutoff for typical. The final draft consisted of four

domains (i.e., Formative Experiences During Childhood and Adolescence, Experience of IPV, Impact of Familial Relationships, Post IPV Growth) and thirteen categories.

Research Team Meetings

To complete data analysis, the primary research team met to discuss coding at each step. First, as previously stated, the three members met to discuss expectations of the data before reading any of the transcripts. Second, the researchers established a general timeline for coding and an agenda for each meeting. That is, we began each meeting by addressing any questions or concerns regarding the coding process, then reviewed the coding completed by each member being sure to address not only the areas that were consistent across members, but any discrepancies that were present. Finally, at the end of our meetings we set goals regarding next steps for coding and scheduled our next meeting. Since team members did not live in the same area, meetings took place over Skype and lasted anywhere from one to four hours over approximately 12 weeks. Overall, team members had strong rapport and could work together to challenge one-another in thinking about the themes present across transcripts.

To arrive at consensus, in-depth discussions occurred wherein researchers used their expertise on a certain topic to assist other members in understanding. For instance, one research member's expertise in Arab literature served as an asset in explaining some of the nuances of cultural norms present in transcripts that one group member did not include in her coding. In having such conversations, we were better able to understand one another's perspective. Though there were some initial discrepancies in coding, we were flexible regarding our timeline and emphasized consensus over speed of completion. For instance, our initial plan indicated that all members would code the first interview for domains then split up the remaining interviews. However, after coding the first interview for domains, there were a high number of

discrepancies, which required more conversations before arriving at consensus. As a result, we decided it would be best for all members to code the second interview and added another meeting to review that coding before going on to code the remaining interviews. Though this added an extra step to our timeline, we believe it assisted in improving our understanding as a group and arriving at consensus for the remainder of the coding process.

CHAPTER IV

RESULTS

This chapter reviews the qualitative data gathered from four participants. The data were analyzed using CQR and provided a rich description of the common IPV experience of Arab immigrant women living in the U.S. All participants have been given pseudonyms to protect their identities. Using the labels set forth by Hill (2012), categories were considered general if they applied to all cases, typical if the categories applied to between two and three cases, and rare if they applied to one case. Considering the small number of participants in the study, the rare data (i.e., data reported by one participant) was included in the results. At least one example, using quotes, is provided to illustrate each category in the text. There are four domains that emerged from the data: (a) formative experiences during childhood and adolescence, (b) experience of IPV, (c) impact of familial relationships, and (d) post-IPV growth (Table 3).

Table 3

Categories and Subcategories Organized by Domain

Domain	Category	Frequency label (*n*)
Formative Experiences During Childhood and Adolescence	Family Background	General (*4*)
	Feeling Different from Peers	General (*4*)
	Importance of Religion in Daily Life	General (*4*)
	Exposure to Family Violence as a Means for Conflict Resolution	Typical (*2*)
Experience of IPV	Complexity of IPV	General (*4*)
	Inclusive Definition of IPV	General (*4*)
	Perpetrator's History	Typical (*2*)
Impact of Familial Relationships	Restrictions on Women's Behavior	General (*4*)
	Family Responses to IPV	General (*4*)
	Importance of Presenting a "Good" Family Image	Typical (*3*)
Post IPV Growth	Strategies for Coping with Violence	General (*4*)
	Role of Internal Strength	General (*4*)
	Access to Appropriate Resources	Rare (*1*)

Domain 1: Formative Experiences During Childhood and Adolescence

Participants described experiences growing up that shaped who they are, their overall personal development and influenced the way they lived their life. Specifically, participants discussed instances during their childhood and adolescence that contributed to how they formed thoughts about themselves and the world around them. They described these experiences as central to forming ideas about their place in the world as Arab immigrant women. Additionally, these experiences contributed to their explanation for how they respond to external stressors in their life, such as their IPV experiences. In this study, formative experiences included: (a) family background, (b) feeling different from peers, (c) importance of religion in daily life, and (d) exposure to family violence as a means for conflict resolution.

Family Background

All participants shared background information regarding their nuclear family and extended family (i.e., family that extends beyond the nuclear family). Within nuclear family, they described experiences of the family of origin (i.e., family in which they are the child), and family of procreation (i.e., family in which they are the parent). In these discussions, participants described (a) the immigration story, (b) stressors that emerged after immigration, and (c) the information on the family member's current lifestyle.

All participants described the immigration story of their family of origin. In describing these stories, participants reflected on the reasons why their family left, the people involved in the migration, and their intention behind deciding where they would go. Participants shared the stories of their family who migrate before they were born as well as those that migrated with their family later in their life.

Zainab, Adeline, and Nadine described their families' journey of migration from Lebanon. All three of these participants cited the civil war happening in Lebanon as the primary reason. As Adeline explained "there was a civil war going on…religious civil war, Christians versus Christians Muslims versus Christians…the Israeli occupation, things like that." In addition to the war, Zainab described how "family feud[s]" happening were added motivation for her family to flee. She explained,

> …there was a family feud between my family and another family. Not my immediate family, but kind of extended family. And so, my grandfather, my mother's dad was the last one to be killed to…even out the number, in terms of people that were killed on either side, so [NAME] … helped smuggle my uncle [to the US] …because they were going to kill him instead of my grandfather. Then, my uncle brought my parents and brought everybody.

In deciding to leave the MENA region, participants described their family's intention behind where they wanted to settle down and who would begin the migration process. All the participants described a sense of optimism and desire for a better life as the reason for their move. For instance, Nadine shared how it was her father that first migrated to the U.S., before the rest of the family followed later. While her father was born, and raised in Lebanon, her mother was born in Syria. As she described,

> My dad came here a little bit before my mom maybe about a year before the whole family moved. And my dad's brothers were already here. And they were going to college and everything and they both waited for him to come here. And then he brought over the rest of my family about a year after that. And it was because of the war.

She added how her parent's intention behind the immigration was to temporarily escape the war, with intentions of returning. As she stated,

> …they actually didn't plan to stay here permanently. They thought they'd only be here for a couple of years until things calm down and then they could go back to living in Lebanon but they ended up just staying here because the rest of my dad's family was here and there was a good school system and they found it a good place to live. So, they end up staying here and we're still here.

Nour presented a unique perspective regarding her family's background. As the biological daughter of Omani and Egyptian parents, later adopted by Pakistani and Indo-Kenyan parents who immigrated to Canada before finally setting in the U.S., she had a different familial structure than that of other participants in this study. Nonetheless, similarly to other participants, her parents made the ultimate decision to immigrate with the hope of a better life in North America. As she described,

> [Her parents] just thought that they would have a better life in Toronto than they were having in Nairobi, where there would be more opportunities…My uncle had already immigrated to Toronto …[he] was the first one to come establish himself … at a gas station. And then after that like all the family came to Toronto because I think they were like well we can get a sponsorship. And I think it might have been easier to immigrate back then. So, they all came to Toronto for that reason kind of like a better life I guess more opportunities.

In turn, it was her father's job that transferred him and his family from Canada to the southern region of the U.S.

All the participants shared information regarding the current lifestyle of their nuclear and extended family. In their descriptions, participants shared their current living situations,

relationship status, they shared information regarding the job status of parents and siblings, as well as the make-up of their family in the U.S. and those still in the MENA region.

Zainab mentioned living on her own with her two young daughters and being the middle child of five women. She described two of her sisters as "badass" with one occupied as a nurse and the other a senior manager at a large motor company. She also described some of the stark differences between her parent's family of origin,

> my dad's brothers and siblings in Lebanon are like farmers and one is a principle in a school in the village...My mom's side though, they're all doctors and engineers and lawyers… crazy successful people. Very wealthy.

Adding how this difference in her parent's upbringing precipitated some of the ways they chose to raise her and her sisters in the U.S. She reported,

> My dad … he felt very insecure, so he would seek to please them [wife's family] … Because he wanted that affirmation…. And that affected a lot of decisions that he made, him and my mother made, in terms of our marriages. We were, my sisters and I were the first ones to get married, out of my cousins and whatever. So, we were kind of like the genie pigs.

Adeline indicated she was the eldest of two children, and reported living with her Lebanese-Christian husband of two years and their newborn baby. She described her younger brother as a student in pharmacy school, her mother a French teacher, and her father as an employee of the post office. She added, some of her extended family is "still in Lebanon, on both sides" with "a couple of aunts and uncles…in France." Unlike Adeline and Zainab who were living on their own, Nadine mentioned currently living with her parents while working on her master's degree in nursing, engaged with plans to marry within the year, and being the youngest of three

children, with two brothers, 10 and 15 years older. She added, most of her family has immigrated to the U.S., with some maternal family in Lebanon and Syria. Nour reported having "biological siblings" but did not have any siblings with whom she grew up, and described growing up in a home that was a "mix of culture." Despite not having strong exposure to Arab culture, she described growing up trying to learn about the Arab world while being exposed to her adopted-mother's Indian-Kenyan culture and adopted-father's Pakistani background.

Two participants described some stressors that emerged after migrating to the U.S. For instance, Zainab's parents were "very poor…illegal immigrants" in the U.S. that made adjusting to a new land challenging. She remembered the stories they would tell her about "how they struggled" when first moving to the U.S. Nour noticed when they moved from Canada to Southern U.S,

> …any time we would stop in a small-town, people would stare especially because the towns would usually be like White or Black [people]. So, then it was like they [noticed her family] speaking another language … And so, it was like people really stare a lot and I didn't really get that in Toronto.

Feeling Different from Peers

All participants described a sense of exclusion or isolation from what was considered the norm around them in school, work, or social settings. Feeling different from their peers was primarily evident in their discussions of (a) activities they could not engage in, (b) activities that were enforced or encouraged by family, and (c) their separation from peers with majority identities.

When describing exclusion, most participants reported feeling different from their peers based on family values that prevented them from engaging in what was commonly done by those

individuals in their immediate surroundings. Nour described how the intersection of her Arab identity, queer identity, and growing up in a non-Arab household meant she "didn't necessarily fit in any way" comparing her experience to that of "first generation" immigrants who do not quite fit in "here or there." For Nour, her inability to speak Arabic "put [her] on the sidelines a lot in Arab Groups or…communities." For others, most often described was the role of parents in making decisions regarding what activities were permissible and not. Zainab described her parents as "super paranoid" which meant she "wasn't allowed to hang out with [her] friends after school because [her] mom was too scared" and her mom would question 'what if they're a bad influence on my kids?' Similarly, Nadine described her parents as "a lot stricter" and raised her "a lot differently" than peers she went to school, leaving her to feel "strange" when she would attempt to interact with them. Activities such as sleepovers or slumber parties, and dance or sport-related events were some of the few that participants identified as not permissible by their parents. As Nadine described, their parents "were not as familiar with recreational things that American parents would put their children in."

Other participants described feeling different was most evident in activities their parents encouraged. Zainab reported being "engaged…in 10th grade" meant she had a "different mindset than other kids [her] age." For her, this "unhealthy" difference from her peers impacted her life not only growing up but shaped the way she interacts today, adding she "still [has] trouble socializing." Rather than focusing on social aspects of school, participants described the importance of education. As Adeline described, in her family "school [was] very enforced, getting…straight A's [and] nothing less." She reiterated this when she reports a romantic relationship "disintegrated because he wasn't really pursuing higher education and we were just going two different directions." Adding to this, Nadine indicated her family "really really

emphasized [education]" which meant she would grow up "without a hobby because...[her] parents never started [her] out in something… [she could] develop a skill in."

Two participants described feeling different as the reason why they sought out people with similar racial/ethnic identity as them. As Adeline reported, she had "more of an affinity towards Arab women…Even now that [she's] older…[her] only non-Arab friends are also ethnic [minorities]." Nadine added, expressing that during college she "felt more comfortable in [her] skin because…a lot of people in classes [that she] associated with were also Middle Eastern."

Importance of Religion in Daily Life

All participants reported a sense of importance placed on religion throughout their life. They described the various ways in which religion was central to their Arab identity and the pressures of their family. Discussions of the importance of religion in their life emerged primarily through dialogue regarding familial emphasis on religion, engaging in religious activities and adhering to traditional religious norms.

All participants described their parents as emphasizing the adherence to traditional religious values growing up. Despite coming from different religions, all participants described how the cultural values of their Arab identity was intertwined with their religious values. Zainab, a Lebanese Muslim woman, reported,

> I come from a very religious family and it's not like we were forced and abused to be religious but that's all we knew…It was kind of expected. It was very very much enforced so we grew up in a very religious family. So, when we looked for, when we were getting ready to get married, that's what my parents looked for 'is he religious?' but their definition of religious.

She went to hajj (i.e., religious pilgrimage in Islam) at the young ages of 15 and 16 and wore a "black Chador," a full-body-length garment that covers a woman's hair and body, "from 15…until 25" years old. She later added, her "whole identity was a religious identity" in that "being a Muslim is what had the profound effect on [her] life." Nour reiterated this point, stating "you can't really tease apart the culture and the religion because they're so like intertwined" suggesting her parents' culture was rooted in their religious identity, one in which they would "go to mosque…every day." Adeline's Catholic family also emphasized this intersection of religion and culture, as she reported,

> …they enforced us going to church every Sunday and even more than every Sunday. It was like almost all weekend, every weekend activities. You know, they went to Arabic classes and catechism classes all at our Lebanese church or in Lebanese-Maronite church…we really grew up in the church mostly for…maintaining a cultural social life more so than a religious social life.

Similarly, Nadine reported the intersection of religion and culture meant she was

> … involve[d] in the Lebanese community, ever since I was a child I would be in Arabic classes. I am an Amalekite Catholic so I was involved a lot in the Amalekite church, and they put me in religious classes. I also would go to the Maronite church and make friends there and just be involved in the community. I would go to parties like church parties with my family. You know, with the dances and the music,

Uniquely, Zainab described how religion changed over the years but initially served as an outlet that friends and family couldn't provide her during her IPV experience. She described,

> It was comfort for me, because I didn't have a mother that was comforting for me in those situations. I didn't have friends that were comforting for me in those situations. So, when

> things didn't make sense, I turned to the only thing that I know… I was a spiritual person. So, I turned to religion. So that was kind of my parent.

Exposure to Family Violence as a Means for Conflict Resolution

Two participants described instances in which they were exposed to violence as a means for resolving conflict. Participants discussed witnessing familial violence or learning about a family history of violence as the primary method of conflict resolution.

Zainab reported how her mother and father's family differed, sharing that her "mom came from a very violent family…her [Zainab's mother's] father was very abusive…my dad's family is not very violent by nature." Nonetheless, she described various instances in which she witnessed her father, mother, and sisters using violence. In one instance, her father "used to hit [her] sisters, when they were younger… when [her] dad used to get mad…he would throw things…but never towards [her]." In another, she witnessed her sister "physically attacked [her] dad and uncle" and remembering her sister's "knuckles being broken because she was hitting my dad." Finally, she reported some empathy toward her parents use of violence, stating her

> parents were very young parents, they were like 16 and like 18, and they had my oldest sister, and so they were kind of like siblings, almost. You know? They would fight all the time. I'd see them hit each other all the time.

On the other hand, Nour, Nadine, and Adeline denied any parental use of violence. However, Nadine, a Catholic Lebanese-Syrian woman, described being an adolescent and hearing the details of her cousin in "an emotionally abusive relationship" and remembering that growing up her parents did not have "the best relationship" but did not elaborate on what that looked like.

Domain 2: Experience of IPV

Central to the main research question, all participants described their experiences of IPV. They described a broad range of abuse including physical, sexual, emotional and psychological manipulation as well as acts of control and coercion perpetrated by an ex-husband, ex-boyfriends, and an ex-girlfriend. In sharing these experiences, they discussed their thoughts about what it means to suffer IPV. They also discussed the relationship they had with their perpetrator and the perpetrator's formative experiences that they believe contributed to the abuse. In describing their experiences of IPV, participants shared (a) descriptions of IPV, (b) their definition of IPV, and information regarding the (c) perpetrator's history.

Complexity of IPV

Participants described IPV experiences that included: controlling and coercive behaviors, emotional and psychological manipulation, isolation from friends and family, and physical and sexual abuse. All participants reported subtle forms of violence including emotional and psychological abuse. Nour's ex-girlfriend would tell her that she "wasn't really attractive," "should lose weight" and other "things to make [her] feel bad about [her]self." Similarly, Zainab reported that before the physical abuse, the first three years were emotional abuse wherein he would call her names "all the time." Adeline's ex-boyfriend would coerce her to send sexual photos then later use those photos to blackmail her. If they were arguing over something, he would threaten to "send those pictures to all [her] friends and family over something so stupid." Despite her sobbing and begging him not to do it, he "would not back down" then turn his phone off for hours leaving her distraught over what he might do. Comparably, Nadine's ex-boyfriend would

> leave [her] for something stupid then expect [her] to come crying back to him and he would be very jealous and suspicious of any other guy in my life.

Three participants described being isolated from friends and family a form of IPV. Nour shared her experience,

> I became really really isolated where I wasn't seeing my friends. I was like going to work then I would come home and I was like living with her as well after a little while, which I think almost was another control thing. I don't even think…we should have been living together anyway but it was…'I'm going to move in' and I was like "OK I have to say yes" sort of thing. So yeah I wasn't really seeing my friends and seemed very much cut off from people.

Zainab's ex-husband, and father of her two daughters, would tell her that she could not speak with her sister. She stated, "he didn't like that [her sister] went to school, and was getting independent from her husband." Comparably, Adeline's ex-boyfriend "ruined [her] relationships" with some of her closest male friends because he would tell her that all her male friends were "disrespecting him." In turn, she found herself "slowly distancing" herself from her friends. He would try to ruin her friendships with her female friends by telling her that her girlfriends "were all sluts…[that] don't respect their boyfriends" and tell her that she must want to be like them.

Two participants described their partners engaged in controlling and coercive behaviors. Zainab's ex-husband would tell her where she was and was not allowed to go, stating that "what he says is more important than what my parents say…basically he's God…if you disobey your husband than you're doing something haram (i.e., forbidden by Islamic law)." Nour's partner would notice she would be getting close to someone else and would "sabotage the relationship."

She would tell her, “this person doesn’t really care about you, I’m the only one who cares about you.” Further, she’d convince her into not visiting her parents by telling her things like “if you're not spending time with me then who's going to love me” or discourage her from having parents visit by saying “what am I going to do for two days while they're here?”

Furthermore, two participants described instances of physical and sexual abuse. Adeline described many instances wherein her ex-boyfriend would pressure her into doing sexual acts that made her uncomfortable. As she described,

> …like the FaceTime…sex that he'd make us do. I would be busy and I wouldn’t want to do it and he would just shame me into it. He would just say “you don't want to do this for me…” “doesn't a girl want to please her man?” Things like that…the talking dirty…he would force me to talk dirty to him. I'm like I'm just not comfortable doing that…He would yell at me. And it was just very stressful for me. He put a lot of stress on me and then I would just question my normalcy. Like, maybe I'm not normal being uncomfortable doing all these things. And it was just looking back now is definitely just him forcing his desires that were not the same as mine.

When she would not give in to his requests, “he would start crying and would say ‘do you not love me?’” to manipulate her so they would “always end up doing it…out of pity” because “it was never something [she] enjoyed doing at the moment.” Similarly, Zainab’s ex-husband would try to “pressure [her] into having sex with him.” She added, “my daughter, that wasn’t planned…he would force me to have sex with him. He forced me to get pregnant.” She recalled getting an IUD without telling him, adding that she told the doctor “please cut the string short because I can’t have him feel it.” However, once she started going to school, it seemed to upset

him that she would drop the kids off at her mom's house and that was when "things got really bad" and he began hitting her "all the time."

Inclusive Definition of IPV

Reflecting on their own experiences and the relationship experiences of those around them each participant defined intimate partner violence. They all defined how IPV extends beyond physical, sexual, and emotional abuse, adding that coercive and controlling behaviors or psychological abuse should also be included. For instance, Adeline defined IPV as "…obviously, anything emotionally, psychologically or physically damaging to a person coming from somebody who, who you would consider close." Nadine reiterated this point, stating that IPV can be "divided into two things" including, "physical violence and emotional violence." She defined emotional abuse as "manipulation, name calling, putting down, controlling, demeaning, being condescending and not acknowledging another person's feelings" whereas physical abuse is anything that includes "hands-on abuse." Beyond these constructs, Zainab added an element of personal feelings. She defined IPV as

> …anything that gives you that feeling in your gut, it could be something that person says, it could be the way the person says something to you… it could be something just condescending…it's this feeling that you get. Like in your gut, that this doesn't feel right. This doesn't feel like how I should be treated, don't ignore that, that means you're being abused. It could be physical, it could be emotional, it could be a person's tone, absolutely, that's abuse to me.

The participants' definition of IPV captured a broad range of behaviors and attitudes held by both the perpetrator as well as the victim of IPV.

Perpetrator History

Two participants described their perpetrator's individual characteristics and history with interpersonal violence. They discussed how the perpetrators' family and social life prior to the start of their romantic relationship contributed to the perpetration of IPV.

Zainab shared how difficult it was to relate to her ex-husband, the perpetrator of IPV, because of his "attention seeker" attitude and highlighted how this was the primary reason they would "fight all the time." She referred to the home he was raised in as the primary contributing factor to his controlling behaviors, citing that his parents "raised him that way" indicating he was "just like his [dad]." Zainab struggled to understand her ex-mother-in-law's behavior. She explained,

> I'd get mad at her, like he's your son, you need to yell at him, he's bothering you, smack the shit out of him, he's your son. She's just a poor, I love her, I love her, but she's an example of you can never change someone's mind. You just can't change her. I just talk to her like that's who she is.

Nonetheless, she found herself empathizing with her ex-mother-in-law. As she described,

> My mother in law was always sweet to me. She was an abused woman. She's married to her husband, and her son is her son. Like, she's scared of her son. he tells her what she can/cannot do. He makes rules, you know?

On the other hand, Adeline described how the perpetrator "was exactly the same, [just] like me" because of their identities. It was their shared Lebanese Maronite-Catholic identity that made her believe they were "perfect." However, that was the only thing she reported made their relationship appealing. She indicated the perpetrator would oscillate between speaking poorly of previous relationships and romanticizing them. Reflecting on these experiences, she reported this

behavior was a way for him to remind her "he was very desired" and "had amazing relationships" with other "beautiful" women while the negative talk about these relationships was used to "flatter" her and their relationship.

Domain 3: Impact of Familial Relationships

All participants shared narrative episodes regarding the powerful role of family in their life. They described how the position and gender of various family members contributed to the decisions they made when interacting with their immediate community and society-at-large. They discussed how family had an impact on their decisions growing up as well as in their adult life. In these descriptions, family included their family-of-origin, family of procreation, and extended-family members. Specifically, participants discussed (a) restrictions on women's behavior, (b) the importance of presenting a "Good" Family Image, and (c) their family's response to IPV.

Restrictions on Women's Behavior

All participants discussed experiences in their life in which there were restrictions placed on their behavior as women. Participants described instances wherein members of their family of origin or extended family enforced their beliefs regarding the participant's behavior. Within this category, participants described these restrictions in the following ways: (a) enforcement of rigid gender roles and (b) emphasis on male dominance within the family.

All the participants described their family's enforcement of rigid gender roles, where women had restraints placed on their behavior while men had more freedom. For instance, Nour described her parents reinforced the belief that "women serve men." Despite growing up not witnessing any intimate abuse, it was "part of the culture" that she described,

> men would never lift a finger…women are serving them food and we had to wait until they get all their food before we can eat.

In turn, participants found this constant restraint on their behavior made them feel confined and limited in their freedom. For instance, Zainab described how her parents determined what was appropriate behavior for a divorced woman. She stated,

> … they still think that as a divorced female… you shouldn't be acting in certain ways that people don't say that you're this kind of divorcee. You shouldn't get remarried until your kids are older… They think they can set the time for me when I can get remarried and who I can get remarried to.

In turn, participants found themselves striving for some sense of freedom from the restraints of their family. Adeline discovered it wasn't until college that she was able to experience her "own freedom" and "explore [her] identity outside of [her] parents' restraints" and Zainab saw her marriage as "more of an escape from this suffocating life [she] lived at home,"

The rigid gender roles meant participants had restraints on their interactions with men (e.g., dating, sex). As Adeline described, "in our culture dating, especially…dating somebody who you're not going to marry is frowned upon." For her, this meant that she needed to keep her first boyfriend "somewhat of a secret." As a result, participants found it was difficult to know what healthy relationships and dating looked like. Nour reported that she "didn't really know what dating would look like" adding that her family believed "oh you're just friends…nothing happens until we figure out who you're going to marry." Without the understanding of dating, it was challenging for her to identify that she was in an unhealthy relationship. As she reported, she "was more open to things that [she] shouldn't have been" because it was hard "putting together how messed up the way that we were interacting was."

Further, the rigid gender roles instilled by their family influenced the participants' beliefs about sex and the importance of remaining a virgin until marriage. As Zainab described, "as a 15-year-old who's never even spoken to a boy or talked to a boy in her life" her mother directed her sexual behaviors by dictating what was acceptable for an engaged woman. She stated,

> [My mom] … encouraged me to not, there were very set rules, they decided 'ok, you can make out with him, but you can't have sex with him if you're engaged.' But make sure that you do make out with him and stuff because then he's not going to like you if you don't."

Zainab found her parents' involvement in her sex life proved they were "pretty sheltered…very puritanical." Similarly, Adeline was "petrified about losing [her] virginity to somebody obviously because of [her] background and the way [she] was raised…that was very taboo." This fear of losing her virginity meant that in her relationship "we'd do sexual things but never ever had sex." The sexual assault she experienced when her ex-boyfriend didn't ask for consent, left her thinking "my life is ruined" and feeling "so lost." As she stated,

> nobody knew that I had done that with him like that and even my closest friends… I didn't tell anybody. So, the hurt of breaking up kind of led me to admit it to like my best friend. And that was about it.

In the end, participants described how these gender roles placed an emphasis on male dominance within the family. Zainab described how not having brothers in her family meant her parents referred to her uncles for their opinions first. As she described,

> [Uncles] would literally give their opinion on the situation and my parents would take into account whatever they said. So, they basically made the decisions. I don't have any brothers, there was just 5 girls.

She added,

> …you know how our culture is, it's very patriarchal, like the men make the decisions, so those were the ones that held the weight of the decision-making, my uncles, because they were the only ones that were around.

Growing up with the belief that men were the decision-makers led Zainab to believe that it was okay for her husband to tell her what to do, even if it did not fit with her beliefs. She reported,

> It was always accepted that your husband told you, you can't go to school, it's OK, even though it would piss me off, I had to accept it… he wanted me to wear gloves and cover my face. But… it was OK for him to have girlfriends.

Similarly, Nadine reported that she had brothers that were "a lot older" than she, which made it feel like she "grew up with three dads and even more strict…overprotectiveness." In turn, she described how this made her feel "very obedient, very calm, overprotected," and "submissive to [her] family." In turn, she "didn't grow up with a very strong backbone" which impacted how she interacted with the boyfriend that perpetrated violence. He created an "illusion" that "men should make decisions and be on top" while "women should not worry about anything and just do as he says." As she described,

> I felt like I was like a little mouse and he was like so much bigger than me and I couldn't, for some reason, felt like I couldn't stick up for myself to him.

In the end, participants in this study described how the emphasis on rigid gender roles and emphasis on male dominance left them feeling disempowered and limited in their freedom.

Family Responses to IPV

All participants described how family members responded to their IPV experience. Within this category, all participants identified sources of support and what they did to showcase support and the barriers that existed in sharing her IPV experience with parents.

All participants described how certain family members were supportive during and after their IPV experience. For instance, Adeline's parents told her she "need[ed] to get out of it…they didn't really take his side or believe him, they knew he was a horrible person." Further, without telling them the "details of anything," Nadine found her family of origin was a "really good support system" that made her "feel safe…and that [she] always had people [she] could rely on if anything happened." For Zainab, it was her sisters, one of whom also experienced IPV in a previous relationship, who provided support when she heard about Zainab's IPV experiences. A part of Zainab's plan to leave her husband was to find a job so she could have financial stability. Therefore, she would go to her sister's home to change out of her "Aabaya" (i.e., full-body-length garment that covers a woman's body and hair) so her husband would not know of her plans. Outside of her family, Zainab described how a professor noticed her struggle, "called [her] into her office…. was really concerned about [Zainab], heard [her] story" and told her to get help.

Two participants described the ways in which their family ignored or overlooked their IPV experience. They reported their parents turned the other way or discouraged them from leaving the relationship when they turned to them for guidance, leaving the participants feeling as though they had limited support options.

Zainab shared narrative episode about a time in which her ex-husband physically assaulted her and her sister, leaving her with a "face so swollen…that [her]cheek was

protruding" and her sister got a broken nose. Zainab's father responded immediately asking her "why did you call the police?" She described how in this incident, it was the cop that "was so mad for us" and stood up for them. Similarly, she mentioned going to her mother after her ex-husband would hit her and despite seeing Zainab in "physical harm" she would "send [her] back out." Her parents' response to her IPV experiences fit into her understanding that her "parents never had [their] backs for anything" leaving her to believe that "no one is going to help." Her mother's lack of response was not only apparent with her ex-husband but happened with her first fiancé who she was engaged to at the age of 15. As she reported,

> he got really abusive and controlling. And then we broke up… and then my mom, she just loved him because she didn't have any sons. My mom always loved who we married more she loved us. Because she didn't have any sons. And so, she made me get back with him a second time. Like my dad didn't want that to happen.

Zainab described how her parents responded similarly to the behaviors of her sisters' abusive partners. Even though her sister was an American citizen, her husband left her in Lebanon during a time when "people were fleeing Lebanon to come here for safety." As she described,

> He was here sitting in my parent's house, watching the news, while my sister is there, and my parents were like 'we can't say anything…because he's the husband.' And my other sister, her husband like came and like starved her, or [would] go sleep in the mosque for weeks. It was just weird…weird shit. My parents always saw that, but it's not enough just to see it, just to say, this person is shitty and this person is shitty…when you're leaving your kids in that situation.

Despite her parents later telling her of their regret in how they handled these situations, Zainab indicated this change in response "doesn't mean anything to [her] anymore." Reiterating her point, she added that her parents would tell her…

> …'it's not like we wanted to hurt our children. We didn't know any better.' My mother will tell me this and my father will tell me this. But it just doesn't mean anything. It just doesn't mean anything. My parents were going according to what my uncle's thought.

Similarly, Nour found it difficult to speak with her parents around the IPV she experienced. As she stated,

> … the IPV that I experienced I was not able to talk to them about anything like that and I also think they wouldn't have understood whether it was a man or woman I just don't think they would've got it.

One participant described how isolated from family and friends triggered different responses within themselves. During her relationship, Nour saw isolation from her family as a form of independence, reporting "I was like 'oh I'm just being independent…I don't need to talk to my parents that much." However, after she left the relationship, Nour noticed how the isolation from her family helped her realize she was in an abusive relationship. As she discussed,

> …the biggest role that they play was the fact that they kept being like "Why am I not seeing you like? I haven't seen you in six months, like what's going on?" …"you're not talking to me regularly… is everything OK?" And I think that was a part of me being like 'I'm getting cut off from people' and…I'm not seeing my parents as much.

She realized her partner's "manipulative tactics" and decided,

> "I'm never going to let anyone come between me and my family again because I think it was hard for me to not be talking to my parents regularly."

Importance of Presenting a "Good" Family Image

Three participants described instances wherein presenting a good family image was emphasized. In this category, family is conceptualized as family of origin or extended family. Participants described ways in which the family emphasis on presenting a positive image was driven by maintaining a positive image in the community, took precedence over the well-being of the participant, and left participants feeling limited in their support during their IPV experience.

Participants reported how pressure to uphold a positive family image was driven by the community that surrounded them, including extended family members. For instance, Nour's parents emphasized presenting a good family image in front of extended family members and stressed cultural emersion so she could fit in. Her mother liked that she "took an interest in cooking the foods" and were "proud" that she could "still speak [Gudrathee] at family gatherings." However, she was "unlike every other unmarried woman in the family" in that she wasn't living at home, identified as gay, and had a different gender presentation which made for "tense connections" at family gatherings. Adeline's small Lebanese Catholic community created pressures for her in her dating life. She described a relationship with a man who was not Lebanese,

> …my parents…didn't want other members of our community to know about him. So, nothing was shared amongst our church community it was all kind of a secret. No holding hands in public, things like that. Even my dad with his cultural norms wasn't very welcoming.

Similarly, Zainab's Lebanese Muslim parents took into consideration how the family reputation would be impacted if the community saw her marry someone outside of their nation of origin or religion.

Participants described how the importance of presenting a "good" family image meant that they were left with limited supports during their IPV experience. For instance, when Zainab decided to end her relationship with the perpetrator, her parents discouraged the divorce. She reported her mother told her "over my dead body you think you get a divorce" adding,

> It was just unfathomable for them to think that three of their daughters would get a divorce. So, it's kind of like damage control. My dad's like "I get it, he's shitty, but whatever. But you got to suck it up and Sacrifice for your younger sisters."

Nour added to Zainab's experience, describing how this emphasis on family image was a contributor to a "culture of silence" that permeated through her family and kept her silent in her suffering. As she described,

> There's a culture of silence in my family in a lot of ways in terms of…interpersonal problems like having serious like mental health issues…It's like you talk to your immediate family about it and then you don't talk to anyone else ever…You can't let your aunts or uncles, cousins or anyone, they're not supposed to know anything serious or personal about you. You have this like facade of being like perfect in front of everyone else and then you can talk to your parents about stuff.

The culture of silence in her family impacted other areas of her IPV experience. Since only her mother knew she was gay, she felt limited in who she could talk to about her experiences.

Furthermore, participants described how the family reputation and image superseded the individual's wellbeing. For instance, Adeline found this emphasis on a good family image

contributed to her feelings of shame associated with losing her virginity. The shame was heightened due to the fact that other people in the community may find out. She stated,

> I know the community I come from…if I ever want to end up with a Middle-Eastern guy this is going to be a huge issue that I could never take back.

For Nour, it was her Arab identity that set her apart in her family and made them concerned about their reputation. She described anger toward them for not "trying to immerse" her more into her Arab culture. She discussed how her father, who knows how to read and write Arabic, chose not to teach her and her mother feeling "very weird" about her decision to visit her birth-mother in Egypt. As a result, she reported struggling with not having "any connection to [her] cultural roots."

Domain 4: Post IPV Growth

All the participants described a sense of growth after experiencing their IPV. Post IPV growth captures the individual's experiences that occur after exposure to IPV. In other words, Post IPV Growth is how an individual adapts in their lives after experiencing IPV. Participants discussed their decision-making as it related to leaving/staying in the relationship, how they adjust to life after the IPV, and what they believed contributed to or inhibited their personal development after IPV. This growth was showcased in their discussions regarding (a) strategies for coping with violence, (b) the role of internal strength, and (c) access to appropriate resources.

Strategies for Coping with Violence

All the participants described how they decided to cope with their IPV experience. While some reported their decision to seek help from a formal service, others reported enlisting in the support of their friends and family.

Participants reported an initial feeling of limitation regarding their options for coping with their IPV experience; however, they all found themselves able to reach out to someone for support. For instance, Zainab mentioned she did not think she had any options and was worried about telling anyone outside of her family. However, when she began falling behind in school she reached out to her professor for support and found that to be the "turning point" in deciding how to proceed. As she reported,

> …when someone outside of like my family knew, what was going on, it gave me a push. I don't know why, it just did. It gave me a push, it made me feel like it's possible. I think she had been in an abusive relationship, too. I think that's why. The plan was to keep things going, get a job as soon as possible, preferably first. I literally got a divorce, I think two months later, I finished my student teaching, I got a teaching job. So, it worked out that way.

After this conversation with her professor, she felt she had choices and it was her professor who "connected [her] with these people at ACCESS (i.e., a nonprofit agency that provides various services for Arab Americans in the community)." Similarly, Nadine was hesitant to reach out for support because she felt "really embarrassed" that she allowed herself to go "that low." She worried she had no one to talk to because she feared others would think she was "crazy" for believing in him and being "so attached to him." Nonetheless, she eventually "was recommended a therapist…talked to him maybe for about…a couple months." Relatedly, Nour initially avoided therapy, stating she did not seek out help until she noticed mental health concerns emerged "a lot later". As she reported, she had "problems eating…losing a lot of weight…and having eating disorder tendencies" as well as symptoms of "depression." Though once these concerns surfaced, she sought out therapy to cope.

One participant found it difficult to seek out supports beyond friends for coping with her violence. Adeline denied using any formal approaches to cope with her IPV experience. She described this experience to be the "first exposure" she ever had which made it difficult to understand "how seriously abusive" he was until she got out of it and looked back with a "clear mind." She reported this clarity came from two places, her friends and the woman he dated after they broke up. Speaking with his next girlfriend, she recognized that he "did the same things to her." Sharing their experiences with one another she noticed he also "verbally abused her and told her she was a slut and a horrible person any time she did something that he was uncomfortable with."

Role of Internal Strength

All participants discussed the role of internal strength in their post IPV growth. While some found themselves igniting an internal power to help them through the experience, others had a hard time identifying any sense of internal strength.

Participants described how internal strength was helpful during the relationship as well as after it ended. For instance, Zainab described how during the relationship it was "mental state" that helped her create and execute a plan to leave her ex-husband. As she described,

> I remember how I would think about things. I remember everything. Like I remember, a time, like, my sister, was always there, you know, she would say okay this is the plan, it's going to happen, and I was ready, and I was finishing my school, she was like "any little fight, magnify it, make it huge, escalate the fight," she said, "to make it big, shits got to hit the fan," for something to be different, but when you're ready. That's literally the plan, I had to like, just handle things, handle things, buy myself some time, until I was ready then it was like "fuck that, I'm done."

After the relationship, she reported the experience better prepared her for life moving forward. She described,

> I think going through those things, have prepared me for things that may have hit me in the face later. With my kids growing up, I think I'm going to make better choices. My kids are so lucky. I always tell my kids they're so lucky to have me as a mother…. And I feel like, the situation I'm in, opened my eyes to so many things. I think I have girls for a reason… So yeah, there's good there, but I paid. I paid for it. Truly. But, good things, you have to pay for them. That's just how it is.

Similarly, Nour described,

> I feel like it ended up being about my own like strength of character…like I need to treat myself better than this. I think that was a big part of it, mixed with the stuff with talking to my parents and … just kind of violent over time and me just realizing that I was unhappy and I was like 'dude something needs to change.'

However, she initially found herself struggling to find this strength. As Nour described, it was difficult for her to leave the relationship because she felt like she "needed to be with someone," and that she was "in relationships all the time so [she] just needed to be in a relationship."

On the other hand, two participants described a difficulty with accessing her internal strength. Adeline stated she primarily felt "too ashamed because it [was] too big of a secret." Comparably, Nadine stated that during her relationship,

> I don't think I had that much strength. I really didn't, I felt really pathetic. I felt really pathetic and weak honestly.

However, when she was not around him she found a feeling of strength that was ignited by her friends, family, or schoolwork. She stated,

> But if I had any strength at all was when I wasn't with him, I guess when I was alone or when I was with my family or my friends or doing other things you know in school or studying or anything that didn't have anything to do with him.

Access to Appropriate Resources

One participant emphasized how access to appropriate resources played a role in her IPV experience. For Zainab, money was one of the resource she needed in order to leave her relationship. She stated,

> Money is what set me free, having my own job, paying my own bills…is what set me free. You have to make your own money. That's it. You have to make your own money, but you'd be surprised what you can live on.

Zainab stressed the importance of knowing what options are available before someone can plan to leave a relationship. As she described,

> I could've been out of that situation sooner, I should've put his ass in jail… I was literally scared for my life, like I told my therapist, who asked "what's the worst that could happen?" and I could've been killed. Like that's very possible, it's very possible that I couldn't been killed. Easily…. So, I was in survival mode. But like when you tell someone you know the most important thing you can [do] is tell someone… I know how that feels like feeling like you're never going to get out of it. But, know that you can. There's no such thing as you can never get out of it, no matter how bad, "oh but you don't know my family," oh but I do know. But I do though, you know, I do. And you know what else I learned? You can't make anyone do something unless they're ready.

Noticing that some of her students are going through similar experiences,

> I see my students, and I look at these girls. And it's like I remember I was that…I know what they're going through but I can't say anything. You know, like I can't do it…Just the other day, this girl, she's 14, she's like "I've been engaged to this guy since I was like 9." I was like "what do you mean since you were nine? what do you mean?" "Nothing, we just talk. I'm having trouble getting passed just talking like my brother" … I'm struggling at work, honestly, I struggle because I've been through this and I feel it. And I feel for them. And I see it. And I know it… I told her, I just want you to know you have other options, if this is not what you want, you have options, like no matter how impossible things seem- because that's what it's like to a young girl who's going through that, it feels like, you're never going to get out of it. Ever.

She later added,

> I just really think that if some of these women had options that they felt like they were safe in for a while. Nothing drastic you know? I think more people would be more willing to take [them]. Because it's really scary. It's really scary. I mean I would just like to see that. I would love to be a part of anything like that.

Although only one participant described the difficulty of accessing appropriate resources, she described the painful ramifications associated with this barrier.

In sum, four Arab immigrant women shared their experience with IPV. Across these interviews, four main themes and thirteen categories emerged. They all described how formative experiences during their childhood and adolescence, their IPV experience and understanding, the impact of family and friends in the process, and the growth they experienced after the IPV. Within these themes, participants shared stories around the life they lived before, during, and

after IPV. They described how the many intersections of their identities contributed to experiencing IPV as well as protecting or keeping them safe.

CHAPTER V

DISCUSSION

This chapter begins with a summary of the purpose of the study and guiding theoretical framework. Then, I discuss and interpret the findings of the study, compare these findings with existing literature, and identify new contributions added to the literature. The results will be presented and compared to the literature under the broader domains. Finally, limitations of the study, implications for practice, research, and policy-makers are discussed.

Purpose of Study and Theoretical Framework

The purpose of this study was to explore the common experiences among Arab immigrant women living in the United States who have experienced some form of IPV. The main research question in this study was: what is the intimate partner violence experience of Arab immigrant women in the U.S.? The study aimed to better understand the experiences of an underrepresented population by expanding on existing literature of factors that contribute to an immigrant woman's vulnerability for being in and remaining in an IPV situation.

Heise's (1998) ecological model was the theoretical paradigm underlying the study and consensual qualitative research (CQR) was used as a guide for analyzing data. Heise's (1998) model is an integrated theory that explores the multiple systems contributing to a woman's IPV experience, including the individual, microsystem, exosystem, and macrosystem factors. Heise (1998) conceptualizes violence against women by addressing the intersection of personal, situational, and sociocultural factors across four levels. This theory aims to better understand how intersectionality of various social identities can impact a woman's lived experience. Intersectionality takes into consideration not only the individual racial or gender identities; rather, it emphasizes the importance of understanding how our identities reinforce each other

(Crenshaw, 1989). Intersectionality focuses on the invisibility that exists within gender inequality through the integration of any power system. In turn, this theory provides a means for understanding the experiences of individuals within various systems of oppression, domination or discrimination (Crenshaw, 1991). Under this framework, we can better understand how systemic injustices shape one another to create a unique lived experience for Arab immigrant women who have experienced IPV.

Meanwhile, CQR is an exploratory approach to data analysis that assists in filling in the limited information gathered from quantitative paradigms (Miles & Huberman, 1994; Polkinghorne, 2005). This approach allows for the data to speak for itself by examining themes across participants (Hill, 2012). By using a diverse team of researchers, we could work toward consensus in data analysis and benefitted from the use of an external auditor to assist with trustworthiness.

Taken together, I maintained an integrative approach in developing an interview protocol that explores the various systems of power and oppression that impact the lived experiences of participants (e.g., individual, microsystem, exosystem, macrosystem). Additionally, I recruited participants that represented diversity in their social identities in hopes of capturing a broad understanding of Arab immigrant women (e.g., SES, religion, generational status). In the end, this integrative theory and methodological approach aid in addressing the gap in literature by presenting a descriptive representation of the IPV experiences of Arab immigrant women.

In the end, findings from this study were organized into four main domains. The first domain described the participants' formative experiences during childhood and adolescence. Participants described personal experiences during their early development that contributed to the way in which they thought about the world as adults. The second domain, experience of IPV,

included the participants' description of their IPV experiences, their definition of IPV, and provided information on the perpetrator's history. Third, participants described the role of their familial relationships. Within this domain, participants described how family beliefs, behaviors, and values impacted their IPV experience. The fourth domain, post IPV growth, captured the participants' experiences after leaving the relationship. Herein, we found the presence of internal strength within the participants as well as the challenges they faced in coping with the violence. Together, these findings align with existing literature on this population, but also set forth new ideas about the ways in which we understand the Arab immigrant woman's experience of IPV.

Formative Experiences During Childhood and Adolescence

The first domain in these findings was the formative experiences during the participants' childhood and adolescence. This domain captured participants' early-life experiences that contributed to the way in which they made sense of themselves and the world around them. Participants described these experiences as central to their identity development and the beliefs they formed that would help them respond to larger systems of power and oppression in their life. Within this domain, four main categories emerged: family background, feeling different from peers, importance of religion in daily life, and exposure to family violence as a means for conflict resolution.

The first category that emerged in the participants' stories was background information regarding their nuclear and extended family. They shared stories regarding their family's immigration, stressors that emerged after they immigrated, and their family lifestyle. Some participants reported seeking out refuge from war and political unrest in the MENA region. Others added that their family hoped for the economic prosperity promised in a foreign land. A few participants noted they struggled financially and had difficulty fitting in. Nonetheless, they

all indicated immediate family members were employed in various fields (e.g., teacher, pharmacy, management, nursing) and established roots in different parts of the country (e.g., Midwest, South).

The narratives from this sample of participants was consistent with findings in research that suggest immigration to the U.S. from the MENA region was influenced by a desire to escape the war and political unrest (Amer & Hovey, 2007). Similar to the stories of many immigrant families, they left behind family and their home with the hope of seeking safety and economic prosperity in the U.S. However, there is little research on the impact of prolonged exposure to war, and the stressors that come with having to flee one's home because of violence. More importantly, there is little research that addresses how this exposure may contribute to tolerance of other forms of violence, such as IPV.

The limited research that exists on the impact of exposure to violence is centered on children and adolescents. Researchers have highlighted that prolonged exposure to violence may habituate an individual to believe that violence is normal. Children exposed to political wars in Palestine, Afghanistan, and Lebanon have shown to display increased incidence of rebelliousness, aggressive behaviors, and general desensitization to violence (Qouta, Punamaki, Miller & El-Sarraj, 2008; Tarabah, Badr & Usta, 2016; Zahr, 1996). These findings suggest that exposure to war has impact on an individual's behavioral responses and tolerant beliefs about the use of violence to resolve conflict.

Most of the participants in this study reported migration from Lebanon, consistent with the census numbers wherein Lebanese Americans represent the greater part of the total number of Arab Americans (Arab American Institute, 2011). While many of the participants in this study escaped Lebanon prior to exposure to war, their parents grew up in the MENA region during the

conflict, suggesting their parents were likely exposed either directly or indirectly to wars in neighboring countries (i.e., Arab- Israeli conflict, Lebanese Civil War). With war and political unrest in the MENA region being the primary reason for migration from dating back to 1875 (Amer & Hovey, 2007), it is likely the parents of these participants were exposed to violence for most of their childhood and adult-life. Nonetheless, there has been no literature to address how this early-life continued exposure to violence through parents from the MENA region might impact an adult's attitudes toward violence, specifically, interpersonal violence.

In this study, participants suggested a potential association of exposure to war and their parents' attitudes toward interpersonal violence. That is, perhaps exposure to war contributes to a greater tolerance to the use of violence within the family, in turn, eliciting some of the apathetic responses to a woman's report of IPV that were present in this study. Stressors that come with being exposed to conflict may have dampened their parents' sensitivity to violence. Therefore, prolonged exposure to war and political unrest may have left the participants' family members, specifically their parents and older extended-family members, feeling desensitized to interpersonal violence. While this does not justify their response, nor does it excuse the use of violence, perhaps it sheds light on areas wherein preventative and psychoeducation measures can be helpful for this population particularly after their move to the U.S.

The second category in this domain was the impact of growing up feeling different from their peers on later-life decisions and beliefs about the world. Participants reported feeling different from their peers was often caused by their parents' strict attitudes. That is, common behaviors their non-Arab peers engaged in were prohibited by the participants' parents. For instance, they discussed not being allowed to participate in slumber parties or spend time at their friend's homes, often referring to the homes of non-Arab peers. They also described behaviors

their parents encouraged that were not commonly practiced by their non-Arab peers (e.g., early-life marriage, wearing traditional clothing, emphasizing education over social activities such as playing sports). In turn, participants found themselves having difficulty connecting with peers outside of their Arab identity leaving them to find supports only among those who experienced similar upbringings.

These findings suggest participants were hindered in their social development. More specifically, while their White counterparts were exercising their social skills through dating and the mainstream social scene, these participants were limited in their exposure to mainstream culture in the U.S. Parents encouraged the participants to seek out events that were religiously-based with the hope that they would grow up to make culturally-appropriate decisions congruent with parental expectations. Later in life, participants found it difficult to foster relationships with non-Arab peers or male friends and sought out friendships with those who could understand them. They found themselves more comfortable seeking out friendships with other women from the MENA region or other immigrant women who held similar beliefs about the world. In other words, those individuals with more access to others who have the same racial/ethnic identity could elicit a stronger sense of connection to their peers and stronger feelings of support than those with limited access. In the end, these participants felt limited in their ability to connect with men and women who had different beliefs or identified as different from them.

Findings in this study align with literature that suggests a limited social support can create added challenges for immigrant women dealing with relationship abuse (e.g., Abu-Ras, 2007; Dasgupta & Warrier, 1996; Hoyle & Sanders, 2000; Mehrotra, 1999; Preisser, 1999). Immigrant women with limited social support often find it difficult to find the encouragement they need to leave the relationship (Hoyle & Sanders, 2000; Morash, Bui, Stevens, & Zhang,

2008) or difficulty seeking out support from formal services (Abu-Ras, 2007). These findings suggest the importance of young women growing up while exposed to peers from diverse backgrounds, and mainstream social networks.

The findings from this study suggested that without opportunities to practice interacting with individuals from the dominant culture, participants described some hindrance in their social skills and knowledge of what it is like to be in a healthy relationship as adults. In turn, these limited social skills made it difficult for them to know how to build and engage in healthy relationships. Without this understanding, individuals may find themselves in a relationship that leaves most of the control in the hands of their partner. Further, growing up without an understanding or acceptance of the mainstream culture, individuals from these communities might feel less safe to seek out external supports. The plethora of media coverage regarding the negative stereotypes about individuals from the MENA region (e.g., Lendenmann, 1983; Shaheen, 1983; Nasir, 1979; Zaharana, 1995) taken together with existing literature regarding discrimination of helpers toward immigrant women (e.g., Lipson et al., 1987; Vidales, 2010), suggests that Arab immigrant women may find themselves unsure of how to access safe supports, leaving them to suffer in an IPV situation.

A third category in this domain is the strong presence of religion in the participant's life. Growing up, religion was primarily enforced through their parents modeling behaviors that adhered to traditional norms while also encouraging their children to engage in religious activities. Participants said their parents would go to the mosque daily or encourage their children to attend social gatherings at Church on a weekly basis. Moreover, they all emphasized how intertwined with their religious identity was the norms of their ethnic identity, making it difficult to parse out what were religious norm from those of cultural ones.

Findings from this study align with the literature wherein many immigrant families use religion to maintain some of the traditional aspects of their culture. With the current growth of Muslim immigrants in the U.S., there have been a growth in the number of mosques, centers where individuals can learn about their religion as well as a social center where members of the community can gather (Ajrouch, 2000). For Arab immigrants, places of worship symbolize a place in which traditions of their home countries can be practiced. Therefore, immigrant parents are likely to send their children to these religious institutions in attempts to reinforce the messages they receive at home.

This finding suggests a complex role of religion and its role for this community. While some researchers have suggested the ways in which religious doctrine or values have contributed to the tolerance and acceptance of IPV (Hassouneh-Phillips, 2001). Other researchers have reported religion may play a more complex role in the IPV experience, suggesting it may serve as a source of strength or a barrier to safety (Hassouneh-Phillips, 2003; Ghafournia, 2017). In this study, participants described how growing up with religion meant they had something to help them make meaning of their experience, adding to the limited literature that suggests a positive role between religion and IPV. For individuals who felt limited in their access to social support and isolated in their suffering, religion provided an avenue for comfort, suggesting that there are cultural implications, not religious ones, that contribute to the IPV experience.

A fourth category that was set forth by two participants, was the exposure to family use of violence as a means to conflict resolution. Participants described witnessing violence between family members, hearing stories of violence between family members abroad, and having knowledge about IPV experiences of extended family members. These findings align with existing literature that suggests an increased rate of family violence in the MENA region. It has

been suggested that family violence is often dismissed because gender violence is not entirely criminalized in many countries in the Arab World (Alhabib, Nur, & Jones, 2010). Research has suggested that in certain situations (e.g., unfaithfulness, disrespect of husband's family) Arab men and women living within these patriarchal societies view abuse as a justifiable means to resolve conflict (Abu-Ras 2007; Ammar 2007; Barkho et al. 2011; Clark et al. 2008). Consequently, women who are exposed to increased amounts of familial violence may come to believe it is an appropriate way to resolve conflict in their intimate relationships.

Experience of IPV

The second domain that emerged was the participants' experience of IPV. The experiences of IPV included the description of the abuse they suffered, their personal definitions of IPV, and descriptions of the perpetrators' personal characteristics and family lifestyle. Participants described the broad range of IPV they experienced which was also captured in their inclusive definition of IPV that aligned with existing literature and presented new ideas when considering this population's understanding of IPV. Although limited, two participants also described their perpetrator and aspects of the perpetrator's family that they believed contributed to the perpetration.

In relation to the main research question (i.e., what is the IPV experience of Arab immigrant women living in the U.S.?), the participants described the breadth of IPV experienced. They reported a wide range of experiences that included physical, sexual, emotional and psychological abuse as well as controlling and coercive behaviors. They reported the violence occurred at the hands of an ex-husband, ex-boyfriend, and ex-girlfriend and lasted anywhere from a few months to on-and-off for years. These descriptions of IPV are new to the literature in that they are some of the only descriptions we have of the lived experiences of Arab immigrant

women who have suffered from IPV while living in the U.S. In addition to describing the abuse, participants described personal, intrapersonal and societal systems that impacted their IPV experience.

In attempt to fill the gap of literature regarding the cultural definition of IPV, participants shared their personal definitions. Up until this point, the only understanding regarding how Arab women define IPV is drawn from literature conducted in the MENA region with women who have not experienced IPV (Haj-Yahia, 2000). While this is a helpful introduction, there is a gap in understanding the definition of IPV from the perspective of Arab Americans living in the U.S., or those who have experienced IPV. In this study, participant definitions represented a broad range of experiences that captured some of the common IPV experiences found in the literature as well as ideas regarding the challenge of putting into words what it means to suffer from relationship abuse. They also presented novel ideas regarding what is considered IPV.

Participants in this study set forth an inclusive definition of IPV. They reported a broad range of abusive behavior including physical, emotional, verbal and sexual abuse, aligning with the existing literature conducted in the MENA region (Haj-Yahia, 2000). Adding to the existing literature, these women highlighted some of the more subtle and nuanced experiences that present in the form of controlling behaviors, dominance, and manipulation. They described subtle factors that are often missing in the discussion of intimate partner violence such as the tone someone uses when they speak to you and the intent behind the perpetrators actions. Interestingly, one participant also suggested the idea that it could be something you feel or sense is not right. Nonetheless, this is a small sample who have left the abusive relationship and are in a position to reflect on their experiences. Further research is needed to see if this applies to other Arab immigrant women.

A third category within their IPV experience, was the description from two participants regarding characteristics of their perpetrator. They described their perpetrator as an attention-seeker or manipulative and one reported her perpetrator came from a home where violence against women was tolerated. Despite the limited discussions regarding the perpetrator's personal characteristics, these findings serve as initial understandings to the perpetrators of IPV within the Arab American community.

These findings align with existing literature that suggest exposure to family violence increases the risk of perpetrating IPV (Murrell, Christoff & Henning, 2005; Whitfield, Anda, Dube & Felitti, 2003;). In a study with engaged Arab-Palestinian men living in Israel, Haj-Yahia and Edleson (1994) found that men who were verbally and physically toward their fiancées were more likely to have come from homes where they were exposed to violence. In another study with Arab adolescents living in the MENA region that assessed conflict tactics among siblings, researchers found that experiencing and/or witnessing different conflict tactics at home predicted the adolescents' use of similar tactics to resolve familial conflict (Haj-Yahia & Dawud-Noorsi, 1998). Furthermore, the more exposure an adolescent had to witnessing or experiencing productive tactics in their family of origin, the more likely they were to use this tactic to resolve conflicts with siblings.

Participants reported that both perpetrators identified as Arab immigrant men, so perhaps these findings can provide some initial insight into an unexplored research topic. Though it is not enough to draw conclusions, it showcases the importance of exploring the role of perpetrators, specifically men, in the IPV experience of Arab women. The importance of family, increased amounts of freedom for Arab men compared to Arab women, and pressures to be the primary financial provider may be contributors to the man's decision to perpetrate IPV. Perhaps similar

factors present in this study, such as exposure to family violence or restrictions on women's behavior may have different indications for Arab immigrant men than it does Arab women. Nevertheless, these findings currently serve as an indicator of the need for future researchers to address factors that contribute to perpetration of IPV in efforts to create preventative and psychoeducational strategies that target both men and women.

Impact of Familial Relationships

The third main domain that emerged was the impact of family on their life before, during, and after their IPV experience. When discussing their family, participants included their family-of-origin, family of procreation, and extended family members. Participants described how family beliefs about intimate partner violence contributed to their family's response or lack thereof to the participant's IPV experience. They also described how their parent's beliefs about the role of women in the family contributed to the behaviors they were encouraged or prohibited from doing. Finally, they discussed how the parent's emphasis on protecting the family's reputation and presenting a positive family image superseded their individual needs and was driven by community gossip and their family's collectivist ideals.

First, participants described growing up with restrictions on their behavior influenced by the presence of rigid gender roles. They reported having restrictions regarding what behavior is appropriate for women related to being divorced, interacting with men, dating, and having sex. Participants described these gender roles as suffocating and limiting to their sense of freedom. Second, two participants reported a strong emphasis on male dominance within the family. They described the role of brothers, uncles, and fathers as decision-makers and leaders of the home. Participants found themselves feeling the need to be submissive to the rules set in place by the men and felt the overprotection made it difficult for them to find their sense of strength.

These results imply these women struggled to find a voice within their family. In turn, they found themselves feeling ignored or overshadowed, leaving decisions about their life to be made by the men in their family. Women described growing up in homes wherein patriarchal beliefs influenced many of the family's decisions. For some participants, they found themselves unintentionally carrying over some of these behaviors in their relationship.

The patriarchal norms in which men have power and authority over women that are woven throughout these sociocultural theories, is present throughout the Arab society. As defined by Knauss (1987, p. xii) Arab patriarchy is "a hierarchy of authority that is controlled and dominated by males." The extent to which patriarchy exists in the Arab world permeates social, economic, political, ideological, and psychological aspects of social and personal life (Joseph, 1996). While men are taught to take responsibility for their female kin, women are taught to respect and often defer to their fathers, brothers and other male family members in times of decision-making (Joseph, 1994).

Within the Arab American community, while women experience increased restrictions on their behavior, men are given more freedom and less cultural constraints (Ajrouch, 2000; El-Islam, 1983). In turn, men feel less pressure to uphold traditional behaviors leaving women to maintain the traditional Arab identity. While a man's honor is tied in his masculinity and ability to protect the family, a woman's honor is central in her sexuality (Shalabi, Mitchell & Andersson, 2015). For instance, a woman's virginity prior to marriage is a priority, often controlled and monitored by other men or older women in the family (e.g., grandmother, mother in law; Shalabi, Mitchell & Andersson, 2015). To this end, women are expected to serve to men as housewives and mothers while men are to manage finances and serve as authority over the family, leaving them with limited power in the family.

A second finding that emerged within this category is the notion that patriarchal beliefs create challenges not only in the experience of IPV but in the decision to seek out help. Perhaps the emphasis on male opinion while silencing women's voices may make women suffering from IPV hesitant to seek help, for fear of being ignored or not believed. Perhaps growing up in homes where women's opinions are not viewed as valid, women feel disempowered to seek out the help they so desperately need. This was present in this study as many of the participants reported hesitancy to seek out help initially, relying first on the internal systems of support.

A second category that emerged was the ways in which their family responded to their IPV experience. On one hand, participants reported familial support and concern to be the primary source of comfort during their experience. For instance, one participant reported how being isolated from her family was a trigger for her to realize she was in an abusive relationship. Another shared how her sisters provided safe spaces for her to escape the abuse and execute what she needed to safely leave her relationship. On the other hand, participants also described how some members of their family ignored their experience, encouraged them to remain in the abusive relationship, or made it difficult for the participant to turn to them for support. These findings suggest that family served as a risk factor as well as a protective factor in these women's IPV experience.

In support of literature that emphasizes the importance of family unit for Arabic culture, these findings suggest that upholding traditional family values may be a risk factor for a woman remaining in an IPV situation. The emphasis on maintaining family unity is an important value in the Arabic culture. Therefore, setting aside the happiness of an individual for the sake of the family is encouraged (Abu-Ras, 2007; Gharaibeh & Oweis, 2009). For women in IPV situations, they may be encouraged to stay in the relationship. Shalabi, Mitchell and Anderson (2015)

described how disputes between a husband and wife are discussed and resolved with the husband and his family, while the wife's family provides her support. In doing so, this behavior emphasizes the importance of privacy within the family and protection of family honor.

Some participants in this study also suggested that family closeness can sometimes serve as a protective factor for women experiencing IPV. Closeness to family is a key characteristic of Arabic culture. A strong emphasis on connection with immediate and extended family members is reinforced in many Arab homes (Ajrouch, 2000). Therefore, families who uphold this value of familial closeness may provide stronger supports to a woman experiencing IPV. Further, increased amounts of distance or isolation from family may be a cue for women that are in unsafe or violent situations. For those that uphold this strong connection to family, increased distance or isolation may protect them from remaining in violent situations.

A third category that emerged was the importance of presenting a positive family image. All the participants described the emphasis of presenting a positive family image, driven by collectivist beliefs and the presence of community gossip. They discussed how their families prioritized protecting the family image over their own wellbeing, ignoring their desire to reach out for external support (i.e., outside of the immediate family). Rather, they were encouraged to look toward the family for support in efforts to protect the public reputation of the family.

A key finding here was the impact of adhering to collectivist principles on the decision to preserve the family image. That is, a family's reputation is determined by the actions of the individuals within it. Despite knowing about the IPV, it is more important to address how the decisions made would impact the entire family over the individual's experience. Participants were dissuaded from divorcing an abusive partner, marrying outside of their country-of-origin,

and being unmarried while living on their own. Instead, parents encouraged them to consider how their behaviors fit within the larger family system.

Additionally, the role of community gossip brought to light a new contribution in that the presence of gossip impeded on a woman's help-seeking behaviors. Some of the participants mentioned a hesitancy to disclose their IPV or the mental health outcomes for fear that future partners or extended family members may find out. Unlike the collectivist principles, herein women are not explicitly guided by family members to remain silent. Rather, there is an unspoken expectation of silence that presents in the form of community gossip that discourages women who are suffering from stepping forward.

Together, the collectivist principles commonly found among Arab immigrant families, and the presence of gossip in the community reinforce the value placed on the family reputation. Therefore, choices made by an individual are largely driven by familial expectations and the desire to present a good family image, suggesting limited individual agency. In turn, the individual is left feeling as though they must deal with challenging life circumstances, such as their IPV experiences, in silence.

Post IPV Growth

The fourth domain that emerged in this study was post-IPV growth. Participants described the various behaviors and beliefs they had after their IPV experience that contributed to an overall sense of growth. They described a sense of personal growth that occurred as they were deciding to leave the violence and after ending their relationships. While some of the growth presented in the form of an internal strength, participants also described how their coping strategies and access to resources made their perceived growth significant.

The first category within this domain was the various strategies these women had for coping with the IPV. Initially, all the participants turned to family members for support. Despite initial hesitation to seek out formal services, three of the participants eventually sought out help from professionals. One participant turned to a nonprofit organization while two sought out individual therapy.

These findings support existing literature that suggests Arab Americans are more likely to initially utilize informal supports for help. Researchers have shown that Arab Americans tend to seek out support from friends, family, and religious leaders before seeking out formal assistance from psychological services (Shawahin, 2016). Among Arab Americans who have experienced IPV, they were more likely to utilize legal and family services to deal with their IPV than to seek out mental health services (Abu-Ras, 2007). Nonetheless, there is still a need to better understand this population's mental health help-seeking behaviors.

Based on the participants' experiences in this study, it became apparent that many of these women later sought out external support suggesting that Arab women are willing to seek out formal support for their difficulties after seeking internal support systems. Despite one participant's report that there are limited resources available for this underrepresented community, she still found herself utilizing some form of formal support. In fact, three of the women in this study eventually found themselves seeking out formal supports. That is, they initially sought support from family members, respected faculty, and friends who have had similar IPV experiences; however, later found themselves turning to formalized structures to assist in their coping. Perhaps the presence of mental health concerns that emerged after the IPV triggered these women to find alternative forms of coping. Contradictory to much of the

literature that suggests Arab Americans may not use formal mental health services, these findings suggest a potential change in the trend and provides implications for clinical providers.

A second category within this domain was the role of internal strength. Participants reported a sense of internal strength they felt contributed to how they dealt with their IPV experience. Three participants described some form of internal power that kept them safe or helped them deal with the IPV, while one participant reported difficulty accessing her strength.

These findings emphasize the importance of strength and resiliency within the Arab woman that is not often discussed. While a common portrayal of the Arab woman showcases a veiled and quieted woman, these participants highlighted how they could foster some internal power to make changes in their life. Despite initial fears of disclosing the violence to family or external support systems, most of the participants found something within themselves that gave them the courage to handle things on their own. They could use this strength to make safety plans for themselves and their children, leave the abusive relationship, and feel a sense of growth as a result. Not present in these findings was the silenced woman who found herself unable to manage the challenges that came with her IPV experience. Regardless of the pain and suffering, all these women found it within themselves to leave the IPV experience and go on to live fulfilling lives.

Interestingly, none of the participants described factors related to their immigration status as contributors to their IPV. Although only one participant described difficulty with accessing appropriate resources, a majority of participants did not report any stressors related to their legal immigration status. As presented in chapter two of this dissertation, threat of deportation, the need to hold a job to maintain visa status, and being unaware of laws or policies that can protect someone who is suffering from IPV, were not present in this study. Perhaps holding American

citizenship at the time of the interview meant they did not feel as restricted by their status as those who are undocumented, work-visa holders, or family-sponsored immigrants. Conversely, perhaps for the women in this study, the family values held by their 1st generation immigrant parents, contributed more strongly to their IPV experience. Nonetheless, additional research here would assist in better understanding what may be protecting them from those stressors.

Summary of Findings

Taking into consideration the intersection of many marginalized identities, this study captured some of the unique challenges faced by Arab immigrant women as they navigated their IPV experience. In addition to describing the abuse and sharing their definitions of IPV, participants described individual, microsystem, exosystem, and macrosystem factors that impacted their IPV experience. What becomes clear in the narratives of these participants is the way in which larger systems interacted with those beneath them to create a unique IPV experience (Heise, 1998).

Individual factors are those experiences, ideas, or beliefs central to an individual's personality that contributed to the way in which they respond to the larger systems in their life (e.g., microsystem, exosystem, macrosystem; Heise, 1998). In this study, participants described individual factors that helped them grow after their IPV experience (i.e., strategies for coping, internal strength) and experiences of their perpetrator that they believed contributed to the perpetration of IPV. Unique to the literature were findings that suggest Arab women are not easily silenced, rather, they have some internal power that contributes to their ability to cope with their IPV. For instance, unlike much of the literature that suggests Arab women are not likely to seek out external support, a majority of these participants reported using some form of formal supports to cope and adjust to life post IPV. In describing this internal strength,

participants reported how family pressures to protect their reputation by staying in the relationship, or feeling discouraged to seek out formal support is what ignited their internal strengths. As such, these findings highlight the intersection of family values on the individual's beliefs. Despite the pain and suffering of being in an abusive relationship, some participants felt the pressures of family values left them to deal with their IPV on their own.

Beyond the individual level are the people in their immediate surroundings, or their microsystem including their family-of-origin, family of procreation, and extended family members. Within the discussions of the people in their microsystem, participants described how their family's responses to IPV, the pressures to present a good family image, and their family's immigration story (i.e., exposure to war) contributed to their IPV experiences. Across these findings emerged the association between the family closeness and IPV. For instance, the perpetrators' attempts to isolate a participant from her family served as a cue that she was in an unsafe situation. Further, the pressures to protect the family's reputation, driven by community gossip and collectivist principles, suggested Arab women have limited sense of agency when deciding how to deal with their IPV. Taken together, these novel findings capture the role of family (or microsystem) within the Arab woman's IPV experience may be varied, but is central to their overall experience. As such, these findings showcase how the pressures of the community around them (i.e., exosystem) contributed to the way in which their family conceptualized IPV and the appropriate ways to deal with it.

Within the next level, the exosystem, exists the informal structures of social surroundings and community contexts. To better understand how the individual and microsystems function, there is a need to step back and understand how the environment around them contributes to their decision-making process. These participants described how feeling different and isolated from

their peers growing up contributed to their difficulty dealing with IPV. With a hindered social development and limited understanding for building healthy relationships, women felt restricted in their control within their abusive relationships. Furthermore, participants described how the presence of gossip in their community placed pressures on their family to protect their reputation. In doing so, these community pressures encouraged their family to worry more about their image or wellbeing of the family over the wellbeing of one person. At this point, it becomes clearer how it is not just one system that contributes to the way in which these women dealt with their IPV. Rather, we can see the impact of informal community pressures on family values, and eventually the individual's personal decision.

Macrosystem factors are the broad set of values and beliefs that inform the levels lower down in the system (i.e., individual, microsystem, exosystem). The factors in the lower levels of the system are influenced by these overarching attitudes typically informed by culture. Participants in this study highlighted the rigid gender roles and role of religion as two main macrosystem factors that influenced their IPV experience. Whether they are describing how religion played a crucial role in their life growing up or served as a coping strategy after their IPV experience, all the participants, regardless of their religious affiliation, discussed the ways in which religion contributed to their IPV experience. Additionally, these women described how patriarchal beliefs held by their family contributed to the way they were raised, the way their family responded to their IPV, and the sort of pressures placed on them by the community that surrounded them. Together, these findings highlight how broader cultural beliefs molded the personal and community-based factors, in turn impacting the ways in which participants chose to cope with their IPV.

Limitations

The presented study has limitations in generalizability and implications, which may point to directions of future research. A sample of four participants was used in this study. Despite the recommended 8-15 participants set forth by Hill et. al., (1997) data recruitment was complete after about 18 months of rigorous attempts at participant enrollment. That is, participants were recruited using various methods (Table 2). Initially, I began by recruiting participants through cultural centers that were within large Arab communities and centers that provide services to women who have experienced IPV. Additionally, flyers were posted at various religious centers, on public forums via social media, and shared via email to groups that targeted Arab students, feminist organizations, social activists, women who are in IPV situations. Nonetheless, the sensitive nature of the topic may have contributed to the limited responses. A larger sample size may have brought additional information to the findings and assist in determining if the findings apply to larger number of people or are just representative of a few.

A second limitation to this study is homogeneity of the sample. Of the four participants, three participants identified as heterosexual and were recruited from the same metropolitan region. Further, three of the four participants experienced the IPV in a nonmarried relationship, which may contribute to their decision-making as it relates to their help-seeking behaviors. All participants spoke English, which does not capture the IPV experiences of those women who are limited in their English-speaking ability or those who do not speak English. Additionally, all participants in this study were highly educated, post-undergraduate, individuals. The participants' subjective social class and objective income suggested they represented a higher social class. As such, the experiences of the participants in this study does not capture the challenges women from a lower social class may face when it comes to help-seeking behaviors

and their decision to leave the relationship. Perhaps with a more diverse sample, there could be information regarding within-group differences that impact the IPV experience not captured in this study.

A third limitation in this study is that the research team was comprised entirely of women. Team members were diverse in their racial/ethnic identities, religious identities, nation-of-origin, generational status and knowledge on the population as well as topic of intimate partner violence. Even though all biases were explored and reported prior to data analysis, it is important to acknowledge the implicit biases that are not often blatantly clear. Perhaps a male perspective on the research team may strengthen the reliability of the reported findings. Despite these limitations, this study has provided foundational knowledge on the lived experiences of Arab immigrant women who have experienced intimate partner violence.

Implications for Practice

This study has important implications for practicing psychologists providing mental health services to Arab immigrant women who experience IPV. First, this study provides foundational knowledge needed to provide culturally competent services to Arab immigrant women. Findings in this study indicate this population is willing to seek out formal services for mental health concerns. Considering the concerns Arab Americans have regarding discrimination of providers, it is important for providers to better understand the population they are working with (e.g., importance of family in the decision-making processes, integration of religion and culture). Providers who reinforce some of the negative stereotypes or discriminatory beliefs regarding Arab Americans could cause harm to clients. Therefore, having empirically-based understanding of the lived experiences of this population may be helpful in providing ethical care.

Second, this study provides information that will help in providing preventative and psychoeducational services to an underserved population. The limited research that exists on the Arab woman's experience of IPV can make it difficult to provide adequate educational and preventative tools. This study suggests that Arab Americans value their privacy and family closeness. Therefore, it may be important to approach psychoeducation from a systems approach. Rather than providing education on an individual level, providers may consider implementing preventative strategies at the level of the family or community.

At the community level, this study showcased how religious centers serve not only as a place not only to practice religion, but cultural traditions from back home. Therefore, providers may use these centers as an avenue for distributing information regarding IPV in this community. For instance, psychoeducational courses regarding appropriate methods of resolving conflict may be advertised through religious leaders as a pre-marital requirement. At religious centers where individuals are separated by gender, providers can establish workshops that target some of the gender-based differences in the IPV experience. For instance, providers may host workshops regarding what it means to be a man, the role of toxic masculinity in perpetration of violence against women, or how men can be allies and advocates for women in this community. For women, providers can use this as an opportunity to reach those women who may be isolated from friends and family by their perpetrator and speak about the resources available to them as well as the sort of options they have if they decide to leave the relationship. They may also provide general courses teaching individuals how to identify IPV in their relationships and safe resources not only for survivors of IPV but for the perpetrators of IPV.

Further, this research suggests a potential need to provide psychoeducational resources on a broader context to individuals migrating from countries where war is present. As such, perhaps

providers may outreach to local immigration centers where new migrants go to seek legal or social services. Being present in these centers could involve providing women the information they need regarding laws that protect them in IPV situations or providing the entire family with tools they need to respond to familial conflict appropriately.

Finally, these findings highlight how family can serve as both a risk and protective factor for women in IPV situation. As such, for women who choose to seek professional, the therapist may consider incorporating family members in the therapeutic process. Therapy could be used as a tool not only to assist the woman coping with IPV but providing education to family members as to how they can protect their reputation without sacrificing the wellbeing of the individual. Further, brining in family members can provide the therapist a better understanding of the sort of barriers that exist within the family and make the woman's IPV experience even more complex.

Third, findings from this study present implications regarding the role that educators have in being a resource for their students. Faculty members and advisors often play an integral role in the personal and professional development of their students. For women who are isolated from many of their social supports because of their IPV, a faculty member may be the only outside support available. Taken together with their hesitancy to seek help, this research highlights how imperative it is that educators create safe, nonjudgmental, and trustworthy environments for their students. In doing so, perhaps the level of trust established could create a safe avenue for survivors of IPV to seek out support.

Implications for Future Research

This study points to implications for broadening our understanding and knowledge of the IPV experience of Arab immigrant women. The findings of this study identified some of the various risk and protective factors that were common among participants and contributed to their

IPV experience. Considering the small sample size, there are several novel findings that can benefit from replication and be included in future research. Specifically, future researchers may consider exploring some of the individual, microsystem, exosystem, and macrosystem factors set forth in this study.

On the individual level, the role of internal strength among Arab women suffering from IPV has not been previously reported; therefore, it may be beneficial for future researchers to inquire about where participants may have found strength in their IPV experience. Second, researchers may consider exploring how Arab women decide to cope with their IPV. Considering the novel findings in this study that suggest Arab women may be willing to seek out external supports, additional research is needed to confirm if this is generalizable. Finally, future researchers may further investigate the individual definitions of IPV to create a more comprehensive understanding of how this population defines IPV.

Furthermore, the microsystem, or family members of these participants appeared to contribute to their IPV experiences; however, these findings are not found in existing literature. For instance, future researchers may consider exploring a) the role of family closeness, b) pressures to present a good family image, and c) family exposure to war on a woman's decision-making as it relates to her IPV experience. Additionally, further research is needed to understand the role of exosystem factors. In this study, feeling different from their peers growing up, and the presence of community gossip contributed to the ways in which these women viewed healthy relationships and how they chose to deal with their IPV.

Finally, macrosystem factors such as patriarchal beliefs and religion have been explored in research; however, there has been much dispute about the relationship of these factors with IPV. Within this study, women did not endorse the patriarchal beliefs commonly reported in the

literature of Arab Americans. Therefore, future researchers may consider continuing to explore the association between holding patriarchal beliefs and adhering to religious values and the likelihood of being in and remaining in an IPV situation. Additionally, they may consider exploring how these factors can serve to protect women experiencing IPV.

To address the limitations of this study, future researchers can obtain a larger sample size. In doing so, it would be beneficial to recruit a diverse sample. Diversity in the sample can take into consideration the nation of origin, and the region in the U.S. from where they are recruited. Further, future researchers may consider recruiting research team members that represent diversity in terms of race, gender, and expertise. With a more diverse team, arriving at consensus would add to the trustworthiness and validity of the findings.

Implications for Policy-Makers

Findings from this study point to implications for future policy-makers. Although none of the women in this study reported stressors related to their immigration status, a thorough literature review (i.e., visa holders, refugees, greencard holders) points to the need for policy-makers to consider how a woman's immigration status may impact their IPV experiences. First, policy-makers should consider how not including a MENA category in the Census makes it difficult to understand the challenges Arab women face, including their IPV experiences. Findings in this study suggest there are unique factors related to the cultural norms of Arab immigrants that are often not captured in the literature on White women or even other immigrant women's experience. Therefore, policies in place are designed without taking into consideration the unique experiences of Arab women. Additionally, findings in this study highlight the difficulty that comes with not having the financial means necessary to leave a relationship. Policy-makers should consider how removing the H-4EAD program leaves the spouses of visa-

holders unemployed and makes it increasingly more difficult for them leave their violent situations. Finally, local legislation in communities where there is a high population of Arab immigrants may consider informing the population of the rights and laws in place that protect women. In doing so, they may consider distributing pamphlets or making the conversation of IPV against Arab women a part of their campaign. Rather than assuming women have access to this type of information, policy-makers have the privilege of using their platforms to reach women who may be isolated from such an understanding.

Conclusion

This study focused on exploring the intimate partner violence experience of Arab immigrant women living in the U.S. Included in this exploration was the potential risk and protective facts that contributed to their experience. The qualitative approach to this study provided participants the opportunity for their voices to be heard in describing their IPV experience. The findings from this study contribute to the limited literature that exists on the experiences of Arab immigrant women who suffer from IPV and whose stories are often missing in the discussion of IPV. In these findings, the various systems of power and oppression highlighted the unique lived experience of Arab immigrant women that is missing from the existing literature.

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APPENDIX A
PURDUE IRB APPROVAL LETTER

To:	AYSE CIFTCI BRNG
From:	JEANNIE DICLEMENTI, Chair Social Science IRB
Date:	03/28/2017
Committee Action:	Full Committee Approval for Amendment to Approved Protocol
Approval Date:	03/28/2017
IRB Protocol #	1605017774
Study Title	The Intimate Partner Violence Experience of Arab Immigrant Women in the United States
Expiration Date	06/27/2017
Subjects Approved:	20

The above-referenced protocol has been approved by the Purdue IRB. This approval permits the recruitment of subjects up to the number indicated on the application and the conduct of the research as it is approved.

The IRB approved and dated consent, assent, and information form(s) for this protocol are in the Attachments section of this protocol in CoeusLite. Subjects who sign a consent form must be given a signed copy to take home with them. Information forms should not be signed.

Record Keeping: The PI is responsible for keeping all regulated documents, including IRB correspondence such as this letter, approved study documents, and signed consent forms for at least three (3) years following protocol closure for audit purposes. Documents regulated by HIPAA, such as Authorizations, must be maintained for six (6) years. If the PI leaves Purdue during this time, a copy of the regulatory file must be left with a designated records custodian, and the identity of this custodian must be communicated to the IRB.

Change of Institutions: If the PI leaves Purdue, the study must be closed or the PI must be replaced on the study through the Amendment process. If the PI wants to transfer the study to another institution, please contact the IRB to make arrangements for the transfer.

Changes to the approved protocol: A change to any aspect of this protocol must be approved by the IRB before it is implemented, except when necessary to eliminate apparent immediate hazards to the subject. In such situations, the IRB should be notified immediately. To request a change, submit an Amendment to the IRB through CoeusLite.

Continuing Review/Study Closure: No human subject research may be conducted without IRB approval. IRB approval for this study expires on the expiration date set out above. The study must be close or re-reviewed (aka continuing review) and approved by the IRB before the expiration date passes. Both Continuing Review and Closure may be requested through CoeusLite.

Unanticipated Problems/Adverse Events: Unanticipated problems involving risks to subjects or others, serious adverse events, and serious noncompliance with the approved protocol must be reported to the IRB immediately through CoeusLite. All other adverse events and minor protocol deviations should be reported at the time of Continuing Review.

APPENDIX B
INFORMATION LETTER

RESEARCH PARTICIPANT CONSENT FORM
Intimate Partner Violence Experience of Arab Immigrant Women
Aieyat Zalzala, M.S.Ed
Ayse Ciftci, PhD
Purdue University
Department of Educational Studies

Purpose of Research You have been invited to participate in a research study examining the intimate partner violence experience of Arab immigrant women. By conducting this study, we hope to learn more about the experiences of Arab immigrant women who have suffered from intimate partner violence.

Specific Procedures By choosing to take part in this study, I will be asked to complete a short demographic questionnaire and participate in an in-person interview with the researchers regarding my intimate partner violence experience as Arab immigrant woman. I understand that this interview will be audio-taped and will be conducted in English. The interviews will be transcribed by the researchers. These tapes will be kept in confidence, within the limits allowed by law (active threats of suicide or violence to others are outside these limits), and tapes will be used for the purposes of research only. I will be asked to give feedback and/or make suggestions through at the end of the interview. In addition, I am aware that I can request a summary of the findings of this study and a copy of my own interview transcript. I also understand I am asked to provide a code as my identification for the study.

Duration of Participation Participation in this study is expected to require approximately 90 minutes.

Risks and Discomforts The risks of participating are minimal and no greater than those encountered in everyday activities. There is a potential risk you might feel uncomfortable or upset while answering the questions. You may refuse to complete the questionnaire or refuse to answer the questions, and/or discontinue your participation at any time. Should you need assistance or wish to speak to a counselor, please contact the National Domestic Violence Hotline at 1−800−799−7233 or chat with a counselor online at www.thehotline.org. A breach of confidentiality is a risk associated with research. However, safeguards have been put in place to minimize this risk.

Benefits I understand that there are no direct benefits to me from participating in this study. However, the findings from this study may increase understanding the of the intimate partner violence experience of an underrepresented community.

Compensation I have been informed that I will be paid $30 for my participation after completing research participant disclosure form. Refusal to participate or a decision to discontinue the

interview will involve no penalty and I will receive $30 even if I decide to discontinue. If I withdraw from this project, any tapes made will be immediately destroyed

Confidentiality To protect my anonymity, I am informed that all identifying information will be removed from the audiotapes and questionnaires that I am asked to complete and that instead, a number code will be used to identify these materials. Consent forms and code IDs will be kept separately from all tapes. The data will be stored in a locked cabinet in the Principle Investigator's office at Purdue for five years. I also understand that my research records may be inspected by the Purdue University Institutional Review Board or its designees, and (as allowable by law) state and federal agencies.

Voluntary Nature of Participation I do not have to participate in this research project. If I agree to participate I can withdraw my participation at any time without penalty. This research project has been approved by Purdue University Institutional Review Board.

Participant Initials _____ Date _____

Contact Information: If you have any questions about this research project, you can contact Aieyat Zalzala, B.A. at azalzala@purdue.edu the first point of contact, at azalzala@purdue.edu or (313) 850-0184. You may also contact Ayse Ciftci at 765) 494-9746 or ayse@purdue.edu. If you have concerns about the treatment of research participants, you can contact the Institutional Review Board at Purdue University, Ernest C. Young Hall, Room 1032, 155 S. Grant St., West Lafayette, IN 47907-2114. The phone number for the Board is (765) 494-5942. The email address is irb@purdue.edu.

Documentation of Informed Consent
I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

_____ _____
Participant's Signature Date

_____
Participant's Name

_____ _____
Researcher's Signature Date

APPENDIX C
INFORMATION SHEET FOR SKYPE/TELEPHONE INTERVIEWS

RESEARCH PARTICIPANT CONSENT FORM
Intimate Partner Violence Experience of Arab Immigrant Women
Aieyat Zalzala, M.S.Ed
Ayse Ciftci, PhD
Purdue University
Department of Educational Studies

What is the purpose of this study?
You have been invited to participate in a research study examining the intimate partner violence experience of Arab immigrant women. By conducting this study, we hope to learn more about the experiences of Arab immigrant women who have suffered from intimate partner violence.

What will I do if I choose to be in this study?
By choosing to take part in this study, you will be asked to complete a short demographic questionnaire and participate in an interview that will take place via telephone or videoconference (e.g., Skype) regarding your intimate partner violence experience as an Arab immigrant woman. This information sheet will be reviewed with you prior to the start of the interview and you will be asked to provide verbal assent that you understand the informed consent and agree to proceed with the interview. During our interview, please try to ensure that you will be alone for approximately 60 minutes. The interview will be audio-taped and will be conducted in English. The interviews will be transcribed by the researchers. You will be asked to give feedback and/or make suggestions at the end of the interview. Researchers will provide a code to be used as your identification for the study.

How long will I be in the study?
Participation in this study is expected to require approximately 60 minutes.

What are the possible risks or discomforts?
The risks of participating are minimal and no greater than those encountered in everyday activities. There is a potential risk you might feel uncomfortable or upset while answering the questions. You may refuse to complete the questionnaire or refuse to answer the questions, and/or discontinue your participation at any time. Should you need assistance or wish to speak to a counselor, please contact the National Domestic Violence Hotline at 1−800−799−7233 or chat with a counselor online at www.thehotline.org. A breach of confidentiality is a risk associated with research. However, safeguards have been put in place to minimize this risk.

Are there any potential benefits?
There are no direct benefits to you from participating in this study. However, the findings from this study may increase understanding the of the intimate partner violence experience of an underrepresented community.

Will I receive payment or other incentive?
You will be paid $30 for your participation after completing the online research participant disclosure form. Your name, electronic signature and email address will be obtained. Your name and electronic signature will be shared with the business office at Purdue University for payment purposes. The researcher will use this information to email you the $30 gift card. Refusal to participate or a decision to

discontinue the interview will involve no penalty and you will receive $30 even if you decide to discontinue. If you withdraw from this project, any tapes made will be immediately destroyed

Will information about me and my participation be kept confidential?
To protect your anonymity, all identifying information will be removed from the audiotapes and questionnaires that you are asked to complete and that instead, a number code will be used to identify these materials. The number code will be provided by the co-investigator. Consent forms and code IDs will be kept separately from all tapes and transcripts.

The co-investigator, Aieyat Zalzala, will transcribe the interviews. The principle investigator and co-investigator will be the only people with access to any identifying information about you. The data will be stored in a locked cabinet in the principle investigator's office at Purdue University for five years. During the study the tapes will be stored under lock and key, which will be accessible only by the primary investigator. After five years, all tapes, transcripts, and any records of information identifying you will be destroyed. Also, if you choose to withdraw from this project, your tapes will be immediately destroyed.

These tapes will be kept in confidence, within the limits allowed by law. Confidentiality may be broken if there is any disclosure that breeches the limits to confidentiality. Limits to confidentiality include (1) any active threats of harm to self or others, or (2) reports of active abuse toward a special population (i.e., individuals under the age of 18 or over the age of 65). Researchers have a legal obligation to break confidentiality and report these actions. Tapes will be used for the purposes of research only. Your research records may also be inspected by the Purdue University Institutional Review Board or its designees, and (as allowable by law) state and federal agencies.

At the end of this survey, you will be redirected to a second survey and your name and email address will be obtained. All of your survey answers, audio tapes, and transcripts will not be able to be traced directly to you or your email address. Your name and electronic signature will only be shared with the business office for payment purposes. This form will be kept separately from consent forms, code IDs, and all tapes.

What are my rights if I take part in this study?
Participation in this study is voluntary. You do not have to participate in this research project. If you agree to participate, you can withdraw your participation at any time without penalty. This research project has been approved by Purdue University Institutional Review Board.

Who can I contact if I have questions about the study?
If you have any questions, comments or concerns about this research project, you can talk to one of the researchers. Please contact Aieyat Zalzala, M.SEd the first point of contact, at azalzala@purdue.edu or (313) 850-0184. You may also contact Ayse Ciftci at (765) 494-9746 or ayse@purdue.edu.

If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email (irb@purdue.edu) or write to:

Human Research Protection Program - Purdue University
Ernest C. Young Hall, Room 1032
155 S. Grant St.,
West Lafayette, IN 47907-2114

Documentation of Informed Consent
I have had the opportunity to read this information sheet and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I

am prepared to participate in the research project described above. I will receive a copy of this form after I sign it.

Yes, I am ready to participate (Enter unique code ID provided by researcher): _____
>>> NEXT: Link to survey
No, I would not like to participate
>>>NEXT: Exit survey

APPENDIX D
RECRUITMENT FLYER TEMPLATE

RESEARCH PARTICIPANTS NEEDED

Have you ever experienced relationship violence? We'd like your help.

Are you an Arab immigrant woman?
Are you at least 18 years of old?
Are you currently married, separated, or divorced?

Be a part of a research study to help us better understand the intimate partner violence experience of Arab immigrant women.

Participation in this study will include:

- Completing a demographic questionnaire
- A one-hour face-to-face interview

You will be compensated $30 for your participation.

Please contact the primary researcher, Aieyat Zalzala for more information. She can be reached at
(313) 850-0184
azalzala@purdue.edu

Please note: In order to protect the safety and privacy of participants, the primary researcher (Aieyat Zalzala) will be the only person aware of your participation in the study.

APPENDIX E
SOCIAL MEDIA RECRUITMENT POST

Hello Friends! I am conducting research on the intimate partner violence experience of Arab women in the U.S. In order to participate in the study, you need to be an Arab woman who is over eighteen years old, and has experienced at least one form of relationship abuse. Your participation will be strictly confidential and you will be paid $30 as a participation fee for your time. If you'd like to participate please contact the researcher, Aieyat Zalzala, at azalzala@purdue.edu. Thanks!

APPENDIX F
DEMOGRAPHIC QUESTIONNAIRE

Please provide the following information about yourself.

1. Do you identify as an Arab immigrant?
__ Yes __ No

2. What is your age? _____

3. What is your religious identity? _____

4. Were you born in the U.S.A.?
_____Yes ____No

If not, when did you move to the U.S.?

5. What is your generational status?
___ 1st Generation (you were born outside of the US and moved to the U.S. when you were an adult 15 years old or older)
___ 1.5 Generation (you were born outside of the U.S but arrived to the U.S. in early or middle childhood, i.e., 6-14 years of age)
___ 2nd Generation (you were born in the U.S. and one or both parents were born outside of the U.S., or you moved to the U.S. when you were 6 years old or younger)

6. What is your nationality?

7. Do you have a parent who was born outside of the US?
(__) Yes (__) No
If yes, please indicate which country/countries?

8. What is your relationship status:

__ Married
__Divorced
__Widowed
__Single
__Partnered
__Living together
__ Other:_____

9. Are you currently a student?
(__) Yes
If yes, are you:
___ Undergraduate
___ Graduate

___ Other: _____
If not, what is your highest level of education?
___ Less than high school
___ High school
___ Bachelor's degree
___ Master's degree
___ Ph.D.
___ Other (specify) _____

10. Are you currently employed?
(__) Yes
(__) No

11. If yes, which of the following describes your occupation?
____ Employed outside the home/nonprofessional (i.e., secretary, salesperson, factory worker, worker at bakery, cashier, etc.)
____ Employed outside the home/professional (i.e., doctor, nurse, lawyer, social worker, educator, etc.)
____ Employed inside the home (i.e., babysitter, caterer, etc.)
____ Unemployed/housewife.
____ Student
____ Other (specify)_____

12. Please indicate your approximate family income (in U.S. dollars):
___Less than $25,000
___$25,000 – $49,999
___$50,000 - $74,999
___More than $75,000

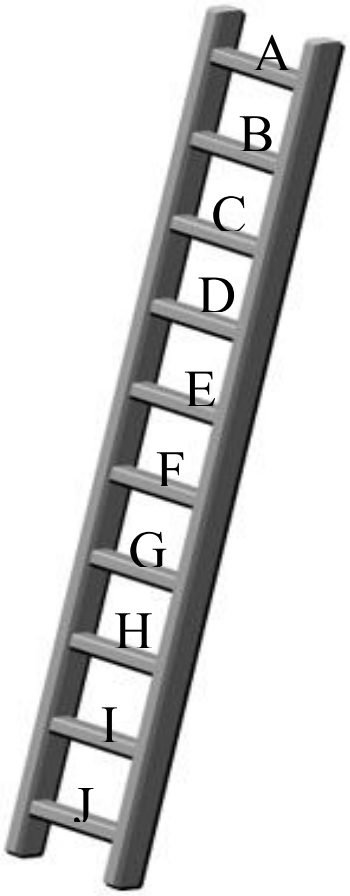
13. Please indicate the number of people in your household? _____

14. How important is religion to you in your daily life?
____ Extremely important
____ Important
____ Somewhat important
____ Minimally important
____ Not important at all

15. Think of this ladder as representing where people stand in the United States. At the top of the ladder are the people who are best off- those who have the most money, the most education and the most respected jobs. At the **bottom** are the people that are the worst off- who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please choose the letter on the rung where you think you stand at this time in your life, relative to other people in the United States.



APPENDIX G
INTERVIEW PROTOCOL

In our interview, I will be asking you about your intimate partner violence experience as an Arab immigrant woman.

Before I begin, I'd like to remind you that your identity will remain confidential. Only me and the primary investigator, Dr. Ayse Ciftci, my supervisor, will know your name. Once we complete this interview, we will de-identify all of the audio recordings and transcriptions using a random identification code.

There are instances that may require me to break confidentiality. The limits to confidentiality include any disclosure of (1) active threats to harm yourself or other people or (2) reports of current abuse toward a special population, that is, individuals under the age of 18 or over the age of 65. In these cases, I have a legal obligation to break confidentiality and report to the appropriate venue (e.g., police, child and family services). Do you have any questions or concerns regarding the limits to confidentiality?

I am not beginning this interview with expectations of what your answers will be, and am really interested in your own intimate partner violence experience. Although I will start with the general question, I have some follow up questions, which are related with my main question about describing your experience.

The overarching question of this interview is: What is your intimate partner violence experience as an Arab immigrant woman?

Before we talk about intimate partner violence, I was hoping to learn about your background and where you and your family come from.

1. Can you tell me about yourself? Your background?
    a. Where were you born? Who you live with? Immigration story?
2. Now, what about your family's background?
    a. Can you tell me why your family came here?
    b. What about your extended family?
3. Tell me about your experiences living in the U.S. as an Arab woman.
    a. In what ways does your family try to keep the cultural norms that are common to families in the Arab world?
    b. Common practices? Family structure?

I would like to now talk to you about your experiences with intimate partner violence.

1. How do you define relationship violence?
2. Please describe your relationship violence experience.
    a. Who was the perpetrator? How often? What type?
    b. How many experiences have you had with intimate partner violence?

3. Can you talk about any other exposure you have had to relationship violence? (Individual Level)
    a. Witnessing? Experiencing child abuse?
4. Tell me about what you did to get help as it relates to your intimate partner violence experience.
    a. At what point did you seek help? Where did you go?
    b. How did you know it was time to ask for help?
5. Can you talk about your family's role in your IPV experience? (Microsystem)
    a. Were you able to talk to them about it? How did they respond?
    b. Family dynamics?
6. How do you think your identity as an Arab woman impacts your IPV experience? (Exosystem/Macrosystem)
    a. Cultural norms that put you at greater risk?
    b. Experiences of discrimination due to your racial/ethnic/ religious/ gender identity that altered your IPV experience?
    c. What about in your decisions to seek help?
    d. What role do you think finances played in your experience?
7. Can you tell me about anything you found to keep you safe in your experience?
    a. Cultural norms? Family dynamics?
8. What helped you during your IPV experience?
9. Where did you find your strength in the process?

Credibility Questions

1. I've finished asking the questions that I have, but I'm wondering if there is anything that I haven't asked that would seem important or would better help me understand your intimate partner violence experience?
2. How did you experience the interview?
    a. Do you have any suggestions for future interviews?
    b. Is there anything about me, or the way I asked questions that might have influenced the answers you gave?
    c. Would you answer questions differently if I were not an international student?
3. After this interview did any new ideas come from this interview?

Debriefing Questions (asked throughout protocol)

1. How are you feeling?
2. How did you find this process?
3. Do you feel safe to go at this point?
    a. If no, clarify with possible referral to community resources
    b. If yes, continue with protocol

APPENDIX H
PAYMENT DISCLOSURE FORM

RESEARCH PARTICIPANT DISCLOSURE FORM
Receipt of Compensation and Business Office Notification of Information Provided
Principal Investigator: Aieyat Zalzala
Protocol Number: _____
Purdue University

I, the undersigned, acknowledge receipt of compensation in the amount of $ **30** for my time and inconvenience as a participant in the above research study. I also acknowledge that the information provided below will be shared with the business office of Purdue University.

Name: _____ _____ _____
First *Middle Initial* *Last*

Address: _____

_____

_____

Social Security Number: _____ — _____ — _____

_____ _____
Participant's Signature Date

_____
Participant's Name

_____ _____
Researcher's Signature Date

APPENDIX I
RECRUITMENT EMAIL

Dear [Student Organization],

I will appreciate it very much if you can forward this e-mail to the female members of your organization. It is an invitation to participate in a study of the intimate partner violence experiences of Arab immigrant women in the U.S. If you have any questions about the study, please feel free to e-mail me or the principal investigator, Ayse Cifcti, at ayse@purdue.edu. Thank you very much for your help and time.

Hello,

You are being invited to participate in a study examining the intimate partner violence experience of Arab immigrant women in the U.S.. In order to participate in this study, you need to be an Arab immigrant woman who is over eighteen years old, and have experienced at least one form of relationship abuse.

Your participation will be strictly confidential. If you agree to participate, you will be interviewed by Aieyat Zalzala, the primary researcher. This interview will be audio taped and last about 60 minutes. You will be paid $30 as a participation fee for your time after the interview. You can withdraw from the study any time.

If you are interested in participating in this study or have any questions, please contact me at azalzala@purdue.edu or Ayse Ciftci at ayse@purdue.edu.

Thank you very much for your time,