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PERCEIVED BARRIERS TO AND COMFORT LEVELS WITH
HYPOTHETICAL INTIMATE PARTNER VIOLENCE HELP-SEEKING
AMONG ARAB AMERICANS

by

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B.S. University of Central Florida, 2021

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Arts
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in the College of Sciences
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ABSTRACT

Members of the Arab American community experiencing intimate partner violence (IPV) face unique barriers to help-seeking and have different comfort levels with using formal and informal resources. This thesis surveyed Arab-Americans to identify perceived barriers and comfort levels with IPV help-seeking. A culturally informed and centered approach was taken to examine connections between individual level factors, perceived barriers and comfort levels in using resources. To do so, I gathered data via an online survey with 82 Arab American participants. Findings suggest that participants perceived the greatest barriers to seeking help for IPV are related to how others view and understand Arab Americans (i.e., “There is a stigma in how outsiders view Arab Americans” and “I feel my cultural values would not be taken into consideration”) and that they would be more comfortable seeking help from informal resources, such as a friend or member of their family, compared to formal resources, such as calling the police or going to a homeless shelter. Participants who felt more connected to their local Arab American community perceived more barriers to IPV help-seeking and said they would feel less comfortable using informal and formal resources if they ever experienced IPV. Empirical evidence from this study suggests that Arab Americans believe that they would face many barriers and would feel uncomfortable in using more formal resources if they ever experienced IPV. To address these issues, it is important that those providing IPV resources better understand how they are being perceived by the Arab American community, and take steps to reduce those barriers and increase comfort levels in the Arab American community in using their services.

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CHAPTER ONE: INTRODUCTION

Intimate partner violence (IPV) is defined by the Center for Disease Control and Prevention (CDC) as physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former spouse or dating partner. Physical health problems associated with IPV victimization include injuries, trouble sleeping, chronic pain, headaches, and other medical conditions (Campbell et al., 2002; Loxton et al., 2017; Wu et al., 2010). Those who experience IPV may also face mental health problems such as post-traumatic stress disorder (PTSD), depression, and even suicide (Beydoun et al., 2012; McLaughlin et al., 2012). The effects on physical and mental health are complex and can vary between people who experience IPV. Consequences can be immediate such as injury or death, or long term such as experiencing PTSD or a disability (Plichta, 2004). There can also be consequences not directly caused by abuse such as a negative impact on health behaviors, which can include a higher likelihood of smoking and using drugs (Plichta, 2004).

IPV can be experienced by people of any gender and is common in the United States (Breiding et al., 2014). However, women experience higher rates of IPV when compared to men and one in three women have experienced IPV in their lifetime (Black et al., 2011). Although there is a lack of research on IPV among Arab Americans, current research has found high prevalence rates of IPV in the Arab American community (Barkho et al., 2011; Elghossain et al., 2019; El-Zanaty et al., 1996). Additionally, Arab Americans face barriers in IPV resource outreach such as accessibility issues, racism, islamophobia, cultural differences, and difficulties within the healthcare system (Haj-Yahia, 2000; Iudici et al., 2018; Kulwicki et al., 2010; Plichta, 2004).

For this study I will specifically be researching Arab Americans' perceived barriers to help-seeking from IPV resources and perceived level of comfort in help-seeking from IPV informal and formal resources. This research will focus on understanding the Arab American community and their needs for IPV resources. It is also important to emphasize that not all immigrant communities hold the same views, and that there is heterogeneity among those who identify as Arab American. However, given the lack of research among Arab Americans, it is still important to conduct research that identifies broad patterns across these various communities, given their similar/shared cultural norms. This research seeks to answer the following questions:

1. What are the perceived barriers that Arab Americans think can hinder their help-seeking behaviors?
2. What are the perceived comfort levels that Arab Americans have with existing IPV resources?
3. How will sociodemographic variables play a role in the perceived barriers to and comfort levels with IPV resources?
4. How does the feeling of connectedness to the Arab American community affect the perceived barriers to and comfort levels with IPV resources?

The goal of this research is to identify potential ways to improve resources for the Arab American community by understanding the perceived barriers to and comfort levels with accessing IPV resources. People of various cultural backgrounds may view IPV differently which is important to consider when improving and developing new resources for people from marginalized communities. Research has been conducted on Arab populations who have

experienced IPV and their lack of willingness to use more formal resources because of the attitudes that they hold due to their culture Abu-Ras, 2007). Acknowledging the differences in the ways that people seek help and using that information to improve resources may increase utilization of resources. To accomplish this, IPV resources should appropriately meet the needs of those who come from different backgrounds (Kulwicki et al., 2010; Oyewuwo-Gassikia, 2016). This can refer to formal resources such as the police, health professionals, and shelters. Increased comfort in using resources and reaching out for help may help to mitigate the impact of IPV within the Arab American community.

Further research can provide insight into how to improve resources and reach certain communities who are being left out of the conversation of IPV resource provision. Understanding the perceived barriers and comfort levels that Arab Americans may face when trying to use IPV resources is an important aspect in trying to solve this problem. For this research, a culturally informed and centered approach was taken to examine the relationship between individual level factors, perceived barriers, and comfort levels with IPV help-seeking to better inform IPV resource provision for the Arab American community. To answer this research question, I will gather quantitative data through an online survey fielded with a non-probability sample of Arab Americans. First, I will begin with the review of the relevant research on IPV relating to Arab Americans and existing IPV services. Then, I will describe the methodology that I used to investigate my research questions. Next, I will explain my findings and results from my online survey. Finally, I will conclude with a discussion based on my results and findings.

CHAPTER TWO: LITERATURE REVIEW

Intimate Partner Violence

Intimate partner violence (IPV) is experienced by people of all genders, but prevalence can vary by gender identity. In the 2011 National Intimate Partner and Sexual Violence Survey, the lifetime prevalence of IPV in the United States was estimated to be 35.6% for women and 28.5% for men (Breiding et al., 2014). Furthermore, research has found that women experience more sexual violence, physical violence, and repeated victimization compared to men (Breiding et al., 2014; Caldwell, Swan, & Woodburn, 2011). In the United States, it is estimated that 43.9% of women will experience sexual violence in their lifetime compared to 23.4% of men and that 71.1% of females who have experienced sexual violence, physical violence, or stalking in an intimate relationship have experienced this kind of violence before the age of 25, compared to 58.2% of men (Breiding et al., 2014).

Those who experience IPV endure many physical consequences. Physical health problems associated with IPV victimization include injuries, trouble sleeping, chronic pain, headaches, and medical conditions (Campbell et al., 2002; Loxton et al., 2017; Wu et al., 2010). Both men and women who have experienced IPV are at least twice as likely to report being in poor health compared to those who have not experienced IPV; women who have experienced IPV are also twice as likely to be disabled due to injury and have had a miscarriage (Carbone-López, Kruttschnitt, & Macmillan, 2006). Women are also more likely to experience physical or sexual abuse by an intimate partner in their lifetime compared to men, which can lead to an increased risk of substance use, poor health, injury, and depressive symptoms (Coker et al., 2002). Furthermore, women are more severely injured in violent relationships in different ways,

such as with the use of strangulation and weapons. Frequency of strangulation among women in domestic violence shelters has been reported to range between 57.6% and 68%, and strangulation can lead to various brain injuries (Valera et al., 2022; Wilbur et al., 2001). Women are also twice as likely to be killed by a male intimate partner with the use of a gun than they are to be killed by a stranger by any means (Sorenson, 2017). Among 58,591 IPV homicide cases in the National Violent Death Reporting System from the years 2003 to 2015, 79% were female victims with a male suspect, while 21% were male victims with a female suspect (Velopulos et al., 2019).

Along with physical health consequences, people can face many mental health issues because of IPV. For example, Hullenaar et al. (2002) analyzed violent victimizations in the National Crime Victimization Survey from 2008 to 2018 and found that people who experienced IPV and were uninjured were more likely to report emotional distress and social distress compared to those who have experienced stranger violence. Women survivors of IPV are also more likely to experience depression and anxiety compared to men (Cho et al., 2020; Plichta, 2004). Post-traumatic stress disorder (PTSD) is also highly prevalent among people who experience IPV. The prevalence rate is estimated to be at 64% among women who have endured IPV (Mechanic et al., 2008).

In addition to physical and mental health consequences of IPV, women can face consequences such as homelessness and safety concerns (Willie et al., 2021). IPV is one of the leading causes of homelessness among females who experience IPV and if they do not have alternative housing, they may feel stuck and unable to leave their abusive relationship (Baker et al., 2009). Furthermore, financial abuse can lead those who go through IPV to struggle with obtaining a place to stay because of ruined credit or loss of money (Postmus et al., 2016;

Stylianou, 2018). The economic consequences of IPV have been found to last up to three years after the abusive relationship has ended because of job instability and from low economic well-being (Adams et al., 2012).

IPV Among Arab Americans

In the United States, there has been limited research conducted on IPV against Arab Americans. Arab Americans are considered to be an invisible ethnic minority group as they are classified as “white” by the U.S. government (Abboud et al., 2019). This form of invisibility in the U.S. leads to unaddressed health needs and increases vulnerability to IPV (Abboud et al., 2019; Abuelzam et al., 2018). Although there is a lack of recent research among Arab Americans, some studies do suggest that there are high prevalence rates of IPV in the Arab American community. For instance, Barkho et al. (2011) studied 55 Iraqi immigrant women in Metro Detroit and found a 93% prevalence of experiencing controlling behavior and 80% of experiencing physical violence. In another study conducted by Kulwicki (1996), it was found that among a sample of 227 low-income Arab American women in Dearborn, Michigan, 25% reported that they had been beaten by their spouses.

While there has been limited research conducted with Arab American women in relation to IPV, more research has been conducted in Arab countries. In a systematic review of 74 peer reviewed journal articles and national survey reports in seven Arab countries, IPV prevalence against women ranged from 6%-59% for physical violence, 3%-40% for sexual violence, and 5%-91% for emotional/psychological violence (Elghossain et al., 2019). Although this study gives us some insight on the prevalence of IPV in Arab countries, it is limited in its geographic

coverage and due to different methods of data collection there are large variations in the reported prevalence. Of studies conducted in specific Arab countries, one examining 14,000 Egyptian women found one-third had reported being beaten by their husbands at least once in their marriage (El-Zanaty et al., 1996). Another study found 11% of Palestinian women reported experiencing sexual abuse at least once during 2005 (Palestinian Central Bureau of Statistics, 2006). It is also important to note that although there are similarities among the Arab countries, there are several cultural differences and variability among them as well. There is heterogeneity among those who identify as Arab American, and this may be due in part to having different countries of origin that can have different cultures. When looking at findings that aggregate across all Arab countries it is important that they are not interpreted in a way that assumes that those who come from those Arab countries all think in the same way and that individual experiences should still be accounted for.

IPV Among Immigrants

With the lack of research on IPV in the Arab American population, it may be beneficial to draw from studies of IPV among immigrant communities and how they can be affected, as many Arab Americans are immigrants. Immigrants can face greater difficulty when dealing with IPV as they are dealing with two conflicting cultures, can feel more isolated, be seen as “other,” and can face problems due to their immigration status (Raj & Silverman, 2002). While the lifetime prevalence of IPV by a male or female partner in the United States was estimated to be 35.6% for women (Breiding et al., 2014), it has been found that among Latina, South Asian, and Korean immigrant women, 30%-50% have been victimized sexually or physically by a male

partner (Raj & Silverman, 2002). In another study conducted by Li and colleagues (2020), it was reported that among 475 Chinese immigrant women living in the United States, the prevalence of IPV within the past year was more than 20%. Although cultural ideologies can help to increase respect for women, immigrant women can also face culturally specific forms of sexual and emotional abuse. For example, Morash and colleagues (2000) found that among Mexican origin families, verbal abuse was mostly categorized as abuse when it occurred in front of others which can make it more humiliating for collective families.

Furthermore, those who abuse immigrant women can socially isolate them by limiting their contact from friends and families in both the United States and their country of origin (Abraham, 2000). People who abuse can also make their partner more dependent on them by not allowing them to learn English and demeaning their level of education and work skills (Perilla, 1999). Moving to a different country can further cause a lack of knowledge about the criminal justice system in the new country which can lead to hindrances in formal help-seeking (Mahapatra & Rai, 2019). Immigrants with gaps in their employment history because of their immigration status may also have more difficulty securing rental leases which can make it more challenging for those who experience IPV to leave their abusive relationship (Gezinski & Gonzalez-Pons, 2021).

IPV Among Muslim Americans

There are about 3.45 million Muslim Americans and more than 93% of the Middle Eastern and North African (MENA) region identify as Muslim (Pew Research Center, 2017). With such a large population of Muslims in America from the MENA region, it is important to

also look at IPV among Muslims in America. However, given that the Muslim population is large and diverse, it is important to emphasize that one lifestyle or belief system cannot be generalized to all Muslim Americans.

In a national online survey of 241 Muslims in America, 40% of participants had experienced verbal abuse and 31.5% had experienced physical abuse in their homes (Ghayyur, 2007). Another study shows that more Muslims in America stayed in their abusive relationship because of cultural and religious beliefs and fearing negative reactions from their community in comparison to non-Muslims (Ammar et al., 2013). However, research has also found that Muslim Americans who view themselves as more marginalized are less likely to report abuse to law enforcement and that religiosity is positively associated with disclosing abuse if the network type (i.e., friends, relatives, law enforcement, advocates) is Muslim (Hansia & Merolla, 2021).

Furthermore, Muslim Americans can face unique pressures when it comes to reporting IPV such as the view of divorce in Islam and islamophobia. Although divorce is permissible in Islam and can be seen as the best option in certain situations, it should be seen as the last option which can make some Muslims feel guilty for finalizing their decision on divorce (Ahmed et al., 2019). Additionally, the rise of Islamophobia after the 9/11 terrorist attacks have caused the Muslim American community to feel unsafe and targets of bigotry. Muslims have been one of the many targets of bigotry in America and this can be seen through many examples such as Executive Order 13769, also known as the “Muslim ban”, which was signed by President Donald Trump. These types of actions promote Islamophobic ideologies as seen in a poll where 36% of Americans supported the ban of Muslims from entering the country (Abadi, 2015). Fear of facing

Islamophobia can discourage some Muslim Americans from reaching out and feeling safe in using formal resources for IPV.

Perceptions of IPV

Traditional and cultural beliefs that are present among the Arab American community can play a role in the way that IPV is perceived. Traditionally, Arab culture supports the idea of patriarchy where men are considered the head of the family unit and the protectors of women (Kulwicki et al., 2015). Social expectations from both men and women can come from these traditions such as preserving their family honor and keeping their family together. Cultural beliefs about IPV were then brought over by Arabs who immigrated to the United States (Kulwicki et al., 2015). While these traditional beliefs are in place to strengthen families in these collective communities, people who abuse can use these beliefs against those they victimize to pressure them to stay in the relationship. These beliefs have also affected women's feelings regarding IPV such as being ashamed of the abuse they experience (Hassouneh-Phillips, 2001).

Furthermore, Aboulhassan and Brumley (2019) interviewed 20 second-generation Arab American women and found that the idea of women needing to protect their family reputation is used to undermine the IPV that was going on within their communities. Factors such as reputation play a role in gender and cultural differences that are present in the Arab American community which can affect the way that IPV is dealt with (Aboulhassan & Brumley, 2019). Emphasis on family structures and patriarchal attitudes differs in ways that can affect the views of IPV among Arab Americans. Some Arab immigrant men and women perceive women to have the responsibility of keeping their family together even if their own physical safety is a risk

(Gennari & Accordini, 2007). While women are expected to prioritize their family and keep it together as a unit, people who experience IPV can be reluctant to reach out for help as they blame themselves for the abuse they are experiencing (Afrouz, 2020; Evans & Feder, 2016).

Although research has shown that there are many adverse effects of IPV such as mental and physical health problems (Loxton et al., 2017), research also shows that some Arab Americans do not perceive IPV to be a severe problem in the Arab population (Herzog, 2004). In the study done by Herzog (2004), Arabs had more permissive attitudes towards marital assault when ranking it along with other criminal offenses from most to least serious. It was suggested that this may be because the consequences are more reversible compared to homicide and other offenses and/or it was considered more justifiable.

Research examining the role of gender role attitudes on IPV has shown that women who hold traditional sex-role expectations and traditional beliefs are more likely to blame themselves and rationalize the violence they endure (Nabors & Jasinski, 2009). Additionally, men who hold traditional attitudes on gender such as limiting their partner's access to family income and always knowing their location are more likely to abuse their partners compared to those with egalitarian attitudes (Nabors & Jasinski, 2009). Additionally, family ties are an important cultural aspect that play a role in the perception of IPV. Cultural values and norms can even be used by those who abuse immigrant women to show dominance and control their behavior in order for them to stay within the family (Kulwicki, et al., 2010). Extended familial relationships can also be involved in perpetrating abuse against people who endure IPV. For example, in 80 female survivors of IPV in Karachi, Pakistan, 75% of cases that had familial violence involved violence that was perpetrated by the husband's mother (Nawaz & Johnson, 2022). In joint family

systems where wives move into the husband's family home, control can be distributed among the husband, his mother, and other family members in the home.

Additionally, patriarchal power, such as men using their dominance over women to control them in instances of abuse, can shape the way that IPV is perceived through normalizing a patriarchal society (Yount & Li, 2010). Societal expectations are used to legitimize power structures in a family dynamic by assuming differences such as women having lower incomes or statuses compared to men (Anderson, 1997). More specifically, it has been found that older men are more likely to hold these patriarchal attitudes to justify violence (Haj-Yahia, 2003). It can be seen as a generational change with older men being more likely to justify abusing their wives and blaming their wives for their own abuse against them because of power differentials (Btoush & Haj-Yahia, 2008). The patriarchal attitudes of male dominance among older men can be due to the time period of their upbringing where patriarchal beliefs were widely held and this can be seen in both Eastern and Western societies (Haj-Yahia, 2003).

Patriarchal and social ideologies play a role in the way that attitudes are held about male domination over women (Nayak et al., 2003). Furthermore, attitudes on gender related to IPV have also been found to affect victim-blaming. Research has found that male domination and restrictive social roles are related to beliefs of blaming women for their own abuse (Costin & Schwartz, 1987). These attitudes related to gender manifest into the acceptance of violence against women and the continuation of violence.

Research on IPV Services

With studies showing the negative impact of IPV on mental and physical health, it is important that resources are available for those who need to utilize them (Bybee & Sullivan, 2005). IPV services refer to resources that provide support or information about IPV, such as shelter, assistance in filing for a restraining order, hotline support, counseling, or other similar services. People that experience IPV who have emotional and familial support are more likely to have reduced negative mental health impacts of IPV (Croker et al., 2002; Kyriakakis, 2014). Specifically, Kyriakakis (2014) found that Mexican immigrant females that experienced IPV who confided in their siblings about their abuse were not only provided with emotional support, but also concrete assistance such as a place to live and food. This study also shows that women who have someone to confide in who is understanding and able to validate that what they are experiencing is abuse, are encouraged to utilize other resources such as calling the police. Those who endure IPV and receive tangible resources such as money, food, and shelter are more likely to obtain treatment and utilize advocacy services (Wenzel et al., 2004). Wenzel et al. (2004) showed that people faced an increased risk of revictimization if they reported having fewer tangible resources and less social support. On the other hand, individuals who are able to seek out victim services are less likely to experience future violence (Xie, Min, & Lynch, 2017). Furthermore, some Arab Americans have been able to find IPV support through religious resources. For example, Khan and colleagues (2022) conducted semi-structured interviews and two focus groups in Dearborn, Michigan with 36 Arab Americans and found that Sheikhs and imams, religious leaders in the Muslim community, were perceived as important resources for survivors of IPV and their families in their local mosques. Three of the participants in this study

even noted that religious leaders have promoted IPV awareness through Friday prayer lectures and sermons (Khan et al., 2022).

Although resources can be helpful to those who experience IPV, there are still many issues with resources and their availability. Different barriers can play a role in the utilization of IPV resources such as an untrained health care system, accessibility issues, racism, and islamophobia.

Untrained Healthcare System

Women who are abused may generally utilize the health care system but may not be detected as victims by health care providers (Plitchta, 2004). Although it is highly recommended that all women are screened for IPV, it is rarely completed because of lack of time, comfort, and knowledge on IPV screening as cited by health care professionals (Roush & Kurth, 2016). In a sample of 99 women who have experienced IPV, 62.1% were never screened for IPV by a health care provider (Wadsworth et al., 2018). Another study by Waalen and colleagues (2000) reviewed 24 published studies on IPV screening by health care professionals and found that lack of education from patients' providers and lack of effective intervention were the most common barriers mentioned to screening for IPV.

Research among Arab immigrant women has also found that IPV resources that are provided do not fully meet the needs of people who experience IPV in the emergency room setting (Kulwicki et al., 2010). For example, Kulwicki et al. (2010) found that physicians were not fully trained to detect physical abuse among Arab immigrant women and instead avoided responsibility by providing referrals. Even in cases of IPV with visible injuries such as bruising,

physicians would not try to ask more questions about or probe into issues related to IPV.

Kulwicki and colleagues suggest that factors such as lack of resources, untrained professionals, and cultural norms that lead to low utilization of resources by Arab American immigrant women do not work in isolation and that multiple barriers such as social structural and family related barriers play a role together in making resource outreach more difficult for Arab Americans who experience IPV.

Accessibility Issues

Women can be denied resources and go through re-victimization by formal and informal resources such as being denied restraining orders or resources not being accessible to people who are disabled and experience IPV (Weisz & Schell, 2020). A restraining order is a court order instructing that a person abstain from abusing the complainant (i.e., the person who initiated the order who is alleging they are a victim of IPV). This can be beneficial to those who experience abuse from their partner and want a court mandated separation. In a survey of 187 women, only 24% who were named victims of IPV in police reports obtained restraining orders. It was also found that African American women with lower levels of education were less likely to receive restraining orders (Weisz & Schell, 2020). Furthermore, another example of re-victimization is when those who are disabled and endure IPV can face additional issues when accessing resources such as architectural barriers and the inability to make a report due to difficulty speaking on repetitive violence (Iudici et al., 2018). For example, police stations, courts, and IPV services that lacked interpreters for people who are disabled had less requests for aid made by people who were disabled (Lightfoot & Williams, 2009).disabled (Lightfoot & Williams, 2009).

Furthermore, people who abuse can limit their partners' access to resources if they are controlling of their activity and whereabouts (Beeble, Bybee, & Sullivan, 2010). Those that abuse their partners can also limit access to resources by use of physical threats of harm, threatening to end the relationship, and ridiculing their partner (Beeble, Bybee, & Sullivan, 2010). Although domestic violence shelters and counseling services may be available to people who experience IPV, transportation, childcare, and financial assistance may not be which can make these resources inaccessible (Kulkarni et al., 2010). Additionally, transportation can be used by those who abuse to control their partner by limiting their independence if they try to leave the relationship (Nahar & Cronley, 2021). It can also be more difficult to reach domestic violence shelters with public transportation as shelters are often located in private, suburban areas to prevent those that abuse from locating them (Nahar & Cronley, 2021).

Cultural Differences & Racism

One of the most common barriers people experience when they try to seek help is discrimination/racism (Hully et al., 2022). When those who experience IPV are aware of the likelihood to encounter racism, they can be reluctant to use services such as calling the police to avoid being further oppressed (Monterrosa, 2021). For example, women of color feel that reporting their abuse to police may not be helpful because they do not expect to receive support (Burton & Guidry, 2021). Furthermore, racial stereotypes create barriers in utilizing social services among Latinas who endure IPV such as the stereotype that Latino Americans are undocumented or inherently violent, which can make it harder for them to fully access social services (O'Neal & Beckman, 2017). Undocumented immigrants may also fear that reaching out

for services can lead to deportation (Reina et al., 2014). The strong Black woman stereotype also promotes the idea that Black women can take on much more physical and emotional pain and if those stereotypes are internalized it can lead Black women to shy away from resources and assistance (Monterrosa, 2021).

Additionally, language barriers can occur from resources being ethnocentric and from people not knowing what resources are available for them (Kulwicksi et al., 2010). Among 153 immigrant women who sought restraining orders, a majority learned about restraining orders through advocates who spoke their language and reported violations to people who spoke their language as well (Ammar et al., 2012). However, it can be difficult for some people to get in touch with advocates or services that are accessible in their language if the language they speak is not as widely known in the area they reside.

Arab Americans & Islamophobia

When designing interventions for IPV, it is important to consider sociocultural contexts because of the various ways people of different cultures are comfortable with reaching out for help (Haj-Yahia, 2000). Those who experience IPV from marginalized communities may be discouraged from seeking out resources if the IPV resources available are not appropriate or accessible for them (Oyewuwo-Gassikia, 2016). Among Arab immigrants who endured IPV, Abu-Ras (2007) found that having more traditional beliefs and attitudes led them to be less likely to use formal resources. Arab immigrant women may feel shame or embarrassment when seeking IPV resources outside of their own family (Abu-Ras, 2007). The feeling of shame or embarrassment can come from the feeling of being a victim, failing their marriage, or even

making their husband fit into the American stereotype of Arab men being violent (Hassouneh-Phillips, 2001). Resources may not consider or accommodate the feelings of those who have different and minoritized cultural backgrounds which can lead those of minoritized cultural backgrounds to hold negative perceptions of victim resources.

Within Arab culture it has been found that cultural and traditional beliefs encourage women to keep problems within the family and discourages them from getting assistance from formal agencies (Kulwicki et al., 2010). For instance, interviews with Arab American community leaders (i.e., medical physicians, police/law enforcement, and religious leaders) who had experiences with people who have gone through IPV within the Arab American population found Arab Americans shy away from resources because of lack of trust and assistance (Kulwicki et al., 2010). This study also emphasized the importance of cultural sensitivity when discussing IPV with those who have experienced IPV in the Arab American community. One of the barriers to accessing resources that was found regarding cultural sensitivity is the lack of confidentiality. Not having a commitment to confidentiality can expose family matters to the public which goes against the cultural beliefs that Arab Americans hold. Negative perceptions of mental health disorders stemming from cultural views have also been found to lead to utilizing mental health services less frequently among Arab women when looking at IPV service seeking behaviors (Oyewuwo-Gassikia, 2016). These cultural attitudes affect perceptions of IPV in the Arab American community and their utilization of victim resources.

In addition, resources may not consider the socio-cultural and religious barriers that people from marginalized communities face when seeking help (Kulwicki et al., 2010). Arab immigrants who endure IPV can be faced with islamophobia when seeking out resources for

IPV. Service providers can approach Muslims with the biased view that women are oppressed because of their religious beliefs and that they can “rescue” them from their religion which is harmful to those experiencing IPV and can discourage use of IPV resources (Milani & Leschied, 2022). For example, in a news report it was found that a woman was encouraged to take her hijab off by service providers so that she could escape the male oppression from her religion (MacFarquhar, 2008). A lack of religious understanding in services presents barriers for Muslims who want to seek help without being misjudged for their religion.

Current Study

During the 1880’s a sizable number of Arab immigrants began migrating to the United States primarily because of economic reasons during the dissolution of the Ottoman Empire (Arab American Institute). Today, at least 3.7 million Americans in the United States are of Arab descent, with a majority having ancestral ties to Lebanon, Syria, Palestine, Egypt, and Iraq. IPV in the Arab American community has been a growing problem (Kulwicki et al., 2015). Research has emphasized the increasing numbers of Arab Americans who experience IPV and the lack of appropriate resources available for them (Abu-Ras, 2007; Kulwicki et al., 2010; Oyewuwo-Gassikia, 2016). However, the existing research has focused on how Arab Americans perceive IPV differently in terms of cultural beliefs, societal influences, and emphasis on family that Arab American who experience IPV hold (Aboulhassan & Brumley, 2019; Gennari & Accordini, 2007; Kulwicki et al. 2010), but has failed to examine barriers to and comfort in IPV help-seeking and how understanding both can be applied to improve IPV resources for this community. This study will specifically examine Arab Americans’ perceived barriers to help-

seeking from IPV services and perceived level of comfort with help-seeking from IPV services. Knowing the help-seeking behaviors and barriers for this community can help to improve resources and services so that Arab Americans who are experiencing IPV are able to better utilize them so that they can lead healthier and happier lives.

Research Questions

This study builds upon relevant literature and existing research on IPV against Arab Americans and their help-seeking behaviors to examine their comfort level in utilizing informal and formal resources for IPV in the Arab American community. Findings from previous studies have shown the need for further investigation on this topic and the lack of data on Arab Americans underscores the exploratory nature of this study.

The aim of this study is to answer the following questions: (1) What are the perceived barriers that Arab Americans think can hinder their help-seeking behaviors?, (2) What are the perceived comfort levels that Arab Americans have with existing IPV resources?, (3) How will sociodemographic variables play a role in the perceived barriers to and comfort levels with IPV resources?, and (4) How does the feeling of connectedness to the Arab American community affect the perceived barriers to and comfort levels with IPV resources? To meet the aims of this study, an online survey was conducted.

The hypotheses for this research are based on the prior literature review conducted on Arab Americans and their barriers to accessing and using IPV resources. The first hypothesis related to the first research question is that participants would perceive more barriers dealing with external barriers (i.e., obstacles from outside influences) rather than internal barriers (i.e.,

obstacles stemming from oneself). The second hypothesis related to the second research question is that Arab Americans will feel more comfortable seeking help from informal sources such as family and religious related resources and would feel less comfortable using formal resources that involve calling the police and using shelters. The third hypothesis related to the third research question is that older participants will feel less comfortable using IPV resources and feel that they would have more barriers. The fourth hypothesis related to the fourth research question is that participants who feel more connected to their Arab American community will perceive more barriers and have a lower comfort level in IPV help-seeking.

CHAPTER THREE: METHODOLOGY

Sampling

Participants were recruited through a combination of convenience and snowball sampling for this cross-sectional study. These sampling methods were used because there were no existing email lists of Arab Americans available to me, which means that my knowledge and contacts as a member of the Arab American community and my identity as an Egyptian were used to tap into networks to recruit participants. One method that participants were recruited by is the promotion of the survey through clubs at the University of Central Florida (UCF) which included the Arab American Student Association, Muslim Student Association, and Palestinian Student Association. A brief explanation of research and the survey link was sent through a direct message to the club's Instagram page where they then uploaded the survey link to their Instagram story for club members to take. The survey was also emailed to organizations in Florida which included the Arab American Community Center of Florida, Orlando Arab-American Network, Tampa Arab American Network, and Arab American Association of New York and was asked to be distributed among their members. The study was also uploaded to my personal Twitter account in hopes of reaching out to participants who are not associated with an Arab related organization or network in central Florida. To help persuade potential participants to take the survey, the importance, value, and anonymity of the study were emphasized. Snowball sampling was also used by encouraging those who take the survey to share it with family members and friends who fit the eligibility criteria. This enabled the survey to reach members of the Arab American community who may not be easily accessible through college clubs, organizations, or social media.

Measures

The measures used for this study included the sociodemographic information which were independent variables and the Barriers to Resources Scale and the Resource Comfort Scale which were dependent variables. There were 17 questions in the survey.

Sociodemographic Questionnaire

There were 14 sociodemographic questions. The participants were required to provide sociodemographic information on their age (ratio), Arab American identification (nominal), and country identification (nominal). Other sociodemographic information included gender (nominal), race/ethnicity (nominal), religious identity (nominal), language (nominal), if they were born in the U.S. (nominal), years living in the U.S. (ordinal), location of residence (nominal), if they have any children (nominal), relationship status (nominal), and if they have been in a previous dating relationship if they had selected being single (never married) for their relationship status (nominal). The question on how connected participants feel to the Arab American community (ordinal) was also asked in this section using a Likert scale. This information will be used for statistical purposes and as independent variables.

Age

Age was measured as a continuous variable of age in years, with the top age category being over 90 years old. Those who selected less than 18 were immediately excluded from the survey based on eligibility criteria.

Arab American Identification

The Arab American Identification was measured by asking whether participants identified as being Arab American. Those who selected that they do not identify as Arab American were immediately excluded from the survey based on eligibility criteria.

Country of Origin

Country of Origin was measured by asking the country a participant or their family came from. Via a check all that apply question, participants would indicate which of 17 countries (Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, the United Arab Emirates, and Yemen) their family was from. Although there are 22 countries considered to be in the Arab world, I considered 17 for this study that are the most similar culturally as culture can vary across regions. The five Arab countries that were excluded for this study are the Comoros Islands, Djibouti, Mauritania, Somalia, and Sudan. Although the official languages of these countries include Arabic, I decided to only include the countries in the Middle Eastern and North African (MENA) region. The MENA region has similarities in culture, economics, and environment which will allow for the countries included to be compared more easily. An other, please specify option was also offered for participants to include other countries not already provided as an option.

Participants who indicated that they did not identify being from one of the 17 Arab countries completed the survey but were not included in the analysis of the data. Since participants were able to pick more than one response, it was initially coded to include all the

responses participants had for each country. Each country variable was then recoded to whether participants identified with a country or not and whether they chose more than one country or just a single country.

Gender

Gender was measured by asking participants whether they were male or female. An other, please specify option was also offered for participants to include another gender identity that was not provided as an option.

Race/Ethnicity

Race/Ethnicity was measured by asking the racial and ethnic identity that participants identified with. Via a check all that apply question, participants would indicate whether they identified as Asian, Black or African American, Hispanic or Latino/a, Middle Eastern or North African, Native American or Alaska Native, Native Hawaiian or Pacific Islander, and/or White. An other, please specify option was also offered for participants to include another racial/ethnic identity that was not provided as an option. Since participants were able to pick more than one response, it was initially coded to include all the responses participants had for each racial/ethnic identity. Each racial/ethnic variable was then recoded to whether participants identified with a racial/ethnic identity or not and whether they chose more than one racial/ethnic identity or just one racial/ethnic identity.

Religious Identity

Religious Identity was measured by asking the religious identity of participants. Participants would indicate what their religious identity was from a list including Agnostic, Atheist, Buddhist, Christian, Hindu, Jewish, Muslim, Sikh, and None. An other, please specify option was also offered for participants to include another religious identity that was not provided as an option.

Language

Language was measured by asking what language participants spoke most at home. The response categories for this variable included Arabic, English, French, and Spanish. An other, please specify option was also offered for participants to include another language that was not provided as an option.

U.S. Birth

U.S. Birth was measured by asking if participants were born in the U.S. or not. Participants chose 'Yes' if they were born in the U.S. and 'No' if they were not.

Years in U.S.

Years in the U.S. was measured by asking how many years participants lived in the U.S. Participants who identified that they were born in the U.S. did not receive this question. The

response categories for this variable included less than a year, 1-3 years, 2-8 years, 9-15 years, 16-25 years, 26+ years.

Location of Residence

Location of Residence was measured by asking what state the participant currently lived in. Response categories included all 50 U.S. States. Since the majority of the participants identified as being from Florida, this variable was recoded into two response categories including those who live in Florida and those who do not.

Children

Children was measured by asking whether participants have children or not. Participants chose 'Yes' if they have children and 'No' if they do not.

Relationship Status

Relationship Status was measured by asking the current relationship status of the participants. Response categories for this variable included Single (never married), Married, Dating, Living with partner (unmarried), Divorced, and Widowed.

Previous Dating Relationship

Previous Dating Relationship was measured by asking if participants have been in a previous dating relationship. Participants were only shown this question if they chose Single

(never married) for this relationship status. For this variable, participants chose ‘Yes’, they have been in a previous dating relationship or ‘No’ they have no.

The Relationship Status and Previous Dating Relationship variables were recoded and combined to include all the response categories into one variable which included: Single (never previously dated), Single (previously dated), Married, Dating, Living with partner (unmarried), Divorced, and Widowed.

Barriers to Resources Scale

The Barriers to Resources Scale (BRS) is a researcher generated scale to assess perceived barriers to help-seeking from IPV services among Arab Americans. The 17 barriers included in the survey are listed in Table 3. Items in this scale were developed by reviewing the literature on IPV help-seeking and barriers among Arab Americans and immigrants. Generated items were reviewed by two members of my thesis committee who are considered experts in the field of intimate partner violence. The scale was revised in response to their feedback. The barriers included in this scale were selected because research has shown that many immigrants and Arab Americans face these kinds of barriers when trying to use IPV resources. For example, barriers on gender norms and norms about family were included as research has shown that women have the responsibility of prioritizing their family and that may play a role in women not identifying their experiences as IPV (Kulwicki et al., 2010; Nayak et al., 2003). Feelings of shame and weakness can also be a barrier that people face when trying to reach out for resources, especially when they want to reach out for help outside of the family (Abu-Ras, 2007; Hassouneh-Phillips, 2001). Seeking help outside the family may be considered making family matters public, which

can go against the cultural beliefs of Arab Americans to keep family matters private (Kulwicki et al., 2010). Additionally, Arab Americans may not be aware what resources are available due to language and transportation barriers (Ammar et al., 2012; Kulkarni et al., 2010). Research has also shown that Arab Americans may not trust using certain resources due to fear of facing racism, islamophobia, or affecting their citizenship status (Milani & Leschied, 2022; Monterrosa, 2021; Reina et al., 2014). Participants rated how much of a barrier each item on the BRS was to IPV help-seeking using a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The scale was constructed by calculating a mean of the 17 component items. In the construction of the scale, the barrier indicating “I easily have access to transportation.” was reverse coded to match the coding of the other barriers and was used for the analyses. A higher mean score indicates that participants perceived greater barriers.

Resource Comfort Scale

The Resource Comfort Scale (RCS) is a researcher made scale to assess perceived level of comfort help-seeking from IPV formal and informal services. This scale was used to measure the dependent variable of the comfort level of participants if they were to use each of the resources provided. The resources included in the survey are listed in Table 4. Resources pertaining to family and friends were included in the scale because research has shown the importance of utilizing family for emotional support during situations of IPV (Crocker et al., 2002; Kyriakakis, 2014). Religious leaders have also been found to be an important resource for Muslim members within the Arab American community (Khan et al., 2022). On the other hand, Arab Americans may feel less comfortable calling the police, putting their family through a divorce, or reaching

out to medical professionals (Burton & Guidry, 2021; Kulwicky et al., 2010). Including all of these formal and informal resources is important in order to get an understanding of the different perceived comfort levels that Arab Americans may have in IPV resources that are available. Items in this scale were developed by reviewing the literature on formal and informal resources to IPV. Generated items were reviewed by two members of my thesis committee who are considered experts in the field of intimate partner violence. The scale was revised in response to their feedback. The RCS used a five-point Likert scale from 1 (very uncomfortable) to 5 (very comfortable) for participants to rate their perceived comfort level if they were to use the 16 different IPV resources. The scale was constructed by calculating a mean of the 16 component items. A higher mean score indicates that participants perceived greater comfort levels with resources.

Procedures

With the limited knowledge on the IPV help-seeking behaviors of Arab Americans, an exploratory quantitative approach was taken to collect data. An anonymous online survey consisting of 16 closed-ended questions and 1 open-ended question was used to collect data from Arab Americans (See Appendix B). The survey being anonymous and online allowed for participants to take it privately and at their own convenience, which can be beneficial in getting more honest responses.

First, I received approval from the UCF Institutional Review Board (IRB) on November 15, 2022 (See Appendix A). The survey was then distributed via the Qualtrics online survey platform over a period of one month, from November 15 to December 15, 2022. The anonymous

survey was designed to collect data on perceived barriers to help-seeking from IPV services and perceived level of comfort with help-seeking from IPV services among those in the Arab American community.

Participants were invited to take the survey through the distribution by clubs (e.g., Arab American Student Association and Muslim Student Association), organizations (e.g., Arab American Community Center of Florida and Orlando Arab-American Network), on social media (personal Twitter account), and snowball sampling through participants sharing the link in their own networks. To ensure the safety of participants through snowball sampling, participants were not asked to identify potential participants but instead encourage others to take it by sharing the Qualtrics link to those who fit the criteria for this study. At the end of the survey, it specifically stated that participants remember that the survey covers a sensitive topic and to be aware of that before sending it to others. The survey was able to be accessed through a Qualtrics link where the survey began with the purpose of, procedures for, and inclusion criteria for the survey. The UCF IRB approved explanation of research included the information for participants to be notified that the survey is voluntary, and that no private identifiable information will be gathered. By filling out and submitting the survey, participants consented to participate in the study and have their answers used as data. To conclude the survey, a list of IPV resources were provided for participants who need further assistance.

For this research, participants did not have to identify if they are a victim or not of IPV. Participants with access to the Internet were able to take the online survey at their own convenience. The survey was available in English, had 17 questions, and consisted of four parts: Part 1 included sociodemographic questions, Part 2 included questions on barriers to help-

seeking from IPV resources, Part 3 included questions on comfort levels with help-seeking from informal and formal resources, and Part 4 included one qualitative question where participants could add anything else they wanted that was not asked about in the survey. One hundred twenty-two participants began the survey but only 82 participants were included in the data analysis. Participants who completed all items in the survey were those that were included. On average the survey took approximately 14 minutes to complete.

Analytic Strategy

To answer the first (What are the perceived barriers that Arab Americans think can hinder their help-seeking behaviors?) and second (What are the perceived comfort levels to help-seeking that Arab Americans have to existing IPV resources?) research questions, I ran frequencies on the dependent variables of perceived comfort level and perceived barriers to help-seeking. The third research question (How will sociodemographic variables play a role in the perceived barriers to and comfort levels with IPV resources?) was answered using a bivariate correlation and ANOVA tests. I used a bivariate correlation to compare age to the BRS and RCS and ANOVA was used to look at certain predictors that are categorical such as gender and relationship status. The last research question (How does the feeling of connectedness to the Arab American community affect the perceived barriers to and comfort levels with IPV resources?) was answered by using a bivariate correlation to compare community connectedness to the BRS and RCS. While the conventionally accepted significance level is 0.05, that is not universally accepted and there is considerable discussion regarding whether 0.05 is arbitrary or not (Alifieris et al., 2020). Therefore when research is exploratory with small sample sizes, it is

acceptable to use a less conservative cut-off to indicate possible areas for future exploration. Due to the small sample size and exploratory nature of the current study, the .10 statistical significance level is utilized.

CHAPTER FOUR: FINDINGS

Sociodemographic Characteristics of the Sample

The final sample for this study included 82 participants who were between the ages of 18 and 65 with a mean age of 27 ($SD= 10.05$). Sixty-seven percent ($n=55$) of the participants were under the age of 26 and the remaining 33% ($n=27$) were 26 or older. The majority of the sample identified as female (60%, $n=49$), with another 38% ($n=31$) identifying as male and one person identifying as another gender. More than half of participants (56.1%) resided in the state of Florida. The largest proportion of participants identified as they or their family being from Egypt at 43% ($n=35$) and the rest identified as they or their family being from Iraq ($n=2$, 2.4%), Jordan ($n=4$, 4.9%), Lebanon ($n=11$, 13.4%), Morocco ($n=4$, 4.9%), Palestine ($n=9$, 11.0%), Saudi Arabia ($n=2$, 2.4%), Syria ($n=16$, 19.5%), Tunisia ($n=1$, 1.2%), and Yemen ($n=5$, 6.1%). Eight-two percent ($n=67$) identified as Muslim and 9% ($n=7$) identified as Christian. Thirty-one percent ($n=25$) of the participants were not born in the United States with most having lived in the U.S. for over nine years ($n= 21$, 25.7%). In terms of relationship status, 39% ($n= 31$) of the participants are single and have never previously dated and 28% ($n= 23$) are married. Furthermore, 22% ($n=18$) of participants have children. Table 1 summarizes the demographic characteristics of this study.

Table 1: Descriptive Statistics for Characteristics of Respondents (n=82)

Variable	n	%
Country of Origin		
Egypt	35	42.7
Iraq	2	2.4
Jordan	4	4.9

Variable	n	%
Lebanon	11	13.4
Morocco	4	4.9
Palestine	9	11.0
Saudi Arabia	2	2.4
Syria	16	19.5
Tunisia	1	1.2
Yemen	5	6.1
Gender		
Male	31	37.8
Female	49	59.8
Other	1	1.2
Racial/Ethnic Identity		
Asian	1	1.2
Black or African American	1	1.2
Middle Eastern or North African	71	86.6
White	19	23.2
Religious Identity		
Agnostic	1	1.2
Atheist	4	4.9
Christian	7	8.5
Muslim	67	81.7
None	2	2.4
Other	1	1.2
Language Spoken Most at Home		
Arabic	40	48.8
English	40	48.8
Spanish	1	1.2
Other	1	1.2
Born in the U.S.		
Yes	57	69.5
No	25	30.5
Years in the U.S. of the Foreign Born		
1-3 years	1	1.2
4-8 years	3	3.7
9-15 years	9	11.0
16-25 years	8	9.8
26+ years	4	4.9
State		
Florida	46	56.1
California	7	8.5

Variable		n	%
	Georgia	2	2.4
	Michigan	2	2.4
	Other	12	14.4
	Missing	13	15.9
Relationship			
	Single (never previously dated)	31	37.8
	Married	23	28.0
	Currently Dating	10	12.2
	Single (previously dated)	15	18.3
	Living with partner (unmarried)	2	2.4
	Divorced	1	1.2
Children			
	Yes	18	22.0
	No	64	78.0
Variable		Mean	SD
Age		26.95	9.96

Note: SD= Standard Deviation

Scale Reliability

A reliability analysis was performed to measure whether the items of the Barriers to Resources Scale (BRS) and the Resource Comfort Scale (RCS) were suitable to be combined into their respective scales. Cronbach's alpha is a measure that reports reliability of the correlations between scale items (DeVellis, 2021). The reliability analysis reflects if the scale items are measuring the same underlying construct. Cronbach's alpha ranges between 0 and 1 where higher scores indicate greater reliability (DeVellis, 2021).

The reliability analysis for BRS and RCS were assessed using SPSS. Table 2 shows the results of the reliability analysis of the scales. The results yielded an alpha of 0.79 for the Barriers to Resources Scale (BRS) (17 items) and an alpha of 0.86 for the Resource Comfort

Scale (RCS) (16 items). The Cronbach’s alphas of the measures used in this study shows good internal consistency reliability.

Table 2: Mean, Standard Deviation, and Reliability of BRS and RCS

Scale	M	SD	Range	Cronbach’s Alpha
BRS	2.85	0.63	1.24 to 4.41	0.79 (17 items)
RCS	2.87	0.77	1.06 to 5.00	0.86 (16 items)

Research Question 1: What are the perceived barriers that Arab Americans think can hinder their help-seeking behaviors?

Frequencies for the Barriers to Resources Scale items were conducted to identify the barriers that Arab Americans think may hinder their help-seeking. The range of means for the seven most strongly endorsed barriers are 3.15 to 4.37 which means they are between somewhat agree and strongly agree on the 5-point Likert scale making them the most perceived barriers. The item most frequently perceived as a barrier was a stigma in how outsiders view Arab Americans, with 92% of participants either somewhat agreeing or strongly agreeing with this barrier. Eighty percent of participants somewhat agreed or strongly agreed that they don’t want other people to know about their problems. Additionally, the majority of participants somewhat agreed or strongly agreed that their religious (67%) and cultural values (63%) would not be taken into consideration. Sixty-two percent of participants also somewhat agreed or strongly agreed that they should prioritize keeping their family together and 57% somewhat agreed or strongly agreed that they do not trust the police. The last barrier that was highly endorsed was that participants felt that their family would judge them, with 51% of participants somewhat agreeing or strongly agreeing with this barrier.

In contrast, the range of means for the least endorsed barriers are 1.49 to 2.58 which means they are between somewhat disagree and strongly disagree on the 5-point Likert scale making them the least perceived barriers. The barrier item on transportation was reverse coded so that the mean scale would match those of the other barriers, such that a high score indicated the item is more of a barrier. Lack of transportation was not a heavily endorsed barrier, with 90% of participants either somewhat agreeing or strongly agreeing that they would easily have access to transportation. Also, 79% of participants somewhat disagreed or strongly disagreed that they fear their citizenship status would be affected. However, most participants may not have perceived their citizenship status being affected because they are already citizens, as 70% (n=57) of participants were born in the U.S. Additionally, 70% of participants somewhat disagreed or strongly disagreed that it would seem weak to ask for help and 66% somewhat disagreed or strongly disagreed that they would think less of themselves for needing help. Sixty-eight percent of participants also somewhat disagreed or strongly disagreed that they would be too ashamed to ask for help and 63% somewhat disagreed or strongly disagreed that they don't trust doctors or other help professionals. The last two barriers that were least endorsed were views that abuse is a private problem and that they feel more comfortable speaking in a language other than English, with 65% and 54%, respectively, either somewhat disagreeing or strongly disagreeing with these barriers. Furthermore, participants were neutral on two barriers meaning a majority of the participants neither agreed nor disagreed with the barrier. Forty-two percent of participants somewhat agreed or strongly agreed and 41% somewhat disagreed or strongly disagreed that they do not know what help is available. Additionally, 42% of participants somewhat agreed or

strongly agreed and 41% somewhat disagreed or strongly disagreed that they feel they would encounter racism. Table 3 shows the frequency results for the Barriers to Resources Scale.

Table 3: Frequencies for Barriers to Resources Scale (n=82)

Please indicate your level of agreement with each of the following statements regarding seeking help if your partner was abusing you.						
	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree	Mean (SD)
There is a stigma in how outsiders view Arab Americans.	1 (1.3%)	3 (3.8%)	2 (2.5%)	33 (41.8%)	40 (50.6%)	4.37 (0.82)
I don't want other people to know about my problems.	6 (7.6%)	6 (7.6%)	4 (5.1%)	33 (41.8%)	30 (38.0%)	3.95 (1.20)
I feel my religious values would not be taken into consideration.	10 (12.7%)	9 (11.4%)	7 (8.9%)	24 (30.4%)	29 (36.7%)	3.67 (1.40)
I should prioritize keeping my family together.	6 (7.6%)	16 (20.3%)	8 (10.1%)	20 (25.3%)	29 (36.7%)	3.63 (1.36)
I feel my cultural values would not be taken into consideration.	8 (10.1%)	11 (13.9%)	10 (12.7%)	28 (35.4%)	22 (27.8%)	3.57 (1.31)
I do not trust the police.	8 (10.1%)	11 (13.9%)	15 (19.0%)	31 (39.2%)	14 (17.7%)	3.41 (1.22)
I feel my family would judge me.	16 (20.3%)	15 (19.0%)	8 (10.1%)	21 (26.6%)	19 (24.1%)	3.15 (1.49)
I don't know what help is available.	15 (19.0%)	17 (21.5%)	14 (17.7%)	25 (31.6%)	8 (10.1%)	2.92 (1.31)

Please indicate your level of agreement with each of the following statements regarding seeking help if your partner was abusing you.

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree	Mean (SD)
I feel that I would encounter racism.	15 (19.0%)	17 (21.5%)	13 (16.5%)	26 (32.9%)	7 (8.9%)	2.91 (1.30)
I feel more comfortable speaking in a language other than English	25 (31.6%)	18 (22.8%)	15 (19.0%)	7 (8.9%)	14 (17.7%)	2.58 (1.46)
Abuse is a private problem.	25 (31.6%)	26 (32.9%)	7 (8.9%)	15 (19.0%)	6 (7.6%)	2.38 (1.31)
I don't trust doctors and other help professionals.	29 (36.7%)	21 (26.6%)	13 (16.5%)	9 (11.4%)	7 (8.9%)	2.29 (1.31)
I would be too ashamed to ask for help.	21 (26.6%)	33 (41.8%)	8 (10.1%)	16 (20.3%)	1 (1.3%)	2.28 (1.12)
I would think less of myself for needing help.	30 (38.0%)	22 (27.8%)	9 (11.4%)	10 (12.7%)	7 (8.9%)	2.26 (1.33)
It would seem weak to ask for help.	40 (50.6%)	15 (19.0%)	3 (3.8%)	16 (20.3%)	5 (6.3%)	2.13 (1.39)
I fear my citizenship status would be affected.	56 (70.9%)	6 (7.6%)	12 (15.2%)	4 (5.1%)	0 (0.0%)	1.54 (0.94)
I easily have access to transportation.	4 (5.1%)	1 (1.3%)	3 (3.8%)	11 (13.9%)	60 (75.9%)	1.46 (1.01)

Research Question 2: What are the perceived comfort levels that Arab Americans have with existing IPV resources?

Frequencies for the Resources Comfort Scale items were conducted to find the perceived comfort levels Arab Americans have with formal and informal resources. The range of means for the five resources participants identified they would be least comfortable utilizing are 1.95 to 2.73, which means they are between very uncomfortable and somewhat uncomfortable on the 5-point Likert scale. The resource that participants reported they would be least comfortable using was a homeless shelter where 73% of participants said they would feel somewhat uncomfortable or very uncomfortable utilizing it. Participants perceived that going to a member of their partner's family would be the second most uncomfortable resource with 70% of participants identifying that they would be somewhat uncomfortable or very uncomfortable. Additionally, participants found that they would feel more uncomfortable seeking group therapy (66%) over individual therapy (24%). Also, 62% of participants identified being somewhat uncomfortable or very uncomfortable in utilizing a domestic violence shelter and 60% identified being somewhat uncomfortable or very uncomfortable in going to the police. The last resource that participants identified as being least comfortable was going to a family friend where 51% of participants identified as being somewhat uncomfortable or very uncomfortable.

Conversely, the range of means for the most comfortable resources are 2.19 to 3.72 which means they are between somewhat comfortable and very comfortable on the 5-point Likert scale making them the most comfortable resources to utilize. However, none of the resources in the scale has a mean above a 3.75 which shows that there were not any resources that participants, on average, thought they would be comfortable using. The resource that participants identified that they would feel the most comfortable utilizing is a friend where 73%

of participants felt somewhat comfortable or very comfortable. Additionally, 66% and 61% of participants felt somewhat comfortable or very comfortable utilizing individual therapy or online/internet resources, respectively. The last resource that participants identified as being most comfortable was going to a member of their family where 58% of participants either felt somewhat comfortable or very comfortable.

Furthermore, participants were neutral on six resources, meaning a majority of the participants felt neither comfortable nor uncomfortable with utilizing the resource. Thirty-four percent of participants felt somewhat uncomfortable or very uncomfortable and 47% felt somewhat comfortable or very comfortable going to an organization for victims. Additionally, 38% of participants felt somewhat uncomfortable or very uncomfortable and 41% felt somewhat comfortable or very comfortable going to a hospital. Thirty-eight percent also felt somewhat uncomfortable or very uncomfortable and 49% felt somewhat comfortable or very comfortable going to a divorce lawyer. Other resources that participants were neutral on were going to a primary care provider and using a phone hot-line. Forty-four percent of participants identified feeling somewhat uncomfortable or very uncomfortable going to a primary care provider or using a phone hot-line and 39% and 38% felt somewhat comfortable or very comfortable, respectively. The last resource that participants felt neutral on was going to a religious leader. Forty-six percent of participants felt somewhat uncomfortable or very uncomfortable going to a religious leader and 42% felt somewhat comfortable or very comfortable. Table 4 shows the frequency results for the Resource Comfort Scale.

Table 4: Frequencies for Resource Comfort Scale (n=82)

If your partner was abusive to you, how comfortable would you be in seeking help from each of the resources listed below?						
	Very Uncomfortable	Somewhat Uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Very comfortable	Mean (SD)
Formal Resources						
Individual Therapy	8 (10.1%)	11 (13.9%)	8 (10.1%)	32 (40.5%)	20 (25.3%)	3.57 (1.29)
Organization for victims	13 (16.5%)	14 (17.7%)	15 (19.0%)	22 (27.8%)	15 (19.0%)	3.15 (1.37)
A hospital	9 (11.4%)	21 (26.6%)	17 (21.5%)	18 (22.8%)	14 (17.7%)	3.09 (1.29)
A divorce lawyer	18 (22.8%)	12 (15.2%)	10 (12.7%)	29 (36.7%)	10 (12.7%)	3.01 (1.40)
Primary care provider	12 (15.2%)	23 (29.1%)	13 (16.5%)	17 (21.5%)	14 (17.7%)	2.97 (1.36)
The police	24 (30.4%)	23 (29.1%)	12 (15.2%)	16 (20.3%)	4 (5.1%)	2.41 (1.26)
Domestic violence shelter	31 (39.2%)	18 (22.8%)	7 (8.9%)	19 (24.1%)	4 (5.1%)	2.33 (1.35)
Group therapy	33 (41.8%)	19 (24.1%)	11 (13.9%)	11 (13.9%)	5 (6.3%)	2.19 (1.29)
Homeless shelter	38 (48.1%)	20 (25.3%)	8 (10.1%)	8 (10.1%)	4 (5.1%)	1.97 (1.22)
Informal Resources						
A friend	7 (8.9%)	10 (12.7%)	4 (5.1%)	35 (44.3%)	23 (29.1%)	3.72 (1.26)
Online/Internet Resources	9 (11.4%)	12 (15.2%)	10 (12.7%)	23 (29.1%)	25 (31.6%)	3.54 (1.38)
A member of your family	9 (11.4%)	18 (22.8%)	6 (7.6%)	19 (24.1%)	27 (34.2%)	3.47 (1.45)
A phone hot-line	20 (25.3%)	15 (19.0%)	14 (17.7%)	19 (24.1%)	11 (13.9%)	2.82 (1.41)
Religious leader	23 (29.1%)	13 (16.5%)	10 (12.7%)	22 (27.8%)	11 (13.9%)	2.81 (1.47)
A family friend	17 (21.5%)	23 (29.1%)	13 (16.5%)	16 (20.3%)	10 (12.7%)	2.73 (1.35)

If your partner was abusive to you, how comfortable would you be in seeking help from each of the resources listed below?						
	Very Uncomfortable	Somewhat Uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Very comfortable	Mean (SD)
A member of your partner's family	32 (40.5%)	23 (29.1%)	9 (11.4%)	7 (8.9%)	8 (10.1%)	2.19 (1.33)

Research Question 3: How will sociodemographic variables play a role in the perceived barriers to and comfort levels with IPV resources?

Correlation between Age, BRS, and RCS

To answer the question on how sociodemographic variables play a role in the perceived barriers to and comfort levels with IPV resources, a Pearson correlation was first calculated for the relationship between participants' age, and the Barriers to Resources scale and Resource Comfort Scale. Older respondents perceived fewer barriers, but it was a small correlation ($r = -0.19$, $p = 0.10$, $p < 0.10$). There was no correlation found between Age and the RCS ($r = 0.10$, $p = 0.4$, $p \geq 0.10$). Table 5 shows the bivariate correlations between age, the Barriers to Resource Scale (BRS) and the Resource Comfort Scale (RCS).

Table 5: Bivariate correlation between age, BRS, and RCS (n=82)

	1	2	3
1. Age	1.00	---	---
2. BRS	-0.19 ⁺	1.00	---
3. RCS	0.10	-0.58*	1.00

* $p < 0.05$, ⁺ $p < 0.10$

Relationships between BRS and RCS on Egypt as the Country of Origin: ANOVA Results

A one-way ANOVA compared scores on the Barriers to Resources Scale (BRS) between participants who identified as Egyptian or who did not. This test was only conducted on those who identified as Egyptian as no other country of origin had a large enough sample size for a one-way ANOVA. A one-way ANOVA revealed that there was not a difference in perceived barriers between participants who identified as Egyptian and those who did not (Egypt $M = 2.77$ ($SD = .54$), Country Other Than Egypt $M = 2.91$ ($SD = .68$), $F(1, 82) = 0.96$, $p = 0.33$). A one-way ANOVA compared the effect of the Resource Comfort Scale (RCS) to participants who identified as Egyptian. The test revealed that there was not a difference in perceived comfort levels when seeking out help from formal and informal resources between participants who identified as Egyptian and those who did not (Egypt $M = 2.91$ ($SD = 0.55$), Country Other Than Egypt $M = 2.85$ ($SD = 0.89$), $F(1, 82) = 0.09$, $p = 0.76$).

Relationships between BRS and RCS on Gender ANOVA Results

Additionally, a one-way ANOVA compared scores on the Barriers to Resources Scale and the Resource Comfort Scale between participants who identified as male and female. Comparisons were only made for participants who identified as male ($n = 30$) or female ($n = 47$) as there was not a large enough sample for those who identified as another gender ($n = 1$). The one-way ANOVA for the Barriers to Resources Scale and gender revealed that there was not a difference in perceived barriers between participants who identified as male and those who identified as female (Male $M = 2.85$ ($SD = 0.62$), Female $M = 2.86$ ($SD = 0.64$), $F(2, 80) = 0.01$, $p = 0.99$). The test between the Resource Comfort Scale and gender also showed that there was not

a difference between perceived comfort levels when seeking help between participants who identified as male and those who identified as female (Male $M= 2.79$ ($SD= 0.83$), Female $M= 2.91$ ($SD= 0.72$), $F(2, 80) = 0.26$, $p = 0.77$).

Relationships between BRS and RCS on Children: ANOVA Results

A one-way ANOVA test compared scores on the Barriers to Resources Scale and the Resource Comfort Scale scores between participants who did and did not have children. The one-way ANOVA revealed that there was not a difference in perceived barriers between participants who identified as having children or not (Children $M= 2.71$ ($SD= 0.52$), No Children $M= 2.89$ ($SD= 0.65$), $F(1, 81) = 1.13$, $p = 0.29$) or a difference in perceived comfort levels to formal and informal resources (Children $M= 3.00$ ($SD= 0.55$), No Children $M= 2.84$ ($SD= 0.81$), $F(1, 81) = 0.66$, $p = 0.42$).

Relationships between BRS and RCS on U.S. Birth: ANOVA Results

Furthermore, a one-way ANOVA compared scores on the Barriers to Resources Scale and the Resource Comfort Scale between participants who were born in the U.S. and those who were not. The one-way ANOVA tests showed that there was a slight difference in the means for perceived barriers between those who were born in the U.S. and those who were not (Born in the U.S. $M= 2.93$ ($SD= 0.60$), Not Born in the U.S. $M= 2.67$ ($SD= 0.66$), $F(1, 81) = [3.05]$, $p= 0.09$). This means that participants who were born in the U.S. perceived more barriers in comparison to those not born in the U.S. ($p < 0.10$). Additionally, the one-way ANOVA test between the Resource Comfort Scale and whether participants were born in the U.S. or not revealed that there

was not a difference in perceived comfort levels to formal and informal resources (Born in the U.S. $M= 2.85$ ($SD= 0.79$), Not Born in the U.S. $M= 2.93$ ($SD= 0.71$), $F(1, 81) = 0.15$, $p = 0.70$).

Relationships between BRS and RCS on Relationship Status: ANOVA Results

The last one-way ANOVA tests compared scores on the Barrier to Resources Scale and the Resource Comfort scale between participants' current relationship status. Both tests were only performed on participants who identified to be as single (never previously dated) ($n= 31$), single (previously dated) ($n= 15$), married ($n= 23$), or currently dating ($n= 10$) as there were not enough participants who identified as living with their partner while unmarried ($n= 2$), divorced ($n= 1$), or widowed ($n= 0$). The one-way ANOVA tests revealed that there was not a difference in perceived barriers between participants with different relationship statuses (Single (never previously dated) $M= 2.96$ ($SD= 0.68$), Single (previously dated) $M= 2.78$ ($SD= 0.72$), Married $M= 2.70$ ($SD= 0.56$), Currently Dating $M= 2.99$ ($SD= 0.50$), $F(3, 78) = 0.98$, $p = 0.40$) or a difference in perceived comfort levels to formal and informal resources (Single (never previously dated) $M= 2.76$ ($SD= 0.84$), Single (previously dated) $M= 2.88$ ($SD= 0.85$), Married $M= 3.06$ ($SD= 0.69$), Currently Dating $M= 2.81$ ($SD= 0.64$), $F(3, 78) = 0.70$, $p = 0.56$).

Research Question 4: How does the feeling of connectedness to the Arab American community affect the perceived barriers to and comfort levels with IPV resources?

To answer how feelings of connectedness to the Arab American community is related to perceived barriers to and comfort levels with IPV resources, a Pearson correlation was calculated for the relationship between how connected participants felt to their local Arab American community, and the Barriers to Resources scale and Resource Comfort Scale. A small positive

correlation was found was found ($r= 0.17, p= 0.10, p < 0.10$) between community connection and the Barriers to Resources scale. This relationship shows that the more connected a participant felt to their Arab American community, the more perceived barriers they had to IPV resources. However, a negative correlation was found ($r= -0.16, p= 0.08, p \leq 0.10$) between community connection and the Resource Comfort scale. This relationship shows that the more a participant felt connected to their local Arab American community, the lower their perceived comfort levels in seeking help from formal and informal IPV resources. Table 6 shows the bivariate correlation between how connected Arab Americans feel to their local Arab community, the Barriers to Resource Scale (BRS) and the Resource Comfort Scale (RCS).

Table 6: Bivariate correlation between community connection, BRS, and RCS (n=82)

	1	2	3
1. Community Connection	1.00	---	---
2. BRS	0.17 ⁺	1.00	---
3. RCS	-0.16 ⁺	-0.58*	1.00

* $p \leq 0.05$ ⁺ $p \leq 0.10$

CHAPTER FIVE: CONCLUSION

This research aimed to identify the perceptions of Arab Americans regarding existing IPV resources including perceived barriers to and comfort levels with help-seeking from informal and formal resources. An empirical study guided by a culturally informed and centered approach looked at ways to better understand perceived barriers to and comfort levels of these resources. This study used data from an online survey with the hopes to generate the type of information that can help guide providers of IPV resources to adapt their services to help meet the needs of the Arab American community. Past research has suggested that despite experiencing IPV, Arab Americans may not be comfortable seeking services which is a problem given the negative consequences IPV can have. Effects of IPV can include physical and mental health consequences such as injuries, poor health, and depression (Campbell et al., 2002; Coker et al., 2002; Plichta, 2004). Economic consequences can also occur through financial abuse which can limit the ability to access resources (Adams et al., 2012). The utilization of IPV resources is important in minimizing the risk of experiencing future violence (Xie, Min, & Lynch, 2017). Having emotional and familial support can help to reduce negative mental health impacts of IPV and this support can encourage those who experience abuse to utilize formal resources (Kyriakakis, 2014). It is important that IPV resources not be ethnocentric, and that Arab Americans also feel comfortable utilizing them. Knowing the potential help-seeking behaviors and barriers to help-seeking for the Arab American community can help to improve resources and services so that they are able to better utilize them and are not left out of the conversation of IPV provision. If more Arab Americans are able to feel comfortable using IPV resources, this may help to lower the rate of IPV among Arab Americans.

Summary of Findings

The main findings of this study show that the most frequently endorsed barriers to IPV help-seeking by Arab Americans are that they believe there is a stigma in how outsiders view Arab Americans (93%), they don't want other people to know about their problems (81%), they believe that their religious and cultural values would not be taken into consideration by the service provider (67% and 63%, respectively), and they do not trust the police (56%). Participants also perceived that they would be least comfortable seeking help from a homeless shelter (73%), member of their partner's family (68%), a domestic violence shelter (62%), and the police (60%). It is important to note that these resources may have been found to be least comfortable because of issues such as violence in homeless shelters, abuse from in-laws, and underfunded domestic violence shelters. Additionally, it was also found that the older the participant was, the lower the mean was for perceived barriers in accessing IPV resources and the more comfortable they perceived themselves being in seeking help from formal and informal resources. Finally, the more connected a participant felt to their local Arab American community, the more barriers they perceived to IPV help-seeking, and the less comfortable they would be accessing formal and informal IPV resources.

Discussion

The findings regarding the Barriers to Resources Scale suggest that Arab American participants perceive barriers to IPV resources because of the way they believe other people view them. The five most endorsed barriers were: "There is a stigma in how outsiders view Arab Americans", "I don't want other people to know about my problems", "I feel my religious values

would not be taken into consideration”, “I should prioritize keeping my family together”, and “I feel my cultural values would not be taken into consideration”. These findings suggest that cultural norms of privacy compounded by not wanting to reinforce a negative stigma about Arab Americans from outsiders by revealing IPV and not expecting services to fit their cultural beliefs and needs, play a role in perceived barriers. Research has shown that Arab Americans avoid using services to avoid being oppressed (Monterrosa, 2011) which can be linked back to my findings on participants perceiving that their cultural and religious values won’t be taken into consideration and that they may be stigmatized. Furthermore, Arab Americans not wanting other people to know about their problems also builds on existing research of Arabs not believing that resources will be confidential. Arab culture promotes the idea of not making family matters public to not expose familial problems (Kulwicki et al., 2010). While previous research has shown that Arab Americans can be reluctant to reach out for help because they feel weak or shameful (Abu-Ras, 2007; Hassouneh-Phillips, 2001), my findings show that Arab Americans are more focused on external barriers. Some of the least endorsed barriers included “It would seem to ask for help”, “I would think less of myself for needing help”, and “I would be too ashamed to ask for help”. These findings suggest that Arab Americans face more external barriers to accessing resources and concerns over how they will be perceived compared to their own feelings such as shame and weakness.

Additionally, frequencies on the Resource Comfort Scale items suggest that participants feel more comfortable seeking help from informal resources such as a friend or member of their family compared to more formal resources such as going to the police or a shelter. These findings build on existing evidence that Arab culture and traditional beliefs encourage problems

to be kept within the family and discourages them from getting assistance from formal agencies (Kulwicki et al., 2010). However, my findings also showed that most participants would feel uncomfortable seeking help from a member of their partner's family. This finding supports the evidence that extended familial relationship from the partner's side can be involved in perpetrating abuse (Nawaz & Johnson, 2022). Furthermore, the most comfortable formal resource was found to be individual therapy which suggests that participants would prefer talking to someone in confidence rather than going to an organization for victims or a divorce lawyer.

The findings for the ANOVA results for the relationship between the BRS and U.S. Birth suggests that those who were not born in the U.S. perceived less barriers to IPV help-seeking. Although existing literature has shown that immigrants may face more barriers with feeling isolated, having problems with their immigration, and feeling like they do not belong (Raj & Silverman, 2002), my research suggests that participants who were born in the U.S. may be more aware of the existing barriers that they have to face as Arab Americans. Growing up in America may expose Arabs to these barriers at an early age resulting in more perceived barriers to IPV help-seeking compared to those who were not born in the U.S.

Furthermore, the findings for the bivariate correlation between participant's connection to their local Arab American community and the BRS and RCS suggest that participants who are more connected to their local Arab American community may perceived more barriers and have higher levels of discomfort when seeking help because they face more intersectional barriers with their identity. This can be because of community norms that can discourage reaching out about IPV and/or IPV resources not being catered towards Arab Americans who experience IPV (Gennari & Accordini, 2007; Oyewuwo-Gassikia, 2016). These results build on existing research

that show that Muslim Americans who view themselves as more marginalized are less likely to report abuse to law enforcement and are more likely to fear negative reactions from disclosing their abuse (Ammar et al., 2013; Hansia & Merolla, 2021). Participants who are not as connected to their local Arab American community may identify more with being American which can lead to less barriers and more comfort when seeking out resources for IPV. Research has shown that low acculturation can affect how people relate to resources and their ability to use them (Rodríguez et al., 2009). This has implications for support services to be led and organized by other members of the Arab community so that they are able to relate to them more.

Educational Implications

Education is an important tool to help stop IPV and it is crucial to educate both IPV service providers and the Arab American community. Education programs are needed to educate IPV resources and service providers of the cultural and religious differences of Arab Americans and how these differences can affect Arab Americans' perception of barriers and comfort levels to IPV resources. We must acknowledge that not all victims are the same and that cultural and religious backgrounds affect what works best for different groups of people when it comes to IPV prevention and intervention. Existing resources should improve in order to accommodate the differences found in the Arab American community by including training for service providers on cultural/religious values of Arab Americans and how to communicate victim confidentiality to this community. It is important that service providers validate Arab Americans' experiences with IPV and stigmatization to show their support and not make them feel fearful of being

stigmatized. Service providers should be educated and trained on Arab American cultural and religious values so that these values can be considered when coming up with solutions to fit the needs of this community. Additionally, service providers can reassure Arab Americans that their information will be kept confidential as privacy on family matters is an important cultural value.

Furthermore, education on IPV and IPV resources should be available to Arab Americans so that they can be more aware of what resources can be utilized. When Arab Americans are unaware of what help is available to them, it can leave them misinformed or reluctant to reach out to see what help is available. Forty-two percent of participants agreed that they do not know what help is available which shows that there is a problem with the spread of information on IPV resources to Arab Americans. More grassroots efforts should be taken to create awareness of IPV resources within Arab American communities. These resources should also be provided in other languages such as Arabic so that people who primarily don't speak English are still able to benefit from resources. Having Arab American members of local communities such as religious leaders who are educated on IPV and IPV services spread information on what help is available to other Arab Americans can be easier as there might already be trust within the community to spread this information. This is important because having an established connection to the community who knows how to talk and relate to members of the community can make it more likely for members to listen and understand them. More IPV online/internet resources can also be made specifically for Arab Americans so that they can easily have access to information that is catered to their needs.

Future Research

Future research should implement an integration of quantitative and qualitative research to get better insight on the barriers and comfort levels of IPV resources in the Arab American community. Qualitative research can seek to ask about the individual experiences of Arab Americans with IPV resources and how they think their experiences with these resources could have been improved. My research was not able to account for individual experiences of Arab American victims but rather hypothetical perceived barriers to and comfort levels with IPV resources. With quantitative methods, differences in gender, age, U.S. birth, and other sociodemographic characteristics can be examined as my research did not find large enough differences in means. This can bring more understanding to the experiences of Arab Americans and give us more in-depth answers on what barriers and comfort levels they perceive to IPV resources. Future research should also include differences based on participants' own histories of IPV such as their own victimization, perpetration, or experiences of family members. This would be beneficial in knowing how participants from these different categories respond and compare to each other. It would also provide a more realistic assessment of barriers to help-seeking and comfort with formal and informal resources. To be more accessible, future research should also provide the survey in Arabic to eliminate language barriers. Also, this study only looked at hypothetical IPV situations, but research should also be conducted on the barriers and comfort levels of Arab Americans who have experienced IPV. It is important to consider the experiences of Arab Americans who have experienced IPV because they might have more first-hand experiences with resources and will have a better understanding of IPV compared to those considering a hypothetical situation.

Additionally, research should be conducted using a probability sampling design to get more representative and generalizable results. Further research with a larger sample may also have the statistical power to explore if there are differences between groups of participants. Also, it is important to explore the difference between Arab Americans who have children and those who do not because of the emphasis of prioritizing the family in Arab culture and how that affects IPV service utilization (Kulwicksi et al., 2010). Those who have children may consider not seeking services to keep the family together, but they may also consider seeking services to protect their children from experiencing/witnessing violence. Furthermore, more research should be done on Arab Americans who feel connected to their Arab American community to those who do not to get a better understanding on how these differences affect IPV service utilization and why.

Limitations

Similar to other studies, this empirical study is subject to certain limitations. The online survey contained two researcher made scales (BRS and RCS) and since these scales have never been used before, their validity and reliability are unclear. Also, the survey asked about perceived barriers and comfort levels to seeking help; however, some participants may not have been able to imagine being in such a situation or understand the severity of IPV. Information on history of IPV was not gathered so I was unable to identify whether participants had experienced IPV, are perpetrators, or know someone who has experienced IPV. Furthermore, since the survey was a self-administered online survey, participants were not given a chance to have questions clarified if they had any questions which could have led to response errors. Self-report

data in the survey can also be limited by the participants' willingness to express their opinions on a sensitive topic. This can lead to selection bias which may have affected the findings of this study. The findings may overstate the level of comfort Arab Americans have with resources because many people, particularly those who have experienced IPV, may not even be comfortable taking the survey.

The use of convenience and snowball sampling may also lead to selection bias. Eligible participants may have not been included in the study because the survey was not distributed to them, they did not have access to a device that allowed them to take the online survey, or they did not have a private place to take the survey. Although IPV victimization was not asked, it is likely that those who had experienced IPV victimization would be less likely to have participated in this survey due to safety concerns. Additionally, the survey was only distributed in English which means that eligible participants who are not proficient in English may have been unable to take the survey. Also, the use of convenience and snowball sampling affects the generalizability of this study. Another limitation found in this study was the low sample size of 82 participants. However, the small sample size was expected due to studying a minority population and a sensitive topic.

Conclusion

This study focused on exploring perceived barriers and comfort levels of IPV resources among Arab Americans. It was important to look at this so that IPV resources can be more widely utilized, and that Arab Americans can feel comfortable utilizing them as there are many consequences to IPV. The quantitative approach to this study provided participants an easy way

to voice their opinions and have the study be shared. The findings from this study contribute to the limited literature on the opinions of Arab Americans in relation to IPV resources. Valuable findings were yielded on the unique cultural differences of this community that can have implications for future researchers, IPV service providers, and IPV educators.

APPENDIX A
IRB APPROVAL



UNIVERSITY OF CENTRAL FLORIDA

Institutional Review Board
FWA0000351
IRB00001138, IRB00012110
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

EXEMPTION DETERMINATION

November 15, 2022

Dear Jana Mostafa:

On 11/15/2022, the IRB determined the following submission to be human subjects research that is exempt from regulation:

Type of Review:	Initial Study, Exempt 2i
Title:	The Perceived Barriers to and Comfort Levels with Hypothetical IPV Help-Seeking
Investigator:	Jana Mostafa
IRB ID:	STUDY00004912
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • HRP-254-FORM Explanation of Research.pdf, Category: Consent Form; • HRP-255-FORM - Request for Exemption.docx, Category: IRB Protocol; • Qualtrics Survey.docx, Category: Survey / Questionnaire; • Recruitment Email.docx, Category: Recruitment Materials; • Social Media Recruitment Post.pdf, Category: Recruitment Materials;

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made, and there are questions about whether these changes affect the exempt status of the human research, please submit a modification request to the IRB. Guidance on submitting Modifications and Administrative Check-in are detailed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

APPENDIX B
SURVEY

EXPLANATION OF RESEARCH

Title of Project: The Perceived Barriers to and Comfort Levels with Hypothetical Intimate Partner Violence Help-Seeking

Principal Investigator: Jana Mostafa

Faculty Supervisor: Amy Reckdenwald, PhD

You are being invited to take part in a research study. Whether you take part is up to you.

The purpose of this research is to examine perceived barriers and perceived comfort levels to help-seeking for abuse in relationships among Arab Americans aged 18 and over.

As a participant, you will be asked to take an anonymous online questionnaire using Qualtrics, an online survey tool. The questionnaire will ask an array of questions about what you think are barriers to seeking help for abuse in relationships and hypothetically how comfortable you would be seeking help for abuse in relationships, as well some demographic questions.

The questionnaire should take no longer than 10 minutes to complete.

Your participation in this study is voluntary. You are free to withdraw your consent and discontinue participation in this study at any time without prejudice or penalty. If you are a UCF student or employee, your decision to participate or not participate in this study will in no way affect your relationship with UCF, including continued enrollment, grades, employment or your relationship with the individuals who may have an interest in this study.

No identifiable private information will be gathered.

You must be 18 years of age or older and identify as Arab American to take part in this research study.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints please contact Jana Mostafa, Principal Investigator, email: janamostafa@knights.ucf.edu or Dr. Amy Reckdenwald, Faculty Advisor, Department of Sociology, email: Amy.Reckdenwald@ucf.edu

IRB contact about your rights in this study or to report a complaint: If you have questions about your rights as a research participant, or have concerns about the conduct of this study, please contact Institutional Review Board (IRB), University of Central Florida, Office of Research, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901, or email irb@ucf.edu.

Q1 What is your age?

▼ Under 18 years old ... Over 90 years old

Q2 Do you identify as Arab American?

Yes

No

Q3 Which country/countries below identify you as an Arab American? [Check all that apply]

- Algeria
- Bahrain
- Egypt
- Iraq
- Jordan
- Kuwait
- Lebanon
- Libya
- Morocco
- Oman
- Palestine
- Qatar
- Saudi Arabia
- Syria
- Tunisia
- United Arab Emirates

Yemen

Another country not listed above, please specify.

Q4 What is your gender?

Male

Female

Another gender not listed, please specify.

Q5 What is your racial and ethnic identity? [Check all that apply]

- Asian
 - Black or African American
 - Hispanic or Latino/a
 - Middle Eastern or North African
 - Native American or Alaska Native
 - Native Hawaiian or Pacific Islander
 - White
 - Another racial or ethnic identity not listed above, please specify.
-

Q6 What is your current religious identity?

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh

- None
 - Another religious identity not listed above, please specify.
-

Q7 What language do you primarily speak at home?

- Arabic
 - English
 - French
 - Spanish
 - Another language not listed above, please specify.
-

Q8 Were you born in the United States?

- No
- Yes

Q9 How many years have you lived in the United States?

- Less than a year
- 1-3 years
- 4-8 years
- 9-15 years
- 16-25 years
- 26+ years

Q10 What state do you currently live in?

▼ Alabama ... Wyoming

Q11 How connected do you feel to your local Arab American community?

- Very connected
- Somewhat connected
- Neutral
- Somewhat disconnected
- Very disconnected
- I do not have a local Arab American community.

Q12 Do you have any children?

- No
- Yes

Q13 What is your current relationship status?

- Single (never married)
- Married
- Dating
- Living with partner (unmarried)
- Divorced
- Widowed

Q14 Have you ever been in a previous dating relationship?

No

Yes

Q15 Please indicate your level of agreement with each of the following statements regarding seeking help if your partner was abusing you.

	Strongly Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It would seem weak to ask for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know what help is available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't trust doctors and other health professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would think less of myself for needing help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want other people to know about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse is a private problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I easily have access to transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not trust the police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more comfortable speaking in a language other than English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel my cultural values would not be taken into consideration.

I feel my religious values would not be taken into consideration.

I would be too ashamed to ask for help.

I should prioritize keeping my family together.

I feel my family would judge me.

I feel that I would encounter racism.

There is a stigma in how outsiders view Arab Americans.

I fear my citizenship status would be affected.

Q16 If your partner was abusive to you, how comfortable would you be in seeking help from each of the resources listed below?

	Very uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Very comfortable
A member of your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A member of your partner's family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A family friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A divorce lawyer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A phone hot- line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online/internet resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Organization for victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 Is there anything you would like to tell us that we did not ask about?



Thank you for completing this survey!

Please share this survey with others you may know who qualify (meaning they are at least 18 and identify as Arab American) but do remember that this covers a sensitive topic so please be aware of that before sending to others. If you think someone may be experiencing abuse in their relationship, consider if it would be safe for them before sharing this survey.

If you or someone you know has experienced or is experiencing abuse in their relationship, please refer to the resources listed below.

National Domestic Violence Hotline

www.thehotline.org

800-799-7233

National Coalition Against Domestic Violence

www.ncadv.org

National Dating Abuse Helpline

www.loveisrespect.org

866-331-9474

National Organization for Victim Assistance

www.trynova.org

866-331-9474

Rape, Abuse & Incest Natinal Network

www.rainn.org

800-656-4673

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