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# PREVALENCE AND KEY RISK FACTORS OF SPOUSAL VIOLENCE IN THE CANADIAN MUSLIM COMMUNITY

**Nusrat Nowrin\***

## ABSTRACT

*Spousal violence is a major public health issue. Advocates believe that culturally sensitive preventive and therapeutic programs, aimed at specific demographic groups, is the most effective way of preventing violence against women. The study proposes strategies for mitigating spousal violence in the Canadian Muslim community by investigating the prevalence and key risk-factors through a partner-reported survey of 170 ever-married Canadian Muslim women. In the study, one in three women reported physical abuse and over half reported other forms of abuse. Parent-to-parent violence, childhood abuse, impulsivity, and mental illness (notably, depression) were found to be the key predictors of spousal violence. The findings will help target future efforts in the development of culturally sensitive assessment tools, preventive strategies and therapeutic programs for Muslim victims, exposed children, and perpetrators. The findings highlight the need for the Muslim community to improve the victim referral system, collaborate with mental health professionals and offer subsidized community and individual therapy/workshops, focus on community-based family nurturing programs, and organize large-scale social media campaigns that build awareness and influence cultural and behavioral change.*

**KEYWORDS: Spousal violence; Intimate partner violence; Muslim; Risk-factors; Mental health**

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## 1. INTRODUCTION

Spousal or intimate partner violence (IPV) is considered a major public health issue in Canada and worldwide (Alhabib, Nur, & Jones, 2010; Ellison & Anderson, 2001). It has severe psychological, economic and social consequences that permanently scar the lives of victims and their children (Statistics Canada, 2006). Also known as "domestic violence", "spouse/ wife abuse" and "gender-based violence", IPV is among the leading causes of female homicide (38%) across the world (Schuler & Islam, 2008; World Health Organization [WHO], 2013).

According to WHO (2013), one among three women is a victim of domestic violence, with the lowest reported IPV in Japan (15%) and highest in Ethiopia (71%) (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). In Canada, 30% women reported lifetime IPV (Public Health Agency of Canada [PHAC] 2015).

Moreover, between 2003 and 2015, the Ontario Domestic Violence Death Review Committee reviewed 289 domestic-homicide cases, including 410 deaths, three-fourth of them involving intimate partners with a past history of violence (Hayes, 2018).

The severity of the problem has led to numerous studies to identify the antecedents and correlates of IPV, as well as suggestions to address them. This paper is part of an in-depth study that, for the first time, explores the prevalence and key precursors of spousal abuse against women in the Canadian Muslim community. While the paper focuses on the Muslim community, it must be noted that according to recent studies, Muslims in North America have the same frequency of reporting IPV as other religious groups, and it is similar to the national average (Mogahed & Chouhoud, 2017).

However, identifying the recurring risk factors within a demographical group plays a critical role in recognising closeted victims of violence and developing preventive strategies that are relevant, sustainable and effective in their unique situations (Prevent Violence NC, 2015). This report will be especially useful to the Muslim community leaders, counselors and social workers who serve Muslim families struggling with IPV and endeavor to stop the cycle of abuse that haunts generations.

Canadian Muslims, as a minority population of just over one million (3.2%, Statistics Canada, 2011a), face their own unique challenges at the complex intercourse of family values, language barriers, lack of access to services, immigration issues, stereotypes, and stigma (Fida, 2019; Hamdani, 2015). Culturally sensitive resources are also scarce, with currently two organizations exclusively catering to the needs of Muslim women and children escaping domestic violence (NISA Homes, 2020; Sakeenah Homes, 2020).

At the same time, there is a reluctance to discuss the topic of 'abuse' across the Muslim community, a hesitance which may be attributed to the lack of IPV awareness as well as 'the frenzy of anti-Muslim sentiments and stereotyping' that often results from such discourse (Cross, 2013; Nowrin, in press). These facts unravel a critical need for building community awareness, action plans, and investing in IPV preventive and victim supportive resources.

This study aims to address some of these concerns through a thorough investigation of the IPV scenario in the Canadian Muslim community and making this information available to the community.

Though spousal violence is a more appropriate term for the Muslim community, intimate partner violence (IPV) is commonly used in academia, and it is defined by 'a pattern of intentionally violent or controlling behavior used by a person against an intimate partner to gain and maintain power and control over that person, during and/or after the relationship', and includes 'physical, sexual, verbal, emotional, and financial victimization, or neglect' (Compass Center for Women and Families, n.d.; Jamieson & Gomes, 2008; Sinha, 2012).

Though psychological abuse is far more prevalent, they are by nature under-reported (Goldsmith and Freyd, 2005). Nonetheless, this study collected data on emotional, verbal, sexual[1], financial, and spiritual abuse to obtain a holistic picture of the Canadian Muslim family life. Moreover, while acknowledging that men are also victims of IPV, 80% of the IPV victims in Canada are women (PHAC, 2011). Consequently, the study primarily focuses on *physical violence against Muslim women in a marital relationship.*

The study is performed using cross-sectional data obtained through a structured online survey of ever-married Canadian Muslim women. Partner-reported questionnaire was chosen as it yields richer information on the antecedents and correlates of IPV than self-reports (Ellison & Anderson, 2001). The study analyzes data on the history and extent of IPV and the presence or absence of various IPV risk factors among both the IPV perpetrators and others. It explores the prevalence of physical as well as other forms of abuse and identifies the recurring factors that are most common in the perpetrators' life history.

The paper proceeds with a review of the literature, followed by research and survey methodology and results and implications of the study, and concludes with a few recommendations for possible intervention.

## 2. REVIEW OF LITERATURE

There is an ever-growing academic discourse on understanding the psychology of abusive behavior and its application in counseling, intervention, and public policies. While the epidemiological framework of violence against women (VAW) had been established by the early twenty-first century, evidence-based intervention techniques for preventing IPV in the primary care setting are still lacking (Campbell, Hilton, Kropp, Dawson, & Jaffe, 2016; Wathen & MacMillan, 2003).

Understanding the root factors lays the foundation for effective preventive measures, and depending on the cultural and geographical context, some risk factors are more critical than others. For example, in Malaysia, temperament attitude is considered one of the main IPV perpetrator risk factors (Johari, 2017, cited in Aziz, Idris, Ishak, Wahid, & Yazid, 2018), whereas in India, being in a lower caste plays a critical role (Mahapatro, Gupta, & Gupta, 2012). These subtle differences in IPV antecedents across cultures further complicate risk-assessment for minorities in diverse societies and the subsequent culturally appropriate response.

Professor Sarah Deer, a Native American legal scholar and advocate, notes that because the VAW movement has been largely driven by white, middle-class women, the generic response established through decades of research does not usually take into account the subtleties of race and class (Wiltz, 2014); as a result, there is a considerable gap in the development and utilization of culturally sensitive risk-assessment tools in clinical practice (Campbell, et al., 2016; Centers for Disease Control and Prevention [CDC], 2019).

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[1] In the study, sexual abuse is categorized under 'other forms of abuse' rather than physical abuse.

Advocates now believe that using 'culturally specific programs aimed at individual demographic groups' is our best shot at preventing domestic violence (Wiltz, 2014). A major hindrance in this path is our limited understanding of the domestic violence scenario across various groups, including prevalence, risk-factors, and *what is* the culturally sensitive approach, with little IPV research on minority communities across Canada, and almost none in the Muslim community.

As a first step, the study extracted major IPV risk-factors from numerous field studies and investigated their prevalence in the Canadian Muslim community. The study bases its approach on change through *community action*. That is why even though the ecological model is widely used to understand VAW (WHO, 2012), it proposes a novel categorization that may make it more comprehensible for the Muslim community members and help them recognise *their power* in preventing IPV in their community. These are categorized into (1) developmental, (2) mental/behavioral, (3) socio-economic, and (4) external factors that influence the risk of abusive behavior.

Developmental risk-factors are those that influence adult behavior through adverse childhood experiences. Among these are parent-to-parent violence, childhood abuse, traditionalist gender orientation, gender inequality and belief in strict roles. Studies indicate that men and women who observed obsessive male control and wife beating as a child were significantly more likely to grow up believing in husbands' rights to control and physically/sexually abuse their wives, and they were more likely to become the perpetrator or victim themselves (Khawaja, Linos, and El-Roueiheb, 2008; Martin, Moracco, Garro, Tsui, Kupper, Chase, & Campbell, 2002).

One study found that one-third of wife abuse was attributable to witnessing parent-to-parent violence, and conversely, non-violence in an earlier generation was reflected in the next generation (Martin, et al., 2002). Parent-to-parent violence and child abuse also seem to co-exist in the same families (Reducing the Risk of Domestic Violence [RRDV], 2020), and childhood physical and psychological abuse has been consistently one of the strongest predictors of IPV perpetration in adulthood (CDC, 2018).

Impulsive behaviour, temperamental attitude, mental illness and/or depression were categorized among the mental/behavioral risk-factors. As expected, a lack of self-control during anger is considered a major trigger factor of VAW (Howells, Day, & Thomas-Peter, 2004; Ruddle, Pina, & Vasquez, 2017). Other studies concluded that temperament attitude, which can be defined as 'anger, hostility, and internalizing negative emotions', is moderately associated, and impulsivity is significantly associated with IPV perpetration (Birkley & Eckhardt, 2015; Cunradi, Todd, Duke, & Ames, 2008).

Impulsive behavior is also a diagnostic criterion for psychological conditions that might be triggered by childhood trauma (González, Igoumenou & Kallis, 2016; Kulkarni, 2017). Psychological conditions or mental illness impacts a person's ability to relate to others and function daily, and not surprisingly, studies have identified higher rates of depressive disorders, border-line personality disorder (BPD) and post-traumatic stress disorder (PTSD) among perpetrators of IPV (Birkley & Eckhardt, 2015; CDC, 2018, Oehme, Donnelly & Martin, 2012; Salter-Pedneault, 2019).

On the other hand, low socio-economic factors and low educational attainment tend to play consistent roles in the perpetration of IPV, irrespective of culture, race and geography (Ali, Asad, Mogren, & Krantz, 2011; Cook & Bewley, 2008; Cunradi et al., 2008; WHO, 2012). Low income and unemployment have been consistently acknowledged as perpetrator risk-factors (Hairston, 2017).

As for victim risk factors, recent studies have shown that wives who earn more than their husbands are at a greater risk, a factor previously thought to give women greater protection from IPV (Kass, 2014). The findings about the relationship between women's education and IPV victimization are inconsistent, and recent studies identify difference in education levels as a more critical factor (Aziz et al., 2018).

Some studies found that both women who are less educated and women who are more educated than their partners are more likely to be abused (Cools & Kotsadam, 2017; Kass, 2014). The former is attributed to lesser options to negotiate autonomy, while the latter is attributed to power imbalance in marriage (Kass, 2014; Shiyun, Hazizan, Meng, Wee, Hung, Winarto, & Maidarti, 2013).

Among external factors are alcohol, drugs or marijuana addiction which have long been associated with IPV (Aziz, et al., 2018; Oehme, et al., 2012). While studies have consistently shown a negative correlation between religiosity and alcohol consumption (Carmack & Lewis, 2016; Sauer-Zavala, Burris, & Carlson, 2014), it would be interesting to observe to what extent substance abuse affects abusive behavior in the Canadian Muslim community; whether it is a common phenomenon or whether the Muslim community is relatively absolved from the drawbacks of intemperance.

At present, much of the government resources are aimed at responding to the victims of IPV rather than intercepting the risk factors to prevent violence (Wathen & MacMillan, 2003). Understanding the critical risk factors within the demographic group is the first step towards creating action plans that address issues at their core and making relevant resources accessible to the community.

## 3. RESEARCH METHODOLOGY

The research was conducted using randomly sampled cross-sectional data from a structured online survey issued through various social media platforms, as well as mosques and women centers across Canada, collected between September 11, 2018, and May 30, 2019. The data also included six participants from a women's shelter who were all victims of IPV (which were excluded from prevalence studies).

A representative sample of 170 Muslim women in Canada participated in the survey, all of them currently married, separated/divorced or widowed. A sample of this size is expected to provide results accurate to within +/-7.5% in 95 out of 100 samples (based on population data from Statistics Canada (2011b)[2]). The subsequent sections discuss the methodology of the study, including the survey design, variables and their measures, and analytical methods.

### 3.1 Survey Design

Based on a research done by Walby and Myhill (2001), which commended the efficacy of Statistics Canada in unraveling data on VAW compared to other national surveys, questions pertaining to IPV in this survey were directly extracted from the Statistics Canada's General Social Survey - Victimization (GSS), 2014. The survey collected the demographic information of both spouses including age, ethnicity, highest level of education, marital age, and presence of children.

Data was collected on the incidence of physical assault, emotional, verbal, sexual, financial, and/or spiritual abuse, and husbands' association with various risk-factors. A number of participants (100)

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[2] According to the latest National Household Survey (NHS), the Canadian Muslim female population (age 15+) in 2011 was 369,060. (Statistics Canada, 2011b)

were also asked about their perception of spousal violence. The survey also collected data on partners' religiosity and victims' experiences with local faith leaders.

## 3.2 Ethical Consideration

The survey was approved by the University's ethics committee. The questionnaire informed the participant about the research, its purpose, and clarified who should take the survey. All the data collected were anonymous, confidential, and voluntary. The participants were also notified of the possible risks associated with the survey, such as emotional distress as it might remind them of negative experiences. Only participants who consented were electronically directed to the main survey.

## 3.3 Measures

### Dependent variable: Perpetration of IPV

Perpetration of IPV was defined by one or more instances of physical assaults, including throwing things, pushing, grabbing, shoving, slapping, kicking, hitting, biting, beating, or choking, in the last five years (or 'lifetime' in case of divorce, separation, or widowhood). Women whose spouse committed any of these acts were recognized as a victim of IPV, irrespective of severity, and were given a dichotomous measure: Victim of IPV or Perpetrator (1), and non-victim or non-Perpetrator (0).

### Independent variables

The risk-factors discussed in the review of literature were each assigned as an independent variable. This included history of alcohol or drug usage, unemployment, income, mental illness and/or clinically diagnosed depression, history of violence against others, family history of abuse, impulsive behavior, and perception of women. Some of the factors were given a dichotomous measure, while others were ranked according to a nominal or ordinal scale. Their assigned measures are summarized in Table A1 in the Appendix.

## 3.4 Analytical Method

The survey data was analyzed using SPSS version 25. Spearman's correlation, chi-squared tests and bi-variate logistic regression were primarily employed to identify correlations between the dependent variable and the independent variables and to calculate the odds ratios.

Since the data was based on a partner-reported questionnaire, respondents had the option of choosing 'don't know', 'maybe', or 'not sure' for the relevant questions, and these responses were treated as missing values and were excluded during analysis to improve data accuracy. Bi-variate logistic regression was chosen over multivariate analysis because of the multicollinearity between several independent variables, such as parental violence and childhood abuse. The final results represent the bivariate associations between each of the risk factors and the perpetration of IPV.

## 4. RESULTS & DISCUSSION

### 4.1 Prevalence of IPV in the Canadian Muslim Community

The survey was completed by 164 randomly sampled participants and six IPV victims from a women's shelter in Canada. The participants were all currently or previously married Muslim women of various ethnic backgrounds between the ages of 18 and 65; and their spouses' ages ranged between 20 and 67 (See Figure A1 in the Appendix for ethnicity of participants).

One-third of the participants*[3] (32%) reported one or repeated incidents of IPV in the form of physical abuse, compared to the Canadian national average of 30%. This corroborates with the recent finding of the Institute of Social Policy and Understanding (ISPU) that the frequency of IPV in the Muslim community is similar to that of other faith groups and the general public (Mogahed & Chouhoud, 2017; PHAC, 2015). As shown in Table 1, there was no significant age difference between the non-victims and victims of IPV, indicating a lack of relationship between the victim's age and susceptibility to victimization.

**Table 1: Mean Age of Participants Among the Non-victims and the Victims of IPV**

|                    | N   | Mean  | Standard Deviation |
| ------------------ | --- | ----- | ------------------ |
| **Non-victims**    | 111 | 37.31 | 9.52               |
| **Victims of IPV** | 59  | 36.97 | 9.36               |

*Note.* Kolmogorov-Smirnov Test: $p > 0.05$.

Other forms of abuse were found to be much more prevalent, affecting more than half of the sample population* (57%) (Figure 1). Of those who did not experience physical violence, 38% experienced emotional, verbal, financial, spiritual and/or sexual abuse. Emotional and verbal abuse were most prevalent, reported by nearly half of the sample population (49% and 39%, respectively).

The study also observed that physical abuse almost always accompanied other forms of abuse (in at least 96% of the cases). Unfortunately, domestic violence, whether it is physical or psychological, is a gradual process, and the frequency, duration and seriousness of assaults escalate over time (Canadian Women's Foundation [CWF], 2016).
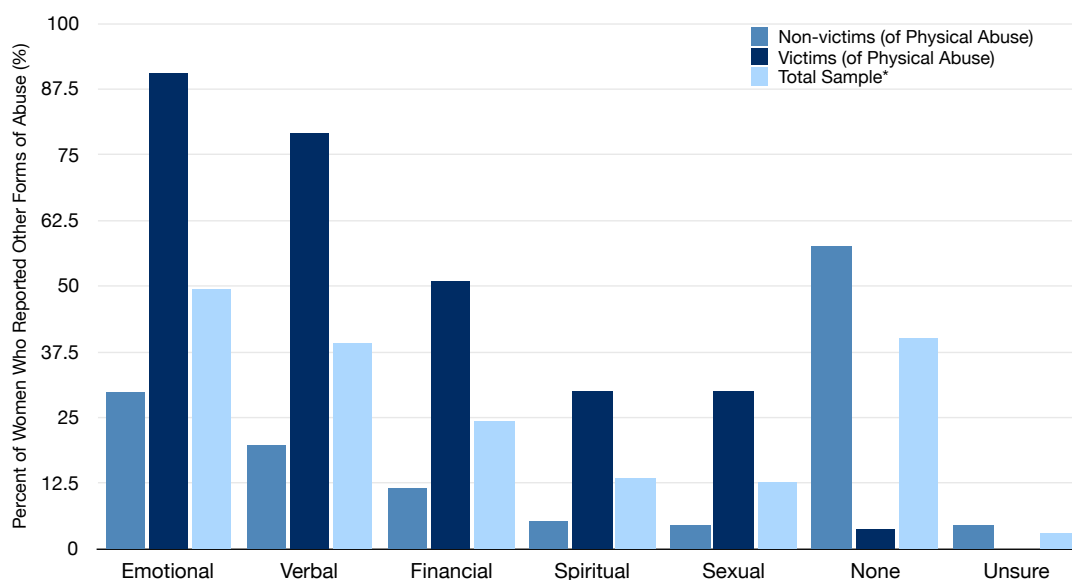


**Figure 1**: **Prevalence of Emotional, Verbal, Financial, Spiritual and Sexual Abuse within the Canadian Muslim Community**

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[3] *Excluding data from the women's shelter

Additionally, multitudes of former studies had identified psychological abuse, including calling names, humiliation, and controlling behaviour, as a precursor to physical violence (Schumacher & Leonard, 2005). It must be noted that IPV in any form has severe physical and mental health consequences for the victim, among which are PTSD, depression, and anxiety, which chronically affects the health of the victims (Perez, Johnson, & Wright, 2012). The findings call for greater awareness of the recognition, prevalence, and severity of psychological abuse within the Muslim community so that individuals and interventionists may identify and address abuse of any form *before* it transforms into violence.

**4.2 Key Factors Influencing IPV in the Canadian Muslim Community**

From the study, developmental and mental/behavioral factors stood out to be the critical predictors of IPV. As expected, perpetration of IPV was most common among men who had low education, low income and/or were frequently unemployed. While substance abuse is a significant predictor of IPV, this problem was not found to be a common phenomenon in the Canadian Muslim community.

Figure 2 and Figure 3 illustrate the prevalence of various risk factors among the perpetrators of IPV and others. The results of the Spearman's bivariate correlations and logistic regression analysis are illustrated in Table 2 and Table 3, respectively. The findings of the study indicate a low to moderate correlation between the predicted risk-factors and the perpetration of IPV, with the exception of the wife's education and her contribution to the family income. These are discussed in more detail in the following sections.

**Table 2: Correlations Between Perpetration of IPV and Various Factors**

| Factor | $r_s$ | n |
|---|---|---|
| **Perpetrator Factors** | | |
| Education | -.173* | 170 |
| Income | -.264** | 170 |
| Unemployment | .228** | 165 |
| Mental illness/depression | .340*** | 149 |
| Alcohol/substance abuse | .270** | 161 |
| Parent-to-parent violence | .537*** | 135 |
| Childhood abuse | .527*** | 127 |
| Impulsive behavior | .471*** | 70 |
| Gender equality in family | -.416*** | 148 |
| Considers women inferior | .290*** | 170 |
| Violence against family members | .520*** | 157 |
| Violence against non-family members | .305*** | 154 |
| **Victim Factors** | | |
| Educational difference [a] | .153* | 170 |
| Wife's income contribution | 0.146 | 170 |

*Note.* $r_s$ = Spearman's Correlation Coefficient, n = number of participants

[a] Educational difference = wife's education (minus) husband's education

*p < 0.05, **p < 0.01, ***p < 0.001, two-tailed.

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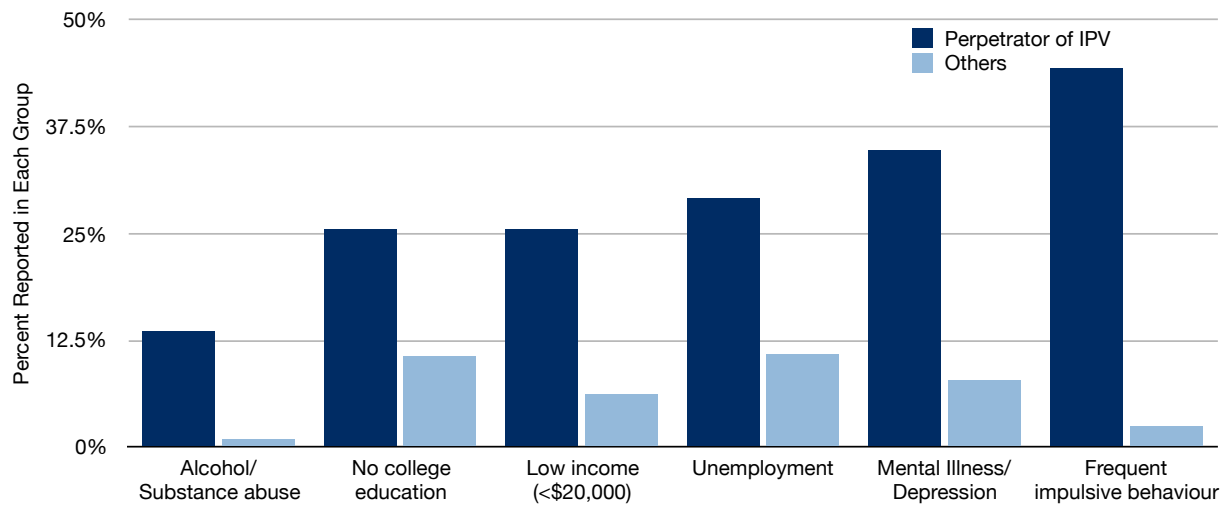


**Figure 2: The Prevalence of Substance Abuse, Low Socio-economic Status, Mental Illness and Impulsivity Among the Perpetrators of IPV, Compared to Others**
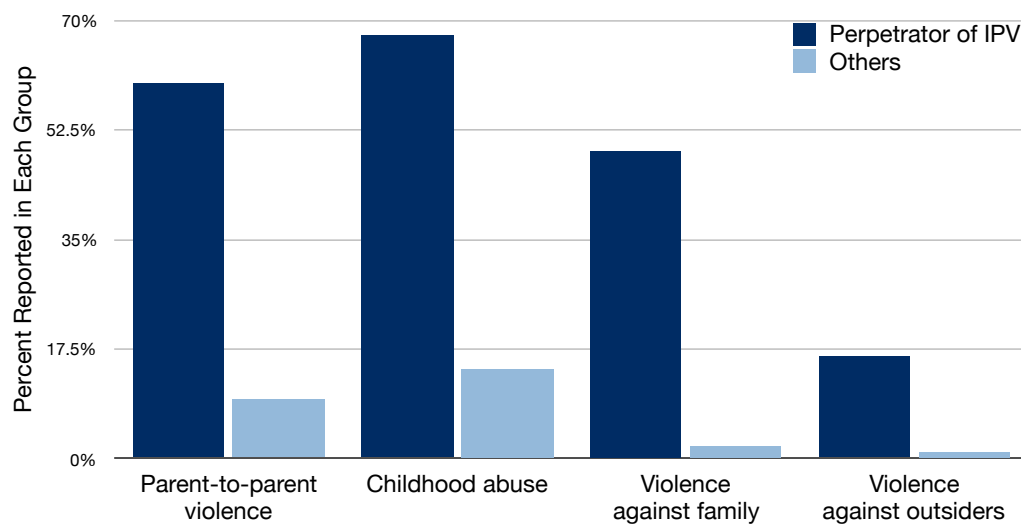


**Figure 3: The Incidence of Family History of Abuse and Violence Against Others Among the Perpetrators of IPV, Compared to Others**

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**Table 3: Bi-variate Logistic Regression Analysis of Key Risk Factors and Perpetration of IPV**

| Risk-factor | B | S.E. B | Exp(B) /OR | Constant | Model χ2 (df) | N |
|---|---|---|---|---|---|---|
| Husband's education | | | | -0.82 | 6.82**(1) | 170 |
| No college education | 1.13* | 0.44 | 3.10 | | | |
| (vs. College graduates) | | | | | | |
| Wife's education | -0.07 | 0.24 | 0.76 | -0.39 | 0.010 (1) | 170 |
| Difference in education levels | | | | 0.05 | 6.79*(2) | 170 |
| Equal level of education | -0.83+ | 0.48 | 0.44 | | | |
| Husband more educated | -0.98* | 0.38 | 0.38 | | | |
| (vs. Wife more educated) | | | | | | |
| Husband's income | -0.56*** | 0.16 | 0.57 | 0.97 | 13.16***(1) | 170 |
| Husband's income (categorical) | | | | -1.20 | 14.73**(3) | 170 |
| $37,000-$60,000 | 0.51 | 0.43 | 1.66 | | | |
| $20,000-$36,000 | 0.72 | 0.45 | 2.05 | | | |
| <$20,000 | 1.96*** | 0.54 | 7.10 | | | |
| (vs. income $60,000+) | | | | | | |
| Wife's income contribution | | | | -0.41 | 5.07+ (2) | 170 |
| No income | -0.79* | 0.39 | 0.45 | | | |
| Keeps income to self | 0.06 | 0.44 | 1.06 | | | |
| (vs. contributes to household income) | | | | | | |
| Frequently unemployed | 1.21** | 0.43 | 3.35 | -0.92 | 8.14**(1) | 165 |
| Alcohol/substance abuse [a] | 2.82** | 1.08 | 16.8 | -0.88 | 11.17**(1) | 161 |
| Mental illness/clinically diagnosed depression | 1.85*** | 0.48 | 6.33 | -1.15 | 15.86***(1) | 149 |
| Behaves impulsively | | | | 2.49 | 21.77***(2) | 70 |
| rarely | -3.10** | 1.14 | 0.05 | | | |
| never | -3.77** | 1.12 | 0.02 | | | |
| (vs. frequently) | | | | | | |
| Parent-to-parent violence | 2.66*** | 0.48 | 14.33 | -1.68 | 36.78***(1) | 135 |
| Childhood abuse | 2.51*** | 0.46 | 12.34 | -1.86 | 34.03***(1) | 127 |
| Gender equality within his family | -2.02*** | 0.43 | 0.13 | 0.65 | 24.25***(1) | 148 |
| Considers women inferior | 2.99** | 1.07 | 19.8 | -0.79 | 14.26***(2) | 170 |
| Violence against others(excl. IPV) | 3.27*** | 0.65 | 26.19 | -1.27 | 40.53***(1) | 153 |

*Note.* B = Beta, S.E. B = Standard Error of Beta, Exp (B) = OR = Odds ratio, χ2 = Chi squared, *df* = degrees of freedom, N = Number of responses.
Superscripts in column 'B' represent p-values of Wald χ2. Superscripts in column 'Model χ2 (df)' represent p-values of the χ2 of each model.
*Odds Ratio (O.R.) > 1 indicates higher likelihood of IPV perpetration; O.R. < 1 indicates lower likelihood of IPV perpetration.*
[a] *Fisher's exact test p-value < 0.01; two-tailed*
***p < 0.001, **p < 0.01, *p <0.05, + p < 0.1*

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### 4.3 Developmental Factors

***Parent to Parent Violence and Childhood Abuse***

Parent-to-parent violence and childhood abuse were among the most critical predictors of IPV in the Canadian Muslim community. Boys who grew up witnessing parent-to-parent violence were 14 times more likely to be perpetrators of IPV themselves ($\chi2$ (1) = 36.78, p < 0.001), and those who experienced childhood abuse were 12 times more likely ($\chi2$ (1) = 34.03, p < 0.001). These factors were highly correlated; in fact, 92% of boys who witnessed parental violence were also victims of childhood abuse ($\chi2$ (1) = 69.067, p < 0.001), corroborating with the fact that IPV and child abuse usually occur in the same families (RRDV, 2020). In the sample population, 30% Muslim men reportedly experienced childhood abuse, compared to a national average of 32% (PHAC, 2015).

The findings of the study also show the overwhelming impact of parent-to-parent violence on a child's emotional, cognitive, social, and behavioral development. As shown in Figure 4, not only is parent-to-parent violence a strong risk factor associated with childhood abuse (92%) and partner violence in adulthood (72%), one-third of these children grew up with mental health issues, almost half of them had impulsive attitudes, one-third were violent towards others (excl. IPV), and they were much more likely to succumb to substance abuse (12.9%). Parent-to-parent violence also impacted their education and earning capability later in life. One-third of these men did not go to college (30.3% vs 10.8% in 'no parental violence (pv)'; $\chi2$ (1) = 7.231, p < 0.01) and almost half of these men were in the low-income category (18.2% earned less than $20,000; and 27.3% earned $20,000-$36,000), compared to one-fourth in the 'no pv' group (6.9% and 17.6%, respectively; $\chi2$ (3) = 7.889, p < 0.05). As expected, in half of these families, gender equality was not practiced (9.6% in 'no pv'). Incidentally, these men also felt less spiritual as adults.
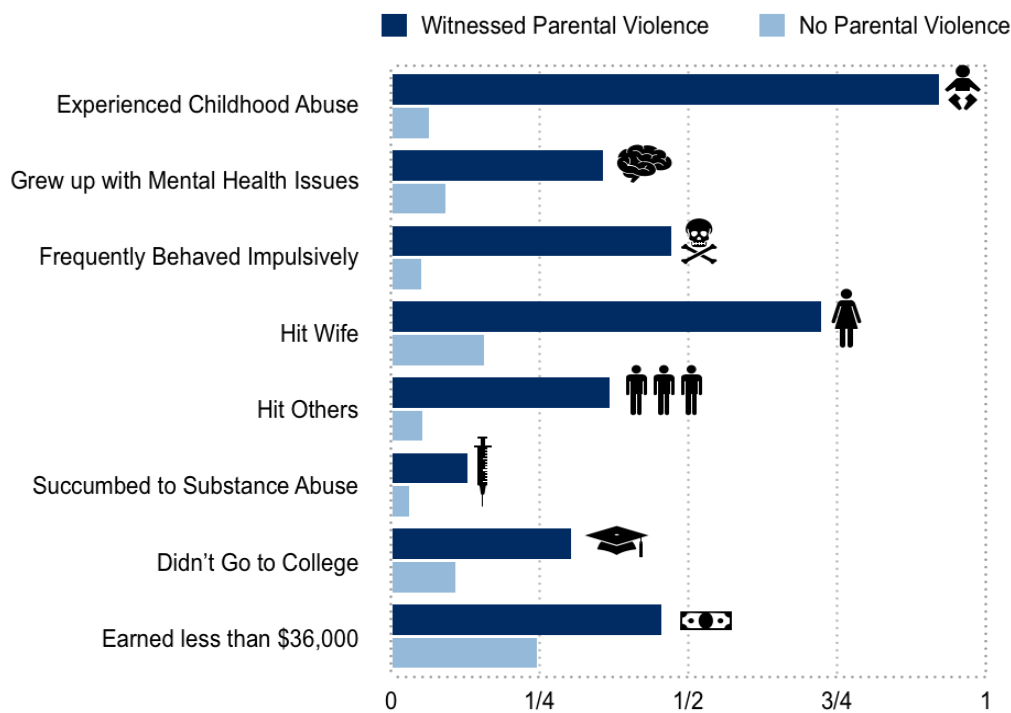


**Figure 4: Negative Impact of Parent-to-parent Violence on Children's Emotional, Cognitive, Behavioral and Social Well-being**

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According to Statistics Canada, 6 in10 children witness the violent episode of IPV between parents, which is a potential precipitant of multiple disorders including PTSD (Margolin & Vickerman, 2007; Sinha, 2013). The findings support multitudes of studies in this area that show that exposure to violence affects children's brain development and ability to learn, leading to poor self-esteem, poor academic performance, and decreased problem-solving skills (Bender, 2004). It also increases susceptibility to a wide range of behavioural and emotional issues, including 'anxiety, aggression, bullying and phobias' (CWF, 2020). Children who witness violence in home also have twice the rate of psychiatric disorders (CWF, 2020). This finding calls for a massive re-shifting of community mindset that continuously stigmatizes women who have walked away from abusive marriages based on *'what about the children?'* sentiments. Although separation is not the only way to escape violence, the negative stigma attached to it often limits the choices for the victims of spousal abuse. As a result, silent divorce in not uncommon in the Muslim community– a secret arrangement between spouses who remain married for 'social appearances' while being estranged at home (Sheikh U. Mujber, personal communication, October 6, 2018). The study confirms the need for public awareness on the real effects of IPV on children, especially in religious communities, so that victims of IPV may make an informed choice that *truly* serves the welfare of their children as well as themselves.

### *Patriarchal Gender Role Orientations*

As a measure of patriarchal gender role orientation, the study observed the factors of parent-to-parent violence, gender equality while growing up, perceptions of women at present, and justification of male dominance using religion, which were all found to be associated with IPV perpetration (Figure 5). Significant associations were also observed between gender inequality in a person's family and his justification of male dominance using religion ($\chi2\ (1) = 4.651$, $p < 0.05$) and perception of male superiority later in life (Fisher's exact test, $p < 0.05$, two-tailed).
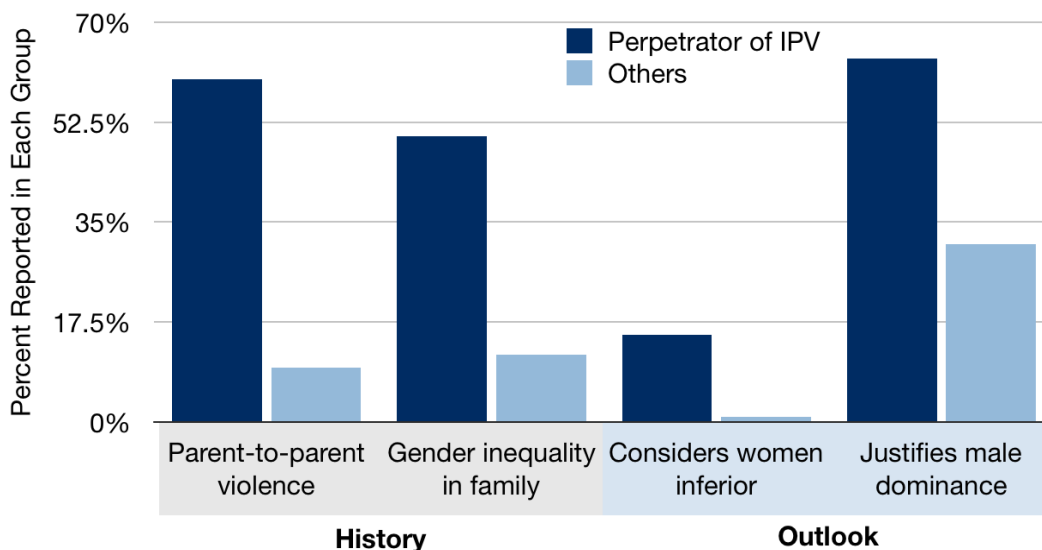


**Figure 5: Patriarchal Gender Role Orientation Among the Perpetrators of IPV, Compared to Others**

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### Women's Perception of Spousal Violence

Majority of the participants (three-fourth) believed that their husbands did not have the right to hit them under any circumstance. 22% believed that if they made a grave mistake (the type of 'mistake/sin' was not defined), they could hit them lightly (as opposed to hurt them). Only two women believed that their husbands had the right to physically hurt them if they committed a grave mistake, and only one believed that her husband had full authority to discipline her. It is noticeable that in all three cases, the women were victims of severe IPV – all of them were repeatedly slapped, kicked, bit, or hit, and two of them were beaten or choked by their spouses. Two of these three women did not have a college degree, and one had a post-graduate degree. It had been suggested by some those Muslim Canadian women justified and condoned their husbands' abusive behaviors in the context of religion (Desai and Haffajee, 2011), however, except in three isolated cases, there was no significant difference between the attitude of victim and non-victims of IPV, suggesting that victim attitude was not a major contributor of IPV victimization in the Canadian Muslim community. Future studies might benefit from a larger sample size and more specified questions to better analyze whether these cases are exceptions or representative of the whole population. Figure 6 summarizes the responses.
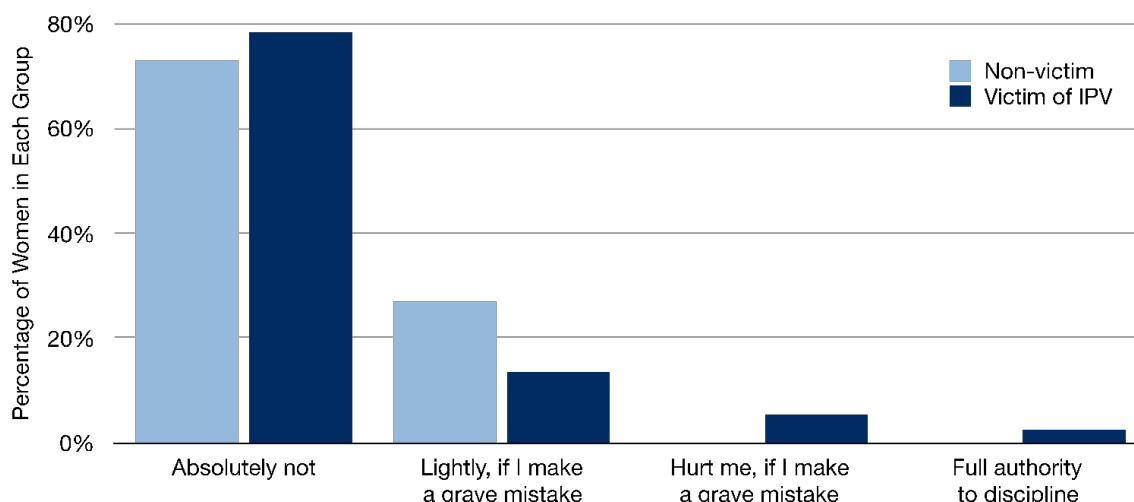


**Figure 6: Canadian Muslim Women's Perspective on Intimate Partner Violence - 'Do You Believe Your Husband Has the Right to Hit You?'**

### 4.4 Mental Health Factors

### Mental Illness and Depression

While the prevalence of mental illness or clinically diagnosed depression in the sample population was between 14.1% and 26.5%, two-third of those who had mental illness or depression perpetrated IPV. This data is crucial for a key reason – mental health stigma is rampant in the Canadian Muslim community (Ciftci, Jones, & Corrigan, 2013). While this stigma is not community-specific – in fact, 40% Canadians who have experienced symptoms of anxiety or depression do not seek medical help (Center for Addiction and Mental Health, 2020) – there is evidence to suggest that addressing the issue of *untreated* mental disorders could have considerable effects on the prevalence of violence in a population (Devries, Mak, Bacchus, Child,

Falder, Petzold, Astbury, and Watts, 2013). In addition, 70% mental health problems have their onset during childhood or adolescence, which highlights the significance of negative childhood experiences and the importance of parental awareness on nurturing children's emotional health and detecting early symptoms of psychological conditions (Government of Canada, 2006).

### Impulsive Attitude and Aggressiveness

Impulsive attitude and aggressive nature were among the strongest predictors of IPV. The study found significant associations between impulsivity and violence against others, and the perpetration of IPV ($\chi2$ (2) = 21.768, p < 0.001 and $\chi2$ (1) = 40.53, p < 0.001, respectively), which is consistent with former research in this area (Cunradi, et al., 2008; Howells, et al., 2004; Ruddle, et al., 2017). In the study, more than half of those who assaulted their wives also assaulted other people (57.5% vs. 2.9% of others). Similarly, 92% of habitually impulsive men, defined as those who were frequently aggressive during fits of anger, perpetrated IPV. Not surprisingly, impulsivity was highly correlated with violence against others, especially family members ($r_s$ (67) = 0.62, p < 0.001). Impulsivity was also highly associated with an upbringing in a violent home, which reaffirms the significance of childhood developmental factors. Note that impulsivity is a criterion for borderline-personality disorder, a condition that increases the likelihood of anxiety, antisocial personality disorder, and substance abuse which further increases the risk of violence (González, Igoumenou, Kallis, & Coid, 2016; Kulkarni, 2017).

The evidence confirms that mental illness, depression and temper issues when not addressed clinically may result in horrendous acts of violence against others, especially family members, amounting to irreversible damages. As the study focuses on the Muslim community, it is only pertinent to address the issue in a way that is relatable. The Prophet Muhammad ﷺ famously said, "The strong is not the one who overcomes the people by his strength, but the strong is the one who controls himself while in anger." (Al-Bukhārī, 846/ 1997, Hadīth # 6114) and "when one of you is angry, he should be silent." (Al-Bukhārī, 830-870/ 2012, Hadīth # 245)

Let's put it this way, anger management is a very Islamic topic. However, this topic rarely reaches the pulpit. Considering the statistics on the prevalence of spousal abuse, its exposure to the children, and its subsequent negative impact on their emotional, social and moral well-being, it is incumbent for the Muslim community to welcome topics of anger management and mental health into their comfort zone and offer resources that assist in the process of healing and prevention.

### 4.5 Socio-economic Factors

### Education, Income & Unemployment

As expected, perpetration of IPV was most common among men who had low education, low income and/or were frequently unemployed. While higher education in men was inversely associated with the perpetration of IPV, men with no college education were three times more likely to perpetrate IPV than men with college degrees ($\chi2$ (1) = 6.817, p < 0.05). Lower income was associated with higher likelihood of perpetrating IPV ($\chi2$ (3) = 14.732, p < 0.01), and men who earned less than $20,000/year were seven times more likely to perpetrate IPV than men who earned more than $60,000/year.

Likewise, men who were frequently unemployed were 3.4 times more likely to perpetrate IPV than men who were not ($\chi2$ (1) = 8.143, p < 0.01). Similar to the finding of Statistics Canada, women's education had no bearing on women's risk of IPV ($\chi2$ (1) = 0.097, p > 0.05) (Sinha, 2013). However, while the Canadian Muslim population is generally very educated (87.1% women and 84.1% men in this study had college degrees), difference in education levels between spouses,

especially if the wife is more educated than the husband, was found to be a predictor of IPV ($\chi^2$ (2) = 6.791, p < 0.05).

This is an interesting observation, and some recent researchers have attributed this to compensation for power imbalance in marriage (Kass, 2014). Resource, relative and gendered resource theories explain this phenomenon through emphasizing that the violent behavior is used as a compensation for husband's shortage of resources (Aziz et al., 2018). Others had argued that this may be the result of the clash between men who want to maintain traditional family structure and women who feel empowered through resources and laws that protect women's rights (Hosseini-Sedehi, 2016).

Similar reasoning has been used to explain why women who earn more than their husbands are more likely to experience psychological and physical abuse (Kass, 2014). Although this phenomenon was not tested, the study observed that there was a significant difference in the number of women who reportedly had no income in the non-victim and victim groups: there was a higher percentage of women with no income in the non-victim group (38.7% vs. 22%), and a higher percentage of women who contributed to the family income among the victims of IPV (57.6% vs. 45.9%).

## 4.6 External Factors

### Substance Abuse

Men who had a history of alcohol or substance abuse had a significantly higher likelihood of perpetrating IPV than non-users (Fisher's exact test: p < 0.01, two-tailed). However, these issues were not found to be common in the Canadian Muslim community. A total of 8 people reported a history of alcohol or substance abuse, only one of them in the 'no IPV' group.

## 5. CONCLUSION

The findings of the study identify several specific areas which can be targeted to reduce intimate partner violence and repeated victimization in the Canadian Muslim community. Efforts are needed from both the government and community organizations, and there must be sufficient integration between the two to fulfil the complex needs of the victims and their children (Morgan & Chadwick, 2009).

On a national level, the key recommendation is investing in *culturally sensitive* demography-specific assessment tools, preventive measures and therapeutic programs, built in collaboration with minority groups, including social marketing strategies that foster cultural and behavioral change (Morgan & Chadwick, 2009).

The government needs to work closely with religious communities to improve the referral system and make accessible the services of counselling, advocacy, support, and accommodation for the victims who confide in their faith leaders, as well as culturally specific treatment programs for perpetrators of IPV that take into account the unique experiences of Muslim men (and other minorities), a factor not usually considered in the traditional court-based cognitive behavioral approach (Humphreys, 2007; Wiltz, 2014).

With regards to primary prevention strategies, breaking the cycle of intergenerational violence is critical. It may be intervened by addressing childhood trauma that results from early exposure to domestic violence and possible childhood abuse, through the collaboration of children's services programs with the victim services (Tomison, 2000).

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Another important strategy is the facilitation of educational programs for youth that shapes appropriate attitude towards women and violence, and this may be implemented through school-based programs as well as youth programs organized by the religious community (Indermaur 2001).

From the community standpoint, there is a critical need to foster recognition and awareness of domestic violence, including psychological abuse. As conferred through the findings, psychological abuse is rampant though hardly recognized, despite it being a precursor to domestic violence (Schumacher & Leonard, 2005). There is a crucial need for campaigns in the Muslim community that educate both victims and perpetrators how to recognize abuse/abusive behavior and where to seek help and therapy.

Additionally, there is a huge scope in passively addressing the issue through de-stigmatizing mental health and anger management issues, root causes of IPV, and collaborating with religiously sensitive mental health professionals, and perhaps even facilitating weekly individual or group therapy sessions at the mosques. Considering the fact that majority of mental health problems have their onset during childhood or adolescence (Government of Canada, 2006), parent-to-parent violence being a critical influencer, Muslim community may immensely benefit from open-ended community workshops on nurturing emotionally healthy families. This might offer an opportunity for families to learn effective communication skills for managing conflicts and get help from experts as well as from one another.

Faith leaders have an enormous role to play in this venture, from creating awareness through their pulpits, challenging gender-based oppression and inequity, providing counselling and referrals, to championing social media campaigns, programming at their mosques, and helping construct culturally sensitive prevention programs (Nowrin, in press). All these measures fall into the criteria of 'community support', 'willingness to intervene for the common good' and 'coordination of resources and services among community agencies' which are proven protective factors against IPV (CDC, 2019).

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**APPENDIX**

**Table A1: IPV Risk-factors and Their Assigned Measures for Correlation Calculations and Regression Analysis**

| Risk Factor | Response | Score |
|---|---|---|
| History of alcohol or drug usage | Yes | 1 |
|  | No | 0 |
| Frequently unemployed | Yes | 1 |
|  | No | 0 |
| Criminal record | Yes | 1 |
|  | No | 0 |
| Mental illness and/or clinically diagnosed depression | Yes | 1 |
|  | No | 0 |
| Demonstrates impulsive behavior (ordinal) | Never | 0 |
|  | Rarely | 1 |
|  | Frequently | 2 |
| History of parent-to-parent violence | Yes | 1 |
|  | No | 0 |
| Violent towards other family members | Yes | 1 |
|  | No | 0 |
| Violent towards non-family members | Yes | 1 |
|  | No | 0 |
| Husband's approximate income (ordinal) | less than $20,000 | 1 |
|  | $20,000 - $36,000 | 2 |
|  | $37,000 - $60,000 | 3 |
|  | $60,000+ | 4 |
| Wife's contribution to family income (nominal) | No income | 0 |
|  | Earns, doesn't contribute | 1 |
|  | Earns, and contributes | 2 |
| Highest level of education (ordinal) | School | 1 |
|  | Highschool | 2 |
|  | Graduation | 3 |
|  | Post-graduation | 4 |
| Educational level difference (nominal) | Wife more educated | 2 |
|  | Equal education | 1 |
|  | Husband more educated | 0 |
| Gender ideology: Considers women second class citizen | Yes | 1 |
|  | No | 0 |
| Gender equality within his family | Yes | 1 |
|  | No | 0 |

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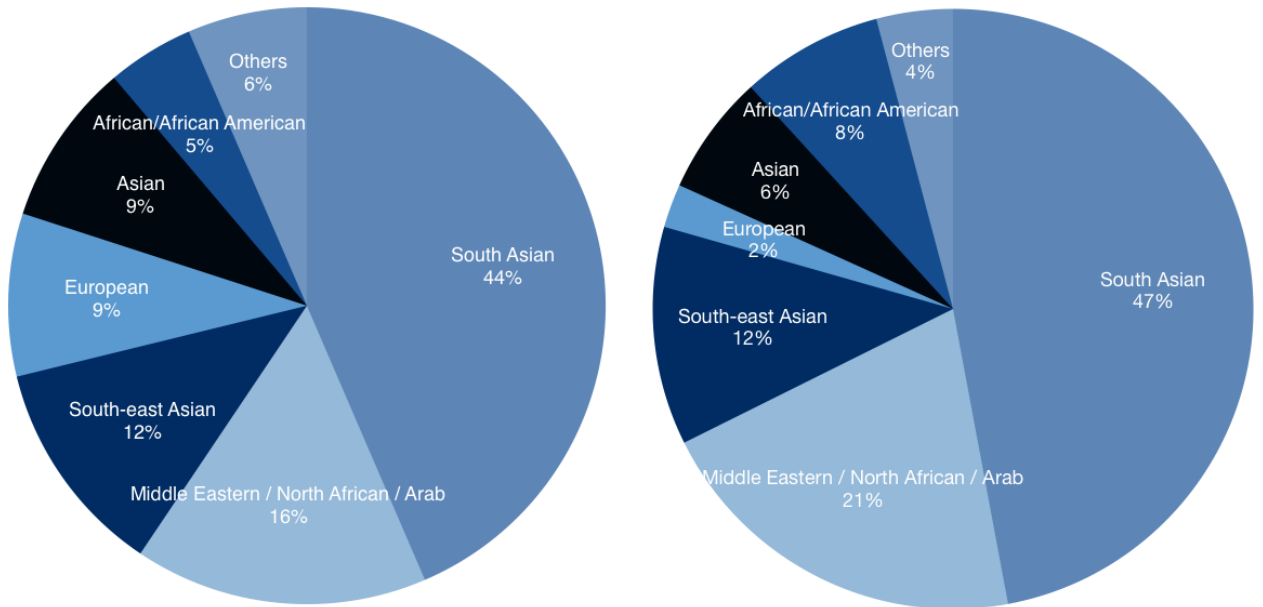


**Figure A1: Ethnicity of Female Survey Participants (Left) and Their Spouses (Right)**