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Rishtya Meena Kakar

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EXPLORING OPPORTUNITIES FOR PREVENTION OF CHILD SEXUAL ABUSE

IN A DIVERSE AMERICAN MUSLIM COMMUNITY

By

Rishtya Meena Kakar
M.B.B.S., Shifa College of Medicine, 2012
M.P.H., University of Louisville, 2016

A Dissertation
Submitted to the Faculty of the
School of Public Health and Information Sciences
of the University of Louisville
in Partial Fulfillment of the Requirements
for the Degree of

Doctor of Philosophy
in Public Health Sciences

Department of Health Promotion and Behavioral Sciences
University of Louisville
Louisville, Kentucky

August 2021
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DEDICATION

This dissertation is dedicated to my nieces, nephews, and cousins;

and to Muslim youth around the world.
ACKNOWLEDGEMENTS

“Ya Ḥayyu (O Ever-Living One) Ya Qayyūm (O All-Sustaining One)

by Your Mercy I seek Your help, resolve for me all of my affairs

and do not leave me to depend on myself, even for the blink of an eye.”

To the One who brought me through each step, who provided the means for the journey, and the resolutions for the challenges. To the All-Knowing, the All-Wise, the Subtle, the Ultimate Controller. There is no ease other than what the One has made easy, yet there can be no true gratitude to the One, without being grateful to the numerous people who were set on my path to support and uplift me.

My ongoing gratitude to Dr. Ryan Combs, your dedication to this dissertation was beyond what I could have ever hoped for in a mentor. You made yourself available to countless meetings and discussions. You heard me and responded to my concerns. You pushed and motivated me when I needed it, and you knew when to encourage me to slow down and take more time. Thank you for all of this and more.

To Dr. Monica Wendel, thank you for instilling in me an unexpected love for theory that gave me the foundation to explore concepts with new perspectives. From my very first class with you, you gave me a renewed excitement for public health research and community organizing and have demonstrated a practical embodiment of the principles we so often only see in textbooks.
To Dr. Lesley Harris, you showed me the depth and rigor of qualitative methods, instilling in me a love for analytic techniques and excitement to uncover participants’ meanings. I wouldn’t be the qualitative researcher I am without your classes and continued guidance. Also, thank you for the useful feedback throughout the dissertation, sharing resources that helped direct me towards improving each step of the way.

To Dr. Venus Mahmoodi, thank you for teaching me about resiliency and healing. Your insight into the American Muslim community and expertise with victims provided a valuable perspective.

To Dr. Heather Storer, thank you for your time and expertise during the dissertation development and analysis. Your research experience and detailed feedback was extremely valuable.

To Dr. Linda Omer, from our first walk discussing the potential of this research to our reflective audio notes, thank you for listening so deeply and grounding me when I needed it most.

To two other Dr. Kakars – my father – for instilling in me a love of public health from a young age and modeling the public health approach throughout my life; and my mother – I know there is nothing I can do that will ever come close to appreciating and thanking you enough. Only God knows the true extent of your incredible love, support, guidance, and teaching efforts that have shaped me into the person I am. Thank you for every reminder, every prayer, every all-nighter, every hand-held, every concept discussed, every page proofread. Thank you for reminding me that this is my ibadah. I pray that I can be a true sadaqa jaariya for all you and Papa have done for me.
To the human who had the most to do with me undertaking this dissertation – my spouse – Jamal. You started me on this journey by saying, “Why don’t you do your dissertation on this?” and you continued to give me unwavering and unbelievable support each and every step throughout the journey. You believed in me when I didn’t. You pulled me up when I thought I couldn’t go further. You are truly the coolness of my eyes and the comfort of my soul.

And my immense gratitude to the numerous others who have been supporting pillars along my journey: Aba, Ami, Ayesha Baji, my siblings, and so many others I have not named. And to the participants and community for welcoming me and trusting me with your words. I pray I am able to live up to that trust.
ABSTRACT

EXPLORING OPPORTUNITIES FOR PREVENTION OF CHILD SEXUAL ABUSE IN A DIVERSE AMERICAN MUSLIM COMMUNITY

Rishtya M. Kakar

August 3, 2021

Recognizing the significant mental, emotional, developmental and health consequences for victims of child sexual abuse (CSA) and sociopolitical consequences for families and communities in every cultural, ethnic, and religious group around the world, this study sought to determine key opportunities for prevention of CSA in a diverse American Muslim community using a public health socioecological lens, rooted in aspects of critical theory.

While there is considerable research on situational and individual-level risk factors related to CSA cases, there is less research on the societal and community-level processes related to the primary prevention of CSA, especially among minoritized communities. Responding to the paucity of research on CSA prevention from a public health perspective in minoritized communities, this study represents the first exploration of how a diverse American Muslim community makes meaning related to CSA occurrence, the responses to finding out about CSA, and the community’s stage of readiness and barriers to address CSA.

This qualitative study applied a blended methodological approach of “critical grounded theory,” using principles of participatory action research and informed by techniques of constructivist grounded theory. In addition, the Community Readiness
model was utilized to assess the community’s stage of readiness towards addressing CSA. Through the community advisors’ insights and guidance, a total of 22 ethnically diverse participants were recruited comprised of six topic experts, six religious leaders, six community organizers, and four general community members.

The multi-part theoretical model resulting from this study contributes to the literature by demonstrating how situational factors affecting CSA occurrence interact across socioecological levels and are embedded in a context-specific system consisting of an amalgamation of societal norms, cultural influences, religious interpretations, sociopolitical experiences, and self-reinforcing multi-level structures. Additionally, the theoretical model provided a framework for identifying three key opportunities for the prevention of CSA in this community that target the reinforcing structures of the larger societal norms of hegemonic masculinity, while still respecting the community’s cultural, religious, and sociopolitical contexts, and for framing the interventions as proactive prevention efforts, seeking to maintain family ties and guard the community’s children and reputation.
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CHAPTER ONE: INTRODUCTION

Child sexual abuse (CSA) is widespread and occurs in every community and across all ethnic, socioeconomic, and religious groups (Mathews, 2019). While the impact of CSA on each victim\(^1\) can vary greatly, CSA victimization is associated with detrimental psychological, physical, behavioral, and socioeconomic consequences, both immediately following the abuse and throughout the victim’s adolescence and adulthood (Chen et al., 2010; Dube et al., 2005; Maniglio, 2009), and is also associated with sociopolitical and economic consequences for families and communities (Letourneau et al., 2018).

Over two decades ago, CSA was categorized as a pressing public health issue (Mercy, 1999; World Health Organization, 1999), rather than solely as a criminal, psychiatric, or social issue. Recognizing the significant consequences of CSA to the individual, family, and society, a public health approach works to identify and implement actions that can be taken to prevent CSA at primary, secondary, and tertiary prevention levels (McCartan, et al, 2018). Primary prevention efforts aim to prevent CSA perpetration and victimization; secondary prevention efforts target those at risk; and tertiary prevention efforts aim to mitigate the detrimental effects of CSA.

---

\(^1\) The terms CSA “victim” and CSA “survivor” are used interchangeably, depending on context and use by references and study participants themselves.
Recently researchers have emphasized the value of a comprehensive ecologically focused approach to preventing and responding to CSA (Letourneau et al., 2014; Tabachnick et al., 2016), recognizing that CSA occurs at the complex interaction of multiple socioecological levels of risk and protective factors (Black et al., 2001; Clayton et al., 2018; Finkelhor & Baron, 1986; McLeroy et al., 1988; Sedlak, 1997; Wurtele, 2016). The socioecological approach seeks to understand and respond to a community’s specific experiences, including its culture, religion, history, economics, and population (DeWalt, 2008; generationFIVE, 2017; Thurman, Edwards, et al., 2003; Thurman, Plested, et al., 2003); however, CSA research among ethnic and religious minorities is substantially under-developed, and the author’s comprehensive literature review in May 2020, updated in July 2021, yielded no published studies examining CSA specifically among diverse American Muslims.

**Defining Child Sexual Abuse**

According to the World Health Organization (1999; 2006), child sexual abuse (CSA) occurs when a child (under age 18) is involved in “sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society.” The WHO further elaborates that child abuse may be perpetrated by adults or other children who are “in a position of responsibility, trust or power over the victim” (2006).

However, researchers found considerable vagueness when operationalizing this definition for use across research, policy, and programming, leading to challenges in epidemiological consistency, knowledge formation, and prevention efforts (Mathews,
2019b). Within the epidemiological research, a common issue in estimating CSA prevalence stems from defining the specific acts that constitute abuse. For example, in an effort to determine more accurate CSA prevalence rates in their meta-analysis, Barth and colleagues (2013) found they had to categorize prior CSA research into non-contact (e.g., indecent exposure), contact (e.g., fondling), forced intercourse (oral, vaginal, anal, or attempted), and mixed sexual abuse.

Recently, Mathews and Collin-Vezina (2019) developed a comprehensive conceptual model and operational definition for CSA by analyzing definitions from social science literature, epidemiological studies, policy documents, and legal systems. In summary, their conceptual model recommends the following four conditions in defining CSA, which is also used as the operational definition guiding this study:

1) Being a “child,” defined by both legal age (under 18 years) and developmental capacity;
2) Lack of ability to give “true consent,” or, ability exists but consent not given (true consent requires “full, free, voluntary, and uncoerced participation”);
3) An act (whether contact or noncontact) is considered “sexual” when it is done for the purpose of sexual gratification (immediate or deferred);
4) An act is considered “abuse” (rather than assault), when there is a power differential with the victim in a position of inequality in which their vulnerability is exploited (Mathews & Collin-Vezina, 2019).

Public Health Burden of CSA

Estimates of the burden of CSA vary due to different methods of data collection (e.g., interviews, surveys, and official reports) as well as due to different definitions, as
mentioned above; however, it is evident that CSA is a worldwide phenomenon impacting both girls and boys of all ages (Mathews, 2019c; Wurtele, 2016). Data on adult sexual violence in the United States reveals that nearly 70% of all reported sexual assaults occur to children under the age of 17 years, with more than one-third of all sexual assaults occurring among children under the age of 12 years (Snyder, 2000). Globally, current estimates of the lifetime prevalence of CSA are 15% to 20% for girls and seven to eight percent for boys (see Chapter 2, Table 2.1; Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2011). These rates likely underestimate the true burden of CSA, since at least two-thirds of children never disclose their CSA experience (London et al., 2005).

Child maltreatment, including CSA, is considered to be the single most preventable cause of mental illness and behavioral dysfunction. The World Health Organization (WHO) estimates that CSA contributes to seven to eight percent of the global burden of disease for females and four to five percent for males (Andrews et al., 2004).

Muslims in America

*Nativity, Race, and Ethnicity*

With an estimated 3.5 million Muslims living in the United States (Pew Research Center, 2017), American Muslims are among the most ethnically diverse and fastest growing community in the country (Mogahed & Chouhoud, 2017; Younis, 2009). Muslims have been present in the United States since before its founding, with historical accounts of Spanish Muslim explorers dating back to at least the 16th century, along with Muslims making up 15% – 30% of Africans brought as slaves (Curtis IV, 2009; Diouf, 2013; Gomez, 1994; Manseau, 2015). Currently, 42% of American Muslims are born in
the United States, of which 24% also have U.S. born parents, while 18% are second-generation (i.e., those born in the United States with at least one immigrant parent; Pew Research Center, 2017). The majority of American Muslims (58%) are therefore first-generation immigrants (i.e., born in another country), with 35% originating in South Asia, 23% from other parts of Asia-Pacific, 25% from the Middle East and North African region, nine percent from sub-Saharan Africa, four percent from Europe, and four percent from other Americas (Pew Research Center, 2017). Despite many being born outside the United States, 82% of American Muslims are U.S. citizens (Pew Research Center, 2017). See Table 1.1 for a breakdown of the most common countries U.S. Muslims are born in.

Table 1.01: Percent breakdown of most common places of birth for U.S. Muslims

(Adapted from Pew Research Center, 2017)

<table>
<thead>
<tr>
<th>Place of birth</th>
<th>% of all U.S. Muslims</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>42</td>
</tr>
<tr>
<td>Second-generation</td>
<td>18</td>
</tr>
<tr>
<td>Third-generation+</td>
<td>24</td>
</tr>
<tr>
<td>South Asia</td>
<td>20</td>
</tr>
<tr>
<td>Pakistan</td>
<td>9</td>
</tr>
<tr>
<td>India</td>
<td>4</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>4</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>3</td>
</tr>
<tr>
<td>Other Asia/Pacific</td>
<td>13</td>
</tr>
<tr>
<td>Iran</td>
<td>6</td>
</tr>
<tr>
<td>Middle East/North Africa</td>
<td>14</td>
</tr>
<tr>
<td>Iraq</td>
<td>3</td>
</tr>
<tr>
<td>Kuwait</td>
<td>2</td>
</tr>
<tr>
<td>Syria</td>
<td>2</td>
</tr>
<tr>
<td>Egypt</td>
<td>2</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>5</td>
</tr>
<tr>
<td>Europe</td>
<td>2</td>
</tr>
<tr>
<td>Americas (excluding U.S.)</td>
<td>2</td>
</tr>
<tr>
<td>Other/unknown</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>
As one of the most diverse populations in the United States, no single racial or ethnic group comprises the majority of American Muslims (see Table 1.2; Mogahed & Chouhoud, 2017; Pew Research Center, 2017; Younis, 2009). In the most recent demographics presented by the Pew Research Center (2017), 41% of American Muslims are “White” per the U.S. Census categories; however, this includes those who identify as Arab, Middle Eastern, Persian, and others. Alternatively, the Institute for Social Policy and Understanding (ISPU) reports separate percentages for White (24%) and Arab (18%; 2017). Compared to the general U.S. public, a greater portion of U.S. Muslims identify as Black (20% - 25%; Mogahed & Chouhoud, 2017; Pew Research Center, 2017). Of significance, American-born Black Muslims (i.e., not immigrants) make up 13% of all Muslims in the United States and 51% of Muslims whose families have been in the United States for three or more generations (Pew Research Center, 2017). In comparison to the U.S. general population, a smaller portion of American Muslims are Latinx or Hispanic (five to eight percent); however, this percentage has increased significantly since 1999 and Latinx Muslims are often considered “one of the fastest growing segments” of American Muslims (Chitwood, 2015; Morales, 2018; Reyes, 2015).

*Table 10.2: Race and ethnicity of all U.S. Muslims in comparison to U.S. general public*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>41%</td>
<td>White 24%</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arab 18%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>20%</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Asian</td>
<td>28%</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>Latinx/Hispanic</td>
<td>8%</td>
<td>5%</td>
<td>16%</td>
</tr>
<tr>
<td>Other/mixed</td>
<td>3%</td>
<td>7%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Muslim converts are another demographic of American Muslims that are often not represented in the research literature. Currently, one in five U.S. Muslims is a convert to Islam (21%; Pew Research Center, 2017). Converts make up about half of U.S. born Muslims (44%), as well as two-thirds of U.S.-born Black Muslims (67%; Pew Research Center, 2017).

The demographic composition of American Muslims is important in order to recognize the diversity when conducting research that is meant to be beneficial for the community. Too often academic literature equates American Muslims with American Arabs or South-Asians. Of further note, the majority of U.S. Arabs are not Muslim (about two-thirds of American Arabs are Christian); (Samhan, 2001). When researchers study American Muslims by their ethnicity or country of origin subgroup, the full picture of American Muslims is not represented. For example, African American Muslims, convert Muslims, and second or third generation Muslims are often excluded from research.

**Other Socio-demographics**

Other than race and ethnicity, the American Muslim population differs from the general public in other sociodemographic areas as well. At an estimated 1.35 million, children account for 39% of the American Muslim population (Pew Research Center, 2017), compared to 23% of the U.S. general public (O’Hare, 2011). Additionally, the adult U.S. Muslim population is considerably younger (median age of 35) than the U.S. general population (median age of 47), with 60% of adult Muslims younger than 40 years, while 61% of the U.S. public is over 40 years of age (Pew Research Center, 2017). Even though Muslims are younger, the proportion of Muslims that are married is the
same as the general public (53%). American Muslims on average, have more children than the general public (2.4 versus 2.1; Pew Research Center, 2017). Additionally, the majority of American Muslims (75%) live in a multi-person household and half (50%) live in households with children (Pew Research Center, 2017).

Regarding socioeconomic status, American Muslims have a similar level of education in comparison to the general public (31% have a college degree in both groups), yet US Muslims report lower incomes than other Americans (Pew Research Center, 2017). A large portion of American Muslims (40%) have incomes less than $30,000, compared to 32% of the country overall (Pew Research Center, 2017), and this finding is more common among Black or Arab Muslims versus White or Asian Muslims (Mogahed & Chouhoud, 2017). Furthermore, 29% of American Muslims are underemployed (i.e., unemployed and looking for work or part-time and prefer to work full-time) compared to only 12% of U.S. adults (Pew Research Center, 2017).

Findings from survey data show that American Muslim women defy common negative stereotypes. On average, American Muslim women are not only more educated than American Muslim men (73% versus 57% respectively receive a post-high school education); (Mogahed & Chouhoud, 2017), but are also more highly educated than other U.S. women, second only to Jewish American women (Younis, 2009). Furthermore, American Muslims have the smallest gender pay gap compared to other religious groups (Younis, 2009), and more American Muslim women report living in a middle-class household than American Muslim men (28% versus 19%); (Mogahed & Chouhoud, 2017). Additionally, American Muslim women and men are equally likely to report attending the mosque once a week (Younis, 2009).
American Muslim Identity

Identity theory research largely overlooks the role of religion in developing identities for individuals and groups (Peek, 2005, p. 217). However, particularly for visible minorities, religion can play a significant part in establishing and maintaining social identity (Hermansen, 2003). Research on identity formation of Muslims in America (Haddad & Esposito, 2000; Schumann, 2007; Sirin et al., 2008; Wolfe, 2002; Young, 2008) suggests that Islamic values are a dominant aspect of the group identity, contributing to the dual “American Muslim” identity label that emphasizes both religious adherence and national pride (Bagasra, 2011). In their most recent study, the Pew Research Center found that American Muslims “overwhelmingly embrace both the ‘Muslim’ and ‘American’ parts of their identity,” with 92% proud to be an American, 97% proud to be Muslim, and 89% proud to be both Muslim and American (Pew Research Center, 2017). Additionally, a large number of Muslims in America were found to self-identify primarily as Muslim or American rather than Asian- or Arab American (Pew Research Center, 2007). Therefore, it appears that the creation of the dual American Muslim identity may demonstrate an emphasis on the religious identity over the cultural identity (Bagasra, 2011).

There are several theories regarding the development of this religious identity. Many U.S. mosques are attended by racially and ethnically diverse members that may work to strengthen the American Muslim identity rather than an ethnic identity (Bagasra, 2011). For example, 80% of American Muslims completely or mostly agree that they “feel a strong sense of belonging to the Muslim community in the United States” (Pew Research Center, 2017). Additionally, it may be a result of being a more visible minority,
with about four-in-ten American Muslims feeling they can easily be distinguished as Muslim, due to their appearance, voice, or clothing (Pew Research Center, 2017).

However, the othering and racialization of American Muslims after 9/11 is likely the greatest catalyst in the contemporary identity formation since it has caused Muslims in America to reevaluate their social identities, often leading to a reaffirmation and strengthening of both their Islamic ideals and American-ness (Bagasra, 2011; Abdo, 2005; Takim, 2004).

**Anti-Muslim Racism (Islamophobia)**

While being Muslim is a religious identity and is not associated with any specific ethnicity or race, Muslims have become increasingly racialized through post-9/11 discourses around the War on Terror which have systematically homogenized Muslims into a unified, monolithic group (Selod, 2015; Ahmad, 2018; Zine, 2006). This step of homogenizing a group and painting them as a monolithic group has been recognized as a precursor to discrimination and racism since it allows for the othering and dehumanization of the diverse people that make up the group (Ahmad, 2018).

Some argue that religious affiliation is a choice and that Islamophobic speech and acts are religious criticism rather than racial stereotyping or racism. However, Selod (2015) has argued that being Muslim is a “de facto racial classification, one that is experienced in practice although not formally recognized.” Additionally, the refusal to recognize Muslims as victims of racism or hate crimes is a significant issue. As Meer and Modood (2009) point out, “while Muslims are increasingly the subject of hostility and discrimination, as well as governmental racial profiling and surveillance, and targeting by
intelligence agencies, their status as victims of racism is frequently challenged or denied” (p. 338).

It should be recognized that while anti-Muslim racism is in itself a new form of racism, many Muslims also face racism on the basis of their racial appearance. This is particularly true for Black Muslims, who live at the intersection of anti-Muslim racism and systemic anti-Black racism (Ahmad, 2018).

**Limits of Current Literature**

With no available published studies examining CSA among American Muslims specifically, CSA experiences of American Muslims are often deduced either (1) from specific ethnic immigrant communities in the U.S., such as South Asian or Arab, despite the majority of these ethnic groups in the U.S. identifying as Christian (Pew Research Center, 2017), or (2) from research based in Muslim-majority countries discounting that “the migration experience interacts with cultural factors from the country of origin making literature [based on] ‘back home’ possibly limited or even irrelevant” (Sawrikar & Katz, 2017). While findings of the above-mentioned types of studies may provide contextual background for certain parts of Muslim communities in America, they do not sufficiently capture the diverse nature and experiences of the American Muslim identity, especially when almost half of American Muslims are born in the U.S., including African American Muslims, convert Muslims, and second or third generation immigrant Muslims (Pew Research Center, 2017).

**Theoretical Foundations**

In this section, the author discusses two key theoretical foundations – social ecology theory and critical theory – which have guided the development of this study,
including the literature review and research design. These also served as sensitizing concepts during data analysis and theory building. It should be noted that for the purposes of research, social theories and sensitizing concepts do not necessarily “determine how we see the world but help us devise questions and strategies for exploring it” (Kincheloe & McLaren, 2011).

**Social Ecology Theory**

Ecological approaches, including the socioecological model, originate from the work of Urie Bronfenbrenner (1977), a developmental psychologist, who asserted that in order to understand human development, the entire ecological system must be understood.

His original ecological theory consisted of four layered subsystems, starting from the innermost immediate environment of one’s microsystem (e.g., family, or school), to the mesosystem (interrelations of the immediate settings), to the exosystem (formal and informal community structures), and finally the macrosystem (overarching culture and customs; Bronfenbrenner, 1977). Each of these layered subsystems influences both the individual at the center and the other subsystems.

In adapting the theory for public health and health promotion efforts, McLeroy et al. (1988) developed the socioecological model (SEM) with five interrelated systems (represented by concentric circles) of intrapersonal, interpersonal, organizational, community, and policy. The model is a useful framework not only in understanding the multiple factors that influence an individual’s health as a whole or a specific health-related issue, but also in identifying the points of potential public health interventions (Wendel et al., 2015). By situating an individual within multiple levels of influence, the
socioecological model “focuses attention on the environmental causes of behavior” (McLeroy et al., 1988, p. 366), therefore acknowledging the necessity of developing multi-level interventions that go beyond targeting individual behavior change. Widely used in public health research and program planning, socioecological approaches have demonstrated applicability across a broad array of health and social issues, as well as in diverse social and cultural contexts (for review, see Wendel et al., 2015).

With regards to this study, the SEM helped provide a framework for organizing the literature review on CSA as a public health issue through exploring the risk, protective, and moderating factors at each socioecological level and the existing interventions (see Chapter 2). This organization helped demonstrate that the majority of the existing literature attends to the individual or interpersonal factors and interventions, with much less research on the community-level processes and multi-level structures related to the prevention of CSA, as previously noted by Tabachnick et al. (2016) and Wurtele (2016).

Additionally, the SEM helped guide development of parts of the in-depth interview guide, as a way of ensuring questions about each level were included. Finally, during analytic theory building, the SEM provided a theoretical base to compare and situate certain relevant axial codes. The resulting theoretical model of the CSA meaning-making patterns (as detailed in Chapter 4) demonstrated that the SEM was not sufficient to incorporate the more detailed nuances of community contexts and structures.

**Critical Theory**

Primarily concerned with issues of power and justice, critical theory seeks to analyze “who gains and who loses” across various aspects of society, recognizing
multiple forms of power and domination (race, class, gender, sexuality; Kincheloe & McLaren, 2011; Steinberg & Kincheloe, 2010). Towards this cause, critical researchers “attempt to expose the forces that prevent individuals and groups from shaping the decisions that crucially affect their lives” (Kincheloe & McLaren, 2011, p.288). Critical theorists note that while power is an extremely ambiguous concept, it is also observed as “a basic constituent of human existence that works to shape the oppressive and productive nature of the human tradition” (Kincheloe & McLaren, 2011, p.290). To better understand the role of oppressive power in producing human suffering, theorists have emphasized that concept of “hegemony” as necessary within critical research and refers to:

...not only the physical force but also the social psychological attempts to win people’s consent to domination through cultural institutions such as the media, the schools, the family, and the church... and garners consent to an inequitable power matrix - a set of social relations that are legitimized by their depiction as natural and inevitable. (Kincheloe & McLaren, 2011, p. 290)

Critical theory was “developed to disrupt, to challenge, and to promote moral action” and therefore critical research “demands an engagement with the suffering of the people of the lived world with the moral dilemmas that face us in the complexity of everyday life” (Steinberg & Kincheloe, 2010, p. 149).

In this study, critical theory served as a theoretical foundation from conceptualization to analysis and writing. In the literature review, special attention was paid to the societal forces and structures that perpetuate inequality and serve to gain from and human suffering. During the research design, critical theory guided the decision making to adapt a blended methodological approach of “critical grounded theory” (see
Chapter 3. Many critical theories exist, two of which are described more below and how they relate to this study.

**Intersectionality.** The perspective of intersectionality can be found as far back as 1851, when Sojourner Truth, a freed slave, gave her famous speech, “Ain’t I a Woman?” challenging the unequal treatment of black women in comparison to white women and black men (Lewis, 2017). In the late 1960s, it became more popular as a response to the second wave feminist movement (Hankivsky & Christoffersen, 2008). Subsequently in the 1990s, intersectionality began emerging in the works of critical social science, humanities, and legal scholars such as bell hooks, Patricia Hill Collins, and Kimberle Crenshaw. In particular, Kimberle Crenshaw, a lawyer and Black feminist scholar, is credited with coining the term *intersectionality* while describing the exclusion of Black women from the mainstream feminist discourse (Crenshaw, 1989). In response to this context, intersectionality rejects the prioritization of any one category of social identity over another and instead attempts to interpret the experiences that occur at the intersection of two or more identities of oppression (race/ethnicity, gender, class; Hankivsky & Christoffersen, 2008). From the intersection of these identities, new feelings, knowledge, and experiences are formed that cannot be explained by the sum of the individual parts.

While rooted in legal feminist theory, intersectionality has been applied to multiple areas of research and policy, including health issues (Hankivsky & Christoffersen, 2008). In discussing the application of intersectionality to public health, Bowleg (2012) emphasizes three core aspects of theory. First, multiple social identities intersect to produce further inequitable and disparate outcomes which cannot be
explained by each identity separately without the intersection of the other; second, the framework does not promote “universal intersectionality,” but instead focuses on issues from the perspective of those from multiple historically oppressed and marginalized groups as its starting point; and third, not only do multiple social identities intersect with each other within an individual (microlevel), but they additionally intersect with macrolevel structural factors (e.g., poverty, racism, sexism), producing further inequitable health outcomes, demonstrating the inherent connection between social ecology theory and intersectionality (Bowleg, 2012). Additionally, intersectionality examines the way health inequities in “multiply oppressed groups” are socially constructed simultaneously and how macro-institutional and micro-interpersonal power relations work to sustain these inequities (Weber & Parra-Medina, 2003). Therefore, interventions grounded in intersectionality must take a multi-level approach to addressing health inequities, that emphasize power relationships, not just differences in resource distribution (Weber & Parra-Medina, 2003).

In relation to this study, intersectionality is especially positioned to attend to the nuances of American Muslim experiences, that are shaped by both their gender and their racialization through anti-Muslim (Islamophobic) discourses (Hopkins, 2016; Perry, 2014). Through this lens, the violence that Muslim women and girls experience is shaped by “patriarchy and sexism with the victims being targeted as a result of these racist interpretations of the intersections between gender, ethnicity and religion” (Hopkins, 2016, p.188).

**Islamic Critical Theory.** While still new in the academic literature, Islamic critical theory (Gilani-Williams, 2014; Mahmoudi et al., 2014) and critical Muslim
feminism arise from intersectionality and postcolonial feminism to claim “an alternate space for the articulation of Muslim female identity that resists both patriarchal fundamentalism and secular Islamophobia” (Zine, 2006, p. 250). Tied to remnants of colonial rescue, dominant political discourses of the liberation and empowerment of Muslim women are contingent upon removing Islam from their lives, such that their “redemption” can only come “through emulation of Western norms and conventions” (Zine, 2004). American Muslim women especially find themselves at the intersection of this false dichotomy. Rather than seeing one’s Muslim identity as a peripheral issue, critical Muslim feminism provides a faith-centered space that is “attentive to the role spirituality and religious commitment play in Muslim women’s conceptions of selfhood and feminist engagement” (Zine, 2004, p. 181). This type of anticolonial feminism is an especially useful theoretical lens in this study’s exploration of the experiences, understandings, and meanings American Muslims have towards CSA.

Current Study

The purpose of this research was to explore the opportunities for CSA prevention in a diverse American Muslim community, attending to the social, cultural, and religious contexts of the community members’ understanding and meaning-making of CSA and accounting for the community’s specific strengths, limitations, and potential opportunities and barriers. By exploring these issues with and from within the community using a trust-building and collaborative approach, this study represents a positive step towards developing culturally, religiously, and community-specific CSA prevention.

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2 While the author appreciates Zine’s work on gendered Islamophobia and the development of the critical Muslim feminist framework, she does not agree with her rejection of classical Islamic texts. Rather, the author views this rejection itself as based in orientalism and colonial feminism.
initiatives that can be implemented within and by the community. With this purpose, research questions addressed in this study are:

**Research Question 1:** How do diverse American Muslim community members collectively make meaning around the issue of CSA occurrence? Specifically, what are community members’ perceptions of the causal factors and social processes that affect CSA occurrence in their community, and how are these meaning-making patterns situated in their cultural, religious, and sociopolitical contexts?

**Research Question 2:** How do community members (in a diverse American Muslim community) respond to CSA disclosures and what are the thought-processes or rationalizations behind their response patterns, as situated within the community-specific cultural, religious, and sociopolitical contexts?

**Research Question 3:** What is this diverse American Muslim community’s stage of readiness towards taking action on preventing and responding to CSA? What are the barriers to and opportunities for increasing the community’s stage of readiness to address CSA?

**Overview of Methodology**

In this study, the author utilizes the methodological approaches of participatory action research (PAR) and qualitative inquiry to explore the opportunities for CSA prevention in a diverse and active American Muslim community. Rooted in Lewinian pragmatism and Freirian critical consciousness-raising, PAR emphasizes participatory and community-based knowledge inquiry that has the explicit intention to produce meaningful social change and questions existing systems of power (Baum et al., 2006; Cornwall & Jewkes, 1995; George et al., 1996). PAR has been shown to be an effective
approach when “contextual interpretation and meaning are sought and valued” (Tufford & Newman, 2012), making it an especially pertinent approach for addressing my research questions.

This study is heavily informed by the theoretical constructs of the socioecological model (SEM) and intersectionality theory. The SEM is particularly useful for understanding the multiple risk and protective factors that influence the occurrence of CSA as well as the factors moderating its consequences. Viewing the issue from this type of ecological lens helps situate it within multiple levels of influence to determine the best points for public health prevention efforts (McLeroy et al., 1988).

The setting for this research is the Muslim community in the greater Twin Cities area of Minnesota. The Twin Cities Muslim community is well-known for its long-standing, rich network of Muslim organizations oriented towards community service, engagement, and advocacy, developed to meet the needs of the growing Muslim population (ISAIAH, n.d.; The Pluralism Project, n.d.). Additionally, the community represents the diversity of American Muslims with a mix of various ethnicities, races, nativities, and generations.

To address all three research questions, this study applied the blended methodological approach of “Critical Grounded Theory” using principles of PAR and informed by CGT methods. For research question three, the Community Readiness (CR) model was additionally used to assess the community’s stage of readiness. After the preparation phase, the study comprised of three rounds of recruitment, data collection, and data analysis. Throughout the study, the researcher frequently reflected on her positionality as an insider within the research, carefully considered the unintended
consequences, and worked to maintain the ethical protections of the research participants. Complete details about the study methodology is provided in Chapter Three.

**Rationale and Significance**

With no published literature examining CSA among diverse American Muslim communities, this study uses an exploratory constructivist grounded theory approach to take the first step towards gaining insight into the understandings and meaning-making patterns of American Muslims regarding the issue of CSA. To authentically interpret these patterns, they must be situated within the social, cultural, and religious contexts of the community.

While many prevention efforts for CSA have been developed over time, the majority target lower socioecological levels (i.e., individual, specifically victim-focused, and interpersonal) and are not multi-level approaches. Years of public health research and experience have demonstrated that in order to bring about effective prevention of complex health issues, initiatives must move “beyond a simple educational component targeting individuals to develop a multi-level comprehensive approach” that targets systems (DeGue et al., 2012; Tabachnick et al., 2016). Therefore, this research additionally explores the construct of community readiness in order to identify the most promising points of intervention and determine the community-level characteristics that affect the community’s ability to take action on CSA. To my knowledge, this is the first study applying community readiness to CSA prevention.

CSA is a sensitive, stigmatized, and politicized issue in every community. For American Muslim communities existing in an increasing anti-Muslim Islamophobic environment, this is compounded by fear of negative findings being weaponized against
the community. Therefore, for this research to be successful, it is crucial that the community and participants trust the researcher and the research process, as well as have control over the decisions and ownership of the results. The collaborative, trust-building, and action-focused principles of PAR make it an ideal orientation for this study (Cornwall & Jewkes, 1995), while the strong techniques of CGT add methodological rigor (Charmaz, 2017).

**Organization of the Dissertation**

Chapter One introduces and provides a succinct overview of this study including the problem statement, key concepts, theoretical foundations for the study, purpose, research questions, and methodology outline. Chapter Two presents the literature review in two parts. Part I presents the existing literature on CSA as a public health issue from a socioecological perspective, including prevalence, risk factors for each socioecological level, consequences, and prevention strategies at each level. Part II discusses the substantial literature gap of CSA research among American Muslims and certain existing relevant literature. Chapter Three addresses the methodology of this study, including the blended methodological approach, the research setting of the Muslim community, ethical considerations, and details of sampling, data collection, and data analysis. Chapters Four, Five, and Six are structured as three separate Manuscripts that each represent the part of the study addressing a separate research question. Chapter Seven situates the study in the literature by presenting the combined theoretical model that allows for the determination of key opportunities for prevention. The forms and data collection instruments are included in the Appendices.
CHAPTER TWO: LITERATURE REVIEW

This chapter presents a comprehensive review of the relevant literature in three parts. **Part I** presents the existing literature on CSA as a public health issue from a socioecological perspective by reviewing CSA prevalence, risk factors for CSA at each socioecological level, the consequences of CSA and the factors moderating these consequences, and finally existing prevention strategies at each level. **Part II** discusses the substantial literature gap of CSA research among American Muslims, and then presents a hypothesized contextual framework as a lens for exploring the limited relevant literature.

**Part I: Child Sexual Abuse as a Public Health Issue**

A public health approach to CSA recognizes that it is prevalent in all societies, that it has significant consequences and costs to the individual, family, and society, that we understand the fundamental causes and drivers, and most importantly, that action can be taken to prevent it at primary, secondary, and tertiary prevention levels (Brown & Saied-Tessier, 2015). While CSA was categorized as a significant public health issue more than two decades ago (Mercy, 1999; World Health Organization, 1999), recently there has been a shift towards a more comprehensive ecologically focused public health approach to preventing and responding to CSA (Letourneau et al., 2014; Tabachnick et al., 2016). Therefore, in this part of the literature review, the author presents extensive literature on the current understanding of child sexual abuse (CSA) from the perspective of public health, and specifically through a socioecological lens.
CSA occurs at the complex interaction of multiple levels of risk and protective factors. Once CSA victimization takes place, it places the victim on a path towards detrimental short- and long-term consequences. However, the manifestation of these consequences is widely variable across victims, and, therefore, there exists an additional set of moderating factors. There exists a type of lifelong feedback between these moderating factors and the consequences since at different times in a victim’s life course there may be more supportive factors that increase resiliency or more detrimental factors that result in new manifestations. The relationship of the various parts presented in this section are illustrated in Figure 2.1 below.

**Figure 2.1: Socioecological approach to understanding CSA**

![Socioecological approach to understanding CSA](image)

**Prevalence Estimates of Child Sexual Abuse**

Globally, child sexual abuse is a widespread issue within all societies and across all ethnic, socioeconomic, and religious groups. Accurately and reliably estimating CSA frequency is important for monitoring trends, for informing policymaking and funding, and for evaluating interventions. However, variations in definitions and research methods make assessing any potential trends difficult. CSA frequency is estimated in two different ways: using officially reported CSA (law enforcement records?) to determine incidence rates or using retrospective self-report surveys to determine prevalence rates (Alaggia et
al., 2017; Martin & Silverstone, 2013). When comparing these methods, the officially reported incidence rates only account for three to five percent of actual cases, indicating that at least 95% of CSA is not reported to authorities (Martin & Silverstone, 2013). Moreover, studies show that two-thirds of children never disclose their CSA experience (London et al., 2005). Therefore, current CSA statistics likely underestimate the true burden of CSA.

Nevertheless, population-wide prevalence studies with adequately large random samples have been conducted in many countries. Examining these retrospective studies from 1980 to 2009, three recent meta-analyses found global lifetime prevalence rates of 15–20 % for female children and seven to eight percent for male children (see Table 2.1; Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2011). While many studies only report prevalence estimates for narrowly defined CSA, the estimates provided here are for broadly defined CSA, which includes non-contact sexual abuse, contact sexual abuse, and forced intercourse occurring before the age of 18 years (Barth et al., 2013). Most of the studies included in the meta-analyses are adult recollections of childhood experiences and therefore refer to CSA prevalence from about a decade prior to the survey, making accurate interpretation of trends impossible (Barth et al., 2013).

**Table 2.1: Global lifetime CSA prevalence estimates from recent meta-analyses**

<table>
<thead>
<tr>
<th>Meta-analysis</th>
<th>Sample</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pereda et al. (2009)</td>
<td>65 studies from 22 countries</td>
<td>19.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td></td>
<td>n = 63,118 females</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n = 37,904 males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoltenborgh et al. (2011)</td>
<td>217 studies from 6 continents</td>
<td>18.0%</td>
<td>7.6%</td>
</tr>
<tr>
<td></td>
<td>n = 9,911,748</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barth et al. (2013)</td>
<td>55 studies from 24 countries</td>
<td>15.0%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>
Minnesota sexual violence estimates

According to the Minnesota Department of Health (Minnesota Department of Health, 2015), 77,000 people were sexually assaulted in Minnesota in 2005. From 2011 BRFSS data on adverse childhood experiences (ACEs), the prevalence of contact CSA in Minnesota was found to be 10% (Minnesota Department of Health, 2013). In the 2013 Minnesota Student Survey, 42% of children in juvenile correctional facilities and 19% of all 11th graders reported that they had been pressured into having sex when they did not want to (Minnesota Department of Health, 2015). Among 11th graders, four percent of girls and one percent of boys reported being sexually assaulted by a family member in their lifetime (Minnesota Department of Health, 2015). Several studies from Minnesota show that people of color, and in particular, Native American females, are targeted and sexually exploited at disproportionately higher levels (Farley et al., 2011; Martin et al., 2010; Pierce, 2009).

Risk Factors for Child Sexual Abuse

Over three decades of research on CSA risk factors and etiology have established that CSA perpetration is heterogeneous, complex, and multifaceted (Black et al., 2001; Clayton et al., 2018; Finkelhor & Baron, 1986; Sedlak, 1997). CSA etiological theories have been influenced by Bronfenbrenner’s (1977) ecological model which conceptualizes how a child’s development is determined by the systems in which the child is embedded and the interactions of those systems (Clayton et al., 2018). Many CSA risk factors discussed in the literature and are often categorized as victim characteristics, offender characteristics, situational, and cultural. CSA occurs with the interaction of these varied factors which operate at multiple levels of influence within a socioecological model.
Table 2.2 summarizes the evidence-based risk factors for CSA categorized according to five levels based on McLeroy and colleagues’ (1988) socioecological model for health promotion. The literature supporting each of these is discussed in detail in the following sections.

**Table 2.2: CSA risk factors categorized by socioecological level**

<table>
<thead>
<tr>
<th>SEM Level</th>
<th>CSA Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td><strong>Victim characteristics:</strong> gender, age, disability, prior victimization, <strong>Offender characteristics:</strong> gender, age, prior abuse, recidivism, psychosocial attitudes/beliefs</td>
</tr>
<tr>
<td><strong>Interpersonal</strong></td>
<td>Victim-offender relationship, grooming, Capable guardian, Family structure, caregiver characteristics, parent-child relationship</td>
</tr>
<tr>
<td><strong>Institutional</strong></td>
<td>Organizational culture, policies, Physical environment</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td>Neighborhood characteristics: structural factors, social processes, Tolerance of sexual violence</td>
</tr>
<tr>
<td><strong>Societal</strong></td>
<td>Gender-related norms: inequities, power imbalance, hegemonic masculinity, Perceptions of consequences, Other: sexualization of children, media representation</td>
</tr>
</tbody>
</table>

**Individual-Level: Victim Characteristics**

While victims clearly do not cause sexual abuse, certain victim characteristics may serve as markers associated with increased risk of CSA and are therefore helpful in identifying children at higher risk for prevention efforts (Black et al., 2001).

**Gender.** On average, research indicates females have a two to three times higher risk of being sexually abused during childhood than males (Andrews et al., 2004; Barth et al., 2013; Pereda et al., 2009; Putnam, 2003). Several hypotheses exist regarding the significant disparity in male versus female prevalence rates. Easton (2013) found that male CSA survivors were less likely to report than female survivors and were more likely to delay reporting by many years when they did decide to report. Furthermore, the
difference in male versus female disclosure rates was more pronounced when the perpetrator was a family member (Easton, 2013). Pereda and colleagues (2009) discussed that CSA among males may be underestimated due to lack of appropriate CSA definitions that adequately capture the experiences of males. However, in the most recent meta-analysis, Barth and colleagues (2013) found that the difference in male versus female prevalence was stable regardless of methodology.

Nevertheless, the male CSA experience should not be ignored. By analyzing country economic development in relation to CSA prevalence, Stoltenborgh and colleagues (2011) found that low-resource countries demonstrated higher CSA among males, while there was no significant effect on female rates. Furthermore, the study found that in some African and South American countries, male victimization rates are the same as or higher than female victimization (Stoltenborgh et al., 2011). Male CSA may also be more prevalent in certain specific contexts, such as sporting organizations or religious institutions (Mathews, 2019c).

**Age.** Children of all ages, from newborn to adolescents, are at risk for CSA (Wurtele, 2016). Regarding age at onset, studies have shown that the majority of CSA begins in children younger than 13 years, with median age at onset being 9 to 10 years for both girls and boys (Finkelhor et al., 1990; Mathews, 2019c). Barnes and colleagues (2009) found that when children experience abuse earlier in childhood, they are more likely to be revictimized during the remainder of their childhood. This may be why studies have found that older adolescents have the “highest risk” for sexual abuse (Black et al., 2001). Leclerc and colleagues (2009) found that for each one-year age increase from 1 to 13 years, the risk of penetrative CSA increased by 1.25 times. It should be
noted that the relation between a child’s age and the risk for CSA may be mediated by the child’s gender, race/ethnicity, socioeconomic status, and family structure (Matta Oshima et al., 2014; Putnam, 2003; Sedlak, 1997).

Disability. Numerous studies have documented the increased risk of CSA among children with a physical or intellectual disability, with estimates ranging from two to six times higher likelihood, depending on the gender and type of disability (Kendall-Tackett et al., 2005; Reiter et al., 2007; Sobsey & Mansell, 1994; Sullivan & Knutson, 2000). For example, among physical disabilities, children with deafness are particularly vulnerable and experience a two to three times higher risk than hearing children (Kvam, 2004; Sullivan et al., 1987). Similarly, in a prospective study of 1,087 girls, Butler (2013) found that CSA occurred two to three times more among girls who were referred for special education or those with the lowest percentile in reading or math. In a retrospective whole-population cohort from the United Kingdom, Spencer and colleagues (2005) found that social services for sexual abuse were used six times more among those with moderate-to-severe learning difficulties. Regarding gender distribution, evidence shows that male children with disabilities experience CSA victimization three times more than male children without disabilities, indicating the relationship between gender and CSA may be mediated by disability status (Kvam, 2004; Sobsey et al., 1997).

Prior sexual victimization. Sexual revictimization is common in CSA survivors, and CSA is a significant risk factor for revictimization (Classen et al., 2005). Prior abuse as a risk factor for revictimization may be the result of repeated abuse by the same perpetrator, such as in situations where the perpetrator exerts significant power over the child (institutional settings) or has close access to the child (Mathews, 2019c). Research
indicates that people who have experienced prior sexual abuse (especially before the age of 18 years) have a three to five times increased risk of revictimization, when compared to peers who have not experienced CSA, and the risk of revictimization is significantly higher for females than males (Barnes et al., 2009; Classen et al., 2005; Hu et al., 2018; Ogloff et al., 2012). Additionally, the type, severity, and time-period of prior sexual abuse have been found to be strong predictors of sexual revictimization, especially in females, with the highest revictimization risk occurring closest in time to the first episode of abuse and among more severe CSA types (Barnes et al., 2009; Classen et al., 2005; Hindley et al., 2006). Several studies have examined mediating factors between prior abuse and the increased risk of sexual revictimization, and these are often linked to the psychological and behavioral consequences of CSA, such as poor coping strategies, early alcohol use, engaging in risky sexual behavior, and feelings of stigma, distress, shame, or powerlessness (Barnes et al., 2009; Classen et al., 2005; Fargo, 2009; Miller et al., 2011).

**Other.** There are several other victim characteristics that are discussed by offenders when asked what they look for when targeting victims. These include children who are socially isolated or those with only a few close friends, those with low self-esteem or lacking confidence, those with a higher need for attention/affection, those who may have early attachment failures, those who appear to be passive, trusting, needy, or obedient (Wurtele, 2016). Additionally, researchers often equate children’s lack of knowledge about sexual development or appropriate sexual behavior with increasing their risk for CSA; however, this has not been explicitly found to be a risk or protective factor.
Individual-Level: Offender Characteristics

Examining the demographic and psychosocial characteristics of CSA offenders is important in determining potential risk and protective factors that can be used to develop evidence-based prevention programs (Tabachnick et al., 2016).

**Gender.** The vast majority of CSA offenders are male, both in criminal justice reports and surveys of victims, (Snyder, 2000; Tabachnick, McCartan, & Panaro, 2016), with females making up less than five percent (Cortoni & Hanson, 2005; Snyder, 2000; Tabachnick et al., 2016). However, it should be noted that female offenders are less likely to be reported than male offenders (Clayton et al., 2018; Papalia et al., 2018). Additionally, the proportion of female to male offenders has been found to vary with the victim’s age, with females more likely to offend against younger victims (mean age is 5.84 years compared to 8.58 years for male offenders; Peter, 2009; Snyder, 2000).

**Age.** While the majority of CSA offenders are adults, studies estimate that 25% to 50% are other youth (Campbell et al., 2018; Finkelhor, 2009; Shields & Feder, 2016). Among CSA cases reported to U.S. law enforcement from 1991 to 1996, adults were the offenders in 60% of CSA cases under age 12, while the remaining 40% of offenders were themselves juveniles (Snyder, 2000). This has led to the demonstration of two distinct peaks in the age distribution of sexual offenders – first in teenage years and a second in mid- to late- thirties (Hanson, 2002; Smallbone & Cale, 2015). Recent literature tends to emphasize that these are two distinct groups of offenders, *not* the same youth offending later in life (Letourneau et al., 2017). Additional research has demonstrated significant differences between the characteristics of youth and adult offenders, such as relationship to victim, type and severity of offenses, and recidivism rates (Campbell et al., 2018;
Therefore, unique intervention and prevention strategies should be considered when targeting each group (Dopp et al., 2017; Letourneau et al., 2017; Rothman, 2016; Tabachnick et al., 2016).

**Prior victimization.** As part of the cycle of violence theory, the “sexually-abused-sexual abuser” hypothesis is discussed considerably in the literature. Despite many retrospective, prospective, and meta-analytic studies, the evidence for the hypothesis is somewhat mixed (Hanson & Slater, 1988; Jespersen et al., 2009; Ogloff et al., 2012; Papalia et al., 2017; Salter et al., 2003), with prevalence of CSA victimization among offenders of CSA ranging from 0% to 67% (DeLisi et al., 2014). In general, it should be noted that the majority of CSA victims do not go on to perpetuate the cycle of sexual violence by becoming an offender. However, studies show that sex offenders are more likely to have been sexually abused than non-sex offenders (DeLisi et al., 2014; Jespersen et al., 2009), and when compared to the general population, CSA victims do have a significantly increased risk of committing violent sexual offenses (Ogloff et al., 2012; Salter et al., 2003). The wide range of risk rates presented in the literature is most likely due to the complex interplay of additional risk factors for offending, such as gender, age, and mental illness (Ogloff et al., 2012; Papalia et al., 2018; Salter et al., 2003). For example, in a large prospective study, the rate of CSA victims who went on to commit sexual offenses was highest for males who were victimized at 12 to 16 years, for those who were revictimized, and for those who developed serious mental illness (Papalia et al., 2018). These findings have important implications for CSA prevention work, as discussed in a later section.
Recidivism. There is debate in the literature whether prior CSA offending is a risk factor for re-offending. While most research indicates that the majority do not re-offend, the recidivism rates among “typical” sexual offenders range from 10% -- 15% at five years with the rates gradually increasing to 30% at 20 years follow-up (Hanson & Bussiere, 1998; Hanson et al., 2003). The risk of recidivism decreases the longer an offender remains “offense-free” (Hanson et al., 2003). It should be recognized that sexual recidivism rates differ significantly for specific subgroups of offenders, with the highest recidivism rates among those who offended against extrafamilial boys (Greenberg et al., 2000; Hanson et al., 2003). Some research also indicates that adolescent CSA offenders have lower rates of recidivism than adult offenders (Cale et al., 2016; Parks & Bard, 2006). Additionally, there is considerable literature on the risk factors and predictors of recidivism and desistance among sexual offenders (Cale et al., 2016; Hanson et al., 2004; Hunter et al., 2003; Miner, 2002; Parks & Bard, 2006; Smallbone & Wortley, 2004). Overall, researchers have surmised that most likely, a small group of serial offenders are disproportionately responsible for the majority of CSA victimization and recidivism (Abel & Rouleau, 1990; Smallbone et al., 2013; Smallbone & Wortley, 2001).

Other characteristics. There are many other offender characteristics examined in the literature; however, it is beyond the scope of this dissertation to discuss them in detail here. It is important to note that CSA offenders do not typically have sexual preference for young children (i.e., pedophilia; Shields & Feder, 2016), and instead tend to have attitude, cognition, and behavior profiles similar to those of sex offenders against adult women (Whitaker et al., 2008). These include a sense of sexual entitlement that
emphasizes sexual performance and dominance, poorly developed emotional skills, and externalizing behaviors (Butler & Seto, 2002; Mathews, 2019c; Seto, 2008).

**Interpersonal-Level Factors**

**Victim-offender relationship.** Extensive research has shown that the majority of CSA offenders already have an established nonsexual relationship with the victim prior to the first CSA incident, and the offender is typically someone known to the victim or family (Elliott et al., 1995; Finkelhor et al., 1990; Kaufman et al., 1998; Smallbone & Wortley, 2001). In fact, strangers make up only three to five percent of offenders in children under 11 years old (Snyder, 2000). Offenders may be family members, non-family members, or other youth. For example, among CSA cases reported to U.S. law enforcement from 1991 to 1996, more than 90% of offenders were known to the victim, with 34% of these being family members (Finkelhor & Shattuck, 2012; Snyder, 2000). In a sample of 182 convicted CSA offenders in Australia, about one-third of extrafamilial offenders reported knowing the child for more than one year before the event (Smallbone & Wortley, 2001). Additionally, more than 70% claimed the victim’s parents knew the offender had been spending time alone with their child (Smallbone & Wortley, 2001).

The most common intrafamilial offender relationships are parents, stepparents, sibling, step-sibling, or foster-siblings. In fact, the extrafamilial offender’s relationship with victims is often “quasi-parental,” in which there is a “mix of care-taking and authority” and whose roles allow “close emotional and/or physical proximity” to the victim (Smallbone et al., 2013). Therefore, these are most commonly trusted adults in positions of authority with access to children, such as those in schools, youth clubs, sporting, or faith-based institutions (Wurtele, 2016). Studies have demonstrated
differences in the pattern of abuse committed by extrafamilial and intrafamilial offenders, as summarized in Table 2.3. In general, intrafamilial offenders are more likely to repeatedly abuse one or two victims (younger, female); while extrafamilial offenders tend to abuse many more victims, with only one or two offenses against each victim (older, male; Abel & Rouleau, 1990; Smallbone et al., 2013; Snyder, 2000). In either case, research exploring CSA event characteristics consistently finds that offenders put considerable effort into manipulating the child and the child's environment in order to commit the abuse, often referred to as “grooming” (see McAlinden, 2006; Leclerc et al., 2011).

**Table 2.3: CSA pattern based on victim-offender relationship**

<table>
<thead>
<tr>
<th>Victim-offender relationship</th>
<th>Extrafamilial</th>
<th>Intrafamilial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of victim</td>
<td>Older</td>
<td>Younger</td>
</tr>
<tr>
<td>Gender of victim</td>
<td>Usually male</td>
<td>Usually female</td>
</tr>
<tr>
<td>Number of victims</td>
<td>High (mean = 73)*</td>
<td>Few (mean = 1.8)*</td>
</tr>
<tr>
<td>Incidents per victim</td>
<td>Low (mean = 1.8)*</td>
<td>High (mean = 43)*</td>
</tr>
</tbody>
</table>

* Based on Abel and Rouleau (1990)

Regarding the setting, CSA most often occurs in easily accessible private domestic settings (usually the victim’s or offender’s home or car), followed by institutional settings and then public settings (parks, play areas, swimming pools, etc.; Smallbone & Wortley, 2001; Snyder, 2000; Wortley & Smallbone, 2006). Other than intrafamilial offenders, the most common settings for offenders first meeting the child whom they later victimized was either at a friend’s home, through organized activities (e.g., sporting, scouts), in the nearby neighborhood, or while babysitting (Smallbone & Wortley, 2001).
Capable guardian. Research with CSA offenders has shown that they require a certain amount of privacy with a child and take advantage of a lack of adult supervision (Leclerc et al., 2015). Therefore, any person who is supervising the child and has the power to intervene has been termed a “capable guardian” in the literature. There is also evidence for the effect of a “potential guardian” in that the mere presence of another person in the vicinity can prevent CSA or more severe acts in the abuse, even if they do not have the capacity to stop the offender (Leclerc et al., 2015). For example, Leclerc and colleagues (2015) found that when CSA occurred in the presence of a potential guardian, the risk of sexual penetration decreased by 86%, along with a decrease in the general duration of sexual contact. Therefore, the degree to which a child is accompanied by capable or potential guardians can be considered an interpersonal factor for CSA.

Family structure. Research has consistently found that family structure, specifically the presence or absence of biological parents, is an important factor in CSA occurrence. Several studies have demonstrated that children living with only one biological parent have two to three times increased risk of experiencing CSA, compared to those living with both biological parents (Black et al., 2001; Sedlak et al., 2010). Researchers have theorized that the increased risk may be due to the increased presence of unrelated partners in the home, or due to single parents facing more difficulty in effectively monitoring and supervising their children (Wurtele, 2016). For example, girls living with a single parent and their cohabitating partner were found to have 20 times higher risk of CSA, compared to those living with both biological parents – the highest risk of any family structure (Sedlak et al., 2010). Compared to girls living with their biological fathers, those living with a stepfather, foster father, adoptive father, or partner
of their mother are at higher risk of experiencing CSA (Finkelhor et al., 1990).
Additionally, children growing up in foster homes have a 10 times higher risk of CSA victimization (Sedlak et al., 2010).

**Caregiver characteristics.** Certain characteristics of parents or caregivers have been linked to a child’s risk of CSA victimization. Studies have found higher rates of CSA among children whose **mothers had experienced CSA** (Oates et al., 1998; Hunter, 2000), with the risk significantly increasing when the mothers also had history of drug use (McCloskey & Bailey, 2000). As well as being linked to several other forms of child abuse, **caregiver substance use and alcoholism** has also been found to increase the risk of children experiencing CSA (Black et al., 2001; Butler, 2013; Pérez-Fuentes et al., 2013). Studies show that children witnessing or living in homes with **domestic violence** have a higher risk of experiencing CSA (about five times more; Zolotor et al, 2007; Hamby et al., 2010; Barret, 2010; Stroebel et al., 2013). Additional risk factors that increase a child’s risk of CSA include having parents with significant mental health issues (depression, suicide, or hospitalization for mental illness), criminal behavior, or imprisonment (Black et al., 2001; Butler, 2013; Pérez-Fuentes et al., 2013). The above issues are likely linked to CSA due to an inability to effectively supervise their children or be available to meet their children’s needs, resulting in a poor parent-child relationship, as discussed in further detail below (Wurtele, 2016). While a family’s socioeconomic status has been found to be strongly associated with risk of child neglect and physical abuse, there remains a debate in the literature and lack of consensus on its relationship with CSA. Some studies have found low socioeconomic status to increase a
child’s CSA risk (Black et al., 2001; Hussey et al., 2006), others have found no association (Butler, 2013; Paolucci et al., 2001; Putnam, 2003).

Parent-child relationship. Numerous aspects of the parent or caregiver’s relationship with the child have been examined in the literature. Rudolph and colleagues (2018) describe three main themes of factors that have strong evidence for being associated with increased CSA risk: low supervision/monitoring of children by parents, low parent involvement, and poor parent-child communication. Several studies have found an increased CSA risk among children whose parents reported low supervision, such as the child being left at home without suitable supervision (Davies & Jones, 2013; Finkelhor, Moore, Hamby, & Straus, 1997; Finkelhor, Ormrod, & Turner, 2007; Testa, Hoffman, & Livingston, 2011). Similarly, Finkelhor and Baron (1986) found increased CSA risk when parental supervision was compromised by some type of absence, illness, or among those undergoing divorce. There are many factors that could affect parents’ capacity to provide effective monitoring and supervision, such as those mentioned in “Caregiver characteristics” above.

Family involvement. Low parent or family involvement has also been linked to higher CSA risk, demonstrated in the literature through constructs of low parent-child attachment and bonding (Fergusson et al., 1996; Lewin & Bergin, 2001) and poorer parent-child relationship quality (Black, Heyman, & Smith Slep, 2001; Roberts, O’Connor, Dunn, & Golding, 2004). In Butler’s (2013) prospective study of CSA risk factors in girls, the interviewer’s assessment of the amount of warmth, love, and affection shown by the caregiver towards the child was linked with lower CSA risk. Regarding parent-child communication, studies have shown a protective effect against CSA when
parents have frequent and positive communication with their children, such as through asking questions and listening (Ramírez et al., 2011).

**Institutional-Level Factors**

CSA is known to occur in various institutional settings where adults have authoritative and caregiving roles towards children, or where older children and adolescents are in contact with vulnerable younger children (Smallbone & Cale, 2015). With regular and prolonged access to offenders in these settings, children are especially vulnerable to grooming tactics as well as repeated, continuous abuse (Mathews, 2019a).

Among extrafamilial CSA, a large portion (52% in the United Kingdom) has been found to occur in institutional settings (Gallagher, 2000). In a U.S. survey of 8th to 11th grade students, 9.6% reported sexual abuse by educators at some point in their school career (Shakeshaft, 2003). In combination with other data, researchers concluded that students with disabilities or females who are part of an ethnic minority are particularly vulnerable to CSA in a school setting (Shakeshaft, 2004). Additionally, in a survey of youth in juvenile correctional facilities, 10.3% reported being sexually abused by staff (Beck, 2010). Other recognized settings where CSA takes place include competitive sporting settings, “where the child’s athletic prospects are highly dependent upon the favor of adult authority figures” or in faith-based settings where “the child’s vulnerability is magnified by deep spiritual beliefs, commitment and fear” (Mathews, 2019, p.16).

Research has shown that certain characteristics of organizational culture can increase the risk of CSA being committed at an institution. CSA is more likely to occur in institutions where there is a lack of professional boundaries between staff and youth, and in “sexualized” work environments, which includes flirting or teasing youth about their
appearance, talk with profanity or sexual overtones, and use of sexually suggestive materials (Wurtele, 2012). Organizations that have a centralized, strict power hierarchy without feasible reporting pathways and a culture of protecting the institution’s reputation at all costs lead to the silencing and covering up of CSA, allowing the abuse to continue (Mathews, 2019a; Wurtele & Kenny, 2012). Other organizations may have leadership that refuse to accept CSA as a significant issue, reprimand any whistle-blowers, intentionally cover it up, or are complicit in the abuse (Mathews, 2019a).

There are also certain aspects of an institution’s physical environment that can act as risk or protective factors for CSA. These include structural aspects that allow for a potential offender to spend private time alone with a child, such as the lack of windows or clear sightlines, as well as presence of effective surveillance cameras (Mathews, 2019a). Bathrooms and changing rooms are especially an area of concern since both privacy and security must be maintained.

**Community-Level Factors**

From my review, the majority of studies examining community-level risk or protective factors are focused on child maltreatment or general sexual violence (usually adult). Although the author has attempted to summarize the most relevant literature below, the lack of research specific to CSA makes it difficult to draw conclusions.

Substantial research has examined the relationship between neighborhood characteristics and various types of child abuse, theorizing that neighborhoods with stronger social organization and collective efficacy are more likely to support families and promote positive social norms, resulting in lower rates of child maltreatment (Coulton et al., 2007; Nadan et al., 2015). Specific to CSA, it is theorized that community
resources and support are critical for parents in order to facilitate improved parent-child relationships and work as a protective factor in preventing CSA (Wurtele, 2016).

Some studies have found CSA to be associated with measures of neighborhood poverty and social resources, although the association was weaker than with other types of child maltreatment (Drake and Pandey, 1996; Ernst, 2000). Molnar and colleagues (2016) found lower rates of all child maltreatment in neighborhoods with lower social and physical disorder and higher positive social processes. However, after controlling for neighborhood structural characteristics (e.g., socioeconomic status, crime rates), CSA was the only type of maltreatment that was no longer significantly associated with the more modifiable neighborhood social processes (e.g., collective efficacy).

Additionally, sexual violence research highlights the importance of community-level factors related to tolerance of, reactions to, and willingness to intervene against sexual abuse. These community-level responses are tightly intertwined with predominant social norms and values about masculinity (Jewkes, 2002) as well as incorrect narratives about sexual offenders (McCartan et al., 2015). For example, community members may be less likely to intervene in situations where the victim is seen as being to blame for the problem or fail to understand the negative impact on the victim (Banyard et al., 2004). Although it may appear to be passive, when communities tolerate sexual violence, fail to hold offenders accountable for their abuses, and emphasize victims’ silence, they are actively creating a fertile ground for all forms of sexual violence.

**Societal-Level Factors**

**Gender inequities and power imbalance.** Inherent to the very definition of CSA is the presence of a power imbalance between the offender and victim. This may take the
form of the offender’s social position or role in the victim’s life, or the power imbalance
may be from difference in age (especially in the case of peer-on-peer offending).
However, with the overwhelming majority of CSA being perpetrated by males, it is clear
that the primary power imbalance is inherently rooted in gender inequity (Jewkes &
Dartnall, 2017).

At the societal level, gender inequity presents as various “social expectations,
behavioral norms, and values” that vary across settings (Jewkes & Dartnall, 2017).
Sexual violence in general is a “highly gendered act and strongly related to constructions
of masculinity that emphasize male dominance, control over women, and sexual
entitlement” (Jewkes & Dartnall, 2017, p.494). For example, some specific social
expectations related to sexual violence are that women and girls are “under the control of
men; that men have sex as a right within marriage; that women should not have sexual
desires or a right to sexual pleasure; that when sexually aroused men cannot control
themselves; and that women and girls are responsible for ensuring that they do not arouse
inappropriate sexual desires in men” (Jewkes & Dartnall, 2017, p.494). Sexual violence
therefore lies at the “nexus of power and control,” which is also what is seen throughout
the previous risk factors discussed for CSA. For a review of how various risk factors for
sexual violence against women are linked to constructs of hegemonic masculinity, see

Perception of consequences. An additional factor that overlaps between the
community and societal levels is the perception that an act is “socially stigmatized and
liable to be punished” (Jewkes & Dartnall, 2017, p.494). This is rooted in social gender
inequity in that sexual violence is one of the few crimes in which there is equal or more
blame placed upon the victim (usually female), rather than the offender (usually male; Jewkes & Dartnall, 2017).

**Sexualization of children.** The sexualization of children, particularly girls, has been recognized in the literature as an additional societal-level factor. This is especially demonstrated in advertising and media portrayals (Smith et al., 2005; Wurtele and Miller-Perrin, 1992). Experts have argued that various advertisements are exploitative and present sexually abusive images (Smith et al., 2005). Additionally, sexualized images of girls are reflected in other media such as television programs, computer games, and in products sold with intent to make young girls look sexy, which all contribute to normalizing the sexualization of girls (Wurtele, 2016). These constructions of childhood and “sexual-role belief attribution” are embedded within the systems of patriarchy and hegemonic masculinity, through which girls are perceived as objects of sexual desire that should be available to men – especially once they reach puberty (Quas, et al. 2002).

**Media representation of CSA.** Experts consider the media a key societal factor that “holds significant power to affect public attitudes and norms related to the sexual exploitation of youth, and to shape public policy, funding, and service delivery” (Wurtele, 2016). Literature has highlighted the detrimental role of media in propagating the “Stranger Danger” myth (Cromer & Goldsmith, 2010; Wodda, 2018). In their analysis of media coverage of CSA cases, Dorfman and colleagues (2011) discovered that the way in which media coverage presented cases made sexual crimes against minors appear as though they occur in a vacuum, instead of the product of broader social conditions.
These societal-level risk factors thus demonstrate the need for effective prevention interventions to use an approach which targets the systems that produce and sustain gender inequality and violence. This includes changing social constructions of masculinity and the acceptability of sexual violence, along with promoting gender equity across social values, expectations and behavioral norms.

Interaction of Risk Factors

In examining risk factors from a socioecological perspective, it is crucial to recognize that individuals and families do not live in isolation, but rather they are nested in multiple social systems (Wurtele, 2016). Therefore, CSA does not occur in a social vacuum, but rather arises out of the social normalization of hegemonic masculinity and gender inequities, which are in turn embodied, reproduced, and maintained across all socioecological levels (Jewkes et al., 2015). These gender-related social processes are also reproduced across generations, exist throughout the life-course, and are perpetuated by both men and women. Thus, all individuals and families need to be actively involved in CSA prevention in order to achieve sustainable social change towards the reduction of CSA perpetration and victimization (Jewkes et al., 2015).

Additionally, although the risk factors for CSA are organized into separate ecological levels, each risk factor potentially and likely interacts within and across levels to increase the risk of CSA (Wurtele, 2016). This interaction is illustrated in Figure 2.1 presented at the beginning of this chapter. It should be noted that there is no one single risk factor that has been identified in causing CSA, but rather it occurs as a result of the complex interplay of multiple risk factors, along with the absence of protective factors (Wurtele, 2016). However, there remains a substantial gap in the research on the nature
and effects of this interaction of risk factors across multiple levels, and most articles are theoretical in nature.

**Limitations of Risk Factor Literature**

Since the majority of studies in this field are retrospective in design, etiological pathways of CSA cannot be established, and some factors that appear to precede CSA may rather be consequences of CSA (e.g., social isolation). The retrospective self-reporting design also has limitations of recall bias and social desirability bias.

It is concerning that the majority of research investigating CSA occurrence focuses on examining risk factors rather than protective factors, and in addition, the majority of these risk factors appear to be non-modifiable, or extremely difficult to modify, individual characteristics (Sullivan, 2013; Wurtele, 2016). Therefore, despite the great amount of literature on CSA risk factors, there remains a gap in identifying modifiable risk and protective factors that can inform effective prevention efforts.

**Consequences of Child Sexual Abuse**

Extensive research has demonstrated that CSA victimization is associated with a wide range of detrimental psychological, physical, behavioral, and socioeconomic consequences – both immediately following the abuse and throughout the victim’s adolescence and adulthood (Chen et al., 2010; Dube et al., 2005; Gilbert et al., 2009; Hillberg et al., 2011; Hornor, 2010; Maniglio, 2009; Paolucci et al., 2001; Pérez-Fuentes et al., 2013; Roberts et al., 2004; Trickett et al., 2011; Tyler, 2002). It should be noted that the impact of CSA can vary greatly for each victim, and research has found the effects to be moderated by certain factors, which are discussed in a later section.
The WHO estimates that CSA contributes to seven to eight percent of the global burden of disease for females and four to five percent for males (Andrews et al., 2004). In the United States, sexual abuse and violence is ranked the 14th highest among 84 preventable risk factors contributing to the total burden of disease (Mokdad et al., 2018). Additionally, CSA presents substantial economic costs, including those related to health care, productivity loss, child welfare, criminal justice, special education, and suicide death (Letourneau et al., 2018). For the estimated number of CSA victims in 2015, the total lifetime economic burden would be $9.3 billion and for each nonfatal CSA victim, the estimated average lifetime cost is $282,734 (Letourneau et al., 2018).

**Psychological Health Consequences**

The most well-documented effects of CSA victimization are those related to psychological functioning and mental health disorders. Compared to those reporting no abuse, individuals experiencing CSA have a five to eight times higher risk of developing mental health disorders in adolescence and adulthood (Allen et al., 2014; Daigneault et al., 2017; Maniglio, 2009). Moreover, in a co-twin control study, Kendler and colleagues (2000) demonstrated that the higher risk of psychiatric and substance abuse disorders remained, despite controlling for family background factors. Specifically, CSA has been found to be associated with increased diagnoses of depression (Bedi et al., 2011; Lindert et al., 2014), post-traumatic stress disorder (PTSD; Bedi et al., 2011; Chen et al., 2010; Feerick & Snow, 2005; McLean & Gallop, 2003), anxiety disorders (Cougle et al., 2010; Feerick & Snow, 2005; Lindert et al., 2014), eating disorders (Chen et al., 2010), sleep disorders (Chen et al., 2010), borderline personality disorder (McLean & Gallop, 2003; Spataro et al., 2004), and psychotic syndromes (Cutajar et al., 2010b).
Suicide, one of the top three causes of death among individuals aged 15 to 24 years (Heron, 2018), is significantly associated with a history of CSA (Chen et al., 2010; Devries et al., 2014). This association has been found to be stronger among male compared to female CSA victims (Rhodes et al., 2011). Furthermore, Bedi and colleagues (2011) found that CSA was associated with increased suicidality, even in individuals who did not experience other depressive or PTSD symptoms, demonstrating that CSA itself may be a predictor of suicidality. Among suicide-attempt survivors, those with a history of CSA are more likely to have poorer long-term outcomes, including increased psychiatric contact, higher suicidal ideation, and repeated suicidal attempts (Söderberg et al., 2004; Spokas et al., 2009; Ystgaard et al., 2004).

In addition to the above mental health issues, CSA is associated with certain lasting impacts on an individual’s psychological functioning and wellbeing. In order to cope with their past experiences, CSA victims often use denial, self-blame, self-isolation, and emotional suppression, resulting in maladaptive avoidance and psychological distress (Rosenthal et al., 2005; Walsh et al., 2010). CSA has been found to be associated with certain long-term changes to an individual’s biological stress system which can influence neurological development and is a possible pathway through which CSA leads to increased psychopathology (De Bellis et al., 2011).

History of CSA has also been found to significantly predict substance use disorders in adulthood, including alcohol dependence and illicit drug use (Kendler et al., 2000; Schraufnagel et al., 2010; Ulibarri et al., 2015). This association is stronger than the association of substance use with other forms of childhood maltreatment and occurs even without a family history of substance abuse (Olafson, 2011). Moreover, CSA is
significantly associated with early onset of substance use in adolescents and young adults, including cigarettes, cannabis, and alcohol (Fergusson et al., 2013; Sartor et al., 2013).

It should be noted that the relationship between CSA and an adult’s subsequent psychopathology may be influenced by other factors and experiences, such as additional adverse childhood experiences. Research is needed to understand how the various factors may contribute to the varied long-term outcomes of resilience versus harmful consequences.

**Physical and Sexual Health Consequences**

Two decades of research have demonstrated that adverse childhood experiences are associated with increased physical health issues in adulthood (Felitti et al., 1998). Specific to CSA, meta-analyses have indicated that adults with a history of CSA have poorer general health, experience more pain, and have higher rates of obesity, gastrointestinal, gynecologic, and cardiopulmonary problems, in comparison to adults with no CSA history (Irish et al., 2010; Paras et al., 2009). This association of CSA with subsequent serious medical conditions remains significant even when controlling for sociodemographic and family characteristics (Afifi et al., 2016; Sachs-Ericsson et al., 2005).

CSA victims have also been found to have a range of negative sexual consequences related to their traumatic sexualization, such as engaging in risky sexual behaviors, pathological hypersexuality, sexual pain disorders, body image dissatisfaction, low sexual interest or satisfaction, or flashbacks of abuse during sexual situations (Adelson et al., 2012; Fergusson et al., 2013; Kristensen & Lau, 2011; Nadan et al., 2015;
Victims have a higher rate of increased sexual behaviors in childhood and adolescence, including earlier onset of consensual sexual activity and a higher number of sexual partners. While theorized to be coping or self-soothing mechanisms, these risky sexual behaviors also tend to lead to higher rates of contracting HIV, experiencing sexual re-victimization or rape, and teenage pregnancy (Das & Otis, 2016; Fargo, 2009; Fergusson et al., 2013; Messman-Moore & Brown, 2004; Schraufnagel et al., 2010; Sommarin et al., 2014; Van Bruggen et al., 2006).

As discussed in an earlier section, CSA victims have a three to five times increased risk of revictimization, compared to peers who have not experienced CSA (Barnes et al., 2009; Classen et al., 2005; Hu et al., 2018; Ogloff et al., 2012). However, what is even more concerning is that there is also a significantly higher risk of long-term sexual revictimization later in life in apparently unrelated circumstances (Smallbone et al., 2013). For example, one study found that even when controlling for childhood physical and emotional abuse, adult female survivors of CSA were twice as likely to be raped than those who had not experienced CSA (Messman-Moore & Brown, 2004).

**Cognitive and Social Consequences**

Using various measures of children’s cognitive development, researchers have found that CSA is a substantial risk factor for cognitive maldevelopment and associated academic underachievement (Boden et al., 2007; Enlow et al., 2012; Trickett et al., 2011). Studies have also shown that CSA victimization has subsequent negative impacts on employment status and reduced lifetime or household income (de Jong et al., 2015; Macmillan, 2000; Roberts et al., 2004).
Regarding interpersonal relationships, CSA victims tend to have difficulty trusting others which may result in poor relationship outcomes. Regarding romantic relationships, CSA has been linked to higher rates of separation or divorce, as well as poorer quality of relationships (de Jong et al., 2015). Additionally, CSA victims have been found to have increased risk for emotional, sexual, and especially physical intimate partner violence (IPV; de Jong et al., 2015; Noll et al., 2009).

**Factors Moderating Consequences of Child Sexual Abuse**

While research has shown an increased risk for the above consequences among CSA survivors, variation exists in how CSA may affect a specific individual in both the short and long term. Estimates of CSA survivors that do not demonstrate symptoms of psychopathology or show normal functioning range from 10% to 53% (Domhardt et al., 2015). It is also common for those affected by CSA to not show negative effects until adulthood (Domhardt et al., 2015). Research shows that the heterogeneity in outcomes for CSA survivors is moderated by a range of individual and environmental factors across a victim’s lifespan. These are summarized below and include characteristics specific to the abuse event, as well as additional individual, interpersonal, institutional, and community characteristics (see systematic review by Domhardt et al., 2015).

**Abuse-related characteristics.** There are several CSA event-related characteristics that are considered to constitute more “severe” abuse and have often been associated with more negative outcomes for survivors. These include repeated episodes of abuse, longer abuse duration, multiple offenders, abuse involving penetrative acts, close offender relationship with victim, and abuse involving coercion (e.g., use of force, threats, or psychological manipulation; Cutajar et al., 2010a; Fergusson et al., 2013;
Yancey et al., 2013; Young et al., 2011). Despite the emphasis on these characteristics in the literature, reviews of the existing research indicate mixed results on whether abuse-related characteristics are significantly related to poorer outcomes (Kendall-Tackett et al., 1993; Paolucci et al., 2001); in one study abuse characteristics accounted for less than three percent of the variance in victim outcomes (McClure et al., 2008). The inconsistency in study results may result from the interaction or mediating effects of victim and family characteristics, as described below (Yancey et al., 2013).

**Individual characteristics.** At the individual level, the victim’s *perception of their* abuse after it occurs is identified as an important amenable characteristic (Kolko et al., 2002). In both child and adult survivors, negative attributional styles, such as shame and self-blame, are associated with more psychological distress and symptomatology, while external attribution of blame is a protective factor and associated with resiliency (Domhardt et al., 2015; Steel et al., 2004; Yancey et al., 2013). Additionally, evidence exists that a victim’s *coping strategies and attributions* of the abuse mediate the observed relationship between abuse-related characteristics and overall psychological distress (Steel et al., 2004). Therefore, these are critical aspects to focus on when developing secondary prevention interventions. Domhardt and colleagues’ (2015) recent systematic review found that an individual’s *education* (including educational performance, plans, engagement, and a positive attitude towards education) was a protective factor with the strongest evidence for both adolescent and adult survivors of CSA. Studies have also found *gender* differences in the consequences of CSA, with male survivors more likely have externalizing symptoms, more substance use, and more contact with public mental health services (Daigneault et al., 2017; Gray & Rarick, 2018;
Yancey et al., 2013); while female survivors are more likely to report depression, suicidal ideation, and revictimization (Bergen et al., 2004; Gray & Rarick, 2018; Matta Oshima et al., 2014). Regarding age at onset of abuse, some studies have found younger age to be a negative predictor, while others have found more severe consequences for those abused during adolescent years, and some have found no age differences (Bergen et al., 2004; Cutajar et al., 2010a).

**Interpersonal characteristics.** Related to Freyd’s betrayal trauma theory, studies have shown worse physical and mental health outcomes among victims when the CSA offender is a caregiver or someone especially close to the victim (Edwards et al., 2012). Ullman explored this further and found victims often experience additional feelings of betrayal upon receiving unsupportive responses when disclosing about their abuse to those they trust, and these negative reactions are more common when the offender is a relative (Ullman, 2002; Ullman, 2007). Research has shown that negative social reactions to CSA disclosure, such as disbelief, or lack of support, are associated with increased negative psychological symptoms, physical health, and poorer adult relationships (Ullman, 2002; Ullman, 2007). Specifically, numerous studies have shown that support from non-offending parents or caregivers is associated with better psychological outcomes among CSA survivors, and several studies have found it to be the single best predictor of resilience across different developmental periods (Domhardt et al., 2015; Elliott & Carnes, 2001; Godbout et al., 2014; Spaccarelli & Kim, 1995; Zajac et al., 2015). Other factors that may negatively affect outcomes in CSA victims include various types of family dysfunction (Bhandari et al., 2011; Hyman & Williams, 2001; McClure et al., 2008), low socioeconomic status (Williams & Nelson-Gardell, 2012; Wright et al.,
in 2005), low caregiver education (Chandy et al., 1996; Williams & Nelson-Gardell, 2012), and poor parental mental health (Yancey et al., 2013).

**Institutional Characteristics.** There is minimal literature examining institutional characteristics related to CSA victim outcomes; however, researchers have found evidence that safer schools and less stressful school environments promote increased resilience (Eisenberg, 2007). For example, lower levels of substance use in and around schools has been associated with more resilient outcomes amongst victims (Chandy, 1996). Additionally, studies have identified certain positive educational experiences to be associated with increased resilience, including good teacher relationships, high academic achievement, and positive future educational plans (Marriott et al., 2014). Of note, while academic success may be associated with resilience, it is not essential for positive outcomes (Jonzon & Lindblad, 2006).

**Community Characteristics.** Several studies have found various types of community social support to be associated with increased resilience among CSA victims. These include the perception of support and caring from other peers, teachers, nurses, caseworkers, tribal leaders, and the community in general (Domhardt et al., 2015). Other factors that may be protective include having a positive sense of community, such as belonging to a religious community (Banyard & Williams, 2007), higher levels of religiosity or spirituality (Chandy et al., 1996), and involvement in leisure or cultural activities (Domhardt et al., 2015). It should be noted that the observed community characteristics are measured as individual perceptions, rather than actual measure of community-level factors.
Prevention of Child Sexual Abuse

Given the prevalence and detrimental consequences of CSA, effective CSA prevention should be sought and undertaken. Since research demonstrates that CSA occurs at the intersection of risk factors from multiple socioecological levels within systemic societal norms, prevention efforts should also target multiple levels and the systems in which they are situated (Romano, 2015; Wurtele, 2016). Below, the author presents a synopsis of current CSA prevention efforts organized by socioecological level to contextualize future activities.

Individual-Level Prevention

Victim-focused education. The majority of CSA prevention resources that have been developed since the 1970s have focused on educating children to protect themselves from sexually abusive behaviors through increasing personal safety knowledge and skills (Letourneau et al., 2017). These most often take the form of school-based programs for young children and have been widely used in the United States and Canada since the early 1980s (Wurtele, 2016). These educational initiatives usually centered around emphasizing the 5Rs of CSA prevention, in which children are taught to (i) recognize unsafe situations or abusers; (ii) refuse sexual requests with “No”; (iii) resist by removing themselves from the unsafe situation or abuser; (iv) report prior or current abuse to a trusted figure; (v) understand that the abuse is always the offender’s responsibility and never the child’s fault (Wurtele, 2016).

There have been several meta-analyses and reviews of the published literature examining the impact of these educational programs for children in the United States and other countries (Walsh, 2015; Baker, 2005; Fryda and Hulme, 2015; MacMillan et al.,...
2009; Mikton and Butchart, 2009; Topping and Barron, 2009; Walsh et al., 2015; Wurtele, 2002; Wurtele and Kenny, 2010c, 2012; Zwi et al., 2007). These studies have found that in general, school-based CSA programs are effective in increasing children’s knowledge of self-protection skills and ability to recognize unsafe situations (Wurtele, 2016). Additionally, some programs have been linked to increased willingness to disclose abuse, understanding that if abuse occurs it is never the child’s fault, and improved self-esteem (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995; Kenny and Wurtele, 2009; MacIntyre and Carr, 1999; Weatherley et al., 2012; Wurtele and Owens, 1997).

However, there remains debate in the literature about how these knowledge and skills translate to real-life situations in children’s ability to protect themselves from actual threats of CSA or disclosing appropriately (Krug et al., 2002; Letourneau et al., 2017). In two studies of victim-focused educational programs, Finkelhor and colleagues found no association between exposure to CSA educational programming and decreased rates of CSA victimization (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995; Finkelhor, Vanderminden, Turner, Shattuck, and Hamby, 2014). Additionally, researchers continue to debate potential unintended consequences when educating young children about CSA with several studies demonstrating increased fear, anxiety, and confusion about touches following CSA education programs (Rudolph et al., 2018).

While it may be important to equip children with any and all knowledge and skills that can help keep them safe from victimization, it is also unfair to put the onus of responsibility in stopping CSA on potential child victims rather than adults and the systems that perpetuate CSA.
**Offender-focused education.** More recently, calls for education programming target the onset of CSA behavior in youth to prevent potential offending. This is based on data that a large portion of CSA offenses are committed by adolescents (and older children) against younger children (Snyder, 2000), and some research suggests that these adolescent CSA offenders are more “frequently motivated by preventable factors” (Letourneau et al., 2017; see Individual-Level: Offender Characteristics).

In a 2001 review of 87 educational prevention programs, only one-fourth were found to contain messaging addressed towards preventing adolescent offending (Plummer, 2001). Since then, there has been more emphasis on developing offender-focused education programs. For example, in Germany, Prevention Project Dunkelfeld has shown success in reaching potential offenders through a media campaign and enrolling them in services to help control their sexual interests in children (Beier et al., 2009a, 2009b). Similarly, in the United Kingdom, Ireland, and Netherlands, the Stop-it-Now! program provides anonymous online self-help resources to those seeking support for sexual thoughts about children and has shown substantial success (Eisenberg et al., 2014; Horn et al., 2015). In the United States, Letourneau and colleagues are developing universal school-based approaches aimed at preventing older children and adolescents from sexually exploiting younger children (Letourneau et al., 2017).

**Interpersonal-Level Prevention**

**Parent-focused education.** While involving parents has long been recommended, most CSA prevention programs that involve parents have only focused on having parents educate their children about CSA (e.g., using the 5Rs mentioned above; Rudolph et al., 2018). However, the research on parents as educators of CSA is lacking and this
approach continues to assume that children have the ability to prevent their own victimization (Rudolph et al., 2018). More recently, CSA prevention approaches are exploring other aspects of the role of non-offending parents in keeping children safe from CSA.

Based on the literature, proactive and involved parents with appropriate levels of monitoring are associated with fewer opportunities for children to be approached, groomed, or sexually abused by potential offenders (Leclerc et al., 2011; Rudolph et al., 2018). When parents are appropriately aware and educated about the risks and risk factors of CSA, they not only reinforce personal safety skills for their children, but more importantly, act as gatekeepers to decide with whom their child spends time alone (e.g., screening substitute caregivers; Mendelson & Letourneau, 2015; Rudolph et al., 2018). Additionally, fostering a supportive parent-child relationship with improved communication about all issues, including healthy sexuality, increases the likelihood of early CSA disclosure and is crucial in promoting resilience among victims (Mendelson & Letourneau, 2015; Rudolph et al., 2018; Wurtele & Kenny, 2010).

Current literature recommends that parents are taught the recognition of potentially risky situations, warning signs, and offender tactics (e.g., grooming and isolating techniques), as well as specific safeguarding techniques and privacy protocols (Mendelson & Letourneau, 2015; Rudolph et al., 2018). Additionally, parents can help prevent adolescent offenders by recognizing concerning sexual behaviors and talking to their older children about inappropriate behaviors with younger children (Mendelson & Letourneau, 2015). While there is a lack of research on parent-focused education
programs and CSA outcomes, other parenting programs using similar principles have shown to be effective in reducing physical abuse and neglect (Rudolph et al., 2018).

**General adult-focused education.** An example of an adult-focused CSA prevention program is the *Stewards of Children* program offered by the non-profit organization Darkness to Light (see www.d2l.org), whose mission is to empower adults to prevent CSA. The program, available both in-person and online, teaches adults (general public or those in youth-serving organizations) how to prevent, recognize, and react responsibly to CSA. Evaluations of the program found positive effects on knowledge, attitudes, preventive behavior, and CSA reporting (Letourneau et al. 2016; Rheingold et al. 2015), as well as support for the program’s convenience and cost-effectiveness (Paranal et al., 2012).

**Institutional-Level Prevention**

As discussed in a prior section, children and adolescents are especially vulnerable to CSA within the institutions where they spend time, whether child-care, schools, sporting, religious, or other youth-serving organizations (see Institutional-Level Factors). While the most common prevention strategy employed at this level is criminal background checks, this approach is insufficient since few potential offenders have a criminal background (Wurtele, 2012). For example, only 16% of institutional-based CSA offenders had prior sexual convictions, and only 10% had prior non-sexual convictions (Sullivan et al., 2011). Instead, institutions must have zero tolerance for any form of child abuse and create a healthier organizational culture through establishing specific protections for the youth in their care. Wurtele (2012) and colleagues have developed a
comprehensive multi-layered model for CSA prevention in institutions as well as a CSA Prevention Evaluation Tool for Organizations.

In general, the literature points to establishing formal structures (comprehensive policies and procedures), informal structures (training, monitoring, and supervising staff), and an organizational culture of prioritizing child safety and protection above the reputation of the organization or staff (Wurtele, 2012). Within the formal structures, organizations should adhere to Centers for Disease Control and Prevention, Atlanta, USA, (CDC) guidelines for screening staff (Saul & Audage, 2007) and have clear codes of conduct delineating standards of behavior and appropriate methods for dealing with CSA allegations (Wurtele, 2016). Several organizations have additional beneficial policies to limit physical access to children, such as the Boy Scouts of America requiring the presence of two-adults as well as a prohibition from transporting children alone (Wurtele, 2016). Regarding informal structures, all employees and volunteers should receive training on the organization’s commitment to protecting children and the specific institutional policies, as well as be supervised and monitored, such as through unannounced visits. Several institutions have shown positive outcomes from implementing employee training using programs such as Stewards of Children (Letourneau et al., 2016; Rheingold et al., 2015; Taylor & Harris, 2018) or Enough! Preventing Child Sexual Abuse in My School (Gushwa et al., 2018)

Along with these formal and informal structures, it is crucial for the organizational culture to be supportive and protective of children by prioritizing their needs over the needs of the institution, as well as promoting an attitude that all adults share in the responsibility to protect children (Wurtele, 2012). For an in-depth review of
approaches to change organizational culture, see Palmer et al. (2016). Despite the availability of many recommendations and guidelines for institutional prevention of CSA, the research on the effectiveness of these policies remains limited.

**Community and Societal-Level Prevention**

Despite recognition of the systemic and societal aspects of CSA, very little research has explored the specific processes through which these affect CSA, resulting in a substantial lack of macro-system prevention programming. The following are examples of well-known programs in the United States that include community-level prevention aspects. For an in-depth analysis of these programs and their effectiveness in reducing CSA, see Kemshall and Moulden (2017).

**Stop It Now!** Established in 1992 and currently in the United States and the United Kingdom, *Stop It Now!* uses social marketing principles to promote the understanding that all adults in a community are responsible for preventing CSA, and with the appropriate knowledge and tools, adults and communities can act to recognize warning signs and protect children before they are harmed. Currently, *Stop It Now!* activities in the United States consist of researching and developing public messaging for CSA prevention, a confidential national helpline for those seeking help related to CSA (victims, potential offenders, or concerned adults), “Circles of Safety” training workshops for caregivers and youth-serving organizations, and advocating for policies promoting child safety (see www.stopitnow.org). The early evaluations of *Stop It Now!* pilot programs demonstrated a shift in public awareness about CSA as well as increased use of the confidential helpline by those who wanted assistance controlling their sexually abusive behaviors (Chasan-Taber & Tabachnick, 1999; Tabachnick & Dawson, 2000).
**Enough Abuse Campaign.** First established in Massachusetts as a statewide grassroots community mobilization effort, the *Enough Abuse Campaign* is grounded in the belief that communities can prevent CSA from occurring and can prevent the development of sexually abusive behaviors in the future (Schober, Fawcett, & Bernier, 2012). Based in public health frameworks, the Campaign emphasizes multi-partner community collaboration in order to generate groups of concerned citizenry who have the knowledge and skills needed to prevent and respond to CSA effectively (see [www.enoughabuse.org](http://www.enoughabuse.org)). Through their community work, the Campaign developed their own training curricula (e.g., *Strategies for Your Family and Community*), which include information about the social norms associated with CSA occurrence (Schober, Fawcett, & Bernier, 2012). Additionally, the Campaign offers specialized trainings for parents and childcare professionals to appropriately identify and respond to abusive sexual behaviors in children (Schober, Fawcett, & Bernier, 2012).

Two independent program evaluations of the Campaign (in 2003 and 2007) found that the number of adults in Massachusetts who “believe that adults rather than children should take prime responsibility for preventing CSA” increased from 69% to 93% (Schober, Fawcett, & Bernier, 2012). This increase may suggest change in a social attitude regarding CSA (adult responsibility) and is thought to have contributed to the state’s 66% decline in substantiated CSA reports from 1997 to 2007 (although many other states saw declines as well and this was likely due to a wide variety of factors; Schober, Fawcett, & Bernier, 2012). After demonstrating successful community mobilization in Massachusetts, the Campaign’s model has been adopted by several other states, and similar findings of decreased substantiated CSA reports were found in the five
years following the Campaign’s implementation in Georgia (Schober, Fawcett, Thigpen, et al., 2012). These findings suggest that statewide efforts can promote community responsibility for CSA prevention and potentially impact abuse rates (Wurtele, 2016).

**Prevention Limitations and Challenges**

As reviewed above, the majority of CSA prevention approaches applied thus far target lower socioecological levels (i.e., individual and interpersonal) and are not multi-level approaches. Years of public health research and experience has demonstrated that in order to bring about effective prevention of complex health issues, initiatives must move “beyond a simple educational component targeting individuals to develop a multi-level comprehensive approach” that targets systems (Tabachnick et al., 2016, p.16; DeGue et al., 2012). Research in sexual violence has shown that in order to create sustainable long-term changes within the attitudes of individuals, families, and communities, changes must first occur at the societal level (Lee et al., 2007; Tabachnick et al., 2016). However, there remains a lack of theoretical and methodological guidance in developing and evaluating societal-level interventions (DeGue et al., 2012). Despite recent interest and research on societal-level interventions targeting all types of violence or sexual violence in general, these approaches are not specific to CSA, and reviews tend to exclude CSA studies. Nevertheless, some extrapolations can be made from this research since there are cross-cutting societal norms and risk factors between CSA and other types of violence (e.g., social norm of hegemonic masculinity).

Although not discussed in this section, the other dominant lens to CSA prevention is a criminal justice approach. However, these approaches are dependent upon early disclosure, reporting, and an effective justice system. Additionally, there is often
substantial burden placed on victims, including burdens related to disclosing and reporting, investigation and examination, testifying, and potential community repercussions. The limited research examining the effect of legislative initiatives on CSA prevention tend to indicate that sex offender policies are not only ineffective but may also be harmful (Letourneau et al., 2014; Letourneau & Levenson, 2010; Levenson, 2016; Wurtele, 2016).

CSA is a complex public health and social issue that requires a coordinated and engaged multi-partner effort that utilizes well-funded community- and evidence-based strategies to produce concerted action towards prevention. However, several challenges exist in reaching this goal including the siloed nature of prevention efforts between those working with victims or offenders (separate research, journals, government centers, and conferences), the inaccurate media framing of CSA and sexual violence, the lack of theoretical guidance to evaluate community- and societal-level programs, and the lack of funding for large-scale resource intensive primary prevention programs (DeGue et al., 2012; Letourneau et al., 2014; Tabachnick et al., 2016).

Part II: Child Sexual Abuse Literature Related to American Muslims

As of July 2021, search results yielded no published studies examining CSA among American Muslims. Therefore, there is a void in the research regarding the prevalence, risk factors, consequences, awareness, prevention opportunities, disclosure processes, and treatment needs surrounding the CSA experiences of American Muslims.

There has been some research published on CSA among relevant ethnic minorities or immigrant communities, such as South Asian or Arab communities. However, as noted in the Introduction section about Muslims in America, the majority of the population in either South Asian or Arab communities in the United States are not
Muslim; and American Muslims are remarkably diverse in ethnicity, race, and nativity. Additionally, there is growing literature regarding CSA in Muslim-majority countries. While this research may be helpful for providing the contextual background for certain cultural norms, values, and traditions, it should be recognized that these do not necessarily explain the experiences and perspectives of Muslims in America since: (i) almost half of American Muslims are born in the United States; (ii) ethnic minority communities in the United States do not necessarily reflect the demographics or dominant cultures from their countries of origin (e.g., the majority of American Arabs in the United States are Christian); (iii) among Muslim immigrants, “the migration experience interacts with cultural factors from the country of origin making literature ‘back home’ possibly limited or even irrelevant” (Sawrikar & Katz, 2017, p.249).

Sawrikar and colleagues have published a series of systematic literature reviews in which they identified CSA literature set in any ethnic minority communities in “Western countries” or in any “non-Western countries” (Sawrikar, 2020a, 2020b, 2020c; 2017a, 2017b, 2017c, 2018a, 2018b). From these reviews and additional literature, the author has attempted to extrapolate the issues most relevant to the current study by presenting the literature findings from a few Muslim-majority countries or ethnic minority communities originating from these countries. To clarify, these findings are not necessarily Muslim-specific issues, but rather exist in a wide-range of communities. To support these findings, the author has included additional discussion from a recent white paper by two American Muslim organizations focused on sexual violence prevention (HEART & MAWPF, 2017). Of note, much of the literature reviews discussing ethnic or
cultural aspects of CSA tend to include literature on general sexual and domestic violence, due to the assumption of overlapping societal and community risk factors.

**Societal Norms of Hegemonic Masculinity**

As discussed in an earlier section (Societal-Level Factors), societal norms, values, and attitudes related to male dominance and entitlement are often considered a root cause for the propagation and tolerance of various forms of sexual violence around the world (Jewkes, Flood, et al., 2015). Despite having varied terminologies (e.g., gender inequality, male dominance/superiority/power/entitlement, female subordination, patriarchal structures, toxic masculinity), the majority of the global literature on CSA discusses some type of gender-related social norms as contributing to CSA. In an effort to consolidate these into a single concept, I use R.W. Connell’s term, hegemonic masculinity (Connell & Messerschmidt, 2005).

The societal and systemic nature of hegemonic masculinity is described well by Fattah and Kabir (2013) in their observation of social norms in Bangladesh:

...males are socialized to be more aggressive. By the time they reach adolescence, they are also deeply inculcated into a system of male entitlements including entitlement to sex and attitudes about the sexual availability of females and children... Societal acquiescence in the long run is perpetuating a condition in which girls grow into women with gendered subjectivities in which sexual assault and harassment by males are part of everyday life. (2013, p.909)

In a recent systematic review of CSA in Indonesia, 12 out of 15 studies discussed social norms of gender and masculinity as influencing CSA offending and victim disclosure (Rumble et al., 2020). The authors cited a 2016 United Nations Development Program (UNDP) statistics report in which 66% of male respondents who admitted to committing rape as teenagers cited “sexual entitlement” as the primary reason (Rumble et
al., 2020). Additionally, the authors found several studies that discussed associations between CSA perpetration and gendered social norms such as “controlling behavior of men and sexual practices that objectify women” (Rumble et al., 2020, p.10).

Similar observations of hegemonic masculinity are described in CSA studies set across South Asia (Jayapalan et al., 2018; Karthiga & Ravikumar, 2014), Sub-Saharan Africa (Abeid et al., 2014; Jewkes et al., 2005; Kisanga, 2012; Lalor, 2004), and the Middle East (AlMadani et al., 2012); as well as in related ethnic minority communities (Gilligan & Akhtar, 2005a; Haboush & Alyan, 2013; Reavey et al., 2006). It should be noted that social norms of hegemonic masculinity are not exclusive to these communities or countries; as highlighted by the #MeToo movement, it is prevalent in “Western” societies as well.

The next few sections highlight the most common aspects in the literature that are typically associated with culturalist conceptualizations of CSA risk factors and causes.

**Individual and Interpersonal Attitudes**

**Victim blaming.** While existing within the individual (internalized) and interpersonal level, victim blaming and other negative stereotypic myths about sexual violence are deep-seated perceptions that result from being socialized in a society that normalizes gender inequities and protects male perpetrators, an effect Sawrikar and Katz refer to as “patriarchate socialization” (Sawrikar & Katz, 2017b). Negative stereotypic myths, often referred to as “rape myths” (Edwards et al., 2011) shift culpability of the sexual violence onto the victim (usually female), essentially preserving the offender’s power (usually male) and social dominance (Sawrikar & Katz, 2017b). Literature
demonstrates the existence of these myths and victim blaming attitudes across all cultural groups and all genders (Sawrikar & Katz, 2017b).

With respect to Muslim communities, these negative attitudes are often exacerbated by the hegemonic masculinity effects on collectivist family cultures and religious interpretations, resulting in victim blaming that “focuses on false-protective factors: whether the victim was dressed ‘modestly,’ whether the surroundings were appropriately separated by gender, and whether there was any other ‘sinful’ behavior happening during the time of the assault” (HEART & MAWPF, 2017).

Of importance, for CSA victims raised within these social norms, the stereotypic myths and victim-blaming discourses can negatively affect the way they perceive, interpret, and disclose their own abuse, such as not recognizing the severity of their abuse or experiencing substantial negative self-attributions of guilt and shame. These types of attributions are associated with delays in disclosure and more severe psychological consequences of the victimization (Domhardt et al., 2015; Steel et al., 2004; Yancey et al., 2013; see Factors Moderating Consequences).

**Perceiving CSA as a “Western problem.”** Even though CSA is known to occur across all cultures, races/ethnicities, religious groups, and socioeconomic statuses, many ethnic communities across the world perceive CSA as a predominantly “Western problem,” leading to a sense of low perceived risk within ethnic minoritized communities (Sawrikar & Katz, 2017b). This perception has been identified in the global literature (AlMadani et al., 2012; Karthiga & Ravikumar, 2014; Tang & Yan, 2004), as well as studies among minorities in the United Kingdom. (Gilligan & Akhtar, 2005a) and the United States (Kenny & McEachern, 2000; McGuffey, 2008). For example, among
British Muslims of South Asian background, Gilligan and Akhtar (2005) identified and worked to challenge the common perception that CSA “results primarily from ‘the un-Islamic sexual norms of the West.’” This perception of lower risk can affect CSA prevention at various socioecological levels, such as institutions and governments considering CSA to be a low priority issue, poor community participation in existing CSA programming, and low individual knowledge and awareness about CSA, potentially putting further children at risk (Sawrikar & Katz, 2017b).

**Family Culture of Collectivism**

Many American Muslims originate ethnically from countries that have collectivist cultures, in which the family is seen as the basic unit of society, rather than the individual. The well-being of the family (including the extended family) is prioritized with higher levels of family involvement and dependence paired with a deep sense of family commitment, obligation, and responsibility. While there are many recognizable benefits of collectivism, several authors describe the more overt presence of hegemonic masculinity in collectivist cultures due to the dependence on hierarchal power structures (Jewkes, 2002; Sawrikar & Katz, 2017b).

There are several ways that collectivism may affect CSA risk factors, occurrence, disclosure, responses, and prevention needs. For example, more involvement of and reliance on extended family members for family care functions may create opportunities for intra-familial CSA occurrence. Intra-familial offenders may maintain their power over victims by using aspects of collectivism to threaten victims to not disrupt the family’s unity and cohesion (Haboush & Alyan, 2013; HEART & MAWPF, 2017).
When social norms of hegemonic masculinity permeate into collectivist culture, the manifestation is exaggerated emphasis on maintaining family honor both through female chastity and male violent reactions to any perceived violations of female chastity (i.e., “mandatory violence”). Combined with attitudes of self-blame and shame, CSA victims may feel obligated to delay disclosure or never disclose in order to avoid “dishonoring” the family (Alyan, 2014; Gilligan & Akhtar, 2005b; Haboush & Alyan, 2013). If CSA is disclosed to the mother or other women in the family, they may decide not to share the disclosure with the father or male family members to prevent the males from engaging in “mandatory violence” against offenders. In cases where the father or male family member does know of the abuse, they may feign ignorance in order to not have to preserve their “honor” by engaging in “mandatory violence.” Additionally, there is often deep-seated community, cultural stigma attached with being a victim of sexual abuse, which may result in parents refusing to take action in response to a disclosure for fear of their child being stigmatized and further shamed in the family or larger community. Effectively, within collectivist cultures infused with hegemonic masculinity there appear to be only two acceptable responses to CSA – silence or violence. Both of which result in a lack of accountability or consequences for the offender, enabling a culture of abuse and leading to further negative outcomes for victims. The consequences of poor responses to disclosure and lack of family support have been discussed in a previous section (see Factors Moderating Consequences).

While a collectivist versus individualist framework is useful for understanding the broad generalities of a cultural lens, it is important to note that most communities are on a continuum of this framework. There are many nuances that exist within each community
and family system that need to be further explored (e.g., level of acculturation), before developing CSA interventions in order to prevent inappropriate or harmful outcomes from stereotyped assumptions about culture (Sawrikar & Katz, 2017b).

**Religious Interpretation**

Perhaps due to the lack of research on CSA among American Muslim populations, the existing discussion within the published literature tends to conflate aspects of “religiosity” with aspects of collectivist culture and social norms and attitudes.

**Stigmatization of sex.** Despite the Quran and Hadith demonstrating an open and healthy discussion of sexual matters, research demonstrates it is common for Muslim families to stigmatize all issues related to sex. One manifestation of this is many Muslim parents refusing to allow their children to attend sex education classes in public schools (Abdullah & Brown, 2011; Ali et al., 2004; Dwairy & Van Sickle, 1996; Al-Romi, 2000). While some may opt to educate their children about sex in a more personal environment at home, others forego discussing sex completely. This stigmatization of all sexual matters to the point where children only “associate something dirty or shameful with the very word ‘sex’” may be associated with CSA victims delaying or failing to disclose (Haboush & Alyan, 2013) Erickson & Al-Timimi, 2001; Kulwicki, 2002), though further research is needed to determine the specific association.

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3 The author intentionally labels this section religious *interpretation*, because – according to her personal belief system (and that of most Muslims) – believing in the divine nature of Islam requires that one accepts that there are no faults inherently within the religion. Instead, the faults lie in our misinterpretations of the religious teachings. The author recognizes that this belief may be perceived by academia as a limitation in that she may not be able to approach her research “objectively” and she discusses this in a later section (see “Reflexivity” in Chapter 3).

4 *Hadith* refers to reports of statements or actions of the Prophet Muhammad (peace be upon him) that are considered a major source of guidance for Muslims, second to the Quran (the Muslim holy book).
Unequal burden of modesty on females. Modesty in action, speech, and dress is discussed in the Quran and Hadith for both males and females. While there are many aspects of modesty in Islam, a substantial part is modesty in interactions between “non-mahrams”⁵ which includes lowering the gaze, limiting alone time, and limiting physical contact. Modesty in dress is also encouraged for both females and males. Despite the equal mention of modesty for males and females in the Quran and Hadith, the interpretation of these with a hegemonic masculinity lens is that the entire burden is placed on females to uphold and maintain aspects of modesty and chastity. This is demonstrated in the research in which Arab American families (both Muslim and Christian) place more emphasis in communicating values of modesty and chastity to their daughters, rather than sons, resulting in daughters often having to follow much stricter family rules of conduct than sons (Ajrouch, 2004; Haboush & Alyan, 2013). The end result of this differential treatment is an additional layer of responsibility (and potential blame) placed on females, while continuing to allow males to remain free of culpability. The relationship between various aspects of modesty and CSA occurrence, disclosure, and prevention present a substantial area of opportunity for research.

Policies

As discussed, the social normalization of hegemonic masculinity at various levels has led to a multi-level effect of less accountability for males. At the policy level, this effect and social norm is reinforced through either a lack of CSA laws or a lack of effective enforcement of those laws, described by Sawrikar and Katz (2017b) as “legal complacency.” Since American Muslims may originate from countries that exhibit high

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⁵ In Islam, your mahram is defined as someone to whom you cannot legally be married (e.g., for a female, her mahrams are her father, brother, uncle, etc.).
legal complacency, this may affect their perceptions of CSA, although this association has not been confirmed in the literature.

For example, in the previously discussed UNDP study in Indonesia, 67% of male offenders reported not facing any legal consequences for their actions (Rumble et al., 2020). Additionally, in several studies set in Arab countries, researchers discuss several aspects of legal complacency, such as a lack of appropriate methods for reporting abuse or inadequate record keeping (Al-Fayez et al., 2012; Usta & Farver, 2010). Fattah and Kabir (2013) discuss how legal complacency and lack of consequences for CSA offenders in Bangladesh reinforce aspects of hegemonic masculinity by sending a “silent message not only to the perpetrators but also to society as a whole that it is possible to get away with rape. In turn, this belief strengthens males' sense of entitlement over their environment, leaving children, particularly females, vulnerable to sexual abuse.”

Furthermore, in many countries, including the United States, criminal justice processes are often time-consuming, demoralizing, and not sensitive to the needs of victims, leading to potentially retraumatizing experiences and further burden being placed on victims (HEART & MAWPF, 2017).

**Exacerbating Factors:**

**Gendered Islamophobia.** Based in intersectionality theory, gendered Islamophobia “operates socially, politically, and discursively” to disempower American Muslim women and girls by insisting on their “victimhood, denial of agency, and need of rescue, presumably by Western powers” (Zine, 2006). In addition to the racialization of Muslims resulting in both Muslim women and men being feared and hated, Muslim women and girls are uniquely vulnerable to further gendered racialization as the “exotic
Others who do not fit the Western ideal of womanhood” (Perry, 2014) and as “the ultimate victim of a timeless patriarchy defined by the barbarism of the Islamic religion, which is in need of civilizing” (Moallem, 2005, p. 20).

This othering of Muslim women and girls in which they are positioned outside the dominant culture boundaries “means they are less valued and less protected” (Perry, 2014). Additionally, orientalist and colonial “harem belly-dancer character” tropes present Muslim women as the sensual and mysterious “woman of the Orient” (Perry, 2014; Zine, 2006). This sexualization results in Muslim women and girls being further disempowered and reduced to their alluring assailable bodies (Perry, 2014). Of note, American Muslim women who are also Black/African American have an additional level of anti-Black gendered racism, increasing their risks of victimization.

Gendered Islamophobia has further potential repercussions for Muslim victims of sexual violence and CSA. First, due to the Islamophobic beliefs that Islam is inherently supportive of forms of violence against women, Muslim women and girls are not seen as “legitimate victims” (HEART & MAWPF, 2017). Instead of recognizing that sexual violence occurs in all communities, Islamophobic sentiments attribute the violence to the religion resulting in the expectation that Muslim women must leave and condemn their religion and community in order to be rescued (HEART & MAWPF, 2017). Second, due to the gendered racial positioning of Muslim women as “inherently oppressed and undeserving of solidarity,” their sense of agency as survivors is stripped and leads to potentially exacerbated outcomes of the violence (HEART & MAWPF, 2017). Finally, according to HEART (2017), these beliefs and attitudes are present within the very organizations that are meant to provide services to victims of sexual violence, resulting in
an additional exacerbating effect for victimized Muslim women and girls from institutional-level gendered Islamophobia.

**Barriers in accessing support.** Disclosing and receiving support as a survivor of sexual violence, and even more so for CSA, requires the availability and accessibility of trustworthy, culturally competent, religiously appropriate, and victim-centered resources and providers, which is severely lacking for American Muslim survivors (HEART & MAWPF, 2017). While mosques and faith-based organizations are often a source of emotional support and spiritual comfort for Muslim women, research is lacking on their role in providing appropriate victim-centered support to CSA victims and their families.

Extrapolating from Allimant and Ostapiej-Piatkowski (2011) work on the support needs among for Culturally and Linguistically Diverse (CALD) victims of sexual violence in Australia, the following are some barriers that American Muslims may face in accessing support:

(i) personal barriers and fears, including failure to recognize and label sexual violence, isolation, cultural or religious views about seeking care, fears about breaches of confidentiality, fears of deportation or immigration status being affected, and fears of escalating violence;

(ii) stigma associated with public disclosure or official reporting;

(iii) lack of knowledge of rights and access to victim-centered information;

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6 Similar to our discussion in Family Culture of Collectivism, Allimant, A., & Ostapiej-Piatkowski, B. (2011). Supporting women from CALD backgrounds who are victims/survivors of sexual violence, Australian Centre for the Study of Sexual Assault (ACSSA) Wrap(9) makes the observation that, “women often comment that they would ‘rather be killed’ than have their experiences and contact with a sexual assault service disclosed publicly in the community. … For these women, the thought of being ostracized from their families, guardians and community is ‘very hard or impossible’ to bear and would lead to them being further disrespected on all levels.”
(iv) provider barriers, including lack of informed understanding, and discrimination.

If victims do seek care, additional barriers exist. Victims of CSA and their families may not be able to “express themselves through the same ‘logic’ and language” as the provider, resulting in misunderstanding, frustration and even lack of necessary support (Gilbert, 2006, as cited in Allimant, 2011). Providers may implicitly or explicitly demonstrate “attitudes that favor the Western way of life and implicitly judge others’ culture as ‘inferior’ or ‘cruel’” that are not only offensive, but also damaging to the victim’s “perception of self-efficacy and life achievements” (Allimant & Ostapiej-Piatkowski, 2011).

In their white-paper report, HEART and MAWPF (2011) discuss observing an additional barrier among American Muslim survivors – lack of trust in systems of accountability. Due to issues of Islamophobia, post-9/11 community policing, and historical injustices against communities of color, “some Muslim survivors of sexual assault report wanting alternative options for justice and accountability rather than using the criminal justice system” and are therefore less likely to report (HEART & MAWPF, 2017). Additionally, in observing a lack of accountability, many survivors are mistrustful and have a sense of hopelessness that prevents them from reporting (HEART & MAWPF, 2017).
Conclusion

Imagine hearing the news that scientists had just discovered a new disease, to which 250 to 300 million children around the world had been exposed... a large enough number that if those children constituted a country, they would be the fourth- or fifth-largest in the world. The disease increased the incidence of post-traumatic stress disorder (PTSD), anxiety and depression disorders, and sexually transmitted diseases, especially HIV. It placed survivors at higher risk of diabetes, heart disease, cancer, and substance abuse, of offending violently later in life or becoming victims of violence. The truth is that we do have such a disease - in the form of sexual violence against children.

- Excerpt from a speech by John Mercy, Ph.D., CDC

Given the extensive available evidence on CSA, “the question is not whether prevention is possible, but why more isn’t being done” and why more progress has not been made. A systems-based and ecological public health approach to CSA prevention calls for a shift in the way we think about and respond to CSA: rather than focusing research and prevention efforts on individual-level constructs, research must focus on the role of systems, communities, and policies in preventing CSA; rather than expecting effective CSA prevention from single informational sessions, we must develop sustainable prevention approaches targeting systems, structures, and polices; rather than making children responsible for protecting themselves, we must shift the narrative to place responsibility of CSA prevention on all adults; and rather than relying on a reactive victim-offender paradigm, we must involve families and communities to create a proactive, engaged preventive paradigm (adapted from Tabachnick, 2016). In response to Tabachnick’s (2016) call for a systems-based and ecological public health approach to

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7 Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), (Moore Center for the Prevention of Child Sexual Abuse, 2014)
8 In a speech by Elizabeth J. Letourneau, Ph.D., Director, Moore Center for the Prevention of Child Sexual Abuse (Moore Center for the Prevention of Child Sexual Abuse, 2014)
CSA prevention, this study aims to contribute to a “proactive, engaged preventive paradigm” to address CSA perpetration by studying the role of religion, culture, and sociopolitical context in a diverse American Muslim community.
CHAPTER THREE: METHODOLOGY

The overarching goal of this dissertation is to determine key opportunities for CSA prevention in a diverse American Muslim community. Since lessons from public health interventions demonstrate that community programs must be both culturally appropriate and community specific to be effective, generic prevention efforts which ignore cultural and religious aspects are likely to fail or even have detrimental effects. However, there is very little research on CSA prevention efforts among ethnic minoritized communities and no published studies regarding CSA among diverse American Muslims. Therefore, this dissertation sought to explore how a diverse American Muslim community collectively makes meaning of, and responds to CSA occurrence, while seeking to attend to the specific contexts relevant to the community members, in order to develop culturally appropriate and community-specific interventions to prevent CSA perpetration. With this purpose, research questions addressed in this study are:

**Research Question 1:** How do diverse American Muslim community members collectively make meaning around the issue of CSA occurrence? Specifically, what are community members’ perceptions of the causal factors and social processes that affect CSA occurrence in their community, and how are these meaning-making patterns situated in their cultural, religious, and sociopolitical contexts?
Research Question 2: How do community members (in a diverse American Muslim community) respond to CSA disclosures and what are the thought-processes or rationalizations behind their response patterns, as situated within the community-specific cultural, religious, and sociopolitical contexts?

Research Question 3: What is this diverse American Muslim community’s stage of readiness towards taking action on preventing and responding to CSA? What are the barriers to and opportunities for increasing the community’s stage of readiness to address CSA?

In this chapter, I first detail my research paradigm, the methodological approach used (including orientation, method, and rationale), and the theoretical foundations guiding my research. I then reflect on my positionality in the research and describe the research setting of the Twin Cities of Minnesota and its Muslim community. After presenting an overview of the research design, I describe the detailed methods, including participant sampling and recruitment, data collection methods, and data analysis methods. Finally, I share the ethical considerations and issues of trustworthiness. The forms and data collection instruments are included in the Appendices.

Research Paradigm

Regardless of the methodology, I ascribe to the view that all research inquiry is inherently political (value-laden), since each decision made by the researcher is value-laden and results in specific voices being “orchestrated, highlighted, denied” (Bloome & Bailey, 1992, p.202). All research "inevitably advances certain values and interests and not others, it can either maintain and reinforce the existing system, or it can serve to challenge, disrupt and strive to change the existing social order to one that is more
It is only by acknowledging this value-laden characteristic of research that we can come to terms with the significant power and responsibility inherent in our work as public health researchers, so that the intention behind our research goes beyond generating knowledge "for the sake of knowing (i.e., for categorizing objective reality)," to generating knowledge for the sake of "decolonizing, healing, and mobilizing" (Atalay, 2012 and Tuhiwai Smith, 2012, as cited in Wallerstein et al, 2017, p.22) through a “dialogic process” (Freire, 1970).

The acknowledgment of the value-laden nature of research fits a constructivist research paradigm. By assuming there are no neutral observers and that researchers are in fact participants in their own research activities (Cornwall & Jewkes, 1995), the constructivist approach necessitates that a researcher’s values, experiences, priorities, positions, and interactions are continuously reflected upon throughout the research process and their impact acknowledged (Charmaz, 2014). Through a process of honest and vigilant reflexivity, a researcher’s engagement and subjectivity becomes a “means of knowing” (Tufford & Newman, 2012, p.83) and is viewed as a strength (rather than a limitation) since it “provides a way of viewing, engaging, and interrogating data” (Charmaz, 2014, p. 247).

This is closely in line with Heidegger’s hermeneutic view that a researcher’s interpretation cannot exist outside their historical/cultural “fore-understandings” and experiences (Finlay, 2008; Laverty, 2003). Rather, interpretation “will be founded essentially upon fore-having, fore-sight, and fore-conception,” which is a necessity of “Being-in-the-world” (Heidegger, 1929/1962, as cited in Finlay, 2008). This Heideggerian view of rejecting phenomenological reduction (i.e., researcher bracketing)
is considered to be most appropriate for participatory action research, “where contextual interpretation and meaning are sought and valued” (Tufford & Newman, 2012, p.82). Therefore, the research paradigm I have discussed above lends well to qualitative inquiry with a blended critical participatory research orientation, and constructivist grounded theory method, which are detailed below as the most appropriate methodological approaches for this study.

**Methodological Approach**

In this section, I present this study’s methodological approach divided into orientation and method to demonstrate the blending of two qualitative approaches, critical participatory action research (CPAR) and constructivist grounded theory (CGT), as outlined by Hense and McFerran (2016) and others (Canlas & Karpudewan, 2020; Charmaz, 2017; Hadley, 2020; Irwin, 2020; Levitt, 2021). While constructivist, critical, and participatory orientations were initially thought of as distinct and competing paradigms (Guba & Lincoln, 1994), in an updated chapter, Lincoln et al. (2011) discuss a more progressive discourse demonstrating overlapping confluences between research paradigms. Through the work of Hense and McFerran (2016), and others, these confluences and divergences of have been furthered to develop an emergent blended methodological approach, most commonly referred to as “critical grounded theory” (Duckles et al., 2020; Hadley, 2020; Hense & McFerran, 2016; Irwin, 2020), and best represents the approach used in this study.

**Qualitative Inquiry**

Grounded in an interpretivist framework, qualitative inquiry attempts to study “the meaning individuals or groups ascribe to a social or human problem” by collecting
descriptive data in a “natural setting sensitive to the people and places under study” and situating the data within the participants’ multiple contexts (Creswell, 2013, p. 44). This requires an emergent study design to allow for appropriate modifications and evolution throughout the research process (Marshall & Rossman, 2014). Qualitative data is analyzed using iterative inductive and deductive reasoning processes to work back and forth between the data and resulting patterns (Creswell, 2013; Marshall & Rossman, 2014). The aim of qualitative research is to gain a holistic account of the participants’ meanings and perspectives through acknowledging and identifying the complex interactions of multiple factors in their situations (Creswell, 2013; Marshall & Rossman, 2014).

Qualitative methods are best suited to studies that explore in-depth and complex understandings of an issue of which little is known about. Qualitative research is especially beneficial in working with populations whose voices are often silenced and as a method of “empowering individuals to share their stories, hear their voices, and minimize the power relationships that exist between a researcher and the participants in a study” (Creswell, 2013, p. 48). Therefore, the foundations, purpose, and methodological processes of qualitative research make it the ideal choice of inquiry for this study.

**Orientation: Participatory Action Research (PAR)**

*To be a good [participatory researcher] means above all to have faith in people; to believe in the possibility that they can create and change things . . . Liberation begins to the extent that men [and women] reflect on themselves and their condition in the world—the world in which and with which they find themselves. To the extent that they are more conscientized, they insert themselves as subjects into their own history.*

(Adapted from Freire, 1971, p.61; as cited in Wallerstein et al., 2017, p.26)
Often described as a research orientation rather than a research method, (Minkler & Wallerstein, 2011; Reason & Bradbury, 2006), participatory action research (PAR) is unique in that researchers and community-members are seen as equal participants towards the goal of gaining, reflecting-upon, and using knowledge, with the explicit intention to produce meaningful social change that questions existing systems of power (Baum et al., 2006; Cornwall & Jewkes, 1995; George et al., 1996). PAR is often described as being rooted in two historical traditions: German-American social psychologist Kurt Lewin’s pragmatic “action research” from the 1940s in which those affected by the problem are actively involved in a cyclical process of fact-finding, action, and reflection; and Brazilian educator Paulo Freire’s (1970) critical emancipatory consciousness-raising (“conscientization”) achieved through collective dialogue and a “praxis” of continuous action and reflection (Wallerstein et al., 2017).

The multiple terminologies of PAR that exist in the literature (see Table 3.1) reflect its long and rich history in multiple regions of the world and across a variety of disciplines (George et al., 1996). While these approaches may differ in their specific principles and methodologies for achieving community change, the shared core values fit within the overarching orientation of PAR (Minkler, 2000). Therefore, as others have also done (Baum et al., 2006; George et al., 1996; Minkler, 2000), the author approaches these terms as interchangeable and has chosen to use the term critical participatory action research (PAR) to represent an emphasis on the key feature of “critical” as it is attended to throughout the study.
Table 03.1: Terminologies for PAR approaches in the literature (George et al., 1996; Minkler, 2000)

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<table>
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<tbody>
<tr>
<td>1.</td>
<td>Action research</td>
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<tr>
<td>2.</td>
<td>Participatory (action) research</td>
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<tr>
<td>3.</td>
<td>Community-based (participatory) (action) research</td>
</tr>
<tr>
<td>4.</td>
<td>Critical (participatory) action research</td>
</tr>
<tr>
<td>5.</td>
<td>Feminist participatory research</td>
</tr>
<tr>
<td>6.</td>
<td>Conscientizing research</td>
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<td>7.</td>
<td>Collaborative inquiry</td>
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<tr>
<td>8.</td>
<td>Mutual inquiry</td>
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<tr>
<td>9.</td>
<td>Policy-oriented action research</td>
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<tr>
<td>10.</td>
<td>Dialectical research</td>
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<tr>
<td>11.</td>
<td>Emancipatory research</td>
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<tr>
<td>12.</td>
<td>Empowerment evaluation</td>
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</table>

While a variety of methods can be used within a PAR orientation, the common core values are discussed below as: “action,” “community-based,” “participatory,” and “critical.”

**Action.** PAR necessitates that the explicit purpose of the research should be to generate social change. While other forms of research may lead to knowledge that can be used for action, the actual implementation is often an afterthought that is independent from the research process (Cornwall & Jewkes, 1995).

**Community-based.** In PAR, the community, rather than individuals, is the unit of analysis and the unit of change. Therefore, the research must not only take place in the community, exploring local knowledge and perceptions, but the knowledge generated must also benefit the same community itself (Cornwall & Jewkes, 1995). Researchers must ask: who is affected by it, who is benefiting from it, and who owns the information?

**Participatory.** In contrast to conventional research, PAR takes a bottom-up, grassroots approach to research by necessitating a focus on locally defined priorities. Community participants in PAR are meant to be equal partners that have choice and
control in decision-making throughout the research process, from setting the research agenda and design to analysis and ownership of the results. To sincerely allow for this level of community collaboration and control, a PAR must be designed in “reflexive, flexible, and iterative” manner, rather than the typical linear design of conventional inquiry (Cornwall & Jewkes, 1995, p. 1668).

Critical. Drawing on Freire’s approach to relations of power and more recent critical theories, PAR recognizes that conventional (colonial) methods and processes have contributed to serious social and health inequities by exacerbating power imbalances through “discounting of traditional and place-based knowledge systems, and the pathologizing of ways of being” (Wallerstein et al., 2017, p. 45). Moreover, traditional positivist inquiry “discounts experiential knowledge, reinforces subjects' passivity, and obscures other voices” (Gaventa & Cornwall, 2008, as cited in Wallerstein et al., 2017, p. 22). PAR aims to achieve more equitable power dynamics throughout each step of the research process and as a result of the research. This requires a process of dialogue and mutual learning in which community members are viewed as agents (not objects being researched) “capable of analyzing their own situations and designing their own solutions” and therefore, people’s own knowledge, experiences, and perceptions are valued (Cornwall & Jewkes, 1995, p. 1670). The role of the researcher changes from “director to facilitator and catalyst” in order to allow for sustainable community-driven action (Cornwall & Jewkes, 1995, p. 1668).

Method: Constructivist Grounded Theory (CGT)

In their renowned 1967 publication, Barney Glaser and Anselm Strauss exemplified the use of a systematic inductive method to generate theories rooted in data –
thereby discovering the process of grounded theory methodology (GTM) for qualitative data (as cited in Charmaz, 2014). In order to move beyond descriptive qualitative analysis towards advancing theory, GTM entails simultaneous data collection and analysis using theoretical sampling, construction of analytic codes from data, constant comparison techniques, memo-writing, and post-analysis literature review (Charmaz, 2014).

A defining feature of GTM, theoretical sampling is defined by Glaser and Strauss as “the process of data collection for generating theory whereby one jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges” (1967, p. 45). Rather than focusing on themes, GTM coding seeks to understand social processes through gerund coding (i.e., using action words ending in -ing) that allows for examining the contributing contexts and changes in conditions in the data, while staying close to the participants’ voice (Charmaz, 2014). Through constant comparison techniques to move codes into analytic categories, GTM involves both inductive and abductive analysis.

Traditional GTM, rooted in positivist epistemological underpinnings, views the researcher as a separate and unbiased observer of an external objective reality (Charmaz, 2014). However, constructivist grounded theory (CGT) views data as being mutually constructed by the researcher and participants within pre-existing structural contexts (Charmaz, 2014). Assuming that there are multiple social realities with no neutral observers, CGT necessitates that a researcher’s values, experiences, priorities, positions, and interactions be reflected upon, and their impact acknowledged during the research process. The resulting theories from constructivist analyses are less authoritative and
viewed as the researcher’s interpretation of the participants’ voices, rather than stand-alone realities. (Charmaz, 2014).

**Blended “Critical Grounded Theory” Approach and Rationale**

While constructivist, critical, and participatory approaches were previously thought to be distinct paradigms (Guba & Lincoln, 1994), their emerging confluences through the evolution of theory and methods (Lincoln et al., 2011) has led to recognition of the benefits of a purposeful blended methodological approach. Discussing the applicability and appropriateness of CGT for social justice research and critical inquiry, Kathy Charmaz (2011, 2017) emphasized that CGT provides the necessary valuable toolkit that can help add methodological rigor to PAR studies. Since “pragmatism offers ways of thinking about critical inquiry, [while] constructivist grounded theory offers ways of doing it” (Charmaz, 2017, p.34), PAR can be used as a guiding orientation, with CGT as the specific methods (Hense & McFerran, 2016).

As detailed by Charmaz (2011, 2017) and others (Duckles et al., 2020; Hense & McFerran, 2016), there is a long history of using grounded theory methods for the purposes of social justice research, critical inquiry, or in combination with PAR, and across several varied fields (Canlas & Karpudewan, 2020; Hense & McFerran, 2016; Irwin, 2020; Teram et al., 2005). PAR approaches have also shown success in many underserved communities and in targeting a wide range of social and health issues. Recent literature demonstrates that PAR is also an appropriate approach for CSA prevention (Anderson, 2014; Payne et al., 2013; Powers, 2018) and work with American Muslim communities (Killawi et al., 2015; Kwon et al., 2017; Padela et al., 2012). Further demonstrating the emergent nature of this approach, the most recent SAGE
Handbook of Current Developments in Grounded Theory (Bryant & Charmaz, 2020) dedicated at least three chapters to the blending of CGT with critical and participatory approaches (Duckles et al., 2020; Hadley, 2020; Irwin, 2020).

For the purposes of this study, we rely on Hence and McFerran’s (2016) summary of the confluences and divergences between participatory and constructivist paradigms, as well as their practical recommendations for “resolution” to move towards a “critical grounded theory.” These are demonstrated in Table 3.2 below with an additional column of how these were used throughout this study.

**Table 3.2: Hence & McFerran’s (2016) summary of points of confluence, divergence, and resolution between Critical, Participatory and Constructivist paradigms; with additional column illustrating use in this study**

<table>
<thead>
<tr>
<th>Paradigm Area</th>
<th>Common Beliefs</th>
<th>Divergences</th>
<th>Resolution</th>
<th>Use in this study</th>
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<tr>
<td><strong>Ontological</strong></td>
<td>Reject statements of an absolute finite reality (Heron &amp; Reason, 1997). Common belief in subjectively constructed understandings of reality based on own terms of reference (Lincoln, Lynham &amp; Guba, 2011).</td>
<td>Participatory paradigm sees subjective experiences located within an external reality (Reason &amp; Bradbury, 2006). Constructivist paradigm sees reality as multiple mental constructions (Heron &amp; Reason, 1997; Lincoln &amp; Guba, 2011).</td>
<td>Common capacity for self-reflexive insight provides opportunities for dialogue and mutual expansion in understanding about the ways we construct reality.</td>
<td>Recorded audio and written memos after each interview to reflect on self-positionality and reactions to participants’ responses; used these to make iterative changes in subsequent interview guides to allow for additional dialogue.</td>
</tr>
<tr>
<td><strong>Axiological</strong></td>
<td>Common refutation of Positivist authoritarian aims (Charmaz, 2011; Heron &amp; Reason, 1997). Value propositional knowing as inductive understandings</td>
<td>Participatory paradigm values practical knowing as ultimate means of social change (Gaventa &amp; Cornwall, 2006). Constructivism values understanding of human experiences and the use of Constructivist Grounded Theory for developing propositional knowing (theory) in the Participatory process of praxis.</td>
<td>Use of Constructivist Grounded Theory for developing propositional knowing (theory) in the Participatory process of praxis.</td>
<td>Research designed with explicit intention to understand human experiences (CGT) for the purpose of enacting beneficial social change by...</td>
</tr>
<tr>
<td>Epistemological</td>
<td>See knowledge as a coconstruction by researcher and participant (Charmaz, 2006; Lincoln, Lynham &amp; Guba; Reason &amp; Bradbury, 2006).</td>
<td>Participatory paradigm critiques how constructions are shaped by surrounding social forces and uses conscientisation to raise critical awareness of all involved (Kemmis, 2006). Constructivism focuses on self-reflexive practices of the researcher in interpreting the participant’s experience (Charmaz, 2014a; Finlay, 2005).</td>
<td>Extend reflexivity toward a ‘collaborative reflexivity’ (Hense, 2014) to facilitate conscientisation of all those involved in the research.</td>
<td>Used critical theory as sensitizing concept to develop interview guide and for analytic theory building. During member-checking participants were shown preliminary theoretical models for further discussion on societal norms of hegemonic masculinity.</td>
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</tr>
<tr>
<td>Method</td>
<td>Oppose hierarchical notions of participants as subjects for objective speculation (Charmaz, 2011; Wallerstein &amp; Duran, 2008).</td>
<td>Participatory paradigm emphasises democratic collaboration of research ‘with’ people, for social emancipation (Bradbury &amp; Reason, 2006). Constructivism maintains researcher separation in a process of research ‘about’ people (Charmaz, 2014b; Heron &amp; Reason, 1997).</td>
<td>Alter theoretical sampling to include participant responses to the emerging theory. Enacted through repeated interviews with participants rather than single interviews with an increasing number of new participants.</td>
<td>Participants were updated at regular intervals and invited for subsequent member-checking interviews. Responses to preliminary models and member-checking helped further the theory and were added into all 3 manuscripts.</td>
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</table>

With no published studies investigating CSA among diverse American Muslim communities, this study required the exploratory approach inherent to qualitative research. CSA is a sensitive, stigmatized, and politicized issue in every community; and as a minoritized community, American Muslims are more wary (and legitimately so) of outsider research being done “on” their communities. For this research to be successful, it
was crucial for the community and participants to not only trust the researcher and the research process, but to also have control over certain decisions and ownership of the results (participatory).

Prior to the research (and subsequently confirmed in Chapter 6), the author observed members from various communities describing a sense of hopelessness about being able to effectively prevent CSA. Thus, it was vital that this research is linked to an explicit plan for change that values and utilizes the community’s strengths and assets (action), as detailed in Chapter 7. Upon exploring the risk factors and prevention efforts (see Chapter 2), it is apparent that effective CSA prevention and response requires the support of multiple community sectors in order to create interventions that span multiple socioecological levels. By situating this research in a specific diverse American Muslim community and using a community-level assessment tool (i.e., Community Readiness Model; see Chapter 6), the resulting knowledge is intended to be beneficial and relevant primarily to the community members themselves (community-based). Perhaps the most important aspect of a PAR approach for CSA prevention is the explicit targeting of existing power structures to raise critical consciousness and create space for equitable community-centered practices (critical), as detailed in the section on Critical Theory as a theoretical foundation for this study.

While this study’s research questions might be investigated very differently from a positivist quantitative approach in which the researcher attempts to remain distant and maintain “objectivity,” this is neither in line with my epistemology, nor the most appropriate for my research questions that required in-depth contextualization. Instead,
the principles of qualitative inquiry and blended PAR – CGT make these the most suitable approaches for exploring my research questions.

**Researcher Reflexivity and Positionality**

As a form of demonstrating trustworthiness in the research process, reflexivity is recognized as a critical part of qualitative research (Finlay & Gough, 2008; Stige et al., 2009). Through acknowledging the impossibility of completely bracketing out ourselves as the researcher, reflexivity goes beyond reflection to include critically self-aware analysis of our personal and relational dynamics and their impact on the research process (Finlay & Gough, 2008; Willig, 2001). Willig (2001) describes two types of reflexivity: personal reflexivity that includes a researcher’s “values, experiences, interests, beliefs, political commitments, wider aims in life and social identities” (p.10) and epistemological reflexivity that includes reflecting on how our theories of knowledge construction are infused into and affect the course of the research.

Reflexivity is a continuous process meant to be undertaken throughout all stages of the research, using tools such as reflective diaries, memos, and field notes (Finlay, 2012). Since it cannot be contained fully in this single section, I attempt to thread my critical reflections throughout my dissertation writing. For example, in the research paradigm section above, I critically reflected on my epistemology and how it affected the choice of the methodological approaches.

In terms of personal reflexivity, I considered my “insider” position in the participating community as a strength for this research, rather than a hindrance. Here I discuss specific aspects of my positionality that most affect the relational dynamics between myself and other community members. My Muslim identity is very visible by
wearing the hijab (Muslim modest dress and head covering) and while this is not my purpose, it may have led to being more readily accepted/trusted among other women wearing hijab. Additionally, I recognize that I am only a Muslim “insider” to Sunni communities, and was likely viewed as an “outsider” to other denominations, such as Shia or Nation of Islam. Additionally, in attending, volunteering, and organizing events, services, classes, and prayers at various mosques, I consider myself comfortable in and connected to Muslim faith-based organizations (FBOs). However, I recognize that there is a substantial part of the American Muslim community for whom this is not the case and who instead feel ostracized and disconnected from Muslim institutions (i.e., “unmosqued”). As I interviewed participants, I attempted to remain cautiously vigilant (through reflexive audio memos) so as not to project my own positive experiences with FBOs or in any way discredit others’ experiences.

The next visible part of my identity that community members attempted to relate to is my ethnicity. With the ambiguous nature of my ethnicity, I was able to “pass” in several Muslim ethnic communities, including South Asian, Middle Eastern, North African, and European. In disclosing that my father is from Afghanistan, I often receive a sense of understanding from those fleeing war and turmoil, while in my mother being a mid-western American convert to Islam, I have also found myself closely relating to convert communities. In this ability to “pass,” I recognize my privileged position. I know of many Muslims who do not experience these connections and instead have experiences of being discriminated against among ethnic communities. Again, I was vigilant to not discredit any of these experiences during my data collection and analysis. With regards to race and ethnicity, I was likely viewed as an “outsider” or “informant” among Black
Muslim communities (i.e., African American, Somali, other African immigrant communities), which may have affected the types of participants who agreed to be interviewed and also their responses. To account for this, I attempted to ensure that I was introduced to these communities through trustworthy gatekeepers, and frequently reflected on my position as the interviewer to determine if there were additional ways of making the participants feel safe and comfortable.

While these were some reflections on my positionality prior to starting this research, reflexivity must occur throughout each stage of this research. For example, after interviews, I immediately recorded audio memos reflecting on my self-positionality and the emotional reactions that often occurred from participants’ responses. I then listened to these at a later time to determine any needed changed in the data collection process.

**Research Setting**

This setting for this research was the American Muslim community located in the Twin Cities of Minnesota, which is a rapidly growing racially and ethnically diverse community with a rich history in the area. The Twin Cities Muslim community is known for its rich network of community organizations that are active in and across multiple sectors, including civic engagement, education, health, business, and service.

**Demographics of Twin Cities, Minnesota**

Known as the Twin Cities, the Minneapolis-St. Paul metropolitan area is comprised of seven Minnesota counties with an estimated 3.1 million population (U.S. Census Bureau, 2017), the Twin Cities is the largest metropolitan area in Minnesota (home to 55% of Minnesota residents) and the 16th largest in the U.S. (U.S. Census Bureau, 2017). Since 2010, Minnesota has seen a 26% growth in its population of color.
(seventh highest growth among states; Minnesota Compass, n.d.-a). Currently, people of color make up about 27% of the Twin-Cities residents (compared to 40% nationally, and 20% of Minnesota residents), of which 9.7% are Black, 7.9% are Asian, 6.4% are Hispanic, 2.7% are multiracial, and 0.6% are Native American (Minnesota Compass, n.d.-b; U.S. Census Bureau, 2017). Children of color make up 31% of those under five years old (Minnesota Compass, n.d.-a). This racial/ethnic diversity of the Cities is an important community characteristic that is also manifested in its Muslim community and provides demographic context for exploration of community-specific aspects.

Currently, employment rates in Minnesota reached a historic high and the Twin Cities touted one of the lowest poverty rates in the country (Minnesota Compass, n.d.-c; U.S. Census Bureau, 2017). However, Minnesota also has one of the largest poverty gaps in the country with Black and Native American residents experiencing poverty rates four times higher than White (non-Hispanic) residents (28-29% vs. 7%; Bernardo, 2015; Minnesota Compass, 2019). Additionally, children of color in Minnesota are three to five times more likely to be living in poverty than white children (Minnesota Department of Health, 2019).

Minnesota has long been shaped by various immigration trends. Currently, an estimated 12.4% of the Twin Cities residents are foreign-born (vs. 8.7% in Minnesota and 13.7% nationally; Minnesota Compass, n.d.-e; U.S. Census Bureau, 2017), and one in six children in Minnesota is the child of an immigrant (Minnesota Compass, n.d.-d). The majority of Minnesota's foreign-born residents live in the Twin Cities. By country of origin, the largest groups of foreign-born residents in Minnesota are from Mexico, India, Somalia, Laos, Vietnam, Thailand (including Hmong), Ethiopia, China, Korea, Canada,
and Liberia (Minnesota Compass, n.d.-d). Foreign-born residents from Asia have been Minnesota’s largest immigrant group since 1990, and foreign-born residents from Africa now constitute the second largest immigrant group in the State.

**Muslims in Minnesota and the Twin Cities**

Muslims in Minnesota can be traced back to the 1880s, with some of the oldest mosques in the country present in the mid-west region (Islamic Resource Group, n.d.). The population of Minnesotan Muslims has grown most rapidly over the last 20 years with the influx of large number of refugees, especially those from East Africa in the wake of the Somali Civil War (The Pluralism Project, n.d.). However, since the U.S. Census Bureau is prohibited from asking questions about religion on its census forms, there are no official demographic data on Muslims in Minnesota. Secondary sources estimate 150,000 Muslims living in Minnesota, with the majority living in the Twin Cities metro area (ISAIAH, n.d.).

Making up a substantial portion of the Muslim community in the Twin Cities, about 50,000 Minnesotans claim Somali ancestry (about half are Somali-born immigrants/refugees and half are U.S.-born to at least one Somali parent), the largest Somali Muslim population in the U.S. (Islamic Resource Group, n.d.; Minnesota Compass, n.d.-d; Minnesota State Demographic Center, n.d.). However, due to trust and language issues that reduce Census response rates, these numbers likely underestimate the actual size of immigrant populations (Minnesota State Demographic Center, n.d.). The remainder of the Muslim community consists of diverse groups with roots in other African countries, South Asia, Eastern Europe, the Middle East, as well as a substantial
group of multigenerational African American Muslims. Currently, there are no official data describing the socio-demographics (e.g., household size, education, income, employment, etc.) of the Muslim community in Minnesota.

Muslims in Minnesota have made substantial contributions at the local, state and federal levels, with the first state to have a Muslim man (Keith Ellison) and woman (Ilhan Omar) in the U.S. Congress. In the 1960s, Minnesotan Muslims founded the Muslim Students Association (MSA), an organization that now has hundreds of chapters around the country (The Pluralism Project, n.d.). Minnesota Muslim women, specifically, hold important positions across a multitude of sectors, such as non-profit organizations, education, law, medicine, business, social work, public health, and journalism, with more than 100 Muslim women serving in leadership roles for a variety of organizations in Minnesota, such as religious institutions, community centers, non-profits, advocacy groups, and student organizations.

Currently, there are 74 mosques, three full-time Islamic schools, and over 80 weekend schools in Minnesota, with the vast majority located in the greater Twin Cities area (ISAIAH, n.d.; Islamic Resource Group, n.d.). Overall, the Twin Cities Muslim community is known for its rich network of Muslim organizations oriented towards community service, engagement, and advocacy developed to meet the needs of the growing community (ISAIAH, n.d.; The Pluralism Project, n.d.).

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9 This diversity of Minnesotan Muslims is exemplified in an exhibit by Islamic Resource Group (IRG) titled, “Tracks in the Snow: Minnesota Muslim Experience since 1880,” which can be viewed at http://irgmn.org/muslimexperience/exhibit-virtual-museum/.
**Research Design**

To address all three research questions, this study applied the previously discussed blended methodological approach of “Critical Grounded Theory” using principles of PAR and informed by CGT methods. For research question three, the Community Readiness (CR) model was additionally used to assess the community’s stage of readiness. The steps undertaken in this study are summarized in Figure 3.1 and detailed in subsequent sections. After the preparation phase, the study comprised of three rounds of recruitment, data collection, and data analysis. Additionally, reflexive memo-writing and participatory community engagement continued throughout the study.

*Figure 3.1: Research project timeline showing multi-stage cycles of data collection and data analysis*

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**Participatory Engagement**

During the preparation phase, I took efforts to connect and build trust with the community that included seeking out relevant gatherings at a variety of faith-based organizations (FBOs) and volunteering at community events. These efforts eventually led
to conversations with potential community advisors to gather feedback on the initial research plans (including interview guide) and understand their desired level of collaboration.

While I initially hoped for a strong collaborative approach with the community advisors, I soon realized there were too many important competing issues in the community. Though this research project was often verbally supported as being crucial and necessary, advisors were understandably often not able to dedicate substantial time and effort due to competing priority issues. Nevertheless, they played a critical role by providing a list of potential participants for the study and setting up several emails and phone calls to garner trust. I continued to remain in contact with the community advisors during the entire study. While attempting theoretical sampling in later rounds, the advisors were able to help provide additional names of participants who may fill in the gaps I was seeking (e.g., those with opposing views about CSA). However, these community members were often not as connected to the community advisors and harder to garner trust and recruit for the study.

**Recruitment and Sampling**

With the community advisors’ insight and guidance, 22 research participants were interviewed, including six topic experts, six religious leaders, six community organizers, and four general community members. While these categories of participants overlapped, some examples are as follows:

- **Topic experts:** social workers, therapists, psychologists, sexual violence responders and educators
• Religious leaders: refers to those with either formal (imams, chaplains) or informal (teacher) religious roles in the community; may not necessarily be considered “leader” by community

• Community organizers: leaders or those with active roles in community organizations, including advocacy, educational, and service organizations

• Community members: college students, parents (younger and older), survivors

The inclusion criteria for this study were: adult (18 years or older) resident of Twin Cities in Minnesota, self-identify as Muslim, and able to converse easily in English. It should be noted therefore that this study excluded members of the community who do not speak fluent English. Additionally, participants were often found through connections with faith-based organizations (FBO) in the community (e.g., mosques, Islamic schools, Muslim women’s organizations). Of note, a sizeable portion of the American Muslim community is not connected FBOs and these members were likely not represented in this study. However, the aim of this exploratory research was to find prevention opportunities that could potentially be implemented through FBOs.

Due to the stigmatized nature of the topic and the general lack of access to the community, the goal of this study was not to get a representative sample for purposes of generalization, but rather to gather a diverse sample capturing a range of perspectives and experiences, while also seeking to saturate theoretical categories and “build theory” as part of CGT. Therefore, the study initially utilized purposive sampling with a maximum variation strategy, followed by attempting theoretical sampling strategy in the second round of data collection.
A list of potential participants was curated from community advisors’ recommendations (see Participatory Engagement above), and later expanded by interview participants’ referrals, bringing the total list to about 100 persons. Over the course of the study, 60 of these potential participants were invited to take part in the study (see Figure 3.2). Among these, 23 did not respond despite multiple attempts to contact, seven responded but scheduling barriers prevented their participation, and seven declined to participate for specific reasons. The most common reason for declining to be interviewed was the sentiment: “I have not heard of any cases…” or, “I do not have any experience with the issue…” “…so I won’t have anything to say about it” (despite being reassured that participants did not need any prior knowledge or experience for the interview).

Each potential participant was contacted phone or email (depending on their preference) during which the researcher introduced themselves, explained the study, ascertained screening questions (see Appendices), and determined potential dates and location for the interview. Each participant was e-mailed a formal recruitment letter describing the research and any potential risks and benefits in more detail, as well as a copy of the preamble consent (see Appendices).

Figure 3.2: Participant recruitment and sampling
**Purposive sampling with maximum variation**

The initial sampling strategy best suited to this study was that of purposive sampling with a maximum variation approach. Typical in qualitative studies, these strategies have been found to be effective for gathering rich, in-depth data through purposefully selecting a wide range of participants, in order for the combined data to represent the variation within the community as a whole. Within the inclusion criteria, initial participants were intentionally selected (from the list provided by community advisors) from a diverse cross-section of ethnicity, nativity, life stage, community role, and experiences of abuse. While some of these characteristics were determined prior to the interview, others were discovered during the initial interviews, requiring a flexible and iterative recruitment process. During the first round of interviews, participants were asked to provide participant recommendations based on certain maximum variation characteristics that may have been missing from the initial advisors list.

**Theoretical Sampling and Member-Checking**

After the initial round of sampling, data collection, and initial data analysis, the researcher attempted to conduct theoretical sampling in order to recruit participants who could refine early conceptual categories and fill in gaps, as required in CGT (Charmaz, 2014). The researcher sought the help of the community advisors and existing participants for referrals to other community members or leaders who would be able to better answer certain questions or who may have opposing views (Charmaz, 2014). While the advisors were able to help provide additional names, these potential participants were either: (1) not as connected to the community advisors and harder to garner trust and
recruit for the study, or (2) very active and busy members or leaders of the community that were unable to dedicate time to the interview, due to numerous competing priorities.

Instead, during the second phase of data collection, the researcher adjusted the interview guide to spend more time on understanding certain unclear or shaky concepts from earlier participants. Additionally, some unnecessary questions that did not generate rich data from early participants were not asked in later interviews. Below are two examples to demonstrate this process

- In the first few interviews, participants referred to the possibility of “children making up stories” when disclosing CSA. In seeking to determine how this related to the emerging analytic category of “stuck in between” (see Chapter 5), the researcher asked subsequent participants (both topic experts and others) about their feelings or experiences with this concept, as well as the related issue of when to “believe” children. Through this, some participants clarified the difference between the properties of “believing” and “supporting.” Additionally, the resulting discussion helped clarify the theoretical category’s critical relationships between “believing” and the “need for evidence” and confusion about accountability pathways.

- After finding stark differences in the number of CSA cases participants described hearing about in the community, later participants were asked to explain their thoughts on why some community members had heard of numerous CSA cases, while others claimed it was not an issue in the community. The reactions and examples that participants gave during this discussion led to rich data excerpts that helped delineate and saturate the properties of the analytic category of “leadership gatekeeping” (see Chapter 6).
During the **last phase** of data collection, seeking to explicate specific categories of the developing theoretical models, the researcher contacted existing participants to determine their interest in an additional interview (taking place after the CR interviews). Among those who demonstrated interest, seven participants were chosen to be interviewed again for **member-checking**. During this final round of interviews, participants were asked about any new thoughts, feelings, or experiences they wanted to share since the initial in-depth interviews, and whether any new developments had taken place in the community related to CSA. The researcher showed and explained initial iterations of the theoretical models, while asking specific questions to clarify and refine the category relationships. During this process the researcher paid close attention to the participants’ expressions, emotions, and silences, finding instances to respectfully ask about their reactions. For example, when discussing the emerging theoretical model of the “root cause” of CSA versus the more common situational factors (see Chapter 4), a few participants demonstrated confused reactions and had difficulty understanding. At any of these shaky points, the researcher and participant together worked through the ambiguity with examples and inquisitive dialogue. At the end, participants were asked how they would explain the theoretical concept to others in a way that was culturally and religiously respectful for the community.

**Data Collection**

Data collection for this study consisted of in-depth interviews informed by 22 CGT intensive interviewing techniques, 10 community-readiness assessment interviews, and 7 member-checking interviews (see Figure 6.1). Additionally, at the time of the first interview, participants completed a short questionnaire to succinctly capture their socio-
demographics (Appendix). The data collection of the in-depth interviews and CR interviews are discussed below, while the member-checking interviews were discussed above under Theoretical Sampling.

**In-Depth Interviews**

Intensive interviewing is an essential tool of CGT that uses open-ended questions to obtain detailed responses through exploring and emphasizing participants’ perspectives and experiences (Charmaz, 2014). Additionally, using a more fluid interview guide, the interviewer has the ability to clarify or probe to gain a more in-depth understanding.

Interviews were conducted at a time and area of town most convenient to the participants, and typically took place in meeting rooms at local public libraries, or in a few cases in the participants’ office space. This allowed for the interviews to be private, while also being in safe public places. Interviews lasted between 35 to 150 minutes, were audio-recorded with the permission of participants. At the start of the interview, the preamble consent was reviewed in-depth with each participant, allowing opportunities for clarifications or questions (see Ethical Considerations).

The topics covered in the in-depth interview guide included: general perspectives towards CSA (definitions, consequences, risk factors/causes), perceptions towards CSA within the community (risk perception, level of concern, community-relevant factors), relationship between CSA and various aspects of culture and religion, experiences and responses to CSA disclosure and reporting, recommendations for prevention and healing (see Appendices). Using additional prompts such as “can you give me an example?” or “please tell me more about that”, the interviewer sought a deeper understanding of the
reasoning behind the participants’ perspectives. At the end of each interview, participants were asked if they would be willing to be contacted for future interviews or clarifications.

**Community Readiness Interviews**

To address research question three, in addition to the above in-depth interviews, this study utilized the CR assessment protocol as described in the *Tri-Ethnic Center Community Readiness Handbook* (Oetting et al., 2014) to guide participant selection, data collection, and data analysis. For details on the theoretical background of CR model and rationale for use in this study, please see Chapter 6.

The CR interviews were conducted with 10 key respondents selected from the 22 participants who completed the in-depth interviews. CR assessment protocol suggests interviewing a broad range of individuals (6 – 12) who have knowledge of various aspects of the community (Kelly & Stanley, 2014; Oetting et al., 2014). Consistent with this, the community roles of the 10 key respondents represented a variety of sectors, including faith organizations, mental health, social work, education, public health, government, advocacy, and community activism.

The CR assessment consisted of short, structured interviews conducted in-person or by video call, as chosen by the respondent. Interviews lasted approximately 20 to 30 minutes and were audio-recorded with the permission of the participant. The questions covered in the CR interview followed closely those provided in the CR protocol and assessed five different dimensions of a community’s level of readiness to mobilize to address a specific issue. These dimensions are: community knowledge of efforts, leadership, community climate, community knowledge of issue, and resources (Oetting et al., 2014). Based on the pilot interview experience, the questions in the guide were re-
ordered to promote a more logical flow of discussion and allow participants to answer related questions more easily (see Appendix for CR interview guide). Using additional prompts such as “can you give me an example?” or “please tell me more about that,” the interviewer sought to better understand the participants’ responses. Participants were reminded that the interview was meant to determine their assessment of the community’s knowledge, beliefs, and attitudes with respect to addressing CSA, not their own personal knowledge, beliefs, and attitudes (Kelly & Stanley, 2014).

Data Analysis

As seen in many qualitative methodologies, the data analysis process wound back and forth through the general stages of preparing, reducing, and representing data (Creswell, 2007). All interviews were transcribed (using Rev.com) and all identifying information was removed. The in-depth interview transcripts, field notes, and analytic memos were entered into a qualitative analytic software, Dedoose (v.8.3.45), to assist with organizing code analysis. Participants’ demographic data was entered into Microsoft Excel for descriptive quantitative analyses (see Table A.1 Sample Characteristics in Appendix).

CGT Analysis of In-Depth Interviews

Guided by CGT strategies, interview data analysis occurred in several stages towards the aim of theory building (Charmaz, 2014; Glaser & Strauss, 1967).

Memo writing. Through audio recorded and written memos – another key component of CGT – the researcher documented, explored, and reflected upon various analytic paths throughout all stages of the data collection and analysis; as well as her reflexivity and self-positionality. Analytic memos were organized in Dedoose with the
associated codes and excerpts, allowing for the further development of initial memos into later categories. One example of this was an early memo on “believing versus supporting,” which later developed into phenomenon of “stuck in between” in Chapter 5.

**Initial line-by-line coding.** During Round One of the study (see Figure 3.1) the researcher coded one-third of the transcripts line-by-line using gerunds to stay close to the participants’ voice and focus on the actions and processes in the data (Charmaz, 2014). This resulted in 1,665 initial codes such as, “fearing criticism for defending victim” or “cautioning against calling police” or “receiving support from community members.”

**Focused Coding.** The researcher then exported the initial codes from Dedoose into Microsoft Excel to allow for easier comparisons and sorting. The researcher sorted, clustered, and compared the initial codes through several rounds of studying and assessing the patterns and gaps within them (Charmaz, 2014). This resulted in 40 focused codes that were determined to be the most significant, best accounted for the data, and provided insight for addressing all three research questions. The committee chair also assisted in the process of selecting and refining the final focused codes through detailed discussions and questioning to confirm the findings were supported by data. Subsequently, all in-depth interviews were coded using the focused codes. Examples of focused codes include: “cultural differences related to CSA,” “dismissal response to disclosure,” or “barriers to prevention.”

**Axial Coding.** After all interviews were coded in Dedoose using the focused codes, all the coded excerpts were exported into Microsoft Excel for further comparisons. The 40 codes were sorted and divided into those that were the most relevant in answering
each research question (with some codes overlapping). Using constant comparative method (Glaser & Strauss, 1967), each set of codes were further categorized into the axial codes as a way to “reassemble the data you have fractured during initial coding to give coherence to the emerging analysis” (Charmaz, 2014, p.147). For research question one, 10 axial codes were chosen that most represented various pathways of meaning-making (see Chapter 4). For research question two, 12 axial codes were chosen that related to the various processes involved in the responses to finding out about CSA (see Chapter 5). For research question three, 11 axial codes were chosen that were relevant to the five dimensions of community readiness, as well as the community-level barriers and strengths.

**Theory Building.** Through analytic memo writing (Charmaz, 2014), situational mapping (Clarke, 2003), and diagramming techniques (Strauss & Corbin, 1998), the nuances of, and the interactions between, the axial codes were explored and developed into theoretical categories and sub-categories. With the purpose of theory building, the data excerpts were re-examined using the theoretical categories to detail further dimensions and interactions within and between the processes. As Charmaz (2011, 2017) recommends for social justice inquiry CGT studies, the categories were specifically examined through the sensitizing concept of critical theory (see Chapter 1).

**Scoring of CR Interviews**

The CR interview transcripts were then analyzed using the protocol’s standard scoring process to determine a readiness level for each of the five dimensions (Oetting et al., 2014). Two individual researchers independently read, sorted, and scored the interviews for each of the five dimensions, using anchored rating scales that correspond
to the CR model’s nine stages of readiness, ranging from “no awareness” to “high level of community ownership” (Oetting et al., 2014). After scoring interviews, the two scorers discussed the score for each dimension in order to reach consensus and selected significant excerpts for subsequent qualitative analysis.

After analyzing and reaching consensus on all interviews, the scores for each dimension were averaged across the interviews to determine the readiness level for that dimension. The variability of scores across the interviews was also examined. Finally, the average of the five dimensions’ readiness scores were calculated to determine the overall stage of readiness for addressing CSA in this community. Of note, per the protocol’s anchored rating scale, all the aspects of a readiness level must be met before a higher level can be considered for a specific dimension, therefore the scores are always rounded down (Kelly & Stanley, 2014; Oetting et al., 2014). As noted above, excerpts relevant to the five CR dimensions were extracted from in-depth interviews to provide a richer understanding of the CR dimensions and barriers. These results are detailed in Chapter 6.

**Ethical Considerations**

The researcher took steps to ensure the protection of all participants throughout each stage of the study. The University of Louisville Institutional Review Board reviewed and approved all materials used for this study, including the recruitment letter, preamble informed consent, demographic questionnaire, in-depth interview guide, and CR interview guide. Furthermore, during recruitment and data collection, the researcher clearly informed participants about the study’s purpose and process, emphasized the voluntary nature of participating in the study, protected any identifying information, and treated information collected from participants with respect.
There were additional ethical considerations specific to the study’s community of interest (i.e., current anti-Muslim environment putting American Muslim communities under heavy surveillance and scrutiny), and due to the sensitive nature of the topic area (i.e., CSA). Therefore, the researcher made extra efforts to protect participants’ privacy during request for interviews, to protect the confidentiality of their responses, and to inform them of the processes used. During participant recruitment, although using snowball sampling and referrals, when calling potential participants for screening, the researcher made clear that they were being contacted for the study based on their role in the community or position in a specific organization. This was to ensure they would not feel they were being referred or asked to participate based on any assumption of being involved in CSA.

The researcher protected participants’ confidentiality by keeping all identifying information about potential and recruited participants in an encrypted electronic file in a folder on a password-protected computer, separate from other study documents. No participant names or direct identifiers were used on any paper forms, and forms were stored in a locked briefcase in a limited access room. When presenting findings, all research outputs were coded using participant ID#s and, if necessary, misleading identifiers.

At the interpretation and dissemination phase, the researcher was cautious in the interpretation and presentation of the findings, cognizant of how the data may be potentially exploited against the community. Using member-checking interviews and close consultation with community advisors, the researcher attempted to ensure that participants felt ownership of their own stories and data.
Risk-Benefit Analysis

Risks. The primary concern for risk in this study was that of psychological risks. While participants were not recruited based on their experiences with CSA, many participants discussed either their own or others’ victimization experiences with CSA during the interviews. Answering questions about CSA could raise the concern about potential re-traumatization and/or emotional distress. Of note, the majority of this study’s interview questions asked participants about their knowledge, perceptions, and attitudes towards CSA in general and in their community. One question allowed an opportunity for the participant to share any CSA experiences they or someone they know may have had; however, this was not intended to be the focus of the interview.

Research prior to the study showed that, among non-clinical participants, distress responses were infrequent, mild, and transitory and pose no more than minimal risk (Legerski & Bunnell, 2010). Across several studies, the majority of participants had minimal distress (less than “neutral”) when answering trauma questions, which was lower or similar to the distress experienced when answering other demographic and lifestyle questions (Carlson et al., 2003; DePrince & Freyd, 2006; Walker et al., 1997; Yeater et al., 2012). Participants felt the issues raised in the trauma research were similar to the issues they frequently encountered in the news and media (Yeater et al., 2012). Additionally, even when participants did experience emotional distress, they did not regret their participation or have negative attitudes towards the research (Cromer et al., 2006; Newman & Kaloupek, 2004; Newman et al., 1999). Instead, compared to other psychological research questions, participants perceived the trauma questions as having
greater importance and greater benefits (Cromer et al., 2006; DePrince & Freyd, 2006; Newman & Kaloupek, 2004; Yeater et al., 2012).

**Benefits.** Overall, research indicated that investigators often underestimate the positive direct benefits that participants in trauma research may experience and overestimate the disruptive aspects (Becker-Blease & Freyd, 2006; Marshall et al., 2001). As mentioned above, participants answering trauma questions reported positive perceptions of personal gain and a favorable cost-benefit balance (Cromer et al., 2006; Newman et al., 1999; Yeater et al., 2012). One study found that, compared to the control group, participants who disclosed trauma to a researcher had a decrease in their intrusive thoughts over time (Lutgendorf & Antoni, 1999).

With the appropriate interview techniques in place, the researcher thus anticipated the potential benefits to participants mentioned above and several additional indirect benefits, including: (i) increasing knowledge and awareness about CSA among parents, teachers, and community members, reducing stigma regarding CSA; (ii) increasing knowledge of and access to services for the prevention and treatment of CSA; and (iii) developing recommendations for creating safer environments for children in the community.

**Minimizing Psychological Risks.** Therefore, based on current research, we expected the majority of participants to have neutral or positive experiences from participating in this study with risks not more than they would encounter in everyday life. However, to minimize the risks and attend to potential negative responses, certain procedures were put in place during data collection. The informed consent included a disclosure about the sensitive nature of the questions in the interview, that the topic may
be unpleasant or bring up negative thoughts and emotions, and that the participant could skip any question they were not comfortable with. Throughout the interview, emphasis was placed on participants feeling a sense of control over what, how, and when they wanted to share their experiences and were reminded that they may skip questions they did not feel comfortable answering. The interviewer asked questions in a supportive, respectful manner, and responded to participants’ reactions with empathy. At the end of the interview, the interviewer reviewed the possibility of having upsetting emotions or thoughts, encouraged participants to use their existing support systems, and provided them with several 24-hour crisis lines (i.e., local, national, and Muslim-affiliated), so that, if needed, they would have the resources to access immediate support, as well as information about professional services.

**Issues of Trustworthiness**

This qualitative study employed several techniques to achieve trustworthiness as outlined by Lincoln and Guba’s (1985) evaluative criteria. To establish *credibility*, the following steps were taken: (a) prolonged community engagement to establish trust and rapport before recruiting participants for such a stigmatized issue; (b) persistent observation to determine the specific sub-topics of to be pursued in more depth (e.g., reactions to disclosure); (c) seeking out negative or unexpected cases (e.g., male religious leaders); and (d) member-checking with participants (n=7) at various stages of data analysis and theory development to gather their feedback on the emerging theoretical model.

*Transferability* was established through providing thick descriptions of data contextualized with community cultural patterns and participant experiences (Holloway,
1997). Seeking *dependability*, a co-author regularly conducted an audit of the data to confirm the findings were supported by data. Finally, to facilitate *confirmability*, an audit trail was kept including all raw data, records of each research step, process memos, analytic memos, and a reflexive journal on researcher positionality.

**Chapter Summary**

Presented in this chapter is the detailed description of the methods used in conducting this study and the foundations upon which they were designed. This study utilized the blended methodological approach of critical grounded theory, informed by the PAR orientation and CGT methods to design my study aimed at exploring the opportunities for CSA prevention in a diverse and active American Muslim community. The study was additionally guided by the theoretical foundations of social ecology and critical theory.

To answer the research questions, this study involved in-depth interviews analyzed using CGT techniques to explore the patterns of how individual participants make-meaning of and respond to CSA in their community. Additionally, community readiness assessment interviews helped address research question three to determine the community-level barriers and most promising point to intervene. Throughout the study, the researcher frequently reflected on her positionality as an insider within the research, carefully considered the unintended consequences, and worked to maintain the ethical protections of the research participants.
CHAPTER FOUR: OPPORTUNITY, POWER, DESIRE: HOW A DIVERSE AMERICAN MUSLIM COMMUNITY MAKES MEANING OF CHILD SEXUAL ABUSE

INTRODUCTION

This year alone millions of children around the world will be sexually abused, resulting in serious harmful short- and long-term consequences for victims, families, and communities. One of the most widespread and persistent forms of violence, child sexual abuse (CSA) crosses all borders and is pervasive across all ethnic, socioeconomic, and religious groups (Mathews, 2019c). Over three decades of research on CSA risk factors and etiology have established that CSA perpetration is heterogeneous and multifaceted, occurring at the complex interaction of multiple socioecological levels of risk and protective factors (Black et al., 2001; Clayton et al., 2018; Finkelhor & Baron, 1986; McLeroy et al., 1988; Sedlak, 1997; Wurtele, 2016). The majority of CSA research has been focused on individual and interpersonal level factors, and despite recognition of the community, societal, and systems role in CSA, little research has explored specific processes through which these affect CSA (Wurtele, 2016).

A public health lens asserts that CSA and its consequences can be effectively prevented by proactively targeting evidence-based risk and protective factors through collaboration at multiple socioecological levels (Wendel et al., 2015; Wurtele, 2016). To be effective and minimize further harm, efforts to address CSA must understand and respond to a community’s specific experiences, including its culture, religion, history,

However, CSA research among ethnic and religious minorities is substantially under-developed, with no empirical published studies examining CSA among American Muslims specifically. CSA experiences of American Muslims are often deduced from research based in Muslim-majority countries or specific ethnic immigrant communities in the U.S., such as South Asian or Arab, despite the majority of these ethnic groups in the U.S. not identifying as Muslim. While findings of these studies may be relevant in providing contextual background for certain parts of Muslim communities in America, they do not sufficiently capture the diverse nature and experiences of the American Muslim identity, because: (i) almost half of American Muslims are born in the U.S., comprised of African American Muslims, convert Muslims, and second or third generation Muslims (Pew Research Center, 2017), (ii) ethnic minority communities in the U.S. do not necessarily reflect the demographics or dominant cultures from their countries of origin (e.g., the majority of American Arabs in the U.S. are Christian; Pew Research Center, 2017), and (iii) among Muslim immigrants, “the migration experience interacts with cultural factors from the country of origin making literature [based on] ‘back home’ possibly limited or even irrelevant” (Sawrikar & Katz, 2017). Therefore, as one of the most ethnically diverse and fastest growing communities in the country (Mogahed & Chouhoud, 2017; Younis, 2009), there remains a substantial need to better understand the experiences of CSA in American Muslim communities, in order to identify key opportunities for effective prevention efforts.
Although meaning-making of traumatic experiences from the perspective of victims is a valuable avenue, this study approached the issue from an ecological and critical theory lens seeking how community members’ come to terms with and make meaning surrounding CSA occurrence in their community, sometimes referred to as “collective meaning-making” (Wexler et al., 2009). Both social movement theorists and community psychologists have emphasized the central role of “meaning-making” in social change efforts (Kurzman, 2008; Maton, 2008), through efforts to “define or re-define social phenomena as social problems, to problematize normative interpretations of social events, and to engage in struggle aimed to recreate cultural change” (Lehrner & Allen, 2008, p.220). The goal of understanding community meaning-making for social change is a more defined “common cause, a central vision that guides action and federates members” (Tremblay et al., 2017, p.336). Therefore, this study aimed to explore a diverse American Muslim community’s meaning-making patterns surrounding the issue of CSA, with specific attention to community members’ perceptions of the causal factors and social processes that may affect CSA occurrence in their community, while highlighting the cultural, religious, socioeconomic, and historical contexts within which their meaning-making patterns are situated.

METHODS

CSA is a sensitive, stigmatized, and politicized issue in every community; and as a minoritized community in a growing anti-Muslim sociopolitical environment, American Muslims are more wary (and legitimately so) of outsider research being done “on” their communities. This is compounded by the fear of research findings being weaponized against the community. In addressing the research question, it was crucial for this study to use methods that emphasized a collaborative, trust-building approach with the explicit
intention of generating knowledge to raise critical consciousness, disrupt existing power structures, and promote community healing (Cornwall & Jewkes, 1995; Freire, 1970). Therefore, this study utilized a blended methodological approach of “Critical Grounded Theory” (Hense & McFerran, 2016) that incorporates principles of participatory action research (Cornwall & Jewkes, 1995) with methods informed by constructivist grounded theory (CGT; Charmaz, 2014). Within the PAR context, qualitative inquiry is especially beneficial in working with populations whose voices are often silenced and as a method of “empowering individuals to share their stories, hear their voices, and minimize the power relationships that exist between a researcher and the participants in a study” (Creswell, 2013, p. 48).

**Research Setting and Researcher Positionality**

The setting for this research was a rapidly growing, racially and ethnically diverse American Muslim community located in a major metropolitan area in the northern U.S. The community is known for its rich network of Muslim organizations active across multiple sectors. About one-third of the Muslims in the community claim Somali ancestry, estimated to be one of the largest Somali Muslim populations in the U.S. The remainder of this American Muslim community consists of diverse groups with roots in other African countries, South Asia, Eastern Europe, the Middle East, as well as a substantial group of multigenerational African American Muslims. There are no official data describing the socio-demographics of this population (e.g., household size, education, income, employment, etc.).

Regarding my positionality as a researcher, although I did not reside in the research setting, as a visibly Muslim woman comfortable in Muslim spaces, I held a
mostly “insider” position with many community members, while also recognizing my “outsider” position with different races, ethnicities, languages, and acculturation experiences. Reflexivity is a critical part of qualitative research and is meant to be a continuous process undertaken throughout all stages of the research (Finlay, 2012; Finlay & Gough, 2008; Stige et al., 2009). Importantly, through acknowledging the impossibility of completely bracketing out ourselves as the researcher, reflexivity goes beyond reflection to include a critical, self-aware analysis of our personal and relational dynamics and their impact on the research process (Finlay & Gough, 2008; Willig, 2001). Therefore, I kept a reflective diary including audio and written entries, critically reflecting on my personal assumptions, values, and past experiences, as well as my interactions with community members, both inside and outside of the interviews. I also reflected on the specific decisions I, as the researcher, was making and the unintended consequences of those decisions on community members. These reflective memos helped to determine any required changes in the methods or my expectations when collaborating with community advisors.

**Recruitment and Sampling**

During the preparation phase, the researcher undertook efforts to build partnerships within the community that eventually led to conversations with potential community advisors to gather feedback on the initial research plans (including the interview guide) and understand their desired level of collaboration. Though this research project was often verbally supported as being crucial and necessary, community advisors were, understandably, often not able to dedicate substantial time and effort due to competing priority issues. Nevertheless, they played a critical role by providing a list of
potential participants for the study and additional referrals as needed through the subsequent phases. Although not actively involved in data collection and analysis, community advisors provided key background, context, and update about relevant events as they unfolded in the community.

Using the community advisors’ insights and guidance, 22 adults were interviewed, who self-identified as Muslim, were residents of the community, and were fluent in English. Initially, purposive sampling with a maximum variation approach was applied to intentionally select participants from a diverse cross-section of ethnicity, nativity, life stage, community role, and experiences of abuse (see Table A.1 and A.2 in Appendix). Through the multistage cycles of data collection and analysis, seven participants were interviewed again for member-checking and theoretical sampling, to provide clarifications and further explicate specific categories of the theory-building (Charmaz, 2014; Glaser & Strauss, 1967). All study procedures, including consent, confidentiality, and instrumentation, were approved by the University of Louisville’s Institutional Review Board (IRB).

**Data Collection**

Recruitment, intensive interviewing, memo-writing, transcription, and initial data coding were conducted in two major rounds, with an additional round of member-checking interviews for theoretical sampling (Charmaz, 2014). Using a semi-structured guide with open-ended questions, intensive interviews were conducted in-person or by phone or video-call and lasted between 35 minutes to 2.5 hours. Prior to beginning each interview, the preamble consent and a short demographic questionnaire were administered. Interviews were audio recorded (with participants’ permission), transcribed
verbatim, edited to remove identifying information, and re-read several times. All transcripts, demographics, field notes, and memos were entered into Dedoose qualitative analysis software (Dedoose.com).

Data Analysis

Guided by CGT strategies, interview data analysis occurred in several stages towards the aim of theory building (Charmaz, 2014; Glaser & Strauss, 1967). First, one-third of the transcripts were coded line-by-line using gerunds to stay close to the participant’s voice and focus on their actions (Charmaz, 2014). Next, the initial 1,665 codes were sorted, clustered, and compared to determine the most significant and most frequent, resulting in 40 focused codes. In the next stage, all interviews were coded using the focused codes.

Using the constant comparative method (Glaser & Strauss, 1967), 10 axial codes emerged that represented various pathways of meaning-making. Through analytic memo writing (Charmaz, 2014), situational mapping (Clarke, 2003), and diagramming techniques (Strauss & Corbin, 1998), the nuances of, and the interactions between, the axial codes were explored and developed into theoretical categories and sub-categories. With the purpose of theory building, the data excerpts were re-examined using the theoretical categories to detail further dimensions and interactions within and between the processes. As part of a social justice inquiry lens (Charmaz, 2011), categories were additionally examined through the sensitizing concepts of critical theory (Guba & Lincoln, 1994) and socioecological frameworks (McLeroy et al., 1988).
Trustworthiness

This qualitative study employed several techniques to achieve trustworthiness as outlined by Lincoln and Guba’s (1985) evaluative criteria. To establish credibility, the following steps were taken: (a) prolonged community engagement to establish trust and rapport before recruiting participants for such a stigmatized issue; (b) persistent observation to determine the specific sub-topics of to be pursued in more depth (e.g., reactions to disclosure); (c) seeking out negative or unexpected cases (e.g., male religious leaders); and (d) member-checking with participants (n=7) at various stages of data analysis and theory development to gather their feedback on the emerging theoretical model.

Transferability was established through providing thick descriptions of data contextualized with community cultural patterns and participant experiences (Holloway, 1997). Seeking dependability, a co-author regularly conducted an audit of the data to confirm the findings were supported by data. Finally, to facilitate confirmability, an audit trail was kept including all raw data, records of each research step, process memos, analytic memos, and a reflexive journal on researcher positionality.

RESULTS

Sample Characteristics

A total of 22 adults (15 women, 7 men) participated in the study, including six religious leaders, six topic experts, six community organizers, and four general community members. The sample showcased the racial, ethnic, and generational diversity

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10 For this study “religious leaders” refers to those with either formal (imams, chaplains) or informal (teacher) religious roles in the community. It does not necessarily mean that the community considers them their “leader.”

11 “Topic experts” include: therapists, social workers, sexual violence responder/educator
of the local community. The participants were highly educated with all having attended at least some college and almost a quarter having a doctoral degree. This is in comparison to the general American Muslim population wherein 62% have attended at least some college and 11% have a graduate degree (Pew Research Center, 2017). Seven participants had a mental health-related degree (social work or therapy) and six had an Islamic Studies-related degree. Participant demographics are summarized in Table A.2 (Appendix).

Almost all participants (n=21) felt religion was "very important" to their daily life. The majority of participants received their Islamic knowledge through attending courses as adults or through attending a type of Islamic school or “dugsi” (Somali Quran school) during their childhood years. Of interest, six participants (5 women, 1 man) did not feel a "sense of belonging" to a mosque in the community. This was particularly significant for two women who were substantially involved in activities at Muslim community centers (“third spaces”) but did not feel a sense of belonging to a traditional mosque space. Five participants self-identified as a CSA victim/survivor during the interview, of which four were cases of intra-familial CSA. Of note, most of the professional/topic experts interviewed had never had a Muslim CSA victim client. In comparison, female religious leaders and community organizers typically received many disclosures of CSA cases.

**Overview of Model Developed from Constructivist Grounded Theory Analysis**

As participants attempted to grapple with CSA occurrence in their community, three key meaning-making patterns were inductively generated from interrogating their responses, assumptions, and points of silence: “opportunity,” “exerting control,” and “out
of control sexually.” Theorizing through a public health and social justice inquiry lens, these patterns and their associated theoretical categories make up a two-part model (Figure 4.1). In part A, three categories of situational risk factors affect the “opportunity for abuse” across multiple levels of the socioecological model. In part B of the model, these experiences are shown embedded in a context-specific system made up of an amalgamation of broader societal norms (“in control” and “out of control”; see Section B below) community contexts, and multi-level structures.

Almost all participants recognized CSA occurrence in the community as a significant concern. However, when discussing potential factors leading to CSA, many appeared to be deliberating on it, and they often prefaced their answers with “I've never thought about this before” (#6), “I’m just guessing” (#10), or “I don’t know a lot about this” (#7). Only a few participants who interacted with victims regularly (#1, #3, #4, #20) seemed to have reflected previously on risk and protective factors.

Of note, participants frequently brought up “cultural influences” and “religious interpretation” during their interviews, specifically dissociating culture and religion as it related to their personal, family, and community experiences (see Section B-iii). In general, for these diverse American Muslims, “culture” referred to the customs, traditions, and attitudes associated with their ethnic group, while “religion” referred to their faith/belief, worship, and morals/spirituality incorporated into all aspects of daily life. These findings highlight a unique aspect of conducting research in a diverse American Muslim community in that their experiences with multiple ethnicities allows them to observe and compare behaviors, eventually determining which are based in “culture” or “religion.”
A. “OPPORTUNITY FOR ABUSE”

When asked about factors affecting CSA occurrence, participants identified various characteristics and situations, often referring to these as increasing the “opportunities” for abusers. In combination, these factors are represented through three categories: “trusting too much,” “not talking about sex,” and “no clear boundaries.” Each category permeates through and manifests in various socioecological levels, as illustrated...
in Figure 4.1-A. Arising from participants’ storytelling, the categories act cumulatively when presented concurrently to further increase the opportunity for abuse and victimization, according to participants. These situational factors tended to represent a larger proportion of the meaning-making processes for parents, families, and communities (as well as researchers). It is important to recognize that these factors are also embedded in community-specific contexts, and are therefore influenced by cultural norms, religious interpretation, and socio-political oppression.

i. Trusting too much

While high levels of trust in a community is typically assumed to be a positive characteristic for communities to aspire to, almost all participants described some form of “over-trust… within family and community” (#01) as a risk factor for CSA occurring and continuing. This concept manifests most clearly at the individual level of abuser characteristics with participants identifying abusers as commonly being the “trusted” or “closest” family or community members (#2, #5, #11, #14, #17), those that “no one expects it from” (#21). Participants also characterized abusers as purposefully “gaining trust” or “appearing more religious” to “get access to kids” (i.e., describing various types of grooming behaviors). On further analysis, “trust” also appeared as a proxy for describing the power differential of an abuser, and participants described CSA as “trust” being abused, “taken advantage of,” or “violated.”

At the interpersonal level, participants identified the common practice of “joint family system” (#11, #21, #01; as well as sleepovers and babysitters) as a potential for increasing the “opportunities for abuse” since “having a lot of adults cycling through the home …puts them at a higher risk” (#03). Echoed by participants from different
ethnicities, one Somali participant described: “In our communities, we let people come in and out of the home... like the homes are open. Any uncle could come live with you, any auntie can come stay with you. There wasn't vigilance in the older generation…” (#11).

Another multi-ethnic participant explained:

Many people in the community think, “Oh this is my cousin; this is the child's uncle; he wouldn't do such a thing.” But they would be surprised that it's actually the closest relatives, it could be the father himself, that many times are the predators. - #01

Participants recognized that families with less resources (access, time, support, space) may be forced to “rely on” and “trust” their children in situations “that sometimes might be a little sketchy or a little bit risky” (#06), as a social worker detailed:

Some of this stuff is unavoidable... if you're in a situation where you don't have enough rooms and everyone's kind of sleeping in the same room together and then you have cousins and aunts and uncles and whatever, everyone kind of sleeping in the same place that could put them at a higher risk. Not necessarily, but it could. - #03

At the institutional level, participants highlighted schools, daycares, and religious centers as potential places where high levels of trust lead to more access and opportunities for abuse.

...unfortunately, it happens from teachers; it can happen from anyone in a powerful position and their relationship between them and children need not always be 100% fully trusted. There has to be checks and balances... Usually the most trusted ones are the ones parents need to pay attention to. - #02

An Imam (religious leader) further explained this phenomenon:

People are coming to you and they're giving you this trust, like, "Here's our kids," and everything. You have access, so I think they [religious teachers] have the most access, more than other people, per se. ... But we need to understand that even though these people, imams, including myself... We're in these positions, and we're supposed to be so-called religious... we can't just cross them out and say, "Okay, let's put them in an invisible box, and we're going to put them on this pedestal." We
need to really take precautions from our own means, and then have tawakkul (reliance) on Allah. - #21

In response to the problem of “trusting too much,” participants had two differing conclusions: “not trusting anyone” or “building trust.” Several participants echoed the following advice from a religious leader:

*The best thing to do is really understand that there could be offenders everywhere... You just have to take the necessary precautions and not trust people left and right, thinking that just because they are Quran teachers, or just because they are a friend of ours, or just because they are an uncle, or a family member, that they are necessarily people to trust. That’s the most important thing.* (#01)

Others emphasized “protecting my children by building trust with who I’m leaving them with” (#11) and “I have to learn how to trust... or else I’m going to be a wreck” (#17).

**ii. Not talking about sex**

Another situational factor that some participants felt increased CSA risk is the lack of appropriate sexual health education and general stigma within “different cultures talking to their children about sexual situations” (#18). As a religious leader explained:

*In the culture we came from, we don’t talk at all about sex issues. Nobody talked. To tell the truth, you expect punishment if your father heard you talking about the sex issue... But that’s different than Islam... when I teach, I always say, "some Somali culture behavior is different from Islam.”* - #08

This type of differentiation and clarification between culture and Islam was referred to by almost all participants (see Section B-iv) and was especially emphasized when seeking to destigmatize discussions around sex. Frustrated with the “cultural sexual decorum,” a community organizer details the “dichotomy” American Muslims face:

*When you have this dichotomy of refusing to talk about sex in any way, shape or form – whether it’s body parts, sexual urges, halal sex, haram sex, sexual aggression – but then living in a hypersexualized society... and having sex just shoved at you from every single direction... how do you reconcile that mentally? What do you do with yourself?* - #09
She goes on to clarify how sexual matters should be talked about in Islam:

But this is not a religious thing because Islamically sex is talked about all the time in Islam. It’s done in a very, very, modest respectful halal [permissible] way. It’s done in a way that’s not vulgar. But it is talked about and this (not talking about sex) is something that’s cultural baggage that we have infused into our community. - #09

In describing the link between “not talking about sex” and CSA occurrence, participants emphasized a child’s lack of knowledge about body parts, sex, and consent, leading to a lack of understanding about the actions of an abuser on them. For example, “The little girl said, ‘What if you think you've had sex and you didn't know?’ It was these boys who had pressured her into doing something and she didn't really understand what she was doing” (#15). Or as a topic expert described, “when someone abuses their power and inappropriately touches a child, the child is not aware that this was abuse… especially when you are told [by the abuser] that this is love, you believe that this is love” (#05). Participants also shared cases in which children “with no [sex] education, mirror the behavior onto someone else… so it’s like this ripple effect of not knowing, but just knowing that this feels good” (#05). Additionally, participants emphasized that when sex is not taught and talked about in a safe, open, and healthy manner, victims are not equipped with the language or environment to be able to disclose their abuse.

This factor of “not talking about sex” was present across multiple socioecological levels in participants’ discussions, such as: parent-child relationship and communication, how sexual education is taught in schools and religious institutions, and community shaming. Further discussions on how these can be used in prevention programs is discussed in Chapter 6.
iii. No clear boundaries

Participants also highlighted the lack of clear “healthy boundaries” between a child and adults or older children as a factor that increased the opportunity for abuse. A topic expert revealed how a child’s daily interactions with others can be disempowering and complicate their understanding of consent and boundaries.

You’ll have adults that will have kids sit on their laps or touch them without asking, and the kids aren’t allowed to say no. Even if it’s not a sexual touching, it’s just like pinching their cheeks or kissing them or grabbing them and then kids feeling they can’t say no to that….So they don’t learn how to set a boundary with an adult… and that puts you at higher risk for being sexually assaulted. - #03

All of the five survivors who participated in discussions on making meaning of CSA demonstrated that this lack of clear boundaries often results from a combination of the earlier factors: “trusting too much” and “not talking about sex” (and consent). As one survivor reflected on her own experience:

I think not having conversations about consent and boundaries with children has a lot to do with it…. I think the reason it even happened was …not understanding the consent piece. Like if I had known as a five-year-old, my body is mine, nobody is allowed to touch it….or if my parents had de-stigmatized the idea of talking about my body. - #04

Other survivors shared how their experiences have led them to examine their household and sleeping arrangements and “be more guarded who my children are around… not all these different sleepovers” (#16) and “if there are multiple people living in the home, take it even more seriously to talk to your children to create those healthy boundaries" (#11). A participant recounted how he talked to his daughter about how to create boundaries when her uncle was doing her hair, “I said, ‘This isn't because I think your uncle is thinking anything,’ but… there always needs to be some level of barrier in
interactions so it's understood what this is and so there's less of an opportunity for grooming behavior” (#06).

While this lack of clear boundaries is especially applicable when navigating all interpersonal relationships, it is also relevant at the institutional level to create policies, and in the community culture of respecting children’s independence and right to “say no.” Further discussion on how these can be used in prevention programs is outlined in Chapter 6.

B. CONTEXT-SPECIFIC SYSTEM

Societies – and this is in American culture too – that put an emphasis on men being simultaneously in control of things while also out of control of themselves and then women being out of control of things but in control of themselves... I think that makes...a higher risk of being sexually assaulted because you're being taught that...whatever happens to you is your fault. ...very few places are not like that. It's so upsetting. - #3

The patterns of “in control” and “out of control” represent participants’ identification of greater societal norms that, when combined with the community contexts of cultural influences, religious interpretation, and sociopolitical oppression, form structures at various levels [Figure 4.1-B]. In combination, these societal norms, community contexts, and multi-level structures form a context-specific system that maintains itself through feedback loops, preserving existing societal norms. While each part of the context-specific system is detailed separately below, they are in fact embedded within one another and are often difficult to disentangle or determine the causal directionality.
i. **Societal Norm: “Out of Control”**

The theoretical meaning-making pattern of “out of control” appeared upon further questioning participants about “why” people commit CSA (to move beyond their focus on the situations or opportunities of abuse). In attempting to “come to terms” with “what kind of person could abuse,” some participants discussed issues of “perversion,” “pedophilia” (#1), “weird attraction to children” (#13), or “some people suffer mentally” (#5). Through interrogating the data further, this theoretical concept expanded, and it became clearer that the concept of abuse occurring as a result of not being able to “sexually control themselves” was either explicitly or implicitly prevalent among the majority of participants. For example, in describing how abuse happens, participants used words such as “attraction,” “nafs [desires],” “temptations,” “unsatisfied sexual desires” (#18), “they become triggered or infatuated with the child” (#12), or “it’s a release for them” (#11).

The concept of CSA as being primarily an act of sexual desire (rather than one of exerting control/power), was especially prominent in participants’ descriptions of two issues. First, participants often compared and contrasted their community with the example of CSA in the Catholic Church, attributing it in part to issues of “repressed sexuality” (#9, #4) due to “priests not being allowed to get married” (#11, #18). Second, when describing Muslims’ perceptions of CSA, participants frequently referenced concepts related to the prohibition of “zina” [sex outside of marriage] to demonstrate how CSA is “haram” [unlawful]. This was expressed more among participants who stated they had never heard of CSA cases in the community (#8, #10), referencing it as the reason for less CSA. It appeared that for many, since the only time they had heard sexual
issues discussed in an Islamic context was in relation to preventing zina, they reflexively equated CSA as a type of zina. These examples show how societal norms can affect and become intertwined with interpretation of religious concepts.

During member-checking, participants were asked to further clarify the relationship between CSA and “out of control” (i.e., sexual desires). A topic expert replied, “It's not about sex, it's about power. I think people use that as a defense to be like, ‘Oh, he's just such a sexual being.’ It's like, no, that’s disgusting, and it is one hundred percent about power” (#04). A religious leader detailed,

*There’s this understanding in our cultures that a man's sexuality is a priority... We talk about men's sexuality as being something so strong that they can't control... it feels we're almost saying your sexuality became more powerful than you. So it’s making excuses for them, like they can't control themselves. But I haven't heard anything in the deen [religion] say that men cannot control themselves... the Prophet peace be upon him didn't say that!* - #11

Another religious leader pointed out how using the excuse of sexual perversion leads to misconceptions among community members about the risk of CSA, “some say, it’s just a deranged person that needs to be handled on that level, no need to generalize… very few think that if it happens to one, it’s a sign that it can happen on a larger scale” (#2).

**ii. Societal Norm: “In Control”**

The theoretical concept of power dynamics and how it relates to CSA appeared in a multitude of ways throughout the data, with participants often using the framing of “those who are in control” or “exerting control.” Recognizing the inherent power of an abuser, one participant stated, “when somebody engages in CSA, they usually have an authority - whether it's that they are somehow an authority within the household, or the community” (#1).
Participants most commonly referred to “men in positions of power” (#5) or leadership (whether in families, organizations, or communities). However, participants also recognized other “degrees of power” (#6) such as age (adults vs. children; older children vs. younger children), socioeconomics (referred to as “resource availability” or “class”), and race/ethnicity. As a topic expert pointed out, “there’s still other hierarchies within the same gender so it still happens… because there’s still power and control… it’s like any kind of authority that you can have over the person” (#4).

Several participants described CSA as a means of abusers “exerting control” or “making this person do something and then it feels good” (#15). Some attributed this to “the desire to have power in some way, shape or form, because it was taken from you” (#18). Others emphasized the “cycle of abuse” with abusers “doing what was done to them” (#11). Overall, participants emphasized the issue of “seeking power and authority over others” as a greater societal norm or “human issue” (#11, #15).

Other than the direct power dynamics between an abuser and victim, this phenomenon also appeared in the data through participants’ examples of gender inequities, toxic masculinity, cultural “socialization,” family dynamics, religious interpretation, historical oppression, and leadership/institutional practices. For example, when explaining why some men in the community may not be talking about CSA, a counselor replied,

> When it comes to abuse, we have this toxic masculinity culture that we live in, where men have to be strong... and can’t show emotions or crying. And then... [people think] any sort of abuse can only be perpetrated to either gay men or men who are deemed weak... So there’s so much shame associated with so many men. - #20

Additionally, during member-checking, participants were asked to clarify their understanding of the societal norms of “in control” and explained, “men are seen as the
stronger gender’ and women are seen as the weaker gender” (#11 MC). Another religious leader expounded, “in certain communities they [men] think of themselves as superior, and others as inferior. They have some mental idea that ‘I’m better and I can do whatever I want.’ Not all cases, but in some cases that has a role” (#21).

Although not always explicitly recognized by participants themselves, through interrogating their examples and language, the concept of societal norms of power and control appeared as a common phenomenon linking the various patterns of meaning-making. Theorizing these connections, a participant explained:

*Kids don’t just start by raping, they start by crossing their boundaries, by not listening when someone says no, by being taught that they should take what’s theirs, even if they are told no. And so it goes back into that toxic masculinity, but also beyond that, how are we teaching the kids to not perpetrate?* - #5

The relationship of these societal norms (“in control” and “out of control”) with the community contexts of cultural influences, religious interpretation, and sociopolitical oppression are further elucidated in sections below.

### iii. Community Context: “Cultural influences”

Participants most often brought up discussions of “cultural influences” when explaining gender norms, primarily viewing culture from a negative lens of “cultural baggage… coming from all sorts of different cultural upbringings” (#9) and emphasized “taking culture out of religion” (#3). As one community organizer responded, “…because that’s how they grew up... their fathers were misogynist, not respecting women and making them second-[class], and it's from jahilliya [age of ignorance before Islam]. It has nothing to do with Islam” (#14). Several participants identified the interplay of societal norms of power on cultural practices, as one participant described this in his Black American Muslim community, “not to devalue certain cultural practices, but I think
sometimes the socialization of our girls can lend itself to power-deficient interactions with people” (#6). Identifying the negative consequences of problematizing others’ cultures, a participant who grew up in a multi-ethnic home shared:

If you don’t have a balanced approach to understanding culture, then you’re just getting bits and pieces... and that’s where the problems come in. People could easily look at Muslim majority countries and say, “Oh these people are so misogynistic.” But then when they [Muslims] look at American culture...they're like, “Oh my gosh, why are they treating these women so badly? Why is no one taking care of these women?” And so it's like there are a lot of ills in society in every culture and when we only take out these little bits, you can’t make a full puzzle picture out of that, so it ends up exacerbating the problem. - #9

Participants especially highlighted the significant culture change that families go through immigrating from more collectivist cultures, specifying having to deal with “multiple ways of being... makes it complicated” (#7) and “they do not know the language or the culture, so they do not know what to do to protect their children from the challenges facing them” (#2). Specific to the interplay of societal gender norms on changing family culture, a Somali community organizer described:

Our Muslim community is still kind of evolving, it's like a new culture for us over here. Most of the mothers back home, they used to get help from auntie, uncle, grandma, neighbor, so mom's full attention was children. Right now, what's happened is mama has more responsibility... and they have administrative duties which they never had...They're dealing with papers every day from the mail, they're dealing with the teachers, they're dealing with insurance... There's no training. So the attention right now is divided. It's draining her energy, her focus is away. - #14

As described in “opportunities for abuse” (Section A), participants particularly emphasized cultural influences as the reason for “not talking about sex,” while also attributing “trusting too much” and “not having boundaries” to certain collectivist cultural values. However, growing up in a Christian household before converting to
Islam, one participant questioned the predominant negative view of cultural influences in the community:

*I honestly think it's very similar in other communities. I think sometimes we think in the Muslim community the not wanting to talk about it is worse, but I'm not really sure that's true... I mean where do you draw the line between culture shaming and simply acknowledging that there are cultural influences that impact whether or not someone wants to talk about this.* - #15

Participants’ perceptions differed over how CSA processes in their community compared to other communities. For example, one religious leader who insisted there was no CSA in his community, discussed it would only be “possible because of the new society that they came to and found a lot of abusing children sexually. So, when you have this type of environment, then the person could be influenced” (#8). Whereas another religious leader shared how prevalent “kids being abused” was while he was studying in a South-Asian country (#21). Sharing her experience growing up across different countries and cultures, one participant related:

*Whether it's here in the United States, or Saudi, or Sudan, at every part of my life, there has always been that constant, common denominator of older men sexualizing young children. Being looked at in a creepy manner by men... or older men reserving the right to touch you without your consent... To the point where I felt like it was a normal expected part of development.* - #5

At the same time, as a female religious leader who received numerous CSA cases from ethnically diverse Muslims in the community explained, “culture plays a very important role in defining what abuse looks like, what it means to report, how to deal with the aftermath of the abuse and the effects... Pakistani, Somali, West African, Arab - they are totally different” (#1).
iv.  **Community Context: “Religious interpretation”**

As previously mentioned, nearly all participants stated religion was “very important” to their daily life, or as one participant expounded, “Islam is about our entire life, not just certain parts of our life, it has everything to do with how we live” (#17). Therefore, interview data were often saturated with references to scripture (Quran and Hadith [Prophetic tradition]) and discussions of religious prohibitions and commandments. When asked explicitly about the relationship between religion or religiosity to CSA perpetration, participants made meaning through dichotomizing various aspect of “religious interpretation,” specifically: (1) differentiating “superficial” from “complete” religiosity, (2) emphasizing lack of “true Islamic knowledge” leading to “misinterpretation” of scripture, and (3) separating cultural influences from Islamic tradition.

First, participants emphasized that the relationship between religiosity and CSA would depend on how religiosity was defined, and frequently differentiated “outward religiosity” from “true,” “inner,” “ethical” piety, as a counselor shared:

*Deep down if they're religious I would like to believe that yes, they'd be less likely to perpetrate, but we don't know that just by seeing somebody or what they portray on the outside ... there are people that portray themselves to be religious that have perpetrated, and I've heard from one of my clients that they were violated by their Quran teacher - #10.*

Explaining how the Quran is related to piety, a community organizer said, “Just because someone has memorized the Quran doesn’t automatically make them a pious person. Living the Quran is what makes you a pious person, and a lot of these people, especially in this community, don't even know what the Quran means” (#09). Another participant explained how this relates to the Muslim’s daily prayers:
People think that those people’s acts of worship should protect them from being a bad person and that's not true. If all you’re doing is moving your head up and down and saying words that you don’t feel, that's not going to translate to your other actions in the world. So I don’t think that the outward representation is accurate. - #4

Secondly, participants often described the misinterpretation of Islamic scriptures for a variety of reasons including, lack of “true Islamic knowledge,” “scholarship,” or “proper education” (#06, #07, #09, #22, #01), as well as selected “perversion of texts” (#05, #20) and erasure of women’s perspectives from storytelling (#7, #22). This is discussed further in the section on Multi-level Structures, through the lens of religious institutions. The third aspect of the participants’ emphasis on separating religion from cultural influences, is described in the previous Section B (iii). Finally, participants identified the harmful consequences when communities use misinterpreted religious concepts to rationalize factors leading to CSA. For example, a community organizer explained:

If you're using religious justifications to not talk about this issue, it can be really traumatizing for people. It’s causing serious issues in the community, like… "Well, I don't want to be Muslim if that's really what Islam says." But I think we’re getting to a place where people can recognize that just because people are using religious justifications doesn’t mean that that’s correct. - #15

v. Community Context: Sociopolitical oppression

While participants did not explicitly use the term sociopolitical oppression, it appeared as an underlying context which framed many of their experiences and understandings. These included aspects of intergenerational trauma from war, violence, and refugee experiences, as well as intersectional racism, anti-Muslim, and gendered Islamophobia. Though beyond the scope of this paper, the historical contexts and continuous community effects of these sociopolitical oppression cannot be ignored.
Describing the influence of violent displacement and refugee experiences on families, a community organizer detailed:

\[ I \text{ think it's possible that sexual aggression could be caused by... a man who feels like his masculinity has been ripped away from him because of war, because of his family, because of his situation. Because now his wife's providing for the family, not him. He could feel the need to show masculinity in an unhealthy, violent way. - #9 } \]

Expounding on the effects of traumatic refugee camp experiences, a topic expert surmised that families learn to always focus on issues most relevant to their survival:

\[ \text{And so a lot of the positive things that people used to have in their culture are lost... And they're left with things that are survival tactics. So it makes sense to me that they don't want to talk about things like this... like maybe they're not in a head space where they're ready to and they're just like let's just be grateful that we're here. Let's just be grateful that we can go to school. We don't need to be talking about things that are just going to make our lives more difficult. - #7 } \]

Due to current and historical sociopolitical oppression of Black/African-American and American Muslim communities, through structural and systemic racism, community policing, and marginalization, participants often described the community’s hesitancy in reporting or publicly discussing CSA due to the legitimate fear of the information being weaponized against them. Describing his frustrating experience being profiled, a community organizer explained:

\[ \text{This is an FBI thing, [they think] if you go pray five times a day at the masjid, you're more susceptible to terrorism. We're going to keep an eye on him. If he or she kicking it at the club, they're good. Ain't going to do no terrorism. Right? - #18 } \]

Providing clarification during a member-checking session, a survivor detailed how aspects of Islamophobia affected her seeking accountability:

\[ \text{people don't want outsiders to think this is a Muslim problem or this is a Black problem or a Brown problem. If we accuse our own men, then we're a part of this unjust system that says our men are violent, even though we are just trying to seek accountability. We end up } \]
perpetrating the stereotype around violent Muslim men. That’s exactly why I didn’t report the man who assaulted me because I was like, “I know he’s going to be held accountable in a way that is probably unjust.” - #4

Acknowledging intersectional identities, the racial/ethnic diversity within the American Muslim community results in oppression within and between community members, as a topic expert pointed out, “when it's across race, people say, ‘Oh, this person would never touch a person of that race anyways… so if they're a black family addressing a white abuser, that would look really different…’” (#4). This may be further exacerbated by certain parts of the community (e.g., South Asian) typically viewed as a “model minority” and therefore have different levels of trusting relationships with “outsiders,” as a Black/African American participant shared, “I was so surprised how that immigrant family so easily trusted Americans in their home and didn’t protect themselves but was trying to please them” (#06).

vi. Multi-Level Structures

The above societal norms (in-control, out of control) and contexts (cultural influences, religious interpretation, and sociopolitical oppression) operate through and are perpetuated by structures and systems at multiple levels of the socio-ecological model. In this study’s data three key structures emerged: media, community institutions, and familial.

Participants commonly identified “media” as a perpetuating force that “crosses borders” of communities and through its “sexualized” depiction of children and girls, “creates a hyper-sexualized society” (#01, #06, #7, #17, #18) leading to “higher rates of child sexual abuse” irrespective of a community’s specific culture or religion (#06, #01).
Within this, participants also discussed the role of pornography, as one religious leader shared her observations from numerous CSA cases:

*The thing that most predators have in common is addiction to porn... people think it's drinking or drugs... It's not always that. But porn is always there. There wasn't a single case that came to me where porn or a person's addiction to porn wasn't there.* - #01

A community member detailed why she felt it was a problem that “for so many people... the first or the only way that they learn about sex is through porn” (#07):

*A lot of porn is violent. It has aspects of dehumanization. It has aspects of escalation. ...so their understanding of sex becomes really skewed and it affects the ways that people think about this issue. So even if it doesn't lead you to commit an act... It'll change the way you think about victims, it'll add doubt in your mind about whether or not it was even assault or abuse. And it also validates feelings of misogyny and confuses the way you think about consent.* - #07

At the community institution level, the societal power dynamics are entangled with religious interpretations to affect how some religious institutions are run. On the one hand, some leaders may perpetrate misogyny because of their cultural background or self-interest to continue to exert controlling force. For example, when asked why she felt religious misinterpretations were so prevalent, a participant replied, “Well, who is authenticating these and who is passing them down over generations, it's mostly men ...people who would benefit from having the power and control” (#4). The desire of the leadership to maintain their position of power and impunity is also evident in their response to allegations of CSA within certain institutions, as a community organizer shared: "The vast majority [of leadership], depending on who's accused, are not ready to do anything… if it's one of their own… they will close ranks around them… ‘I stand with you and your family as you face this horrible allegation’” (#04).
An Imam related the consequences when another colleague spoke out against the occurrence of CSA in another community, “the Imam did come out and call out the board members by saying that this is wrong and shouldn't be happening. In that specific case, the Imam was given leave and asked to leave the masjid [mosque].” (#21). When asked to further explain why some religious institutions would respond this way, he explained, 

_Sometimes it's kind of this idea specifically from board members that we need to defend them [those accused of CSA], because they have this idea that if this comes out and it gets out in the community and people start to find out ... Even if it did happen, it's really going to affect us negatively. People won't come to the masjid. For example, in one instance, I know an institute went from having hundreds of students to having seven students, so it's really from that kind of place._ - #21

Finally, at the interpersonal level, participants described the substantial role of “family systems” or “structures” “where there's higher and smaller degrees of power” (#06) in perpetuating gender inequities and toxic gender norms. Detailing how family systems maintain societal norms, a community member explained:

_Everything starts at the kitchen table... so if you have someone who is degrading their wife and they have children, girls or boys, they are being taught how to treat one another. I mean, even if you have somebody [husband] who's affectionate, their [children are] generally going to grow up and be affectionate to others. Whereas, if they're not and the type of household that they grew up in is abusive... will take on those traits, because that will be normal for them._ - #12

Participants often referenced families creating “double standard of how Muslim boys are raised versus Muslim girls” (#22, #07, #09) with “girls having power-deficient interactions” (#06). Explaining this unequal burden of modesty, a community member detailed:

_I know a lot of people who, like, the girls were raised much more strictly. Like if a boy had a girlfriend, the parents would turn a blind eye and they wouldn't ask questions. They wouldn't make sure that they were following Islamic rules. They wouldn't protect the boy’s haya [modesty], but with girls, they would micromanage the girl's behavior._
Like you have to wear this because I don't want boys looking at you. You're not supposed to be looking at boys. - #7

Another participant echoed similar experiences growing up and being told, “just constantly… because men, because boys, because men, because boys.” - #5

The participants’ meaning making patterns illustrate how societal norms of power, control, and desire permeate and influence a community’s contexts of culture, religious interpretation, and experiences of sociopolitical oppression, to produce these multi-level structures that in turn reinforce the societal norms.

DISCUSSION

“If it takes a village to raise a child,

it takes a village to abuse one.” – Mitchell Garabedian (2015)

“And… it takes a village to stop the abuse, too.” – Rachel Denhollander (2019)

While CSA is a societal ill that knows no community boundary, the contexts and structures within which it occurs are community-specific and must be truly understood before effective interventions can be developed (DeWalt, 2008; generationFIVE, 2017; Thurman, Edwards, et al., 2003). Yet, research exploring community-level processes and their interaction across other socioecological levels as related to CSA is sparse, especially among ethnic minoritized communities (Sawrikar, 2020a; Wurtele, 2016). Additionally, there are no published studies on CSA among diverse American Muslim communities. Through exploring participants’ meaning-making patterns about CSA occurrence in their diverse American Muslim community, the resulting theoretical model (Figure 4.1) adds to the literature by demonstrating how situational factors affecting the “opportunity for abuse” are embedded in a context-specific system consisting of an amalgamation of societal norms, community-contexts, and multi-level structures.
Using the emergent blended approach of “critical grounded theory” (Hense & McFerran, 2016), that is, principles of participatory action research combined with CGT analytic techniques (Charmaz, 2011, 2014), allowed this study to more deeply explore the processes within and interactions between the participants’ meaning-making patterns, as situated in critical theory (Cornwall & Jewkes, 1995; Freire, 1970) and socioecological frameworks (McLeroy et al., 1988). In this community, participants’ meaning-making highlighted three situational factors that increase the “opportunity for abuse” (i.e., risk for victimization) – “trusting too much,” “not talking about sex,” and “no clear boundaries” – each acting across multiple socioecological levels, while also combining to further increase CSA risk.

Notably, similar situational factors have been reported in studies of CSA victimology from other religious and ethnic communities (Fontes et al., 2001; Katzenstein & Fontes, 2017; Tishelman & Fontes, 2017), often attributed to “collectivist cultures” (Sawrikar & Katz, 2018a). However, the majority of this existing literature is situated within the individual domain, often examining the factors and cultural processes from the perspective of seeking to provide culturally informed care to CSA survivors (Fontes, 1995; Sawrikar, 2020a). Therefore, while confirming similar themes acting in this community, our study explored these from a public health and critical theory lens, seeking to uncover, and thereby intervene at, the root contexts and structures that are often distracted from view by the situational factors deemed to increase victimization risk through “opportunities for abuse.”

Related to this, our study confirms prior research (Fulu et al., 2013; Jewkes & Dartnall, 2017) that these situational factors do not exist in a vacuum, but rather arise
from specific community contexts (cultural influences, religious interpretation, sociopolitical oppression) that are in turn rooted in societal norms of power (“in control”) and desire (“out of control”). These societal norms are analogous to constructs of hegemonic masculinity\textsuperscript{12}, for example as discussed by Jewkes, Morrell, et al. (2015). For example, in explicating how sexual violence lies at the “nexus of power and control,” Jewkes and Dartnall (2017) describe the following gender-based societal expectations as “drivers of male perpetration”:

“women and girls under the control of men; that men have sex as a right within marriage; that women should not have sexual desires or a right to sexual pleasure; that when sexually aroused men cannot control themselves; and that women and girls are responsible for ensuring that they do not arouse inappropriate sexual desires in men”  
(Jewkes & Dartnall, 2017) pp. 493-494

While our study explored community members’ meaning-making patterns of CSA, other global studies examining perpetrators’ explanations for sexual abuse have found similar significance of the gender-based expectations of power, control, and desire (Lekalakala, 2014; McKibbin et al., 2017), supporting the understanding that these societal norms of hegemonic masculinity extend beyond religious or ethnic minoritized communities.

In our theoretical model, the multi-level structures are the actors through which the societal norms of hegemonic masculinity affect community processes. In this community, media, religious institutions, and familial systems were highlighted as key structures by participants. Importantly, when viewed from a systems perspective

\textsuperscript{12} Despite having varied terminologies (e.g. gender-inequality, male dominance/superiority/power/entitlement, female subordination, patriarchal structures, toxic masculinity), the majority of the global literature on CSA discusses some type of gender-related social norms as contributing to CSA. In an effort to consolidate these into a single concept, the author uses R.W. Connell’s term, hegemonic masculinity (Connell & Messerschmidt, 2005).
(Meadows, 2008), these societal norms, community contexts, and multi-level structures form a reinforcing context-specific system that maintains itself through feedback loops, intrinsically aimed at preserving the existing societal norms of hegemonic masculinity, thereby creating the opportunities for and allowing CSA to continue.

Among the extensive body of literature and existing CSA interventions (see Chapter 2), the majority remain focused on situational characteristics, the victim-offender relationship, and individual-level risk factors (Wurtele, 2016). These parallel our participants’ most prominent meaning-making processes surrounding situational factors that affect the “opportunity for abuse.” These factors primarily focus on answering “why was that child abused?” as a means to determine how to protect children within the realities of existing systemic structures. However, through illustrating the processes through which these situational factors are embedded within a community’s context-specific system, the results of this research shift the focus to answering: what do we need to change in our families, communities, and institutions to stop cultivating people who sexually abuse children?

Larger societal norms and attitudes related to male dominance and sexual entitlement are often hypothesized as a root cause for the propagation and tolerance of various forms of sexual violence around the world (Fulu et al., 2013; Jewkes & Dartnall, 2017; Jewkes, Flood, et al., 2015). Additionally, research shows that CSA offenders do not typically have sexual preference for young children (i.e., pedophilia; Shields & Feder, 2016), and instead tend to have attitude, cognition, and behavior profiles similar to those of sex offenders against adult women (Whitaker et al., 2008). These include a sense of sexual entitlement that emphasizes sexual performance and dominance, poorly developed
emotional skills, and externalizing behaviors (Butler & Seto, 2002; Mathews, 2019c; Seto, 2008). Highlighted by participants through their meaning-making patterns of “in control” and “out of control,” this current study provides a deeper understanding of the language, experiences, and patterns that diverse American Muslims use to explain constructs of hegemonic masculinity, as well as how these societal norms affect their specific community contexts, and the multi-level structures through which they are reinforced.

Regarding community contexts, the existing sexual violence literature conflates aspects of religiosity with aspects of collectivist cultures or pervasive societal norms. By centering diverse American Muslim voices, this study disentangles religion and culture as distinct community contexts, each with their own properties and dimensions, while also illustrating the interactive connection through societal norms and multi-level structures. The resulting theoretical model, therefore, signifies a new practical contribution to the literature by mapping separate intervention pathways that are appropriately sensitive to each community’s specific contexts of culture, religion, and sociopolitical experiences.

As public health CSA experts around the world call for primary prevention efforts to shift focus to “preventing perpetration” (Assini-Meytin et al., 2020; Cox et al., 2010; Fulu et al., 2013; Jewkes, Flood, et al., 2015), this study’s theoretical model shows it would be critical to target the societal norms of hegemonic masculinity. Since the community-specific contexts through which hegemonic masculinity operates include cultural influences, religious misinterpretations, and sociopolitical oppression, culturally and religiously responsive approaches would predictably be more successful than generic programs denouncing collectivist culture or blaming religious principles. A community-
specific approach would be to engage religious leaders and program experts to highlight
gender-equitable stories present in agreed-upon religious texts, emphasizing examples of
healthy masculinity from traditional religious sources and raising questions about
“outsider” societal gender-inequities. These interventions should be targeted to changing
the reinforcing multi-level structures of religious institutions and familial systems in
order to block the effect of harmful societal norms on the community, and truly prevent
perpetration at its root.

Limitations

Due to the stigmatized nature of CSA, lack of prior research, and barriers to
community access, the goal of this exploratory study was not to obtain a representative
sample for purposes of generalization, but rather to capture the range of perspectives and
experiences among a diverse group of American Muslim community members connected
to local faith-based organizations. Therefore, this study did not attempt to determine
differences in the meaning-making patterns according to specific participant
characteristics, which may be an avenue for future research.

The results of this paper may be limited by participant self-selection bias. Several
community members who declined to participate in the study stated that CSA was not a
significant issue in the community. Additionally, while the participant sample was
sufficiently diverse in race/ethnicity and immigrant generation, community members with
less than a college education and recent immigrants were not represented. In attempting
to recruit from these latter categories, English-proficiency and a self-perceived “lack of
knowledge” about CSA often prevented participants from agreeing to interviews. While
we believe the broader meaning-making patterns from these community members are
likely captured in the current theorized model, future research should consider additional methods (e.g., photovoice, use of interpreters) to ensure their voices are represented.

**Conclusion**

This study represents the first exploration of how a diverse American Muslim community makes meaning of CSA occurrence in their community. The resulting theoretical model (Figure 4.1) contributes to the literature by demonstrating how situational factors affecting CSA occurrence (opportunities for abuse) interact across socioecological levels and are embedded in a context-specific system consisting of an amalgamation of societal norms, community-contexts, and multi-level structures. This context-based system maintains itself through feedback loops, intrinsically aimed at preserving existing societal norms of hegemonic masculinity, thereby cultivating opportunities for, and allowing, CSA to continue.

This study also provides a deeper understanding of the language, experiences, and patterns that diverse American Muslims use to explain constructs of hegemonic masculinity (“in control” and “out of control”), as well as how these societal norms affect their specific community contexts of cultural influences, religious interpretation, and sociopolitical experiences, thereby forming the multi-level structures through which the societal norms are reinforced. Exploring meaning-making patterns of CSA occurrence through this theoretical model can help empower practitioners and communities to shift the focus from individual-level factors towards the community structures and systems that are allowing the cultivation (and protection) of people who sexually abuse children.
CHAPTER FIVE: STUCK IN BETWEEN: RESPONSES TO CHILD SEXUAL ABUSE DISCLOSURE AMONG A DIVERSE AMERICAN MUSLIM COMMUNITY

INTRODUCTION

Child sexual abuse (CSA) is a widespread issue that continues to affect children daily in every community and across all ethnic, socioeconomic, and religious groups with serious consequences for victims, families, and communities. Over the past two decades, there has been substantial research published on understanding the conditions surrounding the disclosure experience (Alaggia, 2004), including the barriers and facilitators of decision-making to disclose (Alaggia et al., 2017) and the effect of various responses on survivor outcomes (Ullman, 2007). Most recently, research has described disclosure as not simply the child victim telling another person once, but an “interaction” between the child and the other person (i.e., “the interactive partner”) that may take place, for example, multiple times in different contexts with the same person over an extended period of time, or with multiple interactive partners; and, often, for the victim, it is a life-long process (Reitsema & Grietens, 2016).

Demonstrating the significance of appropriate responses to disclosure, studies have shown that a positive response and support from non-offending caregivers is associated with better psychological outcomes among CSA survivors, and may be the single best predictor of resilience across different developmental periods (Domhardt et al., 2015; Elliott & Carnes, 2001; Godbout et al., 2014; Spaccarelli & Kim, 1995; Zajac
et al., 2015). On the other hand, negative responses to CSA disclosure, such as disbelief, or lack of support, are associated with increased negative psychological symptoms, physical health, and poorer adult relationships (Ullman, 2002; Ullman, 2007).

The majority of CSA disclosure literature is situated at the level of individual and interpersonal domains, often examining the process from the perspective of survivors and reasons for their nondisclosure. Recognizing this gap, in their reviews of CSA disclosure literature, Alaggia and Collin-Vezina (2020) and Reitsema and Grietens (2016) call for more research on the environmental factors surrounding the disclosure process, specifically the cultural contexts, religious norms, and socio-political climates within communities.

However, there is little CSA research among ethnic and religious minoritized communities and no published research examining CSA among American Muslims specifically. Existing academic literature often incorrectly equates American Muslim with American Arab or South-Asian, despite the majority of these ethnic groups in the U.S. not identifying as Muslim. Furthermore, when American Muslims are studied by their ethnicity or country of origin subgroup, their full picture is not represented, with African American Muslims, convert Muslims, and second or third generation Muslims often excluded. With no single racial or ethnic group comprising the majority of American Muslims (Pew Research Center, 2017), there is a pressing need for research that explores the varied facets of CSA experiences from the perspective of diverse American Muslim communities. Therefore, as part of a larger project exploring how a diverse community of American Muslims understand and make meaning of CSA, this study focuses on the various responses community members have when finding out about
CSA\textsuperscript{13} and attempts to delve deeper into understanding the thought-processes or rationalizations behind their responses, as situated within the community’s specific sociopolitical, cultural, and religious contexts.

METHODS

With no published studies investigating CSA among diverse American Muslim communities, this study necessitates the exploratory approach inherent to qualitative inquiry. To address the research question, this study utilized a blended methodological approach of “Critical Grounded Theory” (Hense & McFerran, 2016) that incorporates principles of participatory action research (Cornwall & Jewkes, 1995) with methods informed by constructivist grounded theory (CGT; Charmaz, 2014). Recognizing the sensitive, stigmatized, and politicized nature of CSA along with the growing anti-Muslim sociopolitical environment and fear of research findings being weaponized against the community, this approach was chosen in order to emphasize a collaborative, trust-building approach with the explicit intention of generating knowledge to raise critical consciousness, disrupt existing power structures, and promote community healing (Cornwall & Jewkes, 1995; Freire, 1970).

While guided by the key principles of PAR (i.e., participatory, critical, action, community-based; Cornwall & Jewkes, 1995; Minkler, 2000), this study used the methods informed by CGT to add methodological rigor (Charmaz, 2017). These included including intensive interviewing, multistage cycles of data collection and analysis, construction of analytic codes from data, constant comparison techniques, memo-writing,

\footnote{13 Rather than the traditional view of disclosure as being limited to a formal process, in this paper we broaden the definition to examine any instance of community members “finding out” about CSA. This includes being disclosed to directly by an ongoing CSA victim, being told about a past CSA experience, or hearing about a case of CSA from others.}
theoretical sampling (in the form of member-checking), and theory building (Charmaz, 2014; Glaser & Strauss, 1967). While traditional grounded theory is rooted in positivist epistemological underpinnings, CGT views data as being mutually constructed by the researcher and participants within pre-existing structural contexts (Charmaz, 2014).

Assuming that there are multiple social realities with no neutral observers, CGT necessitates that a researcher’s values, experiences, priorities, positions, and interactions be reflected upon and their impact acknowledged during the research process (Charmaz, 2014). Charmaz (2011, 2017) and others (Duckles et al., 2020; Hense & McFerran, 2016) have detailed the long history of grounded theory methods used for the purposes of social justice research, critical inquiry, or in combination with participatory research, and across several varied fields (Canlas & Karpudewan, 2020; Hense & McFerran, 2016; Irwin, 2020; Teram et al., 2005).

**Research Setting and Researcher Positionality**

The setting for this research was a rapidly growing, racially and ethnically diverse American Muslim community located in a major metropolitan area in the northern U.S. The community is known for its rich network of Muslim organizations active across multiple sectors. About one-third of the Muslims in the community claim Somali ancestry, and the remainder consists of diverse groups with roots in other African countries, South Asia, Eastern Europe, and the Middle East, as well as a large group of multigenerational African American Muslims. There are no official data describing the socio-demographics of this population (e.g., household size, education, income, employment, etc.).
Regarding positionality, the researcher held a mostly “insider” position with many community members due to being a visibly Muslim woman and comfortable in Muslim spaces. However, the researcher also recognized her “outsider” position due to not residing in the research setting, and with members of different races, ethnicities, languages, and acculturation experiences. Acknowledging the impossibility of completely bracketing out oneself as a researcher, reflexivity goes beyond reflection to include a critical, self-aware analysis of one’s personal and relational dynamics and their impact on the research process (Finlay & Gough, 2008; Willig, 2001). Therefore, throughout each stage of the project, and especially after each interview, the researcher audio-recorded, wrote, and later reflected upon her self-positionality and internal reactions that occurred from participants’ responses. Reflecting at a time after the interview allowed the researcher to process and subsequently determine any needed changes in the research methods, such as community involvement, data collection, or data analysis.

**Recruitment and Sampling**

A total of 22 adults were interviewed for this study, all of whom self-identified as Muslim, were residents of the community, and were fluent in English. Initially, purposive sampling with a maximum variation approach was applied to intentionally select participants from a diverse cross-section of ethnicity, nativity, life stage, community role, and experiences of abuse (see Table A.1 & A.2 Sample Characteristics in Appendices). While some of these characteristics were determined prior to the interview, others were discovered during the interview, requiring a flexible and iterative participant recruitment process. A list of potential participants was curated from community advisors’ recommendations and later supplemented by interview participants’ referrals, totaling
about 100. Over the course of the study, 60 of these potential participants were invited to participate in the study by phone and/or e-mail.

Through the multistage cycles of data collection and analysis, seven participants were interviewed again for member-checking and theoretical sampling, to provide clarifications and further explicate specific categories of the theory-building (Charmaz, 2014; Glaser & Strauss, 1967). All study procedures, including consent, confidentiality, and instrumentation, were approved by the University of Louisville’s Institutional Review Board (IRB).

Data Collection

Recruitment, intensive interviewing, memo-writing, transcription, and initial data coding were conducted in two major rounds, with an additional round of informal member-checking interviews for theoretical sampling. This allowed for a limited level of theoretical sampling and theoretical saturation (see Chapter 3). Using a semi-structured guide with open-ended questions, intensive interviews were conducted in-person or by video call and lasted between 35 minutes to 2.5 hours. Prior to each interview, the preamble consent and a short demographic questionnaire were administered. Interviews were audio recorded, transcribed verbatim, edited to remove identifying information, and re-read several times. All transcripts, demographics, field notes, and memos were entered into Dedoose qualitative analysis software (Dedoose.com).

Data Analysis

Guided by CGT strategies, interview data analysis occurred in several stages towards the aim of theory building (Charmaz, 2014; Glaser & Strauss, 1967). First, one-third of the transcripts were coded line-by-line using gerunds to stay close to the
participant’s voice and focus on their actions (Charmaz, 2014), for example, “receiving support from community members.” Next, the initial 1,665 codes were sorted, clustered, and compared through several rounds of studying and assessing the patterns and gaps within them (Charmaz, 2014), resulting in 40 focused codes. In the next stage, all interviews were coded using the focused codes.

For this study, the codes relevant to the specific research question were extracted for separate analysis. Using the constant comparative method (Glaser & Strauss, 1967), 12 axial codes emerged that related to the various processes involved in the responses to finding out about CSA. Through analytic memo writing (Charmaz, 2014) and diagramming techniques (Strauss & Corbin, 1998), the nuances of, and the interactions between, the axial codes were explored and developed into theoretical categories and sub-categories. The data excerpts were then re-examined using the theoretical categories to build further dimensions and properties of the resulting theoretical model.

RESULTS

The results of the study are presented as an analysis of the experiences voiced by the participants relating to how their community responds to CSA disclosures and the contextualized thought-processes behind their responses. After discussing the characteristics of the participants and their implicit assumptions in the interviews, the results are organized into a theoretical model of the “spectrum of responses.” The model spectrum represents the participants’ views of what kind of responses are, or would be, supportive or unsupportive, and it does not attempt to reflect the evidence in the literature about whether a particular type of response is supportive or unsupportive.
Sample Characteristics

A total of 22 adults (15 women, 7 men) participated in the study, including six religious leaders\textsuperscript{14} (RL), six topic experts\textsuperscript{15} (TE), six community organizers (CO), and four general community members (CM). The sample showcased the racial, ethnic, and generational diversity of this diverse Muslim community. The participants all attended at least some college and almost a quarter having a doctoral degree. Seven participants had a mental health-related degree (social work or therapy) and six had an Islamic Studies-related degree. Participant demographics are summarized in Table A-2 in the Appendix.

Almost all participants (n=21) felt religion was "very important" to their daily life. The majority of participants received their Islamic knowledge through attending courses as adults or through attending a type of Islamic school or “dugsi” during their childhood years. Of interest, 6 participants (5 women, 1 man) did not feel a "sense of belonging" to a mosque in the community. This was particularly significant for two women who were substantially involved in activities at Muslim community centers (“third spaces”) but did not feel a sense of belonging to a traditional mosque space.

Almost all participants (n=19) had heard about CSA cases occurring in the community with the majority (n=17) also having been disclosed to directly, although disclosures typically occurred after the victim reached adulthood. Five participants self-identified as a CSA victim/survivor during the interview, of which four were cases of intra-familial CSA. Of note, most of the professional/topic experts interviewed had never

\textsuperscript{14} For this study “religious leaders” refers to those with either formal (imams, chaplains) or informal (teacher) religious roles in the community. It does not necessarily mean that the community considers them their “leader.”

\textsuperscript{15} “Topic experts” include therapists, social workers, sexual violence responder/educator.
had a Muslim CSA victim client. In comparison, female religious leaders and community organizers typically received many disclosures of CSA cases.

**Note on assumption of victim’s gender.** It should be noted that while all participants acknowledged that CSA affected girls and boys, the vast majority of the participants’ responses to interview questions assumed a female victim and male abuser, though many participants discussed experiences of female abusers as well. A few participants knew of male CSA victims and described how the responses received by them were very different than those experienced by female victims. However, the data around these differences was lacking saturation and requires further research. For example, one female survivor said that male victims were more likely to be believed:

“Yeah, because when it happens to the boys, they believe them without question… and with me it was like, ‘You sure you remember this?’ But even with them, we weren't allowed to talk about it.” (Hiba, TE). Other participants differed, sharing that male victims were more likely to face disbelief, questioning, or challenges in the interpretation of the event as sexual abuse. As a therapist who treated male victims explained:

*One misconception is that it doesn’t happen to men or boys. Two, if it did – ‘Why didn’t you do anything about it? Who the perpetrator was, was it male? Was it female?’ How that should be understood, what that means for you and your masculinity as a result of it... It goes into this other area of nothing to do with sexual abuse. It becomes just an encounter that was exciting for a young person.* - Malik, TE

**Overview of Theoretical Model Developed from Constructivist Grounded Theory Analysis**

The model (Figure 5.1) developed from inductive analysis depicts the spectrum of responses that community members have towards CSA disclosure and how they view the responses as either supportive or unsupportive and even harmful. In the center of the
model is an area called "Stuck in Between," a commonly found phenomenon that
separates the supportive responses (right hand side of model) from the unsupportive, or
harmful responses (left-hand side of model). While independent, the response categories
interact with each other, in that community members may move from one response to
another, though not necessarily linearly. Additionally, responses may differ across
varying CSA event-related characteristics (e.g., abuse type, victim or abuser age,
intrafamilial/extrafamilial, time since event) and the responder’s relationship with these;
however, a limitation of this theoretical model is that is does not illustrate these nuances.

*Figure 05.1: Spectrum of Responses to CSA Disclosure in a Diverse American Muslim Community*

Responses to disclosure refer to either actions or communication that may be
verbal or non-verbal and include responses participants gave or faced themselves and
responses they observed occurring in the community upon “finding out” about CSA. All
participants demonstrated empathy when discussing CSA victims during their interview;
however, the degree of empathy, and more importantly the nuances and silent
assumptions within their responses were noted for analysis.
While asking questions of the data to push beyond the surface-level disclosure responses, many deeply ingrained rationalizations emerged. Examined in combination and through a critical theory lens, the responses and rationalizations in this diverse American Muslim community are situated in specific contexts of cultural conceptions of shame, religious assertions, and socio-political issues; all acted upon through the root cause of power. These context-specific rationalizations exist throughout the spectrum of responses and are crucial to understand before intervening at any point on the spectrum.

**Stuck in Between**

The theoretical concept of being "Stuck in Between" was generated from interrogating the interview data that did not fit into the more clearly defined supportive and harmful responses but yet still appeared as one of the most common responses from community members and participants themselves. The phenomenon stems from a sense of “not knowing how to respond” and refers to being stuck in between “wanting to believe” the child and the perceived need for “evidence.” This manifests as questioning the child, searching for ways to determine the veracity of the disclosure, and feeling stuck without the "necessary proof;" often resulting in lack of meaningful action. Exemplifying this, a participant related the disclosure response of her student’s mother:

*The mother decided, 'No, I'm not going to be able to do that [expose the abuser] because I don't know if this really happened or not.' She didn't quite say, 'I don't believe her' but she also didn't say, 'I believe her, and I stand with her.' ...The mother never cut relations with the uncle.*

- Amina, RL

Believing victims’ disclosures is crucial and is often seen as a necessary first step towards a supportive response, as a survivor who receives many disclosures shared, “I start by believing. So, if someone's telling me that this person has hurt them, I will
believe that they've hurt them” (Hiba, TE). It appears that the messaging of “believe victims” is widespread in the community, since when directly asked how they would respond to a child telling them, all participants stated they would “believe victims.” However, upon deeper examination of participants’ language and reactions to presented scenarios, it became apparent that believing the child did not necessarily yield a positive and supportive response.

In many situations, even though the responder “believes” the child and “wants to protect” them, they may still exhibit lack of meaningful action – not knowing how to “process it,” “how to handle it,” or “what to do now.” Recognizing this phenomenon, some participants emphasized that messaging about responding to disclosures should focus on how one responds to the child – that is, showing support, regardless of “evidence” or “belief.” A participant who works closely with victims elucidated:

If you say, ‘I believe you,’ you're not always supportive. When you are supportive of them, you're taking away the need to believe them or not. You're being there for them, being present and you're being supportive and having that support is integral. – Sumaya, TE

Another expert participant further explained:

...it doesn't even matter if your child told the truth or not... your child is trying to get at something, so seeking therapeutic services still makes sense and all those steps would remain necessary regardless of whether or not the child is telling the truth.” – Marwa, TE

However, when asked how they themselves would respond to a CSA disclosure, most participants mentioned ways they would determine the veracity of the disclosure, including “asking exactly what happened,” gathering evidence from medical examination, or having community leaders investigate thoroughly. One participant, who advised many mothers immediately after “finding out,” recommended, "The first thing is: take them to the doctor and say, ‘my child is saying this and this, but I'm not really sure,
can you do the medical report, are you able to find anything?" (Yomna, RL). The perceived need to find out “the whole story” stalls the necessary supportive response and may lead to the child recanting the disclosure. Therefore, a social worker emphasized that parents should not “grill,” “question,” or “be a detective” (Marwa, TE) and a survivor shared, “if you focus on the event, that's not going to get you anywhere” (Danyal, CO).

The most common rationalizations associated with being “stuck in between” are: (1) the concern that children can “imagine” or “make-up stories” and (2) the concern that sufficient “evidence” is needed prior to taking action against an abuser. While these are important, they are substantially interlinked with and overlap the rationalizations presented in subsequent harmful responses sub-categories.

**Unsupportive Responses**

Four closely linked sub-categories of unsupportive or harmful responses emerged from participants’ experiences, as shown in Figure 5.1. While each response can exist independently, they are more commonly seen reinforcing one another in a cycle that exacerbates existing barriers to CSA disclosure. For example, upon observing the responses of “shaming victims” and “protecting abusers,” families are more likely to dismiss and hide CSA as a means of “protecting.” Explaining this cycle, a topic expert said, "And with that belief, anyone who comes forward is not going to be believed, is not going to be listened to, is not going to be supported. So they don't" (Sumaya, TE). Additionally, as the responses of “making excuses for abusers” and “accusing victims” become more prevalent in a community, the opportunities for “supporting and protecting abusers” are increased.
Participants also discussed the thought-processes (rationalizations) commonly associated with the various responses and at times provided emphatic counters to the rationalizations. The most significant rationalizations and their counters are presented under the response they were most commonly associated with. However, it should be recognized that the rationalizations overlap and affect one another considerably, each woven from various strands of cultural, religious, and socio-political contexts.

i. **Dismissing, Minimizing, Hiding**

The most common response that participants observed in the community to “finding out” about CSA was a type of dismissal, frequently referred to as “sweeping it under the carpet.” This manifested through victims being “brushed off” (Eman, CO) and told, “don’t talk about it, everything is going to be fine, it won’t happen again” (Danyal, CO) and made to feel as if “it doesn’t exist.” As one survivor noted about other victims in her family: “everyone knows, but nobody’s allowed to talk about it” (Hiba, TE). Participants shared that this response often leads to broken trust and strained relationships between the victim and the responder (often close family members.)

For many community members, this response of dismissal is their way of protecting their child, as a therapist noted, “A typical mother would think… ‘How can I protect my child, how can I make sure nobody finds out that my child just got abused?’” (Anum, TE). The key rationalizations found in the community and how participants countered them are discussed below.
“She doesn’t know what she’s saying… she’s exaggerating.”

Often, the “silencing” of victims’ stems from the belittling of “girls’ voices” and “being dismissive of the rights and experiences of young people” (Malik, TE). A participant who works closely with victims emphatically stated:

“In our society... even the lowest man is still better than the highest woman, I feel. So even if it was a man who was just like a weirdo... it’s not about the character of the man, but it’s about him being a man and his voice being more heard than hers being believed.” – Sumaya, TE

On questioning why victims’ experiences were not believed, a community organizer replied: “No, they [male leaders] believe it, but they do not want to accept it coming from women.” (Hawo, CO)

The dismissal of victims’ experiences is also connected to the minimization of the traumatic effects of CSA. All participants asserted the seriousness of CSA and recognized the substantial short- and long-term consequences for victims. Despite emphasizing this, a few participants also used language denoting “less severe” experiences, referring to “just some touching,” (Yasir, CO; Yomna, RL; Khalid, RL) and that “how someone ends up after abuse has to do with their choice to move on” because some victims’ “fragility” makes them “bring symptoms on themselves” (Yomna, RL). Other participants emphasized the problematic nature of this language, stating: “I really think we belittle the consequences. We don't realize how serious it is. We think of it as ‘just touching, just fondling.’ We don't see it as violation of sexuality. Your body is sacred, it's supposed to be protected” (Amina, RL). Additionally, victims are often told “it’s not a big deal” (Linda, CO) and to “get over it” (Hiba, TE; Amina, RL).

“Have haya; don’t talk about immodest things.”
Participants discussed religious assertions they had heard as rationalizations for dismissing and hiding CSA, most commonly being told to “have haya” [modesty] and “hush, hush, it’s ‘aib [shame], we don’t talk about this”. As one survivor discussed her experience:

_I’ve been told that I don’t have haya [modesty] because I talk about this, which of course I think is untrue... When I’m talking very clearly about someone who was groping me... my mom was like, ‘How dare you talk about your body publicly, only shameful women do that?’ I know my mom’s very traditional... but that's a widespread sentiment._ – Hiba, TE

Another participant discusses the dichotomy of seeing CSA occur around her while growing up, but yet not being acceptable to talk about:

_Something so normalized in my life is also met with: This is shameful, there’s something about this we cannot openly talk about. So, there’s this weird relationship with things that I’ve seen and heard and have happened, but yet we don’t talk about them. It’s like a life of secrecy._ – Sumaya, TE

All participants who mentioned this religious assertion disagreed with it, frequently countering it with examples from Prophetic tradition, such as, “… but the Prophet did talk about sexual matters and answered people’s questions” (Linda, CO), and “at the Prophet’s time it wouldn’t have been something they’re uncomfortable talking about… I truly believe that it would have been something that was handled immediately” (Eman, CO). One therapist detailed how she replied to hearing these types of common assertions, “with older adults and people who use religion as a reason to not talk about it, I like to do psychoeducation using the religion itself… [saying] we cannot be more modest than the most modest person sent [the Prophet]…” (Anum, TE).

_“Your child and family’s reputation will be ruined.”_
Among community members, another common rationalization for hiding CSA is a sense of “protecting” the child and family’s “reputation” – “from other people thinking they’re tainted” (Hiba, TE). As a religious leader further explained:

*They consider if you talk about it, that’s going to harm the reputation: the family's reputation, the tribe's reputation, the child's reputation, or the parent’s reputation, or even harm their future. So that makes them go into two different routes. One, just talk about it in private, just make sure it doesn't happen again. And the other side is don't talk about it or even raise the topic in any way just to make sure that the reputation is secure, and they think that if we keep the reputation secure, everything is going to be fine.* – Yomna, RL

One young participant who witnessed the dismissal of her friends’ CSA experiences, emphatically expounded:

*A lot of people prioritize appearances over truth, so you have people who are trying to silence a victim because they don't want their family to be seen as “that” family. It's ridiculous! In the process of trying to make your family look respectable, you are doing something that is deserving of intense disrespect... allowing something that's haram [forbidden] to happen... and you're shutting down the healing of a child!* – Safa, CM

Upon questioning more specifically about the meaning of “reputation,” participants discussed cultural conceptions of “chastity,” “honor,” “virginity,” and “marriageability” – often attributing them to “more traditional” community members. One participant’s family told her to not share her abuse with others as it would prevent her from receiving marriage proposals. In explaining this, she commented: “not only are we growing up in a stigmatized culture, the Muslim men are, too” (Hiba, TE). Visibly frustrated by this rationalization for hiding CSA, one religious leader countered it by exclaiming:

*She's a victim and you don't want to talk because her reputation is going to be ruined?! Her reputation should be this girl went through hell and back so how can we help her! In our endeavor to keep the*
immaculate personality of the virgin girl... we protect the criminals! –
Mona, RL

Of note, this rationalization is intrinsically tied to the harmful response of Shaming, Blaming, and Accusing Victims.

**ii. Making Excuses for Abuser**

Another sub-category of harmful responses to disclosure included members making excuses for the abuser so that “the blame gets placed everywhere, except on the aggressor” (Eman, CO). Participants who heard many CSA disclosures in the community detailed, “we make excuses so that there's no blame on the men who are in control of the finances or in control of the decisions…” (Sumaya, TE) and “The mom will blame themselves, saying, ‘I should have put her in a different school. I should have paid more for a better place, I should have…'” (Eman, CO). This “patriarchal power and control” (Sumaya, TE) acts upon cultural and religious context constructing further rationalizations for this response, as described below.

“Maybe he didn’t know what he was doing was wrong.”

Participants described community members using issues of “misunderstandings,” “cultural differences,” or “men will be men” as rationalizations to excuse certain behaviors. One participant working towards accountability for perpetrators described the general community pushback she received as “…it's like this intense discomfort or unwillingness to believe that that person meant to do it, and so the onus is placed on the survivor…” (Hiba, TE). Echoed by other participants, this survivor was frequently asked, “Are you sure this is exactly what happened? …Did he know he was doing anything wrong? Are you sure you're remembering this correctly?” (Hiba, TE).
This default assumption of the “accused’s” innocence also appeared ingrained in certain participants’ storytelling and choice of language during the interviews, such as referring to certain instances of finding out as “hearsay,” “suspicions,” “rumors,” “assumptions,” or the child “accusing,” “claiming,” or “assuming.” One participant related a story of a “cultural misunderstanding” of “being friendly with kids” that was reported as CSA, leading him to question other cases: “what if that person is doing things innocently and he is not really abusing the kid, it is just his culture?” (Khalid, RL). While explaining various experiences of going to the doctor or someone “patting children on the butt,” one survivor participant stated,

...some people are innocent in their actions and don't need to go to jail, but it needs to be addressed so that it stops... because the fact that child felt uncomfortable is enough to say don't do it even if the person didn't mean anything... (Jamila, CM)

This harmful rationalization was also seen to affect how victims perceived their own experiences of CSA. When the self-identified victim/survivors disclosed their story in the interviews, they often provided reasons why “the abuser knew it was wrong,” as if they had been made to doubt their own experience and needed to prove that it was in fact abuse. For example, “She would tell me that it was a game only we were allowed to play. Nobody else was supposed to know about it. See, they knew it was wrong and needed to be silenced.” (Hiba, TE).

“You’re not supposed to expose others’ sins.”

Acting in tandem to the prior rationalization, is a set of religious assertions related to “not exposing others’ faults” or “sins,” as one participant explained why he privately confronted his accused friend, “as Muslims, you want to give people the benefit of the doubt sometimes... you know 70 excuses for your brother... and don’t go searching for
faults in others” (Danyal, CO). Another male participant recommended, “give benefit of doubt that it is not real, that it did not happen, there may still be a chance…” (Khalid, RL).

An additional religious concept that a few participants described is that of forgiving the abuser for their “mistakes” or assuming they have “repented,” as a survivor related, “they use Islam and people expect me to forgive my perpetrator… because I’m Muslim” (Hiba, TE). A few participants countered these religious assertions, stating “none of these apply to sexual assault,” as detailed below:

We have to be very honest when we use the scripture or Hadith (Prophetic tradition) and not pervert it into whatever we want it to be. It’s very clear… when it impacts another individual, it’s no longer under that protection of not exposing sins. Child sexual abuse involves another person, so you are required to protect the victim, not the person who is perpetrating. And if you don’t, not only are you saying that what they did is not wrong, you’re also allowing them to keep doing it. - Sumaya, TE

iii. **Shaming, Blaming, Accusing Victim**

An additional level of harmful responses that participants heard often in the community is shaming, blaming, or accusing the victim. Describing the phenomenon as “a victim being made into a perpetrator,” participants expressed frustration at how victims are shamed, blamed, and accused until they are made to feel they are the ones at fault, rather than a true victim of a crime. Participants experiences in the community indicated that the more power/status the abuser has, the more a victim is shamed.

These types of responses have far-reaching detrimental consequences on victims, their families, and other community members. Victims and their families may be “pushed out” of the community, made to feel “shunned” or “ostracized.” Several participants described how a victim and family may be “gossiped about” or “stigmatized,” and other
parents may even stop their own children from interacting with them. When these responses are the norm in a community, they have long-term effects on all members such that children and women internalize the shame and self-blame, eventually perpetuating it further ("We are raised to believe that... we brought it onto ourselves... we blame ourselves and we blame each other." Sumaya, TE). In emphasizing the damaging effects of these responses, one participant with expertise in working with victims explained why more victims don’t report:

Being shamed by your community overwhelms whatever consequences happen from the [legal] system; because even if you do report and you do all the right steps and even if it goes into being charged, you’re not looked at as a hero, you’re not looked at as a victim. You’re looked at as... you brought shame to the community... when those things happen, there is no system in place that will help you in a way that the community has already shamed you. - Sumaya, TE

The rationalizations behind these responses, as exemplified through participants’ storytelling, stem from a lack of understanding about the causes of sexual violence, religious assertions of modesty, and cultural conceptions of chastity and honor (discussed in a prior section).

“Why didn’t you do anything to protect yourself?”

Participants described how questioning victims can turn into victim blaming and accusing, such as, how could you let that happen to you?” (Yasir, CO) or being made to feel you have to “explain why this person assaulted you” (Sumaya, TE). One topic expert described the rationalization as, “starting to interrogate me and thinking that there is an answer I could give you that would then make it my fault” (Marwa, TE).

Discussions surrounding this rationalization are often dependent on the age of the victim and community members’ perceptions of older children’s “responsibility to protect themselves” (Yomna, RL), as a community organizer stated, “I think with (younger)
children, they're less likely to say things like… that they could’ve prevented it or did something to bring it on themselves. But I think sometimes there is that idea of like, they could have stopped it” (Linda, CO). This rationalization is a precursor leading to more specific types of victim blaming (as discussed subsequently) and the prevalence of these harmful rationalizations demonstrates a lack of understanding about the causes of CSA and processes involved in abuse occurring.

“Maybe if you dressed more modestly or didn’t intermingle...”

A commonly identified rationalization that is associated with victim blaming in the Muslim community is related to the religious concepts of “modesty” – including hijab [Islamic modesty] and segregation of genders. Many participants pointed out problematic messaging prevalent in the community around the purpose of hijab for “protection,” as one survivor recalled, “I remember during one of my classes, some of the sisters were saying how covering ourselves keeps us from being molested and I was like, ‘Well, it's no way I could have been dressing sexy at four years old.’” (Jamila, CM). Regarding the messaging of “hijab as protection,” a young participant elaborated,

*I think there are a lot of people who feel that way. But also what does that mean for a woman who doesn't wear a hijab? What does that mean for a woman who wears hijab but it happens to her anyway. Do they think that there are certain ways that you could present yourself to the world that make it okay for you to be assaulted? – Safa, CM*

Demonstrating the pervasiveness of these harmful rationalizations, many participants provided lengthy clarifications countering them with explanations often centered on differentiating the Islamic requirements of modesty from “cultural,” “societal” or “patriarchal” interpretations of them. To illustrate the detailed thought processes of community members surrounding these issues, longer excerpts from two participants are included below:
Interpretation of text is integral to understanding why things happen. None of the texts suggest that if you don’t wear the hijab, you are deserving of sexual assault. Wearing a hijab or being modest is a duty to God first and foremost. And second of all, it’s an obligation of dress for men and for women. But when you live in a society that wants to find an excuse for sexually assaulting, they’re going to pervert the texts that God sent out by saying things like, “Well, why didn’t you wear the hijab?,” or, “Why were you intermingling with the opposite gender? You are deserving of this.” It’s clear that it’s a crime and the person committing the crime is solely responsible for that crime. He cannot take on whatever choices the other individual made. You can only be held accountable for the crimes that you commit. And it’s not a crime for you to dress however way you dress, and the consequence of that to be raped. Absolutely not. But it goes into people perverting the texts into their own idea, so that they can get away with it. – Sumaya, TE

Hijab for men and women is not about covering to make yourself less physically attractive to other people... but the way that people have decided to try to interpret it, it turns it into that. Which means that then there is a way you could dress which would make you more... you know what I mean? That means there’s an opposite to that. And then that’s where the victim blaming comes in. But rape has nothing to do with desire and attraction. That would mean that there’s something a child could wear that you know... oh it's so upsetting! – Marwa, TE

iv. Supporting, Protecting Abuser

While each of the above response categories are independent, they may also be cumulative, with earlier harmful rationalizations promoting the responses towards supporting or protecting an abuser. Participants emphasized that the support of abusers is not necessarily determined by whether the responder believes the CSA occurred. Rather, there are several other rationalizations held by community members that prevent them from holding abusers fully accountable. These include protecting the community or institution from shame, not wanting to “ruin someone’s reputation,” weighing the abuser’s “good in the community,” and forgiving “good pious” people.

“They’re going to think we’re all like that”
As a minority community, American Muslims place value on how their communities are perceived by others often leading to a rationalization of not “airing our dirty laundry” attempting to deal with it “privately” because “they’re not going to understand our community.” Participants who discussed issues of CSA openly were often blamed for “hurting (or betraying)” the community by “giving them ammunition” or adding to outside narratives of “the Muslim man.” Almost all participants countered this rationalization by emphasizing that the “betrayal” and “violation” were actually from the abuser (“the victim’s aggressor is the one who chose to mess up the community, not me” – Eman, CO).

As a manifestation of this rationalization, if the situation cannot be handled privately “within the community,” the accused abuser may be allowed to quietly leave an institute, community, or even country without any reference to the reason. With no formal investigation or record, the accused perpetrator may be welcomed into new institutions and communities leading to a continued cycle of abuse and secrecy.

“You’re ruining his reputation”

A common rationalization for not publicly discussing cases of CSA is the effect such “accusations” would have on the abuser’s “reputation” or standing in the community. Participants presented both sides of this rationalization – often feeling conflicted over how to ensure children are protected, while also ensuring community members are not falsely accused. When agreeing with this rationalization, some emphasized the religious “crime/sin” of false accusations or shared the negative consequences such accusations have on “destroying” a person’s life. Other participants countered this by emphasizing that religious and community obligations to uphold justice
and protect the “oppressed” (children, victims) outweighs the protection of an individual’s reputation. The participants’ silent assumptions that appeared in these discussions revolved around the accused abuser’s innocence or guilt, or how common/uncommon false accusations may be. On the other hand, some participants sidestepped this issue by comparing the potential harms:

I would rather one man have a bad reputation or be falsely accused than hundreds of girls. ...What about the girl's lives? ...A man whose 'reputation' is ruined can literally move to another city and he'll be perfectly fine. But a girl whose soul is crushed, who's damaged, who feels broken inside, that will never leave her. Even if she goes through years and years... – Eman, CO

“He’s done so much good for the community”

The majority of participants agreed that abusers with a higher position in the community (more power), would be less likely reported and more frequently defended by other community members. Participants reported hearing community members emphasize an accused abuser’s “religiosity,” “piety,” “respect,” and even rationalizing the weight of their contributions to the community versus the abuse, expecting them to be given a “second chance” (Hiba, TE).

Then how people weigh that, ‘Oh, this person has done so much good. This person has done all of these great things in the community. You're going to do this to them for this one thing.’ That's how people start to measure. So, they don’t measure right or wrong. They measure look at how much good versus this one thing. A lot of times, people feel that pressure. - Malik, TE

As described through participants’ examples, when community members and leaders use harmful rationalizations to allow abusers to remain in positions of power, ongoing disclosures are silenced, victims see no benefit to disclosing, and an environment of abuse continues to thrive.
Supportive Responses

The participants’ concepts of supportive responses emerged from the participants’ data and developed into four subcategories aimed at promoting healing and preventing further harm, encompassing dimensions of verbal, non-verbal, and action responses. Presented below, the four supportive response subcategories are non-ordinal (i.e., may occur simultaneously, independently, or in varied order) and would ideally start immediately upon “finding out” and continue iteratively, throughout a victim’s lifespan. The details presented within each category below are based on the participants’ views of what “supportive” or “correct” responses were during their storytelling of community experiences. However, it should be noted that the specific details and nuances within these perspectives may not necessarily correlate with truly positive outcomes for victims.

i. **Empathizing, Reassuring, Validating**

Participants emphasized that a supportive response to disclosure is one that immediately prioritizes the child’s feelings with an explicit demonstration of empathy, reassurance, and validation through language and actions that are non-judgmental and non-stigmatizing. A reassuring response includes finding ways to make the child feel safe, loved, and protected, as one topic expert described:

“...reassuring doesn't just mean ‘it's going to be okay’ – it means ‘I'm going to keep you safe. Thank you so much for telling me what happened. I'm so sorry that happened to you. I love you.’ And then keeping calm also.” – Marwa, TE

Participants emphasized making sure responses are non-judgmental and validate the child’s feelings, with a specific emphasis on “it’s not your fault, you didn’t do anything wrong” (Hiba, TE; Sumaya, TE; Yasir, CO; Linda, CO; Ashraf, CO). Upon hearing the disclosure, one participant’s husband reassured their daughter, "It was a good
thing you told your mom that. No one should be touching you down there…” (Sophia, CM). Along with the initial verbal and emotional response, several participants added that children should subsequently not be treated differently after their disclosure. For example, they should not be pointed out, made to feel that they are “broken,” or that something is “wrong” with them.

Participants noted that receiving this type of response from those they were closest to or respected, had profound effects on them. As one survivor participant shared:

*I was suicidal at one point, and I remember my dad was the person who came to me and told me like, ‘It was never your fault, and it has never been the fault of anyone who's been assaulted.’ And hearing that, moved me and made me feel safe and supported when I needed to be.* – Hiba, TE

Another participant who works closely with victims shared how significant this type of supportive response can be coming from a religious figure:

*…having a scholar telling you, ‘This is not your fault, you did not bring this upon yourself, God is not going to punish you for anything because this was not your fault.’ We create a safe space for the person to be able to thrive more and feel supported... and it'll undo whatever that person [abuser] said to them.* – Sumaya, TE

Participants often related stories from Prophetic tradition to counter the harmful responses they experience in the community, as one community organizer details:

*“The example of the Prophet, peace be upon him... when kids came to him with issues, he never belittled those. He took care of this kid who was upset because his pet had died, like how could you imagine that it would ever be okay to turn a blind eye to someone who was feeling hurt and abused. It's just so far outside of what he teaches. Just because people are using religious justification for something doesn't mean it's a religious thing.”* – Linda, CO
ii. **Prioritizing the child’s needs**

Several participants emphasized the ideal response of immediately “attending to the needs of the one who’s being abused” (Linda, CO). However, points of tension appeared as participants discussed how to best determine the child’s needs and protect them from further harm/trauma. Some felt the child should be “empowered” by “leaving it up to them… to see what they want to do” (Yasir, CO; Suhaib, RL), while others focused on immediately “removing the child from the situation” (Khalid, RL; Linda, CO; Mona, RL). In emphasizing the importance of a “survivor-centered response,” participants used rationalizations from Prophetic tradition, for example:

*My understanding is that the Prophet peace be upon him would do everything in his power to make that person feel heard and safe and hold the perpetrator accountable. He would ask the person what they wanted moving forward; I think that he would want to enact that person's idea of justice... So I think that he would want it to be survivor centered.* - Hiba, TE

With intra-familial CSA, participants differed on how to protect the child due to substantially more barriers and potentially detrimental consequences. For some families, the response of preventing the child from being around the suspected abuser occurs in isolation of other supportive responses: “They will prefer less headache about the issue and either stop sending the kid or move the kid to another place...” (Khalid, RL). Two participants who experienced this phenomenon shared their frustration: “…then they said, ‘Okay, you never have to see him again.’ - but they never talked to him about it, they never talked to me about it again, that was it. So, I know that didn't change anything…” (Hiba, TE) and “For them to take me away from them, but not to take them away from the kids? You can take me away from a perpetrator and they're going to find someone else…” (Sumaya, TE).
### iii. Seeking others’ help

Many participants acknowledged that families would not be able to handle CSA situations alone and would need to seek professional help in order to respond in the most appropriate way and promote the child’s journey towards healing, for example: “I think absolutely they need professional help first and most important; no one is qualified to help a kid unless they are professionally trained to do that” (Mona, RL).

Despite this, as discussed previously, most of the professionals interviewed had never had a Muslim CSA victim client, while female participants with religious or community leadership roles typically received many disclosures of CSA cases. Upon further questioning, participants hypothesized various reasons for this, including community stigma towards receiving mental health care, barriers to accessing care (e.g., language, mistrust, lack of knowledge), and community members’ relying on religious figures for discrete guidance in difficult situations.

While one participant herself sought advice for her daughter’s case from a male “sheikh” over email, other participants differed on whether community members would seek help from male religious figures. While explaining why she does not receive CSA cases as a professional, a participant said, “A lot of times when these situations happen, even those who don't strongly identify with their religion, tend to go to the imam as the person” (Anum, TE). However, a female religious leader stated that she didn’t think “imams” received CSA cases because, “There is a reputation that male imams are misogynist and women pretty much started refraining from going to them and that affected getting a lot of those cases. I don't know how aware they are about it.” She also brought up language as an additional factor, stating, “most of our imams don’t speak
English… [and] those that speak English don't necessarily get those types of cases”
(Yomna, RL). A separate participant clarified who she would seek help from if a case occurred at her center:

_If something happened to a girl on our property ... I would not tell a man... [but] there's only certain female people on the board that I would go to because some of the women have a lot of cultural baggage that would be harsher on the girls than the men._ - Eman, CO

iv. **Holding abuser responsible**

While all participants stated they considered the offender to be responsible for the abuse and expressed that this “the right” response, it should be noted that there are substantial contextual nuances determining this response as potentially supportive or unintentionally harmful. For example, when describing this response, participants demonstrated substantial tension between and within interviews in determining the specific steps that a family should take towards holding an abuser accountable (while ensuring safety for the victim/family). Participants shared rationales and limitations of the following approaches: reporting to law enforcement and/or CPS, proceeding through the criminal justice system, confronting the abuser directly, private accountability within community, public accountability, and restorative or alternative justice approaches.

Most frequently, participants responded that a family should involve law enforcement and/or CPS when they find out about CSA, and eventually press charges. The rationales for reporting included: following the law, sending a message that “you cannot get away with it,” preventing the abuser from harming others, and ensuring “their child will experience justice.” However, when discussing further details, participants shared how these systems are “broken” and can be “more dangerous” or cause “further trauma” for the victim and family. Participants shed light on significant barriers and
concerns faced when reporting, including poor cultural and religious competency, lack of victim protections, and prolonged, complicated legal processes [for further detail, see Chapter 6].

Delving deeper with specific examples, some participants recommended varying accountability pathways, “depending on how egregious it is.” As a participant from the legal sector said, “I wouldn't necessarily go to law enforcement right away because I'd see what can we do to fix it within first, and if we need to go there then, yes” (Yasir, CO). This sentiment of first trying to find ways to hold the abuser accountable within the community was shared by several participants. For some, this meant “having the family all gather together” to address the abuser, warning other family/community members about the abuser, or cutting ties with the abuser. Others recommended first reaching out to a “well-trained community leader,” “elder,” or institutional board, in order to have them determine if the abuse occurred and “see what they are going to do.” Some felt strongly that the abuser should be confronted directly and told to stop, others related stories of how this resulted in violence on both sides.

Participants’ views differed on the “right” outcome of accountability, ranging from “serious punishment” to “helping abusers get rehabilitation.” Several participants emphasized that seeing the abuser held accountable was necessary for victims’ healing processes: “they blame themselves… so seeing that person be punished for what they did… it’s their fault, they did something bad” (Eman, CO).

Participants’ rationalizations for accountability were strongly tied to concepts of “justice in the Quran and Hadith,” such as “justice even against your own nafs [self; soul]” (Anum, TE), “Quran was revealed for the victims of dhulm [oppression; injustice]”
(Mona, RL), “Allah says [quoting Arabic]… everyone has their rights, and their rights need to be fulfilled… but the first priority is sanctity of the person… and they need to get justice” (Suhaib, RL), and “I think of us as an extension to the Prophet, peace be upon him… standing up for those people who are abused and those whose rights are taken away from them” (Suhaib, RL). Several participants echoed the following statement:

_I think that community members need to follow the sunnah [Islamic practices]: when you see a munkar [evil; wrong] you need to change it with your hand, and if not with your hand, then with your tongue, and if not with your tongue, then with your heart. This is from our religion. People need to follow their religion.” – Eman, CO_

**DISCUSSION**

To our knowledge, this research is the first study examining American Muslims’ responses to finding out about CSA and associated rationalizations, while also situating the interactive CSA disclosure process within the community’s environmental level of cultural contexts, religious norms, and socio-political climate. Sexual violence, and specifically CSA, stems from imbalances of power and control that are propagated and tolerated by existing oppressive systems and structures, prevalent in almost all societies around the world (Jewkes & Dartnall, 2017; Jewkes, Flood, et al., 2015). Therefore, it may appear that this study’s Spectrum of Responses model (Figure 5.1) shares similarities with typical disclosure responses found in many other communities (Sawrikar, 2020c). However, the pathways through which “power” acts and the resulting rationalizations are specific to local contexts and communities, necessitating their understanding prior to developing effective interventions. As summarized in Table 5.1, this study captured several key harmful rationalizations, each emanating from varying combinations of cultural norms, religious assertions, and socio-political contexts – while all simultaneously being affected by and rooted in imbalances of power. Details of each
of these contexts and the meanings community members associate with them are presented in Chapter 3.

Drawing from the critical theory paradigm that community members are “capable of analyzing their own situations and designing their own solutions” (Cornwall & Jewkes, 1995), participants’ use of religious concepts to counter the existing harmful rationalizations were presented in their own words throughout the results and are summarized in Table 5.2.

**Table 5.1: Context-Specific Rationalizations for Harmful Responses to CSA Disclosure**

<table>
<thead>
<tr>
<th>Context-Specific Rationalizations for Harmful Responses to CSA Disclosure</th>
<th>CULTURAL INFLUENCES</th>
<th>RELIGIOUS ASSERTION</th>
<th>SOCIO-POLITICAL</th>
<th>POWER (HM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) DISMISSING, MINIMIZING, HIDING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“She doesn’t know what she’s saying.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>“Don’t talk about immodest things.”</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>“Your reputation will be ruined.”</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(ii) MAKING EXCUSES FOR ABUSER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Maybe he didn’t know what he was doing was wrong.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“You’re not supposed to expose others’ sins.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) SHAMING, BLAMING, ACCUSING VICTIM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Why didn’t you do anything to protect yourself?”</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>“Maybe if you dressed differently or covered more...”</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) SUPPORTING, PROTECTING ABUSER</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>“They’re going to think we’re all like that”</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>“You’re ruining his reputation”</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“He’s done so much good for the community”</td>
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<td></td>
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</tr>
</tbody>
</table>

To be effective, CSA intervention efforts must be culturally (and religiously) appropriate as well as community specific (Edwards et al., 2000; Sawrikar & Katz, 2018b). Interventions aimed at improving responses to disclosure should include collaboration with community members to develop programming that specifically targets the prevalent harmful rationalizations (Table 5.1) and is grounded in existing positive
community values and religious concepts, as exemplified in Table 5.2. For example, during a piloted workshop, a religious legal scholar presented religious proofs to clarify misused concepts and debunk the harmful rationalizations. Such interventions should occur in collaboration with local CSA experts to simultaneously provide training in appropriately engaging children who are ready to disclose using supportive survivor-centered language and responses.

**Table 5.2: Participants’ use of religious concepts to counter harmful rationalizations and promote supportive responses**

- "Uphold justice even against your own nafs [self; soul]"
- “Quran was revealed for the victims of dhulm [oppression; injustice]”
- "Responsibility to stop munkar [harm; evil] with… action… speech… heart”
- “Held responsible for allowing something haraam [forbidden] to continue”
- "In Islam, the first priority is sanctity of the person …not protecting reputation”
- Differentiating abuse versus “personal sin” (i.e., reporting abuse is not exposing others' sins)
- “Hijab has nothing to do with protecting yourself from abuse.”
- Disowning certain cultural norms as "not from Islam”:
  - Prioritization of collective reputation
  - Stigmatization of all sexual matters
  - Use of chastity and honor to shame victims
- Using Prophetic examples of supportive responses and lack of victim blaming:
  - Empathic and validating verbal and non-verbal communication
  - Emphasizing responsibility towards meeting needs of all victims and children

In addition to this, community interventions should include recognition of the prevalent phenomenon of “stuck in between” in which the perceived need for evidence traps the responder in a state of inaction. This “stuck in between” experience is heightened by the substantial roadblocks towards seeking justice and the absence of clear and safe accountability pathways. Based on these findings, community education and
messaging should focus on differentiating the necessary immediate survivor-centered supportive responses from the action steps (and therefore evidence) needed to hold abusers accountable in an “unjust” justice system.

Finally, community interventions should emphasize that responses to CSA disclosures have the “power to assist victims with recovery or to further traumatize them” (Lovett, 2004). Since disclosure is often an iterative, interactive, and life-long process – there remain continuing opportunities for providing supportive responses to promote positive outcomes (Reitsema & Grietens, 2016).

**Limitations and Further Research**

Due to the stigmatized nature of CSA, lack of prior research, and barriers to community access, the goal of this exploratory study was not to obtain a representative sample for purposes of generalization, but rather to capture the range of perspectives and experiences among community members connected to local faith-based organizations. Therefore, this study did not attempt to determine differences in CSA responses according to participant or CSA event characteristics. Using the model developed in this study, further research is needed to determine how responses to disclosure and corresponding rationalizations differ in relation to sociodemographic characteristics of the responder, the victim, the abuser, and other event related factors, such as severity of abuse.

The results of this paper may be limited by participant self-selection bias. Several community members who declined to participate in the study often cited CSA not being a significant issue in the community. Additionally, while the participant sample was sufficiently diverse in race/ethnicity and generation, community members with less than a
college education and recent immigrants were not represented. In attempting to recruit from these categories, English-proficiency and a self-perceived “lack of knowledge” about CSA often prevented participants from agreeing to interviews. While we believe the overall responses and rationalizations from these community members are likely captured in the current study (as participants’ observations of them), future research should prioritize representing these community members own voices.

Conclusion

The Spectrum of Responses model developed in this study can be a useful tool to guide discussion in determining a community’s context-specific rationalizations associated with each supportive and harmful response, leading to the development of more tailored, community grounded interventions. Based on the current study’s findings, interventions to improve disclosure responses in this diverse American Muslim community should incorporate three key aspects: (1) acknowledge the power of disclosure responses on survivor outcomes, (2) prioritize the use of supportive survivor-centered responses over perceived necessity of evidence, and (3) use existing religious principles to provide contextualized counter-messaging for harmful rationalizations.
INTRODUCTION

Child sexual abuse (CSA) is widespread and occurs in every community and across all ethnic, socioeconomic, and religious groups (Mathews, 2019c) with detrimental psychological, behavioral, and physical health consequences for victims (Chen et al., 2010; Dube et al., 2005; Maniglio, 2009), along with sociopolitical and economic impacts for families and communities (Letourneau et al., 2018). Globally, current estimates of the lifetime prevalence of CSA are 15 - 20% for girls and seven to eight percent for boys (Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2011).

CSA has been categorized as a significant public health issue for more than two decades (Mercy, 1999; World Health Organization, 1999); however, in response to more recent evidence that CSA occurs due to a complex interaction of multiple levels of risk and protective factors, there has been a shift towards a comprehensive socio-ecological approach to preventing and responding to CSA (Letourneau et al., 2014; Tabachnick et al., 2016).

While identifying risk and protective factors for CSA occurrence is an important step towards CSA prevention, it is not sufficient when formulating an effective public health approach. Lessons from public health interventions demonstrate that community programs must be both culturally appropriate and community specific to be effective.
In addition to the community’s specific cultural and religious contexts, prevention efforts should also attend to the particular community’s level of readiness to address the issue (Edwards et al., 2000). Community practitioners have found that evidence-based efforts that are effective in one community may not necessarily be effective even in a similar community due to the varying community-level factors, such as community prioritization, leadership, and resources (Kelly & Stanley, 2014; Thurman, Edwards, et al., 2003). These factors are also temporal in nature since “communities are fluid—always changing, adapting, growing – they are ready for different things at wholly different times” (Edwards et al., 2000). Therefore, identifying and attending to the community’s stage of readiness prior to implementing a public health intervention is necessary for its improved uptake and success (Kostadinov et al., 2015).

**Community Readiness Model**

Influenced by Warren’s (1978) theory of social action in communities and Rogers’ (1983) diffusion of innovation, the Community Readiness (CR) model (Oetting et al., 2014; Oetting et al., 1995) was developed to fill the need for a multi-dimensional community-level theory that could provide similar usefulness as the individual-level transtheoretical model of health behavior change (Prochaska & Velicer, 1997). While initially developed for alcohol and drug abuse prevention, the CR model has been applied in diverse communities and countries (Edwards et al., 2000; Kostadinov et al., 2015),
across a wide range of health and social issues, including prevention of intimate partner (Brackley et al., 2003) and sexual violence (DeWalt, 2009).

In an updated version of the CR model (2014), five distinct dimensions combine to determine a community’s readiness for change: community knowledge of the issue, community knowledge of efforts to address the issue; community climate; leadership; and resources for addressing the issue. For each of these five CR dimensions, the model defines nine stages of readiness: No Awareness, Denial/Resistance, Vague Awareness, Preplanning, Preparation, Initiation, Stabilization, Confirmation/Expansion, High Level of Community Readiness (2014).

Conducting a CR assessment not only measures “the degree to which a community is willing and prepared to take action” on a specific issue (2014), but also helps identify the necessary prerequisite measures to implementing an effective prevention strategy at the community-level (Edwards et al., 2000). In their systematic review, Kostadinov and colleagues (2015) show that moving a community to a higher state of pre-intervention CR is associated with a greater post-intervention impact on community health.

Current Study

The setting for this research was a rapidly growing, racially and ethnically diverse American Muslim community in a large metropolitan city located in the northern United States. With an estimated 3.5 million Muslims living in the United States (Pew Research Center, 2017), American Muslims are among the most ethnically diverse and fastest growing community in the country (Mogahed & Chouhoud, 2017; Younis, 2009). Despite several national and local organizations attempting to address sexual violence
prevention in American Muslim communities around the country, there is a paucity of published research on CSA among American Muslims. As a sensitive, stigmatized, and politicized issue in all communities, and especially among American Muslims, CSA prevention represents an even greater need for identifying and attending to a specific community’s stage of readiness.

Therefore, this study aims to explore the community’s stage of readiness towards preventing and responding to CSA in a diverse American Muslim community using the CR model to assess the community’s local characteristics, accounting for the community’s strengths, limitations and potential opportunities and barriers. The ultimate goal of the CR assessment is to make progress towards developing effective CSA prevention initiatives that are culturally, religiously, and community-specific and can be implemented within and by the community.

METHODS

Seeking a deeper understanding of the processes involved in this community’s stage of readiness, this study utilized a novel research design by triangulating the following primary sources of data: (1) in-depth interviews (n=22) informed by Constructivist Grounded Theory (CGT) methods (Charmaz, 2014) and (2) semi-structured interviews (n=10) guided by the CR model and assessment protocol as described in the *Tri-Ethnic Center Community Readiness Handbook* (Oetting et al., 2014). The CR assessment tool is meant to be a rapid, feasible, and low-resource intensive method for determining a community’s stage of readiness (Thurman, Edwards, et al., 2003; Wells et al., 2020). However, this study was part of a larger project exploring the opportunities for prevention of CSA in a diverse American Muslim community and the research design already included in-depth interviews to answer two other research
questions (see Figure 6.1). This allowed for a unique opportunity to add supporting data sources to enrich the understanding of each CR dimension and theorize the processes through which they interact in a community to produce the community-level construct of “readiness.” Other researchers have similarly used the CR assessment tool supported by additional data sources, such as focus groups (Wells et al., 2020), additional interview questions (Idoate et al., 2020), or secondary data analysis (Monteith et al., 2020).

**Figure 6.01: Data sources in project exploring opportunities for prevention of CSA in a diverse American Muslim community**

### Recruitment and Sampling

This study used an initial purposive sampling with a maximum variation approach, followed by theoretical sampling and member-checking at later stages of data collection (Charmaz, 2014; Glaser & Strauss, 1967). With referrals from community advisors, this process resulted in recruiting 22 adult participants who self-identified as Muslim, were residents of the community, and were fluent in English. The participants – religious leaders, topic experts, community organizers, and community members – represented a diverse cross-section of ethnicity, nativity, life stage, community role, and experiences of abuse (see Table 6.1 for participant characteristics). While all 22
participants completed the in-depth interview, only 10 of them were selected to complete the second CR interview, of which 7 also took part in member-checking (see Figure 6.1).

Among the 10 key respondents selected for the CR interviews, their community roles represented a variety of sectors, including faith organizations, mental health, social work, education, public health, government, advocacy, and community activism. This type of sampling is consistent with the CR assessment protocol, which suggests interviewing a broad range of individuals (6 – 12) who have knowledge of various aspects of the community (Kelly & Stanley, 2014; Oetting et al., 2014). All study procedures, including consent, confidentiality, and instrumentation, were approved by the university’s Institutional Review Board (IRB).

*Table 6.1: List of Interview Participants and Key Features*

<table>
<thead>
<tr>
<th>#</th>
<th>CR Interview</th>
<th>Participant Type</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Generation in U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>religious leader</td>
<td>Female</td>
<td>Arab</td>
<td>At least third</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>religious leader</td>
<td>Male</td>
<td>Arab</td>
<td>First</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>topic expert</td>
<td>Female</td>
<td>Somali</td>
<td>At least third</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>topic expert</td>
<td>Female</td>
<td>South/Central Asia</td>
<td>Second</td>
</tr>
<tr>
<td>5</td>
<td>Yes</td>
<td>topic expert</td>
<td>Female</td>
<td>Other</td>
<td>First</td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td>topic expert</td>
<td>Male</td>
<td>African American</td>
<td>At least third</td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td>community member</td>
<td>Female</td>
<td>Somali</td>
<td>At least third</td>
</tr>
<tr>
<td>8</td>
<td>Yes</td>
<td>religious leader</td>
<td>Male</td>
<td>Somali</td>
<td>First</td>
</tr>
<tr>
<td>9</td>
<td>Yes</td>
<td>community organizer</td>
<td>Female</td>
<td>Arab</td>
<td>Second</td>
</tr>
<tr>
<td>10</td>
<td>Yes</td>
<td>topic expert</td>
<td>Female</td>
<td>Arab</td>
<td>Second</td>
</tr>
<tr>
<td>11</td>
<td>Yes</td>
<td>religious leader</td>
<td>Female</td>
<td>Somali</td>
<td>First</td>
</tr>
<tr>
<td>12</td>
<td>Yes</td>
<td>community member</td>
<td>Female</td>
<td>African American</td>
<td>At least third</td>
</tr>
<tr>
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<td>community organizer</td>
<td>Male</td>
<td>South/Central Asia</td>
<td>Second</td>
</tr>
<tr>
<td>14</td>
<td>Yes</td>
<td>community organizer</td>
<td>Female</td>
<td>Somali</td>
<td>First</td>
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<tr>
<td>15</td>
<td>Yes</td>
<td>community organizer</td>
<td>Female</td>
<td>White American</td>
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<tr>
<td>16</td>
<td>Yes</td>
<td>community member</td>
<td>Female</td>
<td>African American</td>
<td>At least third</td>
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<tr>
<td>17</td>
<td>Yes</td>
<td>community member</td>
<td>Female</td>
<td>Other</td>
<td>First</td>
</tr>
<tr>
<td>18</td>
<td>Yes</td>
<td>community organizer</td>
<td>Male</td>
<td>Other</td>
<td>At least third</td>
</tr>
<tr>
<td>19</td>
<td>Yes</td>
<td>community organizer</td>
<td>Male</td>
<td>South/Central Asia</td>
<td>First</td>
</tr>
<tr>
<td>20</td>
<td>Yes</td>
<td>topic expert</td>
<td>Female</td>
<td>South/Central Asia</td>
<td>First</td>
</tr>
<tr>
<td>21</td>
<td>Yes</td>
<td>religious leader</td>
<td>Male</td>
<td>White American</td>
<td>At least third</td>
</tr>
<tr>
<td>22</td>
<td>Yes</td>
<td>religious leader</td>
<td>Female</td>
<td>Arab</td>
<td>First</td>
</tr>
</tbody>
</table>
In-Depth Interviews

Data Collection. Using intensive interviewing techniques informed by CGT methods, the in-depth interviews (n=22) were conducted in-person or by video-call and lasted between 35 minutes to 2.5 hours. Prior to beginning each interview, the preamble consent and a short demographic questionnaire were administered. The interview guide consisted of multiple sections of open-ended questions to gather rich data on the processes and patterns involved in participants’ understanding and meaning making of CSA occurrence in their community. A few examples of the in-depth interview questions most relevant to better understanding the community’s stage of readiness are: what are some strengths (and weaknesses) of the community; what are some misconceptions about CSA in the community; have you heard CSA being discussed in religious settings; and what is the role of religious leaders and institutions when dealing with CSA. Interviews were audio recorded (with participants’ permission), transcribed verbatim, edited to remove identifying information, and re-read several times. All in-depth interview transcripts, demographics, field notes, and memos were entered into Dedoose qualitative analysis software (Dedoose.com).

Data Analysis. Guided by CGT strategies, the in-depth interview data analysis occurred in several stages towards the aim of theory building (Charmaz, 2014; Glaser & Strauss, 1967). Initial transcripts were analyzed using line-by-line gerunds, followed by sorting and clustering initial codes into focus codes. After focus coding all transcripts, the resulting codes and excerpts were then re-sorted to select 11 axial codes that were most relevant to the five CR dimensions. Using the constant comparative method (Glaser & Strauss, 1967), the most significant and frequent aspects within each CR dimension were
highlighted as categories. Through analytic memo writing (Charmaz, 2014) and diagramming techniques (Strauss & Corbin, 1998), the nuances within and the interactions between the categories were explored and developed into sub-categories. This analysis allowed for new theorizing of the connections and processes between the CR dimensions.

**CR Assessment Interviews**

**Data Collection.** Per the CR assessment protocol, the semi-structured interview questions were adapted for the specific community and issue of “child sexual abuse,” resulting in a total of 17 questions which corresponded to the five CR dimensions (community knowledge of efforts, leadership, community climate, community knowledge of the issue, community resources to address issue). Based on the pilot interview experience, the questions in the guide were re-ordered to promote a more logical flow of discussion and allow participants to answer related questions more easily (see example in Table 6.2). Additional relevant follow-up prompts were included to further understand the context of the participants’ responses. Participants were reminded that the interview was meant to determine their assessment of the community’s knowledge, beliefs, and attitudes with respect to addressing CSA, not their own personal knowledge, beliefs and attitudes (Kelly & Stanley, 2014). These CR interviews were conducted in-person or by video call, and each lasted about 20 to 30 minutes. Each interview was audio recorded (with participants’ permission), transcribed verbatim, and edited to remove identifying information.
Table 6.2: Example of re-ordered CR interview questions

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>On a scale from 1-10, how much of a concern is child sexual abuse to members in our community with 1 being “not a concern at all” and 10 being “a very great concern”?</td>
<td>• Can you tell me why you think it’s at that level?</td>
</tr>
<tr>
<td>2</td>
<td>How much of a priority is addressing child sexual abuse to members in our community, with 1 being “not a priority at all” and 10 being “a very great priority”?</td>
<td>• Can you tell me why you think it’s at that level?</td>
</tr>
<tr>
<td>3</td>
<td>On a scale from 1-10, how much of a concern is child sexual abuse to the leadership of our community with 1 being “not a concern at all” and 10 being “a very great concern”?</td>
<td>• Can you tell me why you think it’s at that level?</td>
</tr>
<tr>
<td>4</td>
<td>How much of a priority is addressing child sexual abuse to leadership of our community, with 1 being “not a priority at all” and 10 being “a very great priority”?</td>
<td>• Can you tell me why you think it’s at that level?</td>
</tr>
</tbody>
</table>

Data Analysis. The CR interview transcripts were analyzed using the protocol’s standard scoring process to determine a readiness level for each of the five dimensions (Oetting et al., 2014). Two individual researchers independently read, sorted, and scored the interviews for each of the five dimensions, using anchored rating scales that correspond to the CR model’s nine stages of readiness, ranging from “no awareness” to “high level of community ownership” (Oetting et al., 2014). After scoring interviews, the two scorers discussed the score for each dimension in order to reach consensus and selected significant excerpts for subsequent qualitative analysis.

After analyzing and reaching consensus on all interviews, the scores for each dimension were averaged across the interviews to determine the readiness level for that dimension. The variability of scores across the interviews was also examined. Finally, the average of the five dimensions’ readiness scores were calculated to determine the overall...
stage of readiness for addressing CSA in this community. Of note, per the protocol’s anchored rating scale, all the aspects of a readiness level must be met before a higher level can be considered for a specific dimension, therefore the scores are always rounded down (Kelly & Stanley, 2014; Oetting et al., 2014).

RESULTS

In this section, the results of the CR assessment scoring are presented first, followed by the participants’ description of their community and its strengths and weaknesses. Next, the relationship between the CR dimensions is presented using a theoretical model developed from the grounded theory analysis. Finally, the in-depth analysis of the properties within each of the five CR dimensions forms the major portion of the results section.

Community Readiness Score

Based on our sample of diverse key respondents, this community’s overall readiness for addressing CSA is at Stage 2, or “Denial/Resistance.” A diagram and description of the nine stages of CR is included in Appendix. Matching our findings closely, the developers of the CR model describe this stage thus:

...there is little or no recognition that this is a local problem. If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about this locally. "It's not our problem." "We can't do anything about it." Community climate tends to match the attitudes of leaders and may be passive or guarded. (Thurman et al., 2003, p.593)

Table 6.3 below shows the average CR score and stage for each of the five CR dimensions. Knowledge of efforts to address CSA had the lowest stage at “no awareness,” while the remaining dimensions were all categorized at the “denial/resistance” stage.
Table 6.3: Community Readiness Assessment Score (n=10)

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Score</th>
<th>Readiness Stage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge about CSA</td>
<td>2.45</td>
<td>Stage 2: Denial/resistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Only a few community members have knowledge about CSA. Among many community members, there are misconceptions about CSA.</td>
</tr>
<tr>
<td>Community Climate</td>
<td>2.43</td>
<td>Stage 2: Denial/resistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community members believe that CSA may be a concern in this community, but don’t think it can or should be addressed.</td>
</tr>
<tr>
<td>Leadership Climate</td>
<td>2.23</td>
<td>Stage 2: Denial/resistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leadership believes that CSA may be a concern in this community, but don’t think it can or should be addressed.</td>
</tr>
<tr>
<td>Knowledge of efforts to address</td>
<td>1.58</td>
<td>Stage 1: No awareness</td>
</tr>
<tr>
<td>CSA</td>
<td></td>
<td>Community members have no knowledge about local efforts addressing CSA.</td>
</tr>
<tr>
<td>Resources available to address</td>
<td>2.15</td>
<td>Stage 2: Denial/resistance</td>
</tr>
<tr>
<td>CSA</td>
<td></td>
<td>There are very limited resources available and/or there is no action to allocate these resources to addressing CSA. Funding for any current efforts is not stable.</td>
</tr>
<tr>
<td>OVERALL</td>
<td>2.17</td>
<td>STAGE 2: DENIAL/RESISTANCE</td>
</tr>
</tbody>
</table>

* Based on wording of dimension and stage from Oetting et al. (2014)

Community Description, Strengths, and Weaknesses

All participants described the American Muslim community in this city as “very diverse,” specifying various ethnicities, cultural influences, and socioeconomic levels. In discussing the history of the community, a few participants emphasized the Black/African American Muslim community as the oldest part of the Muslim community, followed by South Asian and Arab immigrants, and more recently joined by Somali refugees in the 1990s, who currently make up the largest portion of the community. Participants often described the challenges of acculturation for first-generation immigrant Muslim families, such as, “striving to balance between their American identity, their Islamic identity, and their ethnic background” (#11). Some differentiated this community from other American Muslim communities as “more conservative” or “we’re very strong in and proud of our
Islam” (#10). While others felt the community was more “culturally conservative, not Islamically conservative” (#9). With “more than 75 mosques” in the metro area, participants emphasized the community as “very large” and “fast growing,” but also “still building.”

Participants identified many positive characteristics of their community, including taking care of each other during crises, being politically active, and cooperating across cultural and religious lines. Some participants identified diversity of the community as a strength that helped “dispel cultural myths versus the actual practices of Islam,” (#06) while others highlighted separate strengths within each sub-community, along ethnic lines. Identifying various weaknesses of the community, participants described divisions in the community along ethnic lines, as well as siloed organizations (“there’s a lot of different organizations but we’re not united and each is separate from the other” [#10]).

**Grounded Theory Analysis of Community Readiness Dimensions**

Triangulating the CR assessment results with CGT analysis of the in-depth interviews allowed for deeper understanding of the community’s barriers to readiness and theorizing of the relationships between the five CR dimensions (knowledge about CSA, community climate, leadership climate, knowledge of efforts to address CSA, and resources available to address CSA). Using CGT techniques with the purpose of theory building (illustrated in Figure 6.2), in this community, the leadership’s “gatekeeping” role emerged as a more central dimension, holding the space between the community’s climate of fear, denial, and hopelessness and pervasive misconceptions on one side, and the more structural issues of “nowhere to go” and resource allocation and utilization on the other. Both the pervasive misconceptions and the community climate induce the
leadership to take a restrictive “gatekeeping” role which is further manifested through the tensions in allocation and utilization of resources for addressing CSA. The analysis also demonstrated an additional interaction pathway between the community climate of fear, denial, and hopelessness and the knowledge of efforts dimension (i.e., “nowhere to go” and poor accountability pathways).

**Figure 6.2:** Model illustrating the interaction between five dimensions of a diverse American Muslim community’s readiness to address CSA, as analyzed using grounded theory

1. **Denial, Fear, Hopelessness [Community Climate]**

   Participants’ discussions highlighted several community climate barriers to readiness, primarily consisting of denying CSA as a significant community issue, contributed to by fear of others’ perceptions of their community and a hopelessness about prevention possibilities.

   **Denial** of the issue appears widespread in the community as evidenced by resistance to talking about the issue, dismissing it, minimizing it, or not taking it
Participants frequently emphasized that “no one ever talks about it” (#18) and “people don’t want to acknowledge the problem because it makes them uncomfortable” (#09). One community organizer emphasized the negative effects of this “denial,” stating “there is no society that is free from this thing, but I think we are hiding it more [than others] and it's killing us, it’s killing us women” (#14).

Several participants mentioned that while the resistance to discuss CSA may be more pronounced in male community members or leaders, it is also a very common response from community parents, who were heard saying, “I don't want my kids to be exposed to that.’ Or ‘That doesn't happen in my family, so I don't have to talk about it.’” (#07). A community organizer explained how just trying to get community members to view CSA as a significant community issue ends up “tearing apart the community:”

> There’s a lot of people who are like, ”No, I don't want to talk about this and I don't want to hear it and I don't think we should talk about it.” Then there are people who are like, ”This is happening and we really need to discuss it.” Even just that point of acknowledging that it happens, causes a split, and fighting and arguing. - #15

One of the most frequently discussed reasons for not talking about CSA publicly was a fear of how it would affect the community’s reputation – that is, “they fear being judged” (#09), “they fear what others will say” (#14). For example, an active community organizer discussed how the fear of bringing up CSA publicly is related to existing anti-Muslim sentiments, stating, “I think Muslims as a whole don't want to be branded [a certain way]… with high Islamophobia… Muslims are already associated with pedophilia or women's rights issues” (#18). Another participant working in politics mentioned, “we can't bring one person down because if we vilify one person, they're going to think we're all like that…” (#13).
A feeling of hopelessness surrounding CSA prevention also contributed to this community’s climate. Participants discussed that community members do not talk about these issues because “they don’t feel like they can do anything to solve them” (#09) so “they consider other issues more comfortable… easier to address” (#09). This sense of hopelessness is intensified by a lack of substantial change in the community after cases of CSA are brought up publicly:

*The numbers of people that it's happening to aren't changing. The people who are committing this crime are not being held accountable. It's like... what you endured had no impact on the world at all. I think that feels incredibly hopeless.* - #07

Importantly, participants also identified the concept of hopelessness as a reason why community members may be resistant to generic initiatives that are not respectful of their culture or seem to blame the culture, whether introduced by outsiders or well-meaning insiders; for example, “if you think that people are just how they are, like you were raised with this culture and that's it. Like there's no hope for you. Then of course people are not going to respond well to it” (#07).

**ii. Pervasive Misconceptions [Knowledge of CSA]**

One of the most important dimensions contributing to the above community climate is pervasive misconception regarding CSA. Several participants discussed that “the biggest misconception is that the Muslim community doesn't have this issue… it's not our issue, so why should we worry about it?” (#01). Another person identified a community misconception that CSA “doesn’t happen to that many, and if it does, it’s just these random strangers… there’s a lone wolf who’s doing it” (#04). Similarly, other participants noted that, “it’s just talked about like something remotely happening,” (#01) or “it is just a single thing out of a deranged person that needs to be handled on that
(private) level” (#02). A religious leader explained that believing that CSA is “a private thing that happens to just one person” (#05) increases resistance towards community level interventions. A topic expert explained, “I don't think they know about predatory behavior and that that's something that exists in a person, it's not just a one-time thing. This is their behavior” (#05).

Other misconceptions which discourage recognizing and addressing CSA as a community issue relate to the perpetrators and the processes. Regarding what types of people perpetrate CSA, community members often believe that one would easily be able to “recognize abusers,” either through the “leadership evaluating their work – they will be able to tell one way or another” (#02), or through “trusting your gut feelings… if they give you weird vibes” (#05). Participants emphasized that community members often falsely assume that CSA “doesn't happen from religious looking people or masjid [mosque]-type people” (#10) and they don’t recognize how often abusers are close family members.

A pervasive misconception regarding the process of CSA included that “it doesn’t happen to boys” (#10) or that “young children, especially girls, have brought it upon themselves” (#04). A topic expert explained that there is a lack of understanding about the processes involved in CSA, such as “the grooming, the gift giving, the compliments, the elongated hug… separating you from people” (#05), resulting in the perception that “children can protect themselves from something that isn’t their responsibility…[but children] can’t distinguish that… especially if it’s someone they know, they're not going to attribute something bad to someone who they believe is good” (#05). Participants also felt that community members often minimized the effects of CSA as “not a big deal”
(#15) and did not understand the “traumatic experience” (#11) or “serious consequences” (#19) of CSA as “one of the biggest predictors of suicide and mental health issues and drug abuse” (#04).

iii. “Gatekeeping” [Leadership]

The CR assessment revealed that this community’s leadership, including religious and community women and men leaders, play a range of roles affecting the community’s readiness for addressing CSA, with the most prominent feature being one of restrictive “gatekeeping” of the conversations and efforts around addressing sexual violence. GT analysis revealed that leaders whose role was perceived to be religious guidance had a “gatekeeping” function to define the boundaries of who spoke or heard about CSA, where CSA was discussed, and the content of the discussion. Some participants only referred to imams,¹⁶ teachers, and mosque board members when answering questions about the leadership’s role in prevention of CSA while others used broader definitions, such as:

> Leadership for me is anyone who's in a place of power in the community who is able to make decisions and bring action, whether it's youth, women, or men. There’re some imams that I wouldn't consider leaders because maybe they're just like leading the prayer, but they're not really involved. - #05

Importantly, the issues discussed in prior sections – a climate of denial, fear, and hopelessness and several pervasive misconceptions about CSA – were also commonly present among the leadership, with the consequences being potentially worse due to the leaders’ inherent position of power and their “gatekeeping” function.

¹⁶ For context, in most American Muslim Sunni communities, there is no defined hierarchy of religious leadership. Mosques may have only an imam, who serves voluntarily or who is hired and overseen by a mosque board, to lead daily prayer services and give a weekly Friday khutbah [sermon]. The imam may also teach children or hold regular classes or discussion groups for adults, or these roles may be taken on by other religious teachers or community members, usually voluntarily.
Refusing to acknowledge CSA as a community issue

Participants noted the most common position leaders take is a refusal to acknowledge CSA as a community issue resulting in a lack of addressing it in meetings or Friday sermons. A female religious leader recounted, “I actually approached a number of imams and different Islamic centers and I said this is a topic that’s coming a lot to my office, this should be talked about in salat-ul-Jumu’ah [Friday Prayer]. But unfortunately, they just thought it was an exaggeration.” Upon further probing questioning about why many leaders denied CSA as a community issue, some participants believed that certain leaders’ denial of the issue may be genuine since “they’re not hearing the same stories because they’re not having youth [victims of CSA] come to them in the same way [as female leaders]” (#15), or as another participant recounted, “there was this interplay around them saying, ‘I'm not accepting nothing nobody says until I see some proof that this is actually a thing’” (#06). A female religious leader stated, “I think if somebody brought statistics, it would help to bring about the awareness….” (#01).

On the other hand, some participants felt the request for more evidence was disingenuous and recounted situations when, despite telling male leaders about cases they had received, “the men straight up downplay the issue and say, ‘Well, we don't know.’ We were like, ‘Well, you don't know because you don't want to know, because we're telling you right now and you're not listening’” (#04). In addition, participants theorized that “a lot of the men feel personally attacked and want to downplay the issue” (#14). Illustrating this further, a community organizer said, “when we're in a group of men who call themselves leaders, and we start talking about male leaders abusing power – that's their group. I think it's an automatic knee-jerk defensive reaction” (#15).
Other reasons participants identified when asked why other leaders refused to acknowledge CSA as an issue included feelings of fear and hopelessness similar to those discussed in the Community Climate section: that is, fear of “perpetuating the stereotype around violent Muslim men” (#04) and “ruining the reputation of Muslim society” (#01), or feeling hopeless that “there's nothing that we can do” (#01) so why “talk about it when it will just make it a bigger issue” (#19). Even among leaders who are aware of the CSA cases in the community, an imam explained an additional reason for denial among the leadership - “they don’t want to acknowledge it because that means they have to take the burden for themselves. It means they have to stand up and give khutbahs [sermons]. They have to actually address the problem straight out” (#21).

While some participants believed a lack of information or knowledge accounted for leaders’ dismissing the significance of CSA, others accused the leadership, saying: “They are covering up. I am not scared to say that because I know the situation and many cases that happen in the community” (#14). Another participant theorized, “the people who are in positions of power that are in control of initiating these conversations may be the ones that are perpetrating it” (#05); and another speculated, “I think that aspect of either these men know men that have perpetrated it or have that shame because they’ve done it. And I think that's why they're like, ‘No, it doesn't exist’” (#20).

When leaders refuse to recognize CSA as an issue, whether due to pervasive misconceptions or purposeful covering up, their restrictive “gatekeeping” role results in a variety of consequences. A female religious leader observed how denial can lead to a complete lack of ownership in the issue: “I sit with more than 60 imams on (a coalition) together, and whenever this subject is brought up, they’re like, ‘Let them call 9-1-1 if
they think that this is real, there's nothing that we can do’ and that's it” (#01). Other participants perceived more subtle gatekeeping in the failure to take action. They explained that the leader may “agree to schedule a meeting,” but attempts to follow it up are ignored:

*I think ... they feel that by sitting down with me, they're doing enough, they've done their part. But they refuse to go deeper and talk about solutions specific to the masjid or community or specific actionable steps...it's like they've done enough by just not shutting it down... But actually they're showing their opposition by not sustaining the conversation and by not involving themselves.* - #05

**“Backlash” towards efforts addressing CSA**

Several participants discussed times when they felt leaders strongly and actively opposed attempts to increase community discussions around sexual violence. Participants expressed that “for even talking about this [CSA issue] or trying to initiate something like this” (#18), they will feel a strong “backlash” against them, and “they will be the most attacked person in the community” (#09). A community organizer further detailed, “when a leader doesn’t want me to do something, I know their techniques… they don’t come to me directly, they will go to my father or my husband to make them discourage me” (#14).

A male religious leader described how certain mosque imams may experience gatekeeping from the mosque board members: “I remember I gave a khutbah (Friday sermon) in a mosque I was imam in… and I had pushback from the board themselves...” (#21). The consequences of this gatekeeping and “backlash” are that “people … don't want to talk about it; people that have been engaged in it fall off because they no longer feel safe talking about it or they're threatened if they talk about it” (#05).

*Private “closed-door” responses*
Another type of gatekeeping experienced by the participants was the leaders’ efforts to keep CSA issues behind closed doors which they rationalized as an effort to protect the family or the community’s reputation based on lack of knowledge and pervasive misconceptions among the leadership. Participants claimed that when specific CSA cases are brought to certain leaders, “it is rarely, if at all, attended to appropriately” (#06). Instead, the primary response is often to keep it “behind closed doors… [as] the community can be very insular” (#06) or to “sweep it under the carpet … to make sure they’re not harming somebody’s reputation… or not making it something common” (#01).

Without knowledge about the processes leading to CSA perpetration (e.g., grooming, manipulation, threats) along with misunderstandings about reporting and accountability pathways, leaders receiving CSA cases may unintentionally respond in ways that cause additional harm to the victim. For example, a female religious leader shared that when some leaders receive cases, they may feel the only option is to attempt to resolve the issue through family reconciliation efforts, sometimes even questioning the child in front of the perpetrator or family members. “Not recognizing the perpetrator’s ability to convince, to maneuver, to manipulate” (#01), the vulnerable child is not protected, and the child may be deemed “a liar,” or the CSA complaint may be dismissed as a “misunderstanding” (#01). Participants highlighted the harmful consequences of this dismissal response to CSA disclosure, which is further elaborated in Chapter 4.

“Pioneering” Leadership

While the CR assessment indicated an overall low readiness score, the conversations with participants also provided clues for leveraging community and
leadership strengths as opportunities. Many participants agreed that “Muslim women leaders in the community are more willing to probably talk about this” (#04). Another insight was that the effort “comes in waves,” as a topic expert described the community’s response after a local news story about sexual violence cases in the community:

“I’ve seen a lot of pioneering from Muslim women, especially over the past couple of months, where they’re elevating the topic and they’re talking about solutions and what we can do as a community.... The community was talking about it and bringing it up and then it just died down. I didn't hear any imams talking about it. And if they do, it's like, okay, one post, two posts and the conversation is over. - #05

These “waves” can be discouraging, so even though one participant was excited about being at the beginning (#07), another participant described personally feeling burned out:

I had to push that conversation. We are where we are now after years of working through this. Then there are other organizations who've been really vocal, and they just get so burned out that they don't want to do it anymore. That's how I feel most of the time right now. - #04

A few participants mentioned rare discussions or workshops taking place, in the past or recently, and having a good response from the community. As a participant explained of her experience, “I do think masjids can be a place [for discussions on sexual violence prevention]. I think it's usually the women on the board [who take the initiative]. I've had sessions at five masjids actually” (#04). Recalling her experience at one of the mosque workshops on sexual violence, a participant shared her optimism for further efforts:

They're ready to talk about it. They really are. I believe that. It's just a matter of talking about it in a way that is solutions oriented, that doesn't blame families and community, that doesn't blame Islam or make it seem like Islam is not a part of the conversation. I think if we do that, then people are going to respond well. - #07
iv. “Nowhere to go” [Knowledge of Efforts]

Some participants had knowledge of Muslim women-led organizations that conduct advocacy work, survivor circles, and community workshops discussing sexual violence. However, the majority of participants did not know of any current, past, or planned efforts in the community to address CSA, adding “there’s nowhere to go” (#14). Through the in-depth interviews, participants were also asked about barriers towards potential efforts, accountability pathways, and mandated reporting.

**Barriers to disclosure and reporting**

Participants recognized that the decision for a child to disclose abuse is very difficult and often it is “easier to stay quiet” (#09). Barriers for a victim disclosing CSA include not recognizing experiences as abuse, poor attachment to a trustworthy adult, and several internalized fears, such as burdening their family, not being believed, being blamed, or being harmed by the abuser. Upon finding out about their child’s abuse, a typical mother in the community would be forced to weigh potential consequences when considering disclosing to others about her child being abused. A community organizer receiving many CSA cases said, “there are mothers who witness the sexual harassment... but there is the fear of even reporting, that it's going to cause even more problems” (#14). The barriers mothers face in telling others include losing their source of livelihood, fear of retaliation from family members, fear of the child being stigmatized, or fear of the family being ostracized from the community. Perhaps the most pervasive barrier regarding reporting CSA is the lack of trust in local authorities (e.g., child protective services [CPS], police) with a fear of their children being “taken away” or removed from the home, as a religious leader explained:
The thing is that most people within our community actually think that if you call 9-1-1, that their children will be taken away from them so they fear that their children will be going to foster care. And there was a case like this that really traumatized the Muslim community... But they are not aware that not necessarily, that if you do the necessary means to protect the child, you and your child will be protected. But people don’t know how it works. - #01

Combining these fears with the earlier quote about some leader’s lack of ownership of the community issue, that is, responding with “just go call 9-1-1,” demonstrates the compounded feeling of “hopelessness” and “nowhere to go” amongst community members.

Additionally, participants highlighted a lack of religious and cultural competency among local service agencies (e.g., CPS) and authorities (e.g., police) as contributing to the community’s resistance towards reporting. Describing this, a religious leader stated, “unfortunately a lot of the CPS services are still not aware of the religious and cultural issues and the dynamics it plays in Muslims’ lives and why they are many times afraid to contact them (#01). A community organizer closely involved with the agencies explained:

This country is not yet ready, it doesn't have the cultural competency to deal with this yet. That’s why I am emphasizing more cultural training to staff, side by side with parent education. They need training, our police need training, our social workers need training, they need to know how to deal with this, not like just interviews or talking one time, it doesn’t solve it. - #14

Issues of language and tribal conflicts were also identified as barriers that service agencies needed to be more aware of.

**Ineffective and confusing accountability pathways**

In discussing the barriers towards holding abusers accountable, participants emphasized the ineffective and “unjust” justice system, as one victim shared: “I didn’t
report the man who assaulted me because I was like, ‘I know he's going to be held accountable in a way that is probably unjust.’ (#04). Another victim whose abuser was in prison stated, “I think we need to understand how the justice system actually works in these situations from a restorative lens” (#18). Even after reporting, there is often substantial burden placed on victims related to investigation and examination, testifying, and potential community repercussions, while still often resulting in “ineffective” accountability.

Participants emphasized that many community members and leaders lack a clear understanding of how reporting, CPS, and the criminal justice system work to ideally protect the child or family. As one topic expert shared, “one of the barriers to people navigating the criminal justice system is that they don't know what happens. They don't know how to go about it. They're not given that information in a way that they can understand” (#05). Additionally, a topic expert shared how some Muslims may have difficulty taking part in “mainstream” [or outsider] accountability systems and interventions with which they are not familiar:

*Sometimes as Muslims, we get afraid around things that look like mainstream interventions because they’re like, “Well, this ain’t got nothing to do with our religion,” so it becomes, “Well, we can’t do that, this ain’t us.” So, I think we need to educate people around how these things do not all the time contradict our [religious] practice.* - #06

**Mandated Reporting**

While most participants had some understanding of mandated reporting, none mentioned that failure to report is considered a criminal act (i.e., misdemeanor), punishable under State law. State law mandates reporting by professionals “engaged in the practice of the healing arts, social services, …psychological or psychiatric treatment, childcare, education, …; or a member of the **clergy** who received the information while
Engaged in ministerial duties” (Minnesota State Law 2020: Sec. 6. [260E.06]

Maltreatment Reporting. Subdivision 1. Mandatory reporters; and Sec. 8. [260E.08]

Criminal Penalties for Failure to Report), but only a few religious leader participants claimed it applied to their role and had received training. Discussing how he learned about it, one imam said: “I didn't know about it either until I took some courses for chaplains – because I work as a chaplain on campus – they were like, ‘You're a mandated reporter.’ I’m like, Oh, man, that’s good to know” (#21). Another female religious leader discussed how she differentiated which of her community roles mandated reporting applied to:

Well, I do a number of jobs. For the chaplaincy job on campus, yes, somethings are mandated reporting. But for [religious organization], I do counseling but it’s more of a personal thing. I did not whatsoever get any licensure [for that] so I don't have mandated reporting [there]. - #01

Therefore, the question of when and whether a religious leader working in the community would be considered a mandated reporter seemed to be a “gray” area in the participants’ understanding. Furthermore, answering why Muslim religious leaders were not mindful of their role as mandated reporters, a female religious leader and counselor explained her theory:

What happens is that the masjids [mosques] may not have that [licensing] system place. When you’re a mandated reporter, you have the choice to actually report or not. You can decide to not report and deal with the consequences, which is losing your license. But what license do clergy hold in our community? You're not going to lose anything. Do you see what I mean? - #11

Note, that although more knowledgeable than others about mandated reporting, this participant still seemed to have a misconception that the primary consequence of not reporting was “losing your license,” rather than a criminal act, punishable by State law.
Consequences of poor accountability pathways & “nowhere to go”

The above individual, community, and structural barriers to effective reporting and accountability result in perpetuating the feeling of “nowhere to go” (#14) for victims and families, while “creating a society that is accepting of sexual violence” (#05). For some community members and leaders, the fear of children “going to foster care, where they may be facing even worse situations” (#01) makes them feel they are choosing the “lesser evil to try to figure out a way where we can get relatives involved” (#01) and end up “dealing with this in a very insulated way” (#06).

A participant detailed how this lack of appropriate accountability leads to increased victimization/perpetration as abusers are able to move between different smaller Muslim sub-communities due to the strong culture of silencing and dealing with it in a private manner:

One of the challenges we have in the Muslim community with there being so many different Muslim [sub]-communities. When you are harmed over here in this community and then people find out about it, but now I'm a part of this community... It’s like people can literally walk into your community and be a cancer that just came from another community, and nobody says, "This is what just walked into your community.” And they cause that same harm again and then leave and cause it again and then leave, and then cause it again. - #06

A similar pattern is seen when CSA occurs within community institutions and leaders prioritize protection of the institution’s reputation, as a mosque board member explained:

“It's possible that somebody may have a problem with one institution, and they might get fired. They would go out and get a job [at another institution] because they know the background check is not available there” (#19).

v.Allocation and Utilization [Resources for Efforts]
Participants generally felt the community had sufficient resources (e.g., funding, space, experts, volunteers) available for efforts, but there appears to be community differences on the allocation and prioritization of resources. For example, regarding funding, a community organizer shared her frustrations about the community spending on building mosques rather than prioritizing hiring well-qualified religious scholars and teachers:

*Our community puts an emphasis on building masajid [pl. mosque]. We don't have an emphasis on hiring people to run them. All the money goes into buildings. It doesn't go into scholarship. We're not willing to put our money into that. We haven't made it a priority.* - #09

Several participants discussed the availability of trained experts (e.g., social workers, therapists, sexual violence responders) in the community; however, topic expert participants themselves felt their expertise was not sought after or utilized. A topic expert shared her frustrations with being made to feel as an “outsider” for her expertise:

*We, experts, exist, but they're not wanting even the Muslim experts. The experts aren't being tapped into, they're not being invited into those spaces, they're not being listened to for what their knowledge and their research is. Unfortunately, I think they assume that they will be able to handle things the way they can.* - #05

Despite the lack of training most religious leaders have in dealing with CSA cases, community members continue to seek their help rather than mental health providers. Two topic expert participants explained, “everyone says we need therapy and therapists in our community, but we have them and nobody’s actually seeking the help of therapists” (#11) and “I think people make the mistake of thinking that in order to get support with this issue, it has to be from an Imam or a Sheikha (female religious scholar)” (#03).
Therefore, many participants emphasized the need for training of religious leaders; however, participants differed on how much training would be realistic and whether the emphasis should rather be on educating them on the importance of referring cases to the appropriate experts. A topic expert shared, “I think they [religious leaders] should have a basic understanding because then they would know enough to know that they don't have to know everything and here are resources that they can connect people to” (#03).

This lack of utilization of experts by community members, leadership, and organizations likely stems from a combination of the other four CR dimensions: pervasive misconceptions about CSA, the community climate of fear, denial, and hopelessness, leadership gatekeeping, and poor accountability pathways.

**DISCUSSION**

*We often hear that it takes a village to raise a child. While that is true, it is also imperative that the village be ready to assume the responsibility, or it won't happen.* (Thurman et al., 2003, p.589)

The CR assessment in this diverse American Muslim community demonstrated low levels of readiness to address CSA across all five CR dimensions, with an overall CR stage of denial/resistance. Triangulating the CR assessment with grounded theory analysis aided a deeper exploration of the community-level barriers and opportunities within each CR dimension, while also allowing for theorizing of the interactions between the dimensions.

As illustrated in the theoretical model (Figure 7.1), the leadership’s “gatekeeping” role emerged as a more central dimension, holding the space between the community’s climate of fear, denial, and hopelessness and pervasive misconceptions on one side, and the more structural issues of “nowhere to go” and resource allocation and utilization on
the other. In our results, the leadership dimension not only affects all other CR dimensions, but also is itself influenced by other dimensions, most significantly, the pervasive misconceptions and community climate. Our analysis also indicated an additional interaction pathway with the knowledge of efforts dimension (i.e., “nowhere to go” and poor accountability pathways) directly exacerbating the community climate of fear, denial, and hopelessness.

As an action-based approach, the results of a CR assessment are intended to guide practitioners towards practical steps for increasing a community’s readiness and mobilization towards addressing the specific issue (Edwards et al., 2000). For a CR stage of denial/resistance, the CR handbook recommends the following actions, mostly aimed at the leadership and community climate dimensions: sharing information about the issue in public areas, using media to highlight stories about the issue in the community through media articles, and communicating “strategically with influencers and opinion leaders” (Oetting et al., 2014).

Resulting from the grounded theory data analysis, the theoretical model for this community’s readiness to address CSA indicates that it would be most beneficial to simultaneously target barriers in multiple CR dimensions, as attempts to increase CR by targeting only one dimension would likely be ineffective. For example, although central to this community’s level of readiness, attempting to influence the leadership alone (as many participants discussed) would likely be unsuccessful without accounting for the pervasive misconceptions about CSA perpetration and current community climate. Similarly, altering the community’s climate of hopelessness towards addressing CSA would additionally require increasing trust in accountability pathways for reporting CSA
(i.e., knowledge of efforts). Instead, due to this community’s low CR scores across all dimensions and tightly interrelated components, we theorize that attempting simultaneous appropriate changes in each dimension, even if small, are likely to result in considerable increases in overall CR. Below are examples of specific initial recommendations at each CR dimension to help move this community’s readiness for addressing CSA towards a higher CR stage.

- **Fear, denial, hopelessness:** target the community climate of hopelessness about CSA prevention efforts through highlighting prior positive community efforts (i.e., “pioneering leadership”) and sharing stories from other faith-based communities that have applied successful interventions to prevent CSA;

- **Pervasive misconceptions:** increase awareness and education among community members and leaders about the systemic nature and process of CSA perpetration (i.e., grooming, manipulation, not “random”) in an effort to prevent the blaming of victims themselves;

- **Leadership gatekeeping:** strategically leverage the leadership’s interest in protecting the reputation of the community and institutions by emphasizing the necessity to prevent CSA and exemplifying preventive institutional policies and procedures;

- **“Nowhere to go:”** demonstrate service providers’ role in protecting children and families through example cases; support and publicize cultural and religious trainings for service providers to increase cultural competency among service providers and build trust among community members; for example, culturally specific onboarding training for new service workers among Native Americans implemented by tribal entities in the United States (Rides At The Door & Trautman, 2019);
• **Resource allocation and utilization:** highlight the beneficial roles of existing Muslim topic experts in supporting victims and families; build connections between supportive religious leaders and topic experts; work to develop CSA-specific training for religious leaders (e.g., imams, sheikhas) during regional and national Muslim conferences.

Existing literature and public health models emphasize the necessity of CR, especially for addressing social issues such as sexual violence that are inherently situated at the community-level and require community-level uptake and changes for effective prevention (Banyard et al., 2019; DeWalt, 2009). In two key published models guiding sexual violence prevention work – the Rape Prevention and Education (RPE) Theory Model of Community Change (Cox et al., 2010) and the Victim Empowerment, Safety, and Perpetrator Accountability through Collaboration (VESPAC) conceptual model (White & Sienkiewicz, 2018) – CR assessment is incorporated as a vital foundational step to guide selection and implementation of a culturally relevant sexual violence prevention program that matches the community’s specific stage of readiness.

**Limitations and Further Research**

The usefulness of the CR assessment is most apparent when it contributes to community mobilization and formulation of an action plan. However, due to the COVID-19 pandemic, the planned community discussion groups could not be held. Instead, several participants (n=7) were contacted for member-checking of the model, discussion of findings, and next community action steps.

Since the participant sample of this study was limited to English speakers, the sub-communities of non-English speaking persons, those with lower educational status
may not have been fully represented in the results. Further research should focus on assessing the specific readiness levels of various sub-communities to allow for comparison of CR levels and dimensions across ethnic, socioeconomic, or educational differences.

As one of the first studies of CSA in American Muslims, this exploratory study also revealed future areas of research. As an example, further research is needed to understand the specific reasons and nuances for why community members initially seek out and trust religious leaders over Muslim mental health providers and experts in their community.

Conclusion

Working within a diverse American Muslim community, the CR model was applied to assess the community’s readiness for addressing and preventing CSA. This study adds to the literature by applying a unique approach of triangulating traditional CR assessment with CGT analysis of in-depth interviews, allowing for more nuanced understanding of the barriers within and the interactions between the dimensions. This method is especially useful for issues that may have very low CR and community resistance, requiring a more in-depth understanding of each CR dimension in order to determine the best opportunities for improving them and increasing the community’s CR stage.
CHAPTER SEVEN: DISCUSSION AND PUBLIC HEALTH IMPLICATIONS

Purpose of the study

Child sexual abuse (CSA) is widespread and occurs in every community and across all ethnic, socioeconomic, and religious groups with detrimental psychological, behavioral, and physical health consequences for victims (Chen et al., 2010; Dube et al., 2005; Maniglio, 2009), along with sociopolitical and economic impacts for families and communities (Letourneau et al., 2018). Recognizing its significant consequences, a public health approach asserts that CSA and its consequences can be effectively prevented by targeting evidence-based risk and protective factors, through collaboration at multiple socio-ecological levels (Wurtele, 2016).

Over three decades of research on CSA have established that CSA perpetration is heterogeneous and multifaceted, occurring at the complex interaction of multiple socioecological levels of risk and protective factors (Black et al., 2001; Clayton et al., 2018; Finkelhor & Baron, 1986; McLeroy et al., 1988; Sedlak, 1997; Wurtele, 2016). Lessons from public health interventions demonstrate that community programs must be both culturally appropriate and community specific to be effective (Bender & Clark, 2011; Castro et al., 2010; Resnicow et al., 2000). Generic prevention efforts that ignore cultural differences in attitudes and beliefs are likely to fail or even have detrimental effects (Edwards et al., 2000; Sawrikar & Katz, 2018a; Thurman, Edwards, et al., 2003).
The overarching goal of the current research was to determine key opportunities for prevention of CSA in a diverse American Muslim community. This goal was pursued through exploring community members’ meaning-making patterns related to CSA occurrence in their community, their responses to finding out about CSA, and the community’s stage of readiness and barriers to addressing CSA. Through a critical theory lens, additional emphasis was placed on attending to the community contexts of culture, religion, and sociopolitical experiences as they relate to societal norms and systems of power.

This study differs from existing literature in the following ways: (1) it responds to calls for understanding CSA from an ecologically focused, public health, systems-based perspective; (2) it serves to center community members’ voices using a community-based and strengths-based approach; (3) the community of study is defined primarily by their religious identity and geographic location, rather than by a specific ethnicity; (4) it purposefully sought out ethnically diverse participants to explore a range of perspectives.

**Combined Model for Understanding CSA in a Diverse American Muslim Community**

Constructivist grounded theory (CGT) analysis of 22 in-depth interviews with diverse American Muslim community members, religious leaders, topic experts, community organizers, and CSA survivors resulted in several theoretical models that, combined, provide a framework for understanding and preventing CSA in a diverse American Muslim community. Illustrated in Figure 7.1, the combined model uses a common public health analogy of a tree, useful for illustrating the risks and contributing factors of an issue through consecutive “why” questions in the search for the most
effective points of intervention. The tree’s canopy of leaves represents the appearance of
the issue in the community as seen by an observer while closer examination reveals the
visible supporting structures of the branches and trunk and the invisible root-soil system
vital to the tree.

Exploring participants’ meaning-making patterns of CSA (Figure 7.1-A) revealed
how the “soil” of societal norms of power, control, and desire permeate a community’s
contexts or “roots” in culture, religious interpretation, and sociopolitical experience,
which are then expressed in multi-level structures, such as media, institutions, and
families, and which in turn reinforce the existing societal norms. In the analogy, CSA
perpetration is the “core” trunk of the tree that arises from the root-soil system, that is, the
context-specific system (Figure 7.1-A).

Similar to existing literature and efforts focusing on victimization prevention,
participants’ meaning-making patterns often emphasized situational factors that they
perceived as increasing the “opportunity for abuse” (Figure 7.1-B). These factors –
“trusting too much,” “not talking about sex,” and “no clear boundaries” occurred across
and within three socioecological levels – individual, interpersonal, and institutional, and
they are also affected by the context-specific root-soil system. These situational
opportunities are like rings of bark that surround and shield the core trunk of CSA
perpetration in that they can often be perceived as the “causes” of CSA, thereby
detracting attention and efforts from the true root causes.

Using the community-readiness model, this study determined that the
community’s resistance towards addressing CSA is centered around “leadership
gatekeeping,” driven by the shared community environment of “pervasive
misperceptions,” “fear, denial, and hopelessness,” “nowhere to go,” and “resource allocation” (Figure 7.1-C). Representing the branches from the tree trunk, these community-level barriers arise from a combination of the context-specific root-soil system and community perceptions of situational “opportunities for abuse” and go on to influence the canopy of leaves (i.e., responses to CSA disclosure).

As evidenced in the participants’ data, the most visible aspect of CSA occurrence in this community is the responses to disclosure of CSA (i.e., the canopy of leaves), including a range of supportive and unsupportive responses, and also those stuck-in-between (Figure 7.1-D). Supportive responses include empathizing, reassuring, and validating the victim, prioritizing the victim’s needs, seeking others’ help, and holding the abuser fully responsible. Unsupportive or harmful responses include dismissing, minimizing, or hiding the abuse, making excuses for the abuser, shaming, blaming, or accusing the victim, and supporting or protecting an abuser. Through examining the disclosure responses and questioning why community members respond in certain ways, many deeply ingrained rationalizations emerged (detailed in Chapter 4), which represent the tree branches holding up the canopy of leaves. Importantly, this study found that in this community, the rationalizations are also fed by the same context-specific root-soil system that is commonly acted upon by the societal norms of power and control.

Just as fallen leaves provide nutrients for the soil, when harmful responses, rationalizations, and community readiness barriers are prominent in a community, they provide feedback to the context-specific root-soil system, thereby further feeding the core trunk of CSA perpetration, in a reinforcing loop.
Figure 7.1: Combined Model for Understanding CSA in a Diverse American Muslim

STUCK IN BETWEEN

Supporting, protecting abuser
Shaming, blaming, accusing victim
Making excuses for abuser
Dismissing, minimizing, hiding
Empathizing, reassuring, validating
Prioritizing child’s needs
Seeking others’ help
Holding abuser fully responsible

Fear, denial, hopelessness
“Nowhere to go”
Pervasive misconceptions
“Gatekeeping”
Allocation & utilization

“Opportunity for abuse”
“Trusting too much”
“No clear boundaries”
“Not talking about sex”

MULTI-LEVEL STRUCTURES

CULTURAL INFLUENCES
RELIGIOUS INTERPRETATION
SOCIOPOLITICAL OPPRESSION

“In control”
“Out of control”

SOCIETAL NORMS

Fig. 1-A: Context-Specific System

Fig. 1-B: Situational Factors

Fig. 1-C: Community Readiness Barriers

Fig. 1-D: Responses to Disclosure
The processes illustrated by the model can be further understood by using an example to trace disclosure of an incident of CSA from the leaves to the root-soil system, see Table 7.1.

**Table 7.01: Example Using the Combined Theoretical Model**

<table>
<thead>
<tr>
<th>Why did the mother respond that way?</th>
<th>The rationalization might have been that her daughter’s “reputation would be ruined” if the incident were exposed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why did the mother use that rationalization?</td>
<td>The mother was influenced by “pervasive misconceptions” about the process of CSA and “fear and hopelessness”, community barriers to understanding CSA.</td>
</tr>
<tr>
<td>Why are misconceptions, fear, and hopelessness prevalent in the community?</td>
<td>This community environment preventing effective response to CSA arises from the same context specific system that cultivates CSA perpetration.</td>
</tr>
<tr>
<td>Why does CSA happen and why does it remain hidden?</td>
<td>Because there are multilevel structures such as families and institutions supporting it.</td>
</tr>
<tr>
<td>Why do multilevel structures support it?</td>
<td>Because they rely on cultural influences and religious misinterpretations or fear of sociopolitical oppression.</td>
</tr>
<tr>
<td>Why have supportive cultural influences and religious misinterpretations developed to support CSA perpetration?</td>
<td>Because the soil of societal norms with implicit messages about hegemonic masculinity permeates and negatively influences the community’s contexts.</td>
</tr>
</tbody>
</table>

In this manner, the model shows how the context-specific system feeds the structure of the tree from the roots to the leaves.

**Situating Results in the Existing Literature**

Substantial progress has been made in the existing CSA literature towards understanding the situational processes around CSA occurrence and disclosure, such as characteristics of victims and offenders, CSA event characteristics, victim-offender
relationship, and disclosure processes and barriers. However, much of the existing research is from the lens of service-providers and therefore focuses on individual-level processes, rather than the public health ecological approach examining multi-level processes and structures in order to guide primary prevention. Furthermore, while CSA occurs in all communities, CSA research among ethnic and religious minoritized communities is substantially under-developed. Although we found no prior studies examining CSA or its prevention in American Muslim communities, several studies have discussed experiences of sexual violence within specific ethnic minoritized communities in the U.S., Canada, U.K., or Australia, such as South Asian (Ahmed et al., 2009; Gilligan & Akhtar, 2005b; Kanukollu & Mahalingam, 2011; Reavey et al., 2006; Robertson et al., 2016; Singh et al., 2010; Tummala-Narra et al., 2015) or Arab (Alyan, 2014; Haboush & Alyan, 2013; Timraz et al., 2019) ethnic communities. Below we discuss how our research confirms, differs, and adds to the existing relevant literature.

i. **Misrepresentation of culture and religion within sociopolitical contexts**

The majority of the existing literature on ethnic minoritized communities does not differentiate between culture and religion, with some studies not collecting the religious identity of the participants, and other studies conflating participants’ cultural and religious identities and experiences. On the other hand, when religion and culture are specifically discussed, they are often misrepresented as antecedents to abuse that are exclusively attributed to minoritized, racialized communities (Dustin, 2016; Salter & Dagistanli, 2015). Recently, many authors have discussed the severely damaging and far-reaching consequences of racial stereotyping through the “Muslim grooming gangs’ narrative” in “popular and political discourse in the UK” (Cockbain & Tufail, 2020).
Using the UK example, Dustin succinctly concludes: “when minorities are involved in gender-based violence, whether as victims or perpetrators, culture is problematized rather than [hegemonic] masculinity in a way that is unhelpful in preventing these crimes” (2016, p.51).

This racial stereotyping and over-attribution of sexual violence to minoritized Muslim communities must be explicitly situated within the long-standing sociopolitical contexts of anti-Muslim racism and gendered Islamophobia (Bhattacharyya, 2009), where “Muslim men have been stereotyped as both religiously fanatical and prone to committing violent, sexual acts motivated by a patriarchal, misogynistic culture and backward, barbaric religion” (Cockbain & Tufail, 2020, p.5). Through “deviance amplification” and culturalist understandings of CSA, the racial Orientalist stereotyping of Muslims is exacerbated and weaponized against Muslim communities towards advancing narratives for political gain and the “Islamophobia industry” (Bhattacharyya, 2009; Cockbain & Tufail, 2020; Hall et al., 2013).

Importantly, these racial stereotypes have significant consequences for CSA prevention. The following are three relevant consequences that are also confirmed by our study’s findings. First, solely culturalist understandings of sexual violence result in communities failing to acknowledge CSA occurring within their own community. This may be ethnic-majority communities perceiving CSA as only in ethnic-minorities, or ethnic-minorities perceiving CSA as “not in their community,” as was apparent in our study. Additionally, interventions rooted in these “culturalist” perspectives of CSA are more often geared towards teaching the “others” how to be “civilized,” than “any meaningful anti-violence objective” (Razack, 2004, p.131), and result in further
demonization of entire communities. Finally, our study’s results of community-readiness barriers of fear and meaning-making pattern of sociopolitical oppression provide additional evidence that racial stereotyping results in hindering “the capacity of minority groups to discuss preventing sexual abuse without fueling racist stereotyping and scapegoating” (Cockbain & Tufail, 2020, p.22).

American Muslims are among the most ethnically diverse and fastest growing community in the country (Mogahed & Chouhoud, 2017; Younis, 2009). The academic literature often incorrectly equates American Muslim with American Arab or South-Asian, despite the majority of these ethnic groups in the U.S. not identifying as Muslim. When American Muslims are studied by their ethnicity or country of origin subgroup, the full picture of American Muslims is not represented, with African American Muslims, convert Muslims, and second or third generation Muslims often being excluded. With no single racial or ethnic group comprising the majority of American Muslims (Pew Research Center, 2017), the diverse demographic composition of each specific community should be attended to in research and intervention planning.

In our research situated in a diverse American Muslim community, participants frequently brought up “cultural influences” and “religious interpretation” during their interviews, specifically dissociating culture and religion as it related to their personal, family, and community experiences (see Chapter 5). In general, for these diverse American Muslims, “culture” referred to the customs, traditions, and attitudes associated with their ethnic group, while “religion” referred to their faith/belief, worship, and morals/spirituality incorporated into all aspects of daily life. These findings highlighted a unique aspect of conducting research in a diverse American Muslim community in that
their experience with multiple ethnicities allows them to observe and compare behaviors, eventually determining which are based in “culture” or “religion.”

For the above reasons, it was crucial for this study to address the existing literature gap through explicitly and respectfully differentiating culture, religion, and sociopolitical contexts to ensure each influence is neither ignored nor falsely attributed blame. Resulting from the in-depth analysis of participants’ meaning-making patterns, the relationship of these three contexts situated within societal norms and affecting multi-level structures is illustrated in the context-specific system model (Figure 7.1-A).

ii. **Societal norms of hegemonic masculinity**

The findings of this study also build on broader sexual violence literature from religiously and ethnically diverse communities around the world, demonstrating that sexual violence does not occur in a social vacuum, but rather arises out of the social normalization of hegemonic masculinity, which is in turn embodied, reproduced, and maintained across all socioecological levels (Fulu et al., 2013; Jewkes, Flood, et al., 2015; Jewkes, Morrell, et al., 2015). In explicating how sexual violence lies at the “nexus of power and control,” Jewkes and Dartnall (2017) describe the following gender-based societal expectations as “drivers of male perpetration”:

> “women and girls under the control of men; that men have sex as a right within marriage; that women should not have sexual desires or a right to sexual pleasure; that when sexually aroused men cannot control themselves; and that women and girls are responsible for ensuring that they do not arouse inappropriate sexual desires in men.”

(Jewkes & Dartnall, 2017, pp. 493-494)

In our study, these concepts of hegemonic masculinity appeared in participants’ meaning-making patterns around societal norms of power (“in control”) and desire (“out of control”; Figure 7.1-A).
While our study explored community members’ meaning-making patterns of CSA, other global studies examining perpetrators’ explanations for sexual abuse have found similar significance of the gender-based expectations of power, control, and desire (Lekalakala, 2014; McKibbin et al., 2017), supporting the understanding that these societal norms of hegemonic masculinity extend beyond religious or ethnic minoritized communities.

Previous research often misrepresents or conflates aspects of hegemonic masculinity as being inherent within collectivist cultures (Haboush & Alyan, 2013; Kanukollu & Mahalingam, 2011; Simpson, 2020; Singh et al., 2010; Timraz et al., 2019). However, findings from our study illustrate the processes through which the societal norms of hegemonic masculinity permeate into and impact a community’s specific contexts of cultural influences, religious interpretation, and sociopolitical experience, resulting in multi-level structures that operate within communities (e.g., media, religious institutions, and familial structures). These structures in turn reinforce the existing societal norms, thereby creating the opportunities for and allowing CSA perpetration to continue.

The context-specific system model may also be applied to the issues of adult sexual and domestic violence as the societal norms of hegemonic masculinity are likely common drivers of these interrelated issues. For example, prior research on experiences of intimate partner violence and interpersonal violence among Muslim and ethnic minoritized communities (Afrouz et al., 2018; Ahmed et al., 2009; Alghamdi, 2018; Hassouneh-Phillips, 2003; Kulwicki et al., 2010; Milani et al., 2018; Ragavan et al., 2018), point to significant areas of overlap with our study’s context-specific system.
Further research in these related areas of interpersonal violence may help add additional dimensions, properties, and nuances to the context-specific system model developed from this research.

### iii. Cultural barriers to disclosure

Finally, with regards to the barriers to disclosure, a recent systematic review of 26 studies discussing culture and CSA disclosure found that certain barriers "transcended the cultural grouping of individuals" (Simpson, 2020, p.156). Specifically, these were: “code of silence, cultural shame, fear of the police or the justice system, family preservation, historical oppression and trauma, lack of resources, protection of the offender, fear of retribution, and gender roles” (Simpson, 2020, p.159). Although our study was not specifically examining the barriers to disclosure, many of these themes overlap with our study’s findings of rationalizations for harmful responses to disclosure, as well as the barriers to community readiness.

However, the majority of this CSA disclosure literature is situated at the level of individual and interpersonal domains, often examining the process from the perspective of survivors and reasons for their nondisclosure, as is most relevant to service providers. While confirming similar themes acting in this community, our study explored these from a public health lens, seeking to uncover the contexts from which the harmful rationalizations arise in order to determine specific opportunities for prevention.

**Key Opportunities for Prevention of CSA in a Diverse American Muslim Community**

**Community**

Over the last five years, CSA experts have increased calls for a systems-based and ecological public health approach to addressing CSA with sustainable prevention
approaches focusing on communities and targeting systems, structures, and policies, rather than individual constructs (Tabachnick et al., 2016; Wurtele, 2016). Additionally, CSA programs should move away from those that place responsibility on children for protecting themselves, towards a more proactive, engaged, and prevention-focused paradigm that places the responsibility of CSA prevention on adults, families, and communities (Rudolph & Zimmer-Gembeck, 2018; Tabachnick et al., 2016). Crucially, these calls do not appear to have reached research initiatives or programs developed for ethnic and religious minoritized communities.

Using the results of this study, the combined theoretical model, and the literature review on CSA occurrence, we identified three key opportunities for the prevention of CSA in this diverse American Muslim community; these are illustrated in Figure 7.2 and discussed in detail below. It should be noted that any effort within the following prevention opportunities must be suitable for the community’s level of readiness and framed using the community’s relevant priorities and ongoing discourse. For example, this community was found to be at a low stage of readiness, often denying CSA as a significant community issue and/or resisting efforts to address CSA. Therefore, rather than demanding that community members and leaders first admit CSA is a problem in the community, interventions should be framed as proactive prevention efforts that are situated in “true Islam,” seek to promote maintaining family ties, and protect our community’s children and reputation.
i. **Shift focus to primary prevention of CSA perpetration**

Since the 1970s, the majority of CSA prevention resources that have been developed have focused on “preventing victimization” – that is, educating children to protect themselves from sexually abusive behaviors through increasing personal safety knowledge and skills (Assini-Meytin et al., 2020; Rudolph & Zimmer-Gembeck, 2018;
Wurtele, 2016). However, recent critiques indicate a lack of evidence for the effectiveness of these common approaches in preventing CSA occurrence (Assini-Meytin et al., 2020; Rudolph & Zimmer-Gembeck, 2018; Wurtele, 2016), and instead indicate they should be reframed as interventions to “increase disclosure” (Rudolph & Zimmer-Gembeck, 2018). While it can be important to equip children with any and all knowledge and skills that can help keep them safe from victimization, it is also unfair and unethical to put the onus of responsibility in stopping CSA on potential child victims, rather than adults and the systems that perpetuate CSA, as illustrated in this study’s combined model.

Instead, public health CSA experts around the world are calling for primary prevention efforts to shift focus to “preventing perpetration” (Assini-Meytin et al., 2020; Cox et al., 2010; Fulu et al., 2013; Jewkes, Flood, et al., 2015). As demonstrated by our study’s model, it is critical for this approach to target the societal norms of hegemonic masculinity. However, despite their pervasiveness, the channels and structures through which hegemonic masculinity operates are specific to a community, and therefore require culturally and religiously responsive approaches. For example, generic “social norm changing” programs denouncing collectivist culture or attacking religious principles are inappropriate and likely cause unintended harmful consequences. To this end, our research provides a deeper understanding of the language, experiences, and patterns that diverse American Muslims use to explain constructs of hegemonic masculinity, as well as how these societal norms are channeled through cultural influences, religious misinterpretations, and sociopolitical oppression, and the multi-level structures, such as familial systems and media, through which they are reinforced.
Existing interventions that seek to prevent perpetration include: (1) community-level mobilization programs to change attitudes, norms, and behaviors of hegemonic masculinity; (2) programs working with men and boys to challenge toxic masculinity and stereotypes that justify violence; and (3) programs to assist in overcoming pornography addiction.

With regards to community-level mobilization, the *Enough Abuse Campaign* is an example of a well-known and effective statewide grassroots effort from Massachusetts that is grounded in the belief that communities can prevent CSA from occurring and can prevent the development of sexually abusive behaviors in the future (Schober, Fawcett, & Bernier, 2012). Their developed training curricula (e.g., *Strategies for Your Family and Community*) include education about the social norms associated with CSA occurrence. Additionally, the *Campaign* offers specialized trainings for parents and childcare professionals to appropriately identify and respond to signs of abusive sexual behaviors in older children (Gushwa et al., 2018). While such widespread community-level campaigns may not match the current community’s level of readiness, sharing the success and lessons from such programs with the “pioneering” community leaders can help address the community climate of “hopelessness,” demonstrate that preventing CSA perpetration is possible, and model primary prevention efforts from which aspects can be used for future planning.

With regards to interventions that engage men and boys in violence prevention, evidence points to the necessity of “gender transformative” programming (Barker et al., 2007; Jewkes, Flood, et al., 2015; Ruane-McAteer et al., 2020), which seek to question inequitable gender norms and explicitly address the harmful “norms, behaviors, and
relationships associated with ideals of manhood” (Jewkes, Flood, et al., 2015). Many variations of these programs exist in a wide range of global settings (Barker et al., 2007; Jewkes, Flood, et al., 2015; Ruane-McAteer et al., 2020), and some have demonstrated promising success in reducing perpetration of dating violence when respectful, non-violent relationships are modeled among young boys (Ligiero et al., 2019). Participants in our study also greatly emphasized the need for men and boys to be involved in CSA prevention and highlighted specific ways to promote gender-equitable work in American Muslim communities. For example, participants recommended engaging religious leaders and program experts to highlight gender-equitable stories present in agreed-upon religious texts and emphasize examples of healthy masculinity from traditional religious sources and question “outside” societal gender-inequities. As a note, while attempting to ensure programs are respectful of religious contexts, developers should be careful to not unintentionally reinforce negative social norms of manhood (Barker et al., 2007; Jewkes, Flood, et al., 2015).

Another related area for preventing perpetration is targeting aspects of media, as an identified multi-level structure that reinforces the societal norms. Research participants often associated the hyper-sexualization of children in media and pornography addiction with increasing hegemonic masculinity ideation and leading to CSA perpetration. Several reviews of sexual offending indicate that early exposure to pornography is a risk factor for perpetrating sexual violence, including CSA, and especially in adolescent offenders (Bergen & Bogle, 2000; Foubert et al., 2019; Layden, 2010; Seto & Lalumiére, 2010; Wright et al., 2016). A media campaign in Germany, *Prevention Project Dunkelfeld*, has shown success in reaching potential offenders.
searching for pornography online and enrolling them in services to help control their sexual interests (Beier et al., 2009a, 2009b). In American Muslim communities, efforts to address pornography addiction have also begun, for example *Purify Your Gaze*, which consists of online classes, recorded lectures, live sessions, and tools to monitor progress. Research is needed to evaluate the effectiveness of these programs and their effect on the primary prevention of CSA perpetration.

**ii. Model safe institutions (contextual safeguarding)**

Children and adolescents are especially vulnerable to CSA within the institutions where they spend time, whether child-care, schools, sporting, religious, or other youth-serving organizations. Specific to these contexts, a new approach of “contextual safeguarding” developed by Firmin (2017, 2018, 2020) in the U.K. provides community and policy guidance for how structures, places, and practices can be modified to reduce risks and promote child safety, particularly in extra-familial situations.

In our study, participants had prominent meaning-making patterns representing situational factors that affect the “opportunity for abuse,” and modeling safe institutions represents a type of intervention suitable for the community’s stage of readiness. Strategically leveraging the leadership’s interest in protecting families and the reputation of their community and institutions, emphasizing the necessity to prevent CSA and exemplify the best preventive institutional policies and procedures would fit within the existing sociopolitical context and should be presented in a religiously and culturally appropriate manner.

While the most common strategy employed at this level is criminal background checks, this approach is insufficient since, due to reasons elaborated in this study, few
potential offenders have a criminal background (Wurtele, 2012). As a more effective intervention, Wurtele (2012) and colleagues developed a comprehensive multi-layered model for CSA prevention in institutions, establishing formal structures (comprehensive policies and procedures), informal structures (training, monitoring, and supervising staff), and an organizational culture of prioritizing child safety and protection above the reputation of the organization or staff (Wurtele, 2012). Most recently, institutional CSA experts from the U.S. and Australia have published a detailed desk guide for organizational leaders guiding the prevention of CSA in youth-serving organizations (Letourneau et al., 2020). Some organizations have additional beneficial policies to limit physical access to children, such as the Boy Scouts of America requiring the presence of two adults as well as a prohibition from transporting children alone (Wurtele, 2016). Several institutions have shown positive outcomes from implementing employee training using programs such as Stewards of Children (Letourneau et al., 2016; Rheingold et al., 2015; Taylor & Harris, 2018) or Enough! Preventing Child Sexual Abuse in My School (Gushwa et al., 2018).

Another part of contextual safeguarding to reduce the opportunities for abuse is the role of capable community guardians in keeping children safe from CSA, which may include parents, teachers, or other adults supervising children. Researchers have shown that proactive and involved guardians with appropriate levels of monitoring are associated with fewer opportunities for children to be approached, groomed, or sexually abused by potential offenders (Leclerc et al., 2011; Rudolph et al., 2018). When parents and guardians are appropriately aware and educated about the risks and risk factors of CSA, they reinforce personal safety skills for their children and act as gatekeepers to
decide with whom their child spends time alone (e.g., screening substitute caregivers; Mendelson & Letourneau, 2015; Rudolph et al., 2018).

iii. **Improve supportive response pathways**

Our research showed a spectrum of responses and examined the rationalizations leading to harmful responses. Tertiary prevention efforts to improve responses to disclosure that are culturally and religiously appropriate as well as community specific should include collaboration with community members to develop programming that specifically targets the prevalent harmful rationalizations and is grounded in existing positive community values and religious concepts, to provide contextualized counter-messaging for harmful rationalizations (as detailed in Chapter 4). The Spectrum of Responses model developed can be a useful tool to guide discussion in determining a community’s context-specific rationalizations associated with each supportive and harmful response, leading to the development of more tailored, community grounded interventions.

As evidenced in the literature, providing more supportive responses to disclosure, both in the immediate and long term, can mitigate the consequences of CSA on the victim and promote healing and is thus consistent with tertiary prevention. Community interventions should emphasize that responses to CSA disclosures have the “power to assist victims with recovery or to further traumatize them” (Lovett, 2004, p.355). Since disclosure is often an iterative, interactive, and life-long process, there remain continuing opportunities for providing supportive responses to promote positive outcomes (Reitsema & Grietens, 2016). Additionally, fostering a supportive parent-child relationship with improved communication about all issues, including healthy sexuality, increases the
likelihood of early CSA disclosure and is crucial in promoting resilience among victims (Mendelson & Letourneau, 2015; Rudolph et al., 2018; Wurtele & Kenny, 2010).

Based on the results in this diverse American Muslim community, interventions should include recognition of the prevalent phenomenon of “stuck in between” in which the perceived need for evidence traps the responder in a state of inaction. This “stuck in between” experience is heightened by the substantial roadblocks towards seeking justice and the absence of clear and safe accountability pathways. Based on these findings, messaging should focus on differentiating the necessary immediate survivor-centered supportive responses from the action steps needed to hold abusers accountable in an “unjust” justice system.

The intervention could consist of presentations and workshops for families, community members, and leaders arranged to provide information about the CSA processes, its consequences, and the healing effect of appropriate supportive responses to the victims (Reitsema & Grietens, 2016). The informational session should address the pervasive misconceptions about CSA and could be followed by a religious scholar presenting religious proofs to clarify misused concepts and debunk the harmful rationalizations. Such interventions should occur in collaboration with local CSA experts to simultaneously provide training in supportive survivor-centered language and responses.

Limitations

Due to the sensitive nature of CSA, lack of prior research, and barriers to community access, the goal of this exploratory study was not to obtain a representative sample for purposes of generalization, but rather to gather a diverse sample capturing a
range of perspectives of American Muslim community members and leaders. Nevertheless, based in rigorous qualitative methodology, the key findings and theoretical framework from this study are largely transferable to other diverse American Muslim communities with similar contexts.

A limitation of this study was that most of the participants were snowball recruited through community faith-based organizations (FBOs; e.g., mosques, women’s organizations, schools). Also, almost all participants stated religion was “very important” to their daily life. Therefore, this excluded an important part of the American Muslim community that is not connected to FBOs, or those that may not consider religion as important in their daily life. This limitation was acknowledged at the onset of the study and was purposeful since the aim of this exploratory research was to find prevention opportunities that could be implemented through FBOs.

Another limitation to consider is participant self-selection bias. Several community members who declined to participate in the study often cited CSA not being a significant issue in the community. Additionally, while the participant sample was diverse in race, ethnicity, and generation (i.e., first, second, third generation immigrant), community members with less than a college education and recent immigrants were not represented. In attempting to specifically recruit from these categories, English-proficiency and a self-perceived “lack of knowledge” about CSA often prevented participants from agreeing to interviews. Although we believe these community members’ experiences are represented in the resulting theoretical framework (due to participants’ observations of them), future research should prioritize representing these
community members’ own voices through additional methods (e.g., photovoice, use of interpreters).

Another consideration when interpreting the results is that the interviewer may have been perceived as an “insider” to some participants and an “outsider” to other participants depending on language and ethnicity factors. In general, religious leaders were, understandably, more cautious of the interviewer with one participant questioning if there were any connections to “the government” and another participant providing answers similar to those given to a reporter (despite informed consent procedures, clarification of confidentiality, and recruiting through trusted channels).

This study did not attempt to specifically determine time-based processes or temporal relationships and instead focused on an analytic snapshot of the community’s current meaning-making, responses, and readiness to change. It is important to recognize that many factors contributing to the participants’ lived experiences as well as notable community events were not explicitly addressed in this study. For example, during later rounds of interviews, new developments were occurring in the community, nationally, and globally, such as the COVID-19 pandemic, lockdown during Ramadan, the George Floyd protests, and a new SomaliMeToo movement. These also affected the study methods in that some data collection was cut short and the originally planned community discussion groups were unable to take place. Instead, several participants (n=7) were contacted for member-checking of the model, discussion of findings, and next community action steps.
Future Directions

While significant research exists on the individual-level risk factors, situational characteristics, and victim-offender relationship related to CSA cases, there is much less research on multi-level structures and community-level processes related to primary prevention of CSA. Additionally, there is even less research on CSA prevention in ethnic minoritized and American Muslim communities. This study represents one of the first studies exploring CSA in a diverse American Muslims and provides direction for future research questions:

1) In what ways do various aspects of the combined theoretical framework (i.e., meaning-making patterns, disclosure responses, rationalizations, community-readiness) differ across various sub-community characteristics (i.e., ethnicity, race, socioeconomic, religious sect, immigration status)?

2) How do American Muslims’ meaning-making patterns differ across varying CSA event-related characteristics (e.g., abuse type, victim or abuser age, intrafamilial/extrafamilial)?

3) What are the reasonings and processes through which community members prefer to seek out religious leaders over Muslim mental health providers and other local experts? What factors can promote successful partnerships between religious and topic experts in diverse American Muslim communities?

4) Are there examples of communities that have been successful at separating the influence of societal norms of hegemonic masculinity from their multi-level structures through leveraging the strengths within community contexts of culture, religion, and sociopolitical reputation?
Significance and Conclusion

This study represents the first exploration of how a diverse American Muslim community makes meaning of and responds to CSA occurrence, seeking to attend to the specific contexts relevant to the community members, in order to develop culturally appropriate and community-specific interventions to prevent CSA perpetration. The model resulting from the study (Figure 7.1) contributes to the literature by demonstrating how situational factors affecting CSA occurrence interact across socioecological levels and are embedded in a context-specific system consisting of an amalgamation of societal norms, cultural influences, religious interpretations, sociopolitical experiences, and multi-level structures.

Whereas the existing sexual violence literature conflates pervasive societal norms of hegemonic masculinity with aspects of religiosity or with collectivist culture, by centering diverse American Muslim voices, this study disentangles religion and culture as distinct community contexts, each with its own properties and dimensions. Thus, instead of condemning a community’s cultural ideals and religious values, our combined model illustrates that societal norms of hegemonic masculinity are the root cause of CSA perpetration that permeate and negatively influence the community contexts. The model further illustrates the interactive connection of these community contexts and their operation through and perpetuation by structures and systems at multiple socioecological levels, returning in feedback loops to reinforce the existing societal norms.

The resulting theoretical model therefore signifies a new practical contribution to the literature by mapping separate potential intervention pathways that target the societal norms of hegemonic masculinity and the reinforcing structures, while still attending to
the community’s cultural, religious, and sociopolitical contexts in a respectful and uplifting way. The implication of this model is that it is possible for a community to free themselves from the pervasive societal norms of hegemonic masculinity while protecting their valuable cultural and religious identities, thereby providing a basis for reforming aspects of multi-level structures, and ultimately creating a community free of CSA perpetration.
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PREAMBLE CONSENT

Preamble Consent for Interviews

You are being invited to participate in a project to understand how to prevent child sexual abuse in the American Muslim community. Your participation will involve completing a short survey and answering questions in one or two interviews. This study is conducted by Dr. Rishya Kakar and Dr. Ryan Combs of the University of Louisville.

The survey, which will be completed at the beginning of our meeting, will take approximately 10 minutes and the interview will last for approximately 60 minutes. You may be asked to participate in a second, shorter interview over the phone that will last approximately 30 minutes. You will also be given the option to participate in a community discussion group to develop a community plan for preventing child sexual abuse.

There are no more than minimal risks for your participation in this research study. The information collected may not benefit you directly. The information learned in this study may be helpful to others. The information you provide will help the researchers know more about how child sexual abuse is understood in the community and ways to work on preventing sexual abuse in children.

Your responses during the interview will be audio-recorded. The information you give us, including your completed survey, the audio recording, and the transcript of the interview, will be stored in a secure location with the co-investigator. Individuals from the Department of Health Promotion and Behavior, the Institutional Review Board (IRB), the Human Subjects Protection Program Office (HSPP), and other regulatory agencies may inspect these records.

Measures will be taken to ensure your identity is kept confidential, to the extent permitted by law. If used for presentations or publications, the information that you provide will be presented without your identity (i.e. confidential). If you discuss an instance of ongoing child abuse, the researcher may report this to the appropriate authority and will provide you with information on how to report the abuse for further investigation and to prevent ongoing harm to the child.

Taking part in this study is voluntary. By answering questions on the initial survey, you agree to take part in this research study. You do not have to answer any questions that make you uncomfortable. You may choose not to take part at all. If you decide to be in this study, you may stop taking part at any time. If you decide not to be in this study or if you stop taking part at any time, you will not lose any benefits for which you may qualify.

If you have any questions, concerns, or complaints about the research study, please contact: Dr. Rishya Kakar at 316-518-3409. If you have any questions about your rights as a research subject, you may call the Human Subjects Protection Program Office at (502) 852-5188. You can discuss any questions about your rights as a research subject, in private, with a member of the Institutional Review Board (IRB). You may also call this number if you have other questions about the research, and you cannot reach the research staff, or want to talk to someone else. The IRB is an independent committee made up of people from the University community, staff of the institutions, as well as people from the community not connected with these institutions. The IRB has reviewed this research study.

If you have concerns or complaints about the research or research staff and you do not wish to give your name, you may call 1-877-852-1167. This is a 24-hour hot line answered by people who do not work at the University of Louisville.

Sincerely,

Ryan Combs, PhD, MPH
Investigator

Rishya Kakar, MD, MPH
Co-Investigator

CSA Prevention
Version 2 – 09/23/19
## DEMOGRAPHIC QUESTIONNAIRE

**Short Questionnaire**

1. What is your age?

2. What do you consider to be your ethnic background? (you may select multiple)
   - Somali
   - Other African
   - Black/African American
   - South-Asian
   - Arab
   - Hispanic/Latino
   - East European
   - White American
   - Other

3. Were you born in the U.S.?
   - [ ] Yes
   - [ ] No

4. Were either of your parents born in the U.S.?
   - [ ] Yes
   - [ ] No

5. How long have you lived in the U.S.?

6. How long have you lived in the Twin Cities?

7. What is your marital status?
   - [ ] Single
   - [ ] Married/partnered
   - [ ] Divorced/separated
   - [ ] Widowed

8. Do you have children?
   - [ ] Yes
   - [ ] No

9. What are their ages?

10. What is your level of education?
    - [ ] Less than high school diploma
    - [ ] High school diploma or equivalent
    - [ ] Some college
    - [ ] Bachelor's Degree
    - [ ] Some graduate training
    - [ ] Master's Degree
    - [ ] Doctoral Degree

11. Have you received formal Islamic education? If yes, please describe.
    - [ ] Yes
    - [ ] No

12. Have you received training in mental health or counseling? If yes, please describe.
    - [ ] Yes
    - [ ] No

13. How important is religion to your daily life?
    - [ ] Very important
    - [ ] Somewhat important
    - [ ] Not too important
    - [ ] Not important at all

14. Do you feel you a sense of belonging to a mosque or other Muslim center in the community? If yes, which one?
    - [ ] Yes
    - [ ] No
Opening Statements
Asalamu’alaikum, my name is Rishtya Kakar and I am a PhD student in public health. Thank you so much for agreeing to be interviewed for this project. I am interviewing members and leaders from our community to discuss issues of child sexual abuse. This interview will last approximately 60 minutes. Before we start, I would like to make sure you fully understand and consent to the process.

I will be audio recording this interview and taking some notes. The audio recording will be typed up exactly like I hear it from today. All recordings and typed notes will be kept on a password-protected computer and I will remove any information that could identify you so that this process remains confidential.

During this interview, when I refer to “the issue” I am talking about child sexual abuse and when I refer to “our community” I am asking about the Muslim community in the Twin Cities.

Please remember I want you to feel comfortable and safe throughout this interview. You do not have to answer any question that you do not want to. If at any time you feel uncomfortable (triggered, or upset), let me know and we can take a break, skip the question, or stop completely.

Do you have any questions or concerns before we begin?

In-Depth Interview Questions

1. Tell me about the Muslim community you belong to in the Twin Cities.
   a. What are some strengths/positive aspects of your community?
   b. Tell me about your current roles in our community.

2. In your own words, how would you describe/define child sexual abuse?
   a. Prompt if needed: How would you define a “child”?
   b. Prompt if needed: What acts would you consider to be included or not included? (i.e., intercourse, contact, non-contact, pornography)
   c. Who do you think are the most common types of people who commit child sexual abuse? (i.e., family, community members, strangers, friends, other children/adolescents)

3. What are the effects/consequences of child sexual abuse?
   a. Prompt if needed: Do you think it affects the child’s mental health, physical health, school performance, family relationships, child’s behavior, religiosity? In the short-term or long-term?
   b. Do you think it also affects the family, community, society? How?

4. What are some of the factors/reasons that may lead to child sexual abuse?
   a. Are some children more at risk than others? What circumstances/characteristics that might put some children more at risk than others?
   c. In your view, what responsibility, if any, does the child hold?

5. What are your thoughts on child sexual abuse occurring in the American Muslim community? (Or: Do you think child sexual abuse is an issue in the American Muslim community in general? Why or why not?)
   a. How would you compare our community to other communities on the issue of child sexual abuse?
   b. Do you perceive members of your congregation/school/organization to be at risk? Tell me more about why you feel that way.
   c. What factors contribute to differences between child sexual abuse in our community versus other communities (the general public)?
   d. If it was found that our community had a lower rate of child sexual abuse than the general public, what would be your response? In your opinion, what factors in our community would lead to less child sexual abuse?
   e. If it was found that our community had a higher rate of child sexual abuse than the general public, what would be your response? In your opinion, what factors in our community would lead to more child sexual abuse?

6. In your opinion, is there a relationship between child sexual abuse and…
   a. …a family’s culture/ethnicity? (immigrant vs. non-immigrant; country raised in?)
   b. …socioeconomic status (education, poverty)
   c. …religion/religiosity? (first ask them to define religiosity)
   d. …cultural/religious roles of men & women; men’s attitude to women,
   e. …sex education/awareness/talking about the issues/stigma of sex
   f. …haya, modesty, segregation
   g. …pornography, movies, media (sexualization of children)
7. Have you heard/discussed about child sexual abuse in religious settings?
   a. Have you heard/discussed about child sexual abuse in these settings?
   b. In your opinion, what is/should be the role/position of religious leaders and institutions (imams and mosques) in dealing with child sexual abuse?
   c. What would be a Quranic response to child sexual abuse?
   d. What would the prophetic response be to child sexual abuse? (or the sahabas?)

8. If a child experiences any type of sexual abuse, who should they tell?
   a. What do you think prevents children from telling?
   b. If a child tells his/her mother that someone is touching them inappropriately, what do you think the mother should do? What would a typical mother in our community actually do?
   c. What circumstances/factors would affect this? (e.g., culture, honor, severity of abuse, etc.)
   d. What if the suspected person is: within the family; a close family friend; respected in the family/community?

9. Do you know of anyone within our community who has experienced or been affected by child sexual abuse?
   a. Would you like to share your thoughts/feelings/responses towards the cases you know of?
   b. If you are completely comfortable with sharing, I would like to give you this opportunity to share if you have been personally affected by child sexual abuse. (either own experiences or close family/friend?)

10. In your community role, do people approach you to deal with issues of child sexual abuse?
    a. Could you walk me through what you do/did? (i.e., why suspecting, confirming, reporting, counseling, referring, protecting, preventing, following up)
    b. What would you do with a “rumor” that someone in your congregation/school/community/family has been sexually abused? How would you respond if you knew the person against whom the allegation was made?
    c. What would determine whether you would decide to report a suspected case of child sexual abuse? What would prevent you from reporting a suspected case of child sexual abuse?
       i. If you had to make a report, do you feel you this would be betraying your community or the family who came to you?
       ii. Is sexual abuse a “private matter” that should be dealt only within the family; or only within the elders/community leaders and should not be reported outside the community.
    d. In your role as _____, have you ever received training (informal or formal) regarding child sexual abuse? If yes, what kind of training (e.g., general information, recognizing CSA, reporting processes, counseling, treating, preventing, etc.) Where did you receive this from? Was it adequate?
    e. Could you explain your understanding of mandated reporting? Is this relevant to your role?

11. What are some possible prevention strategies we could implement in our community to protect children from CSA?
    a) By institutions (mosques, schools, community centers)
    b) By community members
    c) Within families, By individuals, Any others (e.g., policies, social norms)

12. Once a child has been abused, what are some possible ways we could help victims heal?
    a) By institutions (mosques, schools, community centers)
    b) By community members
    c) Within families
    d) By individuals
    e) Any others (e.g., policies, social norms)

Closing Statements
Thank you very much for your time and efforts in participating today. Along with the valuable information you provided today, I am also working on understanding how ready the community is to start making change.

At another time, would you be willing to answer some additional questions in a second much shorter interview (i.e. 20 – 30 minutes) over the phone?

If yes: Date _____________________ Time _____________________

May I contact you in the future if I need clarification or have further questions?
COMMUNITY READINESS ASSESSMENT

Community Climate: For the following questions, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

1. On a scale from 1-10, how much of a concern is child sexual abuse to our community with 1 being “not a concern at all” and 10 being “a very great concern”?
   - Can you tell me why you think it’s at that level?
2. How much of a priority is addressing child sexual abuse to our community?
   - Can you tell me what makes you think that?

Leadership: Now we are going to talk about how the leadership in our community perceives child sexual abuse. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

3. Using a scale from 1-10, how much of a concern is child sexual abuse to the leadership of our community, with 1 being “not a concern at all” and 10 being “a very great concern”?
   1. Can you tell me why you say that it’s a _____?
4. How much of a priority is addressing child sexual abuse to leadership, with 1 being “not a priority at all” and 10 being “a very great priority”?
   - Is there a difference among certain type of leadership (e.g., male vs. female, certain ethnic backgrounds, religious vs. community leaders)?
   - Can you explain why you say this?

Community Knowledge about CSA

5. Would you say that members in our community know nothing, a little, some, or a lot about each of the following related to child sexual abuse? (After each item, have them answer.)
   - Child sexual abuse in general;
   - The signs;
   - The causes;
   - The consequences;
   - How much child sexual abuse occurs in our community;
   - What can be done to prevent and respond to child sexual abuse;
   - The effects of child sexual abuse on family and friends?
6. What do you think are the misconceptions among our community about child sexual abuse, e.g., why it occurs, how much it occurs locally, or what the consequences are?
   - Are these misconceptions different among different groups of people?
7. Where do people in our community receive their knowledge about child sexual abuse from?

Resources for Efforts

8. I’m now going to read you a list of resources that could be used to address child sexual abuse in our community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address the issue?
   - Volunteers?
   - Financial donations from organizations and/or businesses?
   - Grant funding?
   - Experts?
   - Space?

Community Knowledge of Efforts: I’m going to ask you about current community efforts to address child sexual abuse. By efforts, I mean any programs, activities, or services in your community that are working on addressing child sexual abuse.

9. Do you know of any efforts in our community that address child sexual abuse?
   - Can you briefly describe each of these? (e.g., how long have they been going on, who do they serve)
   - About how many community members are aware of these efforts? (options: none, a few, some, many, or most)
   - Have heard of the efforts?
   - Can name them the efforts?
   - Know the purpose of the efforts?
   - Know who the efforts are for?
   - Know how the efforts work?
• Know the effectiveness of the efforts?

• **Why** do you think members of our community have this amount of knowledge?

• Are there **misconceptions or incorrect information** among community members about the current efforts? **If yes:** What are these?

10. **If no to #2:** Is anyone in our community trying to get something **started** to address child sexual abuse? Can you tell me about that?

**Community Climate (contd):** For the following questions, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

11. I’m going to read a list of ways that **community members** might show its support or lack of support for efforts to address child sexual abuse. Can you please tell me whether none, a few, some, many or most community members would or do show support in this way? Also, feel free to explain your responses as we move through the list. How many community members…

• At least passively support efforts without necessarily being active in that support?

• Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?

• Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)

• Are willing to pay more (for example, in taxes) to help fund community efforts?

12. About how many community members would **support expanding efforts** to address child sexual abuse? Would you say none, a few, some, many or most?

• How might they show this support? For example, by passively supporting or by being actively involved in developing the efforts?

13. Are there community members who **oppose** or might be against addressing child sexual abuse?

a. What types of organizations or people?

b. How would they show their opposition?

c. What may be some reasons for their opposition?

14. Are there ever any circumstances in which people in our community might think that this issue should be tolerated? Please explain.

**Leadership:** Now we are going to talk about how the leadership in our community perceives child sexual abuse. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

15. I’m going to read a list of ways that leadership might show its support or lack of support for efforts to address child sexual abuse. Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list. How many leaders…

• At least passively support efforts without necessarily being active in that support?

• Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?

• Support allocating resources to fund community efforts?

• Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)

• Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?

16. Are there leaders who are **supportive** of more efforts to address child sexual abuse in our community?

• How do they show this support? For example: by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?

17. Are there leaders who might **oppose** addressing child sexual abuse in our community?

• Why might that be?

• How do they show their opposition?
**TABLE A.1: COMPLETE DEMOGRAPHICS OF PARTICIPANTS (N = 22)**

*Table A.1: Complete Demographics of Participants (n = 22)*

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>15</td>
</tr>
<tr>
<td>Age</td>
<td>Mean: 37 years (SD 12)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Mixed ethnicity</td>
<td>4</td>
</tr>
<tr>
<td>Somali</td>
<td>5</td>
</tr>
<tr>
<td>Arab</td>
<td>5</td>
</tr>
<tr>
<td>South/Central Asia</td>
<td>4</td>
</tr>
<tr>
<td>African-American/Black</td>
<td>3</td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>2</td>
</tr>
<tr>
<td>Other (Hispanic, African, Asian)</td>
<td>3</td>
</tr>
<tr>
<td>Generation</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>9</td>
</tr>
<tr>
<td>Second</td>
<td>4</td>
</tr>
<tr>
<td>Third or higher</td>
<td>9</td>
</tr>
<tr>
<td>Time lived in US</td>
<td>Mean: 30 years (SD 9)</td>
</tr>
<tr>
<td>Since birth</td>
<td>11</td>
</tr>
<tr>
<td>At least half their life</td>
<td>11</td>
</tr>
<tr>
<td>Time lived in TwinCities</td>
<td>Range: 1-36 years</td>
</tr>
<tr>
<td>Since birth</td>
<td>4</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>10</td>
</tr>
<tr>
<td>Married or partnered</td>
<td>11</td>
</tr>
<tr>
<td>Divorced or separated</td>
<td>3</td>
</tr>
<tr>
<td>Have at least one child</td>
<td>12</td>
</tr>
<tr>
<td>No children</td>
<td>10</td>
</tr>
<tr>
<td>Number of children</td>
<td>Mean: 2.7 children</td>
</tr>
<tr>
<td>Age of child</td>
<td>Range: 0-34 years</td>
</tr>
<tr>
<td>Child under 18</td>
<td>8</td>
</tr>
<tr>
<td>Highest education completed</td>
<td>Number</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>College 1 - 3 years (Some college or technical school)</td>
<td>3</td>
</tr>
<tr>
<td>College 4 years (College graduate)</td>
<td>4</td>
</tr>
<tr>
<td>Some graduate school</td>
<td>2</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>8</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>5</td>
</tr>
<tr>
<td>Degree in Islamic Studies</td>
<td>6</td>
</tr>
<tr>
<td>Degree in counseling (social work, therapy)</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How important is religion to your daily life?</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>21</td>
<td>95%</td>
</tr>
<tr>
<td>Somewhat important</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Not too important</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Not important at all</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you feel a sense of belonging to a mosque?</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>73%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>18%</td>
</tr>
<tr>
<td>Other (third space)</td>
<td>2</td>
<td>9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finding Out About CSA</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Heard&quot; of case in community</td>
<td>19</td>
<td>86%</td>
</tr>
<tr>
<td>Disclosed to directly</td>
<td>17</td>
<td>77%</td>
</tr>
<tr>
<td>Identified self as Victim/Survivor</td>
<td>5</td>
<td>23%</td>
</tr>
</tbody>
</table>
### Table A.2: List of Interview Participants and Key Features

<table>
<thead>
<tr>
<th>#</th>
<th>Pseudonym</th>
<th>Participant Type</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Generation in U.S.</th>
<th>Heard of case/s in community</th>
<th>Has been disclosed to directly</th>
<th>Identified self as victim/survivor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yomna</td>
<td>religious leader</td>
<td>Female</td>
<td>Arab</td>
<td>At least third</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Khalid</td>
<td>religious leader</td>
<td>Male</td>
<td>Arab</td>
<td>First</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Marwa</td>
<td>topic expert</td>
<td>Female</td>
<td>Somali</td>
<td>At least third</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Hiba</td>
<td>topic expert</td>
<td>Female</td>
<td>South/Central Asia</td>
<td>Second</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Sumaya</td>
<td>topic expert</td>
<td>Female</td>
<td>Other</td>
<td>First</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Malik</td>
<td>topic expert</td>
<td>Male</td>
<td>African American</td>
<td>At least third</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Safa</td>
<td>community member</td>
<td>Female</td>
<td>Somali</td>
<td>At least third</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>Abdi</td>
<td>religious leader</td>
<td>Male</td>
<td>Somali</td>
<td>First</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Eman</td>
<td>community organizer</td>
<td>Female</td>
<td>Arab</td>
<td>Second</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>Salma</td>
<td>topic expert</td>
<td>Female</td>
<td>Arab</td>
<td>Second</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>11</td>
<td>Amina</td>
<td>religious leader</td>
<td>Female</td>
<td>Somali</td>
<td>First</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>12</td>
<td>Aliyah</td>
<td>community member</td>
<td>Female</td>
<td>African American</td>
<td>At least third</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>13</td>
<td>Yasir</td>
<td>community member</td>
<td>Male</td>
<td>South/Central Asia</td>
<td>Second</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>14</td>
<td>Hawo</td>
<td>community organizer</td>
<td>Female</td>
<td>Somali</td>
<td>First</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15</td>
<td>Linda</td>
<td>community organizer</td>
<td>Female</td>
<td>White American</td>
<td>At least third</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>16</td>
<td>Jamila</td>
<td>community member</td>
<td>Female</td>
<td>African American</td>
<td>At least third</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>17</td>
<td>Sophia</td>
<td>community member</td>
<td>Female</td>
<td>Other</td>
<td>First</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>18</td>
<td>Danyal</td>
<td>community organizer</td>
<td>Male</td>
<td>Other</td>
<td>At least third</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>19</td>
<td>Ashraf</td>
<td>community organizer</td>
<td>Male</td>
<td>South/Central Asia</td>
<td>First</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>20</td>
<td>Anum</td>
<td>topic expert</td>
<td>Female</td>
<td>South/Central Asia</td>
<td>First</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21</td>
<td>Suhaib</td>
<td>religious leader</td>
<td>Male</td>
<td>White American</td>
<td>At least third</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22</td>
<td>Mona</td>
<td>religious leader</td>
<td>Female</td>
<td>Arab</td>
<td>First</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
COMMUNITY READINESS STAGES

From Oetting, E., Plested, B., Edwards, R., Thurman, P., Kelly, K., & Beauvais, F. (2014). *Community readiness for community change* (L. Stanley, Ed. 2nd ed.). Tri-Ethic Center for Prevention Research, Colorado State University. (pp. 6)
CURRICULUM VITA

Rishtya Kakar
rishtya.kakar@louisville.edu

EDUCATION

Doctor of Philosophy (Ph.D.), Public Health Sciences – August 2021
Health Promotion and Behavioral Sciences, University of Louisville, Louisville, Kentucky

Master of Public Health (MPH) – May 2016
Health Promotion and Behavioral Sciences, University of Louisville, Louisville, Kentucky

Graduate Certificate in Core Public Health Concepts – December 2014
University of North Carolina, Chapel Hill, North Carolina

Educational Commission for Foreign Medical Graduates (ECFMG) – December 2013
Certificate for MD equivalency, Completion of Step 1, Step 2 CK, Step 2 CS

Bachelor of Medicine, Bachelor of Surgery (MBBS) – December 2012
Shifa College of Medicine, Islamabad, Pakistan

GRANTS AND AWARDS

Multicultural Association of Graduate Students (MAGS), Research Grant, University of Louisville, 2019
Graduate Student Council (GSC), Research Grant, University of Louisville, 2019
Excellence in Teaching, “Top 6 Faculty Favorite,” University of Louisville, 2017
Excellence in Health Disparities Research Award, Research! Louisville, 2017
Public Health Research and Practice Award, Research! Louisville, 2017
Delta Omega Associate (Beta pi) member, National Honorary Society in Public Health, 2016
Dean’s Scholar Award and Community Service Award, School of Public Health & Information Sciences, University of Louisville, 2016
SIGS Dean’s Citation, School of Interdisciplinary/Graduate Studies, University of Louisville, 2016
Public Health Masters Student Award, Research! Louisville, 2015
Out of State Merit Scholarship, University of Louisville, 2014 – 2015
First Place Poster Presentation, Shifa Scholars Research Program, Islamabad, Pakistan, 2012
First place, Merit Scholarship for Outstanding Academic Performance, Shifa College of Medicine, 2012
Five awards for Academic Excellence Distinction: in Pediatrics 2012, Community Medicine 2012, Ophthalmology 2011, Anatomy 2009, Shifa College of Medicine, Islamabad, Pakistan
RM Asia Scholarship Award, Kabul, Afghanistan, 2007
PUBLICATIONS


CONFERENCE ABSTRACTS


**Kakar R.** Johnson D. Scenario Analyses help undergraduate students develop an evidence-based public health perspective on emergent issues. Presentation, SOPHE conference, Columbus, OH, April 5, ‘18.


### RESEARCH EXPERIENCE

**University of Louisville, Health Promotion and Behavioral Sciences**, Louisville, Kentucky  
Research Assistant with Dr. Ryan Combs 2017 – 2018  
Used community-based participatory research (CBPR) methods to develop interventions addressing health inequities.

Student Researcher with Dr. Katie Leslie Aug – Dec 2015  
Designed and implemented first phase of needs assessment for an HIV pre-exposure prophylaxis clinic in Louisville consisting of a quantitative healthcare provider survey and qualitative key informant interviews.

Student Researcher with Dr. Ruth Carrico Mar – Jul 2015  
Designed and conducted a needs assessment of nutrition and food security among refugees resettling in Louisville, examining changes in dietary habits, using a tri-lingual illustrated survey and key informant interviews.

**University of Louisville, Division of Infectious Diseases**, Louisville, Kentucky  
Research Assistant with Dr. Julio Ramirez Jan – Jul 2015  
Assisted in clinical studies on community acquired pneumonia and healthcare-associated pneumonia.

**National Institutes of Health (NIH), Clinical Center**, Bethesda, Maryland  
Student Clinical Research Elective with Dr. David Lang Oct – Nov 2012  
Conducted literature review on immune deficiencies related to mycobacteria and BCG vaccine.

**Shifa College of Medicine, Community Medicine**, Islamabad, Pakistan  
Student Researcher with Dr. Saima Iqbal 2011 – 2012  
Designed and conducted study to assess disease trends and assess appropriate interventions to improve clinic utilization among an underserved community.

**World Health Organization (WHO)**, Disease Early Warning System, Kabul, Afghanistan  
Research Intern with Dr. Jawad Mofleh Jun – Dec 2008  
Collected and analyzed data on *Bordetella pertussis* cases from multiple national sources and compared case patterns with national immunization coverage using GIS mapping techniques.

**ACT Consortium**, London School of Tropical Medicine and Hygiene, Kabul, Afghanistan  
Research Intern with Dr. Toby Leslie Jul – Aug 2008  
Conducted literature review and developed the study design and research protocol for assessing use of substandard anti-malarial drugs in Afghanistan.

**Rabia Balkhi Women’s Hospital**, Kabul, Afghanistan  
Research Intern with Dr. Catherine Todd Jun – Jul 2008  
Assisted in interviewing couples to determine attitudes, decision-making, and barriers surrounding family planning, child spacing, contraceptive use.
TEACHING AND ADVISING EXPERIENCE

University of Louisville, Public Health Undergraduate Program Louisville, Kentucky
Instructor, Global Health (PHUN-410) Fall 2016 – 2017
Designed new course, including syllabus, all course materials, and assignments. Taught global health concepts through students role-playing of unique perspectives of various global health actors.

Used innovative activities to promote critical thinking; created digital e-learning modules for flipped classroom sessions; applied adult learning theory to actively engage students in the large gen-ed course; developed new honors level section of course.

Teaching Assistant, Introduction to Public Health (PHUN-101) Fall 2015
Graded assignments, maintained course on Blackboard, held office hours.

Teaching Assistant, Public Health Senior Capstone (PHUN-490) Fall 2015, Spring 2016
Mentored students through their capstone research experiences. Taught session on conducting background literature reviews.

Guest Lecturer, Global Health, Topic: Poliovirus in Afghanistan and Pakistan, Fall 2015

University of Louisville, Delphi Center for Teaching and Learning Louisville, Kentucky
Workshop Presenter 2017 – 2018
Quick start Guide: Easy to Use Active Learning Activities, Celebration of Teaching and Learning conference, February 9, 2018
Explore Five Collaborative Activities to Foster Student Engagement, October 23, 2017
Practical Active Learning Activities for Face-to-Face Courses, October 9, 2017.

SKILLS
Instructional technology: Blackboard, SoftChalk, iClicker, Respondus, Panopto, Tegrity, Prezi
Qualitative data analysis software: Dedoose, Atlas.ti, Nvivo, Maxqda
Quantitative data analysis software: SPSS, SAS, Microsoft Excel
Geographic information systems: ArcView GIS Mapping
Languages: native English speaker, fluent in spoken Pashto and Urdu.