

# Cultural Beliefs and Service Utilization by Battered Arab Immigrant Women

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This study examines the relationship between cultural beliefs and the utilization of services among Arab immigrant women. All participants ( $N = 67$ ) reported at least one act of partner abuse resulting in a consultation with various formal services. Significant correlations were found between the holding of traditional attitudes toward gender in general and wife battering in particular by the women and the utilization of formal mental ( $r = .32, p < .001$ ), social ( $r = .29, p < .05$ ), and legal ( $r = .38, p < .001$ ) services. The study's limitations, policy implications, and the impacts of 9/11 on the Arab immigrant community and on their use of services are discussed.

**Keywords:** *Arab immigrant women; cultural beliefs; partner abuse; services utilization*

## Introduction

The subject of American domestic violence invites much critical discussion; however, until recently, very little focus has been on this issue in relation to Arab immigrant women in the United States. According to a report on domestic violence by the Arab Community Center for Economic and Social Services (ACCESS) in Dearborn, Michigan, 28% of arrests for acts of domestic violence involved Arab Americans, who comprise nearly 30% of the population (ACCESS, 1997). Despite these statistics, Arab immigrant women are disinclined to seek or accept external intervention in partner abuse cases, as indicated by the unusually low rate of domestic violence incidents reported to the police (Aswad & Gray, 1996).

## Attitudes Toward Wife Beating in Arab Society

Among Arabs, as with many immigrant communities (Raj & Silverman, 2002; Sakalh, 2001), traditional values regarding marital and sex-role expectations and cultural and religious beliefs influence women's attitudes about wife beating and their help-seeking behavior. Immigrant status, length of residence in the host country, socioeconomic status, and marital status are also important factors (Abu-Ras, 2003).

It is essential to note, however, that none of these factors exclusively determines help-seeking behavior.

Barakat (1993) notes that although traditional extended families are becoming harder to find in Arab society, family members remain close, leaving little room for independence or privacy and exerting strong influence regarding marriage, divorce, illness, and death. Should a marital dispute arise, members of the immediate family and even some trusted distant relatives are consulted. Traditionally, they emphasize the holiness of family values, continuity, and the family's desire to save face. Maintaining family unity has significant cultural and social value, even if both spouses are unhappy with their marriage. As Watson (1995) phrases it, "better an enduring marriage than a family divided and weakened by divorce" (p. 39). Despite changes in the modern family because of urbanization, the family's structure as a cohesive unit remains the most significant social institution through which individuals and groups are taught their cultural values (Barakat, 1993; Haj-Yahia, 2000a).

In a previous study, Abu-Ras (2003) argued that Arab attitudes toward female behavior focus on the concepts of shame and honor. A woman can bring shame to her family in many ways, including premarital sex, flirting, asking for divorce, challenging men's authority, criticizing her husband, and dressing provocatively, thereby belittling the family honor, which is vested in female sexual purity and subordination to male dominance (Glazer & Abu-Ras, 1994). Many Arab women remain in abusive marriages rather than face the consequences of such socially unacceptable dishonors as asking for a divorce or violating family privacy by seeking help, which may actually precipitate violence (Adelman, 2000; Kurz, 1996; Sever, 1997). Moreover, because divorced Arab women have little socioeconomic power, they suffer the loss of financial support and custody of their children, as well as possible social isolation and blackmail or stalking by former husbands (Abu-Ras, 2003; Adelman, 2000; Haj-Yahia, 2002).

Arab immigrant women have the same attitudes as Arab women living in Middle Eastern countries (Haj-Yahia, 1998a, 1998b, 2000b, 2002; Shalhoub-Kevorkian, 1994, 1997, 2000), rejecting intervention by authorities and seeking help instead from relatives or local religious leaders. Few Arab immigrant women who sought mental health help for partner abuse after 9/11 showed any intention of contacting police or other specialized agencies for help (Abu-Ras & Abu-Bader, *in press*). In fact, since 9/11, the anti-Arab political climate has further deterred Arab immigrant women from contacting police, as they fear it may provoke political harassment and backlash against them and their family members (Abu-Ras & Abu-Bader, *in press*).

This study is the first to address the role that cultural beliefs and attitudes play in help-seeking behavior among battered Arab immigrant women living in the United States. The major hypothesis is that because of their "traditional" attitudes, these women are more likely to be targets of domestic violence and less likely to use available services to deal with partner abuse.

## **Target Population: The Arab American Community in Dearborn, Michigan**

The term "Arab immigrants," now identified as "Arab Americans" (Abraham & Abraham, 1983), refers to Arabic-speaking people who have immigrated to the United States from such countries as Palestine, Syria, Lebanon, and Egypt. Dearborn's Arab American community is a unique microcosm of the Arab world, and its ethnic Arab subcommunities are diverse in their cuisine, language, and cultural and religious values (Associated Press, 2003; Michigan Radio, University of Michigan Arts of Citizenship Program & ACCESS, 2003). Recent settlers have contributed significantly to the population growth. In 1990, more than one third of Michigan Arab residents had been born outside the States and, of these, 40% had immigrated since 1980 (Gold, 1998).

Arab immigrants settle in Dearborn because of the economic security offered by high salaries, for family reunification, and to escape the conflicts in the Middle East (Abu-Ras, 2003; Gold, 1998). Comfortable social networks eased the process of dislocation (Rignall, 1997).

Analysis of 1990 U.S. Census data for Michigan indicates that Arab immigrants are relatively well off, with a higher rate of college graduates than native-born Whites and relatively low rates of unemployment and poverty (Gold, 1998). However, other studies (Abraham & Abraham, 1983; Kulwicki, 1996a; Kulwicki & Cass, 1996; Naff, 1983) show that Arab Americans in the Dearborn area are mostly Muslim, ranking below the general American population in education and income. Statistics report that about 27% of the Arab population is below the poverty line, in comparison to 5% of the total population, and only 23% finished high school, with the mean number of years of formal education being 9.2 years (Hammad, Kysia, Maleh, Ghafoor, & Rabah-Hammad, 1997).

## **Method**

### **The Setting**

Permission was sought from ACCESS to interview women who had experienced spousal abuse. Established in 1971 by people of Arab origin in Dearborn, just outside the Detroit metropolitan area, it is the largest, oldest Arab grassroots organization and serves the largest and most diverse Arab immigrant community in the United States (Abraham, 1983).

As of today, ACCESS offers English as a second language (ESL) classes, legal assistance, emergency food and shelter, mental health, and other service to more than 62,000 people through 42 programs (ACCESS, 1995). ACCESS was the first organization to assist Arab immigrant women who had been abused by their husbands. ACCESS operates in four other locations besides the main office, which was

chosen for the study because the Arab communities in its geographical area represent the largest, most diverse Arab immigrant sample group.

## Participants

Eighty-six Arab immigrant women from the Dearborn area were chosen from a list of more than 120 clients of ACCESS's Domestic Violence Prevention Project (DVPP). A woman was eligible for the study if she (a) was an Arab from a Middle Eastern or North African country of origin; (b) was married, divorced, or separated; (c) was a documented resident or undocumented immigrant; (d) had experienced at least one act of violence during the 12 months prior to the study; and (e) was 18 years or older. Women who met the criteria were contacted by the DVPP coordinator, who explained the purpose and main objectives of the study. Following initial telephone contact, only 67 agreed to be interviewed.

Personal interviews were the best means of collecting data because of the women's low literacy levels and their reluctance to answer questions over the telephone. With four exceptions, interviews were conducted in Arabic. Approximately 80% were conducted at the women's homes. Although a female researcher who resided outside the Dearborn community conducted the interviews, she shared the same linguistic, cultural, and ethnic background as the participants. Therefore, they interviewees appeared relaxed and responsive to questions in the cross-sectional survey designed to elicit information on factors associated with cultural beliefs and the utilization of formal services among battered Arab American women.

## Measures

The survey instruments used in this study included revised versions of five established measures of abuse, help-seeking behavior, and attitudes toward abuse.

*The Conflict Tactics Scales, Revised (CTS2).* Developed by Straus, Hamby, Boney-McCoy, and Sugarman (1996), the CTS2 was used to measure type and severity of partner abuse: psychological aggression (8 items), physical assault (12 items), sexual coercion (7 items), and injury (6 items). Responses were measured along a scale of 0 (*never happened*) to 6 (*occurred more than 25 times*) and scored by adding the midpoints for response categories chosen by the participant.

*Subscale of Severity Weighted Scales (SWS).* The SWS was used to measure physical injury by multiplying the frequency of each violent act committed by the following weights. "Minor" items of physical injury (grabbed, pushed, slapped) are unweighted, i.e., they have a weight of 1. "Severe" items are weighted as follows: kicked, bitten, punched = 2; hit with object = 3; beat up, choked, burned, or scalded = 5; threatened with knife or gun = 6; used knife or gun = 8 (Straus & Gelles, 1990). All

items under the CTS2 are recoded from a 0 to 6 format to midpoints of the approximate frequency derived from each response category (0, 1, 2, 4, 8, 15, and 25).

*Treatment Services Review (TSR)*. The TSR scale, developed by McLellan et al. (1989), measures type of service used and the frequency of access by substance abuse patients. It was modified to assess the utilization of services addressing the needs of battered women. The TSR presents data on the utilization rate (percentage) and utilization intensity (frequency) of participants in reference to medical, mental health, and family services (mostly provided by ACCESS), as well as legal (police and court orders) and social services (hotlines, shelters) that specifically address or offer programs for dealing with partner abuse problems.

The TSR was scored by calculating a summary of composite scores (unweighted sums of all services received) for the total number of professional services used. The TSR measures were translated into the Arabic language by the Columbia University Social Intervention Group (SIG) in 1998, and they were then adjusted to the Arab culture by following methodological procedures similar to those of Haj-Yahia (1995, 1996, 1997). The instrument's tools were piloted using 21 immigrant Muslim, South Asian, and Arab women from California and New York. After the pilot phase, adjustments were made and items were revised. TSR scores were recoded into a dummy variable regression, where 0 = *never used* and 1 = *used once or more*.

*Attitudes Toward Women Scale (ATW)*. The original ATW scale, developed by Spence and Helmreich (1978) consisted of 55 items designed to measure traditional and patriarchal attitudes toward women. Responses were given along a four-point, Likert-type scale ranging from 1 = *strongly agree* to 4 = *strongly disagree*, with the final score consisting of a summation of all responses. A shorter (15-item) revised version was used in the present study.

*Beliefs About Wife Beating (BAWB)*. Developed by Saunders, Lynch, Grayson, and Linz (1987), the BAWB measures three types of beliefs: (a) justifying wife beating (19 items), (b) holding husband responsible for violence (4 items), and (c) appropriate responses to wife beating (11 items). Haj-Yahia (1998b) developed a fourth subscale (in Arabic) consisting of 12 items designed to measure the extent to which wives should be blamed for acts of violence committed against them. Scores are presented as the sums of response values for all items along a five-point, Likert-type scale ranging from 1 = *strongly agree* to 5 = *strongly disagree*.

*Familial Patriarchal Beliefs (FAPB)*. Developed by Smith (1990), the FAPB instrument consists of four items designed to measure attitudes and beliefs considered supportive of a patriarchal family structure. Responses are given along a five-point, Likert-type scale ranging from 1 = *strongly agree* to 5 = *strongly disagree*.

To measure the sensitivity and validity of the measures, Haj-Yahia (1995, 1996, 1997) recruited four judges from different social science disciplines to critique the scales in terms of conceptual and item equivalence for both the Arabic and English language versions. Haj-Yahia (1995, 1996, 1997) then constructed Arabic versions after comparing various translations. A draft version was pilot tested with 21 participants from various backgrounds. Using the results of the pilot study and comments by the respondents, the four judges incorporated the suggestions into the final revision.

To further examine the validity of the entire package, similar methodological procedures were developed, and a pilot study with 10 participants was conducted to allow the investigator to test the clarity and length of the questionnaire, the participants' cognitive reactions, and the extent to which the participants were comfortable answering the questions.

## Data Analysis

Two types of data analysis were used for this research. First, univariate and bivariate analyses established descriptive statistics for the study sample. Second, a stepwise multiple linear regression model assessed the independent effects of focal predictor variable sets without controlling for background or demographic variables. Focal predictor phenomena were operationalized in terms of the ATW, BAWB, and FAPB measures. A multiple regression model was used to test relationships between individual focal predictor variables and type of assistance used by participants: medical and mental health, legal, social, and family services.

## Results

### Sociodemographic Characteristics

As shown in Table 1, 85% of the women interviewed in this study were Muslim and 15% were Christian. Just under half (48%) were Lebanese; the rest came from nine countries throughout the Middle East and North Africa. The participants ranged in age from 18 to 50, with the average age being 30. Education ranged from none to 14 years, with 10 as the average. Of the 67 interviewees, 46% were married, 33% separated, and 21% divorced. More than half (57%) were unemployed at the time. Of the 29 employed women, 31% were married, 38% separated, and 31% divorced. Although 64% claimed that they were not financially dependent on their husbands, 49% said husbands were the primary source of income. Mean weekly income was reported as \$273.79, with a range of \$100 to \$1,500.

The average number of years of residence in the U.S. was 10, ranging from less than a year to 29 years. Most of the interviewees (79%) were legal residents or American citizens, 5% political or economic refugees, and 17% undocumented or in

**Table 1**  
**Summary Table of Sociodemographic Characteristics (N = 67)**

Variable	%	<i>n</i>	<i>M</i>	<i>SD</i>
Religion				
Muslim	85	57		
Christian	15	10		
Age group			30	4.0
Average years of education			10	4.84
None	4	3		
Primary/elementary	12	8		
Junior high	12	8		
High school	42	28		
College/technical school	30	20		
Country of origin (nationality)				
Egypt	5	3		
Iraq	17	11		
Jordan	4	3		
Lebanon	48	32		
Libya	2	1		
Morocco	2	1		
Palestine	9	6		
Syria	3	2		
Yemen	10	7		
Marital status				
Married	46	31		
Separated	33	22		
Divorced	21	14		
Employment				
Employed	43	29		
Unemployed	57	38		
Average weekly income		\$273.50		271.42
Average years living in the United States		10		7.5
Immigration status				
Have American citizenship	40	27		
Have a permanent green card	24	16		
Have a temporary green card	15	10		
Filing for legal documents	9	6		
Political assylee/refugee	5	3		
Undocumented	7	5		

the process of filing for permanent residency. Slightly less than half of the women (48%) gave marriage as the primary reason for immigrating to the United States; 28% said that war or politics was their primary motivation. Other reasons cited included employment, money, and education. A small minority was born in the United States. The demographic characteristics of the study sample reflect almost the same distribution of nationality among Arab immigrants in the Dearborn area, the mean number of

years of education, and the mean income level reported by Abraham and Abraham (1983), Naff (1983), Kulwicki (1996a), Kulwicki and Cass (1996), and Hammad et al. (1997).

## Experience of Violence

Each participant reported being the victim of at least one violent act during the 12 months preceding our interviews. Table 2 presents the prevalence rate and chronicity (Mean) of the minor physical injury, the severe physical injury, and the sexual violence indexes among the study sample.

The prevalence rate of the minor physical injury row shows that every (100%,  $N = 67$ ) participant reported physical abuse by her husband, whereas 98% reported severe psychological abuse. Of the total sample, 87% experienced minor physical abuse, whereas 73% said they had experienced severe physical abuse.

The overall prevalence rate of the injury index during the year prior to the study shows that 75% and 58% of the participants reported minor and severe physical injuries, respectively, inflicted by their husbands.

Regarding the sexual coercion scale, the minor and severe scales show that 63% and 40%, respectively, reported that during the previous year, they were sexually abused by their partners an average of 1.5 and 12 times, respectively (see Table 2).

## TSR

Tables 3 and 4 present the overall rate and the average (Mean) number of times the respondents utilized different services because of partner abuse. Prior to these questions, participants were asked whether they had experienced any medical, family, and/or mental health problems resulting from their abusive situation. They were then asked to indicate whether they had utilized at least one or more of the services/programs, as well as the number of times they had used it in the past year. Utilization of services was recoded into a dummy variable, where 0 = *never used*, and 1 = *used once or more*.

Overall, utilization rate and the mean number of times participants used services were medical services, 30% with a mean of 2.05 times; family services, 68% with a mean of 3.63 times; mental health services, 20% with a mean of 1.29 times; legal services, 52% with a mean of 1.53; and social services (related to partner abuse issues only), 25% with a mean of 1.17. Notably, they utilized family and legal services more often than medical, mental health, and social services.

Table 4 presents the utilization frequency of each service/program within the medical category of the study sample. The results indicate that only 36% discussed their medical problems with a medical professional, 31% had seen a physician, 32.8% had received medical treatment, 28.4% had been to an emergency room, and 25.4% had been hospitalized.



**Table 2**  
**Prevalence and Chronicity for the CTS2 Scales Among**  
**the Study Sample (*N* = 67)**

Type of abuse	Prevalence		Chronicity	
	%	<i>n</i>	<i>M</i>	<i>SD</i>
Psychological aggression				
Minor	100	67	75.55	27.21
Severe	98	66	117.91	62.26
Physical aggression (weighted scale)				
Minor	87	58	45	43.13
Severe	73	49	89.11	143.49
Injury				
Minor	75	50	16.02	18.49
Severe	58	39	9.31	14.34
Sexual coercion				
Minor	63	42	1.46	1.03
Severe	40	27	11.55	21.93

The rates of mental health services utilization tended to be relatively low. Of the total sample, 33% had discussed their emotional problems with a counselor, 24% had attended group sessions, 20.9% had received medication, 16% were tested for psychological problems, and 6% had been hospitalized for emotional problems.

Regarding social services utilization, 70% of participants reported using short-term counseling programs, only 28% had used long-term counseling programs, 18% had contacted a safe home (most stayed with private/family sources of shelter), 8% had called a hotline, and only 8% had contacted a shelter for help in dealing with their abusive situation.

Overall, relatively more women reported utilizing legal and family services to deal with partner abuse. For example, 72% had called the police department, 45% had contacted a lawyer, 52% had been in court, 51% had engaged in legal procedures against their spouses, and 40% had obtained court orders for protection.

Regarding family services, 85% of the respondents reported discussing family problems with a family specialist, 58% had consulted a community-based organization (ACCESS), and 60% had discussed their problems with a spiritual/religious leader.

## ATW

Table 5 shows the overall mean ATW score of 2.42, indicating that the majority of the respondents held mostly traditional attitudes toward female responsibility and the dominant role of men in families and society. A large majority (88%) agreed that “it is very important for a woman to be a virgin before marriage as an indicator of

**Table 3**  
**Utilization of Services Related to Partner Abuse Among the Study ( $N = 67$ )**

Type of Services	Did Not Utilize		Utilized Once or More		Number of Times Utilized	
	%	<i>n</i>	%	<i>n</i>	<i>M</i>	<i>SD</i>
Medical services	70	47	30	20	2.05	3.87
Family services	32	21	68	46	3.63	4.00
Mental health services	80	54	20	12	1.29	2.73
Legal services	48	32	52	35	1.53	2.15
Social services	75	50	25	17	1.17	1.74

her good behavior” (item 13); 79% agreed that “swearing is more repulsive in the speech of a woman than a man” (item 1). Just over two thirds (67%) agreed that women should include an obedience clause in their marriage agreements (item 3); 61% agreed that “women should worry less about their rights and more about becoming good wives and mothers” (item 5); and 54% agreed that “a successful woman is one who worries more about her children and husband and less about herself” (item 14). Almost half (49%) agreed that “intellectual leadership should be in the men’s hands” (item 9); 60% agreed with the belief that “women should not have the same freedom as men to go to the same places or participate in unlimited activities” (item 7); and 49% agreed that “women should not be allowed to do the same jobs or accept the same positions as men” (item 6).

## **BAWB**

*Justification of Wife Beating (JUWB).* Responses to the 17 BAWB items concerning Justification of Wife Beating (JUWB) indicate that the majority of the respondents disapproved of wife beating (Table 6). A large majority (82%) agreed that “a husband has no right to beat his wife” (item 1) and just over two thirds (69%) agreed with the statement, “there is no excuse for a man to beat his wife” (item 8).

However, the results also show that some respondents felt wife beating was justified in specific situations. One fourth (25%) agreed that “a wife should be beaten if she challenges her husband’s manhood” (item 2). Significant numbers (between 18% and 22%) also agreed with the statements that a wife should be beaten if “she continues reminding her husband of his weak points” (item 3), “if she lies to him” (item 4), and “if she constantly criticizes him” (item 11). Perhaps the most shocking result was that 24% of the respondents agreed that a woman should be killed if “sexually unfaithful to her husband” (item 5).

**Table 4**  
**Utilization Intensity and Frequency of Services Related to Partner Abuse**  
**Among the Study Sample (N = 67)**

How Many Times Have You Used the Following in the Last 12 Months?	Never Used		Used Once or More		<i>M</i>	<i>SD</i>
	%	<i>n</i>	%	<i>n</i>		
<b>Medical services</b>						
1. Been hospitalized?	75	50	25	17	0.79	2.70
2. Been to an emergency room?	72	48	28	19	0.76	1.71
3. Received medical treatment?	67	45	33	22	3.40	7.10
4. Seen a physician?	69	46	31	21	2.50	5.73
5. Discussed your medical problems with a medical professional?	64	43	36	24	2.80	6.05
<b>Family community services</b>						
6. Discussed your family problems with a family specialist?	15	10	85	57	5.06	6.16
7. Discussed your family problems with community-based organizations?	42	28	58	390	3.40	5.76
8. Discussed your social problem with a spiritual/religious advisor?	40	27	60	40	2.40	3.86
<b>Emotional/mental services</b>						
9. Been hospitalized for emotional/psychological problems?	94	63	6	4	0.09	0.41
10. Received testing for psychological/emotional problems?	84	56	16	11	0.46	1.63
11. Received medication for your psychological/emotional problems?	79	53	21	14	2.30	6.44
12. Discussed your emotional problems with a counselor?	67	45	33	22	2.40	5.49
13. Attended group sessions regarding emotional/psychological problems?	76	51	24	16	1.20	3.09
<b>Legal services</b>						
14. Called police department to report your partner's abusive behavior?	28	19	72	48	2.60	4.35
15. Contacted a lawyer regarding your husband's abusive behavior?	55	37	45	30	1.10	2.33
16. Engaged in legal activities against your husband?	49	33	51	34	1.30	2.91
17. Been in court regarding your problem with your husband?	48	32	52	35	2.00	4.54
18. Obtained a court order of protection?	60	40	40	27	0.64	1.17
<b>Social services</b>						
19. Called a hot-line for help in dealing with your abusive situation?	92	62	8	5	0.45	2.52
20. Contacted safe homes to deal with your abuse?	82	55	18	12	0.24	0.58
21. Used a shelter for help with your abuse?	92	62	8	5	0.12	0.47
22. Used a short-term counseling program?	30	20	70	47	2.90	4.01
23. Used a long-term counseling program?	78	52	22	15	2.18	5.41

**Table 5**  
**Attitudes Toward Women Among the Study Sample (N = 67)**

Items	SA/A		DA/SDA		M	SD
	%	n	%	n		
1. Swearing and obscenity are more repulsive in the speech of a woman than a man.	79	53	21	14	1.66	1.20
2. Under modern economic conditions, men should share in household tasks.	76	51	24	16	2.01	0.91
3. Women should have the "obey" clause remain in the marriage to obey her husband and care for children.	67	45	33	22	2.10	1.05
4. A woman should be as free as a man to propose marriage.	16	11	84	56	3.49	0.94
5. A woman should worry less about her rights and more about becoming good wives and mothers.	61	41	39	26	2.13	1.06
6. It is not logical for a woman to practice/occupy the same jobs and positions as men.	49	33	51	34	2.67	1.13
7. A woman should not expect to go to the same places or to have the same freedom of actions as a man.	60	40	40	27	2.30	1.15
8. It is ridiculous for a woman to run a locomotive and for a man to darn socks.	42	28	58	39	2.78	1.24
9. The intellectual leadership of a community should be largely in the hands of men.	49	33	51	34	2.70	1.15
10. Women should worry more about how to take care of her family than about her socioeconomic freedom.	58	39	42	28	2.30	1.11
11. Sons in a family should be given more encouragement to go to college than daughters.	25	17	75	50	3.15	1.09
12. In general, the father should have greater authority than the mother in the bringing up of children.	34	23	66	44	2.87	1.13
13. It is very important for the woman to be a virgin before marriage as an indicator of her good behavior.	88	59	12	8	1.42	0.78
14. A successful woman is one who worries more about her children and husband and less about herself.	54	36	46	31	2.42	1.17

Note: SA = *strongly agree*; A = *agree*; DA = *disagree*; SDA = *strongly disagree*.

*Holding Violent Husbands Responsible (HVHR).* There were conflicting responses to the BAWB items concerning the extent to which husbands should be held responsible for violent behavior (Table 6). On the one hand, 85% agreed that "a husband who beats his wife is responsible for his behavior because he can control himself" (item 21); however, 36% agreed that "men cannot always control themselves, so violent husbands should not be held responsible" (item 22).

**Table 6**  
**Beliefs Toward Wife Beating Among the Study Sample (N = 67)**

Items	SA/A (%, n)	UD (%, n)	SDA/D (%, n)	M (SD)
<b>A. Justifying wife beating:</b>				
1. A husband has no right to beat his wife, even if she breaks agreements she has made with him.	82 (55)	8 (5)	10 (7)	1.58 (1.18)
2. If a wife challenges her husband's manhood, he has no right to beat her.	25 (17)	10 (7)	65 (43)	3.70 (1.48)
3. A wife doesn't deserve to be beaten even if she continues reminding her husband of his weak points.	70 (47)	12 (8)	18 (12)	3.93 (1.34)
4. Even if a wife lies to her husband, she doesn't deserve to be beaten.	70 (47)	9 (6)	9 (14)	3.84 (1.41)
5. A sexually unfaithful wife deserves to be killed.	24 (16)	22 (15)	52 (35)	4.09 (6.00)
6. It would do some wives good to be beaten by their husbands.	12 (8)	11.9 (8)	76 (51)	4.28 (1.20)
7. Occasional violence by a husband toward his wife can help maintain the marriage.	6 (4)	9 (6)	85 (57)	4.51 (0.99)
8. There is no excuse for a man beating his wife.	69 (46)	13 (9)	18 (12)	1.99 (1.42)
9. A woman who constantly refuses to have sex with her husband is asking to be beaten.	12 (8)	6 (4)	82 (55)	4.25 (1.22)
10. If a husband beats his wife, it is mostly because of her mistaken behavior.	1 (1)	20 (13)	79 (53)	4.26 (0.83)
11. A wife who talks too much and constantly criticizes her husband is kind of asking to be beaten.	22 (15)	6 (4)	72 (48)	3.90 (1.28)
12. A husband has the right to beat his wife if she doesn't respect his parents or siblings.	8 (5)	6 (4)	86 (58)	4.45 (1.05)
13. A husband has the right to beat his wife if she doesn't respect his relatives.	7 (5)	9 (6)	84 (56)	4.43 (1.12)
14. A husband has the right to beat his wife if she insults him in front of his friends.	19 (13)	5 (3)	76 (51)	4.00 (1.35)
15. A woman who constantly disobeys her husband and doesn't listen to him is asking to be beaten.	16 (11)	10 (7)	73 (49)	3.99 (1.29)
16. A woman who constantly fails to meet the expectations of her husband deserves to be beaten.	13 (9)	9 (6)	78 (52)	4.21 (1.24)
17. Sometimes wives intentionally provoke their husbands to make them angry and get beaten.	15 (10)	22 (15)	63 (42)	3.91 (1.20)
18. In most cases, the wife's behavior toward her husband is the cause for her being beaten.	13 (9)	27 (18)	60 (40)	3.90 (1.16)
20. In many cases, a husband beats his wife because of her mistaken behavior such as squandering money.	10 (7)	15 (10)	75 (50)	4.15 (1.12)
<b>B. Holding husbands responsible for their violence:</b>				
19. Abusive and violent husbands should always be held responsible for their behavior.	84 (56)	10 (7)	6 (4)	1.57 (1.00)
21. A husband who beats his wife is responsible for his behavior because he could control himself.	85 (57)	9 (6)	6 (4)	1.51 (0.94)

22. Men cannot always control themselves. Therefore, violent husbands should not be held responsible for their behavior.	36 (24)	13 (9)	51 (34)	3.31 (1.45)
23. A violent husband is not solely responsible for his behavior because it is caused by his wife and the conditions of his daily life.	27 (18)	13 (9)	60 (40)	3.60 (1.47)
C. Blaming the wife for violence against her:				
24. A battered woman is solely responsible for being beaten because she obviously did something.	31 (21)	13 (9)	55 (37)	3.48 (1.54)
25. A battered woman is solely responsible for being beaten because she obviously keeps talking nonsense to her husband.	4 (3)	15 (10)	81 (54)	4.31 (0.94)
26. If the battered wife knew her boundaries, he definitely wouldn't beat her.	13 (9)	13 (9)	73 (49)	4.04 (1.22)
27. In most cases, it is the woman's fault for being beaten by her husband.	3 (2)	10 (7)	87 (58)	4.37 (0.85)
28. In many cases, the man beats his wife because of her bad behavior.	16 (11)	13 (9)	82 (55)	4.27 (0.81)
29. There are many women who are being beaten because of something they did.	6 (4)	16 (11)	78 (52)	4.21 (0.93)
30. When a wife is beaten, it is caused by her behavior in the weeks before she was battered.	18 (12)	15 (10)	67 (55)	3.90 (1.29)
31. Battered wives are responsible for their abuse because they intended it to happen.	4 (3)	8 (5)	88 (59)	4.43 (0.87)
32. Some women intentionally provoke their husband to beat them, believing that beating is an expression of care and love toward them.	9 (6)	8 (5)	83 (56)	4.45 (1.02)
33. Most women like to be beaten by their husbands.	3 (2)	8 (5)	89 (60)	4.63 (0.76)
34. Wives try to get beaten by their husbands to get sympathy from others.	13 (9)	10 (7)	76 (51)	4.24 (1.18)
35. The battered wife feels pain and no pleasure when beaten up by their husbands.	97 (65)	3 (2)	—	1.07 (0.36)
D. Types of services that should be provided:				
36. If the husband beats his wife, she should divorce him immediately.	21 (14)	27 (18)	52 (35)	3.42 (1.27)
37. The best way to deal with wife beating is to arrest the husband.	58 (39)	10 (7)	31 (21)	2.42 (1.47)
38. A wife should leave her husband and move in with her family/parents if her husband beats her.	48 (32)	12 (8)	40 (27)	2.78 (1.42)
39. If I heard a woman being attacked by her husband, it would be best if I didn't get involved.	27 (18)	19 (13)	54 (36)	3.34 (1.32)
40. If I heard a woman being attacked by her husband, I would call the police.	57 (38)	21 (14)	22 (15)	2.42 (1.35)
41. Wife beating should be given a high priority as a social problem by government agencies.	97 (65)	2 (1)	1 (1)	1.21 (0.62)
42. Social agencies should do more about the problem of battered women.	97 (65)	2 (1)	1 (1)	1.16 (0.59)

(continued)

**Table 6 (continued)**

Items	SA/A (%, n)	UD (%, n)	SDA/D (%, n)	M (SD)
43. Women should be protected by law if their husbands beat them.	95 (64)	2 (1)	3 (2)	1.24 (0.76)
44. If a battered wife approached me and told me about her problems with her husband, I should provide her with the help she might ask for.	84 (56)	12 (8)	4 (3)	1.67 (0.96)
45. The problem of the battered wife is a private matter and others should not get involved.	16 (11)	14 (9)	70 (47)	3.84 (1.27)
46. If a battered wife approached her family and asked for their help, her family should not hesitate to provide her with any help.	98 (66)	2 (1)	—	1.09 (0.34)

Note: A = agree; SA = strongly agree; UD = undecided; DA = disagree; SDA = strongly disagree.

*Blaming the Wife (BLWI).* Responses to the 12 items regarding whether wives should be blamed for acts of violence against them showed that the majority did not blame themselves or other women (Table 5). A large majority (88%) disagreed that “battered wives are responsible for their abuse because they intended it to happen” (item 5); and 87% disagreed that “in most cases, it is the woman’s fault that she was beaten by her husband” (item 27). However, almost one third (31%) of the participants agreed with the statement, “a battered woman is solely responsible for being beaten because she obviously did something that irritated her husband” (item 24).

*Appropriate Responses to Wife Beating (ARWB).* Instead of perceiving wife beating as a personal matter, the overwhelming majority of respondents strongly believed that formal social services and informal support should be provided. Almost all of the women (97%) agreed with the statement, “wife beating should be given a high priority as a social problem by government agencies” (item 41). Divorce as a permanent solution to partner abuse was rejected by more than half (52%), who disagreed with the statement that “a wife should divorce her husband if he beats her” (item 36), but 48% accepted the idea of a temporary solution, agreeing that “if a husband beats his wife, a wife should leave her husband and move in with her family” (item 38).

The majority of respondents believed in resisting abusive husbands and taking a more active role in protecting other battered women. Significant numbers (58%, 57%, and 84%, respectively) agreed with the statements, “abusive husbands should be arrested” (item 37); “if they heard a woman being attacked by her husband, they would call the police” (item 40); and “if a battered woman approached them, they would provide her with help” (item 44; see Table 5).

*Familial Patriarchal Beliefs (FAPB).* Responses to the four FAPB items show that the majority of the interviewees maintained traditional beliefs about the patriarchal

**Table 7**  
**Familial Patriarchal Beliefs Among the Study Sample (N = 67)**

Items	<i>M</i>	<i>SD</i>	A/SA		DA/SDA	
			%	<i>n</i>	%	<i>n</i>
1. A man has the right to decide whether or not his wife should work outside the home.	2.55	1.16	45	30	55	37
2. A man has the right to decide whether his wife should go out in the evening with her friends.	2.07	1.05	72	48	28	29
3. Sometimes it is important for a man to show his wife that he is head of the house.	1.90	.92	78	52	22	15
4. A man has the right to have sex with his wife when he wants, even though she may not want to.	3.52	.84	8	5	92	62

Note: SA = *strongly agree*; A = *agree*; DA = *disagree*; SDA = *strongly disagree*.

structure of Arab families (Table 7). Just over three fourths of the respondents (78%) agreed that “sometimes it is important for a man to show his wife that he is head of the house” (item 3). However, the overwhelming majority (93%) disagreed with the idea that “a man has the right to have sex with his wife when he wants, even though she may not want to” (item 4).

### Association Between Service Utilization and Patriarchal Beliefs/Attitudes Toward Wife Beating

The results of the Spearman’s correlation coefficients presented in Tables 8A and 8B indicate a statistically significant correlation between social service utilization and two independent variables: justification of wife abuse and blaming the wife for violence against her. In other words, social services such as shelters, hotlines, and safe homes were more likely to be used by participants who did not justify wife beating ( $r = .28, p < .05$ ) and who did not blame wives for violence inflicted against them ( $r = .29, p < .05$ ).

Although the results of the three stepwise, multiple linear regression analyses presented in Table 9 reveal a statistically significant association between the variables, the independent variable of “blaming the woman for violence against her” predicts only 9% of the total variance in the dependent variable of “utilization of social services” [ $F(1, 65) = 6.37, r = .29, r^2 = .09, p = .014$ ]. According to these results, familial patriarchal beliefs and attitudes toward women and wife beating did not account for the additional variance in social service utilization that was not already explained by blaming the woman for violence against her.

The data in Table 9 also show that three of the six predictor variables were positively and significantly correlated with the dependent variable, “utilization of legal



**Table 8A**  
**Spearman's Correlation Matrix Among Cultural Beliefs**  
**and Utilization of Services in the Study (*N* = 67)**

	ATW	FPB	JWB	HHR	BWV	PS B.W.
FPB		.549**	.459**	-.058	.321**	-.074
JWB			.510**	.225	.388**	-.245*
HHR				.267*	.802**	-.142
BWV					.318*	-.105
PSBW						-.140

Note: ATW = Attitudes Toward Wife; FPB = familial patriarchal beliefs; JWB = justifying wife beating; HHR = holding husband responsible; BWV = blaming wife for violence; PS B.W. = providing services for battered wife.

\*Correlation is significant at the 0.05 level (2-tails). \*\* Correlation is significant at the 0.0 level (2-tails).

**Table 8B**  
**Spearman's Correlation Matrix Among Cultural Beliefs**  
**and Utilization of Services in the Study (*N* = 67)**

	Use of MS	Use of FS	Use of MNS	Use of SS	Use LS
Familial patriarchal beliefs	-.166	-.022	.347**	-.215	.189
Justifying wife beating	-.042	-.028	.216	.141	.346**
Holding husband responsible	.183	.057	.053	.275*	.223
Blaming wife for violence	.123	.037	.098	.167	.031
Providing services for battered wife	-.086	.015	.068	.287*	.277*
Use of medical services	.046	.206	-.034	-.230	-.285*
Use of family services		.096	.293*	.038	.023
Use of mental services			.044	.501**	-.397**
Use of social/partner abuse service				.447**	.170
Use of legal services					.413**

Note: MS = medical services; FS = family services; MNS = mental services; SS = social services; LS = legal services.

services," including patriarchal beliefs ( $r = .35, p < .01$ ); blaming the wife for violence ( $r = .28, p = .05$ ); and beliefs about providing services ( $r = .29, p = .05$ ). Correspondingly, the results presented in this table show that the independent variable, "familial patriarchal beliefs," explained 14% of the variance in the dependent variable, "utilization of legal services" ( $F(1, 65) = 10.96, r = .38, r^2 = .14, p = .00$ ). That is, women who did not show strong acceptance of patriarchal beliefs were more likely to use legal services than women who did.

Another significant correlation was found between "attitudes toward women" ( $r = .31, p = .01$ ) and utilization of mental health services ( $F(1, 65) = 7.61, r = .32, r^2 = .11, p = .00$ ). This independent variable explained 11% of the variance in the dependent

**Table 9**  
**Stepwise Multiple Regression Analysis on Utilization of Formal Services**  
**With Cultural Beliefs and Attitudes Toward Women**

Step	Variable	<i>F</i>	<i>df</i>	<i>R</i>	<i>R</i> <sup>2</sup>	<i>p</i>
Utilization of legal services						
1	Familial patriarchal beliefs	10.97	1,65	.38	.14	.002
Utilization of social services						
1	Blaming the wife for violence against her	6.3	1,65	.29	.09	.014
Utilization of mental health services						
1	Attitude toward women	7.61	1,65	.32	.11	.008

variable (Table 9). The results indicate that familial patriarchal beliefs and other attitudes toward wife beating did not account for any additional variance in mental health service utilization.

## Discussion

The findings suggest partial support for the study's hypothesis, which asserts that battered Arab immigrant women with more traditional beliefs and attitudes toward women and wife beating are less likely to take advantage of formal services to address partner abuse. The study's results support the previous findings and arguments of Abraham, Abraham, and Aswad (1983); Aswad and Gray (1996); Bograd (1988); Davis (1984); Davis and Carlson (1981); Dutton, Orloff, and Hass (2000); Gondolf (1985); Haj-Yahia (1998a, 1998b, 2000a, 2000b, 2002); Hilbert and Hilbert (1984); Kulwicki (1996a); Kulwicki and Miller (1999); and Walker (1984).

Although many of the participants interviewed for this study held conservative or traditional attitudes regarding proper female behavior, only 16% to 25% agreed with the statements that wife beating was justified under special circumstances, such as adultery, "publicly insulting a husband" (item 14), "constantly disobeying him" (item 15), and "challenging his manhood" (item 2). The most surprising result was that 24% of the respondents expressed approval for the idea of killing women who had been sexually unfaithful (item 5).

The consequences of sexual unfaithfulness are a particularly serious problem in Arab society, where the custom of killing for family honor persists as an established norm, despite fundamental socioeconomic and political changes that have impacted all levels of society (Glazer & Abu-Ras, 1994). This has also been practiced by Arab immigrants in the United States (King, 1985).

Although most of the participants did not blame wives for violence inflicted against them, about one third perceived the wives' actions as being part of the problem. Koss et al. (1994) argued that such attitudes of self blame and justification, many of which are outcomes of culturally bound beliefs concerning proper female behavior and wife beating, perpetuate family violence and prevent victims from gaining access to assistance, because reasoned action theory states that decisions to seek outside help depend on an individual's attitudes toward a behavior. As explained by Halgin, Weaver, Dell, and Spencer (1987), these attitudes are a function of "specific beliefs regarding the consequences of performing the behavior and evaluation of those consequences." Thus, women who believe that sexual unfaithfulness, public insults, or other such behaviors justify wife beating are less likely to seek help for the violence in their lives, although sometimes they will indirectly.

Women may use self-blame and justification as mechanisms for rationalizing the violence to help them cope with partner abuse and tolerate the violence related to traditional sex-role expectations of women. In the Arab culture, for example, women are expected to accept their marital problems for two major reasons: first, to maintain family unity and protect the holiness of the family values and, second, to avoid divorce, which is a source of shame and dishonor. This interpretation was clearly supported by the findings of the study: Although 40% accepted the idea that women should move in with their families as a temporary solution, more than half disagreed that women should divorce their husbands as a solution to abuse. As previously discussed, seeking a divorce is not only culturally and socially unacceptable behavior, but it often results in the loss of family support. To further support the interpretation, at least half of the divorced women disagreed with the idea of divorce as a solution to partner abuse.

Regarding utilization of services available by ACCESS, mental health and social services related to partner abuse were the least frequently used. The participants were much more likely to have availed themselves of family, legal, and/or medical services. In cases of injury, medical services may appear less intrusive into a woman's private life compared to counseling, psychological therapy, or use of shelter because caseworkers might address personal matters beyond the wife's immediate physical condition. In the case of mental health services, as Kulwicky (1996a, 1996b) has pointed out, Arabs have traditionally viewed mental health problems as signifying insanity or mental retardation; the stigmas associated with these conditions may constitute a strong barrier to service utilization. Battered women, regardless of nationality, may not express or identify mental health problems unless they take on physical form, which might create a "legitimate" reason for discussion of personal or interpersonal problems (Budman, Lipson, & Meleis, 1992). Such attitudes toward mental health services were confirmed by Gorkin, Masalha, and Yatziv (1985), who reported that Arab patients with mental health problems (e.g., depression or anxiety) commonly expressed them in physical complaints, such as stomach ailments, fatigue, poor appetite, or shortness of breath. Therefore, counseling given

under the guise of medical treatment reduces the stigma associated with help-seeking behavior and offers some women a means of assistance while they harbor the fear that seeking counseling might work against them, especially when contemplating divorce and potential child custody disputes. These women might be reluctant to seek medical care, except for cases of severe injuries, and might be deterred by the high cost of such services, lack of insurance coverage, or a fear of exposing private problems to anyone outside the family (Abu-Ras, 2003).

There are several possible reasons that the utilization rates were relatively higher for family (68%) and legal (52%) services as compared to medical (30%), mental health (20%), and social (25%) services. This may be caused in part by the number of referrals made by employees at ACCESS, which has established ties with the service providers. In addition, such services are typically used by the general population and are not considered exclusively related to partner abuse problems.

An alternative interpretation becomes apparent after breaking down the utilization rates of specific services and programs within each category, especially of the social services that directly relate to partner abuse. As the results show, a small fraction (8%) of the respondents called a hotline and/or used a shelter, and 18% contacted a safe home for assistance. By contrast, 70% said they had taken advantage of short-term family counseling services, and 52% had taken advantage of legal services.

In addition to being free, short-term family counseling services are easy to use because of the location of the ACCESS facilities. Moreover, these services are not exclusively related to partner abuse problems. Other services more exclusively related to partner abuse problems have severe limitations, such as the unavailability of shelters and safe homes in Dearborn (not to mention the associated stigma) and ill-equipped, elusive hotlines (Abu-Ras, 2003). Regarding the relatively high rate of utilization of legal and family services, free legal services, ACCESS's 24-hour availability, and Arabic language assistance may be partially accountable.

One factor may be that, in general, ACCESS is viewed by many primarily as a source of help for basic needs, such as employment counseling, English classes, medical care, and legal help, and not so much for specialized services, such as hotlines, battered women's shelters, or safe homes. Thus, to some extent, the results establish the importance of cultural attitudes toward women and wife beating in understanding help-seeking behavior among the sampled Arab female population.

The participants were interviewed prior to the attacks of September 11, 2001. However, post 9/11, the attitudes of Arab immigrant women in the United States toward help seeking may have been affected by important factors not within the scope of this study, such as their immigration status, political and social conditions, and the reasonable fear of being recognized as Arab, not to mention Americans' perceptions of their culture. It may be argued that the more traditional Arab immigrant women are the less likely to seek help in cases of spousal abuse. It is also possible that many Arab immigrant women reacted to the increasingly negative attitudes toward Arab Americans by becoming even more entrenched in their traditional attitudes to

protect themselves from the violence and negativity associated with living openly as Arab women in the United States.

Moreover, a recent study conducted by the author about the impact of 9/11 on Arab Americans shows that their acutely high usage of legal services has steadily declined since 9/11. Following 9/11, the U.S. Immigration and Naturalization Service enacted a new alien registration program based on national origin and ethnicity, and monitoring of international students. This discriminatory immigration policy includes the secret detention of more than 1,200 persons, almost all of whom are of Arab, Muslim, or South Asian. There have been investigations of more than 8,000 persons and deportation of 16% of the 130,000 Arabs who previously lived in the United States. (Singh, 2002). Thus, in addition to experiencing increased difficulty in joining the mainstream population, Arab immigrant women now also experience a reduced sense of safety as they struggle with hate crimes, harassment, and discrimination (Abu-Ras & Abu-Bader, in press).

Prior to 9/11, a significant number (58%) of the study sample believed that “the best way to deal with wife beating is to arrest the husband” (item 37). However, based on the author’s recent study and the experience of working with battered Arab immigrant women following the attacks, it is evident that none had any intention of contacting the police department or using legal services to deal with her abusive situation, perhaps because of changes in immigration policies. They fear that any contact with the legal system may expose their entire family to more harassment, and they fear that their husbands may be deported or treated unfairly by the legal system because of their national origin (Abu-Ras & Abu-Bader, in press). The current U.S. anti-Arab political climate and misperceptions about the Arab community have deterred many Arab women from availing themselves of available services, causing them to resort to isolation, withdrawal, avoidance of mainstream society, and social and other services in an attempt to cope and keep their families safe (Abu-Ras & Abu-Bader, in press).

## **Conclusion and Recommendations**

This study shows that Arab immigrant women who are victims of domestic violence are an important subgroup for analysis and policy implementation. They have special needs and concerns in the area of domestic violence, and their use of available services is affected by their cultural beliefs and attitudes toward wife beating and, more recently, by the anti-Arab political climate after the 9/11 attacks.

Several correlations were identified among these women’s attitudes toward wife beating, traditional Arab attitudes concerning family role expectations, patriarchal beliefs regarding wife beating, and traditional beliefs concerning help-seeking behavior. The Arab immigrant women sampled who believe that husbands have the right to beat their wives in certain situations, that the women themselves are to blame for their predicaments, and that they are responsible for their abuse were less likely to seek support in the form of medical, legal, family, mental health, or social services.

The findings present a compelling argument for immediate reforms in intervention policy and practice, and policy makers need to be aware of the attitudes and beliefs maintained by battered Arab immigrant women. Persons planning and managing mainstream service delivery systems must take into consideration the diverse cultural beliefs and values of their communities, such as those described in this article. Social, medical, and legal services providers should explore other techniques in dealing with partner abuse problems in the Arab-American community and gain more familiarity with the Arab culture and Islamic values.

Most importantly, the findings show that community-based organizations such as ACCESS have an important role to play in reducing domestic violence. A concurrent social and educational goal of social service programs, as well as other similar programs, should include the dissemination of information to the Arab-American community about battered women's legal rights, English as a Second Language instruction, access to economic resources, as well as the availability of free or affordable culturally sensitive services. The findings emphasize the acknowledged need to improve our general understanding of the attitudes and beliefs among Arab immigrant women and to raise specific awareness of physical abuse issues in their communities. Arab immigrant women need to be aware that according to the laws of their host country, as well as the values of their own religion, wife beating can never be justified.

Information printed in English, Arabic, and other Middle Eastern languages might assist in spreading this information. Public access or other Arabic-language broadcast stations available in the community can be recruited to assist in this effort. Low literacy rates among Arab immigrant women make it especially important for broadcast media resources to become involved. One Albanian approach encouraged women who were victims of abuse to write to the host of a public television program; many of the respondents in Van Hook, Haxhiymeri, and Gjermani's study (2000) said that they felt more comfortable contacting the TV host than local social service agencies. The reading of the women's anonymous letters during the TV program helped educate the public about the country's domestic abuse problem and the types of available services.

An effort must also be made to reach Arab immigrant men with the message that such violence can never be justified. Counseling services are clearly needed for the perpetrators of domestic violence, with consideration for the cultural aspects of this problem. "Batterer programs" have recently been recognized as one means of changing the attitudes of men who have committed violent acts against their spouses (Gondolf, 2000; Hearn, 1998).

The Arab American community is among those most misunderstood, misrepresented, and negatively perceived by mainstream American society and the mass media. This not only affects the ability of Arab immigrants to cope with their marital problems, family crises, and sociocultural and political challenges, but it can also lead to prejudices, biases, and faulty assumptions on the part of those who serve them. Professionals and social service providers are strongly influenced by historical

and contemporary experiences that lead to discrimination, racism, and oppression (Arredondo, 1999). In this regard, practitioners and policy makers should become familiar with the special needs of the Arab American community and gain a better understanding of the anti-Arab political climate in the United States, especially as it has increased since 9/11.

To reduce the incidence of domestic violence against Arab immigrant women, we should consider not only the social roots of this behavior, but also the way in which cultural and Islamic religious institutions might assist in propagating information. Religion and spirituality play an important role in the way Arab and Muslim individuals, families, and communities cope with their marital problems and perhaps are a central component of their identity and self-concept (Abudabbeh, 1996; Al-Krenawi, 1995). Therefore, using spiritual counseling and Islamic teachings, including Quranic verses, Hadiths, and the Islamic laws (especially those discouraging all types of violence against women) might be effective, especially considering that the Qur'an and the Hadith are to be a way of life among most Muslims, including those who are nonpracticing. Islamic teaching may have an impact on a battered woman's willingness to accept or reject abuse by her husband. When battered women are more aware of their rights, as perceived and written by their own religion, they are more likely to find new ways of protecting themselves, dealing with the abuse, changing their help-seeking behavior, and changing their traditional attitudes toward wife beating. Such methods have proven to be very empowering when the author has personally used them with battered Arab immigrant Muslim women.

Finally, and most importantly, the findings show that community-based organizations such as ACCESS have an important role in addressing the problems of partner abuse and battering of immigrant Arab women. There are cultural and attitudinal barriers, including the paucity and even absence of culturally appropriate services or programs. Expansion of current services and development should include more outreach programs to serve battered Arab immigrant women in particular. Such programs should not be limited to institutionalized programs, but should also be administered by community-based organizations that serve everyone rather than targeting a specific group. The administrators of programs and services in these local organizations usually use more tailored approaches than those in mainstream agencies. They are sometimes more responsive to the specific needs of these battered immigrant women because they have a better understanding of the beliefs and attitudes of the local population.

### **Study Limitations**

The findings of this study have several methodological limitations. The study relies on a small, non-random sample of 67 battered Arab immigrant women in the United States, and the data were collected exclusively at one organization site (ACCESS). These limitations potentially constrain the author from making generalizations based

on the findings, because the data may not be representative of other participant populations. More varied data sources, conversely, might enhance the accuracy and usefulness of future results. In addition, further validation at other sites would be required to confirm that similar beliefs and attitudes toward services, barriers to help seeking, needs, and availability of services uniformly exist.

All instruments utilized in this study were developed in Western societies, and although attempts were made to maintain their original validity by adapting them to the cultural aspects of the Arab community, the methodology of applied scales and measures should be further developed to better ensure that the original reliability and validity of the scales are maintained when conducting research with other communities.

The study did not control for demographic variables because of the small sample size. This may also impose certain limitations on the study findings in terms of differences between the participants across variables such as age, education, income, and marital and immigrant status, as well as political factors—variables which could lead to the findings being interpreted differently.

In addition, the participants in this study were all persons who had reported some experience of abuse. By excluding nonabused women and limiting the findings of the study to abused women, it cannot be representative of all Arab immigrant women in the same community.

Despite these limitations, this study is the first of its kind in that it has examined the beliefs and attitudes toward utilization of formal services among Arab immigrant women in the United States. It is evidence that domestic violence is a serious problem in the Arab immigrant community and has highlighted important factors associated with partner abuse and the utilization of formal services. The study could contribute significantly to a more general field of knowledge by answering questions relating to the effects of race/ethnicity, religion, and nationality on the experiences, perceptions of, and responses to domestic violence. Such a contribution is important in the analysis of battering as a phenomenon that varies because of structural issues. Moreover, the study also has several strengths, including the research investigator's in-depth knowledge of the culture of the sample studied, previous work in related areas, and knowledge of the problem of domestic violence. In addition, the investigator's own cultural sensitivity facilitated obtaining accurate data that may be generalizable.

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