

Change from Within: A Model for Training Imams and Muslim Chaplains About Domestic Violence

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Abstract

Within the American Muslim community, faith leaders are often first responders to domestic violence (Abugideiri 2007; Mogahed and Chouhoud 2017). In this role, they can influence an individual's help-seeking choices and life outcomes (Abugideiri 2007; Alkhateeb, Ellis, and Fortune 2001; Khan 2006; Oyewuwo-Gassikia 2019). However, uninformed responses, including furthering denial, minimization and stigmatization of abuse, and the misuse of religious texts contribute to a survivor's re-victimization and reduced likelihood of him/her reaching out for support again.

Faith-based interventions presented as a choice between faith and safety can create spiritual dilemmas. The Peaceful Families Project (PFP), a 20-year-old national non-profit organization, offers a culturally sensitive, multi-disciplinary training model that expels myths about domestic violence, creates awareness about its prevalence and impact, and equips imams and Muslim chaplains to respond more appropriately and effectively to abuse. PFP's unique model employs peer to peer education and is grounded in foundational Islamic texts, beliefs, and regulations.

Evaluation data from 28 religious leaders and chaplains across three timepoints (pre, post-, 6-month follow-up) of domestic violence prevention training reveal that, on average, participants' knowledge of domestic violence, confidence to respond, and preparation for action improved post-training. Improvements in knowledge and preparation to act were retained at follow-up but slightly declined for confidence to respond, which suggests the need for continual training and support for religious leaders. Findings suggest this training is an effective tool for increasing knowledge, confidence, and action in religious leaders in their role as first responders to domestic violence in their communities.

Keywords: domestic violence, prevention, training, religious leaders, chaplain

Background

The Peaceful Families Project (PFP) was founded by Sharifa Alkhateeb in 2000. While other ethnic organizations provide direct services to Muslims, PFP was the first Muslim-specific national organization focused solely on domestic violence prevention (Abugideiri and Alkhateeb 2007; Abugideiri 2010). Alkhateeb was motivated to address this critical need noted by her and colleagues nationwide who were working with Muslim families impacted by domestic violence who received little or no survivor-centered, best practices-informed assistance when approaching religious leaders for support.

This concern was confirmed by the first known national survey of Muslim leaders, which indicated that at least 10% of the leaders themselves had experienced domestic violence (Alkhateeb 1999). A landmark national study conducted by PFP and Project Sakinah (Celik and Sabri 2011) of 801 American Muslims found that 53% of respondents reported having experienced some form of domestic violence, and 31% reported experiencing intimate partner violence. When asked if they knew anyone who had experienced it, even if not themselves, 66% reported that they did. These findings demonstrate a significant need for support and resources in the American Muslim community (hereinafter “community”).

The community is diverse in terms of race, ethnicity, sect, languages, immigration status, and more. Therefore, one must utilize an intersectionality approach in any understanding of, and allyship to, survivors (Mokhtar and Chaudhry 2022). Due to racism, sexism, and Islamophobia perpetuating stereotypes of marginalized communities as violent, survivors may hesitate to disclose abuse for fear of confirming these stereotypes to mainstream services and systems, which may cause them to delay seeking help until the situation becomes untenable (Al-Ali 2019; Ghabra 2018; Oyewuwo-Gassikia 2016). These factors also encourage utilizing faith and culturally specific services to protect the community from further negative scrutiny. These cultural and societal factors, in conjunction with a lack of knowledge on the part of leaders and community members, can lead to re-victimizing survivors by blaming them for the violence. All of these factors contribute to maintaining the conspiracy of silence around this reality (Douki et al. 2003).

The murder of Asiya Zubair in 2009, featured in national headlines like “Upstate New York Man Charged with Beheading His Estranged Wife” (Robbins 2009), shocked the nation’s Muslim communities into action. The community could no longer ignore that it was not immune to domestic violence and that nationally known and supported public figures could be guilty of such heinous crimes. When it emerged that the perpetrator had a history of domestic violence in previous marriages as well, community leaders began to realize the role they play in potentially being complicit by not supporting survivors or acting when becoming aware of the violence. This tragedy forced communities nationwide to confront their lack of preparedness and the need for trained leadership, leading to an increased demand for training imams and community leaders.

People of faith who wish to act in accordance with their religious beliefs often turn to their faith leaders for guidance and help in understanding what is happening to them

(Ali, Milstein, and Marzuk 2005). Research suggests that imams play a critical role in counseling community members experiencing family conflict (Abu Ras, Gheith, and Cournos 2008; Ali 2016; Fawzy 2019). In such cases, religious leaders are often the first line of support. In addition, community members may face barriers to seeking mainstream or secular services, including linguistic and cultural obstacles, a lack of cultural humility on the part of mainstream service providers, and discrimination or Islamophobia (Ghafournia and Easteal 2021; Milani, Leschied and Rodger 2018). As faith leaders have the increased benefit of religious understanding, trust, and are often members of the same cultural group, they may offer linguistically and culturally appropriate services.

Religious leaders have a significant impact on determining how people understand abuse, as well as a survivor's help-seeking choices (Abugideiri 2007; Alkhateeb, Ellis, and Fortune 2001; Khan 2006; Oyewuwo-Gassikia 2019). Unfortunately, most clergy have no formal training in counseling in general (Abu-Ras, Gheith, and Cournos 2008; Drumm et al. 2018; Fawzy 2019) and are inadequately trained to handle domestic violence cases specifically (Abugideiri 2007; Alkhateeb, Ellis, and Fortune 2001; Fawzy 2019; Mogahed and Chouhoud 2017). As a result, not all religious leaders have a positive impact on survivors.

Religious leaders have the potential to use validation, empathy, and religious values to support survivors in their journey toward safety and healing. On the other hand, they may misuse and/or misinterpret religious values such as patience, forgiveness, and prioritizing the sanctity of marriage, encouraging an individual to stay in an abusive relationship (Abugideiri 2012; Abugideiri and Magid 2013; Alkhateeb, Ellis, and Fortune 2001; Alwani 2007; Fortune, Dratch, and Abugideiri 2010; Nason-Clark 2000; Sweifach and Heft-LaPorte 2007). Many survivors may struggle to reconcile Islamic teachings that call for justice (such as Qur'ān 4:135 and 16:90) and that describe the marital relationship as one grounded in mercy, love, and compassion (such as Qur'ān 30:21), for some leaders suggest that women should accept being physically, emotionally, or sexually abused by the very person who, according to the Islamic marriage contract, is supposed to take care of them (Alkhateeb 2012; Alwani 2007; Fortune, Dratch, and Abugideiri 2010). Such responses from imams leave many individuals feeling betrayed and confused, not to mention facing increased danger at home.

When discussing the religious leader's impact, one must name the power dynamics inherent in the help-seeking relationship and recognize the potential for harm emanating from exerting spiritual authority. The National Domestic Violence Hotline defines spiritual abuse as a "faith leader inflicting abuse on congregation members, often by creating a toxic culture within the institution or community by shaming or controlling members through the power of their position in the society." This may include misusing religious texts and beliefs to "minimize or rationalize abusive behaviors" (Hotline, 2021). As a result, people in abusive relationships may feel they have to choose between their faith and their safety (Abugideiri 2012; Fortune 2001). This may lead to distancing themselves from their faith, which can further isolate them from support systems and connectedness, both of which are building blocks of resilience (Hassouneh-Phillips 2003; Magid 2007).

Given their variable impact on survivors, training religious leaders is a powerful point of intervention to build upon the faith communities' potential strengths and benefits

and to minimize the potential harm they may cause. Previous studies have shown the benefits of such training (Drumm et al. 2018; Fowler et al. 2006; Snow et al. 2006). In this paper, we will describe one integrative model for American Muslim religious leaders that utilizes both Islamic foundations and counseling skills to improve the effectiveness of help-provision. Both quantitative and qualitative data will be utilized to explore its efficacy.

Methods

Procedure

Between 2000 and 2009, the Peaceful Families Program (PFP) developed an Imam and Chaplain Training Program through a series of local and national workshops. The core training of this annual workshop's two-day national training session is co-led by two content experts who cover a comprehensive range of informational topics and skill building related to addressing patterns of abuse in Muslim homes. The training team consists of a domestic violence and mental health expert (female) and an imam (male) with expertise in religious doctrine and domestic violence. The team's composition has become a signature part of PFP's professional development programming for imams, modeling collaboration on multiple levels. Participants experience the collaboration of female and male, practitioner and imam, secular trained and religiously trained individuals working and teaching as equal partners.

Additional speakers are frequently invited to enhance the workshops, including local religious leaders to build local credibility, family law attorneys, domestic violence service providers, and other related experts. In addition, participants have the opportunity to overcome potential biases, experience the value of collaborating with these professionals and providers, and to begin building relationships with them. The training program has historically taken place in-person. However, due to the COVID-19 pandemic, it was adapted to a virtual format in 2020.

Participants are recruited nationwide using personal, professional and community networks, and, in more recent years, social media. The lead trainer interviews registered participants to determine their level of experience, training, and exposure to domestic violence. Each religious leader is asked why he/she wishes to attend and what he/she hopes to gain. These answers then shape the design of the curriculum components.

Assumptions

The PFP's training model is based on several key assumptions: (a) Islamic teachings provide a model for preventing and intervening in domestic violence; (b) cultural humility (Waters and Asbill 2013) facilitates the learning process; (c) compassion is a necessary and effective change agent; and (d) the core belief that religious leaders would avoid harm if they were aware and will make necessary changes once they are equipped with the required knowledge, tools, and resources.

Islam as a preventive model. The PFP's approach acknowledges that historical context and cultural values grounded in patriarchy have shaped the interpretation and application of Islamic teachings related to gender, marriage, and domestic violence.

Specific values, such as those that promote male superiority and encourage female submissiveness, conflated with Islamic teachings contribute to domestic violence being justified via Islamic teachings. A central assumption in the PFP's approach is that Islamic teachings provide a preventive model that promotes peaceful, loving, and respectful relationships, especially between spouses (Alwani and Abugideiri 2003).

The objectives of Islamic law (*maqāsid al-sharī'a*) provide a framework that emphasizes preserving life and human dignity (Abugideiri and Magid 2013; Alwani 2007). The PFP provides education about domestic violence prevention as grounded within that tradition, and its approach lifts up those Islamic teachings that promote justice, gender equity, and peaceful relationships, as well as those that clearly prohibit any form of domestic violence (Alkhateeb 1999; Alkhateeb and Abugideiri 2007; Alwani and Abugideiri 2003; Khan 2006).

Cultural humility. Cultural humility is: (a) a constant practice of self-awareness and self-reflection of one's own intersecting social identities; (b) when working with communities, an ongoing analysis of how one's identities contribute to power imbalances in interactions with community members; and (c) acting to address imbalances to provide more effective and just services (Danso 2018). Several elements are embedded in the trainers' approach in engaging with participants, among them the important role of imams and chaplains and the positive and negative power of their words and actions. The training environment is an opportunity for religious leaders to build collaborative relationships and partnerships.

One must understand the culture of being an imam and/or a chaplain, which includes being in a position of authority and leadership, as well as being the person on whom community members rely for guidance in personal matters. We believe that religious leaders learn best when they can step out of their role and feel seen and understood. The peer-to-peer model allows them to set down their role and feel connected. Participants are also better able to accept materials when a religious expert, grounded in Islamic law and practice, facilitates the training. Each training session must strive to cultivate relationships that lead to collaboration and coordination to end domestic violence.

Compassion. For transformation to occur, both participants and trainers must feel welcomed, valued, and respected. The participants' important contributions to their communities need to be recognized. Therefore, the PFP's approach is grounded in compassion, which builds on an assumption that most faith leaders believe in doing no harm; however, they may inadvertently support abuse due to their lack of knowledge and training. While holding them accountable for fulfilling their responsibilities, one must have compassion for these leaders who are expected to perform many community functions without adequate support and training.

Compassion and respect facilitate the building of rapport between both groups by reducing defensiveness, which then improves the participants' ability to learn. As religious leaders engage with the training material, one expects participants to develop deeper levels of compassion and empathy for the abused, thereby authentically extending compassion toward them. In this way, survivors remain the priority of all training activities. Engaging with these leaders compassionately is in no way intended to collude with those who have misused or abused their power or absolve them from accountability.

In many cases, participants share their own experiences of trauma and abuse. They need a safe and compassionate space in which they can be vulnerable. This depends heavily upon combining the facilitators' respective areas of expertise; the trainer with a mental health background offers clinical skills in trauma-informed group facilitation and the trainer with religious knowledge offers faith-based and spiritual interventions.

Goals

The overarching goals of the PFP's training program for religious leaders are to (1) recognize cases of domestic violence and understand key aspects of the relevant literature; (2) increase the participant's effectiveness in responding in the most appropriate and safest manner; and (3) encourage religious leaders to use their unique role to engage in prevention efforts.

Structural Components

The training curriculum included (a) providing information; (b) building empathy; (c) overviewing relevant Islamic law; (d) discussing the role of the imam; and (e) building skills. Details of the curriculum topics are outlined in Appendix A.

Participants

This outcome evaluation outlines data from two cohorts of participants who attended the PFP's National Training of Religious Leaders. Sixteen participants in 2018 completed the study surveys; while twelve participants in 2019 completed them. Demographic data was collected to understand the nature of the present sample. Taken together, participants ranged from 20 to 72 years old ($M = 46.17$ years), with twenty-four identifying as male and four as female. The sample was diverse with regard to ethnicity and both secular and religious education. Eleven (39.3%) stated they had some level of counseling training. When asked to select from a list of types of training about domestic violence they had completed prior to the National Imam & Chaplain Training, six participants across the two cohorts (21.4%) said that they had had no previous training. Of the remainder, most had attended one (five participants) or two (eight participants) types of training. The majority had attended a lecture or talk on the topic (sixteen participants), watched a video (eleven participants), and/or attended a skills-based training on domestic violence (nine participants).

Measures

To assess the program's effectiveness, we adapted the PREMIS (Physician Readiness to Manage Intimate Partner Violence Survey; Short et al. 2006) for a religious leader cohort. We shortened the survey's length to fit this sample's needs and modified language to reflect discipline-specific terminology and cultural sensitivity. Online pre-test, post-test, and follow-up surveys were administered using SurveyMonkey to assess (a) confidence in one's ability to manage DV cases; (b) preparation to act when confronted with a DV case; (c) knowledge about DV; (d) actual actions taken when confronted with DV cases in the past; and (e) actual referrals they made when working with DV cases in the past.

We also assessed their environmental context, including relationship with the board, resources/support for their work, and the impact of Ramadan on their work with congregants. Finally, participants answered questions about their experience of the training program, including (a) the degree to which the workshop met their expectations and its objectives; (b) how well the concepts were presented; and (c) how confident they felt about addressing domestic violence. They were also asked to identify what they found most helpful, what was missing, what was offensive or unhelpful, the key message(s) they were taking away, and how they would utilize what they had learned. During the concluding session, we obtained both written evaluations and verbal feedback.

The survey was administered at three time points: pre-test, post-test, and follow-up. The research team emailed pre-test surveys to participants a few days before the training's beginning; responses could not be submitted after the training began. The post-test, emailed at the end of the training, was closed a few days after the training concluded. Follow-up surveys were emailed approximately 10–12 weeks after the training. Participants received multiple reminders to complete the survey to ensure that they had enough time to do so. The follow-up survey was closed approximately 15 weeks after the training.

During the closing session, we obtained both written evaluations and verbal feedback. The evaluation forms asked participants to rate the degree to which the workshop met their expectations and its objectives, how well they were presented, and how confident they felt about addressing domestic violence. They were also asked to indicate what they found most helpful, what was missing, what was offensive or unhelpful, the key message(s) they were taking away, and how they would utilize what they had learned.

Results

Efficacy of the Imam and Chaplain Training

Two participants began the survey but completed only the demographic questions. Twenty-six completed the pre-test, sixteen completed the post-test, and seven (all from the 2018 cohort) completed the follow-up survey. The data presented below represents the entire sample. Data for the seven participants who completed the survey over all three timepoints is presented in parentheses so the reader can acquire a fuller picture of the trends identified.

Respondents were asked “How much do you feel you know about...,” followed by a list of prompts such as reasons for disclosure, what to say in response to a disclosure, how to assess risk, signs of abuse, referral sources for survivors, and legal reporting requirements. Response options ranged from “nothing” (0) to “very much” (6). At pre-test, the mean score indicated that respondents endorsed being somewhere between “a little” (2) and “a moderate amount” (3). At post-test, the average score improved to between “a fair amount” (4) to “quite a bit” (5), and participants retained some improved confidence at follow-up.

Table 1: Confidence score average (possible r = 0–6)

	Pre-test N = 26 (N = 7)	Post-test N = 16 (N = 7)	Follow-up N = 7
Disclosure	3.462 (3.14)	5 (4.86)	3.57
What to say	2.615 (2.14)	4.625 (4.57)	3.43
Determine danger	2.615 (2.42)	4.938 (5.0)	3.57
Signs/Symptoms	2.731 (2.71)	4.938 (4.72)	4
Referral Sources	2.269 (2.0)	5.0 (5.0)	3.57
Reporting requirements	2.346 (2.71)	4.563 (4.43)	4.14

Respondents were asked how prepared they felt to perform certain actions when confronted with domestic violence. Response options ranged from “not prepared” (0) to “quite well prepared” (6). Participants reported being between “slightly prepared” (2) and “moderately prepared” (3) with regard to how to respond appropriately to disclosures of abuse, make appropriate referrals, and fulfill the legal requirements to report abuse. Their perceived preparation to act markedly improved at post-test (between “fairly well prepared” [4] and “well prepared” [5]) and retained some perceived preparation at follow-up.

Table 2: Preparation to act (possible r = 0–6)

	Pre-test N = 26 (N = 7)	Post-test N = 16 (N = 7)	Follow-up N = 7
Appropriately respond to disclosures of abuse	2.385 (2.57)	4.688 (4.57)	3.43
Make appropriate referrals	2.440 (2.71)	4.625 (4.57)	3.71
Fulfill legal reporting requirements for abuse	2.385 (2.57)	4.438 (4.29)	3.43

Respondents were then asked to assess their knowledge of domestic violence (e.g., risk factors for violence, signs that someone is being abused). These knowledge questions were scored so that correct answers were equal to “1” and all other answers were equal to “0,” and then summed to create a total score. The actions item asked respondents to identify which action, chosen from a list of actions, they took with clients in the past six months. The score was calculated as a sum. Referrals were assessed by a question that asked respondents to select from a list which referrals they had made in that particular time frame. The score was calculated as a sum.

Table 3: Knowledge (r = 0–16), Actual actions (r = 0–6), Actual referrals (0–17)

	Pre-test N = 26 (range) N = 7 (range)	Post-test N = 16 (range) N = 7 (range)	Follow-up N = 7 (range)
Knowledge Score	9.231 (2–15) 8.57 (3–13)	10.813 (5–14) 11.14 (5–13)	11.71 (5–16)
Actions Score	2.154 (0–6) 2.14 (0–5)	–	2.33 (1–6)
Referrals Score	2.654 (0–14) 3.14 (0–14)	–	3.67 (1–12)

Respondents were asked which actions they took with the DV clients they have worked with in the past six months. The number of respondents that indicated they “[c]ounseled client on options” increased substantially in the follow-up survey as compared to the pre-test. Other actions (e.g., Provided information to client, Helped person develop safety plan) decreased substantially.

Table 4: Actions sum items

	Pre-test N = 26 (N = 7)	Follow-up N = 7
Provided information to client	46.14% (57.14%)	28.57%
Counseled client on options	53.85% (57.14%)	71.43%

Safety assessment - victim	34.62% (28.57%)	28.57%
Safety assessment - children	30.77% (28.57%)	28.57%
Helped person develop safety plan	34.62% (28.57%)	14.29%
Other action	15.38% (14.29%)	28.57%

Respondents were then asked how often they had taken the following actions when working with a client in the past six months. The responses range from “never” (0) to “nearly always” (5). The mean responses increased for all actions except “Offered validating/supportive statements,” which remained steady.

Table 5: Additional actions		
	Pre-test N = 15 (N = 7)	Follow-up N = 7
When mandated, made a report	2.154 (1)	1.5
Contacted a DV service provider	1.8 (1.25)	2.5
Offered validating/supportive statements	2.6 (3.6)	3.6
Provided referral and/or other info	2.875 (3)	3.6

Field Notes and Program Reflections

Qualitative analysis of field notes and reflections by the program trainers yielded important lessons about working with this population of imams and chaplains. The majority of participants were excited to gain tools that would supplement their Islamic knowledge in order to respond to domestic violence more appropriately and effectively. They shared their unpreparedness for the cases they were asked to address, acknowledging that their training did not teach them to deal with domestic violence. A recurring statement was, “I know the *fiqh* (jurisprudence), but I don’t have the tools and skills.” Many of the religious leaders expressed surprise at what they learned by having a female trainer to better help them understand the experience of female survivors.

One imam objected to having a female trainer on the grounds that it was inappropriate for the men to watch her and other female presenters; however, he decided

to attend the program anyway. By the end of the training, while this opinion persisted, he also acknowledged that he had benefited.

The attending religious leaders reported that they were highly motivated to learn how to apply their Islamic knowledge in counseling situations. They expressed a wide range of opinions regarding domestic violence as a function of education, culture, ethnicity, race, historical events, and personal histories. Personal exposure to violence often entailed being abused as children by parents or religious teachers, being bullied, and abuse in their marriages. Trainers noted that participants valued being learners as peers; discarding their role as “expert”; being vulnerable; and getting support from peers, trainers, and PFP as an organization. The group learning format style encouraged participants to hold each other accountable and use positive peer pressure to move each other in the right direction when a particular participant resisted what was being taught.

Discussion

The current study offers a preliminary analysis of the efficacy of a domestic violence training program for imams and Muslim chaplains. The findings demonstrated that both groups often receive minimal to no information or training related to domestic violence and no counseling skills. Thus, Muslim religious leaders may lack understanding, confidence in their knowledge, and the skills to manage these cases as they arise. Findings reveal that after a two-day domestic violence training program, participants showed an increase in their knowledge of this issue. Notably, there was a substantial rise in their self-reported confidence in their knowledge (e.g., reasons for disclosure, what to say in response to a disclosure, how to assess risk, signs of abuse, referral sources for survivors, and legal reporting requirements). However, this confidence showed a slight decline at follow-up, suggesting the need for continual training and support.

Imams and chaplains shared that they generally operate in silos, often feeling that they have to handle all concerns of family violence in their community independently and are unaware of available services. Additionally, many shared that they feel overwhelmed by the vast range of their community’s demands, may feel unsupported by their boards in their desire to seek additional support and training, and were generally unprepared for the types of situations they are expected to manage. After the training program, participants reported a marked increase in their preparedness to act in situations of abuse, especially in their sense of feeling prepared to appropriately respond to disclosures of abuse, make appropriate referrals, and fulfill legal reporting requirements as necessary. However, their preparedness showed a decline in follow-up, such that while they still felt more prepared than before the training, it was less than how prepared they felt to act immediately following the training. This may demonstrate the confidence imams and chaplains feel immediately after the training with newly found resources and knowledge; however, they may need continued support and resources to maintain that level of perceived preparation.

A significant number of religious leaders also minimized or denied the prevalence of domestic violence among Muslims and its impact as compared with national data. Participants tended to prioritize keeping a marriage intact rather than the safety and well-being of each family member. Many religious leaders subscribed to the belief that it is

better for children to be in a two-parent home, even if that home is violent. These beliefs persisted despite the ensuing long-term psychological, spiritual, and physical damage.

The data revealed that participants showed a modest increase in knowledge of domestic violence after the training, that persisted at follow-up, demonstrating this training model may be an effective tool for increasing such knowledge among imams and chaplains, dispelling stigma, and promoting safety. Participants reported substantial increases in resources when counseling families in terms of the options available to them, suggesting the effective application of their knowledge. However, other tangible actions such as providing information to clients and helping them develop a safety plan decreased. This decline may be explained by the training program's emphasis on relying on DV/mental health experts and advocates for specialized services such as safety planning.

The data found that many of the religious leader participants felt isolated, having little opportunity to engage with their peers or in any type of consultation with other religious leaders or professionals. Additionally, many participants provided various reasons for being reluctant or completely opposed to engaging law enforcement to protect survivors of domestic violence. The religious leaders were often unaware of the complex needs of families impacted by abuse, as well as the available services. Even when participants were aware of services, they often reported not trusting them or being unsure if these services were compatible with Islam. Through this training, which provides them with local and national resources, participants increased the number of referrals they were making, suggesting increased collaboration and partnerships, rather than working in silos. There was an increase in making reports when mandated, contacting DV service providers, and providing referrals. Overall, the training was found to be a useful method for religious leaders to build partnerships and rely on experts to provide support that is outside their training and responsibilities, thereby allowing for interdisciplinary teams that can provide the most effective care and reduce burnout of any one care provider.

Limitations

Several limitations potentially impact the validity of this study's findings. First, due to the small sample size, these findings cannot be generalized broadly and are treated as preliminary analyses to guide future work. Second, the high rate of attrition in survey responses may result in biased findings. Participants motivated to complete the post-test and follow-up may have been more likely to find benefit from the training and have lasting impacts, thus potentially inflating the program's benefits.

The data collection methods varied slightly from 2018 to 2019. In 2018, the research team came to the training in person to introduce the evaluation and ensure that the participants had completed the pre-test. They returned to ensure that as many participants as possible completed the post-test, although a few participants elected to complete the survey on their own. In 2019, the researcher was unable to go to the training site, and thus all contact with the participants was over email. This may have impacted the percentage of people who completed the survey each year and may explain why all follow-up data that was usable was from 2018 participants.

Third, the participants from the two cohorts may have also differed, given that the 2018 cohort's participation was fully funded by PFP, whereas the 2019 cohort participants were only given partial scholarships due to financial constraints faced by PFP that year. It is uncertain what impact that difference might have had.

Fourth, while the current training program and study combine imams and chaplains, we understand that these two groups are uniquely different in many ways, including education/training, gender (e.g., female chaplains), occupational setting, and the communities they serve. American Muslim chaplains have a unique role in their communities and engage with them in many new and dynamic ways (Stark 2015). Future studies may benefit from exploring the impact of domestic violence training on imams and chaplains separately and, given the scope and financial resources, training may be tailored to the unique needs of each.

Fifth, gender is also an important element to study, whether it is the gender of the trainers or of the participants, and its impact on the learning process and the dynamics of power and of participant engagement with each other and with the trainers. We do not know what impact would occur if the training roles were reversed: the religious expert is female and the mental health expert is male, or if all the trainers and participants were male.

Finally, PFP predominantly works within the American Muslim Sunni community, and while efforts have been made to expand to the broader community, the majority of the training's participants are Sunni religious leaders. Future research may benefit from assessing whether the training program is effective in the Shi'a and other communities, and after sensitively integrating culturally relevant knowledge.

Future Directions and Possible Extensions of the Training Model

The PFP's model is a unique method for intervening within the community on an issue that tends to carry stigma. Utilizing Islamic texts to frame healthy relationships and making space for discussing the topic from within the framework of Islamic law facilitates culture change at a different level than focusing only on delivering information about domestic violence and building skills.

In planning for future training, one must consider the intersection of gender, religious authority, and the ethnicity of both trainers and participants. Female religious leaders (including Muslim women spiritual leaders and teachers) are far more aware of domestic violence in their congregations, while male religious leaders are more likely to say that no one comes to them with this type of problem (Alkhateeb, Ellis, and Fortune 2001). While there are Muslim women who have deep religious scholarship, they often do not have titles and may not be regarded by imams with the same level of respect accorded to men. At the same time, women outnumber men three to one in the fields of psychology and counseling (Evans 2010; Willyard 2011).

While there is an emerging trend for religious leaders to have some exposure to mental health education (Fawzy 2019), most will not become dually trained; therefore, an interdisciplinary training team must be maintained. Acknowledging the reality of the gender disparity among both religious leaders as well as mental health professionals, while providing an expert from each field as a co-facilitator, can provide a balance. However, we

are aware that maintaining a training model of an imam (male) with a practitioner (female) runs the risk of appearing to collude with structural sexism. Perhaps a female religious scholar and a male mental health professional or domestic violence advocate would create the same balance, but only further research and field work would provide concrete data about its effectiveness.

In addition to subject matter expertise, trainers also need to be comfortable working with religious leaders. Experts in domestic violence may have had significant negative experiences, directly or indirectly, with imams who have caused real harm. In fact, in one case an imam who participated in a PFP training was later investigated and convicted of clergy malpractice and sexual exploitation (Salem 2018). These situations highlight the challenges embedded in the larger structural problem of how imams are trained, vetted, and hired (Askar 2017; Mahmood et al. 2017; Jacobs 2017; Khalil 2017; Yuskaev and Stark 2014). On both a personal and a professional level, mental health professionals and domestic violence advocates may hold feelings of anger, betrayal, and mistrust toward imams as a group, which may spill over into the training context.

These feelings, though understandable, can interfere with the trainers' ability to teach from a place of compassion and maintain a positive view of the participants, most of whom are generally genuinely interested in learning and improving their response to domestic violence. Trainers who are teaching imams should be aware of their own biases toward imams to minimize those biases from potentially interfering with how the message is delivered. Furthermore, when trainers can acknowledge their biases and then put them aside, bringing an open mind and curiosity to the situation, they create the potential for self-transformation as they hear imams sharing their own experiences with abuse, as well as the struggles they face to effect change.

This model and the elements that the PFP has identified as being critical in promoting behavior change among imams may also be applicable in other arenas. Other interventions, especially those on stigmatized topics such as child abuse or addiction, may gain insight from this model to guide their partnerships with religious leaders to promote changes. We hope such efforts will make space for the needed discussions and facilitate post-training collaborations to further their impact on the community's culture.

Conclusion

The PFP's Imam and Chaplain Training was developed in response to a crucial need in the American Muslim community. Over many years of community application, this training model has continued to evolve through an iterative process to become what it is today. The current study describes the model and preliminary analyses of its efficacy. Acknowledging its caveats and that no model is without drawbacks, this model appears to be a successful one for a community-level intervention. It bridges professionals in different spheres and builds a safe space for the delivery of information and skill building. Through the relationship modeled by the trainers and the relationships built between the participants, the latter build empathy for victims and survivors of abuse, a group that has historically experienced stigma. PFP staff have also focused on responding to what they have learned from participants and maintained a cultural humility. These process elements have

facilitated a long-term collaborative relationship between the PFP and the community, which further increases our credibility and ability to intervene successfully.

This study reveals that the PFP Imam and Chaplain Training is an effective intervention for enhancing knowledge, confidence, and preparation to act in response to domestic violence. Many of these benefits persisted at follow-up, though there was a slight decline in the participants' confidence to respond to domestic violence, indicating a need for continued training and support. In addition to achieving the desired program objectives, each training has engendered many positive impacts that were unexpected. For example, we identified religious leaders with whom we could develop ongoing partnerships and engage as co-facilitators in future events. We were pleased to see training participants deliver Friday sermons on domestic violence, join local domestic violence task forces, and host domestic violence awareness programs in their masjids. We were pleasantly surprised to learn of participants establishing a social services or domestic violence program in the masjid to support survivors, hiring mental health professionals to offer counseling in the masjid, and enrolling in counseling programs themselves to become dually trained. These positive outcomes illustrate the ripple effects that can occur by virtue of the relationships established through attending PFP's intensive workshop.

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