Gendered Islamophobia

The Women and Equalities Committee

April 2025

Written Evidence submitted by Rahmanara Chowdhury and Nottingham Civic Exchange

1.0 Executive summary

This evidence contribution will focus on Muslim women who have experienced domestic violence and abuse, and the subsequent impact Islamophobia has on reporting and accessing support. The evidence aims to address the following questions:

1. *What impact does Islamophobia have on women and girls, their communities and wider society?*
2. *Is there evidence of Muslim women being harassed from within their communities? For example, for not conforming to expected community norms or due to generational differences?*
3. *What can schools, sports clubs and other community groups, trade unions, places of worship and workplaces do to help tackle Islamophobia and to support Muslim women and girls?*

The evidence ultimately argues that Islamophobia marginalises victims of domestic violence and abuse further, making accessing support and reporting more difficult, complex and sometimes inaccessible. Thereby, even when women and girls are not direct victims of Islamophobia, they nevertheless experience gendered negative outcomes related to this.

The following recommendations are put forward:

a) Further research is required to understand to a greater level of detail the impact of Islamophobia on those seeking support from mainstream service provision including statutory services, particularly in relation to domestic abuse cases and those seeking mental health support. This requires funding support.

b) Mainstream media must afford the same parity given to other demographic groups when reporting offences committed by individuals who may be Muslim. The focus should remain on the offence and be devoid of religious affiliations.

c) Mainstream front-line services should have appropriate and ongoing training to be able to support Muslim female survivors of domestic abuse. Some mechanisms through which this can be achieved include:

- Adopting the Web Model of Domestic Violence and Abuse in their practice, a holistic method of working with clients as outlined in a policy briefing submission to the Women and Equalities Select Committee Inquiry (September 2023) on the escalation of violence against women and girls..
- Drawing on the resources and networks of the Muslim Mind Collaborative: a consortium of mental health providers working with Muslim communities.
- Utilise in-depth specialist research resources which exist such as the research carried out by The Lantern Initiative and Sacred (Body:Mind:Space)

d) Initiatives to build trust between Muslim communities and statutory service providers are encouraged. As part of this focussing on offences rather than on religious affiliation will help to ease some of the mistrust. Divisive and labelling language should be avoided by those holding positions of influence and within mainstream media. Increased opportunities for sharing of knowledge would further support breaking down barriers.

e) Support community capacity building through increased opportunities for accessible funding streams, training, and development for existing specialist service providers working in Muslim communities.

f) The sharing of good practice across service providers as per the model of the Muslim Mind collaborative, through case study examples, knowledge exchange and networking opportunities.

2.0 About the author

Dr Rahmanara Chowdhury is a Senior Lecturer in Forensic Psychology. She is a Chartered Psychologist and an Associate Fellow of the Higher Education Academy. Rahmanara has a track record of developing and delivering culturally informed training, primarily for service providers working in a range of sectors including domestic violence, police, prison and probation, and the NHS. These are designed to support practitioners to work more holistically with individuals particularly from ethnic minorities, who come into contact with their services. Through her research she developed the Web Model of Domestic Violence and Abuse, and the Reintegration Framework for forensic contexts, which supports much of this work. She is also the co-founder of the international Working group on Spiritual Abuse.

Rahmanara has been embedded within grassroot community engagement for the past 20 years, enabling her to carry out sensitive research with minoritised communities and support with community capacity building. External to her academic publications, Rahmanara has authored several community-orientated books on domestic abuse in Muslim communities.

[Nottingham Civic Exchange](#) maximises research, policy and practical impact by bringing together university expertise with partners seeking to address the needs of people, communities, organisations and government. We are a resource to look at social and economic issues in new ways. This means facilitating debate, acting as a bridge between research and policy debates, and developing practical projects at a local, city and regional level.

3.0 Evidence

3.1 What impact does Islamophobia have on women and girls, their communities and wider society?

The impact of Islamophobia is experienced by both survivors of domestic abuse and Muslim practitioners alike[1]. Islamophobia was found to have a detrimental impact upon Muslim communities, causing them to withdraw into themselves as a mechanism to reduce possibilities for drawing further negative attention upon themselves. One senior practitioner stated that when a crime was committed by someone from an ethnic minority, this was often reported as being representative of all brown and/or Muslim individuals, however this broad generalisation was not applied when a white person committed the same offence. Muslim Practitioners reported this discrepancy as making them aware that they were seen and would always be seen as different and therefore to be treated differently. This placed a heavy burden on Muslim individuals and Muslim communities collectively, regardless of background, level of education and socio-economic status. To address this, it is recommended that mainstream media treat the Muslim faith with the same parity afforded to other faith groups. This can be achieved by not centring the Muslim faith when reporting offences committed by individuals who may be Muslim. This will help to reduce some of the wider stigma and the consequences of this stigma.

Across the field of accessing support whether for generic mental health needs[2] or for domestic abuse support, islamophobia has led to feelings of being highly self-conscious. When accessing mental health support the following has been reported:

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[1] Chowdhury, R., & Winder, B. (2022). A Web Model of Domestic Violence and Abuse in Muslim Communities—A Multi Perspective IPA Approach. *Social Sciences*, *11*(8), 354. https://www.mdpi.com/2076-0760/11/8/354

[2] The Lantern Initiative CIC, Civil Society Consulting CIC, Shaikh, A., Chowdhury, R., (2021). *Muslim Mental Health Matters: 'Understanding barriers to accessing mental health support services and gaps in provision for the UK Muslim community'*. The Lantern Initiative, Peterborough, UK. https://www.thelanterninitiative.co.uk/research

3.1.1 Muslim individuals are hesitant to access mainstream mental health support knowing that they may be judged or treated differently, especially if they are in hijab or Islamic dress.

3.1.2. Muslims are concerned about whether mainstream services have adequate training and cultural awareness to be able to appropriately understand their specific needs, with discrepancies being magnified by Islamophobia.

3.1.3 These concerns create an added level of pressure within Muslim communities that is not experienced by their white counterparts, usually at a time of great vulnerability.

3.1.4 One of the biggest fears was whether faith needs would be sensitively considered in any support provision. For example, would individuals be told they had to leave the abusive situation without any understanding of the complex intertwining of relationships being navigated in order to keep themselves safe, whilst retaining their identity and community.

3.1.5 Without having these as integral elements of support provision, Muslim communities felt unseen and unheard, coupled with a lack of understanding exacerbated due to Islamophobia and anti-Muslim mainstream narratives.

As a result, in the context of seeking generic mental health support, some Muslim women revert to seeking support internally within their own communities prior to reaching out to external services. This however also presented with the following concerns:

3.1.6 Community members report trying to access support from Mosques and other internal support within their communities but often being concerned about whether staff are adequately professionally trained, whether their confidentiality would be upheld and whether safeguarding concerns would be taken seriously.[3]

3.1.7 Equally, survivors report finding comfort and support for their healing journey in religious and spiritual settings. These were not necessarily directly related to their abuse experiences, but have supported survivors in finding themselves again and supporting them towards growth.

It is therefore recommended for mainstream organisations to ensure they have appropriate and ongoing training to be able to support Muslim female survivors of domestic abuse. Part of this may involve working in partnership with grassroot organisations who hold specialist expertise in working within Muslim communities and

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[3] Adam, M., Chowdhury, R., Adnan-Shaukat, M. & Mulla, F. (2024) *Sacred Trust, Silent Wounds: An Exploration of the Experiences and Understanding of Abuse in Scottish Muslim Communities.* Sacred (Body:Mind:Space) https://www.sacredbms.org.uk/research

some of the challenges they face. Examples of how this might be operationalised include:

- Adopting the Web Model of Domestic Violence and abuse in their practice
- Drawing on the resources and networks of the Muslim Mind Collaborative: a consortium of mental health providers working with Muslim communities.
- Utilise in-depth specialist research resources which exist such as the research carried out by The Lantern Initiative and Sacred (Body:Mind:Space)
- These resources are outlined in the footnotes.

3.2 Is there evidence of Muslim women being harassed from within their communities? For example, for not conforming to expected community norms or due to generational differences?

3.2.1 In the context of domestic violence and abuse, Islamophobia led to feelings of greater scrutiny particularly around Muslim males. This negative attention results in individuals and communities collectively feeling hesitant to report domestic abuse for fear that it would bring further harmful repercussions and reinforce existing stereotypes.

3.2.2 As a result Muslim women wanting to report or seek support for domestic abuse were sometimes being told by fellow community members that they would add to the negativity already faced by Muslim males, particularly within statutory services such as social services and the police. This caused Muslim female survivors to be silenced within their communities through having an added layer of internal guilt placed upon their shoulders.

3.2.3 Muslim female survivors also felt a personal level of internal burden, recognising that they were part of a community already perceived as being violent and oppressive, therefore, to reach out for support, make disclosures, or proceed with legal action resulted in feelings of conflict and guilt. Whilst speaking out may help them get out of the situation, although even that was not felt to be guaranteed, speaking out would also result in the community being further stigmatised and marginalised.

3.2.4 All of the above left Muslim female victims and survivors of domestic abuse feeling like they had no safe space within which they could access support without being unfairly judged.

3.2.5 Even in the instances where Muslim women have been able to access support, there was no guarantee that the support would be culturally and religiously appropriate, due to a lack of understanding and provision by service providers.

3.2.6 Accessing support and reporting therefore came with the risk that they may end up returning to the abusive relationship and potentially facing increased harm. This was felt to then send out a signal to the wider community that domestic abuse was not something you could escape from.

3.2.7 Examples of this can be seen in the tragic murder of Raneem Oudeh, aged 22, and her mother Khaola Saleem in 2018. Raneem had called the police 13 times previously but the level of risk she faced was not fully understood. This resulted in her being on the phone to the police at the time that she was killed by her ex-partner. Whilst Raneem's Law has now been put into place, underlying issues pertaining to Islamophobia and pre-conceived ideas regarding Muslim communities remain unaddressed.

The pressure of Islamophobia is also felt more acutely when there are high profile media stories such as the recent appointment of Hamid Patel, a visibly Muslim male, as Chair of Ofsted. Since his appointment there has been an international backlash with his religious background coming under intense scrutiny in a way that would not happen for his non-Muslim counterparts. This kind of profiling and divisive language reinforces within Muslim communities that Muslim males are viewed in a certain light no matter what their standing or achievement in society. Therefore, to make a complaint against a Muslim male becomes incredibly complex and loaded with individual and collective consequences.

To support change in this area trust needs to be built up between Muslim communities and statutory service providers. As part of this focussing on offences rather than on religious affiliation will help to ease some of the mistrust. Divisive and labelling language should also be avoided by those holding positions of influence and within mainstream media. Specialised services which work within Muslim communities should be better supported with sustainable financial resources to help them cater to demand and need, alongside increased partnership working with mainstream services.

3.3 What can schools, sports clubs and other community groups, trade unions, places of worship and workplaces do to help tackle Islamophobia and to support Muslim women and girls?

3.3.1 Muslim communities are actively seeking to find appropriate mental health and wellbeing support internally within their communities. In this context they do not need to explain their identity or the significance of their religious identity. They know support will be culturally attuned and not place them in an even more complex situation.

3.3.2 However, this support needs developing. Whilst there are numerous specialist organisations who support Muslim communities, they are often underfunded, lack sufficient resources to provide adequate services, and more informal organisations such as the local Mosque may not have properly qualified or trained staff. There is therefore a greater need to support the training, development and ongoing sustainability of internal resources and service provision.

A collective concerted effort to address some of these issues can be seen in the example of the Muslim Mind Collaborative (MMC). The MMC aims to make mental health services accessible to UK Muslim communities through highlighting the urgent need for culturally and faith-sensitive support and calling for government action to address significant inequalities. As an umbrella organisation to over 70 mental health organisations who work within and with Muslim communities, they are actively seeking to break some of these barriers by fostering dialogue, facilitating collaborative working, providing research opportunities, sharing of good practice and enabling otherwise inaccessible opportunities. Their services extend to both minoritised and mainstream support provision, allowing for crucial education, awareness and training across the spectrum. They do however require greater policy and financial support in order to develop capacity within and between Muslim communities and service providers.

Recommendations:

a) Further research is required to understand to a greater level of detail the impact of Islamophobia on those seeking support from mainstream service provision including statutory services, particularly in relation to domestic abuse cases and those seeking mental health support. This requires funding support.

b) Mainstream media must afford the same parity given to other demographic groups when reporting offences committed by individuals who may be Muslim. The focus should remain on the offence and be devoid of religious affiliation.

c) Mainstream front-line services should have appropriate and ongoing training to be able to support Muslim female survivors of domestic abuse. Some mechanisms through which this can be achieved include:
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e) Support community capacity building through increased opportunities for accessible funding streams, training, and development for existing specialist service providers working in Muslim communities.

f) The sharing of good practice across service providers as per the model of the Muslim Mind collaborative, through case study examples, knowledge exchange, and networking opportunities.

Dr Rahmanara Chowdhury can make herself available to the committee, clerks or AMs if required to support this inquiry