Therapists' experiences of working with Iranian-Immigrant IPV clients in the United States

by

Fatemeh Nikparvar

B.S., Ferdowsi University, 2006
M.S., Shahid Beheshti University, 2010

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services
College of Human Ecology

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Abstract

Mental health practitioners have a responsibility to provide effective interventions to all their clients, accounting for each client's cultural context and cultural values relevant to their well-being. In this study, eight therapist who have worked with Iranian-immigrant IPV clients were interviewed to answer two questions: 1) What have therapists who work in the U.S. learned about challenges working with Iranian IPV clients living in the U.S.? and 2) what suggestions do these therapists have for improving services for Iranian IPV clients living in the U.S.? In response to the first question, six main themes were found: a) clients' lack of knowledge, b) cultural acceptance that men are not accountable for their behaviors/gender norms in patriarchal culture, c) women's sense of disempowerment (victim's role), d) clients do not disclose IPV due to a sense of obligation, e) clients' fear of consequences of disclosing, and f) Clients' difficulty trusting therapists and the mental health field. In response to the second question (i.e., what suggestions do these therapists have for improving the services for Iranian IPV clients living in the U.S.?), three main themes emerged: a) clients need for knowledge and psychoeducation, b) the services are not sufficient/ not proportional, c) therapists need to have a broad perspective and understanding of clients. Results add to the understanding of IPV grounded in the Iranian immigrant culture and ultimately contribute to a culturally-based conceptualization of IPV among Iranian immigrants to sensitize therapists regarding culturally appropriate interventions that reflect the concerns of the Iranian immigrant community living in the U.S.

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Approved by:

Major Professor
Dr. Sandra Stith

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Mental health practitioners have a responsibility to provide effective interventions to all their clients, accounting for each client's cultural context and cultural values relevant to their well-being. In this study, eight therapist who have worked with Iranian-immigrant IPV clients were interviewed to answer two questions: 1) What have therapists who work in the U.S. learned about challenges working with Iranian IPV clients living in the U.S.? and, 2) what suggestions do these therapists have for improving services for Iranian IPV clients living in the U.S.? In response to the first question, six main themes were found: a) clients' lack of knowledge, b) cultural acceptance that men are not accountable for their behaviors/gender norms in patriarchal culture, c) women's sense of disempowerment (victim's role), d) clients do not disclose IPV due to a sense of obligation, e) clients' fear of consequences of disclosing, and, f) Clients' difficulty trusting therapists and the mental health field. In response to the second question, i.e., what suggestions do these therapists have for improving the services for Iranian IPV clients living in the U.S.?, three main themes emerged: a) clients need for knowledge and psychoeducation, b) the services are not sufficient/ not proportional, c) therapists need to have a broad perspective and understanding of clients. Results add to the understanding of IPV grounded in the Iranian immigrant culture and ultimately contribute to a culturally-based conceptualization of IPV among Iranian immigrants to sensitize therapists regarding culturally appropriate interventions that reflect the concerns of the Iranian immigrant community living in the U.S.

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Dedication

I dedicate this work to two excellent women who taught me a lot:

To my mom who planted the seeds of self-confidence and self-worth in me,

and to Dr. Stith, who, her constant support has made me stronger, better and more fulfilled than I could have ever imagined.

Chapter 1 - Introduction

Mental health practitioners have a moral and ethical responsibility to provide effective interventions to all their clients, accounting for each client's cultural context and cultural values relevant to their well-being (Griner, & Smith, 2006). The increasing cultural diversity of North America and the increasing visibility of cultural issues in the practice of therapy have helped the profession to recognize this responsibility (Colby & Ortman, 2017). The mental health profession is becoming more aware of multicultural issues and of the need to improve the accessibility and quality of services for individuals from different cultural backgrounds (Dwairy, 2006). To address concerns regarding the availability and quality of mental health services to underserved racial/ethnic groups, many scholars in the field have urged that mental health interventions be adapted to clients' cultural contexts and values (e.g., Castro & Alarcon, 2002; Constantine, 2002).

Currently, ethnic minorities compose 25% of the American population, and by the year 2050 it is estimated that more than 50% of all residents living within the United States (U.S.) will be minorities (Colby & Ortman, 2017). Iranian immigration to the U.S. has taken place primarily since 1975 and since that time, the number of Iranian people who come to the U.S is increasing. While all 50 states received Iranian immigrants according to the 2000 Census, 55.9% of Iranian immigrants lived in California. The states with the next largest Iranian immigrant populations were New York, Texas, Virginia, and Maryland (MPI, 2006).

One of the issues immigrants experience is intimate partner violence (IPV). Although research on IPV among minorities and immigrants is increasing, to date, the conceptualizations of IPV and intervention programs for victims of IPV are predominantly grounded in the experience and worldview of U.S. born Caucasian women. The aims of this study were to

address the experience of therapists in their work with Iranian-immigrant IPV clients, to add to the understanding of IPV grounded in the Iranian immigrant culture and ultimately to contribute to a culturally-based conceptualization of IPV among Iranian immigrants, and to sensitize therapists regarding culturally appropriate interventions that reflect the concerns of the Iranian immigrant community living in the U.S.

Chapter 2 - Literature Review

The importance of culture and its influence on how male/female relationships are structured is well established (Gonzaga, Campos, & Bradbury, 2007; Wheeler, Updegraff, & Thayer, 2010). Cultural influences extend to IPV as well, resulting in a wide range of experiences for women (Boonzaier & De la Rey, 2003). There is growing recognition that the identification of cultural options that may be available to battered women operating within various cultural frameworks is essential for informing prevention and intervention approaches that are more culturally relevant and effective (Bhuyan, Mell, Senturia, Sullivan, & Shiu-Thornton, 2005). Typically, these suggestions are based on consideration of the individualistic and collectivist perspectives. Individuals holding the individualistic worldview, characteristic of Western societies, are encouraged to develop an independent self. Social behavior in these cultures is predicted from an individual's own attitudes and values. In contrast, in the collectivist worldview, typically associated with Eastern societies, social behavior is predicted from the group social norms, perceived duties, and obligations. From the collectivist viewpoint, relationships are of extreme importance even when the costs of these exceed the benefits (Kirmayer, 2007). IPV research would most likely be prone to yield significantly different information and outcomes in cultures that adhere to one or the other of these worldviews. Although worldview alone is not a determining factor in the occurrence of IPV, a woman's worldview is likely to have a fundamental effect on how she perceives IPV, the likelihood that she will share details of her experience, whether she will seek assistance and what type of assistance she will be prone to accept (Kirmayer, Weinfeld, Burgos, du Fort, Lasry, & Young, 2007). Intervention approaches that have been derived from an individualistic perspective are likely to be met with increased resistance, and perhaps even ignored, when introduced to groups that adhere to a collectivist viewpoint. The literature on violence against women has placed a

good deal of focus on the development of programs that support women's efforts to leave violent marriages (Comas-Díaz, 2006; Pollak, 2004), however, inherent in some of these programs may be faulty assumptions about women's attitudes about independence, family ties, and their perspective with regard to the IPV. While one would safely assume that all victims would choose for the violence to cease, not all victims may be willing or able to strip themselves of the cultural ties that bind them and provide them with a sense of meaning and identity, the price that leaving may entail. Culturally informed IPV strategies and interventions call for a sensitive assessment, development, and delivery of services that will be experienced as beneficial and viable by the female victims that will support cultural values of women in violent relationships, which they value.

Research has been conducted on immigrants to investigate their experiences of IPV and to identify the cultural factors that should be considered in the delivery of services, clinical, and therapeutic work (Chang, Shen, & Takeuchi, 2009; Flake, & Forste, 2006; Kulwicki, Aswad, Carmona, & Ballout, 2010; Lee, & Hadeed, 2009). Research on Latina-American minorities has found that in that culture women are expected to bear a great deal of suffering without protest for the sake of the family (Kasturirangan &Williams, 2003). Traditional gender-role expectations of male dominance, the value of family privacy, and the centrality of family unity are cultural factors that may affect Latinas who are battered (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Parrado, Flippen, & McQuiston, 2005). Some research suggests that Latinas consider fewer behaviors abusive and stay with their abusive partners longer than non-Latinas (Parrado, Flippen, & McQuiston, 2005).

The Chinese family has been characterized as patriarchal, which is most notably expressed as male dominance over women (Midlarsky, Venkatarmani-Kothari, & Plante, 2006).

The emphasis on family and its hierarchical structure provides a context for understanding IPV in Chinese immigrant families. When the family is the foundation of social relations and provides a sense of identity and belonging, victims may be reluctant to disclose incidents of abuse for fear of being ostracized for having betrayed the family (Jin & Keat, 2010). Chinese immigrants are also highly insulated because of the great emphasis on saving face and there is a rigid gender role in Chinese families that contributes to IPV (Jin, Eagle, & Yoshioka, 2007). Chinese women are socialized to believe that their identities are around being mothers and wives, which pressures them to maintain the family and battered Chinese women often find it difficult to terminate abusive relationships (Lee & Hadeed, 2009).

Research on Arab immigrants has also reported that traditional values regarding marital and sex-role expectations and cultural and religious beliefs influence women's attitudes about IPV and their help-seeking behavior (Raj, & Silverman, 2002). Women from Arab cultures have a belief system that stresses the importance of focusing on the needs of the family over the needs of an individual member (Rydstrom, 2003). Barakat (1993) notes that traditionally, individuals from Arab cultures emphasize the holiness of family values, continuity, and the family's desire to save face. In a study, Abu-Ras (2003) argued that Arab attitudes toward female behavior focuses on the concepts of shame and honor. Many Arab immigrant women remain in abusive marriages rather than face the consequences of such socially unacceptable dishonor as asking for a divorce or violating family privacy by seeking help, which may actually precipitate violence (Abu-Ras, 2003; Haj-Yahia, 2002). Arab immigrant women generally have the same attitudes as Arab women living in Middle Eastern countries (Haj-Yahia, 2000, 2002; Shalhoub-Kevorkian, 2000), rejecting intervention by authorities and seeking help instead from relatives or local religious leaders.

Iranian immigrants in the U.S also bring their culture with them. In Iranian culture, family is viewed as a highly important social institution and the main part of every person's social identity. For the family, the marital bond must be preserved at all costs (Douki, Nacef, Belhadj, Bouasker, & Ghachem, 2003; Nikparvar, Stith, Myers-Bowman, Akbarzadeh, & Daneshpour, 2017). Battered women are generally advised to forgive their husbands to protect their children and the family. Women in Iran are reluctant to report IPV because of the risk of facing judgment and women who take the complaint to the law are often ostracized by their family of origin, friends, and community and blamed for undermining family stability and unity (Eezazi, 2007). No previous research has explored therapists' experience of working with Iranian-immigrant clients experiencing IPV in the U.S. This qualitative interview study aims to explore this critical need. Findings from this study will be used to enhance IPV-related services to Iranian clients experiencing IPV in the U.S.

This study seeks to enhance our knowledge of appropriate treatment by gathering data from therapists who have worked with Iranian-immigrant victims of IPV in the U.S. The research questions guiding this study are:

1. What have the therapists who work in the U.S. learned about challenges working with Iranian IPV clients living in the U.S.?
2. What suggestions do these therapists have for improving the services for Iranian IPV clients living in the U.S.?

Theoretical Framework

The theoretical framework through which this study will be conducted is a feminist intersectional theory. Intersectionality originated as a critique of the notion that all women share the same experience of womanhood (Chamallas, 2010). Intersectionality suggests that social

identities vary by each woman's experiences, social locations, identities, and access to power (Mehrota, 2010; Shields, 2008). This framework considers varying aspects of an individual's identity, (e.g., gender, race, class, migration status, history, and personal views) and considers these aspects as interwoven with one another, and all aspects must be examined in order to truly understand one's identity (Samules, & Ross-Sheriff, 2008). This framework helps us to be aware that a woman who experiences IPV may also be a well-respected surgeon in the community.

Through this framework we can describe the ways various socially and culturally constructed categories interact in multiple levels and how these intersections contribute to unique experiences of women in violent marriages. Theories of intersectionality have inspired scholars across many disciplines. Crenshaw (1991) refers to immigrant status as an example of how race affects violent victimization in the U.S. In her seminal article, ''Mapping the Margins: Intersectionality, Identity Politics and Violence Against Women of Color'' (1991), Kimberle´ Crenshaw writes about the interconnectedness of race and gender in women's experiences of violence. Her work has since been carried forward by others, and there is now a considerable discussion on the need for intersectional approaches to IPV (Sokoloff & Dupont, 2005). In this dissertation, I highlight how different factors interplay with the way Iranian immigrant women experience and deal with IPV. I also seek to build on the substantial literature on intersectionality to reveal the intersection of immigration and domestic violence by providing suggestions for mental health providers in their work with Iranian immigrant IPV clients.

Chapter 3 - Method

Sample of Participants

In this study, eight therapists who have worked with Iranian-immigrant IPV clients were interviewed using telephone or skype. Purposeful sampling was used to select participants who could offer in-depth and extensive information about Iranian-immigrant IPV clients. Purposeful sampling means that the researcher "selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (Creswell, Hanson, Clark Plano, & Morales, 2007, p. 125). The criterion for selection was that the participants self-identify as therapists having experience of working with Iranian- immigrant IPV clients.

Therapists were selected through snowball sampling. As the researcher already knew two therapists who work with Iranian-Immigrant IPV clients, she contacted them and asked them to help her make contact with other therapists who had worked with Iranian-immigrant IPV clients. This process continued until participants were successfully recruited.

Participants worked as therapists between 1 to 34 years, with an average of 15 years. Two had PhDs in Marriage and Family Therapy (MFT), one had a Master's in MFT, two had PhDs in clinical psychology, one had a PsyD in clinical psychology, one had a Master's in counseling, and one had a MSW. Seven out of eight therapist were Iranian immigrants. Five were born in Iran and moved to the U.S for graduate school and then worked here. Two were born in the U.S. and one was an Indian therapist born in India and moved here. Only one participant had previously conducted therapy in Iran. Participants provided therapy services for individuals, couples and families. Four had specific training working with IPV, three took courses about IPV or DV in their master's degree and one did not have specific training about

IPV (see Table 1).

Procedure

Before starting the interview, the consent form was sent to participants and they signed it and sent it back to the researcher. Then participants responded to the demographic questionnaire through Qualtrics, and the researcher provided details of the study. Participants were solicited for a semi-structured interview (approximately one hour and half) through phone call or skype. Interviews were done based on each participant's convenient time. Participating in this study was voluntary and participants could withdraw at any time. Appendix A includes the interview questions. Six of the interviews were conducted in English and two of them in Farsi (Persian).

Data Analysis

The data were reduced using Moustaka's (1994) data reduction method where all the events are reported only once irrelevant of how many times, they were mentioned during the data collection process. Coding is a process of identifying a passage in the text, searching and identifying concepts and finding relations between them. At the first step of coding, we read line-by-lines of each interview and included as more details as possible in open coding. The analysis of the data is more profound as the codes become more detailed. Then with having a collection of codes, similar codes were put into the same categories and move them around in order to find out a way that reflects the analysis the best. By analyzing and sorting the codes into categories, you were able to detect consistent and overarching themes for our data. The last step of analyzing was to make themes of categories. The themes can tell the same story from different perspectives, or several different stories that connect with each other. With great

narratives created from the themes, the qualitative data are now in a meaningful order.

In this study, pragmatism and generic qualitative inquiry were used as the framework to present the findings. This framework directs the researcher to seek practical and useful answers that can solve, or at least provide direction in addressing concrete problems (Patton, 2015). The researcher designs action research questions, which are seeking practical and useful insight to inform action.

Trustworthiness and Rigor

To increase the trustworthiness and rigor of this study, we used member checking with participants as well as peer debriefing sessions. Member checks were done with the participants, while peer debriefing is done with an "impartial peer" (Spall, 1998, p. 280). All participants were invited to review the findings and five out of eight reviewed the results and generally supported them. Peer debriefing was carried out with the advisor, who read all the transcripts that were English and provided input into findings derived from the interviews. According to Spall (1998), peer debriefing "supports the credibility of the data…and establishes overall trustworthiness of the findings" (p. 280). Both member checking, and peer debriefing offer a "fresh perspective" on the information as well as possibly challenge the researcher's assumptions (Shenton, 2004, p. 67). To follow ethical guidelines and protect the participants, this study was approved by Institutional Review Board (IRB) at Kansas State University, and participants were guaranteed that their identity would be confidential.

Membership Role

In a qualitative study, a researcher can either be an insider or outsider. In this type of study, "it is increasingly common for researchers to be part of the social group they intend to study" (Bonner & Tolhurst, 1997, p. 8), being an insider, even before the study begins. On the

one hand, as Schwandt poetically puts it:

> An insider perspective holds that knowledge of the social world must start from the insider or social actor's account of what social life means. To know the world of human action is to understand the subjective meanings of that action to the actors. (2007, p. 152).

Some of the benefits of being an insider include, but are not limited to, having a greater understanding of the culture being studied as well as "having an established intimacy between the researcher and participants which promotes both the telling and the judging of truth" (Bonner & Tolhurst, 1997, p. 9). In addition, working from an insider perspective can help in gaining access to participants (Bonner, 1997) and dealing with ethical concerns (Bonner, 1997), which can contribute to the participant reaching a higher level of comfort during the process.

On the other hand, one of the advantages when the researcher is an outsider is that "participants readily divulge intricate concern" (Bonner, 1997, p. 13). This may be because the researcher is not viewed as an internal threat or as someone who would use this information outside of the research study (Bonner, 1997, p. 13). Additional advantages to being an outsider researcher is that there is a higher level of objectiveness and that the researcher can better conserve intuition and sensitivity for familiar and recurrent experiences (Bonner, 1997). In Schwandt's words, "an externalist or outsider perspective argues that knowledge of the social world consists in causal explanations of human behavior. The social world (much like the natural world) can (and should) be viewed with a spectator's detachment" (2007, p. 152), allowing the researcher to be as objective to the information received and the data collected as possible.

My role as a researcher in this study in some part is an insider and in some other parts is an outsider. I am an insider first, as I am an Iranian immigrant in the US and second because I

am a therapist and I have seen clients both in Iran and in the US and I am familiar with the process of therapy and the role of client's culture in therapy. I am an outsider, as I have not worked with an IPV client in Iran nor in the US. I have to be mindful of my role to refrain from giving opinions to participants because that could compromise and contaminate the study. I maintained awareness of my role through reflective journaling and through participating in peer reviews with my major professor who is an outsider to the Iranian immigrant experience but an insider to the treatment of women experiencing IPV.

Chapter 4 - Findings

Participants had two groups of Iranian clients who experienced IPV: the first group, which include the majority of clients, were women who were referred by the court, domestic violence services, DCF, or police. They came as individuals and most of them had high school diplomas and were financially dependent on their husband. The second group were women who came to private clinics, as an individual or with their spouse, with the chief complaints being marital distress, depression, or parenting issues and later they talked about the abuse they experienced in their marriage. This group had higher education from a Bachelor's degree to a PhD degree. Clients' ages varied from 20- to 60-years-old and the majority of them were between 30- to 40-years-old. Most of them were seen in the context of outpatient or mandated treatment.

Question One: What have the therapists who work in the U.S. learned about challenges working with Iranian IPV clients living in the U.S.?

In response to this question, six main themes were found: 1) clients' lack of knowledge, 2) cultural acceptance that men are not accountable for their behaviors/gender norms in patriarchal culture, 3) women's sense of disempowerment (victim's role), 4) clients do not disclose IPV due to a sense of obligation, 5) clients' fear of consequences of disclosing, and, 6) clients' difficulty to trust therapists and the mental health field (see Table 2).

Clients' lack of knowledge about IPV

One of the most important themes that all therapists talked about and emphasized on, was their clients' lack of knowledge about IPV, which included three categories: "it is just conflict," "only physical violence counts as violence," and "experiencing IPV is not ok, but

they do not know how to piece it together."

For example, many therapists highlighted that their clients do not identify domestic violence and they consider it as conflict or disagreement or as a way that couples communicate:

> *They don't even define it, they see it as a man getting upset and not getting his way and using force to control the situation. They call it conflict or disagreement. It's commonplace in our culture to fight, insult, and curse and then reconcile after a few days.*

Also, therapists highlighted that clients count only physical abuse as violence. Many of IPV clients, did not count financial and emotional abuse as a violence and behaviors such as cursing, or name calling was a part of conflict and fighting:

> *They identify physical abuse as it is visible and tangible, and they do not want to face legal consequences, but they do not identify financial, isolation, verbal and emotional abuse. In my experience, no one talks about it until it's really, really bad.*

Another therapist suggested that even though her clients know that IPV is not ok, they do not know how to piece it together. They did not know how to define their experience and there was a cut of between their experience connecting to the definition of IPV:

> *I don't think they think that their violence is acceptable, but sometimes the emotional violence is more acceptable, because domestic violence is often times looked at as like severe physical violence. If your husband abandons you or he has maybe some bad habits, or he cheats on you or whatever, that is like a big deal, but the constant emotional abuse, verbal abuse, name calling, humiliating your wife in public- all of that is seen as, 'it happens in families. Sometimes it just happens'. It's okay, kind of. they understand that it's wrong. They understand that it shouldn't happen. They wouldn't want this for their sisters or their daughters, or for themselves. But then understanding that they are living it, there's a disconnect at that sometimes.*

Regarding this category, another therapist mentioned that as their clients grow up in a country that law and culture that they do not have a language for IPV and people live with it, it

makes sense that it is hard for people to recognize it:

> *The more you have a culture that doesn't have laws and regulations the more you're going to see these kinds of things happening and not being addressed and, also the culture is not open to calling it what it is. They don't have the word or language to call it domestic abuse. Part of it is because they haven't come from a culture that looks at those issues specifically. I was mentioning earlier, when I do my sessions in Farsi, why today I chose to speak in English for our interview is because, this is probably speaking to my ignorance of the language, but there's just a lot of language for IPV [in English]. If that makes sense? You have to borrow words, or pull things together to make language for it, versus in English we have the past 50 years of feminism, that's constructed a lot of language around batterers and survivors. Not saying those are necessarily good, or helpful, but at least its language to navigate a conversation to, and I just haven't felt that same experience in Farsi.*

Cultural acceptance that men are not accountable for their behaviors/gender norms in patriarchal culture

Therapists shared their experience that although their clients live in the U.S., their clients' past experiences of living in a patriarchal culture where men are not accountable for their behaviors and gender norms are different, has a role in how their clients respond to IPV in the U.S. This theme consists of two categories: "violence is a common behavior of men" and "women are responsible for men's violence."

One therapist reported that many of their clients thought that anger and violence does not need to be addressed because it is a common behavior of men:

> *Culturally, women's right is under the control and power of men, brothers, husband, and society is where an aggressive- man is known as the one who cares about his spouse. They think it is acceptable for men to get angry.*

Another therapist highlighted that many clients think that women are responsible for men's violence. Participants reported that some part of the blame was on women as a reason why men gets violent:

> *Most of the time men and sometimes even women define it as: 'if she doesn't aggravate him and she doesn't do all kinds of controlling behavior, then he*

wouldn't be aggressive' and when he didn't have any other way of convincing her to listen to him therefore, he uses force. That's how they describe it and it is a woman who does something and makes him angry, it's the woman's job to somehow work with it, understand it, and not aggravate him too much.

Clients' sense of disempowerment (victim's role)

One theme that emerged from the interviews was that many clients felt a sense of disempowerment and easily fell into the role of victim. Several categories were derived from this theme: "financial dependency," "lack of self-love," and "acceptance of a violent marriage as their destiny."

Therapists emphasized that lack of economic resources influenced the help sought by clients, including Iranian IPV victims. Most cases were dependent financially dependent to their husband and did not have other financial resources. For example, a therapist stated:

Resources, economic resources have so much to do with what people do and don't do in the relationship. I've seen that in many American clients and Iranian clients that if you are economically dependent on your husband how you look at the domestic violence and even calling it domestic violence as opposed to oh it was just a misunderstanding and this and that, has so much to do with economic resources.

Another therapist suggested that lack of self-love impacted some of her Iranian clients:

What I have noticed is that how the culture defines you as a woman has so much to do with how you see yourself and define yourself in your relationship with your husband. Women's response depends on how they define themselves and how they see themselves in their relationship with their husband and also on the boundaries they make in their relationship. Self-love is a missing point in Iranian women's lives.

Finally, some therapists indicated that many Iranian victims saw IPV as their destiny and accept it as it is*:*

For most of them as they feel they cannot change it, they accept it as it is, and they say this is my life, my destiny. It is hard for them to not to be in victim's role. They have the belief that sometimes there are two people who don't really understand each other and end up together and that's where the conflict

happens. And the belief that there's a reason why I'm in this, and if I can just kind of get through it and do the best I can, given the trouble I'm in, everything's going to be okay. There's a hope that it's all going to be okay and life's going to take care of me. So usually the belief is that it's all going to be okay.

Clients do not disclose IPV due to a sense of obligation

Under the theme of sense of obligation, "obligation to keep a positive family face/family reputation," "obligation to keep family together," and "obligation to not make a negative image of Iranians" were categories of common concerns these therapists heard from their Iranian- immigrant IPV clients.

The importance of family honor for Iranian clients was one of the points that was mentioned by almost all therapists. One of the therapists said:

The notion of [Abero] family face or family honor is huge among Iranian clients. Even when they are far from their family, still they think how they present their family and how people may think about them or about their family. It's not just a concept, it's an impenetrable wall in their lives, so that if something is going to threaten their family name, or sense of Abero, there is no moving forward. In Eastern cultures, Iranian cultures is very much included, it's not even about the resources we are used to, inter-generationally we are used to thinking about what people think about us, I need to stay in this relationship, what do people say if I leave.

Therapists also highlighted the role of self-sacrificing which some women choose to cope with IPV and keep their family together:

I think it's more of a self-sacrificing experience. I think that even with the awareness of services such as shelters there's a lot of just grinning and bearing it. Most of these women say, even if I leave my husband, these children, he is their father. They want to be with their father. I accept that I am an abused woman. And I'm choosing to stay for my family, for the greater good of my family.

Some therapists mentioned that their clients felt proud to be Iranian and how important it is not to say something that may make a negative impression about their country.

I think it's very difficult, when Iranians are talking about their experience, their lived experience, their understanding that they're also reflecting broad Iranian culture in a way. They are very prideful, very proud of their country and culture, so there's a sense that we don't want to threaten any sort of image that's negative of Iranians.

Clients' fear of consequences of disclosing

Most clients have a big fear of disclosing IPV, such as "fear of consequences of reporting to the police" and "fear of divorce and its consequences". One example of what therapists shared is:

There are always clients, especially those who are new, due to their immigration status, they don't talk about IPV because they do not want to get deported, especially with political weather right now. There's just a lot of fear around engaging with any sort of U.S. official about anything. I don't know that there's a sense of a path out of violence, especially when you immigrate away from your family, because I think the path out of violence, in Iran, is to go to your family, and talk to your parents, and they help you. But when you're an immigrant and you don't necessarily have that immediate family and the only people are your community members who have other rules, you're stuck.

One of the therapists shared how fear of ending relationship and getting a divorce has been a barrier for women to disclose IPV:

One of the biggest barriers that makes them not to talk about IPV is the concept of divorce. If they are financially dependent on their husband, the situation is even worse. They should think about how they are going to survive after divorce. They do not want to get divorce, especially if they do not have someone else in the U.S. Children are a big part of it too and how the children were going to be affected by divorce. The client I was sharing with you earlier who I see in my private practice, the first time the violence happened, and the police got involved, she was ready to divorce but then her first family got involved and said, "You know, divorce is a really bad thing, and it affects your kids really badly, and you need to think about your kids, especially as a mom." And so she was really, really, really discouraged from getting a divorce and so she ended up staying with him and then her mom came out and lived with her now and saw how horrible of a person this guy is, and so now she's saying, maybe a divorce...she hasn't said the divorce is okay, but her tune is very different, very much divorce makes sense.

Clients' difficulty trusting therapists and mental health field

One of the points that made Iranian clients unique was their "difficulty trusting therapists" and also "difficulty trusting mental health field," which discouraged clients from seeking services in the early stages of violence and even when they went to therapy, they did not open up easily.

Therapists highlighted that living in a small community made many Iranian clients feel uncomfortable talking about IPV, as they are not sure if this will be kept confidential or not:

> *They don't fully trust us because it's a smaller community. They say, "How do I know that you're not going to talk about me with other people. Even in therapy they have a high social desirability. I think the main thing is that they're very conscious about how they're perceived. So, at all costs, you have to keep everything quiet. That nobody should be able to perceive you as weak or if something is wrong in the family or there's conflict, the perfect image has to be sort of upheld. So that quite often becomes a huge obstacle for accessing services. Nobody should find out because I remember her asking me, like, "Do you work with other people in my community? Who are those people? Am I going to meet them when I come here? Can you give me an appointment when nobody comes here?*

Another therapist shared her experience that Iranian clients have difficulty trusting mental health and they see this field as questionable. She said:

> *One of the challenges I have experienced is that because we, as a group, we're not used to, we like experts to tell us what to do. But experts who are positioned, judges, you know there are people that have power, status in society. Not as much therapists. Because we deal with mental health and mental health is questionable anyway, they have a hard time with the foundational perspective that we have in psychology. Trusting our judgment, again going back to how do I know that your information that you're giving me is actionable to my situation. Mental health service is such a stigmatized topic, so it's become very difficult to reach the community.*

Question two: What suggestions do these therapists have for improving the services for Iranian IPV clients living in the U.S.? In response to this question, three main themes emerged:

1) clients need for knowledge and psychoeducation, 2) the services are not sufficient/ not proportional, 3) therapists need to have a broad perspective and understanding of clients.

Clients' need for knowledge and psychoeducation

All therapists emphasized on the importance of educating clients; "educating clients about IPV," "psychoeducation about healthy relationship," and "educating clients about law and resources."

The necessity of educating clients about the nature of IPV and giving them examples of IPV were the main suggestions that all therapists mentioned. One of the therapists said:

> *Most of them, regardless of education level, do not recognize psychological abuse, they do not know about emotional and verbal abuse. They see it as a way men communicate. They do not get it and I explain it to them over and over but still it takes time to get them to the point to really understand it.*

Another therapist highlighted a great need for psychoeducation about healthy relationships among Iranian clients:

> *I go back to giving them a lot of psychoeducation about why hitting someone is not a good idea. Psychoeducation for men to have a better understanding of power is necessary. They do not know about communication skills and problem solving, they do not know how to listen to each other, I am talking to them and they are thinking about something else. They need knowledge about what IPV is. Knowledge gives them the power to recognize how a healthy or unhealthy relationship looks like, what a healthy relationship should be.*

Finally, some therapists emphasized that clients need to know about the law and regulations and how police intervene in IPV in the U.S, as in cases when they do not have an accurate understanding of law and regulations, they use it in appropriately which leads to more difficulties and challenges:

> *Most of them have no knowledge of how the law and police respond to their call. They need to know what to say and what not to say, learn what to do and what not to do.*

Some clients call the police too early without thinking about their immigration status or without realizing that now you have a record, CPS is getting involved, etc. They think police do the same here as police do in Iran. They do not know after they call the police, they do not have much control over their case.

The services are not sufficient/ not proportional

This theme emerged from three main categories: "lack of culturally competent programs," "the services work well for individualistic culture not for collectivistic culture," and "the racism in the system."

Therapists emphasized that the idea of leaving the marriage does not work for many Iranian clients and can add to clients' distress:

The extreme concept of leave your house and go to the shelter backfires. Women come to my office and say that I want to complain about one my therapists because she forced me to leave and go to the shelter and now, I really regret it. I called my husband and told him that I want to come back home and he says you do not have the right to step into this house. A woman who left the house, does not have a place in this house anymore and she's stuck with this situation.

Most therapists interviewed for this research thought that most programs in their community are not culturally competent, which makes even more problems for both victims and perpetrators. One of the therapists said:

Because this culture [US] already has a very negative stereotypical image of Middle Eastern men, I've seen the way the system treats them. It is terrible. It doesn't make the situation better. Actually, we have talked about this with African Americans, and Native Americans before, that because the system treats them so bad, women don't report many of these situations because they're so afraid of getting the person who's already oppressed in another, create another, layer of problems for themselves and their partner. They're afraid to report because at the same time this is the father of my children, this is my brother, this is my father. I don't want them to get treated badly. I think it's one of the reasons that the domestic abuse could be perpetuated in Middle Eastern families is because of how the system treats Middle Eastern men.

Another therapist highlighted that the services clients get depends on the organization and most of them are not culturally competent. One therapist said:

> *I have mixed feelings about that, because it depends on the organization that you are working with. So, when I was at the International agency, we worked with people from 40 different countries. All my staff, all my connections were extremely culturally competent, and I know there are many other programs they are not culturally competent.*

Therapists highlighted the stereotypes and racism that clients experience in the system. One of the therapists offered the next two quotes:

> *I think they [*agencies in the US] *have to work on the stereotypical views of people that are different and they're not white. Not be too super judgmental about who is the abuser who is the abused, what they need to do in terms of intervention. Understand the situation contextually.*

> *The problem is that the police...it's very difficult for them to assess what's going on, especially when the clients don't speak English. This is my opinion, honestly, but I think it's a combination of them wanting to get to their next call, combined with probably some racist ideas about what Middle Easterners do, or are like, especially because the context that we're here in [*my community*] doesn't have a good history of being fair to minorities. I think they just see a Middle Eastern couple and they just assume male is violent, and they remove, and the system steps in and does what the system does. So, there's not much space for them to say anything or have any sort of response.*

Therapists need to have a broad perspective and understanding of clients

Under this theme, some important categories are: "know about Iranian culture," "see client's limitations," and "make both spouses accountable, as giving voice without accountability can destroy their marriage."

> *They [therapists]need to look at their*[clients'*] cultural identities, their religious identities, their immigration status, their relationship with the community, their relationship with their children and how they see their role with their children, their role within the house- the gender roles, I would imagine, gender norms in their family and family structure and value.*

Another therapist shared that using an individualistic view and perspective in working with Iranian clients does not work as they come from a collectivistic perspective:

> *In the U.S. it's an individualistic society, so, everybody looks at you as if you are responsible for your actions and behaviors. Especially if you don't leave a relationship and don't speak up for yourself, then you deserve it. Whereas in a country with a collective structure, your behaviors have impact on others. So, you are not responsible just for your behaviors, you're responsible for everybody's behaviors in your family and your community.*

Some therapists shared that in the U.S. only men are accountable for IPV which is not helpful, and both spouses should be accountable:

> *Well I think there is a problem with domestic violence advocacy groups. Many of them have this view that no matter what, men should be held accountable, which I have no problem with that. But at the same time, it becomes really unbalanced at some point. Where it comes to Middle Eastern population it is even worse. Because then it is like why do you want to be with that man? If in Iran her husband had all the rights and here in the U.S., she gets all the rights without accountability, this is a big shift from one extreme to another extreme. This woman may misuse her rights here because she does not know how to use them in the best way. This makes women think they are on the top of everything. Her husband should be careful of whatever he says or does, walking on eggshells all the time. For a man raised in Iranian culture, this marriage cannot be continued, and it ends to divorce.*

Additional Findings: In addition to answering the two main research questions, there were additional findings that are important to consider. The findings include: "clients' unrealistic expectation of therapy," "differences and similarities between Iranian-immigrant IPV clients and other IPV clients," "unique factors of Iranian-immigrant IPV clients."

Clients' unrealistic expectation of therapy

The first finding was about the expectation that Iranian IPV client have from therapy is

not realistic:

> *They [*Iranian clients*] have the medical model perspectives, that they come in, I give them some sort of mental health antibiotics, and then they feel better. My experience broadly speaking, is that they are willing to talk about IPV, but the moment I suggest going to a shelter, the conversation is done. Yeah, I think it's just being unfamiliar with the notion of therapy. I think because therapy is housed within a professional context, I think Iranians in my experience, value professionalism, that they have expectations of "Okay, since I'm paying you money*
> *and you're a professional and you've studied, then you should be able to fix it for me.*

Differences and similarities between Iranian-immigrant IPV clients and other IPV clients

When it came to the differences between Iranian IPV clients and American IPV clients, most therapists reported that American IPV clients recognize the abusive behaviors easily and name the behavior as IPV, which Iranian clients have no name for:

> *In our culture, the meaning of psychological violence is that my husband is so annoying, and cursing is very common. In American culture, it's labeled very quickly that I'm emotionally abused. Women in the American culture have knowledge about IPV and years of women's movements. They do not care what people think about them. They make the decision to fix their relationship or leave it but, in our culture, women do not leave their marriage until there is a risk of severe violence.*

Iranian IPV clients are different from Arab clients regarding the fact that they seek help before violence gets severe. One therapist said:

> *Arab clients seek help very late. I had Arabic clients who had their hands and feet broken and finally their neighbors called the police. I've worked with Iraqi woman that said if your husband doesn't hit you, he doesn't love you.*

Some therapists said in comparison to Iranian IPV clients, Latina clients are protected and there are more services available for them in their own language, it is easier for them to look for help:

> *Latinas are protected, they're put in a shelter, they're given housing, they're given*

resources in their own language. They're potentially given an immigration case for a path to residency. So, leaving an IPV situation, coming forward, identifying themselves as a victim, identifying their perpetrator to the legal system, is more rewarding for them, if I could use that word. And for Iranian immigrants in the
Arab communities I've worked with, no, that sense of pride kicks in. That sense of collective, staying within their community, getting the support from their own communities. Even when they're taught about the external resources, even in therapy. There's just this slight reluctance. They want to get informed, I see that, they're open to empowerment, and knowledge, and information. And yet, realizing the information is a little bit slower to progress.

In comparison with other IPV clients, Iranian IPV clients are similar to Arab IPV clients and Latina clients in a way that all of them come from a background of living in countries where violent behaviors are normalized, and family boundary is fused. One of the therapists said:

I see this with my Arab clients as well, or Iranians as well. I think that in the Middle East violence is normalized. I think we are desensitized to violence. I see that, I hear that. Kids are used to it. The majority of clients will say, "My big brother, or my parents ..." I wouldn't say they would beat them up, but punishment on kids decades ago it was normal to physically abuse children as a normal part of punishment, right? This is my entire life story and it's not just in my home. It's the country, it's the culture. People talk like this, this is normal. This isn't violent, this is just normal language, talk. Aside from that, a lot of war, a lot of these people have experienced and lived through war.

Other therapists emphasized that Iranian clients are similar with Arab and Latina clients when it comes to boundaries with family of origin:

The commonalities of all Iranian, Arab, and Latina clients are the family background and the fusion of boundaries with the family, which does not exist in an individualistic culture.

Unique factors of Iranian-immigrant IPV clients

In response to the question regarding what makes Iranian clients unique, therapists shared that what they see in Iranian IPV clients is that "women are empowered rather than being hopeless," Iranian clients are more secretive than other IPV clients, "and "they are prouder of themselves more than other immigrant IPV clients."

Four therapists shared that Iranian IPV clients are unique as they are not hopeless, they are just disempowered and when they recognize the violence, they make great changes in their life and they take control instead of playing the role of a victim:

> *I see more power, empowerment than I see helplessness. I have to say I'm always blown away by that. And if there is helplessness, it quickly turns to empowerment. Now, what they do with that empowerment, there's choice with that, right? So, I see empowerment which lead them to make changes in their life and their marriage when they get to the point that what they experience is IPV not just a simple anger her husband has.*

Some therapists shared that Iranian clients are very secretive, and they do not open up easily:

> *Iranian clients are very secretive. Even when they are in an abusing relationship, they want to keep family face and show you they are happy. Except the court ordered cases, the ones who come to your private practice, they come to you with the complaint about parenting, depression, or marital distress; they do not talk about IPV until you ask them or one of them talks about it indirectly. I see more openness in other cultures in terms of becoming vulnerable in the therapy session. I have a hard time with Iranian's admitting that their knowledge is not enough in that area.*

Finally, another therapist emphasized that the feeling of being a proud Iranian is due to the cultural background that makes it hard for them to ask for help:

> *Definitely Iranian's are more proud and full of themselves. You know? That they are coming from a civilized nation. They already know this, know it all, we have a hard time as Iranians, saying I know, even if we don't know the answer, it's not okay to say, 'I don't know ask someone else'. This is pretty true to collective cultural experiences. I think they would much rather turn to trusted friends and family. And yet, they lack a lot of that, especially new immigrants. I think they would rather, there's a sense of pride, as you well know, to the culture as well. So, I think they would rather seek out resources and work through it on their own, before they go to shelter. But having said that, I would say that maybe 10%, especially where I worked with the domestic violence shelter where we had housing for them. I would say only about 10% of my Iranian clients would actually turn to that. And part of it is the pride and part of it is the cultural wanting to turn to own resources, community, culture, family, before the outside world.*

Chapter 5 - Discussion

This study aimed to address therapists' experience of working with Iranian-immigrant IPV clients in the U.S, to increase understanding of the challenges that tend to be prevalent among them and the unique challenges therapists face working with Iranian immigrants experiencing IPV. The first important point to emphasize was that therapists reported that while each group of clients brings their own unique situations to the therapy room, there are a number of common interrelated and intrinsic challenges that many immigrants clients face, regardless of their race or ethnicity, that intersect with their experience of IPV. These challenges include: lack of knowledge about IPV, financial dependency, language barriers, not knowing about the law and regulations in the U.S, concern about their immigration status, and not disclosing IPV due to a sense of cultural or familial obligation.

Intimate partner violence is a new and foreign concept in the Iranian community. The definition of IPV primarily was formulated by "European or American investigators who paid little attention to cross-cultural manifestation of abuse" (Lockhart & Danis, 2010, p. 161). In this study, we found that when working with Immigrant IPV clients, labeling their experience as "intimate partner violence" may not be congruent with how they perceive their experience and their relationship with their partner, and it may not be what they seek help for. The words surrounding IPV in the US helps to provide meaning and a shared understanding of what is happening. If that language is not existent in Farsi, it makes it much more difficult to be able to relay their experience or recognize that this is something more than an argument. Iranian clients often have difficulty recognizing IPV as a violation of human rights, so they may deny or ignore it.

Not recognizing psychological and financial abuse and only counting physical injury as

violence has been a common experience among immigrant clients, including Iranian immigrant clients. Our research supports the idea that only counting severe physical violence as IPV may come from growing up in a violent family and witnessing parent's violence or experiencing violence between their parents or by their brothers against them (Kim & Gray, 2008; Sylaska & Edwards, 2014). It may also come from the way women view men as the dominant person in their relationships (Zand, 2008). Expecting men to be dominant, leads some Iranian IPV victims to not recognize abusive behavior as being anything other than the cultural norm. Previous studies on Latina and Korean women support our findings (Menjivar & Salcido, 2002; Reina, Lohman, & Maldonado, 2013) that many women have difficulty identifying abuse due to the absence of physical injury and their orthodox views about gender roles and intimate relationships.

In addition, this study supported previous research suggesting that financial status can be a determinative factor that can impact the way women deal with IPV. Financial dependency on husbands and unemployment can be major obstacles to making any independent decisions.

Financial dependency can not only put women at risk for violence and limit their opportunities to leave their violent partner, but also it can be a tool in a perpetrator's hand to control his wife (Barnett, 2000, 2001; Benson & Fox, 2004; Carlson, McNutt, Choi, & Rose, 2002; Rizo & Macy, 2011).

Furthermore, this study supported previous findings that language barriers and not knowing how to communicate in general and specifically lack of knowledge and familiarity with the legal system or how to access social services can be a big barrier preventing many women from reporting IPV (Barrett & Pierre, 2011; Rizo, & Macy, 2011; Sprague, Madden,

Simunovic, Godin, Pham, Bhandari, & Goslings, 2012). Findings from this study support previous research suggesting that lack of knowledge about law, regulation, and legal procedures make it difficult for some victims of IPV to seek out help (Grossman & Lundy, 2007). This study found that not being familiar with how the law and regulations work in the U.S. in comparison with Iran, plus not knowing the language and the appropriate words to communicate with the police and court system can be great barriers and can stop Iranian IPV victims from seeking safety.

This study also supports previous research that finds that for many IPV immigrant clients, patriarchal values and practices contribute to tolerance of violence (Reina, et al., 2013). The concept of "family honor" in Iranian, Arab, African, and Asian clients (Bauer, et al., 2000; Dasgupta, 2000; Lee & Hadeed, 2009; Nikparvar, et al., 2017) and the concept of "Machismo" and "Familismo" in Latino clients strongly influences help seeking behaviors (Menjivar, 2011; Renia et al., 2013; Rizo & Macy, 2011). Family loyalty in collectivistic cultures reflects the importance of family connection and interpersonal relationship between family members and it leads to a strong sense of belonging between them. In collectivistic society, individuals get their self-image and self-perception from their family and their ethnicity and consequently, they invest a lot emotionally and socially to improve and present a positive reputation of their family and ethnicity. In this study, therapists, who work with Iranian immigrant clients in the US, reported that many of their clients avoided discussing the violence and were committed to keep their family reputation by maintaining their marriage and sacrificing for the sake of their family, their marriage, and their children. Additionally, this study supported previous findings suggesting that putting husbands in jail can lead to stigma and embarrassment, which can make these women and their family feel shame and that

breaking up their family can be counter to their value system (Buzawa & Buzawa, 2003; Hamby, 2008; Overstreet, & Quinn, 2013; Shorey, Sherman, Kivisto, Elkins, Rhatigan, & Moore, 2011). As many married immigrants' identities are strongly linked to marriage, the breakdown of the marriage could be viewed as extremely shameful for the women and their families.

Findings from this study also supported previous research indicating that most immigrant women's legal approval to stay in the U.S is linked to their husband's visa status, which can mean giving near total control over the women's legal status to the sponsoring spouse, and can put women in a vulnerable situation (Sylaska, & Edwards, 2014; Wolf, Ly, Hobart, & Kernic, 2003). Mandatory arrest, especially for those immigrants who do not have a stable residency, would lead to deportation and for "some women their partners' threat of deportation is a main factor in avoiding disclosure of their abuse" (Reina et al., 2013, p. 601). Among other factors, women's reluctancy to seek support comes from the fear about the "image" of their community and culture (Abraham, & Tastsoglou, 2016; Ingram, 2007; O'Doherty, Taft, McNair, & Hegarty, 2016). Immigrants face anti-immigrant public sentiment, specifically in recent political climate, which makes them to choose between their safety and loyalty to their community to make sure not to make a negative "image" of their group.

Beside the above-mentioned factors that this study finds Iranian immigrant IPV clients have in common with other immigrant clients, the study also offers unique insights in some areas. First, Iranian couples tend to be very secretive, and they often do not trust therapy and the therapist easily. They have a tendency to show a positive face even if they suffer. This study found that many Iranian clients want to present a positive and happy face, which is admired in Iranian communities. Therapists in this study reported that many of their

Iranian clients chose to keep their secrets due to insecurity and fear of who is "friend and who is not." Disclosing family secrets, even to a therapist, is not easy as many Iranian clients fear consequences if their therapist discloses their information to other community members. They do not fully trust the therapist because most Iranian communities are a small and tight knit. In working with Iranian clients, findings from our study suggest that therapists need to determine whether their clients were oppressed or marginalized and how their community's history of oppression may intersect with the way they communicate with each other and with the health system providers such as therapists and it makes it hard for them to build the trust easily. It is important that therapists understand the reason and the history behind clients' difficulty to trust, to not to name it as resistance or lake of corporation, instead, validating client's experience, work more on alliance, be more patient, and know that it will takes more time to build trust with this population of clients. In addition, responders to our study suggested that the mental health and therapy field, still is taboo for some of their Iranian clients and they do not trust therapists' judgment. For them, the psychotherapy field is not considered to be scientific and they are not sure if the information is actionable to their situation which this also add to the issue of clients' difficulty to trust.

Second, therapists in our study reported that many of the Iranian immigrant clients they worked with had a strong feeling of pride, which made it difficult for them to ask for help. "The majority of Iranian immigrants living in the U.S. identify themselves more on their national pride as of the great Persian Civilization and the ancient Persian culture, rather than by their religious affiliation" (Amanat, 1993, pg. 18). Iranian come from a civilized nation and it is hard for them to show they are struggling with a problem or to say they do not know how to solve their problems. Their pride may lead them to turn to their own resources, community,

culture, and family before the outside world.

Third, our study found that individualistic solutions such as leaving the abusive husband and incarceration are significant barriers for Iranian women seeking help. Although the emphasis of helping providers is on women's safety, individualistic solutions tend to make them reluctant to reach out the service. In general, our research found that going to shelter is not something that Iranian women are familiar with or accept it as a solution. They prefer to turn to their family and friends instead of going to a strange place. For someone who comes from a collectivistic culture and still follows traditional roles, it is not acceptable that women use power or power resources such as police to stop her violent husband. There is a shadow of shame and guilt if a woman wants to stand up for her rights in this culture. The way many Iranian men perceive women who go to shelter is also important to consider. According to our participants, many women who go to a shelter are told by their husbands that they do not have a place at home anymore and they are judged by their husband and even by their family. Participants in our study also talked about the harm that came to their Iranian immigrant clients who had called the police, who put their husbands in jail. Many of these husbands reported that they could not accept living in a relationship where they were expected to "walk on egg shells all the time." Also, some Iranian immigrant husbands felt that by being in jail they had already lost his power and where is not "the man" in the family anymore, so they could not stand this. Taking action against the abuser, for the well-being of individual members may result in the breakup of the family and this is incongruent with Iranian cultural values of family preservation and unity. So, service providers such as therapist need to know about this limitation and the safely plan should include some trusted friends or family members instead of shelter.

We found that Iranian immigrant IPV clients' responses to IPV were similar to those reported about Arab, Asian, and Latino clients in some ways, as they have culturally a lot in common. They all come from cultures that support the women's power is under the control of men in their family and there is no space for them to have a voice. So, experiencing violence especially psychological and financial violence has been normalized (Ahrens, Rios-Mandel, Isas, & del Carmen Lopez, 2010; Al-Badayneh, 2012; Overstreet, & Quinn, 2013). Beside this, in all these cultures, boundaries among family members are enmeshed, and they have the right to interfere in each other's decision (Kerig, 2005) and when it comes to big decisions, they have to consider how other family members' may be influenced by their decision. In comparison with other immigrant clients from collectivistic cultures, especially Arab clients, our study found that some therapists reported that Iranian women do not seem to be as helpless in their violent marriage, but they do not have the power to act. As soon as they develop trust to therapy and understand what they experience is violence, they make great progress in therapy and they make positive changes. They do not condemn themselves to tolerate the situation. Therapists in our study who worked with many immigrant clients said that Iranian immigrant clients ask for help earlier than Arab clients, and later than American clients. American IPV clients recognize abusive behaviors faster and name it as IPV, which for immigrant IPV clients it is hard to recognize and act on. Therapists in our study also emphasized that in their communities, Iranian immigrant IPV clients' experience is different from Latino clients because there are more services for Latinos and they are given an immigration case and opportunity to look for help sooner. These similarities and differences show how each of these immigrant groups' action against IPV interact with their unique situation they live in.

When it comes to suggestions therapists had for IPV service providers, there are different intersections they should intervene to make a comprehensive change. The first and the most important point is to educate society. Educating not only women but also men about what IPV is and how they can prevent it. Not knowing about the examples of IPV makes women justify it by taking the responsibility that it was their mistake, or they aggravated their husband, or they even may normalize it as they had the same experience in their family of origin, and never reported it (Rani & Bonu, 2009; Shiu-Thorton, Senturia, & Sullivan, 2005). Men's lack of understanding how they should use power in a right way in a healthy relationship is a big problem, which may lead them to use violence and aggression as a way to communicate with their spouse (Flynn, & Graham, 2010; Holtzworth-Munroe, Beck, & Applegate, 2010). For men who grow up in a context where effective communication skills and conflict resolution has never been considered as an important skill to learn, it is not surprising if they use violence in their relationship with their spouse.

Findings from our study also emphasize the importance of making services more culturally competent. Our participants reported that most programs or services in the US are deficient or not useful for Iranian immigrants experiencing IPV. Most of the programs working with IPV clients are not culturally competent and their staff do not have specific training working with immigrant clients (Messing, Ward-Lasher, Thaller, & Bagwell-Gray, 2015; Whitaker, Baker, Pratt, Reed, Suri, Pavlos, & Silverman, 2007). Programs offer the services, which are designed for individualistic cultures and White clients without considering the cultural components, which are different among American and immigrant clients (Lockhart, & Danis, 2010). Except for a few agencies, which have diverse staff who are Latino and speak Spanish and are familiar with Latino culture, the majority of agencies lack of diverse staff,

who are specialized to work with immigrant clients (Malley-Morrison & Himes, 2007). When agency staff or therapists are not familiar with clients' limitations, their formulation of their immigrant clients and the plan they design to help clients not only cannot be sufficient and effective but sometimes can cause more harm. To fully understand domestic violence cases, providers should have an understanding of clients' cultural identity, religious, economic, and all the contextual factors related to the victim and also to the perpetrator (Reina et al., 2013).

The next and very important point regarding how system deficiency interplays with IPV clients' reluctance to seek help is, the institutional racism in traditional services. The prejudice and discrimination in the mental health system and also in police and legal system against immigrant clients brings many problems such as unwanted stress, and victims not reporting the IPV, or not trusting the legal system. Women choose not to report and not to seek services in order to protect their husband and their community from further stereotyping and stigma. This may be interpreted and misconstrued as acceptance of victimization, rather than distrust rooted in oppressive institutional practices in advocate services and particularly by the police and criminal justice system.

Limitations and suggestions for future research

This study confirms some of the common challenges that all immigrant IPV clients experience living in the U.S. In this study some unique factors regarding Iranian-immigrant IPV clients were found, plus therapists offered suggestions for improving work with Iranian-immigrant IPV clients. A major limitation of this study was that only eight therapists who had experience working with Iranian-immigrant IPV clients were interviewed. Future research should include more therapists and include other service providers such as shelter staff, social workers, police officers, lawyers, and community leaders who have experience working with

this population. In addition, future research involving dyadic data and interviewing both partners in Iranian immigrant couples to address the issues of IPV and the challenges each of them experiences could further guide the development of new culturally competent services. Moreover, using survey questionnaire data to include a large sample of Iranian-immigrants and using different methods also could also provide a better understanding to know how to help these clients. Survey research could be conducted with Iranian immigrants to determine how length of time in the US influences their definitions of IPV and their perceptions and suggestions for improving the services offered in the US.

Conclusion and Implications

This study builds on previous studies regarding common challenges working with immigrant IPV clients. This is the first study to examine therapists' experience of working with Iranian-immigrants IPV clients in the U.S. The findings provide fruitful information that can help professional in their work with Iranian-immigrant IPV clients to be able to develop or modify strategies for helping their clients.

Findings of this study emphasize that educating the Iranian-immigrant community is the first priority and the most important work that should be done. Domestic violence providers in roles of therapists, shelter staff, social workers, or criminal justice system staff should be involved in educating immigrant communities. Some important part of the work a therapist or a social worker should be psychoeducation about IPV and at the same time pay attention to the cross-cultural manifestation of IPV, as the examples of IPV and the way a perpetrator may assert his power can be different depending on clients' socio-cultural context (Yashomia, 2000). Clients make sense of their IPV experience based on how they perceive it, so therapists should use clients' description while sharing the information on US laws that criminalize

violent behaviors. Iranian Media located in Los Angeles can also be involved in making the community aware of IPV, immigration law and their immigration rights, and the impact of IPV on children and mental health, by producing TV programs and shows in Farsi, documents of real cases, and inviting professionals to talk about IPV in Farsi. Community leaders can be a trusted link between IPV clients and providers to guide them to what they need to do and what are the resources available in their communities. If the therapist is the first chain of this path, it would be a great help if they are resourceful in knowing about the services and resources to refer their Iranian- immigrant IPV clients. They can link them with attorneys who are willing to give affordable legal consultation or link them with religious leaders who can be a part of their social support.

Although there are different theories and models to work with IPV clients and there are great domestic violence services available here in the U.S., providers should take into consideration that most of these services are designed based on white individualistic culture. Simply applying these to Iranian-immigrant IPV clients without considering the culture and client's context may lead to more harm than good in these family's lives. Calling the police and incarceration or going to the shelter are significant barriers for Iranian-immigrant IPV clients to seek help from a traditional individualistic system. Not including clients' lived experiences and not interacting with clients from a holistic contextual framework may easily result in negative consequences for women and their family who have been already marginalized. Using clients' knowledge of culture to better meet clients' needs includes positive communication, assessment of clients' strengths and stressors, and establishing collaborative culturally acceptable goals, which requires multi-systemic interventions. These culturally responsive interventions can make a significant change in client's life.

As trust is a significant issue in the Iranian community, providers need to use critical thinking to understand the history of oppression and socio-politically of Iranian clients to make sense of this mistrust. Being respectful to other cultures and being open to uniqueness of cultural psychosocial development in clients' life is essential in working with Iranian-immigrant IPV clients. Positive change occurs if the trust between providers and community is established.

Domestic violence services are not presented clearly to the Iranian community. Including victims' community members and leaders into policy making can be a great step to make change. Therapists and social workers who speak in Farsi and understand the culture can become more involved in the system which can resolve some of the language and cultural barriers that make clients reluctant to seek help.

A competently contextual understanding of clients that examines the intersectionality of all forms of inequalities and oppression (gender, race, immigration status) can help service providers to be more competent and culturally sensitive practitioners. Being culturally competent is an active process and a long-term commitment of learning and practicing. Providers need to enhance their understanding of clients by getting training on the cultural differences and the dynamic of culture, research on diversity, knowledge about clients' strengths, interacting with diverse groups. Practitioners need to be self-aware of how their own culture and race impact their relationship with Iranian-immigrant IPV clients is also a point to work on.

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Appendix A - Questionnaires

Demographic Information Questions

1. How long have you been practicing as a therapist?
2. What is your educational background?
3. Where did you get your degrees? Are you licensed? In what field?
4. What is the main population you work with?
5. What percentage of your clients are Iranian or Iranian-Immigrant clients?
6. Do you mainly provide individual, couple, or family therapy?
7. Have you had specific training in working with intimate partner violence?
8. Approximately, how many Iranian or Iranian-Immigrant clients have you worked with who have experienced IPV?
9. Approximately, how many clients from the U.S. have you worked with who have experienced IPV?
10. Where were you born? If they say "Iran" ask
    a. How long have you lived in the United States?
    b. Did you work as a therapist in Iran?

1. **Overall Information about working with Intimate Partner Violence Clients**

    - Tell me more about the range of Iranian-immigrant clients with IPV you have treated (age, gender, education, employment status, residency, religious, and individual vs couples) How are these clients similar to or different from U.S. clients with IPV?

2. **You mentioned you have provided therapy for Iranian clients from variety of social status, (rich/poor/ young/ old/ high education and low education). Tell me about two diverse Iranian IPV clients you have seen. Do you think they differed in the way they responded to IPV? If so, how?**

3. **What are the challenges and uniqueness of working with Iranian-Immigrant IPV clients? Although every client is different, if you were to generalize across clients I am interested in learning your thoughts on various issues:**

    - How do your Iranian-immigrant clients define IPV? Or how knowledgeable they are about IPV?
    - What are the main beliefs or assumptions they have about IPV?
    - Are there factors that are unique about Iranian-immigrant IPV clients? What are the differences between them and American clients with IPV? In what ways does culture influence their views on IPV?
    - How easy or difficult it is for Iranian clients to disclose IPV?
    - What are some barriers that might keep your Iranian-immigrant clients from disclosing IPV?
    - Do you think there are any internalized ideologies that might keep them from

disclosure and seeking help? If so, can you talk about them?

- Do you think there are any social or legal barriers that might keep them from disclosure? If so, can you talk about them?
- Do you believe that there are cultural components that influence them to be violent or continue living in violent marriage? If so, what are these cultural components?
- Do your clients use any cultural explanations to justify violence? If so, what are they?
- What are their main expectations of therapy?
- What are their main or specific needs?
- In working with Iranian clients, tell me your thoughts about cultural beliefs that might increase the danger from IPV and about cultural beliefs that might serve as protective factors?
- What do you think they would see as costs and benefits of disclosing and seeking help?
- What are the specific challenges you experience in working with Iranian IPV clients?
- What are some specific aspects of working with Iranian IPV clients that are going well?
- How much do your Iranian-immigrant clients with IPV know about the services or the rights they have in the U.S.? Where did they learn about these services or rights?

4. Culturally sensitive interventions in working with Iranian-Immigrant client with IPV

- What services that are available to address IPV in the U.S. are most helpful to Iranian clients? Do you think the services which are available here in the U.S are what Iranian-immigrant clients need? In what way do you think these services meet their needs or are in conflict with their needs?
- Do you see conflict between a common U.S. recommendation to encourage victim of victims to stand up to violence with what Iranian-immigrant clients need? If so, explain.
- What are the cultural components U.S. therapists should keep in mind in working with Iranian-immigrant clients?
- What does a culturally sensitive intervention in working with Iranian-immigrant clients look like?

Appendix B - Tables

Table 1: Demographic Information of Therapists

Participants	**How long have you been practicing as a therapist?**	**What is your background/ education?**	**What is the main population you work with?**	**What percentage of your clients are Iranian-immigrant clients?**	**What do you mainly provide?**	**Have you had specific training in working with IPV?**	**Approximately, how many Iranian clients have you worked with who experienced IPV?**	**Approximately, how many American have you worked with who experienced IPV?**	**Were you born in Iran?**	**If yes, how long have you lived in the United Sates?**	**Did you work as a therapist in Iran?**
1	10 years	PsyD in Psychology	Victims of trauma, women, and families	25-40 percent	Individual and family therapy	80 hours specific training	40 clients	15	yes	34 years	no
2	8 years	MS in counseling	Families experiencing domestic violence	40 percent	Individual, couple and family therapy	Yes	10 clients	More than 100 clients	no	30 years	no
3	22 years	Ph D in MFT	Both European American and Minorities	10-20 percent	Couple therapy	No, but I have taught courses on this topic	15-20 clients	50-60 clients	yes	34 years	no
4	1 year	Master's in MFT	Individual	10 percent	Family therapy	Yes	2 clients	A couple of clients	no	Born in U.S	no
5	12 years	Master's in social worker	Foreign bomb trauma survivors	1 percent	Individual and family therapy	yes	8 clients	Over 500 clients	no	15 years	no
6	4 years	PhD in clinical psychology	Severe mental health	80 percent	Individual and family therapy	Yes	15 out of 20	2 out of 10	yes	14 years	no
7	24 years	PhD in MFT	Middle Eastern	25 percent	Individual, couples, and family therapy	no	20 clients	10 clients	yes	34 years	no
8	34 years	PhD in clinical psychology	Couples and individual	90 percent	Individual, couple, and family therapy	Yes	20	12	Yes	41 years	yes

Table 2: Primary coding, Categories, and Themes for Question One

Primary coding	Categories	Themes
-Anger -Disagreement -Something normal between husbands and wives to argue -As a way to communicate and solve problems	**It is just conflict**	**Clients 'Lack of knowledge about IPV**
-Financial, emotional abuse do not count as violence -Physical abuse is visible and tangible, and others can see it -Physical violence has legal consequences -Emotional violence is more acceptable -Cursing or name calling is a part of conflict and fighting	**Only Physical violence counts as violence**	
-No definition and no name for their experience of violence -No space for their stories to call it something -No conversation about IPV till it's really bad -There is a cutoff between their experience connecting to the definition of IPV -They would not want IPV for anyone but do not understand they are living it -It is hard to believe they are in an abusive relationship - Lack of language for IPV, it is a foreign word	**Experiencing IPV is not ok, but they do not know how to piece it together**	
-Men get angry -Men have temper issues -My father and brother also did the same as my husband does	**Violence is a common behavior of men**	**Cultural acceptance that men are not accountable for their behaviors/gender norms in patriarchal culture**
-Women should not aggravate him too much -The wife needs to understand their role -Women should do their best -Sometimes when wives don't do what they're supposed to do then it's o kay to be violent toward them	**Women are responsible for men's violence**	
- Women are dependent on their husband, especially financially. -It is not about the culture and where you live, it is about financial dependency -Depends on the support and resources they have, they have to make peace with it	**Financial dependency**	**Clients' sense of disempowerment (victim's role**
-Women's define themselves by their husband and their marriage -Women do not have boundaries and self-worth	**Lake of self love**	
-It's all going to be okay and life's going to take care of me -This is my life, this is my destiny -Accept it as it is It's all going to be okay and life's going to take care of me -This is my life, this is my destiny -Accept it as it is	**Acceptance of a violent marriage as their destiny**	
-Fear of how their family was going to be perceived -Fear of how the community was going to perceive them as a woman -The concept of family reputation is important for them -Inter-generational believe that what other people think about them	**Obligation to keep a positive family face/family reputation**	**Clients do not disclose IPV due to a sense of obligation**
-Worry about how the children are going to be affected -Self-sacrificing to keep the family together -My children need their father -My original family will be affected by my decision	**Obligation to keep family together**	

-Don't want to threaten any sort of image that is negative of Iranian's -Don't want to say anything negative about Iran -There's already so much negativity about Iran	**Obligation to not to make a negative image of Iranians**	
-Police may separate the family -Fear of deporting	**Fear of consequences of reporting to the police**	**Clients' fear of consequences of disclosing**
-Financially dependent on their husband -Fear of divorce and its influence on their children's fut ure -They have no one else in the U.S	**Fear of divorce and its consequences**	
-No trust on mental health system as a science based field -Do not trust therapist's judgment as a professional -Stigma around Counseling or mental health	**Difficulty to trust therapists and mental health field**	**Clients' difficulty to Trust therapists and mental health field**
-They are worried about confidentiality -Being very conscious about how they're perceived -Huge trust issues -It takes time to open up -High social desirability	**Difficulty to trust therapy process**	

Table 3: Primary coding, Categories, and Themes for Question Two

Primary coding	Categories	Themes
-Information and knowledge about IPV -They need to know about the examples of IPV -Need to know verbal abuse, isolation and financial abuse are violence	**Educate clients about IPV**	**Clients need for knowledge and psychoeducation**
-Education on why violence is not a good idea -Men need to have a better understanding of power -Knowledge about healthy relationship	**Psycho-education about healthy relationship**	
-Knowing about the limitations and expectations -Knowing about the law -Need to know how the police and other systems work when it comes to IPV -Learning how to use the resources -Learn how to take advantage of resources in a best way -Learning to be independent	**Knowledge about law and resources**	
-There're few culturally competent agencies - It doesn't really take culture into account all the time -The service they get depends on the organization that they enter -Incongruency of shelter with what clients are looking for	**Lack of culturally competent programs**	**The services are not sufficient/ not proportional**
-Just calling 911 is not a safe or the best solution -Leave the house as the first solution is failed	**The service works well for individualist culture not for collectivistic culture**	
-There are racist ideas about what Middle Easterners men do -They are already judged by the system	**Racism in the system**	
-Iranian couples are very secretive -For an Iranian person family is the priority -They do not trust easily -Know about the family dynamic -look at their cultural identities -Their religious identity -Know about the gender roles	**Know about Iranian culture**	**Therapists have a broad perspective and understating of clients**
-Their immigration status -Their relationship with the community -There's a big stigma around shelters -Make sure about the resources your client may have or not -Their difficulty to understand the law -Language barriers to communicate with law system -They do not know how police intervene - Difficulties regarding to English language	**See clients' limitations**	
-It is unbalanced to just make men accountable -Understand the influence of patriarchy culture on men -Protect both of them -Make both of them to feel responsible about the situation -Telling them to leave, is anti-therapeutic -It makes women not to see their part -It can end up to divorce -Make sure women are ready to pay for their decision -Put the responsibility on both of them -Empower women to be assertive not aggressive	**Make both spouses accountable/ Giving voice without accountability can destroy their marriage**	