

ABSTRACT

ASHRAF, ANJABEEN. Vicarious Trauma and American Muslims: A Mixed Methods Study. (Under the direction of Sylvia Nassar-McMillan).

The purpose of the study was to explore vicarious trauma (VT) in American Muslims. The study utilized an explanatory concurrent mixed methods design that involved collecting quantitative data and qualitative data at the same time. For the quantitative portion of the study, the instruments were used to collect data from Muslims in the United States to measure the occurrence of vicarious trauma and religious identity. For the qualitative portion, participants were asked to respond to a series of questions to gain greater insight into their experiences. The research questions guiding this study focused on exploring the effect of religious identity and demographic variables on VT, exploring the lived experiences of American Muslims, and using both data sets together to deepen understanding. A MANOVA was conducted to explore the relationships between VT and all other variables. Religious identity and ethnicity were found to be significant in the MANOVA model and collectively explained 21% of the variance in VT scores. Follow up discriminant function analyses revealed that the self-safety, self-esteem, and other-esteem subscales were the best predictors for religious identity and the other-trust, self-esteem, and other-esteem subscales were the best predictors of ethnicity. The first function for religious identity explained 70.5% of the variance. For ethnicity, the first function explained 60.4% of the variance. The quantitative data were used to select qualitative responses based on vicarious trauma levels and religious identity. Qualitative analysis revealed nine themes: exposure, emotions, personal responsibility, identity, humanity, media, long term perspective, coping techniques, and cognitive processing. The results of this study contribute to a deeper understanding of VT,

specifically within American Muslims. Implications and recommendations for research, policy, advocacy, and practitioners are provided.

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Vicarious Trauma and American Muslims: A Mixed Methods Study

by
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DEDICATION

“I wish I could show you, when you are lonely or in darkness, the astonishing light of your own being” – Hafiz

To all the powerful women in the world who dream of the thing we often take for granted: an education.

BIOGRAPHY

Anjabeen Ashraf was born in Karachi, Pakistan. After emigrating to the United States at the age of three, she spent her joyous childhood years on the East Coast, primarily in Connecticut. Although she adored bundling up like the Michelin man for those winters, her parents were not amused and so moved the young family to Houston, TX. This is where Anjabeen remained for her adolescence and early adult years.

After deciding to pursue her PhD she moved to Raleigh, NC to do so. In addition to being reunited with the East Coast and four seasons, Anjabeen credits her time in North Carolina with tremendous growth personally, professionally, and spiritually. Refining her beliefs and activism, Anjabeen became involved in numerous advocacy and activism efforts, including Amnesty International, WomenNC (through which she attended a conference at the United Nations), and helped to found Muslims for Social Justice. She also became involved with numerous counseling organizations, including Chi Sigma Iota, the North Carolina Counseling Association, and the Southern Association of Counselor Educators and Supervisors. She served in leadership roles within many of these organizations.

All good things must evolve and so she fell in love and moved, for a boy. In reality, both man and woman moved to South Florida to be together and experience more good things. Thus this new chapter of her adventure began and continues.

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To my global family of humanity, I hope that I have made you proud. I often say that I am a global citizen and I realize I am able to say that because I have privilege. To those who are fighting for their lives, freedom, and identity, I hope you know that you are not alone. Your courage sustains me. This is for you all. In solidarity.

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CHAPTER 1: INTRODUCTION

No person lives on an island as the old adage states; we are all connected and affected by the other. Trauma, as an outcome of life's difficult circumstances, is not contained to the direct recipients of circumstance; bystanders and helpers may also be affected by the trauma. The phenomena of affectation by an event indirectly are known as *vicarious traumas*.

Traumas result from many things or events including natural disasters, acts of violence (individual or societal), and discrimination. Often, the impact of these events is captured as organizations step in to help or individuals reach out to these attacked groups for help. Organizations such as the Federal Bureau of Investigation (FBI) and various interest organizations (e.g. National Association for the Advancement of Colored People, American Civil Liberties Union, etc.) track and report acts of discrimination. What many of these organizations do not measure, however, is the occurrence of vicarious exposure to traumatic events such as discrimination.

The paradigmatic view of measuring constructs that are concrete may be a disservice to those individuals who experience trauma vicariously. How are individuals watching the unrest in Syria (a civil war that has led to thousands of deaths and displacement), the Congo (widespread murder, torture and sexual violence as a result of militant groups vying for resources) and Burma (a civil war and persecution of specific ethnic groups) affected by this coverage? How are teachers in California affected by watching the events unfold in Newtown, CT when Adam Lanza opened fire at an elementary school, killing 20 children and 6 adults? Certainly, the primary response to any trauma should be focused on the individuals and systems directly exposed, however, it may behoove us to recognize, assess, and identify strategies to assist those vicariously exposed to and affected by trauma.

Statement of the Problem

According to the most recent estimates, there are approximately 2.77 million Muslims in the United States, which amounts to 0.9% of the total population (Pew Research Center, 2007). In a study conducted by the Council on American Islamic Relations (CAIR), 20% of a random sample of non-American Muslims reported having Muslim friends or colleagues (CAIR, 2006).

The American Muslim population also skews young; 13.1% is represented by ages 0-14, 22.6% by ages 15-29, and 29% by ages 30-44 (Pew Research Center, 2011). The 18-29 and 30-39 demographics are largely moderately religious (Pew Research Center, 2007).

Diversity is inherent in the American Muslim population. Of the 2.77 million, 36% are United States born and 65% were born in 80 different countries around the world. Countries of origin and cultural descent vary greatly as well; 32% have a South Asian background, 26% Arab, and 20% African American (Pew Research Center, 2007). Notably, the largest American Muslim cultural group in the United States is not Arab. The global Muslim population is also reflective of this trend. Sixty-two percent of the global Muslim population is in the Asia-Pacific region (Pew Research Center, 2011). No single group comprises the majority of American Muslims.

Due to this diversity, American Muslim communities include all religious schools of thoughts, intellectual trends, political ideologies, and Islamic movements. Because of this diversity, there is no universal physical characteristic identifying one as Muslim; while some Muslims may express their faith through well-known identifiers such as hijab (headscarf that some women may wear) or taqiyah (a prayer cap that some men may wear), many do not. The Pew Research Center (2007) found 43% of American Muslim women reported wearing

the hijab all the time while 48% reported never wearing the hijab. Fifty-one percent of American Muslims were found to be moderately religious. These statistics challenge the construction of a monolithic Muslim identity that is conservative and homogenous.

Should these individuals not wear the aforementioned identifiers (hijab, etc.) of the Islamic faith, they may be an invisible minority meaning they are not readily identifiable as Muslim. Those that do match the stereotype of physical characteristics of what a 'Muslim' looks like may be more targeted for acts of discrimination. In American Muslim communities, there are individuals who are discriminated against because they are identified as Muslim and those who 'pass'. Muslims who 'pass' are not easily identified as Muslim, either because they do not wear any visible identifier of faith or they do not 'look' Muslim, i.e. Arab. For those who 'pass' and do not experience direct discrimination, they may still be exposed vicariously to this trauma material through friends, family members and the media.

Pew Research Center's (2007) study of American Muslims found that they are largely assimilated, content, middle class and aligned with the general public in many of their views. Notables include: 54% reported dissatisfaction with the overall direction the country is headed, a view shared by 61% of the general public; 71% reported that hard work will pay off, a value 64% with which the general public agrees. Interestingly, the Pew Research Center reports that American Muslims' patterns of religiosity are similar to those of American Christians. Seventy-two percent of American Muslims reported that religion is "very important" in their lives while 60% of American Christians responded as such. Daily prayer is high for both groups, 61% for American Muslims and 70% for American Christians. Religious service attendance is also very similar, with 40% of American Muslims

reporting attending services weekly and 45% of American Christians. It seems that American Muslims and Christians have similar degrees of religiosity in many ways.

The majority of the Pew Research Center (2007) sample reported voting for Democratic candidates and aligning themselves with the Democratic Party. While political leanings may be liberal, American Muslims reported conservative social beliefs. Fifty-nine percent of the sample stated a belief in the responsibility of the government to protect the morality of the nation (Pew Research Center, 2007). The American Muslim population, as stated in this study, is largely middle class and ‘mainstream’; in other words, American Muslims stand with their non-American Muslim neighbors on many platforms.

American Muslims are interwoven into the American fabric of life. Their views align with the general American public in numerous ways and they are, as stated in the Pew Research Center’s 2007 study, largely “mainstream.” Many of the challenges they face, however, may be unique. Post 9/11, the focus and rhetoric about Islam and Muslims have been largely negative (Bail, 2012). It may be that while American Muslims are largely ‘mainstream’, they are also navigating a social climate fraught with discrimination and possible trauma.

The current social climate for Muslims may lead to trauma as American Muslims are exposed to discriminatory incidents. As members of American Muslim communities live their lives and interact with friends and family members, they may relay their traumatic experiences in an effort to connect and heal. Additionally, through exposure to media coverage of Muslims, American Muslims are further exposed to sometimes negative incidents and rhetoric surrounding Muslims. The mental health outcomes of this vicarious exposure remain unexplored and as counselors who may be serving members of American

Muslim communities, it behooves us to understand how vicarious exposure and possible resultant vicarious trauma may be experienced by American Muslims.

Rationale for the Study

Vicarious trauma (VT) has been studied extensively in the helping professions (Dunkley & Whelan, 2006; Jenkins & Baird, 2002; Pearlman & Mac Ian, 1995; Tabor, 2011; Williams, Helm & Clemens, 2012). Researchers have found that vicarious trauma affects an individual's sense of belonging, hope, beliefs, values, judgments, safety, security, and cognitive functioning (United States Department of Justice, 1998). The symptoms of VT may manifest similarly to that of Post-Traumatic Stress Disorder (PTSD) (Lerias & Byrne, 2003).

Research on VT across different populations is limited. It is most often cited as a construct unique to those in the helping professions. The limited studies conducted on VT outside of the helping professions include a study on children of individuals in the armed services that indicates VT like symptoms do occur in children with family members in an active war zone or who have combat exposure (Dias & Sales, 2009). In a different study, Blanchard et al. (2004) investigated the vicarious traumatization of college students by the September 11th attacks and found that vicarious exposure through TV watching was a predictor in some instances.

It seems that VT is not an isolated phenomenon specific to a group. Any individual may be vicariously traumatized as demonstrated by studies previously cited wherein family and friends exhibited VT like symptoms through vicarious exposure to trauma material. More recently, the shootings in Aurora, Colorado and New Town, Connecticut affected concerned, empathic individuals across the nation as they viewed the media coverage of both

events and may possibly have identified with the victims because of shared aspects of identity.

The increase in reports of discrimination in the form of civil rights infringements against American Muslims, particularly since the 9/11 attacks and the launch of the “war on terror”, has increased exponentially. In fact, the Council of American Islamic Relations (CAIR) reports 1,717 complaints of discrimination in the six months following September 11, 2000 alone. According to the latest statistics available from CAIR, civil rights infringements increased from 2,467 in 2006 to 2,652 in 2007 and 2,728 in 2009 (CAIR, 2007; CAIR, 2009). The Federal Bureau of Investigation tracks hate crimes rather than civil rights complaints. The FBI recorded 157 hate crimes in 2011, 160 in 2010 and 105 in 2008, all noted as ‘Anti-Islamic’ (FBI, 2008; FBI, 2010; FBI, 2011).

Purpose of the Study

The statistics from CAIR and the FBI paint a current reality for American Muslims that includes acts of discrimination that not only infringe on their civil rights but also their mental and physical well-being. While not every American Muslim is subject to this direct discrimination, many more are affected vicariously when they learn of these discriminatory acts through retelling or the media.

Vicarious trauma (VT) is a well-defined concept that has been studied extensively in the helping professions with limited studies in diverse groups. The current negative social rhetoric surrounding Muslims may lead to mental health outcomes that are currently not being measured. Vicarious trauma may be a valid and powerful occurrence in some American Muslims as they are exposed vicariously to discriminatory acts, rhetoric, and

media. Currently, VT is not being studied in American Muslims and this study will contribute to the literature on VT.

Expanding the study of VT to a new population that may be at risk of the phenomenon necessitates the need for the current study. It is not merely enough to measure the occurrence of VT, however, and so the narratives of American Muslims were included as key in the study. To that end, a mixed methods design was utilized, featuring both quantitative and qualitative components.

Personal Rationale for Conducting this Research

As an individual who identifies as Muslim and resides in the United States, I am intricately aware of the plight of Muslims in the United States. Added to that insider knowledge is a worldview that includes advocating for social justice, systemic change, and equality. I have seen the rhetoric surrounding Muslims and Islam move from one of lukewarm tolerance and curiosity to fear and hostility since September 11, 2001. The “war on terror” has created a new category of ‘other’ that has led to media portrayals that are too often one-dimensional, typically a dimension of violence, anger, or some synonym thereof. My own experience within American Muslim communities has been one of plurality and an Islam that encourages peace. While certainly there are challenges, as within any community, American Muslim communities do not stand with the violent actions of a few fringe elements.

As a counselor, I have noticed the fear, reticence, mistrust, and disillusion in the discussions surrounding living in America. The normal, everyday occurrences that leave people feeling less than, victimized, and sometimes even in legal trouble. Often, these stories were retold on behalf of a friend or family member. Too often, media reports were retold and

discussed. The incidences all tie to a piece of identity. While some research has been done, primarily in the social sciences, on the American Muslim experience, I wanted to explore mental health outcomes. If American Muslims are being affected, how are they making sense of their experience? If they are being affected, it becomes important for counselors to learn and address the challenges they are facing.

Research Questions

The mixed methods approach was used to address the following research questions:

Mixed Methods Research Question

How do qualitative data help explain the differences in vicarious trauma in American Muslims as measured by the quantitative data?

Quantitative Research Questions

1. Does strength of religious identity, as measured by the Religious Commitment Inventory (RCI-10) significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?
2. Does previous personal exposure to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?
3. Does previous vicarious exposure to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?
4. Does the use of Muslim identifying factors significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?

Qualitative Research Question

1. How have American Muslims in the United States experienced VT?

Definition of Terms

Vicarious Trauma. Vicarious trauma is often used interchangeably with constructs such as burnout, compassion fatigue, and secondary traumatic stress. For the purpose of clarity, it is important to delineate the differences among the constructs.

Burnout, as conceptualized by Tabor (2011), is linked to the environment of which the individual has little to no control. Factors such as isolation, emotional and physical drain and apathy all contribute to burnout. Burnout, as it is related to structural and environmental issues, is an inherently unique concept when compared to VT.

Compassion fatigue occurs when an individual empathizes and experiences the other person's suffering deeply; to the point of exhaustion and a desire to alleviate the pain of the other (Dunkley & Whelan, 2006; Tabor, 2011). Compassion fatigue is unique from VT because it is not bound to instances of trauma. In other words, one can experience compassion fatigue without exposure to trauma vicariously.

Secondary traumatic stress occurs from repeated exposure to a traumatic event and may be a form of victimization. Secondary traumatic stress occurs in the trauma survivor who has experienced the event firsthand and insomuch differs from VT (Tabor, 2011). An example would be a survivor of sexual violence who is forced to confront her attacker in court or some other way.

Vicarious trauma is differentiated from the previous concepts for the aforementioned reasons as well as its incorporation of both the internal and external influences that precipitate in VT outcomes (Dunkley & Whelan, 2006). Internal influences include an individual's personal characteristics while external refers to the characteristics of the stressor.

The term was introduced by McCann and Pearlman (1990) as an outcome of working with trauma clients (as cited in Dunkley & Whelan, 2006).

Dunkley and Whelan (2006) stated, “Vicarious traumatization is specific in its recognition that counsellors who are exposed to their client’s trauma . . . can also be traumatized. It incorporates both internal and external influences and consequently considers the individual as a whole” (p. 109).

American Muslim. An *American Muslim* is defined as an individual who self-identifies with the Islamic faith and resides in the United States of America; countries of origin and citizenship status remain immaterial in the present study. The etiology of this term has evolved from a hyphenated identity, to Muslim American and to now American Muslim. The debate surrounding use of each term focuses on whether Muslims residing in the United States need to add ‘American’ to their identity and whether this choice is reflective of a need to belong. I choose to use American Muslim because I feel that it is a descriptor term that defines the group I am studying rather than Muslim American, which is an identity term.

Overview and Organization of the Study

Chapter 1 has presented the introduction, purpose, definition of terms, and statement of the problem for the study. Chapter 2 contains a comprehensive review of related literature and research related to the problem under investigation. It will explore vicarious trauma, theoretical frameworks, and relevant research. In addition, it will explore identity through the lens of Social Identity Theory (SIT), integrating the theory with identity considerations of American Muslims. Lastly, Chapter 2 will expand upon American Muslims, who they are and what they are currently facing from a social perspective.

The methodology and procedures that were used will be presented in Chapter 3. To answer the previously stated research questions, an explanatory concurrent mixed methods design was used. The quantitative and qualitative data were collected simultaneously via online administration. For the quantitative portion of the study, the instruments were used to collect data from American Muslims in multiple regions of the United States to measure the occurrence of vicarious trauma and assess the relationship between vicarious trauma and religious identity self-identification as an American Muslim. For the qualitative portion, participants were asked to respond to a series of questions to gain greater insight into the experiences of the participants. The qualitative and quantitative data were used together to create a more holistic and deeper understanding of VT in American Muslims.

Chapter 4 will present the results of the study, including the quantitative and qualitative analyses. A MANOVA was conducted to answer the quantitative research questions. The quantitative criteria were then used to select qualitative responses for analyses. Participants were grouped by eight categories of varying levels of VT and religious identity and responses to be analyzed were selected from each of these groups. The mixed methods research question is also answered as the analysis of the two data sets is merged. Chapter 5 will discuss these results, connecting them to previous research. Significance, limitations, and recommendations for practice, policy, advocacy, and future research will also be discussed.

CHAPTER 2: LITERATURE REVIEW

Introduction and Overview

Chapter 2 provides a comprehensive review of research and literature serving as a foundation for this dissertation study. The chapter is divided into sections that include (a) theoretical framework, (b) sources of vicarious trauma in American Muslims, (c) vicarious trauma research and interventions, and (d) conclusion and synthesis.

Theoretical Framework

The theoretical framework guiding this study is presented. Constructivist Self-Development Theory (CSDT) is the model out of which VT grew. This theory was chosen to guide this study because it provides a framework through which to assess and study this phenomenon in the population of interest. Social Identity Theory (SIT) is also presented in this section as the second theory guiding this study. As a type of social identity, being an American Muslim may contribute to the onset of VT or negative mental health outcomes. SIT provides a useful framework for assessing inter and intragroup processes.

Constructivist Self-Development Theory

McCann and Pearlman were the first to coin and address vicarious trauma (VT). McCann and Pearlman's (1992) constructivist self-development theory (CSDT) was developed out of the desire to understand the experience of trauma survivors. The authors noted the differences in experiences of trauma survivors. Their goal in developing the theory was to understand why different people experienced and dealt with trauma differently; what characteristics of the person, their history or even their context affected their experience post-trauma.

The theory is rooted in constructivist theory which states that people construct reality through development of cognitive structures. Events are then filtered and interpreted through these structures. In regards to traumatic events, such as accidents or rape, the experiences are not objective that precipitate in a singular experience for all survivors. The events can only be understood from within the individual's framework (McCann & Pearlman, 1992). Self-psychology and object relations theories are also blended into CSDT (Pearlman & Mac Ian, 1995).

Key Constructs and Definitions. CSDT includes several well-defined constructs.

Self. McCann and Pearlman (1992) define the self as the “seat of the individual's identity” (p. 190). Development of the self is a lifelong process.

Psychological Needs. These needs are affected by experience and determine behavior. The authors define six need areas that are particularly affected by trauma: safety, trust or dependence, esteem, independence, power, and intimacy (McCann & Pearlman, 1992). These needs were identified as salient after a thorough literature review on trauma (McCann, Sakheim, & Abrahamson, 1988).

Schemas. As defined by McCann and Pearlman (1992), schemas are the beliefs, expectations, and assumptions an individual holds about them self, others, and the world. Schemas are templates or frameworks that individuals use to organize new information. These schemas become tied to specific emotions. Schemas are the “cognitive manifestations of psychological needs or the beliefs, assumptions, and expectations related to these needs” (p. 190).

Assimilation-Accommodation. The authors use Piaget's concept of assimilation-accommodation to explain how schemas are important in the lifespan. Piaget asserts that as

we grow older, we learn to differentiate between schemas. With assimilation, we integrate new information into existing schemas. With accommodation, we modify existing schemas when presented with information that does not align with these schemas. McCann and Pearlman (1992) apply this concept within CSDT by stating their belief that trauma that occurs in early childhood and young adulthood cause assimilation or accommodation thereby disturbing schemas that will provide the framework for the individual's life.

Trauma. McCann and Pearlman (1992) do not aim to define trauma because they believe that the individual defines it. Since trauma affects core schemas and requires accommodation, these schemas and held beliefs are what determine if the individual perceives the event to be traumatic. Disruption to needs and schemas are specifically what will determine the individual's perception.

Vicarious Trauma. "...the transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients' trauma experiences and their sequelae." (Pearlman & Mac Ian, 1995, p. 558). Engagements can be in the form of listening to verbal retelling of trauma stories, being witness to human cruelty, and witnessing or participating in trauma reenactments. McCann and Pearlman (1990) articulate clearly the differences between VT and previously existing concepts that are similar, such as burnout and countertransference. McCann and Pearlman (1990) state that burnout views the stressor as the cause of distress in the counselor, such as a challenging client population. Countertransference is focused on the preexisting characteristics of the counselor and how those affect her/his response. CSDT was conceptualized to integrate both of these foci: the therapists' unique characteristics and the stressor. The authors also assert that VT is a broader

concept because it states that the therapist's cognitive schemas will be changed in a profound manner.

As seen through the lens of CSDT, the therapist's unique characteristics influence the occurrence of VT. This may include past history, including trauma, interpersonal style, psyche, professional development, current stressors in other life areas, and support (Pearlman & Mac Ian, 1995). Not only may therapist characteristics contribute to VT but also characteristics of the work including presenting issues, challenging client relationships, work setting, and social-cultural context.

McCann and Pearlman (1990) also assert the importance of ego resources (allow self to connect with others), self-capacities (clear sense of self) and frame of reference (lens through which individual interprets experiences) in understanding VT. Research has supported their theoretical conceptualization of VT (Ilfie & Steed 2000; Johnson & Hunter, 1997; Schauben & Frazier, 1995).

Possible manifestations of VT include disrupted cognitive schemas, such as trust, safety, power, independence, esteem, intimacy, and frame of reference. They also conceptualize a memory system that is affected and results in intrusive imagery. VT is not an outcome of a single experience but builds up over time and across helping relationships (Pearlman & Mac Ian, 1995).

While some research has supported the conceptualization of VT, Devilly, Wright, and Varker (2009) conducted a study that contradicts other findings. In their study, mental health professionals in Australia were administered a questionnaire in which measures of secondary traumatic stress, vicarious trauma, and burnout were included. Their findings suggest that exposure to clients' trauma material did not affect any of those constructs but rather work

related stressors best predicted distress scores in the therapist. It should be noted, however, that CSDT incorporates life stressors and professional development into the consideration of an individual's unique personal characteristics that may leave them vulnerable to developing VT and so the measurement of 'work related stressors' by the researchers is not completely divergent from CSDT's conceptualization of VT. This study does merit further research of VT, distress, and the relationship between the two constructs.

Vicarious trauma, as studied by the original authors, has been focused primarily on those in the helping professions. Exploring VT only within therapists is reduction of the use of the theory. It may be that the authors chose to build a theory around a construct of interest, in this case VT, and while that may be appropriate it seems that after creation of a theoretical model they did not look at CSDT more broadly and consider what other applications it may have. McCann and Pearlman (1992), in the only such instance, applied CSDT to a non-counseling professional population (no mention of VT) in a paper on the use of CSDT in treating traumatized college students.

The occurrence of VT in non-helping professionals is not addressed in any papers by the original authors. Limiting the application of VT to only the helping professions is, again, a narrow use of the theory. Certainly, the process that leads to VT in a counselor can occur in any individual. If the salient characteristic of counselors that makes VT relevant is their exposure to trauma material over time, it can be argued that many non-counselors are repeatedly exposed to trauma material. This can happen through retelling of trauma stories by friends or family members, media exposure to traumatic events or even being a bystander and witnessing a traumatic event or human cruelty. It then only follows, if any individual can

be exposed to the same or similar trauma material over time and that we all have cognitive schemas, personal histories and frameworks, then anyone can experience VT.

There have been limited studies that stepped outside the lens of helping professions. Studies conducted post 9/11 regarding the mental health outcomes of exposure through the media are limited. Two such studies were conducted with college students. Both teams of researchers, while ultimately interested in the mental health outcomes, theorized differently the precipitating factors leading to said outcomes. Wayment (2004) found that students who perceived themselves to be similar to the victims of 9/11 were more distressed. Blanchard et al. (2004) found that proximity to the World Trade Center had an effect on distress symptoms; students who were geographically closer reported higher levels of distress.

Both studies contribute well to the understanding of vicarious trauma. While neither researcher defined VT as a specific construct of interest in their study, each project was rooted in the commonality that neither sample was directly exposed to the 9/11 attacks. Each sample was vicariously exposed to the traumatic event through the media. The findings from these studies may be generalizable to recent events that have captured national attention.

Several other researchers who focused on the mental health outcomes of traumatic violent events have found that vicarious exposure to traumatic events via the media resulted in stress symptoms including anger, fear, depression, and cognitive interruptions (Ben-Zur, Gil & Shamshins, 2012; Byrne, Lerias & Sullivan, 2006; Fallahi & Lesik, 2009).

Fallahi and Lesik (2009) conducted their study soon after the 2007 Virginia Tech school shooting. They found that as students at another university increased their media consumption of the news coverage surrounding the shooting, the students moderate or acute stress symptoms would increase. Similarly, Ben-Zur, Gil, and Shamshins (2009) found that

increased media exposure to coverage on violent attacks was associated with higher levels of distress and posttraumatic symptoms. In support of CSDT's conceptualization of individual characteristics as affecting onset of VT, the researchers found that individuals with higher 'personal resources' had lower levels of posttraumatic symptoms.

Byrne, Lerias, and Sullivan (2006) attempted to predict vicarious trauma in individuals indirectly exposed to bush fires in Australia. They found they were able to predict 75% of those who experienced vicarious trauma. Those who had vicarious trauma had greater exposure to the bush fires through the media, experienced greater distress when reminded of the event, and were concerned for their safety from similar events. Their findings also indicated that avoidance as a coping technique was utilized often by those who experienced vicarious trauma.

In a study with a unique sample, Backholm and Bjorkqvist (2010) investigated the outcomes of reporting traumatic events of journalists. The sample consisted of newspaper writers and television reporters. They found that journalists were being affected by the news items they report; personal history of trauma and the magnitude of traumatic events reported were mitigating factors in diminished well-being. It seems the research is supportive of the tangible outcomes of vicarious exposure to traumatic material.

Studies on VT in the family members of active or retired military personnel have indicated that vicarious exposure to the stress of combat and any resulting trauma through a relative with that lived experience can result in vicarious trauma on the part of the non-combatant (Dias & Sales, 2009; McCormack, Hagger & Joseph, 2011). In a phenomenological study, McCormack, Hagger and Joseph (2011) interviewed the wives of three Australian Vietnam veterans. A primary theme that emerged was *living with the*

distress of vicarious trauma. Participants described the struggle to understand what they were experiencing in addition to assisting their husband's reacclimation to civilian life. Key outcomes identifying their experiences as VT included disruption of cognitions, feelings of fear, self-doubt, anger, and helplessness.

In another analysis of military personnel, Dias and Sales (2009) conducted a meta-analysis of 40 studies of Portuguese soldiers who fought in Africa between 1961 and 1975. The researchers found that of the 40 studies, 35 illustrated negative outcomes of children's exposure to war through their fathers. These outcomes included emotional and behavioral disruptions and cognitive impairment.

Studies of VT in diverse ethnic populations also remain limited. A search using keywords such as vicarious trauma and ethnicity, vicarious trauma and race, and vicarious trauma and religion failed to identify many studies. While the deleterious effects of discrimination have been studied in many different ethnic groups, with results indicating that overt acts as well as microaggressions have a profound impact on well-being and identity, few have looked specifically at the phenomenon of vicarious trauma (Huynh, Devos & Smalarz, 2011; Johnston & Lordan, 2012; Sue, Bucceri, Lin, Nadal & Torino, 2007).

Huynh, Devos and Smalarz (2011) conducted a series of studies with various populations, including Asian Americans, Latino/as, and African Americans. Their goal was to identify if awareness of the perpetual foreigner stereotype predicts identity and psychological adjustment. They found that the perpetual foreigner stereotype was a predictor of identity conflict and decreased sense of belonging in the United States. They also found that this stereotype predict lower hope and life satisfaction for Asian Americans and marginally predict greater depression for Latino/as. This stereotype, as many others, is

reflective of greater societal discomfort and racism. As such, these results indicate that stereotypes, as a type of discrimination, have power merely through recognition and knowing that one is considered different.

The role of microaggressions in affecting a person's well-being has been hypothesized. Sue, Bucceri, Lin, Nadal, and Torino (2007) conducted a qualitative study in which 8 themes were identified after interviews with a sample of 10 Asian Americans. Their results indicate that microaggressions had a lasting impact on the participants and many reported strong reactions, such as anger, frustration, and alienation. These findings support CSDT's postulation that trauma material may affect emotions.

The effects of discrimination on physiological aspects of our well-being were studied by Johnston and Lordan (2012). For their sample of Muslims living in the United Kingdom, health was measured through medical records and self-report questionnaires. They found that discrimination worsened blood pressure, cholesterol, body mass index (BMI), and self-reported health in the experimental group of Muslims as compared to the non-Muslim control group. Discrimination can affect an individual's health.

Studies of discrimination conducted specifically with Muslim samples have yielded results, unsurprisingly, that support the many negative outcomes of discrimination mentioned previously (Ghaffari & Çiftçi, 2010; Jasperse, Ward & Jose, 2012; Johnston & Lordan, 2012).

Ghaffari and Çiftçi (2010) conducted a study with Muslim immigrants in the United States. They measured religiosity, self-esteem, and perceived discrimination. A positive relationship between religiosity and perceived discrimination was found, suggesting that when perceived discrimination occurs, individuals may turn towards their faith. Perceived

discrimination was also found to have a moderating role between self-esteem and religious behavior as well as self-esteem and religious attitudes. As the individuals perceived more discrimination, their self-esteem decreases, regardless if they are highly religious or not. In other words, high religiosity may not be enough to help cope with the effects of discrimination.

Jasperse, Ward, and Jose (2012) examined perceived discrimination in Muslim women in New Zealand. Their study focused on the psychological, behavioral, and visible aspects of Muslim identity as predictors of well-being. They found that visibility, specifically wearing the hijab, was associated with more perceived discrimination but that it predicted positive psychological outcomes. Psychological and behavioral aspects of Muslim identity were found to moderate the relationship between perceived religious discrimination and well-being. Psychological identification with Islam strengthened the negative relationship between perceived discrimination and well-being while Islamic behaviors or practices ameliorated the negative impact.

The complexity of identity for Muslims and their experiences with discrimination are demonstrated by these studies. The outcomes of discrimination are real and traumatic for some Muslims. The outcomes of discrimination for specifically American Muslims remain under-unexplored which is problematic because the American Muslim population is extremely diverse across a number of characteristics and therefore the experiences of American Muslims are inherently unique.

It seems that VT can and does occur for non-helping professionals, as demonstrated by the previously discussed studies. The data show us that discrimination and negative outcomes as a result of this discrimination are occurring for Muslims. As these individuals

try to make sense of their experiences, they may tell their stories of discrimination to friends and family members. This may lead to vicarious exposure on the part of friends or family members who hear these stories, which may result in VT. Further, the media often contributes to this vicarious exposure as local, national, and international news is reported. For those who do not experience VT specifically, vicarious exposure may result in some type of negative mental health outcome. Measuring the negative outcomes of vicarious exposure can be done in many ways, however, the cognitive disruptions that are hallmarks of VT may be assessed by an instrument by the original authors, described below.

Measuring Vicarious Trauma. Pearlman's (2003) most current scale is based on CSDT. The Trauma and Attachment Belief Scale (TABS), found in Appendix B, is an 84 item self-report scale that measures disruption in beliefs regarding safety, trust, esteem, intimacy, and control. Higher scores on the scale indicate higher disruption in these beliefs. Ten subscales exist to measure these constructs. Reliability and validity data on the TABS is limited. However, the TABS is based on and similar to an earlier work of Pearlman and Mac Ian, the TSI-BSL (Williams, Helm & Clemens, 2012).

The Traumatic Stress Institute Belief Scale (TSI-BSL), an earlier work of Pearlman and Mac Ian (1995), was modified to be more readable; the modified version became the TABS. Researchers Jenkins and Baird (2002) reported a Cronbach's alpha of .95 for the total score and a range of .62 to .83 for the 10 subscales. Concurrent and discriminant validity was also reported between the TSI-BSL and the Compassion Fatigue Self-Test (CFST).

A powerful use of CSDT is the use of the theory as a 'screening' tool for susceptibility to VT. While McCann and Pearlman (1990) encourage this for counselors, it would be useful for any individual. Through the lens of CSDT, individuals can determine in

which of the need areas they have pre-existing disturbances, which may render them more vulnerable to further disruption. For example, in the case of American Muslims, an individual who has experienced detainment at the airport, name-calling related to her faith and ethnicity, and has had an aunt who wears a headscarf pulled off an airplane may have disturbances in the need areas of safety, trust and, esteem. That may render her vulnerable and when she is next exposed to trauma material through the media's coverage of a violent event and the rhetoric turns to blaming Muslims. She may experience further disruptions to those need areas because she was already vulnerable. Her schemas continue to change as she is exposed to such material and she engages with it because a facet of her identity or self is the same or similar to the individual experiencing the traumatic event firsthand. The TABS is a tool that screens for the disruption of schemas and need areas that may indicate VT.

Summary. CSDT proposes a holistic view of the experience of trauma in an individual. By honoring that an individual's past experiences influence the experience of trauma, CSDT posits a more individual approach to treating trauma, which is more cross culturally sensitive and post-modern. CSDT also provides a powerful framework for evaluating an individual's susceptibility to trauma by evaluating need areas that may be diminished based on past experience. Recognition of disruption allows for proactive steps so that further disruption does not occur when exposed to trauma material.

CSDT's conceptualization of an individual's experiences as important to how they interpret further experience is particularly relevant in application of the theory to American Muslims. American Muslims currently face current social scrutiny that informs the lens through which they may interpret experiences. If faced with discrimination in the past, an

American Muslim's frame of reference may make them more susceptible to VT as posited by CSDT.

Social Identity Theory

Henri Tajfel was a social psychologist whose work centered on group prejudice. His work evolved from a purely cognitive stance on prejudice to a social psychological analysis. His aim was to explore the psychological processes that motivate social phenomena like stereotyping, prejudice, and discrimination. In the late 1960s and early 1970s, research was being conducted that indicated group membership may be sufficient for intergroup discrimination. Tajfel, with colleague John C. Turner whose work on social competition became a part of Social Identity Theory (SIT), first introduced SIT in its entirety in 1979 in a book chapter, although pieces of the theory had been explored in previous papers and chapters by both authors (Turner, 1996). SIT focuses on intergroup interactions.

SIT begins with the assumption that all individuals have a social identity. *Social identity* is defined as, "...part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership" (Tajfel, 1981, p. 255).

Social identity is dictated by belonging to a group and the individual's internalization of their group membership. SIT does not differentiate between social identity and personal identity. A second assumption is that individuals strive to maintain a positive self-concept, which is largely derived from positive social comparisons to *out-groups* (groups that the individual does not belong to). Should there be negative comparisons, the individual will strive to positively distinguish their group, known as the *in-group*, through three possible

processes. These processes may lead to negative outcomes, such as prejudice, discrimination, hostility and conflict, and /or positive social change (Tajfel & Turner, 1979).

To define *groups*, Tajfel adopted the definition of a nation by Emerson, "...a body of people who feel that they are a nation" (Emerson (1960) as cited in Tajfel, (1981), p. 229) when defining a group for SIT. Tajfel (1978) stated that groups have three components: a cognitive in which the individual has the sense that they belong to the group, evaluative in which membership in the group has either a negative or positive value attribution and emotional wherein membership may elicit emotions such a love, hatred, like or dislike.

Social categorization. Which is defined as "...a system of orientation which creates and defines the individual's own place in a society" is fostered through belonging to a group (Tajfel, 1981, p. 258). Social categorization, while structural, affects the individual's sense of self, a cognitive and emotional outcome of belonging to a group. Social categorization, for the most part, is not under the control of the individual and operates on the relative status of the group as it is positioned next to another group.

The means through which groups attempt to distinguish themselves from each other is social comparison. *Social status* is conceptualized as the outcome of social comparison. Social status refers to an entire group's position, not the individual's, in relation to another group. Three strategies are outlined that groups may use establish distinctiveness from another group. The first is *individual mobility* in which a member of a low status group tries to dissociate her/himself from the group. The outcome of this mobility is a change to status of the individual, not the group making it an individualistic solution. The second strategy is *social creativity* wherein group members redefine or reframe characteristics of their group to be more positive. Social creativity is a group strategy that may focus on comparing the in-

group to the out-group in some new way, changing the value attributed to their group characteristics or changing the out-group, to which they are compared, e.g. not using a high status group as a frame of reference. The third strategy groups use to distinguish is *social competition*, which is direct competition with the out-group in an attempt to reverse the positions of the two groups. This last strategy may cause conflict between groups because they are competing for resources such as housing, jobs, income, and education (Tajfel & Turner, 1979).

Understanding how group membership precipitates in intergroup processes is very useful. If we can understand this, we can perhaps address intergroup conflict at a systems level. What policies are currently in place that support hierarchical group structures? At the individual level, understanding a person's social identity can help us assist them as counselors. As a member of a social group, they are undoubtedly affected by this membership especially if they identify strongly with this social identity. If the client is a member of a low power group, this may result in negative mental health outcomes. Addressing their social identity, intergroup process, and helping them find a voice to address any power imbalance or injustices may prove a powerful therapeutic tool.

SIT has meaningful implications for helping individuals negotiate their own social identity. Understanding an individual's social identity is also a powerful tool for understanding their experience. For members of low status groups, this may result in mental health outcomes. For individuals who belong to numerous groups, all with varying degrees of power, this may result in confusion, loss of belonging, and other outcomes.

The outcomes of social identity are not all negative, however, as shown in research. Social identity can sometimes reduce negative outcomes and this is useful in assisting clients as they come to terms with their identities, group membership, and personal identity.

Religious Identity

As a type of social identity, religious identity may be of importance when considering well-being and self-concept. Choosing to adhere to a faith comes with a set of beliefs, traditions, practices, and community. While religiosity has been studied and attempts have been made to define and study this construct, religious identity as a type of social identity remains relatively unexplored (Greenfield & Marks, 2007; Ysseldyk, Matheson & Anisman, 2011).

The role of religious identity and well-being is especially pertinent here. Researchers have found that individuals who identify strongly with a religion often report higher psychological health and less distress (Ghorbani, Watson, Geranmayepour & Chen, 2014; Greenfield & Marks, 2007; Peek, 2005; Ysseldyk, Matheson & Anisman, 2011).

Religion as a social identity was posited by Ysseldyk, Matheson, and Anisman (2010) as important because it provides value to the individual. Belonging to a religious group comes with both cognitive and emotional value attributable to the systemic beliefs that offer adherents certainty, social support, and opportunities for turning inwards and reflection. Ysseldyk, Matheson, and Anisman (2010) point out that while there may be positive outcomes from having a religious social identity, intergroup conflict may also threaten this identity.

Ysseldyk, Matheson, and Anisman (2011) found both positive and negative outcomes after threats to religious identity. After reading a fabricated negative story on their self-

identified religion, participants reported perception of the article as a threat with negative outcomes such as anger and sadness. However, positive outcomes such as coping strategies and seeking support were also indicated. The role of religious identity is seemingly complicated and attributable to many factors.

Religious identity as a type of social identity was also studied by Greenfield and Marks (2007) within the framework of SIT. Using the 1995 National Survey of Midlife in the United States, they found that increased religious attendance was associated with a stronger religious social identity which in turn was associated with higher psychological well-being. The researchers assert that religious social identity is a type of psychosocial factor that attributes to well-being. The researchers believe that through the lens of SIT, a stronger religious social identity would interact with more frequent religious engagement in a dynamic way so that the two constructs are reinforced by each other. SIT certainly seems to support this because social group membership is motivated by a need to belong and feel good about ones' self (Tajfel & Turner, 1979). Participation in the community serves this goal.

Ghorbani, Watson, Geranmayepour, and Chen (2014) explored Muslim spirituality in a sample in Iran. Their 15-item instrument measured Muslim Experiential Religiousness, defined by the authors as the experience of submission to God, a central tenet of Islam. They found that Muslim Experiential Religiousness correlated negatively with anxiety and depression and positively with satisfaction with life. Their results seem to indicate religious identity or salience as an important factor in psychological well-being.

In a qualitative study to explore the identity development of Muslim Americans, Peek (2005) found three distinct stages of development: religion as ascribed identity, religion as chosen identity, and religion as declared identity. In each stage, parallels may be found to

SIT concepts. In the first stage, religion as ascribed identity, individuals follow the religion and practices of their parents, a purely social aspect. Although they do not understand and are not reflective about their background, beliefs, and behaviors, the practices are reinforced by parents. In the second stage, religion as chosen identity, individuals have the time and space to reflect on their beliefs. In this stage, participants reported feeling more connected to the Muslim community with increased interaction. Their beliefs were reinforced by the social group they belonged to and they often found comfort and pride in belonging. In the third stage, religion as declared identity, identity was asserted through conflict, in this case 9/11. Participants felt the need to assert their identity publicly, learn more about their faith, and find support through their network. Especially poignant in this stage was standing steadfast with their identity in the face of threats, finding meaning in wearing a headscarf or maintaining a beard. They held strongly to the positive aspects of their group and used it to differentiate themselves from other groups. Throughout the stages, concepts of SIT present as important foundations for their concept of self and identity. Indeed, it seems that the social aspect of their identity served as support, safety, and an opportunity for growth for the participants.

As discussed in the previous section, several studies conducted with Muslim samples that were focused on the outcomes of discrimination found that discrimination can have a profound effect on well-being (Ghaffari & Çiftçi, 2010; Jasperse, Ward & Jose, 2012; Johnston & Lordan, 2012). Two of these studies explored facets of Muslim identity and their relationship with well-being (Ghaffari & Çiftçi, 2010; Jasperse, Ward & Jose, 2012).

The salience of religious identity seems important. Some studies have shown that religious identity may have mitigating effects after negative life experiences (Ghorbani,

Watson, Geranmayepour & Chen, 2014; Greenfield & Marks, 2007; Peek, 2005; Ysseldyk, Matheson & Anisman, 2011). The mechanism through which this occurs remains to be found. This may be, as CSDT posits, due to the unique ways in which we filter and experience trauma (Pearlman & Mac Ian, 1995). SIT posits that participation in a social group is motivated primarily by the desire to experience positive self-worth (Tajfel, 1981). It may also be in part due to the multiple pieces of religious identity and the different role each serves in ensuring well-being.

Religious Social Identity. SIT presents a useful framework through which the salience of religious affiliation can be viewed as a social identity. The social identity of religion for American Muslims is demonstrated through participation in local Muslim communities, whether through Mosque attendance, religious lecture attendance, and having friends of the same faith. These acts are more extrinsic and reflective of outward identification and participation in the Muslim religious social community, or a religious social identity. Identifying with the religion of Islam serves as an intrinsic piece of identity, specifically religious spiritual identity. This identification with Islam may present as observing regular prayers, recitation of the Qur'an or any number of inwardly focused or intrinsic activities.

For the purposes of this study, *religious spiritual identity* is defined as identification with a faith tradition, including the beliefs and practices. *Religious social identity* is defined as identification and interaction with the religious faith community, such as attendance of formal religious services, informal religious learning lectures, and socialization with those of the faith community.

Summary. SIT presents an integrative framework for understanding of the importance of social identity. Belonging to a social group and the salience of this identity has been shown to moderate the effects of discrimination. Social identity has also been shown to affect intergroup behavior.

In relation to American Muslims, this may be relevant because of their membership to a currently marginalized group. How are individual American Muslims creating their social identity and how is this moderating the effects of discrimination and possible vicarious trauma? Using SIT as a framework to explore these questions may be useful.

Trauma and Vicarious Trauma

The occurrence of trauma as a facet of American Muslims' lives is discussed within this section. The social realities of living as a Muslim in the United States are demonstrated through the use of data tracking discrimination, the role of the media, and the construction of a negative Muslim identity. How these factors contribute to trauma and discrimination are outlined. The manner in which this may contribute to VT is then defined.

Muslim as Race

Post 9/11, concepts such as profiling, jihad, and terrorism have come to the forefront of the national conversation. Most often, these terms are associated with Muslims. Through the interaction of political and social commentary, military actions abroad, and domestic counterterror initiatives, a monolithic, homogenous Muslim caricature has been constructed that is racially different from the dominant White racial group.

Some theorists consider race a social construct. Omi and Winant (2012) define race as, "Race is a concept which signifies and symbolizes social conflicts and interests by referring to different types of human bodies" (p. 349). Critical race theory asserts that while

there are physical characteristic differences, also known as phenotypes, the importance lies in the *meanings* constructed about those differences (Chon & Arzt, 2005). Therefore, understanding and definitions surrounding race change over time. Chon and Arzt (2005) elucidate this point with the fluid nature of Arab classification in the United States. Arabs in America have been categorized at different points as Asian, white, and black. Currently, to be Arab is to be Muslim and vice versa, although the data do not support this as noted previously. To be Muslim may also mean to be an ‘other’ who does bad things, categorized as terrorism.

Akram and Johnson (2002) assert that this new category of terrorist is a “complex matrix of ‘otherness’ based on race, national origin, religion, culture and political ideology, which may contribute to the ferocity of the U.S. government’s attacks on the civil rights of Arabs and Muslims” (as quoted in Chon & Arzt, 2005, p. 221). In other words, present rhetoric and identity being perpetuated is one that relegates Muslim with terrorist, which is used to justify discriminatory actions. These attacks on the rights of Muslims may be acting as traumatic stressors for the victims.

Trauma is caused by traumatic stressors and can be caused by “exposure to actual or threatened death, serious injury, or sexual violence” (American Psychiatric Association, 2013, p. 271). For American Muslims, threats have been realized that have led to physical injury and cognitive injury, including threats to identity. The most noted outcome of trauma is the diagnosis of Post-Traumatic Stress Disorder (PTSD). Interestingly, the DSM-V notes that the exposure cannot be through the media although it can be through learning that family or friends have experienced trauma (American Psychiatric Association, 2013).

Helms, Nicolas and Green (2012) argue that race and racial considerations are not considered in the study, diagnosis, and literature on trauma. PTSD, as the primary diagnosis or outcome of trauma, is often viewed as following a devastating event. Defining *ethnoviolence* as “violence and intimidation directed at members of ethnic groups that have been marginalized and stigmatized by the dominant or host culture”, the authors argue that racism and ethnoviolence are trauma-causing events that remain unconsidered in trauma work (Helms, Nicolas & Green, 2012, p. 67).

The concept of ethnoviolence as trauma inducing may be especially relevant when considering the interplay of religion, race, and culture that lay the foundation for discrimination against American Muslims. As an arguably marginalized and stigmatized group, many American Muslims may face violence and intimidation, directly and vicariously, based on their religious and ethnic identity.

The construction of a singular Muslim racial identity is problematic as it perpetuates stereotypes, misinformation, and projection of the acts of a few in-group members to the entire group. In other words, if Muslim is a race that looks Arab and believes in violence supported by religious tenets, ergo anyone who identifies as Muslim is all those things. The use of a Muslim racial identity to rationalize discriminatory acts is particularly distressing.

Discrimination Against American Muslims

The Council of American Islamic Relations (CAIR) as well as the FBI track instances of discrimination filed with local authorities as well as those grievances made directly to each agency. Additionally, Pew Research Center has included questions about discrimination in many of their surveys of American Muslims. The statistics paint a picture of life rife with increased scrutiny, intolerance and aggressions (both overt and covert).

CAIR (2006) found that 25% of their sample of American non-Muslims believed Islam to be a religion of hatred and violence. Approximately 60% of the respondents stated that they were 'not very knowledgeable' or 'not at all knowledgeable' about Islam; 10% stated that they believe Muslims worship a moon god. The study identified four main blocks of attitudes: indifferent, confused or neutral (34%), tolerant (27%), somewhat tolerant (22%), and intolerant (17%).

CAIR (2009) reported a decrease in anti-Muslim hate crimes. CAIR received reports of 116 hate crimes in 2008, dropping 14% from 2007 at which time they recorded 135; 167 were received in 2006. Interestingly, civil rights complaints increased. Civil rights incidents include employment discrimination, denial of religious accommodation, due process issues, profiling, verbal harassment, denial of service, and numerous other acts that violate an individual's right to liberty, legal, social, and economic equality. A total of 2,728 civil rights complaints were recorded in 2009, a 3% increase from 2007 when 2,652 reports were received and an 11% increase from 2006 when 2,467 reports were received. CAIR reported that civil rights violations have steadily increased, exponentially so after 2001.

The Federal Bureau of Investigation's statistics on hate crimes are similar to those of CAIR's. The FBI recorded 130 hate crimes in 2012, 157 in 2011, 160 in 2010, and 105 in 2008 (FBI, 2008; FBI, 2010; FBI, 2011; FBI, 2012). Notably, the FBI does not track civil rights complaints.

The statistics from CAIR and the FBI paint a current reality for American Muslims that includes acts of discrimination that not only infringe on their civil rights but also their mental and physical well-being. While not every American Muslim is subject to this direct

discrimination, many more are affected vicariously when they learn of these discriminatory acts through retelling or the media.

Media

The media undoubtedly inform public discourse and opinion. Whether it is through fictional television shows, news coverage or written articles, the media help to shape national conversations and rhetoric. Unfortunately, the conversation is sometimes led astray.

The film industry, as a multibillion-dollar enterprise, has existed for over 100 years. An analysis of the content of movies reveals a cornucopia of stereotypical characters. Shaheen (2001) conducted such an analysis, looking specifically at features that included Arab characters. From the research, he found that the film industry has portrayed Arabs as villains in more than 900 feature films. Arab characters that are most often Muslim. Examples from his book include *Lawrence of Arabia*, released in 1962, that featured Arabs fighting Arabs and a notable quote by the lead character: “Sherif Ali, so long as the Arabs fight tribe against tribe, so long will they remain a little people, a silly people, greedy, barbarous and cruel” (p. 289). A more recent feature, *The Pelican Brief* released in 1993, featured an Arab character who was a terrorist, with seven spoken lines and whose entire characterization is one-dimensional.

Prominent TV shows like *Homeland*, *24*, and *Aliens in America* feature Muslim characters that either are bent on destruction and murder or are funny caricatures that do odd things and are made fun of. The lack of multi-dimensional and well-rounded Muslim characters is reflective of and continues to perpetuate the concept of the ‘other’ that is different.

In the news, major networks like CNN, Fox, and MSNBC offer numerous pundits who pontificate on current issues. Keeping up with current events can be overwhelming and many people may see these pundits as a more manageable or accessible way to stay current; the pundits read and analyze everything for viewers so they do not have to. The problem this poses, however, is that information can be skewed and unless the viewer conducts the research her/himself, they will not know otherwise.

Media bias has been widely documented; concerns about the role of media bias in social policy and politics have been raised in many debates (Gentzkow & Shapiro, 2006). Media reports are biased in that the information is slanted to gain credibility with the audience. For example, a news station in a conservative community may choose to slant their information to align with the viewers' conservative beliefs. In doing so, the news station builds credibility and authority with the community and can use that in the future when they need to present something that contradicts their beliefs.

The information that the media presents is typically in small 'bites' as consumers are deemed to be either uninterested or incapable of understanding lengthier more comprehensive coverage. Landau (2004) offers as an example the complexities of the Enron scandal versus the coverage of a celebrity scandal.

Further, findings of Hussain (2000) support the hypothesis that public opinion and beliefs about under-represented groups, in this case Muslims in Denmark, is restricted by media themes. In Denmark, interviews with members of the public revealed that their personal understanding and beliefs about Muslims aligned with media discourse. The stereotyping of Muslims and Arabs has led to a classification of the 'other.' The multitude of cultures and countries that are Islamic is largely ignored and the Arab community is singled

out. Less than 20% of the global Muslim population is Arab with more than 60% in Asia (Pew Research Center, 2009).

The practice of Islam in Asian countries is vastly different from their Arab counterparts. Women drive, pursue education, hold political office and experience no constrictive policies on modesty or apparel. Even within the Arab countries, the practice of Islam varies widely. Yet the focus is not on the majority of Muslims who practice their religion more temperately, it is on the minority of the population that follows literal and constrictive interpretations.

The dissemination of Muslim stereotypes has misinformed much of the world's population. By fostering fear of the 'other' by creating an 'other' that is so vastly different from values held in the West (i.e. Islam as divergent from Western ideals such as democracy, equality and peace), an untrue narrative has been woven on which many people may be acting upon.

In illustration of the conversation surrounding Muslims, Bail (2012) conducted a study of major news press releases constructed by 120 civil society organizations about Muslims between 2001 and 2008. He found that, while the majority of the examples were positive, anti-Muslim organizations (entities that explicitly state anti-Muslim bias and agendas) dominated mass media through negative displays of fear and anger. Thus, the discourse on Muslims is dominated by a handful of organizations.

Powell (2011) found that news coverage of terrorist events, 11 total included in this analysis, was dominated by a fear of international terrorism and the threat of terror cells working against a Christian America. In this way, an ideological conflict was propagated through news coverage. Additionally, much of the news coverage including Islam was found

to be in the context of relationships with predominantly Islamic countries, particularly in relation to control of resources and war. Islam is an important facet of these individuals or countries with which we are in conflict, at times. Powell asserts that this presents very little information about Islam but rather only in the context of control, fear, and need. In other words, the notion of “us” versus “them” develops. Interestingly, Powell’s analysis revealed a model of media coverage that dichotomized how the terror threat was framed, based on whether the individual committing the act was a U.S. citizen or not (2011). Those individuals not citizens were linked to larger terror cells and the “Islamic war on America” and fostering a fear of future Islamic threat. In all news coverage, however, a contrast of good and Christian was presented with evil and Muslim, demonizing and “othering” a whole group of people.

An illustration of the impact of dissemination of incorrect information is highlighted by the case of Randolph Linn, a 45 year old man in Indiana who attempted to set a mosque on fire, unsuccessfully. When asked if he knew any Muslims, Linn replied, “No, I only know what I hear on Fox News and what I hear on radio ... Muslims are killing Americans and trying to blow stuff up ... Most Muslims are terrorists and don't believe in Jesus Christ.” (Sieczkowski, 2012).

The media play an important role in shaping societal discourse and disseminating information to large audiences. This influence, coupled with the media’s reach, can have serious consequences should the information disseminated be untrue or skewed as in the case of Muslims and Islam.

Vicarious Trauma in American Muslims

VT is a phenomenon that may precipitate based on certain risk factors including past trauma, identification with the direct recipient of the traumatic event, and repeated exposure. Through the lens of CSDT, American Muslims may be predisposed to the outcomes of trauma through the interplay of their own personal trauma history, which can lead to disrupted schemas and exposure to trauma material.

American Muslims, based on current societal zeitgeist, are a stigmatized group. Data from CAIR and the FBI illustrate that civil rights breaches and hate crimes are a reality for many American Muslims. As others are vicariously exposed repeatedly to these incidents via friends and family or the media it becomes clear that American Muslims face the three primary risk factors for VT. As CSDT conceptualizes, people who have been previously traumatized are susceptible and with regular exposure over time, vicarious trauma may develop. These two markers for VT may be present in many American Muslims.

For example, as illustrated early in the case of an American who has experienced detainment at the airport, name-calling related to her faith and ethnicity and has had an aunt who wears a headscarf pulled off an airplane may have disturbances in the need areas of safety, trust and esteem. That may render her vulnerable and when she is next exposed to trauma material through the media's coverage of a violent event and the rhetoric turns to blaming Muslims, she may experience further disruptions to those need areas as she was already vulnerable. Her schemas continue to change as she is exposed to such material and engages with it because a facet of her identity or self is the same or similar to the individual experiencing the traumatic event firsthand.

Identity, as a salient construct that affects our lives and well-being, as posited by SIT, may also be an important consideration. Belonging to a group and the strength of that identification affect our well-being. Additionally, the relative status of this group affects our feelings about the self and the world around us. Religious identity, as a type of identity, is especially relevant when considering American Muslims.

Adding to the disruption of cognitive schemas to the aforementioned young lady, belonging to a low power group may also have an effect on the experience of American Muslims as well. Post 9/11, concepts such as profiling, jihad and terrorist have come to the forefront of the national conversation. Most often, these terms are associated with Muslims. Through the interaction of political and social commentary, military actions abroad, and domestic counterterror initiatives, the construction of a monolithic, homogenous Muslim caricature has been constructed that is racially different from the dominant White racial group. As SIT conceptualizes, belonging to a low power group may affect interactions with other groups; if one perceives themselves to have little or no power, their interactions may be curtailed to avoid conflict. In doing so, they may not advocate for their own needs leading to physical and mental distress. Lastly, the strength of identification with a Muslim identity may moderate the effects of direct or vicarious exposure to traumatic events.

In a qualitative study conducted in 2013-2014, which was focused on the discrimination experiences of American Muslims, I conducted interviews with three female American Muslims which led to thematic findings supporting the possibility of cognitive disruptions. The qualitative interview questions were constructed to satisfy the following lines of inquiry:

1. What is the participant's self-identity?

2. How have American Muslims close to the participant been affected by discrimination?
 - a. How often does the participant hear stories of discrimination or trauma from American Muslim friends or family?
3. What are the feelings that the participants experienced when told these stories?
4. How much media consumption, through the use of major news networks, does the participant engage in?
5. How politically active, engaged or aware is the participant?
6. What are the participants' feelings surrounding media and political rhetoric regarding Muslims?
7. What hope does the participant have for change?

Feelings of hopelessness, anger, and loss of safety emerged through data analysis. In addition to the cognitive disruptions indicated, the interviews revealed repeated exposure to trauma material, both through retelling of stories by family and friends as well as the media. The findings from this study support two important criteria for VT to occur: exposure to trauma material and previous cognitive disruptions (Ashraf, 2014).

Taken together, CSDT and SIT provide a lens through which the experiences of American Muslims may be viewed. American Muslims, because of a piece of their identity, have come to the forefront of societal discourse that is often skewed through misinformation, stereotypes, and the media, which may result in discriminatory acts. Statistical reports show that discrimination and hate crimes are occurring for American Muslims. The impact of these acts reaches far beyond the direct victims; any American Muslim may be vicariously exposed

and experience vicarious trauma. Therefore, VT may be a likely reality for many American Muslims.

Conclusion

American Muslims are an established and active part of the national tapestry. They hail from a diverse array of countries, hold a multitude of different religious beliefs, political ideologies, and have been in the United States for generations or have recently emigrated. Yet all are faced with the reality of the current negative atmosphere towards an aspect of their identity. While some may face discrimination overtly, many are faced with vicarious exposure to discrimination and traumatic events via the media, friends or family members.

CSDT provides a framework through which to evaluate trauma and possible resultant trauma. The salience of the identity 'Muslim' makes this population susceptible to VT because one of the risk factors for VT is identification with the survivor of trauma, in this case other Muslims. Connecting with the survivor of trauma through a shared piece of identity may allow for greater empathy and in some cases, greater disruptions to cognitive schema. To know that someone like you had something bad happen can personalize that experience for an individual.

Identity may serve as a key component to the onset of VT. According to research conducted within an SIT framework, salience of identity may have a relationship with well-being and other psychological outcomes (Ghorbani, Watson, Geranmayepour & Chen 2014; Greenfield & Marks, 2007; Ysseldyk, Matheson & Anisman, 2011). Empathic engagement, a process through which individuals engage with trauma material, may be rooted in the extent to which we identify with the individual who is involved in this trauma material. In other words, for an American Muslim, if the individual is Muslim, their shared identity as Muslim

may lead them to engage more strongly with the trauma material which may lead to VT. In this way, identity serves as a factor in the onset of VT.

Vicarious exposure and possible resultant vicarious trauma remain unexplored phenomena in American Muslims. The mental health outcomes of vicarious trauma have been established as profound and very real. As such, it remains only appropriate that the phenomena be explored within the American Muslim demographic. It is important to not only measure the occurrence of VT in American Muslims but to also hear their experiences of VT in their own words and in the pursuit of both goals, a mixed methods design was used.

CHAPTER 3: METHODS

The purpose of this study was to explore vicarious trauma in American Muslims. In this chapter, the methodology and aspects of the study are discussed. The chapter begins with a description of the participants, moves to discuss data collection, research design, instrumentation, data analysis, and role of the researcher. The chapter ends with a discussion of the credibility and trustworthiness of the study.

Research Design

The current study was an explanatory concurrent mixed methods design, whereby the quantitative and qualitative data were collected simultaneously. Data analysis occurred separately but specific quantitative data criteria served as markers for which respondent surveys were selected for the qualitative data analysis. As with any mixed methods design, the results of the separate analyses were synthesized in the final phase of analysis to create a complete picture of the construct of interest thereby strengthening the researcher's understanding of the findings. As asserted by Onwuegbuzie and Teddlie (2003), mixed methods data analyses increase the researcher's ability to extract more meaning from the data and increase the legitimacy of the research because data, quantitative and qualitative, are essentially triangulated.

For the quantitative portion, data were collected through an online survey. Questions from the Trauma Attachments Belief Scale (TABS) and the Religious Commitment Inventory (RCI-10) were administered as well as standard demographic questions. The responses were then divided into eight categories based on varying levels of TABS and RCI-10 scores. The qualitative responses to be analyzed were selected from these groups.

In the current study, the qualitative portion was used to explain the findings of the quantitative portion (Creswell & Plano Clark, 2011). For the qualitative portion, interpretative phenomenological analysis (IPA) was used to analyze the qualitative survey responses. Because the purpose of the study was to explore the phenomenon of vicarious trauma in American Muslims, IPA was deemed appropriate because IPA aims to understand the essence of the lived experience for the participant (Smith, Flowers & Larking, 2009; Wojnar & Swanson, 2007). In other words, how does the participant make sense and meaning out of their experience (i.e. the phenomena)? The integration of the researcher's understanding of the phenomenon and participants' own understanding of the phenomenon leading to an understanding of the participants' meaning making is the ultimate goal of IPA (Smith, Flowers & Larking, 2009; Wojnar & Swanson, 2007).

The research questions that guided this study are as follows:

Mixed Methods: How does the qualitative data help explain the differences in vicarious trauma in American Muslims?

Quantitative:

1. Does strength of religious identity, as measured by the Religious Commitment Inventory (RCI-10) significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?
2. Does previous personal exposure to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?
3. Does previous vicarious exposure to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?

4. Does the use of Muslim identifying factors significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?

Qualitative: How have American Muslims in the United States experienced VT?

Participants

Participants for this study were invited to participate through various American Muslim organization listservs, including the Council for American Islamic Relations (CAIR), Islamic Society of North America (ISNA), local and national Muslim Student Associations (MSA). Social media, such as Twitter and Facebook, were also utilized to recruit participants. Participants were all 18 years or older, self-identify as Muslim, and currently residing in the United States.

Variables and Instrumentation

Dependent Variable. The dependent variable of interest in this study is vicarious trauma. Vicarious trauma was measured using the Trauma Attachment and Belief Scale (TABS).

Trauma Attachment and Belief Scale (TABS). Vicarious trauma was measured by the Trauma and Attachment Belief Scale (TABS), found in Appendix B. The TABS is an 84 item self-report scale that measures disruptions in beliefs regarding safety, trust, esteem, intimacy, and control. Higher scores on the scale indicate higher disruption in these beliefs. Ten subscales exist to measure these constructs: Self-Safety, Other-Safety, Self-Trust, Other-Trust, Self-Esteem, Other-Esteem, Self-Intimacy, Other-Intimacy, Self-Control, and Other-Control. Each subscale is the result of measuring areas that are affected by trauma and measure beliefs about oneself and others. Internal consistency is reported as .96 with test-

retest reliability at .75. Reliability for the subscales are reported as .79 for internal consistency and .72 for test-retest reliability (Pearlman, 2003).

The Self-Safety {need to feel secure and safe from harm}, Other Safety {loved ones are protected from harm}, Self-Trust {need to have confidence in own judgment}, Other Trust {need to be able to rely on others}, Self-Esteem {need to feel valuable and worthy}, and Other-Esteem {need to value and respect others} sub scales were used for this study. How vicarious exposure has affected participants ability to feel safe, how their trust has been altered, and how they feel about themselves and others are often the most damaging outcomes of trauma because they affect how we interact with others and how we see the world. These subscales have the following reported reliability scores: self-safety $\alpha=.83$, other-safety $\alpha=.72$, self-trust $\alpha=.74$, other-trust $\alpha=.84$, self-esteem $\alpha=.83$, other-esteem $\alpha=.82$.

Validity is supported through construct validity throughout development of the instrument and the use of experts. The TABS has undergone interscale correlations with similar measures and factor analysis (Pearlman, 2003). The TABS is based on and similar to an earlier work of Pearlman and Mac Ian, the TSI-BSL (Williams, Helm & Clemens, 2012). TABS questions can be found in Appendix B.

The Traumatic Stress Institute Belief Scale (TSI-BSL), an earlier work of Pearlman and Mac Ian (1995), was modified to be more readable; the modified version became the TABS. Researchers Jenkins and Baird (2002) reported a Cronbach's alpha of .95 for the total score and a range of .62 to .83 for the 10 subscales. Concurrent and discriminant validity was also reported between the TSI-BSL and the Compassion Fatigue Self-Test (CFST). The TABS questions used for this study can be found in Appendix B.

For this study, a prompt was added before the TABS appeared to assist participant's use of the instrument. The goal of the prompt was to get the participant into the mindset of vicarious exposure as they answered the questions. The prompt can be found in the full survey battery, Appendix B.

Independent Variables. A total of eight independent variables were measured, including: religious identity as measured by the Religious Commitment Inventory (RCI-10), previous exposure to trauma, previous vicarious exposure to trauma, demographic variables of age, gender, location and ethnicity, and Muslim identifying factors such as hijab, kabbiyeh, etc.

Religious Commitment Inventory – 10 (RCI-10). Religious identity was measured by the Religious Commitment Inventory – 10 (RCI-10), found in Appendix B. The RCI-10 is a ten item survey measuring religious commitment, which is defined as the importance of religion to a person (Worthington, et al., 2012). The RCI-10 is based on Worthington's 1998 model of understanding the religious values of clients within a counseling context (Worthington, 1988). Worthington's model (1988) further defines religious commitment by measuring it as degrees to which an individual follows her/his religious values, beliefs, and practices on a daily basis.

The RCI-10 is based on earlier instruments that were lengthier. It consists of two subscales, the Intrapersonal Religious Commitment (6 items) and Interpersonal Religious Commitment (4 items). For the current study, the Intrapersonal subscale will be used to measure religious spiritual identity and the Interpersonal scale will be used to measure religious social identity. It has been tested in multiple populations, including university students, adults, single, and married people as well as multiple religious groups including

Christian, Buddhist, and Muslim (Worthington, et al., 2003). The RCI-10's internal consistency reliability was found to be moderately high ($\alpha=.88$) and test-retest reliability was also high, $r(121)=.84, p<.001$. Cronbach's alphas for the RCI-10 were .96 for the entire scale, .94 for the Intrapersonal Religious Commitment and .92 for Interpersonal Religious Commitment subscales. The authors have conducted numerous tests for validity and have been able to demonstrate construct, discriminant, and criterion-related validity for the RCI-10 (Worthington, et al., 2003). The RCI-10 can be found in Appendix B.

Previous Exposure to Trauma. In order to control for previous exposure to trauma, two questions were asked of the participants: "Do you know anyone (family, friend, coworker, acquaintance) that has experienced discrimination or had a negative experience because of their identity as a Muslim, such as being detained, pulled off an airplane, refused service, vandalism of personal property, or anything similar?" and "Have you personally experienced discrimination or had a negative experience because of your identity as a Muslim, such as being detained, pulled off an airplane, refused service, vandalism of personal property, or anything similar?". These questions were modeled on research conducted previously by the Arab American Institute (Arab American Institute, 2001; Nassar-McMillan, Lambert & Hakim-Larson, 2011).

Muslim Identifying Factors. As discussed in the previous chapter, some Muslims may express their faith through the use of physical manifestations. Additionally, certain cultural expressions may incorrectly become associated with being Muslim. These characteristics, in the case of Muslims, termed 'Muslim Identifying Factors' for this study, include hijab (head scarf), beard, keffiyeh/kufiya (traditional Arab headdress worn by men, may be worn as a scarf by younger population), abaya (long robe worn by women over their

clothes), niqab (face covering women may wear), thawb/thobe (long white garment worn by men) , and taqiyah (prayer cap worn by men). These faith expressions were selected because they are the most notable within Muslim communities and most associated with being Muslim within the larger non-Muslim population. Respondents were asked if they wear/use any of these. This question was included in the set of demographic questions and can be found in Appendix B.

Demographic Questions. A brief demographic questionnaire appeared at the beginning of the survey. The demographic questions can be found in Appendix B. The demographic questions selected were reflective of the aim to capture a rich description of the sample, including gender, age, geographic location (regions as defined by the United States Census Bureau), and ethnicity.

Follow-Up Interview. Participants were asked if they would be willing to participate in a possible follow-up interview via telephone. The question can be found in Appendix B. This option was retained to explore more fully the experience of the participants should the survey responses not be in depth. The survey responses received were found to be rich and so follow up interviews were not conducted.

Qualitative Survey. A survey (Appendix B) with open-ended questions appeared after the participants completed the TABS and the RCI-10. Smith, Flowers and Larkin (2009) state that data for interpretative phenomenological analysis requires richness and can be collected in many ways. The authors point to studies that utilize postal questionnaires, email dialogue and computer-mediated data collection. The use of non-interview formats for conducting phenomenological research is supported by these studies. Therefore, in consideration of the appropriateness of the use of survey data collection with IPA and with

great care taken to construct open-ended questions that will elicit rich responses, an electronic administration for the qualitative portion was deemed appropriate.

The questions for this survey were constructed to establish the participant's lived experience as an American Muslim, experiences with discrimination, and vicarious exposure. The survey questions for the current study were developed and refined from a previous thesis investigation by the researcher in 2013. The survey questions from this previous investigation were refined and expanded to increase the depth and richness of data. The questions for the thesis and the current study were based on a review of the literature, including SIT and CSDT as guiding frameworks. Appendix C includes the theoretical framework and literature that lead to question construction.

Procedures

Sampling. Purposive sampling was used for the study. The researcher identified major Muslim clusters and organizations across the United States and emailed requests to share the details of the study with their audience of American Muslims. Social media was also used to reach subjects directly. Twitter, Facebook, and Reddit were used to share details of the study and encourage forwarding of the study to relevant parties. In this manner, snowball sampling also occurred.

After North Carolina State University Institutional Review Board (IRB) approval, a link to an online version (via Qualtrics) of the survey battery was sent in a recruitment email to various American Muslim listservs, including but not limited to, the Council on American Islamic Relations (CAIR), Islamic Society of North America (ISNA), various Muslim student associations, posted on Facebook, Twitter, and Reddit.

Quantitative and qualitative data were collected through an online Qualtrics survey battery. Quantitative data were analyzed using STATA version 14.1. Quantitative data were used to select the qualitative responses for analysis. Participants were divided into eight categories based on the participants TABS and RCI-10 scores and several responses for each category were selected.

The qualitative survey questions appeared on the online administration after the TABS and RCI-10. Qualitative survey questions are included in Appendix C, with the theoretical framework supporting each question.

The survey data were analyzed using interpretative phenomenological analysis (IPA). A qualitative data analysis chart in Appendix D illustrates the analytic strategy that follows. The following steps were undertaken:

- i. The responses were read through and anything of interest noted. Specifically, descriptive comments {in which participants are describing something literally}, linguistic comments {participants use of words}, and conceptual comments {underlying concepts that arise} were noted. The goal of this first step was to understand and become familiar with the data.
- ii. From the initial analysis, themes were identified. A list of emergent themes was generated. This list of emergent themes was used to guide the identification of themes in subsequent analyses. Any themes not present were added.
- iii. The first step and second steps were repeated for each survey (the initial read through, notations, and themes) by me as well as the

second coder. The first three steps were completed over the course of three weeks.

- iv. After completion of the initial thematic analysis of all surveys by the second coder and me, we discussed and compared findings. This discussion occurred through Google hangouts over the course of an hour. From this discussion, a master list of themes was created.
- v. I then reanalyzed the initial thematic analyses using the final master list.
- vi. A graphic representation of the themes was constructed.
- vii. I then analyzed across participants/surveys to identify overarching themes, looking for patterns.
- viii. After identifying the larger themes, I added my own interpretation of the data (Smith, Flowers & Larking, 2009; Wojnar & Swanson, 2007).

Validity/reliability. A second coder was utilized to increase reliability. This diminishes the likelihood that any themes are missed (Creswell, 2013). The second coder was selected based on the criteria of having completed a doctoral level qualitative research course at North Carolina State University and was enrolled in a counselor education program at the time of the study. This qualitative research course involved training in research methodology, data collection, transcriptions, and data analysis.

The coding team communicated before beginning coding to discuss the project and expectations. As outlined in the previous section, the coder was involved in the data analysis

process to conduct initial coding and identification of themes. The coding team conducted the initial coding process independently. The coding team bracketed experiences using journaling. This process was discussed at the initial meeting of the coding team. After the initial coding, we met to discuss and articulate a master list of themes via Google Hangouts. We each presented our findings and then identified duplicate themes. From that list, we collapsed the themes into larger super themes. Through discussion of the themes and the data, we were able to construct a master list of themes. The next step consisted of using this co-constructed master list of themes to reanalyze the survey data.

Validity is addressed in the current study through the use of the participant's own words. Since the participants responded to survey questions in a written format, there was no chance of transcription error on the part of the researcher (Creswell, 2013).

Synthesizing the Data

The quantitative and qualitative data were used together to create a rich description of the phenomena of VT and how the participants have experienced the phenomena. Specifically, sequential quantitative-qualitative analysis was utilized. This type of analysis involves forming groups/categories based on quantitative data and then comparing the groups based on qualitative data (Onwuegbuzie & Teddlie, 2003). With the quantitative data, significance of the occurrence of VT as well as its relationship to a number of constructs was explored. The quantitative data were then used to select the qualitative data to be analyzed; in this case, participants TABS scores were used to select qualitative data. The qualitative data expanded upon the quantitative findings by probing deeper and creating a thick description of the lived experiences of American Muslims based on a number of characteristics; why are some experiencing VT and others not? After completion of analysis for both data sets,

together, the quantitative and qualitative data were used to create a whole picture of the experience of American Muslims.

Specifically, Ongwuegbuzie and Teddlie's (2003) model for mixed methods data analysis was used. The model includes several steps, which depending on the goal of the research, may or may not be undertaken. In other words, the model is not static and the researcher may choose which steps are appropriate for the study in question.

It is also important to note that the validity of the study as a whole is strengthened through the mixed methods design. Mixed methods designs inherently involve triangulation, that is, the researcher compares and contrasts data from both qualitative and quantitative data sets to create a whole picture of the construct of interest. In this way, information is checked against other sources, which either confirm or necessitate further exploration or research (Patton, 2002).

For the current proposed study, the following steps were undertaken:

1. Data reduction. In this step, data were analyzed by the relevant methodologies or tests appropriate for the type of data (i.e., quantitative or qualitative).
2. Data display. The data were reduced further into easily understood forms. For quantitative data, this included graphs and tables. For qualitative data, this included charts that listed the themes and the corresponding qualitative response that illustrated that theme.
3. Data comparison. In this step, data from the two data sets were compared. This was done through creating a chart that presented both data sets together.
4. Data integration. In this step, the data were integrated which led to an initial interpretation. This initial interpretation was then legitimized as the researcher

conducted triangulation of the data by re-comparing and reviewing quantitative and qualitative data.

Role of the Researcher

As researcher for the current proposed study, I identify as Muslim and reside in the United States. I was born in Karachi, Pakistan and immigrated to the United States at the age of three. I self-identify most saliently with the constructs of Muslim, American, and Pakistani. Interest in the topic of vicarious trauma began in a doctoral level course and upon completion of a thorough literature review it was found that the concept has not been applied to diverse populations. Combined with the investigators knowledge of current social realities for American Muslims, this research topic was undertaken.

I am aware of personal and professional knowledge about this population and the construct of study. This personal and professional knowledge contributes to my worldview. The worldview that I have contributes to my understanding of this topic and research.

In an effort to reduce possible bias, I engaged in bracketing and journaling, per the phenomenological process, to remove preexisting beliefs and biases. Bracketing involves suspending pre-existing beliefs and judgments. Journaling was used throughout the research process to help the researcher bracket. Before beginning an analytic session for the qualitative data, I journaled any thoughts or feelings. It is important to note, however, that in IPA, the researcher is interpreting the respondents' interpretation or narrative. As stated previously, the researcher's own worldview is expected to affect this interpretation (Smith, Flowers & Larking, 2009).

To that end, while bracketing and journaling were utilized, the unique perspective I have was helpful to obtain a richer picture of vicarious trauma in American Muslims. As both

an insider and outsider, I can both identify nuances that may not be apparent to others and retain an investigator's scientific stance. The American Muslim portion of my identity gives me insider knowledge that allows the researcher to identify and recruit participants and view responses and data trends through those experiences. I am able to describe the data from within cultural and religious understandings. However, since I have not experienced vicarious trauma and because of my training as a researcher, I maintain an outside perspective as well. This allows me to describe the data and themes in ways that those outside of the culture will understand. Most importantly, it helps me to remain open as an investigator.

Credibility and Trustworthiness

Credibility and trustworthiness, which focus on the believability of the results, were addressed in this study through three main avenues. First, the research methods as outlined were followed as the study was conducted. Second, a coding team was used which served as a means of increasing the credibility because it was not just one person's interpretation of the findings. Lastly, the quantitative and qualitative data were compared, merged, and triangulated in order to confirm findings and better understand the results.

Participant Demographics

One hundred and twenty one participants began the survey. Ten of the surveys were incomplete, with participants completing only the demographic portion and so were deleted; two participants completed only the TABS and not the RCI-10 and so those responses were deleted as well. Of the remaining 109 participants, 103 completed the entire survey battery, including the qualitative questions. Six participants did not complete the qualitative questions. For the quantitative analysis, the 109 responses were used. The mean age for the

sample was 31.81 (SD=10.35) with a range of 18-67. For the purposes of analysis, participants were grouped into categories based on age. The sample was majority female of 67.89% ($n=74$) and 32.11% male ($n=35$). Table 1 presents these demographic characteristics of the sample.

Table 1 Age Distribution of the Sample

Age Distribution of the Sample		
Range	Mean	SD
18-67	31.81	10.35

Age Groups	Frequency	Percent
18-30	65	59.63
31-50	35	32.11
51-67	9	8.26

Gender		
	Frequency	Percent
Female	74	67.89
Male	35	32.11
Transgender	0	0
Self-Identify	0	0

The largest ethnic group to comprise the sample was South Asian ($n=39$), with Arab ($n=16$) and White ($n=14$), comprising the next largest. Nine participants were recoded into the multi/mixed ethnicity category because they identified multiple ethnic categories to which they belonged. The participants resided in all 9 regions of the United States, with Pacific ($n=26$) and West South Central ($n=23$) comprising the largest. Table 2 includes the complete ethnic and regional breakdown of the sample.

Table 2 Ethnicity

Ethnicity			
	Frequency	Percentage	
White	14	12.84	
Black/African American	7	6.42	
Asian	12	11.01	
South Asian	39	35.78	
Arab	16	14.68	
Multi/Mixed Ethnicity	11	10.09	
Self-Identify	10	9.17	
	Afghan	2	20
	Arab/ME	1	10
	Caribbean	1	10
	Egyptian	1	10
	Jewish Ethnicity	1	10
	Pakistani	2	20
	Southeast Asian	1	10
	Turkic	1	10
Region			
New England	6	5.5	
Mid-Atlantic	13	11.93	
East North Central	11	10.09	
West North Central	3	2.75	
South Atlantic	18	16.51	
East South Central	3	2.75	
West South Central	23	21.1	
Mountain	6	5.5	
Pacific	26	23.85	

Regarding the use of Muslim Identifying Factors (MIF), 69% of the sample reported using at least one with 31% not using any. Table 3 shows the specific breakdown of MIF use.

Table 3 Muslim Identifying Factor (MIF) Use

MIF Use	Frequency	Percent
No	34	31.19
Yes	75	68.81

MIF	Frequency
Hijab	50
Beard	21
Keffiyeh/Kufiya	10
Abaya	24
Niqab	2
Thawb/Thobe	10
Taqiyah/PrayerCap	9
No MIF	34
Total	160

**Some participants reported using more than one MIF

In order to satisfy the need for categorical variables with MANOVA, the RCI-10 composite scores were recoded into Low, Average, and High religious identity, as articulated by the authors. Low religious identity is the mean of 26 minus one standard deviation of 12; High religiosity is the mean plus one standard deviation of 12 with average being scores in the range of 15-37 (Worthington, et al., 2012). The RCI-10 group breakdown is illustrated in Table 4.

Table 4 RCI-10 Scores

RCI-10			
	Range	Mean	SD
Total Score	11-50	35.12	9.52
Interpersonal	4-20	13.08	4.07
Intrapersonal	6-30	17.92	5.22

RCI-10 Total Groups		
	Freq.	Percent
Low Religious Identity	5	4.59
Average Religious Identity	53	48.62
High Religious Identity	51	46.79

The participants were asked if they had either personally experienced a traumatic event or knew someone who had. Table 5 shows the breakdown for each question.

Table 5 Trauma Exposure

Trauma Exposure			
Do you know anyone that has experienced	Frequency	Percent	
Yes	85	77.98	
No	24	22.02	

Have you personally experienced	Frequency	Percent	
Yes	62	56.88	
No	47	43.12	

Data analysis

The quantitative data were analyzed first because the qualitative data were selected based on quantitative criteria. Data analysis procedures will be elaborated on in this section.

Quantitative. The data from the TABS and RCI-10 were analyzed in several ways using STATA version 14. A data analysis chart illustrates the analytic strategy in Appendix E.

Validity/reliability. Both the TABS and RCI-10 have undergone validity and reliability verification, with results indicating their validity and reliability. The published Cronbach's alphas for the RCI-10 were .96 for the entire scale, .94 for the Intrapersonal Religious Commitment and .92 for Interpersonal Religious Commitment subscales (Worthington, et al., 2003). The published reliability for the TABS is total $\alpha=.96$ with the subscales self-safety $\alpha=.83$, other-safety $\alpha=.72$, self-trust $\alpha=.74$, other-trust $\alpha=.84$, self-esteem $\alpha=.83$, other-esteem $\alpha=.82$ (Pearlman, 2003).

For both the TABS and the RCI-10, Cronbach alphas were conducted to confirm reliability for both instruments. For the RCI-10, $\alpha=.936$; interpersonal subscale $\alpha=.8462$, intrapersonal $\alpha=.9094$. The findings of the current study further support the reliability of the instrument and are similar to previous findings (Worthington, et al., 2003).

For the TABS, total $\alpha=.9314$. The subscales were as follows: self-safety $\alpha=.8114$, other-safety $\alpha=.7042$, self-trust $\alpha=.7722$, other-trust $\alpha=.8654$, self-esteem $\alpha=.8602$, other-esteem $\alpha=.7609$. The reliability findings from the current study support the reliability as reported by the original authors as well as other researchers (Jenkins & Baird, 2002; Pearlman, 2003).

Validity for the TABS and RCI-10 was tested through a factor analysis. For each analysis, a promax rotation was used, telling STATA to show only factor loadings of .32 or higher as recommended by Tabachnik & Fidell (2013). The higher the number, meaning a greater loading, the more the question is a measure of the factor. Promax rotation was chosen

because it uses both orthogonal and oblique rotation. Orthogonal rotation keeps the factors un-correlated and increases the meaning of the factors and oblique rotation allows the factors to be correlated leading to a clearer picture. In promax rotation, the loadings are raised to powers in order to drive down the smaller loadings which leads to a simpler structure and easier to interpret results.

For the RCI-10, two factors were retained and the factor loadings demonstrate eight questions that have unique contribution to a factor but two questions that contribute to each factor. Table 6 shows the factor loadings for the RCI-10 questions with a cutoff score of .32 (Tabachnik & Fidell, 2013). Interestingly, one question in each subscale does not contribute exclusively to a single factor. Each question should only contribute to one factor (Tabachnik & Fidell, 2013). Overall, the confirmatory factor analysis raises questions about the validity of the subscales and the individual questions contribution to the factors.

Table 6 Factor Loadings for RCI-10

Factor Loadings for RCI-10		
<i>RCI-10 Question</i>	Factor 1	Factor 2
Intrapersonal Religious Commitment Subscale		
1. I often read books and magazines about my faith.		0.81
3. I spend time trying to grow in understanding of my faith.		0.84
4. Religion is especially important to me because it answers many questions about the meaning of life.	0.87	
5. My religious beliefs lie behind my whole approach to life.	0.76	
7. Religious beliefs influence all my dealings in life.	0.84	
8. It is important to me to spend periods of time in private religious thought and reflection.	0.36	0.49
Interpersonal Religious Commitment Subscale		
2. I make financial contributions to my religious organization.		0.65
6. I enjoy spending time with others of my religious affiliation.	0.62	
9. I enjoy working in the activities of my religious affiliation.	0.48	0.35
10. I keep well informed about my local religious group and have some influence in its decisions.		0.4
Eigenvalues	6.09	0.52
Percentage of total variance	5.34	5.07
Number of test items	6	6

For the TABS, 6 factors were retained. Appendix F shows the factor loadings for the TABS questions and the 6 factors. A cutoff of .32 for the factor loadings was selected; Tabachnik & Fidell (2013) recommend .32 as the cutoff score; higher scores mean that the question is a good measure of the factor. Notably, six questions loaded on two factors which

are problematic because questions should only load on one factor (Tabachnik & Fidell, 2013). In fact, the TABS manual shows this same phenomenon (Pearlman, 2003). Also notable is the fact that four items, item 5: “I would never hurt myself”, item 48: “Most people ruin what they care about”, item 12: “Even if I think about hurting myself, I won’t do it”, and item 36: “I can make good decisions” had no factor loadings higher than the cutoff of .32. Most of the questions in each subscale seem to be contributing exclusively to a factor, with a few exceptions. Overall, the factor analysis raises question about the validity of the instrument, particularly with the six questions loading onto two factors.

Assumptions. In order to conduct a MANOVA, four assumptions must be met (Field, 2013):

Assumption one is that the observations should be independent of each other. The participants were not included more than once or in more than one group and so this assumption was satisfied. Assumption two is that the data should be randomly sampled from the population of interest. The participants were recruited through various means and chose to participate in the research. Anyone who was 18 or older and identified as an American Muslim was eligible to participate.

Assumption three is that there is multivariate normality, meaning the observations are distributed normally. A test for multivariate normality was conducted, and it was found to be non-significant ($p > .05$) meaning we fail to reject the null hypothesis that the dependent variables have normal distribution within the groups of the independent variables.

Assumption four is that the variances in each group are roughly equal and the correlation between any two dependent variables is equal in all groups. To test this assumption, Box’s M test for within-group covariance was conducted; Gender, vicarious

exposure to trauma, personal exposure to trauma, age groups, and Muslim identifying factors were all found to be not significant ($p > .001$) meaning we fail to reject the null hypothesis that group covariances are equal. For RCI-10 group scores and ethnicity, STATA was unable to complete the Box's M test because there were not enough cases in certain groups; this makes sense because the low religiosity group had 5 data points and Black/African American within ethnicity had 7 data points. Neither of these sets of data points were outliers and so could not be deleted. Box's M is known to be unreliable, however and so this violation of Box's M test was addressed by using Pillai's criterion in interpretation of the MANOVA results which is considered more robust (Howell, 2009; Tabachnik & Fidell, 2013).

Levene's test was conducted to test for homogeneity of variances. For the self-safety, other-safety, self-trust, other-trust, and self-esteem VT subscales, all were non-significant ($p > .05$) amongst the independent variables meaning we fail to reject the null hypothesis that the variances are equal. For the other-esteem subscale, all but age groups were found to be non-significant ($p > .05$). For age groups ($p = .015$) we reject the null hypothesis that variances are equal, meaning this variables and its three groups (0-30, 31-50, 51-68) within the other-esteem subscale did not have equal variances. Upon closer examination, none of the standard deviations for age groups were found to be more than four times the size of the smallest, suggesting that the variances were not large enough to be problematic and that the test would be robust (Field, 2013; Howell, 2009).

Examining the Dependent Variables. The dependent variables in a MANOVA should be correlated with each other. Tabachnik and Fidell (2013) recommend that the correlations between dependent variables not be too strongly correlated but there should be a moderate correlation. A series of Pearson Product correlations were performed on the 6

TABS subscales. As illustrated in Table 7, the correlations between the 6 subscales satisfied these recommendations.

Table 7 TABS Subscale Correlations

	SSTScore	OSTScore	STTScore	OTTScore	SETScore	OETScore
SSTScore	1.0000					
OSTScore	0.5520	1.0000				
STTScore	0.3479	0.3866	1.0000			
OTTScore	0.4776	0.5853	0.4318	1.0000		
SETScore	0.3801	0.4521	0.4503	0.5378	1.0000	
OETScore	0.5001	0.5184	0.4642	0.6426	0.4762	1.0000

Vicarious trauma was measured by 6 out of 10 TABS subscales that were used for this study (self-safety, other-safety, self-trust, other-trust, self-esteem, and other-esteem). The raw scores for the participants were converted to standardized *T*-scores according to the TABS scoring sheet. Table 8 displays the TABS guidelines for interpreting the scores.

Table 8 TABS Interpretive Ranges

<i>T</i> -Score	Interpretive Range
<=29	Extremely Low (Very little disruption)
30-39	Very Low
40-44	Low Average
45-55	Average
56-59	High Average
60-69	Very High
>=70	Extremely High (Substantial disruption)

(Pearlman, 2003)

The distribution data for the TABS subscales and their interpretive ranges are presented in Table 9.

Table 9 TABS Score Distribution

TABS Score Distribution							
	<i>Extremely Low (Very little disruption)</i>	<i>Very Low</i>	<i>Low Average</i>	<i>Average</i>	<i>High Average</i>	<i>Very High</i>	<i>Extremely High (Substantial disruption)</i>
Self-Safety	3	10	4	50	13	23	6
Other-Safety	8	11	8	37	15	19	11
Self-Trust	10	13	7	47	14	14	4
Other-Trust	4	22	24	35	7	17	0
Self-Esteem	0	20	14	40	14	16	5
Other-Esteem	10	18	17	41	9	11	3
	Mean	SD	Range				
Self-Safety	52.52	10.56	20-73				
Other-Safety	52.05	13.21	24-79				
Self-Trust	49.17	12.34	19-80				
Other-Trust	46.93	11.19	19-69				
Self-Esteem	49.72	10.63	32-76				
Other-Esteem	46.24	11.77	19-75				

Pearlman (2003) states that when interpreting TABS scores, scores in the very high and extremely high ranges ($\geq 60T$) demonstrate relative disruption in a need area and are a cause for concern. Based on these criteria, 128 subscale scores were $\geq 60T$. With 654 total subscale scores across 109 respondents, this means 19.22% TABS subscale scores were in the very high and extremely high ranges. The largest percentages were found in the self-safety (27%) and other-safety (27%) subscales. Table 10 shows the percentage breakdowns for the subscales in the very high and extremely high TABS interpretive ranges.

Table 10 TABS High Scores

TABS High Scores			
	Very High	Extremely High	Total
Self-Safety	21%	6%	27%
Other-Safety	17%	10%	27%
Self-Trust	13%	4%	17%
Other-Trust	16%	0%	16%
Self-Esteem	15%	5%	20%
Other-Esteem	10%	3%	13%

The TABS handbook includes standardization data for the instrument, which includes means for samples with and without trauma history. Table 11 shows the TABS data compared with the current study's mean data for the sample. The means for the current study are lower than the means Pearlman (2003) reported for both the group with history of trauma and without a history of trauma. The means for the groups with and without vicarious exposure to trauma are included as well.

Table 11 TABS Scores Compared to Standardized Research Sample

TABS Sub-Scale	Average TABS <i>T</i> -Scores					
	Pearlman (2013): Outpatients without history of trauma (<i>N</i> =22)	No Personal History of Trauma	Pearlman (2013): Outpatients with history of trauma other than child abuse (<i>N</i> =35)	With Personal History of Trauma	With Vicarious Exposure to Trauma	No Vicarious Exposure to Trauma
Self-Safety	53.9	49.95	62.5	54.47	53.67	48.46
Other-Safety	49.1	52.34	53.7	51.82	53.11	48.29
Self-Trust	54.2	50.23	59.6	48.37	49.93	46.5
Other-Trust	52.1	45.21	55.3	48.23	47.75	44
Self-Esteem	55.7	48.94	60.4	50.32	50.75	46.08
Other-Esteem	51.4	45.06	58.1	47.13	47.35	42.29

Qualitative. Twenty four qualitative surveys were selected from the sample based on different quantitative criteria. The surveys were separated into groups based on the relevant criteria and then several randomly selected from each group. The goal was to select at least 3 participants for each group but some groups had fewer than 3 participants with the criteria applied. Additionally, one additional response was retained in the data analysis because the researcher felt the richness would strengthen the analysis. Twenty four surveys were selected. The criteria for the surveys that were selected included:

- i. Three randomly selected participants who scored a 60 or higher for at least 3 subscales on the TABS (having VT)
- ii. Three randomly selected participants who scored as 59 or lower for at least 3 subscales on the TABS (not having VT)
- iii. Two randomly selected participants with score of 14 or lower on the RCI-10 (low religious identity) and 60 or higher for at least 3 subscales on the TABS (having VT)
- iv. Three randomly selected participants with a score of 38 or higher on the RCI-10 (high religious identity) and 60 or higher for at least 3 subscales on the TABS (having VT)
- v. Three randomly selected participants with score of 14 or lower on the RCI-10 (low religious identity) and 59 or lower for at least 3 subscales on the TABS (not having VT)
- vi. Four randomly selected participants with a score of 38 or higher on the RCI-10 (high religious identity) and 59 or lower for at least 3 subscales on the TABS (not having VT)
- vii. Three randomly selected participants with a score between 15-37 (average religious identity) and 60 or higher for at least 3 subscales on the TABS (having VT)
- viii. Three randomly selected participants with a score between 15-37 (average religious identity) and 59 or lower for at least 3 subscales on the TABS (not having VT)

Table 12 includes the participant profiles of the 24 surveys selected with their assigned pseudonyms which shall be used in the remainder of this document.

Table 12 Qualitative Participant Profiles

Pseudonym	Age	Gender	Ethnicity	Quantitative Grouping
Sana	41	F	White	TABS <i>T</i> -scores ≥ 60 for at least 3 subscales
Babar	21	M	South Asian	TABS <i>T</i> -scores ≥ 60 for at least 3 subscales
Sarah	28	F	Black/African American	TABS <i>T</i> -scores ≥ 60 for at least 3 subscales
Khadijah	30	F	White	TABS <i>T</i> -scores ≤ 59 for at least 3 subscales
Yasmin	29	F	South Asian	TABS <i>T</i> -scores ≤ 59 for at least 3 subscales
Maria	25	F	South Asian	TABS <i>T</i> -scores ≤ 59 for at least 3 subscales
Aisha	36	F	Multi/Mixed Ethnicity (Black&Native American)	RCI ≥ 38 (high relig) AND <i>T</i> -score ≥ 60 on 3 subscales
Safiyah	18	F	Arab	RCI ≥ 38 (high relig) AND <i>T</i> -score ≥ 60 on 3 subscales
Layla	32	F	Jewish Ethnicity	RCI ≥ 38 (high relig) AND <i>T</i> -score ≥ 60 on 3 subscales
Umar	24	M	Arab	RCI ≤ 14 AND <i>T</i> -score ≥ 60 on at least 3 subscales
Aminah	33	F	South Asian	RCI ≤ 14 AND <i>T</i> -score ≥ 60 on at least 3 subscales
Shawn	30	M	South Asian	RCI ≥ 38 AND <i>T</i> -score ≤ 59 on at least 3 subscales
Farhana	47	F	White	RCI ≥ 38 AND <i>T</i> -score ≤ 59 on at least 3 subscales
Karim	32	M	South Asian	RCI ≥ 38 AND <i>T</i> -score ≤ 59 on at least 3 subscales
Latif	32	M	South Asian	RCI ≥ 38 AND <i>T</i> -score ≤ 59 on at least 3 subscales

Table 12 continued

Nabeeha	31	F	South Asian	RCI ≤ 14 AND T -score ≤ 59 for at least three subscales
Tariq	29	M	Arab	RCI ≤ 14 AND T -score ≤ 59 for at least three subscales
Maha	33	F	White	RCI ≤ 14 AND T -score ≤ 59 for at least three subscales
Rafeeqah	18	F	Afghan	RCI=15-37 (Avg relig) AND T -score ≥ 60 on 3 subscales
Afsheen	30	F	White	RCI=15-37 (Avg relig) AND T -score ≥ 60 on 3 subscales
Dua	26	F	South Asian	RCI=15-37 (Avg relig) AND T -score ≥ 60 on 3 subscales
Hadiyah	25	F	Arab/Middle Eastern	RCI=15-37 (Avg relig) AND T -score ≤ 59 on 3 subscales
Kanwal	31	F	South Asian	RCI=15-37 (Avg relig) AND T -score ≤ 59 on 3 subscales
Kaheesha	30	F	South Asian	RCI=15-37 (Avg relig) AND T -score ≤ 59 on 3 subscales

Summary

This chapter discussed the research design and presented the demographics of the sample. An explanatory concurrent mixed methods design was detailed, with information about the study including procedures, instruments, procedure, data analysis, and role of the researcher.

CHAPTER 4: RESULTS

The purpose of this study was to explore the occurrence of vicarious trauma in American Muslims. An explanatory concurrent mixed methods design was used. The following chapter outlines the results of the study, including quantitative and qualitative results.

Quantitative and qualitative data were collected through an online survey battery. Quantitative data were analyzed using STATA version 14.1. Qualitative data were analyzed using a phenomenological approach. Quantitative data are presented first. A multivariate analysis of variance (MANOVA) was used to determine if the independent variables (age, gender, ethnicity, use of Muslim Identifying Factors, religious identity as measured by the RCI-10, and personal and vicarious exposure to trauma) had an effect on the occurrence of vicarious trauma as measured by six subscales of the Trauma Attachment and Belief Scale (TABS). The preset alpha level for the tests was .05. A discriminant function analysis was conducted after the MANOVA. A MANOVA was selected over the use of regressions with each subscale because MANOVA produces a mathematical composite of the dependent variables. For post-hoc procedures, multiple ANOVAs were not conducted because doing so increases the risk of Type I error due to multiple tests of dependent variables that are correlated as well as being unable to take into account the correlations between multiple dependent variables (Field, 2013; Tabachnik & Fidell, 2013).

Six subscales of the Trauma Attachment and Belief Scale (TABS) were used. These subscales, and their meaning, are as follows: Self-Safety {need to feel secure and safe from harm}, Other Safety {loved ones are protected from harm}, Self-Trust {need to have confidence in own judgment}, Other Trust {need to be able to rely on others}, Self-Esteem

{need to feel valuable and worthy}, and Other-Esteem {need to value and respect others} (Pearlman, 2003).

Quantitative Results

A MANOVA was conducted to test the research questions. The overall MANOVA model was found to be significant using Pillai's trace, $V=1.17$, $F(84, 564)=1.62$, $p<.001$. For research question 1, "*Does strength of religious identity, as measured by the Religious Commitment Inventory (RCI-10) significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?*", the MANOVA test indicated a significant difference between low, average, high religious identity groups, Pillai-Bartlett $V=.23$, $F(12, 180)=1.95$, $p=.03$, $\eta^2=.12$. The multivariate effect size was estimated at .12 which means that 12% of the variance in the model was accounted for by religious identity.

Research question 2 asked, "*Does previous personal exposure to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?*" The MANOVA test indicated no significant difference between having personal exposure to traumatic events and having no personal exposure groups, Pillai-Bartlett $V=.09$, $F(6, 89)=1.46$, $p=.1996$.

Research question 3 asked "*Does previous vicarious exposure to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?*" The MANOVA test indicated no significant difference between having vicarious exposure to traumatic events and having no exposure groups, Pillai-Bartlett $V=.03$, $F(6, 89)=.52$, $p=.79$.

Research question 4 asked "*Does the use of Muslim identifying factors (MIF) significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale*

(TABS)?” The MANOVA test indicated no significant difference between the use of MIF and no use of MIF groups, Pillai-Bartlett $V=.09$, $F(6, 89)=1.47$, $p=.1983$.

Although not postulated, ethnicity emerged as having a significant effect on vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS), Pillai-Bartlett $V=.51$, $F(36, 564)=1.47$, $p=.04$, $\eta^2=.09$. The multivariate effect size was estimated at .09 which means that 9% of the variance in the model was accounted for by ethnicity. There were no other significant effects found among the demographic variables age, gender, and the exposure to trauma questions.

Post-hoc Analyses. Following the MANOVA, a discriminant function analysis was conducted on the significant variables. This post-hoc analysis was selected because of its ability to discriminate or separate between groups and its ability to reveal the importance or contribution of variables (Field, 2013). The traditional methodology of conducting ANOVAs after a MANOVA was not utilized because in this case, there are multiple dependent variables and our interest in them is collectively. The MANOVA provides this by computing a composite dependent variable and takes into account the correlation between dependent variables. ANOVAs would not be useful for this purpose and so were not used (Field, 2013). Discriminant function analysis is able to predict group membership using a combination of variables. In other words, given a TABS score, we can predict which group it comes from (Field, 2013; Tabachnik & Fidell, 2013). Discriminant function analysis was conducted for those variables found significant through the MANOVA.

The discriminant function analysis for the RCI-10 scores revealed two functions with a combined $F(12, 202) = 2.14$, $p<.05$. With the first function removed, however, the results became non-significant for the second function, $F(5, 102) = 1.54$, $p=.18$. The first function

explained 70.54% of the variance, with an effect size of canonical $R^2=.15$, and the second function explained the remaining 29.46% of the variance, with an effect size of canonical $R^2=.07$. In combination, these functions significantly differentiated the RCI-10 groups, $p=.01$. The correlations between the TABS subscale scores and the functions revealed that self-safety ($r= -.84$), self-esteem ($r= -.59$), and other-esteem ($r=.78$) loaded most highly onto function 1, distinguishing between low religious identity and the other two groups (average and high religious identity). Table 13 illustrates the matrix of correlations between predictors and discriminant functions. These results suggest that the best predictors for distinguishing between low religious identity and the other two groups (average and high religious identity) are self-safety, self-esteem, and other safety.

Table 13 RCI-10 Discriminant Function Analysis

Predictor Variable	Correlations of Predictor Variables with Discriminant Functions	
	1*	2**
Self-Safety <i>T</i> -Score	-0.839	0.056
Other-Safety <i>T</i> -Score	-0.246	0.267
Self-Trust <i>T</i> -Score	0.385	-0.709
Other-Trust <i>T</i> -Score	-0.033	0.301
Self-Esteem <i>T</i> -Score	-0.599	-0.587
Other-Esteem <i>T</i> -Score	0.783	-0.272

* Sig $p<.05$

**Non-sig $p=.18$

The discriminant function analysis for ethnicity revealed six functions, of which one was significant. Function 1 accounted for 60.4% of the variance, with an effect size of canonical $R^2=.29$, $p=.008$. In combination, the functions significantly differentiated the ethnicity groups. However, as each function was removed, the remaining functions were not significant. The correlations between the TABS subscale scores and the functions revealed

that other-trust ($r=.92$), self-esteem ($r=.70$), and other-esteem ($r= -1.15$) loaded highly onto function 1. Table 14 illustrates the matrix of correlations between predictors and discriminant functions. These results suggest that the best predictor for distinguishing between White participants and the other 6 ethnic groups are the other-trust, self-esteem, and other-esteem subscales.

Table 14 Ethnicity Discriminant Function Analysis

Predictor Variable	Predictor Variables with Discriminant Functions
	1*
Self-Safety <i>T</i> -Score	-0.049
Other-Safety <i>T</i> -Score	-0.339
Self-Trust <i>T</i> -Score	-0.277
Other-Trust <i>T</i> -Score	0.921
Self-Esteem <i>T</i> -Score	0.701
Other-Esteem <i>T</i> -Score	-1.15

* Sig $p<.05$

Qualitative Results

The qualitative data analysis revealed multiple themes. The following themes emerged: emotions, exposure, personal responsibility, identity, humanity, media, long-term perspective, coping techniques, and cognitive processing. Table 15 presents the themes with quotes illustrating each. The quotes were not edited for grammar or spelling in order to keep the authenticity of the respondents' own words.

Table 15 Qualitative Themes

Qualitative Theme	Quote Illustrating the Theme
Emotions	<p>“...sadness for what has become of humanity, what the media has done to contribute to this, I feel heartache for my friends (sisters, brothers and their children).” – Farhana</p> <p>“...frustration that so many people can treat Muslims this way, that they can be so easily fooled by war propaganda when their tax dollars fund crimes against humanity in Muslim countries.” - Sana</p>
Exposure	<p>“...because the more frequently I hear about such instances the more I feel it could happen to me.” – Yasmin</p> <p>“The times a week question is flawed--because it happens less than weekly, but still has a major effect [<i>sic</i>].” - Sarah</p>
Personal Responsibility	<p>“Education is key, too many ignorant people.” - Babar</p> <p>“We need to stop apologizing every time there is a terror attack. We do it to please others”. - Latif</p>
Identity	<p>“I feel pressure to not identify with Islam, to treat it as a cultural heritage rather than a religion that means something important to me.” – Dua</p> <p>“Mostly I feel extremely lucky because I have so many more freedoms and privileges than I would living anywhere else in the world. But I also feel disheartened at times with the increased islamophobia in the media and occasionally on the street.” - Yasmin</p>
Humanity	<p>“As humans, everyone needs to understand that lives matter, that like us and like them, we are all made of blood and bones. What hurts them, hurts us, and vice versa.” – Kanwal</p> <p>“I feel like part of a persecuted minority...”. - Tariq</p>
Media	<p>“The Chapel Hill shooting was one of the worst news stories I have ever hurt. it made me feel terrible and it took me a week to feel less depressed [<i>sic</i>].” – Rafeeqah</p> <p>“Even "liberals" buy and perpetuate propaganda against Muslims” - Sana</p>
Long-term Perspective	<p>“When America finds another immigrant group to pick on?” – Afsheen</p> <p>“...in a generation or two, I have hope in the millennial generation” - Layla</p>

Table 15 continued

Coping Techniques	“...Allah Himself will bring justice to humanity”. – Aisha
	“...social support from community can make things easier but also being friends with non-Muslims who do not discriminate against your religion gives hope to a better future.” - Hadiyah
Cognitive Processing	“...worry that it may effect the whole Muslim community somehow [sic]”. – Maha
	“...the beauty of my religion was marred by a few psychopaths...” - Kanwal

Emotions. Feelings as a result of exposure to trauma material, both through the media and through personal retellings were diverse. A number of emotions were elicited for the participants. Table 16 illustrates the number of times the most frequently occurring emotions appeared.

Table 16 Emotions Reported in Qualitative Sample

Emotion	Frequency
Sad, sadness, depressed	22
Angry, anger, fury	20
Frustration, frustrated	16
Disappointment, disappointing	14
Worry, worried	9
Fear, terrified	6

Participants expressed sadness when exposed to negative stories about Muslims via the media and when individuals they know tell them about personal stories of discrimination. Yasmin expressed “...sadness and empathy for them {friends, family members, or coworkers}...”. Farhana felt “...sadness for what has become of humanity, what the media has done to contribute to this, I feel heartache for my friends (sisters, brothers and their children).” Dua stated that she was, “...sad because it feels like no one cares to do

anything about it.” Khadijah expressed sadness and “...worry about the life my children will be in for if things don’t turn around.” when she sees negative news about Muslims.

Anger, the second most cited emotion, was expressed at a number of things, including what occurred to their loved ones, those of the Islamic faith, and ‘propaganda’. Latif stated that he felt “...angry for what was done to them. I also feel helpless for not having been there.” in response to how he felt when friends, family members, or coworkers told him stories of personal discrimination. Sana expressed her “frustration at war propaganda and anger that people believe it.” In response to feelings that arose when seeing negative news stories about Muslims, Latif expressed “feelings of anger for having been betrayed by those who claim the same faith as me.”

Anger was also expressed towards those committing acts of violence. Yasmin stated, “Sadness and anger if the story is about a group that identifies as Muslim committing some violent or bad act; anger at the perpetrators for committing the bad act and sadness for the effect that this will have at reinforcing many people's bad perception of Islam and Muslims”.

Frustration was the third most cited emotion and it was directed at a number of things. Participants cited frustration at the media, other Muslims, and a key emotion when exposed to trauma material. Many participants expressed frustration at the media and the way in which Muslims were portrayed. Sana stated, “frustration that so many people can treat Muslims this way, that they can be so easily fooled by war propaganda when their tax dollars fund crimes against humanity in Muslim countries.” Yasmin expressed, “frustration when a media outlet provides a biased new story against Muslims/Islam/Muslim majority country.” Many participants also expressed frustration as a result of hearing people around them relay stories of discrimination.

Disappointment emerged as the fourth most cited emotion. This disappointment was a reflection of negative things occurring to Muslims as well as what the participants viewed as non-Muslim American ignorance. Babar stated that, “it is disappointing that people I am close to experience this horrible thing” referencing those around him who experience discrimination. Many participants expressed disappointment that so many non-Muslims believed what they saw in the media. Aminah stated succinctly that she was “disappointed at bigots.” Afsheen stated that “I am disappointed -- that Muslims might face so much discrimination.”

Worry was expressed as participants thought about discrimination, their loved ones, and the current social climate towards Muslims. Worry in relation to safety emerged often. Babar expressed, “...sometimes I worry that either I will be targeted, or one day my kids and my family will be targeted” and Rafeeqah similarly expressed “I feel like they {family, friends, coworkers} are unsafe and I worry about them.” Layla expressed that she was, “...always a bit worried about my safety...” In other instances, worry emerged as a feeling in relation to viewing negative news stories about Muslims.

Fear emerged as participants discussed viewing the news and personal retellings of discrimination. Participants reported feeling not only fear, but similarly feeling terrified, agoraphobic, isolated, and targeted. This fear was for their own safety and also of those they care for. Aisha expressed a “...fear of retaliation...” if she were to express her cultural or religious beliefs. The same participant also used the term “fear wagon” to describe certain news sources, “right wing news outlets”, as spreading “...ignorance and hate.” Safiyah expressed, “As an 18 year old, im terrified to walk down the street alone [*sic*].” Khadijah expressed concern for her children, “...and I worry about the life my children will be in for if

things don't turn around". Babar expressed his concern, "I feel fine, but I am not ignorant to the people around me, sometimes I worry that either I will be targeted, or one day my kids and my family will be targeted".

Other notable emotions reported include anxiety, helplessness, stress, and shame. In addition to reporting these feelings, responses often reflected frustration, helplessness, or anger. Sarah stated, "... people are idiots..." while Maha finds "...Americans ignorant and stupid." The range of emotions reported by the sample paint a picture of a community exposed to trauma material with tangible negative outcomes, resulting in this case in a plethora of negative feelings.

Exposure. Exposure to trauma material emerged as a theme as participants discussed their levels of exposure through media consumption and through people they know. The average media consumption for the 24 participants was 6.67 hours a week. Participants heard stories about discrimination an average of 6.06 times a week through the media and 3.73 times from family, friends, or coworkers. Participants are being regularly exposed to trauma material through the media and individuals they know. Safety was a subtheme of exposure and participants expressed concern for their safety as well as others. Layla stated that she was "...always a bit worried about my safety." and Nabeeha felt "...safe but at times worried". Rafeeqah expressed, regarding her family, friends, or coworkers, "I feel like they are unsafe and I worry about them." Kanwal expressed "I was feeling very safe and free till the north carolina murders."

The frequency of exposure was noted as having an impact. Yasmin stated that "...because the more frequently I hear about such instances the more I feel it could happen to me." The lasting impact of exposure went beyond how often it occurred, as Sarah stated,

“The times a week question is flawed--because it happens less than weekly, but still has a major effect [*sic*].”

Personal Responsibility. The role of Muslims in society was discussed by many participants. Education was cited by numerous participants as being necessary to create change. Farhana cited education in response five times, stating “...educate, educate, educate, and mandate education and remediation.” while Babar stated, “Education is key, too many ignorant people.” Lack of education or miseducation was cited as a key contributor to ignorance which led to hatred and discrimination. Education also extended to Muslims. Karim expressed a desire to help Muslims who experienced discrimination, in part, by educating them on ways to behave in American society, stating “I usually also think what the person might have done wrong, or differently given the situation, as in maybe the put themselves in a position that was just not attainable i.e. praying in the locker room of a local gym, or asking for a day off for Eid [Islamic religious holiday] the day before Eid.” Education was also cited a cause that Muslims should get involved with. Shawn stated, “I want to be a part of the group that informs people about the Muslim side of world events, in other words I incline more towards becoming a Muslim Apologist.”

The sense of shouldering a burden emerged as participants discussed their feelings and thoughts surrounding trauma material. Several participants expressed a need to be aware of the news, analyzing it to understand the nuances. Karim stated, “Usually I am looking for the underlying assumptions or biases that the author and the outlet might be promoting. I also look for potential loopholes in the explanation. Usually i do this because if i have to speak to or about the issue I want to be able to point to some of these concerns.” The sense of being a spokesperson for the faith and communities was expressed by many participants. The sense

of agency to create change was often connected to this shouldering of a burden by acting as a spokesperson. Farhana stated, “I find that "being myself" yet a person who wears hijab, when people have the opportunity to meet Muslims and know them in daily life, different than what they see on the news, as regular people, can have a more powerful impact.” Kanwal stated that Muslims should “...The Prophet (pbuh) led by example and softened hearts by being a beautiful, nice human being, and thats what we need to do.”

Political and social action was deemed necessary by some participants. Karim felt that the current state of affairs is an opportunity and that “...if there is any change we need, its the change in the way the community meets the challenges which are two folds- first, to understand and approach our American experience through western theories of social organizing, political engagement and civic participation [*sic*].”

There were others who felt the responsibility differently. Latif asserted, “We need to stop apologizing every time there is a terror attack. We do it to please others”. Shawn reflected, “I want to be a part of the group that informs people about the Muslim side of world events, in other words I incline more towards becoming a Muslim Apologist”.

The concept of personal agency of American Muslims to create change was cited in many responses and included becoming politically engaged, connecting with other peoples’ struggles, not overreacting, being good people, organizing, stop apologizing, and by changing themselves through introspection.

Identity. The complexity of being a Muslim living in America emerged as participants discussed the various aspects of their identities. Their faith as an identity was both a source of strength and of contention. Participants expressed the propagation of a homogenous monolithic Muslim identity that is false. Aisha stated that news sources

“...purposefully attaches labels of "terrorism" to keep people in ignorance about Islam.”

while Farhana questioned, “Why are Muslims, all Muslims, the 1.5 billion Muslims in the world lumped into the same category of a minority who proclaim to be Muslim and commit atrocities?” Afsheen stated “There is also an assumption that Muslims can be rigid and conservative.”

Expressing faith identity was complicated. Khadijah stated, “I think to myself, as a convert, that I should keep a distance from the religion even though I believe it, to keep myself safe and sane. Then I think that is not good either, but I go back and forth constantly.” Dua stated, “I feel pressure to not identify with Islam, to treat it as a cultural heritage rather than a religion that means something important to me.”

The American piece of their identity proved to be just as complicated. Participants went back and forth between feeling hurt and excluded as Americans and appreciating what freedoms being an American gives them. Participants tried to ‘prove’ their Americanness as well. Khadijah stated, “I’ve always been living in the US. I was born here.” and Afsheen emphasized “I am proud of my Muslim faith, and I am also decidedly American -- born and raised here.” Layla reported feeling like she had to, “...prove my Americanness and that I am just like everyone else” while Dua described what she felt as “...pressure to not identify with Islam, to treat it as a cultural heritage rather than a religion that means something important to me”.

Many participants expressed the freedom they had in the United States but the complexity of these freedoms was caused by the current views of Muslims. Yasmin stated, “Mostly I feel extremely lucky because I have so many more freedoms and privileges than I

would living anywhere else in the world. But I also feel disheartened at times with the increased islamophobia in the media and occasionally on the street.”

The existence of an American Muslim identity emerged as an existential question and pursuit. The notion of ‘who are we?’ was reflected in the participants’ responses. Currently, the American Muslim identity is dictated by others and not American Muslims themselves. Karim expressed the need for “...a very unique American Muslim identity coalescing across the US and not limited to specific regions.” Some participants felt that there was rigidity within the Muslim communities but that was not reflective of all American Muslims. Challenges within the communities were addressed, as Karim stated, “...a great divide that exists within the Muslim community here as to what constitutes being a "Muslim"” and Latif’s insistence that “We need to stay true to our faith. We need to stop compromising our values because "this is America".” The diversity of Muslim communities, with its challenges, was reflected upon by Karim, “Islam is something that has a chance to thrive beyond the nationalism and the cultural and sectarian constraints that have defined it for the past two hundred years.”

The concept of not ‘looking Muslim’ or passing was reflected on by some participants. Kaheesha stated, “However, I also don't "look" Muslim” and so she feels comfortable as a Muslim in the United States. This also spoke to the stereotype of what it means to look Muslim. Aisha stated, “The news media calls any "Arab looking" person a terrorist...”

Humanity. The theme of humanity emerged as participants processed the events happening around them. They questioned their own humanity, with Sarah stating that felt she was viewed as “...less than human” and Dua felt like “...my humanity is not recognized”.

Others felt that they were persecuted and dehumanized, Tariq stating, “I feel like part of a persecuted minority...”.

The notion of what is occurring with Muslims as an issue of human rights and civil rights was asserted. Farhana cited the bill of rights as a starting point for change, using it to understand “...what is and isn't allowed.” in regards to what can be said about Muslims and called the issue a “...human rights issue.”

Humanity as a whole was questioned and bemoaned as being lacking. Rafeeqah stated that she starts “...losing faith in humanity...” when reading negative stories about Muslims. Farhana expressed, “I feel sadness for what has become of humanity.” Tariq expressed “... ignorance and mistrust of other seems to be an endemic human condition.”

The humanity that connects us all and the commonalities of our struggles emerged as participants discussed strategies for the future. Kanwal stated, “As humans, everyone needs to understand that lives matter, that like us and like them, we are all made of blood and bones. What hurts them, hurts us, and vice versa.” Several participants noted other communities or groups that had undergone or were still undergoing similar struggles, with Rafeeqah stating, “...history does repeat itself.”

Media. Average media consumption for the 24 participants was 6.67 hours a week and was obtained through a diverse array of sources. Most often cited were social media, Huffington Post, Al-Jazeera, NPR, CNN, NY Times, and the BBC. The sample was engaged with current events. Most participants lamented the bias in the media against Muslims and the media’s role in perpetuating negative rhetoric regarding Muslims. Maria stated, “...the story presented the media is often not the whole story or is sensationalized.” and Nabeeha questioned, “Why do news stories always focus on the negative things Muslims are involved

with and not the positive things?”. Umar very clearly stated, “I feel that the Media is sending negative image about Muslims.”

Some participants reported avoiding the news or limiting their consumption. Maria stated, “Makes me feel like staying away from the news” while Farhana stated she does not watch the news because “...it seems that everything going on in the world associates Islam with terrorism.” Rafeeqah stated that watching the news makes her “...start losing faith in humanity”. She went on to discuss the Chapel Hill shooting, in which three young Muslim students were shot at close range in their apartments. Rafeeqah stated, “The Chapel Hill shooting was one of the worst news stories I have ever hurt. it made me feel terrible and it took me a week to feel less depressed [*sic*].” Clearly the media is a powerful source of information and exposure to traumatic events and the responses from the sample indicate this to be true.

Many participants looked for the nuances in a story, which they felt were lacking as reported. Distrust of the media was apparent. Sarah stated that it is, “..very hard to find reliable sources”. The word propaganda appeared in several responses, with Sana calling it, “war propaganda” and Dua asserting that the “...media needs to promote real journalism instead of sensationalist propaganda”. Many questioned why people believe what the media puts out there and that “Even "liberals" buy and perpetuate propaganda against Muslims”, as stated by Sana.

Conservative news outlets, such as Fox News, were cited as fanning the flames and as Dua stated, “Fox News should not be allowed to identify itself as a 'news source.’” Most of the news sources that participants said they followed were more liberal or independent news

sources, with Khadijah expressing that she follows, “any and all {news source}, except of course super conservative outlets like fox news and tea partier blogs. Gross.”

Long Term Perspective. Many participants took a long term perspective when considering their struggles and those of American Muslims. They often spoke in historical terms and connected their struggles with those in the past and the present. Kanwal stated, “I am following the increase in hate crimes against anyone not conforming to conservative white american views, but not very dilligently.” Similarly, many expressed the cyclical nature of discrimination. Rafeeqah stated that “Before Muslims it used to be African Americans (it still kind of is)”. Afsheen reflected upon change by stating, “When America finds another immigrant group to pick on?” would change occur. Aminah stated, “Bigotry will not end, but in fifteen years or so it will be directed at a new community of scapegoats”.

Change was hoped for but many admitted that it would take generations. Layla expressed that change would happen, “in a generation or two, I have hope in the millennial generation” and Tariq stated “In a generation or two when the idea of American Muslim-ness becomes more accepted and commonplace”. While some expressed hope, many expressed cynicism at change occurring. At least four participants responded with “Never” when asked when they thought changes would happen.

Coping Techniques. As participants tried to make sense of what they felt and thought, many turned to a number of coping techniques. Faith was a powerful technique with prayer, patience, and prophetic example being cited. Farhana stated that prayer was “...the number 1 thing I do.” Yasmin called upon her faith when viewing news about Muslims, stating, “Allah (swt) [short for ‘Subhanahu wa ta’ala’ meaning “May he be glorified and exalted”] please bring justice to the people of Syria/Iraq/X country where bad acts are

happening”. Aisha felt that change would only occur when, “...Allah Himself will bring justice to humanity”. Of the six times that Allah is mentioned, those occurred amongst participants who scored as having high religious identity (RCI-10 \geq 38).

Some participants seemed to compartmentalize or minimize their experiences. Kanwal seemed to both minimize and rationalize her experience of detention, “...the most that has happened was detention at the airport, which i can rationalize so it doesnt bother me much” while others stated that they don’t experience hardships like others do because they may not ‘look’ Muslim and so minimized their experiences by comparing them to others who wear hijab and may be more targeted for discrimination. Karim very explicitly stated that his feelings, “...for the most are contained within a box thats void of feelings [*sic*].” Shawn felt he was “under attack” but then continued on to rationalize that this wasn’t the “‘real’ America”. In Shawn’s words, “...discrimination is against the American spirit, and that its existence is not what America is about”.

Agency served as a coping technique as participants took it upon themselves to make change and fight for justice through various avenues, such as education and political engagement. Citing the current challenges as an “opportunity”, Karim stated that this was the time to “...develop a great foundation for future movement.” Community support was cited as important by Hadiyah, “...social support from community can make things easier but also being friends with non-Muslims who do not discriminate against your religion gives hope to a better future.”

Cognitive Processing. The complexity of how American Muslims process what is going on around them became apparent throughout the responses. The thoughts and feelings that arose in response to negative media and exposure to trauma material reflect the

complexity of multiple layers of identity for American Muslims. The sense of exasperation when something happens, “Oh good grief, not again” as expressed by Aminah and the sense of how this will affect the Ummah, a term meaning the Muslim community. Maha stated that she may, “...worry that it may effect the whole Muslim community somehow [sic]”. The sense of betrayal felt by many participants occurred at many levels: by the individuals who identify as Muslim committing atrocities, by the media, from non-Muslim communities, and from within Muslim communities. Latif stated, “Feelings of anger for having been betrayed by those who claim the same faith as me.” While Kanwal expressed, “...the beauty of my religion was marred by a few psychopaths...” A number of thoughts ran through their minds whenever something occurred, becoming a complicated and sometimes confusing mix of cognitive processing.

Mixed Methods Results

The data were linked together early on in the analysis process because qualitative responses were selected based on quantitative criteria. As a further step, a table was created that merged both data sets together. This was done in an effort to compare qualitative responses that were congruent with what theory tells us and those that were incongruent. These responses were ordered by quantitative criteria. Table 17 presents the merged data.

Table 17 Merged Quantitative Qualitative Data

TABS	RCI	Congruent	Incongruent
T-scores ≥ 60 for at least 3 subscales	-	<p>“I am not ignorant to the people around me, sometimes I worry that either I will be targeted, or one day my kids and my family will be targeted” (Babar, M, 21)</p> <p>“Hurt and angry that people just don't get it” (Sarah, F, 28)</p>	-
T-scores ≤ 59 for at least 3	-	<p>“Mostly I feel extremely lucky because I have so many more freedoms and privileges than I would living anywhere</p>	<p>“Probably never.” { When do you think these changes will</p>

Table 17 continued

		<i>else in the world.</i> " (Yasmin, F, 29)	happen?} (Khadijah, F, 30)
subscales		<i>"That I am lucky that I am not often affected"</i> (Maria, F, 25)	<i>"Sad, frustrated, exasperated at the willful ignorance of Americans to understand even the basics of Islam."</i> (Maria, F, 25)
T-scores ≥60 for at least 3 subscales	RCI total score ≥ 38	<i>"I think that institutionalized racism will not end with an inclusive agreement of real accountability by laws and court systems that depend on opinion, but that only Allah Himself will bring justice to humanity."</i> (Aisha, F, 36)	<i>"In a generation or two, I have hope in the millennial generation"</i> {When do you think these changes will happen?} (Layla, 32, F)
		<i>"People need to come out of their states of ignorance, come with open minds, look into islam..."</i> (Safiyah, F, 18)	
T-scores ≤ 59 for at least 3 subscales	RCI total score ≥38	<i>"I think about how many people have experienced this, I thank Allah (swt) that this was shared with me, and I think about what I can do to help. Prayer is the number 1 thing I do."</i> (Farhana, F, 47)	<i>"Never. I do not think Muslims are looked at as just another threatening minority, we are seen as the limit of acceptable foreignness."</i> (Shawn, M, 30)
		<i>"I often think of how bad Arabia was during the time of Prophet Muhammad PBUH. How much it changed in such a short time by the time he passed away."</i> (Latif, M, 32)	
T-scores ≥60 for at least 3 subscales	RCI total score ≤14	<i>"Disappointed at bigots."Oh good grief, not again."</i> (Aminah, F, 33)	-
		<i>"I feel disappointed. when the media give bad image to Muslims and pass wrong information."</i> (Umar, M, 24)	
T-scores ≤ 59 for at least 3 subscales	RCI total score ≤14	<i>"I feel like part of a persecuted minority, with which I identify despite having no real religious faith."</i> (Tariq, M, 29)	<i>"Safe but at times worried."</i> (Nabeeha, F, 31)
		<i>"I don't like being pointed and the way they make a big deal about it. My</i>	<i>"I get upset and worry that it may effect the whole Muslim.</i>

Table 17 continued

		<i>religious belief only concerns me...</i> (Maha, F, 33)	<i>community somehow.</i> (Maha, F, 33)
T-scores ≥60 for at least 3 subscales	RCI total score 15-37	<p><i>“I start losing faith in humanity. It upsets me so much that people can do such awful things just because someone practices a different religion.”</i> (Rafeeqah, F, 18)</p> <p><i>“Thinking about the repercussions -- for the ummah, or for how non-Muslims think or make assumptions about our faith -- causes me the most anxiety.”</i> (Afsheen, F, 30)</p> <p><i>“I feel pressure to not identify with Islam, to treat it as a cultural heritage rather than a religion that means something important to me.”</i> (Dua, F, 26)</p>	<p><i>“Personally I feel like I am safe, mostly because I don't wear a hijab but not a day goes by that I don't feel guilty about that. Why should someone that is a better muslim than me have to feel unsafe everyday because they practice their faith and wear the hijab.”</i> (Rafeeqah, F, 18)</p>
T-scores ≤ 59 for at least 3 subscales	RCI total score 15-37	<p><i>“The Prophet (pbuh) led by example and softened hearts by being a beautiful, nice human being..”</i> (Kanwal, F, 31)</p> <p><i>“For the most part, I feel comfortable living in the U.S. As a Muslim.”</i> (Kaheesha, F, 30)</p>	<p><i>“I honestly don't know. I hope soon, but realistically i dont see anything changing in ten years.”</i> (Kanwal, F, 31)</p> <p><i>“It is an ongoing process, but I'm not sure if I will see these changes in my lifetime.”</i> (Hadiyah, F, 25)</p>

Summary

This chapter presented the results of the current study, including quantitative and qualitative results. A MANOVA conducted was found to be significant with a post-hoc analysis conducted using a discriminant function analysis. The discriminant function analysis revealed two functions that explained the variance between the religious identity and ethnicity groups. The qualitative analysis revealed nine themes, including emotions,

exposure, personal responsibility, identity, humanity, media, long-term perspective, coping techniques, and cognitive processing.

The implications of these findings will be discussed in chapter 5. In addition, the limitations and contributions of the study will be discussed. Recommendations for practice, advocacy, policy, and future research will also be explored.

CHAPTER 5: DISCUSSION

The following chapter will discuss the results of the study. Results will be examined in relationship to previous research. Additionally, limitations of the study and recommendations for future research and practice will be discussed. The purpose of this study was to use an explanatory concurrent mixed methods design to examine vicarious trauma in American Muslims. The questions that the current research attempted to answer were:

Mixed Methods Research Question

How do qualitative data help explain the differences in vicarious trauma in American Muslims as measured by the quantitative data?

Quantitative Research Questions

1. Does strength of religious identity, as measured by the Religious Commitment Inventory (RCI-10) significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?
2. Does previous personal exposure to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?
3. Does previous vicarious exposure to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?
4. Does the use of Muslim identifying factors significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?

Qualitative Research Question

1. How have American Muslims in the United States experienced VT?

The goal of this study was to explore if vicarious trauma is occurring for American Muslims and how they are experiencing this vicarious trauma, or lack thereof.

Research Findings

The findings from this study elucidated several concepts and themes. The quantitative analysis indicated that there is a difference in VT scores among low, average, and high religious identity groups. Religious identity explained 12% of the variance in vicarious trauma scores. There was also a difference found between ethnic groups on VT scores. Ethnicity explained 9% of the variance in vicarious trauma. It seems that low, average, and high religious identity affect the onset of VT. Belonging to an ethnic group also seems to be significant in the onset of VT. Muslim identifying factors, gender, age, and personal and vicarious exposure to trauma were not found to be significant.

The discriminant function analysis for religious identity revealed that self-safety ($r = -.84$), self-esteem ($r = -.59$), and other-esteem ($r = .78$) subscales were the best predictors for religious identity. It seems that how safe people feel, how they feel about themselves, and how they feel about others is related to religious identity. Two of the subscales share a negative relationship with RCI-10 scores. The higher the subscale scores for self-safety and self-esteem, indicating a greater disruption in that need area (e.g., the extent to which one feels they are safe and the extent to which one feels they are of worth), the lower the RCI-10 scores (i.e. lower religious identity) and vice versa. This finding is interesting because past research has suggested that having a faith in a higher power, meaning a stronger religious identity, may moderate negative outcomes (Ghorbani, Watson, Geranmayepour & Chen, 2014; Greenfield & Marks, 2007; Peek, 2005; Ysseldyk, Matheson & Anisman, 2011). In this case, a stronger religious identity may lessen one's fear or concern of safety and their

notion of self-worth. A stronger religious identity may also ameliorate the negative effects of discrimination, trauma, and exposure. On the other hand, the higher the subscale score for other-esteem (e.g. viewing others negatively), the higher the religious identity. Essentially those with a higher religious identity thought less kindly of others. This was an interesting finding because one would think that a connection to a faith tradition would engender empathy and regard for humanity. It may be that those who have a higher religious identity scores feel the negative social atmosphere surrounding Muslims more deeply and so their view of society, humanity, and others is more deeply affected. If a piece of identity that an individual holds as important is attacked, the attackers may then be viewed with disdain and disrespect.

In comparison to the published findings for the TABS, the sample for this study had lower average scores than for the sample that Pearlman reported (2003). It should be interpreted with caution; however, because Pearlman used an overall TABS score whereas the current study used six out of ten subscales and therefore a total TABS score was not available (2003). Still, this finding is interesting. Perhaps the severity of cognitive disruptions is moderated by religious identity for this American Muslim sample.

In an unexpected finding, ethnicity was found to have a significant effect on vicarious trauma in the first step MANOVA. The discriminant function analysis for ethnicity revealed that the other-trust ($r=.92$), self-esteem ($r=.70$), and other-esteem subscales ($r= -1.15$) were the best predictors for ethnicity. Given that other-esteem has a negative relationship with ethnicity, the higher the other-esteem subscale score, reflecting a disruption in the need to value and respect others, the lower the ethnicity score. In this case, the ethnicity variables were dummy variables, with White coded as 1 so the interpretation of this finding would be

that the higher the other-esteem score, the more likely the respondent is to be White; conversely, the lower the other-esteem score, meaning less disruptions, the more likely the respondent is to be non-White. Conversely, as the scores increase for the other-trust and self-esteem subscales, meaning higher disruptions, a person is more likely to be a person of color (non-White). It seems that ethnicity may be a shielding factor against cognitive disruptions. Those participants who were White may encounter less acts of discrimination and may experience vicarious exposure differently; undoubtedly, their ethnicity gives them privilege.

The qualitative findings further explored VT in the respondents. The nine identified themes were emotions, exposure, personal responsibility, identity, humanity, media, long-term perspective, coping techniques, and cognitive processing.

Exposure. The qualitative responses indicated that the participants are regularly being exposed to trauma material, both through the media and through personal retelling of stories by family, friends, and co-workers. The scope of this exposure can be demonstrated by the mean hours the sample spent consuming news media, $m=6.67$ hours per week. The sample reported being exposed to stories regarding Muslims and discrimination an average of 6.06 times a week through the media and 3.73 times a week through family, friends, and co-workers. American Muslims are regular consumers of the news and media. They seem to want to keep abreast of what is happening in the world, particularly in reference to Muslims. In doing so, however, they are exposed to negative rhetoric. They are also reaching out to each other for support and understanding. As reflected by the data, they are retelling their stories of discrimination and hardships to each other and thus are being exposed to more trauma material as a byproduct of the need for connection and understanding.

Independent of the frequency of these occurrences, these experiences seemed to resonate with the participants long after they occurred. Sarah noted that, “The times a week question is flawed—because it happens less than weekly, but still has a major effect” demonstrating that the effects of these occurrences last far beyond that moment. This supports CSDT’s theoretical assertion that exposure to trauma material has a lasting impact and can weaken a cognitive need area, making a person more susceptible to future disturbances (McCann & Pearlman, 1990; McCann & Pearlman, 1992). Verbal retellings of stories are also a way that people gain exposure and engage with trauma material, as posited by CSDT (Pearlman & Mac Ian, 1995). This finding supports previous studies that found that individuals who had more exposure to a traumatic event experienced more distress symptoms (Ben-Zur, Gil & Shamshins, 2012; Fallahi & Lesik, 2009; Wayment, 2004).

Empathic engagement is occurring as participants reported listening to negative stories involving Muslims, both through the media and through verbal retelling; the outcomes of this exposure were varied but mostly negative. As participants discussed this exposure, their responses demonstrated empathic engagement with the material. For some this is because they have experienced discrimination before and for others because it resonates with their Muslim identity. As Sarah stated, “I feel like I'm living in a country that (for the most part) views me and my loved ones as threats, or in some cases, less than human”. Clearly, American Muslims are being exposed to trauma material via the media and personal retelling and as a result are experiencing a number of emotions.

Emotions. The emotions elicited by exposure to trauma material, through the media and personal retellings emerged as a powerful theme. Because of the exposure they are experiencing, emotions surfaced that were quite often negative. Sadness, anger, frustration,

and disappointment are ones that stood out. The participants were asked about their feelings when they saw negative news stories about Muslims and when they were told stories of discrimination from family, friends, or coworkers. Both scenarios elicited a number of emotions.

When exposed to negative news about Muslims, the participants felt anger, frustration, disappointment, and even hurt. They seemed to go through these emotions all at once or in a process as they grappled to make sense. Many participants reflected on the legacy of the current atmosphere, with many ruminating on the future their children will inherit. As Khadijah stated, "...worry about the life my children will be in for if things don't turn around." when she sees negative news about Muslims.

The emotions that participants felt were nuanced. Often, anger and disappointment were directed at those who believed what they saw on the news. Sana said, "Frustration at war propaganda and anger that people believe it". In other cases, these emotions were directed at those individuals conducting violent acts. There was a sense of hurt amongst the participants; hurt that they are viewed as less than, violent, or repressed. This sense of hurt seemed to lead to a loss of belonging. If a person does not feel like they belong, then how are they able to fully engage with those around them? The emotions felt by American Muslims were elicited at a number of levels and it seems that American Muslims may experience a range of emotions that involve many actors in society.

Fear emerged as a powerful emotion. Participants reported feeling not only fear, but similarly feeling terrified, agoraphobic, isolated, and targeted. This fear was for their own safety and also of those they care for. In a powerful statement, Safiyah said, "As an 18 year old, im terrified to walk down the street alone. I'm terrified of my own skin". Even if the

participants felt safe, they feared for those around them. Babar's response was telling because he did relay a fear that he would eventually be targeted. Although American Muslims may feel safe currently, they are aware that could change at any moment. Having to direct so much energy at merely feeling safe in their surroundings or worrying about their loved ones when not in their presence must require a lot of energy. With so much energy being used towards merely surviving, how are American Muslims able to fully engage with life and move towards self-actualization?

Other notable emotions reported include anxiety, helplessness, stress, and shame. In addition to reporting these feelings, responses often reflected frustration, helplessness, or anger. Sarah stated, "... people are idiots..." while Maha finds "...Americans ignorant and stupid." The range of emotions reported by the sample paint a picture of a community exposed to trauma material with tangible negative outcomes, resulting in this case in a plethora of negative feelings.

Personal Responsibility. The theme of personal responsibility emerged as participants answered questions about change. The role Muslims have in enacting societal change was discussed by many participants. Education of non-Muslims was a prominent subtheme. Many respondents stressed the importance of educating people on what Islam truly is. Nabeeha stated, "More education on Islam and how it does not condone terrorist actions".

Some respondents felt a responsibility to be a good example of Muslims and Islam. They felt that by being a good example, they could help change other people's minds about Muslims. Farhana stated, "I find that "being myself" yet a person who wears hijab, when people have the opportunity to meet Muslims and know them in daily life, different than

what they see on the news, as regular people, can have a more powerful impact”. Kanwal cited prophetic example, “The Prophet (pbuh) led by example and softened hearts by being a beautiful, nice human being, and thats what we need to do”.

The need to be able to address current events as they relate to Muslims was echoed by many. Participants reflected on processing the news, finding the nuances in the story, multiple sources, so they could understand what really happened. Sarah stated, “Usually I’m trying to understand the context behind the news I’m reading/watching, as its very hard to find reliable sources” while Karim forthrightly stated, “I am looking for the underlying assumptions or biases that the author and the outlet might be promoting. I also look for potential loopholes in the explanation. Usually i do this because if i have to speak to or about the issue I want to be able to point to some of these concerns.” In being an example and ready to speak on current events, it seems that many American Muslims may be self-assigning to being a spokesperson for the communities.

Political and social action was called for by some participants. Karim felt that the current state of affairs presented an opportunity for the American Muslim community to grow, particularly to grow in a way that involves connecting with other groups’ struggles. The process of enacting change is addressed by SIT as group members of a low status group attempt to positively distinguish their group (Tajfel & Turner, 1979). For American Muslims, many seem to deem this necessary and some are actively working towards this change. This call for action and attempt to change their status aligns with what SIT posits.

Other participants felt that change was necessary, but in a different manner. Some participants called for a stop to apologizing for behavior that was not their own. Shawn specifically called being a “...Muslim Apologist”. It seems that Shawn knows of the

ongoing struggle of balancing a desire to make change and knowing that it is not his responsibility to address actions he did not commit. Others echoed this desire to effect change by offering examples of how they act a certain way in order to educate others or to destigmatize the hijab.

The American Muslim community seems to be torn between taking responsibility to make change and assigning responsibility to those who would think negatively of Muslims. In taking responsibility, it seems that living one's life in order to prove something would indeed be exhausting. For those who lean more towards 'apologist' behavior, the outcomes may be similarly exhausting as they are often expected to apologize for actions not their own. As Dua so aptly stated, "Muslims are going to be expected to explain or apologize for the behavior of one person but white Americans aren't asked to do the same for the crimes committed by white people".

Identity. The complicated nature of identity was reflected throughout many responses. Faith as an identity was discussed and was often a mixed bag; it was both a source of comfort and of conflict. Many participants bemoaned the fact that a stereotype of Muslims was being promoted and that people believed this untrue rhetoric. Yasmin reported thinking, "Here we go with another generalization about Islam and Muslims!" when viewing media coverage of Muslims. Afsheen echoed the mis-information out there when she stated, "... how non-Muslims think or make assumptions about our faith".

Their identity as Americans proved just as complicated as they grappled with living in the United States, feeling a bond with this country, while also being made to feel like an outsider. Participants reflected on pressure they felt to prove themselves as American or to not identify with Islam. Interestingly, two participants asserted their Americanness. Khadijah

stated, “I've always been living in the US. I was born here” while Afsheen stated, “I am also decidedly American”. One wonders if there would be a need to assert this piece of identity if one were not Muslim. The multiple layers of their identity, in which they belong to both a high and low status group, is explained by Social Identity Theory (SIT). SIT posits that individuals belong to multiple groups which can have varying social statuses; the struggle between these pieces of identity can be complicated and individuals often know if their group is high or low status. Further, many of the participant responses reflected an awareness that they are part of a low power group and as a result, they are experiencing negative outcomes (Tajfel & Turner, 1979).

The concept of an American Muslim identity was grappled with by some participants. The lack of a unifying identity, along with challenges within American Muslim communities, seems to complicate things further for American Muslims. Some reported rigidity amongst some Muslims while others discussed the idea of what it means to be Muslim. The definition of a Muslim seems to be unclear even within Muslim communities. Karim stated, “...a great divide that exists within the Muslim community here as to what constitutes being a “Muslim””. Latif felt that perhaps Muslims are forgetting core values, stating ““We need to stay true to our faith. We need to stop compromising our values because “this is America.””

The realization that looking Muslim can have consequences was noted by some participants. Passing, by not being identifiable as Muslim, was discussed and often used to minimize their own experiences. Kaheesha reported feeling comfortable as a Muslim in the United States but that, “I also don't “look” Muslim. events happening on the national level or people who cover their hair might feel differently” while Rafeeqah reported that, “Personally

I feel like I am safe, mostly because I don't wear a hijab”. American Muslims are acutely aware that ‘looking Muslim’ comes with a slew of outcomes, mainly negative.

Humanity. The human condition was ruminated upon by many participants. They questioned their own humanity as well as that of society in general. Participants reported feeling less than, persecuted, and dehumanized. Sarah reported, “I feel like I'm living in a country that (for the most part) views me and my loved ones as threats, or in some cases, less than human”. Shawn felt that Muslims are not seen as merely a threatening group but as, “...the limit of acceptable foreignness”. Again, these findings support SIT’s assertion that if individuals are aware that they belong to a low power group, it may have negative effects (Tajfel & Turner, 1979).

Humanity as a whole was questioned, with participants questioning what has become of humanity. Farhana expressed, “I feel sadness for what has become of humanity...” while Khadijah asserted the people need to step outside of their comfort zones and, “...see the humanity in others”. Others asserted the oneness of humanity, with Kanwal stating, “As humans, everyone needs to understand that lives matter, that like us and like them, we are all made of blood and bones. What hurts them, hurts us, and vice versa.”

The notion of human rights was discussed by some participants. The challenges that Muslims are currently facing as an issue of human rights was asserted. In doing so, many connected the struggles of Muslims to other groups who have also struggled. Farhana very clearly asserted that “This is a human rights issue” while Sarah stated that things would not change until there came an “...end to government policies which disregard human rights”. Connecting to others struggles, Rafeeqah ruminated, “Before Muslims it used to be African

Americans (it still kind of is)". Farhana discussed change being a group effort, "...it won't be just about Muslims. It will have to be a collaboration among marginalized groups".

Hope for the future was expressed as participants reflected on possible change. Often this change was seen as inevitable because others have gone through similar struggles and things got better. Others did not feel hopeful as they reported that they would not see change in their lifetime or possibly never. Not believing for positive change in one's lifetime must be a hard burden to bear; if we don't think that things will get better while we are alive then how do we live our lives with joy and engagement?

Media. Exposure to the media was evident as participants reported following a multitude of news sources. The average hours spent weekly watching, listening, or reading the news for the sample was 6.67 hours. American Muslims are clearly active consumers of the news. The media as a source of misinformation and negative outcomes towards Muslims was indicted by nearly all 24 participants. An evident bias in the media against Muslims was discussed by many participants. Often, participants bemoaned the lack of nuanced and fair reporting. FOX news was quoted as being a top perpetrator of misinformation. Many of the news sources followed by the sample were more liberal (MSNBC, Mother Jones, Democracy Now) or neutral (CNN, AlJazeera, NPR). It seems that American Muslims are turning to news sources that are more independent and particularly because these sources do not demonize them.

There was a palpable mistrust of the media within the sample. Not only in terms of what was being reported but also how it was reported. The lack of objectivity and fairness towards Muslims was lamented by many. Knowing the power of media to educate and inform, it almost seems like a machine too big to fight. A machine that is disseminating

negative information and sowing the seeds of discord against Muslims. If one feels helpless in the face of such an environment, how does one cope and continue to live a full life?

The answer for some participants was to limit their media consumption. This again ties back to exposure and the more participants were exposed to media, the more distraught they felt with participants expressing avoidance, loss of faith in humanity, and injustice in the way Muslims are portrayed. Clearly the media is a powerful source of information and exposure to traumatic events and the responses from the sample indicate this to be true.

The exposure to possible trauma material is evident. CSDT posits that the more exposure an individual gets to trauma material, the more their cognitive need areas are affected (McCann & Pearlman, 1992). Clearly, American Muslims are being exposed through the media to negative material about Muslims and it is resonating with them, most often negatively.

Long Term Perspective. The notion that ‘this too shall pass’ was echoed by participants. When considering the current state of American Muslims, some participants explored the cyclical nature of group struggles. Groups that have experienced this before and those who will experience it in the future were reflected upon by participants. Often, this long term perspective was negative with participants thinking that things will change only when there is another group to focus on. The lack of hope was evident in the responses.

In connecting with others’ struggles, some participants seemed to find solidarity and meaning. One participant even spoke of the struggles of African Americans and how they still struggle. These reflections contradict the mainstream understanding of Muslims as xenophobic and rigid. American Muslims are aware of and connected with the struggles of other groups.

Latif connected his faith with this long term perspective, reflecting “I often think of how bad Arabia was during the time of Prophet Muhammad PBUH [Peace be upon him, an expression said after mention of the Prophet]. How much it changed in such a short time by the time he passed away.” The notion of change was wrought with cautious hope and often outright refusal that it would happen. Some participants expressed hope that it would happen in their lifetime, but not many. By and large, most participants had hope for change in a few generations and some even stated “never”. It seems that American Muslims know that change takes time and while some are resolved to see that change, others know they won’t, and still others don’t think it will ever happen.

Coping Techniques. Dealing with the outcomes of their lives as American Muslims, participants expressed a number of coping techniques. Faith, as a salient part of their identity, was cited as a powerful source of strength. Some people turned their thoughts to what Allah and Islam have said to do in trying times, while others used prophetic examples of patience and kindness. Some participants even went so far as to call upon Allah for justice or to assert that only Allah can bring justice. Allah was mentioned six times throughout the responses and these occurred amongst participants who scored as having high religious identity (RCI-10 \geq 38). Due to their high religious identity, these individuals may filter and experience trauma in a different way, as posited by CSDDT (Pearlman & Mac Ian, 1995). The moderating effects of religious identity are supported by previous studies (Greenfield & Marks, 2007; Peek, 2005; Ysseldyk, Matheson & Anisman, 2011).

Agency or self-empowerment also served as powerful coping techniques. Participants felt ownership of changing things and making circumstances better for Muslims. Education and political engagement were the two primary actions that participants took. Perhaps in

doing something, they felt less like passive recipients of current zeitgeist and instead like active participants in creating their own stories. On the other hand, by taking this on they take on the responsibility for creating change for a problem they did not create. Doing so takes a lot of energy and so what energy is left for living?

Some participants seemed to minimize their experiences. Kanwal relayed an experience of being detained at the airport, using words like "...the most that has happened..." and "...I can rationalize so it doesn't bother me much" while Karim very explicitly stated that his feelings, "...for the most are contained within a box that's void of feelings [*sic*]." Others minimized their experiences by comparing them to others who may be more easily identified as Muslim. The notion of 'passing' was discussed as participants discussed how they fly under the radar of detection and so don't face the worst. Some participants rationalized that what is happening is against American values and isn't the 'real' America. It seems that in an attempt to minimize the pain, minimizing of their experiences was a powerful tool.

Community support was also cited as a source of comfort. In fact, many participants reported being a source of support when their family, friends, or coworkers have experienced discrimination. Many individuals attempt to just listen, help find legal recourse, or even guide spiritually those who are experiencing distress.

Cognitive Processing. The interplay of their identities and the things happening around them led to a process by which American Muslims struggled to make sense. When exposed to negative news stories or stories of discrimination through friends, family, or coworkers, many participants expressed disbelief, hurt, anger, and frustration that it occurred.

Some went on to express concern over what would occur as a result of this, how "...it may affect the whole Muslim community..." as Maha stated. Some participants felt betrayed by the individuals who perpetrated bad deeds in the name of Islam. Many people expressed frustration that the religion they feel to be beautiful was given a bad reputation by a few individuals. The sense of betrayal included these self-identified Muslims committing negative acts, as well as the media, non-Muslim communities, and from within Muslim communities. Latif expressed frustration that, "We need to stop apologizing every time there is a terror attack..." and that we shouldn't apologize to "...please others [*sic*]."

American Muslims seem to have to process everyday occurrences through multiple lenses and layers. This complicated process is rife with a multitude of thoughts and feelings which can sometimes be contradictory. How does one reconcile anger at a self-proclaimed Muslim doing bad things and causing hurt while also saving space to grieve for those who were hurt? It seems that this complicated process is reflective of the reality of being an American Muslim.

Synthesizing

The quantitative data in this study revealed that religious identity and ethnicity were the significant factors in the onset of VT. Specifically, the best predictors for distinguishing between low religious identity and the other two groups (average and high religious identity) are the self-safety, self-esteem, and other-esteem subscales. As scores in the self-safety and self-esteem subscales increase, the participant's religious identity will be lower. The opposite is also true; lower scores in those sub-scales result in higher religious identity scores. It seems that religious identity may be a protecting factor against VT. As scores in the other-esteem subscale increase, the religious identity scores also increase.

For ethnicity, the other-trust, self-esteem, and other-esteem subscales were found to be the best predictor between White and all other ethnicity groups which included Black/African American, South Asian, Asian, Arab, Multi/Mixed Ethnicity, and Self-Identified. As scores on the other-esteem subscale increases, indicating higher disruptions in that need area, the participant is more likely to be White. As scores decrease, the participant is more likely to be a person of color. As scores on the other-trust and self-esteem subscales increase, the participant is more likely to be a person of color.

The qualitative findings revealed nine themes: exposure, emotions, personal responsibility, identity, humanity, media, long term perspective, coping techniques, and cognitive processing. The qualitative responses that were selected were based on quantitative criteria; eight categories were created from the quantitative data which included varying degrees of VT and religious identity and qualitative responses were selected from these categories. In this way, the data were linked. The mixed methods question for this study asked, how do the qualitative data help explain the differences in vicarious trauma in American Muslims? The qualitative responses were used to deepen the understanding of the quantitative findings.

A high proportion of the sample scored in the very high or extremely high range for the TABS. The highest degrees of disturbances were found in the self-safety and other-safety subscales. The qualitative data shed light on this as participants reported feeling less safe and concerned for the safety of their loved ones. The participants' responses support the high levels of disruption in the safety need area.

The quantitative results of this study demonstrate that the sample is experiencing vicarious trauma, or at the very least, disturbances in cognitive need areas (safety, trust, etc).

The qualitative results shed light on how this is occurring by giving evidence of the primary contributors and outcomes of VT: exposure, emotions, and cognitions. Connecting this with Social Identity Theory, participants were asked about their religious identity. The average religious identity for the sample was 35.12 which is in the upper limit of the average religious identity range (15-37). The majority of the sample scored in the average and high religious identity groups. Notably, the high religious identity group comprised 47% of the entire sample. This was reflected in the qualitative sample as participants cited prayer, prophetic example, and patience as tools for coping. Allah (the Arabic word for God) was mentioned six times in the qualitative responses analyzed.

Additionally, 69% of the sample reported as having used one or more Muslim Identifying Factors, making them more visible as Muslims and perhaps serving as an example of the salience of their Muslim identity. In this way, their piece of identity served as a positive (salience of their identity) and a possible negative (making them more visible and possibly easier targets). Social Identity Theory (SIT) posits that social identity can be both a source of positive feelings as well as negative if the identity is part of a low status group (Tajfel & Turner, 1979).

Identity emerged as a theme in the qualitative analysis which supported the quantitative findings. American Muslims in this sample are identifying greatly with their faith, fellow Muslims, and grappling with the complexities of being a Muslim. Many are acutely aware of how they are perceived, with several questioning if they are even seen as human. They are, therefore, aware that they are part of a low power group and this is resulting in negative outcomes for many, including emotional disturbances and cognitive

issues. These findings align with SIT's theorization of the outcomes of belonging to a low power group (Tajfel & Turner, 1979).

The quantitative data show that VT is occurring for American Muslims and the qualitative data paint a picture of why this is happening. Regular exposure to trauma material, coupled with a heightened awareness of their role in society and change, has left American Muslims with a lot to process as they grapple with the multiple pieces of their identity, society, and current events. American Muslims are feeling fear, responsibility, frustration, and both hopeful and pessimistic as they consider the present and future. The challenge seems to be all the different things American Muslims are expected to be, doing, and experience.

Recommendations for Future Research, Practice and Policy

Recommendations for future research, practice, and policy are outlined here. In considering recommendations, it remains important that we reference current standards for the profession. Recommendations from the current study can be aligned with the Multicultural and Social Justice Counseling Competencies (MSJCC), published by the Association for Multicultural Counseling and endorsed by the American Counseling Association. The MSJCC outlines core competencies for counselors, including not only counseling practices but also advocacy, knowledge, and research (Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2015).

Intersectionality is another framework important in the consideration of recommendations. Intersectionality considers how different aspects of our identities interact with each other and how those intersections can either oppress us or afford us privilege. Without taking these intersections into account, we fail to see the person as an individual that

has unique experiences and needs and thus fail to address them appropriately. Introduced by Crenshaw in 1989, intersectionality is a framework that can be applied to social justice analysis and work.

Recommendations for Future Research

The current study used an established concept in a novel way. Future research may continue to flesh out the concept of vicarious trauma and exposure for American Muslims. It would be especially interesting to explore the relationship between amount and type of exposure and VT. Does increased exposure increase the occurrence of VT? Does the type of exposure (media, in person retelling of stories, etc.) affect occurrence of VT?

Future research may focus on just the Self-Safety and Other-Safety scales because these subscales had the highest average for the sample. The qualitative responses reflected this as participants expressed concern for their own safety and their loved ones' safety. If American Muslims do not feel safe, a fundamental human need, how is this affecting other areas of their life?

The current study found an interesting concept of cognitive processing, a process that is complicated for American Muslims as they negotiate pieces of their identity, societal expectations, and current events. This may be an important process to explore to understand how American Muslims work through all these factors and make sense of their experience.

In contrast to previous research, this study did not find a significant relationship between previous personal and vicarious trauma exposure and VT. Future studies may continue to explore this relationship, particularly if religious identity helps to moderate the onset of VT for those who have had previous trauma exposure.

Responses from some participants illustrated struggles of identity and perception. Future research may explore identity formation in American Muslims. Particularly, researching how young American Muslims have internalized the negative social atmosphere would be powerful. To paraphrase an 18 year old participant, she is terrified of her own skin. Having spent much of her life growing up in a post-9/11 world, one can only wonder how she has made sense of this atmosphere. Further, from an intersectionality perspective, it would be important to research the differences in VT at different identity intersections; for example, does a highly religious White woman from a lower socioeconomic background experience higher levels of VT than a highly religious South Asian woman from a higher socioeconomic background? On the other hand, which intersections of identity provide healing and power for participants? Using intersectionality as a framework to conduct this research allows us to view the individual as a whole with all the different pieces of identity that we each have (Crenshaw, 1989).

The need for further research that continues to explore the experience of American Muslims is part of a multicultural and social justice framework. Going beyond the experiences of individuals, research should also address policies and institutional paradigms and how they affect American Muslims (Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2015).

Recommendations for Practice

From the responses participants provided, it seems that empowerment and agency, faith, and community serve as the most powerful tools for healing. American Muslims feel misunderstood and dehumanized. Practitioners working with American Muslims should keep abreast of the current zeitgeist regarding Muslims. Counselors should seek out opportunities

for learning about and engaging with the communities to which their clients belong (Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2015). Media resources that may be used to learn more about American Muslims and Islam include Ahmed & Noorbakhsh's (2015) podcast, "Good Muslim Bad Muslim" and documentaries such as Cabral, Sutcliffe & St. John's (2015) "Terror", Aly, Eid & Mahmud's (2014) "Unmosqued", and Kermani's (2013) "The Life of Muhammad". Pertinent books counselors may read include Aslan's (2011) "No god but God" and Maznavi & Mattu's (2012) "Love Inshallah: The Secret Love Lives of American Muslim Women".

Counselors should also be prepared to discuss the complexities of their clients' identity; the pieces of their identity which afford them privilege and those in which they are marginalized. From an intersectionality perspective, it is at the intersection of these identities that we can understand another person. Without taking into account these multiple aspects of identity, we lose understanding of how they may be affected (Crenshaw, 1989).

Unconditional positive regard, which is the foundation of any counseling relationship, is especially pertinent here, because of the lack of belonging American Muslims may feel. The counseling relationship is especially important here when discussing privilege, power, and oppression. If the counselor belongs to a high power social group, this may affect the counseling relationship. The counselor should be prepared to address this (Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2015).

To further the counseling relationship, counselors should be aware of their own attitudes and biases against Muslims. As discussed in a previous section, a plethora of misinformation exists about Muslims and Islam. A culturally competent counselor should be aware of these attitudes and gain knowledge about Islam, even letting the client educate them

about their faith and challenging their own previously held beliefs (Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2015).

American Muslims in this sample clearly feel unsafe and worry for the safety of others they care for. Counselors should be prepared to discuss behaviors such as hypervigilance and avoidance as these may be an outcome of the loss of safety they may be feeling. Counselors should also be prepared to discuss techniques for increasing feelings of safety and in some cases, the threat of actual harm. A large portion of the sample reported being directly discriminated against and so counselors may work with clients who feel they are targeted or will be targeted. One participant reflected on the three American Muslims who were murdered in Chapel Hill; American Muslims may feel this could happen to them.

Exploring faith and spirituality as coping mechanisms may be appropriate and helpful in counseling sessions. Counselors should be comfortable with addressing faith and spirituality in a counseling session. Connecting individuals with a Muslim community, particularly one that aligns with their specific faith expressions and beliefs is important. These interpersonal processes provide clients with identity and support (Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2015).

Helping the client to explore avenues for advocacy or activism may help them regain their power and voice. Policy changes were voiced by many participants. Counselors should not only have knowledge of how policies affect their clients but also be prepared to advocate with and for policy changes to help clients (Ratts, Singh, Nassar-McMillan, Butler & McCullough, 2015). These changes can include media literacy and education, societal education on Islam, and security procedures that may unduly target American Muslims (e.g. profiling, detainment).

Recommendations for Policy

Many participants expressed concern about current policies and the perception that media, political policies and practices, and discourse in general about Muslims are negatively biased. Participant responses clearly illustrate this perception, along with a sense of the correspondingly negative impacts these perceptions have on American Muslims nationwide. Many participants voiced their desire to be involved in policy change initiatives and some indicated ways in which they have already engaged in such efforts. Thus, American Muslims desire to be involved as change agents and want their voices to be heard in change efforts directed toward discourse and policy.

Some participants stated the need for education. Contemporary US students at large, given the current sociopolitical atmosphere, would benefit from educational lessons and materials (e.g., textbooks and other media) that integrate historic and inter-disciplinary Muslim and Islamic contributions, such as math, architecture, and poetry. Moreover, policies addressing mandatory training within key professions (e.g., law enforcement, education, health care) would ensure that such professionals are compelled to identify and address potential biases they may have through appropriate educational venues.

To that end, changes may include racial profiling processes because American Muslims, or any person of color, may be more likely to be selected. Profiling is often taught within law enforcement as a practice and so these policies need to be revisited. For example, the New York City Police Department engaged in a large scale program of surveillance on Muslim communities. This included targeting mosques, businesses, and student groups. The logic for this was the need to know where Muslims are because the need to investigate potential terror suspects (Shamsi & Murphy, 2014). This logic is based on stereotypes and

fallacies. Since this was brought to light, changes have been made within the NYPD; these changes would be appropriate for law enforcement nationwide.

Policy addressing the ‘War on Terror’ needs to be revisited as Muslims may see this as a war on a community, faith, or them personally. The ‘War on Terror’ has become synonymous with the ‘War on Islam’. A number of participants stressed the need to revisit the constitution, as the foundation of this country, to reconnect with ideals of freedom and inclusion. Policy changes, perhaps, should begin with recommitment to American ideals. An example of such a policy would be the federal government’s “Countering Violent Extremism” program. This program is focused on Muslim communities in the United States and while a comprehensive outline of the program has not been shared, it seems that some of the tactics employed include within community surveillance and the monitoring of youth by teachers, religious leaders, and mental health professionals (Hussain, Currier & Winter, 2015; Shamsi, 2015). Policies such as this stereotype an entire group and risk further alienation. Through policies such as these, Muslims become a problem to manage and in doing so, they are stigmatized within the larger society.

Moreover, with regard to the concern expressed by American Muslim participants about media portrayals as described above, it would seem that policy about training within the media would also be vital. Journalists would benefit from cultural competence training, similarly to that proposed above for human-and-public service professionals. In addition to training for journalists, policy around media accountability could serve to support Constitutional and civil liberties. Finally, policies encouraging more Muslim involvement and presence in the media would help to reduce the levels of bias when reporting on Muslims or Islam.

Although discrimination based on religion is illegal, it continues to occur and the results of this study demonstrate the outcomes. As cited previously in this paper, civil rights infringements reported by American Muslims have steadily increased, from 2,467 in 2006 to 2,728 in 2009 (CAIR, 2007; CAIR, 2009). Data from the FBI supports this; there were 157 hate crimes reported against Muslims in 2011 (FBI, 2011). These statistics are reflected within the results of the current study. Sixty-two percent of the sample reported having been personally discriminated against; 85% reported knowing someone who has. Clearly, discrimination is occurring regardless of laws that forbid. Policy strengthening these laws is important. Policy addressing this should include an easier and more accessible form of reporting these incidents. As one participant stated, he often connects people with the appropriate person if they have been discriminated against. It seems that the resources available to American Muslims may not be readily known.

When addressing policy and structural changes, it remains important to view these through an intersectionality lens. Traditionally, anti-discrimination work and policy has focused on one aspect (e.g. race, gender, socioeconomic status) without taking into account the unique challenges that individuals encounter because we all have multiple pieces of identity, many of which may lead to marginalization (Crenshaw, 1989). For American Muslims, it remains important to view policy changes at the intersections of religious identity, gender (Muslim men are often the targets of anti-terror policies), socioeconomic status (law enforcement often targets poor Muslim communities), and ethnicity (referring again to the concept of ethnoviolence by Helms, Nicolas & Green, 2012).

Contributions and Limitations

The contributions of the study are discussed here, including for research, practice, and policy. The limitations of the study are also elaborated upon. The instrumentation used, the sample demographics, and the nature of qualitative research limit the interpretation of the study.

Contributions

The proposed study is important inasmuch as it contributes to the current body of knowledge on trauma, vicarious trauma, discrimination, and American Muslims. Exploration of VT in a previously unstudied population, American Muslims, strengthens the literature and research of the construct.

The finding that self-safety and other-safety were the most affected need areas in American Muslims is particularly interesting. If American Muslims do not feel safe and do not feel their loved ones are safe, what does that mean in terms of their daily lives? With energy being devoted to feeling safe and making sure their loved ones are safe, how can American Muslims be present in their lives? It seems that they may not be and so are missing out on living joyful engaged lives. Policies have contributed to this, such as airport detainment, and so should be revisited.

The finding that 47% of the sample identified as high religious identity is interesting. Although the sample skewed young, they identified as highly religious and their narratives echoed their self-perception of being just 'American'. This merits further study because often, Islam and American are portrayed as being mutually exclusive. Islam has been pitted against American ideals; in other words, the two cannot coexist. Clearly, this study demonstrates that not only can they coexist but that American Muslims living both of these

sets of ideals. They are creating an identity that values both; it would serve the greater society to learn to do so as well.

Faith was both a source of contention and healing for participants in this study. American Muslims are targeted because of their faith and yet they are finding solace within this faith. To have a piece of identity be both these things must surely result in confusion and a slew of other feelings; the current study supports this as participants discussed the ways in which they are tiring to make sense of everything happening around them.

The current study also presents opportunities for healing that counselors working with American Muslim clients may use. Importantly, a counselor should not assume that the source of the challenges that a Muslim client is experiencing is because of their Muslim identity. Should it become clear that this is the case, however, the current study demonstrates that healing can occur through faith, community, and advocacy.

Limitations

The instrument used to assess VT, the Trauma Attachment and Belief Scale (TABS), had some questions that loaded on multiple factors which reduces the validity of the instrument. This reduces the power of the findings insomuch as is the instrument actually measuring VT? The validity of the TABS is called into question. Further, the complexities of separating trauma from vicarious trauma remain unsolved. For the current study, the two questions asking about the participants' previous exposure to trauma material attempted to control for this.

Limitations for this study include less rich qualitative data as in-person interviews were not utilized. There may be self-selection bias for the respondents. The sample did skew younger, perhaps because participants were asked to complete the survey online and were

recruited through various online avenues. The qualitative portion of the study is limited in generalizability, as all qualitative research may be.

The demographics of the sample, while representative of the larger American Muslim population, lacked a robust number of responses from African American respondents. While corrections were made to address issues with Box's M and Levene's test, the results of the study should be interpreted with caution due to the chance of error. As such, caution should be exercised when interpreting or generalizing the results of this study.

Closing Statement

Similar to previous findings, religious identity was shown to have a significant relationship with trauma outcomes, in this case VT. Religious identity seems to ameliorate the effects of trauma exposure. Religious identity and ethnicity were found to collectively explain 21% of the variance in the model. Qualitative responses from the participants illustrate that they are being regularly exposed to trauma material both through the media and through personal retellings of stories. Empathic engagement is occurring because they identify with these stories as Muslims.

Looking at the results through the lens of CSDT and SIT, American Muslims are being exposed to trauma, are engaging with it, and are experiencing disruption to cognitive need areas as a result. They are aware that the Muslim piece of their identity is under attack and that they are part of a group that has low power status. In their attempts to empower and heal, they vocalized several tools to do so.

Agency, activism, and advocacy emerged as important tools for the sample. This highlights the importance of empowerment and finding a voice in the healing process, which

CSDT has posited as a technique for change (McCann & Pearlman, 1992). Connection to others with similar struggles also remains important in moving forward.

From the results of the current study, the lived experiences of American Muslims can be understood. They are being exposed to trauma material, are engaging with it, and some are experiencing high levels of cognitive need disruption. They are making sense of it through reflection, faith, advocacy, and community. They stand ready to be engaged, active change makers in a society to which they identify and yet this society is holding them at arms-length. This existential dance is causing hurt and trauma yet they wish for a brighter future; if not for themselves, then for those they will leave behind.

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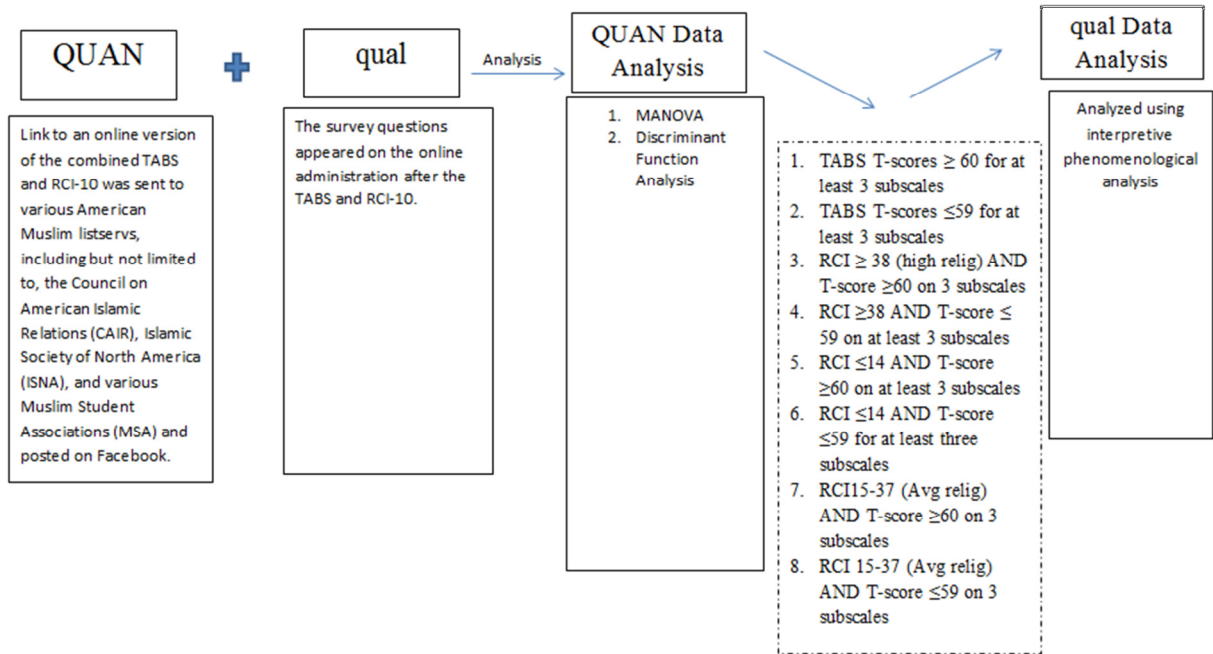
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APPENDICES

Appendix A: Research Design Diagram



Appendix B: Full Survey Battery

Welcome! Thank you for agreeing to participate in the Vicarious Trauma and American Muslims research study.

1. Do you identify as Muslim?
2. Do you live in the United States?
3. How old are you?
4. Please indicate your gender identity. Please select all that apply.
 - a. Male
 - b. Female
 - c. Transgender
 - d. Self-identify (Please indicate in text box below)
5. Which region of the United States do you live in?
 - a. New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont)
 - b. Mid-Atlantic (New Jersey, New York, or Pennsylvania)
 - c. East North Central (Illinois, Indiana, Michigan, Ohio, or Wisconsin)
 - d. West North Central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, or South Dakota)
 - e. South Atlantic (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., or West Virginia)
 - f. East South Central (Alabama, Kentucky, Mississippi, or Tennessee)
 - g. West South Central (Arkansas, Louisiana, Oklahoma, or Texas)
 - h. Mountain (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, or Wyoming)
 - i. Pacific (Alaska, California, Hawaii, Oregon, or Washington)
6. Please indicate your racial and/or ethnic identity. Please select all that apply:
 - a. White
 - b. Black/African American
 - c. Hispanic/Latino
 - d. Asian
 - e. South Asian

- f. Native American
- g. Arab
- h. African
- i. Pacific Islander
- j. Multi/Mixed Ethnicity
- k. Self-identify (Please describe in text box below):

7. Do you ever use/wear any of the following. Please select all that apply:

- a. Hijab
- b. Beard
- c. Keffiyeh/kufiya
- d. Abaya
- e. Niqab
- f. Thawb/Thobe
- g. Taqiyah/Prayer Cap
- h. No I do not

8. Would you agree to be contacted by the primary researcher for a possible follow up telephone interview? If yes, please indicate a preferred form of contact and the information (email or phone number). If you choose no, your responses to this survey remain anonymous. *Please note that you are not required to participate in the follow up interview and should you select yes now, you retain the option to decline if contacted.

-
- a. Yes
 - b. No

9. Do you know anyone (family, friend, coworker, acquaintance) that has experienced discrimination or had a negative experience because of their identity as a Muslim, such as being detained, pulled off an airplane, refused service, vandalism of personal property, or anything similar?

Yes

No

10. Have you personally experienced discrimination or had a negative experience because of your identity as a Muslim, such as being detained, pulled off an airplane, refused service, vandalism of personal property, or anything similar?

Yes

No

Instructions: Welcome. Thank you for your participation in this research study. In responding to the following survey questions, please consider the questions in reference to your indirect experiences - for example, situations you were told about or personally witnessed (such as bad or sad things that have happened to people that you know or that you have seen in the media).

Please select, on a scale of 1 to 6 (1=Disagree strongly, 6=Agree strongly), the number which you feel most clearly matches your own beliefs about yourself and your world.

1. I believe I am safe.
2. I feel threatened by others.
3. I am afraid I will harm myself.
4. The world is dangerous.
5. I would never hurt myself.
6. I can keep myself safe.
7. I feel like people are hurting me all the time.
8. When people I love aren't with me, I believe they are in danger.
9. I am afraid of what I might do to myself.
10. I can't stop worrying about others' safety.
11. When I am alone, I don't feel safe.
12. Even if I think about hurting myself, I won't do it.
13. I feel safe when I am alone.
14. I never think anyone is safe from danger.
15. I worry about what other people will do to me.
16. I could do serious damage to someone.
17. People are wonderful.

18. I believe that someone is going to hurt me.
19. I can control whether I harm others.
20. I don't trust my instincts.
21. I have a hard time making decisions.
22. I often doubt myself.
23. The important people in my life are in danger.
24. I have physically hurt people.
25. My friends are there when I need them.
26. I don't believe what people tell me.
27. I do things that put other people in danger.
28. I can usually figure out what's going on with people.
29. Trusting people is not smart.
30. You can't trust anyone.
31. People shouldn't trust their friends.
32. There is an evil force inside of me.
33. I can trust my own judgment.
34. I have good judgment.
35. People who trust others are stupid.
36. I can make good decisions.
37. I don't feel like I deserve much.
38. I'm not worth much.
39. If people really knew me, they wouldn't like me
40. People don't keep their promises.
41. If I need them, people will come through for me.
42. I like people.
43. Most people are good at heart.
44. Bad things happen to me because I am a bad person.
45. I have bad feelings about myself.
46. I feel good about myself most days.
47. I deserve to have good things happen to me.
48. Most people ruin what they care about.

49. I don't respect the people I know best.
50. People are no good.
51. I often think the worst of others.
52. The world is full of people with mental problems.
53. I am a good person.

Instructions: Read each of the following statements. Using the scale, choose the response that best describes how true each statement is for you.

Not at all true of me	Somewhat true of me	Moderately true of me	Mostly true of me	Totally true of me
1	2	3	4	5

1. I often read books and magazines about my faith.
2. I make financial contributions to my religious organization.
3. I spend time trying to grow in understanding of my faith.
4. Religion is especially important to me because it answers many questions about the meaning of life.
5. My religious beliefs lie behind my whole approach to life.
6. I enjoy spending time with others of my religious affiliation.
7. Religious beliefs influence all my dealings in life.
8. It is important to me to spend periods of time in private religious thought and reflection.
9. I enjoy working in the activities of my religious affiliation.
10. I keep well informed about my local religious group and have some influence in its decisions.

For the following questions, please use as much space as desired to answer them fully in your own words.

1. How many hours a week do you spend watching, listening to or reading the news?
(News networks, non-news sources, blogs, radio, etc.)
2. Which news/current events sources do you follow?
3. What *feelings* do you have when you hear/read negative stories about Muslims on the news?

4. What *thoughts* do you have when you hear/read negative stories about Muslims on the news?
5. How many times a week do you hear stories about discrimination, from:
 - a. Media
 - b. Family, friends or coworkers
6. What *thoughts* do you have when your friends, family members or coworkers tell you stories about discrimination they have experienced?
7. What *feelings* do you have when your friends, family members or coworkers tell you stories about discrimination they have experienced?
8. How do you feel as a Muslim living in the United States?
9. How do you think things need to change?
10. When do you think these changes will happen?

Thank you for your participation in this research study!

If you are in crisis, call 1-800-273-TALK (8255)

To find a counselor in your area:

<http://nbcc.org/counselorfind>

<http://www.counseling.org/aca-community/learn-about-counseling/what-is-counseling/find-a-counselor>

<http://muslimfamilyservices.org/site2/index.php/services/counseling>

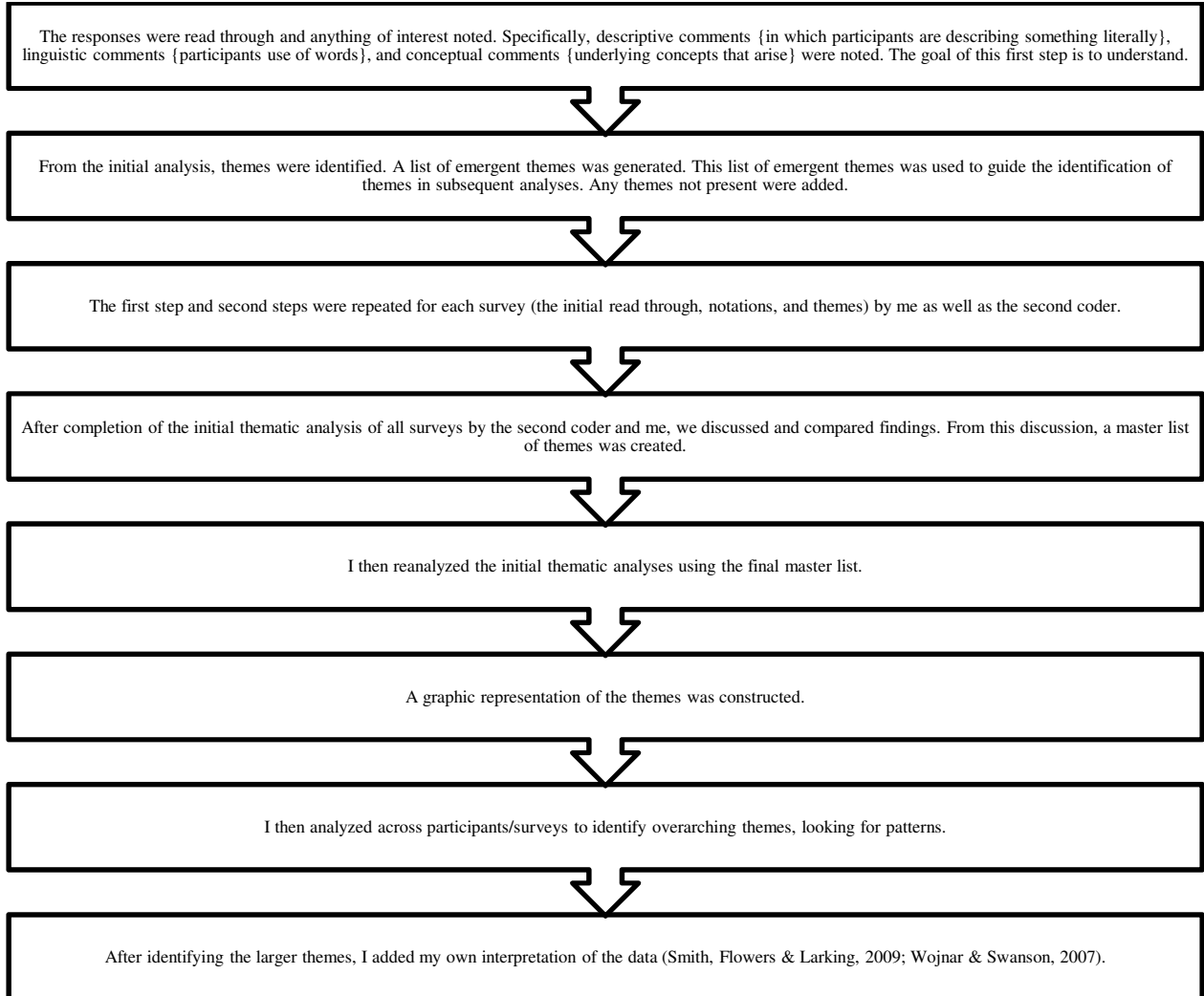
If you do not pursue counseling at this time, we urge you to reach out to a trusted friend or loved one to talk about any distress you may be feeling.

Click here to download the resources noted above. {PDF}

Appendix C: Qualitative Survey Questions and Theoretical Framework

Qualitative Survey Question	Theory/Research Framework
1. How many hours a week do you spend watching, listening to or reading the news? (News networks, non-news sources, blogs, radio, etc.)	The amount of exposure is important because more exposure can lead to greater disturbances (McCann & Pearlman, 1990; McCann & Pearlman, 1992).
2. Which news/current events sources do you follow?	Important because certain news sources are more negative towards American Muslims. The type of exposure they are getting is important.
3. What <i>feelings</i> do you have when you hear/read negative stories about Muslims on the news?	Feelings that arise are reflective of underlying cognitive schemas or need areas. CSDT posits that schemas become tied to specific emotions (McCann & Pearlman, 1992).
4. What <i>thoughts</i> do you have when you hear/read negative stories about Muslims on the news?	The thoughts that arise are reflective of underlying cognitive schemas or need areas (McCann & Pearlman, 1990)
5. How many times a week do you hear stories about discrimination, from: a. Media b. Family, friends or coworkers	The amount of exposure is important because more exposure can lead to greater disturbances (McCann & Pearlman, 1990; McCann & Pearlman, 1992). Additionally, empathic engagement with material may occur more readily when it is someone they know retelling a story. Empathic engagement can occur through verbal retelling of stories (Pearlman & Mac Ian, 1995)
6. What <i>thoughts</i> do you have when your friends, family members or coworkers tell you stories about discrimination they have experienced?	The thoughts that arise are reflective of underlying cognitive schemas or need areas (McCann & Pearlman, 1990).
7. What <i>feelings</i> do you have when your friends, family members or coworkers tell you stories about discrimination they have experienced?	Feelings that arise are reflective of underlying cognitive schemas or need areas. CSDT posits that schemas become tied to specific emotions (McCann & Pearlman, 1992).
8. How do you feel as a Muslim living in the United States?	How they feel about their identity as a Muslim living in the United States; whether they feel part of a low or high power group and the value and emotions tied to that identity (Tajfel, 1981)
9. How do you think things need to change?	Capacity for change measures hope. Mechanisms for change demonstrate their desire to change their status and enact positive social change (Tajfel & Turner, 1979)
10. When do you think these changes will happen?	Measuring hope, which researchers have found VT affects (U.S. DOJ, 1998) and the possibility of positive social change (Tajfel & Turner, 1979)

Appendix D: Qualitative Data Analytic Strategy



Appendix E: Data Analysis

Research Question	Supporting Foundation	Instruments/Data	Analysis	Citation for Analysis
Does strength of religious identity, as measured by the Religious Commitment Inventory (RCI-10) significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?	Religious identity, as a type of social identity, may have an impact on the occurrence of VT insomuch as the individual may identify more strongly with the victim due to this piece of identity. CSDT tells us that empathic engagement may lead to VT.	Religious Commitment Inventory (RCI-10) measured religious identity. The Trauma Attachment and Belief Scale (TABS) measured VT.	MANOVA	Field, A. (2013). Tabachnik, B.G., & Fidell, L.S. (2013).
Does previous <i>personal exposure</i> to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?	Previous exposure to trauma material is cited as a contributing factor to VT as posited by CSDT.	The question, "Have you personally experience discrimination or had a negative experience because of your identity as a Muslim, such as being detained, pulled off an airplane, refused service, vandalism of personal property, or anything similar?" was used to measure personal exposure to traumatic events. The Trauma Attachment and Belief Scale (TABS) measured VT.	MANOVA	Field, A. (2013). Tabachnik, B.G., & Fidell, L.S. (2013).
Does previous <i>vicarious exposure</i> to traumatic events significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?	Previous vicarious exposure to trauma material is cited as a contributing factor to VT as posited by CSDT.	The question, "Do you know anyone (family, friend, coworker, acquaintance) that has experienced discrimination or had a negative experience because of your identity as a Muslim, such as being detained, pulled off an airplane, refused service, vandalism of personal property, or anything similar?" was used to measure vicarious exposure to traumatic events. The Trauma Attachment and Belief Scale (TABS) measured VT.	MANOVA	Field, A. (2013). Tabachnik, B.G., & Fidell, L.S. (2013).

Does the use of Muslim identifying factors significantly affect vicarious trauma as measured by the Trauma Attachment and Belief Scale (TABS)?	Muslim identifying factors, as a reflection of salience of identity, may predict VT as identity and its salience, which may lead to empathic engagement (as posited by CSDT).	Muslim identifying factors were measured by a question asking the participants which common identifiers of Muslim faith they utilized. The Trauma Attachment and Belief Scale (TABS) measured VT.	MANOVA	Field, A. (2013). Tabachnik, B.G., & Fidell, L.S. (2013).
Qualitative: How have American Muslims in the United States experienced VT?	The experiences of American Muslims with vicarious trauma, or lack thereof, are important as they help us understand how they are experiencing this phenomenon.	Ten open-ended questions appeared after the TABS and RCI-10.	Interpretative Phenomenological Analysis	Smith, J.A., Flowers, P., & Larking, M. (2009). Creswell, J. W. (2013).
Mixed Methods: How does the qualitative data help explain the differences in vicarious trauma in American Muslims?	The qualitative data selected in this study is informed by the quantitative findings. The qualitative data will be used to more deeply explore and explain the quantitative findings.		Sequential quantitative-qualitative analysis - forming groups/categories based on quantitative data and then comparing the groups based on qualitative data.	Creswell, J.W., & Plano Clark, V.L. (2011). Onwuegbuzie, A. & Teddlie, C. (2003).

Appendix F: TABS Factor Loading

TABS Factor Loadings						
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Self-Safety						
I believe I am safe.			-0.44			
I feel like people are hurting me all the time.			0.51			
When I am alone, I don't feel safe.			0.68			
I would never hurt myself.						
<i>The world is dangerous.</i>	0.33		0.4			
I can keep myself safe.			-0.43			
I worry about what other people will do to me.			0.71			
Even if I think about hurting myself, I won't do it.						
I feel threatened by others.			0.62			
I am afraid of what I might do to myself.		0.46				
<i>I feel safe when I am alone.</i>		-0.34	-0.61			
I believe that someone is going to hurt me.			0.57			
I am afraid I will harm myself.		0.51				
Other-Safety						
I never think anyone is safe from danger.			0.47			
I could do serious damage to someone.			0.71			
I can't stop worrying about others' safety.			0.65			
<i>I can control whether I harm others.</i>	-0.59			-0.33		
The important people in my life are in danger.			0.35			
When people I love aren't with me, I believe they are in danger.			0.49			
I do things that put other people in danger.						0.63
I have physically hurt people.						0.65
Self-Trust						
I can trust my own judgement.						-0.81
I don't trust my instincts.						0.34
I have a hard time making decisions.						0.61
I have good judgment.						-0.84
I can make good decisions.						
<i>I often doubt myself.</i>				-0.34	0.36	
I can usually figure out what's going on with people.						-0.47

TABS Factor Loadings						
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Other-Trust						
You can't trust anyone.	0.86					
<i>If I need them, people will come through for me.</i>	-0.35	-0.43				
Trusting people is not smart.	0.76					
I don't believe what people tell me.	0.36					
People shouldn't trust their friends.	0.7					
People don't keep their promises.	0.53					
People who trust others are stupid.	0.65					
My friends are there when I need them.				0.33		
Self-Esteem						
I don't feel like I deserve much.	0.66					
I have bad feelings about myself.	0.55					
I feel good about myself most days.	-0.78					
I'm not worth much.	0.8					
I deserve to have good things happen to me.	-0.57					
I am a good person.	-0.35					
Bad things happen to me because I am a bad person.						0.37
There is an evil force inside of me.						0.53
<i>If people really knew me, they wouldn't like me.</i>		0.63				0.38
Other-Esteem						
People are wonderful.				0.72		
Most people ruin what they care about.				-0.54		
I often think the worst of others.				-0.48		
People are no good.				0.81		
I like people.						
The world is full of people with mental problems.	0.45					
Most people are good at heart.				0.68		
I don't respect the people I know best.						0.36
Eigenvalues	12.61	3.25	2.44	2.09	1.86	1.71
Percentage of total variance	7.63	7.57	7.13	6.66	5.36	4.62
Number of test items	10	11	14	8	6	6