

A multi-sectoral evidence synthesis on religious beliefs, intimate partner violence and faith-based interventions

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Systematic Review

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Abstract

In recent decades, more studies have emerged that examine the relationship between religion / spirituality, marital functioning and mental health. The scholarship on domestic violence (DV) / intimate partner violence (IPV) and religion does not appear to have integrated this evidence sufficiently and also lacks a multi-sectoral perspective. Ultimately, evidence from psychology and counselling needs to be bridged with evidence from public health and international development programming and studies in anthropology and sociology. A better integration could help to increase understanding of the multidimensional effects of religious parameters in the experience of DV / IPV and to identify how these effects could be leveraged resourcefully in faith-based interventions at community level and in psychosocial counselling involving victims, survivors and perpetrators in religious contexts. The current synthesis is the result of a systematic review that was conducted to start to bridge this multi-sectoral and multidisciplinary evidence to identify specifically: a) the influence of religious beliefs and experience on the rationalisations, behaviour and mental health of victims, survivors and perpetrators, and b) faith-based interventions in community and psychological counselling and their effectiveness. In pursuing these questions, we aimed to overcome the dominance of western definitions and paradigms of domestic violence or religion by combining evidence from sectors that are more international, such as public health and international development, and studies conducted in low-and middle-income societies that received less attention historically. We especially sought to distance ourselves from rigid understandings of 'religion' in an effort to make the review more relevant to diverse religious traditions and experiences.

1. Introduction

In recent decades, studies have paid considerable attention to the relationship between 'religion', individual mental health and intimate relationships (Baharu et al., 2019; Lakatos and Martos, 2019) (Lakatos & Martos, 2019; Klestzick, 2018; Fattahi and Homabadi, 2017; Pollard et al. 2014; Parker, 2009; Gonzalez, 2001; Clayton, 2000; Mahoney et al., 1999). Existing studies investigate how religious beliefs and practices, often defined under the concept of 'religiosity', influence individuals' sense of forgiveness, loyalty, marital adjustment, level of stress, attitudes to conflict resolution, marital satisfaction and even the likelihood of domestic violence (Cooper, May and Fincham, 2019;. Aman et al., 2019; Roberts, 2018; Fincham and May, 2017; Stafford, 2016; Hatch et al., 2016; Lambert et al. 2010; Reinke, 2006; Ellison and Anderson, 2001). While nuanced, the evidence suggests an important relationship between religious parameters and individual attitudes and behaviours in romantic relationships and how individuals might experience or respond to challenges or adversities associated with marriage or the family.

The scholarship on religion and domestic violence (DV) / intimate partner violence (IPV) does not appear to have integrated fully the evidence on religion, marital functioning and mental health. The literature on DV / IPV and religion also lacks a multi-sectoral perspective, with psychology and counselling insights still needing to be bridged with evidence from programmes in public health and international development and more anthropological and sociological study results. A better integration could help to identify with more specificity the multidimensional effects of religious parameters in the experience of DV

/ IPV and to identify how these effects could be leveraged resourcefully in faith-based approaches to DV / IPV at community level and in psychosocial support provision services involving victims, survivors and perpetrators of DV / IPV in religious contexts. It would also help to identify with more precision what works and what does not in faith-based interventions involving clergy, communities and counsellors. While research on faith-based interventions has expanded in recent decades, studies that identify the causal mechanisms between religious parameters in DV / IPV interventions and their effectiveness are noticeably few.

The current synthesis is the result of a systematic review that was conducted to start to bridge this multi-sectoral and multidisciplinary evidence in order to increase understanding around the influence of religious beliefs and religious experience on the rationalisations, behaviour and mental health of victims and perpetrators of domestic violence and to identify how victims, survivors and perpetrators in religious contexts can be supported better through effective and culturally adapted faith-based interventions. For the purposes of this review, DV / IPV was understood as violence affecting intimate romantic partners and could include all forms of abuses identified by study participants.

The review was led by the following two specific questions:

1. How do religious beliefs and religious experience inform the individual conscience, mental state and behaviour of victims, survivors and perpetrators of intimate partner violence?
2. How effective has it been to integrate religious beliefs and religious experience in intimate partner violence victim, survivor and perpetrator support programmes, counselling and clergy-centred interventions and how can their effectiveness be increased?

We pursued these two questions with the recognition that the dominant evidence on DV / IPV, religion and mental health has historically emanated from western societies. We thus sought to diversify this literature by combining evidence from other sectors, such as public health and international development and studies from low- and middle-income societies (LMICs) in particular that received less attention historically. The main objective of the paper is to provide a synthesis of evidence, to the best of our ability, that can inform how DV/ IPV programmes and approaches can be better adapted to diverse religious communities, contexts and individuals.

1.1. Theoretical premises and methodological challenges

Historically, definitions of 'religion', 'religiosity' or 'spirituality' have remained Eurocentric, reflecting conceptualisations that do not eschew the legacies of Enlightenment experience with theological dogmatism under western Christianity and 19th century secularisation processes. These legacies cannot be elaborated here, but it suffices to note that they have resulted in epistemologies of religion—ways of understanding and studying religious traditions—that have not always been shared by non-western religious societies (Istratii, 2020: chapter 2).

Similar Eurocentric tendencies can be identified in the public health and international development sectors in LMICs and other non-western societies whereby DV / IPV has been approached through single-factor reductionist theories, neglecting important psychological parameters and failing to ground the analysis of the problem in a substantive, ethnographic and people-centred engagement with local worldviews that can indicate relationships between gender, cultural, psychological and other parameters with religious beliefs (Istratii, 2020). While within industrialised societies, attention has been given to the psychological parameters of DV / IPV as much as to gender inequalities, drawing attention to intergenerational violence, psychological trauma and individual personality disorders, within the context of LMIC foreign-led research and practice, the assumption has been that DV / IPV is the outcome of gender asymmetries or culture-condoned pernicious norms and practices (Bowman, 2003; Jakobsen, 2014; 2015; Istratii, 2020). This has fostered tendencies to appraise cultural or institutional parameters as *loci* of female subordination contributing to women's abuse and to focus exclusively or disproportionately on gender-related societal approaches to address the problem, neglecting the influence and potential resourcefulness of religio-cultural parameters in help-seeking attitudes and societal norms contributing to the problem and its mitigation (Narayan, 1977; Volpp, 2005; Istratii, 2020).

Owing to the differences in conceptual and methodological approaches, bridging different scholarships, disciplines and theoretical frameworks together can be challenging. For instance, numerous studies examining the relationship between religious worldviews and DV / IPV are qualitative (anthropological, phenomenological, etc.), while studies in psychology or public health tend to be quantitative (cross-sectional, statistical, diagnostic, etc.). Anthropological or sociological studies often employ multidimensional, nuanced or flexible conceptualisations of 'religion' compared to rigid definitions encountered in psychology studies. On the other hand, international development and public health have shown tendencies to dissect 'religion' into beliefs and practices, to separate 'religion' from 'culture', place it at odds to reason, or bound it in the private sphere, which continue to reflect Eurocentric conceptualisations and experiences mentioned earlier. Such conceptualisations can be unhelpful in real-life contexts, especially in those LMIC contexts where religious traditions are highly salient in social life and are experienced as inextricable from social norms, influencing collective understandings, as well as individual identities and life histories.

The review sought to distance itself from rigid understandings of 'religion' or theories of domestic violence in an effort to become more relevant to diverse religious societies and traditions, especially those found in LMIC contexts. To achieve this, the systematic review tried to capture the influence of beliefs, values or practices that participants related to their religious tradition, religious upbringing or faith experience in their particular socio-cultural contexts.

2. Methods

To assess the available evidence in order to answer the two review questions an Arksey and O'Malley's (2005) scoping review methodology was employed. This approach is useful for determining the state of evidence on an issue which requires further clarification before rigorous empirical studies are developed

and conducted (Constand et al., 2014). It is a five staged process involving defining the research question, identifying relevant studies, study selection, charting the data and collating, summarising and reporting the results (Arksey and O'Malley, 2005).

2.1. Identifying relevant studies

A literature search using the search engines MEDLINE, PubMed, Web of Science, APA PsycINFO, Scopus, CINAHL, International Bibliography of the Social Sciences (IBSS) and Atla Religion Database was performed. Keywords used in the search included domestic violence, intimate partner violence, spousal violence, wife abuse, religion, domestic violence AND religion, OR religion AND intimate relationships AND psychology, religion and intimate partner violence. Use of Boolean operators enabled exploration of a combination of terms. A search was also conducted using Google and Google Scholar to identify studies not published in indexed journals. In addition, the reference list of each article was scrutinised to identify studies that may not have been listed in the searched databases.

In this review we looked first for studies that explored the relationship between religion and DV / IPV from the victim's or perpetrator's perspective and secondly for studies that presented on faith-based interventions with DV / IPV victims and perpetrators involving counsellors, clergy and communities. The review was open to studies from any context in the world, with a focus on non-western societies, religious minority communities in secular contexts or communities where religious traditions or faiths have been known to be prevalent in society, as encountered in many LMIC contexts. The studies read as a result of this review were combined with other relevant studies from anthropology, international development, gender and religious studies, psychology and other disciplines that the authors were aware of to achieve a more comprehensive synthesis of the evidence. Included studies had to be based on empirical data, written in English, and published in a peer reviewed journal between 2000-2020. Papers such as reports, case series, editorials, commentaries were excluded. PhD theses were included only if they presented an empirical study. We also excluded studies on spirituality that did not make explicit reference to participants' religious beliefs and experiences. Within psychological and counselling studies, 'religion' and 'spirituality' are sometimes used interchangeably or together, with spirituality being typically conceptualised in more existential ways, and religiosity or religious belief being conceptualised as a subset of spirituality. While spiritual-existential concerns and understandings can influence the conscience, mental health and behaviour of individuals in intimate relationships with important implications for victims, survivors and perpetrators of DV / IPV, such experiences extended beyond the scope of this systematic review and were excluded.

2.2. Selection of Studies

The initial search resulted in the identification of 2,381 potentially relevant studies. Removal of duplicates resulted in reducing the number to 1,722. Initial screening of the articles resulted in the further removal of 1,495. A total of 227 articles were retrieved (130 under question 1 and 97 under question 2), and review of title and abstracts of each study resulted in removal of another 158 irrelevant studies, with 28 studies under question 1 and 41 studies under question 2 remaining. The full text for these studies was retrieved

and both authors read these articles to determine inclusion as shown in PRISMA chart in Figure 1. An additional 11 studies were included on the themes of religion, domestic violence from other disciplines that the authors were aware of but did not show on the search. Titles and abstracts of articles were independently reviewed by the authors. If articles were representative of the inclusion criteria, the articles went through two full-text independent reviews by the authors.

2.3. Charting data

A data extraction template was constructed and used to record relevant information such as purpose, research design, sampling method, sample characteristics, data collection method, method of data analysis, the results of the study, limitations and comments. Data were systematically charted in Microsoft Excel.

2.4. Collating, summarising and reporting results

The findings of the review are presented under appropriate headings in the following section. The data was extracted differently depending on whether it was extracted from qualitative or quantitative studies. The studies were grouped thematically and summarised with emphasis being placed on study objectives, context, key findings and limitations.

3. Results

The reviewed studies are presented in two sections, which reflect the two questions driving the review. The first section presents the evidence on the influence of religious beliefs on victim, survivor and perpetrator psychology and behaviour, placing attention to specific mechanisms that relate faith to (un)helpful help-seeking and coping responses by victims, survivors and un(helpful) rationalisations by perpetrators.

The second section presents the evidence on faith-based interventions that engage congregations and clergy in religious spaces and community settings or involve victims, survivors and perpetrators directly, such as in individual counselling or perpetrator treatment groups. The studies presented specific faith-based programmes or interventions with clergy, faith-sensitive approaches involving therapists, psychologists, social workers and other domestic violence practitioners, and international development and public health programmes involving faith actors and communities. In the presentation of the evidence, emphasis is placed on the ways in which religious parameters were integrated in these interventions, the effectiveness of this integration and strategies for improving effectiveness.

3.1. The influence of religious beliefs on victims, survivors and perpetrators of Domestic Violence / Intimate Partner Violence

3.1.1 Types and focus of studies

Studies in this thematic category came from the USA, Brazil, India, Indonesia, Iran, Israel, Pakistan, South Africa and Zimbabwe. Most studies were conducted in a community setting, with the majority being quantitative cross-sectional studies, although the sample also included a large number of qualitative studies. A large majority explored the relationship between spirituality, resilience and IPV (de la Rosa et al., 2015) the relationship between IPV and suicidal ideation (Fischer et al., 2016), help-seeking behaviours (Tonsing and Barn, 2020), and coping strategies used by women to manage and cope with IPV (Bhandari, 2019; Chadambuka, 2020; Drumm et al., 2014; Katerndahl et al., 2015; Levitt et al., 2015; MI et al., 2010; Tonsing and Barn, 2020; Zakar, Zakar and Kraemer, 2012). Numerous other studies looked at the influence of religious beliefs and practices on IPV perpetration (Adjei and Mpiani, 2020; De Bernardin Gonçalves et al., 2020; Ghodrati, Yazdanpanahi and Akbarzadeh, 2019; Lynch and Renzetti, 2020; Sowan-Basheer and Weinberg, 2020; Todhunter et al., 2010; Zavala and Muniz, 2020).

A major proportion of the available studies engaged with the effects of religious beliefs and spirituality on victims' and survivors' rationalisations of the violence they experienced, their psychological and mental states and their help-seeking and coping strategies (Tonsing and Barn, 2020; Chadambuka, 2020; Adjei and Mpiani, 2020; Bhandari, 2019; Fischer et al., 2016; Rasool and Suleman, 2016; Katerndahl et al., 2015; Drumm, et al., 2014; Knickmeyer et al., 2010; Sharp, 2010; Khng et al., 2009; Popescu, et al., 2009; Wang et al., 2009). Considerably fewer studies explored similar questions with or including perpetrators, but some existed in the sample (Lynch and Renzetti, 2020; Adjei and Mpiani, 2020).

3.1.2 Key findings

3.1.2.1 Effects of faith or religiosity on how individuals respond to or engage in victimisation, violence or conflict

As early as 2001, Ellison and Anderson published a study that involved adults in the US, which found that regular religious attendance was inversely associated with the perpetration of IPV. Among men, this protective effect was evident only for weekly attenders, whereas among women, the protective effect also surfaced for monthly attenders. Another study from the US by Wang et al. (2009) examined the religious beliefs and practices in relation to IPV experiences of 1,476 randomly selected Christian women. Findings suggest that women as well as their intimate partners who reported attending church more regularly were less likely to perpetrate or experience IPV. Women who had abusive partners at the time of the study or previously reported that while their church communities were less accepting of divorce in cases of DV, they had found that strength in God to find the courage to leave.

In an attempt to understand better what aspects of religious experience can serve as a protective or deterrent factor in DV, scholars have attempted to capture the effects of specific religious practices, such as prayer or both partners being religious. For example, Sharp (2010) conducted a study that involved a sample of 62 current and former victims of IPV from a wide range of religious, socioeconomic, ethnic, racial, and geographical backgrounds in the US and found that prayer served as an imaginary social

support interaction that provided individuals with resources to perform individual emotion management strategies. This could overall act as a positive resource for preventing IPV.

Austin and Falconier (2013), in turn, examined whether spirituality and dyadic coping protected partners from becoming psychologically aggressive toward each other. The study included 114 adult Latino partners, living together for at least 1 year, the majority of whom identified as Catholic. The researchers found that each partner's spirituality had a direct negative effect on their own psychological aggression and a direct positive effect on their own supportive dyadic coping and the couple's common dyadic coping. Moreover, each partner's spirituality also had an indirect effect on both partners' psychological aggression through increases in the couple's common dyadic coping. However, supportive dyadic coping was not found to mediate the relation between spirituality and psychological aggression. In another study, religious beliefs and practices among American Catholic and Orthodox Christian families (such as prayer and attending worship services) were related to seeking forgiveness and to resolving conflict in order to build and maintain unified and harmonious family relationships (White et al., 2018).

More recently, Zavala and Muniz (2020) conducted a study to determine whether religious involvement could reduce IPV victimization indirectly through the three elements of routine activities theory: motivated offenders, target suitability, and capable guardianship. The study involved 4,126 college students, who comprised the American subsample of the International Dating Violence Study. The authors found that participants with higher levels of religious involvement were less likely to report IPV victimisation but overall concluded that IPV victimisation could be reduced using faith-based strategies, such as religious counselling or preventive and intervention programmes that increase prosocial bonds between partners.

The evidence emerging outside the US and Europe moves along similar lines, suggesting a potentially positive effect of religious experience and faith on IPV, whilst evidencing that religious couples do not eschew violence. For example, Ghodrati et al. (2019) investigated the relationship between religious attitudes and DV against women in Iran. The study involved 210 Muslim participants from Shiraz selected from health centres. The researchers found that in cases with high levels of religious attitudes, the violence was reported to be lower, whilst the most severe violence was observed against participants with moderate religious attitudes. In Brazil, De Bernardin Gonçalves et al. (2020) explored whether religiosity was associated or not with diminishing violence in a Brazilian population-based representative sample. The study seemed to concur an inverse relationship between religiosity and violent outcomes, which was mediated by alcohol consumption. More specifically, individuals with a religious affiliation were found to be less involved in fights and detention and those who considered religion important in their lives were less involved in fights.

Some of the available evidence is more psychologically grounded, relating religious imagery to attachment theory and IPV. Certain studies have suggested that individual reliance on and appraisal of God as an attachment figure is not unrelated to attachment models that individuals develop through relationships with other humans in their life. Scholarly opinions vary on whether the relationship is one of correspondence (whereby attachment patterns with humans correspond to attachment patterns in

individuals' experiences of God) or compensation (whereby attachment patterns with humans and God do not correspond because God functions as a substitute attachment figure). For example, Birgegard and Granqvist (2004) found that individuals who developed secure parent-internal working models tended to display more secure relationships to God. Hall et al. (2009) argued that correspondence operated at implicit levels of spiritual experience, finding that human attachment patterns were not associated with explicit spiritual functioning. Pollard, Riggs and Hook (2014) found that attachment avoidance was most strongly linked to the lack of a secure, positive relationship to God, but attachment avoidance could be less detrimental to marital functioning when the individual used more positive religious coping strategies.

3.1.2.2 Studies with victims and survivors

Studies exploring women's responses to DV / IPV from the perspective of their faith are abundant and generally agree on a dual influence of religious beliefs on victims' and survivors' help-seeking attitudes and coping. While many victims may hesitate to leave an abusive situation as a result of what they understand as religious interpretations or standards, they generally report also finding support in their faith in order to cope and to become more resilient.

The study by Popescu et al. (2009) specifically explored religious belief-based barriers that deterred women IPV survivors in a conservative Christian community in the US from changing their circumstances. The sample consisted of 42 adult women who self-identified as a current or former Seventh-day Adventist and had experienced an abusive intimate partner relationship. Nearly all of the women in this sample (93%) held at least one belief-based barrier, which included beliefs about marriage and divorce, stereotypes about Christians, and beliefs about Christian gender roles. The study observed that such beliefs were externally reinforced by other people in their lives, such as clergy, church members, family members, and partners resulting in holding them in abusive relationships.

Khng et al. (2009) also explored factors that influenced women's decision making in their process of leaving their abusive relationships, this time in an Indonesian sample. Study participants included eight abused wives from three different ethnic groups in Singapore, among whom two were Muslim, two Roman Catholic and one Buddhist. The study found that at the level of the exosystem / external factors, personal religious faith had a great influence on the women's process of leaving. A realisation that the relationship cannot improve and will always stay abusive and that their abusive experiences are affecting their children were reported to influence women's decision to leave abusive relationships.

Zakar et al. (2012), in turn, explored coping strategies adopted by women victims of IPV in Pakistan. The study involved 21 married women of reproductive age (15-49 years) with experience of IPV all of whom were Muslim from the lower economic class. It was found that women used a combination of strategies to cope with violence, the majority of which were positive and helpful. One emotion-focused strategy was described as increased engagement in individual religious activities. Along similar lines, Drumm et al. (2014) explored the spiritual coping processes for surviving and healing used by 41 adult Christian women victims of IPV who self-identified as a current or former Seventh-day Adventist. The analysis

suggested that women moved from coping to building resilience and healing, which suggested a potentially empowering role for faithfulness and religious belief in psychosocial support provision.

In a different study context, Katerndahl et al. (2015) assessed the impact of spiritual symptoms and religious coping on attitudinal, behavioural and clinical outcomes among women in violent relationships. Adult women were recruited from six care clinics, who came primarily from the low economic classes and the Hispanic population. This study found that religious and spiritual factors had a consistently negative effect on clinical outcomes while the use of spiritual resources had variable effects. In this study, religious coping was only associated with staying in the relationship.

De la Rosa et al. (2016) examined the correlation between spirituality, resilience, and IPV among Mexican American women born in Mexico. The study included 54 women with experience of some type of violence from an intimate partner or ex-partner in the past 6 months residing in three different domestic violence shelters. Their religious affiliation was Roman Catholic (47%) and Evangelical Christian (30%). The study found that higher levels of spirituality were correlated with increased resilience with 71% of the variance in resilience scores being explained by spirituality and the other controlled variables. Increased time spent in a shelter was associated with an increase in reported spirituality after controlling for education ($\beta = -.12$, $SE = .05$, $p \leq .05$). Higher levels of perception of spirituality were associated with fewer types of abuse experienced ($Exp[\beta] = 1.02$, $p \leq .02$) after controlling for resilience and education.

A study among abused Fijian women by Tonsing and Barn (2020) also explored help-seeking behaviours and practices and the role of religiosity as a coping strategy. The study sample included 8 Fijian women in abusive relationships aged 18 and above with children. In the interviews conducted the women did not justify IPV by cultural or religious justifications and reported often seeking help first from religious personnel, as opposed to secular domestic violence services. The authors explained that the women utilised their agency to cope with their situation through their faith and personal relationship with God, reading the Bible, praying, and having faith in God as main coping strategies.

Adjei and Mpiani (2020) explored the influence of religious beliefs and practices on the perpetration of husband-to-wife abuse and the entrapment of victims in Ghana. The study involved 40 participants, including 16 women with experiences of physical and / or sexual abuse from current or past marital partner and 16 men who had inflicted physical and / or sexual abuse on a current or past marital partner and 8 key informants (police, traditional elders, religious leaders, social and local government workers) from rural and urban Ghana, with the majority being identified as Christians. As a more negative outcome, the authors found that perpetrators constructed husbands' conjugal authority over their wives in terms of prescriptive religious norms, while victims constructed their entrapment in abusive relationships in terms of proscriptive theology of divorce in the bible.

Chadambuka (2020) explored the strategies that women in rural areas used to manage and cope with IPV in Zimbabwe. The study included 25 women who had experienced IPV and had left abusive relationships and 7 key informants (nurse, police officer, two village heads, one gender officer and one social worker). The study identified two types of coping mechanisms: culture-based coping mechanisms (e.g.,

acceptance and placating; self-blame; defiance) and religious-based coping mechanisms (e.g., pastoral mediation and prayers).

A few studies took a more psychologically-grounded approach in their assessment. For example, Fischer et al. (2016) examined existential and religious well-being as two potential protective factors in the IPV-suicidal ideation link in a sample of African American women in the US. The study included 111 African American women of low socioeconomic status between the ages of 18 and 56, who presented to a large public sector hospital for medical or psychiatric reasons. The study confirmed a direct and positive effect of IPV on suicidal ideation and found that existential well-being was a mediator of this relationship. However, religious well-being was not found to serve a similar mediating purpose, pointing to the significant importance of holistic well-being.

Bhandari (2019), in turn, focussed on the coping strategies of women in India using a problem-focused and emotion-focused conceptual framework. The study involved 21 abused women over 18 who had been abused by an intimate partner and then sought help from agencies serving DV victims and had the following religious affiliations: Hindu (n = 13), Buddhist (n = 5), Muslim (n = 2), and Christian (n = 1). Five themes emerged into problem-focused and emotion-focused coping strategies. Pertinent to this review, emotion-focussed coping strategies included: (c) spirituality (d) hope that the abuser will change, keeping quiet, crying a lot, and keeping oneself busy.

Other studies examined IPV attitudes and responses engaging religious communities. For example, MI et al. (2010) explored patterns of victimisation and coping in a conservative Christian denomination in the US. This was a cross-sectional study involving 1,823 female and male participants in a community setting, 68% of whom identified as conservative in terms of their religious practice. The study found that negative coping was significantly predicted by childhood victimisation and current victimisation and that religiosity had a small protective effect against negative coping—which disappeared completely when childhood victimisation was taken into account. Witnessing parental violence was also a strong predictor for negative coping, with its effect being slightly diminished by current victimisation. Band-Winterstein and Tuito (2018) explored how ultra-Orthodox Jewish women in Israel affected by IPV experienced the spouse selection process. Most of them felt that it was the matchmaker's fault for putting them into violent relationships. They did not refer to any personal and interpersonal relationships or intergenerational transmission of violence related factors as a reason for their experiences of being in a violent relationship but felt that it was the matchmaker and system's fault that put them in the specific situation.

Another study relied on interviews with 24 social workers in daily contact with Haredi women experiencing IPV (Band-Winterstein and Freund, 2016). Findings suggested that religion was used as a double edge sword and that women experienced emotional as well as spiritual violence where the husband used religion to not only justify the violence but also to control the woman. Evidence from more sociological studies of domestic violence suggest that religious women who experience husband abuse might tend to endure and to forgive it, often as a direct result of how they understand and embody

religious teachings or vernacular religious traditions (Shaikh, 2007; Merry, 2009, 68; Mardsen, 2014; Nason-Clark et al., chapter 2). At the same time, female victims may resort to religious beliefs to condemn the abuse and through their ordeals may acquire a more justice-oriented understanding of their faith, helping them to address the harmful situation (Shaikh, 2007; Johnson, 2015).

3.1.2.3 Studies with perpetrators and the general male population

Studies involving perpetrators or the male population more generally were fewer in the sample. In one of the studies reviewed, Hayati et al. (2014) explored men's views on masculinity and the use of violence within marriage in order to gain knowledge on how to engage men in prevention of DV in rural Indonesia. The study involved holding focused group discussions with 44 male community leaders. The authors identified three different groups of men with different positions of masculinity and thoughts about gender and attitudes towards violence in marriage: the traditionalist (with higher acceptance of DVA as a tool to uphold men's position in marriage), the pragmatist (who believed DVA was undesirable but sometime necessary to correct the wife's behaviour), and the egalitarian (who saw men and women as equal and complementary to each other and felt DVA was unacceptable).

Another study investigated the interactive effects of alcohol use, hostile sexism, and religious self-regulation on male-perpetrated IPV (Lynch and Renzetti, 2020). The study involved 255 male, aged 18 or older, living in the US. With regard to religious self-regulation, the authors found that introjected religious self-regulation (when religious behaviour is performed because of pressure of others and external influences rather than personal positive motive) was positively associated with hostile sexism and positively associated with perpetrating physical IPV. Identified religious self-regulation was negatively associated with physical violence perpetration. The implication of the study was that alcohol abuse elevated the risk for physical violence perpetration among men high in introjected religious self-regulation and low in hostile sexism, and reduced the risk for perpetration in men high in identified religious self-regulation and low in hostile sexism.

As it was mentioned earlier, Adjei and Mpiani (2020) found that in Ghana perpetrators employed a prescriptive theology of male headship and authority in marriage, which was related to IPV. Additional insights emerge from within religious, gender, anthropological and sociological studies from the US, Canada, South Africa and other contexts. These suggest that some abusive men may have distorted understandings of religious teachings, not unrelated to the family environment they grew up in, which they could use to justify their abusiveness (Shaikh 2007; Johnson 2015; Nason-Clark et al. 2018: chapter 3).

3.2 Faith-based interventions for Domestic Violence / Intimate Partner Violence and their effectiveness

3.2.1 Focus of the studies

Forty one studies discussed DV / IPV faith-based interventions. The majority of the studies investigated current understandings, attitudes and responses to the problem among clergy in different communities, including female clergies, Black Church clergies, clergy in Latino migrant communities, etc. These studies did not discuss any particular intervention, but documented rather the current level of preparedness amongst clergy to respond to DV / IPV in an informed manner, how clergy understood and addressed distorted understandings of religious tenets, their willingness and confidence to collaborate with secular providers, and other parameters (Behnke et al., 2012; Brade and Bent-Goodley, 2009; Choi, 2015; Choi and Cramer, 2016; Gezinski et al., 2019; Kassas et al., 2020; Levitt et al., 2006; McAllister and Roberts-Lewis, 2010; Petersen, 2009; Shannon-Lewy & Dull, 2005; Shaw et al., 2020; Sisselman-Borgia and Bonanno, 2017; Moon and Shim, 2010).

The most relevant studies to this review presented specific faith-based programmes or interventions involving clergy and their congregations (Bernardi and Steyn, 2020; Choi et al., 2017; 2019; Danielson et al., 2009; Davis et al., 2020; Drumm et al., 2018; Fisher-Townsend et al., 2009; Hancock et al., 2014; Kim and Menzie, 2015; Stennis et al., 2015), examined impediments and resourcefulness in faith-secular collaborative approaches (DD, 2010; Yoder, 2017) and looked at how theological language and teachings could become useful or might need to be specifically addressed/challenged in DV interventions (Jankowski et al., 2018; Westenberg, 2017).

Another set of studies, primarily from the field of counselling psychology presented approaches involving therapists, psychologists, social workers and other domestic violence practitioners. These studies discussed techniques in individual or marital counselling/therapy integrating religious beliefs or spirituality (Hodge, 2005; Hook, 2010; Marterella and Brock, 2008; Pandya, 2017), presented or evaluated a particular faith-based counselling programme or therapy approach and its impacts (Hook et al., 2014; Ronel and Claridge, 2003; Ronel and Tim, 2003), or examined the receptiveness of faith-based counselling approaches for religious/highly religious versus non-religious clients (Fowler et al., 2011; Ripley et al., 2001).

A final group of studies regarded international development, public health and community-based interventions and presented approaches followed by development or community organisations or faith-based initiatives implemented with communities internationally (de Roure and Capraro, 2016; Le Roux and Bowers Du Toit, 2017; Le Roux et al., 2016; Le Roux et al., 2020; Le Roux & Loots, 2017; Petersen, 2016).

3.2.2 Key findings

3.2.2.1 Interventions involving clergy

A common reference for the scholarship that looks at faith-based interventions involving clergy is the understanding that religious personnel, the discourses they use and their responses to communities can both contribute to the continuation of the problem of domestic violence and serve as a positive influence in efforts to address the problem. While the level of awareness and preparedness among clergy to

respond to domestic violence has improved in the past decades, problems and challenges remain. The existing evidence suggests the need for more customised, theology-specific training for clergy and for building more religious-secular equitable collaborations.

A literature review conducted by Shannon-Lewya and Dull published in 2005 that looked at how Christian clergy in the US can be a resource to victims of domestic violence found that clergy have different levels of understanding and preparedness, and that often their understanding of theology and exegesis could hinder them from responding to victims in ways that minimise the risk of being abused. The authors cited studies with American Protestant clergy, which found that the involved clergy still upheld hierarchical understandings of gender relations by bestowing husbands' authority over wives, which could contribute to a tolerance of women's abuse in marriage. Other beliefs, such as that suffering is virtuous or that marriage is sacred and indissoluble were also identified as exacerbating or contributing to an ambiance of tolerance and unresponsiveness to situations of DV / IPV.

An article by Levitt and Ware published in 2006 examined the perspectives of religious leaders from Jewish, Christian and Muslim traditions on marriage, divorce and IPV, finding that there were tensions between the perceived sacredness of marriage and the need for divorce in cases of domestic violence. Moreover, the article reported that while the majority of the interviewed clergy held the men responsible for most of the abuse, they still placed some responsibility on women either for inciting the situation or for staying in the relationship, which could overall contribute to an insufficient level of responsiveness to victims.

Studies that examine clergy perceptions and responses to domestic violence in their congregations generally recognise shortfalls in their preparedness and the need for more training. For example, the study by Brade and Bent-Goodley (2009), which involved Protestant religious leaders, found that clergy perceived the problem of domestic violence to be salient in their communities and held that additional training and resources on domestic violence were needed. The study seemed to imply that partnerships between social workers and clergy were needed to achieve a more adequate response. Along similar lines, a study by Moon and Shim (2010) that examined nine protestant pastors' perceptions of and responses to IPV found that pastors tried to support victims and even couples together and would not hesitate to support divorce if necessary. The analysis of the interviews evidenced that many participants' hesitation to speak about IPV was related to their feeling unprepared to respond to the problem with confidence, for example, due to lacking training or resources.

A study by Sisselman-Borgia and Bonanno (2017), in turn, examined Rabbis' opinions about and responses to domestic violence. As in an aforementioned study, the participants were very willing to help, but felt unequipped to provide appropriate counselling support. A 2019 study by Gezinski et al. on the lived experiences of IPV victims who approached their religious leaders for guidance in a community of Latter-Day Saints, found again that generally pastors were unprepared to respond to IPV in an informed manner, placing faith first and limiting their support to prayer and to encouraging church attendance. The study highlighted the need for comprehensive training for religious leaders, education that recognises the

impacts of trauma and that teaches religious leaders practical, trauma-informed approaches for addressing IPV. A more recent study by Shaw et al. (2020) that explored Black female clergy's role as responders to IPV among Black women in their congregation in the USA found that female clergy considered it their responsibility to care for domestic violence victims and sought to provide holistic, culturally-sensitive support. However, they felt that they had limited support from the wider Church they affiliated with and limited external resources to rely on.

Similar results emerged in studies with migrant populations. A study by Behnke, Ames and Hancock (2012) examined 28 US Latino church lay clergy and pastors' beliefs about domestic violence and their reactions to three domestic violence vignettes to explore how they might react. Their responses included actions such as providing counselling to both victims and perpetrators, offering spiritual guidance, suggesting legal action, referring victims to other community services to protect them from risks and providing job-related advice. While many responses were constructive and genuinely concerned, other suggestions for action evidenced the clergy's limited familiarity with safeguarding risks, as seen wanting to advise a perpetrator while still living with the abused party.

A survey conducted by Choi (2015) with 152 Korean American Protestant clergy in their congregations found that the majority of respondents reported providing counselling support to IPV victims, although one third reported they had never referred IPV victims to additional / external resources. Only 16% felt prepared to respond to domestic violence in their communities, which evidenced the need for more training for clergy to understand how domestic violence manifests in their specific cultural context and how it might be addressed. Another study by Choi and Cramer (2016) this time with Korean American lay men and women recruited from Protestant Korean Churches evidenced expectations in the community for the Churches to play a central role in addressing domestic violence. The authors also importantly noted that participants' understandings of theology in migrant contexts could reflect influences from the host society's religious tradition (in this case, evangelical Protestantism) and not always or necessarily the effect of the home 'culture.'

One of the few studies that took place outside of the US was completed by Petersen (2009), who explored the challenges experienced by selected clergy within the Anglican Church of South Africa in dealing with domestic violence. The study found that the clergy felt that they lacked training in addressing real-life domestic violence situations and clear theological guidelines on how to respond to prevalent patriarchal practices or beliefs in their society that contributed to the problem. In another paper, Kassas, Abdelnour and Makhoul (2020) conducted in-depth interviews with 13 male religious leaders from various religious denominations in Lebanon. In line with studies from more tradition-oriented religious societies, the authors found that the religious leaders were very much involved in addressing family-related problems in their communities and that providing the clergy with proper counselling training and information on referral options could become part of an effective society-wide response to domestic violence.

In a paper published in 2016, Le Roux et al. presented a synthesis of primary data and findings from studies conducted in six African countries and Myanmar focussing on faith leadership and models of

partnership with other sectors in addressing domestic violence. The studies had been funded by UK Aid via DFID, the UK government, Tearfund and World Vision and involved primarily Christian communities. Some of the key findings included: communities' own recognition for the role that faith and religious leaders should play in addressing gender-related issues, the difficulty for faith leaders to separate religious teachings from cultural standards, and the tendency of religious leaders to interpret sacred texts in a rigid manner that could be conducive to the problem and its continuation. A cited study from DRC, for example, found that members of faith communities felt compelled to comply with religious leaders and their positions, such as regarding hitting one's wife or sleeping with her when she did not want to. This motivation was also strong with those who did not belong to these faith communities, evidencing the influence that religious leaders have in shaping public attitudes more generally. The overall evidence suggested that people did not consider faith leaders to be well-disposed or equipped to respond effectively to victims of sexual and gender-based violence (SGBV). The paper noted the need for multi-level engagement and integration and equipping clergy with theological knowledge to move towards interpretations that promote gender justice. However, any such engagement and support for clergy would need to be sustained over time to ensure personal change and move beyond approaches based on a mere assimilation of information.

In another study published in 2017, Le Roux and Bowers-Du Toit drew on data collected during a scoping study on the role of faith communities and organisations in the prevention and response to sexual and gender based violence. The review included academic and gray literature, as well as organisational reports, research reports, internal evaluations, manuals, and pamphlets and was accompanied by 20 key stakeholder interviews and an electronic survey involving faith and gender-based violence (GBV) specialists around the world. The findings from the consultations emphasised the faith leaders' complicity within the continuation of patriarchal traditions, leading to the misinterpretation of sacred texts, the double role of religion in serving as a support and healing system for victims but also making them vulnerable as a result of certain misplaced beliefs about how a 'good' religious person should respond to abuse, and the clergy's disbelief or lack of awareness of the extent of GBV in their communities. However, the overall evidence confirmed that clergy are often willing to address the problem, but they may feel unequipped to do so and may need continuous training and support to be effective.

Examples and effectiveness

The literature on clergy-centred interventions that address DV is substantial. The public health and international development sectors also include numerous examples of faith-based and clergy-centred approaches implemented at community level. Most assessments of such programmes are qualitative, with a visible dearth of studies that sought to evaluate programme effectiveness using more quantitative methodologies, such as randomised controlled trials.

In a 2009 paper, Danielson et al. presented the Set Free Ministries programme, a comprehensive faith-centred domestic violence programme initiated by four women attending Moody Church in Chicago,

Illinois, who found the need to address domestic violence in their congregation and to support female victims of childhood abuse. The programme focused on providing mothers with support in the context of domestic violence, although it recognised the need to work also with perpetrators in order to reduce the likelihood of intergenerational violence. In its implementation, the programme incorporated faith-based healing through prayer, the Bible, support from the wider community and referral to other community resources. In terms of prevention, the programme included the provision of training to families and pastors to help develop healthy individual identities and relationships. Direct services provided by the programme included operating a hotline crisis response line, conducting risk assessments for the women seeking support, planning for the women's physical, spiritual and emotional safety, operating a women's recovery support group, holding individual counselling sessions and offering social support at court hearings.

The Religion and Violence e-Learning (RAVE) programme could be considered another such intervention. RAVE was established as an innovative online platform for the delivery of DV training and resources for clergy and congregations developed on the basis of many years of research by the authors and their colleagues at the University of New Brunswick in Canada. According to its creators, the RAVE website has served as an online training venue for religious leaders, and others working in domestic violence responses publishing training materials that are adapted to the needs of clergy, social workers, affected individuals and other interest groups. Another aim of the RAVE programme has been to promote more partnerships between secular and religious stakeholders for a more effective response to domestic violence.

In a 2014 article, Hancock, Ames and Behnke described a project designed to stimulate and support appropriate responses to family violence in rural immigrant churches in the USA. The project team implemented a community-based participatory research approach by involving relevant stakeholders and by proceeding in culturally-relevant ways. In order to achieve this cultural sensitivity the programme sought to promote women's protection without undermining the traditional position of the father and husband in the community, which required developing a biblically-informed approach that held men accountable of the abuse and encouraged behavioural change on men's part. As a way of assessing this intervention, the authors conducted a post-test data collection that enquired about the pastors' learning before and after the intervention. The survey indicated that most of the pastors had been receptive to the content and planned to incorporate it into their church work, but some felt that they needed more training on how to speak to and help abused women. This implied that following up the intervention with continuing support for pastors would be needed to contribute to more effective outcomes.

In another paper, Kim and Menzie (2015) presented and reviewed Shimtuh, a Korean domestic violence and sexual assault programme located in the San Francisco Bay area, and its collaborative models with secular organisations. The programme reached primarily Christian and Buddhist communities and comprised direct services and advocacy for women and children affected by domestic violence, and community organising and engagement to change norms that contributed to the problem and its continuation. Among other activities, the programme delivered a two-day annual domestic violence

training to faith leaders, which was bilingual and culturally adapted. Leveraging on their role as social change agents, Shimtuh organised the clergy to participate in campaigns to end domestic violence. Over the 12 years that Shimtuh had been operating, the models of collaborating with faith leaders and institutions shifted from Outreach, Training and technical assistance to Community organising campaign and Shared leadership. These models reflected Shimtuh's commitment to engage religious stakeholders in an active manner and see them take on the leadership in their communities to prevent and to address domestic violence. What appears to have worked particularly well in this programme is the flexibility of Shimtuh to adapt to the evolving relationship with faith leaders and faith-based institutions and to learn from each phase of the collaboration.

A paper by Stennis et al. also published in 2015 described, in turn, the development of the S.T.A.R.T.© Education and Intervention Model, a religiously-sensitive and spiritually-based, multi-dimensional intimate partner violence education and intervention model involving the African American faith community. START stands for Shatter the Silence, Talk About It, Alert the Public, Refer, and Train self and others, which reflects the programme's work process to educate African American communities about domestic violence and to actively prevent and address the problem. The programme was designed both to respect and consider religious and cultural traditions and to be consistent with NASW Code of Ethics and CSWE mandates on cultural competence. The model was assessed using a post-training focus group format, which asked participants about the model's ease, implementation and usefulness. Generally, comments and evaluation received were positive, with participants appreciating the religious diversity addressed, the culturally-sensitive content and the ease of using this model for other related topics, such as sexual exploitation.

In 2017, Choi et al. presented the process of developing an online IPV intervention curriculum for Korean American clergy to increase their capacity to address the issue in their congregations. Upon completion of each module, study participants were invited to take an online survey. The module comprised of three components the first of which covered IPV definitions and why faith matters in addressing the problem; a second looking closely at Korean cultural values surrounding the family and marriage and roadblocks within religious beliefs and practice; and a third dedicated to building bridges with victims and responding to situations of domestic violence with sensitivity and safety concerns in mind. The overall survey feedback on the three-month pilot that was implemented was positive, with participants making suggestions for improving the content by including specific examples of clergy responding to victims of domestic violence. Participants also commented that the module ought to give more attention to the changes men experience when they move in the host society, such as them feeling that their traditional roles are questioned and trying to reaffirm those in the Church. The feedback also suggested the need to incorporate a list of referral services and more legal information on domestic violence and related options.

In 2019, Choi et al. presented an evaluation of the Korean Clergy for Healthy Families programme. The authors conducted a randomised controlled trial to assess the effects of the module. Participants were Korean American faith leaders in a South-eastern state of the USA, with n=27 being randomised to the

intervention group and n=28 to the control group. The analysis was based on a baseline and a three-month follow-up assessment completed by the participants. The statistical analysis showed that the intervention group significantly improved their knowledge of resources and presented enhanced attitudes against IPV at the three-month follow-up. Overall, the participants found the online module helpful and convenient, although the authors acknowledged that additional clinical trials would be necessary including a larger number of participants and addressing some of the design limitations of the trial.

In 2018, Drumm et al. conducted a study that directly sought to address the gap in the research concerning the effectiveness of pastor training for spouse abuse response. The authors reported the findings from an IPV training project in which 104 Seventh-Day Adventist pastors received a four-hour training in responding effectively to IPV disclosure. Like other programmes discussed, this also aimed to improve the pastors' understandings of IPV, knowledge of available resources and services supporting victims and their preparedness to intervene to prevent or address the issue in their communities. The assessment approach used included a pre-test, a post-test and a one-year follow up questionnaire, which found that pastors generally increased their knowledge of the dynamics of IPV in intimate relationships and available resources and services and were more likely to show initiative to address the problem within their congregations. An important insight was the tendency of participants to forget the training content, which pointed to the need for on-going learning. Moreover, the results pointed to a low likelihood of clergy teaching publicly in a sermon about domestic violence, which the authors suggested could have an important effect in discouraging IPV in the community.

More recently, Bernardi and Steyn (2020) presented results from a gender inclusive Christian-based intervention in South Africa. The authors relied on extensive established evidence that faith related to lower levels of delinquency and crimes, anticipating that a faith-based approach could help to curtail or prevent IPV. In contrast to the historically mainstreamed Duluth model that considered patriarchal hierarchies to be the main cause of female DV / IPV, this programme placed cardinal emphasis on trauma healing recognising that abusers often had been abused or seen abuse in their early lives and had experienced traumatic events triggering or contributing to emotional arousal such as depression and anxiety contributing to their abusiveness. For example, prayer was used as an effective emotion regulation, while the understanding that no persona is unacceptable to God was used to foster self-acceptance. The pilot study was evaluated on the basis of a single-group pre-posttest and follow-up quasi-experimental design. The study participants were six male and female court-referred perpetrators of IPV aged between 36 and 47. The authors used the DASS21 questionnaire to assess typical dysphoria and sadness, physiological arousal and fear, as well as states of tension and stress. Overall, all the scores went down, but not all were statistically significant. The score for depression was statistically significant pre-posttest and the decrease in stress was statistically significant post-follow-up and pre-post-follow-up. The study suggested that the Christian-based approach used by the programme could succeed in reducing risk factors conducive to IPV and should be examined further.

In a more recent paper, Davis et al. (2020) presented the approach of 'The Men's Group' (TMG) led by the St. Pius V parish in a predominantly Hispanic area in Chicago, Illinois in the US. Their analysis relied on a

detailed study of programme-related archival material and semi-structured interviews with parish leaders, administrators and staff in English and focus group discussions with new and senior group participants in Spanish. The study showed that, contrary to widespread practice, the pastor of the parish had often addressed the issue of domestic violence in public sermons. The study also showed that the TMG did not actively recruit participants but that existing members referred new members to the group, who joined by their own decision-making. Moreover, the group operated under flexible principles, respecting the different circumstances of the participants and creating a safe space for them to share what led them to the group in the first place. The programme proved effective as a result of being culturally-focused, spirituality-based and encouraging participants to support each other beyond the group and to engage in service-oriented volunteering activities. The interviews suggested that group members particularly appreciated the peer support they received as part of the group.

Other clergy-centred approaches to address domestic violence have been implemented by international organisations and non-governmental entities within the public health and international development sectors, which have not been integrated with the literature reviewed above. In a 2016 paper, for example, De Roure and Capraro presented the experience of Christian Aid working with 'progressive' Christian churches and faith-based organisations to promote gender justice in Brazil. The authors described experiences of practical service delivery, advocacy, and pastoral care to address violence affecting women in São Paulo and in the Amazon region. The article proposed that international organisations such as Christian Aid should acknowledge locally resourceful faith-based providers and should aim to support them in advocacy to achieve political and social change. To demonstrate this potential, the paper presented the work of two of Christian Aid's partner organisations, Koinonia and SADD (Anglican Service of Diakonia and Development). The first organisation, Koinonia, had established the Faith Network Supporting Women Victims of Violence in the city of São Paulo in order to engage and enable faith communities to address violence affecting women. The work of the organisation included building the capacity of faith leaders, providing women with information of available public services, and working with communities to raise awareness and with municipalities to inform policy-making. SADD, in turn, implemented the 'Church Preventing Gender-based Violence' project to provide biblical, theological and advocacy resources to address violence affecting women offering social, pastoral and material support to women fleeing domestic violence. The authors reported that the regular work of SADD with clergy and non-ordained religious leaders gradually led the latter to engage more directly with the issue, incorporating it in sermons and responding better to victims and survivors. Given an increasing salience of religious identity in policy-making, especially around gender issues, the paper stressed the need for faith-inclusive approaches and employing theology to denounce violence affecting women.

In another 2016 paper, Petersen presented a study from South Africa that reflected on the work of the South African Faith and Family Institute (SAFFI), a multi-faith non-profit organisation established in 2008 to address the faith dimensions of violence against women (VAW) in the country. The paper discussed feminist approaches to VAW, which the author argued had been historically influenced by white feminists' interests and had not paid sufficient attention to the context-specific needs of South Africa and many women's faith-oriented lives. SAFFI was established in order to advance in the country a coordinated,

multi-sectoral and culturally competent approach to addressing domestic violence. The means included providing resources to clergy to support victims/survivors and to hold perpetrators accountable, employing theology-informed discourse to counter 'patriarchal traditions' conducive to women's abuse and using scripture to encourage mutually supportive and fulfilling models of marriage. In its approach, SAFFI employed a theoretical framework drawing from the concept of Ubuntu and the Human Development theory, ultimately aiming to advance the dignity of the human being. One of the programme's main achievements was its inter-faith character, bringing together clergy from faith traditions that would not otherwise communicate with each other. Moreover, the programme's respectful engagement with clergy had reportedly brought many to reflect on their own practices and discourses and even to open up about challenges in their own family lives.

In a more recent study (2020), Le Roux et al. presented an evaluation of a three-year intervention that addressed VAWG, and especially sexual violence, by engaging with communities of faith and their leaders in DRC. Two community surveys were conducted, one before and one after the intervention, in three health areas in Ituri Province in the DRC. At both baseline and endline, data was collected from male and female members of randomly selected households in 15 villages (five per health area) in which the intervention was being implemented. At baseline the sample comprised 751 respondents (387 women, 364 men) and at the endline 1,198 respondents (601 women, 597 men). The study showed significantly more equitable gender attitudes and less tolerance for IPV at the endline. Positive attitudinal change was not limited to those actively engaged within faith communities, with a positive shift being noted across the entire community around gender attitudes, rape myths and rape stigma scores. This again seemed to point to the influential role of religious discourse in shaping social attitudes and norms, affecting the wider society.

Challenges to faith-secular collaborations

One recurrent suggestion in the literature reviewed is the need for more collaborative approaches between secular and religious stakeholders and providers to achieve more effective responses. However, numerous factors were identified to stand in the way of fruitful partnerships.

In a 2010 paper, DeHart examined current and envisioned models of faith-secular collaboration, and the perceived role that such collaboration could play in the lives of crime victims. The paper presented findings from a descriptive needs assessment that preceded a national project to link faith-based organisations and victim service programmes in five high-crime neighbourhoods. Approximately 90 participants were interviewed, including faith leaders of Christian, Muslim, Jewish, and Hindu background, victim service providers, and other professionals. The findings showed that collaboration was hindered by numerous factors, including differences in philosophies and misperceptions or stereotypes about each other that hindered constructive engagement with each other. The authors proposed that building mutual understanding of the sources of differences could help to overcome those. In addition, trainings addressing ethical standards, such as confidentiality and appropriate approaches,

could help to address concerns about skills and approaches to bring the different stakeholders in alignment in terms of standards of good practice.

In a paper published in 2017, Le Roux and Loots explored how the faith versus secular binary had influenced how GBV interventions had been implemented within public health and international development. The authors drew insights from a scoping review conducted in 2015 funded by DFID that included 20 key informant interviews that were done with faith and GBV experts (eight men and 12 women) from 15 different international organisations, 13 identifying overtly as faith-based organisations (FBOs). The analysis established the existence of what the authors referred to as secularist biases in the post-secular era, which were identified as two of the main obstacles to a productive engagement with faith in GBV interventions. Interviewees, for example, spoke about their marginalisation in programmes involving secular actors or their general and consistent portrayal as negative actors. Others spoke about a widespread underlying view in the sector that faith is backwards, or the frequent instrumentalisation of religion just to tick a box with secular agencies with tools and resources used by faith organisations being appropriated or used by secular agencies in a non-equitable model of collaboration. According to the study, many admitted that some of this critique was not unwarranted, explaining that the clergy often taught through a cultural patriarchal lens that contributed to women's abuse and that faith communities themselves could contribute to stigma and shame silencing the victims. It was reported that faith leaders could also hesitate to work with secular actors to address the problem together. In addition, clergy often faced difficulty in questioning fundamental beliefs upheld within the faith and often perceived suspiciously other religious traditions, which challenged collaborative approaches. In parallel, interviewees spoke about a perpetuated myth that secular approaches and discourses were neutral in contrast to what were often presented as biased or value-laden approaches employed by FBOs. In discussing the findings, the authors stressed the importance of overcoming the religion-secular binary as this not only alienated faith stakeholders, but also mistakenly represented faith actors as engaging only in 'faith-related' activities as defined by a very rigid, Eurocentric mainstream secular discourse.

3.2.2.2 Faith-based approaches in counselling and psychological support

Faith and spirituality in psychological approaches

The integration of spiritual and religious parameters in psychological approaches has been gradual and heavily skewed to reflect the realities of industrialised western societies. According to Hodge (2005), this integration started to become more visible starting in 1985, with more counsellors becoming interested in knowing how to engage with spiritual parameters in their practice and the field of psychological counselling granting increasing attention to cultural competency in an effort to cater to clients from diverse religio-cultural traditions. Other motivations have included the clients' own interest in having their spiritual or religious experiences incorporated in counselling sessions and new research evidence on the potential positive effects of religious beliefs on family and married life. Writing in 2005, Hodge noted that spiritual and religious parameters had not yet been well integrated in psychological and counselling

education, leading him to produce a paper that presented six recently developed tools to integrate spirituality / religious beliefs in counselling. In presenting these approaches, the author followed the guidelines of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), recommending an initial assessment on the importance of spirituality and religious beliefs for the client. The assessment approaches were described as: spiritual histories, spiritual lifemaps, spiritual genograms, spiritual ecomaps and spiritual ecograms.

In a 2008 paper, Marterella and Brock spoke about the need for therapists to become more educated and confident to engage with spiritual and religious parameters in their counselling practice. The authors discussed the importance of therapists being able to engage productively with the religious beliefs of their clients, but also being able to challenge those beliefs that can be contrary to the objectives of the therapy, without disrespecting or questioning the importance of religious convictions in their clients' lives. The authors referred to the particularly challenging task for therapists to not allow their own beliefs to interfere with a productive engagement with their clients' religious beliefs and stressed the need for self-reflexivity. In the authors' understanding cultural sensitivity should not be dissociated from religious beliefs since in many communities cultural and religious parameters intertwine and influence the identity of the individual in complex ways. The paper listed what were known techniques for incorporating religious parameters in therapy, including by use of spiritual genograms and spiritual ecomaps.

It is also notable that definitions of spirituality / religion have started to be diversified and have themselves increasingly become the subject of research. Most of the studies reviewed adopted different definitions for spirituality and religious belief, which were however linked. Generally speaking, spirituality has been conceptualised as a broader existential meaning and relationship to a higher power, while religious beliefs more directly with one's faith and faith-driven practices. Hodge, for example, defined spirituality as an individual's existential relationship to God / Ultimate Transcendence, seeing religion as flowing from spirituality and expressing this relationship in beliefs, forms and practices developed as a result of specific religious traditions. Marterella and Brock (2008) defined spirituality as "the human experience of discovering meaning, purpose, and values, which may or may not include the concept of a God or transcendent being" and religion as "the formal institutional contexts for spiritual beliefs and practices" (p. 64).

More recent studies have actually explored how those immediately involved have themselves defined and engaged with spirituality in their practice, recognising that there has been a diversity in understandings, especially across different geographies and cultural contexts. A study that looked at domestic violence practitioners' own definitions of spirituality involving 12 countries found that the large majority (45 percent) spoke of spirituality in conjunction with the values of unity, peace, equity, unconditional love, forgiveness and letting go (Pandya, 2017). About a third spoke of spirituality in reference to mysticism and transcendence. Overall, the study found that practitioners from European countries, United Kingdom, United States, Canada, and Australia, Christians and those with higher spiritual openness tended to speak of spirituality in terms of mindfulness, peace and letting go in supporting domestic violence victims and survivors. On the other hand, practitioners from Asian and African countries placed emphasis on the role

of spirituality in helping victims and survivors to let go and to achieve empowered reconciliation, where women negotiate space within a rights framework.

Faith-based approaches in counselling: exemplary programmes and effectiveness

In a 2003 paper, Ronel and Tim presented the Grace Therapy programme, a model for male batterers' group therapy based on a 12-Step programme, which directly responded to historical barriers in treating male perpetrators of domestic violence, including a systematic emphasis being placed on the criminality of the perpetrator hindering a true commitment to treatment. Influenced by the model of Alcoholics Anonymous, the programme used spirituality language to achieve the men's self-transformation by replacing self-centeredness with "God-centeredness" and by instilling within the male batterers a win-win principle of partnership that is based on unconditional giving. Spirituality was defined in this case "as the quest for God, as one understands God" (p. 65). The programme reportedly differs from cognitive, behavioural or other approaches in its assumptions, such that abuse is both a mental and spiritual imbalance, with the latter being understood as the self-centeredness or selfishness and the result of feeling powerless as a result of attempting to control what one cannot control. The authors explained, Faith in God was not a requirement to be part of the therapy, but a possible outcome as a sign of spiritual development. Like most available programmes, the Grace Therapy Programme used a group therapy approach informed by evidence that providing therapy in a group format fosters identification with other participants and the development of a cohesiveness in the group that can lead to productive results.

In another article, Ronel and Claridge (2003) presented how the Grace Therapy programme could be effective in treating substance abuse in male batterers of domestic violence as a means of reducing the severity and occurrence of the problem. The authors presented the programme that was implemented at the Tel Aviv Center for the Treatment of Domestic Violence involving over 300 men who had participated in on-going groups between 1994 and 1999. The men's participation could last from weeks to years and many of the men suffered from substance abuse as well, allowing the current study. The authors mentioned that male batterers spoke of feeling powerless to control their circumstances and to manage their life, leading them to frustration and fostering their abusiveness. Recognising that they were never in full control and that others were not responsible for their powerlessness was identified as a vital step for participants to work towards recovery.

In a 2014 paper, Hook et al. presented a naturalistic study that examined the role and effects of religion in couple therapy. The study included 44 therapists and 68 couples entering couple therapy with religious couple therapists. Clients assessed six religious and nine non-religious techniques used in therapy, which were related to religious commitment and relationship satisfaction. The results showed that religious techniques were used in fewer than half of the sessions, which were related to the clients' religious commitment. This was taken to mean that therapists were probably adapting to religious clients, taking into consideration the importance of religious beliefs in their clients' lives. The study also reported that clients expressed improvements in relationship satisfaction overtime, which suggested that incorporating religious parameters in couple therapy was effective with this group of clients. One limitation of the study

was that the therapists consulted identified as Christian, which meant that the study was less able to indicate what happens when there is a discrepancy between the therapist's religious commitment (e.g. when a therapist identifies as secular) and a client's religious commitment.

Receptiveness of faith-based counselling approaches and religious clients

A study that was published as early as 2001 by Ripley et al. presented results from a survey of demographics and religiosity with 211 US married Christian individuals. Denominations included Episcopalian, Presbyterian, Baptist, Nondenominational, Assemblies of God, and Christian Missionary Alliance. The study used a quasi-experimental design to assess how religious values and high Christian beliefs relate to ratings of marital therapy situations. Participants were asked to rate four marital therapy situations: Christian therapy using Christian practices (e.g. prayer), Christian therapist using psychological techniques only, non-Christian therapist willing to use Christian techniques and non-Christian therapist using psychological techniques only. The study found that highly religious Christians received therapy different than Christians categorised as low to moderate in religiosity. Those with high Christian beliefs expressed a significant difference between the non-Christian therapist using psychological practices only (mean 1.88) and all other types of therapy (mean range: 4.33- 5.71), as well as between the non-Christian therapist (mean 3.12) and the Christian therapist (mean 5.09). The main implication of the study was that the use of religious techniques and the religiosity of the therapist may influence highly religious couples in their decision to engage in therapy.

In another study, Fowler et al. (2011) examined differences between shelter and faith-based service utilisation and satisfaction in a sample of 73 women residing at a domestic violence shelter in central Texas, US. In the case of this study, focus was placed on spirituality, with religiosity being subsumed within the former. Along the lines discussed earlier, spirituality was defined as pertaining to a way of being, an awareness of the transcendent, deeper meanings about life and an interaction with a higher power. Participants were asked to complete questionnaires in order to collect information regarding psychosocial characteristics, intimate partner abuse, spirituality, service utilization, and satisfaction. Overall, the study found that spirituality explained roughly 16% of the variance in domestic violence shelter service utilisation. Moreover, women survivors with higher levels of spirituality were less likely to utilize shelter services despite the IPA levels experienced. However, women survivors who reported more IPA experiences were less likely to report satisfaction with faith-based resources.

4. Discussion

4.1. Conclusions

The current paper made an attempt to integrate the evidence on religion and domestic violence from numerous disciplines and sectors, including psychological counselling, international development and public health, and anthropological and sociological research in order to improve understanding of how religious beliefs influence victim, survivor and perpetrator thinking and behaviour and how they can best

be leveraged in domestic violence interventions and counselling. The review was particularly interested in diversifying the current scholarship by collecting studies from across the world and to depart from rigid, Eurocentric conceptualisations of religion or spirituality to account for diversity in religious experience as encountered cross-culturally.

A first important insight that emerged from the synthesis of the evidence is the double effect that religious beliefs and discourses can have in DV / IPV experiences. On the one hand, religious beliefs can feed hesitation among victims to leave their abusive situations and can be employed by perpetrators to justify the abuse. On the other hand, religious beliefs and faith were consistently reported to serve as coping mechanisms for victims, survivors that could help them to regulate their emotional states and to build resilience to exit pernicious situations. Spirituality and a God-centred conscience were also found to help perpetrators minimise or overcome their abuse in some treatment programmes.

The effects of religion on domestic violence victims and perpetrators could not be properly assessed without recognising the different definitions of religiosity or spirituality adopted in the diverse studies that were reviewed. Indicative of this variability was the international study that found that domestic violence practitioners from western societies and those with higher spiritual openness tended to understand spirituality as mindfulness, peace and letting go in their work with domestic violence victims and survivors, while practitioners from Asian and African countries placed emphasis on the role of spirituality in helping victims and survivors to let go and to achieve empowered reconciliation, where women negotiate space within a rights framework. This could reflect the different gender realities and social structures in these countries, with gender inequalities being more prominent and an important hurdle for female survivors to overcome or exit abusive situations in more traditional patriarchally structured societies.

Moreover, different levels of religiosity or spirituality seemed to be associated with different effects. As some studies showed, in some cases a very high degree of religiosity or spirituality could have pernicious effects, as compared to a low or medium level of religiosity. Very spiritual women who were victims of IPV, for example, were found to be less likely to utilise domestic violence services. The effects on men, and the more specific group of male perpetrators, was equally nuanced. Some studies found that perpetrators could use religious language or theology to justify their authority over their intimate partners or spouses and some could even abuse their partners spiritually. Studies from other parts of the world found that men identifying as religious had a lower likelihood of engaging in fights and were more likely to condemn abuse or consider it inappropriate. These differences could reflect different relationships to one's faith, but also the variable theological teachings and the diverse religio-cultural contexts in which research took place.

In regards to faith-based approaches, the literature evidenced well-established practices within psychological counselling to integrate religious and cultural parameters. The studies that were reviewed pointed to a diversity of clients who related differently to their faith, influencing their receptiveness to and satisfaction with counsellors employing secular psychological methods versus counsellors who

integrated religio-cultural parameters in their counselling and counsellors who themselves identified as religious. The faith-based approaches that seemed to be particularly effective within counselling psychology were those that understood that religious beliefs had to be addressed within the specific cultural context of the client and that were based on the psychologist's reflexivity about their own beliefs and how these could interfere with counselling their religious clients.

What seemed to be missing from the literature on faith-sensitive or spiritual psychological approaches was a discussion of how evidence on attachment models and spirituality or dyadic regulation in religious couples applied or were leveraged in supporting religious clients. Future studies should aim to identify more closely and systematically how these psychological dynamics can improve the effectiveness of counselling when therapists are aware and leverage on this knowledge.

The evidence on faith-based interventions in congregations and communities revealed numerous examples of effective programmes and approaches led by a variety of actors, including churches, congregation members, priests or organisations working in community development. The common thread of these very diverse approaches seemed to be the importance of cultural sensitivity in these programmes to ensure that these were relevant and impactful with those they aimed to support. This cultural sensitivity was equally relevant to those working in LMICs and those supporting migrant populations in western industrialised societies, with the important insight that religious understandings among migrant communities could reflect newly acquired theological influences encountered in the host society and not solely or necessarily beliefs upheld in the home country.

Interventions involving clergy evidenced numerous commonalities across geographies, but also some differential needs given the context in which they operated. While the evidence from the US and other western contexts pointed to an increased awareness amongst clergy of domestic violence in their communities, a lack of trauma-centred training and the need for continuous support from religious institutions to address the problem adequately, studies from non-western, studies in tradition-oriented or LMIC contexts focussed on the central role of the clergy in addressing marital problems and in mediating domestic violence situations and how best to leverage on this role. In such societies, the pervasive nature of religious idiom in social life has meant that religious tenets have often been indistinguishable from cultural practice, reinforcing rigid interpretations amongst the clergy and the community. On the other hand, the influence of the clergy in collective and individual life has placed the clergy in a key position to influence collective attitudes and human behaviour.

Regardless of geography, it seemed to be agreed that clergy-centred interventions could be more effective if clergy were better equipped with theological / exegetical knowledge to respond to distorted deployments of religious language in the community, were willing to address the topic of domestic violence in public sermons, understood how to respond to domestic violence victims and perpetrators with consideration of their psychological states and likely safeguarding risks facing them, and integrated more substantively with secular systems responding to domestic violence. In fact, the divide between secular and faith actors and organisations, as seen within international development and public health,

seemed to be a key hurdle to achieving integrated approaches and constructive partnerships. The literature review suggests that more attention should be given to address biased preconceptions that hinder religious and secular stakeholders to learn from each other and to collaborate constructively. This could be achieved by fostering the understanding that the divide between religious and secular actors and organisations is itself more mythical than realistic since neither are secular organisations without religious influences, legacies or motivations, nor are faith-based actors necessarily different in a radical way from their secular counterparts.

Relating the two group of studies and their findings as outlined above, would lead to the conclusion that faith-based interventions can become more effective if they recognise and understand that two-way effects that religious beliefs can have on victims / survivors and perpetrators, that these effects will differ depending on how one relates to their faith or level of spirituality, and that religious influences need to be understood in reference to the religio-cultural context of the target group and their wider sociological realities. The evidence suggests the need to move towards a more context-specific approach in designing faith-based interventions, that is theologically-grounded and considers carefully the sociological and psychological conditions of the individuals and groups it aims to support.

4.2 Limitations

In considering these insights, it is important to recognise the limitations of this review. While a rigorous search strategy was used to collect evidence from different disciplines and sectors, it is possible that other relevant and important studies were missed. Moreover, given the extensive evidence reviewed under the two questions driving the review, it was not possible to incorporate evidence from the psychological studies that examined the effects of religious beliefs on mental health and personal psychology more widely and beyond the context of domestic violence. Such an integration will be attempted in a subsequent paper building on the results of this one. Lastly, it is significant that the review was limited to studies in English. It is likely that many more relevant studies exist in LMIC contexts in national, regional or local languages not assessed in this review.

In terms of the studies reviewed, it is important to recognise that difficulty of comparing across study results due to differences in study design, context and methodologies to assess interventions. Therefore, in presenting the result emphasis was placed on understanding the individual studies, and relating their findings to each other only where and as feasible. A more robust comparison of studies that have assessed interventions could be undertaken in the future, exploring also the prospect of a meta-analysis where possible.

Declarations

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Declaration of Interest

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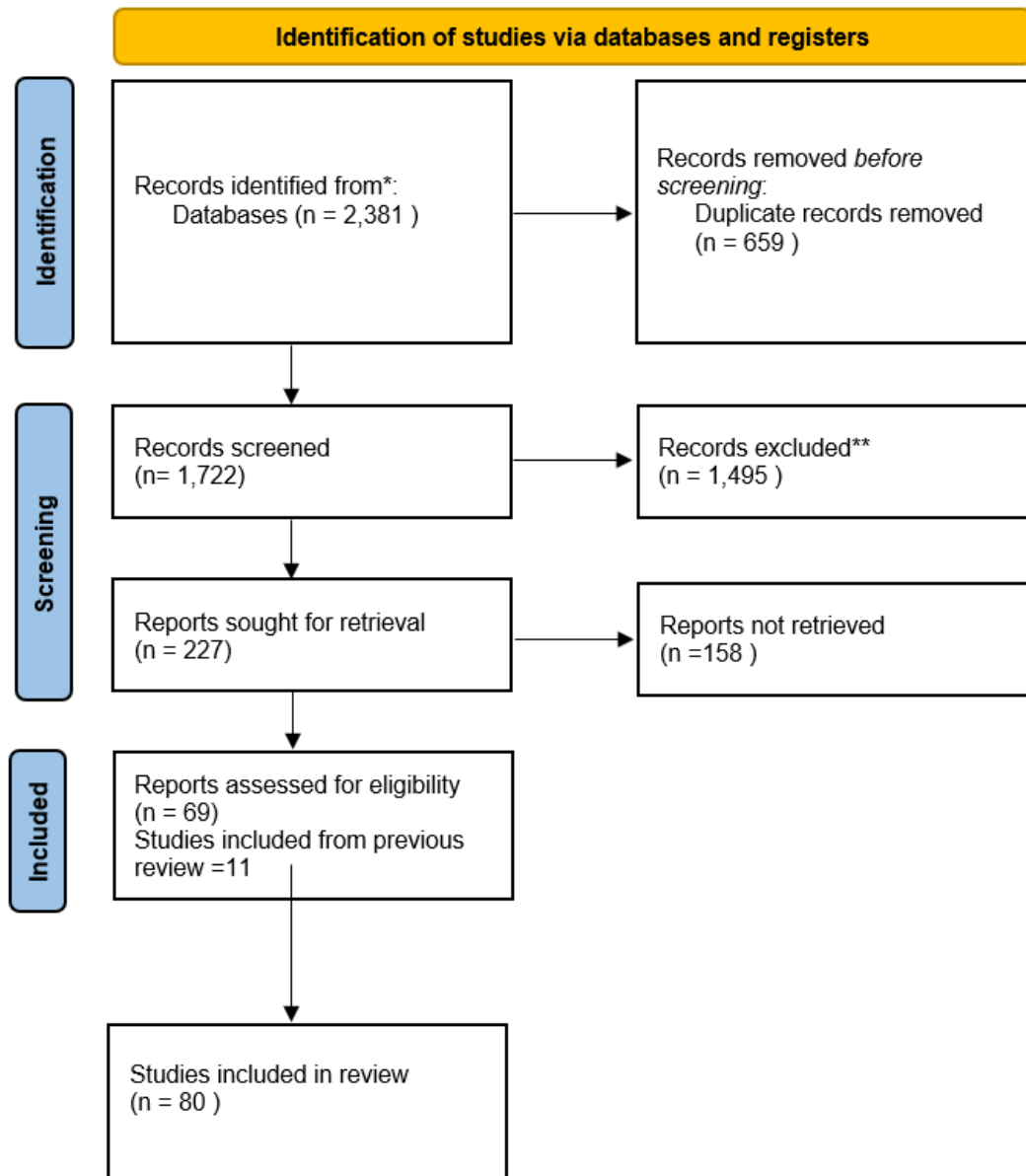
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Figures

Figure 1: PRISMA flow diagram for systematic review



From: Page et al. (2021)



Figure 1

PRISMA flow diagram for systematic review