

Intersection of Faith and DV Webinar Questions

1. **How do we get Clergy to be receptive to training, especially with respect to the need for confidentiality and to understand the risk to victims by recommending joint counselling initially? It also appears that in order for the Church to be a safe place, in addition to Clergy, all lay leaders and the congregation would benefit from being informed of the basics of domestic violence.**

- a. **Oliver Williams:**

- i. One recommendation is to provide training about couples or family and include information about domestic violence within the training. Information about family strengthening encourages attendance, but information about domestic violence seems to shame people because they may feel embarrassed, that they are coming because they need help or the speaker is talking about them specifically rather than generally. If folks are dealing with it within their family, provide time for the speaker or others to connect with them in some private time. I have seen this work through a church I once belonged to.

I would also develop a public education campaign about the risks of violence to victims, getting testimonies from victims talking about victimizations as well as risks. Define what risk means before you discuss it, and then summarize the risk to victims through churches.

To address the joint counseling piece, I would get a faith leader that knows about the intersection of faith and domestic violence to discuss with faith other leaders. Bishop, Dr. Roderick Mitchell from New Life Church in Cleveland Mississippi is one person I would reach out to. Reverend J.R. Thicklin in West Palm Beach Florida has a female Pastor who discusses when her former pastor husband would do couples counseling along with her but was being abusive to her as well.. Such ministers have churches but also have a story to tell about the risk to victims and the risk of couples counseling.

Lastly, Bishop Mitchell trains lay ministers about domestic violence and to know how to listen to victims, hear them, and believe them. He also offers them scripture to address their crisis of faith. Domestic violence is among his church's ministries. His church is connected to a battered

women's shelter, plus has a rape crisis line in his church.

- b. La Donna M. Combs:** Clergy has to be taught about trauma-informed work and about the risk factors for lethality regarding domestic violence in the communities surrounding their churches. A good Shepherd seeks a holistic approach to the health and wellbeing of the entire community he/she pastors in. This should encourage being receptive to levels of competency needed to keep families physically *and* spiritually safe. This requires training by professionals to help clergy stay relevant in an ever-changing society and to understand the help-seeking behaviors of the communities they shepherd.
 - i.** True. The culture of a safe congregation is one with ministries designated and trained in all areas of the human condition. Violence prevention is one of the important ministry areas needed for a progressive and informed church ministry.
- c. Andy Johnson:** Clergy who have been receptive to a training session of any kind have generally developed a relationship with me over the course of a year or two. A sense of mutual trust must be established. The pastor needs to feel that I respect him or her and that we are working as partners on a mutually important goal. I emphasize that most survivors of IPV first and foremost want help from their religious community or pastor, but unfortunately research shows that religious communities and pastors are often rated by survivors as the least helpful resource.

As I mentioned in my discussion in the webinar, it helps to focus on how early individual counseling prevention can both help to save marriages and prevent damage to the mental health of children in the long run by getting the male to stop his violent behavior when it is most amenable to treatment. Pastors often have the idea of saving marriages firmly in the front of their minds and most often will not listen to you if you start out by stating first that couples counseling is harmful. Many are going to be formulating a response defending their attempt to save the marriage regardless of how or what you say about couples counseling. Alternatively, they may say nothing but disbelieve what you have said and discontinue involvement. All kinds of rationalizations and disbelief in your information could come to their mind because they want to save marriages and they will probably see your approach as threatening to that. Start by tapping into their primary interest first, that is, with the idea if you want to save marriages you need to get the abusive husband into individualized batterer's intervention as soon as possible to stop his abusive

behavior. This is more likely to get their attention. Keep in mind that what you want to start with in a discussion will sometimes be the opposite of what the clergy person wants to start with. Address their biggest concerns and anxieties first, and then work toward where they need to go. Mental health professionals engage in this sort of process all the time with clients. Clergy are clients of your consultation. Do not start with what works in circles of therapists or domestic violence advocates because that is not your audience. Therapists are more likely to understand how central the problem of safety is. Clergy generally do not understand this, and in my experience often begin to realize this more slowly than one might initially imagine. They are generally worried about saving marriages and may not see how safety is such a central issue. It helps to inform clergy that survivors most often do not want to end the marriage (early in the course of the abuse especially, the later dynamics may differ), and that they want the violence to stop. Clergy also often do not realize that the survivor is at the highest risk of being killed around the time they leave or try to leave the relationship. Confronting the stereotype that a therapist will just want automatically to end these marriages through divorce is important. Many clergy I have talked with do not understand how difficult it is for the survivor to leave even when that is her primary goal. They may erroneously perceive that leaving and dissolving the marriage is a relatively easy and spiritually dangerous thing to do. They do not understand the seriousness of IPV in general and the danger to the life of the survivor and her children if they stay or if they leave in particular. Issues of safety must be addressed but do not start there.

I am reminded of an analogy from one of those house-hunter shows on cable television. The husband was very concerned about the size of the garage above all else. The wife had a wider range of concerns that reflected the needs of the entire family. However, the real estate agent could not get anywhere with trying to sell the couple a house unless she took them into the garage first so that the husband could verify that the garage would be large enough. That was his biggest concern and he was not able to discuss any house until that issue was dealt with satisfactorily. The analogy is simplistic, overdrawn, etc. but it does demonstrate the idea that sometimes you have to start with what someone is very highly concerned about first, otherwise they will not hear anything else you have to say. My experience has been that clergy values regarding saving marriages is one such issue.

Marie Fortune describes another option in one of her videos from the Faith Trust Institute. She reminds clergy that the violence breaks the marriage

vows. This focuses attention away from blaming the survivor and places responsibility for the IPV squarely on the shoulders of the husband with violent behavior. It can also be a nice bridge into a discussion of the importance of preventing abusive behavior and catching/treating violent husbands early as means of saving marriages. A rough analogy can be made here with cancer—the best way to stop cancer is to prevent it from happening in the first place and then to learn to identify cancer cases early on when the cancer is most responsive to treatment. Abusive behavior and coercive control in marriages are similar in that regard.

In short, I work to demonstrate to the clergy person that receiving training about the nature and dynamics of IPV and developing a domestic violence policy will help the community be better able to identify when a person is experiencing IPV, know what to do when IPV is reported, know how to keep confidentiality and other things which can prevent an escalation of the violence, and the importance of having all leaders systematically trained and the rest of the congregation educated about IPV. Demonstrating how we are working together on the same goals as opposed to working at cross purposes or getting involved in a hierarchical power struggle is essential.

2. I work at a Family Justice Center, but I am also a dedicated church member. How do you suggest I go about approaching our church leadership regarding training and education for church staff regarding this topic?

- a. **Oliver Williams:** I would recommend that you have them listen to the webinar but also go to someone that is willing to hear what you are talking about. I would look at the video “Speaking of Faith: Domestic Violence in the Christian Church,” or you can contact Faith Trust Institute in Seattle Washington and purchase “Broken Vows” which is a video about various faiths and domestic violence. You may also identify a minister that you trust that’s doing this type of work to discuss with him or her. Domestic violence ministries in churches are reaching out to families that are challenged by this problem. Women of faith that have been victims continue to talk about churches that have not been willing to listen and believe them. Responding is not an indictment of the church rather it is a way to help families dealing with a crisis of faith.
- b. **La Donna M. Combs:** First, do your research and find out what domestic violence organizations in your area have experience with faith communities. Find out what kind of awareness they can bring (if any) to your church community. Work with different auxiliaries in your church to see if you can

hand out brochures (obtained from a domestic violence agency) and maybe even have a workshop for clergy education. Suggest that knowing how to refer people would be helpful. Maybe even refer to a case study or a local family who has faced domestic violence and needed help. And, if clergy ever encounter this kind of situation, their involvement when informed can save a life. Interested persons (clergy, missionaries, ministers, evangelists, choir members, and auxiliary leaders) can receive training as advocates and bring this training back to your church for Peer-to-Peer groups. Or your church can simply partner with violence prevention agencies to come to your church, do health fairs, and set up a table with domestic violence information.

- c. **Andy Johnson:** See my answer to the above question and the chapter by Ludy Green in my book *Religion and Men's Violence Against Women* for ideas.

3. What type of training is being offered/suggested to clergy to assist victims?

- a. **Oliver Williams:** I would ask Dr. Andy Johnson, Dr. Nancy Nason in Canada, Bishop Roderick Mitchell, Reverend J.R. Thicklin in West Palm Beach Florida, and Minister Traci Antoine-Jackson in Boston Mass.
- b. **La Donna M. Combs:** Training being offered is specific to clergy and the culture of each faith community. I suggest Clergy Training be inclusive of understanding the spiritual dilemma's many victims face and the culture of silence created for victims in the church fostered by patriarchal interpretations of the bible. Clergy first has to be trained regarding the definition of domestic violence and understand that it is not a marital problem or a crisis of faith on the batterer's part, it is a crime. Safety for victims, cultural competence, confidentiality, and victim autonomy would be areas of training to start with. This type of training is offered by the African American Domestic Peace Project, (AADPP). Please call SAAS at (313) 693-9322 for referral information.
- c. **Andy Johnson:** The following recommendations are quotes from the chapter Jill Damron and I wrote together in the work *Religion and Men's Violence Against Women*. I would also recommend the chapter by Kim and Menzie from that volume, in addition to what I wrote above and mentioned in the webinar.

“Identify safety first. The first, and most important, aspect of IPV that specialists would like therapists and religious leaders to be aware of is the question of safety.

Reporting intimate partner violence is not an attack on the religion... Mental health professionals can educate religious communities about what women who report IPV typically want (e.g., someone to believe them, to let them know they do not deserve to be treated this way, and to help them find safety and a way for the violence to stop). Sometimes religious leaders, organizations, and lay persons incorrectly identify a revelation of abuse as an attack on their religious organization. They may not understand how difficult it is for a survivor of IPV to reach out for help and may believe common myths about domestic violence (Jankowski, Johnson, Damron, & Smischney, 2011; Peters, 2008) or sexual assault (Burt, 1980; Hammond, Berry, & Rodriguez, 2011; Hayes, Lorenz, & Bell, 2013) that blame the behavior and character of the victim, minimize the abuse, and exonerate the perpetrator.

Mental health practitioners can educate religious leaders and communities to build awareness and knowledge of abuse dynamics so that they can be a valuable source of support for survivors and can make referrals to appropriate resources.”

4. GBV affects non-heterosexual people and those who do not fit in the male-female binary as well. Does anyone have any comment about same-sex IPV or IPV in the context of people who don't identify as male or female and religion/faith? Is the approach different?

- a. **Oliver Williams:** Dr. Traci West in New Jersey has a book that talks about it from what I understand. I have also asked ministers about that and many discuss the importance of love as a foundation. I would also reach out to Reverend Marie Fortune who has wisdom about many things including this topic. Marie is the founder of Faith Trust Institute and is now retired, but you can reach out to her about it. I would also reach out to Dr. Andy Johnson.
- b. **La Donna M. Combs:** No, the approach does not have to be different. The framework of GBV prevention is that the individual, no matter where, who, why, or how they are involved in relationships, should be safe at all times from physical, emotional, and sexual abuse. Clergy compassion has to be central to the human race, not an identity. Holistic clergy advocacy cares for all children of faith. Even being atheist has nothing to do with the safety of the

human being. It is our job to save the lives of all God's children.

- c. Andy Johnson:** The most comprehensive reference at present on intimate partner violence among LGBT persons is Messinger (2017). I highly recommend it as a research-based resource on unique dynamics of LGBT intimate partner violence, as well as an examination of implications for policy and practice.

The following list is just a sampling of issues that Messinger discusses:

- i.** Gay men generally are not believed by police when reporting IPV and have few to no options for shelters in almost all localities in the US. Therapists and advocates operating out of traditional models of gender-based violence may have difficulty identifying the perpetrator because research and clinical experience suggests one should identify the male as perpetrator and a female as survivor. Focusing on dynamics of coercive control (see Stark, 2009) as opposed to which partner seems more "masculine," etc. is going to be more effective in assessment.
- ii.** Lesbian women actually experience higher rates of IPV than do heterosexual women despite stereotypes to the contrary. Shelters often do not consider that a lesbian survivor may not disclose the fact her partner is female out of fear that services may be refused to her. In addition, shelters are often unaware that sometimes the perpetrator might seek and obtain admission into a shelter program to obtain access to the survivor or to prevent the survivor from being able to access services.
- iii.** Bisexual, pansexual, and polysexual survivors face numerous obstacles to receiving services. See Messinger and the forthcoming work by Lund et al. (in progress) for more information.
- iv.** Sometimes trans women survivors are refused admission to shelters out of fear that these persons are really "men who want to have sexual access to women." Attitudes such as these are not based on research evidence and are prejudicial.
- v.** Trans women need access to hormones, other appropriate medicines, and to appropriate clothing in a shelter. Consider the case of a trans

woman survivor who had to leave her size 13 high heels behind when she fled for her life. This item was too expensive for her to replace and the shelter did not have processes in place to obtain appropriate clothing for a client in this situation.

- vi. Trans men are often denied services in shelters. In general, shelters need to be developed, especially for sexual and gender identity minority males, as well as for gender nonconforming persons.

In the limited space we have here, I recommend consulting the sources listed immediately below and contacting LGBT organizations such as OutFront Minnesota who provide services for LGBT violence survivors for training and consultation for each of your staff.

Messinger, A. (2017). *LGBTQ intimate partner violence: Lessons for policy, practice, and research*. Berkeley: University of California Press.

Lund, E.M., Burgess, C., & Johnson, A.J. (in progress). *Violence against LGBTQ+ persons: Research, practice, and advocacy*. New York: Springer Nature.

One of the most common questions I receive about religion and interpersonal violence against LGBT persons is what affirming theological resources for religious LGBT survivors are available. These questions have come from mental health providers who have noticed the central role religion plays in certain LGBT clients who have experienced IPV but who are also struggling with self-acceptance due to their perceptions they are unlovable because their religious community is characterized by attitudes such as hostility, pity, or tolerance as opposed to support, admiration, or nurturance (see articles on the Riddle Scale for more information on different types of homophobia). The therapists have felt that affirming theological sources might benefit their clients.

The Reverend DeWayne Davis is a pastor from a Metropolitan Community Church (<https://www.mccchurch.org>), a denomination that actively promotes social justice for LGBT persons, who has considerable experience helping LGBT survivors of violence with religious questions. He has recommended the following works as affirming theological sources:

- Cheng, P. S. (2011). *Radical love: An introduction to queer theology*. New York: Seabury Books.

- Helminiak, D. A. (1994). *What the Bible Really Says About Homosexuality*.
- Gushee, D. P., McLaren, B. D., Tickle, P., & Vines, M. (2015). *Changing our mind: A call from America's leading evangelical ethics scholar for full acceptance of LGBT Christians in the church*.
- Martin, C. (2016). *Unclobber: Rethinking our misuse of the Bible on homosexuality*.
- Boswell, J. (1980). *Christianity, Social Tolerance, and Homosexuality: Gay People in Western Europe from the Beginning of the Christian Era to the Fourteenth Century*.
- Alice Ogden Bellis and Terry L. Hufford, *Science, Scripture, and Homosexuality* (Eugene, OR: Wipf and Stock, 2010).
- John F. Dwyer, *Those 7 References: Study of the 7 References to Homosexuality in the Bible* (BookSurge Publishing, 2007).
- Peter Gomes, *The Good Book: Reading the Bible with Heart and Mind* (New York: HarperCollins, 1996).
- Mark D. Jordan, *The Invention of Sodomy in Christian Theology* (Chicago: University of Chicago Press, 1997).
- Dale B. Martin, *Sex and the Single Savior: Gender and Sexuality in Biblical Interpretation* (Louisville, KY: Westminster John Knox Press, 2006).
- Jay Michaelson, *God vs. Gay? The Religious Case for Equality* (Boston, MA: Beacon Press, 2011).
- Jack Rogers, *Jesus, the Bible, and Homosexuality: Explode the Myths, Heal the Church* (Louisville, KY: Westminster John Knox Press, 2006).
- Matthew Vines, *God and the Gay Christian: The Biblical Case in Support of Same-Sex Relationships* (New York: Convergent Books, 2014).
- Hartke, A. (2018). *Transforming: The Bible and the lives of transgender Christians*. Louisville, KY: Westminster John Knox Press.
- Robertson, B., Meléndez, R. L., & Tolton, J. (2018). *Our witness: The unheard stories of LGBT+ Christians*.