
Preface

Men's violence against women (MVAW) is a pervasive problem that occurs across all religious, cultural, and socioeconomic groups. Religious beliefs and values from sacred texts, cultural customs, spiritual practices, and their local interpretations are often intertwined with the occurrence of MVAW. Effects of religion are complex. They can range from those that influence individuals to deny, minimize, or even condone MVAW to those that can be used to confront abusive men about their behavior or to support healing in survivors and their children. Treating religious clients who live at the intersection of diverse cultural, racial, and other social locations in a culturally informed and sensitive manner can be a daunting task for mental health professionals.

This book is concerned with empowering mental health professionals to deliver culturally sensitive interventions when working with religious clients and communities affected by MVAW. The primary target audience is mental health professionals. The term "cultural sensitivity" is often simultaneously ambiguous and emotionally charged for many mental health professionals when it applies to the realm of religion. Some might confuse cultural sensitivity with cultural promotion (see Glickman and Gulati 2003 for a discussion of these issues as they relate to culturally affirmative mental health care). Seeking converts and proselytizing are not appropriate activities for mental health professionals. These activities are the concerns of missionaries, religious leaders, and religious organizations. Cultural sensitivity is not the same thing as cultural promotion.

On the other hand, cultural sensitivity and ignoring the role of religious culture are not the same thing either. Individuals operating from a position of ignoring or neglecting the religious culture of a client most often do so out of a lack of knowledge rather than from a position of cultural rejection. There are many contributing factors that lead to this lack of knowledge. Most graduate training programs provide little, if any, instruction on religious cultural diversity. In addition, many therapists may not have life experiences with diverse religious others or may not know persons with knowledge of religious diversity. Some may feel they are practicing in a universal manner by ignoring religion and culture altogether. The situation of neglecting culture often can result in cultural insensitivities due to the lack of a basic understanding of the religious cultural group of a client. A number of negative outcomes can result. For example, cultural neglect can affect therapy when the therapist does not know how to frame interventions in a culturally appropriate manner. Clients can become defensive or may feel that an important part of

their identity needs to be silenced in order to please the therapist. Sometimes a therapist may ask basic questions that demonstrate to the client that the therapist is not educated or knowledgeable about her or his religious cultural group. This can result in a religious client feeling burdened to educate the therapist about the group. Religious clients may react to this situation in a number of different ways. Some may have negative feelings about paying the therapist while providing the education the therapist lacks. Others may terminate therapy and try to find another therapist, while still others may give up hope and feel their best option is to try to improve things on their own. Other scenarios can arise as well and are discussed in Damron and Johnson (Chap. 1) and other chapters in this volume.

Unfortunately, there are some mental health professionals who operate out of a position of cultural rejection. They typically see religious culture as either a problem to be avoided or as an obstacle that must be overcome in the treatment of clients affected by MVAW. Rejecting the idea of the importance of religion in the life of a client does not automatically mean that the mental health professional will necessarily lack compassion or good intentions. Religious clients are often sensitive to the level of openness in others concerning their religious beliefs; however, what cultural denial in a mental health professional often does mean is that the religious survivor may not feel free to share how her religious faith or religious community affects her recovery. They might want to avoid painting their religious cultural group in a negative light or in a way that might align with negative stereotypes. Therapists in the cultural rejection position may also not be aware of significant resources for coping and transformation which might be available in a client's religious cultural tradition. In addition, these therapists may not be able to assist clients in identifying and securing support from the religious community since the community itself is judged *a priori* as a source of the problem regardless of the actual community characteristics or the potential of the religious community to be a helpful resource to the client. As the various chapters in this book demonstrate, positions of cultural insensitivity, cultural neglect, or cultural rejection can result in interventions that are less effective or even ineffective with religious clients.

So what does cultural sensitivity entail when working with religious clients? Cultural sensitivity involves having some knowledge of the potential importance that religion, culture, race, socioeconomic status, national origin, and immigration status have for the identity of a client. It also involves knowing about any special or unique circumstances this particular client may face as a result of her or his status at the intersection of these social locations and sources of identity. Developing cultural sensitivity to religious culture involves learning about the religious beliefs and practices of a group, individual differences within the religious cultural tradition, the history of different subgroups within the religious cultural group, and how these unique histories might influence the dynamics of MVAW in the group and the variety of ways in which MVAW is understood and dealt with by religious leaders and members. On the other hand, cultural sensitivity also involves realizing that in the end it is the client who decides what religious and cultural values, beliefs, commitments, and communities are central to her or his identity, which are important to maintain, and which should be changed. In summary,

the purpose of this work is to provide mental health professionals with basic information about MVAW as it appears in diverse religious cultural groups so that they can enhance their effectiveness with clients from these communities.

Organization of the Book

Mental health professionals addressing MVAW in religious clients and communities need to develop basic understanding in at least three major areas: general knowledge of MVAW, knowledge of the interface between specific religious cultural groups and MVAW, and general principles for providing culturally sensitive consultation and programming within diverse religious cultural groups. The three sections of this work address each of these concerns in order.

Part I: Background Information. Mental health professionals often have different levels of training with regards to MVAW. The first major part provides background information on gender violence and religious cultural groups in general. Damron and Johnson (Chap. 1) discuss the prevalence of MVAW, myths surrounding rape and intimate partner violence that tend to blame the victim and exonerate the perpetrator, and the variety of ways religious culture influences MVAW, and they provide an overview of the book and how mental health professionals might use it. Kilmartin (Chap. 2) examines the role of men in gender violence. He discusses the interplay of multiple factors which contribute to the fact that most perpetrators of gender violence are men even though most men do not commit gender violence. He also examines factors that result in gender violence not receiving as many resources to address it as other types of violence which have far fewer victims. Rayburn (Chap. 3) looks at the discrepancies between the official policies of religious institutions and the lived social experience of women and girls in religious communities. Implications of these discrepancies for the lives of women and girls are explored in terms of how various forms of misogyny are connected to the abuse of women and girls in religious communities. Finally, Mahoney, Abadi, and Pargament (Chap. 4) develop a model of intervention for survivors of situational interpersonal violence that is informed by research on spiritual and religious coping. These chapters together give an overview of the dynamics of MVAW, the role of overarching cultural issues that provide the backdrop in which MVAW is made possible and acted out, and insight into the complex dimensions of religious and spiritual coping as they relate to gender violence.

Part II: Working with Individuals within Religious Cultural Communities in the USA. Mental health professionals need background information on the variety of religious cultural groups. The second section of this work addresses this need. Characteristics of major religious cultural groups relevant to the identities of persons and the dynamics and treatment of MVAW in each group are outlined in each chapter. The underlying goal of each chapter in this section is to empower therapists to work effectively with diverse religious survivors and perpetrators of MVAW.

Chapter Selection in Part II. The selection of chapters to include in the second part revolved around a variety of factors. First, chapters were selected

from each of the following major religious traditions in the USA: Indigenous Peoples, Jewish, Christian, Islamic, and Eastern Religious Traditions. Each of these five sets of religious traditions are generally accepted as relatively separate and unique groups.

Second, an effort was made to take the religious identity of persons from major sects within each major tradition into account when selecting chapters. Emphasis was placed on how insiders construct their own religious identities, the types of rationale they provide for specific beliefs and practices, and things of this nature. For example, the “Orthodox Jewish Community has a unique belief system, religious outlook, and culture that set it apart even from other segments of the Jewish population” (quote is from the abstract of Bilek, Chap. 6). These unique characteristics, in turn, influence the dynamics and effective treatment of MVAW in the Orthodox Jewish community. These are some of the many reasons it was deemed necessary to have separate chapters for the Orthodox Jewish community (Chap. 6) and the Conservative Jewish community (Chap. 7 by Dorff).

Third, it was essential to note the differing histories of religious denominations or sects and the different emphases various religious denominations place on the importance of scripture, tradition, reason, and experience. In religious studies, these dimensions are often referred to as the Wesleyan Quadrilateral (see Johnson and Stephens, Chap. 29 for a discussion of these and other dimensions of religion). Different religious groups, especially those in the Christian tradition, often prefer one of these sources of knowledge (i.e., scripture, tradition, reason, or experience) over the others and are most responsive to communication strategies that match those preferences.

For example, Orthodox Christian denominations often place a strong emphasis on tradition (see Gassin, Chap. 10). Because of the high level of importance given to tradition in the Orthodox Christian Church, the sections describing traditions relevant to MVAW are longer in this chapter than they are in other Christian chapters. Discussions with Orthodox Christian leaders or clients that tap into the traditional teachings of major historical figures in the Orthodox Church on violence against women, such as the homilies of John Chrysostom, may be well received in this community but would most likely be rejected by many individuals in some Christian denominations which emphasize scripture as the most important source of knowledge, such as persons from Evangelical or Fundamentalist churches (Stephens and Walker, Chap. 13). Pentecostal and Charismatic churches are similar to the latter churches in many ways but they have a strong emphasis on the Holy Spirit and on emotional experience in addition to a tradition of ordaining women from the inception of their movements (see Murphy, Pommert, and Vidrine, Chap. 18). These differing histories of gender roles in the Pentecostal and Charismatic churches influence how MVAW is manifested in these groups. Differences in the dynamics of MVAW, their unique preferred styles of communication and persuasion, and their strong in-group preference makes working with clients and religious leaders from these denominations unique in many ways. Considerations of religious identity and group characteristics led to the decision to have one chapter for the Pentecostal and Charismatic churches and another for the Evangelical and Fundamentalist ones.

These examples highlight the different types of considerations which came into play in the chapter selection process for Part II.

Fourth, chapters in the second part were selected based on the intersection between religious tradition, race, culture, national origin, and immigration status within a group. This is especially true in the Christian subsection. For example, dynamics of how MVAW appears in churches of African descent, Latino Churches, multiethnic churches, and predominantly White churches differ not only according to religious identity but also in terms of responses to racism and stereotyping concerning the degree of perceived violence in specific cultural groups, differing numbers of recent immigrants in the church denomination, and other factors of social location relevant to MVAW. Separate chapters or parts of chapters were selected to try to capture essential religious cultural differences that affect how MVAW appears in these communities and that might influence the course of individualized treatment for survivors and perpetrators. For example, Muhovich and Geddes (Chap. 19) discuss complications of having an American pastor in a multiethnic church with immigrants from several countries in terms of the willingness of parishioners to discuss MVAW with pastoral leadership.

Fifth, chapters representing the Eastern Religious Traditions sought to capture the complexity of client lives at the intersection of religion, culture, national origin, and immigration status in a way that also reflected the fluid identities of individuals who practice and hold their religion in forms that are often very different from individuals in the Western religious traditions. Sometimes religious identity may be valued more highly by individuals in these groups while others may value national origin or subculture more highly than the commitment to a particular religious tradition. Buddhists, Hindus, Sikhs, Chinese traditions, and the Hmong each have unique values, scriptures, traditions, and histories that affect how MVAW unfolds in their respective communities. For example, Vang (Chap. 24) describes the role of traditional Hmong spiritual practices surrounding burial that result in strong internal and external pressure on wives of abusive husbands to stay in the marital relationship. Chapters on the Eastern Religious Traditions contain information about how MVAW unfolds within diverse traditions that might not be widely understood in or available to the majority cultures in the USA.

In short, each of the chapters in the second part of the book was carefully selected based on important religious and cultural issues essential for clinicians to be aware of due to the unique features of how MVAW unfolds in a specific community and to the differences in how clients from each of the religious cultural groups might construct their identities or have differing social situations confronting them when they face the problem of MVAW.

Chapter Features in Part II. Each chapter describes ways that the religious culture of a tradition is sometimes misused with regards to MVAW, religious and spiritual resources which can be useful in healing survivors and their children or for confronting abusive men, and recommendations for culturally sensitive practice. These are essential features for a number of reasons. First, it is important for mental health practitioners to be aware of how perpetrators of MVAW within a religious cultural group use a variety of methods and resources to exert power and control over their victim and any other family members, such as children. Religious scriptures, values,

beliefs, practices, and rituals are often misused by religious perpetrators to accomplish these objectives and to blame the victim for the abuse occurring. It is not unusual for a religious survivor of MVAW to internalize the blame for the abuse and to accept the twisted use of scripture and other religious beliefs or practices that minimize, deny, or even condone the violence directed at her. Understanding how use of the religious culture and the dynamics of MVAW are often intertwined within a group is essential for therapists.

Second, the tendency of religious survivors to internalize the blame and guilt for the abuse can result in interesting dynamics in treatment. Survivors and mental health practitioners alike may not be aware of religious beliefs, ideas, rituals, and practices which can be used to confront MVAW or which can be useful in healing. This can make it difficult for both parties to imagine a way for the client to reconnect with support that could be available in her religious community or with religious practices and beliefs which can alleviate her suffering. Openly acknowledging that her religion teaches that she deserves to be treated with love and respect and that it is wrong for her partner to abuse her can be a powerful intervention for a religious survivor. Direct or indirect pressure in therapy to further isolate or cut herself off from social support in her religious community—the very thing that the abusive partner is often trying to do—can unfortunately occur due to lack of knowledge of religious and spiritual resources in a community. This is not to say that one should automatically assume that the religious survivor should stay in her religious community. It is to acknowledge, however, that the decision on what to do with regards to her religious life is complex and is ultimately the client's to make. Therapists who understand both the religious supports for survivors and the misuse of religion within a religious cultural tradition to oppress survivors will be better equipped to help survivors process their options in an informed manner.

A third feature of each chapter in the second section of this work is a focus on the treatment of abusive men. Religious cultural groups at their best are concerned with the safety and thriving of survivors and their children, and the transformation of abusive behavior in men. Turning away from abuse, violence, and the use of power to control and manipulate, and turning toward a life of peace, self-sacrificing love, and care are essential for abusive men. It will not be possible to eliminate or even reduce violence against women in the general population unless violent behavior in men is addressed.

Fourth, each chapter in Part II spells out recommendations for mental health practitioners and researchers. Resources helpful to therapists in working with a given community are outlined. The chapters have been written by professionals from a wide range of disciplines who are in some way insiders to the religious cultural tradition they describe. This has enabled the chapter authors to write with an unusually high degree of sensitivity about important issues that can affect the religious cultural identity of clients or which might be relevant to understand the dynamics of MVAW and treatment issues within these communities. It also gives mental health practitioners the opportunity to observe how communication is carried out within the group, what information is seen as persuasive, and what tends to be emphasized as they reflect upon the way a given chapter is written. For example, one will notice that the questions and concerns of persons within the Roman Catholic tradition

(Starkey, Chap. 11) and those from an Anabaptist-Mennonite approach (Jankowski, Chap. 14) are quite different even though both traditions are Christian. Mental health practitioners who are mindful of these differences in values and communication styles will be better prepared to work with clients and religious leaders from the diverse religious cultural traditions included in this work.

Another advantage of having insiders provide recommendations about treating MVAW in each religious cultural group is less obvious. Damron and Johnson (Chap. 1), and Johnson and Stephens (Chap. 29) both describe how the source of information and the way it is presented may be highly important to at least some religious leaders in many religious cultural groups. These preferences can result in recommendations from an insider to the group who is seen as loyal and trustworthy being highly valued, while a recommendation which comes from an outside expert who is competent and experienced in MVAW could be undervalued or even devalued.

Being able to let resistant religious clients or leaders know that the information one has about MVAW in their religious cultural tradition comes from an insider who is knowledgeable and respectful of the group can be advantageous in many circumstances. For this reason, many chapters in Part II of this work contain recommendations for clergy and religious communities in addition to recommendations for mental health professionals. Having these recommendations available to you as a mental health professional will be advantageous for you to use with some religious clients and clergy, especially those who are particularistic (See Johnson and Stephens, Chap. 29 for a discussion of particularism). The recommendations for clergy and religious communities, in summary, are intentionally placed in chapters as tools for mental health professionals to use in their practice.

Fifth, each chapter in the second part of the book strikes a balance of discussing the misuse of religious tradition, religious and spiritual resources for healing survivors and confronting abusive men, and guidelines for culturally sensitive practice on one hand while communicating and organizing these discussions in a way that is culturally appropriate for that particular religious cultural tradition. Cultural sensitivity cannot be served well by forcing diverse religious persons to construct their chapters in the linear, tightly woven formats preferred by individuals in one of the dominant religious cultural groups in the USA (e.g., white Protestants). As will become apparent throughout this work, cookie cutter approaches to therapy with diverse religious others affected by MVAW do not work well. In a similar fashion, forcing a one size fits all strategy for all of the chapters also would not work well to promote intercultural understanding. One of the best examples is provided in Chap. 5 by Pierce. Preferred communication patterns in Native American (i.e., indigenous, First Nations, and American Indian) cultures are circular rather than linear. Pierce masterfully makes use of this communication style by illustrating the pernicious effects of racism, sexism, and genocidal actions over time by the dominant groups on MVAW in Native American communities. A culturally informed reading of this chapter will appreciate the additional depth and perspective she provides at each turn of the circle. Insiders to the tradition will find the information indispensable and essential to begin the quest to confront MVAW in their communities but will also realize that this is only a

beginning and will want to seek out even more information. Readings of the chapter that are not culturally informed or which are characterized by cultural rejection may miss the richness of the chapter and may see some of the information as redundant or unnecessarily repetitious. In short, the authors of each chapter provide us not only with essential information relevant to MVAW in their religious cultural tradition but also with demonstrations of the preferred communication patterns and examples of thought processes one often finds in their group. The richness and depth of this approach can yield much greater insight for the sensitive, observant, and thoughtful reader.

Finally, each chapter in the second part was written in a way that allowed it to be self-contained and read independently of the other chapters. Some readers may wish to brush up quickly on a tradition by quickly rereading a chapter and may not want to piece together parts of different chapters that each contain some pieces of the overall picture of the religious cultural group in question. This was also seen as being advantageous for readers obtaining a copy of a chapter through interlibrary loan or for those ordering only some of the chapters in the electronic forms of the book for sale on the Springer website.

Part III: Best Practices in Working with Clergy and Religious Communities. The third and final part of the book outlines best practices in working with religious leaders and religious communities to confront MVAW. Hamid and Jayakar (Chap. 26) explain principles and guidelines for providing consultation and educational programming in religious institutions. Kim and Menzie (Chap. 27) describe innovative models of collaboration between public service agencies and faith-based institutions in Korean American communities in the greater Oakland area. This unique program involved multiple partners from various public service agencies and religious organizations from differing religious traditions. Green (Chap. 28) outlines the underlying rationale and steps involved in establishing a systematic, comprehensive domestic violence policy within a religious organization. Finally, Johnson and Stephens provide useful guidelines for initiating work with religious leaders to address MVAW, summarize best practices, and provide directions for future research.

In conclusion, my hope is that this work will be useful to mental health professionals working to promote healing and transformation in the lives of persons affected by men's violence against women in diverse religious cultural groups. May we all become increasingly successful as we work together in taking these next steps to put an end to gender violence in all of our communities.

Reference

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A. J. Johnson

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