

Integration of religious beliefs and faith-based resources in domestic violence services to migrant and ethnic minority communities: A scoping review

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Abstract

Domestic violence and abuse (DVA) is a problem that cuts across borders and communities. There is an urgency for domestic violence service providers in multicultural societies like the United Kingdom (UK) to adapt to the diverse backgrounds of their clients so that they can better support victims and survivors to cope and exit harmful situations, as well as help perpetrators stop abusive behaviour through interventions that take into account their socio-cultural context. Religious beliefs are an integral part of many people's lives and identities, influencing rationalisations, attitudes and help-seeking behaviour around domestic violence. Religious mediators often offer a first point of reference for victimised parties to turn to, with both positive and negative impacts. Despite this recognition, it is unclear to what extent religious sensibilities are being addressed in DVA services, or how best to account for religious beliefs and experiences in a manner that respects religious diversity among clients while recognising gaps in religious literacy among domestic violence providers, social workers, counsellors and other frontline workers responding to the problem. Recognising this, we conducted a scoping review to identify existing approaches and practices for integrating religious beliefs and faith-based resources in domestic violence services. The review had an international scope, was conducted in English and included 30 publications. The synthesis of the evidence pointed to numerous approaches and efforts in integrating religious beliefs and faith-based resources in DVA services, differences and tensions in generalist and community-based responses, and the need for various measures in DVA services to cater to multi-cultural populations

Introduction

In recent years, world mobility and migration has expanded due to educational needs, professional opportunities, economic aspirations, natural and man-made emergencies, conflicts and global and local crises. Domestic violence and abuse (DVA) is a problem that cuts across borders and increasingly calls for a response that takes into consideration the transboundary nature of human experience and the diverse intersectional identities that people combine as they move across borders. DVA refers to violence or abuse that occurs in a domestic setting; intimate partner violence (IPV), is the most prevalent form of DVA, referring to abuse between current or former intimate partners. IPV is prevalent in heterosexual as well as same sex relationships and can be perpetrated by men or women, though violence against women, particularly sexual violence is more prevalent, more severe, with worse health impact than IPV against men (e.g. Office for National Statistics, 2016). For the purposes of this paper, we will use the term DVA throughout, although most of the evidence relates to IPV.

There is no conclusive evidence that DVA is more prevalent in migrant and ethnic or religious minority communities, although minoritized communities are more vulnerable in situations of DVA due to migration-related risks/ stresses, colonial legacies/ racism and other structural, systemic and material risk factors (Chantler, Gangoli & Hester 2009; Du Monte & Forte, 2012; Holtmann & Rickards, 2018; Gebreyesus et al., 2018). Migration-related factors may render some migrant men at greater risk of perpetuating DVA, associated with a lack of opportunity and marginalisation, stress and mental health problems (Gebreyesus et al., 2018). Additionally, inexistent or limited traditional support systems that would mediate in cases of DVA in home societies, financial dependence on the abuser (or the perpetrator's family), lack of access to social networks, issues with legal status or employment permits, family or community-related pressures, and religious or cultural values can impede survivors from taking formal action to leave an abusive relationship (Holtmann, 2016; Holtmann and Rickards, 2018; Istratii, 2020).

DVA victims and survivors[1] may also not access DVA services due to an actual or a perceived lack of cultural awareness and competence among service providers, survivors' fear of state actors as a result of society of origin or in-transit experiences with such actors, survivors' choice to rely on community-based resources to resolve the issue, or as a direct or indirect result of their religious beliefs (Holtmann & Rickards, 2018; Al-Natour et al., 2019, Pan et al., 2006; Khelaifat, 2019). Moreover, members of religious communities, whether at home or in host societies they move to, often find a support system in their faith and spiritual beliefs which may include seeking mediation assistance from religious leaders or coping by relying on religious practices and one's faith, such as praying for the abuse to stop (Holtmann & Rickards, 2018; Al-Natour et al., 2019). A detailed review of the international evidence shows that religious beliefs can act both as a contributor to DVA and a deterrent to help-seeking and both as a resource supporting survivors to cope and protection for people who use DVA in their relationships (Istratii & Ali, 2023; Le Roux & Pertek, 2023). In relation to religious mediation, it is well-established that clergy and other religious mediators are often the first to hear disclosures of DVA from survivors but can provide harmful advice or be unsupportive (Nason-Clark et al., 2018).

Despite this recognition, few studies have systematically explored the ways in which religious beliefs and faith-based resources have been integrated in DVA services (Walizadeh, 2022). There is also limited evidence for effective faith-informed and religiously informed or religiously adapted DVA services. As the current review shows, the predominant academic research on religious literacy in DVA services emerges primarily from the USA, Canada and Australia. In contrast to academic research, the grey and organisational literature emanating from DVA services features a significant gamut of manuals, toolkits and educational materials that seek to improve religious literacy among DVA service providers and to integrate faith actors in victim support systems, but there has been no effort to systematically synthesize and typologize this literature.

To-date, it is unclear to what extent religious sensibilities are being addressed in services aimed at DVA victims and survivors or perpetrators, or how best to account for clients' religious beliefs and experiences in a manner that respects religious diversity and recognises possible gaps in religious literacy among social workers, counsellors and DVA service providers. It is also unclear what models of collaboration between secular and faith-based providers in migrant and minority communities might be most effective. We propose that there is an urgency for DVA service providers in multicultural societies like the United Kingdom (UK) to adapt to the diverse linguistic, cultural, religious and ethnic background of their clients so that they can better support victims and survivors to cope and exit harmful situations, as well as help perpetrators overcome abusive behaviour through interventions that consider

their distinct socio-cultural context, including their cultural socialisation and religious beliefs, and how these might interact with dominant cultures in host societies to influence attitudes about DVA and responses to it.

With this motivation as a starting point, we conducted a scoping literature review to explore and to identify current approaches that are being used by DVA service providers, social workers, counsellors and other professionals working at the frontlines of responding to DVA internationally and the UK to integrate religious beliefs and faith-based resources in their services so as to identify best practices and evidence gaps and to inform future research and sector-wide responses in the UK.

[1] By DVA victims we refer to those who are in a situation of victimisation by their intimate partner. By DVA survivors we refer to those who have managed to exit an abusive situation. The distinction aims to recognise the two different states, and not to suggest that victimised parties are not survivors. Both victims and survivors can be resilient and practise their agency to endure through, navigate, mitigate and exit their situation.

Methods

The rapid scoping review was focused on understanding whether and how religious beliefs and faith-based resources have been integrated in DVA services internationally and in the UK. A rapid scoping review design was selected as most appropriate given the aims of the review to explore the scope and type of the available evidence. Our ultimate objective was to be guided by this evidence in order to contextualise and inform further research activities planned by the authors, including direct qualitative research with members of migrant communities and a sector-wide survey with DVA service providers in the UK. Since the international DVA evidence often overlaps with the broader Violence Against Women and Girls (VAWG) or Gender-Based Violence sector in the context of international development we also considered relevant any evidence emerging from community settings internationally, including in low- and middle-income countries, that had engaged religious stakeholders and community-based DVA responses.

Religious beliefs are rooted in the religious affiliation, socialisation and worldview of a DVA victim, survivor or perpetrator and faith-based resources are defined as resources available in religious communities and religious spaces, such as spiritual advice, prayer or mediation by religious teachers, clergy or other religious personnel. Recognising that within health and psychological studies the term 'spirituality' has often been used interchangeably or in close association with 'religion', we also included evidence that referred to integrating spirituality or spiritual beliefs in domestic violence services. Moreover, since within much western literature and discourse, the concept of religion or faith has often been subsumed into the concept of culture we also searched for studies that referred to the integration of cultural sensitivity, cultural awareness or cultural competence in domestic violence services that made direct reference to religious beliefs, faith or spirituality. We were particularly interested in understanding to what extent the literature on 'culturally competent' services, primarily emerging in North America and the UK where this concept and paradigm has been increasingly streamlined and debated, had accounted for religious beliefs and resources and had sought to conceptualise this relationship more systematically, and how this compared to approaches and understandings from across the world, but especially evidence from low- and middle-income societies less represented in the scholarship historically.

Search protocol

The protocol of the review was developed collaboratively among the authors of this paper, who combined different backgrounds and specialisations, including health/ public health (GF; PA), religious studies, anthropology and international development (RI), and experience working in DVA services in the UK (LM). The searches, data analysis and synthesis were led by RI, with LM mapping organisational literature and supporting data extraction, and GF and PA advising throughout the process and contributing to the final report.

The rapid scoping review involved: a) qualitative or quantitative studies, b) literature reviews, including systematic reviews, c) relevant studies or grey literature published by VAWG organisations, other relevant charities, government agencies working on domestic violence, or professionals who are offering services through recognised DVA services, and d) relevant publications by international organisations working to provide domestic violence services at the community level, including those working on Gender Based Violence (GBV) responses and programmes.

As we were reviewing evidence, we excluded academic papers that did not report empirical findings, such as conceptual and planning papers, but it included grey literature that could be guidance sheets, manuals, policies and organisational practice sheets in order to capture the non-academic evidence produced and published by DVA service providers. All the resources reviewed had to be in English to be accessible to all the members of the team and to have been published in the 21st century, although grey literature that was found to be relevant was included even when no date of publication was reported or traced.

The review included all sources of evidence that referred to DVA support and services to victims, survivors and perpetrators from migrant and ethnic minority religious communities. We did not employ a rigid definition for the category 'migrant' or 'ethnicminority', but rather included all communities for whom religious beliefs were evidenced to be important in domestic violence experiences and help-seeking. Since we were interested in migrant communities and the cross-cultural context, we did not search for evidence on DVA responses in religious communities in their home country context.

Study settings could be statutory domestic violence services, women's or VAWG organisations or charities supporting survivors, including psychological support or social care integrated in frontline DVA services, as well as community-based initiatives responding to the problem. The review was also

interested in perpetrator engagement, such as through perpetrator treatment programmes. Conversely, the review excluded studies of programmes that did not directly address their links to organised DVA services.

The review also excluded: a) studies that referred to the effect of faith and religious beliefs on the help-seeking of DVA survivors and perpetrators, which had already been covered in a previous literature review (Istratii and Ali, 2023), unless they made direct recommendation about faith-sensitive DVA services; b) studies that discussed faith-sensitive interventions in community settings without discussing the perspectives of DVA service providers, as this review was specifically interested in the approaches and experiences of service providers and their types of engagement with religious beliefs and faith-based resources, and c) studies focusing on culturally competent services unless these made explicit reference to religious beliefs and faith or faith actors.

Searches were run by RI using Google, Google Scholar and EBSCO search engine for social sciences and humanities. Titles and abstracts were searched using keyword combinations as listed below: Religion/Faith AND Domestic Violence Services/Provision/Support; Religious sensitivity AND Domestic Violence Services/Provision/Support; Cultural sensitivity AND Domestic Violence Services/Provision/Support; Religious competence AND Domestic Violence Services/Provision/Support; Cultural competence AND Domestic Violence Services/Provision/Support; Religious Literacy AND Domestic Violence Services/Provision/Support; Cultural Literacy AND Domestic Violence Services/Provision/Support; Service Provider Perspectives AND Religion/Culture; Service Provider Perspectives AND Spirituality; Domestic Violence Providers AND Spirituality; Domestic Violence AND Cultural Competence; Domestic Violence Services AND Religious Competence; Domestic Violence Services AND Cultural Competence; Domestic Violence Services AND Religious Literacy; Domestic Violence Services AND Cultural Literacy; Domestic Violence Providers and Religion; and Domestic Violence Services AND Cultural Competence.

Additional searches were run that explored issues of racism, colonialism, decolonisation, diversity and social justice in VAWG and DVA services provision as it was anticipated that these could overlap with questions of cultural sensitivity and religious diversity. Moreover, the review team conducted a systematic search of grey literature from DVA service providers in the UK. To capture as much possible of this grey literature, in addition to running searches on Google, LM mapped major relevant stakeholders and service providers in the UK and reviewed their websites for related content. The stakeholder list included 90 organisations with available website and online presence. The results of the review are presented in a PRISMA graph below:

[Figure 1: PRISMA flow diagram for systematic review]

The academic studies and grey literature items included in the review are shown in the two tables below (Table 1 and 2 respectively).

[Table 1: Included academic studies]

[Table 2: Included grey literature and organisational publications]

Findings

The papers and materials that met the inclusion criteria listed earlier were organised in six evidence categories:

1. Category 1: Papers engaging religious communities and religious survivors of DVA that presented a rationale or recommendations for integrating religious beliefs and faith-based resources in services supporting migrant or ethnic minority communities.
2. Category 2: Papers that presented a rationale or an approach for culturally competent or culturally appropriate services that also mentioned religious beliefs, faith or religious stakeholders in the recommendations of their papers and in suggesting needs for future research.
3. Category 3: Papers that sought to apply a faith-sensitive lens to DVA services working with religious communities or evaluated programmes that had followed such an approach.
4. Category 4: Materials that focused on improving the preparedness of religious leaders to support survivors and perpetrators with safety concerns in mind and with awareness of available services, developing religious literacy among DVA providers, or promoting cross-sectoral collaborations between religious stakeholders and domestic violence providers.
5. Category 5: Studies that referred to faith-sensitive approaches in psychotherapy and counselling involving DVA survivors and perpetrators
6. Category 6: Papers that intersected the study of domestic violence services with issues around the concepts of culture, racism and religion.

Category 1 evidence

Many studies included in this review examined the influence of religious beliefs and religious mediators in the DVA experience of victims or survivors and their help-seeking, making direct recommendations to inform domestic violence services and social work approaches in religious communities and groups (Fowler et al., 2011; Ghafournia, 2017; Mulvihill et al., 2022; Pyles, 2007; Yick, 2008). Most of these studies were from the USA, one was from Australia and one from the UK.

A study from the USA that drew on data collected in Wyoming to assess community responses to DVA (Pyles, 2007), scrutinised the role of religion and found this to have served both as a resource and a barrier. While religious institutions could provide emotional comfort and practical assistance, the

response of religious personnel could also perpetuate silence. The study found limited collaboration and communication between religious institutions and social service providers and advocates and recommended that better links be developed between religious spaces and secular services.

Yick (2008) explored the role of spirituality and religiosity in domestic violence of culturally diverse women, placing central attention to the influence of culture (defined by the author as the worldviews and perceptions people have of how the world operates) in the intersection of spirituality and DVA. The study included survivors from primarily the African American community, with a few being Asian women, White women and other ethnic groups. In general, faith and invoking a higher power helped the women to cope, while the existence of religious institutions and resources was identified as a source of strength. At the same time, tensions existed between women's own abusive relationships and how their religious traditions thought about marriage and gender roles. Importantly, these ideal notions of family and marriage were interwoven with women's cultural beliefs and what the author identified as general Western notions of family values. Other themes included women feeling a spiritual vacuum, a loss of their sense of identity, many women's revitalised spiritual journeys and a re-discovery of their faith through a social justice lens, forgiveness as healing and giving back through social activism. Based on these findings the author proposed that practitioners supporting survivors from culturally diverse backgrounds should explore how their clients' religious beliefs and spiritual experiences might influence their ways of coping, strength and resilience. They should do so with the understanding that a woman's religiosity or spirituality is influenced by the environment around her, her community and her family. Therefore, practitioners should collaborate with faith communities and religious institutions to provide culturally competent services.

A study engaging the Muslim community in Australia reinforced these findings (Ghafournia, 2017). The study engaged 14 abused women to explore the role of religious values in Muslim migrant women's experience of IPV and implications for faith-based prevention and intervention strategies in the Muslim community. In contrast to stereotypes about Muslims (exacerbated with the rise of ISIS), the study found that women in the study turned to their religious beliefs as one of their main strategies in dealing with the abuse, although the response of religious leaders was described mostly negatively in the women's accounts. Important insights emerged also in relation to how women viewed the role of Islam and religious beliefs in their abuse, and how they interpreted negative attitudes in relation to cultural systems and socialisation. These were summarised by the author as follows:

However, in Islam, like other religions, common cultural beliefs based on patriarchal ideologies can be found. These beliefs are justified in the name of religion and sometimes even replace religious rules and values. Here, the abusers used religion to rationalize their controlling behaviours. So, it was not the patriarchal precepts of religion but the patriarchal interpretation that facilitated the abuse. Furthermore, most of the women distinguished between culture and religion and mainly attributed women's oppression to a specific culture that was saturated with, and reinforced, gender inequality. (p. 159).

The implication of the study was that social workers needed to engage with their clients' religious beliefs and to invest in understanding the role of religious beliefs on their clients' lives and experiences of DVA, including their process of healing. According to the paper, a faith-informed framework could be used to identify appropriate intervention strategies. To be able to do this, however, social workers should develop a basic understanding of Islamic tenets and scriptural principles to navigate abused women's invocations of Islam and to support them without bias.

In one of the few studies from the UK, Mulvihill et al. (2022) explored the lived experiences of coercive control drawing on first-hand victim and witness accounts of abusive intimate partner relationships across Christian, Muslim, Jewish, Sikh and Buddhist faith contexts in the United Kingdom. The analysis was based on two multi-faith datasets: secondary data analysis of 27 semi-structured interviews conducted over 2016–2017 and primary data collected through an online anonymous survey in 2021 eliciting 24 qualitative responses, supplemented by 4 follow-up interviews with victim-survivors. In their decision to examine experiences of IPV through the lens of coercive control, the authors discussed the concept of spiritual abuse as developed over two decades in the UK and stressed the urgency to pay distinct attention to the use of distorted religious language by perpetrators to control their partners, which the authors called 'religious coercive control.' The study proposed that survivors of religious coercive control may need specialist support to address and overcome spiritual trauma. The accounts analysed in the study did not make clear whether survivors would prefer faith-based or secular services, but they suggested that secular services would be accessed by victims and survivors if they showed religious literacy. One implication of the study was that religious spaces must ensure that training is provided to support and safeguard survivors and that they serve as a key component in the 'social web of accountability' to respond to IPV.

Relevant to this discussion is a study that investigated the effect of spirituality in services utilisation for women residing in a domestic violence shelter in the USA (Fowler et al., 2011). The study defined spirituality as a way of being, an awareness of the transcendent, beliefs, and practices around meaning and purpose in life, and interaction with a higher power, hence subsuming religiosity under spirituality. The study found that women with higher levels of spirituality were less likely to have utilised shelters and more likely to have utilised faith-based resources. Moreover, women survivors with higher levels of spirituality were less likely to utilise shelter services regardless of the IPV levels that they experienced. Greater IPV experienced by the women survivors did not significantly contribute to explaining the relationship between spirituality and service utilisation. Overall, the findings suggest that survivors with higher spirituality were more likely to utilise faith-based resources than shelters, but those survivors who experienced greater IPV reported dissatisfaction with faith-based resources. These results suggested that spirituality should be incorporated into shelter services to meet survivors' spiritual needs, and that faith-based services should adequately address IPV, potentially by collaborating more effectively with DVA services.

Category 2 papers

As it was mentioned, the literature on culturally competent or responsive approaches has been extensive, with the paradigm of 'cultural competence' seemingly being more established in North America and Canada (Congress, 2005; Danso, 2018; Hernandez et al., 2009; Jackson et al., 2015; Klingspohn, 2018; Messing et al., 2013; Pokharel et al., 2021; Powell Sears, 2012; Rana, 2012; Sumter, 2006; Whitaker et al., 2007; Wretman et al., 2022), but gaining

critical attention in the UK. Studies that were included referred to religious beliefs, faith or religious mediators when authors defined culturally appropriate or sensitive services, or when they discussed the implications of their findings and identified future research directions (Bent-Goodley, 2013; Gillum, 2008a; Kulwicki et al., 2000; Latta & Goodman, 2005; Walizadeh, 2022).

Many papers highlighted the need to develop a proper understanding of community context, the role of family, religious leaders or other influential figures in shaping victims' help-seeking attitudes, as well as standards, norms and expectations about family life, marriage and domestic violence upheld in the community. In a paper that reviewed knowledge about cultural competence for Black women abused by men in the USA, Tricia Bent-Goodley (2013) reported that the religious community was generally considered a resource for African American domestic violence victims, however, faith-based providers often gave unhelpful advice or inadequate help. She described the case of Yolanda, who was tragically killed by her African American husband when she attempted to leave him. According to the author, Yolanda had sought advice from numerous individuals in her community, including family members and a pastor, who tended to treat the abuse that Yolanda experienced as normal in the community, encouraging her to endure and stay within her marriage. Eventually, Yolanda resorted to her faith and prayer, but later her husband prohibited her from going to church and took her religious books away. This led Yolanda to decide to leave him, which resulted in her death. Based on this story, the author stressed the need for contextual analysis to understand views about domestic violence upheld in the community and other structural barriers experienced by victims in navigating their options to exit pernicious situations. The author also noted the potential of churches, civil organisations, women's ministries and other community-based organisations to be engaged in support efforts and prevention interventions in the community.

Another study investigated how the cultural context of IPV affected accessibility to mainstream DVA services for Haitian women in the USA (Latta & Goodman, 2005). The authors found that immigrant women hesitated to seek support from mainstream services, which were mostly inaccessible because of failing to understand the ways in which immigrant women experienced IPV, and the contextual factors that determined their ability or willingness to resort to mainstream services for support. The paper also found that Haitian women often resorted to pastors and faith leaders for advice, who generally were unsupportive. Based on these findings, they proposed that faith leaders should be trained to be able to direct victims and survivors to relevant services and to help raise awareness and change norms in their communities in culturally appropriate ways.

A study by Kulwicki et al. (2000) that took place in an urban Midwestern area of the USA and investigated the perceptions, experiences and patterns of health care behaviour among Arab Americans and perceptions and experiences of health care providers stressed the importance of cultural sensitivity, which appeared interwoven with the religious identities of the Arab clients. For example, an Arab service provider observed the importance of recognising that some tradition-oriented Arabs might not shake a woman's hand, while another complained about the problem of stereotyping all Arabs as Muslim, explaining that many could be Christian and stressing the need to enhance religious literacy to avoid stereotypes and generalisations among service providers. The study also stressed the need for prioritising the understandings of clients, revealing a potential misalignment between providers' definitions of cultural competence and how members of the Arab community understood the same. The authors found, for example, that while providers placed emphasis on 'same treatment for all' in response to concerns of racism and discrimination, members of the community stressed the need for cultural sensitivity and engaging with cultural factors.

Gillum (2008a) in turn, explored the experiences of African American survivors with various community entities and how they felt their race may have affected these experiences. The study entailed focus groups and individual interviews with 13 African American female survivors of DVA and two African American female service providers. The study reported that women were generally dissatisfied with services, especially when trying to leave or stay away from an abusive partner. The reasons were related both to cultural incompetence and racism, such as services lacking African American staff and not providing a culturally safe environment for women who sought services there. The study also affirmed the significance of churches and religious resources in women's help-seeking behaviour. The participants in the study believed that churches could play an important role in battling IPV in their congregations by condemning it more openly and offering services, such as support groups to assist survivors, in lieu of couple counselling that was believed to rather couch the issue of IPV in the community. In sum, the study advocated against a *colour-blind* approach in DVA services, suggesting the need for culturally appropriate and specific services that considered the circumstances and needs of African American women.

In the UK context, Walizadeh's (2022) review of culturally responsive interventions for perpetrators of GBV directly addressed the integration of religious parameters in culturally competent responses, proposing that there is a need to overcome Eurocentric ideas about 'religion'. While the review did not list specific studies on the integration of religious beliefs or resources in cultural competency debates or programmes, the review found that the influence of 'culture' or 'religion' was often ignored in DVA work even though culturally and religiously diverse ethnic minorities and migrants were disproportionately represented in refugees. The review also proposed the necessity to integrate a more intersectional lens on DVA to account for diverse needs, colonialism, intergenerational factors and other parameters. Lastly, the review, conscious that the concept and praxis of cultural competency could be appropriated by mainstream DVA service providers, stressed that cultural competency should not be used as excuse to minimise the work of 'by and for' services.

Category 3 papers

Studies and resources under this theme could be divided into two types: studies that presented the particular characteristics of communities of faith with the aim of improving religious literacy among social workers and DVA providers (Hodge, 2004; Jayasundara et al., 2017), and studies that presented programmes or approaches that integrated a spirituality component in culturally competent services to migrant, ethnic or religious minority communities or compared the benefits of culturally specific services in comparison to more generalist services (Gillum, 2008b, 2009; Pan et al., 2006; SPR, 2018; Stennis et al., 2015). Overwhelmingly, this evidence comes from the USA, although it also included a study from Australia that explored what religious

literacy means regarding protecting children from sexual assault in Australia's Jewish community and Muslim women who experience DVA (Crisp et al., 2018).

In one of the earliest papers reviewed, Hodge (2004) presented central aspects of evangelical Christians' experience and cultural narratives around gender relations, marriage and DVA with the intent to build the cultural competency of service providers who work with Evangelical clients. One important point made in the paper about evangelical Christians, which could be applied to other religious communities, is that the spiritual and material reality should not be considered separate from each other but seen as co-existing in unity, which called attention to the influential role that religious beliefs and spiritual practices could have in the observed behaviour of evangelical Christians. Hodge proposed that service providers needed to engage with the religious worldview of this community and listed numerous ways for service providers to improve their knowledge of this community, such as by reading family resources written by authoritative Christian authors with credibility among Evangelical Christians. Hodge recognised that believers could manifest their spirituality in harmful ways, and advised that social workers should not attempt to problematise the veracity of the theological beliefs of their clients but could put their clients in touch with a pastor from the community to advise them on matters of theology and interpretations. Concerned about misrepresentations of evangelical Christians in the mainstream secular culture, Hodge stressed the importance for service providers to reflect on any personal biases or stereotypes they may have about this community to ensure that their own perceptions would not interfere with their services. Hodge went as far as to argue that where the values of the social workers and the clients fundamentally differed from those of the Christian community served, it would be ethically compelling to avoid providing culturally competent services to such clients and to redirect them to providers who may be better placed to cater to their needs.

Another paper published in the USA (Jayasundara et al., 2017) shared a similar aim. It discussed five major religions —Buddhism, Christianity, Hinduism, Islam and Judaism— and their main premises, and analysed how religious teachings within each tradition could be misused to justify abusive behaviour, listing common social work practice strategies that could be utilised in DVA situations. The authors explained their rationale for placing emphasis on religious tenets and being able to respond to misconceptions or misuse of religious discourses in the passage below:

Religion remains a major cultural influence that can have both positive and negative consequences, shaping self-identity and outlook on life. Sacred texts may be understood to define roles for males and females. Interpretations of these prescriptions and values can be influenced by multiple cultural factors, affecting self-image and behaviour and providing a basis for understanding our respective destinies. Complicating matters, most holy texts were written long ago within unique cultural contexts and often with languages that require translation. Literal interpretation of texts can oversimplify understanding and application. (p. 41).

The authors proceeded to present the main tenets of the five religious traditions and how these could reflect negatively in situations of DVA, concluding with a set of recommendations for social workers who seek to provide culturally competent services to religious clients. *Inter alia*, they stressed the need for social workers to know the religious orientations of their clients and to have basic knowledge of religious traditions represented in their surroundings to be able to help their clients 'explore alternatives that counter these misinterpretations' (p. 58). Crisp et al. (2018), in turn, explored what religious literacy might mean regarding protecting children from sexual assault in Australia's Jewish community and Muslim women who experience DVA. The aim of the paper was to show students and practitioners in social work and health care the importance of engaging carefully with their clients' religious beliefs and understandings without succumbing to stereotypes or generalisations about religious communities. The authors demonstrated this in the case of Muslim women affected by DVA. While they acknowledged that in Muslim-majority countries there is often the perception that DVA is condoned within Islam, they stressed that the problem reflected the underlying issue of women's unequal status to men. Moreover, opinions about DVA and Islam can be more diverse than it is often recognised, under the influence of many factors, including Islamic feminist scholars' activism and abused women's own conditions and understandings. For instance, the paper cited a 32-year-old woman who explained that when she experienced abuse from her husband, the community insisted that she remain in her marriage, as would be the norm within the community. However, she argued that she was now a grown woman who had the autonomy to decide for herself. This spoke again to the importance of understanding the religio-cultural contexts and standards upheld in the communities of female survivors of DVA while eschewing generalisations and allowing for diversity in experiences and decision-making.

The literature included also a small number of studies that described programmes or approaches that sought to be culturally specific and engaged religious beliefs and spirituality. One example is the Ahimsa for Safe Families Project, an innovative collaborative project that was set up to address DVA in immigrant and refugee communities in San Diego, USA (Pan et al., 2006). Ahimsa is a Sanskrit word that stands for nonviolence or non-harm. The project was designed to increase awareness of DVA among Latino, Somali and Vietnamese communities relying first on a needs assessment of attitudes and beliefs about DVA in the community and then holding community dialogues to address findings in the needs assessment. Based on this needs assessment and community dialogues the project developed and implemented culturally specific programmes targeted at each of the three communities. Findings from the needs assessment evidenced the importance of contextualising DVA within the cultural socialisation of the community, which could point to an important overlap with religious traditions and identity. For example, it was observed that the Somali community was predominantly Muslim, and members often had difficulty differentiating between religious and cultural traditions due to the dominance of religious tradition in their everyday lives.

The needs assessment from the three communities identified six core issues underlying DVA, which were: varying definitions of violence, specific definitions of family harmony, strict gender roles, varying conflict resolution strategies, cultural identity and spirituality (p. 42) and numerous barriers that could hinder members of migrant communities from accessing services, namely: a lack of trust for providers, language barriers, transportation, beliefs about family/ culture, and a lack of bilingual/ bicultural staff. The authors concluded that implementing a culturally competent response would

necessitate understanding the cultural values of the community served and how these can influence the behaviour of DVA victims, survivors, perpetrators, their families and the community. They also stressed the need for service providers to approach diverse communities with respect and sensitivity to collective community values and with awareness of their own cultural biases not to superimpose those onto their clients.

Another spiritually informed, culturally competent programme that was identified in the reviewed literature was the S.T.A.R.T.® Education and Intervention Model in the USA (Stennis et al. 2015). In a synthesis and discussion of the relevant literature, Stennis and co-authors proposed that a culturally competent approach engaging communities of colour in the USA would need to consider: a) history, experience and impact of oppression, such as “racial” loyalty, secrecy, distrust of formal systems, b) traditional methods of coping, such as spiritual beliefs and religious practices, c) relevance of community and community support, such as the focus on teamwork, communalism, d) element of existential and practical hope, such as being able to dream about a positive and fruitful future, and e) culturally-sensitive, research-based education (p. 98). The S.T.A.R.T.® Education and Intervention Model was developed as a religiously sensitive and multidimensional IPV education and intervention model for the African American faith community in the USA inspired by a tragic incident of DVA in a Southern college community of faith. The programme was designed by social professionals who were themselves members of the faith community to respect clients’ religious and cultural traditions and in accordance with the NASW Code of Ethics and CSWE mandates on cultural competence. START stands for Shatter the Silence, Talk About It, Alert the Public, Refer, and Train self and others, and has worked to empower individuals to assess beliefs around power, gender, types of abuse, individual and community responsibility, break the silence around faith, culture and DVA, raise awareness and develop interventions, and refer those affected to available resources.

Since its inception, the model has been implemented in numerous communities, including African Americans, Hispanic religious leaders and Christian and Muslim Ethiopian women’s advocates, and has been assessed using a post-training focus group format. After each workshop participants were asked to report their thoughts on the model’s ease, implementation, and usefulness. The overall feedback and evaluations received have been positive, with participants appreciating the religious diversity addressed in the model, the culturally sensitive content, and the ease of using this model for discussing and addressing sensitive topics, including sexual exploitation. In their evaluation of the programme, the authors also proposed some implications for Christians in competency-based social work practice, observing the need for practitioners to consider how their own values relate to the communities they cater to, and actively building on the religious, cultural and spiritual values of their clients without losing sight of the diversity that exists within faith communities of colour.

A third example is the Culturally Responsive Domestic Violence Network (CRDVN) in California, USA (SPR, 2018). The network was set up by Californian leaders to share strategies in a collective effort to better respond to DVA among immigrants and communities of colour. The evaluation of the network identified that three CRDVN partners had engaged faith-based leaders, through different strategies, which included: adopting a humble approach to partnership, training faith leaders as first responders to DVA, and developing alliances across different faith communities. The authors concluded that engaging clergy and churches was effectively used to promote culturally responsive approaches and to shift community norms around DVA.

In another study published in the USA, Tameka Gillum (2008b) investigated how helpful a culturally specific IPV programme targeting the African American community had been to African American female survivors. The research site was a culturally specific DVA agency, located in a mid-sized Midwestern city, catering to African American community. The study involved interviews with the coordinator of Victim’s Services for an administrative perspective, two of the agency’s women’s advocates for a direct service provider perspective, and 14 survivors who had received services from the agency. A spirituality-based approach was identified as a culture-specific element in the agency’s approach with African American women, as well as an Afrocentric curriculum, an Afrocentric environment, a family-centered approach, a holistic approach, and staff representation. The results indicated the success of culturally specific interventions with African American survivors and highlighted the need for more culturally specific programmes of this nature in African American communities. Additionally, the survivors found the agency’s approach helpful because it did not force spirituality on those who were not interested and did not promote a certain religious identification but embraced spirituality in a non-denominational way.

In a follow-up paper, Gillum (2009) investigated African American survivors’ experiences with mainstream IPV interventions and how these differed from experiences with a culturally specific DVA agency. While mainstream services were reported to have somehow helped, such as providing a safe environment and basic resources, the women described mostly problematic experiences with mainstream services, which contrasted with the more positive experiences they had with the culturally specific agency. Mainstream services were described as unhelpful or inadequate under the following themes: (a) the culture of the organization was not welcoming to African Americans, (b) insensitivity to the process of leaving an abusive relationship, (c) barriers to adequate assistance, and (d) a non supportive environment. The culturally specific agency was found helpful especially because it understood the women’s complex and multiple needs, especially when leaving an abusive relationship. Relevant to this report, a survivor also mentioned that they did not like that one mainstream service provider promoted Catholicism, a faith that they did not share. Based on these findings the author proposed that culturally specific agencies are most effective when catering to specific communities. In recognition of the fact that not all services can become culturally specific, the authors proposed that mainstream services should aim to become more culturally competent by incorporating culturally specific elements in their recruitment strategies and intervention approaches.

Category 4 materials

A large evidence category comprised of organisational publications in the form of guidance sheets, toolkits and manuals targeted at religious stakeholders and DVA service providers to build their preparedness to respond to DVA and to promote more collaborative and integrative responses. Some of these materials targeted religious leaders with the aim of improving their responsiveness to victims, survivors and perpetrators in line with

sector-wide safeguarding standards and in collaboration with generalist, secular DVA services. Others targeted secular service providers, focusing on developing the awareness and ability of the latter to engage with the religious beliefs and faith experiences of their clients and to collaborate with religious stakeholders. A third group of resources addressed both faith leaders or faith-based organisations and DVA service providers, at times conceptualising religious leaders as service providers, with the aim of promoting mutual understanding and collaboration. Eleven such resources were retrieved in the search, but these are certainly not exhaustive and should be considered indicative of the available grey literature.

Echoing the academic literature, the grey literature reviewed seemed to agree that faith could become a resource in responding to DVA when service programmes are sensitive to the values and beliefs held by battered and abused women of faith. Additionally, echoing more academic propositions that religious beliefs should be integrated in culturally competent services, some resources employed the concept of cultural competence in tandem with spirituality as practice of faith, arguing that it is an important aspect of 'culture', and should therefore be addressed thoughtfully within culturally competent work.

Resources for religious leaders to improve their awareness and responsiveness to domestic violence.

One such example is a guidance sheet developed by the Office For the Prevention of Domestic Violence with contributions from the New York Theological Seminary in the USA titled *Domestic Violence and Faith Communities: Guidelines for Leaders*. This aims to assist faith leaders in responding to DVA within their communities, guide them on how they should work with individuals who are abused, and show them what they can do to raise awareness of the issue within their communities. The relationship between the concepts of culture and religion is also discussed in terms that suggest that the problem often lies in 'religion' being used by 'culture' in negative ways. Another inter-faith manual with similar objectives was published by the Faith Action in the UK titled *Faith and Domestic Abuse: Recommendations for Faith Leaders* in 2015. The guidance takes an inter-faith approach, listing specialised materials for Christian, Muslim, Jewish, Hindu and Sikh faiths, but does not consider in more depth theological differences within these religious communities.

Other organisations and initiatives have developed or offered course materials and toolkits to build clergy responsiveness. Such an example is the training guidance published in 2000 by the Anoka County Faith Community titled *Creating a Safe Place: Encourage to Change Family Peacemaking Materials for Clergy, Lay Leaders, Staff & Laity*. The course content and tools provided within the document seek to raise awareness of DVA among faith leaders in Christian congregations and among lay community members. According to the course instructions, this course material should ideally be co-taught by a representative of the faith community and a local advocacy services community educator.

The materials that we reviewed included also policy documents developed by religious institutions that identified how their personnel should respond to DVA within their congregations. An example is the Church of England's policy on domestic abuse training and responses in parishes developed by the House of Bishops and published in 2017. *Inter alia*, the policy sees the clergy as responsible for facilitating a multiagency response to DVA and identifies measures and steps that should be taken to respond to cases of DVA at diocese and parish-level. The policy includes instructions also for licensed lay ministers.

Resources for DVA providers and advocates to engage with religious leaders and beliefs.

A characteristic example of such a resource is the manual *Faith and Intimate Partner Violence Handbook for Advocates* (2017) developed by the Florida Coalition Against Domestic Violence and Faith Trust Institute in the USA for advocates to engage with religious beliefs and faith in their work. This is one of the few manuals that employs the concept of cultural competence in tandem with spirituality, which it defines as the practice of faith. This guidance encourages advocates to take an exploratory approach and explore with the client the importance of faith and religious resources in their life. The manual carefully considers the service provider's positionality and personal experience with faith/ spirituality and how this might influence their response to a survivor's faith. It centres on and starts with self-examination of service providers' possible biases. Moreover, the manual refers to spiritual abuse as a form of abuse that advocates should make themselves familiar with.

Along the same lines, the guidance *Religion and Domestic Violence: Information and Resources* produced by the National Resource Center on Domestic Violence in the USA (2007) proposes that faith can become a resource in responding to DVA when mainstream DVA service programmes are sensitive to the values and beliefs held by battered women of faith. By being sensitive to their clients' religious beliefs, they can help them identify options and resources that are relevant and unique to their situation. Like other manuals targeting secular providers, this manual also discusses the limitations and biases that a secular provider might have about other faiths, encouraging more genuine collaborations with faith leaders.

Lastly, the guidance sheet titled *Faith, Immigration and Domestic Violence: Concepts for Working with Faith Communities* (2020) published by the National Council of Juvenile and Family Court Judges in the USA provides an introduction on the intersection between faith, immigration, and DVA for advocates and court professionals. This guidance explains and stresses the importance of 'religion,' which it places within a community's larger cultural identity, on how individuals may experience and respond to DVA. It recommends working with faith leaders as an important way of integrating a faith-sensitive perspective.

Resources that address both faith leaders and DVA service providers.

One example of such a resource is chapter 12 of the Toolkit to End Violence Against Women developed by the National Advisory Council in the USA titled *Engaging Religious, Spiritual, and Faith-Based Groups and Organizations*. The 5-page guidance emphasises collaboration with religious leaders in DVA responses and outlines specific actions for religious organisations, community-based and secular victim services, advocacy programmes and public and private funders can take to end violence against women.

Another example is the brief *Keeping The Faith What Survivors From Faith Communities Want Us To Know* produced by the Huda Jawad and Zainab Moallin written on behalf of the Faith and VAWG Coalition in the UK (2020), which is focused on the unique challenges and experiences related to COVID-19 for women from faith communities and advocates for a better integration of religious resources in responding to these challenges. This report addresses both faith leaders and specialist/state DVA services to help them understand the importance of engaging with faith and the ways in which they can do so from their different positionalities. *A Commentary on Religion and Domestic Violence* published by the Faith Trust Institute in the USA (2010) is similar in that it tries to improve religious literacy in the DVA sector, addressing both religious leaders and DVA service providers. The resource illustrates the importance and role of religious beliefs and faith-based resources in addressing DVA within Christianity, Judaism and Islam, with some components being faith-specific and others having cross-religious relevance.

The materials that were viewed included also a *Domestic Violence Factsheet for Service Providers* developed by the Peaceful Families Project, in the form of a one-page guidance that instructs service providers on how to respond to DVA. The guidance addresses Islamic faith leaders (imams, kahteesbs, others working in mosques) as providers and shares instructions on what they should do when they reference the Qur'an/ hadith in their teachings.

Category 5 papers

The current review identified only one study that related spiritual factors to coping and healing for DVA survivors from ethnic minority communities in the context of DVA services specifically. A previously completed scoping review (Istratii & Ali, 2023) of related literature articulated implications for interventions and counselling strategies engaging religious individuals and groups. The one study included in the current review (Arnette et al. 2007) seemed to reinforce the importance of integrating religious coping strategies in the design and delivery of culturally appropriate services to religious minorities.

A previously completed literature review that assessed the role of faith and religious beliefs in IPV and faith-based counselling responses and practices (Istratii & Ali, 2023) found that there was an established family and married life counselling paradigm that engages with clients' religious beliefs and identities (Hodge, 2005; Hook et al., 2014; Marterella & Brock, 2008; Ripley et al., 2001). This evidence points to differences in clients' preferences for secular or religious counselling approaches, different effects in responsiveness and effectiveness depending on whether a counsellor is religious or not, and the importance of counsellors being aware of their biases in relation to religious clients to be able to provide beneficial counselling support.

In a study identified in the current review, Arnette et al. (2007) investigated the ability of factors, such as level of hopelessness and the use of positive religious coping strategies, to predict spiritual well-being over time. The study took place at a trauma hospital in the USA and collected self-report questionnaires measuring hopelessness, use of religious coping strategies, and two domains of spiritual well-being from 74 survivors of IPV who had attempted suicide within the prior year. Spiritual well-being was defined to incorporate both existential meaning and relationship to God and was measured by the Spiritual Wellbeing Scale. The study found that lower levels of hopelessness predicted increases in existential well-being over time, while higher levels of positive religious coping predict increased in religious well-being over time. Since spiritual well-being is associated with better psychotherapy outcomes for African American women, and since hopelessness and religious coping predict spiritual well-being, an argument could be made for attending to these predictors when implementing culturally relevant interventions with abused, suicidal African American women.

Category 6 papers

One of the fewer papers published on the topic in the UK (Burman et al., 2004) drew from a previous study to explore how DVA services to women of African, African-Caribbean, South Asian, Jewish and Irish backgrounds were structured by assumptions about 'culture', which they argued could produce barriers for the delivery of DVA services. The aim of the paper was to explore general directions and policy recommendations for service delivery and design around intersections of gender, class and racialisation. The unique value of this paper is that the authors focused on the intersections of mainstream (dominant culture) services and minoritized community responses to explore the cumulative effects on women from minority communities. They identified two mechanisms that led to the marginalisation of minority women's abuse, tendencies that resembled cultural relativism and the pathologizing of minority communities.

The paper also discussed how different providers, mainstream and culturally specific, engaged with cultural differences within their practices. These organisational accounts of providing support for minoritized women were classified according to four discursive strategies: 'it's all the same'; 'softly, softly'; as mediated by 'cultural privacy' via a discourse of 'cultural respect'; and via discourses of professional specialisation. Within dominant culture services, emphasis was placed on gender roles and inequalities between men and women, and the nuclear heterosexual relationship, which did not always match the experiences of minoritized women and the structural, racial and community factors defining the experience of DVA. Other organisations, including the police, did not interfere out of 'cultural respect' or out of a fear or being perceived as racist, which could contribute to women's abuse not being recognised and perpetuated. On the other hand, culturally specific organisations often worked 'softly softly' with the support

and through community leaders. While this strategy was found less stigmatising by women, survivors' accounts suggested that such organisations did not offer an arena to speak openly about DVA.

The authors, ultimately, identified as problematic a segregation and compartmentalisation of 'specialisms' within DVA statutory and charity services around the concept of 'culture', resulting in limited interventions due to providers lacking sufficient expertise in the cultural context of the minoritized community. On the other hand, culturally specific organisations were reported to lack expertise in DVA interventions. Based on these findings, the authors called for a 'both and' approach to the design and delivery of DVA services that would involve both culturally specific services and mainstream services, integrating issue-specific services and general services. In essence, this points to the need for responding to minoritized women's DVA needs with an understanding of how cultural, gender, racial and systemic factors combine to influence service providers' reach and partnerships with others in supporting survivors from such communities.

Generalisations and stereotypes about certain communities, or tendencies to pathologize certain communities as inherently violent were also consistently raised in the literature as challenges to effective and appropriate services to diverse communities. For example, this implication arose also from a study from Canada that examined frontline service providers' perspectives on Muslim women's experiences of IPV and women's utilisation of services (Milani et al., 2018). One of the implications of the study was that service providers needed to be aware of the diverse nature of IPV in different societies to be able to respond in culturally congruent ways without essentialising their understanding of certain cultures and isolating cultural understandings of religious standards from wider sociological systems and gender structures and hierarchies.

Summary of the evidence

The majority of studies we reviewed were based in the USA, where religious beliefs and spirituality have been more extensively recognised as an important parameter of cultural diversity and where a paradigm of spiritually-informed culturally competent approach to DVA services appears to have existed at least for the past two decades (Bent-Goodley, 2013; Hernandez et al., 2009; Jayasundara et al., 2017; Kulwicksi et al. 2000; Messing et al., 2013; Rana, 2012; Stennis et al., 2015; Sumter, 2006; Whitaker et al., 2007; Wretman et al., 2022). A smaller number of studies based in Australia engaged with Muslim and Jewish communities (Crisp et al., 2018; Ghafournia, 2017), while Canadian studies focused on Muslim and indigenous populations (Jackson et al., 2015; Milani et al., 2018).

In recognition of the importance of religious beliefs on the help-seeking behaviour of individuals affected by DVA (Congress, 2005) and the attitudes of their families and communities (Rana, 2012), as well as the prominence of religious mediators in DVA mediation who can give unhelpful advice (Latta and Goodman, 2005; Bent-Goodley, 2013), numerous authors stressed the need to train religious personnel and to integrate them better in DVA services provision, recommending that better links be developed between religious spaces and secular services (Pyles, 2007; Latta and Goodman, 2005). Some papers made efforts to develop or identify concrete guidelines by which clients' religious beliefs and faith experiences should be integrated in DVA services and to identify what religious literacy might look like in such programmes and services (Hodge, 2004; Jayasundara et al., 2017; Crisp et al., 2018). A third group of studies assessed the ways in which faith-based resources had been integrated in programmes, or the effectiveness of such integration approaches (Stennis et al., 2015; SPR, 2018; Pan et al., 2006). One study looked at spiritual factors in coping and healing for survivors of IPV and suggested implications for counselling practices (Arnette et al., 2007).

Two recent studies that explored the integration of religious beliefs and spiritual factors in DVA responses were based in the UK (Mulvihill et al. 2022; Walizadeh, 2022), with one older study addressing the intersection of culture, DVA services and racialisation in minoritized communities (Burman et al., 2004). The review by Walizadeh (2022) was one of the most relevant, reviewing culturally competent perpetrator programmes. Burman et al. (2004) examined how DVA services to women from minority backgrounds in the UK were structured by assumptions about 'culture', while Mulvihill et al. (2022) drew attention to religious coercive control and proposed the need for specialist services that can address spiritual trauma and numerous resources that sought to improve awareness for more integrated responses between DVA services and faith-based resources.

The evidence on the role of religious beliefs in victim, survivor and perpetrator behaviour and help-seeking attitudes (Ghafournia, 2017; Latta & Goodman, 2005; Milani et al., 2018; Pyles, 2007; Rana, 2012; Yick, 2008), re-affirmed the influential role that faith and religious mediators often play in the experience of religious women, which can have both positive and negative implications. Many of the reviewed papers, problematised the relationship between religious and cultural factors (Crisp et al., 2018; Jayasundara et al., 2017; Pan et al., 2006) documenting how religious traditions and understandings were often viewed through or informed by specific cultural experiences and systems of socialisation, which could contribute to different misuses of religious discourse to maintain women's subordination and abuse. One study demonstrated the effect that religious beliefs could have on survivors' service utilisation tendencies (Fowler et al., 2011) and another demonstrated positive effects of spirituality on wellbeing (Arnette, 2007). Put together, these studies provided and strengthened the rationale for a better integration of religious factors and faith-based resources in DVA services that seek to be culturally sensitive and responsive to religious beliefs and diversity.

The studies that most directly addressed the review questions were those that made an argument for a better integration for religious factors in DVA services and sought to improve service providers' religious literacy, knowledge and skills to be able to engage with diverse religious groups (Hodge, 2004; Jayasundara et al., 2017; Crisp et al., 2018), or presented or assessed faith-informed or spirituality-centred culturally competent programmes (Pan et al., 2006; SPR, 2018; Stennis et al., 2015). One insight that emerged from this cumulative evidence is that practitioners and providers may need to educate themselves on different religious traditions and engage with scriptural materials to develop a rudimentary understanding of what the teachings of these have been, how such teachings may have differed across different geographical and cultural contexts, and how this might lead to different ways of

articulating and (mis)using religious discourses to perpetuate or respond to inequalities and abuses of women or other vulnerable groups. Akin to this was the insight that while general knowledge about religious traditions and groups is necessary and useful, practitioners and service providers should be conscious not to succumb to generalisations so as not to lose sight of the diversity of experience that often exists within the same religio-cultural community. Additionally, they should not isolate cultural understandings of religious standards from wider sociological systems and gender structures and hierarchies (Milani et al., 2018). In view of the challenge to address these needs effectively and the lack of religio-cultural literacy among providers currently, DVA services are advised to foster closer links with religious mediators and clergy to signpost their clients to them.

The grey literature that was identified and included in this review seemed to be following the academic evidence in the sense of placing emphasis on training clergy and religious leaders to respond better to DVA survivors and to signpost them to available referral services and on developing the religious literacy of DVA service providers to promote, ultimately, a better cooperation between sectors and actors. Despite the nuanced understanding that underpinned many of the manuals and toolkits reviewed, the majority tended to fall into generalising patterns that the academic literature seemed to caution against, such as the need to avoid homogenising religious groups or cultural communities. This became evident in many manuals and toolkits being organised under the broad categories of Christianity, Islam, Judaism or other religious traditions, paying less attention to cultural context and the diversity of religious experience cross-culturally even within the same faith community.

Studies that specifically examined culturally competent services and what made them more helpful to survivors from religious minority communities (Gillum, 2008a, 2008b, 2009) suggested that DVA service providers needed to consider the needs and conditions of culturally diverse groups, acknowledging the role that personal faith and religious beliefs could play in help-seeking. In addition, they suggested that religious spaces, such as churches and congregations, could offer specific programmes and support groups to victims and survivors in recognition of the fact that the latter may often resort first to their religious community or mediators to seek help. Other studies, seemed to point to the necessity for specialist faith-sensitive services, such as when responding to victims and survivors of spiritual abuse and trauma (Mulvihill et al., 2022). The take-away message would be that both general and culturally specific services might be needed, but more consideration should be given to their co-existence and collaboration.

Important are the insights that emerged about differences and tensions between culturally specific or competent approaches and generalist responses, and implications for integrating religio-cultural factors within DVA services (Kulwicki et al., 2000; Burman et al. 2004). The papers that were included in the review agreed on the need to avoid stereotyping and generalising about communities, but they also suggested tensions, with one emphasising that clients expected culturally adapted services, and the other finding problematic the segregation and compartmentalisation of 'specialisms' within DVA statutory and charity services around the concept of 'culture' as it resulted in limited interventions on the basis that generalist service providers did not have sufficient expertise in the cultural context of the minoritized community. The implication could be that there is a need for both types of services, but these should be better integrated to operate together and without losing sight of the perceptions and needs of the diverse clients about them.

Overall, the evidence reviewed reveals numerous efforts to integrate religious beliefs and mediators in DVA services catering to ethnic minority and migrant religious communities in the USA, Canada, Australia, and to a limited degree, in the UK. The question around how best to address religious factors and spirituality in DVA help-seeking has been underpinned by a larger question regarding the value added and co-existence of more generalist and culturally specific DVA services and how to make their operations more effective and mutually reinforcing. Instead of generalist DVA services claiming a lack of specialism due to limited cultural or religious literacy, a more desirable approach might be for the former to become more culturally sensitive and responsive to the different needs, conditions and socialisation backgrounds of diverse clients. Another implication could be that more culturally specific and faith-informed services need to emerge and be supported and integrated within the DVA sector response so that they can serve a larger number of communities represented in industrialised high-income societies such as the UK.

The critical findings of the review and the implications for policy and practice are summarised in the two tables below (Table 3 and 4):

[Table 3: Summary of critical findings]

[Table 4: Implications for policy and practice]

Limitations

The review was limited by time and resources, especially as a dedicated postdoctoral researcher (LM) who joined the team to support the review was unable to work for long periods of time due to personal circumstances. Directly related to resource constraints, the review protocol did not include quality appraisal of primary studies.

Lastly, while extensive searches were run to locate the most relevant studies, papers and materials, it is very likely that other important sources were missed. It is also significant that the review was limited to studies in English. It is reasonable to assume that many more relevant studies exist in national, regional, or local languages that were simply not indexed and captured in this and other previous reviews.

Gaps and directions for future research

The dominance of north American studies suggests the existence of an established paradigm in faith-sensitive culturally appropriate work. It became less clear to what degree this has happened in western European societies, or the rest of the world beyond Euro-America that has been less represented in this area of study. This should not mean that faith-sensitive approaches are not used in religious societies across the world, but rather that such

approaches may simply be underrepresented or not documented in the Anglo-American literature, or that such responses may not be assessed under the same rubric or with the same consideration due to the more informal nature of DVA responses in low- and middle-income societies, especially in rural contexts, differing from the organised statutory response system encountered in urbanised and industrialised societies.

Additionally, there were relatively few studies that sought to assess the effectiveness of faith informed DVA services. Hence, limited evidence was found about the standardisation and accreditation of faith sensitive DVA responses or services, although some studies alluded to this. In their assessment of the S.T.A.R.T. programme, for example, Stennis et al. (2015) explained that they opted to copyright protect the model so that the “trainers can ensure that the presentation of the curriculum is consistent and meets the goal of cultural competency and sensitivity” (p. 104). This would suggest that a degree of standardisation and patenting might be necessary for ensuring consistency in the delivery of faith informed culturally competent or culturally appropriate programmes. This might be an important matter to investigate when considering how best to ensure that the specialisation of culturally specific faith informed services is recognised vis-à-vis generalist services, thus ensuring their sustainability.

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Tables

Tables 1 to 4 are available in the Supplementary Files section

Figures

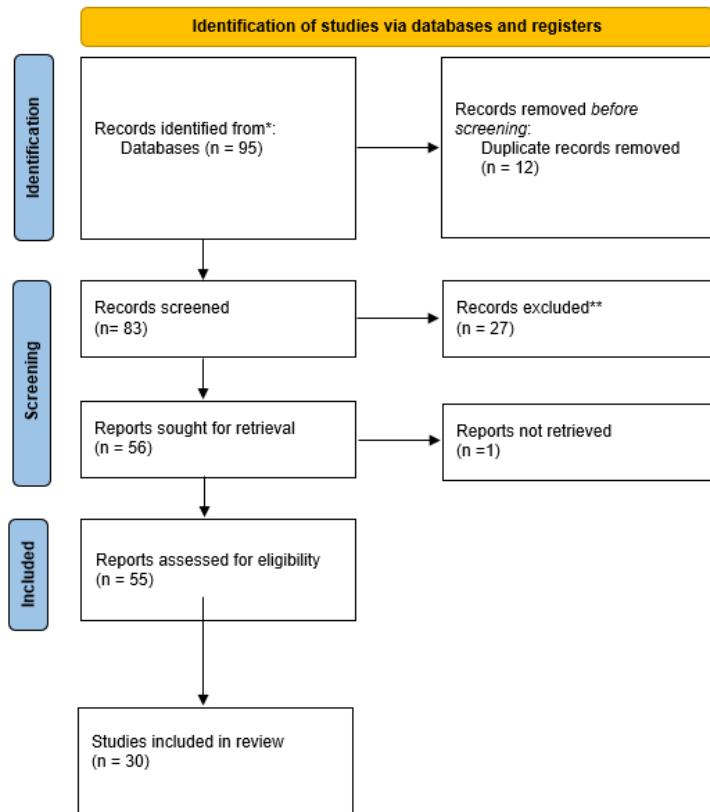


Figure 1

PRISMA flow diagram for systematic review

From: Page et al. (2021)

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