

**The Role of Christian Faith Leaders in Responding to Intimate Partner Violence:
A Workshop for Seminary Students**

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Dear Workshop Facilitator,

As pastors are under-prepared to meet the national crisis of domestic violence in their congregations, this workshop aims to prepare emerging faith leaders with necessary training (“IMA World Health” 2, “Smith, et al. 7). In this letter I will outline the rationale, format, and content of this workshop. Know that you can change it to meet your needs and the needs of your learning community. Thank you for joining me in this important work!

Pastors can reasonably assume their congregations contain both those experiencing and those using violence in their intimate relationships (“Religious Landscape”). In the US, one in four women and one in ten men will experience intimate partner violence (IPV; defined in the study as physical or sexual violence and/or stalking) and as a result, experience IPV-related effects (Smith, et al. 7). Data is limited concerning rates at which transgender individuals experience IPV, but one study found that over half its respondents had experienced it in some form (James et al. 13, Erdman Winters). Yet, while 81% of surveyed U.S. protestant pastors reported being faced with a situation of abuse, only half reported having received formal training in responding to it (“IMA World Health” 2).

Ministers are not just unprepared; in many unfortunate cases, their responses have been harmful. Indeed, Marie Fortune reported that religious leaders have offered toxic advice to women who have been abused, encouraging them to “pray about the abuse,” “give the abuse to God,” and submit to their husbands (as cited by Nienhuis 111). These harmful recommendations misuse Christian values, such as self-sacrifice and obedience (Nienhuis 111).

Yet while faith leaders have certainly caused harm, their position also holds tremendous capacity to drive healing and social change. This workshop is designed to train five to eight

future ministers or lay leaders to embody this prophetic and pastoral role. **The overall goal of this workshop is to prepare students to approach the issue of domestic violence from their own informed theological foundation with confident yet humble leadership, competence in their role, and an understanding of its limits.** Conducted online, this training will reach those who for various reasons, from geography to disability, may not have been able to participate otherwise, expanding the impact into more communities. Despite physical distance, the pedagogical choices and small group size will foster a close learning group, a container to hold difficult, intimate conversations.

Students stand at the beginning of their professional journeys and therefore may be more likely to accept challenges to their viewpoints. Already primed to focus on their formation, they will be able to develop habits that can serve them in the long run. Their often-flexible work schedules will allow them to engage in a more intensive training than may be possible for seasoned faith leaders. Their novice status may be accompanied by a sense of trepidation around domestic violence ministry (Nason-Clark et al. 145). This training will help them learn skills and knowledge as well as discover a realistic confidence in their emerging leadership styles.

This manual begins with a description of the workshop goals and systems of evaluation. I then include the first two training sessions of this workshop, focused on building a learning community, learning the basics of trauma and domestic violence, and building capacity to respond to those who have experienced domestic violence through a theological lens. Finally, I preview the remaining four sessions.

With a full heart,

Charlotte

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Specific workshop goals addressed across sessions fall into four overarching categories: *Foundational Knowledge, Practical Skills, Intersectionality, and Personal Development.*¹

<p><i>Foundational Knowledge: Understanding of the following concepts...</i></p> <ul style="list-style-type: none"> • Trauma, abuse, and best practices in responding to the survivor and the person who caused harm • The faith leader role and the strengths & challenges of the religious space in responding to & preventing domestic violence (DV), effects on children, anti-racist reflection & practice, challenges faced by marginalized communities, liberating & harmful theologies, boundaries, self-care 	<p><i>Practical Skills: How to...</i></p> <ul style="list-style-type: none"> • Refer • Safety plan • Build community partnerships • Build prevention projects • Evaluate protocols and processes • Find culturally specific information & resources • Facilitate non-coercive, affirming theological discussion • Write meaningful sermons on DV
<p><i>Intersectionality: Ability to...</i></p> <ul style="list-style-type: none"> • Think through complexity of cases and evaluate responses to DV • Work with those who have caused harm without being manipulated • Hold complexity and make well-informed decisions • Use difficult scenarios to strengthen community and trust • Understand the ways DV intersects with race, gender, sexual orientation, immigration status, public health, and the prison-industrial complex • Apply theological commitments to survivor-centered, pastoral response 	<p><i>Personal Development:</i></p> <ul style="list-style-type: none"> • Understand that people in their lives may be struggling with DV, as survivors and as those causing harm • Understand personal limitations & strengths • Understand the responsibilities and limitations of their role • Understand personal values and theology in relation to DV • Have confidence and humility in role • Commitment to continued learning and engagement with DV • Commitment to self-reflection

Systems to Evaluate Workshop & Provide Feedback to Students: Evaluation is not used for grading purposes but to A) motivate participants and provide an avenue for self-accountability and B) provide the facilitator with a way to test the efficacy of the workshop.

- ***Pre & Post Content Tests***²: Students will answer foundational knowledge questions before and after the workshop. Results will be provided immediately.

¹ Goals and other pedagogical choices informed by Fink’s *Significant Learning Experiences*.

² Not provided in this manual.

- **Self-Assessments:** Students will develop and track their progress on three personal goals, engage in self-reflection through discussion and journaling, and develop a toolkit.
- **Real-Time Feedback:** Facilitator will give verbal feedback throughout the workshop and participants will provide peer feedback and reflection in discussions.

Workshop Explanation and Expectations: Send to participants ahead of the first session.

What It Is Not	What It Is
An expert feeding you knowledge.	A peer learning group with a facilitator. You come to this space already holding wisdom from your diverse experiences. By sharing our perspectives, we will learn to listen across difference, challenge our own viewpoints, and embody a form of leadership which thrives in collaboration. You will be better prepared to respond to domestic violence if you intentionally learn from the pooled wisdom in this group.
A list of clear-cut right and wrong answers.	Engagement with a complex field, requiring a helpful framework, critical thinking, and compassion in the face of uncertainty.
A topic that is universally agreed upon.	This workshop is not based only on facts but on arguments. You will likely disagree with each other on a number of matters that are important to you. While that can be an uncomfortable experience, it gives you the opportunity to challenge what you think you know, better articulate your own values, learn and work across difference, and center respect even in the midst of disagreement. Respect contrasts with the abuse, and it is a vital part of the leadership you're building.
A comprehensive divinity school or seminary class or the 40-hour training required by many states to be a domestic violence advocate	A space to develop safer processes and stronger spiritual, theological, and ethical leadership in the face of domestic violence. A place to develop skills and discern what is within and what is beyond your expertise.
One-Dimensional	Intersectional. Intersectionality refers to the way forms of oppression (such as racism and sexism) interact to exert a force more than the sum of its parts (Crenshaw 57-8). Domestic violence occurs within a matrix of various forms of domination.

Theoretical	Personal— It is pervasive and exists in <i>all</i> communities— even your own.
A pathway toward saving people	Oriented toward building on the expertise those experiencing abuse have on their lives and supporting their self-determination.
Doing it alone	You will learn about the necessity of working in community and collaboration with others. There will always be experts you can turn to. Perhaps you will rely upon people in this virtual “room.”

Lesson Plan:***Session One, Community Building & Foundations,³ 2.5 hours*****Goals:** Participants will...

- Have a basic understanding of trauma and abuse.
- Understand unique challenges immigrants and LGBTQIA+ folks face.
- Begin to see the intersections between domestic violence and race, gender, sexual orientation, and nation of origin.
- Begin to define their roles as faith leaders in relation to domestic violence.
- Approach this issue with an anti-racist, culturally competent lens.
- Learn to set goals to measure their growth as leaders in relation to domestic violence.
- Begin to explore their theological commitments in relation to domestic violence.

Orientation to the Workshop: 35 minutes total

Introductions: 10 minutes. [*Here the facilitator shares their pronouns, details their background and experience, acknowledges their privilege and how it positions them in the domestic violence movement, and share what brings them to this work.*]

I am so grateful that each one of you have joined this workshop. As you likely know, domestic violence is prevalent in the United States. One in four women, one in ten men, and at least half of transgender individuals will experience intimate partner violence (IPV; Smith, et al. 7, James et al. 13, Erdman Winters). You can be relatively certain that your congregation will hold both those using and those affected by IPV, also known as domestic violence (“Religious Landscape”). The fact that you have shown up demonstrates how seriously you take this issue, and I know that each of you will make a positive impact in your community.

[Each group member introduces themselves, notes their pronouns, and answers the following question: *What is one practice, spiritual or otherwise, that is sustaining you?*]

³ Format Inspiration: *Creative Interventions*, Section 5, pgs. 40-45.

Community Agreements, 10 minutes

This work is challenging, personal, and complex, so the focus of this meeting is on laying the groundwork. I will invite you to create community agreements that we will abide by in this space, so we can feel brave and engage in meaningful learning, even when it's hard.

Before we begin that process, I want to share some of my requests in order to be the best facilitator I can be. **My goal is that this workshop serves as a life-affirming process for you to understand necessary content, develop skills, explore your theological response and define and grow into your own confident yet humble leadership in the face of domestic violence.** Please do not hesitate to tell me if there is anything I can change to benefit your learning.

It is possible, even likely, that some of us have direct or indirect experience with domestic violence or another form of trauma. I want to recognize and honor that. These topics may raise stories within you— sacred stories, stories of pain, stories of hope. While these stories are tremendously powerful, we cannot carve out the space and time needed to honor them in the way they need and deserve within this training. If you do want to give voice to these experiences, I can refer you to advocates uniquely equipped to listen. If you are triggered during class, feel free to turn off your video camera or pull out your journal and write. I will not be offended; this workshop is for you. So, please share your perspective and your opinions, but hold your stories for a place that can give them the attention that they require.

Finally, this work may challenge some of your theological and personal beliefs. While this can be uncomfortable, I truly believe that allowing for personal and spiritual evolution can make your leadership and your faith stronger. I believe we can create a container here that will support this form of bravery, a courage that does not negate the natural discomfort we may feel. In that vein, I'd like to share this poem by Mickey ScottBey Jones:

An Invitation to Brave Space

Together we will create *brave space*.

Because there is no such thing as a “safe space” —

We exist in the real world.

We all carry scars and we have all caused wounds.

In this space

We seek to turn down the volume of the outside world,

We amplify voices that fight to be heard elsewhere,

We call each other to more truth and love.

We have the right to start somewhere and continue to grow.

We have the responsibility to examine what we think we know.

We will not be perfect.

This space will not be perfect.

It will not always be what we wish it to be.

But

It will *be our brave space together*,

and

We will work on it side by side.

[Invite participants to add to the list of agreements, making sure they cover the following:

- A reminder to share lessons but hold stories for another space.
- Keep confidentiality. Do not record these sessions.
- *Zoom Etiquette*: To create a sense of community, try to keep video cameras on. However, we are empowered to do what is healthy for us. Mute unless speaking or in discussion.
- *Pronouns*: Please honor everyone’s stated pronouns.]

The agreements should reflect our changing needs and concerns. If at any point, you want to modify the community agreements, please speak up.

[Review the agenda for today.] Starting with Session Two, I will send out session agendas ahead of our meetings, so that you know what to expect. You are not required to read it or expected to prepare in any way beyond the small assignments.

The Loom and the Threads: *10 minutes.* Hopefully, you have already read over the table I sent out, which discusses what this workshop is and is not. *What stood out to you?* [Pull up the table on the shared screen. Allow around 5 minutes for dialogue.] With this discussion in mind, I want to offer you what I am calling the Loom and the Threads. The Loom is the larger framework, while the threads move throughout the workshop, and I would advise you to notice them.

I suggest your *community of concern* and the Wesley Quadrilateral as the **Loom** through which you weave your findings and reflections. Your *community of concern* is the community in which you plan to serve (Rambo, “Introduction”). The Wesley Quadrilateral, based on Albert Outler’s writing on John Wesley, identifies four sources of authority to turn to when discerning: Scripture, Tradition (which includes your faith community), Reason (as in, science), and Personal Experience (Dale & Keller 124-132). The latter includes your own inner wisdom and encounters with the Divine Spirit (128). I will not always explicitly refer to the Loom; I offer it as a mechanism through which to organize information in this workshop, supplement with your own personal experience and tradition, and synthesize, reflect on and grow your theology in the context of domestic violence. You will translate this personal theological work into spiritual care for your community. Several **threads** will run through this loom, some of which may be personal to you. I want to highlight a few of my own for you to track:

Power: Lyvonne Proverbs declares, “**If a young, poor, queer, Black disabled girl is safe on a Southern Baptist pew, you can believe that that means that everyone else is flourishing as well**” (Proverbs & Crain). Those who experience oppression are more likely to be targeted (“Our Mission”). Indeed, intimate partner violence is an instrument of oppression, often used to reinforce

the various forms of oppression prevalent in our communities, such as sexism, racism, homophobia, and ableism (“Our Mission”). Though the feminist movement made great strides in elevating domestic violence as a national crisis worthy of attention, it largely excluded the experiences, efforts, and consequent expertise of women of color (Law). Intimate partner violence is but one tool for oppression, so I urge you to take an intersectional lens, centering that “young, poor, queer, Black, disabled girl” for the benefit of all. We will lift up the expertise coming from communities of color and other marginalized communities.

Whole People: We are called to remember the full humanity of the person in front of us. Rev. Pamela Cooper-White explains, “All violence begins with the personal, with the *I*, and with a point of decision, a crossing of the line, where each of us chooses momentarily to view another living being as an *It* rather than a *Thou*. The ultimate purpose of each act of violence, each reduction of another person from a *Thou* to an *It*, is to control the other. All violence begins with the objectification of another person” (42-43). In contrast with these objectifying relationships, we must regard each person as a human-being, framing our relationships as between an “I” and a “Thou,” as Cooper-White frames it, using Martin Buber’s terminology.

Take thirty seconds to write down how you would define yourself. Who are you? [Pause.] It’s an impossible task, isn’t it? Each “Thou” we meet is complex. Yet those experiencing domestic violence often have to cut away parts of themselves in order to be understood. In religious spaces, they may feel the need to hide their experience with violence, while in domestic violence advocacy spaces, they may hide their religious commitments (Nason-Clark, et al. 2). People causing harm have either been viewed as redeemable, and therefore forgiven without consequence, *or* unforgivable, and therefore punished without mechanisms of accountability that may foster change (Cooper-White 208, Davis & Freeman Ch.1). I argue that there is room for complexity and contradiction in the expansive love we hope to offer to ourselves and others.

In that vein, let me explain my use of language in this workshop. I mirror people's chosen labels, as this is most respectful. However, in lieu of that information, I use variations on the phrases "person who experienced violence" and "person who caused harm" instead of "survivor" or "victim" and "perpetrator" or "abuser," respectively. By using person-first language, I signal respect and an understanding that people are not their worst experiences or worst behaviors. Many of the authors I engage will use the "she" series for those who have experienced violence and the "he" series for those who have caused harm. This choice reflects patriarchy's role in perpetuating intimate partner violence (Cooper-White 54-55). I will keep authors' language as is, but I will employ gender-neutral language in cases where gender is not indicated because violence can be committed or experienced by people of any gender or sexual orientation (Safe Havens & Emerge 10). Please let me know if I fail to live up to these commitments!

Community: Cooper-White argues that we need a community dimension, a "We," to properly hold an "I and Thou" relationship (45, 51). The "We" is a space of accountability, where we are called to uphold right relationship with "Thou" and practice love and justice (51). Cooper-White situates this relational framework in the Sacred: "God is not only in the I and in the Thou but also in the We. God stirs us all to love and justice precisely in the matrix of the We—a loving web of connections that both includes us and reaches beyond us as far as the limits of the universe. The We is the *matrix*, literally, the *womb*, of all our being and all our relationships" (52). Communities are the places where we hurt, survive, and with much effort, thrive. Community is a source of cultural wisdom and a site where we can address specific situations without applying fallacious universal truths. Indeed, within community, we can give culturally specific care and referrals. Community carries power and potential. You can facilitate important change by honoring this power and wisdom and engaging it. By countering myths surrounding domestic violence, starting

community-wide conversations, and ministering to individuals, you can guide your community towards a healthier future.

The final thread is **Your Role & Your Theology**. As we go through this journey, we will return to these questions of your role, your theological commitments, and how they interact. You will weave this thread through your unique Looms so that by the end of this workshop, you will be practiced in engaging with this question if not in answering it.

[This was a lot of challenging information. We will continue to explore violence from an intersectional lens, which may trigger various forms of trauma, including racial trauma. In order to stay with these difficult topics, we have to stay regulated and connected to our bodies (we will explore why this is important in the lecture on trauma). Take five minutes to lead them through one of Resmaa Menakem's body-centered practices (e.g., pg. 24).]

Journal: [Ask participants to spend 5 minutes journaling on the following: Their reactions, their community of concern, sources of authority, the way they will likely use (or not use) the Wesley Quadrilateral in this workshop, the theological beliefs they have around IPV.]

Centering: 5 minutes total. [Signal the transition into sacred space in a way that feels right for you, given your tradition. Invite participants to do the same. I suggest lighting a candle.]

Prepare for Case Study: By reading this case study together, we will have a common base of information for our conversations and a site to return to and apply newly learned concepts and skills. For this case, I use a composite of real stories, because this issue is real. It is in our lives and the lives of the people we will lead. Through engaging with this case, we can start to practice the compassion and respect required in holding such true stories.

Content Warning – This story includes physical, sexual, and other forms of violence. If this moves into an unhealthy space for you, please take care of yourself in ways that work for you.

Grounding Activity: This (adapted) prayer was written by Phoebe Jones during her internship at the National Resource Center on Domestic Violence for Domestic Violence Awareness Month

2020. [Note that participants will facilitate the other grounding activities, and we will coordinate sign-ups at the end of this session. Ask for a volunteer to read the prayer.]

Divine Spirit, known to us by many names,

As we work to end sexual and domestic violence; as we stand up to systems, ideologies and groups that perpetuate racism, anti-blackness and the oppression of historically marginalized voices and bodies; as we pursue justice long-overdue and long cried out for- in this work, with this work, we arrive here today.

We pray that you may open our eyes to a new way of knowing, feeling and imagining:

When tragedy threatens to close our hearts, give us the strength to feel the sacred hope of our ancestors and the generations that will follow us. When uncertainty shakes our foundation and tramples our visions of the future, ground our souls in the trust of the soil beneath our feet and the air that fills our lungs. When exhaustion seeps into our spirits, help us to find deep respite in laughter, tears, community and reflection.

***We pray for a daring hope.** The kind we cannot ignore, a hope undeterred by logic and unrestrained by our immediate reality. We pray for a hope whose current is strong and ceaseless. Even when the surface of life's water looks unchanged and unmoved, may we know that there is something greater, swirling beneath its exterior, at work in our hearts and minds.*

Be with us, Show us that we are not alone. We never were. We never will be.

Unite us across our virtual realities; across our vulnerable humanness and courageous humanity; unite us, here and now. Help us, together, as the sacred collective, to imagine a future that we may not yet see but know to be true. Guide us as we boldly proclaim that there is more. Together, help us to declare this truth. This hope. Divine Spirit, we pray for an inspired imagination and the tenacity to pursue its manifestation.

In your Light we pray.

Amen.

Case Study: 10 minutes total.

Patty is a 27-year-old, middle class white woman and a devout congregant of a protestant church. Her story is a combination of narratives from two sources, "Religion and Intimate Partner Violence" by Nancy Nason-Clark, et al. and "The Cry of Tamar" by Pamela Cooper-White, which was then modified. We will take turns reading the paragraphs.

Driving home from church, Patty began to feel her positive mood change, slowly at first, and then it evaporated quickly as she pulled up to her house. Her heart started to beat faster as a multitude of questions poured into her mind: Would Jim be angry that she had lingered a bit too long after the benediction? Would he let her attend the Home Group, or should she even mention it? Was it OK to tell Jim that Pastor Chris was asking about him or best to keep this to herself?

Patty and Jim have been married for five years. During that time, they have lived in three different communities. They met in college at the mail center when Jim gallantly offered to carry her packages. She quickly found that Jim was just the man she had always dreamed of marrying. He was charismatic, always the life of the party, yet he chose her and treated her like a princess. They married soon after she graduated with a bachelor's degree in early childhood education. Jim did not complete his business degree but found employment at a company in a sales position— a job that paid fairly well. Patty found work as a substitute teacher and was “called in” 2 or 3 days a week. While Patty was very pleased to be able to put her teaching skills to use, Jim did not like the fact that she was making more money as a teacher than he was in sales. So, he worked long hours, and soon his commissions exceeded her salary. Before long, she became pregnant, and Jim announced that he did not want her to work outside the home any longer.

Patty and Jim both grew up in families connected to faith communities. Both shared certain values that were broadly linked to such an upbringing, including a belief that marriage was forever, forgiveness was a sign of virtue, and family togetherness was second only to godliness. Jim was not inclined to commit himself to regular church attendance, although occasionally he would join Patty and the baby. He refused to participate in any small group gatherings and resented the fact that Patty found these both spiritually uplifting and socially enjoyable. As a result, he would sometimes sabotage her ability to attend, making some unreasonable demand on her at just the same time that the group was scheduled to meet.

Tension grew at home: Bills were mounting, the small apartment seemed to grow even smaller in the evenings, and the baby was fussy. Patty did her best to stretch Jim's paycheck to meet their household expenses, but Jim was unwilling to reduce his spending. It was very important to him that they appear to have more “consumer goods” than others. Jim believed that because he was responsible for their income, Patty should assume responsibility for keeping the baby content, the meals prepared, and the apartment clean. Yet he was jealous of the way Patty loved and cared for the baby. He felt entitled to her household labor when he was gone and her body when he was present. He felt entitled to sex whenever he might want it. Patty was often exhausted and uncomfortable with the type of sex they were having but never thought that she had much of a choice in the matter since they were married.

One evening, when she suggested that perhaps she should seek some substitute teaching work as a way to assist with their financial struggles, he flew into a rage and hit her several times. The morning after the beating, Jim was unusually considerate. He said he did not mean to hurt her. Then he reminded her that it was her Christian responsibility to forgive “seventy times seven.” He said if she told anyone what had happened, he would retaliate. Gossiping about their intimate life, he warned, would be evidence that she did not have a forgiving spirit.

Patty felt like she had nowhere to turn. In desperation, she thought about the one place where she always felt safe— church. However, she was frightened to call the pastor, frightened that he would

not understand, that she would be considered spiritually immature, and that the pastor might contact Jim and life at home would get worse.

Patty blamed herself for having agreed to have sex with him before marriage. She felt guilty about her own unhappiness. She felt responsible to make Jim happy. She viewed his unreasonableness as part of the testing she was called to endure. She prayed for strength and for patience. This was not the Jim she married, but she prayed her love could heal him. She wanted a perfect family and asked God to help make it so. And then she waited for things to get better.

By their third move, Patty was living at some distance from her family and the girlfriends she had made through her teaching job and the “young moms” group at church. She was feeling isolated at home. She now had a second child, and although they had a house, it was small, and their expenses were considerable. Everything seemed to be closing in on her.

Then, one night, Jim exploded. He wanted milk, but Patty asked him to save it for the toddler. Jim suddenly towered over her in a rage, holding the milk carton high in the air. “You don’t want me to waste milk?” he shouted and started to pour it around the kitchen, splashing the walls and the ceiling. Patty started to cry. He then backed her up against the sink and continuously hit her on the head with the sharp corner of the carton.

The next day, after Jim left for work, Patty called the church office and asked to speak to the pastor. What happens next determines in large measure whether Patty’s faith community will contribute to the ongoing problems in her life or to her safety and mental health. (Nason-Clark 26-28; Cooper-White 125).

Responses: 10 minutes total. What are your first reactions to this story? How should the pastor respond? [Give feedback to those suggestions as necessary. Transition out of sacred space.]

Break: 15 minutes.

Lecture: Abuse & Trauma, 60 minutes total.

[Use these notes to lecture on abuse and trauma and engage participants in learning activities. Share the images and some of the verbal content in a PowerPoint on the shared screen.]

ABUSE, 30 minutes

- I urge you to engage with this lecture theologically. **How can this information, based in the “Reason,” category of the Wesley Quadrilateral, inform your own theological understanding of domestic violence and your role in response to it?** I also suggest you track how you feel during this lecture: what makes you uncomfortable? Curious? Tense? Relaxed?
- “Domestic violence (also referred to as intimate partner violence (IPV), dating abuse, or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.” (“Understanding Relationship Abuse”)
- Anybody can experience or perpetrate abuse, no matter their sexual orientation, gender, age, education level, socioeconomic status, religion, race, but women and transgender folks experience it at higher rates than men and women of color experience it at disproportionate rates, especially those who identify as Black or Native American (“Understand

Relationship,” “The Facts,” Law, Smith, et al. 7). Half of female homicide victims are killed by their intimate partner compared to 1 in 13 male murder victims (Ertle, et al. 29).

Types of abuse (not comprehensive): (10 minutes). [Start by asking the participants to identify the forms of abuse present in the case study. Then, facilitate brainstorm to ultimately create this list. Note that these forms of abuse can overlap.]

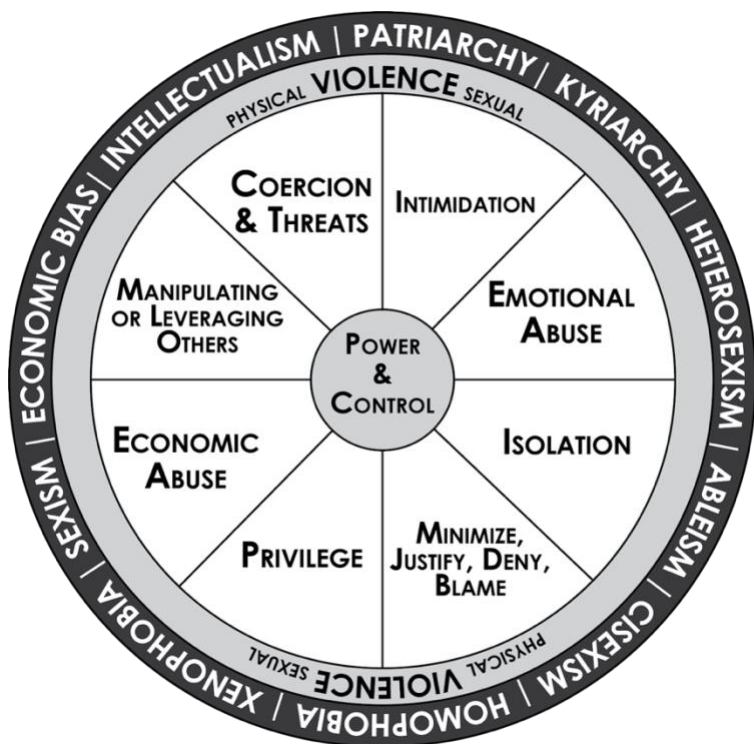
- *Physical* (“Types of”)
 - Examples participants may not think of: “Forbid or prevent you from eating or sleeping,” “Harm your children or pets.”
- *Cultural/Identity* (REACH Team)
 - “Cultural abuse happens when abusers use aspects of a victim’s particular cultural identity to inflict suffering, or as a means of control.”
 - “[U]sing racial slurs, threatening to ‘out’ someone as LGBTQ/T...or isolating someone who doesn’t speak the dominant language where they live...”
- *Verbal/Emotional*
 - “[He] used words like weapons; like shards of glass, cutting and slowly draining my life...I had begun to believe his awful lies- how worthless I was, how stupid, how ugly, and how no one would ever want me.” (REACH Team)
 - “[P]sychological abuse happens when one partner, through a series of actions or words, wears away at the other’s sense of mental wellbeing...” (REACH Team)
 - Gaslighting: “It often involves making the victim doubt their own sanity... The result of this, especially over a sustained period of time – and often with the isolation that abusers also tend to use – is that the victim depends on the abuser more and more because they don’t trust their own judgment” (REACH Team)
- *Sexual Abuse* (“Types of”)
 - “Force you to dress in a sexual way you’re uncomfortable with,” “Force you to watch or make pornography.”
- *Financial Abuse* (“Types of”)
 - “[W]hen an abusive partner extends their power and control into your financial situation”
- *Digital Abuse* (“Types of”)
 - “[T]he use of technology and the Internet to bully, harass, stalk, intimidate, or control a partner. This behavior is often a form of verbal or emotional abuse conducted online.
 - “Constantly texting you or making you feel like you can’t be separated from your phone for fear that you’ll anger them”
- *Spiritual and Religious Abuse:*
 - “Using Scripture, Traditions, and Cultural Norms to assert power and control” (Safe Havens, “Spiritual and Religious”). *We will explore this more shortly.*

The Power & Control Wheel

The wheel helps clarify the dynamics of abuse and how it reinforces itself (Basler).

[Ask participants what they notice about this wheel. Explain the wheel using their comments, integrating the below information. *5 minutes*]

- **The outside part of the wheel:** Structures & Systems that create a violent culture fostering of domestic violence (Basler).
- **Spokes:** Subtle tactics to gain power & control (Basler).
- Abusive actions like those depicted in the outer ring often reinforce the regular use of other, more subtle methods found in the inner ring” (“Power and Control”).



Power & Control Wheel (Basler)

• If violence is used by both parties, some may claim the abuse is “mutual” (Cooper-White 136). **The Power & Control Wheel** helps dispel this assertion. Power and control are at the root of abuse. While one person may use violence in self-defense, the other person is likely using violence as part of a larger pattern of tactics to control the victim. Cooper-White offers useful questions we can ask ourselves in such complicated situations, in the form of the acronym “ICE”:

- (1) *Intent*: What is the goal of the behavior, and was it intended to establish and maintain control?
- (2) *Context*: What is the meaning or history of the behavior in both immediate and longer-term perspective?
- (3) *Effect*: Whose life is smaller as a result of the behavior? Who is being controlled, manipulated, coerced, exploited, or hurt as a consequence of the behavior? (128)

- Some may think abuse results from someone “losing their temper” or “losing control.” Pamela Cooper-White cleverly argues against this notion: “If this were true, then why does he manage to beat only his wife and not others who anger him at work or other settings? How is he capable, in the course of supposedly losing his head, of battering only in ways that do not leave marks, or targeting certain parts of her body only— her pregnant belly or her breasts?” (42). She explains that the person causing harm doesn’t not lose control but shifts to seeing their partner as an object instead of a person (42). Far from “losing control,” violence (as demonstrated in the Wheel) is done *for* control.

Spiritual & Religious Abuse Wheel

There are several versions of the Power & Control Wheel. Safe Havens created this one to demonstrate the unique tactics of spiritual and religious abuse, which of course, could be combined with any of the tactics we have already reviewed. *What strikes you about the contents of this wheel? Did Jim use any of these tactics on Patty? How does the “Spiritual and Religious Abuse” wheel fit into the “Power and Control Wheel”?*

[Lead participants in 5-minute body-scan or one of Menakem’s body-centered practices].

TRAUMA, 30 minutes

Domestic violence is often

experienced as a trauma (“A

Trauma-Informed” 1). Doehring

defines trauma as “the bio-psycho-spiritual response to overwhelming life events” (para. 6) Trauma

is not simply extreme suffering. Rambo explains this distinction: “Experiences of pain, loss, and

suffering are part of human experience, and in time many are able to integrate the suffering into

their lives. But trauma refers to an experience in which the process of integration becomes stuck”

(“Tending” 23). Christian theology has long contended with suffering, but trauma poses a different

challenge (23). Indeed, Rambo argues, “Knowing something about trauma should change the shape

of Christian ministry” (25). However, before we can begin that work we need to know more about

trauma.

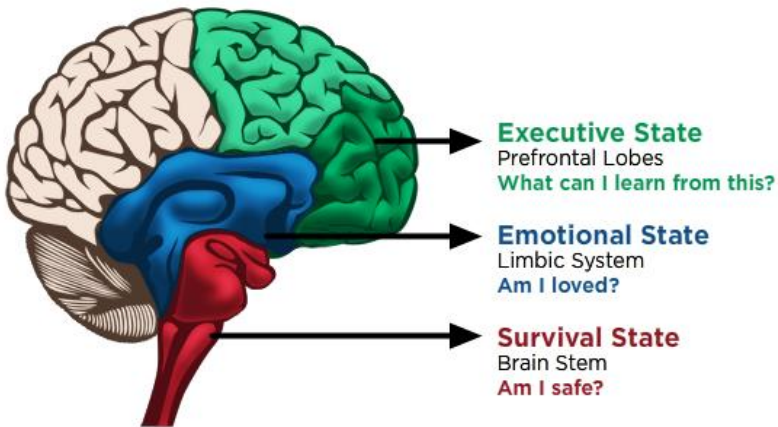
Let’s say you are in the car with your boss or with a date and the car in front of you comes to a sudden stop. What’s your reaction? After the immediate danger is over, what do you experience



Spiritual & Religious Abuse Wheel, Safe Havens

emotionally? Physically? How do you calm down? Would this answer be different if you were alone? (Adapted from REACH training). [5 *minutes* of fielding participants' answers].

We know what happens in the brain in situations like this. There are three main parts of our brain. Moving up from the spine, we find the oldest part of the brain, the reptilian brain, which focuses on life-sustaining matters, usually outside your awareness (Van der Kolk 55-56). Next, we



Parts of the Brain (Siegel)

find the second oldest part of the brain, the limbic system, which is focused on emotions, danger, and pleasure (56). The reptilian brain and the limbic system make up the *emotional brain* (57). Finally, the rational brain, or neocortex, is the newest part of our brain and is aptly named. Within the rational brain

resides the frontal lobe region which allows us to engage in abstract thought, plan, and experience empathy (57-58). When we receive information through our senses, it goes first to the thalamus (in the limbic system) which forms it into something coherent and sends it along two pathways: to the amygdala (also in the limbic system) and to the frontal lobes (in the rational brain; 60). The first pathway, which Joseph LeDoux calls the “low road” is quick and imprecise, whereas the second path, “the high road” is slower but rational (60). If a car in front of you stops suddenly, information will travel first through the low road to the amygdala, which Bessel Van Der Kolk calls our “smoke detector” (60). Sensing information related to survival, it will sound the alarm: DANGER (60)!

Your body will flood with stress hormones, and your breathing rate, heart rate, and blood pressure will increase (61). This all happens before you are consciously aware of what is happening (61). On the slower road, information will make it to your conscious mind, where you will be able to make sense of what was going on (62).

When in danger, your older, emotional brain is in charge (54). The limbic system may push you to fight or flight (84). In the most extreme situation, when these options are unavailable, your reptilian brain will take over and cause you to freeze (85). Running or fighting registers in your body as “effective action,” after which your system will gradually return to equilibrium (54). However, if you are trapped and immobile (as you would be in a car), your brain may think you are still in danger (54). The stress hormones keep moving through your body, and you become trapped in fight, flight, or freeze mode (45-46, 54). That’s why you may feel a need to shake or laugh or cry or *something* in the wake of a scary event (REACH Beyond). This healthy reaction gets rid of excess energy that can become toxic if it remains inside (54-55).

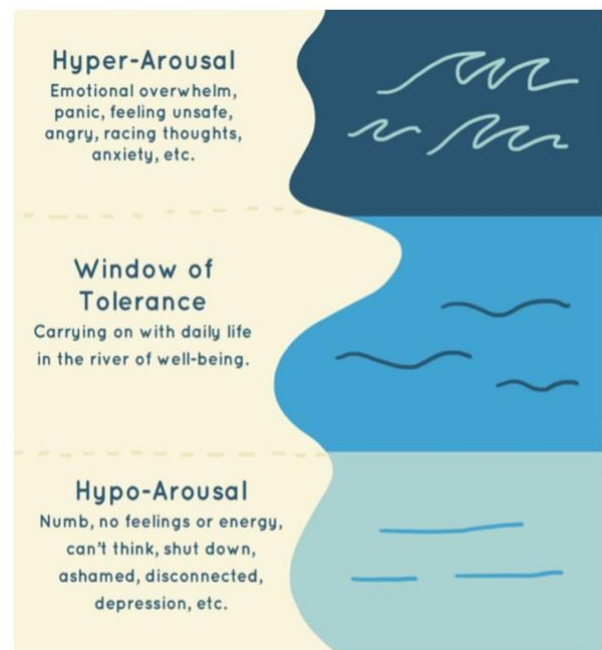
All of this occurs within a person’s cultural context. The University of Colombo faculty explain, “A victim processes a traumatic event as a function of what it means... This meaning is drawn from their society and culture and this shapes how they seek help and their expectation of recovery” (as cited by Watters 76-77). Indeed, trauma is not an *event* but the neurobiological response to an event (Levine 8). Brown argues for a culturally competent approach to trauma, noting that “each social location has particular embedded qualities that inform experiences of trauma exposure” (111). For example, a person experiencing a new trauma may still be suffering from the effects of childhood trauma or racial trauma from the everyday experience of being a person of color (Van der Kolk 151-172, Menakem 15, 85). This latter experience is an example of what Root calls “insidious trauma” (as cited by Brown 103). Root likens insidious trauma to acid on stone: “[E]ach drop of emotional acid creates just enough damage to render the next drop more damaging...” Overtime, the cumulative effect of these drops creates a fissure or crack (Brown 104).

Think back to what we know about domestic violence. Victims likely live with the person causing them harm, so if their smoke alarm is constantly on, it is conveying correct information. They *are* constantly in danger. For those who have safely transitioned away from their abusing

partner, this response may continue in their bodies. The violence may layer on top of other forms of trauma they have already experienced and may still be experiencing. Your culturally competent attention to your parishioners will help you stay open to their complex experiences and the ways this may impact their inner life and outward behavior.

People respond to trauma in a variety of ways, but Dr. Rambo notes three broad categories in which they experience changes: “time, body, and word” (“Spirit” 18). We usually view **time** as a

linear and healing force, but in trauma, “the past does not stay in the past” and the wound resists healing (19). Cathy Caruth explains that we do not fully experience the traumatic event when it happens but instead much later when it intrudes on our present (151). Flashbacks are not normal memories; the amygdala (the smoke alarm) doesn’t understand the difference between past and present, so a flashback really is a reliving (Van der Kolk 66, 69 195). In



“The Window of Tolerance” by Dan Siegel

contrast, some may become completely numb (72). These embedded responses exhibit extended fight, flight, or freeze reactions: Someone reliving the trauma through flashbacks is in fight or flight mode, whereas someone who has gone completely numb is in freeze (72, Menakem 7). They may also struggle to recount traumatic events in a linear way (178). Traumatic memories are fragmented: Some parts of the memory are painfully clear, such as a particular smell or image, but other details are lost, and the sequence is disorganized (177-178).

Experiences of **body** and **word** also change. Trauma is “preverbal;” reactions originate in the emotional brain and constitute a bodily experience (Van Der Kolk 206, Menakam 7). It can

therefore be difficult to translate into speech, the mechanism we often used to connect with one another (Van der Kolk 206, Rambo, “Spirit” 21). In the wake of trauma, people may not experience their bodies as safe places; they may panic or completely detach from them (Van der Kolk 98-99). Yet even if the mind dissociates from the body, the body remembers the trauma and may become ill or present somatic symptoms (91-100). While shutting down may take them away from the terror, it also takes them away from all the sweetness of experiencing life (94).

Those coping with trauma are likely struggling to self-regulate. As we know, they may feel anxious (hyperarousal) or numb (hypoarousal) and may therefore present as very sensitive or cold and detached (*see Siegel’s graphic, “The Window of Tolerance”*; Treleaven, “The Truth,” “Impact”). They may have trouble hearing negative feedback, managing their emotions, and staying focused (“Impact”). They may not understand their responses and feel shame (Van der Kolk 67). They may feel too overwhelmed to talk with you or they may feel comforted by your presence (“Impact”). Understandably, they may not trust you (“Impact”). These are normal reactions!

Responses to trauma exist on a spectrum, from stress, to traumatic stress, to PTSD (Treleaven, *Trauma-Sensitive Mindfulness* 12-13). Our job is not to figure out if their symptoms qualify as PTSD, but rather to meet them where they are and fulfill these four objectives, written by the US National Center for Trauma-Informed Care: **Realize** “the pervasive impact of trauma”; **Recognize** symptoms; **Respond** “to them skillfully”; To prevent **Retraumatization** (as cited by Treleaven, *Trauma-Sensitive Mindfulness* 12-13).

Any questions so far? What symptoms do you **recognize** in Patty? [*5 minutes* for answers].

Now let’s discuss what it means to “**respond** skillfully to prevent **retraumatization**.” We will focus much more on this in the next session, but I want to cover some of the trauma-specific material now. Healing is not someone returning to who they were before the fragmenting nature of trauma; it is about integrating that painful memory into their life, so they can look back on it as the

past— a painful past, but one that no longer controls them (Van der Kolk 224). I argue that the word “integration” points past the incorporation of memories to also capture the necessity of welcoming in all the parts of the self, relationships, and community that trauma may have banished. Treleaven explains, “Whereas trauma disrupts connection within ourselves and other people, community can bring us back into rhythm with one another— a state, known as synchrony, that helps us regulate our arousal” (Treleaven, *Trauma-Sensitive Mindfulness* 159). Indeed, community and relationship are the most important ingredients in healing. Van der Kolk notes, “Numerous studies... have shown that social support is the most powerful protection against becoming overwhelmed by stress and trauma... The critical issue is reciprocity: being truly heard and seen by the people around us, feeling that we are held in someone else’s mind and heart” (81). You can provide this. You do not need to do anything fancy to show up as a consistent, safe person in their life. Healing happens in relationship (160).

What does it mean to “**respond skillfully**” to trauma as a faith leader? This is a question we will explore together throughout this workshop, but I will start by introducing two areas of concern: witness and theological reflection. Those who have survived trauma, such as domestic violence, may still live with the violence or may be living in the “after,” where the past haunts the present. Their past way of understanding the world may no longer make sense to them. What spiritual or religious questions might this raise? What theological beliefs or questions did Patty have? [Use an anonymous polling tool for them to type in answers. Answers should pop up on the shared screen.] It is absolutely within your role to “explor[e], assess, and help trauma survivors create religious meanings and spiritual practices that are life-giving for them” (Doehring). You are building your own theologies around trauma and domestic violence, and by leaning on those foundations, you may be better able to ask good questions of your congregants and point them in useful theological directions. These are excellent questions; we will explore them further in Session Five.

I argue that the act of *witness* is the theological starting point. Rambo explains, “The experience of trauma dismantles notions of theology as a fixer, a provider of solutions. A move to “fix” things may interfere rather than assist in the process of healing” (“Tending” 24). Instead, she argues for an orientation that “is not focused confidently on conveying theological or moral certainty. Instead, its confidence is in the healing power of giving a witness to suffering” (Rambo, “Tending” 24). Simply listening to someone’s story can be meaningful towards their healing, and especially in the case of domestic violence, *believing them can mean everything* (REACH Beyond, Cooper-White 246). This may sound simple, but believing can be challenging. Those using violence can be adept at manipulating us and often come off as likeable, more so even than those experiencing violence as they may be coping with trauma and other effects of abuse (Safe Havens & Emerge 7, 11, 13) Disregarding a disclosure lets us “off the hook” as it requires nothing of us (7, 11). However, studies show that those who disclose are rarely making it up, and your response will likely determine if they continue to seek help (9, 11).

It can be hard to listen without running away or ignoring the issue, to mimic flight and freeze concepts. Yet Rambo argues, “The focus for Christian leaders should be on our capacities to stay with these wounds rather than to look away” (Rambo, “Tending” 25). Trauma is such that it cannot be fully experienced in the traumatic moment(s) (Laub 75). By recounting the story, those who have experienced trauma are witnessing it anew along with you (57). You may indeed become the “enabler of the testimony” (58). By holding a space in which they are regarded as a “Thou,” you witness and thereby help birth their story and affirm their humanity.

To listen to such a story, it is vital that you know how to do so in a trauma-informed way. First, ask yourself why you are listening to the story in the first place. Van der Kolk quotes Gerald Puk as explaining, “... you really need to know the difference between your desire to hear stories and your patient’s internal process of healing” (254-255). When asking questions, it can be helpful

to first assess if you are asking for your congregant's benefit or your own curiosity. I would argue it is possible to witness without hearing the whole story. If someone comes into your office and spontaneously tells their story, then you can be a listener. But take care that your questions are those of a spiritual counselor, not of a therapist. While spiritual and mental health care certainly overlap, you can be sure to stay within the limits of your expertise by asking questions through the lens of your training rather than well-intentioned curiosity. What is an example of a spiritual care question? A mental health care question? [*1 minute* for responses]. If they need mental health care, you can refer them to trauma-informed therapists (Van der Kolk 205-231). Trauma is in the body, so somatic practices can be helpful (Menakem 7, 13-14). You might refer them to art, music, or dance classes, trauma-informed yoga, mindfulness, or meditation practices (Van der Kolk 205-231). Look for practitioners who understand trauma or prepare your congregant to know what to expect and how to stay grounded.

Help your congregant stay within their "window of tolerance," i.e., their regulated state (*see Siegel's graphic, "The Window of Tolerance"*: Treleaven, "The Truth"). Without the ability to stay grounded, or stay in the present, stories can pull survivors back into their traumatic memories (Treleaven, "The Truth"). Mindful breathing is a powerful form of grounding, but mindfulness practices can actually retraumatize survivors by pulling them back into traumatic memories (Treleaven, "The Truth"). If this is the case for your congregant, ask them to focus on sensations and details in the present, such as how their butt feels in their chair or what sounds they can hear (Treleaven, "The Truth"). This may also be a helpful tactic when they are in your office and having trouble regulating.

Finally, adopt trauma-informed practices. Choice is a central component of trauma-informed care, but Treleaven cautions against providing too many choices (Treleaven, "The Truth"). The balance is providing choice *and* structure; freedom within a strong container yields safety

(Treleaven, “The Truth”; “Substance Abuse”; “What is Trauma-Informed”). For example, you might ask: *Would you like me to leave the door open or shut?* Offer choice when possible and transparency when not possible (REACH Beyond). An example of transparency might be to say: *I want to be clear with you about what confidentiality means in my practice and what its limits are so that you can make an informed choice about what you choose to tell me.* It can also be helpful to share information on trauma and abuse with survivors, so they understand that their reactions are perfectly normal and open up the space for them to talk about these responses (“A Trauma-Informed” 1-2). Finally, stay attentive to the cultural landscape of your congregant’s life (“Substance Abuse” & “What is Trauma-Informed”). Brown explains, “Culturally competent trauma treatment involves looking for these added meanings and weaving strategies for addressing those meanings into the process of healing and recovery. One of the goals of this approach to working with trauma survivors is to be able to consider how a trauma might carry added weight for a survivor” (111). Indeed, someone may be coping with insidious trauma on top of the IPV that brought them into your office. You might ask yourself, *Can my referrals be culturally specific? Does this person want to speak with someone with a different gender identity than mine?* This work is ongoing and one of several reasons to have a strong reflection practice privately and with peers through which you can think through the ways you are living up to or falling behind your stated commitments. We will begin this work of reflection together.

Rambo suggests the three major takeaways from trauma theory: “The past is not in the past. The body remembers. The wounds do not simply go away” (Rambo, “Tending” 25). The task for you is to integrate these principles of trauma into your I/Thou interactions.

Notice how your body feels now. Relaxed? Tense? [*One minute* of silence to transition].

Discussion: 15 minutes total. Any questions? Did this lecture change your reflections on the case study? If yes, how so? Does trauma theory strengthen, challenge, or otherwise interact with the theological commitments you journaled about earlier? How will an understanding of the

neurobiological realities of trauma affect your theology and pastoral care toward those who have experienced harm in your cultural setting? What questions do you want to hold onto?

Introduction to Homework: 5 minutes total

- First, can we have a volunteer to facilitate our grounding exercise for the next session? I will send out a sign-up email for the following sessions.
- *Toolkit*: This portfolio will help you process and capture your learning— not just in terms of content, but also in your personal development and values. Perhaps you will keep it in your future office, so you can simply pull it off the shelf as a reminder of you what you know and don't know and what you believe your role to be in this work. It is private and up to you what you put within it, but I envision it containing:
 - Your final letter to yourself (To come)
 - Your journals
 - Content/miscellaneous tools you may want to use in the future (i.e., a referral worksheet). You will receive handouts and PowerPoint slides, and I would recommend you include your notes, if you take them.
- *Journal*: You can videotape or write this. Tonight, come up with three personal goals you have for this workshop. How will you know you have achieved these goals?
- *Watch Videos*:
 - “IPV in LGBTQ relationships,” *Fierce Pride*, 2018, 11 minutes 20 seconds, <https://www.youtube.com/watch?v=RGupqcxSWrU>
 - “How a Texas Immigration Law Silences Domestic Violence Survivors,” *NYT*, 2018, 6 minutes 6 seconds, <https://www.youtube.com/watch?v=dqAGMyPIfpc>
 - **Watch at least two women’s stories in this video**: “Between Worlds: Immigrant Women and Domestic Violence,” *University of Pennsylvania Carey Law School*, 2014, <https://www.youtube.com/watch?v=rZUV2tsMEw8>
 - *Maria, originally from Argentina*: 1:35-3:53, 17:20-17:39
 - *Wendy, originally from China*: 3:53-5:26, 17:39-17:55
 - *Sophie, originally from Poland*: 5:26- 8:28, 17:55-18:25
 - *Aisha, originally from Mali*: 8:28-13:20, 16:29-16:52
 - *Laila, originally from Morocco*: 13:20-16:25, 16:52-17:20
- *Practice*: Practice one self-care or trauma-prevention exercise from the list⁴. Note how it makes you feel. You might jot this down in your journal.

Closing: Please share one word to describe how you are feeling right now. [Adjourn]

⁴ Not included in this manual. Concept from Rambo & Young, “STH.”

Lesson Plan**Session Two: Responding to Disclosures, 1 hour 15 minutes****Goals:** Participants will...

- Know how to refer
- Know how to find culturally specific resources and information
- Know best practices in responding to a survivor's disclosure
- Be able to hold complexity in relation to domestic violence
- Begin to understand their own limits and strengths
- Gain an increased understanding of their role
- Continue their reflection practice

Welcome, 5 minutes total

In our introductory session, we got to know each other and began the work of creating a container for the hard work ahead. We heard the story of Patty, and we talked about trauma and abuse. Before this session, you hopefully had time to reflect on your goals and to watch the videos on the experiences of LGBTQ and immigrant survivors. We will apply what you learned outside of class to the material today. [Review agenda]. Before we begin, let's check-in. Please share a few sentences on how you are feeling today. You might also share one of your goals, *if you feel comfortable doing so*, and let us know if you would like help with accountability.

Grounding: [Signal the transition into sacred space in a way that feels right for you, given your tradition. Invite participants to do this same. Grounding: Activity led by volunteer.]

Case Study: 5 minutes total. As always, please care for yourself. Adapted from *Religion and Intimate Partner Violence*, by Nason-Clark, et al. [Participants take turns reading aloud].

Michael presided over a church congregation of about 100 people, and prided himself on having a relationship with every member. He had noticed that over the course of Patty's church membership, she had grown thin, pale, and somewhat anxious. He was grateful she had set an appointment with him. When she sat down across from him in his office, he noted that she continually glanced at the door and startled when her phone sounded. She apologized profusely for keeping it on in a church, but didn't seem comfortable silencing it. Her disclosure surprised him, yet it explained the signs he had noticed.

Michael was untrained in issues of abuse but open to work together with Patty to explore the variety of resources available in their area. He identified correctly that Patty had both practical needs and spiritual questions. He named her safety— and that of her children— as the top priority for their initial meetings. From Patty's viewpoint, the pastor listened intently to her story and affirmed her need of help and respite. He asked many questions, some of which caused her to cry and feel very sad. Between meetings with the pastor, she thought a lot about what she wanted to tell him the next time they met.

She was at first taken aback when Michael asked if he could pray with her before she left his office. She expected that he would ask God to give her a forgiving spirit and to mend her broken heart. But the pastor prayed that God would give her strength to see her options, to feel courage in her search for safety for herself and the children, and give her a renewed understanding that she did not face this mountain all by herself. What a relief! Over the next several weeks, she often repeated the words from the pastor's prayer. She looked up the story of Hagar that the pastor had mentioned and could see for the first time that God was there in the midst of her abuse: She had not been abandoned.

Things were far from easy. Michael had warned her of this. Initially, she forgot the referral suggestions he had shared with her, so on her second visit with him, she wrote them down. She began to take advantage of some of these resources even as he asked her to help him understand more fully the pain and despair of violence. Together, they identified several print and web resources that they utilized during their meetings and explored how she could look resources up safely at home, without leaving a digital footprint that Jim could find. On Sundays, she noticed that the pastor went out of his way to be especially friendly, but he never asked any questions in front of others that would suggest that she had sought his help. Over time, she was encouraged by the pastor to disclose to some other women in the church her need of emotional support. Michael did not take on her problems or dispense much advice or minimize what she had suffered or the road ahead. To be sure, he did not understand too much about why these things were happening or what could be done to curb them. But he listened. He made some referral suggestions. And he left the decision-making to her alone. She felt heard and empowered. She did not feel pressured to go in a particular direction. The road ahead was long, but she had a pastor who was willing to walk alongside her when the going got rough. (58)

[*One minute* of silence to transition. Encourage participants to check-in with their bodies.]

Responses: 10 minutes total. What did the pastor do well? Is there anything else he might consider doing? Would you have done anything differently? What questions do you have? [Make sure participants integrate what they have learned about trauma from Session One in their analysis of both Patty's behavior and needs as well as the pastor's response. On a private screen, write responses in the below table, entitled "Pastoral Response to a Disclosure of IPV."] Think back to the assigned videos and Brown's call for culturally competent care. [Project the two Brown quotes from Session One onto the shared screen.] What other factors would you consider if Patty held a different identity? [Transition out of sacred space.]

Lecture: Responding to Disclosures- The Basics, 40 minutes total.

As faith leaders, you will in many ways be "first responders" to those experiencing IPV (Safe Havens, "Pieces of," Activity 8 1). This is a critical job, and by showing up to this workshop, I know it is one you take seriously. I will go over four basic steps: Recognize, Respond, Refer, and Remain. But first, I want to start this section with a beautiful, orienting quote by Pamela Cooper-White:

[I]t is *not necessary to have the answers to her problems*. In fact, we can't. She alone has them. When we lose sight of this, we can bear in mind the sacredness of her story. It is *her* story, from beginning to end. If we honor the 'Thou' in her— even when she herself cannot— by believing her, by reminding her of her courage, her power, her God-given right to abundant joy, and if, on a practical level, we keep her safety always as a first priority and are scrupulously clear about our boundaries, then we are not likely to make 'mistakes'... By simply offering presence, belief, and an unshakeable confidence that she deserves a life free of violence— especially when she herself does not share that confidence— we are giving a gift of healing and empowerment. (228-229)

Believing in your congregant's agency and wholeness can be the most important intervention you make (239). This fits what we know about the importance of connection in trauma recovery.

Recognize

- It is more likely than not that your congregation will hold those causing and experiencing IPV (Cooper-White 144). However, this may not be apparent. Domestic violence can be isolating; breaking that isolation can be important ("Warning Signs at Work").
- What red flags can we be alert to? What might the pastor have noticed about Patty before she disclosed to him? Recall what we have learned so far about abuse and trauma. [Ask participants, and together generate a list that includes]: ("Warning Signs at Work," "Warning Signs for the Workplace," "Talking to," Thomson, Cooper-White 144)
 - Unexplained injuries, black eyes, bruises, hearing loss, broken bones
 - Perhaps attributed to clumsiness, accidents or falls
 - Minimized
 - Chronic fatigue, daydreaming, or decreased concentration
 - Illness possibly brought on by stress
 - Lateness/absence *or* staying longer than usual, not wanting to return home
 - Strange attire (i.e., sunglasses indoors, long sleeves in the summer)
 - Uncomfortable talking about life at home
 - Seemingly anxious, hypervigilant, depressed, afraid, or flat in affect
 - Substance abuse
 - Isolation
 - Doesn't have access to family finances
 - Leaves and returns to partner in an ongoing cycle
 - A suicide attempt by either person
 - A partner who seems controlling, constantly needs to know partner's location
- It's also possible they will hint at abuse without outright disclosing (Safe Havens, Activity 6 5)
 - "We're going through a tough time in our marriage"

- “My husband doesn’t like for me to be late”
- They have many reasons to be vague! Perhaps they feel shame, or they don’t want to discuss “ugly” concepts in a sacred space (Safe Havens, Activity 8 3).
- Be alert to any biases you may hold about what someone experiencing IPV looks like. IPV is experienced by every demographic (“Understand Relationship”)!
- Whether it be a statement, a behavior, or a bruise, *listen* to those red flags. It may be worthwhile to ask yourself if you are emotionally open enough to the possibility of abuse in your congregation to notice it (Cooper-White 144).
- How to Ask (“Warning Signs at Work,” “Talking to,” Thomson, Safe Havens, Activity 9 7):
 - If someone hints at possible abuse, ask follow-up questions.
 - Begin the conversation in a space where you will be able to protect confidentiality.
 - Share what you have observed, without judgement. Do they want to talk about it?
 - You can ask: “Is someone hurting you?” Be calm and clear. Cooper-White shares that she has never had a congregant get upset with her for asking. They might brush it off and share what is actually wrong, or they may take the opportunity to disclose (144).
 - Create an *opportunity* for them to share, but don’t pressure them to disclose. Whether they are not experiencing abuse, are not ready to share, or want to disclose, respect what they have said. Reiterate that no matter what, you are there for them.

Respond, *25 minutes*

[The table below should already be partly filled out with what participants brainstormed after the case study. Show it on the shared screen and continue to fill it out with them. Have the group come up with a list of what they find helpful and unhelpful to hear or see from a faith leader. Note that we will dive deeper into theology in a different session. Point out that the “Dos” contrast with the actions of the person causing harm (Safe Havens, Activity 9 3).]

Pastoral Response to a Disclosure of IPV

	Don’ts	Do’s
Listening versus Action	Don’t rush to action, which may end up making things worst (Governor’s Commission 45).	<p>Listening is a pre-condition for responding and supporting well (Safe Havens, Activity 9 3)</p> <p>Use nonverbal signs to demonstrate that you are listening (Safe Havens, Activity 9 17)</p> <p>Avoid asking “why” questions, as they can come off judgmental. Ask open-ended questions. Mirror their language. (Safe Havens, Activity 9 17; Cooper-White 236-237)</p> <p>“Many, many survivors say that what they most need when they first reach out for help is</p>

		<p>someone to listen. This could be called a “ministry of presence”... This is where you listen to someone with your heart and soul as well as your ears” (Safe Havens, Activity 9 3)</p>
<p>Survivor-Centered</p>	<p>Do not take up too much space with your own emotions. Obviously, you should show you care, but make sure your reaction isn’t so extreme that it takes space away from the congregant or shuts them down. (Safe Havens, Activity 9 4)</p>	<p>Being survivor-centered stands in direct opposition to the abuse they have experienced. In order to stay safe, they have had to be very aware of the moods and actions of the abuser, likely to the extent that they have not focused much on themselves. But now they are in a space that can be for them. Follow their agenda. (Safe Havens, Activity 9 3)</p>
<p>Survivor-Defined</p>	<p>Do not tell the congregant what to do (Safe Havens, Activity 9 4).</p> <p>It may seem like common sense to tell them to leave an abusive home. However, those experiencing IPV are already coping with one controlling person in their life. Abusers try to isolate them because then they are easier to control. If you shut a survivor down by telling them what to do, you also risk losing a relationship with them and thereby increasing their isolation. (Teperow)</p> <p>Your congregant really does know their own lives best. They are already doing a safety calculus in their minds and leaving is not always the safest course of action (Governor’s 10). In fact, leaving is dangerous, sometimes even fatal (Davies 2, 5; Cooper White 132).</p>	<p>“The Empowerment Model”: Empower those experiencing violence and support their decisions (Safe Havens, Activity 9 4). They have many factors playing into their decision. By following their lead, you implicitly promote the notion that they are experts on their own lives and capable of making decisions that are right for them. Remain a supportive presence in their life and be ready to help when called upon. (Safe Havens, Activity 9 4)</p> <p>Offer resources and referrals, so they can make choices about their next steps. You offer options, they make the decisions. Support them in this process and reassure them that they are free to change their minds! (Safe Havens, Activity 9 4)</p> <p>You can express concern for their safety (and the safety of their children) and affirm their right to be safe, but also maintain that they know best how to manage</p>

		their safety. (Safe Havens, Activity 9 4)
Confidentiality	<p>Do not confront the person using violence (Advocacy).</p> <p>Do not bring up the abuse in front of anyone else, such as the partner, family, friends, or other congregants (Advocacy).</p> <p>Do not discuss the situation with church elders or councils (this may come back to the person causing harm; Governor's 44).</p> <p>Do not share with anyone the location of the congregant experiencing abuse. They may tell the person using abuse. (Governor's 44).</p>	<p>Your congregant has a right to safety and confidentiality! Ensuring this is in sharp contrast to their experiences with a partner who has made them unsafe. (Safe Havens, Activity 9 4).</p> <p>Protect their confidentiality to the fullest extent legally possible and be clear right away about the limits of your confidentiality (including mandated reporting requirements; Advocacy; Safe Havens, Activity 9 4)</p> <p>Survivors need to know that what they share with you will remain with you, <i>unless</i> they give you <i>written permission to do so</i>. (Governor's 9)</p> <p>Within the limits of confidentiality, do consult those with more expertise (an advocate on a hotline, a colleague, etc.; Governor's 45; Advocacy).</p>
Use Your Pastoral Authority to Counter Toxic Norms	<p><i>Do not promote toxic norms, such as:</i></p> <p>Encouraging the person experiencing IPV to forgive the person abusing them and recommit to their relationship. This is dangerous, and true forgiveness is a more involved process. (Governor's 45, Advocacy)</p> <p>Encouraging a wife to submit to her husband. (Governor's 45, Advocacy)</p> <p>Encouraging a survivor to bring the person abusing to church. (Governor's 45, Advocacy)</p>	<p>Do emphasize God's love for the congregant (Advocacy).</p> <p>Do assure them that God desires for them to be safe (Governor's 44, Advocacy).</p> <p>Following their lead, address religious questions and concerns. (Advocacy)</p> <p>Do support them and help them grieve if they decide to separate from their partner (Governor's 45, Advocacy).</p> <p>Pray with them (with a focus on God's support; Cooper White 237, Advocacy).</p>

	<p>Suggesting couple’s counseling or workshops. (Governor’s 45, Safe Havens, Activity 9 8) Asking for the perspective of the person abusing on the matter (Governor’s 45).</p>	
<p>Pastoral Presence</p>	<p>Do not blame the person experiencing abuse for the abuse! Those who abuse them already do this, and they may blame themselves. Regardless of the circumstances, no one ever deserves violence (Safe Havens Activity, 9 4, 10). That said, self-blame may be an attempt to find a sense of control. You can validate their feelings without agreeing with their conclusions. (REACH Beyond)</p> <p>Do not react with extreme emotions, anger, disgust, disbelief. You can communicate your care and concern while being the “least anxious” person in the room. (Governor’s 45, Advocacy)</p> <p>Do not minimize the danger that the survivor and their children may be living in. (Governor’s 45, Advocacy)</p>	<p>Do believe the person disclosing to you (Governor’s 44). Also note that they may minimize; what they tell you may just be the tip of the iceberg (Advocacy, Cooper White 145). If you do not believe them, they may choose not to ask for help again (Governor’s 8-9).</p> <p>Affirm their courage and their choice to disclose. Affirm that this is not their fault and they did not deserve this. Affirm their right to safety (including emotional safety). (Governor’s 10, Safe Havens, Activity 9 4)</p> <p>Be empathetic, respectful, and warm (Cooper White 239).</p> <p>Offer what you have learned about trauma & IPV (Cooper White 145, “A Trauma Informed” 1-2).</p> <p>Use specific terms, such as “hitting” or “name-calling” and ask clear questions. Though vague terms may feel more comfortable, your ability to be direct will communicate that this matter is discussable. (Governor’s 9)</p> <p>Reassure them of your commitment to stand by them, to keep everything confidential, and to support them in your role no matter what they choose to do (Governor’s 44, Advocacy).</p>

		Reassure them that they aren't alone. Domestic violence happens to many people in all communities. (Governor's 10, Cooper White 145)
Boundaries	<p>Do not encourage their dependence on you, though it may meet a need you have to feel needed. (Governor's 45, Advocacy)</p> <p>Do not physically touch a survivor without permission. This may be triggering. (Governor's 10)</p>	<p>Set boundaries and care for yourself. We will talk more about this in the final session. (Cooper White 198-199)</p> <p>Know where your expertise begins and ends, and refer when you are beyond them. (Cooper White 146)</p>
Avoid Judgement	<p>Those experiencing abuse may have been forced to do things against their will, such as take drugs (Safe Havens, Activity 9 5).</p> <p>When experiencing trauma, they may have made choices they wouldn't have otherwise made. They may have found ways to cope that are ultimately self-harming. (Safe Havens, Activity 9 5)</p> <p>They may make choices you disagree with. That's okay. (Safe Havens, Activity 9 5).</p>	<p>Welcome all who approach you for help (Safe Havens, Activity 9 5).</p> <p>Put aside any biases you may have toward this person or their family and reflect on any subconscious prejudices at work, such as racial or class prejudice (Governor's 9).</p> <p>Never ignore abuse, even when it is inconvenient. It signals that you do not believe it, that you condone it, or that you do not care. (Governor's 10)</p>

Refer

- Refer them to helpful resources, such a local crisis center.
- A “warm handoff” is best: When you have a contact at an organization and can refer the survivor not to the “crisis center” but to “Jill, at the crisis center.” You might make the call together in your office, or you may share their name and number so the survivor can reach out privately. It is helpful to have brochures or other materials from the programs on hand, so they can leave with material (if it is safe for them to do so; “Setting”).
- Work with your church to set aside a fund for those experiencing IPV. Some support services might cost money, and their partner may keep control of the finances (Click).
- If survivors plan to look up the referrals later, make sure to review online safety practices with them, such as how to clear those specific parts of their browsing history, so their actions don't put them in danger with the person abusing them.
- Referring shows that your church approves of outside resources (Nason-Clark 32-33).
- Tonight, you will begin to fill out a referrals worksheet, which will help you find local resources. If you keep this in your Toolkit, you will have it when you need it.

Remain

I use the word “remain” to demonstrate that your job doesn’t end with this meeting. “Remain” means you will walk alongside your congregant in this journey, making sure they don’t slip through the cracks. “Remain” requires your continued presence, compassion, and concern.

Cooper-White offers suggestions on how to close a Crisis Care meeting, but her guidelines are a good way to close any meeting with a survivor. (*Italics hers*).

- A) “Express *appreciation and respect* directly”
- B) “*Validate her courage*”
- C) “Assure confidentiality (and explain exceptions, if any).”
- D) “Check and be sure that you have *not missed anything* important; let her know that you care about trying to meet *her expectations from you*”
- E) “Let her know clearly *when she can reach you again* and of *any limits on your availability or limits on what you can provide* (make a referral for further help if you have not already done so).”
- F) “*Repeat her action plan and tell her you care.*”
- G) “Possibly *end with prayer, or simply promise to pray for her*. It is important to follow her lead, and respect her own spiritual tradition in deciding whether to offer prayer or an opportunity to pray together— ask first! If she agrees, bear in mind that often praying together is more empowering than simply praying *for her*. If she does ask you to do the praying, be careful only to name the hopes that she has expressed for herself” (236-237).

Discussion: 10 minutes total. Any questions? How does this process fit the concept of “witness” from Session One? In light of this information, how did Patty’s pastor do? How would you respond to Patty? If the survivor held a different identity than Patty, how would that affect your response? Does this information change, challenge, or augment the theological reflections you journaled in Session One? What theological questions are you holding onto, if any?

Introduction to Homework

- *Journal*: What are the strengths and limits of your role? What personal strengths might you employ, and what personal challenges should you stay aware of? What beliefs or theological commitments have you turned to in your own times of hardship? Which were helpful? Were any unhelpful? Were any suggested to you from someone else? Jot down any questions you’d like to explore.
- *Worksheet for referral info*: Fill out Hotline, Domestic Violence Organization, Therapist, Church-Specific Programming, & Sexual Violence Organization.
- *Watch Video*: “Why domestic violence victims don’t leave | Leslie Morgan Steiner,” *TED*, 2013, 15 minutes 59 seconds, <https://www.youtube.com/watch?v=V1yW5IsnSjo>”
- *Practice*: Practice one self-care or trauma-prevention exercise from the list⁵. Note how it makes you feel. You might jot this down in your journal.

Closing: Please share one word to describe how you are feeling right now. [Adjourn]

⁵ Not included in this manual. Concept from Rambo, STH.

Intimate Partner Violence Referral Information

When filling out this referral preparation worksheet, please hold three questions in mind: (1) Does this organization offer culturally specific programming? You may need to build relationships with more than one organization per category so that your congregants can work with those who understand the nuances connected to their identities and communities. (2) Is this organization trauma-informed? You can ask questions based on what you know about trauma or simply observe the language and culture of the organization. (3) Do YOU trust them?

Hotline(s):

- Name of Organization: _____; Contact Information: _____
- Do you have pamphlets/brochures from the organization? Y N

Domestic Violence Organization(s):

- Name of Organization: _____; Contact Information: _____
- Name of Personal Contact: _____; Contact Information: _____
- Do you have pamphlets/brochures from the organization? Y N

Intimate Partner Abuse Education Program(s) (IPAEPs):

- *The Batterer Intervention Services Coalition of Michigan has links to each state's lists of IPAEPs: <https://www.biscmi.org/offender-intervention-programs-listing-by-state/>*
- Name of Organization: _____; Contact Information: _____
- Name of Personal Contact: _____; Contact Information: _____
- Do you have pamphlets/brochures from the organization? Y N
- **Questions to Consider:** *Does this program hold the person causing harm solely responsible for their abuse? Do they teach those who have caused harm to recognize the impact of their behavior and alternative choices? Understands domestic violence to be not just an individual problem but a social issue? Emphasis on safety and end to violence as top priority? Is this program state-certified and monitored by a state agency? Specific to DV? Is the program partnered with a survivor-focused DV organization? Can the person who experienced their abuse choose to be in continued contact with the program? Are facilitators trained on the dynamics of DV? Does the program assess for lethality? (Cooper-White 210-211; Safe Havens & Emerge 32- 35, 44)*

Therapist(s):

- Name of Personal Contact: _____; Contact Information: _____
- **Questions to Consider:** Which insurance companies does this therapist work with? Do they offer sliding scale payments? Payment plans? Does this therapist have training in working through trauma? Do they understand the unique dynamics of DV?

Church-Specific Programming:

- Does your church offer any programming that may be relevant? A gender-specific group?
- **Questions to Consider:** Is there a need for confidentiality? Can this program offer that?

Children & Teen Program(s):

- Name of Organization: _____; Contact Information: _____
- Name of Personal Contact: _____; Contact Information: _____
- Do you have pamphlets/brochures from the organization? Y N

Sexual Violence Organization(s):

- Name of Organization: _____; Contact Information: _____
- Name of Personal Contact: _____; Contact Information: _____
- Do you have pamphlets/brochures from the organization? Y N

Law Enforcement:

- Name of Precinct: _____; Contact Information: _____
- Name of Personal Contact: _____; Contact Information: _____
- Notes: _____

Session Three: A Deeper Look at Responding to Survivors, 1-hour 15min

Goals, Welcome, Grounding

Video: “Hindered Help: African American Partner Violence Victims,” Bernadine Waller

Discussions: Reactions. Think back to the case study centering Patty. How might the case play out differently if the congregant were a Black woman? How would or should this affect your response, taking your own identity into account?

Marissa Alexander’s Story: Her letter to the public and the video, “Marissa Alexander: Survived and Punished,” *Marissa Alexander: Survived & Punished*.

Discussion: Debrief. How can we center Black women in our work? What does that look like?

Lecture: Safety Planning, Suicide, Crises, & Lethality

Roleplay: Safety Plan

Homework:

Journal: Check-in on goals. Describe the community you were born into, the community you live in, and your community of concern. How does your identity influence your role within them? What blind spots do you have? How does IPV as an issue operate in your community? What unique considerations might those affect your future strategies and actions?

Referral Worksheet: “Law Enforcement” section.
Self-Care Practice

Closing

Session Four: Accountability, Justice, & Forgotten Victims, 1-hour 15min

Goals, Welcome, Grounding

Case Study on community accountability success story from *Creative Interventions*

Response/Debrief

Lecture: Justice & Accountability

Discussion

Lecture: Children.

How will this perspective change your safety planning? Your response as a minister?

Homework:

Journal: Check-in on goals. How will you orient to accountability and justice as a pastor? What can you *imagine* for accountability and justice if you did not have to worry about obstacles? How will you integrate this dream (or not) into your future reflections and practices?

Read through these Bible verses, and journal in reaction to one of them. *What beliefs, thoughts, and feelings do these quotes spark in you? Which sources of authority inform them? What theological beliefs would be helpful or unhelpful to someone experiencing IPV? How might IPV and theology interact for someone experiencing abuse?*

- NIV, Matt. 18.21-22
- Ephesians 5:22-23, 25-26, 33
- Psalm 55:12-14a

Referral Worksheet: “IPAEPs” & “Child & Teen Programs” sections.

Self-Care Practice

Closing

<p>Session Five: Theology and Community, 1-hour 15min</p> <p>Goals, Welcome, Grounding</p> <p>Story from <i>Proverbs of Ashes</i> by Brock and Parker</p> <p>Lecture: Theology</p> <p>Discussion</p> <p>Role Play: Spiritual Care</p> <p>Lecture: Congregation Level Prevention & Protocols</p> <p>Evaluate: Protocols</p> <p>Homework: <i>Journal:</i> Do you feel you met your goals for this training? Please write a few goals you have for yourself <i>after</i> training. How will you carry what you have learned forward? What are the most important “takeaways” from this workshop for you? Do you plan to keep learning about IPV? If so, how? <i>Prevention Project:</i> Plan a prevention project. Think of this as a tool for your future self. Examples: Write a sermon, create a brochure, plan a survivors' group or Bible study, etc. <i>Self-Care Practice</i></p> <p>Closing</p>	<p>Session Six: Prevention, Boundaries, Self-Care, and Closing, 1-hour 15min</p> <p>Goals, Welcome, Grounding</p> <p>Share Prevention Projects & Feedback</p> <p>Lecture: Boundaries & Self-Care</p> <p>Discussion: What do you still not know that you would like to know? What are your limits and boundaries, in your role and personally? What are your ethical and theological commitments and how does this influence what you can offer your community of concern?</p> <p>Answering Questions</p> <p>Write a Letter to Your Future Self</p> <p>Affirmations</p> <p>Closing</p>
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