

# Learning Network

Mobilizing knowledge to end gender-based violence

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## Integrating Faith Sensitivity into Gender-Based Violence (GBV) Work

Faith matters for millions of people worldwide – 8 in 10 individuals identify with some religious affiliation.<sup>1</sup> For many survivors of gender-based violence (GBV), faith beliefs, practices, and journeys are an integral part of their experiences.<sup>2</sup> However, in mainstream responses to GBV, the role of faith in reducing vulnerability and enhancing protection for those at higher risk of GBV can be overlooked.<sup>3</sup> In addition, while an intersectional approach to GBV recognizes multiple discriminations and violence based on gender, race, class and other identity-based oppressions, the impact of faith on GBV experiences remains marginalized.

*In the context of GBV, faith can operate as both a protective and/or risk factor.*

In the context of GBV, faith, religious, and spiritual beliefs and practices can impact:

- Survivors' help-seeking behaviours (e.g. use of and access to health-care services, medication and treatment plans, and alternative healing practices)
- Perpetrators' behaviours
- Mental health outcomes of survivors
- Survivors' needs – such as ritual purification (ablution) and pastoral care

It is important to remember that faith, traditions, and cultural contexts are often intertwined and inseparable, and jointly shape GBV experiences. It is not easy to differentiate between cultural, spiritual or faith beliefs about GBV as often they are all related. For example, individuals sharing the same cultural background may hold different religious views on GBV. Likewise, individuals from the same faith groups may hold different cultural views on GBV.



### About this Brief

This Brief aims to enhance understanding of the role of faith in GBV experiences and responses. It draws on an intersectional approach to identify risk and protective factors associated with intersecting social identities. By adopting a faith-sensitive perspective, the Brief provides practical guidance on engaging with faith and/or religious identity as they intersect with other social categories in GBV services. A faith-sensitive, intersectional approach helps to better understand the intersecting drivers and forms of violence, including identity-based violence, based on gender, sexuality, age, race, ethnicity and other intersections. It also highlights the resilient capacities of survivors and affected communities, emphasizing faith and other social identity markers, from which survivors draw strength. By providing comprehensive guidance, this Brief intends to contribute to the prevention of GBV, improve survivors' access to GBV services and, advocate for a faith-sensitive intersectional approach in the everyday work of addressing GBV.

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## A note on language:

In this Brief, “faith” refers to various forms of belief or trust in some form of transcendent reality.<sup>4</sup> Related concepts to faith include religion and spirituality. “Religion” refers to an institutionalised system of belief, faith, or practices regarding a supernatural power shaping values and worldviews.<sup>4</sup> “Spirituality”, in turn, describes a broad quality related to an individual’s connection with higher power, nature and inner self, which can also exist without religion.

## Faith as both a protective and potential risk factor

Faith beliefs, practices, organization, and subjective experiences play dual roles as both risk and protective factors.<sup>5</sup> While certain faith beliefs, interpretations and practices may contribute to GBV, others may help counter it as protective factors. GBV survivors have diverse faith, religious, and spiritual beliefs, which vary across cultural contexts, religious traditions, and among individuals within religious and ethnic minority groups. People understand and experience faith differently.

### Faith as a risk factor can:

1. Justify harmful behaviours such as domestic violence and intimate partner violence (IPV) (e.g. individuals may rationalize IPV as a means to “discipline” a spouse and enforce spousal obedience).
2. Stigmatize and shame survivors (e.g. for dishonouring family and for sexual relations outside marriage).
3. Encourage passive behaviours (e.g. to endure abuse to protect family and/or make survivors blame themselves).

### Faith as a protective factor can:

1. Enable resilience and coping (e.g. prayers help survivors keep calm and beliefs help them find meaning, etc.)
2. Motivate perpetrators to change their behaviours (e.g. by drawing on prophetic teachings and emulating the prophets’ fair and kind behaviours).
3. Be used to condemn violence against women and girls (VAWG) and stand up to injustice by survivors (e.g. using egalitarian religious teachings).

*It is important to remember that while faith may play a significant role in survivors’ lives, it does not mean that it increases their vulnerability to violence. There is a lack of scientific evidence showing a correlation between faith and GBV prevalence.<sup>5</sup> GBV occurs across different religious groups and geographies. GBV is not unique to certain faith communities nor does having faith or adhering to any religion make an individual more “accepting” of violence that is perpetrated or experienced.*



## Understanding faith as a protective factor

For many survivors of GBV, faith remains an important protective resource to resist and challenge GBV.<sup>5-6</sup> The following illustrates ways in which faith can serve as a protective factor often accessed through faith ideas, communities, practices, and experiences.

### Faith ideas may challenge GBV and enhance coping

Faith-based ideas can counter GBV in two main ways. First, they can directly oppose GBV by promoting principles that challenge it, such as the inherent dignity of all humans and importance of non-violence. Second, faith teachings can be interpreted to address GBV through teachings that promote values such as compassion, respect, and charity.

Faith beliefs can also drive responses to GBV, providing both practical and spiritual support to survivors.<sup>7</sup> One faith-based approach to addressing GBV, referred to as "religious coping", empowers survivors by helping them draw strength and resilience from their faith. It is a key strategy many survivors adopt to actively resist GBV<sup>8</sup>, using their faith as a source of agency, strength, and resilience. In religious coping, survivors often use cognitive, behavioral, and spiritual/emotional religious strategies, drawing on their available faith resources—such as beliefs, practices, and experiences.<sup>6</sup> For example, survivors may find strength to resist GBV through egalitarian teachings from their faith, like those advocated by *Sisters in Islam*, a non-governmental organization in Malaysia. This organization uses a faith-based approach that highlights the rights of Muslim women, drawing from Islamic principles to promote equality and justice.<sup>9</sup>

In addition, practices such as reading sacred texts and prayers can provide survivors with strength and resilience in navigating their experiences of violence and trauma. For example, religious rituals can help survivors find courage and clarity as they consider their options.<sup>6, 10</sup>



### Faith leaders and communities offer support

Many survivors turn to religious and faith leaders to seek counselling, playing a crucial role in helping those experiencing GBV to access support. The structure of faith communities, including leaders and various sub-groups such as women's groups and youth groups, can play a role in the prevention and response to GBV. For example, religious and faith leaders wield significant status, normative authority, and power to influence people's attitudes and behaviours regarding issues, such as intimate partner violence, female genital mutilation/cutting (FGM/C), child marriage, rape, and family dishonour.<sup>11</sup> In practice, faith resources sourced from faith leaders and communities can help survivors access material support, social connections, safe spaces, information, and other services.

### Faith practices and experiences support recovery

Prayers, dreams, visions, and spiritual experiences, often overlooked in formal interventions, can play a significant role in a survivor's recovery which should not be underestimated. For example, one study found that survivors participating in group psychotherapy who addressed their spiritual struggles were able to develop spiritual coping resources, leading to greater reductions in depressive symptoms, anxiety, and physical symptoms compared to control groups.<sup>12</sup>



## Understanding faith as a potential risk factor

For some survivors of GBV, faith can be an intersecting risk factor, increasing their vulnerability and contributing to their experiences of violence.<sup>6</sup> Feminist theologians continue to develop resources to counter misinterpretations of religious teachings that have been used to justify GBV. The following presents ways in which faith can operate as a risk factor due to certain religious interpretations, beliefs and harmful practices sometimes condoned by faith communities.

### Impact of patriarchal interpretations of religious scripts

Patriarchal interpretations of religious and faith-based texts that may structurally position men in roles of power and authority, can be misused by perpetrators to justify their actions.<sup>13</sup> Survivors may internalize these interpretations, leading to isolation, self-blame, emotional abuse, coercion, intimidation, and fear.<sup>14-15</sup>

### Spiritual struggles and mental health

Survivors may experience spiritual struggles, such as feeling abandoned or punished by God or a higher power, that they believe in, due to the violence they have endured. These experiences can be deeply complex and may influence mental health and help-seeking in different ways. However, spiritual struggles can also serve as turning points, leading to positive outcomes and spiritual growth.<sup>16</sup>

### Sensitive issues in faith communities

In many faith communities, issues related to GBV and sexual and reproductive health and rights are particularly sensitive.<sup>11</sup> Survivors may avoid discussing these topics due to cultural or religious norms that discourage openness, fearing shame and stigma within their communities. For survivors who are religious, experiences of GBV can conflict with principles of 'purity' before marriage or even contact with the opposite sex.

### Lack of training for religious and faith leaders

Religious and faith-based leaders are more often relied upon by some survivors than other helping professionals,<sup>17</sup> but not all religious leaders are trained in addressing GBV. This lack of training can lead to harmful advice, serving as an additional barrier to survivors' safety, such as urging survivors to endure abuse with patience, thereby exacerbating their vulnerability.<sup>13, 18</sup>

### Barriers to help-seeking

Faith-based beliefs can discourage survivors from seeking help for abuse. Some survivors may endure abuse, believing that suffering is a part of their spiritual journey. For example, they may adopt the idea that "this life does not matter"<sup>19</sup> and perceive harm as a sacrifice with the promise of reward in the afterlife.<sup>20</sup> Others may feel compelled to endure suffering similar to that of revered figures in religious texts, leading them to minimize their own experiences of GBV.<sup>21</sup>

Further, intimate partner violence (IPV) is often viewed as a private matter in faith communities, underpinned by religious and faith-based beliefs about marital rights that may prevent, for example, recognition of marital rape and impose unequal gendered power dynamics, which may further hinder survivors' help seeking behaviours.<sup>20</sup>



## Faith in lived experiences of GBV

Survivors of GBV experience faith in all different ways. For some, faith operates as a resource, while for others, it can be a barrier to seeking help. These two stories from different faith traditions, based on research from Turkey and Tunisia with forced migrant women,<sup>2</sup> present the varied manifestations of faith.

### Spiritual struggles delay help-seeking

Shamila, 30s, was subjected to continued physical and psychological abuse from her husband. She found respite in her connection with God through night prayers and reading a religious script daily. Over time she internalised her domestic abuse as a test of God and interpreted it as her destiny. She thought if God willed, she would not be expected to bear the abuse. She felt through the acts of God that her struggle would eventually end and expected a reward hereafter for enduring her pain.

*"He swears at us, he gets angry with me, and that's his right, I mean, he's sick, and I totally accept it and endure it; I want to go to heaven..." (Mariam, 50s)<sup>22</sup>*

### Faith motivates to break a vicious cycle of violence

Sarah, 40s, was mistreated as a child by her stepmother. She got married young and experienced cycles of IPV by her spouse. For years, she held onto her faith and relied on her prayers to find strength while experiencing abuse. Drawing on guidance from her religious scriptures, she sought a divorce and support. She found strength in her faith circle, which helped her break free from the abusive marriage by providing access to temporary shelter and legal support for her divorce case.

*'My husband says it is permissible to beat me ... When he beats me, I ask, "Does your religion permit you to do this?" and he says, "Yes and God made it obligatory for women to obey their husbands", but they forget that God ordered husbands to be good men and treat their women fairly.' (Roqaya 30s)<sup>23</sup>*

Such diverse manifestations again suggest that faith functions as both a risk and protective factor across different faith traditions and faith-based groups. To address GBV in an inclusive way, faith sensitivity requires refraining from stereotyping any one group as more abusive than others, as it can be harmful and incite further cycles of violence.



## Responding to GBV with faith sensitivity

Growing evidence demonstrates that faith-sensitive approaches are effective in addressing GBV, particularly by mitigating the negative impacts of religious beliefs that contribute to potential risks to GBV.<sup>24, 25</sup> Additionally, faith plays a crucial role in supporting survivors' coping and healing, and in mobilizing community resources to respond to GBV.

### What is faith-sensitivity?

There is no one definition of faith sensitivity. In broad terms, it can be described as respect for survivors' faith-related beliefs, practices, and experiences and a willingness to understand and accommodate their faith needs. The faith-sensitive approach applies faith sensitivity when working with survivors affiliated with faith when it is appropriate to do so, to respect their intersecting identities.

Conversely, a faith insensitive approach overlooks and does not adequately address the significance of faith in the survivors' experiences.



*Developing faith sensitivity expands inclusivity of GBV services and improves outreach and accessibility to GBV services for survivors with faith/religious/spiritual backgrounds. In other words, faith sensitivity is an enabling factor to expand outreach to marginalized survivors from minority groups and faith communities, while faith insensitivity can further drive social exclusion and barriers to help-seeking.*

### Impacts of faith insensitivity: reinforcing barriers for survivors to access support

Faith-based discrimination and discriminatory attitudes can reinforce existing barriers and form new faith-related barriers for survivors to access support without fear of judgment, verbal harassment, and discrimination. Sometimes, this is referred to as "faithism".<sup>26</sup>

Faith inclusion in the GBV sector remains taboo and a point of tension and discomfort. For example, one recent study found that in some settings, practitioners responding to GBV are instructed to avoid talking about faith with survivors.<sup>2</sup> As a result, avoidance and marginalization of faith in mainstream responses to GBV can lead to exclusion of survivors with faith backgrounds. Survivors, for whom faith matters, can feel discriminated and/or misunderstood or unable to express their identity.

For example, Muslim survivors of domestic violence in Canada reported encountering derogatory comments when seeking support, such as, "Doesn't your religion allow the husband to hit his wife?",<sup>27</sup> indicating that support services may often lack faith sensitivity to engage with religious survivors, and may therefore fail to provide appropriate care. In this context, countering discrimination and Islamophobic sentiments among practitioners is critical to enabling Muslim survivors to seek support without fear of discrimination.<sup>28</sup>

### The key principles of faith sensitivity are:



#### Do's

- Be aware of your own biases of and attitudes to faith
- Ask to identify faith needs of survivors
- Listen to and acknowledge survivors' views
- Show respect for diverse faith beliefs
- Offer to connect survivors with relevant services and faith-based networks, if needed



#### Don'ts

- Question faith beliefs and identity of survivors
- Judge faith beliefs and practices
- Ignore faith issues that matter to survivors
- Demean survivors' meaning of faith beliefs, practices and experiences
- Devalue survivors' religious coping

# The application and implications of a faith-sensitive and faith-insensitive intersectional approach

Approach	Application	Implications for survivors and interventions
<b>Faith-sensitive</b>	<ul style="list-style-type: none"> <li>When appropriate, including faith factors in GBV prevention and response, e.g. engaging faith actors (religious leaders, faith communities, and faith-based organizations) in awareness campaigns, including faith in risk assessments and resilience building</li> <li>Recognizing faith as a risk and protective factor</li> <li>Recognizing the role of faith in survivors' coping</li> </ul>	<ul style="list-style-type: none"> <li>Using faith-sensitive approaches in interventions</li> <li>Working with faith leaders for local GBV faith sensitization</li> <li>Training case workers on the faith needs of survivors</li> <li>Developing faith-inclusive curricula and manuals</li> </ul>
<b>Faith-insensitive</b>	<ul style="list-style-type: none"> <li>Limited awareness of the role of faith in experiences of survivors</li> <li>Religion seen as a source of oppression/disempowerment</li> <li>Not recognizing religious coping mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Ignoring and avoiding survivors' faith beliefs concerning GBV</li> <li>Overlooking negative religious coping mechanisms and undermining wellbeing</li> <li>Failing to recognize survivors' faith needs and, if requested by them, not providing religious accessories (e.g. prayer matts, scriptures, religious clothing)</li> <li>Adopting a blanket approach to all social groups to ensure inclusion for all; a generalised approach can overlook specific needs of survivors from ethnic and religious minorities.</li> </ul>





## Faith-sensitive practices in action

This section outlines ways to build faith-sensitive and intersectional approaches into everyday work addressing GBV and supporting survivors. These include engaging with survivors' faith, building faith literacy, integrating faith-sensitivity into shelters, mobilizing faith leaders and communities, and involving men and boys in faith communities.

### Engage with survivors' faith

Those supporting survivors of GBV should be aware of how their own beliefs and biases influence how they interpret the role of faith on survivors' experiences and needs. Even though one's cultural and religious beliefs may differ from survivors' cultural and faith backgrounds, it is important to create an inclusive environment where survivors feel safe and comfortable to talk about the role of faith in their experiences and share their faith beliefs and needs, such as respecting the different cultural contexts and faiths of survivors, and listening and acknowledging survivors' voices.

At the same time, not all survivors may choose to speak about their faith beliefs and experiences due to privacy, fear of exposure, intimidation, perceived lack of understanding, or other structural barriers.

It is important to create the space for these discussions, but not to pressure survivors if they prefer to keep their beliefs private. Power dynamics between survivors of faith and professionals can influence these interactions, and may present as:

- The ways in which survivors disclose certain information (e.g. some topics related to abuse – such as rape and sexual health – may be too sensitive for individuals from certain cultural and religious groups to discuss)
- The extent to which survivors disclose certain information and to whom (e.g. gender norms in some cultures prevent women from discussing taboos with men)

For some survivors, faith communities may be a lifeline or source of support. They may want to reach out to formal or informal faith leaders for guidance. Research indicates that appropriate spiritually integrated therapies can be beneficial for GBV survivors,<sup>29</sup> helping survivors utilize their resources and address spiritual struggles.<sup>30</sup> However, other survivors may choose not to maintain contact with their communities for reasons such as shame, stigma and fear of further abuse. They may prefer secular approaches to their well-being instead.





## Build understanding and engagement through 'religious and faith literacy' and spiritual capital

Faith sensitivity can be developed even if staff lack knowledge about specific religious traditions, however it is ideal to achieve a degree of religious literacy. Religious literacy involves being open to the role religion may or may not play in survivors' and perpetrators' understanding of GBV as a risk and protective factor. Training staff in cultural competency,<sup>31</sup> which includes religious literacy, is also key. Cultural competency and faith sensitivity lead to the ability to understand that survivors have a right to holistic care regardless of their culture, ethnicity, religion, faith, no faith, spiritual beliefs, and languages spoken.

Engaging with the faith beliefs of survivors includes acquiring some basic faith literacy to understand universal faith principles and ethics relevant to GBV prevention and supports.



*Learn More: Safe Heavens developed useful resources introducing different faiths' teachings in the context of GBV, available to access [here](#).<sup>15</sup>*

These and other resources can be used to leverage the protective capacities of faith in responding to GBV and tackling barriers related to beliefs condoning GBV. They can also help understand what religious beliefs and practices survivors from faith communities may seek to find strength and help when experiencing GBV.

Practitioners using a strength-based approach may also consider survivors' spiritual capital, religious coping capacities, and personal strengths as resources for healing and rebuilding their social identities, which are often fragmented by identity-based violence.

## Integrate faith sensitivity into GBV shelters

Faith sensitivity also matters in catering to the intersectional needs of survivors accessing GBV related supports and services, including shelters. Considering survivors' gendered faith and spiritual needs in connection to psychosocial needs and distress levels is a way in which faith sensitivity could be considered, including:

- Listening to survivor's voices and, if raised, acknowledge the role of faith in their experiences
- Understanding survivors' religious coping mechanisms and honour their requests to connect with pastoral/spiritual care or faith groups of their choice
- Recognizing, acknowledging, and responding to survivors' faith-based needs by providing access to religious accessories. These may include prayer uniforms, prayer mats, religious texts, or water containers for ablution, based on what the survivor indicates they need. These needs may vary, so it's important to ask survivors directly. Additionally, arranging safe referrals to trusted faith institutions that can offer appropriate support is key. Supporting religious coping mechanisms in this way can help survivors navigate loss, adverse events, and the process of adaptation.
- Providing space and time in shelters for survivors to connect with others who share their faith, allowing for collective faith practices.



## Mobilize faith communities and faith leaders

Engaging with faith communities and leaders in responding to GBV is crucial because these communities can mobilize important resources to support GBV survivors and contribute to wider response efforts. Raising awareness about GBV and referral pathways within local faith communities, both virtually and in-person, can empower survivors who often rely on information from their congregations to seek help.

Formal and informal faith leaders hold significant influence within local faith communities and have great potential to challenge GBV and transform the norms that perpetuate GBV. These leaders, who fulfill various roles within their communities, can promote behavioral and attitudinal changes. Many survivors turn to faith leaders as trusted figures and their initial source of support in times of need.



### *At a personal level, faith leaders can and often already do:*

- Help survivors resolve spiritual struggles and find meaning by supporting them psychologically and offering pastoral/spiritual care
- Acknowledge the harm suffered by survivors, symbolically and spiritually reaffirm their dignity, and counter social stigma
- Offer practical support to survivors – safe places, accommodation and livelihood support

### *At a family and community level:*

- Faith leaders can raise awareness about GBV and transform attitudes and beliefs which underpin GBV, including patriarchal norms and power imbalances, by leveraging theological reflections including:
  - Taking a scriptural approach, drawing on faith values, e.g. dignity and justice.
  - Focusing on religious education and moral obligations toward survivors, e.g. by tackling shame and stigma against survivors of sexual violence, mobilizing support for them, and reintegrating them into communities.
  - Promoting respect and equality, encouraging balance and partnerships in the family, and helping to mediate conflict in the family.

Likewise, women's and youth faith groups are trusted local hubs where survivors may seek support. While some faith groups may be influenced by cultural perceptions, and some types of GBV may be tolerated (e.g. reprimanding women perceived as "disobedient" and "disloyal" to their husband), engaging faith-based groups to co-develop preventive messages supports the accessibility and outreach of GBV awareness campaigns. When engaging with faith groups, it is vital to observe local customs in relation to sex segregation and mixing, and taking measures to overcome access barriers, such as mobility restrictions.

However, the capacities of faith leaders, groups, and institutions to address GBV varies. It is important to help build their capacities to offer survivor-centred support and establish referral pathways. Those supporting survivors could consider connecting with faith communities and working with local protection mechanisms to address religious beliefs or misconceptions that may be misused to tolerate and perpetuate abuse. This approach involves identifying existing and available local services and practices, possibly faith-based, that survivors access for support. Building trust-based relationships is key to creating effective pathways for referrals to professional service providers. Educating informal and formal faith actors and those responsible for places of worship about available faith-sensitive referrals specialized in GBV services is crucial for improving access for survivors.

## Engage men and boys from faith communities

Faith beliefs and practices shape gendered attitudes towards GBV in positive and negative ways. Men and boys belong to local faith communities. While GBV is predominantly perpetrated by men, some men and boys also experience GBV, and their experiences merit recognition and appropriate support. Faith beliefs can be a powerful motivator for men to actively prevent GBV, foster equity, and promote protective behaviors within their families and communities.

Faith, for example, can serve as a catalyst for change and motivation in addressing gender-based issues. Gender-transformative approaches leverage faith resources, such as sacred scriptures, to empower men and boys. Organizations, such as Tearfund, partner with trusted faith actors and theologians to co-develop technical resources and tools to work with men on gender equality (e.g. study sessions/activities for men and boys) to transform social norms underpinning GBV.<sup>32</sup> These initiatives aim to address “toxic” masculinity, identify and challenge harmful behaviours and beliefs, promote positive expressions of masculinity, and counter stereotypes by drawing on faith-based resources that resonate with men and boys.

Finally, faith-based spaces serve as a platform for men to discuss specific types of GBV (e.g. domestic violence, early marriage). For example, “Imams against domestic violence” (London, UK) provide a resource to discuss domestic violence.<sup>33</sup>



*This Brief has outlined the way faith influences survivors' experiences and how practitioners can operationalize the engagement with faith in their everyday work of addressing and responding to GBV, and supporting survivors. While it is not an exhaustive resource, it offers wide guidance to professionals and volunteers working to address GBV. Integrating faith sensitivity into GBV work is crucial to strengthen inclusion of diverse groups in the GBV sector as a whole.*



### Other useful resources

- European Commission (2021) [Engaging with Religious Actors on Gender Inequality and Gender-based Violence. Compilation of Practices](#). Brussels: EC.
- Safe Heavens (n.d.) Faith-Based Response Wheels: <https://www.interfaithpartners.org/power-control-and-response-wheels>
- Le Roux, E. and Palm, S. (2021) [Learning from Practice: Engaging Faith-based and Traditional Actors in Preventing Violence Against Women and Girls](#). New York: United Nations Trust Fund to End Violence against Women.

As you navigate this Brief on Integrating Faith Sensitivity in GBV work, we invite you to check out **10 tips for Integrating Faith-Sensitive Practices** through an intersectional approach on the next page.

## Tip sheet on adopting faith-sensitive practices

Preparation is key to developing faith sensitivity through an intersectional approach and identifying opportunities to enhance protection against GBV within local faith communities. For example, service providers, team leaders, technical leads, specialists, and/or practitioners can analyse and build their team's capacity to engage with survivors with faith/religious or spiritual backgrounds.

### Key practices include:

- ✓ Being aware of how spiritual and religious beliefs may influence both perpetrators' attitudes and behaviors, as well as survivors' vulnerability to GBV, resilience, and well-being.
- ✓ Being aware of how your own beliefs and biases influence how you interpret the influences of faith on survivors' experiences and needs.
- ✓ Reflecting on how you provide support to survivors who hold diverse cultural, spiritual and religious beliefs.
- ✓ Demonstrating religious and faith literacy by sensitively exploring the religious, cultural and spiritual factors that are unique to each survivor's circumstances.
- ✓ Seeking opportunities to tailor services to survivors' holistic needs.
- ✓ Developing safe referral pathways to verified providers of pastoral and spiritual care, and informing survivors that they can request support from faith leaders they feel most comfortable with.
- ✓ Training faith actors and those responsible for places of worship to provide survivor-centred support with referral to specialist services when needed, promoting confidentiality, safety, non-discrimination, and respect for survivors.
- ✓ Training staff and volunteers on the core principles of cultural competency and faith sensitivity to ensure they can provide holistic support that considers religious, spiritual, and cultural influences on survivors' vulnerability to GBV and resilience.
- ✓ Continuously building organizational and staff capacities to increase faith sensitivity to reduce barriers for survivors of different faith backgrounds to access support.
- ✓ Developing and monitoring inclusive measures for faith sensitivity to ensure that all faith-based groups are recognized and not discriminated against based on their beliefs or background.





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# References

- <sup>1</sup> PEW Research Center. (2010). *The Global Religious Landscape. A Report on the Size and Distribution of the World's Major Religious Groups as of 2010*. <https://assets.pewresearch.org/wp-content/uploads/sites/11/2014/01/global-religion-full.pdf>
- <sup>2</sup> Pertek, S. I. (2022). "God Helped Us": Resilience, Religion and Experiences of Gender-Based Violence and Trafficking among African Forced Migrant Women. *Social Sciences*, 11(5), pp. 201. <https://doi.org/10.3390/socsci11050201>
- <sup>3</sup> Le Roux, E., & Pertek, S.I. (2022). *On the significance of religion in violence against women and girls*. Routledge.
- <sup>4</sup> Lunn, J. (2009). The Role of Religion, Spirituality and Faith in Development: A Critical Theory Approach. *Third World Quarterly*, 30(5), 937–951. <https://doi.org/10.1080/01436590902959180>
- <sup>5</sup> Pertek, S.I., Block, K., Goodson, L., Hassan, P., Hourani, J., & Phillimore, J. (2023). Gender-based violence, religion and forced displacement: protective and risk factors. *Frontiers in Human Dynamics*, 5. <https://doi.org/10.3389/fhumd.2023.1058822>
- <sup>6</sup> Pertek, S.I. (2024). Adaptive Religious Coping with Experiences of Sexual and Gender-based Violence and Displacement. *Journal of Refugee Studies*, 37(2), 307–323. <https://doi.org/10.1093/jrs/feae003>
- <sup>7</sup> Beaman-Hall, L, & Nason-Clark, N. (1997). Translating spiritual commitment into service: The response of evangelical women to wife abuse. *Canadian Woman Studies/Les Cahiers de la Femme*, 17(1): 58–62.
- <sup>8</sup> Zakar, R., Zakar, M.Z., & Krämer, A. (2012). Voices of Strength and Struggle: Women's Coping Strategies Against Spousal Violence in Pakistan. *Journal of Interpersonal Violence*, 27(16): 3268–3298. <https://doi.org/10.1177/0886260512441257>
- <sup>9</sup> Basarudin, A. (2016). *Humanizing the sacred: Sisters in Islam and the struggle for gender justice in Malaysia*. University of Washington Press.
- <sup>10</sup> Bradley, T. (2010). Religion as a bridge between theory and practice in work on violence against women in Rajasthan. *Journal of Gender Studies*, 19(4): 361–375. <https://doi.org/10.1080/09589236.2010.514208>
- <sup>11</sup> Tomkins, A., Duf, J., Fitzgibbon, A., Karam, A., Mills, E.J., et al. (2015). Controversies in faith and health care. *The Lancet*, 386(10005), 1776–1785. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60252-5/abstract?rss=yes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60252-5/abstract?rss=yes)
- <sup>12</sup> Bowland, S., Edmond, T., & Fallot, R.D. (2012). Evaluation of a spiritually focused intervention with older trauma survivors. *Social Work*, 57(1): 73–82. <https://doi.org/10.1093/sw/swr001>
- <sup>13</sup> Ghafournia, N. (2017). Muslim women and domestic violence: Developing a framework for social work practice. *Journal of Religion & Spirituality in Social Work: Social Thought*, 36(1–2), 146–163. <https://doi.org/10.1080/15426432.2017.1313150>
- <sup>14</sup> Alkahteeb, S. (n.d.). *Muslim wheel of domestic violence*. Project Sakinah. <https://projectsakinah.org/About-Family-Violence/Understanding-Abuse/The-Muslim-Wheel-of-Domestic-Violence>
- <sup>15</sup> Safe Havens Interfaith Partnership Against Domestic Violence. (2014). *Spiritual abuse wheel*. <https://www.interfaith-partners.org/power-control-and-response-wheels>
- <sup>16</sup> Mahoney, A., Abadi, L., & Pargament, K.I. (2015). Exploring Women's Spiritual Struggles and Resources to Cope with Intimate Partner Aggression. In A.J. Johnson (Ed.), *Religion and Men's Violence Against Women* (pp. 45–59). New York, NY: Springer. doi:[10.1007/978-1-4939-2266-6\\_4](https://doi.org/10.1007/978-1-4939-2266-6_4).
- <sup>17</sup> Singletary, J. (2007). Family violence in congregations: An exploratory study of Clergy's needs. *Social Work and Christianity*, 34,18–46. [https://www.researchgate.net/profile/Jon-Singletary/publication/317230563\\_Family\\_violence\\_in\\_congregations\\_An\\_exploratory\\_study\\_of\\_clergy's\\_needs/links/592ce2d2a6fdcc84da8da917/Family-violence-in-congregations-An-exploratory-study-of-clergys-needs.pdf](https://www.researchgate.net/profile/Jon-Singletary/publication/317230563_Family_violence_in_congregations_An_exploratory_study_of_clergy's_needs/links/592ce2d2a6fdcc84da8da917/Family-violence-in-congregations-An-exploratory-study-of-clergys-needs.pdf)

- <sup>18</sup> Kulwicki, A., Aswad, B., Carmona, T., & Ballout, S. (2010). Barriers in the utilization of domestic violence services among Arab immi-grant women: Perceptions of professionals, service providers & com-munity leaders. *Journal of Family Violence*, 25, 727–735. <https://link.springer.com/article/10.1007/s10896-010-9330-8>
- <sup>19</sup> Hassounah-Phillips, D. (2003). Strength and Vulnerability: Spirituality in Abused American Muslim Women's Lives. *Issues in Mental Health Nursing*, 24(6–7), pp. 688. <https://doi.org/10.1080/01612840305324>
- <sup>20</sup> Chavis, A.Z., & Hill, M.S. (2008). Integrating multiple intersecting identities: A multicultural conceptualization of the power and con-trol wheel. *Women & Therapy*, 32(1), 121–149. <https://doi.org/10.1080/02703140802384552>
- <sup>21</sup> Heise, L., Moore, K., & Toubia, N. (1996). Defining 'coercion' and 'consent' cross-culturally. *SIECUS Report*, 24(2), 12–14. [https://www.safelylit.org/citations/index.php?fuseaction=citations.viewdetails&citationIds\[\]=citjournalarticle\\_189195\\_20](https://www.safelylit.org/citations/index.php?fuseaction=citations.viewdetails&citationIds[]=citjournalarticle_189195_20)
- <sup>22</sup> Pertek, S.I. (2022). Religion as intersecting risk in violence against women and girls. In E. Le Roux & S.I. Pertek (Eds.), *Religion matters – on the significance of religion in violence against women and girls*. (pp. 67). Routledge.
- <sup>23</sup> Pertek, S.I. (2024). *Faith sensitive protection from violence against women and girls in humanitarian and forced migration contexts*. University of Birmingham, p. 14. <https://jiliflc.com/wp-content/uploads/2024/03/Faith-sensitive-VAWG-protection-Guidance-Note-Final.pdf>
- <sup>24</sup> Pertek, S.I. (2020). Deconstructing Islamic perspectives on sexual and gender-based violence (GBV), toward a faith inclusive approach. In I. Khan & A. Cheema (Eds.), *Islam and International Development: Insights for working with Muslim Communities*. Practical Action Publishing.
- <sup>25</sup> Istratii, R., & Kalkum, B. (2023). Leveraging the potential of religious teachings and grassroots religious teachers and clerics to combat intimate partner violence in international development contexts. Project dldl/2023. SOAS University of London. [https://jiliflc.com/wp-content/uploads/2023/12/Policy-Brief\\_Project-dldl.pdf](https://jiliflc.com/wp-content/uploads/2023/12/Policy-Brief_Project-dldl.pdf)
- <sup>26</sup> Ontario Human Rights Commission. (2013). Human rights and creed: Research and consultation report. *Queen's Printer for Ontario*. <https://www.ohrc.on.ca> ISBN 978-1-4606-3362-5 (PDF)
- <sup>27</sup> Ahmad, S. (May 2018). *Unlearning Islamophobia in anti-Violence Against Women Work*. Learning Network Brief (34). London, Ontario: Learning Network, Centre for Research and Education on Violence Against Women and Children. <https://gbvlearningnetwork.ca/our-work/briefs/brief-34.html>
- <sup>28</sup> Azraq, S., Hussain, Y., & Youssef, Y. (2023). *Gender-Based Violence in the Lives of Muslim Women in Canada: Realities, Challenges, and Resistance*. London, Ontario: Learning Network and Knowledge Hub, Centre for Research & Education on Violence against Women and Children. <https://gbvlearningnetwork.ca/webinars/recorded-webinars/2023/webinar-2023-4.html>
- <sup>29</sup> Murray-Swank, N.A., & Pargament, K.I. (2005). God, where are you?: Evaluating a spiritually-integrated intervention for sexual abuse. *Mental Health, Religion & Culture*, 8(3), 191–203. <https://doi.org/10.1080/13694670500138866>
- <sup>30</sup> Mahoney, A., Abadi, L., & Pargament, K.I. (2015). Exploring Women's Spiritual Struggles and Resources to Cope with Intimate Partner Aggression. In A.J. Johnson (Ed.), *Religion and Men's Violence Against Women* (pp. 45-59). New York, NY: Springer. doi:[10.1007/978-1-4939-2266-6\\_4](https://doi.org/10.1007/978-1-4939-2266-6_4).
- <sup>31</sup> National Health Service. (n.d.) *Cultural Competence and Cultural Safety programme*. <https://www.e-lfh.org.uk/programmes/cultural-competence/>
- <sup>32</sup> Tearfund. (2017). *Transforming Masculinities: Training Manual*. <https://learn.tearfund.org/en/resources/series/changing-gender-norms-transforming-masculinities/transforming-masculinities>
- <sup>33</sup> Hasan, A. (2013). *The End to Hitting Women: The Qur'anic Concept of ʿArb ('Hitting')*. *Islamic Perspective of Spousal Reprimand, Domestic Violence and Intimate Partner Violence (IPV)*. London: Imams Against Domestic Abuse (IADA) and Islamic Shari'ah Council (ISCR). <https://muslimmatters.org/wp-content/uploads/The-End-to-Hitting-Wome-2-2.pdf>