# Violence

## Introduction

2 Hours

### ■ Description

This module provides an overview of issues pertaining to violence and abuse. Besides defining and describing violence, it addresses incidence, risk factors, and prevalence. The module also describes methods to assess and respond to those who are victims of abuse and violence. Participants discuss the role of the faith community nurse (FCN) employing faith community nursing scope and standards of practice that promote whole-person health, wellness, and a safe environment.

### ■ Research

There is increasing recognition that individuals who experience violence, abuse, or trauma use religious or spiritual coping strategies (Sullivan et al., 2018). In order to facilitate faith-based coping strategies in regard to violence and abuse, it is essential that FCNs acquire the knowledge and skills to negotiate religious beliefs and cultures. However, there is little understanding as to what this entails. There is a need for religious literacy when providing culturally congruent care to diverse populations in addressing issues of violence and abuse. Sullivan et al. (2018) identify specific strategies women use to cope with individual post-traumatic stress disorder (PTSD) symptoms among a population at particular risk for experiencing trauma and its negative aftereffects—African-American victims of intimate partner violence who use substances. Results of content analysis revealed that women used 19 different strategies to cope with symptoms (for example, social support, substance use, electronic media, religious or spiritual coping), which varied as a function of the PTSD symptom experienced. FCNs often are in a position to facilitate religious or spiritual coping. Another study by Crisp et al. (2018) provides an overview of the diverse perspectives found in the literature on child sexual assault in Jewish communities and Muslim women's experiences and responses to domestic violence. Findings indicate that individual and community attitudes and responses to child sexual assault and domestic violence do not fit stereotypes either within or beyond religious communities. Hence, educating for religious literacy needs to ensure stereotypes are recognized as undue simplifications of the truth, and failure to understand this can result in harm. Religious literacy is important for FCNs if they are to effectively engage with the leadership of ethnically diverse faith communities to change attitudes toward issues of abuse and violence.

### ■ Faith Tradition

Many faith communities (Christian denominations, Jewish, Islamic, and others) voice concern about violence. Unfortunately, many victims of violence find it difficult to seek help from their faith communities as domestic issues may be accompanied by denial, shame, and guilt. Some faith communities offer guidance and prevention training, but others may choose to ignore the issue. Although religious families may be considered sacred, many individuals are victimized and live in unsafe households consumed by silence related to concerns bound in their personal beliefs and

religious ideology (Renzetti et al., 2017). Advocates for trauma survivors are encouraged to be attentive to the faith traditions and beliefs of persons confronting the potential devastation of traumatic events (Bryant-Davis and Wong, 2013). FCNs are in an excellent position to be involved with other professionals in providing an interprofessional approach to education and prevention, as well as evaluating and coordinating services (Johnston et al., 2018).

## Key Terms

**Economic abuse:** the attempt to make the victim financially dependent on the abuser as a means to have total control over all financial resources, which may include holding any funds received through public assistance or Social Security, forbidding employment, requiring intense financial accountability, and withholding information on expenses that could overextend the family's financial capabilities

**Emotional abuse:** the attempt or act of undermining a person's self-worth, which may include constant criticism, belittling the victim's abilities and competency, insults, and manipulating the victim's feelings and emotions to induce guilt

**Physical abuse:** the infliction or attempt to harm someone by physical force, which may include behaviors such as hitting, shoving, kicking, burning, punching, or restraining

**Psychological abuse:** threatening a partner or another person by instilling fear, which may include threats of physical harm to self, the victim, or others through blackmail, harassment, property destruction, and stalking

**Sexual abuse:** coercing or forcing someone into sexual contact without consent, which may include rape, forcing prostitution, or sodomy

**Violence:** the pattern of violent and coercive behavior directed by someone toward another individual

### *Reflection*

**Gracious God, you created us and gave us the breath of life. In gratitude, we want to live in your enduring love and trust. We ask that you be with those who suffer from oppression. We pray for those who suffer in silence and are fearful to utter a word and be misunderstood. Surround them with your care and protect them by your love. Heal their pain of suffering and give them strength. Bind up the wounds of abuse and permit the vulnerable to walk in peace, clarity of mind, and the joy of your blessings. Empower them so that they may give love with confidence and dignity. Amen.**

**—Prayer used by permission of Chaplain Anne Gifford, FCN, DEdMin.**

**"Better than a thousand useless words is the one single word that gives peace."**

**—Buddhist text, *Dhammapada* 8:100**

# Learning Outcomes

**Upon completion of this module, the participant will be able to:**

1. Recognize violence and the five forms of abuse.
2. Describe the incidence, prevalence, and risk factors related to violence.
3. Assess intimate partner, child, and elder abuse.
4. Assist the vulnerable in the context of faith traditions, spiritual interventions, and faith community nursing Scope and Standards of Practice.

# Content Outline

Arrange the room so that participants can easily step out should emotional reactions or memories become elevated due to the subject matter. Be prepared to provide support and referral to any participant who may revisit or reflect on a past or current violent situation. Allow time immediately following the conclusion of this module for listening and providing support.

Have a list of referral resources for participants by city and state. Obtain a list of emergency contacts for each participant on the first day of class.

## Outcome 1

*Recognize violence and the five forms of abuse.*

***Key Term: Violence*** is the pattern of violent and coercive behavior directed by someone toward another individual.

***Key Term: Physical abuse*** is the infliction or attempt to harm someone by physical force, which may include behaviors such as hitting, shoving, kicking, burning, punching, or restraining.

***Key Term: Sexual abuse*** is coercing or forcing someone into sexual contact without consent, which may include rape, forcing prostitution, or sodomy.

***Key Term: Psychological abuse*** is threatening a partner or another person by instilling fear, which may include threats of physical harm to self, the victim, or others through blackmail, harassment, property destruction, and stalking.

***Key Term: Emotional abuse*** is the attempt or act of undermining a person's self-worth, which may include constant criticism, belittling the victim's abilities and competency, insults, and manipulating the victim's feelings and emotions to induce guilt.

***Key Term: Economic abuse*** is the attempt to make the victim financially dependent on the abuser as a means to have total control over all financial resources, which may include holding any funds received through public assistance or Social Security, forbidding employment, requiring intense financial accountability, and withholding information on expenses that could overextend the family's financial capabilities.

**Outcome 2**
*Describe the incidence, prevalence, and risk factors related to violence.*

**Critical Thinking**

**What is the faith community's responsibility toward victims of family violence or abuse?**

Violence impacts many population groups.
- Family violence affects everyone, regardless of sexual orientation.
- Family violence affects all racial, ethnic, religious, and socioeconomic groups.
- Family violence is a community problem, but it is rarely talked about.
- Domestic violence is the leading cause of injury to women.
- Men are also affected by domestic violence.
- There is no specific type of abused woman. All types of women are vulnerable.

Violence is usually a **recurrent phenomenon that escalates** in severity and frequency over time. The highest risk for serious injury or death from violence in an intimate relationship is at the point of separation or at the time when the decision to separate is made.

**Drug or alcohol abuse** is a contributing factor.
- Drug or alcohol abuse may occur simultaneously with violence.
- Eliminating drugs or alcohol does not necessarily eliminate the abuse.
- Substance abuse is no excuse for violence.

**Who is the abuser or perpetrator?**
- There is an increasing awareness that **women are also abusers** of men.
- In about half of the reported cases of domestic violence, males and females are both active combatants.
- Nearly two-thirds of women who report being raped, physically assaulted, or stalked were victimized by a current or former husband, partner, boyfriend, or date.
- **Intimate partners** perpetrate the majority of all violent crimes against women, while men are more likely to be victimized by strangers.
- **Abusers are often extremely jealous**, possessive, and controlling. They may experience rage at the possibility of being abandoned and would rather kill their partners than let them leave the relationship.
- Reports suggest that the single most common element among violent adult abusers is having been **neglected or abused in childhood**.

## ■ Children and Minors as Victims

It is important to emphasize that **children are the victims and are never to blame** for maltreatment. Many individual characteristics may increase the likelihood of being maltreated:
- being either under four years old or an adolescent
- being unwanted, or failing to fulfill the expectations of parents
- having special needs, crying persistently, or having an abnormal physical appearance

There are five main categories of maltreatment of children and minors.
1. **Neglect** of meeting the basic needs—food, shelter, clothing, health care, protection.
2. **Physical**—hitting, shaking, burning, forceful restraint, extreme spanking.
3. **Sexual**—incest, rape, sodomy, exhibitionism, pornography, attempted or actual fondling. In armed conflict and refugee settings, girls are particularly vulnerable to sexual violence, exploitation, and abuse by combatants, security forces, members of their communities, aid workers, and others.
4. **Emotional**—attacks on child or adolescent's self-esteem and sense of self; verbal threats or name calling; belittling statements, bullying.
   - Bullying (both cyber and in person) is an increasingly more common type of violent behavior in school-aged youth.

- It is traditionally conceptualized as a particular form of repeated peer aggression that is intentional and that involves a power differential between the bully and the victim (Jia and Mikami, 2018).

5. **Spiritual**—using a person's spiritual beliefs to manipulate, dominate, or control the person by:
   - not allowing people to follow their preferred spiritual or religious tradition
   - forcing a spiritual or religious path or practice on another person
   - belittling or making fun of a person's spiritual or religious tradition, beliefs, or practices
   - using spiritual or religious position, rituals or practices to manipulate, dominate or control a person (https://www.gov.nl.ca/VPI/types/#5)

### Caregivers Who May Abuse

Most child abuse occurs within families. Parents and relatives who were abused themselves are most often the perpetrators. Characteristics of a parent or caregiver that may increase the risk of child maltreatment include the following:

- difficulty bonding with a newborn
- not nurturing the child
- having been maltreated as children themselves
- lacking awareness of child development or having unrealistic expectations
- misusing alcohol or drugs, including during pregnancy
- being involved in criminal activity
- experiencing financial difficulties

### Characteristics that May Contribute to Abuse

Characteristics of relationships within families or among intimate partners, friends, and peers that may increase the risk of child maltreatment include the following:

- physical, developmental, or mental health problems of a family member
- family breakdown or violence between other family members
- being isolated or lacking a support network
- lack of support from the extended family in child-rearing

### Community Risk Factors

Characteristics of communities and societies that may increase the risk of child maltreatment include the following:

- gender and social inequality
- lack of adequate housing or services
- high levels of unemployment or poverty
- easy availability of alcohol or drugs
- inadequate policies and programs to prevent child maltreatment, child pornography, child prostitution, and child labor (World Health Organization, 2016)

### Consequences of Child Maltreatment

Child maltreatment causes suffering to children and families and can have **long-term consequences**. Research by Shalev et al. (2013) found that 10-year-olds who experienced violence had significant biological aging changes in DNA. Maltreatment causes stress that is associated with disruption in early brain development. Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, maltreated children are at increased risk for these behavioral, physical, and mental health problems, such as:

- perpetrating or being a victim of violence
- depression
- smoking
- obesity
- high-risk sexual behaviors

- unintended pregnancy
- alcohol and drug misuse

### Preventive Approaches

Preventing child maltreatment requires a multifaceted approach. Effective programs that support parents and teach positive parenting skills may include:

- visits by nurses to parents and children in their homes to provide support, education, and information
- parent education, usually delivered in groups, to improve child-rearing skills, increase knowledge of child development, and encourage positive child management strategies
- multiple interventions, which typically include support and education of parents, preschool education, and childcare (World Health Organization, 2016)

## Elders as Victims

Elder maltreatment is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes:

- physical, sexual, psychological, emotional, financial, and material abuse
- abandonment
- neglect
- serious loss of dignity and respect

Elder maltreatment can lead to physical injuries, ranging from minor scratches and bruises to broken bones and head injuries leading to lasting disabilities.

- It may also cause serious, sometimes long-lasting, psychological consequences, including depression and anxiety.
- For older people, the consequences of maltreatment can be especially serious because their bones are more brittle, and convalescence is longer.
- Even relatively minor injuries can cause serious and permanent damage, or even death.

Neglect is the most common form of elder maltreatment in domestic settings, followed by physical abuse and financial or material exploitation.

- Many elders live away from their children and may depend on friends and their faith community for support.
- Most victims suffer from some sort of disability which requires assistance.
- The elderly are often isolated. One common factor is migration of young couples, leaving elderly parents alone, in societies where older people were traditionally cared for by their offspring.
- Financial exploitation is a common form of elder abuse.
- Family members are the most frequent abusers of the elderly.
- A shared living situation is a risk factor for elder maltreatment.

It is not yet clear whether spouses or adult children of older people are more likely to perpetrate abuse.

- An abuser's dependency on the older person (often financial) also increases the risk of abuse.
- In some cases, a long history of poor family relationships may worsen as a result of stress and frustration as the older person becomes more dependent.
- Finally, as more women enter the workforce and have less spare time, caring for older people becomes a greater burden, increasing the risk of abuse (World Health Organization, 2018).

## Impact of Violence or Abuse

Violence or the threat of violence increases the risk for behavioral and emotional problems and impairment of vocational, social, and academic functioning. Exposure to violence is associated with increased rates of:

- suicide
- homicide
- conduct disorder
- depression
- post-traumatic stress disorder (PTSD)
- alcohol and drug abuse
- impaired self-esteem
- feelings of helplessness and hopelessness

**Critical Thinking**

**Why is it important for FCNs to understand how to care for victims of family violence and abuse?**

Recent research (Koeppel and Bouffard, 2014) found that children who are exposed to intimate partner violence are more likely to grow up to experience partner violence themselves.

## Outcome 3

*Assess intimate partner, child, and elder abuse.*

Laws for reporting violence and abuse vary from state to state.

- Most federal and state laws address reporting violence.
- Nurse Practice Acts require reporting of abuse, neglect, or exploitation.

If abuse is present, the **victim frequently is kept isolated** from any social network and activities.

- The victim has restricted access to health providers and services.
- The victim has personality changes or is excessively private.
- The victim frequently is nervous, anxious, and easily upset.
- The victim's partner has excessive control of the victim's activities and involvement with others.
- The partner speaks for and makes the victim's decisions.
- The partner insults or ridicules the victim in public.
- The victim has unexplained injuries or minimizes visible injuries.
  - √ attributes injuries to "an accident"
  - √ may wear long sleeves in warm weather, sunglasses indoors, or heavy makeup

**Possible indicators of child abuse or neglect** include the following:

- hygiene and appearance
  - √ consistently dirty, hungry, or inappropriately dressed
  - √ lacks appropriate medical care
  - √ bruises or welts on body or face
  - √ burns, fractures, or lacerations
  - √ human bite marks
  - √ burning or itching in genital area
- social
  - √ no supervision for extended periods of time is evident
  - √ frequently absent from school
  - √ wary of physical contact with adults
  - √ fearful of parents
  - √ shy or aggressive toward peers
  - √ inappropriate, sexualized behavior
- behavioral
  - √ "acts out" or withdraws from others
  - √ begs or steals food
  - √ threatens or attempts suicide

When visiting the setting in which an elder individual lives, make observations of the individual and the living environment, including these **possible indicators of elder abuse**.

- Observe for malnutrition or dehydration, poor personal hygiene, dirty clothes and bedding.
- Recognize if the person appears to be over- or under-medicated or is untreated for physical health problems.
- Look for evidence of multiple injuries, burns, or bruises that are in various stages of healing.
- Consider whether the caretaker appears to be openly hostile or the elder is unwilling to discuss injuries in the presence of the caretaker.
- Watch for whether the elder acts fearful of caretaker but appears eager to please caretaker.

**Critical Thinking**

**Discuss how the FCN can respond to intimate partner, elder, and child abuse.**

## Outcome 4

*Assist the vulnerable in the context of faith traditions, spiritual interventions, and faith community nursing Scope and Standards of Practice.*

Statistics show that more people go to spiritual leaders (clergy, FCNs, chaplains, spiritual directors) than any other helping professional for assistance with personal problems. The prepared FCN can play a critical role.

The FCN can begin with simple **self-assessment** about readiness to become involved with violence issues and consider how to be better prepared.

1. If I have had a personal experience with violence, have I sufficiently dealt with and healed from my own victimization so that I can care for others?
2. What is my current attitude about violence?
3. Am I qualified to work with victims and perpetrators of violence?
4. Do I need training about family violence and ways to deal with it?
5. Have I realistically evaluated and admitted my limitations?
6. What resources can I access to assist victims of violence?

The following list suggests actions FCNs can take to **help the faith community engage** with issues of violence.

1. Be cognizant of religious teachings of faith communities.
2. Become aware of the legal concerns on abuse regarding assault, battery, and neglect.
3. Attend additional training offered by your denomination, faith, or organizations who work with violence.
4. Educate your spiritual leaders, faith community, and larger community about violence with sermons, articles, programs, and prayers.
5. Encourage age-appropriate curriculum on healthy relationships and bully prevention in children's classes and youth groups.
6. Invite local violence organizations, law enforcement, and emergency medical services (EMS) to partner with your faith community to raise awareness and care for victims.
7. Post contact information for local services and national violence hotlines in bathrooms and other places where it will not be obvious who is receiving or reading the materials.
8. Explore the resources available through your denomination or religious affiliation.
9. Practice a safe sanctuary policy, including background checks and screening volunteers and staff members.
10. Always have more than one adult involved with youth activities and classes.
11. Encourage the faith community to offer parenting classes and support for single parents.

Be ready to **respond to suspicious incidents** of family violence and abuse.

1. Speak with the victim alone.
   - Ask if victims would like to share their story with you.
   - Ask open-ended questions in a nonjudgmental manner.
   - Listen; don't ask for detailed descriptions of the violence.

- Believe what the victim says until proven otherwise.
- Maintain confidentiality.
- Do not minimize or take ownership of the situation.
- Reassure the victim that feelings of fear, shame, isolation, guilt, confusion, hopelessness, and powerlessness are normal.

2. Assist the victim to assess personal strengths and support systems.
3. Offer and strongly encourage seeking help from medical or mental healthcare providers.
   - Refer the victim to a trained specialist who can help develop an escape plan.
   - Present information and options but insist that victims make their own decisions.
4. Support the victim's decisions even when you disagree.
5. Remember that reporting suspected abuse is required by law. (Review state-specific requirements for reporting; remind individuals of their obligation for mandatory reporting.)

**Critical Thinking**

**What are some self-assessment issues that the FCN should consider before working with victims of family violence?**

**Safety is always the top priority.**

- Never take a victim into your own home, as it may create a potential risk of a dangerous situation for all parties.
- Never attempt to confront a batterer, as it may escalate the violence.
- Never blame victims for the abuse or their attempts to justify the abuser's actions.
- Never give in to the temptation to "rescue" victims by taking ownership of their problems.
- Never use clichés such as "It's God's will" or "All things work together for good."

# Standards of Professional Performance for Faith Community Nursing

## Standard 1. Assessment

The faith community nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.

### Competencies

The faith community nurse:

- Collects pertinent data, including but not limited to demographics, social determinants of health, health disparities, and physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments in a systematic, ongoing process with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- Recognizes the importance of the assessment parameters identified by World Health Organization (WHO), Healthy People 2020, or other organizations that influence nursing practice.
- Integrates knowledge from global and environmental factors into the assessment process.
- Elicits the healthcare consumer's values, preferences, expressed and unexpressed needs, and knowledge of the healthcare situation.
- Recognizes the impact of one's own personal attitudes, values, and beliefs on the assessment process.
- Identifies barriers to effective communication based on psychosocial, literacy, financial, spiritual, religious, and cultural considerations.
- Assesses the impact of family dynamics on healthcare consumer health and wellness.
- Engages the healthcare consumer and other interprofessional team members, in culturally sensitive data collection related to health and wholeness.
- Prioritizes data collection based on the healthcare consumer's immediate condition or the anticipated needs of the healthcare consumer or situation.
- Uses evidence-based assessment techniques, instruments, tools, available data, information, and knowledge relevant to the situation to identify patterns and variances.
- Applies ethical, legal, and privacy guidelines and policies to the collection, maintenance, use, and dissemination of data and information.
- Recognizes the healthcare consumer as the authority on their own health by honoring their care preferences.
- Documents relevant data accurately and in a confidential manner and accessible to the interprofessional team when applicable.

## Standard 5B. Health Teaching and Health Promotion

The faith community nurse employs strategies to promote health and a safe environment.

### Competencies

The faith community nurse:

- Provides opportunities for the healthcare consumer to identify needed healthcare promotion, disease prevention, and self-management topics.
- Uses health promotion and health teaching methods in collaboration with the healthcare consumer's values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status.
- Uses feedback and evaluations from the healthcare consumer to determine the effectiveness of the employed strategies.

- Uses information technologies to communicate health promotion and disease prevention information to the healthcare consumer.
- Provides healthcare consumers with information about intended effects and potential adverse effects of the plan of care and proposed therapies.
- Engages consumer alliance and advocacy groups in health teaching and health promotion activities for healthcare consumers.
- Provides anticipatory guidance to healthcare consumers to promote health and prevent or reduce the risk of negative health outcomes.
- Teaches activities that strengthen the body-mind-spirit connection, such as meditation, prayer, and guided imagery.
- Evaluates health information resources for use in health community nursing for accuracy, readability, and comprehensibility by healthcare consumers and compatibility with the healthcare consumers' spiritual beliefs and practices.

## ■ Standard 7. Ethics

Standard 7. The faith community nurse practices ethically.

### Competencies

The faith community nurse:

- Integrates the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) to guide nursing practice and articulate the moral foundation of nursing.
- Practices with compassion and respect for the inherent dignity, worth, tenets of faith and spiritual beliefs, and unique attributes of all people.
- Advocates for healthcare consumers' rights to informed decision-making and self-determination.
- Seeks guidance in situations where the rights of the individual conflict with public health guidelines.
- Endorses the understanding that the primary commitment is to the healthcare consumer regardless of setting or situation.
- Maintains therapeutic relationships and professional boundaries.
- Recognizes the centrality of the healthcare consumer and family as core members of the healthcare team.
- Acknowledges and respects tenets of the faith and spiritual belief system of a healthcare consumer.
- Delivers care in a manner that preserves and protects the healthcare consumer's autonomy, dignity, rights, and spiritual beliefs and practices.
- Advocates for the rights, health, and safety of the healthcare consumer and others.
- Safeguards the privacy and confidentiality of healthcare consumers, others, and their data and information within ethical, legal, religious, and regulatory parameters.
- Demonstrates professional accountability and responsibility for nursing practice.
- Maintains competence through continued personal and professional development.
- Demonstrates commitment to self-reflection and self-care.
- Contributes to the establishment and maintenance of an ethical environment that is conducive to safe, quality health care.
- Advances the profession through scholarly inquiry, professional standards development, and the generation of policy.
- Collaborates with other health professionals and the public to protect human rights, promote health diplomacy, enhance cultural sensitivity and congruence, and reduce health disparities.
- Articulates nursing values to maintain personal integrity and the integrity of the profession.
- Integrates principles of social justice into nursing and policy.

## ■ Standard 16. Resource Utilization

The faith community nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

**Competencies**

The faith community nurse:

- Assesses healthcare consumer care needs and resources available to achieve desired outcomes.
- Assists the healthcare consumer in factoring costs, risks, and benefits in decisions about treatment and care.
- Assists the healthcare consumer in identifying and securing appropriate services to address health and spiritually related needs across the healthcare continuum.
- Delegates in accordance with applicable legal and policy parameters.
- Identifies impact of resource allocation on the potential for harm, complexity of the task, and desired outcomes.
- Advocates for resources that support and enhance nursing practice.
- Integrates telehealth and mobile health technologies into practice to promote positive interactions between healthcare consumers and care providers.
- Uses organizational and community resources to implement interprofessional plans.
- Addresses discriminatory healthcare practices and the impact on resource allocation.

# Learning Activities

## Faith Traditions and Violence and Abuse

**Instructions:**

1. Ask participants to form small groups.
2. Assign each group a section of the following faith tradition material from Christianity, Islam, and Judaism. Discuss how the content relates to family violence and the faith community.
3. Have each group write key points on a flip chart or white board.
4. Ask each group to share key points with all participants.

**Question:**

What similarities and differences do you see in these passages?

The LORD lives! Blessed be my rock,
and exalted be the God of my salvation,
the God who gave me vengeance
and subdued peoples under me;
who delivered me from my enemies;
indeed, you exalted me above my adversaries;
you delivered me from the violent.
For this I will extol you, O LORD, among the nations,
and sing praises to your name.
—Psalm 18:46–49

O mankind! reverence your Guardian-Lord, who created you from a single person, created, of like nature, His mate, and from them twain scattered (like seeds) countless men and women; reverence Allah, through whom ye demand your mutual (rights), and (reverence) the wombs (That bore you): for Allah ever watches over you.
And do not give the weak-minded your property, which Allah has made a means of sustenance for you, but provide for them with it and clothe them and speak to them words of appropriate kindness.
—The Qu'ran 4:1, 4:5 (Yusuf Ali translation)

# Appendix A

## ■ Cycle of Violence

Dr. Lenore Walker's book, *The Battered Woman*, is a classic work in the field of understanding violence and provides a foundational understanding of four stages of the cycle that entrap women and other victims. These descriptions have their root in her work.

### Stage 1: Tension Building

During this phase, the batterer uses increasingly abusive behaviors, such as name-calling, criticism, and public embarrassment. The victim responds with heightened anxiety.

- The abuser starts to get angry.
- Nonphysical abuse advances to minor battering.
- Communication breaks down.
- The victim feels the need to keep the abuser calm.
- Tension escalates.

### Stage 2: Abuse

The batterer acts with an incident of physical, emotional, or sexual violence against the victim.

- Physical forms of abuse are often accompanied by severe verbal abuse.
- The abuser establishes intimidation.
- The victim tends to minimize the abuse.

### Stage 3: Honeymoon

The abuser feels remorse and acts lovingly toward the victim.

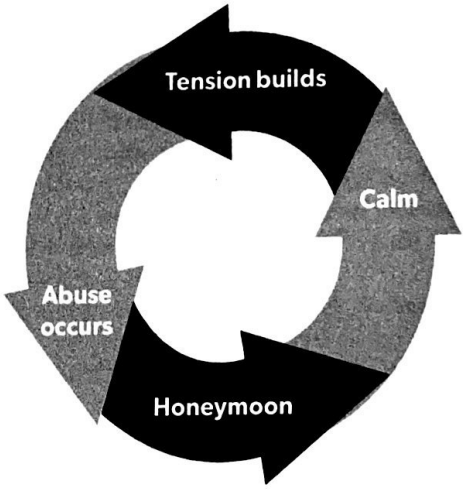
- The abuser gives gifts and compliments.
- The abuser promises the abuse will never happen again.
- This encourages the victim to remain in the relationship.
- The victim apologizes for provoking the violence.
- In some cases, the abuser denies the abuse happened, causing self-doubt in the victim.

### Stage 4: Calm

A period of calm and peace follows the apology.

- The abuser acts as if the abuse never happened.
- Promise made during the Honeymoon phase may be kept for a period of time.
- The victim hopes the abuse is over.

**Cycle of Violence**




The cycle can repeat hundreds of times in an abusive relationship. Each stage lasts a different amount of time in a particular relationship, so the full cycle can take anywhere from a few hours to a year or more to complete. As times goes on, the Honeymoon and Calm stages may disappear.

### Example of the Cycle of Violence

A man **abuses** his wife. After he beats her, he experiences self-directed **guilt**. He says, "I'm sorry I hurt you." What he does not say is, "Because I might get caught." He then **rationalizes** his behavior by saying that his wife is having an affair with another man. He tells her, "If you weren't such a worthless woman, I wouldn't have hit you." He then **acts contrite**, reassuring her he will never hurt her again. Then he **fantasizes** and reflects on past abuse and how he will hurt her again. He **plans** to ask her to go to the store to pick up some groceries. What he does not tell her is that she has only a limited amount of time to do the shopping and get back home. When she is held up in traffic and is a few minutes late, he feels **justified** in hitting her and says, "You're having an affair with the store clerk." He has just **set her up.**

# Appendix B

## ■ Talking about Violence with Teens and Young Adults

Teens and young adults have grown up with gun violence in schools, violence in music, and bullying to the point of causing suicide. Encourage conversation that goes beyond the surface, and be ready to validate their experience.

### Starter Discussion

What kinds of violence or abuse have you seen on TV, social media, music videos, ads, and so on? List three to five examples related to the following focus areas:

- dating
- guns
- peers
- conversation

1. How have these experiences made you feel?
2. If an experience involving violence makes you feel uncomfortable, how do you wish you could respond?

### Music Videos and Lyrics

**Caution:** Some music videos and music lyrics have strong adult language. Ask participants to bring "clean" short versions to class. You may access the explicit long versions prior to class, or later, if you find that helpful for the discussion. On a white board or flipchart, label two columns **healthy** or **unhealthy** words and behaviors. Play samples from the music participants provided. Then have them list healthy and unhealthy words and behaviors observed or heard during the video or music lyrics in the appropriate column. In the discussion that follows, it is important to give specific examples for as many questions as possible.

1. Do the actions in the video or lyrics of the music support healthy relationships or violence? Give examples.
2. What impact does the video and/or lyrics have on young people and their relationships?
3. How might the video or lyrics be offensive to particular groups of people?
4. Would you feel comfortable watching this video or listening to the music with your parent(s), spiritual leader, or any adult you respect? Why or why not?
5. How does listening to these songs or watching these videos make you feel?
6. Why do you think so many popular contemporary songs include so much violence?
7. What do you think is the impact of these songs on peoples' relationship or behavior (home, work, or play)?

### Getting Personal

What does violence or abuse look like to *you*? List three to five examples of what violence looks like in each of the following focus areas:

- physical
- sexual
- psychological
- emotional (especially with social media)
- verbal
- economic

How do violence and abuse on TV, social media, video, and ads impact violence at school, or where you work or enjoy recreation?

1. Are school norms affected by media? Why do you answer the way you do?
2. What can you do to change cultural acceptance of violence?
3. How would you change violence or abuse at school, work, or in recreational settings?
4. What impact can your small steps make?
5. When you witness violence, what steps can you take while still keeping yourself and others safe?
6. How can this have an impact?
7. What are the challenges to stepping up?
8. If your intervention was not successful, would you try again? Why or why not?