

## **1. How much progress you do think we have made in confronting all forms of violence and abuse of women and children in workplaces, in the family, in the community and in the Church?**

Progress has been made as awareness of the scourge of violence within families and communities and the Church becomes more apparent, however a significant amount of work remains. It is worth noting that progress and capacity to lead in this area varies somewhat between services and providers of Catholic care across policy implementation, programs and initiatives, research on best practices, resources for education and awareness and partnerships with other organisations.

Catholic Health Australia and its members believe that providing thorough care for those most in need as central to our role within the sector. This includes those who suffer from physical, sexual, emotional and psychological abuse at the hands of family members, institutions, and workplaces. The provision of both health care as well as pastoral care that goes beyond the immediate ailments of any person within the Catholic Health System – patient, resident or employee - cannot be addressed without acknowledgment of the violence that permeates many families, communities and institutions.

Often Catholic health providers and carers are at the coal face of this scourge, treating and healing as best they can the impacts of violence, and they are often the first point of contact for victims. This includes but is not limited to family violence, child sexual abuse, youth violence, elder abuse, criminal violence and neglect.

Some examples of services run by CHA members includes:

- Cabrini Women's Mental health service<sup>1</sup>
- CatholicCare Men's Behavioural Change Program<sup>2</sup>
- CatholicCare Safe Homes<sup>3</sup>
- CatholicCare Staying Home Leaving Violence Program<sup>4</sup>
- St Vincent's Health Domestic and Family Violence Service<sup>5</sup>
- Mary Mac's Place<sup>6</sup>
- St Vincents Inclusive Health Program<sup>7</sup>
- St John of God, Horizon House<sup>8</sup>
- Various houses run by St Vincent de Paul nationally<sup>9</sup>

In addition to this, as front-facing providers of care, CHA members design, implement and adhere to many policies for screening and assessing domestic and family violence as well as neglect cases. Without effective screening for domestic violence in CHA members like St Vincent's, the

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<sup>1</sup> <https://www.cabrini.com.au/patients-and-families/services/directory/womens-mental-health>

<sup>2</sup> <https://www.catholiccare.org/family-and-individual-services/domestic-and-family-violence-services/mens-behaviour-change-program/>

<sup>3</sup> <https://www.catholiccaredbb.org.au/family-youth-children/domestic-family-violence/safe-homes/>

<sup>4</sup> <https://www.catholiccaredbb.org.au/family-youth-children/domestic-family-violence/staying-home-leaving-violence/>

<sup>5</sup> <https://www.svhs.org.au/our-services/list-of-services/domestic-and-family-violence-service>

<sup>6</sup> <https://www.catholiccaredbb.org.au/wp-content/uploads/Mary-Macs-Place.pdf>

<sup>7</sup> <https://www.svha.org.au/mission/inclusive-health>

<sup>8</sup> <https://www.sjog.org.au/our-services/community-and-youth-services/st-john-of-god-horizon-house/about>

<sup>9</sup> <https://www.vinnies.org.au/findhelp/view/158>

identification rate sits as low as around 2%, while the prevalence of patients experiencing family violence is estimated at around 38%.<sup>10</sup>

In relation to aged care, The Royal Commission into Aged Care Quality and Safety found that the prevalence of elder abuse in Australian residential care is at least 39% not including financial abuse, social abuse and sexual abuse.<sup>11</sup> The incidence of elder abuse puts pressure on frail aged people to see their lives as redundant and worthless. It is reported that this abuse mainly comes from family members. The Australian Institute of Family Studies (AIFS) reports that it is likely that between 2 per cent and 10 per cent of older Australians experience elder abuse in any given year and this increases with age. The prevalence of neglect is possibly higher.<sup>12</sup> This is exacerbated by the legalisation of assisted dying in almost every Australian state now and in many instances, this exists with limited protections against coercion.

Catholic Health Australia and its member organisations have played a significant and vocal role in advocating on this issue both during and after the laws have passed and will continue to do so.

Workers within the Catholic health system are also subject to violence themselves on occasion as they provide care. In NSW, Bureau of Crime statistics show assaults against healthcare workers are up 55 % since 2016. In Queensland, violent assaults are up 50 % over the same period.<sup>13</sup> The World Health Organization (WHO) estimates that between 8 and 38% of healthcare workers have experienced physical violence at least once during their careers.<sup>14</sup> The WHO suggests that many more workers have reported experiences of non-physical violence, such as verbal abuse and harassment.

Multiple factors play a part in the prevalence of violence among various communities. These include poverty, addiction, CALD backgrounds, Aboriginal and Torres Strait Islander identity, mental health and gender. However, violence exists and permeates all communities to some extent.

The Coronavirus pandemic has also exacerbated instances of violence presenting to health care and social services programs within Catholic Health Australia's membership. The loss of income and work, the increased isolation of people and families, and the pressures of closed childcares and schools has created an environment that grew the prevalence of violence within communities and families. A survey of 15,000 women taken in May 2020 showed that one in 12 experienced physical violence from their live-in partner in the first three months of the pandemic, when most Australians were locked down.<sup>15</sup> This has led to an increase in demand for the services that Catholic health providers have offered over the last two years.

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<sup>10</sup> <file:///C:/Users/brigidm/Downloads/sub080.pdf> St Vincent's Health Australia Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence, 2020

<sup>11</sup> <https://agedcare.royalcommission.gov.au/news-and-media/elder-abuse-australian-aged-care-facilities#:~:text=Around%2039.2%20per%20cent%20of,Aged%20Care%20Quality%20and%20Safety.>

<sup>12</sup> <https://aifs.gov.au/projects/national-elder-abuse-prevalence-study>

<sup>13</sup> <https://www.theaustralian.com.au/nation/nurses-facing-wave-of-violence-in-nsw-victoria-and-queensland/news-story/9558309227d10eab2f540a8a240d2083>

<sup>14</sup> <https://research.qut.edu.au/centre-for-justice/wp-content/uploads/sites/304/2021/07/Briefing-paper-series-July-2021-MC.pdf>

<sup>15</sup> [https://www.aic.gov.au/sites/default/files/2020-07/sb28\\_prevalence\\_of\\_domestic\\_violence\\_among\\_women\\_during\\_covid-19\\_pandemic.pdf](https://www.aic.gov.au/sites/default/files/2020-07/sb28_prevalence_of_domestic_violence_among_women_during_covid-19_pandemic.pdf)

## **2. What do you think are the most important lessons that the Church has learned from the Royal Commission, and from society in general, concerning violence and abuse?**

Although multiple factors play a part in the prevalence of violence among various communities (including poverty, addiction, CALD backgrounds, Aboriginal and Torres Strait Islander identity, mental health and gender) violence exists and permeates all communities, including our own Catholic community.

Catholic health providers often deal with the impact of violence and much of this assessment and ability to direct appropriate care rests on the trust an individual places in their health care provider and the institution they associate with. The prevalence of abuse within the Catholic church and its entities over time, revealed through the Royal Commission, damaged this trust, and through decisive action and rightful reconciliation by the Church leadership at large healthcare workers can better serve the needs of the vulnerable. The Royal Commission was a very public reckoning with the Church's failures which has forced a sometimes slow-to-action Church into addressing these matters. This will overtime have a positive impact on rebuilding the community's trust with Catholic health services and their workforce. It will also help us rebuild our standing within society to advocate on health issues impacting the vulnerable and grow our capacity for change within governments and communities.

## **4. What have people and organisations in your sector learnt about the attitudes and cultures which sustain this abuse and violence? How can such attitudes and cultures be exposed and addressed? What programs or approaches do you find promising?**

Catholic Health Australia promotes the Ministry of Health Care as an integral element of the mission of the Catholic Church. It works to fully provide Catholic health care in accordance with Christ's ministry to the sick, the aged and the dying. This ministry is founded on the dignity of the human person, giving preference to the needy, suffering and disadvantaged. CHA advocates and promotes the broadest adoption of Catholic values, ethical principles and social justice in the delivery of health services. As such, Catholic health providers see care administered on the front line as an extension of our theology and core part of the Church's mission, following in Jesus' footsteps.

As part of this, Catholic Health Australia and its members have developed, led and participated in research broadly to investigate cultures and attitudes that sustain this abuse. Given the reporting requirements and training resources in practice already in Catholic hospitals, data on the prevalence of domestic violence and vulnerable communities is available.

Some key documents to note include:

- St Vincent's Health Australia Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence<sup>16</sup>

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<sup>16</sup> <file:///C:/Users/brigidm/Downloads/sub080.pdf>

- Catholic Code of Ethical Standards (page 29) which addresses violence and expectations of care<sup>17</sup>
- St Vincent de Paul submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence<sup>18</sup>
- AIHW, Health impacts of family, domestic and sexual violence, 2020<sup>19</sup>

Many of these documents provide insight into factors cultural and behavioural elements that increase the prevalence of violence including poverty, addiction, CALD backgrounds, Aboriginal and Torres Strait Islander identity, mental health and gender.

It is worth noting that within St Vincents ongoing assessment and care for victims of family violence, many individuals had at least one other vulnerability.<sup>20</sup>

*Table 1. Additional vulnerabilities identified in family violence cohort (SVHM, 2008-2017)*

Additional vulnerability within family violence cohort	ED	Inpt
<b>Mental Health</b>	30%	39%
<b>Drug and Alcohol</b>	24%	32%
<b>Homeless</b>	14%	18%
<b>Aboriginal and Torres Strait Islander</b>	10%	12%
<b>Prisoner</b>	5%	5%

Many resources are shared between health providers between the Catholic health services, other private services and public services to identify and implement best practice in addressing domestic violence.

## **6. What aspects of the Human Rights Commission's 2020 report on sexual harassment in the workplace, Respect@Work, can we fruitfully take up?**

Catholic Health Australia supports the adoption of all recommendations from the Respect@work report

## **7. What do you think the Bishops can most helpfully say or do on this issue?**

There is a sentiment that Church more broadly often relies on the services made available through Catholic health, aged care, community and social services providers to address many of the attitudes

<sup>17</sup> <https://www.cha.org.au/wp-content/uploads/2021/06/Code-of-ethicsfullcopy.pdf>

<sup>18</sup> [https://www.vinnies.org.au/icms\\_docs/320327\\_Submission\\_to\\_the\\_Parliamentary\\_Inquiry\\_into\\_family\\_domestic\\_and\\_sexual\\_violence.pdf](https://www.vinnies.org.au/icms_docs/320327_Submission_to_the_Parliamentary_Inquiry_into_family_domestic_and_sexual_violence.pdf)

<sup>19</sup> <https://www.aihw.gov.au/reports/australias-health/health-impacts-family-domestic-and-sexual-violence>

<sup>20</sup> <file:///C:/Users/brigidm/Downloads/sub080.pdf>

and cultures that lead to violence and abuse<sup>21</sup>. However often parish priests and others community leaders are in an ideal position to educate, inform and support victims of violence and assist on the ground addressing systemic issues in line with our faith. Clergy and community leaders operating in Catholic spaces need to be made aware of resources, educated on the Church's teachings, and equipped to provide and refer individuals and families onto professional services. Our faith community would be served more comprehensively if this was a stronger, more vocal and more proactive practice.

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<sup>21</sup> <https://www.abc.net.au/news/2017-11-04/cross-to-bear-catholic-church-domestic-abuse/8680158?nw=0&r=HtmlFragment>