

Keeping people safe

Understanding the unique contribution of Catholic agencies to the prevention of and response to family violence

In partnership with



Keeping people safe: Understanding the unique contribution of Catholic agencies to the prevention of and response to family violence

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WARNING

This report discusses the topic of family violence, which may be triggering for readers. While the report does not present information collected from survivors of family violence, the experiences of service providers are given within.

It is recommended that readers consider this before continuing to read further.

If reading this report causes you to feel uncomfortable feelings or distress, please consider contacting Lifeline Australia on 13 11 14.

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ACKNOWLEDGMENT OF COUNTRY

In recognising Aboriginal and Torres Strait Islander peoples' spiritual and cultural connection to Country and in continuing ACU's commitment to Reconciliation, the authors acknowledge the First Peoples and the Traditional Owners and custodians of the Country where ACU campuses are located.

We respectfully acknowledge Elders past and present and remember that they have passed on their wisdom to us in various ways. Let us hold this in trust as we work and serve our communities.

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1. Executive summary



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1.1 Introduction

The purpose of this project was to understand the unique contribution of Catholic agencies to the prevention of and response to family violence, including in the context of the COVID-19 pandemic. This research led to understandings of distinctive Catholic approaches to the provision of family violence services, as perceived by those working directly in the sector.

The project was a collaboration between Caritas Australia; Catholic Social Services Australia (CSSA); Catholic Health Australia (CHA); and the Stakeholder Engaged Scholarship Unit (SESU) of the Australian Catholic University (ACU).

It sought to explore the following questions:

- 1 What type of services do Caritas Australia, CHA and CSSA and their members and partners provide/undertake to prevent and respond to family violence?
- 2 What commonalities exist across the work of Caritas Australia, CHA and CSSA and their Australian-based member and partner organisations in the area of family violence?
- 3 Are there themes emerging across the work of these organisations that begin to speak to the unique contribution of Catholic agencies to this issue?
- 4 What are future areas of collaboration that can be explored between the members and partner organisations?
- 5 Which areas are deserving of further research on this topic and how can such research be applied in a policy and advocacy context?

1.2 Research approach

The project engaged with partner agencies in Australia, Bangladesh, the Democratic Republic of Congo, Fiji, Lebanon and Papua New Guinea that provided family violence services delivered during the 2020–21 financial year. In light of the project's focus on seeking to understand the unique contribution of Catholic agencies to this issue, data were collected from Catholic agencies only.

Publicly available annual reports, websites, and other relevant program and service information provided by Caritas Australia, CHA and CSSA and their members and partners were reviewed to understand institutional representation and responses to family violence.

Data was collected via online surveys, completed by members, partners and staff of Caritas Australia, CHA and CSSA. The surveys collected qualitative and quantitative data to understand the type and scale of work undertaken by the participating organisations to respond to and prevent family violence, and who their key partners were.

There were two online surveys – one for CEOs or their chosen delegates and the other for staff who are working in the area of family violence. The former survey was identifiable only to the extent that respondents were advised that their organisation's name may be used when the survey information is reported. The latter was fully anonymous. As a result of this design for the surveys, some quotes from the survey responses have been attributed to organisations and others have not in this report.

A total of 25 valid survey responses were received, which appeared to be in part reflective of the time pressure experienced by staff working in this sector. It is thus acknowledged that generalising these responses is problematic and therefore the findings from this study should be considered indicative only.

A further 15 online, in-depth interviews were conducted with members and partners of Caritas Australia, CHA and CSSA via online platforms and by phone, using a semi-structured interview guide to draw out common themes across family violence work.

1.3 Findings

PERCEPTIONS ABOUT THE ROLE OF THE CHURCH IN SUPPORTING RESPONSES TO FAMILY VIOLENCE

- For many participants, the institutional Church was seen to provide many benefits to their ability to respond to family violence, in spiritual and practical support.
- Participants reported the significance of strong support from their local bishop or archbishop as key to providing effective services.
- Participants expressed their belief that the Church and their own agencies could play a greater role in facilitating discussions regarding family violence, which still remain in some areas taboo.
- They also identified two distinct areas of challenge in how they perceived the institutional Church responding to family violence, namely:

- 1 A lack of institutional focus on proactive initiatives to combat family violence with some dioceses; and
- 2 Insufficient Church funding to provide support services.

PERCEPTIONS OF CATHOLIC VALUES AND MISSION

- Participants reported that Catholic Social Teaching (CST) were significant in shaping Catholic agencies at both individual and institutional levels.
- This shared understanding of CST appeared regularly as a common thread across organisations involved in this sector.
- Participants were consistently able to describe its key features of respect for human dignity, common good, subsidiarity, and solidarity.
- However, some respondents were concerned that there was a wider perception within their communities about the Church as non-inclusive and a patriarchal structure, and that this perception acted as a potential barrier to their engagement with member agencies' support services.

PERCEPTIONS ABOUT CATHOLIC ORGANISATIONS' CONCEPTUALISATIONS OF FAMILY VIOLENCE

- Participants defined family violence differently across different organisations and service contexts.
- Respondents recognised the complex dynamics causing family violence.
- Participants described family violence as violating inherent dignity and human rights.
- Participants reported that the multiplicity and complexity of family violence required greater education and awareness across the Church, to ensure that the particular, unique support and leadership the Church could offer could be used to best effect.

PERCEPTIONS OF CATHOLIC ORGANISATIONS' APPROACHES TO FAMILY VIOLENCE

- Respondents connected principles of CST to the ideal way they would wish to provide services in family violence. CST would orient service provision towards supporting the person as an individual, across the life course and through the complexity of their individual situation.
- Respondents felt that their organisations could better support CST values by working more closely together to share best practice services and resources.



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2. Recommendations summary

RANGE OF FAMILY VIOLENCE SERVICES AND CHALLENGES FACED BY CATHOLIC ORGANISATIONS

The services participants described reflect understandings of the complex dynamics of cause and impact of family violence and are shaped by the principles of CST.

- This leads to a holistic approach to responding to family violence and to service provision that is inherently complex and expansive.
- Agencies thus reported family violence services provided across all stages:

- 1 Prevention: including education, advocacy, and research.
 - 2 Early intervention: such as counselling.
 - 3 Response: referrals to relevant support, such as housing services, etc.
 - 4 Recovery and healing: including legal and psychological support.
- A range of challenges exist that hampered agencies' provision of services for family violence, as identified by agency staff as well as being evident in wider community understandings. These included:

- 1 A lack of clear understanding of current service provision.
- 2 A lack of clear funding needs.
- 3 A lack of knowledge about the family violence services Catholic organisations provide.
- 4 Stigma of discussion about family violence in public discourse.

STAFF EXPERIENCES IN CATHOLIC ORGANISATIONS

- Participants highly valued their colleagues and staff, and appreciation of the emotionally intense and complex nature of their activities in this sector.
- There appeared a clear desire to support staff both in spiritual and practical terms, and especially for their development and training.
- However, there are challenges in attracting and retaining staff, and in providing a work environment in which time pressures, volume of clients, and funding remain challenges to be overcome.

THE IMPACT OF COVID-19 ON FAMILY VIOLENCE SERVICES

- Participants perceived detrimental effects of the COVID-19 pandemic, and associated lockdowns, as exacerbating family violence and diminishing providers' ability to offer optimal services to clients.
- They also attested to the ongoing impact of COVID-19 in their funding and workforce burnout.
- However, respondents emphasised a clear commitment to ensuring as many services as possible were continued and found many innovative strategies to support clients.

THE POTENTIAL OF SECTOR COLLABORATIONS

- Respondents recognised the value of collaborations at local, national and international levels, as enabling sharing of resources, advocacy, knowledge and support.
- However, they also reported challenges of time and funding pressures that limited their ability to connect with others in the sector.

There are five key recommendations from this study:

RECOMMENDATION 1:

That further research should be undertaken, which:

- Ensures commitment from participating agencies' CEOs to supply detailed data for a forensic audit, so that a more comprehensive map of services may be obtained to enable planning across services to meet service gaps, for example. It may show how many services each organisation offers, the number of hours their staff contribute to the issue, the level of training required to provide services, the numbers of service users benefiting from the services, and so on; and
- Adopts a research design that facilitates better engagement and participation with key staff, particularly those on the frontline.

RECOMMENDATION 2:

That Caritas Australia, CSSA and CHA engage with key stakeholders from the Church's hierarchy and leadership to develop a strategy to improve internal communication between the Church and Catholic social service providers.

RECOMMENDATION 3:

That Caritas Australia, CSSA and CHA, in partnership with key Church stakeholders, develop an action plan to: 1) collaborate together in advocacy and educational campaigns on this issue (such as to reduce stigma around accessing social services for support); and 2) promote the work of partner and member agencies to the wider community, including governments and donors, with a particular focus on agencies' proactive and inclusive approaches to combating family violence.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

RECOMMENDATION 5:

That Caritas Australia, CSSA and CHA develop a strategy to communicate to funders the merits of the holistic, wraparound approach, community-based decision-making, and a stable, long-term approach to funding.

In the body of the report, where findings from a chapter have contributed to the development of one or more of the above recommendations, those recommendations have been given within that chapter. In many cases, the authors have developed a specific recommendation from findings that are drawn from multiple chapters.

3. Introduction



Image provided by Unsplash/ Priscilla Du Prez.

3.1 Objectives

Caritas Australia, Catholic Social Services Australia (CSSA) and Catholic Health Australia (CHA) have members and partners who work to prevent and respond to family violence in Australia and overseas.

Caritas Australia, CSSA, CHA and ACU have collaborated for the first time on this issue for this project. They seek to understand the unique contribution of Catholic agencies to the prevention of and response to family violence, and the impact of the COVID-19 pandemic. In this project, family violence is understood to mean violence between family members, typically where the perpetrator exercises power and control over another person.¹

A better understanding of the contribution of Catholic agencies make to this important issue may lead to increased synergies between Catholic agencies and ultimately to the increased impact of Catholic agencies towards ending family violence. It will help to guide Caritas Australia, CHA and CSSA to advocate on the issue and, subsequently, achieve greater prevention and response measures both in Australia and overseas.

The project aimed to conduct an evidence-based stakeholder analysis of the members and partners of Caritas Australia, CSSA and CHA who work on the issue of family violence.

It sought to explore the following questions:

- 1 What type of services do Caritas Australia, CHA and CSSA and their members and partners provide/ undertake to prevent and respond to family violence?
- 2 What commonalities exist across the work of Caritas Australia, CHA and CSSA and their Australian-based member and partner organisations in the area of family violence?
- 3 Are there themes emerging across the work of these organisations that begin to speak to the unique contribution of Catholic agencies to this issue?
- 4 What are future areas of collaboration that can be explored between the members and partner organisations?
- 5 Which areas are deserving of further research on this topic and how can such research be applied in a policy and advocacy context?

3.2 Background

The importance of preventing and responding to family violence is gaining increasing scholarly and policy attention in Australia and across the globe. The complex and multifaceted nature of family violence requires a nuanced understanding of family violence services.

Faith has a complex and context-specific relationship to family violence. Religion can diffuse norms of cultural violence while reinforcing obligation. Some faith practices perpetuate violence against women or women's acceptance of suffering, while religious teaching on justice and compassion can be liberating and mobilising to act on.² Faith-based organisations have particular influence through long histories of good relationships with the poor, an ongoing presence with frequent contact, shared religious culture, moral and ethics with local people's support and trust.³

The Australian Catholic Bishops Conference Social Justice Statement 2022–2023 is entitled *Respect: Confronting Abuse and Violence*.⁴ The report understands the need for the Church's response as part of its faith: 'The roots of violence lie in the abuse of power to control and dominate others. This stands in stark contrast to the relationships to which God calls us – relationships marked by equality and reciprocity rather than domination and violence, respect and freedom rather than coercion and control.'⁵ The report highlights that responding to violence is a pressing matter for the Catholic Church and a focus on ongoing attention.

3.3 What we currently know

Catholic service providers' roles in responding to family violence have been under-researched despite their significant contribution to serving the Australian and international communities. Peter Camilleri and Gail Winkworth have contributed significant scholarship through their history of Catholic social services in Australia.⁶ Camilleri and Winkworth conducted an extensive survey of Catholic social services in the early 2000s, using questionnaires and interviews, which examined the types of services provided and the funding arrangements and questions about their missions, Catholic Social Teaching, and challenges.⁷ A key focus of the research published by Camilleri and Winkworth was to discern the quantitative impact of Catholic social services. They argued that the Catholic Church is one of the largest, if not the largest, provider of social welfare services in Australia.⁸ Among other aspects, they asked survey respondents about their funding arrangements, finding that reliance on government funding was substantial as a source of support for this work.⁹ Their research indicated issues around government funding arrangements, which had become more restrictive over time, noting that agencies recognised that while there was increased government funding, the use of specified contracts and reduced Diocesan funding limited their autonomy.¹⁰ Almost twenty years have passed since Camilleri and Winkworth's research.

In Australia in 2011, 38% of Australia-based development NGOs were faith-based organisations.¹¹ Penny Knight and David Gilchrist argued in 2015 that '[f]aith-based charities make an enormous and arguably under-recognised contribution to Australia's social infrastructure and social well-being. They are by far the largest single category of charity in Australia with a third of all charities.'¹²

In the international context, in 2012 faith-based responses to violence against women and girls have been mapped in the Asia-Pacific region. This identified many similarities between

faith-based and secular approaches.¹³ Yet they also identified how faith-based organisations had unique strengths based on their ability to offer spiritual guidance, their status in local communities and capacity to mobilise congregations.¹⁴ At the same time, this report identified mistrust and preconceived notions held by secular organisations affected their ability to collaborate.¹⁵ More recently, Catholic Christianity has been identified as playing a complex role in seeking to alleviate gender-based violence, whilst at the same time entrenching a binary view of gender relations.¹⁶

The impact of the COVID-19 pandemic on the incidence of family violence and responses of providers is only now beginning to be evaluated. However, family violence support workers observed an increase in 'client numbers, the frequency and severity of violence, first-time violence, and the complexity of client needs,' reflected in the most recent scholarly and policy literature for both Australian and international contexts.¹⁷ In 2020, an online survey was conducted to map the impact of COVID-19 on the work of people in gender-based violence prevention and response in Kenya, Uganda, Nigeria, and South Africa. This, likewise, reported high impact on such services across all nations, noting particularly the lack of attention to gender-based violence and high-risk victims by governments as a key factor in these outcomes.¹⁸

Our research seeks to identify unique Catholic aspects of family violence service provision, in particular, as perceived by those working directly in the sector today, and in the context of the COVID-19 pandemic.

3.4 Research design and scope

This project focused on the work of the members and partners of Caritas Australia, CHA and CSSA in the prevention and response to family violence. The project focussed on work that agencies had delivered in the 2020-21 financial year, and on programs developed and implemented by the conclusion of the 2021 calendar year. In light of the project's focus on seeking to understand the unique contribution of Catholic agencies to this issue, data was collected from Catholic agencies only.

1 The ACU project team reviewed publicly available annual reports, websites, and other relevant program and service information provided by Caritas Australia, CHA and CSSA and their members and partners to understand institutional representation and responses to family violence. The full list of materials analysed is listed in Appendix 1.

Analysis of this material identified the kinds of services offered by Catholic-affiliated agencies but did not offer consistently fine-grained details of the quantitative aspects of the level of service provisions and clients supports, or the amounts of funding involved in provided such services, that would enable a forensic audit of service provision and funding status.

2 The ACU team prepared online mixed methods surveys to be completed by members and partners of Caritas Australia, CHA and CSSA. This was designed to collect qualitative and quantitative data to understand the type and scale of work that organisations were undertaking to prevent and respond to family violence, and who their key partners were.

Two types of online surveys, one for agency CEOs or delegates and another for staff, were created in the survey platform Qualtrics and opened between May and September 2022. The survey was distributed by Caritas Australia, CHA and CSSA to representatives from their member and partner networks.

However, this survey instrument did not receive a robust response in quantitative terms, producing 25 valid responses across both surveys, likely reflective of the intense pressures under which frontline staff work in this sector. The ACU team note that Winkworth and Camilleri also identified the challenge of receiving a scale, and robust, response to their survey instrument.¹⁹ The ACU team did not have confidence about the representativeness of the data gathered by the survey instruments for use in the context of an audit of services. In particular, questions relating to funding, scale and details of services provided were frequently left unanswered. The survey instruments received more information when asked to identify programs that were perceived as innovative and best practice in their field, and the ACU team draw attention to these responses in the report below.

In contrast to Winkworth and Camilleri's findings, however, the ACU team did receive responses to more abstract questions, producing valuable information about service providers' perceptions about how Catholic practices shaped their work. This included the role of the Catholic Church and CST and the implications that they saw it having for their work. The weight of attention by respondents to these topics shaped the focus of our report accordingly.

3 Following the relatively poor and uneven response to the surveys, we adapted our methodology to place emphasis on qualitative data reflective of individual responses and lived experiences of sector workers and leadership. We increased the number of interviews conducted in order to ensure a high degree of fine-grained qualitative data from a wide range of participants across the sector.

We collected data with members and partners of Caritas Australia, CHA and CSSA via online interviews, using a semi-structured interview guide developed by the research team to draw out common themes across their work that were identified from the publicly available data analysis and survey.



Halima (centre) leading a Covid-19 related health and hygiene session in Rohingya camp in Cox's Bazaar region of Bangladesh. Image provided by Caritas Bangladesh/ Immanuel Chayan Biswas

Interviews involved those in leadership roles and working in the sector through Catholic agencies. Six interviews were conducted with Caritas Australia and its partners, four with CSSA and its partners, five with CHA and its partners. The interviewees represented a sample across the sector, with a mixture of participation from organisations large and small, city and rural, and a number of Caritas Australia partners from a range of countries in the Asian, Pacific, Middle Eastern and African regions. Participants in the interviews came from a range of members of the project partners (Caritas Australia, CSSA and CHA), whose involvement in provision of services for family violence was varied and came from a wide range of foci, including homelessness, modern slavery, poverty, emergency and civil war responses, and maternity care. They offered services in hospital and community-based settings. Interviewees ranged from religious personnel, CEOs, those involved in central management, as well as program-specific leaders. The list of participating organisations is listed at Appendix 2.

Interviews took place via online video conference platforms (Zoom or Microsoft Teams) and phone, depending on participants' preference, between 7 June and 19 September 2022, and averaged 34 minutes.

The various qualitative data reviewed and collected were then analysed using a mixed methods approach.

3.5 Methodology review

There were substantial challenges in achieving robust and representative data across the membership and sector, particularly from the survey tool and publicly available data.

Further research must factor in alternative mechanisms to reach a wide range of participants, considering service providers and leaders' capacity to set aside time to engage. Focus groups, for example, that bring together service providers during a catered break or lunch may be a more viable mechanism to achieve a fuller response.

To produce a full mapping of services, Caritas Australia, CSSA and CHA need to secure commitment from CEOs in their network to supply detailed data for a forensic audit.

To produce a more robust engagement from personnel in the sector, other data instruments are required that take into account their time-poor status and make participation as easy as possible.

RECOMMENDATION 1:

That further research should be undertaken, which:

- Ensures commitment from participating agencies' CEOs to supply detailed data for a forensic audit, so that a more comprehensive map of services may be obtained to enable planning across services to meet service gaps, for example. It may show how many services each organisation offers, the number of hours their staff contribute to the issue, the level of training required to provide services, the numbers of service users benefiting from the services, and so on; and
- Adopts a research design that facilitates better engagement and participation with key staff, particularly those on the frontline.

3.6 Research focus

The ACU team observed that survey participants were most responsive to questions regarding the influence and impact of the Catholic tradition that they perceived in their work practices. This shaped our decision to drill down into this data in the interview phase.

The report that follows reflects our access to data and most substantially provides data about perceptions from service providers and leaders about the work that they do.

4. Summary of project partners

4.1 Catholic Health Australia

Catholic Health Australia represents the nation's largest non-government grouping of hospitals, aged and community care services, providing approximately 10 per cent of hospital and aged care services in Australia. This includes approximately 10 per cent of total hospital-based healthcare in Australia, 25 per cent of private hospital care, 5 per cent of public hospital care, 12 per cent of aged care facilities, and 20 per cent of home care and support for the elderly.

Committed to equitable care systems that support people of all backgrounds, ages, and social statuses, CHA seeks to innovate and influence policy discussions concerning health and aged care reform.

SHARED PURPOSE STATEMENT

Our Shared Purpose Statement articulates the shared goals and vision underpinning Catholic health and aged care services and expresses the unique characteristics that differentiate Catholic services from government or for-profit health and aged care services.

A Samaritan came near the man who was beaten, and when he saw him, he was moved with compassion.

Recognising the many diverse expressions of the healing ministry, Catholic health, aged, and community care services share a common vision grounded in the mission of the Gospel so that our shared future is strengthened.

As a ministry of the Catholic Church, our work is inspired by the person and mission of Jesus, who embraced the world with compassion to bring justice and healing.

We respond to God's call to bring alive the Gospel vision, for the good of all in the communities we serve.

We believe in the sacredness of life and we share the joys and hopes, the griefs and anxieties of those who come to us in their vulnerability and need.

Like the Good Samaritan:

- We commit to show love and respect for those we serve and all who work with us, regardless of faith, culture, ability, or status.
- We commit to be attentive to the whole person – body mind, and spirit.
- We commit to serve all with the best wisdom, resources and attention we can offer.
- We commit to hear and have heard the voices of all, especially those who are weakest, most vulnerable, neglected and stigmatised in our society.
- We commit to reach out with compassion so every encounter is an opportunity for healing, companionship, comfort, and hope.

www.cha.org.au/mission/shared-purpose-statement

4.2 Catholic Social Services Australia

Catholic Social Services Australia (CSSA) advocates for the Church's social service ministry and is the peak body for Catholic social service providers. We envision a fairer, more inclusive Australian society that reflects and supports the dignity, equality, and participation of all people.

We work in partnership with Catholic social services organisations and other like-minded people who advocate for social justice and support those who are vulnerable in our communities.

CSSA's members are organisations that operate under the authority of a diocesan bishop or a religious order and from Catholic lay associations. Our Member Agencies deliver a broad range of services, including child and aged care, NDIS services, relationship support services, and homelessness services.

CSSA supports our members in their work by advocating to the Federal Government on issues affecting the social services sector, providing government relations support to member agencies, and hosting forums for our network to gather and share information.

CSSA works with Member Agencies, the Bishops of Australia, leaders of Religious Institutes, and the broader Church, partnering with like-minded Catholic agencies, including Caritas Australia, Catholic Health Australia, the National Catholic Education Commission, and St Vincent de Paul Society.

For over 65 years, we have worked collaboratively with governments and all people of goodwill to shape social change by advocating for compassionate socio-economic policies to support vulnerable people in our communities.

OUR PURPOSE

Social services are essential to the Mission of the Catholic Church and are central to the life and teachings of Jesus, as articulated in the Gospels.

CSSA advocates publicly for the Church's social service ministry. It is the peak body for Catholic social service providers.

OUR VISION

CSSA envisages a fairer, more inclusive Australian society that reflects and supports the dignity, equality, and participation of all people.

OUR MISSION

Our mission is to support our Member Agencies by:

- Advocating the Federal Government on issues affecting the social services sector
- Providing government relations support to member agencies
- Hosting forums for our network to gather and share information

We perform these roles in partnership with the broader Australian Catholic Church, and Catholic Social Teaching underpins our work.

We aim to advocate for an improved legislative and policy environment for our member agencies.

OUR VALUES

As an organisation, we work to five fundamental values:

- Compassion
- Collaboration
- Excellence
- Accountability
- Innovation

<https://cssa.org.au/vision-and-mission>

4.3 Caritas Australia

WHO WE ARE AND WHAT DRIVES US

For nearly 60 years Caritas Australia has worked hand in hand with the most marginalised and remote communities in Australia and overseas to confront the challenges of poverty. Through locally-led programs we work towards a world where all can thrive and reach their full potential. As the international aid and development agency of the Catholic Church in Australia, Caritas Australia works with and for all people, to address immediate needs and long-term goals, regardless of religion, race or political beliefs. Through partnerships with local organisations and Church networks, and as a member of Caritas Internationalis, one of the largest humanitarian networks in the world, we are able to reach where the need is greatest and work together for a just future. We accompany communities to build on existing local strengths and resources, supporting them to drive their own development, for more transformative and sustainable change. When a crisis hits, we work through our local partnerships to bring aid and relief to people whose lives have been devastated by natural disaster or conflict. We support 71 long-term development projects and programs across 20 countries. In 2020-21 we also supported 34 emergencies responses across 23 countries. Caritas Australia has a rich history of partnership with parishes, schools and communities across Australia. We advocate for social and ecological justice for those most impacted by inequality. Above all, with shared compassion and hope, we work towards a just future for all.

OUR INSPIRATION

We are inspired by the Gospel which finds its expression in Catholic Social Traditions.

OUR VISION

Justice, dignity and hope for humanity and all of God's creation.

OUR MISSION

The Caritas Australia mission is to work in partnership with communities in Australia and overseas to achieve their development goals and thrive, keeping in the spirit of the Gospel.

OUR APPROACH

We use the Accompaniment Model, which means that we work alongside communities to assist our partners to create meaningful change. Because we are embedded in local communities through the churches and prioritise long-term development programs over many years, we build strong relationships with our partners. Our Strengths-Based Approach identifies and builds on the existing collective strengths of communities. This approach leads to more sustainable change and allows everyone in the community to participate in building a better future.

OUR VALUES

Our values are at the heart of everything we do. They're what keep us accountable and on the right track to a better world where all people can live out their full potential.

- Courage
- Compassion
- Stewardship
- Partnership

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5. Research findings: Perceptions of the role of the institutional church in family violence responses

Agencies identifying as Catholic have differing degrees of formal affiliation with the Catholic Church.

Some organisations have staff members in leadership positions with strong relationships to the Church, while others have direct links through the control of funding or appointments.

I am elected by the Church, and the Church support us a lot. We are working on behalf of the Church. Sometimes, we are asked, and always, the people ask, what the Church is doing. They answer, 'CARITAS is there.' CARITAS is working on behalf of the Church. (Caritas Lebanon)

I look after the policy issues, compliance issues and the mandate of the Bishops' Conference given to Caritas Bangladesh to carry out the activities integral social welfare and development following the mission. (Caritas Bangladesh)

We are an agency of the Church and that is recognised and understood. We often refer to ourselves as 'one of the positive faces of the Catholic Church'. (Leadership Survey 4)

5.1 Church infrastructure

In some international contexts, respondents perceived the Catholic Church to be responsible for most social services, with family violence organisations making use of the same infrastructure. Caritas Internationalis is the second largest humanitarian network in the world after the International Red Cross. As Robert Calderisi has observed, 'Caritas's international network allows it to respond to events in three-quarters of the planet, and the structures it works within – usually the local dioceses and parishes – give it an advantage over other humanitarian organizations.'²⁰

... in Ethiopia [...] the Catholic Church is a minority, less than 1% of the population there is a member of the Catholic Church. But the Catholic Church is the largest provider outside of the government of services, education, healthcare. (Interview 5, Australian Organisation)

Most social services here are run by the Catholic church. And we use same infrastructure. We have Catholic radios all over the country. So, we work within that particular structure. (Interview 3, International Organisation)

A really big connection that we're really proud of is getting to communities. [...] Because a lot of our executive have strong relationships with the churches, how we can help the churches with knowing that we are here and the referral pathways. (Interview 11, Australian Organisation)

The Church's infrastructure that can be activated for family violence response support also includes schools, as is discussed at Section 9.1 below.

5.2 The role of the bishops

Previous scholarship has identified how the Church can operate as an advocate for changing social and cultural norms, and a form of regulatory authority.²¹

Several participants identified the significance of strong support from their local bishop or archbishop.

This (CB) is the organisation of the Catholic Bishops' Conference of Bangladesh and we have been given the mandate, and following the mandate we work. All the bishops are the ex-officio members of the general body and one bishop is the president of Caritas Bangladesh. They all guide us and we, the regional offices at the diocese level, on a regular basis update the diocesan bishops, on our activities. And also the bishop has the scope to guide our

regional staffs on policies issues, projects implementation and staffs wellbeing. And at the national level, from our part, we also update the president of Caritas as well as the President of the Bishops' Conference. The president also gives us guidance. (Interview 8, International Organisation)

Faith and faith-based communities play an integral role in many people's lives. Faith leaders provide a source of social, moral and ethical guidance and support for their community members and may provide invaluable support to women experiencing violence and their families. Faith settings are also an important environment where social networks and social norms are formed. Such networks and norms have the potential to protect against violence against women and family violence and foster relationships based on equality and respect. However, faith leaders and faith-based communities also promote norms and relationships that drive or condone the use of violence. Faith settings are therefore an important context in which we can target activities to prevent violence against women and family violence. (Leadership Survey 7)

An international participant related how they liaised with Church personnel to secure support for key family violence messages.

They [bishops] do support our work in most case, but some of them, their leadership is low. The good news is we talk to the bishops and usually the bishops, if we tell the bishop so and so priest is not really [engaging], they give us somebody else in that parish who become our focal point, but I say 98 per cent are good. (Interview 3, International Organisation)

Pro-active support from the Archdiocese is seen to be a key part of family violence work:

The Church is proactive by establishing women and men ministry in the Archdiocese to assist in the organisation that performs this prevalent issue of family violence. [...] The Church respond by conducting workshops in the three Regions in Fiji on elimination of violence against women and children. This is ongoing. The subject is discussed at all levels in the church and in our communities so together we impact our families especially the perpetrators to know this is no longer a taboo subject but to talk about it openly. (Staff Survey 4)

The Catholic Church's particular power and network to leverage organisational advocacy work was also noted:

We have some project that are more at national level, it's mostly advocacy work, where we work with the Bishops Conference at the national level [...] Because the church is powerful in the country. So, whatever the Church says, usually the government checks, even if they don't do it, at least they check. So, we push for any law that is there. (Interview 3, International Organisation)

Bishops were also identified as being well placed to influence and liaise with government.

Our bishops... We have one cardinal, we have eight dioceses, eight bishops, Bishops Conference. They easily can have access to the Prime Minister. They can have meetings. Our Nuncio, Ambassador of the Vatican City here, he is the leader of all the ambassadors. He is the chair of the embassy. (Interview 8, International Organisation)



Image provided by Unsplash/ Josh Eckstein.

5.3 Parish networks

Some organisations collaborate with social service teams in the Archdioceses or other Catholic community organisations that may provide space and funding, which enables access to communities experiencing marginalisation through local churches, church-run schools and health facilities, and collaborations with partners of shared values and beliefs.

We collaborate on the Catholic social services team in the Archdioceses, raising awareness. (Interview 12, Australian Organisation)

In the Archdiocese we engage different commissions to highlight this topic of elimination of violence in family members. This is effective and especially when our priests preach from the pulpit regarding this issue. (Staff Survey 4)

Recent studies have highlighted the roles of church or faith communities as providers of informal support in family violence contexts both in Australia and other countries.²² This is reflected in participants' recognition of the parish as a source of client referrals:

We are in coordination with all the bishops and priests in the parishes, and we try to coordinate with them, because through them, we can arrive at the vulnerable people. We receive the people who call us, but we have many people suffering in silence. Through the Church, we arrive at these people. (Interview 6, International Organisation)

We actually get quite a few referrals in from the local churches. For example, a recent one was, we have quite a high multicultural community coming through Tamworth and Amata. There's a high migrant population and we understand a lot of those communities their first point is I guess, social contact is the church. And so, our multicultural worker, who's very connected with the Catholic churches in the region, she goes in and she talks to the migrant communities. (Interview 11, Australian Organisation)

5.4 Catholic community organisations

SPOTLIGHT ON ST VINCENT'S CLINIC NSW

... in terms of in the community we have really strong connections in particular areas of Sydney through you know like I mentioned the Liverpool Catholic Club as an example who have been incredibly generous not only in terms of financial support, but helping us get the message out to their members and they've let us set up an office in there which we use a couple of days a week, which is fantastic. And it's helped them, equipped them with the tools, even though it's not our service specifically, but teaching them and educating them around domestic violence has helped them go on to protect one of their staff members who they found was receiving unwanted attention and they helped that person manage through which is fantastic.

CHALLENGE: LACK OF PROACTIVE INSTITUTIONAL FOCUS ON FAMILY VIOLENCE

Some participants perceived that there was a lack of interest in their work within the institutional church.

I think many of our agencies are feeling a bit disconnected from even their own dioceses. (Interview 2, Australian Organisation)

Several participants reported anonymously that they felt their organisation's affiliation to the Catholic Church enabled it to avoid compliance with emerging practices mandated in public sector facilities.

When asked for challenges to responding to family violence, one participant suggested a lack of

... organisational mandates and values to proactively address violence where we can. (Staff Survey 9)

Another participant responded to the same question by observing a

... challenge of being in a non-public sector hospital is that legislative change is not enforced in the same way through clear governance. (Staff Survey 6)



Image provided by Unsplash/ Mike Labrum.

One respondent reported that responses to family violence were more typically responsive than proactive:

Executive endorsement required for [organisation-] wide response. Difficult to get on agenda. Lack of endorsement means bottom-up approaches to education and training – usually reactive to an incident as opposed to preventative. (Staff Survey 6)

One participant identified the need to provide documentation and advocacy within the Church:

... if it's something we can then take to the bishops and say, look, this is a real issue. [...] unless there's some real demonstrations of cultural change and inclusion at the top levels, this is just going to get away from you. (Interview 2, Australian Organisation)

In Australia, CSSA, Caritas Australia and CHA are all ex-officio members of the Australian Catholic Social Justice Council, an advisory body to the Bishops Commission for Social Justice. This formal connection could provide an opportunity to speak directly back to the institutional church about work in this field.

Advocacy and education work provided by Caritas Australia, CSSA and CHA should include a focus on the Church's internal hierarchy and leadership.

RECOMMENDATION 2:

That Caritas Australia, CSSA and CHA engage with key stakeholders from the Church's hierarchy and leadership to develop a strategy to improve internal communication between the Church and Catholic social service providers.

5.5 Financial support for family violence responses

While our project did not probe the source of funded support for family violence response work, the Church was seen as a source of important financial resourcing, especially in the international context.

Through the Church, we have donors. (Interview 6, International Organisation)

Funding through Church-based communities is clearly a significant source of support. While an organisation's focus may be on domestic care provision, they also donate to international agencies.

... we've donated money to Caritas, to help with the provision of PPEs and other things in Papua New Guinea. (Interview 2, Australian Organisation)

Abilities to redirect funds to areas that need it that may not be financially sustainable:

Where they might make some money from particular services, because they're not for profit, it is always used in social outreach or in certain services which might be less financially sustainable for example, in the regions and that's where I think a lot of the family violence services come from. (Interview 10, Australian Organisation)

Some organisations surveyed receive no direct funding from the Catholic Church. CSSA, for example, does not receive direct Church or government funding, rather their funding comes from their members. However, some organisations reported that the Church plays a key role in promoting various appeals, for example Caritas Australia's donation appeals including their Project Compassion Lenten campaign, to parishioners in their dioceses.

CHALLENGE: LOSS OF FUNDING SUPPORT FROM THE CHURCH

However, other participants expressed concern about their perception that family violence programs are underfunded by the Church:

Our local Bishops Conference support us, I think themselves ... They need money, is not a very strong financially. (Interview 3, International Organisation)

[T]hey've had their funding almost completely cut from the diocese, because their budgets have reduced, whether it be because of the redress scheme or just because people aren't making the contributions they once did. They've had their funding cut. So, they're basically associated with the diocese in name only and by governance, not funding. (Interview 2, Australian Organisation)

Some perceived this as moneys being redirected towards other matters, including redress programs:

It just means that it puts them in a difficult financial position [...] there's no question that the financial implications of the redress scheme [...] It's definitely had an impact at our end. (Interview 2, Australian Organisation)

Advocacy and education work provided by Caritas Australia, CSSA and CHA should promote the work of member agencies to both members and the diocesan network on the one hand, and the government and general public on the other.

RECOMMENDATION 2:

That Caritas Australia, CSSA and CHA engage with key stakeholders from the Church's hierarchy and leadership to develop a strategy to improve internal communication between the Church and Catholic social service providers.

RECOMMENDATION 3:

That Caritas Australia, CSSA and CHA, in partnership with key Church stakeholders, develop an action plan to: 1) collaborate together in advocacy and educational campaigns on this issue (such as to reduce stigma around accessing social services for support); and 2) promote the work of partner and member agencies to the wider community, including governments and donors, with a particular focus on agencies' proactive and inclusive approaches to combating family violence.



Image provided by Unsplash/ Pascal Bernardon.

6. Research findings: Catholic values and mission

Chapter 5 summary

For many participants, the institutional Church provided many benefits to their ability to respond to family violence, in spiritual and practical support. However, they also identified two distinct areas of challenge in how they perceived the institutional Church saw its role in responding to family violence. Recommendations suggest the important role that Caritas Australia, CSSA and CHA can play in operating as a communication conduit between agencies and multiple levels of the Church's hierarchy.

LACK OF PROACTIVE INSTITUTIONAL FOCUS ON FAMILY VIOLENCE

Advocacy and education work provided by Caritas Australia, CSSA and CHA should include a focus on the Church's internal hierarchy and leadership.

LOSS OF FUNDING SUPPORT FROM THE CHURCH

Advocacy and education work provided by Caritas Australia, CSSA and CHA should include a focus on members and the diocesan network.

Advocacy and education work provided by the Caritas Australia, CSSA and CHA should promote the work of member agencies to the government, public and potential donors.

RECOMMENDATION 2:

That Caritas Australia, CSSA and CHA engage with key stakeholders from the Church's hierarchy and leadership to develop a strategy to improve internal communication between the Church and Catholic social service providers.

RECOMMENDATION 3:

That Caritas Australia, CSSA and CHA, in partnership with key Church stakeholders, develop an action plan to: 1) collaborate together in advocacy and educational campaigns on this issue (such as to reduce stigma around accessing social services for support); and 2) promote the work of partner and member agencies to the wider community, including governments and donors, with a particular focus on agencies' proactive and inclusive approaches to combating family violence.

An authentic faith – which is never comfortable or completely personal – always involves a deep desire to change the world, to transmit values, to leave this earth somehow better than we found it. (Pope Francis, 2013)²³

Catholic Social Teaching offers a way of thinking, being and seeing the world. It provides a vision for a just society in which the dignity of all people is recognised, and those who are vulnerable are cared for. It consists of an interrelated body of Catholic social thought and principles which can be used to reflect on and guide how we relate to one another in our local and global communities.²⁴

All three organisations and their partners draw inspiration from Catholic Social Teaching and, although it was expressed in different ways, it was perceived as the common foundation for the work they carry out.

Catholic Social Teaching is at the heart of what we do and who we are. (Interview 8, International Organisation)

Catholic traditions provide a theological and ethical foundation for the work that is being done, the partnerships in place and the commitment to working with the most marginalized and vulnerable. (Staff Survey 9)

All of the [organisation's] values are connected to Christianity and the teachings of Christ. Indisputably, I would say like you could trace them all back to that, you know, about respecting others, compassion, even teamwork is, can be connected to the teachings of Christ, in my opinion. (Interview 1, Australian Organisation)

That purpose is that we believe that individuals have value to God and can serve God, no matter what time of life or cycle of life they're in. And so we are restoring them to the fullness of that service to Christ. (Interview 10, International Organisation)

And our advocacy and our policy statements and our other work around that is very based on I'd say the Catholic social teachings. (Interview 12, Australian Organisation)

Through all aspects of the organisation [name] follows Catholic Social Teaching principles such as life and dignity of the person, family, community and participation, dignity and care of God's creation. This is seen how we approach the on the groundwork we do with the marginalised and also how staff are supported within the organisation. (Leadership Survey 5)

6.1 Mission as service differentiation

Some respondents saw their mission not only as defining their work, but also providing flexibility to respond to need while offering service differentiation:

... the mission that they [Catholic founders] set for us is to support unmet need, which meant that as the years have gone by, that service has evolved to where now we've had to go, and that drives us, I think, to think about, you know why culturally and linguistically diverse women [...] I think that our mission focus helps us, I think differently to some of the other organisations in the same area and I think it keeps us centred as we deliver those services. I think that that's the brilliant part about it. (Interview 14, Australian Organisation)

6.2 Mission and family violence responses

Beyond the broad awareness that Catholic Social Teaching shaped organisational practice, many saw it as informing their aspect of intervention, such as alleviating poverty, violence broadly, marriage guidance, and support for women to flourish, as it connected to family violence:

I suppose when I think Catholic, it's very feminist and very structured in a way that it's about the human. And it just gets on and does things. It believes in the dignity of every human [...] We're here for women and men, but we're mainly women at the moment. And we see them as humans and we see the strength in them and let's help them blossom in their lives really. And our advocacy and our policy statements and our other work around that is very based on I'd say the Catholic social teachings. (Interview 12, Australian Organisation)

... our mission is to work alongside the world's poorest people. We work without prejudice, we don't preach, and we pride ourselves on our diversity. We believe our Catholic values are best shown through our love for others, and by working for justice and an end to poverty. (Interview 8, International Organisation)

... the Catholic Church teaches that violence against another person in any form fails to treat that person as someone worthy of love. Instead, it treats the person as an object to be used. When violence occurs within a sacramental marriage, the abused spouse may question, 'How do these violent acts relate to my promise to take my spouse for better or for worse?' The person being assaulted needs to know that acting to end the abuse does not violate the marriage promises. (Leadership Survey 7)

6.3 Catholic Social Teachings: Staff understandings of principles and practice

CST has four foundational principles, each of which is reflected in the work of the three organisations and their partners.²⁵

1. RESPECT FOR HUMAN DIGNITY

Catholic organisations recognise that all humans are created in the image and likeness of God. The belief in respect for human dignity acknowledges that humans are equal. This belief is reflected in the practices of many organisations which do not discriminate on the basis of race, ethnicity, religion or sexuality.

Respondents particularly reflected upon the importance of seeing the whole person in providing family violence services for each individual.

Catholic social teaching guides our work particularly in our D&FV work as survivors have been ill-treated, isolated and disrespected by someone that is supposed to love them. Our workers ensure they show respect for human dignity, work under a relational model by walking alongside our clients supporting them to face challenges and celebrating achievements. We respect and acknowledge that clients are the decision makers in their lives, we support clients holistically and strive for inclusive communities. (Staff Survey 1)

... we focus on the dignity of people, work in partnership to address challenges within communities in order help people be empowered, etc. Catholic traditions provide a theological and ethical foundation for the work that is being done, the partnerships in place and the commitment to working with the most marginalised and vulnerable. (Staff Survey 9)

... we keep the person at the centre. (Interview 12, Australian Organisation)

... we have an exceptional team that really understand that no two stories are the same. [...] what we want our clients to be is hopeful for the future. And so we've tried to shift that sort of mentality around because you are no less valued as an individual for having been through trauma you have so much potential for yourself and for the community if you're supported through that and we want to tell that story of hope. And you know that there is... it might be hard to find or not enough services, but there is help. There is help and that's important to us. We like to talk about, 'You are an important part of community'. That's what we want to tell people: 'You have value, we want to help'. (Interview 14, Australian Organisation)

Respect for human dignity extends also to perpetrators of violence themselves, with many organisations providing support services. Although perpetrators commit violence against their families, many organisations acknowledge their human dignity and need for support to change for the better. Men's behaviour change programs are provided by Catholic organisations across Australia and internationally, and in some cases, court support is also made available to users of violence (see section 9.4).

2. THE COMMON GOOD

The common good requires that every person and group in society can meet their needs and realise their potential. Unless everyone is included, it is not 'the good of all of us' as Pope Benedict XVI put it.²⁶ Catholic organisations work toward the common good through advocating for people experiencing vulnerability and marginalisation and communicating with government and other leadership structures.





Multipurpose kits distribution in one of the 36 CARTAS Lebanon Social Centers spread across the country in the aim of supporting the most vulnerable. Image provided by Caritas Lebanon.

Catholic social teaching states that every human being is inherently and equally good, dignified, and worthy of respect. And yet, the preciousness of each and every human being cannot be realised when their potential is stifled by arbitrary, artificial hierarchies and discrimination based on a variety of differences. (Leadership Survey 8)

I think that the teachings of Jesus are closely aligned with family violence practice; non-judgemental, non-discriminatory, serving those in need. (Leadership Survey 2)

Our inspiration now is coming from mostly from the Laudato si where we are seeing, not a human being, is just one piece of an individual, but we're seeing the human being plus the human being environment. So, you come and help somebody with clothes, with food. Yes. That's fine. But where does the person sleep? What is in the person's mind? What is he thinking? What is the personal environment in general and so on. So, in that we've kind of developed some thinking in terms of the cry is not only the cry of the poor, but it's the cry of the poor and the cry of the health. We're developing a lot of thinking in terms of going deep in one community as opposed to spreading ourselves going deep in terms of helping one individual community really change their lives. Another thing that has been inspiring in that is the bottom-up development, they drop down. (Interview 3, International Organisation)

Catholic organisations use their position to bring attention to systemic issues, such as family violence. They conduct research into issues and make public submissions to better inform policy and develop public campaigns to promote social justice.

3. SUBSIDIARITY

Individuals, families and local communities should have the opportunity to contribute to decisions that affect them. This is facilitated through creating empowering relationships with other organisations, communities, and individuals, and through sharing knowledge.

The importance of clients making their own choices is central to many organisations where services aim to support clients in deciding their own futures.

For us it means, accompaniment. So training people through not just this episodic of sort of illness, but generally through their life, but obviously also through their illness. And restoration to service. So acknowledging that we're there to heal people, but that that healing has a purpose. (Interview 10, Australian Organisation)

We pushed for the woman representation in the government, because our philosophy is that if women are at the decision-making power themselves they will be changing some of those laws. We can't be talking with the same guys who are causing problems. [...] the law is there that every instance and every organisation there must be at least 30 per cent women and 30 per cent in the decision-making power. (Interview 3, International Organisation)

During intervention, they often involved, got involved with the financial activities for the finance program and also in other non-formal sector, they got involved. They come out for education. So now, a few women are in the service sector or non-formal working sector. [...] They take part in the decision of the family. (Interview 8, International Organisation)

Caritas Australia has supported its partner organisations through asset-based community development. Working with the community is central, as one interview respondent explained:

We now really thinking the bottom up [development]: discuss with the community, make sure they're involved at every stage of discussions and make sure they're the one who are doing work for themselves because we always come late. We always come after the problems are there. (Interview 3, International Organisation)

4. SOLIDARITY AND PREFERENTIAL OPTION FOR THE POOR, DISADVANTAGED, AND VULNERABLE

Catholic organisations stand in unity with all humans, particularly those who are powerless or disadvantaged, and recognise each person's rights regardless of differences.

Participants described how they work to ensure that those who are the most socially excluded and the least fortunate are at the centre of their care.

... what we call radical inclusion. So, in our view, the priority must be to those people who are the most socially excluded in our community, that we would, the least fortunate at the centre of our care (Interview 10, Australian Organisation)

Because trauma work certainly in the practice here, goes, has to act, it has to arbitrarily leave the realm of language and go into symbolism. That's the other thing how Catholicism has served me so well because you get an education in symbolism. And you need that in trauma counselling. We use all different type of things; we'll use imagery or the oils to work with the sensors or therapeutic journal writing and all kinds. (Interview 13, Australian Organisation)

An international organisation clearly aligned their work with Catholic Social Teaching, stating that the members deliberately associate with the poor as the chosen people of God, building communities of solidarity leading to a culture of love in parishes. (Interview 4, International Organisation).

6.4 Staff experiences of mission

Staff in Catholic organisations experience CST through specific education and training. Catholic Social Services Australia had, for example, recently engaged Father Fred Kammer, former President of Catholic Charities, USA, to present to member organisations about CST and to reflect on the ways that the members' organisations are Catholic.

They also perceive that the teachings as Catholic faith practices form part of organisational culture:

... whenever we have meetings, we do the usual things like we incorporate prayer and [...] reflection. (Interview 2, Australian Organisation)

I would say in my limited knowledge, [...] that all of the [organisation's] values are connected to Christianity and the teachings of Christ. Indisputably, I would say like you could trace them all back to that respecting others, compassion, even teamwork, can be connected to the teachings of Christ, in my opinion. Stewardship, using resources widely, [...] providing care to people who need it. (Interview 1, Australian Organisation)

On many, many levels it aligns with social work. We might use slightly different language, like, the right for equity and social justice. It might be worded different, but it's the same making. We must, as a society, protect the vulnerable, the poor and the innocent. Well, we might



Image provided by Adobe Stock/ Tomsickova.

say, as the core value, and this is where I truly believe social work sits beautifully alongside [organisation's] principles and values and mission statements. (Interview 13, Australian Organisation)

Some organisational leaders highlighted institutional processes which required them to reflect actively on the unique contribution to service provision they made as a Catholic affiliated institution.

We do ask that question quite a bit at our board level [...] we try and work out where our niche is. [...] And I guess ultimately it comes down to our motivation and our motivation comes down to again seeing the face of Christ in the people we're working with. (Interview 2, Australian Organisation)

Many respondents highlighted how their understanding of their organisations' mission enriched their work on family violence.

We thank God that we are here to provide her these services to continue her life. [...] I am seeing Jesus in every person. [...] through these women and these men, we see God, so we are serving God through them. (Interview 5, International Organisation)

Our vision, values, and mission of serving in justice and love is definitely displayed in the work we do particularly holding hope for those that cannot until they can again – this aligns with a Pope Francis quote 'never lose hope, continue to believe always in spite of everything. Hope opens new horizons, making us capable of dreaming what is not even imaginable; [Organisation.] seeks to be an agent of this hope. It seeks to transform places of despair

and entanglement into possibility and freedom. Our policies and procedures reflect our mission and strategic directions. We can achieve this if we bring our hearts to our work and maintain our unflinching commitment to building a fair society. We hope to change the world one person at a time, through our expertise, experience and care. We recognise the trust placed in us by our communities. (Staff Survey 1)

We have our faith in God, and we say to him always, 'We are ready to help the people. Please, in the past, you didn't leave your people, your vulnerable. Now you don't leave them. Help us help them.' (Interview 6, International Organisation)

However, some organisational leaders voiced concern that Catholic values may present a challenge for staff who did not share those beliefs, who did not understand some of the institutional contexts for organisational infrastructure.

They've increasingly got staff that are not Catholic and are very resistant to doing the Catholic Teaching stuff and doing the other sessions that they have and all that sort of stuff. So, there'd be a lot of people employed in these agencies that don't feel ties to the church and don't understand the layers of the hierarchy and don't see where they're coming from. So, a massive disconnect, there's no question. (Interview 2, Australian Organisation)

Other organisational leaders, however, saw the breadth of the mission as allowing all staff to find a connection appropriate to them:

... our Catholic mission is baked into our constitution, [...] what that means for different team members can be quite different and their sense of connection to that, but it resonates with everybody in some way. (Interview 14, Australian Organisation)

While respondents documented diverse understanding of and degrees of association with Catholic values, they also identified inherent similarities between secular ethics and Catholic models of care:

We might use slightly different language, like, the right for equity and social justice... But it's the same meaning: we must, as a society, protect the vulnerable, the poor and the innocent. Well, we might say, [that is] the core value, and this is where I truly believe social work sits beautifully alongside [organisation's] principles and values and mission statements. (Interview 13, Australian Organisation)

Responses to the question of how staff saw Catholic mission and values shaping their work in family violence implicitly suggested concerns that their work might be perceived as evangelising. Staff appeared at pains to make clear that this was not the case:

We constitutionally are required to reflect the gospel in the work that we do, but we don't evangelise. (Interview 5, Australian Organisation)

Now, if I come to the teaching of the Catholic church, when we work with, in other community, people, we don't say this is teaching of the Church, or this is what as Christians we follow. (Interview 8, International Organisation)

CHALLENGE: CATHOLIC ORGANISATIONS AND PRINCIPLES OF INCLUSIVITY

There appears a strong desire that practices within an organisation affiliated to or identified as the Catholic Church should be, and be perceived to be, inclusive.

We are like a fountain, water, the fountain doesn't ask the person who comes to him, 'What about your religion?' No... We are before... some people might, but we never we ask about the religion, never. (Interview 6, International Organisation)

... what we call radical inclusion. So, in our view, the priority must be to those people who are the most socially excluded in our community, that we would, the least fortunate at the centre of our care. And a good example of that would be, Ward 17 South, which was a ward, in the 1980s for victims of AIDS who were typically gay and very much socially excluded by the community and St Vincent's put them at the centre of their care, that of their Darlinghurst hospital. So, radical inclusion is for me, a very distinct element in what we call our ministry of healing. (Interview 10, Australian Organisation)

... to me Christianity is about inclusiveness and safety. And it's about being inclusive of everybody. We're a service that opens the door to everybody. We're a very inclusive service. So, we always make sure that anybody can access the service irrespective of people's ... Some people think, oh, I must be Catholic to access the service. That's not true. Anybody can access the service. So, we make sure our service is as far reaching and as accessible as possible for everybody. [...] if somebody is in a violent relationship and it's unsafe, we will help them in whatever way that we can to get them safe. So, I would hope that everybody recognise[s] that and we try to do our best to make sure people do understand that, and we're here to keep people safe. I guess, we really promote healthy relationships. (Interview 11, Australian Organisation)



... providing services to victim/survivors from many different cultural backgrounds, including Aboriginal women experiencing family violence, rural and remote women, women with disabilities, women from farming and agricultural backgrounds and LGBTIQ+ victims (Leadership Survey 5)

... [referring to LGBTIQ+ people] same sex violence, male to male violence. [...] That's the other huge difference between our service and other services in health. All those things I've mentioned also, they don't see males. We do. (Interview 13, Australian Organisation)

... [Organisation] is very attached to the Catholic tradition and obviously the social teachings, Catholic Social Teachings, [...] I think the clients are aware that we're a Catholic organisation, but they realise we're not part of the church. (Interview 15, Australian Organisation)

However, staff did voice concerns that the services of their organisation may not be perceived as open to all:

Cultural or faith identity may be a barrier to some of the victim/survivors – we do not want it to be, but culturally this may be present. (Leadership Survey 10)

... the Catholic church has got an image problem. There's no question about it [...] So much energy in this space like really genuinely trying to help people. And it comes from a very ... It does come from their faith, and it comes from living out of Catholic Social Teaching. So, I could see the genuine good Christ driven things that people are doing. It's just, the church just has such a massive image problem. [...] a lot of assumptions made about the Catholic church's lack of inclusion (Interview 2, Australian Organisation)

Some staff reported that perceptions of the Catholic Church could create victim-survivors' hesitancy to engage with Catholic agencies. A potential mismatch between the values of gender equality and religious practices has been noted in the scholarship.²⁷ This potential barrier to Catholic services warrants further evidence-based investigation.

It would be very personal, I think, to some people, who may have had experiences of the church or Catholicism [...] You might have people from certain immigrant groups who have had bad experiences of missionaries in their country. [...] there have been victims of spiritual abuse, which falls under, can fall under family violence. It does fall under family violence. (Interview 1, Australian Organisation)

... it scares people off. I guess if they see the Catholic written all over it. [...] They think they're either going to be evangelised to potentially, or they're not going to be treated as women with respect that they would hope there'd be a lot of issues there. (Interview 2, Australian Organisation)

However, while some Australian providers were less sure about the positive appeal of the Church within the community, in an international setting participants felt that the Catholic identity could be an asset that provided a sense of legitimacy.

I think the opportunity is that the Church is seen as a safe place in many of these countries, particularly for people who feel shame or shunned or that they can't return to their home place. [...] [it] is seen already in the community as a provider of healthcare and education, and therefore this is just an extension of that. And then with regards to sort of its true Catholic identity, I think often that the Church is seen as a safe, literally a safe place. (Interview 5, Australian Organisation)

CHALLENGE: NEGATIVE PERCEPTIONS ABOUT THE CATHOLIC CHURCH AS A PATRIARCHAL STRUCTURE

Participants working in both Australia and in international contexts reported fears that the Catholic Church, and its teachings, was perceived by the broader community as a structure predominantly led by men and for men. This was a strong concern for those working in the area of family violence service provision.

I think that the teachings of Jesus are closely aligned with family violence practice; non-judgemental, non-discriminatory, serving those in need. I do not however think that family violence practice fits comfortably within the traditional (highly gendered) hierarchical structure of the Catholic tradition given the gendered nature of family violence. (Leadership Survey 2)

... the public perception would be that the church has contributed to the problem as opposed to being in a position to actually alleviate the discomfort. So, people might be comfortable going to an agency that's led by women, facilitated by women, treats them with respect, but they don't necessarily associate that with the church doing it for them. I think there is a problem there, absolutely. (Interview 2, Australian Organisation)

... the way I think about it as a structure, as a social structure, if you unpick that, you know, it's not, it's imperfect, it's problematic. It has a gendered, highly gendered structure, and if family violence isn't... Is which it is, it's evidenced, it's, you know, it's that it is a gendered issue, then that sits directly alongside of that. (Interview 1, Australian Organisation)

... anyone who comes to the Catholic, any Catholic institution here already looks at, oh, this is the only men organisations. (Interview 3, International Organisation)

Specific institutional responses in relation to women and gender were noted as concerns for both individual staff and organisations providing family violence services:

It's just really hard to have a group of older men who are so removed from society lecturing people around this, [...] in a sense that the best they [organisations] can be is taking that social justice secular route, as opposed to falling back on Catholic Social Teaching [...] I think there's going to be increasing disconnection [with] the hierarchy of the Church. (Interview 2, Australian Organisation)

They feel like it's inclusive, especially at lower level. Because as I said, at this little level is women talking to other women, they feel very inclusive. After they come to up, I think when they come to up and they find all the people in their priests becomes a little bit frustrating in that way. (Interview 3, International Organisation)

Some see it as a problem for institutions more broadly.

But it's not the Catholic church in and of itself. It's all institutions that are patriarchal in their nature. And it's a mismatch as far as I'm concerned to Christianity because Christianity, [...] in those days, it was still a patriarchal society but the teachings, the essence of the teachings in my opinion, are not. The problem is that as people, we organise ourselves in such a way, and it's historically, it's been gendered in favour of men, in many, most cultures, not all. So that's, I don't have a problem per se, with Catholicism or Christianity, but with gender inequality? Yeah, absolutely. And the Catholic church is one of many. (Interview 1, Australian Organisation)

The Church's response to abuse claims was also raised as a potential challenge for staff desire to be identified in a Catholic organisation:

... the mishandling of the sexual abuse stuff where they, you know, place women on the hierarchy of importance, all of those things just made me question how I wanted to be involved. (Interview 2, Australian Organisation)

Some participants, though, did note positive steps of change within the Church.

... the [bishops] that are sort of involved in the space, they're really committed to it, and I think they've got some really good things to say about it. [...] the upcoming social justice statement that's being released in August is around this issue [...] And I was very... I saw an earlier draft of it, and I was very pleased to see that it was predominantly written by women, which is obviously necessary and a good thing. (Interview 2, Australian Organisation)

Others perceived their work on the family violence agenda as part of the Church's engagement with change.

... we are an agency of the Church and that is recognised and understood. We often refer to ourselves as 'one of the positive faces of the Catholic Church.' (Leadership Survey 4)

Enhancing awareness of members' family violence work may provide a signal to the general public of changing institutional perspectives in the Church.

RECOMMENDATION 3:

That Caritas Australia, CSSA and CHA, in partnership with key Church stakeholders, develop an action plan to: 1) collaborate together in advocacy and educational campaigns on this issue (such as to reduce stigma around accessing social services for support); and 2) promote the work of partner and member agencies to the wider community, including governments and donors, with a particular focus on agencies' proactive and inclusive approaches to combating family violence.

Some organisations are actively taking step to address this. Some respondents pointed to training programs within their organisations that sought to ensure the practice of inclusivity both in the services they offer and the way they conduct themselves as an organisation.

... violence supportive attitudes are underpinned by and related to hierarchies, power and privilege. These relate to gender, sexuality, racism, ableism, and other forms of discrimination. We seek to challenge these power structures as part of our work including by role modelling, being mindful of having mixed gendered facilitators where possible and using inclusive language including incorporating this into our training of facilitators. (Leadership Survey 8)



Image provided by Adobe Stock/ Marcos.

We wish to be inclusive, we have an inclusive approach, but the power balance in this relationship (especially at first) may not indicate this. [...] We are white middle-class potentially, we come from a Catholic organisation. We have to be everything other than that. (Interview 12, Australian Organisation)

... it is for all our service is a requirement before you sign a contract, things must be inclusive. We have a training, what we call a study training. So, basically is how you should behave before the children and how you should behave with vulnerable women, you should not use them, you should not... You should really respect them and so on and so forth. So all those who have gone through that training in our program do care for that. (Interview 3, International Organisation)

Caritas Australia, CSSA and CHA should provide attention to, and advocacy for, member training that gives attention to intersectional power dynamics that could enhance institutional change.

CHALLENGE: RISK OF LOSS OF CATHOLIC MISSION FOCUS

Catholic agencies also face the increasing challenge to highlight their professional identity as part of the public service system while maintaining their religious roots and uniqueness.²⁸ The important government funding was seen to impact the focus of Catholic agencies for one participant:

Even our Catholic agencies becoming, I guess, more secular and more corporatised to deal with the funding arrangements that they're trying to deal with. (Interview 2, Australian Organisation)

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.



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7. Research findings: Catholic organisations' conceptualisation of family violence

Chapter 6 summary

Catholic Social Teaching is significant in shaping Catholic agencies at both individual and institutional levels. Participants were consistently able to describe its key features. This shared understanding of CST appeared regularly as a common thread across organisations involved in this sector.

However, respondents highlighted concerns that perceptions of the Catholic Church, as non-inclusive and a patriarchal structure, are barriers to providing services. Recommendations identify the important role that Caritas Australia, CSSA and CHA can play in giving attention to member agencies' work to the public and to sharing best practice training among their membership.

CATHOLIC ORGANISATIONS AND PRINCIPLES OF INCLUSIVITY

There appears a strong desire that practices within an organisation affiliated to or identified as the Catholic Church should be, and be perceived to be, inclusive.

NEGATIVE PERCEPTIONS ABOUT THE CATHOLIC CHURCH AS A PATRIARCHAL STRUCTURE

Enhancing awareness of the Catholic members' family violence work may provide a signal to wider publics of changing institutional perspectives in the Church.

Caritas Australia, CSSA and CHA should provide attention to, and advocacy for, member training that gives attention to intersectional power dynamics that could enhance institutional change.

RECOMMENDATION 3:

That Caritas Australia, CSSA and CHA, in partnership with key Church stakeholders, develop an action plan to: 1) collaborate together in advocacy and educational campaigns on this issue (such as to reduce stigma around accessing social services for support); and 2) promote the work of partner and member agencies to the wider community, including governments and donors, with a particular focus on agencies' proactive and inclusive approaches to combating family violence.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

Family violence services operate under various names and are facilitated by a diverse array of Catholic organisations. This section aims to present the perspectives on the nature of family violence, its underlying causes, and its consequences, as shared by professionals working within Catholic organisations.

As highlighted in the introduction, responses were collected from a broad spectrum of member agencies, many of which do not exclusively focus on providing services solely related to family violence. This presents an opportunity to analyse how respondents perceived the interconnection between family violence and other services they offer to communities.

7.1 Defining family violence

It is important to recognise that definitions crucially determine various understandings of family violence. In Australia, the concept of 'domestic violence' is grounded in the feminist refuge movement of the mid-1970s.²⁹ During the 1980s, most states and territories conducted investigations into the nature and extent of domestic violence, shaped mainly by feminist analyses of the issue.³⁰ The concept of 'domestic violence' was significantly informed by understandings of such violence as a private, individualised experience, as Suellen Murray and Anastasia Powell explore.³¹

At the same time, however, activism from Indigenous women and migrant women articulated their different experiences. Indigenous women face increased risks of hospitalisation from family violence. Removal from land and cultural dispossession have caused systemic problems for Indigenous Australians, and family violence is both a cause and effect of systemic disadvantage and intergenerational trauma.³² Support for Indigenous Australians to mitigate family violence requires a culturally informed approach.³³

Family violence is a more recent term, developed in the 2000s, invoking violence perpetrated by family or other community members.³⁴ Broadly understood, the Australian Institute of Health and Welfare suggests that 'family violence refers to violence between family members, typically where the perpetrator exercises power and control over another person.' Domestic violence refers to 'common and pervasive' instances of family violence that occur in current or previous intimate partner relationships.³⁵ According to the Council of Australian Governments (COAG) *National Plan to Reduce Violence against Women and their Children 2010–2022* (2011), family violence is the preferred term for Indigenous women to refer to their experiences of family violence because it includes 'the broad range of marital and kinship relationships in which violence may occur'.³⁶ However, scholars such as Ruth Phillips conclude that the switch to family violence lessens the feminist analysis 'by diffusing responsibility for violence into "relationship breakdowns" and "family dysfunctions"' and reasserts the institution of the family 'by offering support and protection to the family unit as a whole'.³⁷

From a legal perspective, measures to mitigate family violence, and even the criminal meaning of 'violence' itself, vary between Australian States and Territories.³⁸ However, since November 2017, a National Domestic Violence Order Scheme has enforced all domestic violence orders issues in Australia.

The COAG *Fourth National Plan to End Violence against Women and Children 2022–2032* (2022–2032 *National Plan*) refers to 'violence against women and children', rather than 'domestic' or 'family violence'.³⁹ According to the organisation *Our Watch* (the independent not-for-profit organisation established in 2013 to complement the 2010–2022 National Plan), this term is appropriate because it mirrors the language in the international human rights context and it extends to related gender-driven violence that occurs outside of family and domestic spaces (such as in

residential care, online, dating).⁴⁰ *Our Watch* also notes that women are the main victims of domestic and family violence making ‘violence against women’ a more accurate description that joins ‘domestic, family, and sexual violence’.

In Australia, Australian Institute of Health and Welfare (AIHW) research shows, however, that groups vulnerable to family violence include LGBTIQ+ and intersex people, as well as children, young women, older people, people with disability, people from culturally and linguistically diverse backgrounds, people in rural and remote areas, people from socioeconomically disadvantaged areas, and Indigenous Australians.⁴¹ As such, ‘violence against women’ does not adequately encompass the gender-based violence to which some LGBTIQ+ and intersex peoples are especially vulnerable.

Furthermore, family violence has different cultural meanings and contexts at the international level. This is in part because the notion of ‘family’ has different meanings and practices in various cultures, creating complexities about the scope of service delivery in this field.

In addition, reports from the Pacific Islands, South Asia, India, Africa, and Australia, also emphasise various, often interrelated, concerns. Family violence is not a shared conceptualisation or focus of service delivery, although it is seen as related to the broadly used term gender-based violence, violence produced in the context of civil war, or impacted by environmental disaster and poverty. Murray and Powell note, for example, that in international scholarship, family violence has been used by family conflict researchers to include child abuse.⁴² There are also cultural practices that shape concepts of family violence both in Australian communities and international contexts, such as violence related to sorcery.

These transitions and debates about finding appropriate terms and concepts for these experiences of violence highlight the ongoing struggle to adequately define what is a complex issue.

7.2 Interconnected services

For several organisations working in Australia and in the international contexts supported by Caritas Australia, family violence was not a primary focus of their service delivery. Local contexts were important to understanding the opportunities to provide services responding to family violence.

The big chunk of our work is emergency response. It takes almost 60 per cent of our work. Then we have governance and peace building. [...] the major issue of this country is corruption. And governance issues. So, we have a huge program on governance that is country and regional. So, we tend to involve other countries because the conflict in this country does involve neighbouring countries as well. (Interview 3, International Organisation)

However, a key message from partner participants was that their vision of family violence responses was expansive and included awareness and attention to related issues that may impact family violence behaviours.

Caritas’ work in Fiji is in its own particular context, which most recently has seen many natural disasters, which include cyclones, the season for which is from November to April. There is also the ongoing issue of poverty and the destruction of the environment. Hence the division of roles within Caritas – Social and Ecological Justice, Disaster Management and Gender Justice. These issues are always intertwined and cannot be considered in isolation from each other. It is important to note that gender justice is perceived as equally as important as the other two elements. (Caritas Fiji)

Moreover, while few respondents provided information on discrete family violence initiatives, participants noted attention and responses to family violence within other programs, or an understanding of family violence that was part of other service provision. Family violence was spoken about in the context of organisations’ services in and approaches to social welfare, homelessness and modern slavery (including forced marriage and human trafficking), among others.

Family violence, actually our projects aim at social development and social welfare and community development, peoples empowerment, education and development of indigenous peoples and the disaster management. In the projects these are inbuilt, we have inbuilt activities like awareness raising/building, education and counselling sessions. In the community we have community groups and social group who supports the awareness raising initiatives. For indigenous people we have traditional social welfare group and they play very important role to mitigate family violence.

(Caritas Bangladesh)

Forced marriage is a component of family violence [...] Potentially past family violence in other forms, whether that’s coercion or the other types of family violence. It’s a very different type of family violence work. (Australian Catholic Religious Against Trafficking in Humans)

The Society’s homelessness response in New South Wales [...] covers obviously quite a lot of impact of domestic family violence for the victims that are escaping violence. (St Vincent de Paul Society NSW)

Implementing projects that serves the women and girls [who are] victims of women trafficking and their children. (Caritas Lebanon)



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SPOTLIGHT ON CATHOLIC AGENCY FOR OVERSEAS DEVELOPMENT, DEMOCRATIC REPUBLIC OF CONGO (CAFOD DRC): PROTECTION OF GIRLS ON MINING SITES IN THE DRC

CAFOD DRC (a member of the Caritas network), in partnership with Centre Olame, is implementing a project on ‘Protection of Girls and Children working in mining’. This project aims to contribute to the protection of girls, children from abuse, child labour in mining areas and help them to re-integrate into normal and/or recuperation schooling system while strengthening the livelihood means around their family livelihood systems. The project is seeking to significantly reduce child labour in mining areas by providing sustainable alternative livelihood opportunities to parents. It is undertaken in Kabare and Walungu territories in South Kivu Province, DRC and targeting to reach a total of 1750 direct participants and 5500 indirect participants.

- Reintegration of 1000 young girls and children working in mining sites have been in their families and accompany them to come back to their normal life
- Train young girls in different sectors through 10 schools and 4 Vocational training centres identified within the community and assess community self-help groups
- Distribute reintegration kits to 1000 young girls and children working in mining sites (those in the phase of graduating)
- Organise income generating activities for enabling switch from mining to other activities
- Training to organise on agricultural techniques and business skills to support small holders’ farmers

- Entrepreneurship training on small start-up businesses of their choice of the project beneficiaries
- Increase access to and support for primary education, particularly in mining communities: paying school fees for selected girls working in mining. The activity is done through the parent (preferably mothers) of the child who will benefit from the income-generating activity in order to be able to pay the school fees of the child in the local school
- Distribution of food to the families of girls and children working in mining: this to help the child to have food in order to divert the attention of the parent to send them to work in the mining. This support will be extended to children especially girls who are unable to continue to secondary schools due to their inability to pay school fees
- Counselling services to those girls and children working in mining to detraumatise them from all the abuse and domestic violence of which they have been victims

Catholic Health Australia’s member organisations notably conceptualised family violence within a healthcare model:

the leading cause of mortality and morbidity for women of childbearing age is violence and abuse, not your cancers, not your road accidents. It’s a leading cause of the impact on health for women. So, it’s a health response. [Organisation] sees it as a health issue. (Interview 13, Australian Organisation)

SPOTLIGHT ON JESUIT SOCIAL SERVICES: GENDER JUSTICE ADVOCACY AS A RESPONSE TO FAMILY VIOLENCE

Gender justice, according to the United Nations, entails 'ending the inequalities between women and men that are produced and reproduced in the family, the community, the market and the state'. In General Congregation 34 (1995), the Jesuits recognised the gendered inequalities and injustices suffered by women: The dominance of men in their relationship with women has found expression in many ways. It has included discrimination against women in educational opportunities, the disproportionate burden they are called upon to bear in family life, paying them a lesser wage for the same work, limiting their access to positions of influence when admitted to public life, and sadly but only too frequently, outright violence against women themselves. In some parts of the world, this violence still includes female circumcision, dowry deaths, and the murder of unwanted infant girls. Women are commonly treated as objects in advertising and in the media. In extreme cases, for example, in promoting international sex tourism, they are regarded as commodities to be trafficked in. Throughout his life, St Ignatius of Loyola, founder of the Society of Jesus, was deeply committed to the care and growth of the whole person. Ignatius desired all people to become more aware and active in living life to the full. He encouraged those he met to attend to the Spirit of God within themselves, their relationships with others and creation. Ignatius' reflections on the Gospels led him to know and feel that Jesus was the model for human life; constantly relating to and accompanying each person with dignity and compassion. Guided by Ignatian heritage and Catholic ethos and values, The Men's Project is steeped in an Ignatian way of proceeding, listening, reflection, conversation, and action to enable young men and women to make respectful and wise lifelong decisions. Some of the values which guide our work include:

DISCERNMENT

Facilitating self-reflection through empirical information and logical analysis combined with spiritual sensitivity. We seek to turn off 'auto-pilot' to engender greater self-awareness so that people are more connected to themselves, to others and to our planet. We want people to be able to choose how they engage with the world rather than blindly following the masses. In a world dominated by hegemonic masculinity, beliefs and engrained habits can be difficult to observe, let alone challenge. Our hope is that it does not take a cannonball to facilitate this process of introspection.

HUMAN FLOURISHING

Catholic social teaching states that every human being is inherently and equally good, dignified, and worthy of respect. And yet, the preciousness of each and every human being cannot be realised when their potential is stifled by arbitrary, artificial hierarchies and discrimination based on a variety of differences, such as gender, sexual orientation, class, skin colour, education, physical or mental ability, attractiveness, language or religion. There must be opportunity to honour our differences and to celebrate our diverse oneness. We must continue to call attention to imbalances of privilege and power until all people everywhere are treated with dignity and respect.

COURAGE

We stand up boldly to effect change. In doing so, we seek to enable others to do the same. When working to challenge patriarchy, the system of rewards and punishments defending the status quo makes for exhausting work. In the words of Brene Brown, 'you can choose courage, or you can choose comfort; you cannot choose both.'

SOLIDARITY

Although our work is focused on men and boys, we stand in solidarity with women and girls. Drawing from Jesuit Social Services' Foundation document – 'Solidarity is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is firm and persevering determination to commit oneself to the common good.' It translates into the willingness to give oneself for the good of one's neighbour, beyond any individual or particular interest.'

MAGIS

Work to address gender justice may not ever be complete – we must keep striving for better. Again, drawing on our Foundation document, 'the magis means to undertake the better choice, the more effective enterprise, the more influential option, and the work that meets the greatest need'. The work of the Men's Project seeks to address the most pressing Gender Justice needs, particularly as it relates to reducing the use of violence and other harmful behaviours.



Image provided by Austock Photo/Clare Seibel-Barnes.

CHALLENGE: LACK OF UNDERSTANDING OF CHURCH LEADERS ABOUT FAMILY VIOLENCE

In some cases, participants saw Church leaders as hindrances to their ability to deliver support in family violence.

One key factor here is some of our leaders especially priests or traditional leaders are our stumbling block in our trying to deliver the best we can in our regions. (Staff Survey 4)

...from our Bishops' Conference, there is a call so that we take our projects for the family, only for the family. But we have projects for the adolescents, children, the couples, parents. We have the activities not focusing only the family, we in the project, we have activities addressing the adolescent girl. We give them awareness of their lives, family life, service life, social life, even sometimes politically how they are vulnerable to be victimised. (Interview 8, International Organisation)

[Bishops] do support our work in most case, but some of them, their leadership is low. The good news is we talk to the bishops and usually the bishops, if we tell the bishop so and so priest is not really, they give us somebody else in that particular parish who become our focal point, but I say 98 per cent are good. We've had issues with some of them who will take our work as, you know, when it comes to a woman, you just understand that they're not converted themselves [...] They're not converted in that issue and you kind of ignore them. We ignore them, but we all the time show them what we are doing and the changes we are making. [...] We've hope that one day they will also be converted in that sense. They're just people who are born with that mindset. (Interview 3, International Organisation)

Caritas Australia, CSSA and CHA may play an important role in supporting education and awareness about family violence to Church personnel.

RECOMMENDATION 2:

That Caritas Australia, CSSA and CHA engage with key stakeholders from the Church's hierarchy and leadership to develop a strategy to improve internal communication between the Church and Catholic social service providers.



Image provided by CSSA Image Library.

8. Research findings: Perceptions of Catholic organisations' approaches to preventing and responding to family violence

Chapter 7 summary

Family violence itself is defined differently between organisations and across the sector. Respondents recognise the complex dynamics causing family violence and their service provision in this area comes from a wide range of points of focus.

Project participants described family violence as violating inherent dignity and human rights. This understanding of violence underpins Catholic agencies' services, which seek to enable affected people to live safe, fulfilling and dignified lives.

The multiplicity and complexity of family violence requires education and awareness across the Church, so that the important spiritual and practical support and leadership that it can provide can be used to best effect. Caritas Australia, CSSA and CHA can play a role in this respect.

LACK OF UNDERSTANDING OF CHURCH LEADERS ABOUT FAMILY VIOLENCE

Caritas Australia, CSSA and CHA may play an important role in supporting education and awareness about family violence to Church personnel.

RECOMMENDATION 2:

That Caritas Australia, CSSA and CHA engage with key stakeholders from the Church's hierarchy and leadership to develop a strategy to improve internal communication between the Church and Catholic social service providers.

This section presents how participants understood the approaches taken by their organisation to prevent and respond to family violence.

8.1 Recognising the whole person

Participants highlight that their service delivery aims to treat each client as an individual, both in attuning services to their needs, and in following a client across their journey that may inform the nature of services required at different life course stages.

SPOTLIGHT ON AUSTRALIAN CATHOLIC RELIGIOUS AGAINST TRAFFICKING IN HUMANS (ACRATH): THE LONG-TERM COMPANIONSHIP WALKING ALONGSIDE MODEL

We have a whole lot of volunteers who we call companions and they become like the neighbour, the listening ear for someone who has survived some form of [...] a forced marriage. So they've survived that living in the community and may want someone to have a cup of tea with or help them navigate life in any way [...]. Whether that's like support housing, links to Centrelink, whereas ACRATH provide the grandma or the neighbour. [...] And I say 'grandma' respectfully because our women are [...] aged, but they're very good at it.

Respondents understood work even within the health and hospital environment as a form of social work that spans the whole individual across the life course:

We are creating clinical indicators across the lifespan (unborn to adult) document that shows clinical indicators of trauma and neglect that may indicate family violence which will help all staff irrespective of position or role to identify which patients they should complete sensitive enquiry with to help in the identification, assessing and managing family violence risk. (Staff Survey 7)

... the first is the spiritual side where we teach our community about love and respect including healthy primely relationships. (Staff Survey 5)

8.2 Providing wraparound services

Participants discussed how their organisation aimed to offer support of different kinds at different times to clients.

... our project is very holistic. So, we work not on counselling, on health, on the justice side of it and on economic side of it. Economic side, because we believe that if women, if the women have money, if they're making their own decision, they're not coming all the time to ask the man. Then they have autonomy, then they can have a say and they have the power so, we've been focusing on that part of economic empowerment. On top of the economic empowerment, we went as far saying, let them get into the decision making. And this, the decision making is not only the political one. At the lower stage, let them be involved at school, let them be in a committee, a parent committee, in everywhere they should be in part of the decision-making process. (Interview 3, International Organisation)

... every client comes through, has a different story, obviously, but also then have different requirements for support. [...] there's a huge array of different things that we can do for these women. (Interview 14, Australian Organisation)

Participants highlighted the importance of employing wraparound services that seek to meet people's needs holistically, including spiritual needs as well as other needs. A holistic approach has been suggested as a particular feature of faith-based organisations.⁴³

So, when they come in, they get a very, a wraparound collaborative service. So, we have a really high rate of men who we support into other services to either support them while they're going through the group or to support them, to get group ready, or if they're not suitable for the group, refer them into other services. (Interview 11, Australian Organisation)

Our wrap around service provision model – family centres allow us to meet many of the needs in house reducing the trauma impact of survivors. E.g. A D&FV victim comes to our SHLV or IDfV service they will case manage this client and will help with all things D&FV related, but if this woman is homeless, we can work with our homeless services from refuges and supported temporary accommodation to more permanent housing, we can provide emergency relief to assist with rent, bond, food or white goods where needed, we can assist with client's mental health using a referral to our victim services counsellors or child therapists in our counselling and allied health team. If there are family law issues they can meet with our family dispute resolution team if this does not put the client at risk or the legal aid solicitor that is on site weekly. If survivors are staying with the perpetrator, we will work with them both to ensure safety while assisting the perpetrator to attend our men's behaviour change groups with the victim being supported. (Staff Survey 1)

... mental health is choking with domestic violence that's misdiagnosed. They diagnose his abuse and violence and pin it on the woman. 'It's your depression, your anxiety.' No, it's not. [...] She wouldn't be experiencing this if she wasn't being violated. It's that simple. But mental health's choking with it because it's the biomedical model. So, you need a bio-social model in mental health. You need to be able to have clinicians that know that this woman is presenting, that your labels, your medical labels you're putting on her is making her perpetrator invisible. (Interview 13, Australian Organisation)

SPOTLIGHT ON ST VINCENT'S HOSPITAL, NSW: A SOCIAL WORK-LED MODEL OF FAMILY VIOLENCE IN THE HOSPITAL SETTING

... the core difference here at St Vincent's is that this is [...], in best practice terms, no wrong door policy, meaning that you can enter any door at St Vincent's campus. I've had referrals from Kinghorn Cancer Centre, I've had referrals from diabetes, where what we're saying in principle is along with your other health needs, be it cardio, be it thoracic, gastro, whatever, mental health struggle and all that, we see violence impacted on you as a health issue. So we do not refer out. We will do a wraparound whole-of-service response. It's inward and outward facing, and it's hospital-based, and it's a part of social work. That's the difference. And that's not replicated anywhere in New South Wales.

A hospital-based domestic and family violence service, which is very, very unique [...] what we call, an inward-facing service, inward meaning we get referrals, and we can go to anywhere on the St Vincent's campus, be that a ward, be that outpatients. [...] we're outward facing, meaning, I would say 50 per cent of our referrals come externally from the police, women's court advocacy schemes, NGOs, but maybe up to about 55 per cent come directly from in-house, meaning St Vincent's clinicians. We're also a social work-led model of care. You have to be a social worker, because there is a bit of misconception out there in psychology. But really in health, talking about health, in what we call the VAN services, the violence, abuse, and neglect services, the majority of those positions are social work.

Very few offer that medium to longer term trauma, complex trauma counselling and that's what we do here. And obviously it's free. It's not time-sessioned and it's where really long-term complex trauma work can occur. [...] the referrals into our service may state initially, women, which are 93 per cent of our referrals, might state that the woman is currently and/or historically experiencing inter-partner violence, but overwhelmingly, the correlation between that and other childhood traumas, earlier traumas, previous violence and abuse is overwhelming. So we get disclosures of sexual assault, childhood abuse, violence, and sexual assault all the time.

So you could put our service as the domestic and family violence service, but really in reality, in brackets, you could put complex trauma counselling service. And that's as rare as hens' teeth in health care. And I think it's because this service absolutely aligns with St Vincent's ethical policies, ethical... The framework I'm talking about, our mission statement.





Image provided by Unsplash/ Stephen Andrews.

8.3 Future visions for family violence responses

Respondents reflected on further changes in the health sector could inform better provision of family violence services.

[One] thing that I've noticed with the hospitals is there will be a move away from provision of acute care in the future, in the way that we know it. And a lot of that care we think will be provided in the home. So what we call out-of-hospital care. And our members seem to be at the forefront of the provision of out-of-hospital care [...] the way that technology has changed, and the attempt, the desire to make patient-centred care real [...] Providing your care based on the needs of the patient and the requirements and preferences of the patient that would mean, would mean sending clinicians and nurses to the patient rather than having the patient come to clinician and nurses. That can be done better virtually now than it has been in the past. So, we're finding there are a lot of opportunities for our members to do good work in that space. (Interview 10, Australian Organisation)

Caritas Australia, CSSA and CHA could provide members with opportunities to exchange ideas about best practice services in a community-of-practice framework.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

Chapter 8 summary

The Monash University Gender and Family Violence Prevention Centre's *National Plan Victim-Survivor Advocates Consultation Final Report (2022)* has shown that the risk of further harm following system engagement means that a whole-of-system approach must be taken to reform and improve responses to family, domestic, and sexual violence.⁴⁴ The National Plan Victim-Survivor Advocates Consultation Final Report likewise recognises that victim-survivors may be retraumatised by 'siloes and contradictory responses to family, domestic and sexual violence' and establishes that consistent responses across the sector will provide better support.⁴⁵

These recent recommendations are in alignment with the way respondents perceive their organisations' current approach or ideal approach to addressing family violence. These perceptions appear to stem from the principles of Catholic Social Teaching, which emphasise respect for human dignity and a focus on individuals across their lifespan and unique circumstances.

Catholic Social Teaching significantly shapes how Catholic agencies respond to family violence. Caritas Australia, CSSA, and CHA can further uphold CST values by offering a platform for their members to exchange ideas and learn from one another throughout the entire sector.

FUTURE VISIONS FOR FAMILY VIOLENCE RESPONSES

Caritas Australia, CSSA, and CHA could facilitate opportunities for their members to engage in idea sharing about best practices within a Community of Practice framework.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

9. Research findings: Range of family violence services

Responses to family violence can be broken down into different periods of intervention. These are described as 'pillars' in the *2022-2032 National Plan* and include prevention, early intervention, response, and recovery.⁴⁶

Catholic organisations respond to family violence at each of these pillars of intervention.

PILLAR 1: PREVENTION

Types of activities:

- Education
- Teacher training
- Community engagement
- Advocacy
- Research

PILLAR 2: EARLY INTERVENTION

Types of activities:

- Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework
- Counselling

PILLAR 3: RESPONSE

Types of activities:

- Referrals to other services
- Shelter and housing services
- Working with male perpetrators

PILLAR 4: PREVENTION

Types of activities:

- Trauma-informed counselling
- Victim-survivors' economic empowerment
- Legal support

9.1 Prevention

Australia's National Research Organisation for Women's Safety (ANROWS) notes that faith-based organisations have a particular role in primary prevention, yet there has been little research into the way that faith-based organisations fit within the fragmented structure of social services available to victim-survivors of family violence.⁴⁷ Typical interventions described by organisations to prevent family violence include building awareness for changing social norms, group education for men and women, family and peer interventions, school-based and community mobilisation interventions, combined livelihood and training interventions for women, and public campaigns. Research has shown that by seeking to initiate changes at the community level, people can use their knowledge of social inequalities and vulnerabilities to build a collective response and transform harmful social and gender norms, hence promoting communities' self-reliance to address health problems and reduce family violence.⁴⁸

EDUCATION

Catholic organisations provide awareness-raising and education programs, acknowledging the importance of prevention services and showing an understanding of the complex reasons for family violence. Such programs work with schools, sport clubs, or faith communities and share the views of Church communities on gender norms and relationships.

So, we train them and our efforts to deliver our services is always we form groups of community, a group of 20, about 25 people in a group. We have women group, we have men group, we have adolescent groups. And so, in the group, our colleagues, they conduct awareness sessions. We also have family counselling under health department. When there is a new couple, they come for counselling, we have this counselling services for them. So, in the counselling, we also give them marriage counselling. How can the couple lead a peaceful family life. So, for those actions, our activities actually help to mitigate family violence. (Interview 8, International Organisation)

SPOTLIGHT ON CENTACARE SA: PARTNERING WITH THE PORT ADELAIDE FOOTBALL CLUB

Centacare, for example, also partners with Port Adelaide Football Club to run a Violence against Women and Embolden program in schools. This is delivered to Year 10 cohorts across high schools in South Australia and is linked to the child-safe curriculum through the education department: 'to work with young people around what DFV is, healthy relationships and positive bystander education.'

SPOTLIGHT ON JESUIT SOCIAL SERVICES, UNPACKING THE MAN BOX

Unpacking The Man Box: Our Man Box research highlighted the harmful impacts on a young person's behaviour and mental health if they adhere to rigid Man Box rules. To assist schools in addressing these complex challenges, the sessions encourage conversations among students, teaching staff, and their wider school communities about how to move beyond gender stereotypes, foster respectful relationships, and promote positive wellbeing. We have also adapted these sessions to other contexts including workplaces, early childhood education, justice and maternal and child health settings.

Modelling Respect and Equality: Modelling Respect and Equality (MoRE) is an innovative program for men and women, aged 18 and above, who are in roles that present opportunities to positively influence boys and men. This includes teachers, social workers, sports coaches, leaders in workplaces, and leaders in faith communities. The program builds people's skills and knowledge to help them create change in their community around issues of respect and equality as well as challenging stereotypical ideas of what it means to be a man – an important part of violence prevention efforts.

Raising awareness through education in dioceses and schools with a focus on gender-based violence prevention, human rights and positive parenting aims to influence community attitudes and behaviours.

Image provided by Unsplash/ Tucker Tungeman.

... we have activities addressing the adolescent girl. We give them awareness of their lives, family life, service life, social life, even sometimes politically how they are vulnerable to be victimised. [...] We also inform them the facilities of the government, or the facilities that government is offering. (Interview 8, International Organisation)

In my culture, for example, here when a girl gets married is one way, one way there is no return. The parent tells you; you can't return here no matter what happened, you can't return here [...]: So that gives the men that authority of doing whatever they want on a woman, [...] we have an education program with the Justice and Peace Commission that goes through churches, through radios and through other things. And we also have lawyers who goes on radio and TVs to tell ladies their rights. [...] We still have a long way to go. We really, really still have a long, long way to go because, we are swimming against the current. So, it is when you go and sensitise or teach the concept to women or to youth, when they go to church or when they go back to their communities, they're taught something different. (Interview 3, International Organisation)

In the international context, respondents noted the important role of the Catholic Church in providing education creates a conduit for messages.

... we have very high impact on the community and society because of the extraordinary education of the Catholic schools and colleges in Bangladesh. [...] since we have a few Christians community, about 99 per cent students at those schools are non-Christian and they are getting good education, moral teaching, values education. So, the children, those are studying in the Catholic schools/ Christian schools, they are becoming agents of change in their family, in their own community, largely in the society. Our target is to teach the children because these children, tomorrow will become the leader of the society. So, this way, last fifty years, church has made very high impact on the society even being a very tiny Catholic community/ Christian community in Bangladesh, as a result the government gives us high importance. [...] The values are brotherhood, community love, charity, helping others, the giving, and taking care, etc. (Interview 8, International Organisation)

Remember again that the Catholic church manages all the schools, 60 per cent of schools in the country. So, any education that comes through the church goes also to schools, however is not geared specifically for children but it's geared for the general population. We don't have a specific one for children. [...] So that kind of culture have... We grew up with it, now to remove it it'll take time because it requires education. (Interview 3, International Organisation)

TEACHER TRAINING

Other participants highlighted how educational outreach is not simply focused on information to students but can also involve key awareness-building for teachers.

... our work is about building capacity of staff; and in schools, we're trying to get into schools, probably early or middle secondary school, but we are aware that it has happened in primary schools. [...] Because there's kids sitting in classes that are potentially vulnerable [...] our role is really awareness raising and building the capacity of people who work with young people [...] we try and build the confidence and the capacity of staff to then do it, to do that sort of... It's sort of spotting domestic violence, it's spotting those sorts of things, and people who have strong relationship with the kids we feel best to deal with that. (Interview 12, Australian Organisation)

COMMUNITY ENGAGEMENT

Scholars have argued that organisations with a strong network of community connections are well positioned to adapt to changing needs concerning family violence in times of crisis.⁴⁹ Both Australian and overseas partners emphasise the importance of the community-centred approach, protecting staff members who can face threats and resistance.

... there is no violence because we always worked with the community, the community protected them. So that was our achievement that in none of the Caritas offices, none of Caritas officials was hurt. (Interview 8, International Organisation)

The community-centred approach is also identified as providing help to victim-survivors and building knowledge and skills in local communities.

We recognise the immediate need for addressing prevention of family-based violence across a great many of the communities where we work [...] we would see our focus as working to build capacity for the prevention of family-based violence. (Interview 5, Australian Organisation)

... thinking the bottom up. Discuss with the community, make sure they're involved at every stage of discussions and make sure they're the ones who are doing work for themselves because we always come late. We always come after the problems are there. (Interview 3, International Organisation)

CCNT has an Aboriginal-designed and led violence prevention program, provide one of only 2 MBCP in the NT, high proportion of Aboriginal staff (30 per cent) and Aboriginal population. (CatholicCare, NT)

SPOTLIGHT ON CENTACARE, NEW ENGLAND, NSW: COMMUNITY-CENTRED APPROACH

We're so innovative in filling gaps in the community and making sure if there is a gap, we try so hard to fill it. Men's behaviour change is one of those examples. If we didn't rally, it took us four years to get this service off the ground and we didn't let up. We did so many consultations with communities especially our Aboriginal communities because of the high rates of violence in those communities and we got here and we're doing it. [...] We're in rural, remote, isolated, New South Wales. We've got communities that don't have any basic health services. So just trying to get to those communities and make it accessible. I think we do an incredible job at that.

In international contexts discussed by participants, the village communities are targets of awareness for preventing family violence. In Fiji, providers train people on the ground to be agents of first responders for the victims or the survivors and seek professional help.

A place-based approach, which shares some common features with a community-based approach and takes an account of the specific circumstances of a geographically defined place, was also highlighted as valuable.

Much of our work is place-based and we rely on project partners to help us understand context. Our work is intersectional, taking account for culture, religion, class, and other factors that impact underlying attitudes related to family violence. Different communities have different levels of readiness to engage in violence prevention work – we balance the importance of engagement with the reality that challenging existing power structures can be uncomfortable. (Leadership Survey 8)

We operate in very remote and isolated communities. One of the key aspects of doing so successfully is that we operate a place-based model with distributed leadership. This model recognises that every community is unique and is best-known by those who work where they live and live where they work. We constantly aim to wrap services, and to operate within an ecosystem of care. (Leadership Survey 4)

Visiting families and inviting them to events is also another practice. Creating safe spaces for families to share especially in the SCC (Small Christian Community) sharing or faith sharing. (Staff Survey 4)

Participants described how being embedded in the local community became particularly important during the lockdowns in Australia during the COVID-19 pandemic. Centacare, for example, operates under a distributive

leadership model, where leaders are placed in communities, making them more personally accessible to members of their local communities. Another advantage of distributive leadership is that it enables collective decision-making which may lead to innovative approaches.

This model helped in the worst days of the pandemic, as local leadership could be available at places like the local supermarket or pharmacy. Women who needed family violence assistance could visit these places and contact Centacare unbeknown to their violent partner.

Furthermore, international partners report that a close connection with local community is seen as an asset for receiving financial support.

SPOTLIGHT ON CARITAS BANGLADESH: COMMUNITY MOBILISATION

Caritas Bangladesh is recognised by other NGOs as number one for community mobilisation, and the community people has a great support to its works, [...] even some institutional donors, like USAID, UNICEF also work with us because of our experience in community mobilisation. Our honest target is the benefits of the community. We don't exclude anybody when we implement any projects in a particular area. We consider that in the society and the community, there are rich people, there are poor people, there are educated people, there are illiterate people, there are businessmen, there are farmers, there are beggars, there are teachers, there are social workers, so we cannot separate them since altogether they form the community. Our approach is the community based approach [...] Besides the project participants, we also involve the local elites, the policy makers, the local Union chairman and the Upazila (sub district) chairman, and the government officials, so that our services are delivered to the poor people as a common mission of all people.

Alongside community engagement is also alignment and liaison with governments. Caritas Bangladesh identifies this as a key strength of its practice.

Alongside community engagement, we also maintain liaison with government department/officials. Caritas Bangladesh identifies this as a key strength of its practice. At the Sub-district districts level our colleagues are always working in coordination with the government officials, and involving them in our activities. The Bangladesh government district commissioners are actually coordinating the activities of NGOs. In the districts whoever works there, every month, they have to attend the coordination meeting. In that meeting, we have to report to the district commissioner on which area we work, what is our priority, coverage and target, [...] we always maintain very good relationship as we cannot work without the approval of the government. To work in Bangladesh, we have to have approval of the



View of the town of Bukavu where Caritas Bukavu is based.

NGOs, we have to have the approval of the projects, we have to have the approval for bringing money and after spending the money we have to submit the financial and activity reports on our activities, we have to involve the government officials during implementation of our projects so that they know about our tasks and provide the certificates. So, we keep them involved with us. [...] They are always informed of our actions. And Caritas Bangladesh has very high aspirations from the government that in future we will work with the financial supports from the government. [...] And to get support from Government, we do not have any difficulties, even the government invites us to work side by side. [...] And they also refer us to others as modal due to our quality of work and our role in the society.”

Many respondents, in both international and Australian contexts, identified their programs tackling men's behaviour as one of the key innovations of their preventative work.

SPOTLIGHT ON CARITAS FIJI: THE IMPORTANCE OF EDUCATING MEN

Participants in Fiji, for example, spoke about the education of men, an emphasis essential to changing the cultural norms which place men in a position of power over women. Their guiding philosophy derives from 'Wild Man to Wise Man: Reflections on Male Spirituality,' a revised edition of Richard Rohr's The Wild Man's Journey: Reflections on Male Spirituality. Respondents saw this work as innovative as it places equal emphasis on changing men's role in families and communities as other practitioners' work does on women being able to be free of the coercive power of men.

SPOTLIGHT ON CARITAS BUKAVU: CHAMPIONS

Caritas Bukavu, with the support of Caritas Australia and CAFOD DRC, helps ex-combatants to transition from military to civilian life, with a focus on establishing sustainable livelihoods.

We teach men to become good men, they need to become positive men, and we tell them it's not a sin to wash dishes. It's not a sin to go get water for your wife. It's not a sin to accompany her when she's sick. It's not a sin basically to be involved in her life. It's not a sin, in fact is helping you. It's not helping her. It's helping you whenever she's healthy, whenever she's happy, you have less stress, you live your life. So that positive masculinity has helped us in two ways. One way is we are not only working with women. [...] They feel like they're involved. The other way is that men feel also empowered, again, in more a positive way. Not empowered to hit somebody.

[...] we've also paired men, what we call them the champions, the men champions, those who have had good testimonies in the community. We pair them with others to teach them or to work with them and see how they can go along. That project has been very praised in one of the area we work here is a military area, close by there is a military camp. So there are a lot of military, and apparently there's huge abuse, a lot of abuse in the military area. Been very, very praised. And one of the commanders of the army actually came to see us to say, how can we extend this in the army camp? Everything that is involved with army here, we are quite reluctant to go to. So we're still in the discussion to see how we can go.

ADVOCACY

Respondents highlighted their advocacy, such as advocacy on cultural and social norms, policies, and laws of family violence as an important aspect of their preventative services:

Our primary focus is advocacy at the federal government level, so we do that both for any issues affecting vulnerable Australians but also for sector issues [...] we would like to make it a priority, I think. And I think it's something we can work really well with those state bodies. (Interview 2, Australian Organisation)

I think the third aspect for us as an organisation is around advocacy campaigns at a community level. So, really simple things, posters, radios, billboards, in all actually the countries that I can think of that we have big programs. That's the focus [...] I think in many ways, that work is doing the most progressive in terms of changing those cultural norms around family-based violence in those communities. (Interview 5, Australian Organisation)

Respondents saw their advocacy as drawing from a unique Catholic identity.

... essentially, we use Catholic Social Teaching as a justification for our position in all of our papers, so that's probably the strongest connection [...] So if we write a submission to Parliament [...] Whether it be on the disability pension or on casualisation and the gig economy or anything like that, we're always drawing back on the messages from the encyclicals or from Catholic Social Teaching. (Interview 2, Australian Organisation)

... we are known for that in fact. Because the church is powerful in the country. So, whatever the church says, usually the government checks, even if they don't do it, at least they check. So, we push for any law that is there. We pushed, I think it's six years ago, we pushed for the woman representation in the government, because our philosophy is that if women are at the decision-making power themselves they will be changing some of those laws. We can't be talking with the same guys who are causing problems. [...] We push for the women to be represented and these have gone way, way fine, have been positively accepted. And now there is a law, although it's not followed, but the law is there that every instance and every organisation there must be at least 30 per cent women and 30 per cent in the decision-making power. [...] we're still pushing to 50, but anyway, we are not very successful at 30 yet in terms of, we are successful in terms of the written law, but we are successful in terms of yes, they are there. [...] There was a law that we fight, not only us, we can't take all the credit. Many organisations are fighting that law. In the book we call it the family book, is a law basically. The family law, the marriage law, and women, like my wife could not work without my consent. So they can't take her work if I don't consent, she can't even travel with my kid without my consent. So we've managed to get that law out. It doesn't exist any more. (Interview 3, International Organisation)

Participants also identified the experience of Catholic organisations as weighing powerfully in their advocacy success:

When we raise our voice to tell, 'Look, we are at this level internationally, we are working with these people for 30, 40 years, so we have our experience, and all the time, we are at this level, international standard level, to implement the project ...' We see this clearly. We are ready for any project. (Interview 6, International Organisation)

Other respondents considered that the fact that their services were uncoupled from external funding had some advantages for capacity to advocate.

ACRATH is very engaged in political advocacy, calling for legislative change and improvements to visa/work conditions/exploitation etc. We are not funded by government, so we can talk and push for justice without fear of losing our funds. (ACRATH)

Others identified this as an area in which they wished to develop skills and practice.

... we do mainly health and aged care policy reforms, and we're only just now starting to push into the social justice space. (Interview 10, Australian Organisation)

RESEARCH

Research, as evaluation of current programs, identification of best practice, and as understanding the contexts that produce family violence were all highlighted by respondents as parts of prevention work they engaged in.

Funding for collaborative research opportunities was a frequent suggestion within our interviews and surveys, to help evaluate existing programs and develop more tools for the future.

We would also like to see greater resources committed to evaluation to understand what works. (Leadership Survey 8)

We're going through an evaluation at the moment with [an Australian university] who are developing more tools. (Interview 11, Australian Organisation)

A suggested area of research was violence prevention strategies, particularly with boys and men, as this area is still relatively new and under-evaluated.

More needs to be done to engage men and boys to prevent violence – this work needs to become an accepted part of violence prevention work. This idea is relatively new and few prevention / early interventions exist – focus to date has, understandably, been on supporting victims after violence has occurred particularly women and children. Given this work is new, we need funding that is not program specific to facilitate innovation. (Leadership Survey 8)

... work a lot on positive masculinity. (Leadership Survey 7)

... have never been told actually that being linked to the Catholic Church is a barrier. But I have been told it's an opportunity. (Interview 5, Australian Organisation)

ACRATH identified that their participation in research had dual outcomes, both as new information and as awareness-raising.

Forced marriage is a component of family violence, and so that's why we joined in this research for two reasons, one is we want to raise the ... I suppose a lot of people aren't aware that forced marriage is part of family violence, so we are really keen to raise that and also it's just such a shocking offence that we want to raise it as well. (ACRATH)

SPOTLIGHT ON JESUIT SOCIAL SERVICES: EVALUATING THE MEN'S PROJECT

The Men's Project's 'The Man Box: A study on being a young man in Australia' has been instrumental to our ongoing initiatives. It is the first comprehensive study to examine the attitudes and behaviours of young Australian men aged 18 to 30 regarding manhood. It involved an online survey of a representative sample of 1,000 young men from across the country, as well as focus group discussions with two groups of young men. This study is modelled on research in the United States, United Kingdom and Mexico that was released by Promundo in 2017. The findings shed new light on the social pressures young Australian men face to be 'real men' and the impact this can have on their well-being, behaviour, and the safety of our broader community. The Man Box attitudes are tightly associated with the use of physical violence, sexual harassment and a range of other harmful behaviours. Our follow-up report, Unpacking the Man Box, finds young Australian men's belief in rigid masculine stereotypes has a stronger impact on whether they will use violence, sexually harass women, or experience mental ill-health themselves, than other factors including their education levels, where they live or their cultural heritage. Adolescent Man Box Survey The Adolescent Man Box is the first study that focuses on the attitudes to manhood and the association between these attitudes and the mental health, self-concept, use of violence, bullying, sexual harassment, risk-taking behaviours and sexist attitudes and behaviours of adolescents aged 11 to 18. Findings from the survey can be used to inform the design of curriculum and serves as an important evaluation tool to track progress over time. We look forward to sharing our findings soon, as more schools complete the survey, to promote an improved understanding of what adolescents think it means to be a man.

... all women need to be screened at least once during their pregnancy for family violence, and that's because of the known increased risk during pregnancy, of this family violence becoming an issue at all, but also becoming more severe during pregnancy and immediately afterwards. [...] We can create alerts on our systems for people presenting, which is the same as if somebody has a medical alert, like an allergy, for example, so that comes up [...] Every time they present to our health service that comes under their name, and we can create family violence alerts. So that's really good. (Interview 1, Australian Organisation)

Sensitive enquiry MARAM alignment and training – currently being rolled out alongside MARAM tools Information sharing – Family violence information sharing scheme (FVISS) and Child information sharing scheme (CISS) SHRFV project Clinical champions of family violence. (Staff Survey 7)

FAMILY AND MARRIAGE COUNSELLING

Participants stated that their organisations provide either or both individual or group counselling services. Group services sometimes involve relationship counselling or family counselling. As noted in 5.3 above, parish networks help to identify clients in need for such services.

So, in those community groups, we have assigned and trained people, who are in those communities to listen to problems of women. We call them the listening centres. When they listen, they refer those women to wherever [can help with] that problem. (Interview 3, International Organisation)

However, respondents noted cultural resistance to psychology services in an international context and limited access in Australian rural areas.

9.3 Response

SHELTER AND HOUSING SERVICES

Most organisations offer response services. The most frequently mentioned type of work was emergency shelter, temporary / transitional housing in order to ensure affected women's safety.

Like the referral that just escaped the violence, rather than entering the refuge system, we're able to move them straight into a private rental [...] We are developing two refuges and they came out before quorum cluster, where we're knocking down old models and rebuilding self-contained one-bedroom units with the common areas. (Interview 15, Australian Organisation)

9.2 Early Intervention

Early intervention includes improving timely identification of and responses to cases of family violence and building capacity of staff members. A typical example is the Multi-Agency Risk Assessment and Management (MARAM) framework, which was established by the Family Violence Protection Act 2008 (Vic) to promote a shared understanding of risk assessment and management and to enhance accountability of professionals across the system. Respondents indicated the benefits of their practices of risk screening, information sharing and staff training being embedded frameworks of this kind.



Images provided by Unsplash/ Priscilla Du Prez.

People from culturally and linguistically diverse backgrounds in Australia or people affected by conflicts or disasters were identified as vulnerable to finding a safe space and respondents noted the important work of Catholic organisations in providing such spaces.

... the work that the Catholic Church is doing internationally with regards to safe house provision is not necessarily innovative, but it's certainly unique, it's not something that you see internationally other churches focusing on, or many people see that as the role of more secular NGOs, so that in itself is reasonable. (Interview 5, Australian Organisation)

Caritas is a shelter and refuge. They receive all. They can call us at what times they want, and we try to find the method to receive them [...] we have our hotline, also, to receive their calls. [...] We have shelters, and we consider these shelters like a hospital. At the hospital, we have our law at the hospital, we have ... We are ready to cure the people at all the level. [...] It's a hospital sometimes at the level of body, we heal them at the level of body, the mental, the food, [...] They are received to us, and we consider as like our mother, our brother, our sister. [...] When they enter to us, they become a part of our family. [...] the first help what we can do is receive them, and they feel they are protected, [...] Our first help is receive, accoglienza ('welcome' in Italian), these people. Two, to hear, to know about their problems, and depends on the problem, at what level the problem is, because we don't have one solution for all the problem, depend, one. [...] Our unique mission is to accompany them in all the situation, legal, mental, body ... hospitalisation, accompany. (Interview 6, International Organisation)

Shelters often function as one-stop service centres that provide accommodation, food, counselling, legal assistance, financial training, and referrals to other services.

Accommodation ranging from emergency (motels/hotels/caravan parks), crisis (including core and cluster facilities), transitional and supportive (medium term) support to gain, long-term, safe and sustainable accommodation – intensive case management, based on safety first principles. (Leadership Survey 5)

We also have drop-in centre. Even if in any family, the violence is at extreme level that the women need shelter, they can stay one or two nights in our shelters. And then our colleagues also visit the family. They organise community meeting with the other peers. They help them to realise their mistakes, and they become able to show the way of peaceful life. So, this way we are mitigating family violence. (Interview 8, International Organisation)

Caritas Lebanon is providing social counselling: the social worker conducts the individual interview and follow-up the case till being independent and safe psychosocial support: the psychologist organises the individual and group therapy, organise the PSS [psychosocial support] sessions, follow-up the women and their children. The lawyer conducts the legal counselling and legal representation in courts, safe shelters: the women and children who are referred by the courts or they also request protection they have access to the shelters. The medical assistance: the women and children have access to forensic doctors and other specialised doctors if needed. In addition, the CL team organise awareness session on GBV to prevent it to happen support in resettlement: in close collaboration with UNHCR, the social worker and the lawyer follow up the refugee case till resettlement in a third country. (Caritas Lebanon)

SPOTLIGHT ON CENTRE OF HOPE, PNG

The Catholic Safehouses Association is a new legal entity established to support Catholic Safehouses throughout PNG collectively.⁵⁰

The Centre of Hope is one of these safehouses and is supported by Caritas Australia. It provides gender-based violence prevention training, counselling services and safe accommodation for women and children survivors of violence. It also provides support for income-generating projects and life skills for young people. It caters for about five families per week, but most of its work is with families – providing counselling, education and mediation around the issues of family violence.

REFERRALS TO OTHER SERVICES

Referral to external services such as medical or legal aid is essential for most organisations as they cannot provide every service needed. Some interviewees explained how they give and get referrals through registration with the state government and related systems such as justice, health or social welfare.

We have contract[s] with those medical centres [to] refer them to those medical centres. There are a lot of things within that. Because we also referred some, women to the justice. We also tell them to go to find a lawyer. We have list of lawyers we go to, so it's a very delicate program. (Interview 3, International Organisation)

You have to be registered with the Department of Justice to be able to deliver the program and accept referrals from [state] government agencies such as correctives or [State] Health. So, we do have registration. It took about, it's about a 12- to 18-month process, so it's very intensive. (Interview 11, Australian Organisation)

SPOTLIGHT ON CARITAS BUKAVU: LISTENING CENTRES

The one that is well known it's called the Simama Project, Simama just means stand up. The Simama Project that started some time back, it's been a while and the Simama Project is in various areas. It is in South Kivu, I think in South Kivu, we have 11 listening centres. We call them the listening centres. In North Kivu here, we have 16 listening centres. [...] when they listen, that's why we call them the listening centres, when they listen, they refer those women to wherever there is that particular problem. So, let's say, a woman comes with a problem of sexual violence. The first thing is to know that requires some medical attention. They refer them to a medical centre. We have contract with those medical centres. [...] If the woman issue is more psychological, not every listening centre has a psychosocial, we call them the psychosocial trainer. The trainers, they send them to a centre where there is a psychosocial centre, and they are counselled in that sense. If the issue is more of economic uplifting, we send them to the training where we have management training [...] And so there's a huge holistic program that is working. Unfortunately, the demand has been very high [...] The demand has been very high for other communities to join.

WORKING WITH MALE PERPETRATORS

Many organisations highlighted their work to intervene with male perpetrators, noting the importance of engaging them and aiming to change their perceptions and behaviours. In the Australian context, approaches are twofold: holding perpetrators accountable and supporting them to change their behaviours.

One of the biggest focuses of men's behaviour change is making sure eyes are always on those men, because we understand when they go through the program that it's a very intense program. It makes them reflect, it makes them look at their behaviour, it can be uncomfortable.

(Interview 11, Australian Organisation)

Some have programs in which past perpetrators work with current perpetrators, who share their stories as champions of change.

A lot of our work is around promoting male champions, particularly men who have previously been perpetrators of family-based violence[...] a lot of the work is around letting these men share their own stories and experiences to be able to sort of break that cycle from the male perspective[...] I think a lot of the work that we do with male perpetrators as well as like female and child victims, but in particular that work with male perpetrators in the cultural context where we work, so for example, [...] would be considered quite innovative and counter-cultural in many ways. (Interview 5, Australian Organisation)

Papua New Guinea Centre of Hope has paid-staff assisted large numbers of volunteers, most of whom are former perpetrators and/or survivors of family violence. The Centre believes having 'people talking from their experience of violent backgrounds into becoming a changed person is worth more than person talking from theoretical knowledge, [...] This can challenge other men to believe in changes or to admit their own situation and work towards change.'⁵¹ Respondents also identified the need for a 'Men's Place' where men can be educated away from violence and towards equal relationships in marriage. (Interview 9, PNG)

SPOTLIGHT ON CENTACARE NEW ENGLAND NORTH WEST: MEN'S BEHAVIOUR PROGRAM

We've been running it since 2019. It came about because we were one of the only regions in the state without an established men's behaviour program. So, what happened is men would go to court, they would get potentially mandated or through corrective services, it might be part of their order to attend a men's behaviour change program and/or men who just want to improve because they see an issue. [...]

those men would have to commit to a program, the closest being Kempsey or Dubbo. So, it was at least a 600-km round trip for a 20-week program that was run once a week. So that's a fair commitment and very unrealistic. So, we rallied with No to Violence, we rallied through our funding bodies who've always been very supportive to get some funding to get one off the ground, to get it developed. [...]

We are the only service across the region that are registered to deliver the service which puts us in a really unique position [...]

there will always be a place for victim services. They're so incredibly important. And I think that we, from a perpetrator perspective, we realise that unless we deal with the roots of the cause and the problem, which is the actual perpetration of violence, it's never going to stop. And we're the only service.

9.4 Recovery and healing

TRAUMA-INFORMED COUNSELLING

Organisations deliver trauma-informed counselling for those who experienced current and past violence and abuse.

Complex trauma counselling, that's what we do here [...] It's not time-sessioned and it's where really long-term complex trauma work can occur. And because predominantly and overwhelmingly the referrals into our service may state initially, women, which are 93 per cent of our referrals, might state that the woman is currently and/or historically experiencing inter-partner violence, but overwhelmingly, the correlation between that and other childhood traumas, earlier traumas, previous violence and abuse is overwhelming. (Interview 13, Australian Organisation)



Image provided by Unsplash/ Rosie Sun.

VICTIM-SURVIVORS' ECONOMIC EMPOWERMENT

Women's economic security also matters. Interviewees highlighted interventions focused on such as offering skill training or micro-finance.

For some women, it might be that we work with them and support them to get a lease in their own name as they might not have a credit record before that. For others, they might have the ability to secure accommodation but want to return to education or the workforce. (Interview 14, Australian Organisation)

If the issue is more of economic uplifting, we send them to the training where we have a training of, it's more some kind of management training and so on [...] Micro credit project that is linked to that particular project. So, we give you a small loan, the small loan that is in a group [...] we are trying to help them access decision making. (Interview 3, International Organisation)

The causes of violence, family violence or social violence, is mainly because of ignorance, illiteracy, and poverty. And that women, they used to stay inside the house. They did not come out for work. And during intervention, they often involved, got involved with the financial activities for the finance program and also in other non-formal sector, they got involved. They come out for education. So now, a few women are in the service sector or non-formal working sector. Also, they are working in NGOs' microfinance program. They are borrowing money from microfinance program. They are taking up incomes and earning activities. They are earning from a family. Now they have ways. They have ways to raise ... They take part in the decision of the family. (Interview 8, International Organisation)

LEGAL SUPPORT

Some participants emphasised an underacknowledged aspect of their work as providing family dispute resolution, lawyers and counsellors to all family members involved.

SPOTLIGHT ON WERRIBEE MERCY HOSPITAL, MELBOURNE: LEGAL SUPPORT AS PART OF A HOLISTIC HOSPITAL-BASED RESPONSE TO FAMILY VIOLENCE

We're very innovative with how we respond in our work to family violence. We can be very creative and innovative about how, for example, if we suspect family violence for a woman, or we notice the man is being controlling with a woman, this means that we can go to be creative to get that woman on her own to talk to her about family violence, saying that she needs to go to another room to have an assessment done and having a social worker there ready to go.[...]

it is quite innovative, but this has been going on for a while, but we did set up legal clinics in both of our hospitals. So not all health services have that. So, we have now agreements with Fitzroy Community Legal Centre and WEstjustice, community legal in the West. And we have lawyers who come in once a week [...] where women can see a family violence lawyer during their pregnancy. [...]

So, what we can do is we can set up appointments, online appointments for them or that don't look like legal clinic appointments, so that it's not visible to anybody else. So, they can come in, and they can ... If they can get time away from their partner, and it can just look like another antenatal appointment.



Image provided by Unsplash/ Priscilla Du Preez.

10. Research findings: Challenges to organisations' current service provision

Chapter 9 summary

The services that participants described recognise the complex dynamics of cause and impact of family violence and are shaped by the principles of Catholic Social Teaching. This leads to a comprehensive approach to responding to family violence and to service provision that is inherently complex and expansive.

Catholic agencies are therefore involved across all pillars of family violence response and provide a wide variety of services that reflect recognition of the multi-faceted nature of violence (physical, sexual, psychological, social, emotional, financial, digital, and spiritual) and interventional levels (individual, group, household, and community).

Services identified by interviewed organisations are comprehensive with innovative programs such as trauma-informed counselling and programs targeting men and perpetrators, as recently recommended by the 2022–2032 National Plan and Michelle S. Livings et al. from a review of fourteen papers on family violence interventions.⁵²

Interviews and surveys revealed numerous and diverse challenges that family violence services face, related to the sector, services provision, and struggles from the organisational level to the national contexts in which they operate:

... sheer weight of issues. (Interview 2, Australian Organisation)

10.1 Service provision

Unfortunately, many respondents reported that they felt they could not respond to clients as they wished due to a variety of challenges.

... there are not enough services to meet the need of the problem. (Interview 14, Australian Organisation)

Despite their knowledge of the many facets and causes of family violence, and their desire to work across its many aspects, respondents also recognised limitations on their capacity, and the benefits of specialisation.

... in our response to family violence as a health service, we are obviously not specialists in all areas or in all... As a service, we are not always going to be able to have the right skill set [...] So, we would use external services frequently both for consultation and to refer. (Interview 1, Australian Organisation)

Specialisation by working with other services in a targeted way may support better delivery of services.

We believe that there are not enough services to meet the need of the problem and as such we can be bigger by acting together. (Interview 14, Australian Organisation)

However, at present there is no forensic audit of capacity among partner members.

It would be great to expand on our partnerships with universities to include FV research collaborations. Health Justice Partnerships and expanding the scope of current FV clinics is another area of opportunity. (Leadership Survey 2)

South Australia's state-wide Domestic Violence Alliance was seen as a positive development in terms of collaborative potential.⁵³ The response indicated this:

... all providers work together. This has the advantage of seamless transition for women from one service provider to another. Women often move as a result of stalking behaviours etc, so the Alliance is a good thing. (Leadership Survey 4)

Collaborative relationships were also valued by the Mercy Hospital Werribee interviewee, who stated that she was proud of the relationships it builds and maintains with external organisations for the benefit of shared clients.

SPOTLIGHT ON JESUIT SOCIAL SERVICES: COLLABORATION FOR IDENTIFYING BEST PRACTICE

Our work is informed by best practice globally – our partnerships and programs reflect this orientation. For instance, we have partnered with US-based organisation Promundo to bring the Man Box to Australia, have worked with Stop it Now! in Australia to bring this crucial effort to prevent child sexual abuse to Australia and are in the process of building a relationship with Mentors for Violence Prevention in Scotland. Our recent national child sexual abuse prevention symposium included contributors from the US, UK and New Zealand. Jesuit Social Services is also a member of the MenEngage Alliance. This is a global alliance made up of dozens of country networks spread across many regions of the world, hundreds of non-governmental organisations, as well as UN partners. MenEngage members work collectively and individually toward advancing gender justice, human rights, and social justice to achieve a world in which all can enjoy healthy, fulfilling and equitable relationships and their full potential. Through its country-level and regional networks, MenEngage seeks to provide a collective voice on the need to engage men and boys in gender equality, to build and improve the field of practice around engaging men in achieving gender justice, and advocating before policymakers at the local, national, regional, and international levels. MenEngage member organisations can differ widely in where they are from and how they work, but they all believe in certain core principles that bind the alliance together.

Caritas Australia, CSSA and CHA could facilitate liaison and coordination of service provision where designed by members.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

LACK OF PROVISION OF COMPREHENSIVE FEMALE REPRODUCTIVE SERVICES

Some participants anonymously highlighted aspects of their organisation's practice that did not reflect the principle of inclusivity.

... there are certain values that the organisation will not support such as abortion and assisted dying. (Staff Survey 3)

... abortion/ pregnancy termination is not provided within the hospital and depending on the circumstance neither is contraception. (Staff Survey 7)

LACK OF DIGNITY OF THE PERSON IN CERTAIN CONTEXTS

An anonymous respondent to the survey also highlighted how current practices might hinder support and inclusion for transitioning individuals.

... if a person identifies as transgender instead of their new name, i.e., 'Becky Smith' being written on IPM, labels, handovers, etc. it will have 'John Smith'. In some cases it will be 'John (Becky) Smith' even if that individual has legally changed their name to 'Becky Smith' it is not reflected, this can be distressing to patients who do believe that this is reflecting religious values on their identity. (Staff Survey 7)

Hermkens, Kenneth and McKenna have noted how Catholic Christian responses to gender-based violence in Papua New Guinea likewise exclude non-binary identifications and relations and tend to essentialise binary models of gender.⁵⁴

MORE SUPPORT REQUIRED FOR CHILDREN AS A SPECIFIC COHORT

Few respondents noted services specifically tailored to children, outside of school or sporting contexts, although there appears more attention to children as a cohort with needs in the international context. Participants noted that children are often embedded in family violence services only as part of 'women and children' facility rather than in targeted services for their needs. One international organisation reported that they are unable to provide very

much support that caters for children who have witnessed family violence, and there are many young women who are themselves victims. They identified that more support is needed in this area. They also noted that child protection services are stretched beyond their limits, and the provision of counselling and psychiatric help is needed (Interview 9, International organisation). An Australian organisation reinforced the need for more support for children:

We do indirectly deliver services to the children as well that are impacted by the violence, but our funding model has a certain element of psychology, money attached to it for those children that have been in that relationship. (Interview 11, Australian Organisation)

Caritas Australia, CSSA and CHA could identify if there is a need and value of children-specific services in relation to family violence, as part of a sector-wide audit of services.

RECOMMENDATION 1:

That further research should be undertaken, which:

- Ensures commitment from participating agencies' CEOs to supply detailed data for a forensic audit, so that a more comprehensive map of services may be obtained to enable planning across services to meet service gaps, for example. It may show how many services each organisation offers, the number of hours their staff contribute to the issue, the level of training required to provide services, the numbers of service users benefiting from the services, and so on; and
- Adopts a research design that facilitates better engagement and participation with key staff, particularly those on the frontline.

10.2 Systems and processes

LACK OF DATA SHARING ACROSS FAMILY VIOLENCE SERVICE PROVIDERS

Respondents observed the challenges of data sharing across family violence service providers due to different institutional reporting requirements and systems as well as privacy obligations, rendering it very difficult for service providers to share data about a client.

... in terms of presentations, unfortunately in our government reporting system, we have certain reasons for people coming to hospital. There is not currently a family violence tab for when people are specifically coming in for that, which I think is problematic. (Interview 1, Australian Organisation)

But the same participant noted how they had adapted their systems to

... create alerts on our systems for people presenting, which is the same as if somebody has a medical alert, like an allergy, for example, so that comes up... Every time they present to our health service that comes under their name, and we can create family violence alerts. So that's really good. (Interview 1, Australian Organisation)

Another participant highlighted another gap in potentially valuable data:

At this point we do have sort of surface level data where we can say we know the men that have gone through have not committed any more violent offences whilst they have been engaged with us or immediately following the program. But we don't have any more like a 12-month, 2-year follow-up to see if that change is sustainable. (Interview 11, Australian Organisation)

10.3 Practical limitations

SERVICING CLIENTS IN REMOTE AND INACCESSIBLE LOCATIONS

Isolation in rural and remote areas was reported as posing difficulties in access to adequate support. Some interviewed are the only service providers in the regions.

Centacare New England, North West is spread over a large geographical area of nearly 1,000,000 sq. kms., where one of the main challenges is isolation (Centacare SA)

Internal conflict, war, and economic crisis were suggested as barriers to service delivery in the context of lower income countries where Caritas Australia partners are working.

... we see that often the government or other people working in family-based violence units within the government accepting bribes or not having the funds to be able to follow up on beneficiaries. [...] often, the biggest barrier to more effective service delivery and collaboration is actually around money and the government in the country. (Interview 5, Australian Organisation)

Insecurity within the project area; impassable roads that do not facilitate accessibility to certain places within the project area. (Interview 3, International Organisation)

Transport can also be problematic in the work we do. (Staff Survey 4)

RECOMMENDATION 1:

That further research should be undertaken, which:

- Ensures commitment from participating agencies' CEOs to supply detailed data for a forensic audit, so that a more comprehensive map of services may be obtained to enable planning across services to meet service gaps, for example. It may show how many services each organisation offers, the number of hours their staff contribute to the issue, the level of training required to provide services, the numbers of service users benefiting from the services, and so on; and
- Adopts a research design that facilitates better engagement and participation with key staff, particularly those on the frontline.

LEVEL OF FUNDING AND LEVEL OF NEED

Funding was universally brought up as a challenge, with funding not matching the amount of work needed to be done to continually improve services.

There is never enough, [...] the only limiting factor there is money. (Interview 14, Australian Organisation)

Finance is another challenging factor especially in reaching out to the rural communities and also to islands. (Staff Survey 4)

LIMITATIONS PLACED ON FUNDING PROVIDED

All our funding goes on staffing but still does not cover the work that needs to be done. Sadly, the funders do not think about the intensive risk assessments, security checks and upgrades etc. that need to be done to do this work. You need decent intake and triage workers not just case workers to meet the demand and the data inputting that is part of the funding. With increased data and outcome requirements funders need to add funding for admin also. (Staff Survey 1)

The problem of funding is in Australian and international organisations. One organisation reported that this lack of funding affects their ability to provide all the services that women and children might need, especially for that time after an immediate emergency. They would like to provide services such as ongoing counselling, mental health support for PTSD, and employment opportunities, but these are not attached to domestic violence funding, but women then have to access other generalist services at the expense of ongoing support. (Interview 7, Australian Organisation)

We raise our voice to say we need you to help these people, because they depend to have a good team, to have a psychologist, to have a social worker, to have our shelters ready always for them, but now we have a problem to pay the rent, to pay the electricity, to pay the staff, to pay the hospital, to pay the car, to pay the fuel ... all. (Interview 6, International Organisation)

In the international context, participants identified the challenge that funding was sometimes provided for services not adapted to context.

You give us money in Australia, and you tell us you want your money to help displaced or to build water. That community maybe doesn't need water at that particular point, maybe they want roads to be bringing their food out. (Interview 3, International Organisation)

One respondent expressed concern about the key performance indicators (KPIs) that drove productivity as the wrong model for delivery in this sector:

... more of a focus on family violence being a health issue and being provided appropriate time to identify, assess and manage family violence risk without KPIs being a driving force in discharge. (Staff Survey 7)

Advocacy by CA, CSSA and CHA could help to explain the merits of the holistic, wraparound approach to funders and of allowing community-based decision about funding.

INSTABILITY OF FUNDING PROVIDED

Internationally, many services operate as NGOs based on foreign aid budgets that are subject to change.

The NGOs will have to work, at the same time, due to our country status, developed status, the foreign aids will go down. How can we continue our service for the people who are in need? So, we have to find alternative sources. (Interview 8, International Organisation)

Advocacy by CA, CSSA and CHA could help to explain the merits of a stable, long-term approach to funding.

RECOMMENDATION 5:

That Caritas Australia, CSSA and CHA develop a strategy to communicate to funders the merits of the holistic, wraparound approach, community-based decision-making, and a stable, long-term approach to funding.

SPOTLIGHT ON ACRATH: VOLUNTEER COMPANIONS

Our companionship program is unique because we don't have like KPIs and we don't have, in six months this person needs to be at this level. It's just a long-term commitment. [...] There's been a couple of women who have been on the program, I'd say, who have had a companion for, I'd say 12 years up to that long, and a couple of them to sort of see, I... [...] When you hear of that, you think, wow, this is a long-term support program. [...] And for people who have been working with this woman for a very long time, it's sort of, oh my goodness, did they ever think she would get there? And of course, they did, they just have this incredible belief in people, and I think that most of them do in that sort of... In any sort of human sort of centred piece of work. [...] We've got the time and that [...] that's because it's voluntary. It's because it's not dependent on government funding.





Image provided by Unsplash/ Adrianna Geo.

10.4 Lack of knowledge about the family violence services Catholic organisations provide

Some participants expressed concern that their work was poorly represented to the general public, especially in Australia.

The good works of the church. And often we also hear feedback from our agency heads that they don't get that focus within their own diocese, that they're often they're losing funding from their own diocese. They're not getting the attention, that say, education gets because basically education is in there to recruit more Catholics into church, that's the purpose of it. It's not regarded as glamorous or something that requires the like... It's just not given the attention it deserves. [...] it's clearly a space where the church either needs to lift its game or better present what it's doing. [...] there is so much happening in this space and there's so much good being done. But it's not necessarily attributed back to the church or the hierarchy. So I think there was a real desire to highlight it so that it could be attributed back to the church. (Interview 2, Australian Organisation)

Caritas Australia, CSSA and CHA could communicate good news stories to Catholic-facing media and networks to create a clear narrative for Catholic communities about the work members conduct in this sector.

RECOMMENDATION 2:

That Caritas Australia, CSSA and CHA engage with key stakeholders from the Church's hierarchy and leadership to develop a strategy to improve internal communication between the Church and Catholic social service providers.

RECOMMENDATION 3:

That Caritas Australia, CSSA and CHA, in partnership with key Church stakeholders, develop an action plan to: 1) collaborate together in advocacy and educational campaigns on this issue (such as to reduce stigma around accessing social services for support); and 2) promote the work of partner and member agencies to the wider community, including governments and donors, with a particular focus on agencies' proactive and inclusive approaches to combating family violence.

10.5 Stigma of discussion about family violence in public discourse

Many Catholic organisations, as noted above, have little or no financial support from the Catholic Church. Instead, they rely on Australian government funding or from donations from the general public. Participants expressed concerns about understandings of family violence that had an impact on their ability to draw funded support.

The biggest barrier is the taboo nature of talking about DFV. [...] I'm shocked when I speak to members of the public who are perhaps, you know, relatively affluent and talk about, you know, fundraising and things and how

people don't even want to be associated with supporting a charity that looks after domestic and family violence for fear of being associated with it. And I think the need for advocacy and education in this area is so great because if you can't, even feel that you can help fix the problem for fear of being associated with it, like who, who are you trying to impress? I find it really hard to get my head around that mindset, but it just shows how great the stigma is. (Interview 14, Australian Organisation)

Some respondents were concerned that in the wider community the value of services targeting male perpetrators was less well known than those targeting responses and support to victim-survivors. Respondents recognised that prevention activities prioritising male-focused interventions should be regarded as equally important as crisis support to victim-survivors in the arena of family violence service provision.

... trying to stretch it as best as we can to reach as many people as we can but it's still in comparison to the victim services money, it doesn't, it's not even a drop. So, we hope that at some point in the government world, they will say, 'We need to inject some more money into this because we're trying to stop the violence.' (Interview 11, Australian Organisation)

More needs to be done to engage men and boys to prevent violence – this work needs to become an accepted part of violence prevention work. This idea is relatively new and few prevention / early interventions exist – focus to date has, understandably, been on supporting victims after violence has occurred particularly women and children. Given this work is new, we need funding that is not program specific to facilitate innovation. This includes funding for rigorous evaluation, moving from pilot phase to scale-up for some projects, content refinement, partnership development, and research translation,

media, and advocacy to governments. Given it's such early stages for this work, much of the data we would like to see collected does not exist and establishing these datasets is part of the focus of our work. There is a need for government frameworks and policies to highlight these gaps – e.g., much of the violence-related data is currently limited to victims (e.g., 1 in 3 women has experienced physical violence since the age of 15). This is crucial data but provides little information and does not facilitate a focus on those using violence and offending prevalence. [...] We would also like to see greater resources committed to evaluation to understand what works. (Leadership Survey 8)

Caritas Australia, CSSA and CHA can be part of the solution by communicating a narrative that breaks the stigma surrounding this issue.

Advocacy by Caritas Australia, CSSA and CHA could help to explain the value of research already conducted about why addressing male violence is a key to addressing family violence.

RECOMMENDATION 3:

That Caritas Australia, CSSA and CHA, in partnership with key Church stakeholders, develop an action plan to: 1) collaborate together in advocacy and educational campaigns on this issue (such as to reduce stigma around accessing social services for support); and 2) promote the work of partner and member agencies to the wider community, including governments and donors, with a particular focus on agencies' proactive and inclusive approaches to combating family violence.



Image provided by Pexels/ Ben White.

Chapter 10 summary

Participants were able to identify a range of challenges that hampered their provision of services for family violence. In many cases, a robust advocacy strategy for members in the sector from Caritas Australia, CSSA and CHA may help to provide clear knowledge and further information that would assist better decision making around service provision, both by members and by the funders who support them.

A LACK OF CLEAR UNDERSTANDING OF CURRENT SERVICE PROVISION

A lack of clear understanding of current service provision hampers the ability of service providers to work together or to understand gaps in service provision.

A complete, forensic service audit is required, with full participation from members, to identify possible overlap and service distinction.

RECOMMENDATION 1:

That further research should be undertaken, which:

- Ensures commitment from participating agencies' CEOs to supply detailed data for a forensic audit, so that a more comprehensive map of services may be obtained to enable planning across services to meet service gaps, for example. It may show how many services each organisation offers, the number of hours their staff contribute to the issue, the level of training required to provide services, the numbers of service users benefiting from the services, and so on; and
- Adopts a research design that facilitates better engagement and participation with key staff, particularly those on the frontline.

Caritas Australia, CSSA and CHA could facilitate liaison and coordination of service provision that were designed by members.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

A LACK OF CLEAR FUNDING NEEDS

Advocacy by Caritas Australia, CSSA and CHA could help to explain the merits of the holistic, wraparound approach to funders and of allowing community-based decision about funding.

Advocacy by Caritas Australia, CSSA and CHA could help to explain the merits of stable, long-term approach to funding.

RECOMMENDATION 5:

That Caritas Australia, CSSA and CHA develop a strategy to communicate to funders the merits of the holistic, wraparound approach, community-based decision-making, and a stable, long-term approach to funding.

A LACK OF KNOWLEDGE ABOUT THE FAMILY VIOLENCE SERVICES CATHOLIC ORGANISATIONS PROVIDE

Caritas Australia, CSSA and CHA could communicate good news stories to Catholic-facing media and networks to create a clear narrative for Catholic communities about the work members conduct in this sector.

RECOMMENDATION 2:

That Caritas Australia, CSSA and CHA engage with key stakeholders from the Church's hierarchy and leadership to develop a strategy to improve internal communication between the Church and Catholic social service providers.

Caritas Australia, CSSA and CHA could communicate good news stories to media to create a clear narrative for the general public about the work members conduct in this sector.

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STIGMA OF DISCUSSION ABOUT FAMILY VIOLENCE IN GENERAL PUBLIC DISCOURSE

Caritas Australia, CSSA and CHA can be part of the solution by communicating a narrative that breaks the stigma surrounding this issue.

Advocacy by CA, CSSA and CHA could help to explain the value of research already conducted about why addressing male violence is a key to addressing family violence.

11. Research findings: Staff experiences in Catholic service providers

11.1 Appreciation of the commitment of staff

Participants in leadership positions spoke very positively of their staff, recognising their expertise and deep commitment to their work.

It is great work that I've got. I'm very lucky. I've got an amazing team. (Interview 14, Australian Organisation)

The staff are just doing such an amazing job. They're doing an incredible job with so many challenges. They are just doing amazing. [...] It's an amazing workplace of amazing staff who just deliver such an amazing service. (Interview 11, Australian Organisation)

11.2 Challenges of staff retention in the sector

Staffing presents a challenge for both Australian and international organisations, because of the need for particular qualifications and experience to provide significant services and staff retention affected by sector-wide burnout affecting staff.

BURNOUT

Quite a lot of burnouts, people leave the sector. [...] and some of the complexities that they're dealing with, they're just not equipped to deal with. (Interview 15, Australian Organisation)

Staff care becomes highly important. ACRATH's volunteer companions, for example are supported by supervisors:

... ensuring that the companions are getting the support they need to make sure they're not vicariously traumatised or doing too much and saying, 'Yes, okay. What can we do to support you?' (ACRATH)

ORGANISATIONAL RESTRUCTURES

Respondents identified institutional restructures that reduced work capacity and corporate knowledge:

Staff have been relocated to other areas or have left the organisation completely. (Staff Survey 2)

... here at this organisation, in that back in the '90s [...], we had about 30 staff, and it sort of gradually got quite constricted to the point where two years ago they had a massive consolidation and restructure. And I was the only existing staff member, and I'd only been with them for six months. So, it's sort of this really bizarre situation where we've lost all our corporate knowledge, we lost all our relationships with our members, and so we're in the process of rebuilding that at the moment. (Interview 2, Australian Organisation)

QUALIFICATIONS REQUIRED

Several participants highlighted the challenges of securing staff who have the appropriate qualifications to service these roles.

... just trying to get experienced staff, it's a hassle in its own way. Like you get people apply but may not be right or have no experience. (Interview 15, Australian Organisation)

... the biggest one [challenge] is staffing, getting staff who are ... Because it's a very specialised area, you have to be ... Have tertiary qualifications in men's programs to deliver the program [...] You have to have 200 hours of professional supervision in that prior to getting the actual qualification and getting that in rural areas. Yep. Just is very, very difficult. [...] It's staff, it's staffing that would be the end of the day, is the staffing. Getting really good quality staff in an NGO. (Interview 11, Australian Organisation)

REMUNERATION

... retaining these specialised staff once you get them in and train them in a world where there is such high competition, especially post-COVID. So yeah, that would probably be our biggest challenge too. [...] We're up against government agencies who offer more money. (Interview 11, Australian Organisation)

Lack of potential employees, not great remuneration – other agencies have a much more attractive salary/conditions. (Staff Survey 10)

11.3 Valuing staff

Respondents highlighted strong efforts to consider the whole person not just for their clients but also their staff, and to provide support and spiritual nourishment accordingly. Responses particularly in the context of the COVID-19 pandemic are discussed below in Chapter 12.

We do hold team bonding time once a month. (Staff Survey 4)

TRAINING AND UPSKILLING STAFF

Several participants discussed training as a form of care for staff needs and recognition of their deep commitment.

And we try, I guess, to offer employment and try to be the best the employer of choice, by providing training, providing a great workplace. (Interview 11, Australian Organisation)

Respondents emphasised the importance of training staff to develop their skills and ensure family violence responses are delivered in accordance with international best practice.

We have models of DFV interventions that are best practice and keep staff trained, supported and up to date with their profession. We are also active in peak bodies in the DFV sector that keeps us up to date with global best practice. Our recruitment processes ensure we have staff that are well trained and experienced in their roles to deliver specialist DFV services. (Leadership Survey 5)

Staff are actively connected to peak bodies, consultants and industry experts – state, nationally and internationally to ensure all practices are in line with best practice standards. (Leadership Survey 1)

SPOTLIGHT ON WERRIBEE MERCY HOSPITAL IN MELBOURNE: THE IMPORTANCE OF CONTINUOUS UPSKILLING AND DEEP ATTENTION TO SPECIFIC STAFF NEEDS THAT STARTS WITH LISTENING

The next big piece of work is rolling out the multi-agency risk assessment and management framework, which is also legislated under the Family Violence Protection Act, so the MARAM framework.

Health services, we'll be rolling out different training for being able to respond with a uniform MARAM assessment, and different professions are scoped to complete these assessments at different levels.

A lot of our staff are now trained up to respond, to identify and respond to family violence, even though we haven't rolled out MARAM. [...]

it's just an ongoing piece of work. It should never stop. So even though we're currently under a state government-funded project, the work should be ongoing. Because it should be under constant review, and we need to constantly be renewing the training for your workforce to make sure that everybody's investing in workforce [...]

what we are doing at the moment is we're going into those teams, and we're asking them, what do you need to get on board, basically. And one team, for example, has said, we want to know how we're doing so far, so we're going away then, and we're looking at moments in time, because we already have a screening tool, we already have it effectively. Some people are using it, some aren't. So, they actually want data, what are we actually doing at the moment? So, we're looking at it, and we are going to give that back to them and say, 'This is how you are tracking at the moment, the average.' Will that work in the other system? Well, we'll ask them what they want.



Image provided by Unsplash/ Brooke Cagle.

SPOTLIGHT ON CATHOLIC AGENCY FOR OVERSEAS DEVELOPMENT, DEMOCRATIC REPUBLIC OF CONGO (CAFOD DRC)

Caritas Australia has supported its partner organisations, including CAFOD DRC, through training, such as safeguarding, which aims to create and maintain protective environments for all, including staff, partners and community members, particularly those that are most vulnerable to exploitation, abuse or exclusion.

We normally train partners' staffs and community leads on SADI (safe, accessible, dignified and inclusive). SADI is an approach, a framework and a toolkit, built on intersectionality – the understanding that one's experience of conflict and poverty, as well as privilege and opportunity, is defined by not one but many intersecting identities, determined by one's age, gender, physical ability and membership of various locally defined domains of diversity and exclusion, including religion, race, ethnicity and displacement status. SADI builds on the Protection Mainstreaming Package developed by the Caritas Inter-Agency Protection Mainstreaming Working Group (PMWG). It goes further, however, in integrating organisational safeguarding and building in an integral ecology perspective. It can be applied as a self-assessment tool, to guide program design processes and for quick reference.

SPOTLIGHT ON CARITAS AUSTRALIA: SUPPORT FOR PARTNER TRAINING

... essentially everyone that we partner with in this area does have a requirement to have expertise. So in most cases, they've got that by going to a national university and doing a degree just the same way they would here in Australia. And then often that's being supplemented by additional training that's provided through the Caritas International Confederation. And then they're also provided support through our staff here in Australia. [...] this is an area that was not necessarily originally a strategic focus of Caritas Australia, but it is something that we've essentially found a space for and a need for. So, there is probably more work that we could do in terms of understanding the skills of our international partners and ensuring that they are specifically adequate for this work.

Chapter 11 summary

Participants highly value their colleagues and staff and appreciate the emotionally intense and complex nature of their activities in this sector. There appears a clear desire to support staff both in spiritual and practical terms, and especially for their development and training.

However, there are challenges in attracting and retaining staff, and in providing a work environment in which time pressures, volume of clients, and funding remain challenges to be overcome.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

12. Research findings: Impact of COVID-19 on family violence service provision

Respondents in this study identified a series of challenges, often cumulative, introduced by the COVID-19 pandemic. In Australia, these were often associated with the lockdowns associated with control of the pandemic.

... one phenomenon early on was that people stopped coming to hospitals. So that was in the early days of COVID when people were scared to turn up to hospitals, so they delayed or ceased using them, and the worry there is that people then don't have that avenue to report and to have their safety needs met.

Then we had other issues where, well, concerns about perpetrators having more control over people during lockdowns. So the system of lockdowns actually supported perpetrator behaviour. [...]

Then you have increased vulnerability, increased isolation, increased risk. What we're seeing now is across the board increased reports, increased children at risk, increased family violence, increased caseloads, increased acuity. And that has gone up and has stayed up. [...]

So, our women's and children's team, for example, who would be working with the most family violence in our service, because of the increased risk in pregnancy, or family violence, and the women who often use health services as a point of disclosure, or we will identify that through our own assessment processes, they're just inundated. (Interview 1, Australian Organisation)

12.1 Impact on women and families

Participants reported that they observed the increase in family violence, particularly during lockdowns in Australia, and identified pandemic-related risk factors such as social isolation and unemployment.

The COVID-19 pandemic has widened gender inequalities, increasing women's responsibilities at home, economic stress, and social isolation, as well as domestic violence. In June 2021, the Australian Institute of Health and Welfare reported that family and domestic violence had increased by 13% during the pandemic.⁵⁵

Issues related to gender inequity, which underpinned family violence, became worse globally. Women were even worse off. In the workforce, for example, a lot of women had to stay home, a lot of women had to multitask, staying at home, and doing jobs, less so than men. So gender inequity rose, has risen in the pandemic. So, we've gone backwards. (Interview 1, Australian Organisation)

International experiences were similar. One organisation reported that women were forced to stay at home during long lockdowns when schools and most workplaces were closed for about a year. This placed pressure on families trying to provide meals and home-schooling which may have exacerbated family violence issues (Interview 4, International Organisation).

Another international organisation reported this:

There were increased family violence. Increased family violence due to like losing their job. Wives lost their job. Children lost their job. [...] The school-going students stopped going to school [...] Especially the girls were forced to get early marriage. There was increased violence. (Interview 8, International Organisation)

However, participants voiced concern that official data would not reflect the reality and even rendered family violence less visible.

... looking at the rates of family violence, if you look at the police statistics, they will say no, the rates of family violence didn't increase during COVID. And that's surface level because it did, just wasn't reported because again, the eyes weren't on them. So that was a challenge. (Interview 11, Australian Organisation)

We know from the media reports and Department of Health reports that domestic violence increased through COVID. However, our experience was that we had less people seeking crisis accommodation and we have hypothesised that women felt safer where they were when there was so much uncertainty or that they worried that they couldn't access the help or services they needed due to the health risk of leaving home. (Interview 14, Australian Organisation)

Participants also identified asylum seekers and refugees as particularly vulnerable as the national pandemic response schemes excluded them.

It was most acutely felt in the asylum seeker space because they were basically cut off from government support. (Interview 2, Australian Organisation)

12.2 Impact on service provision

Family violence service providers experienced significant challenges in supporting family violence-affected women and families due to their limited ability or hesitancy to seek assistance.

The context of lockdowns and families being forced to spend more time together. For us, that's meant that often people have become isolated from external support networks because in many of the countries where we work [...] it's not like you're in a place where you have huge access to technology. So, your main way of accessing the services is literally to walk into it. We do have some phone-in opportunities, and obviously they've grown during this time. (Interview 5, Australian Organisation)

Some service provision was rendered difficult or impossible by measures taken to prevent the spread of COVID-19.

... it was very tricky actually. A lot of our services, particularly the domestic family violence services, what's like a ... The traditional refuge models. So, we had shared public facilities like toilets, showers, bathrooms, kitchens, laundries, et cetera, and there was no chance of isolating anyone who did get COVID. The physical setup of refuges, we had to limit the amount of clients we could take. (Interview 15, Australian Organisation)

Respondents also observed significant psychological challenges for victim survivors in terms of wearing PPE associated with the pandemic.

The only other area it's affected us was masks. [...] you are asking women to wear masks, to see me in a mask, when significant number of women, their mouth has been a form of abuse, being gagged, being sharp things shoved in it, being choked, being silenced, and the mask is for a lot, I would even call it the majority of women, is not a safe, a psychologically safe thing to be in. (Interview 13, Australian Organisation)

Image provided by Unsplash/ Dylan Ferreira.



CREATIVE RESPONSES

Despite challenges, interviewees show that they developed alternative and innovative strategies to deliver necessary services while keeping both clients and staff members safe. One organisation which has a distributive leadership model found that this model aided in providing creative responses during the pandemic. Local leaders made themselves available at places like supermarkets and pharmacies so that women could access family violence services unbeknown to their violent partner (Interview 7, Australian organisation).

Other organisations were similarly agile:

Made us think differently that's for sure. We still delivered a service during the lockdown periods; we didn't shut our doors. We continued to provide the service in a safe way for staff and clients [...] We tried to work through by just calling them, having routine contact trying to do other services online. So, we tried to get quite innovative. (Interview 11, Australian Organisation)

We supplied devices and money for internet so we could check in where it was safe to do so. This was difficult where the perpetrator was still in the same home. We did letterbox visits when we could or meet outside. (Staff Survey 1)

We found our service provision were ticking and tacking to meet the need. So, the only way that clients... escaping DV, they could still go shopping so we would put some of our flyers on the community notice board for when they're out shopping. We looked at, rather than putting people in refuges, could we put them in serviced apartments and still provide that type of response via an outreach rather than bringing into the refuge, and case management or support would've been done online or telephone rather than face to face unless an absolute extreme emergency. (Interview 15, Australian Organisation)

... there have been instances of women trapped in isolation with perpetrators. We have had to find innovative ways of communicating and contacting them. These have included having our staff in shopping centres etc. We also have had online communications with clients etc. One of the challenges facing many women during Covid-19 however, was that their phones were not secure. Another is access to dollars to pay for internet credit, etc. (Leadership Survey 4)

... what we've seen is all of the partners where we work have actually managed to increase the number of beneficiaries, or at least maintained them during this time. So we haven't seen a drop-off in their ability, in our partner's ability to deliver these services. (Interview 5, Australian Organisation)

Tele or virtual services also provided some challenges, including clients' limited access to such services or digital disparity (e.g., device, internet stability, cost).

The services did go to move to online services for a lot of people and that worked in some instances and not so well for others, because if you're in a housing situation where the person at the other end of the house is abusing you and you're on the phone having a video call with someone who's trying to provide you access to services or ways to get out of that situation, obviously that's not ideal. So, there were a lot of challenges for service providers, absolutely. (Interview 2, Australian Organisation)

In some contexts, the provision of services during the pandemic intersected with poverty.

... it's not as easy to have internet access or phone access as it might be here. People might just not have the credit that they need to make the phone call. (Interview 5, Australian Organisation)

However, some still point to the importance of face-to-face engagement due to the complicated nature of work.

We had to resort to something we'd never done before, and that's offered a telephone or different forms of back communication. [...] We found good ways as much as we could during those times of you might on your own phone know of that app, WhatsApp. It's an encoded and it's only between you and I. Women predominantly, when they couldn't come in, [...] So, you could at least see my face. [...] It was very limiting, I tell you. But the feedback we really got was the women that were already engaged and had seen us face to face, when they were asked to go via WhatsApp, just put it that way, their transition was a lot easier than women who'd never met us. (Interview 13, Australian Organisation)

12.3 Impact on staff in the sector

IMPACT ON AGENCY PERSONNEL

Another significant challenge was staff shortage, as staff members experienced infection, quarantine, stress and burnout.

... people are just fatigued at the moment. (Interview 1, Australian Organisation)

It had a real impact on workforce. It exhausted and burnt out a number of carers and it still continues to do that and in circumstances where there is clearly what we would describe as a workforce crisis, a lack of staffing in the care sector and an inability to recruit. That has put pressure on our facility's ability to provide care in a sustainable way [...]. (Interview 10, Australian Organisation)



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We stretched ourselves on, but the team worked so hard and we're so tired. And I mean, I think they're still tired, to be honest. (Interview 14, Australian Organisation)

During COVID, we saw quite a lot of burnout, people leave the sector. (Interview 15, Australian Organisation)

SPOTLIGHT ON ST VINCENT'S CLINIC: CARE FOR STAFF

... we set up things like we had coffee roulette with the team to try and, you know, well, people were remote or, you know, dialling in. Every week we put everyone's names in a hat, and we were paired off with someone and it was really nice and the only part was that we didn't really talk about work. So, the agreement was when you came on you had half an hour together. You made yourself a beverage of your choice and you sat down, and you know, it was such a lovely way to get to know the team in ways you don't normally speak about. And that's how we kept connection going in the team through that point.

DELAYS TO STAFF TRAINING AND DEVELOPMENT

The pressures of managing COVID-19 and staff burnout meant that training was played in abeyance.

... staff are not yet trained in this area of responding to family violence [...] Time pressure and staff shortages as when both of these are in play staff do not have the time to attend the appropriate training to better their skills in sensitive enquiry, assessing and managing family violence risk. When there are staff shortages training is the last priority and therefore staff are not enhancing their skills. (Staff Survey 7)

However, some organisations saw the urgency to develop a positive plan

Because of Covid restrictions for the last two years our number of victims on domestic violence and sexual abuse was on the rise. Therefore, we didn't wait any longer but held virtual conferences every week by inviting professional individuals to address the issues. At the end of that we drew up a framework to assist the organisation in the scope of work we need to do for the next three years. (Staff Survey 4)

12.4 Impact on funding

The Australian federal government came to an agreement with all States and territories to attempt to mitigate the impacts of COVID-19 with extra funding. Catholic Social Services Australia noted, however, the delivery of these funds was delayed.⁵⁶

The COVID-19 pandemic thus triggered a funding crisis for some NGOs, while others could enjoy extra funds such as relief and recovery funds.

From a fundraising perspective, it significantly decreased our ability to fundraise. Our income was really significantly hit through COVID. (Interview 14, Australian Organisation)

It has had a major impact on financial sustainability, so there have been increased costs for providers in terms of minimising cross infection. So, the cost of PPEs and the cost of RAT tests, the cost of staff at the front of hospitals, managing people coming in and out of the hospitals, all of that has cost a lot of money and impacted the sector in the millions of dollars and when you're in a not-for-profit sector, that's quite a lot. And we suspect that this is an ongoing cost going forward. (Interview 10, Australian Organisation)

I guess the advantage of COVID is that extra funds did come into the system, COVID relief funding, and that allowed some of the services to provide more cash to aid brokerage or hire specialists, specialist child workers or violence workers. (Interview 15, Australian Organisation)

Chapter 12 summary

There can be little doubt that participants perceived detrimental effects of the COVID-19 pandemic, and associated lockdowns, as exacerbating family violence and diminishing providers' ability to offer optimal services to clients. They also attested to the ongoing impact of COVID-19 in their funding and workforce burnout.

However, respondents emphasised a clear commitment to ensuring as many services as possible were continued and found many innovative strategies to support clients.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

13. Research findings: The potential of sector collaborations

Respondents indicated that existing collaboration currently operates on many levels and that there are areas of opportunity for future work.

13.1 The importance of partnerships for service provision

Catholic agencies work in collaboration with governmental and non-governmental organisations, including other Catholic agencies. In Australia, current governmental collaborations include local police, Child Protection, the Department of Justice, and local community centres. These collaborations can be innovative and efficient, connecting clients to appropriate services in a timely manner. For example, as noted above, the South Australian government has created the Domestic and Family Violence Alliance which connects major service providers in the state. Personnel surveyed here responded positively to this change that allows for collaboration across providers.

We do have some great partnerships with the [state departments for justice and for communities] [...] We have the offices from [the state housing authority] is based in our office and that means that the ... rather than having our clients must jump through hoops or jump through... Go to a housing office, they're able to be interviewed straight away with the support of a case worker, and the application process pretty well straight away and approved in a timely manner. (Interview 15, Australian Organisation)

But in terms of sort of other charitable organisations in the same space... the thing I love, working for not-for-profits, is that people are really willing to share what they know and what they've learned. And so, there's a number of organisations, I can think of three or four, that we've

met with in the last couple of months where it's not because we're working together, but we do similar things, and we want to learn from one another. And I think that idea of collaboration is what will help move our societal views on domestic violence. (Interview 14, Australian Organisation)

... there's a lot of cross-fertilisation [...] in the sense that common board directors often between Catholic health sector and Caritas, for example. (Interview 10, Australian Organisation)

In international contexts, forging connections with government and local communities are seen as vital to providers' ability to deliver services, as well as working with their international partners.

... in every community we work, we tend to, we map out who else is there and how we can link with that person. [...] we also go and talk to other organisations, say, look, we are working here, if you come, you can have an impact quickly because we are already there and so and so is already there. So, there is a huge web of collaboration that we kind of draw before we can go to any community or when we are in that particular community. (Interview 3, International Organisation)

We are collaborating here with UNHCR. [...] We are working with all the CARITAS Sisters. CARITAS Sisters, they are our partner, and they support us without mention ... something to not forget, but in general, many of CARITAS Sisters, like CARITAS Australia, they are supporting us at this level of our project. [...] We are supporting and collaborating in another local association in Lebanon. Sometimes, they refer to us many cases they can't receive. We are receiving from them some cases, and we are coordinating with them, so at the international

level, in Lebanon, we have this partnership, we have our partnership with our CARITAS Sisters and also coordination with local association. (Caritas Lebanon)

SPOTLIGHT ON ACRATH AND ILLAWARRA WOMEN'S CENTRE CAFÉ: 'GOOD TO GO...'

We're actually sort of semi-partnering with them, not in a formal sense, but they have run coffee shops and women who have experienced domestic violence, who might not be employed, can work in those coffee shops and they wear a uniform alongside usually corporate volunteers to work alongside them in the coffee shop. So, you don't know if who you're being served by... But you know that chances are there is at least one person in the room, and they also make meals. And those meals we've been able to give to our clients living in our centre, which is great. So it's nice, it's helping them build skills. It's creating a sense of community and it's supporting other women in the same experience to be brave and to move on.

STREAMLINED PROCESSES TO ENHANCE INTERACTION BETWEEN SERVICES

The Victorian state government-funded program, Strengthening Hospitals' Response to Family Violence, was highlighted as it provided a client-focused model, where the individual rather than the service, was the focus of attention. The ability to cross-link data about a client across different organisations was noted as a benefit for family violence responses.

... it's across all different services across Victoria, protective services, the police, specialists, family violence services, and the whole idea is that... Well, kind of one of the things that came out of the Royal Commission [2016], as we know, is that services across different sectors weren't great at sharing information with each other, and that those barriers often increased the risk to victim survivors and to children as well. So, there's a family violence information-sharing scheme, and there's a child information-sharing scheme and they overlap, but they're also two separate schemes. [...] we're all working under or working towards this uniform approach, in that uniformity, there is an opportunity to innovate obviously, but you're looking at standardisation as well, so that you've got a similar response, which is evidence-based best practice across health services and across sectors. (Interview 1, Australian Organisation)

13.2 Faith-based collaborations

In relation to seeking funded support for their work, one international respondent highlighted the importance of the wider Caritas network as a network of information exchange.

... we are now reflecting on our future challenges, opportunities and endeavors; we are seeking advice from our partners Caritas in developed countries because we know many of the developed countries went through the same process of economical upliftment like Bangladesh. They were not rich. They were poor countries like us one day and then they became developing country, and then achieved the developed countries status. We want to know what is their experience? What are their learnings? How did they tackle the changes, manage the changes? Thus, we are trying to learn from them, so that Caritas Bangladesh can be a pioneer in new way of working to continue serving the poor and make positive changes in their lives. (Interview 8, International Organisation)



Image provided by Unsplash/ Priscilla Du Prez.

Some participants highlighted the importance of faith-based partnerships for a range of support from service delivery to advocacy approaches.

... we're a member of a group called the Major Church Providers, which includes Salvos, Uniting Care and Anglicare [...] we're always all talking from a very faith-based position. (Interview 2, Australian Organisation)

We also work with other churches, not only the Catholic church, we work with the Anglican church and Protestant church as well. (Interview 3, International Organisation)

... in PNG, where the Australian government has funded all of the churches to work together. And so, you see, in a way, the ability to circumnavigate a flawed state delivery by ensuring that all of the churches who are the second largest provider in PNG, same as in Ethiopia, of services. [...] the Australian government has funded all of the churches to be able to deliver together. (Interview 5, Australian Organisation)

I suspect there will be a lot more opportunities for collaboration between us and other Christian denominations. Ecumenical opportunities. (Interview 10, Australian Organisation)

13.3 Collaborative research partnerships

Research was identified in survey responses as a potential new area for agency partnerships in order to gain new insights into under-researched aspects of family violence and enhance advocacy.

It would be great to expand on our partnerships with universities to include FV [family violence] research collaborations. (Leadership Survey 2)

There are other services that do deliver this program online. They've been in the industry for a lot longer than us. We're still very much in our infancy in comparison. So how do we do that safely in an environment where online is everything these days. (Interview 11, Australian Organisation)

Connecting with universities and researchers has also allowed the impact of service programs and the development of new ones to be measured and examined. Notably, the Jesuit Social Services is currently working with the University of Melbourne to develop new services.⁵⁷

We're going through an evaluation at the moment with the University of New England who are developing more tools. (Centacare, New England, North West, NSW)

13.4 Collaboration for funding support

Further, collaboration with other partners has enabled service provision to isolated regions, sharing of resources and work on funding submissions. Working with targeted advocacy groups allows service providers to share this responsibility with others, sharing resources across a network.

... in terms of getting funding today, you know, you can't get funding yourself, donors want consortiums, you need to come with complementarity. [...] We work with a lot of organisations to get to access funds. [...] We work with Caritas Belgium, Caritas Australia. We work with the Anglican church. We work with a lot of organisations to get to access funds. We can't work alone this side. (Interview 3, International Organisation)

Centacare collaborates with other Church services in the region, the main ones being Uniting Care and Anglicare. They collaborate with a view to providing services throughout the region, sharing resources and even writing submissions for funding together, but also not competitively. If one group is applying for funding for a certain program the other groups refrain from doing so. This results in a more efficient use of people and time in applying for the small package of government money available to all. (Centacare SA)

13.5 Collaboration for stronger advocacy and skills exchange

Being known more for our advocacy work – we have a very informed team who advocate for change, if agencies and services wanted us to work with them we could do this with their evidence base. (ACRATH)

13.6 Barriers to collaboration

However, some of the challenges listed above were perceived to be barriers to current collaboration, such as a lack of resources and capacity.

The biggest barrier to collaboration with other organisations really stems predominantly from a lack of resource, capacity, and funding, and for the potential sort of collaborative organisations. (Interview 5, Australian Organisation)

People have gone back into their own little organisations and their own little silos. And they haven't been sharing information with each other, let alone external people. There's also been that disconnection with the church. (Interview 2, Australian Organisation)



Image provided by Unsplash/ Hannah Busing.

Caritas Australia, CSSA and CHA may play a role in co-ordinating a Community of Practice where members could share strategies and identify organisations with whom they can share knowledge.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

Chapter 13 summary

Respondents recognised the value of collaborations at local, national and international scales, as enabling sharing of resources, advocacy, knowledge and support. This is consistent with earlier findings that faith-based organisations are keen to form partnerships across the sector that can enhance their effectiveness and capacity to deliver services.⁵⁸

However, they also expressed challenges of time and funding pressures that limited their ability to connect with others in the sector. Caritas Australia, CSSA and CHA can play a vital role in this respect.

RECOMMENDATION 4:

That Caritas Australia, CSSA and CHA develop opportunities to identify and share best practice services, strategies, and resources among partner and member agencies. Consideration may be given to the establishment of a Community of Practice and/or other channels for connection and knowledge sharing.

Endnotes

¹ Australian Institute of Health and Welfare. (2019). *Family, domestic and sexual violence in Australia: Continuing the national story 2019*. Cat. no. FDV 3. Canberra: AIHW.

² Flood, M., & Pease, B. (2009). Factors influencing attitudes to violence against women. *Trauma, Violence, and Abuse, 10*(2), 125–142. <https://doi.org/10.1177/1524838009334131>

³ Davis, J. M. (2019). Comparing the prevalence and organizational distinctiveness of faith-based and secular development NGOs in Canada. *VOLUNTAS: International Journal of Voluntary and Non-profit Organizations, 30*(6), 1380–1392. <https://doi.org/10.1007/s11266-018-00072-6>

⁴ Australian Catholic Bishops Conference. (2022). *Social Justice Statement 2022–2023: Respect: Confronting violence and abuse*. <https://socialjustice.catholic.org.au/2022/08/02/sjs2022-23/>

⁵ Australian Catholic Bishops Conference, (2022), 13.

⁶ Winkworth, G., & Camilleri, P. (2003). Mapping the Catholic social services. *The Australasian Catholic Record, 81*(2), 184–197. <https://doi.org/10.3316/ielapa.82358242250078>; Winkworth, G., & Camilleri, P. (2004). Keeping the faith: The impact of human services restructuring on Catholic social welfare services. *Australian Journal of Social Issues, 39*(3), 315–328.; Camilleri, P., & Winkworth, G. (2005). Catholic social services in Australia: A short history. *Australian Social Work, 58*(1), 76–85.

⁷ Winkworth & Camilleri, (2003), 186.

⁸ Winkworth & Camilleri, (2003), 189.

⁹ Winkworth & Camilleri, (2003), 190.

¹⁰ Winkworth & Camilleri, (2004), 322.

¹¹ Hoffstaedter, G. (2013). Religion and development: Australian faith-based development organisations. *International Journal of Religion and Society, 4*(1/2), 113–157.

¹² Knight, P. A. & Gilchrist, D. J. (2015). *Australia's faith-based charities: A study supplementing the Australian Charities 2013 Report*. Australian Charities and Not-for-profits Commission, Melbourne: executive summary.

¹³ Kaybryn, J. & Nidadavolu, V., Lokot, M., Harmer, A. & Bhatia, K. (2012). *A mapping of faith-based responses to violence against women and girls in the Asia-Pacific region*. UNFPA. <https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA-WVA-FBO-VAWG-AP-2012.pdf>

¹⁴ Kaybryn & Nidadavolu, (2012), 13.

¹⁵ Kaybryn & Nidadavolu, (2012), 14.

¹⁶ Hermkens, A. K., Kenneth, R., & McKenna, K. (2022). Gender equality theology and essentialism: Catholic responses to gender-based violence and inequality in Papua New Guinea. *Oceania, 92*(3), 310–328. <https://doi.org/10.1002/ocae.5348>

¹⁷ Quote from Pfitzner, N., Fitz-Gibbon, K., & Meyer, S. (2022). Responding to women experiencing domestic and family violence during the COVID-19 pandemic: Exploring experiences and impacts of remote service delivery in Australia. *Child & Family Social Work, 27*(1), 30–40. See also Baffsky, R., Beek, K., Wayland, S., Shanthosh, J., Henry, A., & Cullen, P. (2022). ‘The real pandemic’s been there forever’: qualitative perspectives of domestic and family violence workforce in Australia during COVID-19. *BMC Health Services Research, 22*(1), 1–17; Murphy, M., Ellsberg, M., Balogun, A., & Garcia-Moreno, C. (2022). Risk and protective factors for violence against women and girls living in conflict and natural disaster-affected settings: a systematic review. *Trauma, Violence, & Abuse, 0*(0). <https://doi.org/10.1177/15248380221129303>; Shah, S. S., & Mufeed, S. A. (2023). Urgency and relevance of feminist social work to curb domestic violence amid COVID-19. *International Social Work, 66*(1), 80–92. <https://doi.org/10.1177/00208728211066833>; Bhuptani, P. H., Hunter, J., Goodwin, C., Millman, C., & Orchowski, L. M. (2022). Characterizing intimate partner violence in the

United States during the COVID-19 pandemic: A systematic review. *Trauma, Violence, & Abuse, 0*(0). <https://doi.org/10.1177/15248380221126187>; Macy, R. J. (2022). The COVID-19 pandemic and family violence: Reflecting on two years’ research. *Journal of Family Violence, 37*, 719–724. <https://doi.org/10.1007/s10896-022-00410-9>; *Covid-19 domestic violence against women in Papua New Guinea* (Submission to the United Nations Special Rapporteur on Violence against Women, 30 June 2020). https://iwda.org.au/assets/files/COVID-19-and-Gender-Based-Violence-in-PNG-FINAL-Submission_v3.pdf; *The Covid-19 pandemic and violence against women in Asia and the Pacific* (United Nations ESCAP Policy Paper, Social Development Division, April 2021). <https://www.unescap.org/kp/2021/covid-19-pandemic-and-violence-against-women-asia-and-pacific>; Nagashima-Hayashi, M., Durrance-Bagale, A., Marzouk, M., Ung, M., Lam, S. T., Neo, P. & Howard, N. (2022). Gender-based violence in the Asia-Pacific region during Covid-19: A hidden pandemic behind closed doors. *International Journal of Environmental Research and Public Health, 19*(4), 22–39. doi: 10.3390/ijerph19042239; Bukuluki, P., Kisaakye, P., Bulenzi-Gulere, G., Mulindwa, B., Bazira, D., Letiyo, E., Namirembe, H. N. L., Schmidt, I., Kakande P. N., & Nissling, S. (2023). Vulnerability to violence against women or girls during COVID-19 in Uganda. *BMC Public Health, 23*(1), 23. <https://doi.org/10.1186/s12889-022-14951-7>

¹⁸ Roy, C. M., Bukuluki, P., Casey, S.E., Jagun, M. O., John, N. J., Mabhena, N., Mwangi, M., & McGovern, T. (2022). Impact of COVID-19 in gender-based violence prevention and response services in Kenya, Uganda, Nigeria, and South Africa: A cross-sectional survey. *Frontiers in Global Women’s Health, 27*(2). doi:10.3389/fgwh.2021.780771

¹⁹ Winkworth & Camilleri, (2003), 189.

²⁰ Calderisi, R. (2013). *Earthly mission: The Catholic Church and world development*. New Haven: Yale University Press, 207, 210.

²¹ Honda, T., Homan, S., Leung, L., Bennett, A., Fulu, E., & Fisher, J. (2022). Community mobilisation in the framework of supportive social environment to prevent family violence in Solomon Islands. *World Development, 152*. <https://doi.org/10.1016/j.worlddev.2021.105799>; Bull, M., & George, N. (2021). Policing and gender violence in Vanuatu. *International Journal for Crime, Justice and Social Democracy, 10*(4), 239–261.

²² Pepper, M., & Powell, R. (2022). Domestic and family violence: Responses and approaches across the Australian Churches. *Religions, 13*(3), 270–290; Powell, R. & Pepper, M. (2021). National Anglican family violence research report: Top line results. NCLS Research: North Ryde. <https://anglican.org.au/wp-content/uploads/2021/08/1.-NAFVP-Research-Report.pdf>; Truong, M., Sharif, M., Olsen, A., Pasalich, D., Calabria, B., & Priest, N. (2022). Attitudes and beliefs about family and domestic violence in faith-based communities: An exploratory qualitative study. *The Australian Journal of Social Issues, 57*(4), 880–897; Trotta, S., Wilkinson, O., & Marshall, K. (2022). Topics of significance for international development from religions and COVID-19 research. *Development in Practice, 32*(8), 1124–1134; Zust, B. L., Opdahl, B. F., Moses, K. S., Schubert, C. N., & Timmerman, J. (2021). 10-year study of Christian church support for domestic violence victims: 2005–2015. *Journal of Interpersonal Violence, 36*(7–8), 2959–2985.

²³ Pope Francis. (2013, November 24). *Evangelii gaudium: Apostolic exhortation on the proclamation of the Gospel in today’s world*. Vatican. https://www.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html

²⁴ Catholic Social Services Australia. (2020). Catholic social teaching. <https://cssa.org.au/catholic-social-teaching/>

²⁵ Catholic Social Services Australia, (2020); Australian Catholic Bishops Conference. (2020). Catholic social teaching FAQs. <https://socialjustice.catholic.org.au/catholic-social-teaching/catholic-social-teaching-faqs/>

²⁶ Pope Benedict XVI. (2009, June 29). *Caritas in veritate*. http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate_en.html.

²⁷ Haustein, J., & Tomalin, E. (2019). Keeping faith in 2030: Religions and the sustainable development goals: Findings and recommendations. <https://religions-and-development.leeds.ac.uk/wp-content/uploads/sites/10/2019/02/Policy-Paper-for-web.pdf>

²⁸ Lonergan, G., Lewis, H., Tomalin, E., & Waite, L. (2021). Distinctive or professionalised? Understanding the post secular in faith-based responses to trafficking, forced labour and slavery in the UK. *Sociology*, 55(3), 505–521.

²⁹ Aitken, J. (2007). ‘The horrors of matrimony among the masses’: Feminist representations of wife beating in England and Australia, 1870–1914. *Journal of Women’s History*, 19(4), 107–131. <https://doi.org/10.1353/jowh.2007.0072>

³⁰ Ramsay, J. (2007). Policy activism on a ‘wicked issue.’ *Australian Feminist Studies*, 22(53), 247–264. <https://doi.org/10.1080/08164640701364661>

³¹ Murray, S., & Powell, A. (2009). ‘What’s the problem?’: Australian public policy constructions of domestic and family violence. *Violence Against Women*, 15(5), 532–552. <https://doi.org/10.1177/1077801209331408>

³² Theobald, J. (2014). Women’s refuges and the state in Victoria, Australia: A campaign for secrecy of address. *Women’s History Review*, 23(1), 60–81. <https://doi.org/10.1080/09612025.2013.846116>

³³ The Lowitja Institute. (2019). *The First Response project: Trauma and culturally informed approaches to primary health care for women who experience violence*. <https://www.lowitja.org.au/page/services/resources/family-and-community-health/womens-health/the-first-response-project-trauma-and-culturally-informed-approaches-to-primary-health-care-for-women-who-experience-violence>

³⁴ Murray & Powell, (2009), 537.

³⁵ Australian Institute of Health and Welfare, (2018). *Family, domestic and sexual violence in Australia 2018*. Cat. no. FDV 2. Canberra: AIHW, 9.

³⁶ COAG (Council of Australian Governments). (2011). *National plan to reduce violence against women and their children 2010–2022*. COAG: Canberra, 3.

³⁷ Phillips, R. (2006). Undoing an activist response: Feminism and the Australian government’s domestic violence policy. *Critical Social Policy*, 26(1), 210. <https://doi.org/10.1177/0261018306059771>

³⁸ COAG, (2011).

³⁹ COAG. (2022). *National Plan to End Violence against Women and Children*. COAG: Canberra.

⁴⁰ Murray & Powell, (2009).

⁴¹ Australian Institute of Health and Welfare, (2019).

⁴² Murray & Powell, (2009), 537.

⁴³ Lambie-Mumford, H., & Jarvis, D. (2012). The role of faith-based organisations in the big society: Opportunities and challenges. *Policy Studies*, 33(3), 249–262; James, R. (2011). Handle with care: Engaging with faith-based

organisations in development. *Development in Practice*, 21(1), 109–117.

⁴⁴ Fitz-Gibbon, K., Reeves, E., Gelb, K., McGowan, J., Segrave, M., Meyer, S., & Maher, J.M. (2022). National plan victim survivor advocates consultation final report. Monash University: Victoria. doi.org/10.26180/16947220

⁴⁵ McMahon, A. (2001). Australian Catholics and the development of professional social services in Australia. In *Proceedings of the 400 Years of Charity Conference* (pp. 11–13). University of Liverpool: United Kingdom.

⁴⁶ COAG, (2022).

⁴⁷ Honda, et al. (2022).

⁴⁸ Honda, et al. (2022).

⁴⁹ Macy, (2022).

⁵⁰ Kana, F. (2022, June 12). Catholic safe house association launched. Loop. <https://www.loopng.com/community/catholic-safe-house-association-launched-113254>

⁵¹ Caritas Australia. (n.d). Case study: Dominic, Papua New Guinea. www.caritas.org.au/resources/library/case-study-dominic-papua-new-guinea-secondary/

⁵² Livings, M. S., Hsiao, V., & Withers, M. (2022). Breaking the cycle of family violence: A critique of family violence interventions. *Trauma, Violence, & Abuse*, 0(0). <https://doi.org/10.1177/15248380221098049>

⁵³ Centacare. (2022). Annual Report 2020–21. Centacare: Adelaide. <https://centacare.org.au/read-our-annual-report/>

⁵⁴ Hermkens, Kenneth, & McKenna, (2022).

⁵⁵ Australian Institute of Health and Welfare. (2021a). *Child protection in the time of COVID-19*. Canberra: AIHW.

⁵⁶ Australian Institute of Health and Welfare. (2021b). *The impact of COVID-19 on the wellbeing of Australians*, AIHW: Canberra, 65.; Catholic Diocese of Sandhurst. (2021, September 30). Federal funding for domestic violence needs to flow. <https://www.sandhurst.catholic.org.au/item/2005-federal-funding-for-domestic-violence-needs-to-flow>

⁵⁷ Jesuit Social Services. (2021). *Jesuit Social Services Annual Report 2020-2021*. Jesuit Social Services. https://cdn.jss.org.au/wp-content/uploads/2022/07/28000859/Jesuit_Social_Services_20-21_Annual_Report_web.pdf

⁵⁸ Kaybryn & Nidadavolu, (2012), 11.

References

Aitken, J. (2007). ‘The horrors of matrimony among the masses’: Feminist representations of wife beating in England and Australia, 1870–1914. *Journal of Women’s History*, 19(4), 107–131. <https://doi.org/10.1353/jowh.2007.0072>

Australian Catholic Bishops Conference. (2020). Catholic social teaching FAQs. <https://socialjustice.catholic.org.au/catholic-social-teaching/catholic-social-teaching-faqs/>
 Australian Catholic Bishops Conference. (2022). *Social Justice Statement 2022–2023: Respect: Confronting violence and abuse*. <https://socialjustice.catholic.org.au/2022/08/02/sjs2022-23/>

Australian Institute of Health and Welfare (2018). *Family, domestic and sexual violence in Australia 2018*. Cat. no. FDV 2. AIHW: Canberra.

Australian Institute of Health and Welfare. (2019). *Family, domestic and sexual violence in Australia: Continuing the national story 2019*. Cat. no. FDV 4. AIHW: Canberra.

Australian Institute of Health and Welfare. (2021a). Child protection in the time of COVID-19. Canberra: AIHW.

Australian Institute of Health and Welfare. (2021b). *The impact of COVID-19 on the wellbeing of Australians*, AIHW: Canberra.

Baffsky, R., Beek, K., Wayland, S., Shanthosh, J., Henry, A., & Cullen, P. (2022). ‘The real pandemic’s been there forever’: Qualitative perspectives of domestic and family violence workforce in Australia during COVID-19. *BMC Health Services Research*, 22(1), 1–17.

Bhuptani, P. H., Hunter, J., Goodwin, C., Millman, C., & Orchowski, L. M. (2022). Characterizing intimate partner violence in the United States during the COVID-19 pandemic: a systematic review. *Trauma, Violence, & Abuse*, 0(0). <https://doi.org/10.1177/15248380221126187>

Bukuluki, P., Kisaakye, P., Bulenzi-Gulere, G., Mulindwa, B., Bazira, D., Letiyo, E., Namirembe, H. N. L., Schmidt, I., Kakande P. N., & Nissling, S. (2021). Vulnerability to violence against women or girls during COVID-19 in

Uganda. *BMC Public Health*, 23(1). <https://doi.org/10.1186/s12889-022-14951-7>

Bull, M., & George, N. (2021). Policing and gender violence in Vanuatu. *International Journal for Crime, Justice and Social Democracy*, 10(4), 239–261.

CAFOD DRC. (2021). *Supporting women as they heal from trauma*. <https://cafod.org.uk/About-us/Where-we-work/Africa/DR-Congo>

Calderisi, R. (2013). *Earthly mission: The Catholic Church and world development*. Yale University Press: New Haven.

Camilleri, P., & Winkworth, G. (2005). Catholic social services in Australia: A short history. *Australian Social Work*, 58(1), 76–85.

Campion, E. (1987). *Australian Catholics: The contribution of Catholics to the development of Australian Society*. Penguin Books: Ringwood.

Caritas Australia. (n.d). Case study: Dominic, Papua New Guinea. www.caritas.org.au/resources/library/case-study-dominic-papua-new-guinea-secondary/

CatholicCare Canberra & Goulburn. (2021). Annual Report 2019/20. CatholicCare Canberra & Goulburn. <https://catholiccare.org.au/app/uploads/CatholicCare-Annual-Report-2019-2020.pdf>

CatholicCare Diocese of Broken Bay. (2022). Annual Report 2020/21. CatholicCare Diocese of Broken Bay: Pennant Hills. <https://www.catholiccaredbb.org.au/wp-content/uploads/CatholicCare-Annual-Report-2020-2021.pdf>

CatholicCare Sydney. (2021). Annual Report 2020. CatholicCare Sydney: Lewisham. <https://www.catholiccare.org/about-us/news-and-publications/annual-reports/Catholic-Diocese-of-Sandhurst>. (2021, September 30). Federal funding for domestic violence needs to flow. <https://www.sandhurst.catholic.org.au/item/2005-federal-funding-for-domestic-violence-needs-to-flow>

Catholic Social Services Australia. (2020). Catholic social

- teaching. <https://cssa.org.au/catholic-social-teaching/>
- Centacare. (2022). Annual Report 2020–21. Centacare: Adelaide. <https://centacare.org.au/read-our-annual-report/>
- Centacare. (n.d.) Men's behaviour change program. Centacare: Brisbane. <https://centacare.com/>
- Closing the Gap Clearinghouse. (2016). AIHW. <https://www.aihw.gov.au/getmedia/c0e5bdde-e9c4-4a1f-808e-256191835cde/ctgc-rs37.pdf.aspx?inline=true>
- COAG (Council of Australian Governments). (2011). *National plan to reduce violence against women and their children 2010–2022*. COAG: Canberra.
- COAG. (2022). *National Plan to End Violence against Women and Children*. COAG: Canberra.
- Covid-19 domestic violence against women in Papua New Guinea* (Submission to the United Nations Special Rapporteur on Violence against Women, 30 June 2020): https://iwda.org.au/assets/files/COVID-19-and-Gender-Based-Violence-in-PNG-FINAL-Submission_v3.pdf
- Covid-19 pandemic and violence against women in Asia and the Pacific* (United Nations ESCAP Policy Paper, Social Development Division, April 2021). <https://www.unescap.org/kp/2021/covid-19-pandemic-and-violence-against-women-asia-and-pacific>
- Davis, J. M. (2019). Comparing the prevalence and organizational distinctiveness of faith-based and secular development NGOs in Canada. *VOLUNTAS: International Journal of Voluntary and Non-profit Organizations*, 30(6), 1380–1392. <https://doi.org/10.1007/s11266-018-00072-6>
- Fitz-Gibbon, K., Reeves, E., Gelb, K., McGowan, J., Segrave, M., Meyer, S., & Maher, J.M. (2022). National plan victim survivor advocates consultation final report. Monash University: Victoria. doi.org/10.26180/16947220
- Flood, M., & Pease, B. (2009). Factors influencing attitudes to violence against women. *Trauma, Violence, and Abuse*, 10(2), 125–142. <https://doi.org/10.1177/1524838009334131>
- Garton, S. (1994). Rights and duties: Arguing charity and welfare 1880–1920. In *Welfare and Social Policy in Australia*. Harcourt Brace.
- Gleeson, D. J. (2000). Professional social workers and welfare bureaus: The origins of Australian Catholic social work. *The Australasian Catholic Record*, 77(2), 185–202.
- Gleeson, D. J. (2006). The professionalisation of Australian Catholic social welfare, 1920–1985. University of New South Wales.
- Gleeson, D. J. (2008). Some new perspectives on early Australian social work. *Australian Social Work*, 61(3), 207–225. <https://www.tandfonline.com/doi/full/10.1080/03124070802233195>
- Gregory, M. (n.d.). From refuge to retreat to community: The social work ministry of the Good Samaritans at Pitt Street and Tempe/Arncliffe, 1857–1984. *Journal of the Australian Catholic Historical Society*, 7(4), 3–19. <https://doi.org/10.3316/ielapa.851010915>
- Haustein, J., & Tomalin, E. (2019). Keeping faith in 2030: Religions and the sustainable development goals: Findings and recommendations. <https://religions-and-development.leeds.ac.uk/wp-content/uploads/sites/10/2019/02/Policy-Paper-for-web.pdf>
- Hermkens, A. K., Kenneth, R., & McKenna, K. (2022). Gender equality theology and essentialism: Catholic responses to gender-based violence and inequality in Papua New Guinea. *Oceania*, 92(3), 310–328. <https://doi.org/10.1002/ocea.5348>
- Hoffstaedter, G. (2013). Religion and development: Australian faith-based development organisations. *International Journal of Religion and Society*, 4(1/2), 113–157.
- Honda, T., Homan, S., Leung, L., Bennett, A., Fulu, E., & Fisher, J. (2022). Community mobilisation in the framework of supportive social environment to prevent family violence in Solomon Islands. *World Development*, 152. <https://doi.org/10.1016/j.worlddev.2021.105799>
- Hughes, L. (2010). Catholic sisters and Australian social welfare history. *The Australasian Catholic Record*, 87(1), 30–46.
- Itzin, C. (2000). Gendering domestic violence: The influence of feminism on policy and practice. In J. Hanmer & C. Itzin (Eds.), *Home truths about domestic violence: Feminist influences on policy and practice* (pp. 356–380). Routledge: London.
- James, R. (2011). Handle with care: Engaging with faith-based organisations in development. *Development in Practice*, 21(1), 109–117.
- Jesuit Social Services. (2021). Jesuit Social Services Annual Report 2020–2021. Jesuit Social Services. https://cdn.jss.org.au/wp-content/uploads/2022/07/28000859/Jesuit_Social_Services_20-21_Annual_Report_web.pdf
- Kana, F. (2022, June 12). Catholic safe house association launched. Loop. <https://www.looppng.com/community/catholic-safe-house-association-launched-113254>
- Kaybryn, J. & Nidadavolu, V., Lokot, M., Harmer, A. & Bhatia, K. (2012). *A mapping of faith-based responses to violence against women and girls in the Asia-Pacific region*. UNFPA. <https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA-WVA-FBO-VAWG-AP-2012.pdf>
- Knight, P. A. & Gilchrist, D. J. (2015), *Australia's Faith-based Charities 2013: A summary of data from the Australian Charities 2013 Report*, for the Australian Charities and Not-for-profits Commission, Melbourne, executive summary.
- Lambie-Mumford, H., & Jarvis, D. (2012). The role of faith-based organisations in the big society: Opportunities and challenges. *Policy Studies*, 33(3), 249–262.
- Livings, M. S., Hsiao, V., & Withers, M. (2022). Breaking the cycle of family violence: A critique of family violence interventions. *Trauma, Violence, & Abuse*, 0(0). <https://doi.org/10.1177/15248380221098049>
- Lonergan, G., Lewis, H., Tomalin, E., & Waite, L. (2021). Distinctive or professionalised? Understanding the post-secular in faith-based responses to trafficking, forced labour and slavery in the UK. *Sociology*, 55(3), 505–521.
- The Lowitja Institute. (2019). *The First Response project: Trauma and culturally informed approaches to primary health care for women who experience violence*. <https://www.lowitja.org.au/page/services/resources/family-and-community-health/womens-health/the-first-response-project-trauma-and-culturally-informed-approaches-to-primary-health-care-for-women-who-experience-violence>
- Macy, R. J. (2022). The COVID-19 pandemic and family violence: Reflecting on two years' research. *Journal of Family Violence*, 37, 719–724. <https://doi.org/10.1007/s10896-022-00410-9>
- McAuley Community Services for Women. (2021). Annual Report 2019–2020 (McAuley Community Services for Women: Footscray. <https://www.mcauley.org.au/about/publications/annual-reports/>
- McMahon, A. (2001). Australian Catholics and the development of professional social services in Australia. In *Proceedings of the 400 Years of Charity Conference* (pp. 11–13). University of Liverpool: United Kingdom.
- Mendes, P. (2017). *Australia's welfare wars: The players, the politics and the ideologies* (3rd edition). UNSW Press.
- Murphy, M., Ellsberg, M., Balogun, A., & Garcia-Moreno, C. (2022). Risk and protective factors for violence against women and girls living in conflict and natural disaster-affected settings: a systematic review. *Trauma, Violence, & Abuse*, 0(0). <https://doi.org/10.1177/15248380221129303>
- Murray, S., & Powell, A. (2009). 'What's the problem?': Australian public policy constructions of domestic and family violence. *Violence Against Women*, 15(5), 532–552. <https://doi.org/10.1177/1077801209331408>
- Nagashima-Hayashi, M., Durrance-Bagale, A., Marzouk, M., Ung, M., Lam, S. T., Neo, P. & Howard, N. (2022) Gender-based violence in the Asia-Pacific region during Covid-19: A hidden pandemic behind closed doors. *International Journal of Environmental Research and Public Health*, 19(4), 22–39. <https://doi.org/10.3390/ijerph19042239>
- O'Farrell, P. (1985). *The Catholic Church and Community: An Australian History*. UNSW Press.
- Pepper, M., & Powell, R. (2022). Domestic and family violence: Responses and approaches across the Australian churches. *Religions*, 13(3), 270–290.
- Pfifner, N., Fitz-Gibbon, K., & Meyer, S. (2022). Responding to women experiencing domestic and family violence during the COVID-19 pandemic: Exploring experiences and impacts of remote service delivery in Australia. *Child & Family Social Work*, 27(1), 30–40.
- Phillips, R. (2006). Undoing an activist response: Feminism and the Australian government's domestic violence policy. *Critical Social Policy*, 26(1), 210. <https://doi.org/10.1177/0261018306059771>
- Pope Benedict XVI. (2009, June 29). *Caritas in veritate*. http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate_en.html
- Pope Francis. (2013, November 24). *Evangelii gaudium: Apostolic exhortation on the proclamation of the Gospel in today's world*. Vatican. https://www.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html
- Pope Francis. (2018), *Apostolic Journey of His Holiness Pope Francis to Chile & Peru (15–22 Jan 2018), Meeting with the population*, 19 January 2018, in Cristina Gomez, *A Catholic Response to Domestic Violence*, Catholic Diocese of Broken Bay, 2020.
- Powell, R. & Pepper, M. (2021). National Anglican family violence research report: Top line results. NCLS Research: North Ryde. <https://anglican.org.au/wp-content/uploads/2021/08/1.-NAFVP-Research-Report.pdf>
- Ramsay, J. (2007). Policy activism on a 'wicked issue'. *Australian Feminist Studies*, 22(53), 247–264. <https://doi.org/10.1080/08164640701364661>
- Roy, C. M., Bukuluki, P., Casey, S.E., Jagun, M. O., John, N. J., Mabhena, N., Mwangi, M., & McGovern, T. (2022). Impact of COVID-19 in gender-based violence prevention and response services in Kenya, Uganda, Nigeria, and South Africa: A cross-sectional survey. *Frontiers in Global Women's Health*, 27(2). doi:10.3389/fgwh.2021.780771.
- Shah, S. S., & Mufeed, S. A. (2023). Urgency and relevance of feminist social work to curb domestic violence amid COVID-19. *International Social Work*, 66(1), 80–92. <https://doi.org/10.1177/00208728211066833>
- Theobald, J. (2014). Women's refuges and the state in Victoria, Australia: A campaign for secrecy of address. *Women's History Review*, 23(1), 60–81. <https://doi.org/10.1080/09612025.2013.846116>
- Trotta, S., Wilkinson, O., & Marshall, K. (2022). Topics of significance for international development from religions and COVID-19 research. *Development in Practice*, 32(8), 1124–1134.
- Truong, M., Sharif, M., Olsen, A., Pasalich, D., Calabria, B., & Priest, N. (2022). Attitudes and beliefs about family and domestic violence in faith-based communities: An exploratory qualitative study. *The Australian Journal of Social Issues*, 57(4), 880–897.
- Winkworth, G., & Camilleri, P. (2003). Mapping the Catholic social services. *The Australasian Catholic Record*, 81(2), 184–197. <https://doi.org/10.3316/ielapa.823582422550078>.
- Winkworth, G., & Camilleri, P. (2004). Keeping the faith: The impact of human services restructuring on Catholic social welfare services. *Australian Journal of Social Issues*, 39(3), 315–328.
- Zust, B. L., Flicek Opdahl, B., Moses, K. S., Schubert, C. N., & Timmerman, J. (2021). 10-year study of Christian church support for domestic violence victims: 2005–2015. *Journal of Interpersonal Violence*, 36(7–8), 2959–2985.

Appendix 1.

CARITAS AUSTRALIA AND PARTNERS		
PARTNER AGENCY	DOCUMENT TITLE	YEAR OF PUBLICATION
CARITAS AUSTRALIA	Web page general	n.d.
	Web page family violence	n.d.
	Principles of engagement on international development: Through the lens of Catholic social teaching	2010
	Integral Human Development Program Effectiveness Framework	2017
	Strategic Direction 2021-2031	2020
	Annual Report 2020-2021	2022
	Advocacy Agenda 2022-2026	2022
NATSICC	Culture and faith web	n.d.
	Newsletter	2015
	Emerging as a more equitable and caring nation after COVID-19	2021
CARITAS BANGLADESH	Web page general	n.d.
	Strategic Plan 2019-2024	2018
	Annual Report 2019-2020	2021
	E-bulletin 12 March to 30 April 2020	2020
	Newsletter Oct-Dec 2020	2020
	Newsletter Jan-Mar 2021	2021
	Newsletter Apr-Jun 2021	2021

CARITAS AUSTRALIA AND PARTNERS CONTINUED		
PARTNER AGENCY	DOCUMENT TITLE	YEAR OF PUBLICATION
CARITAS INDIA	Web page general	n.d.
	Strategic Plan 2018-2023	2017
	Annual Report 2019-2020	2021
	Policy Brief: Rights of Children during COVID-19 and beyond	2020
	Impact of COVID-19 pandemic on the small holder farmers in India	2020
	The new exodus: The untold stories of distressed migrants during COVID-19	2020
CARITAS FIJI	Web page	n.d.
	Guidelines for dealing with cases of sexual abuse	2012
	SCC sharing about the experience of the COVID-19 restrictions	2020
CARITAS LEBANON	Web page	n.d.
	Annual Report 2020	2021
	Web page	n.d.
CAFOD DRC	Voices against violence	2018
	How coronavirus is affecting the DRC	2021
	Supporting women as they heal from trauma	2021
	Web page	n.d.
CAFOD ZIMBABWE	How coronavirus is affecting Zimbabwe	2020
	Urgent appeal for millions of families facing hunger	2020
	Web page	n.d.
PNG FAMILY LIFE COMMISSION	Women empowerment: Cultural influences	n.d.
	Dominic, Papua New Guinea (in Curriculum: Civic and Citizenship)	n.d. (via Caritas Australia)
PNG NAZARETH CENTRE OF REHABILITATION	Women human rights defenders advocating for children's rights	n.d. (via DFAT)
PNG LUJAN HOUSE	Web page	n.d.
CARITAS OCEANIA	Caritas Oceania Submission to the Inquiry on Human Rights of Women and Girls in the Pacific	2020

CATHOLIC SOCIAL SERVICES AUSTRALIA AND PARTNERS		
PARTNER AGENCY	DOCUMENT TITLE	YEAR OF PUBLICATION
JESUIT SOCIAL SERVICES	Website – Values and History	2022
	Annual Reports 2019-2020; 2020-2021	2021; 2022
	Strategic Plan	2022
CATHOLICCARE SYDNEY	Annual Reports 2020; 2021	2021; 2022
	Website Pages on Services, History, Value	2022
CENTACARE CATHOLIC FAMILY SERVICES (SA)	Annual Reports 2018-2019; 2019-2020; 2020-2021	2020; 2021; 2022
	Website – History, Values	2022
MARIST180	Website	2022
	Annual Report 2020	2021
CENTACARE BRISBANE	Website – History, Our Faith, Understanding DFV, Counselling, Group Education, Court Support	2022
	Annual Reports 2018-2019; 2019-2020	2020; 2021
CENTACARE CQ	Website – DFV Services, Blog Posts 2020-2021	2022
	Brochure – DFV Support, Men's Support	n.d.
CATHOLICCARE DIOCESE OF BROKEN BAY	Website – Strategic Directions, Catholic Social Teaching, Services pages	2022
	Annual Reports 2018-2019; 2019-2020; 2020-2021	2020; 2021; 2022
MACKILLOP FAMILY SERVICES	Website – History, Indigenous Healing Service, Safe Relationships	2022
	Annual Reports 2019-2020; 2020-2021	2021; 2022
MCAULEY COMMUNITY SERVICES FOR WOMEN	Website – About Us, Our Work	2022
	Annual Report 2019-2020	2021
	Strategic Plan 2018-2023	2023
CATHOLICCARE VICTORIA	Annual Report 2020	2021
	Statement: A new vision for caring services in Victoria	2020
	Website – About Us, Services	2022
	CatholicCare Sandhurst Annual Report 2019-2020	2020
CATHOLICCARE TASMANIA	Centacare Ballarat Annual Report 2019-2020	2021
	Website – About Us	2022
	Annual Report 2020-2021	2022
	Website – Services	2022
CATHOLICCARE TASMANIA	Safe Choices, News	2022

CATHOLIC SOCIAL SERVICES AUSTRALIA AND PARTNERS CONTINUED		
PARTNER AGENCY	DOCUMENT TITLE	YEAR OF PUBLICATION
CATHOLICCARE TASMANIA CONTINUED	Website – About Us	2022
	Annual Report 2020-2021	2022
	Website – Services	2022
	Safe Choices, News	2022
	Safe Choices, Practical Training Guide	2022
	Safe Choices, What is Safe Choices?	
	No excuse for abuse (PTG)	2022
CENTACARE FNQ-CAIRNS	Safe Choices, What is family violence?	2022
	Annual Report 2019-2020	2021
	Website, Counselling	2022
	Website, Our Organisation	2022
CATHOLICCARE CANBERRA & GOULBURN	Annual Report 2019-2020	2021
	Website – About Us, Services	2022
	Blog, 16 days of Activism	2022
SA PROVINCE OF THE SISTERS OF SAINT JOSEPH	Blog, International Women's Day	2022
	Website	2022
	Website, Queensland Directory of Health and Community Services	2022
NORTH WEST QUEENSLAND INDIGENOUS CATHOLIC SOCIAL SERVICES	Grant for NWQICSS to develop domestic violence education program, The North West Star, Mt Isa, QLD	2022
	Good Shepherd, About Jangawala	2022
	Charity Guide. NWQICSS	2022
	Annual Report 2018	2019
	Strategic Plan, 2019-24	2019
CATHOLICCARE HUNTER-MANNING	Website, Child, Youth and family	2022
	Website, Mission, Vision, Values	2022
	Website, Services	2022

CATHOLIC SOCIAL SERVICES AUSTRALIA AND PARTNERS CONTINUED		
PARTNER AGENCY	DOCUMENT TITLE	YEAR OF PUBLICATION
CATHOLICCARE NT	Website, Services	2022
	Mission and Values Integration Framework	2019
	Men's Behaviour Chance Flyer	2022
	Website, Strategic Plan	2022
	Submission: Family, domestic and sexual violence	2020
	Submission: Productivity Commission	2019
	Evaluation of the family toolkit	2015
	Developing the power to say no more	2018
	Stretch Reconciliation 2018-2020	2018
CENTACARE CATHOLIC FAMILY SERVICES COUNTRY SA	Website, Service, About Us	2022
	Annual Report 2019-2020	2021
	Innovate Reconciliation Action Plan 2018-2019	2018

CATHOLIC HEALTH AUSTRALIA AND PARTNERS		
PARTNER AGENCY	DOCUMENT TITLE	YEAR OF PUBLICATION
VINNIES NSW	Website - Find Help NSW DFV	2022
	Annual Reports 2019-2020; 2020-2021	2021; 2022
	Strategic Plan 2020-2022	2020
CABRINI	Website, Women's Mental Health Service, Programs, Outreach, Services	2022
	Ethic of Care	2022
	Outreach Strategy	2020
CATHOLICCARE	Annual Reports 2019; 2020	2020; 2021
	Engage Stakeholder Update	2020
	News and Publications, Let's Act Now	2022
	Website, Services	2022
ST VINCENT'S HOSPITAL NETWORK	Website, Services	2022
	Website, Open Support	2022

Appendix 2. List of organisations participating in interviews

PARTNER	NAME OF ORGANISATION	DESCRIPTION
CA	Caritas Australia	Member of Caritas Internationalis working in 18 countries for international development
CA	Catholic Agency for Overseas Development, Democratic Republic of Congo (CAFOD DRC)	International development charity agency of the Catholic Church in England and Wales (DRC Office)
CA	Caritas Fiji	Social and economic service agency of the Catholic Archdiocese of Suva
CA	Caritas Lebanon	Member of Caritas Internationalis, providing healthcare, social work, protection, livelihood and education services
CA	Caritas Bangladesh	Member of Caritas Internationalis, working for integral social welfare and development
CA	Caritas PNG	Member of Caritas Internationalis and the Justice, Peace, Development and Relief agency of the Catholic Bishops Conference of PNG
CHA	Catholic Health Australia	Australia's largest non-government grouping of hospitals, aged and community care services
CHA	Werribee Mercy Hospital	General hospital in Victoria
CHA	St Vincent's Health Network Sydney	Regional healthcare services in New South Wales
CHA	St Vincent's Clinic	A multidisciplinary clinic with community services and research, based in Sydney
CHA	St Vincent de Paul NSW	A lay Catholic organisation which serves the poor as part of St Vincent de Paul Society operating in 153 countries
CSSA	Catholic Social Services Australia	National network of Catholic social service organisations
CSSA	Centacare SA	Community service agency of the Catholic Archdiocese of Adelaide
CSSA	Centacare New England North West	Social Services Agency of the Catholic Diocese of Armidale
CSSA	Australian Catholic Religious Against Trafficking in Humans (ACRATH)	Countering human trafficking and slavery in Australia



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