



Anglicans Promoting Respectful Relationships

A Discussion Paper on the role of the Anglican Diocese of Melbourne in the Primary Prevention of Violence Against Women

Presented by the Social Responsibilities Committee,
Anglican Diocese of Melbourne

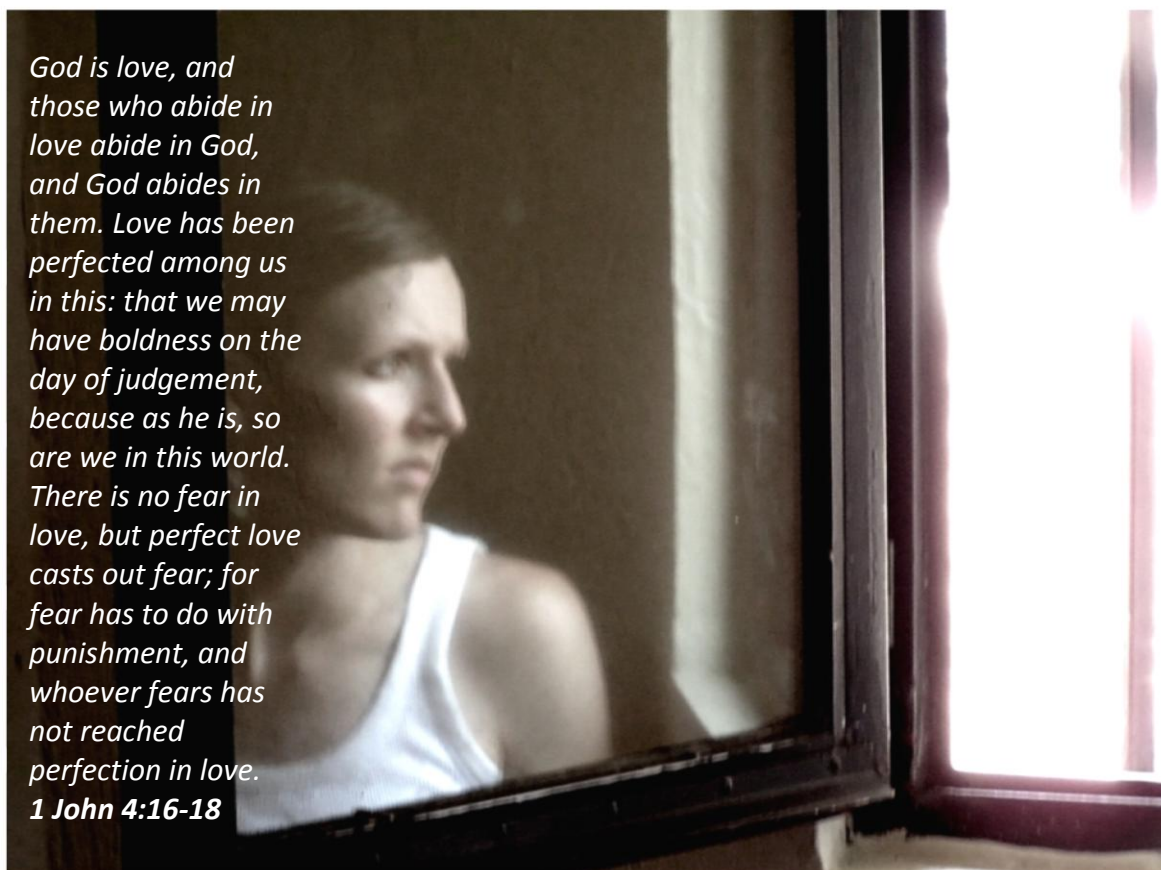
Written by the Revd Scott Holmes, Coordinator of the
Northern Interfaith Respectful Relationships Project, in
partnership with Darebin City Council and VicHealth

Prepared by Anglicord

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*God is love, and
those who abide in
love abide in God,
and God abides in
them. Love has been
perfected among us
in this: that we may
have boldness on the
day of judgement,
because as he is, so
are we in this world.
There is no fear in
love, but perfect love
casts out fear; for
fear has to do with
punishment, and
whoever fears has
not reached
perfection in love.
1 John 4:16-18*



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Introduction – the vision of a world renewed

From its earliest days Christianity was known for the quality of its care for the most vulnerable people in the community. Building on the example of Jesus, whose ministry was characterised by healing outreach to those on the margins of society, the early church lived and preached a message of compassion and inclusion. Throughout the NT we read many examples of this message in action: Paul's collection for the poor in Jerusalem; the setting aside of Deacons to care for widows; the many injunctions to love in the letters of John; the inclusive nature of the table of the Lord. This message has continued in the church to our time today, visible in the work of hospitals, orphanages, hospices, the abolitionists, and the huge diversity of welfare work done both by local congregations and the agencies of the church.

Central to this work has been the theological vision of a world renewed and restored. A world in which the love of God, made known to us in the reconciling work of Christ, is made manifest in the way we craft a society where people are free from fear, free from poverty, free from exclusion, and free from prejudice. This is the kingdom that Jesus speaks of – a kingdom we look for in the future even as we build it now.

Today this vision continues to challenge us. A particular challenge highlighted around the world over the last few decades has been the persistent reality of violence against women, most of which occurs as family violence. With a growing understanding of the individual and social cost of this violence, the church is being awakened to its role in ensuring that women and children are able to live with freedom from violence. This discussion paper explores how the Anglican Diocese of Melbourne can take a lead in this process through the adoption of a *primary prevention* approach to eliminating violence against women.

“The church is being awakened to its role in ensuring that women and children are able to live with freedom from violence.”

Violence against women

In 1993 the United Nations released its Declaration on the Elimination of Violence Against Women. This landmark declaration acknowledged the reality of this violence, and affirmed that it would not end without an intentional effort from all sectors of society in all corners of the world.

“States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women....” (Article 4)



Recent research in Australia confirms that violence against women continues to have a huge impact in our own society. These findings have shown that: more than one in three women (34%) who have had an intimate partner have experienced violence from a partner or ex-partner; a woman is killed in Australia almost every week by a partner or ex-partner; an estimated one in four children and young people have witnessed domestic violence against their mother or step-mother; violence against women and their children cost the Australia economy \$13.6 billion in 2009; intimate partner violence is the leading contributor to ill-health and premature death in Victorian women under the age of 45.

“Intimate partner violence is the leading contributor to ill-health and premature death in Victorian women under the age of 45.”

These findings have prompted a response from all levels of government in Australia. In April 2009 the Federal Government released *The National Plan to Reduce Violence Against Women*. In November 2009 the Victorian Government released *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010 – 2020*. At a local level, the Networking and Capacity Building Project has worked with local governments in Victoria to ensure that Prevention of Violence Against Women policies are embedded in local government policies and actions. And VicHealth, the Victorian Health Promotion Unit, has for some years funded partnership projects in a range of settings, gathering evidence of the value of Primary Prevention practices in the prevention of violence against women.

Churches and other faith communities are united in their condemnation of violence against women. In a small number of settings actions have begun within faith communities to increase their ability to recognise and respond appropriately to existing incidents of violence. Of particular note has been the *'Promoting Peace in Casey'* Project, a partnership between the Casey Pastors Network and City of Casey, with funding from the Federal Government. These actions have focused on increasing an awareness of the existence of family violence and training faith leaders in appropriate ways to pastorally care for those affected. This is known as *Secondary Prevention* (responding to current family violence incidents) and *Tertiary Prevention* (long term care of those involved in family violence incidents). Many of the faith-based welfare agencies are also involved at this level in a variety of ways, including counselling, men's behaviour change programs, and women's safety programs. The next step for churches and faith communities is to develop a *primary prevention* approach.

Counting the cost of violence against women

Violence against women is a public health issue with wide ranging impacts. For the women themselves, all forms of violence reinforce a range of other known determinants of overall health problems. Women experiencing violence may respond to the trauma in ways that damage their own health, such as substance abuse, depression, anxiety and social withdrawal.



Violence against women damages the health and well-being of children and young people both directly and indirectly. Research indicates that one in four children and young people have witnessed domestic violence against their mother or step-mother, and that this experience can cause significant issues in later life. The *Family Violence Protection Act 2008* recognises this by including: 'causing a child to hear or witness, or otherwise be exposed to the effects of family violence' as an act of family violence in itself.

The economic costs of violence against women are large. Victims of violence may require support services years after the violence was perpetrated, and may also face the loss of income. The *World Health Organisation (WHO)* in a 2004 report 'The economic Dimensions of Interpersonal Violence' showed that preventing violence is cost beneficial and cost effective.

Finally, there is also a cost to the male perpetrators of violence, particularly in the form of diminished relationships with family and friends, isolation, potential loss of employment and income, and imprisonment. Violence against women causes damage not just to individuals, but to our whole community

The Primary Prevention approach

Primary Prevention is a growing field within the spectrum of health care. Primary Prevention operates on the basis that prevention is better than cure. This is true both from a social perspective as well as a financial perspective. Socially, preventing violence *before* it happens is obviously a better outcome for all involved. Financially, money spent on Primary Prevention more than pays for itself in the elimination of the costs associated with the secondary and tertiary care of victims of family violence, which can include hospital treatment, counselling, and the financial impact of relationship breakdown.

Primary Prevention is concerned with the *broad social factors* contributing to violence against women rather than the specific factors of individual episodes. By identifying the factors operating across the general society, including attitudinal and cultural beliefs and systemic patterns of inequality, programs and projects can be designed to influence those factors in a range of settings and contexts, including the faith setting.

"Money spent on Primary Prevention more than pays for itself in the elimination of the costs associated with the secondary and tertiary care of victims of family violence."

Primary Prevention is a long term strategy of change rather than a quick-fix approach. We know from other recent Primary prevention projects, such as those concerned with smoking related illnesses, that attitudes and behaviours do not change overnight. Preventing violence against women will require from us a similar commitment to a strategic program of activities over a long period of time.

The importance of this Primary Prevention approach was recognised in a recent Anglicare Victoria Report, 'Journeys to Safety' (2008):

"As important as it is to assist families to recover from the effects of family violence, the best way in which persons can be protected from the effects of family violence is to prevent them from being exposed to it. ... many more family violence primary prevention and awareness campaigns and initiatives need to be developed and implemented. Primary prevention campaigns should have a state and national scope, as it is important to reach families who are at risk of or who are actually experiencing violence. The majority of these families will otherwise never come into contact with the broader human services system. Campaigns and initiatives need to address all forms of family violence, including non-physical forms of abuse." (p. 60)

Promoting gender equity in the prevention of violence against women

Research on the factors implicated in violence against women has been occurring around the world in a variety of contexts. Here in Victoria, VicHealth, the Victorian Health Promotion Foundation, has been conducting significant research over a number of years. Their research has found the key determinants and contributing factors to the perpetration of violence against women are unequal power relations between men and women, adherence to rigid gender stereotypes, and broader cultures of violence.

"The VicHealth research found that the underlying factors in the perpetration of violence against women relate to the unequal distribution of power and resources between men and women, and adherence to rigid or narrow gender roles and stereotypes. This reflects gendered patterns in the prevalence and perpetration of violence. Importantly, other factors such as alcohol and drug use or childhood exposure to violence were found to be neither necessary nor sufficient conditions for violence to occur. While these may be identified as risk factors, they become significant in predicting violence only where they intersect with norms and social practices relating to gender roles, identities and stereotypes." (p. 13 of 'A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010 – 2020.)

This is put even more powerfully in a 2009 report published by Good Shepherd Youth and Family Services, 'Researching the Gaps: the needs of women who have experienced long term domestic violence'.

[There is] a need for greater recognition that women who have experienced long term family violence benefit greatly from workers who draw on feminist understandings of family violence which allow women to understand that the violence has never been their fault but is a manifestation of broader structural and systemic inequalities and that it is possible to achieve healthy, life-giving relationships. (p. 115)

As a result of this research it is clear that primary prevention of violence against women concerns strategies that will promote gender equity, encourage a broader and more flexible approach to expressions of gender role and identity, and challenge the broader cultures of violence. Taken together, these strategies are ones which, in the words of VicHealth, promote respect, responsibility and equality.



"Underlying factors ... relate to the unequal distribution of power and resources between men and women, and adherence to rigid or narrow gender roles and stereotypes."

Toward an Anglican Strategic Policy

The Anglican Diocese of Melbourne has made significant progress toward the full equality of women in the ordained and lay leadership of the church, now including the Episcopate. Work in recent years has also clarified expectations around the professional standards of clergy and the commitment to respectful relationships contained in those standards. While these are significant factors in an implicit culture of respect, what is still needed is an explicit policy that will provide a strong motivation to address the *prevention* of violence against women across all sectors of our Diocese. Unfortunately, there can be no suggestion that we are immune from the tragedy of family violence. Further, as an organisation that seeks to promote a message of forgiveness, reconciliation, and inclusion, it is imperative that we ourselves are seen to value dignity and freedom from violence for women and girls.



This strategic policy will potentially encourage action at four levels. Firstly, to *educate* people within the Diocese about the nature and affects of family violence and the importance of including primary prevention activities as part of our response to this issue. Secondly, to *investigate* the existing policies and practices in all sectors of the Diocese – parishes, schools, organisations – to ensure that everything that we do supports a strong culture of respect and equity in relation to the treatment of women and girls. Thirdly, to *participate* in community initiatives, local, state and national, concerned with primary prevention of violence against women – such as the White Ribbon Campaign, the No to Violence Week, and the many projects being run by local and state government. Lastly, to secure the *sustainability* of this work by developing an Ecumenical / Interfaith task force on Prevention of Violence Against Women.

With the current limited resources of our Diocese, it is important that a Strategic Policy can be readily implemented with minimal support. To this end, it is hoped that this Policy can draw on the resources of the Northern Interfaith Respectful Relationships Project, which is currently in the process of developing a number of resources in this area, including a Peer Mentoring Program for faith leaders, and a Primary Prevention Tool Kit for faith communities. This second resource will include a range of user-friendly and easily adaptable resources to assist parishes in getting started with primary prevention.

“What is still needed is an explicit policy that will provide a strong motivation to address the prevention of violence against women across all sectors of our Diocese.”

Conclusion

Confronting the spectre of violence against women is a task for all organisations in our society, including our churches. Research shows that there are ways to prevent this violence before it occurs. This primary prevention approach requires a long term commitment on behalf of all of us to change the cultural and systemic factors that contribute to violence in our community. By working to eliminate gender inequality, to embrace gender equity in the roles of women and men, and to strengthen our opposition to all forms of violence, we can make a difference to the lives of women and girls in our community – a community where they can live free from the fear of violence and the impact it has on all our lives.

Types of Domestic Violence

Physical

Hitting; Punching; Dragging by hair; Choking; Burning; Slapping; Pinching; Stabbing; Pushing/shoving; Restraining; Tying up; Gagging; Physical intimidation; Use of body language e.g. standing over/involving personal space; Threatened with gun/other weapons; Damage to possessions/property; Dragged out of bed in middle of night to perform tasks e.g. housework; denying medication or over medicating; putting something out of reach of a person with disability

Social

Prevented from studying or advancing self/skills; Denigration/putdowns before family friends & others; Public humiliation; Isolating by being obnoxious in front of friends and family-driving them away; Interfering with car to control movements; Prevent from having contact with friends/families; Imprisoned at home; Phone calls monitored e.g. STD calls on bill; Denied access to phone e.g. phone locked; Threats to 'out' a gay or lesbian; Preventing a woman from attending medical appointments on her own

Sexual

Coerced sexual activities e.g. forced to perform acts which find humiliating; Forced to have sex with and/or in front of others; Forced to have sex with animals; Rape with objects; Forced to wear clothes which make you feel degraded; Forced to be constantly sexually available no matter how tired, sick or uninterested; Waking up to find you are being raped; Mutilation of genitals/breasts; Sexual harassment; Forced sterilisation; Forced abortion or pregnancy

Financial

Controlling all finances and denying access to money; Coercion to sign contracts without being an equal partner or fully informed; Gambling all the money and assets away leaving family destitute; Overzealous scrutiny of expenditures; Dragging out Family Court proceedings in order to force all funds to be spent in legal costs; Forced to hand over the pay; Incurring debts and then disappearing leaving the debts to be paid by the partner left behind

Spiritual

Undermining spiritual beliefs/practices; Use of spiritual/religious rituals to abuse; Denial of access to religious practices/networks; Within some cults-use of brainwashing and controls over all aspects of life; Forced to participate in religion you don't want to join; Forced to participate in rituals

Emotional

Yelling abuse; Name calling; Mind games; Crazy making behaviours; Undermining parenting skills; Criticising beliefs; Criticising abilities; Put downs; Emotional withdrawal at times of need silent treatment; Threats to kill/to harm/to suicide; Harming/killing pets; Use of anger to control; Excessive controlling jealousy; Prevent from studying; Destroying books, notes, essays; Stalking/harassment behaviour

Systemic

Myths and stereotypes about people (eg indigenous, gay and lesbian, people with disabilities) prevent people from obtaining their basic human rights. They have a direct effect on the development and also the absence of services, laws, public programs and social policies. Myths, stereotypes and social systems not only influence public opinion, but can also influence the action of individuals. There may be times when a person experiences individual and systemic abuse at the same time. What is especially harmful about systemic abuse is that people (e.g. with disabilities) are often dependent on the people or systems that are abusing them.

Based on material taken from the manual "Responding to family violence and abuse: an Independent Living Approach", Canadian

Important Numbers

Women's Domestic Violence Crisis Service	1800 015 188
Men's Referral Service	1800 065 973
Sexual Assault Crisis Line	1800 806 292
Kids Helpline	1800 55 1800

Definitions

Violence Against Women

From the United Nation's 'Declaration on the Elimination of Violence Against Women 1993', *any act of gender-based violence that results in, or is likely to results in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.* Other forms of violence can be financial, spiritual, and social.

Primary Prevention

From the VicHealth Primary Prevention Framework, *Primary prevention interventions are those that seek to prevent violence before it occurs. Interventions can be targeted to the whole population (universal) or particular groups that are at higher risk of using or experiencing violence in the future.*

Determinants

Determinants are influencing factors or elements which determine outcomes. VicHealth recognises that, *the key determinants and contributing factors to the perpetration of violence against women are: unequal power relations between men and women; adherence to rigid gender stereotypes; broader cultures of violence.* (from *A Right to Respect*)

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