



Submission to the Australian Government
Religious Freedom Bills
Second Exposure Drafts

Prepared by
Domestic Violence NSW
January 2020

About Domestic Violence NSW

Domestic Violence NSW Inc (DVNSW) is the peak body for specialist domestic and family violence services in NSW. DVNSW provides a representative and advocacy function for specialist services and the women, families and communities they support.

DVNSW's mission is to eliminate domestic and family violence through leadership in policy, advocacy, partnerships and the promotion of best practice. We work with our members, government at all levels, and communities to create a safer NSW for all.

DVNSW member services represent the diversity of specialist services working in NSW to support women, families and communities impacted by domestic and family violence including:

- Crisis and refuge services
- Transitional accommodation and community housing providers
- Family support services
- Neighbourhood centres and drop in centres
- Specialist homelessness service providers
- Men's behaviour change programs and networks
- Community organisations working with high risk communities
- Specialist women's legal support services
- Women and children's support services
- Safe at Home programs

DVNSW members are all non-government organisations, some entirely government funded, others supported through philanthropic donations or partnerships with industry or the corporate sector. Many of our members have multiple government and non-government funding streams.

DVNSW advocates for best practice, continuous system improvements, developing innovative policy responses to domestic and family violence, building workforce capacity and ensuring representation at all levels of government. We provide policy advice to multiple departments in the NSW Government on prevention and response. We work with communities and the media to increase awareness and represent the sector on a number of state and federal advisory bodies. We co-convene and provide a secretariat function for the NSW Women's Alliance with Rape and Domestic Violence Services Australia.

We acknowledge the work and practice wisdom of specialist women's services and domestic and family violence practitioners in the sector that underpin the recommendations in this submission. DVNSW thanks the specialist services that have developed best practice over decades of working with women and children who have shared their expertise with us. We also pay tribute to those who have experienced domestic or family violence and to our advocates, colleagues and partners in government and non-government agencies.

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Introduction

DVNSW works within a feminist, social justice framework to improve safety, wellbeing, cultural, economic and social justice outcomes for women, families and communities. DVNSW advocates the following principle:

That all Australians should be able to access timely, well-resourced domestic, family and sexual violence support responses located in their communities that are client-centred, trauma-specialist, culturally-safe and are based on the premise that domestic violence is a gendered crime and a violation of human rights.

DVNSW is committed to promoting trauma-informed targeted, culturally safe practice within an inclusive, feminist and human-rights based framework that places those affected by DFV at the centre of the response and ensures that the safety and dignity of women and their families is at the core of all DFV support and policy responses.

DVNSW is concerned that the legislation has the potential to enable behaviours and attitudes that will:

- Reduce gender equality for women and drive up higher levels of sexual, domestic and family violence;
- Deny women access to safe, affordable and non-judgemental healthcare including reproductive healthcare;
- Deny women and children access to non-judgemental domestic violence services; and
- Facilitate coercive control.

How the Bill could reduce gender equality and drive higher levels of sexual, domestic and family violence?

The United Nation has declared that violence against women and girls is a gender inequality issue, with inequality identified as both a cause and consequence of such violence.¹ International and national research shows gender inequality is strongly linked with, and contributes to, DFV. A 2015 study in medical journal *The Lancet* found factors relating to gender inequality predict the prevalence of DFV across 44 countries, and a United Nations review found significantly and consistently higher rates of violence against women in countries where women's economic, social and political rights are poorly protected, and where power and resources are unequally distributed between men and women.²

Our Watch, Australia's National Prevention Foundation, has undertaken significant research into the impacts of social constructs on the opportunities and experiences of women and the correlation to

¹ United Nations, 2006.

² Our Watch, 2016; Heise & Kotsadom, 2015.

violence perpetrated against them.³ Our Watch's research asserts that when societies, institutions, communities or individuals support or condone violence against women, levels of violence are significantly higher.⁴ International evidence also shows that there are certain factors that consistently predict or drive higher levels of DFV, including beliefs and behaviours reflecting disrespect for women, low support for gender equality and adherence to rigid or stereotypical gender roles, relations and identities.⁵ Public perceptions and attitudes shape the social climate for violence against women and girls occurs, with gendered norms and expectations being linked to patterns of violent or controlling behaviour.⁶ It often results from, or has historical roots in, laws or policies formally constraining the rights and opportunities of women, and is reinforced and maintained through more informal mechanisms.⁷ These include, for example, social norms such as the belief that women are best suited to care for children, practices such as differences in childrearing for boys and girls, and structures such as pay differences between men and women.

The work conducted by Our Watch (discussed in the Change the Story framework), highlights how such norms, practices and structures encourage Australian women and men, girls and boys to adopt distinct gender identities and stereotyped gender roles, within a gender hierarchy that historically positions men as superior to women, and masculine roles and identities as superior to feminine ones. There is significant evidence that indicates that sexual, domestic and family violence against women is driven by gender inequality.⁸ To reduce such prevalent rates of violence against women, these historically entrenched beliefs must be challenged, along with the social, political and economic structures, practices and systems that support them.

The proposed Bill has the potential to increase gender inequality due to the adherence to rigid or stereotypical gender roles supported by religious beliefs such as:

Men are the protectors and maintainers of women because they are stronger⁹.

Women must submit to her husband or learn to stay silent.¹⁰

DVNSW is concerned that religious statements such as these are purposefully twisted and applied to dangerously maintain gender inequality and will have negative consequences for women, including to tell women to endure violence.

Further, the idea that men 'protect and maintain' women and that women must submit to their husbands, provides a strong foundation that allows perpetrators to coercively control their partners which is an offence in the *NSW Crimes Legislation (Domestic and Personal Violence) Act 2007 No*

³ Our Watch, 2016; VicHealth, 2007; Imkaan, Rape Crisis England and Wales, Respect, SafeLives & Women's Aid, 2016

⁴ Heise, 2011; Our Watch, 2016; European Commission, 2010

⁵ ANROWS DATE; Our Watch, 2016; VicHealth, 2016

⁶ Imkaan, Rape Crisis England and Wales, Respect, SafeLives & Women's Aid, 2016

⁷ Our Watch, 2016

⁸ Our Watch, 2016

⁹ Quran 4:34.

¹⁰ Ephesians 5: 22-23; 1 Timothy 2: 11-12

80.¹¹ Ill-applied religious ideology tells women to submit to their husbands, ensure and stay. A 2018 study into how religion and faith intersect with domestic violence, found that women were asked to place an emphasis on forgiveness and submission at all costs. Institutionally, religious institutions are characterised by a dearth of women in leadership positions, stigma surrounding divorce even when it occurs as a consequences of abuse, a lack of understanding about domestic violence, reluctance to believe the accounts of women and an unwillingness to respond with any urgency¹².

The serious shortcomings of religious leaders was also established and analysed by former Governor-General Quentin Bryce, chair of the Special Taskforce on Domestic and Family Violence.

The 2015 report, *Not Now, Not Ever*, found that: "*Disturbingly, a number of submissions and individuals reported to the taskforce that the leaders of faith in their particular community would not engage in helping victims or condemn perpetrators of domestic and family violence. These leaders of faith did not see it as the role of the religious gathering to 'lecture' about what happens in the privacy of a home*"¹³.

How will the Bill impact women who are experiencing domestic and family violence and seeking a Specialist Homelessness Service?

The 2014 NSW Specialist Homelessness Services (SHS) reforms changed the way that DFV services were delivered and funded in NSW. A key element of change included funding services that had traditionally focused on crisis homelessness support to provide support to victim/survivors of DFV.

The vast majority of DFV services in NSW are part of the SHS sector. Many are delivered directly or through auspiced arrangements by large religious and faith-based charities including: St Vincent de Paul; Salvation Army; Catholic Care; Wesley Mission; and Mission Australia.

Under the Bill, a worker within one of these charities delivering a SHS domestic violence service could legally provide advice to a client that compromises her safety and has the potential to put their lives and their children's lives at risk, including the risk of homicide by adhering to a traditional view of the patriarchal head of the household (reflecting the leadership of the church itself) and being advised to submit to their husbands, endure and stay.

How will the Bill impact women who are experiencing sexual, domestic and family violence and seeking a health service?

DVNSW has significant concerns that the Bill will give protection to doctors, nurses, midwives, pharmacists and psychologists to refuse treatment on religious grounds. This is particularly

¹¹ NSW Legislation: Crimes (Domestic and Personal Violence) Act 2007 No 80: *an offence (other than a personal violence offence) the commission of which is intended to coerce or control the person against whom it is committed or to cause that person to be intimidated or fearful (or both).*

¹² Baird, J (2018). Domestic Violence in the church: When women are believed, change will happen. ABC May 2018. <https://www.abc.net.au/news/2018-05-23/when-women-are-believed-the-church-will-change/9782184>

¹³ <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/about/not-now-not-ever-report>, cited in the above.

concerning for the provision of services including abortion, contraception, and medications for the treatment of mental health.

Domestic violence is a social health problem which particularly affects women's reproductive autonomy and safety. Domestic violence against women includes:

- sterilization and abortion by force,
- forcing women to use contraceptives against their will, or withholding contraceptives from those who wish to use them,
- genital mutilation, and
- killing female children.

A woman infected with a sexually transmitted disease by her partner or husband, and having a partner or husband having sexual intercourse with another woman also falls within the sexual violence parameters. Domestic violence has significant effects on both the general and reproductive health of the women, and may cause serious complications. In the most extreme of instances, women are murdered by their partner or former partner, at the rate of one a week in Australia.

Women exposed to violence have worse health conditions and benefit less from health services than others. Therefore, health care personnel have important responsibilities to define domestic violence and intervene when necessary. These personnel must also be educated in matters of domestic violence, and effective policy and protocols must exist in all services that offer support to women experiencing violence. DVNSW is sceptical about the level of nuanced knowledge of domestic violence held by some health care professionals, and those who operate in health facilities operated by faith based or religious institutions. The recent debate in 2019 in the NSW Parliament on the Reproductive Health Care Reform Bill¹⁴ shows how intertwined religious belief and the rejection and displacement of women's reproductive autonomy can be.

Recommendations:

DVNSW opposes the Bill on the basis that it has the potential to:

- Dilute the rights of women to have access to certain medical treatment and their own reproductive autonomy;
- Facilitates coercive control over a women by her husband/partner; and
- Enables faith based and religious charities to discriminate against women seeking a service

¹⁴ <https://www.parliament.nsw.gov.au/bills/Pages/bill-details.aspx?pk=3654>