

# BEHIND CLOSED DOORS:

'OUTING' THE PRIVATE AND  
PUBLIC COST OF VIOLENCE  
AGAINST WOMEN



**Gender-based violence...  
is sustained by a culture of silence  
and denial of the seriousness of the  
health consequences of abuse.<sup>1</sup>**

**The most pressing and pervasive  
global human rights issue**

In February 2012, American writer, playwright and human rights activist, Eve Ensler delivered a powerful message to a packed Sydney Theatre. At the end of her Australian Human Rights Centre Annual Lecture, *Until the Violence Stops*, Ensler called on one billion women and men around the world “to rise, to strike, to walk out of their jobs, their homes, their schools and dance until the violence stops.” Her call followed a statement of shocking fact:

Today one out of three women in the world – more than one billion women – will be raped or beaten. As economies collapse and the 99% struggle with less and less, as global warming increases, and fires, floods (and) droughts abound, the violence against women and girls increases. They become targets. They become commodities, sold in many places for less than (the price of) a cell phone.

Two months later, I was to witness the stark depiction of the extent to which the experience of one in three women in Australia<sup>2</sup> corresponds to Eve Ensler’s unsettling statistic. In April, in my role as part-time Deputy Sex Discrimination Commissioner<sup>3</sup>, I accompanied the United Nations (UN) UN Special Rapporteur on Violence against Women, Rashida Manjoo on a study tour across Australia.<sup>4</sup> We travelled across six cities and towns in 11 days participating in government, service provider and NGO roundtables, meetings and site visits. We listened to women from Aboriginal and Torres Strait Islander communities, to migrant and refugee women, to women with disabilities, to students<sup>5</sup> and workers, to mothers and daughters, and to men who work in various ways to address and prevent violence against women. What we witnessed and heard across Australia underscored Eve Ensler’s reckoning: domestic violence against women is pervasive and in-

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creasing, assuming a regrettable lead as the most pressing human rights issue globally.

**Violence against women  
a public health pandemic**

Rashida Manjoo travels the world hearing and analysing testimony from women who are survivors of violence. She argues that if we were to articulate violence against women in health terms it would undoubtedly be regarded as a global pandemic. This assessment by the UN Special Rapporteur on Violence against Women is not new, but little has changed since the first results emerged from the 2005 World Health Organisation (WHO) multi-country study which gave international prominence to the relationship between violence against women and the increasing, often devastating, health burden borne by survivors across their lifetime.<sup>6</sup> As investment strategies to prevent violence struggle to attract adequate and appropriate resources, research projects undertaken across the world indicate that violence against women is not only increasing, but that the violence is, in the words of Rashida Manjoo, “becoming more violent.”

The WHO study acutely demonstrated that a range of detrimental public health consequences flow from this violence: from death (homicide) as a direct outcome of gender-related violence, to illness (mental and physical), injury (in some instances leading to a long-term disability) and

disease. Additionally, survivors of violence may tend towards substance and alcohol abuse and smoking, which can further compromise their health and add to the public health burden. In a study to assess the health impact of domestic violence against women published by VicHealth in 2004<sup>7</sup>, it was found that domestic violence contributed nine per cent to the total disease burden of women aged 15 to 44 years in Victoria, making it the leading contributor to illness, disability and premature death for this group.<sup>8</sup> The VicHealth statistic positioned domestic violence as a greater risk to women's health than commonly known factors such as tobacco use, high blood pressure and obesity.

Despite the high levels of prevalence and the increasing public health consequences of domestic violence against women, it remains inadequately and inappropriately addressed within the health system, with significant impact on survivors' ability and capacity to function in social, familial and workplace environments. While the visible physical manifestations of violence are perhaps more 'easily' redressed, the invisible cumulative mental health impact of violence against women can be debilitating. These often devastating impacts can limit the overall functionality of survivors generally, and workplace attendance and performance of survivor employees specifically. A study conducted by a number of University of New South Wales (UNSW) researchers in 2011 examined the correlation between gender-based violence (primarily domestic or intimate partner violence) and mental health. The study found "a striking and concerning association between exposure to one or more forms of gender-based violence and mental disorder(s)," ranging from "anxiety, mood disorders, substance abuse and, post-traumatic stress disorder."<sup>9</sup> This "striking and concerning association"<sup>10</sup> is often hard to detect given that women, who primarily suffer domestic violence, are reluctant to discuss conduct that is considered to be confined to the private sphere

### **Public health and economic consequences of non-disclosure**

In my discussions with women victims and survivors of domestic violence and with

experts working on domestic violence issues across Australia, it was apparent that many women are reluctant to disclose or discuss their experiences of violence for a range of social, cultural and psychological reasons. Consequently, the mental health dimension of the violence – which can manifest as an enduring impairment, dysfunction or disability – may be misdiagnosed or not diagnosed at all, and victims and survivors of violence may not be appropriately addressed within existing "gender-based violence services (that) have tended to be established separately from mental health services and vice versa,"<sup>11</sup> limiting their access to the full range of "mental health interventions."<sup>12</sup>

The reticence (and often stigma) attached to disclosure of violence has potentially detrimental consequences for victim or survivor employees. Two-thirds of women affected by domestic and family violence in Australia are in some form of paid employment (an estimated 800,000 women or close to one in six female workers).<sup>13</sup> A survey undertaken by UNSW's Australian Domestic and Family Violence Clearinghouse in 2011<sup>14</sup> found that domestic violence contributed to decreased work functionality and performance, uneven quality of work and delayed production, interrupted work attendance and absence from work to attend court hearings and counselling and medical services.

These factors put survivors of violence at risk of demotion or dismissal from their work, particularly where employers have no insight into or little understanding of the underlying reasons for reduced employee performance. For these workers, termination of a salary means a loss of economic independence and long-term economic security which can often undermine the survivors' capacity to leave violent relationships. Additionally, the cost to the Australian economy of failing to address the impact of domestic violence in the workplace – "absenteeism and turnover, illness and accidents, disability or even death"<sup>15</sup> – has been estimated to reach \$15.6 billion by 2021/2022, with the cost of productivity losses expected to rise to \$609 million by 2022.<sup>16</sup>

## Making disclosure safe

Although issues of privacy, shame, stigma, cultural justification and fear of dismissal are compelling reasons that prevent women from disclosing violence, their failure to disclose the impact of the violence can exacerbate their harm with significant long-term public health and economic consequences. The research undertaken by Dr Susan Rees and others at UNSW's School of Psychiatry, recognises that services need to be expanded and adapted to make survivors of gender-based violence (GBV) feel safe to disclose their harm and utilise treatment programs which in addition to treating immediate needs, may reduce repeated or long-term exposure to risk. The study highlights that women who have experienced violence may find it difficult to attend "mixed-gender services" and recommends "personnel training in strategies to engage and interview women in a gender-sensitive manner, to build trust, and to ensure safety, privacy, and confidentiality in all interactions."<sup>17</sup> In addition, the authors of the study recommend that "existing treatment programs... be modified to incorporate strategies that explicitly focus on (the mental health dimension of) GBV." These strategies and treatment programs might involve researchers, experts and practitioners "from an array of disciplines... (such as) social science, human rights, public health, and mental health"<sup>18</sup>, providing a multi-dimensional service or framework to address the range of survivor needs.

If disclosure of the violence is facilitated, the prospects for appropriate treatment and prevention strategies are increased. With this in mind, the Australian Domestic Violence Clearinghouse (UNSW) and the Australian Human Rights Commission have argued for a multi-faceted workplace strategy to address the needs of women whose working lives have been, and continue to be, undermined by domestic and family violence.<sup>19</sup> This approach will allow women to disclose violent conduct and consequences to employers without fear of reprisal (e.g. dismissal) and to retain employment and an income that may assist them and their children to leave a violent relationship and environment. Once women feel safe to reveal

violence, disclosure can enable access to flexible workplace arrangements which accommodate their needs, and to essential health and counselling services, shelters and refuges, police protection and legal advice.

## Domestic violence as a ground of discrimination

A significant component of this workplace strategy has been to request the Commonwealth Government, as part of its Consolidation of Commonwealth Anti-Discrimination Laws Project (which will seek to amalgamate existing Commonwealth anti-discriminatory law into a single Act and improve protections, where appropriate), to consider the introduction of a separate ground of discrimination based on domestic and family violence.<sup>20</sup>

Discrimination in the workplace against victims and survivors of domestic and family violence often takes the form of a demotion or dismissal where a worker's performance declines or materially alters in the absence of any obvious explanation.<sup>21</sup> An employer may also terminate employment where a victim or survivor of domestic violence is harassed or harmed by an abusive partner who visits a workplace or makes threatening telephone calls or sends abusive emails. This discriminatory treatment further undermines work performance and productivity and "compound(s) the already significant harm of the original acts of violence."<sup>22</sup> A strategy that protects victims and survivors of violence from workplace discrimination and provides flexible work arrangements (via the provision of entitlements in enterprise agreements) for them to attend court hearings (to secure protection orders), counselling services and refuges, can enhance safety, potentially diminish exposure to risk, and increase workplace productivity.

Based on the work of the Clearinghouse and VicHealth and on discussions with mental health experts, trade union representatives and organisations such as the White Ribbon Foundation and Australia CEO Challenge, the Australian Human Rights Commission has argued that the existence of a new ground of protection will:

- i provide significant redress for workers;
- ii play an important educative role by increasing employer awareness about the nature and impact of domestic and family violence; and
- iii foster an environment in which victims and survivors can feel safe to disclose violent situations with a view to securing appropriate help and resolution.

Introducing domestic and family violence as a separate ground of discrimination—“giving this insidious form of violence a place within Australia’s legal framework”<sup>23</sup> – will enable the important first step of identifying and naming a pressing social and economic problem. It will also give legal acknowledgment to a wrong that undermines individual rights and community wellbeing and open up appropriate avenues for redress and prevention.

## Conclusion

It is well established under international human rights law, that domestic and family violence is a violation of human rights. In General Recommendations No. 1924 and No. 2825, the CEDAW Committee states that gender-based violence against women is discrimination on the basis of sex and gender under Article 1 of the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW).<sup>26</sup> Article 2 of CEDAW obliges States Parties to enact legislation that prohibits discrimination in all fields of women’s lives and throughout their life span. Article 2 further imposes on States Parties a due diligence obligation to prevent, investigate, prosecute and punish acts of gender-based violence and discrimination. In practice, the CEDAW Committee has recognised that violence against women is both a cause and consequence of discrimination.

Given that violence against women is already recognised as discrimination under international law, the UN Special Rapporteur, Rashida Manjoo, has observed that a corresponding enactment in domestic legislation would be a progressive and constructive contribution by Australia in the global fight to prevent and address violence against women.<sup>27</sup> Former UN

Secretary-General, Kofi Anan, adds a further reason in support of legislative action:

“In calling for action and redress for these violations ... women (have) exposed the role of violence against women as a form of discrimination ... This process (has) led to the identification of many different forms and manifestations of violence against women... drawing them out of the private domain to public attention and the arena of State (and public sector) accountability.”<sup>28</sup>

## REFERENCES

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- 2 In 2005, the Australian Bureau of Statistics estimated that one in three women over the age of 15 years had experienced violence. Over 40 per cent of these women – approximately 1.2 million women – have experienced that violence at the hands of a current or former partner. Australian Bureau of Statistics, ‘Personal Safety, Australia, 2005 (Reissue)’, (Catalogue No. 4906.0, ABS, 2006).
- 3 I was appointed part-time Deputy Sex Discrimination Commissioner at the Australian Human Rights Commission from May 2011 – July 2012.
- 4 see companion article by Lucia Noyce
- 5 Early on in my role as Deputy Sex Discrimination Commissioner, I met with the authors of a report published by the National Union of Students, entitled *Talk About It Report A National Survey on Women’s Student’s Safety*. The survey was developed in response to a series of incidents at NSW and ACT university residential colleges and asked over 1500 women about their experiences of sexual violence, the availability of appropriate responses, information and services and their perceptions of campus safety. Although the methodology of the survey has been queried, the statistics nonetheless highlighted a disturbing reality - that women on universities campuses are not immune to the threat and impact of violence. The survey results found that 1 in 10 respondents had experienced sexual violence while at university and more than 60% of women felt unsafe whilst on campus at night.
- 6 Claudia Garcia-Moreno et al., ‘WHO multi-country study on women’s health and domestic violence against women: initial results on prevalence, health outcomes and women’s responses’, (Research Report, World Health Organisation, 2005) [http://whqlibdoc.who.int/publications/2005/924159358X\\_eng.pdf](http://whqlibdoc.who.int/publications/2005/924159358X_eng.pdf)

- 7 The study notes that “women are more vulnerable to intimate partner violence than to violence in any other context and are overwhelmingly more likely than are men to be the victims of this form of violence and to suffer its health consequences.” VicHealth, ‘The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence, a summary of findings’, (Research Study, VicHealth, 2004) 10.
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- 10 Ibid
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- 13 Australian Bureau of Statistics, ‘Personal Safety, Australia, 2005 (Reissue)’, (Catalogue No. 4906.0, ABS, 2006).
- 14 Ludo McFerran, ‘Safe at Home, Safe at Work? National Domestic Violence and the Workplace Survey’, ,(Survey Report, Centre for Gender Related Violence Studies and Micromex Research, 2011) [http://www.adfvc.unsw.edu.au/PDF%20files/Domestic\\_violence\\_and\\_work\\_survey\\_report\\_2011.pdf](http://www.adfvc.unsw.edu.au/PDF%20files/Domestic_violence_and_work_survey_report_2011.pdf)
- 15 Adrienne Cruz & Sabine Klinger, ‘Gender-Based Violence in the World of Work: Overview and Selected Bibliography’, (Working Paper 3/2011, International Labour Office, 2011) 13.
- 16 National Council to Reduce Violence against Women and their Children, ‘The Cost of Violence Against Women and Their Children’, (Economic Report, VAWC, 2009), 4 and 45 [http://www.ilc.unsw.edu.au/sites/ilc.unsw.edu.au/files/mdocs/VAWC\\_Economic\\_Report-2009.pdf](http://www.ilc.unsw.edu.au/sites/ilc.unsw.edu.au/files/mdocs/VAWC_Economic_Report-2009.pdf)
- 17 Susan Rees *et al.*, ‘Lifetime Prevalence of Gender-Based Violence in Women and the Relationship with Mental Disorders and Psychological Function’ (2011) 306(5) *Journal of the American Medical Association* 513, 518.
- 18 Ibid.
- 19 Although domestic and family violence affects the working lives of both parties, it is victims and survivors (primarily women), rather than perpetrators (primarily men), who are typically discriminated against in the workplace. Nearly half (48%) of respondents to the 2011 *National Domestic Violence and the Workplace Survey*, reported that the violence had affected their ability to get to work; 19% said that the violence had continued in the workplace, including through abusive phone calls and emails and presenting at the workplace of the victim; 16% of victims and survivors reporting being distracted, tired or unwell; and 10% needed to take time off work. Ludo McFerran, ‘Safe at Home, Safe at Work? National Domestic Violence and the Workplace Survey’, ,(Survey Report, Centre for Gender Related Violence Studies and Micromex Research, 2011) [http://www.adfvc.unsw.edu.au/PDF%20files/Domestic\\_violence\\_and\\_work\\_survey\\_report\\_2011.pdf](http://www.adfvc.unsw.edu.au/PDF%20files/Domestic_violence_and_work_survey_report_2011.pdf)
- 20 Human Rights Commission, Supplementary Submission to the Attorney-General’s Department, Consolidation of Commonwealth Discrimination law - domestic and family violence, 23 January 2012 [http://www.hreoc.gov.au/legal/submissions/2012/20120123\\_consolidation.html](http://www.hreoc.gov.au/legal/submissions/2012/20120123_consolidation.html) An exposure draft of the legislation is due mid-2012.
- 21 For example, employers will take discriminatory action against an employee without knowing that domestic violence was, for example, the reason they were consistently late for work.
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- 27 Ms Manjoo’s remark was made in an address to a function hosted by UN Women Australia in Sydney on 10 April, 2012. Similar legislation has been enacted in the some American states eg New York, Illinois, and in the Philippines.
- 28 UN Secretary-General, *In-Depth Study on All Forms of Violence against Women*, UN Doc A/61/122/Add.1 (6 July 2006), 23.