

**A Study of the Effects of Intimate Partner Violence on the Workplace
Grant 2003-RD-CX-0021**

Final Report

by

Carol A. Reeves, Ph.D.
Anne M. O'Leary-Kelly, Ph.D.

Department of Management
University of Arkansas
402 Walton College of Business
Fayetteville, AR 72701
479-575-4007
creeves@walton.uark.edu
aokelly@walton.uark.edu

ABSTRACT

This research, which was conducted in two phases, explored the effects of intimate partner violence (IPV) on the workplace. In Phase One, we examined the prevalence of IPV among employed individuals, how IPV affects the personal and professional well-being of employees, and its costs for employers. In a study of over 2,400 employed men and women in three companies (in the education, health-services, and transportation industries) who worked in 39 states, we found significant effects of IPV on employees and employers. Specifically, we found that over ten percent of male and female employees reported experiencing IPV in the past twelve months, and that an *additional* 19 percent of men and 30 percent of women had experienced IPV in their lifetimes. We found that over 18 percent of currently-victimized employees reported experiencing some form of IPV on work premises. Our results suggested negative effects of IPV on current victims' levels of depression, self-esteem, economic self-sufficiency, and family-work conflict. Results related to lifetime victims suggested the negative effects of IPV linger over time in terms of depression, self-esteem, and job insecurity. We also found that lifetime IPV victims were more likely to be absent than were non-victims, although current victims did not demonstrate an increased tendency toward absenteeism. Current victims did report higher levels of work distraction as compared to non-victims, a pattern that did not exist among lifetime victims who no longer were dealing with the immediate effects of IPV. There was preliminary evidence that current victims have lower salaries than non-victims, and strong evidence that employer costs were increased by the IPV victimization of employees.

Phase Two of this research focused more specifically on the interactions between employed IPV victims and their coworkers. In a study of over 2,000 men and women, we found that about half of victims had reported some information about their IPV to a colleague at work,

but that the degree of disclosure was quite low. Victims were more likely to report victimization to coworkers and supervisors than to organizational authorities such as HR representatives or security personnel, and they tended to report victimization when they needed assistance (e.g., when it was affecting their job performance, when they needed emotional support or time off). Coworkers' levels of assistance to IPV victims were low, with intervention occurring most frequently when coworkers found out about the abuse directly (e.g., they witnessed an incident, the victim told them directly about the victimization).

Phase Two results also suggested that disclosure of victimization had generally positive effects, at least in the organization we studied here. Victims who disclosed (versus those who did not) reported feeling more hopeful about their futures, safer, more supported, and better able to concentrate. Interestingly, victims who disclosed (versus those who reported no disclosure) did not report feeling more socially isolated or feeling that others viewed them less positively. We also found that feelings of hopefulness were important to victim well-being in that hopeful victims reported less depression, higher job satisfaction, greater organizational commitment, less work distraction, and lower intentions to leave the employment situation. Taken together, these results suggest that when employees in this organization disclosed victimization, this led them to feel more hopeful, which had positive effects for both the employee and employer. We also found that when victims felt strong (versus weak) support from their employers, there were positive effects on outcomes such as job satisfaction, organizational commitment, and intention to turnover; these positive effects, however, did not extend to behavioral outcomes such as absenteeism or work distraction.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	1
PHASE ONE.....	14
The Prevalence of Intimate Partner Violence among Employed Individuals.....	15
The Effects and Costs of IPV for Employees and Work Organizations.....	17
Personal Well-Being.....	17
Professional Well-Being.....	20
Salary.....	22
Costs.....	23
Method.....	25
Participants.....	25
Procedure.....	28
Measures.....	28
Results.....	33
Analytic Plan.....	33
IPV Prevalence.....	34
Personal Well-being.....	38
Professional Well-being.....	38
Salary	40
Costs.....	40
Discussion of Phase One Results.....	44
Prevalence of IPV among Employed Individuals.....	44
Well-being of Employed IPV Victims.....	49
Salary and Costs.....	51
PHASE TWO	56
Work-Related Social Support.....	56
Coworker Assistance	59
Type and Level of Assistance Provided.....	59
Antecedents to Coworker Assistance.....	60

Antecedents to Coworker Withholding of Assistance.....	64
Victim Disclosure.....	64
Recipients of Disclosure.....	64
Antecedents to Victim Disclosure	65
Effects of Victim Disclosure.....	65
Victim Hopefulness.....	66
Method.....	67
Participants.....	67
Procedure.....	70
Measures.....	70
Results.....	74
Analytic Plan.....	74
IPV Prevalence.....	75
Effects of Social Support	81
Type and Level of Coworker Assistance.....	83
Antecedents to Coworker Assistance	83
Antecedents to Coworker Withholding of Assistance.....	87
Victim Disclosure.....	88
Nature of Disclosure.....	88
Antecedents to Victim Disclosure.....	89
Effects of Victim Disclosure.....	89
Victim Hopefulness.....	92
Discussion of Phase Two Results.....	94
LIMITATIONS.....	99
CONCLUSION AND PRACTICAL IMPLICATIONS.....	100
REFERENCES.....	103
DISSEMINATION OF RESEARCH FINDINGS.....	113

TABLES

Table 1 <i>Descriptive Statistics (Phase One)</i>	27
Table 2 <i>Current and Lifetime Victimization by Sex (Phase One)</i>	35
Table 3 <i>Victimization at Work (Phase One)</i>	37
Table 4 <i>Means, Standard Deviations, and Correlations for Personal and Professional Wellbeing Variables (Phase One)</i>	39
Table 5 <i>Means and Standard Deviations of Cost Variables by Sex and Victimization Category (Phase One)</i>	43
Table 6 <i>Descriptive Statistics (Phase Two)</i>	69
Table 7 <i>Current and Lifetime Victimization by Sex (Phase Two)</i>	76
Table 8 <i>Victimization at Work (Combined Dataset)</i>	77
Table 9 <i>Differences between Victims Who Experienced Victimization at Work and Those Who Did Not (Combined Dataset)</i>	79
Table 10 <i>Means, Standard Deviations, and Correlations for Perceived Organizational Support and Coworker Support (Phase Two)</i>	82
Table 11 <i>Means, Standard Deviations, and Correlations for Source of Knowledge and Coworker Support (Phase Two)</i>	86
Table 12 <i>Differences between Victims Who Disclosed Their Victimization and Those Who Did Not (Combined Dataset)</i>	91
Table 13 <i>Means, Standard Deviations, and Correlations for Hopefulness (Phase Two)</i>	93

EXECUTIVE SUMMARY

A number of previous studies suggest that women who experience intimate partner violence (IPV) carry the effects with them to work. In small scale studies and anecdotal reports, victimized women have reported that the abuse caused them to be absent and tardy, to be less productive while at work, to lose advancement opportunities, to lose their jobs, and to earn lower wages (e.g., Lloyd & Taluc, 1999; Swanberg & Logan, 2005). In spite of this evidence and research showing that IPV has been experienced by a significant percentage of Americans (Black & Breiding, 2008; Tjaden & Thoennes, 2000b), most employers have done little to address the issue.

The purpose of this research was to better understand how IPV affects the workplace. If the effects are negligible, this suggests that managers are wise to limit the attention given to the IPV phenomenon; if the effects are negative and significant, this suggests that prudent employers will give greater attention to IPV as an organizational issue. We examined the impact of IPV on the workplace in two distinct phases. In the first phase, we focused on two research questions:

1. Does IPV affect employees, and, if so, how?
2. What is the impact of IPV on organizations?

In the second phase of the research, we examined the ways that IPV plays out within the organizational environment, with a particular emphasis on coworker-related actions and effects. Specifically, we examined the following research questions:

3. Does work-related social support have positive effects on the well-being, attitudes, and behaviors of employed IPV victims?
4. How and when will coworkers provide assistance to IPV victims at work?
5. When and to whom will IPV victims disclose their victimization at work?

6. What organizational conditions are associated with stronger feelings of hopefulness on the part of employed IPV victims?

Research Design

The sample for the first phase of the study was composed of 1,588 women and 838 men who worked in three midsized business organizations headquartered in a southern state. The sample for the second phase was composed of 2,063 women and 688 men who worked in a midsized financial services institution headquartered in the same state. In both phases of the study, respondents completed a web-based survey with questions regarding general work-life questions. The survey contained extensive skip patterns, allowing us to direct respondents who fell into different categories to different questions. For example, respondents who had experienced acts of IPV were directed to one set of questions, respondents who had worked with IPV victims were directed to a different set of questions, and respondents who had neither experienced IPV nor were coworkers of IPV victims were directed to yet a different set of questions. Well-established measures of IPV, professional and personal well-being, and coworker and organizational support were used to test our hypotheses. When established measures for the variables of interest did not exist, new measures were created. The reliability of the measures used in the study was high, typically greater than .85.

Findings

Research Question One: Does IPV affect employees, and, if so, how? We found high rates of IPV among employed individuals in both phases of the study. In Phase One, 10.3% of women and 10.4% of men reported abuse within the past 12 months (these individuals were labeled “current victims”). Furthermore, an additional 30% of women and 19.2% of men reported experiencing IPV sometime in their lifetimes (other than the past 12 months; these

individuals were labeled “lifetime victims”). In Phase Two, 8% of women and 8.4% of men reported abuse within the past 12 months, and an additional 27.3% of women and 12.1% of men reported lifetime IPV.

At first glance it appears that total current victimization rates were the same for men and women in our study. However, while we found no significant difference in rates of total current victimization, we found striking differences in the types of violence experienced by male and female employees. Female employees who were experiencing current victimization were more likely than current male victims to experience four of the five types of violence (threatening, stalking, being hurt, and sexual violence). The exception was physical aggression (hitting, slapping, kicking, punching, scratching, pushing, biting or other use of physical force), which was more likely to have been experienced by current male than current female victims. However, when looking at *degree* of victimization, we found that females who experienced physical aggression experienced it much more frequently than males. Overall, then, while there were similar percentages of male and female employees reporting some level of IPV victimization, female employees reported more frequent and more severe IPV. This is consistent with previous research that found higher rates of injury and medical usage for women than men (Arias & Corso, 2005; Tjaden & Thoennes, 2000a).

Our findings also demonstrate that a large number of IPV incidents occur at work. Over twenty percent of the employees who reported that they currently were being victimized indicated that some form of IPV had occurred on their work premises. The most prevalent form of abuse at work was stalking; of those victims who had experienced stalking, over 51% indicated that it had occurred at least once on work premises. Threats of physical harm were also fairly frequent, with over seven percent of those who experienced this form of IPV indicating

that it had occurred at least once on work premises. These numbers suggest that many workplaces are directly affected by IPV.

To better understand how IPV affects employed individuals, we analyzed personal and professional well-being data from the Phase One sample. Our results indicate that IPV is negatively associated with personal well-being for both current and lifetime victims. Essentially, we found that both male and female victimized employees experience higher levels of depression and lower levels of self-esteem and economic self-sufficiency than their non-victimized colleagues. Because previous research establishes the importance of a woman's income to her likelihood of abuse (Farmer & Tiefenthaler, 1997, 2003), it seems probable that confidence in one's own economic power will be critical to the ability of a victimized woman to extricate herself from a dysfunctional family situation. Although our study reiterates well-established findings regarding the negative effects of IPV on personal well-being, it is worth noting again that our sample included only working people. It could be argued that employed victims are among the most "well-functioning" of victims in that they are interacting in the world and maintaining a job. It is noteworthy, then, that IPV takes a significant toll on personal well-being even with these individuals.

We also found negative effects of IPV on professional well-being, but the results were less universal. Not surprisingly, currently victimized employees reported more difficulty in integrating their family and work demands, but this difficulty was not reported by lifetime victims. There was no correlation between current victimization and the two other professional well-being variables we examined – self-efficacy and job insecurity. Thus, there is no evidence that current victims feel less capable of performing their jobs or feel less confident concerning the security of their jobs. On the other hand, there was no relationship between lifetime

victimization and family-work conflict or self-efficacy, but there was a positive relationship between lifetime victimization and job insecurity. Connecting our results on personal well-being with those on professional well-being, perhaps the negative effects of IPV on factors such as depression and self-esteem have long-term effects on victims' sense of security in holding their jobs. In summary, the findings from our large-scale study provide strong evidence in support of previous anecdotal reports and small-scale studies – IPV is experienced by large numbers of employed individuals and it negatively affects them.

Research Question Two: What is the impact of IPV on organizations? Our research suggests that IPV victimization has negative effects on employee work outcomes and that these effects have costs for employers in terms of absenteeism and work distraction. Although we note that caution must be taken in generalizing the findings beyond the companies involved in this research, the results of this study add to a growing body of evidence suggesting that the effects of family violence are pervasive, with negative effects extending beyond the victims and their families.

First, our findings indicate that victimization affects work absence. Specifically, we found that employees who are lifetime IPV victims were more likely to be tardy and absent than were non-victims. It was interesting, however, that employees who currently were experiencing IPV were no more likely to be absent than were non-victims. Our study also revealed an effect of victimization on work distraction, with current victims reporting significantly higher levels of distraction compared to non-victims. This effect indicates that employees who currently are experiencing IPV have more difficulty staying engaged in their work than do non-victims, a finding that is not surprising given the trauma of IPV. But it is noteworthy that we found no differences in the levels of work distraction for lifetime victims vs. non-victimized employees.

These findings suggest an interesting pattern of effects depending upon the recency of victimization. Simply put, it appears that current victims get to work, but have more difficulty working than non-victims, and this pattern was especially strong for female victims. On the other hand, lifetime victims appear to have challenges around work attendance, but once at work, they are as fully engaged as other employees. Taken together, these findings suggest that victimization has short and long-term detrimental effects on work-related outcomes, but also that IPV victims can recover, particularly in terms of their work productivity.

Having determined that IPV affects the personal and professional well-being of victims and incurs costs for employers, we turned our attention in Phase Two of the study to an examination of how IPV affects the broader work environment in organizations and how employers might mitigate the negative effects of IPV. Our goal with this phase of the study was to understand more about how IPV plays out within the work environment, with a particular emphasis on coworker-related effects. It is useful to know when and why IPV victims disclose their victimization to people at work, and the effects that this disclosure has on their personal and professional well-being. It also is useful to understand how coworkers react to this disclosure in terms of their decisions about support-giving, their feelings about the organization, and their attitudes toward the IPV victim. Further, we wanted to understand how organizational conditions might affect victim hopefulness. The final research questions addressed these issues.

Research Question Three: Does work-related social support have positive effects on the well-being, attitudes, and behaviors of employed IPV victims? We examined how social support from coworkers and the organization affected the well-being of employed IPV victims.

Although it seems reasonable to expect that victims who have support would be better off than those who did not, it also is possible that IPV victims are in such a difficult life state that support

from people at work is not influential to their well-being. Our results suggest that support from the organization, not from coworkers, is most influential in predicting well-being variables. IPV victims who felt supported by their organization (compared to those who did not) reported less depression, higher job satisfaction, stronger organizational commitment, less job insecurity, and a lower intention to leave the job situation. However, the positive effects of organizational support did not extend to behavioral outcomes; that is, perceptions of organizational support were not associated with absenteeism or work distraction levels of IPV victims. Contrary to our expectations, support from coworkers did little to impact the well-being of victims in either a positive or negative direction. The only exception to this was that coworker support was associated with higher job satisfaction and with less job insecurity. Taken together, these results suggest that it is the support of the employer that is most critical to the overall well-being of IPV victims.

Research Question Four: How and when will coworkers provide assistance to IPV victims at work? Twenty percent (470) of employees (excluding current victims, who did not answer questions about coworkers' victimization) reported knowing about a colleague who worked in their current organization who had been victimized by IPV. Of these coworkers, 408 (87%) indicated that they had provided some type of support to their victimized colleague. Although a high percentage of coworkers indicated that they had provided some type of support, the degree of assistance provided to IPV victims was relatively low. Coworkers most often provided assistance in the form of giving advice about the relationship or about assistance services available to IPV victims. The most common action other than advice-giving was sharing information with others in the workplace (e.g., supervisor, HR professional, security professional).

We also examined factors that predicted coworker assistance. Interestingly, neither coworker personality factors, nor the coworker's attachment to the organization, nor the degree of negative effect of the IPV on the coworker were predictive of assistance-giving. However, the coworker's gender, similarity to the victim, and the coworker's source of knowledge about victimization (e.g., learning through personal experiences such as being directly told or witnessing an incident rather than passive learning like hearing from a third party) were associated with assistance-giving.

These findings suggest a complex picture of coworker involvement with victims. Coworkers appeared to limit their level of assistance, and to provide assistance primarily when they felt compelled to because of a direct experience or a perceived connection (e.g., to help out other women). However, coworkers were not unsympathetic to victims, in that a strong majority who knew about a colleague's victimization provided some form of assistance. Perhaps it is fair to say that coworkers, at least in the organization we studied, might be regarded as "sympathetic but reluctant observers" to the IPV victimization.

Research Question Five: When and to whom will IPV victims disclose their victimization at work? We asked individuals who self-identified as current victims to indicate their level of disclosure to four disclosure targets: the supervisor, coworkers, an HR professional in the organization, or a security professional in the organization. Overall, 124 of 224 current IPV victims (55%) indicated that they had disclosed their victimization to someone at work, however, the level of disclosure by IPV victims was quite low (in terms of the degree of information shared). The pattern of disclosure we uncovered was interesting. When disclosure did occur, it tended to be with supervisors and coworkers rather than with more distant and formal organizational authorities, such as HR representatives or security personnel. In effect, we found

that IPV victims disclose their victimization to individuals who are close in their social work space.

We asked current IPV victims who reported they had disclosed their victimization to someone at work about their motives for disclosure. These motives were categorized into those that primarily served the victim's needs (e.g., time off, emotional support, protection) and those that primarily served organizational/coworker needs (e.g., affecting co-workers, worrying about coworkers' safety). We found that disclosure was most likely to occur when victims needed something or wanted to explain their poor job performance or attendance. These results lead us to two conclusions. First, the workplace *does* serve as a source of needed information and resources for IPV victims. Second, victims' need for these organization-based resources is powerful. If victims are willing to overcome their reluctance to disclose their abuse, then the needs that prompt this disclosure must be strong indeed.

We also found that when IPV victims disclosed to someone at work, the effects were more positive than negative. Certainly, disclosure has the potential to make the victim a social isolate or to lead others to develop less positive perceptions of the victim. In our sample, victims who had disclosed did not report these effects. On the contrary, they reported feeling more hopeful, safer, more supported, and better able to concentrate.

Research Question Six: What organizational conditions are associated with stronger feelings of hopefulness on the part of employed IPV victims? In order to understand what might make IPV victims feel more hopeful about their life situation, we examined the association between hopefulness and multiple other constructs. We found a positive relationship between the amount of support that IPV victims receive from their organization and their level of hopefulness. We also found a positive relationship between victims' economic self-sufficiency

and their level of hopefulness and a negative relationship between job insecurity and hopefulness. Taken together, these results demonstrate the critical role of economic empowerment for IPV victims. Given that hope is a goal-oriented mental state (Snyder, 1994), victims who are hopeful are more likely to take action to change their life situation. Our findings, therefore, demonstrate a strong connection between economic empowerment and the hopeful mental state that is needed for victims to break the cycle of violence that entraps them.

When we examined the extent to which victims' hopefulness about the future was associated with various professional and personal variables, we found a positive association between hopefulness and organizational commitment and job satisfaction and a negative association between hopefulness and depression, work distraction, and intention to turnover. There was not, however, a significant relationship between hopefulness and absenteeism.

We believe our finding that IPV victims who disclose their abuse at work are more hopeful about their futures is critically important. In our study, hopefulness was a very important state of mind for victims. When IPV victims were hopeful about their futures, their personal and professional well-being were stronger. This suggests that hope is a powerful coping mechanism for individuals who are in the midst of IPV victimization. Victims who were able to sustain hope that their future would be better were able to function at a higher level at work, to feel more pleasure in their work, to make positive attachments to the employer, and to maintain a more positive affective state. It is important, then, to ask what conditions lead victims to feel hopeful.

Conclusions and Implications

Although this project involved two distinct phases of research, conclusions and practical implications can be drawn across the two phases. First, and fundamentally, our research demonstrates that the workplace is a very viable arena for research on IPV. Although IPV is a sensitive and private issue, our experiences across both rounds of data collection convince us that employers and employees are willing to engage around this topic. That is, managers are willing to participate and subjects are willing to be forthcoming about this very personal topic within the work setting. Certainly, as when studying any sensitive topic, organizational researchers must be thoughtful about their methodologies. However, any challenges raised by organization-centered research are also offset by some benefits. Much of the previous large-scale research on IPV involved contacting potential victims in the home. Given that a primary location of victimization is the home, this approach seems to not only limit the validity of results but also may put the subjects in actual danger. Our experience demonstrates the possibility of organization-centered research when appropriate to the research questions.

Second, it is clear that IPV is a work-related phenomenon. The frequency with which employees reported this experience was quite startling. Clearly, many individuals in many work organizations are either currently experiencing IPV or have experienced it at some point in their lives. In addition, a sizeable percentage of victims report experiencing an IPV incident on work premises, which emphasizes even more the work-related nature of the IPV phenomenon. Add to this the number of coworkers who know about a victimized colleague, and the potential for this topic to influence organizational members is obvious.

Third, there are negative consequences for employees and employers because of IPV. Across both phases of our research, these effects were well-documented. Employees who were

victimized—whether male or female, whether current or previous victims—experienced negative effects on their personal and/or psychological well-being and on their work-related outcomes (e.g., absenteeism, work distraction). One conclusion that employers might draw from this is to avoid hiring IPV victims. Given the prevalence of victimization in the labor force, however, this is an impractical goal. A better conclusion is that IPV is a fact of organizational life, and is therefore a problem that organizational leaders should try to understand and manage, as they do with other human resource-related challenges.

Fourth, our results demonstrate that victims are reluctant to disclose their victimization, but when they do, it is to colleagues who operate within their work units, rather than to formal representatives of the organization. From a practical standpoint this means that organizations should not expect policies and procedures that require formal reporting to be entirely effective. Rather, employers should recognize that victims will most likely share information first with close colleagues, making procedures and training that helps these colleagues understand their role in IPV reporting critical. In addition, our results suggest that when employees disclose IPV victimization, it has more personal benefits than costs. Victims tend to feel more hopeful and more supported after they have shared information with organizational colleagues. And being supported and feeling hopeful have many positive consequences for the organization and for the victimized employee. This speaks, again, to the need for employers to recognize the IPV issue.

This research demonstrates that IPV is prevalent in work organizations and is potentially damaging to organizational outcomes. However, our results also demonstrate that organizations have significant power to influence the degree of harm that employees and employers experience as result of IPV, and so recognition and appropriate management around this issue is in the best interests of all organizational members. Our results indicate that if organizations develop

programs and policies around IPV, employees will not only utilize these, they will benefit from them.

Further, we conclude that coworkers of IPV victims are best represented as “sympathetic but reluctant observers.” On the positive side, coworkers do not appear to seek involvement in the IPV experiences of their colleagues. We view this as positive because it minimizes the potential risk that these individuals might themselves face. On the other hand, it also is clear that coworkers get “pulled in” to their colleagues’ IPV experiences, and so organizational training and policies that help coworkers understand their roles, rights, and responsibilities is very important.

Taken together, these conclusions imply the elements necessary to effective management of IPV. Employees (victims and coworkers both) must understand that IPV is an issue that management recognizes as important and relevant to work. Through training and through organizational policies, managers can communicate the organization’s support for IPV victims. When an employee discloses victimization, the employer can work even harder to communicate concern and can make certain the victim knows that her or his job is secure. Through training and organizational policies, the organization can also communicate expectations for coworkers who become aware of the victimization of another employee. Our findings indicate that these actions have the potential to empower victims, keep coworkers safe, and minimize negative effects for all organizational members.

PHASE ONE

Family violence prevention advocates argue that employers should play a critical role in a coordinated community response to the prevention of intimate partner violence (IPV; Jackson & Garvin, 2003), but this seems unlikely to occur in for-profit businesses unless there is evidence that IPV affects employees and has costs for employers.¹ A number of previous studies suggest that women who experience IPV carry the effects with them to work². Victimized women have reported that the abuse caused them to be absent and tardy, to be less productive while at work, to lose advancement opportunities, to lose their jobs, and to earn lower wages (e.g., Lloyd & Taluc, 1999; Swanberg & Logan, 2005).

In spite of this evidence and research showing that IPV has been experienced by a significant percentage of Americans (Black & Breiding, 2008; Tjaden & Thoennes, 2000b), most employers have done little to address the issue. Recent studies indicate that this inattention is not due to ignorance of IPV or disbelief that it creates business-related problems. Liz Claiborne commissioned two studies by RoperASW, one in 1994 and a second in 2002, that surveyed senior executives in Fortune 1000 (1994) and Fortune 1500 (2002) companies about domestic violence. They found in 2002 that two-thirds of the executives believed domestic violence was a major societal problem and that their company's bottom line would be improved if it were addressed. Further, ninety-one percent of executives believed that IPV affected victims in both their private and work lives. The percentage of executives who thought domestic violence was both a major societal problem and a problem for their organizations increased from 1994 to 2002. However, despite this strong belief regarding the existence of IPV and its negative

¹ Much of the discussion, description and results of the first phase of the study are from O'Leary-Kelly, Lean, Reeves, and Randel, 2008; O'Leary-Kelly, Reeves, and Lean, 2007; Reeves and O'Leary-Kelly, 2007; Reeves, Bates, and O'Leary-Kelly, 2006; and Reeves, 2004.

² Although IPV is committed against both men and women, most research has focused on violence against women, limiting our ability to report on previous research on male IPV. We report results for both sexes in this study.

effects, few executives surveyed in either time period thought that business organizations had a major role to play in addressing IPV; in fact, the percentage of such executives remained steady across the two time periods, at 12 percent (Liz Claiborne, Inc., 1994, 2002).

The purpose of this research is to better understand how IPV affects the workplace. If the effects are negligible, this suggests that managers (such as those surveyed in the Liz Claiborne studies) are wise to limit the attention given to the IPV phenomenon; if the effects are negative and significant, this suggests that prudent employers will give greater attention to IPV as an organizational issue. To address this, the first phase of this study focused on two research questions:

1. Does IPV affect employees, and, if so, how?
2. What is the impact of IPV on organizations?

In the following sections, we review existing research on IPV at work, present our specific research questions and methods, and present results related to this first round of data collection.

The Prevalence of Intimate Partner Violence among Employed Individuals

The first question employers must answer before determining whether IPV affects their workplace is what proportion of their employees are affected by it. Three large scale studies of IPV in the United States (the *National Violence Against Women Survey* [NVAWS] conducted by the Centers for Disease Control and Prevention (CDC) and the National Institute of Justice (NIJ) in 1995, the Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the CDC in 2005, and the *National Crime Victimization Survey* [NCVS] conducted annually by the Bureau of Justice Statistics) have reported disturbing statistics about the prevalence of IPV in the general population. For example, the 1995 NVAWS study found that 25.5 percent of women and 7.9

percent of men had been abused by an intimate partner some time in their lifetimes (Tjaden & Thoennes, 2000b) and the BRFSS survey found similar results in 2005 – 23.6% of women and 11.5% of men had experienced lifetime IPV (Black & Breiding, 2008). A study by the Corporate Alliance to End Partner Violence (CAEPV, 2005) provides additional evidence of prevalence rates among employed men and women. The CAEPV commissioned a telephone survey of 1200 employed adults (62% female and 38% male) in 2005 to assess the prevalence of IPV among workers, its effect on victims and co-workers, and organizational initiatives to address it. They found that 21% of respondents had been victimized in their lifetimes (CAEPV, 2005). This study did not report results by sex, nor did it indicate the time period for which victimization was being assessed, so direct comparisons to previous studies are difficult. However, their results suggest that IPV is a significant issue among employed individuals.

The question of prevalence among employees also was addressed in archival research that reanalyzed the NVAWS database (Farmer & Tiefenthaler, 2004a, 2004b). This research suggested that battered women are actually *more* likely to be employed than are non-battered women, and this finding also was supported by subsequent analyses of the NCVS data (Farmer & Tiefenthaler, 2004a, 2004b). In fact, 61 percent of the battered women in the NCVS sample were employed versus 55 percent of non-battered women, while 65 percent of battered women in the NVAWS sample were employed versus 57 percent of non-battered women.

At first glance, these findings that IPV victims are overrepresented in the workplace seem counterintuitive. Common sense would suggest that individuals who must confront violence from their intimate partners would be less able to secure and retain a job than those who do not. However, the research findings cannot be easily dismissed because they are consistent across multiple reputable studies. Thinking about this at a deeper level, one plausible explanation for

the higher rates of employment among abused women is that IPV victims seek out employment as an escape route. That is, IPV victims may be more likely to work outside the home because employment allows them to accumulate the financial resources that will be required for them to leave their abusive situation (Farmer & Tiefenthaler, 2004b). Employment may represent a lifeline for individuals who are trying to extricate themselves from abusive domestic situations.

Although these studies provide very useful information, there still are questions as to the prevalence of IPV among working people because of methodological limitations in previous research (e.g., collecting data from people at home where it may be difficult to report honestly about IPV victimization; not collecting prevalence information for men and women separately; using archival data). Therefore, the first issue we examined in this study was the percentage of employees, both male and female, who reported experiencing IPV in the previous 12 months or in their lifetimes. We do not pose a specific prediction (i.e., present a hypothesis) here because of the descriptive nature of this research question.

The Effects and Costs of Intimate Partner Violence for Employees and Work Organizations

In this section we discuss, and make predictions about, the effects of IPV victimization on: the personal and professional well-being of employed victims, employee salary levels, and organizational costs in regard to absenteeism, tardiness, and work distraction.

Personal Well-Being

Just as IPV prevalence rates among employed individuals have not been carefully examined in previous research, management researchers have paid almost no attention to the issue of IPV and its effects at work. The few studies that assess work-related aspects of IPV tend to suffer from methodological weaknesses such as small sample sizes, female-only samples,

and assessment of subjects during extremely emotional times in their lives (i.e., while they are in domestic violence shelters, seeking drug treatment, or returning from welfare to work). To date, there has been no large-scale study of the impact that IPV has on the well-being of employees. Research that examines IPV related to the workplace is important both to managers, who should be more aware of its potential negative effects, and to management researchers, who have largely overlooked this fundamental work-family issue.

Numerous studies have assessed the impact of IPV on the well-being of victims without regard to their employment status. Researchers have found significant relationships between IPV and chronic pain, depression, substance abuse, post-traumatic stress and other physical and mental disorders (Campbell, 2002; Plichta & Falik, 2001; Wisner, Gilmer, Saltzman & Zink, 1999). In a meta-analysis of IPV and mental health, Golding (1999) found that the weighted mean prevalence of mental health problems among battered women was 47.6 percent in 18 studies of depression (vs. rates of 10.2 - 21.3 percent in the general population), 17.9 percent in 13 studies of suicidality (vs. rates of 0.1 to 4.3 percent in the general population), and 63.8 percent in 11 studies of posttraumatic stress disorder (vs. 1.3 - 12.3 percent in the general population). Not surprisingly, Wisner et al. (1999) found that mental health costs for battered women are eight times higher than for non-battered women. Clearly, IPV has a strongly negative effect on the personal well-being of victims in the general population. What is not known is whether these negative effects are evident for employed victims. Therefore, we examine whether IPV victimization is related to two major facets of the psychological well-being of employed victims: depression and self-esteem. It is worth noting that these psychological variables are important both because they influence the well-being of employees, and because

they are likely to influence organizational performance-related variables such as employee performance.

H_{1a}: There will be a positive relationship between victimization and depression.

H_{1b}: There will be a negative relationship between victimization and self-esteem.

We also explore another personal well-being variable that is likely to be particularly relevant to employed IPV victims: perception of economic self-sufficiency. Studies of domestic violence have found that a woman's income affects the level of violence she experiences.

Women with lower incomes are more likely to experience abuse, presumably because they have fewer alternatives to leave the relationship (Farmer and Tiefenthaler, 1997; Lloyd & Taluc, 1999; Straus & Gelles, 1990). Farmer and Tiefenthaler (2004b) found that abused women also have lower wages over the long-term, increasing their economic dependency on their partners. In addition, there is evidence that abuse may be related to income, in that research suggests the most frequent and severe domestic violence is inflicted upon women who are economically dependent upon their partners (Kalmuss & Straus, 1990). Taken together, this research suggests a negative downward spiral in which abuse begets lower income which then begets greater abuse. However, these studies did not directly examine how victimized individuals perceive their own economic situation. Therefore, in our study we explore the perceptions of economic self-sufficiency of IPV victims. Following the logic of the abuse-income cycle just described, we expect that abused individuals will have weaker perceptions that they can take care of themselves financially.

H_{1c}: There will be a negative relationship between victimization and economic self-sufficiency.

Professional Well-Being

In this section, we describe previous research and predictions related to three constructs that are central to employees' professional well-being: their degree of family-work conflict, their perceptions of self-efficacy, and job insecurity beliefs.

Research on family-work conflict over the past twenty-five years indicates that work and family are clearly interconnected, with each having a major influence on the other (Boles, Howard & Donofrio, 2001; Frone, 2000; Frone, Russell & Cooper, 1992, 1997; Greenhaus & Beutell, 1985; Netemeyer, Boles & McMurrin, 1996). In a meta-analysis, Kossek & Ozeki (1998) found a consistent, negative relationship among all forms of work-family (WFC) and family-work conflict (FWC) and employees' job-life satisfaction. More recent studies (Frone, 2000; Frone, Russell, & Cooper, 1997) indicated that family-work conflict is a powerful predictor of serious outcomes, such as mental health problems and substance dependence disorders.

Abusive family relationships seem likely to spill over into the workplace in very negative ways. Many victims have reported that they went to great lengths to hide signs of their abuse from their boss and co-workers, and frequently missed work if they did not feel they could hide the abuse. A common control tactic used by abusers is to sabotage victims' employment by making them late for work, forcing them to leave work on time every day, or harassing them while at work (Brush, 2002; Friedman & Couper, 1987; Moe & Bell, 2004; Raphael, 1996; Swanberg & Logan, 2005; Taylor & Smith Barusch, 2004). Riger, Ahrens, & Blickenstaff (2000) found that women who missed work due to their abuse experienced more work interference activities than those who did not miss work. Thus, it is probable that employees who are being victimized would experience high levels of family-work conflict.

H_{2a}: There will be a positive relationship between victimization and family-work conflict.

Self-efficacy, or people's beliefs about their capability to produce a certain level of performance (Bandura, 1977), has been linked to the well-being of IPV victims. For example, researchers have found a positive relationship between self-efficacy and IPV victims' abilities to successfully leave their abusers (Brandt, 2006). Self-efficacy has also been found to have positive outcomes in regard to work performance. Locke, Frederick, Lee, and Bobko (1984) found that self-efficacy was positively related to goal choice and task performance. And Bandura (1977) found a positive relationship between self-efficacy and task persistence. Because self-efficacy is an important measure of well-being for IPV victims and is also a strong predictor of work performance, we were interested in whether employed IPV victims differed in their perception of self-efficacy compared to their non-victimized colleagues.

H_{2b}: There will be a negative relationship between victimization and perceptions of self-efficacy.

Finally, job insecurity may be especially important to IPV victims because jobs give victims the economic means to escape an abusive situation and may also be a source of stability and support for them. While job insecurity differs from industry to industry, and is highly dependent upon the local and national economy, we expected that IPV victims would experience greater job insecurity than non-victims. Because past research indicates that perpetrators harass, stalk, and threaten their targets at work, victims may understandably be concerned that perpetrators could succeed in getting them fired (CAEPV, 2005; Farmer & Tiefenthaler, 1997; Gemignani, 2000, Reeves, O'Leary-Kelly, Farmer, Paetzold, & Tiefenthaler, 2001; Swanberg & Logan, 2005). Thus, we predict the following regarding IPV victimization and job insecurity:

H_{2c}: There will be a positive relationship between victimization and job insecurity.

Salary

Salary is a well-being variable that is both professional and personal in nature. Salary is affected by a number of personal and professional well-being factors, and it also affects individuals' well-being thanks to the benefits derived from being able to eat well, access health care, enjoy educational and recreational pursuits, and take advantage of other opportunities. While a full examination of the impact of salary is beyond the scope of this research, we did want to examine it to a limited extent because it is a variable that frequently is mentioned in the IPV literature.

It is well-established that IPV is not distributed equally among income groups. Poverty and its associated stress have been identified as key contributors to the frequency and severity of IPV in countries as diverse as the United States, India and Nicaragua (Jewkes, 2002). It is not just financial stress that contributes to increased levels of violence for lower income women. Women with lower incomes are more likely to experience abuse because they have fewer alternatives to leave the relationship (Berkowitz, 1993; Farmer and Tiefenthaler, 1997; Straus & Gelles, 1990; Tauchen, Witte and Long, 1991). This is consistent with findings in the aggression literature (Kalmuss & Straus, 1990) that the most frequent and severe domestic violence is inflicted upon women who are economically dependent upon their partners.

Examining salary allows us to provide insight on an important research question in the IPV literature. Many scholars have indicated that women with fewer economic resources are more likely to experience IPV because they have diminished alternatives to leave the relationship (Berkowitz, 1993; Straus & Gelles, 1988). However, few of these studies have examined victim salaries directly. For example, using data from the National Crime Victimization Survey, the Bureau of Justice Statistics (BJS) found that women in the lowest income households had seven

times the rates of abuse as those in the highest income households (Rennison and Welchans, 2000), but this research examined household income and not the income of the IPV victim. Similarly, Farmer & Tiefenthaler (1997, 2003) used data from the NCVS to examine the effects of women's individual income on abuse, finding a negative relationship, but because the NCVS gathers only household-level income data, they had to create estimates of individual income. Our study asked respondents to report on their current salary levels, thus, we are able to provide some initial insight into the question of how IPV victimization and economic power (i.e., salary) are related. Although there is speculation regarding the relationship between victimization and salary, there is little empirical evidence on this issue to date. Thus, we predict:

H₃: Employees who are victims of intimate partner violence will have lower salaries than non-victimized employees.

Costs

Attempts have been made to quantify some of the costs of IPV. Two studies (Arias & Corso, 2005; Centers for Disease Control and Prevention (CDC), 2003) were based on the National Violence against Women Survey (Tjaden & Thoennes, 2000b) and used salary and medical care averages to calculate the costs of IPV in terms of medical and mental health costs, productivity losses from home and work, and costs due to premature mortality. Arias & Corso calculated that the total mental and physical health care cost per IPV victimization was \$838 per rape, \$816 per physical assault, and \$294 per stalking, and the average annual paid work productivity cost due to absenteeism was \$98.08 for female victims and \$92.52 for male victims.

The National Center for Injury Prevention and Control (CDC, 2003) estimated that abused women lose a total of nearly eight million days of paid work annually, costing almost

