What We Know

- Intimate partner violence (IPV), also called domestic violence, is a serious social and health issue and results in short- and long-term physical and psychological harm. Increasingly, IPV is being understood as an economic issue, with associated financial costs estimated at over $7 billion per year in Canada alone. While the majority of these costs are borne by women and families, a significant portion are paid in government services (e.g., health care and criminal justice costs) and by the private sector, through losses to employers and due to the negative impact on the expected future earnings of women, adolescents and children exposed to IPV (Adams, Greeson, et al. 2013; Zhang et al., 2012; Varcoe et al., 2011).*

- Both men and women perpetrate and are victims of IPV; however its impacts, including death, are generally more severe in women; more research is needed regarding IPV in same-sex couples.*

*PreVAil’s Child Maltreatment & IPV Research Briefs summarize evidence on impacts of, and interventions for, these kinds of family violence.

- IPV and its consequences are not limited to the home. IPV in a work-related context can take several forms:
  - outside of work, the perpetrator may disrupt the victim’s ability to get to work (e.g., by hiding keys, physically restraining the victim, etc.) or may sabotage the victim's job seeking efforts, and even force them to quit (Riger et al., 2000; Swanberg & Macke, 2006; Galvez et al., 2011).
  - at the workplace, the perpetrator may harass the victim or their colleagues (e.g., by phone, email, text), attempt to damage the victim’s reputation or performance, be physically violent or intimidating, or force the victim to leave work (Swanberg et al., 2005; Wettersten et al., 2004).

Incidence and prevalence of workplace-related IPV

- Estimates of employed IPV victims being bothered at work range from 36% to 75% (Swanberg et al., 2005).

- Between 2003 and 2008, 22% of female workplace homicide victims in the US were killed by an intimate partner (Tiesman et al., 2012).

- No research has been conducted regarding the prevalence and impact of IPV in Canadian workplaces, however a PreVAil sub-study is collecting national data on this issue.

Impact on IPV victims

- Victims report lower productivity and ability to concentrate and more absenteeism and tardiness compared to non-victims (Banyard et al., 2011; Reeves & O’Leary-Kelly, 2007). They may also experience additional burden due to concerns about others knowing about the IPV, feelings of embarrassment or shame due to stigma, and fear of job loss (Swanberg et al., 2005).
The relationship between employment and IPV is complex (Riger & Staggs, 2004; Tolman & Wang, 2005), with other factors, such as race (in US data), mediating the relationship (Powers & Kaukinen, 2012). However, evidence suggests that compared to non-victims, more women with a history of IPV:

- report losing or having to quit their jobs as a direct result of IPV (Swanberg et al., 2005);
- experience greater job instability for years to come (Adams, Tolman, et al., 2013; Crowne et al., 2011);
- may have more tenuous employment, lower personal incomes (Lloyd, 1997; Tolman & Wang, 2005) and experience greater economic hardship (Adams, Tolman, et al., 2013; Moe & Bell, 2004).

The impact of IPV on victims’ work outcomes (e.g., stability, productivity) are at least partially explained by the negative physical and mental health outcomes caused by IPV (Banyard et al, 2011; Crowne et al., 2011; Tolman & Wang, 2005); however, job instability itself may explain victims’ poor mental health (Adams, Bybee, et al., 2013). This can be seen as a ‘vicious circle’, where IPV impacts mental health, which negatively influences work function, which in turn worsens mental health.

**Impact on workplaces**

- The coworkers of IPV victims are at risk for physical violence and harassment, as well as trauma or stress from witnessing IPV or having IPV experiences disclosed to them (Logan et al., 2007). In one study, 24% of victims reported that the abusive partner had bothered coworkers at work (Swanberg et al., 2005). In another, about 17% of coworkers who knew someone experiencing IPV reported that it caused conflict and tension at the workplace (McFerran, 2011).

- Canadian employers are estimated to lose $77.9 million annually as a result of IPV (Zhang et al., 2012). This includes costs associated with lost productivity due to victim absences, lateness and distraction, and the administrative costs of victims’ absences (e.g., rearranging workloads).

- Estimates generally do not include costs of recruiting and training new employees if the victim quits, is dismissed or is incapable of work due to death or disability, or the work impacts reported by perpetrators, such as decreased productivity, missed work, lack of concentration, or workplace accidents (Reckitt & Fortman, 2004; Schmidt & Barnett, 2011).

**Workplace Interventions & Support**

**For victims**

- Three general categories of workplace supports to reduce the impact of IPV for victims have been identified: 1) informal (e.g., a listening ear or a workplace culture that does not tolerate violence), 2) formal protective supports (e.g., schedule flexibility) and 3) formal intervention supports (e.g., Employee Assistance Programs; EAPs) (Schmidt & Barnett, 2011; Swanberg et al., 2006).

- Some evidence suggests women are generally satisfied with the workplace supports they receive and that these may buffer against negative work-related outcomes (LeBlanc, 2009; Swanberg et al., 2007); other evidence is less optimistic (McFerran, 2011). The ‘fit’ between the type of support needed and what is received may be critical (Rafaeli & Gleason, 2009; Yragui et al., 2012).

- A review of 28 US EAPs found that most provided extensive IPV services, and most victims report being satisfied with these (Pollack, McKay et al., 2010). However, a recent systematic review (Pollack et al., 2010) concluded that research on the effectiveness of EAPS to address IPV is in its infancy.

- Multiple studies demonstrate that victims, perpetrators, and workers in general favour employers playing a role to help prevent, and provide support for, workplace IPV. Studies showing the effectiveness of social support and advocacy for IPV victims (see [IPV Research Brief](#)), and “family-friendly” workplace practices in general, are also consistent with employers taking on this role.
Specific victim-oriented strategies discussed in the literature include: efforts to improve workplace IPV awareness and organizational culture, career development support for IPV victims, staff training on responding to workplace IPV, and development of workplace IPV policies (Katula, 2012; Mcferran, 2011).

For perpetrators

IPV perpetration is related to substance use and job stress (Ames et al., 2013; Rothman & Corso, 2008). Although perpetrators have retrospectively reported that initiatives to address violent behaviour might have been beneficial to prevent or reduce their use of violence (Reckitt & Fortman, 2004; Schmidt & Barnett, 2011), research examining effectiveness of such initiatives is lacking.

A review of 28 US EAPs found few programs included approaches to address IPV perpetration (Walters et al., 2012).

Practice & Policy Implications of Current Best Evidence

Based on currently available evidence, which is generally at a level deemed “promising” rather than “strong”, workplaces should consider implementing policies and practices to support victims of IPV in three ways:

1) enhancing informal forms of support by establishing a workplace culture that does not tolerate violence;

2) establishing protocols for formal supports through management and union interventions, such as schedule flexibility and other protective strategies;

3) providing formal intervention supports such as Employee Assistance Programs (EAPs).

In addition to victim-oriented initiatives, workplace policies and supports should target IPV perpetrators, especially in terms of the interaction between substance use and use of violence, and job stress and use of violence.

Given the paucity of strong research evidence, especially in the Canadian context, any new initiatives should be evaluated as they are implemented.

What We Don’t Know – Research Gaps

Further research is urgently needed on workplace supports and interventions for both victims and perpetrators, including formal supports such as EAPs, as well as strategies such as changing workplace cultures to increase awareness and reduce tolerance for violence.

Research on the prevalence and impact of IPV in Canadian workplaces is needed.

With the exception of workplace IPV perpetration, the majority of research has focused on women. More research is needed to examine men’s experiences of workplace IPV.

While Ontario and Manitoba have legislation requiring employers to have IPV policies in place, little is known about compliance or effectiveness. Evaluation of these policies is urgently required.

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For more information

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References


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