

Domestic Violence in the Workplace—Part I: *Understanding How It Affects Victims*

by Sarah Katula, APRN, BC

She has been with her current employer for 3 years. Up until now, she had been able to keep her secret from her coworkers and manager. But, once again, the violence in her home is escalating and she readies herself for survival mode.

She lost her previous job because of the domestic violence perpetrated by her husband, which led to her being late and performing poorly. Her husband would often hide her keys in the morning so she wouldn't be able to get to work on time. He would also call her office to scare and intimidate her. S. L. would try to hide the calls from coworkers, but she is sure they eventually noticed them. When she came to work with a black eye and her manager asked how that happened, S. L. said that she had bumped into something in the garage in the dark. Her manager didn't question her further, but later reprimanded her for coming in late and not turning reports in on time. After 4 months of "trying to get it together," she was let go.

S. L. is fearful that this cycle will repeat itself now. She likes her current job and wants to remain employed by the company. Right now, her only

concerns are preserving her shameful secret, staying safe, and keeping her job. She is unaware of any services that would help her, laws that would protect her, or domestic violence policies or procedures at her company.

Domestic violence, or intimate partner violence, affects 1 in 4 women in the United States at some point in their lives (Tjaden & Thoennes, 2000). Depending on how domestic violence is defined and how data are gathered, the incidence can range from 1 in 3 to 1 in 5 women (Matevia, Goldman, McCulloch, & Randall, 2002). Although men can also be battered, nearly 25% of women in intimate partner relationships are battered versus 7.6% of men (Tjaden & Thoennes, 2000). Statistics may vary from report to report, but all indicate that domestic violence has reached epidemic proportions. Telephone hot lines and shelters for abused women were instituted by women's advocacy groups in the 1970s (Richie & Menard, 2005), raising awareness of the issue and creating alternatives for women.

Within the workplace, abusers or batterers and victims must interact with others. Abusers may use company time and money to harass their partners, thus creating liability for companies. The worksite may be the only place victims are safe from their abusers. Randel and Wells (2003) quoted a victim's perspective: "Were it not for my company's program on intimate partner violence, not only would I probably not have a job, I would probably not be alive today"

(p. 836). Company involvement can influence culture and, ultimately, save lives.

In 1995, Illinois-based State Farm Insurance Company founded the Corporate Alliance to End Partner Violence (CAEPV) (Urban & Bennett, 1999). During the first year, 26 charter sponsors joined. Kim Wells, director of CAEPV, states that 66 organizations are currently members of CAEPV (personal communication, January 26, 2006). CAEPV develops and distributes information and implements programs about intimate partner violence in the corporate community. The goals of CAEPV are to develop prevention education programs, provide timely, nationwide updates on domestic violence at worksites, and facilitate networking among its members, allowing for increased awareness and sharing of ideas to decrease, and ultimately end, intimate partner violence. Although CAEPV has successfully spotlighted the responsibility of employers to abused employees, much work remains.

The need to address the effects of domestic violence in the workplace is growing. As employers become aware of the multiple costs to them, they are acknowledging and embracing the need to be proactive. Addressing intimate partner violence in the workplace is crucial for fiscal, legal, and humanitarian reasons. After the immediate family, the work family is often an individual's most important connection to the community. In the workplace, battered women may bet-

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ter express themselves, feel capable and proud of what they do, and feel worthy of respect and fair treatment. Work may offer victims a way out of oppressive situations. Similarly, abusers might be known for violent behavior that can lead to irreversible harm. Although companies cannot and should not become social service agencies, the work culture can be an agent of change. Employers can decrease the effects of home violence that travels to work with victims or abusers by raising awareness and offering resources for these employees. Legal action and social pressure are often required to address domestic violence.

This column is the first in a two-part series highlighting the hidden costs and issues of domestic violence in the workplace and providing occupational health nurses with ways to increase awareness of both. This article provides an understanding of how intimate partner violence affects victims. Part II, which will appear in a future issue, will provide an overview of the problems companies face and describe interventions for addressing them within the context of the organization. As mentioned earlier, women are much more likely than men to be abused. Thus, they are the ones referred to in both articles.

CONCEPT AND FRAMEWORK

Employers have a responsibility to educate themselves about domestic violence. Those who address the physical, psychological, social, and moral safety of their employees create a sanctuary in which employees know they are safe (Bloom, 1997). When companies participate in the cultural shift of breaking the silence surrounding domestic violence, an environment is created in which employees can seek help. The feminist movement is responsible for much of this cultural shift.

Nursing is dominated by women. Only 5.4% of the total nursing population in the United States is male (www.minoritynurse.com). It is impossible to ignore the issue of gender in relation to domestic violence. Victims are predominately female and

individual and institutional responses to domestic violence are gender specific (Renzetti, 1999). Nurses are trained within a traditional and patriarchal culture where it is common to disavow women's experiences, even placing blame on them for the violence men commit against them. Blaming victims is a patriarchal (and misogynistic) way of thinking (Sampselle, 1992). A feminist framework can expand the perceptions of health care providers, allowing them to see how women can be oppressed in social and political milieus and validate women's personal and social concerns (Silva & Ludwick, 2002).

Many women and men are uncomfortable with the word "feminist" because they do not understand its meaning. Volbrecht (2002) explicated the contextual core of feminist thought, the feminist being a person (man or woman) who rejects the usual ways in which women and their experiences have been viewed. According to Volbrecht, a feminist believes fundamentally in the equal value of men and women and works for social and political changes that reflect this belief. From a feminist viewpoint, abusers are responsible for domestic violence, not victims. Abusers are violent and aberrant. Victims are too often thought to have psychological pathology, and too often blamed for not simply leaving the situation. They

may be in crisis due to the terrorism they are facing, but are often otherwise healthy, fully functioning individuals managing a home, a job, and children in dangerous, tenuous circumstances. Victims must constantly prepare for the next assault on them or their families. Furthermore, they must navigate through oppressive systems to find help. A feminist analysis acknowledges the creativity, strength, and determination of victims as well as their need for help and support. In fact, victims are viewed as survivors. Some victims may have post-traumatic stress disorder or depression as a result of their situation and should be assessed and treated appropriately (Helfrich, 2003).

Interventions from a feminist standpoint empower victims. They

are allowed to explore their own circumstances and make plans that best suit their current needs (Perley, 1992). When victims are labeled and given psychotropic medications, as in the traditional health care model, their feelings of self-blame and inferiority are reinforced (Worcester, 2004). The feminist framework starts with the assumption that victims know what is best for them. Victims can be given resources and options (e.g., use of a shelter, Orders of Protection, counseling, and reading materials), but those who are helping them provide support regardless of the decisions they make. Victims may decide to go back home to live with their abusers. In such instances, those who are helping might assist them with safety plans in case the situation erupts again, but do not pass judgment on or admonish them.

A TOOL FOR UNDERSTANDING DOMESTIC VIOLENCE

Domestic violence is a pattern of coercive control over another individual (Tjaden & Thoennes, 2000). This control involves a continuum of behaviors that escalate over time. Workplace violence occurs when workers are threatened or attacked while working, or when domestic violence away from the workplace interferes with job performance.

The Domestic Abuse Intervention Project designed the Power and Control Wheel (Minnesota Program Development, Inc., 2006), often used by educators to depict the kinds of intimate partner abuse that can occur. The wheel contains eight strategies used by abusers to manipulate, coerce, and terrorize victims. These strategies include physical, psychological, and sexual abuse. The wheel demonstrates the underlying importance of power and control to abusers. Abusers are always looking for the best way to control and coerce their victims to keep them within their power. For instance, abusers can restrict victims from having resources (e.g., by withholding money to run the household and care for the children). This is economic abuse.

They can tell victims they are incompetent as mothers. This is psychological abuse. These tactics, used alone or in combination, will keep victims powerless and often financially and psychologically dependent (Locsin & Purnell, 2002).

However, the wheel does not allow for the many cultural differences existing within the context of domestic violence. Also, it may not reflect the many systems and layers of violence and oppression in victims' lives. The wheel can be disempowering to victims as they see their experience already defined for them. However, provided its limitations are recognized, the wheel is useful for basic education and health care providers should be familiar with it.

ISSUES FOR HEALTH CARE PROVIDERS

Health care providers who have no professional or personal experience with domestic violence may wonder why or how women get themselves into such situations. Again, from a feminist standpoint, the blame does not fall to victims, but rather to abusers for being violent and committing crimes against their families or intimate partners. Abusers often do not begin relationships with overtly abusive behavior. The process is insidious and the abuse becomes more extreme over time. By the time the abuse becomes obvious, victims are often in situations from which they have great difficulty extracting themselves.

Barriers to leaving an abusive relationship are numerous and complex. Victims may have several reasons, or just one, making it impossible to leave. Death is the most serious potential outcome of domestic abuse. When women leave abusive relationships, the threat of homicide increases (Betts-Cobau & Hoyer, 1997). Reasons victims may not leave include:

- Their abusers are capable of killing them.
- Financial restrictions.
- Child care issues.
- Immigration issues.
- Lack of information about resources.

- Loss of housing.
- Underdeveloped job skills.
- Exhaustion from constant abuse.
- Patriarchal cultural and religious messages.
- Insufficient support.
- Fear of not being able to make it on their own.

Barriers also exist to disclosing abuse. Victims are least likely to disclose such information to health care providers (Betts-Cobau & Hoyer, 1997). Provider- and victim-related factors affecting disclosure are described in a qualitative study by Hathaway et al. (2002). In descending order of prevalence, the provider-related factors affecting disclosure of abuse are:

- Victim-provider relationship.
- Care or interest in helping.
- Knowledge or understanding of partner abuse.
- Attention to confidentiality.
- Ongoing awareness of partner abuse.
- Provider's gender.
- Took time or listened.
- Availability of printed materials about domestic violence.
- Not pressured to disclose.

The victim-related factors affecting disclosure of abuse, in descending order, are:

- Readiness to disclose or turning point.
- Private matter or not comfortable being asked.
- Outward signs of abuse.
- Fear.
- Shame or embarrassment.
- Abuse not recognized by victim.
- Disclosing to additional providers.
- Not aware help is available.
- Has left or is leaving abuser.

CONCLUSION

S. L. was fortunate. Her manager had received training in domestic violence and was able to ask her if something at home was making it difficult for her to work. This allowed S. L. to make an honest disclosure yet maintain her integrity. Her manager told her what her rights were as an employee and what the company could do to protect her while at work.

S. L. also received information from the occupational health nurse about resources available to her in the community.

S. L. felt more in control of her life. She also felt safe knowing her company understood the issue of domestic violence and how it affects women at work. She is beginning to take small steps to regain total control of her life. For the first time in her life, S. L. is not alone in addressing what she has come to learn is a common problem.

Health care providers and other personnel in the workplace have an opportunity to help abuse victims. Education related to intimate partner violence is necessary if appropriate help is to be given and workplace strategies are to be developed. Those who take on or are assigned the task of addressing domestic violence in the workplace can begin the process of providing sanctuary for women in abusive relationships.

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