

Workplace domestic violence leave laws: implementation, use, implications

Workplace
domestic
violence

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Naima Laharnar

*Oregon Institute of Occupational Health Sciences (formerly CROET),
Oregon Health and Science University, Portland, Oregon, USA*

Nancy Perrin and Ginger Hanson

Center for Health Research, Kaiser Permanente, Portland, Oregon, USA

W. Kent Anger

*Oregon Institute of Occupational Health Sciences (formerly CROET),
Oregon Health and Science University, Portland, Oregon, USA, and*

Nancy Glass

School of Nursing, Johns Hopkins University, Baltimore, Maryland, USA

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Abstract

Purpose – Intimate partner violence (IPV), affecting 30 percent of women worldwide, may affect employment and workplace safety. In all, 16 US states adopted laws providing leave for employed survivors. These qualitative findings are from an evaluation of Oregon's state leave law. The paper aims to discuss these issues.

Design/methodology/approach – The authors interviewed Oregon government employees ($n = 17$) with past year IPV and Oregon supervisors ($n = 10$) of past year IPV survivors. Interviews were transcribed, analyzed and coded.

Findings – Participants agreed that IPV has an effect on work. They reported positive workplace reactions to IPV disclosure (93 percent positive, 52 percent negative), but also negative reactions (lack of information, confidentiality, supervisor support). Several implications for supervisors were named (workload, being untrained, being a mandatory reporter, workplace safety and confidentiality). Three years after implementation, 74 percent of participants did not know the leave existed, 65 percent of survivors would have used it if known. The main barriers to usage were fear for job, lack of payment, and stigma. The main barriers of implementation were untrained supervisors and lack of awareness. Participants (85 percent) suggested workplace training on IPV, the law and supervisor role.

Practical implications – Effective implementation and support of the IPV leave law is important to avoid negative consequences for survivors and the workplace. Participants called for an increase in IPV awareness and supervisor training.

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Originality/value – These results provide important recommendations to policymakers, authorities and advocates on development, implementation and evaluation of laws adopted to support employed IPV survivors.

Keywords Domestic violence, Qualitative research, Intimate partner violence, Supervisor support, Workplace leave law, Workplace policy implementation

Paper type Research paper

Introduction

Domestic violence, also known as intimate partner violence (IPV) may include physical violence, sexual violence, threats of violence and/or emotional violence (Centers for Disease Control and Prevention (CDC), 2003; Saltzman *et al.*, 2002). About 30 percent of women are affected worldwide by IPV and over one-third (35.6 percent) of women in the USA experience IPV in their lifetime (Black *et al.*, 2011; World Health Organization, 2013). IPV often results in long-term negative health, economic and social consequences for the survivor and their family, including effects on the survivor's workplace and employment security (LaVan *et al.*, 2012; Swanberg *et al.*, 2006; Tolman, 2011; Warshaw *et al.*, 2009).

Our study provides an examination of a workplace resource available to few IPV survivors globally, employment protection. The study provides insights from the perspective and experience of both, employed survivors and their work supervisors. The study focusses on the employment protection law for IPV survivors implemented in the US state of Oregon. The Oregon law was passed in 2007 ("Domestic Violence, Harassment, Sexual Assault or Stalking Protections," Oregon Revised Statute § 659A.270) and provides employees who are survivors, or parents/guardians of a minor child who is a survivor of IPV, sexual assault, criminal harassment or stalking with reasonable, unpaid leave. The employee may seek medical treatment, counseling, legal assistance, attend court hearings, or relocate without fear of loss of employment. Employees are eligible if working for an employer with more than five employees (Hayes, 2013; Oregon Laws, 2007).

Workplace impact of IPV

Research has demonstrated IPV spillover to the workplace, affecting productivity and also safety of the IPV survivor and possibly other employees (Adams *et al.*, 2012; Arias and Corso, 2005; Corporate Alliance To End Partner Violence (CAEPV), 2007; CDC, 2003; Crowne *et al.*, 2011; LaVan *et al.*, 2012; Plichta, 2004; Reeves and O'Leary-Kelly, 2007; Rivara *et al.*, 2007; Swanberg *et al.*, 2011; Swanberg and Logan, 2005; Swanberg *et al.*, 2006; Tolman, 2011; World Health Organization, 2013). Work-related consequences of IPV include the abuser using work-interference tactics (harassing co-workers, affecting employee's ability to get to work, stay at work), survivor absenteeism due to illness, injury or mental health and reduced job performance and productivity due to employee's difficulty concentrating and absence. The most severe outcome of IPV results in homicide, with over one-third (38 percent) of all female murders in the US workplace (1982-2011) committed by an intimate partner (US Department of Labor, Bureau of Labor Statistics, 2013). IPV in the workplace leads to increased workplace costs, the average annual workplace costs for an IPV survivor is \$2,400 for absenteeism, \$4,300 for workplace distraction, and \$80 for tardiness (Reeves and O'Leary-Kelly, 2007).

State and workplace support and challenges

Despite the well-known effects of IPV on the employee and workplace, there is currently no required US federal employment protection law for IPV to support or

protect the employee and co-workers. Several laws have been introduced to the US Congress but to date none of them have passed (Jacobs and Raghu, 2010; Employment Law Update, 2011; GovTrack.us, 2014; Hayes, 2013; Piotrowski-Govreau, 2007; Runge, 2010). While 49 US states have workplace anti-discrimination laws for crime victims, only four states (California, Connecticut, Illinois, Kansas) have laws specifically for IPV survivors. However, 13 US states have IPV workplace awareness and safety policies, and three (New York, Illinois, Oklahoma) require workplace IPV education and training. Only 15 US states and the District of Columbia provide protected leave specifically to IPV survivors with Oregon being one of those states (Table I; Legal Momentum, 2013; Swanberg *et al.*, 2011).

However, US state level differences in protected leave law requirements and coverage makes implementation a challenge, especially for national and multi-national companies. For example, California's leave law for IPV survivors is criticized as it only applies to businesses with at least 25 employees (Mattis, 2010), limiting access for survivors working in smaller businesses. Further, awareness and knowledge of Illinois's leave law by employers was still low in 2007, four years after enactment and despite required postings in the workplace (Piotrowski-Govreau, 2007).

Another major barrier for employers to address IPV at their workplace is the lack of IPV disclosure and the resulting perception that IPV does not have an impact at their company and does not need to be addressed (87 percent of CEO's; CAEPV, 2007). Only 15 percent of US workplaces have a workplace IPV policy and only 4 percent have training on IPV (US Department of Labor, Bureau of Labor Statistics, 2006). Also, providing effective workplace support regarding IPV, informal (supportive words, screening outside calls) or formal (IPV policies, Employee Assistance Programs, leave time), may be challenging as each survivor's needs are different and unwanted support can be experienced as intrusive and distressful (Katula, 2012; Yragui *et al.*, 2012; Zink and Sill, 2004). Nonetheless, effective workplace safety programs and support may lead to productive employees that are able to balance work and life, benefiting the employee and employer (Kossek *et al.*, 2011; Jackson and Garvin, 2003; Perrin *et al.*, 2011; Ryan and Kossek, 2008; Swanberg and Logan, 2005).

Purpose

To date, there are few studies that provide insight into users' experience with existing IPV leave laws (Swanberg and Logan, 2005; Swanberg *et al.*, 2007, 2012; LaVan *et al.*, 2012; Katula, 2012). As part of a parent National Institute of Occupational Safety and Health (NIOSH) funded study to evaluate the effectiveness of computer-based IPV training for supervisors, our study begins to address this gap. Qualitative research techniques were used to explore both, IPV survivors' and supervisors' perspective and experience with Oregon's IPV protected leave law, including perceived impact on survivors' employment as well as facilitators and barriers for using and implementing the leave.

Method

Recruitment

Interviews were conducted with county supervisors of employees with past year IPV; and county employees who self-reported being IPV survivors in past year. The Human Resource (HR) departments of 27 Oregon counties that participated in the parent study assisted in distributing the recruitment flyer for survivors and supervisors in their

Table I.
US states with
employment
protected leave laws
for IPV

State/law	Benefits ^a
California (2006) “Survivors of Domestic Violence Employment Leave Act” Labor Code §§ 230 & 230.1	Unpaid leave. Benefits vary by employer size
Colorado (2002) Revised Statute § 24-34-402.7	Up to 3 days/year of unpaid leave. Employers of 50+ employees
Connecticut (2010) Family Violence Leave Law General Statute §31-51ss	Up to 12 days/year of unpaid leave. Employers with 3+ employees
District of Columbia (2008) “Employee Sick Leave for IPV” D.C. Code §§ 32-131.01, 32-131.02, 32-131.03 & 32-131.04	3-7 days/year of paid leave. Benefits vary by employer size
Florida (2007) General Statute 741.313	Up to 3 days/year of unpaid leave. Employers with 50+ employees
Hawaii (2012) Revised Statute §378-72 & §378-73	5-30 days/year of paid leave. Benefits vary by employer size
Illinois (2003) “Victims’ Economic Security and Safety Act” Statute 180/1-180/45	8-12 weeks/year of paid leave. Benefits vary by employer size. Employers with 15+ employees
Kansas (2007) “Employment Protections For Victims Of Domestic Violence And Sexual Assault” Statute §§44-1131 & -1132	Up to 8 days/year of unpaid leave. All employers
Maine (2008) “Employment Leave for Victims of Violence” Revised Statute §850	Reasonable and necessary unpaid leave. All employers
New Jersey (2013) “Security and Financial Empowerment Act” S.R. 2177, P.L. 2013	20 days/year of unpaid leave. Employers with 25+ employees
New Mexico (2009) “Promoting Financial Independence for Victims of Domestic Abuse Act” Statute § 50-4A-1-8	Up to 14 days/year of unpaid leave to obtain a restraining order, attend court and seek legal assistance. All employers
North Carolina (2004) General Statute § 50B-5.5 & § 95-270(a)	Reasonable leave to obtain a restraining order. Applies to all employers
Oregon (2007) “Domestic Violence, Harassment, Sexual Assault or Stalking Protections” Revised Statute §§ 659A.270-290	Reasonable unpaid leave. Employers with 6+ employees
Pennsylvania (2009) Code §§ 9-1103 & 9-3200	4 to 8 weeks/year of unpaid leave. Benefits vary by employer size
Rhode Island (2010) General Laws § 12-28-10	Unspecified unpaid leave to obtain restraining order. Prohibits discrimination. All employers
Washington (2008) Domestic Violence Leave Law Revised Code §49.76	Unpaid, job protected, reasonable leave

Note: ^aIf not otherwise specified, leave is to seek legal assistance, relocate or seek medical or IPV services

county (postings, attachments to pay envelope, e-mail, announcements in meetings). Interested supervisors and employees contacted the research team who confirmed eligibility (18 years or older, county employee/supervisor, past year IPV experience/supervising employee with past year IPV experience) and scheduled a private in-person or phone meeting at participant's convenience, time and location (e.g. church room, library) outside work time. The interviews were offered over a period of two years as the parent study was being implemented.

Interview protocol and procedure

The study team developed a short semi-structured interview protocol with five questions on IPV leave knowledge, usage, experience, opinion and workplace support to guide the interview: "Have you taken/supervised a worker who has taken leave from work to deal with issues related to domestic violence?" "Do you know that Oregon has a leave law for survivors of domestic violence?" "If you or a worker you supervise have used it: Can you describe your experience in taking the leave law?" "We are interested in what you think about the law." "We are interested in what you think the workplace can do to help learn about and use the leave if needed."

Before the interview started, research staff collected oral consent, permission to digitally audiotape the interview and a short demographic questionnaire (13 questions). The interviews took on average 38 min (range: 18-68 min). Participants were reimbursed \$30 for their time and expertise.

Research assistants were trained to end the interview if participant showed psychological distress, locate local resources, assess for immediate danger and follow safety procedures and scripts (Glass *et al.*, 2009). The study was approved by Johns Hopkins University and Oregon Health and Science University Institutional Review Boards (IRB).

Analytic process

The digitally recorded interviews were transcribed by research team members and no identifiers such as names were used on the study transcript. Following Strauss' Grounded Theory approach to discover concepts and relationships in raw data (Strauss and Corbin, 1990; Denzin and Lincoln, 2011), a thematic analysis (Gibson and Brown, 2009) was performed. Each transcript was read several times for deeper level of contextualization; first, for global understanding, second, to identify data relevant to the protective leave and survivor's health, safety and employment, third, to perform inductive coding and categorization lead by participants' perspectives and experiences, and fourth, to group and compare transcripts (e.g. employee vs supervisors) and identify patterns and possible relationships. These pieces of data were combined into meaningful units known as themes. The transcripts were uploaded into NVivo 7 (QSR International, Doncaster, Australia) for final analysis. Trustworthiness and authenticity of qualitative data analysis was demonstrated by ensuring credibility ("validity") and confirmability ("objectivity") through triangulation and peer debriefing with team members of different expertise (Tobin and Begley, 2004). Dependability was ensured by having a logical, traceable and clearly documented audit trail. Our primary approach was to analyze the interview transcripts and present the results qualitatively with individualized quotes. However, we also used a quantitative approach to compare visually the survivor and supervisor groups' perspectives and experiences.

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Results*Participant demographics*

Out of 27 participants, 17 participants (63 percent; all women) were county employees with past year IPV. The remaining ten participants (37 percent; nine women and one man) were county supervisors of employees with past year IPV. The average age of participants was 44.5 years (Table II).

Emerging themes

The interviews revealed four themes covering the impacts of IPV on survivor's employment situation and the usability of Oregon's IPV leave law: effects that IPV can have on survivor; IPV leave law knowledge and usage; available IPV workplace resources and supervisor support; and IPV leave law dissemination and implementation.

Theme 1: IPV effects on survivor's work, health, safety and family

We take our arguments with our spouses and our children and financial struggle [...] I mean they all follow us in one shape or another whether or not they are at the forefront of our head or that, or we are able to put them at the, you know, back of our head. They still go with us and I think especially a recent victim of domestic violence, that's gonna be something that's gonna be so encompassing and so overwhelming that there would just be no way for that person to focus, legitimately at the job at hand (supervisor).

	Employees	Supervisors	Total
Participants	17	10	27
Different counties	9	5	11
Female	17	9	26
Age	40.8 years (SD: 10.35)	50.7 years (SD: 7.85)	44.5 years (SD: 10.52)
Years of education (if 16+ taken as 16)	14.5 years (SD: 1.46)	15.2 years (SD: 1.14)	14.8 years (SD: 1.37)
Duration at Current Position	5.3 years (SD: 4.72)	11.3 years (SD: 6.87)	7.5 years (SD: 6.21)
No of employees supervising	n/a	11 (SD: 13.15)	
<i>Race/ethnicity</i>			
Caucasian	13	10	23
Native American	1	0	1
Hispanic	3	0	3
<i>County Department^a</i>			
Computer/accounting	3	0	3
Health	5	3	8
Justice	3	2	5
Administration	5	5	10
<i>Employment</i>			
Full-time	11	9	20
Part-time	6	1	7

Table II.
Participant
demographics

Note: ^aOne employee did not answer the question

The majority of participants (78 percent) named at least one effect of IPV on their health, safety and family and almost all participants (96 percent) reported that IPV has an effect on the workplace:

Yeah, and being in the situation I'm in, it's real, it's real volatile, and I think it's affected my health a lot, so I've missed a lot of work just because of being so worn down, and, and getting sick, it's just kinda [...] I don't know, it just wears you down (employee).

The most frequently named effects on health, safety and family included psychological health effects (59 percent of participants - being visibly "rattled," "worn down," "nervous," "grouchy," "stressed," "hysterical"), effects on children and family (26 percent - abuser's threat to talk bad about their mother to the children, worries about reported child welfare and abuse), fear for safety (22 percent - being afraid of abuser, life threatening situations, etc.), physical effects (22 percent - visible marks, black eye) and mental illness (19 percent - depression, anxiety):

She is involved with the child welfare system because of failure to protect, she is not just healing from her domestic violence, from a man she is in love with, her husband, her soul mate, she also has lost her children, her daughter, because of not protecting her, because allowing the husband to stay in the home after hitting her (supervisor).

The most frequently named effects of IPV on work were time off (82 percent - taking leave due to IPV including comp time, personal time, vacation or sick time, or IPV state leave) and performance issues (56 percent - due to lack of concentration, distraction, emotional stress):

I thought I was ok, you know, tense and I didn't think I was all that cranky or anything out of the unusual, however when I had an evaluation a couple of months ago, my superiors thought that I was doing way too many disciplinary write-ups. I was doing more than anybody else in that period of time, that it had affected me [...] negatively at work, that it was an issue, and you know really came down on me a little bit for it (employee).

Further effects included stalking at work (26 percent- abuser harassing through calls or appearances at the workplace) and safety at work (22 percent):

He um is very erratic and unstable and um he came to the workplace looking for her in violation of her restraining order and um my co-worker tried to downplay things and keep, keep really calm [...], um but my boss got very angry with her because he decided that her ex-husband at this point was a threat to all of our safety and so he actually considered firing her um because of her mentally ill ex-husband's behavior (supervisor).

To go to work when you are dealing with something at home like that, it's horrible, because you can't do your job. I was in the position, I was a program officer in my last job at the county and I'll, I'm responsible to making sure inmates follow order, I am responsible and I have to be a strong person and they could tell that something was wrong with me. They could see it. And that put my life in danger (employee).

Other reported effects were related to job position (15 percent - getting reprimanded, losing job), co-workers (11 percent - getting distracted due to talking about problems), and getting to work (7 percent - abuser keeping her from sleeping, not fixing the car).

Theme 2: IPV leave law knowledge and usage

I didn't know that I had those kind of options at work, so I didn't know that it would be appropriate for me to talk about it (employee).

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Most participants (74 percent) did not know about Oregon's IPV leave law at time of the interviews. Seven participants reported knowledge of the law, learned from their supervisors, job position (e.g. mental health counselor), county intranet or policy. Three participants (11 percent) had used or were using the IPV leave. In all, 11 out of 17 employees (65 percent) reported that they would have used or would use the IPV leave if needed now that they are aware of it.

Almost all participants (94 percent) considered the IPV leave law useful, with benefits of providing time off and job protection and it may even "desensitize" and educate the workplace regarding IPV. Some participants mentioned that the law might not be useful as it is unpaid. One employee reported a negative opinion due to confidentiality concerns when disclosing IPV in a small community.

The most frequently mentioned reasons to use the IPV leave law were for legal matters (74 percent – meeting with an attorney, getting a restraining order, going to court), finding safe housing (63 percent – moving, finding shelter), counseling (59 percent), and taking time for rest and recovery (47 percent):

I think it's really good to, for, I think that one of the things that the law speaks very clearly about is, this is a, this is a true step forward for not blaming the victim, for realizing that it's not, you know it's not necessarily your fault if you end up in some sort of a domestic violence situation (supervisor).

The most frequently mentioned barriers to usage of the IPV leave were job security (81 percent), lack of payment (74 percent), stigma of being a victim (67 percent) and confidentiality (52 percent). Despite being a job protected leave participants were still afraid of losing their job, being "reprimanded," "downgraded," that it would affect the "annual review" or that "it might pop you up on screen as being somebody that they now take a note of":

I don't think anyone would fire someone for that. They might come up with another reason and kind of go around the issue without saying it out loud. But that could be the reason the employer says 'we can't have this person around because they are going to be trouble, so they are always having problems at home so let's just get rid of them' kind of thing. Like that's what they are thinking but they are not going to say it out loud to the employee (employee).

Several participants mentioned that unpaid leave would not be an option as it "really impacts their ability to pay their bills" and might even "aggravate a situation and make the survivor less safe" if the husband finds out they are on unpaid leave. Participants mentioned that women tend to use the paid vacation or sick times for taking care of a sick child or pregnancy and would not have them available in a crisis related to IPV.

Stigma included feeling shame and embarrassment to be in an abusive situation. Participants were concerned that co-workers would not respect them if the IPV became known and it would be especially difficult to be seen as a "victim" in a professional setting as it may affect their career opportunities:

If you are a professional, it's, it's embarrassing. You don't want anyone to know, you don't want it to affect your career, you don't want your employer to think you are stupid, you are any less smart than they are, that you had a drama in your life, so I probably wouldn't use it (employee).

Further barriers of IPV leave usage included fear for safety (41 percent – being "visible" at the workplace is safer), denial of IPV (22 percent of participants), workload (22 percent – concerned "not just not getting own work done, but upsetting and adding to the workload of others," things would need "to be rescheduled last minute, and that's

frowned upon”) and eligibility restrictions (7 percent) reported by part-time employees who were not eligible for the benefit due to eligibility restrictions at that time (working 25 h per week for 180 days).

Theme 3: available IPV workplace resources and supervisor role and conflicts

It seems like that they focus on, they say, ‘you know what, we got, we gotta walk the walk. We are helping people get better and we need our employees to get better.’ And that is a really awesome way of thinking (employee).

A majority of participants (93 percent) reported receiving or providing supportive reactions to employee’s disclosure of IPV including providing time off, information on Oregon’s IPV leave law, financial help, covering workload, and follow-ups. Supervisors had an open door, “manipulated the schedule,” provided advice and resources, and were simply “worried.” Participants (26 percent) reported limits to the positive support such as not being informative enough, coming with certain expectations such as leaving the abuser, or support that “faded away.” One employee felt she “was going from one really controlled situation to another, where my choice weren’t my choices.” One supervisor mentioned that he would support the employee the first time, but if she did not solve the issue, he would feel like she would “endanger” him and co-workers. Negative reactions were reported by 52 percent of participants and included unsupportive supervisor or HR reactions (“quit bringing your problems to work”), losing “a lot of credibility, a lot of respect,” co-workers treating the employee differently, “openly hostile” and lack of confidentiality:

And I understand she really, you know, she [employee’s supervisor] wanted, she thought she was protecting everybody by saying ‘okay, you know, here is how to use the panic button at the counter if he [the abuser] comes in’, you know, but when I came back from vacation my husband’s mug shots were posted all over everybody’s cubicles and I was so offended that I went to them and ripped them down (employee).

Regarding supervisor support, 44 percent of participants mentioned that the supervisor should make the first approach, it was the “right and responsibility as the employer and supervisor” if they noticed something, “as a human being almost, not just as a supervisor you need to pull them aside and find out how you can help them,” and it might be more “beneficial from the supervisor down to the employee.” Over one-third (37 percent) of participants stated that only the employee should approach the supervisor, otherwise the employee “might see it as judging or threatening,” and would feel that their performance was not good enough. And 11 percent of participants mentioned going immediately to HR, as they did not want to disclose IPV to the supervisor. Participants (55 percent) named several conflicts for the supervisor regarding IPV support, including lack of training and knowledge on how to approach the subject and provide support (“how to handle a situation like that”); difficulties in being supportive and granting leave while facing workplace demands (“I mean on half your staff it’s hard to function,” “I felt like the, the non-sensitive supervisor because I am saying okay, the four of you go back to work now, she’ll be fine”); difficulties of being a mandatory reporter when a child is involved (“dual relationship”); and keeping the IPV disclosure confidential but also ensuring safety for the co-workers if abuser shows up at the workplace:

I think that’s my biggest question about administering this leave law is um what does that look like, I mean, what, you know, if you’ve got you know an employee population that is reluctant to report, what does that look like? I mean, how, you know, how do you pull

somebody aside and say you know 'it looks like you may be in an abusive situation, are you, you know, how can I help? Are you aware that there's a leave law?' You know that sort of thing (supervisor).

Theme 4: IPV leave law dissemination and barriers of implementation

Well, at my previous employer, once a year we would go over all the personnel policies, you know, we would sit down in a meeting and we would read through them, especially if there was something new or something that they wanted us to have our attention, you know, directed at, they would go through it in great detail (employee).

The most frequently suggested method of disseminating information on Oregon's IPV leave law was workplace training on IPV (85 percent), including information on the law and also general information about IPV (stages of IPV, warning signs, difficulties to leave the abusive situation) and information on supervisor support. Some participants (30 percent) would train supervisors first, others (37 percent) would make the training available for everyone, "target the employee" as "it would be most beneficial for everyone" and "because sometimes supervisors know about it but that doesn't mean their staff knows about it." Almost half of the participants (41 percent) would make the training mandatory, but some supervisors described that would "really strain" the department and employees might "resent you." Participants suggested a computer-based training format, online seminars, videos, group discussions, conversations, something to read, from half an hour info sessions to a day long seminar, including humor and real life stories:

I think that, I think education, I think all supervisors and managers in, in the States need to go through a domestic violence class, so they can know and see um the, the stages of abuse, can identify someone in that and help them to be educated, and concerned with that, instead of production, production, production. Look at a person as a whole and um and, and care about them and help them through it. But they need education, too (employee).

Another frequently suggested dissemination strategy was flyer and poster (78 percent) in break rooms, lunchrooms, next to the copy machines or in bathrooms. As posters tend to "blend in," participants preferred little flyers attached to the paycheck to ensure privacy and accessibility for field workers or part-time employees. Other dissemination strategies included mentioning it during the new hire orientation (52 percent), during meetings (52 percent) if the covered topics would allow it, or advertising it through media (44 percent of participants):

Maybe something that comes across their intranet or in an email from you know somebody high up [...], just kinda coming across in an anonymous way that people can be looking at it without sitting next to their co-workers. I really think it would need to be looked at privately (employee).

The most frequently named barriers for implementing the IPV law were the uneducated behavior of the supervisor (44 percent), the lack of awareness of the leave (41 percent), the unspecified time amount for the leave (37 percent) and difficulties because of county size (19 percent). Supervisors and employees alike mentioned that supervisors might not know how to approach an employee in such a situation. Some supervisors may not be "comfortable doing that," "some have more personal skills than

others.” Supervisors need “some guidelines on how to handle such a situation” and “training on how to support”:

But understand, no one, no victim is gonna use it if their employer goes ‘this is a really stupid crime and people are stupid if they are gonna get abused’. I mean, if you hear that come out of their mouth, then you aren’t gonna say anything (employee).

Differences between survivor and supervisor group

Theme 1 (see Figure 1): while employees mentioned several different workplace effects, supervisors mainly named three (time off, performance and job Position). Safety and stalking at work were more often mentioned by employees. Even though supervisors did not report stalking by the abusive partner at work an effect on the workplace, they worried about the safety for all employees when the potentially dangerous abuser shows up at work. Employees additionally described that being emotionally “rattled” by the violence may become dangerous if working in potentially volatile situations, such as a corrections officer or mental health counselor.

Theme 2 (see Figure 2): employees and supervisors named job security and the lack of payment as the top 2 barriers for usage, however, while employees name both reasons equally often, supervisors name job security more often. Employees noted consistently their concern about confidentiality as a barrier for using the IPV leave, “people just can’t keep secrets,” there are “layers of supervision” and it will not just stay



Figure 1.
IPV effects on work

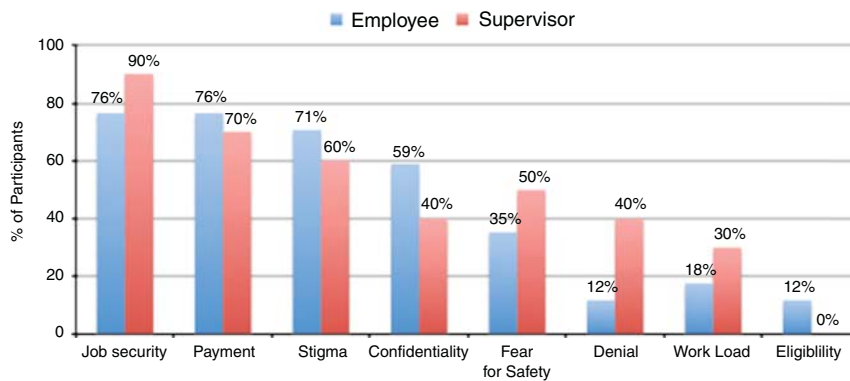


Figure 2.
Barriers for using the IPV leave law

with the supervisor, HR or payroll would also need to be informed. Keeping IPV confidential in a small county was considered especially difficult. Supervisors also mention denial of the IPV being a barrier for usage.

Theme 3: the majority of supervisors (70 percent supervisors), but less than half (47 percent) of employees reported that they were aware of IPV resources at their workplace (IPV posters, flyers, policies, county web site, available time off, IPV training, Employee Assistance program offering counseling). Few employees (6 percent) and about one-third (30 percent) of supervisors reported that their workplace had a workplace policy on IPV, however, many employees reported they “don’t know” or are “not aware of” an IPV policy. Also, especially supervisors mentioned the conflicts (productivity vs safety) that they are facing in providing support (41 percent employees, 80 percent supervisors).

Theme 4 (see Figures 3 and 4): as a possible dissemination strategy of the IPV leave law, both groups mentioned training as the top strategy. However, especially employees also name media including county department newsletter, e-mails and county web sites as another top strategy.

Regarding the barriers of implementation, employee’s top barriers were the behavior of the supervisor and the lack of awareness. Employees expressed the need to raise the awareness on the leave law (“It actually kind of made me angry that there has been this law for so long and nobody knows about it,” “I think that’s too bad because, gosh, what else don’t I know”). While supervisors agreed that their behavior is one major barrier, they named time as the top barrier and were worried about possible abuse of the leave and that there may be a “loophole,” as the law does not

Figure 3.
Dissemination strategies of the IPV leave law

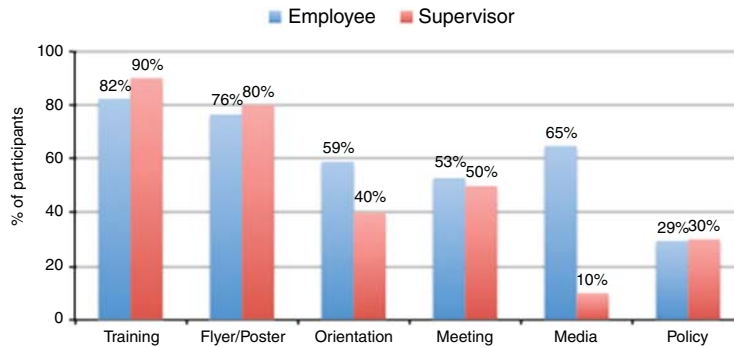
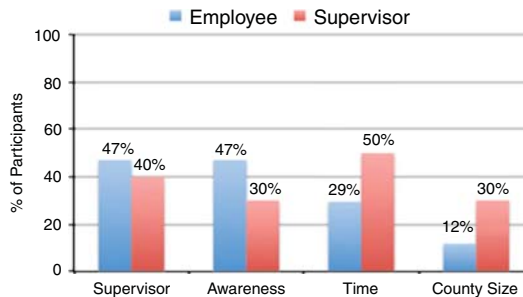


Figure 4.
Barriers for implementing the IPV leave law



specify the allowed leave time. They recommended a “better definition,” clarifying who decides what “reasonable” is, and having some kind of “guideline” for implementation in the workplace. Supervisors (30 percent) also noted that smaller counties with limited IPV resources, a different mentality toward change and an environment where “things circle quite a bit faster” make it especially difficult for the supervisor to be supportive and ensure confidentiality.

Discussion

This study evaluated the implementation and usage of Oregon’s IPV leave law from two different points of views: employees who are IPV survivors and supervisors of IPV survivors. To our knowledge, this is the first study to examine the implementation of a US State IPV leave law including barriers of implementation and usage with important implications that should be addressed to improve utilization. While IPV survivors and supervisors agreed on major IPV effects (time off, performance) and barriers of law usage (job security, payment), this study also revealed important different views regarding possible IPV effects at work (safety), barriers of usage (confidentiality, denial), workplace resources (availability of resources, supervisor conflicts in support) and barriers of law implementation (undefined time, unawareness) indicating that training for supervisors on IPV is needed to more effectively implement the law and support employees and the workplace.

Employees’ and supervisors’ different views of work-related IPV effects

The interviews revealed a general agreement that IPV has an effect on work, health, safety and family and that taking time off from work for IPV is the main work-related effect. However, supervisors’ perception of work-related IPV effects were more restricted to effects related to their responsibilities at work and their role as a supervisor (e.g. time off, performance, job position). Employees on the other hand, due to their own experience as IPV survivors, reported a larger variety of IPV effects they have to deal with in the workplace (e.g. getting to work, safety at work, stalking at work). The IPV effect on “safety” revealed the biggest difference between supervisors and employees. While employees named at least two different work-related safety issues and one non-work-related, supervisors rarely mentioned safety issues. Supervisors’ primary safety concern was the abuser showing up at work and threatening workers, while employees also reported that the emotional distress they experienced could impact their performance and confidence making them less safe in the work environment. One employee also mentioned that taking unpaid leave could be a danger if the husband finds out that she is off work without pay. They also mentioned concerns related to their safety outside of work, the abuser being dangerous, handling guns and taking drugs.

Major barriers of law usage: fear for job and lack of payment

Supervisor and employees agreed that fear of losing job remained the main barrier for using the law. Despite being a law aimed at protecting leave for survivors, participants still feared that taking the leave would affect their career and that supervisors may look differently at them, not consider them a reliable worker, reprimand them for taking time off or find another reason to fire them. Even though women make about 50 percent of the workforce, a significantly smaller portion compared to men occupies higher positions with better wages, job flexibility and safety. However, especially in such a

position women resist seeking help for IPV to not be perceived as a victim (Kwesiga *et al.*, 2007).

Lack of payment while on leave was another top barrier of usage mentioned by both, survivors and supervisors alike. Even though employees may take accrued paid leave together with the IPV leave, participants stated that this is difficult for women as they often use their paid leave to care for a sick family member or pregnancy. Also, taking unpaid leave can endanger them at home if the husband notes the lack of payment. Additionally, women are often in a delicate situation of financial dependency on the male partner, and leaving the abuser may result in the loss of needed financial support for the family, therefore, going on leave that is unpaid would increase concerns for providing needed economic support (Adams *et al.*, 2012).

While confidentiality was another barrier especially important to employees, the barrier of the IPV survivor being in denial of the seriousness of the situation was mainly mentioned by supervisors.

Supervisors overestimate employees' awareness of workplace IPV resources

This study also revealed that the awareness of Oregon's IPV leave law, enacted three years before the study started, was very low. Employees and supervisors were disappointed and upset that they had not heard about the law and that there was only very limited information available and called for a raise of awareness. More than two-thirds of participating employees mentioned that they would have used the leave or would use now that they are aware of its existence.

Interestingly, supervisors reported more often than employees that IPV resources are available at the workplace, they may be over-optimistic in the existence of IPV resources or the employees are not aware of the existing resources or do not have access to them. About 30 percent of supervisors vs 6 percent of employees reported that the workplace had an IPV policy. Most of the employees answered with "don't know" or "not aware of it." These findings are consistent with the findings of the Corporate Alliance To End Partner Violence (CAEPV) survey of 2007, where 72 percent of surveyed CEOs believed that their company already offered sufficient IPV programs, while only 47 percent of their employees reported knowing about the programs (CAEPV, 2007).

Some participants also mentioned, that living in a small county made addressing IPV and gaining knowledge of the law or support even more difficult. Privacy and being labeled as a "victim" was a concern and prevented disclosure, and IPV resources in general were more limited.

Supervisors facing difficulties in providing effective support

Social support through the workplace, co-workers and especially the supervisor may increase well-being and health of the IPV survivor and might reduce negative outcomes of IPV (Perrin *et al.*, 2011). Our interviews revealed that most participants had either provided or experienced positive reactions at the workplace toward IPV disclosure. However, about half of the participants also experienced negative reactions, limits to the support or strings attached. This included a supervisor ignoring the confidentiality between employee and supervisor and disclosing the IPV issue to all co-workers because of risk that the abuser might show up at work. Some supervisors stated that they do not want to have personal problems at work and some co-workers became "hostile" because they had to take on more workload. This shows that some workplaces and supervisors struggle to provide the right kind of support for the situation.

The supervisor is the link between the employee and the employer and has to meet work demands but also be compassionate to the employee, which puts him/her in a difficult position. The interviews exposed four major conflicts for the supervisor: first, supervisors are not trained in IPV support and might not know how to approach and support an employee in such a sensitive situation, especially if the employee does not want to disclose; second, supervisors have the responsibility to keep the workplace productive and it might be difficult to handle the workload while offering leave to the IPV survivor; third, supervisors may be mandatory reporters (e.g. child safety) and therefore feel obligated to report the IPV which may result in the child being removed from the home; and finally, supervisors need to keep the employee's IPV disclosure private and confidential but also need to keep co-workers safe from an abuser that might show up at work.

Understanding the hierarchy of supervisor support wanted by women experiencing IPV (from no support, to active listening, to offering help and resources) is a foundation for providing effective support. Women may desire different kinds of support depending on the stages of the abusive relationship from not ready to disclose, to IPV disclosure, to leaving the abusive partner and actively seeking external support (Perrin *et al.*, 2011). As our interviews confirmed, there is no uniform type of support. Some participants wanted the supervisor to approach, while others mentioned it needs to be the employee's first step, a small minority would not even involve the supervisor and go to HR. Positive support (a match between wanted and received support) is important, as negative support (mismatch – unwanted or lack of wanted support) can be more memorable and affect survivor's well-being and the workplace (Perrin *et al.*, 2011; Samuel *et al.*, 2011; Rynolds and Perrin, 2004; Katula, 2012; Yragui *et al.*, 2012).

Supervisors and employees alike request training to overcome barriers

For employees and supervisors alike, unsupportive and untrained supervisor behavior was the main barrier for effective IPV law dissemination. However, while for employees the lack of awareness of the law was another major barrier, supervisors considered especially the undefined leave time and barriers due to a small county size as problematic. The majority of participants (85 percent) mentioned that IPV training would be necessary for effective dissemination and implementation of the law and explicitly stated to have IPV training for supervisors, providing education and guidelines on effective IPV support and helping them with their conflicting roles. Training may address the implementation barriers by improving supervisor behavior, awareness and providing guidelines on how to deal with the time allowance and IPV support in small counties. Educating supervisors may also overcome several of the barriers to use the leave, including employee's fear for job, stigma of being a victim, confidentiality and the IPV survivor being in denial of the dangerousness of the situation. Participants believed that training may provide guidelines and desensitize the workplace, consider the health and well-being of the employee and not just the productivity and may reduce the fear of losing the job and the stigma related to IPV.

Participants mentioned that next to training, information on the IPV leave law could also be disseminated through flyers attached to the paycheck and employees especially favored dissemination through media such as the intranet, newsletter or e-mail with the importance of receiving the information in private and making it accessible to everyone, also to part-time employees and field officers.

Implications*What the workplace can do*

Our interviews have shown again that IPV is affecting the workplace. Employees and supervisors alike requested more dissemination and especially training on IPV and the leave law, and training for supervisors on how to support employees, manage role conflicts and eliminate employees' fear for their job by using the leave, the top barrier of usage. Other studies (CAEPV, 2007; Family Violence Prevention Fund and Verizon Wireless, 2007) also confirm that employees request appropriate workplace support programs, policies, education and supervisor training on IPV (Katula, 2012). Workplaces in smaller counties need to consider additional challenges due to the small county size and numerous restrictions in resources, support and confidentiality and need to offer modified support systems. This is especially important, as previous studies have shown high rates of IPV in rural areas (Swanberg and Logan, 2005).

What policymakers can do

In 2014, an amendment to the Oregon Leave Law was implemented, requiring postings of Oregon's IPV leave law in the workplace and also eliminating eligibility restrictions for employees, barriers that participants discussed in the study. Required postings will help the workplace to disseminate the leave law and raise the awareness.

However, the ongoing lack of payment while on leave was one of the top barriers of usage. Studies have shown that the lack of money is one of the reasons that forces IPV survivors to remain in an abusive relationship or return to the abuser (Adams *et al.*, 2012). Participants suggested to add hours to the employee's sick time or to grant initial paid leave as unpaid leave would "just not be a benefit." In other countries such as Australia with no federal employment protection for IPV survivors and where IPV is also experienced by about one-third of adult women in their lifetime, one employer (The Surf Coast Shire Council) started to offer 20 days of paid leave for IPV in 2010 and dozens of employers have followed since. In 2012 over 70,000 Australian workers had access to paid IPV leave, one in every 14 workers (Schneider, 2012).

Despite several attempts there has not been a uniform US federal response (Jacobs and Raghu, 2010). Employees in identical IPV situations should not be treated differently and receive different benefits and protections just because they live or work for a different state. National or multi-national corporations need a federal and global solution.

Conclusion

IPV leave policy adoption is not always enough; ineffective dissemination of the law, limited guidelines for implementation and ineffective workplace support can negatively affect the employee and employer (Ryan and Kossek, 2008; Perrin *et al.*, 2011). It has been shown once again that IPV can endanger the employee at home and at work. In order for an IPV leave law to be usable, it needs to take into consideration the financial situation of the employee in such a situation and also possible consequences regarding the survivor's job. Participants call for a raise in IPV awareness and dissemination and suggest training on IPV, including desensitizing the workplace and teaching supervisors how to support and deal with role conflicts when implementing the law. These findings provide important recommendations to policymakers, authorities and advocates on development, implementation and evaluation of laws adopted to support employed survivors of IPV.

References

- Adams, A.E., Tolman, R.M., Bybee, D., Sullivan, C.M. and Kenedy, A.C. (2012), "The impact of intimate partner violence on low-income women's economic well-being: the mediating role of job stability", *Violence Against Women*, Vol. 18 No. 12, pp. 1345-1367.
- Arias, I. and Corso, P. (2005), "Average cost per person victimized by an intimate partner of opposite gender: a comparison of men and women", *Violence and Victims*, Vol. 20 No. 4, pp. 379-391.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J. and Stevens, M.R. (2011), *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA.
- Centers for Disease Control and Prevention (CDC) (2003), *Costs of Intimate Partner Violence Against Women in the United States*, CDC – National Center for Injury Prevention and Control, Atlanta, GA.
- Corporate Alliance To End Partner Violence (CAEPV) (2007), "Corporate leaders and America's workforce on domestic violence survey", Safe Horizon, the Corporate Alliance to End Partner Violence and Liz Claiborne Inc., available at: www.caepv.org/about/program_detail.php?refID=34 (accessed March 13, 2014).
- Crowne, S.S., Juon, H.S., Ensminger, M., Burrell, L., McFarlane, E. and Duggan, A. (2011), "Concurrent and long-term impact of intimate partner violence on employment stability", *Journal of Interpersonal Violence*, Vol. 26 No. 6, pp. 1282-1304.
- Denzin, N.K. and Lincoln, Y.S. (2011), *The SAGE Handbook of Qualitative Research*, 4th ed., SAGE Publications, Thousand Oaks, CA.
- Employment Law Update (2011), "Bill would provide FMLA leave for Victims of Domestic Violence", Employment Law Update, Washington, DC, March 13, 2014, available at: www.littler.com/dc-employment-law-update/bill-would-provide-fmla-leave-victims-domestic-violence
- Family Violence Prevention Fund and Verizon Wireless (2007), *Father's Day Poll 2007 – A Survey Among Men*, Peter D. Hart Research Associates Inc., Washington, DC, available at: www.caepv.org/membercenter/files/fathers_day_poll_07.pdf (accessed March 13, 2014).
- Gibson, W.J. and Brown, A. (2009), *Working with Qualitative Data*, Sage, Thousand Oaks, CA.
- Glass, N., Perrin, N., Hanson, G., Mankowski, E., Bloom, T. and Campbell, J. (2009), "Patterns of partners' abusive behaviors as reported by Latina and non-Latina survivors", *Journal of Community Psychology*, Vol. 37 No. 2, pp. 156-170.
- GovTrack.us (2014), "Congress – Bills (HR 3151/112 Domestic Violence Leave Act; s 631/113 Healthy Families Act)", HR 1229/113 Security and Financial Empowerment Act), available at: www.govtrack.us/congress/bills/ (accessed March 13, 2014)
- Hayes, M.J. (2013), "Leaving Maryland workers behind: a comparison of state employee leave statutes", *University of Maryland Law Journal of Race, Religion, Gender and Class*, Vol. 9 No. 1, pp. 19-31.
- Jackson, M. and Garvin, P. (2003), "Coordinated community action model. Minnesota Center Against Violence and Abuse", Electronic Clearinghouse, Deluth, MN, available at: www.mincava.umn.edu/documents/ccam/ccam.html (accessed March 13, 2014)
- Jacobs, L.R. and Raghu, M. (2010), "The need for a uniform federal response to the workplace impact of interpersonal violence", *The Georgetown Journal of Gender and the Law*, Vol. 11, pp. 593-617.
- Katula, S.L. (2012), "Creating a safe haven for employees who are victims of domestic violence", *Nursing Forum*, Vol. 47 No. 4, pp. 217-225.

- Kossek, E., Pichler, S., Bodner, T. and Hammer, L. (2011), "Workplace social support and work-family conflict: a meta-analysis clarifying the influence of general and work-family specific supervisor and organizational support", *Personnel Psychology*, Vol. 64 No. 2, pp. 289-313.
- Kwesiga, E., Bell, M.P., Pattie, M. and Moe, A.M. (2007), "Exploring the literature on relationships between gender roles, intimate partner violence, occupational status, and organizational benefits", *Journal of Interpersonal Violence* 2007, Vol. 22 No. 3, pp. 312-326.
- LaVan, H., Lopez, Y.P., Katz, M. and Martin, W.M. (2012), "The impact of domestic violence in the workplace", *Employment Relations Today*, Vol. 39 No. 3, pp. 51-63.
- Legal Momentum (2013), "Employment rights for victims of domestic or sexual violence: state law guide, Legal Momentum, New York, NY, available at: www.legalmomentum.org/resources/state-law-guide-employment-rights-victims-domestic-or-sexual-violence (accessed March 13, 2014).
- Mattis, H. (2010), "California's survivors of domestic violence employment leave act: the twenty-five employee minimum is not a good rule of thumb", *Santa Clara Law Review*, Vol. 50 No. 4, pp. 1319-1344.
- Oregon Laws (2007), "Oregon revised statutes 659A.270 – leave required because of domestic violence, sexual assault or stalking", Oregon Laws, available at: www.oregonlaws.org/ors/659A.270 (accessed March 13, 2014).
- Perrin, N.A., Yragui, N.L., Hanson, G.C. and Glass, N. (2011), "Patterns of workplace supervisor support desired by abused women", *Journal of Interpersonal Violence*, Vol. 26 No. 11, pp. 2264-2284.
- Piotrowski-Govreau, J.A. (2007), "The Illinois victims' economic security and safety Act of 2003: a comparative analysis", Kochler & Passarelli, LLC, Woodridge, IL, available at: www.k-pllc.com/news.asp (accessed March 13, 2014).
- Plichta, S.B. (2004), "Intimate partner violence and physical health consequences: policy and practice implications", *Journal of Interpersonal Violence*, Vol. 19 No. 11, pp. 1296-1323.
- Reeves, C. and O'Leary-Kelly, A.M. (2007), "The effects and costs of intimate partner violence for work organizations", *Journal of Interpersonal Violence*, Vol. 22 No. 3, pp. 327-344.
- Rivara, F.P., Anderson, M.L., Fishman, P., Bonomi, A.E., Reid, R.J., Carrell, D. and Thompson, R.S. (2007), "Healthcare utilization and costs for women with a history of intimate partner violence", *American Journal of Preventive Medicine*, Vol. 32 No. 2, pp. 89-96.
- Runge, R. (2010), "The legal response to the employment needs of domestic violence victims", *Human Rights*, Vol. 37 No. 3, pp. 13-17, available at: www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol37_2010/summer2010/the_legal_response_to_the_employment_needs_of_domestic_violence_victims_an_update.html (accessed March 13, 2014).
- Ryan, A.M. and Kossek, E.E. (2008), "Work-life policy implementation: breaking down or creating barriers to inclusiveness?", *Human Resource Management*, Vol. 42 No. 2, pp. 295-310.
- Rynolds, J.S. and Perrin, N.A. (2004), "Mismatches in social support and psychosocial adjustment to breast cancer", *Health Psychology*, Vol. 23 No. 4, pp. 425-430.
- Saltzman, L.E., Fanslow, J.L., McMahon, P.M. and Shelley, G.A. (2002), *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, version 1.0*, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Atlanta, GA, available at: www.cdc.gov/ncipc/pub-res/ipv_surveillance/Intimate%20Partner%20Violence.pdf

- Samuel, L.J., Tudor, C., Weinstein, M., Moss, H. and Glass, N. (2011), "Employers' perception of intimate partner violence among a diverse workforce", *Safety and Health at Work*, Vol. 2 No. 3, pp. 250-259.
- Schneider, B. (2012), "An escape from family violence", *The Canberra Times National*, September 28, 2014, available at: www.canberratimes.com.au/national/an-escape-from-family-violence-20121026-28auu.html
- Strauss, A. and Corbin, J. (1990), *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, Sage, Newbury Park, CA.
- Swanberg, J.E. and Logan, T.K. (2005), "Domestic violence and employment: a qualitative study", *Journal of Occupational Health Psychology*, Vol. 10 No. 1, pp. 3-17.
- Swanberg, J.E., Macke, C. and Logan, T.K. (2006), "Intimate partner violence, women, and work: coping on the job", *Violence and Victims*, Vol. 21 No. 5, pp. 561-578.
- Swanberg, J.E., Macke, C. and Logan, T.K. (2007), "Working women making it work: intimate partner violence, employment, and workplace support", *Journal of Interpersonal Violence*, Vol. 22 No. 3, pp. 292-311.
- Swanberg, J.E., Ojha, M.U. and Macke, C. (2012), "State employment protection statutes for victims of domestic violence: public policy's response to domestic violence as an employment matter", *Journal of Interpersonal Violence*, Vol. 27 No. 3, pp. 587-619.
- Tobin, G.A. and Begley, C.M. (2004), "Methodological rigour within a qualitative framework", *Journal of Advanced Nursing*, Vol. 48 No. 4, pp. 388-396.
- Tolman, R.M. (2011), *Impact of Intimate Partner Violence on Economic Well-Being*, Center for Financial Security Research Brief 2011, Madison, WI, pp. 1-6.
- US Department of Labor, Bureau of Labor Statistics (2006), *Survey of Workplace Violence Prevention (Report No. USDL 06-1860)*, US Department of Labor, Bureau of Labor Statistics, Washington, DC, available at: www.bls.gov/iif/oshwc/osnr0026.pdf
- US Department of Labor, Bureau of Labor Statistics (2013), "Injuries, illnesses, and fatalities", Census of Fatal Occupational Injuries Charts, 1992-2011 (revised data), available at: www.bls.gov/iif/oshwc/cfoi/cfch0010.pdf (accessed March 13, 2014).
- Warshaw, C., Brashler, B. and Gil, J. (2009), "Mental health consequences of intimate partner violence", in Mitchell, C. and Anglin, D. (Eds), *Intimate Partner Violence: A Health Based Perspective*, Oxford University Press, New York, NY, pp. 147-171.
- World Health Organization (2013), "Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence", World Health Organization, March 13, 2014, available at: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf
- Yragui, N.L., Mankowski, E.S., Perrin, N.A. and Glass, N.E. (2012), "Dimensions of support among abused women in the workplace", *American Journal of Community Psychology*, Vol. 49 Nos 1-2, pp. 31-42.
- Zink, T. and Sill, M. (2004), "Intimate partner violence and job instability", *Journal of American Medical Women's Association*, Vol. 59 No. 1, pp. 32-35.

Further reading

- Strauss, A. and Corbin, J. (1998), "Grounded theory methodology: an overview", in Denzin, N. and Lincoln, Y. (Eds), *Strategies of Qualitative Inquiry*, Sage, Thousand Oaks, CA, pp. 158-183.

About the authors

Naima Laharnar, MPsych, received her Master in Psychology focussing on Clinical and also on Industrial and Organizational Psychology from the University of Tuebingen in Germany. She has been working in different research fields including spatial orientation in virtual reality, direct marketing, and neuropsychology. She also volunteered in the Social Services and Counselling departments of the William Temple House in Portland. Since 2009, she has been working for the Oregon Institute of Occupational Health Sciences at the Oregon Health and Science University as a Project Manager on statewide research studies regarding workplace violence trainings, including De-escalation training for caregivers and Domestic Violence at the workplace training for supervisors with the overall goal to increase awareness of these topics and improve workplace support.

Dr Nancy Perrin, PhD is a Senior Investigator and the Director of Biostatistics at the Center for Health Research in Portland Oregon. Her focus is on research design and statistical analyses for studies conducted in natural settings. She has collaborated on several studies focussed on interventions for domestic violence.

Dr Ginger Hanson, PhD, is a Senior Research Associate at the Kaiser Permanente Northwest, Center for Health Research. Her research interests include quantitative research methods, occupation health psychology, workplace violence, supervisor support, and work-life integration. Dr Hanson received her PhD in Systems Science: Psychology from the Portland State University in 2011. Her Master's Degree in Applied Industrial/Organizational Psychology is also from the Portland State University. She has taken part in several research studies aimed at understanding workplace aggression/violence and how it can be prevented.

Dr W. Kent Anger, PhD in Experimental Psychology from the University of Maine, is the Associate Director for Applied Research at the Oregon Institute of Occupational Health Sciences and the Director of the Oregon Healthy Workforce Center, both at the Oregon Health & Science University. The primary focus of Dr Anger's research is on: the development and validation of behavioral test methods to study human neurotoxic disorders in international populations with very limited to extensive education; the use of those tests to identify and characterize neurotoxic effects following occupational/environmental exposures to chemicals and to identify improved biomarkers; the development of behaviorally based computer training technology to teach the broadest range of populations (with very limited to extensive education) in the workplace; and apply training technologies to prevent health and safety hazards, teach job skills, improve well-being and wellness at the workplace, improve work-family balance and reduce the impact of domestic violence on the workplace (intervention effectiveness).

Dr Nancy Glass, PhD, is a Professor, Johns Hopkins School of Nursing and the Associate Director, Johns Hopkins Center for Global Health. Dr Glass conducts clinical and community-based interventions with diverse populations across multiple domestic and global settings. She is PI of five federally funded multidisciplinary studies to test employment, economic empowerment and safety interventions to improve the health, safety and economic stability of survivors of gender-based violence (GBV) youth and their families. Dr Glass is further a PI of a UNICEF funded trial to determine the effectiveness of a GBV primary prevention and response program on safety for women and girls in conflict affected countries (Somalia, and South Sudan) and a co-investigator on a Department of State, Bureau of Population, Refugee and Migration (BPRM) funded partnership with UNHCR to develop and test a screening tool to identify survivors of GBV in displaced and refugee populations in Ethiopia, Uganda and Colombia. Dr Nancy Glass is the corresponding author and can be contacted at: nklass1@jhu.edu

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3. 2016. Domestic violence and the workplace. *Human Resource Management International Digest* 24:2, 26-28. [[Abstract](#)] [[Full Text](#)] [[PDF](#)]