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Preventing Intimate Partner Violence through Paid Parental Leave Policies

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Abstract

Paid parental leave policies have the potential to strengthen economic supports, reduce family discord, and provide opportunities to empower women (Basile et al., 2016; Niolon et al., 2017). In this article, we present a theory of change and evidence to suggest how paid parental leave may impact intimate partner violence (IPV). In doing so, we present three mechanisms of change (i.e., reduction in financial stress, increase in egalitarian parenting practices, and promotion of child/ parent bonding) through which paid parental leave could reduce rates of IPV. We also describe limitations of the current state of knowledge in this area, as well as opportunities for future research. Ultimately, our goal is to facilitate the identification and implementation of approaches that have the potential to reduce violence at the population level. Paid parental leave embodies the potential of policies to change societal-level factors and serve as an important prevention strategy for IPV.

Keywords

Paid Parental Leave; Intimate Partner Violence; Policy; Prevention

Introduction

Intimate partner violence (IPV) is a significant public health issue, with 37.3% of women and 30.9% of men in the United States experiencing contact sexual violence, physical violence, or stalking by an intimate partner in their lifetime (Smith et al., 2017). Global estimates suggest that the lifetime prevalence of physical and/or sexual IPV against women is approximately 30% (World Health Organization, 2013). However, we currently have few effective strategies to prevent the onset of violence (i.e., primary prevention) or reduce violence that is already ongoing (i.e., secondary/tertiary prevention) in intimate relationships (Eckhardt et al., 2013; Whitaker, Murphy, Eckhardt, Hodges, & Cowart, 2013). Moreover, those few that are effective focus on individual- or relationship-level factors and have limited

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population impact due to inability to scale up these strategies (Frieden, 2010; Spivak et al., 2014; Whitaker, Hall, & Coker, 2009; Whitaker et al., 2013).

In this vein, policy-based prevention approaches have the potential to change the outer layers of the social ecology (i.e., community and societal factors; Bronfenbrenner, 1979), altering social inequalities and ultimately changing norms that support the use of violence (Dahlberg & Krug, 2002). Given that the impacts of such policies can be broad, reaching communities and/or society at large, it seems that policy approaches may be ideally suited to modify those societal factors that contribute to rates of violence in communities. In support of this effort to identify potential policy approaches to prevent violence, it may be useful to evaluate whether the effects of current policies designed or enacted for other purposes, extend beyond their original purpose to affect rates of violence. Policies from various sectors (e.g., education, economic, criminal justice) designed to affect health inequities may serve as effective violence prevention strategies. For example, Kearns, Reidy, and Valle (2015) summarized the literature examining alcohol-related policies and their association with IPV. The authors reported an association between alcohol outlet density and rates of IPV, which suggest that policies that regulate the number of alcohol outlets in a given community may be an effective method to curb IPV in those communities. In similar fashion, D'Inverno, Kearns, and Reidy (2016) argued that policies designed to increase girls' and women's enrollment in science, technology, engineering, and math (STEM) fields may be an effective primary prevention strategy for teen dating violence (TDV) and IPV in great part due to effects on strengthening household financial security and reducing financial stress and its impact on relationship discord (Matjasko, Niolon, Valle, 2013; Niolon et al., 2017). In addition, supporting girls' and women's enrollment in STEM fields may also lead to more distal effects of promoting attitudes and beliefs about women as equals thereby increasing gender equity (Glick & Fiske, 2001). Indeed, given the links among economic deprivation, gender, health disparities, and IPV, policies that reduce familial financial stresses and increase gender parity may likely be effective tools to prevent IPV (D'Inverno et al., 2016; Niolon et al., 2017).

Paid parental leave represents one policy-based approach that has potential to strengthen economic supports, reduce family discord, and provide opportunities to empower women all of which have the potential to affect rates of IPV (Basile et al., 2016; Niolon et al., 2017). Paid parental leave¹ supports new parents by providing job-protected, paid time off to care and bond with a new child without interruptions to household income or conflict between work and family responsibilities. This bonding period may be invaluable in fostering positive parenting skills and promoting healthy family relationships and lifestyles (Chatterji & Markowitz, 2012; Goodman, 2012; Huang & Yang, 2015; Johansson, Wennberg, & Hammarström, 2014; Månsdotter, Lindholm, Lundberg, Öhman, & Winkvist, 2006; Månsdotter & Lundin, 2010; Saade, Barbour, & Salameh, 2010; Whitehouse, Romaniuk,

¹The current implementation of paid parental leave varies at the federal and state levels. Three states (i.e., California, New Jersey, and Rhode Island) have existing paid leave policies and one state, New York, will begin implementing a policy on January 1, 2018; the District of Columbia will also begin offering paid leave on July 1, 2020 (National Conference of State Legislatures [NCSL], 2017). Additionally, all four states with paid leave policies and the District of Columbia (plus Hawaii) have Temporary Disability Insurance (TDI; in some states, TDI is referred to as short-term disability insurance or benefits) that workers can use in order to recover from a health condition, such as recovery from child birth (NCSL, 2017; Ruhm, 2011). At the federal level, the Family and Medical Leave Act (FMLA) of 1993 provides workers with twelve weeks of unpaid leave (NCSL, 2017).

Lucas, & Nicholson, 2013). In this sense, paid parental leave simultaneously supports the family as a whole while also strengthening support for mothers individually. But beyond the multitude of social, mental, and physical health benefits proffered by paid leave practices, paid parental leave policies may be an effective strategy to prevent future instances of violence in intimate relationships.

In this article, we outline the potential for paid parental leave to influence IPV indirectly through its purported influence on risk and protective factors associated with IPV. We present a rationale behind paid parental leave as a promising prevention approach for IPV, including a theoretical model based on empirical evidence of the various pathways by which paid parental leave may influence rates of IPV. We also describe limitations of the current state of knowledge in this area, as well as opportunities for future research. Our goal is to facilitate the identification of evidence-based, societal-level approaches for preventing violence (such as policy-based approaches) in order to achieve greater population impact. Ultimately, this article is a call for researchers, practitioners, and stakeholders across disciplines to collaborate in the implementation and evaluation of innovative strategies to prevent IPV.

Theoretical Model Describing Paid Parental Leave and its Impact on Intimate Partner Violence

There is a dearth of research that directly examines the relation between paid parental leave and IPV. For many states, implementation is still in the early stages; thus, there has been limited opportunity to examine the relation between paid parental leave and IPV. However, there are several theoretical reasons to expect that paid parental leave may affect rates of IPV. We propose three processes or, mechanisms of change, through which paid parental leave may potentially prevent or decrease IPV (illustrated in Figure 1).

- Path 1 paid leave maintains household income preventing financial stressors and associated relationship discord that can incite instances of relationship violence;
- Path 2 paid leave increases egalitarian parenting practices and decreases the
 impact of work interruptions on women's advancement in the workplace, thereby
 increasing gender equity, which is associated with lower rates of IPV against
 women; and
- Path 3 paid leave provides new parents a period of time to bond with a child free of conflict between work and family demands, which facilities IPV/TDV protective factors and reduces risk factors in youth (e.g., healthy parenting practices, healthy relationships, good parental mental health, etc).

Collectively, the proposed paths may work together in additive and multiplicative fashion to attenuate risk factors and increase protective factors, with the shared objective of preventing or reducing IPV. Below we present empirical evidence supporting the argument for each of these mechanisms to prevent IPV.

Path 1

The economic benefits of paid parental leave may be likely to impact the frequency of IPV in a relationship by reducing financial stress and worry about insufficient household income that can serve as precipitant stressors for violence. Poverty and stress related to financial strain have been linked to negative outcomes, including relationship dissatisfaction and conflict, which are risk factors for IPV (Byun, 2012; Capaldi, Knoble, Shortt, & Kim, 2012; Davis & Mantler, 2004; Dew, 2008; Fox & Chauncey, 1998; Neff, Holamon, & Schluter, 1995; Slep, Foran, Heyman, & Snarr, 2010). For the most economically disadvantaged, paid leave may proffer reduction in the number of violent events given that financial stressors such as food insecurity, eviction, disconnected phone service, and being unable to pay utilities are significant predictors of physical IPV perpetration among men and women (Schwab-Reese, Peek-Asa, & Parker, 2016). For example, a qualitative study of women who had experienced IPV during or shortly after giving birth found IPV often existed in conjunction with other stressful life events, including financial and housing difficulties (Bacchus, Mezey, & Bewley, 2003). Similarly, Breiding, Basile, Klevens, and Smith (2017) found robust associations between food and housing insecurity in the preceding 12 months and rates of IPV and sexual violence victimization. Notably, when the state of California implemented a paid leave policy, the most economically disadvantaged families showed the greatest increase in leave-taking (Bartel, Baum, Rossin-Slater, Ruhm, & Waldfogel, 2014). Thus, it seems providing paid parental leave could mitigate relationship stress about finances among the most at risk families during this critical and already stressful period.

Only one study has directly assessed the association between paid leave and IPV. Gartland and colleagues (2011) surveyed 1,507 Australian women during pregnancy and three, six, and twelve months postpartum about their experiences with physical and emotional IPV. Women were also asked about employment status and eligibility for paid maternity leave. The authors identified three groups, women that: (1) worked during pregnancy and qualified for paid maternity leave; (2) worked during pregnancy but did not qualify for paid maternity leave; and (3) did not work during pregnancy, thus did not qualify for paid maternity leave. After controlling for maternal age at birth, relationship status, income, and education level, women who worked during pregnancy and qualified for paid maternity leave reported 58% lower odds of IPV in the first twelve months postpartum compared to women who did not have access to paid maternity leave (i.e., the combination of women that worked during pregnancy but did not qualify for paid maternity leave and women that did not work during pregnancy and therefore did not qualify for paid maternity leave, see Aitken et al., 2015).

Unfortunately, the authors did not test differences in rates of IPV between working mothers with access compared to working mothers without access to paid leave. Additionally, interpretation of the results is limited because the authors were unable to determine whether the women with access to paid maternity leave actually used their leave. It is possible that other factors, such as the perception of support in the workplace, may have played a role in decreasing violence against women. Nevertheless, there is evidence to suggest a trend between access to financial resources and reduced violence in intimate relationships (Ellsberg et al., 2015; Kim et al., 2007; Matjasko et al., 2013). Hence, it is possible that even partial wage replacement during parental leave may mitigate the stress associated with

household finances, thereby reducing relationship problems, and consequently reducing the frequency of violent events in the relationship.

Path 2

Paid parental leave also has potential to influence rates of IPV by promoting more egalitarian parenting practices, which in turn, generalize to promote less traditional gender norms and ultimately reduce gender inequality. This is pertinent because traditional (i.e., patriarchal) gender norms and gender inequality are risk factors for violence against girls and women (Gressard, Swahn, & Teten, 2015; World Health Organization [WHO]/London School of Hygiene and Tropical Medicine, 2010). For example, at the individual level, endorsement of patriarchal gender role attitudes has been linked to physical and sexual violence against an intimate partner (Parrott & Zeichner, 2003; Reidy Berke, Gentile, & Zeichner, 2014; Smith-Hunter, Parrot, Swartout, & Teten-Tharp, 2015). Likewise, at the societal level, indices of gender inequality are strongly associated with the rates of girls' (but not boys') physical dating violence victimization (Gressard et al., 2015). Accordingly, it seems altering patriarchal gender norms and consequent gender inequality may be fruitful in the prevention of IPV.

In the U.S., working mothers spend approximately twice as much time as working fathers engaged in domestic work and this difference is due largely to primary childcare duties such as feeding, changing diapers, bathing, taking care of children when they are sick, and managing children's schedules and activities (Allard & Jane, 2008; Bureau of Labor Statistics, 2015; Pew Research Center, 2015). Evidence suggests policies that provide and encourage fathers to take paid leave increase their participation in these childcare duties (Haas & Hwang, 1999; OECD, 2016; Tanaka & Waldfogel, 2007). Moreover, fathers who participate early in childcare duties tend to stay involved throughout a child's life (OECD, 2016). This participation is notable because fathers who are more involved in direct physical and emotional care of children hold more gender-equitable attitudes (Bonney, Kelley, & Levant, 1999; Bulanda, 2004; Craig, 2006). In fact, involved fathers who attend prenatal visits, take paternity leave, and help their children with homework, etc., are less likely to perpetrate IPV (Chan, Emery, Fulu, Tolman, & Ip, 2017). Thus, as fathers' use of parental leave becomes more commonplace, the stigma of assisting with childcare (and other domestic work) may abate potentially altering traditional, hegemonic, masculine ideologies that are associated with gender inequality and ultimately IPV against women (Farmer & Tiefenthaler, 2003; Gressard et al., 2015; McCauley et al., 2013; Murshid & Critelli, 2017; Reidy, Shirk, Sloan, & Zeichner, 2009; Smith-Hunter et al., 2015).

In addition to supporting increased involvement from fathers, paid parental leave would also have potential benefits for mothers. Research has shown that women in the United States who have access to job-protected maternity leave are more likely to return to their previous employers after childbirth and experience positive wage benefits, even when controlling for employer characteristics (Waldfogel, 1998).² Both in the United States and internationally,

²However, it should be noted these beneficial outcomes may be attenuated for women of minority status; for instance, African-American women are significantly less likely to experience positive wage benefits, even if their employer provides paid maternity leave and they return to work after the birth of their child (Waldfogel, 1998).

one consistently documented source of gender inequality relates to the wage gap between male and female workers. Median weekly earnings for women in the United States represented 82% of median weekly earnings for men in 2016 (Bureau of Labor Statistics, 2017), and research suggests that the gender wage gap grows with age, becoming even more pronounced for women with children (Budig & England, 2001; Goldin, 2014; Slaughter, 2015). Gangl and Ziefle (2009) found that when controlling for work experience, working mothers in the United States experience a 4–7% wage penalty per child. This penalty was largely accounted for by work interruptions for childcare, changes in employer at reentry into the labor market, and other economic responses to motherhood. In the United States, the gender wage gap may also play a role in the slow uptake in fathers utilizing paid leave, since the unavailability of paid leave incentivizes the parent making the most money to keep working. In other countries where paid leave is offered, but only at a percentage of the parent's earned salary, the gender wage gap also motivates the parent making the most money to continue working, yet another reason for the slow uptake in fathers utilizing paid leave. In fact, some countries have implemented successful strategies such as "bonus periods" and non-transferrable parental leave to increase parental leave in men (Haas & Rostgaard, 2011). A couple may receive extra weeks of paid leave if the father uses a certain amount of paid parental leave, providing a "bonus period." Non-transferrable parental leave provides each parent with their own paid leave period, which cannot be used by the other parent. Non-transferrable parental leave has doubled the number of parental leave days taken by men in Iceland and Sweden (Organisation for Economic Co-operation and Development, 2016). Encouraging fathers to take parental leave is critical to combat traditional patriarchal gender roles being reinforced when mothers exclusively stay home to care for a new child. In this way, paid parental leave represents an opportunity to not only encourage fathers to participate more frequently in childcare duties, but also to support mothers in returning to the workforce following the birth of a child. This has the potential to decrease the impact of work interruptions on future earning potential and ultimately advance gender equality in the long-term.

Path 3

Paid parental leave policies may also support prevention of IPV through the prevention of TDV, a risk factor for IPV (Exner-Cortens, Eckenrode, Bunge, & Rothman, 2017). Specifically, paid parental leave has demonstrated positive impacts on parental involvement and positive parenting practices. For example, this dedicated time encourages new parents to learn and become interested in child development, increases involvement in child caretaking responsibilities, offers them the opportunity to become more attentive to the infant's needs, and increases the probability and duration of exclusive breastfeeding (Feldman, Sussman, & Zigler, 2004; Nepomnyaschy and Waldfogel, 2007; Galtry & Callister, 2005; Roe, Whittington, Fein, & Teisl, 1999). These parenting behaviors, in turn, contribute to improved child and family physical, behavioral, and mental health including decreasing the risk of externalizing disorders, depression, substance use, and risky sexual behavior (Oddy et al., 2010; Cookston & Finlay, 2006; Deptula, Henry, & Schoeny, 2010). Pertinently, a recent review of the literature on risk and protective factors for TDV identified parenting-related factors (e.g., low parental monitoring, harsh parenting practices, and negative parent-child interactions) as increasing the risk of TDV perpetration (Vagi et al., 2013). Likewise, the

aforementioned physical, behavioral, and mental health outcomes are risk factors that exacerbate TDV (Vagi et al., 2013). Clearly, longitudinal research is necessary to claim long-term impacts of paid parental leave on child and adolescent outcomes, including perpetration of TDV (and ultimately IPV). However, it seems possible that utilizing parental leave may improve parenting practices and family bonding, thereby reducing adverse mental and behavioral health disorders in adolescence, which in turn, may reduce risk for TDV perpetration.

In a related vein, some parenting practices influenced by paid leave, such as duration of breastfeeding, have also been linked to lower risk for child abuse and neglect (Klevens, Luo, Xu, Peterson, & Latzman, 2016; Strathearn, Mamun, Najmun, & O'Callaghan, 2009). To the extent that paid parental leave prevents a child from being a victim of child maltreatment or a witness to IPV, the intergenerational transmission of IPV may also be interrupted, as these forms of family violence are also predictors of IPV (Ireland & Smith, 2009; Linder & Collins, 2005). Thus, paid parental leave may buffer against known risk factors for perpetration against intimate partners by promoting parent-child bonding and healthy parenting practices, which in turn may decrease risk for child maltreatment and promote the healthy development of youth.

Caveats & Conclusions

Despite widespread recognition of the significant public health implications of IPV, a body of accumulated research, a vast field of dedicated practitioners, and the resources that have been devoted to IPV/TDV over the past decades, we still have significant progress to make in preventing such violence (Eckhardt et al., 2013; Whitaker et al., 2013). This is surely, in part, due to the multifaceted nature of IPV/TDV (Reidy & Niolon, 2012), wherein there is no singular cause for any one person, and no unified set of causes across persons. Consequently, truly effective interventions will likely necessitate comprehensive strategies that incorporate multiple causal mechanisms at multiple levels of the social ecology. Herein, we have laid out three potential mechanisms of change whereby paid parental leave may influence the perpetration of IPV/TDV. Of course, these paths at this point are primarily theoretical, albeit based on empirical links. Accordingly, we believe these to be three fruitful areas of exploration for prevention researchers in investigating the relationship between paid leave and IPV outcomes.

However, there are a number of critical questions that future research on this topic should likely consider. For example, the ideal length of paid leave has not yet been determined. Some studies suggest that too much leave could be harmful to a woman's career in the form of lower wages, lower labor market attachment, and workplace discrimination (Hegewisch & Gornick, 2011; Morgan & Zippel, 2003; Ray, Gornick, & Schmitt, 2009), with some evidence suggesting that even short interruptions from work (i.e., less than four months) can increase a woman's risk for downward mobility and decrease chances for upward mobility (Aisenbrey, Evertsson, & Grunow, 2009). Conversely, it will be important to establish the minimum time necessary to achieve the positive outcomes related to paid leave. In addition, policies of this nature may produce different results in the United States relative to other countries. For instance, the Nordic countries, which are known to have high levels of gender

equality, paradoxically report high levels of IPV (Gracia & Merlo, 2016; World Economic Forum, 2014). One potential explanation for this unexpected association is backlash from males who respond to an increase in female independence with violence because it challenges the norm of male dominance and female dependence (Macmillan & Gartner, 1999). Many policies attempt to curtail a behavior and change power roles, so that behavior may increase in response to the policy before deeply rooted ideologies change and the behavior declines. It is also possible that reports of a behavior will increase once a policy raises awareness of the problem behavior. In the "Nordic paradox" above, while not a specific policy per se, IPV may be elevated because of higher levels of disclosure, as incidents of violence against women are more likely to be openly addressed and challenged in societies with greater equality. It is also worth noting that research examining gender equality and IPV can present a complicated picture. Using data from 30 states in the U.S., Yllo and Straus (1990) found a curvilinear trend such that states with the lowest and highest levels of gender equality had the highest rate of wife assaults, but once the study was updated to include a larger sample size and more recent data from all 50 states, Straus (1994) found that states with higher levels of gender equality also reported lower rates of wife assaults. Future research should continue to carefully examine policies, their impact on gender equality, and the effect this has on IPV.

The way in which policies are analyzed can also have implications on the findings. Research at the individual-level and policy-level may produce different results. A systematic review that examined both individual-level and policy-level comparisons of paid leave found the individual-level showed positive maternal health benefits (e.g., lower psychological distress and reduced odds of poor physical health), whereas the studies at the policy-level showed negative or null effects of paid leave (e.g., no differences in depression; less life satisfaction and poorer general health; Aitken et al., 2015). The authors concluded that the studies conducted at a policy-level aggregated the effects for women who do and do not take leave, thus accounting for the null findings (Aitken et al., 2015). Studies at the policy-level may also limit understanding of the impacts of paid leave on people of differing marital status, sexual orientation, race, socioeconomic status, and job roles (Aitken et al., 2015). This is particularly problematic for learning more about subpopulations in which gender role norms may differ from typical patriarchal gender norms (e.g., cisgender individuals and those in same sex relationships).

Despite these unknowns, there are clear benefits of paid parental leave (Chatterji & Markowitz, 2012; Goodman, 2012; Huang & Yang, 2015; Johansson et al., 2014; Månsdotter et al., 2006; Månsdotter & Lundin, 2010; Saade et al., 2010; Whitehouse et al., 2013). As such, exploring additional outcomes (i.e., IPV prevention) seems only logical. In addition, we should point out that the three mechanisms of change we present here are not necessarily exhaustive. It is entirely possible that paid parental leave policies may have preventive effects on IPV through additional paths. For example, the period of time following the birth of a new child represents a period of heightened risk for IPV victimization, especially for younger, lower income mothers (Agrawal, Ickovics, Lewis, Magriples, & Kershaw, 2014; Harrykissoon, Rickert, & Wiemann, 2002). For some women, it is possible paid leave could reduce financial dependence on their abuser enough to allow them to escape a potentially escalating abusive situation, even if only temporarily. This

guaranteed income, combined with time off, might empower a woman to leave her abuser without having to immediately return to work or fear losing her job. The potential of paid parental leave to prevent IPV in the first place or reduce IPV in relationships where it is already occurring merits further empirical investigation.

Paid parental leave is only one of many policies that may prove to be an important violence prevention tool. This policy can offer families a multitude of benefits, but other related policies, in conjunction with paid leave, could be considered as well. For example, equal pay for equal work, subsidized childcare, or policies which put value on unpaid childcare at home through basic income or participation income where parents can combine paid and unpaid work may impact IPV through similar pathways. These policies have previously been recognized as potential approaches to empower and support women by increasing economic stability and decreasing gender inequality (Basile et al., 2016). Paid parental leave is a concrete approach that highlights the potential of policies to change societal-level factors and serve as an important prevention strategy that prevents multiple, connected forms of violence.

References

- Agrawal A, Ickovics J, Lewis JB, Magriples U, & Kershaw TS (2014). Postpartum intimate partner violence and health risks among young mothers in the United States: A prospective study. Maternal and Child Health Journal, 18(8), 1985–1992. [PubMed: 24562504]
- Aisenbrey S, Evertsson M, & Grunow D (2009). Is there a career penalty for mothers' time out? A comparison of Germany, Sweden and the United States. Social Forces, 88(2), 573–605.
- Aitken Z, Garrett CC, Hewitt B, Keogh L, Hocking JS, & Kavanagh AM (2015). The maternal health outcomes of paid maternity leave: A systematic review. Social Science & Medicine, 130, 32–41. [PubMed: 25680101]
- Allard MD, & Janes M (2008). Time use of working parents: A visual essay. Monthly Labor Review, 131, 3–14.
- Bacchus L, Mezey G, & Bewley S (2003). Experiences of seeking help from health professionals in a sample of women who experienced domestic violence. Health & Social Care in the Community, 11(1), 10–18. [PubMed: 14629228]
- Bartel A, Baum C, Rossin-Slater M, Ruhm C, & Waldfogel J (2014). California's Paid Family Leave Law: Lessons from the First Decade. Washington, DC: US Department of Labor.
- Basile KC, DeGue S, Jones K, Freire K, Dills J, Smith SG, Raiford JL (2016). STOP SV: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Bonney JF, Kelley ML, & Levant RF (1999). A model of fathers' behavioral involvement in child care in dual-earner families. Journal of Family Psychology, 13(3), 401–415.
- Breiding MJ, Basile KC, Klevens J, & Smith SG (2017). Economic insecurity and intimate partner and sexual violence victimization. American Journal of Preventive Medicine, 53(4), 457–464. [PubMed: 28501239]
- Bronfenbrenner U (1979). Contexts of child rearing: Problems and prospects. American Psychologist, 34(10), 844–850.
- Budig MJ, & England P (2001). The wage penalty for motherhood. American Sociological Review, 66, 204–225.
- Bureau of Labor Statistics, U.S. Department of Labor, The Economics Daily, Women's median earnings 82 percent of men's in 2016 on the Internet at https://www.bls.gov/opub/ted/2017/womens-median-earnings-82-percent-of-mens-in-2016.htm (retrieved 10 02, 2017).
- Bulanda RE (2004). Paternal involvement with children: The influence of gender ideologies. Journal of Marriage and Family, 66(1), 40–45.

Bureau of Labor Statistics. (2015). Charts by topic: Household activities. American Time Use Survey. Retrieved from https://www.bls.gov/TUS/CHARTS/HOUSEHOLD.HTM

- Byun S (2012). What happens before intimate partner violence? Distal and proximal antecedents. Journal of Family Violence, 27(8), 783–799.
- Capaldi DM, Knoble NB, Shortt JW, & Kim HK (2012). A systematic review of risk factors for intimate partner violence. Partner Abuse, 3(2), 231–280. [PubMed: 22754606]
- Centers for Disease Control and Prevention (2016). Preventing multiple forms of violence: A strategic vision for connecting the dots. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Chan KL, Emery CR, Fulu E, Tolman RM, & Ip P (2017). Association among father involvement, partner violence, and paternal health: UN multi-country cross-sectional study on men and violence. American Journal of Preventive Medicine, 52(5), 671–679. [PubMed: 28209281]
- Chatterji P, & Markowitz S (2012). Family leave after childbirth and the mental health of new mothers. Journal of Mental Health Policy and Economics, 15(2), 61. [PubMed: 22813939]
- Cookston JT, & Finlay AK (2006). Father involvement and adolescent adjustment: Longitudinal findings from Add Health. Fathering, 4(2), 137.
- Craig L (2006). Does father care mean father share? A comparison of how mothers and fathers in intact families spend time with children. Gender & Society, 20(2), 259–281.
- Dahlberg L, & Krug E (2002). Violence-A global public health problem In Krug E, Dahlberg L, Mercy J, Zwi A, & Lozano R (Eds.), World Report on Violence and Health (pp. 1–22). Geneva, Switzerland: World Health Organization.
- Davis CG, & Mantler J (2004). The consequences of financial stress for individuals, families, and society. Ottawa, ON, CA: Doyle Salewski, Inc.
- Deptula DP, Henry DB, & Schoeny ME (2010). How can parents make a difference? Longitudinal associations with adolescent sexual behavior. Journal of Family Psychology, 24(6), 731. [PubMed: 21171771]
- Dew J (2008). Debt change and marital satisfaction change in recently married couples. Family Relations, 57(1), 60–71.
- D'Inverno AS, Kearns MC, & Reidy DE (2016). The Potential Role of Science, Technology, Engineering, and Math Programs in Reducing Teen Dating Violence and Intimate Partner Violence. Journal of Women's Health, 25(12), 1199–1203.
- Eckhardt CI, Murphy CM, Whitaker DJ, Sprunger J, Dykstra R, & Woodard K (2013). The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. Partner Abuse, 4(2), 196–231.
- Eidelman AI, Schanler RJ, Johnston M, Landers S, Noble L, Szucs K, & Viehmann L (2012). Breastfeeding and the use of human milk. Pediatrics, 129(3), e827–e841. [PubMed: 22371471]
- Ellsberg M, Arango DJ, Morton M, Gennari F, Kiplesund S, Contreras M, & Watts C (2015). Prevention of violence against women and girls: what does the evidence say? The Lancet, 385(9977), 1555–1566.
- Exner-Cortens D, Eckenrode J, Bunge J, & Rothman E (2017). Revictimization after adolescent dating violence in a matched, national sample of youth. Journal of Adolescent Health, 60(2), 176–183. [PubMed: 28109451]
- Farmer A, & Tiefenthaler J (2003). Explaining the recent decline in domestic violence. Contemporary Economic Policy, 21(2), 158–172.
- Feldman R, Sussman AL, & Zigler E (2004). Parental leave and work adaptation at the transition to parenthood: Individual, marital, and social correlates. Applied Developmental Psychology, 25, 459–479.
- Fox GL, & Chancey D (1998). Sources of economic distress: Individual and family outcomes. Journal of Family Issues, 19(6):725–749.
- Frieden TR (2010). A framework for public health action: The health impact pyramid. American Journal of Public Health, 100(4), 590–595. [PubMed: 20167880]
- Galtry J, & Callister P (2005). Assessing the optimal length of parental leave for child and parental well-being: How can research inform policy? Journal of Family Issues, 26(2), 219–246.

Gangl M, & Ziefle A (2009). Motherhood, labor force behavior, and women's careers: An empirical assessment of the wage penalty for motherhood in Britain, Germany, and the United States. Demography, 46(2), 341–369. [PubMed: 21305397]

- Gartland D, Hemphill SA, Hegarty K, & Brown SJ (2011). Intimate partner violence during pregnancy and the first year postpartum in an Australian pregnancy cohort study. Maternal and Child Health Journal, 15(5), 570–578. [PubMed: 20628799]
- Glick P, & Fiske ST (2001). An ambivalent alliance: Hostile and benevolent sexism as complementary justifications for gender inequality. American Psychologist, 56(2), 109. [PubMed: 11279804]
- Goldin C (2014). A Grand Gender Convergence: Its Last Chapter. American Economic Review, 104(4), 1091–1119.
- Goodman J (2012, 42). Did California's Paid Family Leave Law Affect Mothers' Time Spent on Work and Childcare? Paper presented at the Conference of the Population Association of America, San Francisco, CA.
- Gracia E, & Merlo J (2016). Intimate partner violence against women and the Nordic paradox. Social Science & Medicine, 157, 27–30. [PubMed: 27058634]
- Gressard LA, Swahn MH, & Tharp AT (2015). A first look at gender inequality as a societal risk factor for dating violence. American Journal of Preventive Medicine, 49(3), 448–457. [PubMed: 26296443]
- Haas L, & Hwang P (1999). Parental leave in Sweden In Moss P & Deven F (Eds.), Parental leave: Progress or pitfall? (pp.45–68). Brussels: NIDI/CBGS Publications.
- Haas L, & Rostgaard T (2011). Fathers' rights to paid parental leave in the Nordic countries: consequences for the gendered division of leave. Community, Work, & Family, 14(2), 177–195.
- Harrykissoon SD, Rickert VI, & Wiemann CM (2002). Prevalence and patterns of intimate partner violence among adolescent mothers during the postpartum period. Archives of Pediatrics & Adolescent Medicine, 156(4), 325–330. [PubMed: 11929364]
- Hegewisch A, & Gornick JC (2011). The impact of work-family policies on women's employment: a review of research from OECD countries. Community, Work & Family, 14(2), 119–138.
- Huang R, & Yang M (2015). Paid maternity leave and breastfeeding practice before and after California's implementation of the nation's first paid family leave program. Economics & Human Biology, 16, 45–59. [PubMed: 24508006]
- Ireland TO, & Smith CA (2009). Living in partner-violent families: Developmental links to antisocial behavior and relationship violence. Journal of Youth and Adolescence, 38(3), 323–339. [PubMed: 19636748]
- Johansson K, Wennberg P, & Hammarström A (2014). Parental leave and increased physical activity of fathers and mothers—results from the Northern Swedish Cohort. The European Journal of Public Health, 24(6), 935–940. [PubMed: 24895082]
- Kearns MC & Reidy DE, Valle LA (2015). The role of alcohol policies in preventing intimate partner violence: A review of the literature. Journal of Studies on Alcohol & Drugs, 76, 21–30. [PubMed: 25486390]
- Kim JC, Watts CH, Hargreaves JR, Ndhlovu LX, Phetla G, Morison LA, . . . Pronyk P (2007). Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. American Journal of Public Health, 97(10), 1794–1802. [PubMed: 17761566]
- Klevens J, Luo F, Xu L, Peterson C, & Latzman NE (2016). Paid family leave's effect on hospital admissions for pediatric abusive head trauma. Injury prevention, 22(6), 442–445. [PubMed: 26869666]
- Linder JR, & Collins WA (2005). Parent and peer predictors of physical aggression and conflict management in romantic relationships in early adulthood. Journal of Family Psychology, 19(2), 252–262. [PubMed: 15982103]
- Macmillan R, & Gartner R (1999). When she brings home the bacon: Labor-force participation and the risk of spousal violence against women. Journal of Marriage and the Family, 947–958.
- Månsdotter A, Lindholm L, Lundberg M, Winkvist A, & Öhman A (2006). Parental share in public and domestic spheres: a population study on gender equality, death, and sickness. Journal of Epidemiology and Community Health, 60(7), 616–620. [PubMed: 16790834]

Månsdotter A, & Lundin A (2010). How do masculinity, paternity leave, and mortality associate?—A study of fathers in the Swedish parental & child cohort of 1988/89. Social Science & Medicine, 71(3), 576–583. [PubMed: 20538394]

- Matjasko JL, Niolon PH, & Valle LA (2013). The role of economic factors and economic support in preventing and escaping from intimate partner violence. Journal of Policy Analysis and Management, 32(1), 122–128. [PubMed: 29853729]
- McCauley HL, Tancredi DJ, Silverman JG, Decker MR, Austin SB, McCormick MC, . . . Miller E (2013). Gender-equitable attitudes, bystander behavior, and recent abuse perpetration against heterosexual dating partners of male high school athletes. American Journal of Public Health, 103(10), 1882–1887. [PubMed: 23947324]
- Morgan KJ, & Zippel K (2003). Paid to care: The origins and effects of care leave policies in Western Europe. Social Politics: International Studies in Gender, State & Society, 10(1), 49–85.
- Murshid NS, & Critelli FM (2017). Empowerment and intimate partner violence in Pakistan. Journal of Interpersonal Violence. Advance online publication. doi:10.1177/0886260517690873
- National Center for Injury Prevention and Control. (2003). Costs of intimate partner violence against women in the United States. Atlanta, GA: Centers for Disease Control and Prevention.
- National Conference of State Legislatures. (2017). State family and medical leave laws. Washington, DC: Author. Retrieved from http://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx
- Neff JA, Holamon B, & Schluter TD (1995). Spousal violence among Anglos, Blacks, and Mexican Americans: The role of demographic variables, psychosocial predictors, and alcohol consumption. Journal of Family Violence, 10(1), 1–21.
- Niolon PH, Kearns MC, Dills J, Rambo K, Irving S, Armstead TL, & Gilbert L (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Nepomnyaschy L, & Waldfogel J (2007). Paternity leave and fathers' involvement with their young children: Evidence from the American Ecls–B. Community, Work & Family, 10(4), 427–453.
- Organisation for Economic Co-Operation and Development. (2016). Parental leave: Where are the fathers? Paris, France: OECD Publishing.
- Oddy WH, Kendall GE, Li J, Jacoby P, Robinson M, De Klerk NH, ... & Stanley FJ (2010). The long-term effects of breastfeeding on child and adolescent mental health: a pregnancy cohort study followed for 14 years. The Journal of Pediatrics, 156(4), 568–574. [PubMed: 20004910]
- Organisation for Economic Co-Operation and Development. (2016). Parental leave: Where are the fathers? Paris, France: OECD Publishing.
- Parrott DJ, & Zeichner A (2003). Effects of hypermasculinity oh physical aggression against women. Psychology of Men & Masculinity, 4(1), 70–78.
- Pew Research Center. (2015). Raising kids and running a household: How working parents share the load. Washington, DC: Author. Retrieved from http://assets.pewresearch.org/wp-content/uploads/sites/3/2015/11/2015-11-04_working-parents_FINAL.pdf
- Ray R, Gornick JC, & Schmitt J (2009). Parental leave policies in 21 countries: Assessing generosity and gender equality. Washington, DC: Center for Economic and Policy Research.
- Reidy DE, Berke DS, Gentile B, & Zeichner A (2014). Man enough? Masculine discrepancy stress and intimate partner violence. Personality & Individual Differences, 68, 160–164. [PubMed: 29593368]
- Reidy DE & Niolon PH (2012). Directions for future research on the nature and prevention of intimate partner violence In Guevara BC & Becerra's NA (Eds.) Psychology of Aggression: New Research. Hauppauge, NY: Nova Science Publishers.
- Reidy DE, Shirk SD, Sloan CA, & Zeichner A (2009). Men who aggress against women: Effects of feminine gender role violation on physical aggression in hypermasculine men. Psychology of Men & Masculinity, 10(1), 1.
- Roe B, Whittington LA, Fein SB, & Teisl MF (1999). Is there competition between breast-feeding and maternal employment? Demography, 36, 157–171. [PubMed: 10332608]

Ruhm CJ (2011). Policies to assist parents with young children. The Future of Children, 21(2), 37–68. [PubMed: 22013628]

- Saadé N, Barbour B, & Salameh P (2010). Maternity leave and experience of working mothers in Lebanon. Eastern Mediterranean Health Journal, 16(9), 994–1002. [PubMed: 21222323]
- Schwab-Reese LM, Peek-Asa C, & Parker E (2016). Associations of financial stressors and physical intimate partner violence perpetration. Injury Epidemiology, 3, 1–10. doi:10.1186/s40621-016-0069-4 [PubMed: 27747538]
- Slaughter AM (2015). Unfinished business: Women men work family. New York: Random House.
- Slep AMS, Foran HM, Heyman RE, & Snarr JD (2010). Unique risk and protective factors for partner aggression in a large scale Air Force survey. Journal of Community Health, 35(4), 375–383. [PubMed: 20373136]
- Smith SG, Chen J, Basile KC, Gilbert LK, Merrick MT, Patel N, Walling M, & Jain A (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Smith-Hunter R, Parrot DJ, Swartout KM, & Teten-Tharp A (2015). Deconstructing Hegemonic Masculinity: The Roles of Antifemininity, Subordination to Women, and Sexual Dominance in Men's Perpetration of Sexual Aggression. Psychology of Men & Masculinity. 16 160–169. [PubMed: 29950930]
- Spivak HR, Jenkins EL, VanAudenhove K, Lee D, Kelly M, & Iskander J (2014). CDC Grand Rounds: A public health approach to prevention of intimate partner violence. Morbidity and Mortality Weekly Report, 63(2), 38–41. [PubMed: 24430100]
- Strathearn L, Mamun AA, Najman JM, & O'Callaghan MJ (2009). Does breastfeeding protect against substantiated child abuse and neglect? A 15-year cohort study. Pediatrics, 123(2), 483–493. [PubMed: 19171613]
- Straus MA (1994). State-to-state differences in social inequality and social bonds in relations to assaults on wives in the United States. Journal of Comparative Family Studies, 25, 7–24.
- Tanaka S, & Waldfogel J (2007). Effects of parental leave and work hours on fathers' involvement with their babies: Evidence from the millennium cohort study. Community, Work and Family, 10(4), 409–426.
- Vagi KJ, Rothman EF, Latzman NE, Tharp AT, Hall DM, & Breiding MJ (2013). Beyond correlates: A review of risk and protective factors for adolescent dating violence perpetration. Journal of Youth and Adolescence, 42(4), 633–649. [PubMed: 23385616]
- Waldfogel J (1998). The family gap for young women in the United States and Britain: Can maternity leave make a difference? Journal of Labor Economics, 16(3), 505–545.
- Whitaker DJ, Hall DM, & Coker AL (2009). Primary prevention of intimate partner violence: Toward a developmental, social-ecological model In Mitchell C & A. D. (Eds.), Intimate partner violence: A health-based perspective (pp. 289–306). New York, NY: Oxford University Press.
- Whitaker DJ, Murphy CM, Eckhardt CI, Hodges AE, & Cowart M (2013). Effectiveness of primary prevention efforts for intimate partner violence. Partner Abuse, 4(2), 175–195.
- Whitehouse G, Romaniuk H, Lucas N, & Nicholson J (2013). Leave duration after childbirth: Impacts on maternal mental health, parenting, and couple relationships in Australian two-parent families. Journal of Family Issues, 34(10), 1356–1378.
- World Economic Forum. (2014). The global gender gap report 2014. Geneva, Switzerland: Author.
- 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. Geneva, Switzerland: Author.
- World Health Organization/London School of Hygiene and Tropical Medicine (2010). Preventing intimate partner and sexual volence against women: taking action and generating evidence. Geneva, World Health Organization.
- Yllo K, & Straus MA (1990). Patriarchy and violence against wives: The impact of structural and normative factors In Straus MA & Gelles RJ (Eds.), Physical violence in American families: Risk factors and adaptations to violence in 8,145 families (383–399). New Brunswick, NJ: Transaction Publishers.

D'Inverno et al. Page 14 Decreased household Reductions in IPV prevention; Paid poverty and financial relationship discord reductions in IPV Parental stress (Path 1) and aggression Leave More involved fathers who participate in childcare duties; decreased stigma of men participating in domestic work and taking parental leave; improved attitudes and beliefs about women as equals (Path 2) Increased egalitarian parenting practices and Increased gender domestic work; equity reduction in traditional Reduced impact of work interruptions for gender roles mothers on future earning potential; increased likelihood of returning to work postpartum; support for mothers' career advancement (Path 2) Facilitates parental Improved maternal, Prevention and reductions in: involvement which paternal, and child witnessing IPV and victimization leads to: physical and mental of child maltreatment; breastfeeding; health; reduced risk of perpetration of TDV and preoccupation with negative parenting antisocial behavior the infant; knowledge practices; increased and interest in infant exposure to parental development (Path 3) protective factors Key Policy Mediators/intermediate outcomes Outcome(s) related to improved health

Figure 1.Theory of Change Model: How Paid Parental Leave Could Impact Intimate Partner Violence