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Toward an Effective Workplace Response to Intimate Partner Violence

Abstract

This qualitative study adds to the relatively small body of research on the workplace impact of intimate partner violence (IPV), provides further insight into the various ways that IPV impacts survivors at work, and offers recommendations for improving the workplace response to IPV. Twenty-seven participants (survivors of IPV, workers, managers, union employees, and human resources professionals) took part in focus groups or one-on-one interviews. Three themes emerged from the data: the workplace impact of IPV, interventions in the workplace, and IPV policy suggestions for organizations. Recommendations for improving workplace response to IPV are offered, including legislative and policy changes, workplace leaves, and workplace accommodations for workers impacted by IPV. Findings illustrate the need for workplace training and information on how to recognize IPV, how to respond, and referral sources. This article offers suggestions of steps that workplaces can take to support employees who experience IPV as well as improving workplace safety, functionality, and productivity.

Toward an Effective Workplace Response to Intimate Partner Violence

Intimate partner violence (IPV), also referred to as domestic violence, impacts people of all ages, genders, cultures, and socio-economic backgrounds. The term IPV does not just refer to physical violence but encompasses psychological, emotional, verbal, financial, sexual, and spiritual abuse; excessive jealousy and control; stalking and harassment; and murder. IPV often continues—and escalates—after separation (Office of the Chief Coroner for Ontario, 2018).

The most recent Statistics Canada report, using 2017 police-reported data, indicates that that the national rate of IPV is 313 victims per 100,000 population (Burczycka, 2018). In Saskatchewan, where this research was conducted, the rate is over double the national average with 682 victims per 100,000 population. These data include 4,949 female victims (rate of 1,099) and 1,250 male victims (rate of 272) reported in the province in one year (Burczycka, 2018). Physical assault, sexual assault, and criminal harassment may be reported to police by survivors of IPV. Other types of IPV (psychological abuse and controlling behaviours, for example) are not criminal offenses in Canada, and therefore go unreported and are not captured in police-reported statistics. Seventy percent of victims of spousal violence report that the abuse never came to the attention of police (Burczycka, 2016).

Some cases of IPV end in intimate partner homicide—418 cases, resulting in 476 victims, occurred in Canada in a five-year period (2010- 2015) (Dawson et al., 2018). Intimate partner homicide can occur at work—in fact, homicide is one of the main causes of workplace death for U.S. women. In 2014, homicide accounted for 19% of cases where women died at work (transportation accidents were the leading cause at 20%). When women are murdered at work, it is most frequently by an intimate partner (32%, versus 2% for men) (U.S. Bureau of Labor Statistics, 2016).

Not only can the lives of workers who are victims of IPV be in danger when they go to work, the lives of others, such as students and customers, can also be at risk. In 58% of 500 cases of intimate partner assaults in workplaces reviewed by Lee and Trauth (2009), the victim was the only one harmed in the assault—in the other cases, additional people, often coworkers, were injured. One especially horrific example occurred in 2017 in San Bernardino, California. Karen Elaine Smith, a teacher, was shot and killed in her workplace, North Park Elementary School. An 8-year-old student was also murdered and another was injured. The gunman was Karen Smith's husband, whom she had recently separated from (Jeltsen, 2017; Rocha, Winton, Esquivel, & Nelson, 2017). Another workplace IPV fatality was Anthony (Tony) McNaughton, a manager at a Vancouver, British Columbia Starbucks, who was killed at work when he stepped between an employee and her ex-partner. While the employee survived, Tony McNaughton died of multiple stab wounds (CBC News, 2012).

Knowledge on the impact of IPV in workplaces has vastly increased in recent years, largely due to the effort of the labour movement. A small body of research has illustrated that when individuals are experiencing IPV at home, they are impacted at work in several ways. Coworkers, managers, and organizations are also affected. Extant research is primarily survey-based (Ararat, Alkan, Bayazit, Yüksel, & Budan, 2014; Reeves & O'Leary-Kelly, 2009; McFerran, 2011; Rayner-Thomas, 2013; Trades Union Congress, 2014; Wathen, MacGregor, & MacQuarrie, with the Canadian Labour Congress, 2014; Wathen, MacGregor, & MacQuarrie, 2015).

The literature shows that IPV can impact victims' ability to get to work—partners may prevent them from attending by physically assaulting them or restraining them, refusing to care for children, or hiding the car keys (McFerran, 2011; Rayner-Thomas, 2013; Swanberg & Logan,

2005; Wathen et al., 2014; Wathen et al., 2015; Wettersten et al., 2004). Harassing behaviour can disrupt the majority of the work day for women who are experiencing IPV. The perpetrator may show up at work, repeatedly call, text, or email, and contact coworkers (Katula, 2009; Logan, Shannon, Cole, & Swanberg, 2007; McFerran, 2011; O'Leary-Kelly, Lean, Reeves, & Randel, 2008; Swanberg & Logan, 2005; Swanberg, Macke, & Logan, 2006; Trades Union Congress, 2014; Wathen et al., 2014; Wathen et al., 2015; Wettersten et al., 2004). A study of intimate partner stalking by Logan, Shannon, Cole, & Swanberg (2007), showed that in 95% of cases, the harassment continued at work, a finding echoed in the literature on the impact of IPV in the workplace (McFerran, 2011; Reeves & O'Leary-Kelly, 2009; Swanberg & Logan, 2005; Swanberg, et al., 2006; Wathen et al., 2014). When the relationship has ended, an abusive partner may not know where their former partner is living but will likely know where they work. The workplace is often the easiest way for a perpetrator of violence to contact their victim (Zorn, 2017).

Productivity is lost, by both victims and perpetrators of abuse, due to stress, exhaustion, and continued harassment during work (Schmidt & Barnett, 2012; Mankowski, Galvez, Perrin, Hanson, & Glass, 2013; McFerran, 2011; Rayner-Thomas, 2013; Reeves & O'Leary-Kelly, 2009; Trades Union Congress, 2014; Wathen et al., 2014; Wathen et al., 2015; Scott et al., 2017). A pan-Canadian survey (Wathen et al., 2014) found that 81.9% percent of survivors stated that IPV negatively affected their work performance. This was most often due to feeling distracted or feeling tired and/or unwell. This is not the case for all who experience IPV, however. For many survivors, work is a respite from abuse. While some employees may be struggling, they may be present at work and their quality of work may not suffer. This can make the signs more challenging to recognize.

Research has demonstrated that women with a history of IPV “tend to have a more disrupted work history, are consequently on lower personal incomes, have had to change jobs more often, and are employed at higher levels in casual and part time work than women with no experience of violence” (Wathen et al., 2015, p. 65). Further, some survivors report losing a job because of the impact of IPV. Abusive partners may also force women to cease working or endeavor to get them fired (Logan et al., 2007; Wathen et al., 2014; Swanberg et al., 2006). Maintaining employment is imperative for people who are experiencing IPV not only because of financial security (McFerran, 2011), but because of the social support and connections work can offer.

IPV has a significant financial impact not only for survivors, who may lose their jobs or miss paid work time because of abuse, but for organizations, as well. Zhang, Hoddenbagh, McDonald, and Scrim (2012) estimated the total economic cost of spousal violence to employers in Canada, in one year (2009), to be \$77,918,560 (equivalent to \$93,037,087 in 2019). This cost includes losses due to tardiness and distraction and lost outputs related to IPV victimization. Irregular attendance leads to increased administrative costs for employers, and recruitment and retraining costs arise when employees resign or are fired for reasons relating to IPV (Zhang et al., 2012). Not included in the \$77.9 million total are financial losses incurred by employers when their employees perpetrate IPV, which can result in tardiness or missed days of work, a loss of focus and concentration, and workplace accidents (Schmidt & Barnett, 2012; Scott et al., 2017; Zhang et al., 2012).

The Present Study

The present study is one of a small number of qualitative studies on this topic (others include Katula, 2009; Laharnar et al., 2015; Swanberg & Logan, 2005; and Wettersten et al.,

2004) and is part of a small body of research completed on this topic in Canada and the first to focus on the workplace impact of IPV—and possible solutions—in the province of Saskatchewan.

This research was undertaken at a time when one study on the topic had been conducted in Canada (the national survey by Wathen et al., 2014) and provincial legislation granting a leave from work for people experiencing IPV had recently been passed in the neighbouring province of Manitoba (Saskatchewan's legislation was passed later). Qualitative research on the impact of IPV in the workplace is relatively limited. For these reasons, the present study was undertaken to gather input from survivors, workers, managers, union employees, and human resources professionals to help inform recommendations around legislation and workplace policies and programs that would help to improve the workplace response to IPV in Saskatchewan.

The qualitative findings reported in this article were part of a mixed methods study, with an online survey (open to adults living in Saskatchewan) conducted first (April- September 2016). Focus groups and interviews were completed between October 2016 and January 2017. The study design was approved by the project's Steering Committee, which comprised members from unions, crown corporations, non-profit organizations, government, policing, and survivors of violence.

An invitation to participate in focus groups was included at the end of the survey (those who chose to provide their contact information through a separate question were contacted by telephone or email). In addition, recruitment flyers were posted on the Provincial Association of Transition Houses and Services of Saskatchewan's (PATHS) website and social media and shared via email. The invitation to participate was circulated via email and social media by

members of the project's Steering Committee, domestic violence shelters and services, and other partner organizations.

To protect the confidentiality and safety of those who attended, the location of the focus group was not listed on recruitment materials and was only provided to participants after they registered. Some brief screening questions were asked on the telephone to ensure potential participants' suitability for the focus groups. Individual interviews were conducted with participants who lived in communities where focus groups were not being conducted, who could not make it to the focus groups at the scheduled times, or who preferred this option due to the nature of the research topic. The opportunity to participate in one-on-one interviews was circulated through the same means as the focus group invitation. Standard confidentiality practices were followed according to the Tri-Council Policy Statement.

In total, four focus groups were conducted in three cities, with a total of 17 participants (16 women and one man). Interviews were conducted over the telephone or in-person with ten interview participants (9 women and one man), five who identified as having experienced violence/abuse. Several focus group participants who volunteered to participate identified as having an interest in the topic related to their role as a manager or worker but also identified that they had experienced violence/abuse themselves. No one who identified as having used IPV against their partner volunteered for a focus group or interview. Had anyone indicated that they had used violence against a partner, they would not have been included in a focus group, but would have been interviewed individually.

The twenty-seven participants were employed in the following sectors: Non-profit/Community-based organizations (CBOs) (15), Government/ Health (4), Union (2), Post-secondary Education (2), Agricultural (1), Financial, (1), and Public Safety (1). An additional

participant was retired. Participants from the CBO sector included workers from anti-violence agencies, newcomer serving agencies, and other community services. They also included individuals employed as Executive Directors, managers, and front-line support roles. Participants shared examples from different points in their careers, including previously held jobs and current positions.

Focus groups and interviews were audio recorded and transcribed verbatim. Data from focus groups and interviews were analyzed together, with transcripts coded using an open-coding method (Auerbach & Silverstein, 2003). Quotations are not attributed to a specific speaker to protect participant confidentiality.

IPV was defined in the study as physical, psychological, emotional, verbal, financial, sexual, and spiritual abuse; controlling behaviours; stalking; and harassment. The interview guide included questions regarding experiences with IPV in the workplace, existing workplace policies relating to IPV, and recommendations for workplace responses relating to IPV. Survivors were asked about the ways that IPV impacted them at work, if they had ever had challenges or difficulties at work as a result of IPV and, if so, who they had confided in and the result. Workers were asked if they had ever known or suspected that a co-worker was experiencing IPV, if they had ever reported an incident of violence at work, and their opinion on how experiencing violence impacts survivors' ability to function at work. All participants were asked if information on IPV was available in their workplaces, if their workplace had policies or procedures in place related to IPV, and what policies or procedures they thought that their workplaces could put into place to help people who are experiencing IPV.

Results

Major Themes

Focus group and interview data resulted in three broad themes: *Workplace Impact of IPV for Survivors*, *Interventions in the Workplace*, and *Suggestions for IPV Policies for Organizations*.

Workplace Impact of Intimate Partner Violence for Survivors

The theme of *Workplace Impact of IPV for Survivors* includes the ways that survivors experience the impact of IPV while at work (including experiences of stalking and harassment and threats) and additional challenges that they face in the workplace (such as impacts to coworker relationships and work performance). Participants also spoke of ways that work is beneficial for people who are experiencing IPV.

Focus group and interview participants shared examples of stalking and harassment in the workplace including: partners driving by their place of employment, showing up at work or watching from outside the building, continually phoning or emailing throughout the work day, contacting coworkers or supervisors, threatening to get the worker fired, and creating safety concerns for victims and their coworkers. Stalking and harassment from a current or former partner can greatly disrupt an employee's day by interrupting them and preventing them completing their work as well as increasing their levels of fear and distress. An interview participant described her experience:

Before the problems started happening. . . you would hardly ever see my ex here. There were days that it was constant, that it was two or three times a day. . . If he was here, the door had to stay open, because I didn't feel safe, because of some of the things that were starting to happen at home, previously. It had a big impact on work, because he'd come in, things would go on that would totally ruin the rest of my day. A person couldn't function, because of what was said or done.

Another worker shared her experience of stalking at work,

I remember sitting and doing work. . . I remember feeling that kind of “spidey sense” and I turned around and he was standing at the window and he was trying to look at my screen and he wanted to know what I was working on. That was how bad the stalking got . . . he would come to my work and he would stand at my window. [When he was seen] he came in and made a joke about “I just wanted to surprise you.”

There are significant risks to victims and their coworkers when IPV comes to work. One interview participant was followed by her partner while she was driving with a coworker. Later, he returned and damaged her vehicle. Another participant, speaking of a partner she had recently separated from, recalled, “I was always stressed out about putting my coworkers in danger because he was going to lose it.” She continued:

He didn't know where I lived, but he knew where I worked. He was always trying to access me at my work. Even though the threat was against me, it was still a direct threat to other people and my coworkers.

An employer recalled her observations of an employee who was experiencing abuse,

Some of the difficulties were things like the employee not being able to call in, because the partner had taken the phone. Another example would have been repeated calls to the workplace phone. With the employee wanting to keep it private, [it was] really distracting to the employee's work, because of course he had told her she would lose her job, and he was going to get her fired. Instead of handing off the phone to me, or saying, “This is not a good day for me to take these calls.” She was trying to protect herself, and her job, she thought. It made it a whole lot more difficult for her. Lack of transportation, because he would take the keys. Just always wanting to be aware of where she was. Not just phoning, but also expecting her home at exact times. Then, of course, the conflict that followed would make life totally unsettling for the remainder of the work day. Those are just a few.

Another participant shared, “. . . my [cell] phone's ringing, and ringing, and ringing, and ringing again . . . When I turned it off, that's when he phoned the office phones.”

Focus group and interview participants spoke of the emotional toll of trying to focus and perform well at work while coping with violence and abuse. Survivors shared examples of their efforts to hide the abuse from coworkers, such as fabricating reasons for being late when their partner had hidden their car keys or making up excuses to attend court during the work day, which often requires attending multiple times, due to adjournments. Survivors also talked about hiding physical injuries while at work. It is important to note that a lack of physical injuries or bruises, or injuries that are not visible, may be a barrier to others in the workplace recognizing that abuse is taking place.

I was tired all the time. I think the only thing that did help me was that I was wearing a uniform all the time, so I wasn't concentrating on trying to hide the bruises so much because I already had a uniform that did cover. I didn't have to worry about that.

Participants also spoke of impacts to their work performance. For many, work is a source of pride and not performing to the best of one's abilities can lead to anxiety and can negatively impact self-esteem. Survivors shared that they suffered exhaustion and a lack of concentration. People who are experiencing abuse sometimes have no choice but to take time out of their work day to deal with phone calls, legal concerns, and other issues related to managing the relationship.

Some participants used the term "presenteeism" when discussing how IPV impacts attendance. Speaking of a coworker, one participant said "her coping mechanism was to spend extra time at work so she didn't have to be at home. So from a workplace perspective, she probably over performed sometimes . . ." The importance of maintaining employment was echoed by many participants not only for financial reasons, but for the relative safety and the sense of self-efficacy that work provided. One participant recalled that her coworker had said,

One thing I can't miss is work. That is so important to me. I love my job and I don't want him to wreck that for me. That's something I'm very proud of. I've gotten this job myself. I like it and I'm going to keep it.

Focus group participants who had worked with someone who experienced IPV shared the worry and concern that they felt for their coworker at that time and their desire to find a way to assist. Workers who were experiencing IPV felt that relationships with their coworkers were affected. These included feeling that those they work with would not want to hear about personal issues and worrying that coworkers were frustrated by their own workload increasing as a result of the survivor's absenteeism or inability to keep up with tasks. Some participants felt that coworkers who had been open about personal issues, including violence, had subsequently been treated unkindly. This created a perception that it was not okay to talk about one's personal life at work and a fear that disclosing IPV would lead to becoming the subject of gossip and other negative outcomes. Participants made it clear that workplace culture can dissuade people experiencing IPV from coming forward.

Interventions in the Workplace

The theme of *Interventions in the Workplace* included examples of coworkers' and managers' responses when a worker was experiencing IPV, the accessibility of resources, and accommodations and safety measures that were provided at work.

A key trend in the data was the failure by coworkers and employers to identify or respond to indicators of IPV. Many examples described situations in which workers were experiencing challenges at work and warning signs were present, but no one in the workplace noticed or intervened.

I took a lot of leave. I was taking a lot of leave. Not once was I ever asked, "Hey are you okay?" I never had any kind of support for that. Nobody asked me directly, "Is there something else going on? Can we

help you with it?” None of that. I was burning through sick leave and taking leave without pay. Nobody even addressed it.

The same participant stated that her partner’s manager had witnessed an incident of violence against her by her partner, but that manager never mentioned it. Another interview participant explained that she did not share what she was experiencing with her manager, because she was afraid that she would receive an unsupportive response, as she had from friends.

I feel it would have been a very similar situation of it being my fault, the blame that how could I? I mean, I got a lot of that. When I speak of my story to people that I'm friends with now, they're like, “I don't believe you.” Almost like they believe me but don't because I don't present that way. . . according to them, I don't look like the person that something like that would happen to.

Some workers who were living with IPV received reprimands or were “talked to” by their managers. Participants shared examples of survivors who were disciplined because of their attendance or use of sick time. Some workplaces have financial penalties for going over the allotted amount of sick time. This can be devastating for someone who is planning to exit their relationship. In an interview, a survivor said:

One of the first steps for discipline is a financial penalty. I was like, “I'm already missing so much work, and I'm not even getting my full paycheque.” I was trying to desperately save money, so I could get out, and now you're going to ding me an entire paycheque. One of the reprimands is that you get a verbal warning, and then you get a written warning, and then they can impose fines and financial penalties. I didn't even know what to say when they said that. They didn't know what was going on, but at the time it crushed me. When they imposed that penalty on me, it took everything that I had saved just to be able to get out, and I had to start all over.

In some cases, workers experiencing IPV were reprimanded for incidents related to the violence. In others, they resigned or had their employment terminated. Stories of survivors of IPV who “quit before they were fired” are common.

One worker spoke about a requirement put in her place by her employer that she have a security guard escort her every time she entered and left the building—a decision made without her input. She went on to say,

I don't know what IT and security ended up dealing with, but when those [emails] were sent there was also threats put in there about me as well. They contacted the police and kind of did something with the [police] about it. I wasn't part of that exactly.
(Interviewer: You weren't part of that?)
I wasn't privy to. . . No, I was told. . . that the Director of Security was speaking with the police about it and it would be reported. There was nothing that happened.

The importance of including survivors in, and giving them choices about, decisions regarding their situation was emphasized by the research participants.

I just think there needs to be the understanding that what's disclosed [to others in the workplace] is kept confidential and that the employee has full knowledge of what's going on like who's doing what, and when, and why, and what the outcome of that is. I think because in situations like that, you feel like you have absolutely no control and that's one more thing . . . that you don't have control over.

It was made clear throughout the course of the research that it is absolutely necessary to listen to survivors and include them in safety planning. One focus group participant stated that, “I think you need to include them in that decision too because they ultimately know the perpetrator the best. They know what's going to set them off.”

Participants also shared that it is important not to get frustrated if a coworker or employee who is experiencing IPV does not make decisions that others may want them to: “always leave

that door open. Just because someone doesn't do what you said, or you thought they should do, leave that door open.” Survivors shared experiences of times when those who tried to help became frustrated when they did not take the advice or action recommended: “some people did know some of the things that were happening, but because I didn't take the steps that they wanted me to at that time, then our relationship was done.”

Throughout, participants stressed that disclosure does not necessarily mean a survivor is ready or planning to leave the relationship. There is a plethora of reasons why someone may stay in a relationship when IPV is occurring and every situation is unique. Survivors may choose to stay in the relationship for the time being so that they can save money and make plans to leave later or they may choose to stay because of children or because of love for the perpetrator. It is also known that the most dangerous time for a victim of IPV is when they leave the relationship (Dawson, 2017; Office of the Chief Coroner for Ontario, 2018) and the survivor may be afraid of further violence if they leave. Participants emphasized that it is “important to honor and respect where the worker is at. . . so they can make choices that are stronger choices in the future.” Education on IPV can help coworkers to understand the dynamics of IPV, barriers to leaving, and the length of time and planning it can take to leave a violent relationship. Understanding this can help those who care provide support to a survivor while respecting that individual’s decisions, thus preventing further isolation.

Workers appreciate managers who worked in collaboration with them, deciding together what supports and safety measures are needed. It is crucial that responses are confidential, flexible, and tailored to employees’ needs. Union members also appreciate access to advocates who can work with them if they receive reprisals related to their experience of IPV.

Fitting with the theme of interventions in the workplace, participants also discussed the accessibility of support and resources. Survivors whose jobs provided them with access to Employee Assistance Programs (EAPs) or Employee Family Assistance Programs (EFAPs) reported gratitude for the program, with many stating that it would be unaffordable for them to pay out of pocket for counselling services. Some participants who had accessed EAP/EFAPs recalled long wait times before an initial appointment and of only being entitled to one session per month or a certain number of sessions in total. For participants in smaller cities or rural communities, the need to travel to receive counselling increased the difficulty of accessing services. For some, counselling had been helpful in providing much-needed information on IPV, offering support, and assistance with safety planning. Some participants felt that while the services offered were helpful, the availability of EAP/EFAPs created a sense of alleviating the responsibility of the employer to provide safety and support at work for employees who are experiencing IPV.

Organizational Intimate Partner Violence Policies

The theme of *Organizational IPV Policies* included discussion of legislative options, as well as policy solutions for individual workplaces. The need for training on the dynamics of IPV and how to effectively respond was a prominent topic among participants.

During focus groups and interviews, participants were asked if they were aware if their workplace had policies on IPV, and if so, if they knew what the policies were. Two patterns emerged: first, policies do not exist or employees are not aware of policies—even when they have experienced the impacts of IPV at work. Second, workplaces have policies related to harassment or violence directed at employees from customers or the public, but not for violence from an intimate partner.

The importance of legislation to protect the jobs of workers who are experiencing IPV was discussed by participants (“I think there needs to be legislation that says you won’t get fired.”) Further, participants emphasized that all workers deserve support and protection. While some workplaces have been proactive in putting policies in place, not all workplaces will choose to do so. Legislation ensures that all workers have access to the same protection.

Organizational policies are important for providing clear direction on roles and responsibilities of employers, managers, and workers (those experiencing IPV and their coworkers). Having this clear direction increases the confidence and willingness of those who recognize indicators of IPV to respond.

What I can see is, when there are policies in place, it's easier to take the paper and say, “Okay, just so you know, this is our policy around [IPV]. In this workplace this is what we do.” Whether it's a coworker, whether it's . . . myself, this is what I can expect. I think that starts to create some boundaries. It puts the topic out there for discussion. If it was mandatory to have policies in place, I would see it as a really positive thing, because of the awareness piece, the education piece, and the support piece, those three things.

Another theme that came up repeatedly during interviews and focus groups was the idea of leaves for workers who are experiencing IPV. At the time focus groups and interviews were conducted, legislation had recently been enacted in the neighbouring province of Manitoba, allowing workers experiencing IPV to take a leave from work. Participants mentioned this legislation and stressed the importance of being able to take time off of work for necessary appointments and to make arrangements related to exiting a relationship. It was a clear recommendation that IPV leaves and other provisions must be available “across the board” (through legislation) and not left to individual workplaces to implement. Participants also discussed the cyclical nature of IPV and the reality that many people who experience IPV return

to the relationship or make multiple attempts to leave. They expressed concern that a leave should not be a one-time offering and stressed that dealing with disruptions to one's life caused by IPV can be a lengthy process. It was suggested that leaves need not be restricted to victims of violence—accessing a leave or time off from work could also allow an individual who is perpetrating IPV to access counselling and treatment.

In addition to the recommendation that protection from job loss, leaves, and other accommodations to protect and support victims should be legislated and therefore provided to all workers, was the recommendation that all workers should have access to counselling and support. Concern was expressed that while some workers have access to EAP/EFAPs and benefit plans that include counselling, many workers in part-time and low-paid jobs do not have the same access to support. Domestic violence shelters and counselling agencies offer support at no cost, but these agencies are not present in every community. It is necessary to ensure that victims of IPV can access support no matter where they live.

Ideas of specific workplace precautions were also mentioned during focus groups and interviews. It was clear that it is difficult to avoid stalking and harassment in the workplace if the place of business has a public area. Safety planning looks very different in an office setting with a reception area versus a publicly accessible space, such as a restaurant, bank, or store. Adjustments to keep a worker safe also vary depending on their role within the organization. Safety can be increased for workers who are experiencing violence or threats by making adjustments tailored to the type of workplace, such as moving the employee's desk to a back area (so that the partner cannot access them without going through reception or passing a manager's desk), moving their workspace away from a window, installing a panic button, and ensuring that reception or security personnel are aware of protocols.

Participants shared accommodations that they had found helpful, such as: switching work locations to work out of another facility; being escorted between the parking lot and the building; utilizing leaves (such as family leave or pressing necessity leave) that are not specifically intended for IPV; flexible work time; adjusting workplace procedures, such as routing calls through reception so that the worker could avoid harassment and disruption during the workday; allowing time off for moving and appointments; and tailoring protocols used for threats from clients or public to enhance safety and maintain confidentiality in situations of IPV. It is important to note that strategies to increase safety were not always easy or fair for survivors (such as changing their duties or location of work).

Another important topic was the unique situation of those working in helping professions (including domestic violence shelter, counselling agency, and healthcare staff), who felt a great deal of shame when they experienced IPV. These participants felt they “should have known better” or that it would reflect negatively on their ability to do their job. Some workers feel that they should be able to deal with what they are experiencing on their own because they have the knowledge and training to support others. For some of these workers, confidentiality was an additional concern when having to seek assistance from others with a similar role, who they may know professionally. Those working in the helping professions, especially those in the domestic violence field, expressed the awkwardness of addressing the situation with colleagues who they suspected were experiencing IPV. One shared, “Would we know how to do it with a coworker? . . . Yeah, so then you feel stupid saying anything that you might say to a client, because you're thinking, ‘Well, they already know this.’” The challenges faced by helping professionals further underline what we already know—that IPV can impact people of all socioeconomic backgrounds, education levels, and in all types of workplaces. Stigma around IPV exists for

nearly everyone who experiences it, though profession and education can intersect for some professionals to create additional challenges to disclosing or accessing assistance. In turn, barriers to talking about IPV exist in fields where there is little awareness of IPV.

The importance of IPV training in workplaces was a salient topic among participants, who discussed the need to increase awareness about IPV and change workplace culture. Participants expressed that providing leaves and other workplace accommodations would not be effective unless coupled with training about IPV. Provisions cannot be fully implemented and survivors cannot effectively access them if there is not an understanding within their workplace of the issue of IPV.

Resoundingly, participants felt that training is important for all workers. One participant summed it up as, “I think it's about educating managers, and staff, and unions about the issue. . . It's a sort of a three-part responsibility.” Another added that, “I'm pretty sure the management team there would be willing to have some time allocated to this specific issue. . . because they do see the impact on productivity, on sick time. They do see it and that it's all linked.” Participants agreed that managers or others within workplaces should not be expected to be experts on IPV, but that they have a responsibility to offer a supportive response and connect victims to resources that can help. As workers who are experiencing IPV are most likely to disclose to their coworkers, focus group respondents shared that it is important for all workers to have basic information regarding how to respond effectively if they recognize indicators of IPV or a coworker discloses to them.

Some participants felt that colleagues may lack empathy for survivors due to a lack of awareness about IPV, again something that can be amended by training in the workplace.

Participants felt that workplace culture needs to change to assist people experiencing violence to feel comfortable coming forward.

Discussion

The current study is one of a small number of qualitative studies to explore the impact of IPV on the workplace. Twenty-seven focus group and interview participants (survivors of IPV, workers, managers, union employees, and human resources professionals) shared insight into the impact of IPV in the workplace, highlighted the importance of training and interventions, and offered suggestions for policy and legislative solutions to lessen the impact of IPV in the workplace.

The findings of the present study are consistent with the literature, which state that IPV has a significant impact on survivors and their workplaces (Katula, 2009; Laharnar et al., 2015; McFerran, 2011; Swanberg & Logan, 2005; Swanberg, et al., 2006; Wathen et al., 2014, Wathen et al., 2015; Wettersten et al., 2004). The findings the present research demonstrate the need for increased public awareness about IPV. Workplaces are an ideal mechanism for providing a basic level of information about IPV to a significant proportion of the population. Individuals who are experiencing IPV are not likely to reach out for help or support if they do not have information on IPV and thus, do not recognize their own relationship as abusive. For workers impacted by IPV, it may not be safe to access information from home, so providing information about IPV and where to get help to employees in their workplaces can have a significant impact on safety. Survivors are also unlikely to reach out if they are unsure how their disclosure will be received by others in their workplace. Likewise, managers and coworkers require information on IPV to ensure that they are able to provide an appropriate and effective response. Consistent with the findings of Glass et al., (2016), Katula (2009), and Laharnar et al. (2015), workplace training is

needed to provide education on the dynamics of IPV, how to provide an effective response, and the referral agencies that are available.

Most workplaces do not have policies specific to IPV and in the cases where policies may exist, workers are not aware of them. This highlights the importance not only for the implementation of policies and procedures to support workers impacted by IPV but for promotion of awareness of these policies within the workplace. Further, participants stressed the need for legislation that ensures that all workers have access to the same protection and support.

Recommendations

The results of the present research make it clear that survivors of IPV are impacted in their workplaces in numerous ways. There are many steps that workplaces can take to support employees who experience IPV and improve workplace safety, functionality, and productivity. Organizations can create a cultivate a culture that is supportive of workers who have been impacted by IPV through training, policy, and information disseminated in the workplace. Demonstrated buy-in from leadership is necessary for instigating a culture shift.

Everyone in the workplace must have access to information about IPV and locally available supports. Information on how to recognize IPV, how to respond, referral sources, and information on the workplace's policy should be available in all workplaces, to be easily accessed by workers who are experiencing IPV as well as coworkers and managers. Any employee who is affected by violence (survivors, perpetrators, or coworkers) should be able to access information and support at work.

Extant research on this topic (Reeves & O'Reilly-Kelly, 2009; Swanberg, et al., 2006; Wathen et al., 2014) shows that those who are experiencing IPV are likely to confide in coworkers. This further illustrates that all workers must have access to a basic level of training

and information. Mandatory training may include more intensive training for managers, human resource staff, and other designated staff with a minimum level of training (such as a two-hour training session) required for all team members, with training repeated on an annual basis.

All workplaces should have a policy explaining what accommodations and supports are available to staff members who are experiencing IPV, posted along with other human resource policies and easily accessible to staff. Employees must be assured that coming forward about their experience of IPV will not result in negative repercussions at work. Employees who are experiencing IPV should be protected from job loss as a result of their victimization.

Accommodations must be made for survivors who need to access services related to IPV during their scheduled work time. This may include court appearances, appointments with lawyers, medical appointments, counselling, and appointments related to their children. For some workplaces, this is simply a matter of allowing the individual flexible work time or time off during the day, where in others (such as front-line or customer service positions) it may be necessary for the employer to bring in extra staff coverage to backfill time that the employee is away. Workplaces can also assist survivors of IPV by ensuring that a sufficient amount of counselling is covered by employee health benefit programs.

Organizations must work with individual survivors to develop and implement a workplace safety plan. The survivor must be consulted on all decisions concerning their safety plan. As stated by participants in the present study, survivors are in the best position to judge what will keep them safe from their partner's violence. Taking control and decision-making power away from survivors in their workplace reinforces the impact of the abuse and does not empower them to make choices to keep themselves safer in the future. Other research on this topic (Perrin, Yragui, Hanson, & Glass, 2011; Yragui, Mankowski, Perrin, & Glass, 2012)

illustrates that workers who are experiencing IPV desire varying levels of support from their workplaces, related to what stage of change they are currently undergoing and the current status of their relationship (for example: whether they are still together, planning to separate, recently separated). This further illustrates the need for management to take their direction from survivors.

Managers, security teams, and others should periodically review workplace security measures (for example: who can access office areas, if employees need a keycard or passcode to enter restricted areas, or how employee information is provided to callers over the telephone). It is also prudent to design a protocol for securing the building and calling police when needed and ensure that all staff are trained in the protocol.

Regarding employees who are using violence, workplaces could require perpetrators of IPV to participate in a treatment program as a condition of continued employment. Accommodations should be made to allow perpetrators to arrange their work schedule to allow for participation in IPV treatment (batterer intervention) programs. It should be made clear in policy that disciplinary action can be taken against employees who use workplace resources and work time to stalk, harass, or abuse their current or former partners. Knowing that unemployment is a risk factor for IPV and homicide (Office of the Chief Coroner for Ontario, 2018), supporting employees who use violence to maintain their employment while accessing treatment, when it is safe to do so, could positively impact the safety of these individuals' families.

Future Directions for Research

This qualitative study adds to the relatively small body of research on the workplace impact of IPV, provides further insight into the various ways that IPV impacts survivors at work, and offers recommendations for improving the workplace response to IPV.

Since collection of the present data, many Canadian jurisdictions (including Saskatchewan, where the research was conducted), legislated workplace leaves for people impacted by IPV. In addition, training on the workplace impact of IPV and how to respond has been provided to many organizations in Saskatchewan. Similar training is taking place in other provinces and awareness of the issue continues to increase. Future research on this topic, in Saskatchewan and in other jurisdictions, should investigate if and how access to leaves from work are assisting employees who are impacted by violence and if increased awareness of the issue has led to improved workplace responses to IPV.

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