Creating a Safe Haven for Employees Who Are Victims of Domestic Violence

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PROBLEM. Intimate partner violence is a danger to American employers as well as costly for American businesses.

BACKGROUND. Because one in four women is battered at some point in her lifetime and the percentage of employed women is over 50%, employers should address the issue of domestic violence at the workplace in an effort to keep employees safe while at work and to manage the financial burden that accompanies this problem.

AIM. The author provides an overview of the problem and corresponding interventions that should be implemented to avoid violence in the workplace and to promote a culture of safety for all employees, particularly in a hospital setting.

Introduction

We have always believed that hospitals are meant to be places where injured, ill and mentally distressed people can go to receive help for their ailments in a safe and secure environment. Hospital clinicians should be routinely screening inpatient and ambulatory patients for abuse (Family Violence Prevention Fund, 2004). However, what is mostly unknown is the fact that healthcare providers may be victims of violence, injury, and mental distress themselves, making it difficult to effectively screen patients. It is possible that a hospital can create a safe and caring environment for those employed as well as for those who purposefully crossed the threshold seeking medical attention. While men also are victimized by their intimate partners, intimate partner violence (IPV) is thought to be a crime mainly against women, with up to 85% of IPV victims being women (Rennison & Welchans, 2000). Hospitals employ a high percentage of women; therefore, addressing IPV in hospital settings is paramount to the health of the organization, both patients and employees.

The numbers of women in the United States who are physically or sexually battered during their lifetime by an intimate partner vary from 22% (Tjaden & Thoennes, 2000) to 52% (Blodgett & Stapleton, 2005). In 2005, the number of employed women in the United States was 56% of the total working population, with a decrease to 49.8% in 2009 reflecting the downturn in the economy (U.S. Department of Labor [USDoL], 2010). Because many women work, employers now have an obligation to provide a safe environment not just in the traditional sense. Employers must now consider how to create a safe place supporting victims of IPV. Not only does IPV affect the victim's ability to function at work, but the employer suffers direct and indirect costs related to IPV (Randel & Wells, 2003). In any given year, up to 15% of U.S. employees may be suffering the effects of IPV (Urban, 2003), and costs to American employers may be as high as $5 billion. These costs are related to absenteeism, medical bills, employee turnover, and lost productivity (Bureau of National Affairs, 1990). The estimated cost of domestic violence to society is $8.3 billion, which includes expenditures for medical care, mental health services, and lost productivity from injury and premature death (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). The Centers for Disease Control and Prevention (CDC, 2003) found that $4 billion was spent on medical and healthcare services related to the effects of IPV. Clearly, American employ-

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ers need to take action to address IPV in their organizations. The purpose of this paper is to describe the effects of IPV on both the organization and the employee and to provide employers with strategies to improve the safety of their workplace—for both the victim and other employees.

IPV: A Problem at the Workplace

In spite of the financial, legal, and employee health consequences of the issue, employers have been slow to respond, primarily due to the complexities of IPV (Swanberg, Logan, & Macke, 2005). A survey of Fortune 1500 executives acknowledged that IPV affects their businesses' productivity, yet only 13% believed that employers have a major role in addressing the issue (Roper, 2002). American employers have viewed IPV as a private issue that is not dealt with at work. But as incidents occur in the workplace, employers can no longer avoid addressing IPV. Employers who are proactive in their approach to combating IPV can improve productivity, enhance the safety of employees, decrease absenteeism, reduce financial losses, and minimize liability (Johnson & Gardner, 1999).

The victim (and their coworkers) may be directly affected if the abuser visits the organization threatening violence; furthermore, the organization may indirectly incur lost productivity, absenteeism, and turnover—all of which are costly to the employer. An employer's inaction may have serious legal consequence as well. For example, in Texas, the ex-boyfriend of an employee warned his victim's supervisor that he would come to her worksite and kill her if she was not fired. The next day, with a loaded gun, he walked past a security guard and killed his ex-girlfriend. The employer was found responsible, and the court awarded the daughter of the victim $850,000 (Burke, 2000).

To prevent the described financial losses, employee consequences, and catastrophic events, it is the obligation of the employer to put into motion the development of a domestic violence program. This is done by first assessing the organizational structure and identifying departments within the organization that can address the various issues related to domestic violence. This includes but is not limited to the human resource department, employee assistance, security, and management/leadership personnel. It is also paramount to create interventions that are part of a coordinated community response.

Signs and Symptoms of an Abused Employee

Mental and physical health problems affect the victim's ability to complete work and to perform while on the job (Katula, 2009; Tolman & Rosen, 2001). Mental health effects related to IPV include posttraumatic stress disorder, depression, anxiety, and low self-esteem (Brush, 2003; Dienemann et al., 2000; Gorde, Helfrich, & Finlayson, 2004; Wettersten et al., 2004). Victim behaviors include crying, nervousness, complaints of chronic ailments (pain, sexually transmitted disease, injuries, and gastrointestinal issues), changes in appearance and work behavior, or fearlessness, such as a startle response when the phone rings or careful watching of a doorway or nearby window (Campbell, 2002; Gedman, 1998). Some IPV victims request and receive disability leave because the anxiety often exacerbated by IPV makes it impossible for them to function in the workplace.

Abused employees cope and behave at work in ways that maintain their safety net and keep their secret. By denying and hiding the physical and emotional signs of abuse, the victim can decrease questions, suspicion, and judgment from supervisors and coworkers. Acting calm during harassing phone calls, constructing excuses to coworkers about the many calls from the abuser received at work, and maintaining a professional demeanor when the abuser enters the workplace are just a few signs and symptoms (Katula, 2009). Swanberg and Logan (2005) found that victims often resign due to feeling ashamed, embarrassed, or because they have concerns about the safety of their children left at home with the perpetrator. One victim described her irate husband entering her workplace and her attempts to normalize the situation out of fear of being terminated:

> I would be afraid and I'd kind of walk with him out of the department and towards the front entrance and kind of calm him down, cool him off, and sometimes he would follow . . . . (Katula, 2009, p. 106)

There are several more obvious behaviors that managers and coworkers can see. Performance in role responsibilities may decline, decreased productivity, difficulty making decisions, frequent work breaks, work distraction, absenteeism (especially on Mondays due to an increase of abuse by the perpetrator over the weekend), tardiness, and the inability to take a work-related trip are common in victims. Supervisors and

coworkers may witness an attempt to hide bruises with makeup and clothing (Katula, 2009; McFarlane et al., 2000; O'Leary-Kelly, Lean, Reeves, & Randel, 2008).

Abused employees in high-wage, high-status (HWHS) positions, such as registered nurses, often have a different set of struggles. Women in this group are "hidden victims" viewed as having enough education, money, and resources to extricate themselves from the abuse (Weitzman, 2000). Because of this belief and the stigma associated with IPV, HWHS victims often do not report the abuse, use employee assistance program benefits, or take a leave of absence. Victims employed in HWHS want to be seen as competent, professional, and in control, and fear being seen as vulnerable, showing weakness, and unable to handle personal situations if they seek help for IPV (Kwesiga, Bell, Pattie, & Moe, 2007).

> I'm still trying to come to grips with the fact that I'm a victim, that I, I went through this abuse, because I have a good job, I have a college degree, I own a home. When I was told I needed to go into victim services I was like, "No, I don't." There's nothing wrong, and I wasn't abused, I'm not this stupid. (Katula, 2009, p. 118)

Managers/leadership personnel will need training to identify and appropriately intervene with abused employees. Organizations can work collaboratively with their local domestic violence shelters for training. In addition, joining organizations such as the Corporate Alliance to End Partner Violence and reviewing the information found at the Family Violence Prevention Fund website will help organizations assess the current status of intervention with abused employees and plan next steps.

Financial, Employment, and Legal Impact of IPV on the Victim

IPV affects an employee's ability to function in the workplace and often affects one's ability to sustain employment. Economic viability is critical to supporting a woman's ability to leave an abusive partner. Therefore, perpetrators of IPV often sabotage their partners' attempts at seeking or maintaining employment (Honeycutt, Marshall, & Weston, 2001), thereby limiting women's financial resources and leaving them more likely to be isolated (Riger, Ahrens, & Blickenstaff, 2000). Once a woman leaves the abuser,

she is often unable to find employment or employment with adequate pay (to be able to take care of herself and her children), which can force her to stay in the abusive situation, go on public assistance, or become homeless. Reasons for lack of employment vary depending on the socioeconomic status, education, individual characteristics, and life circumstances of the victim. In addition, poor physical and psychological health, erratic employment patterns, and employer terminations due to the abuse are all causes for unemployment (Lloyd, 1997; Weis, Fine, Proweller, Bertram, & Maruzsa, 1998). In many instances, an abused woman's place of employment is often the only place outside of the home where there is a chance of finding a way out of the abusive situation.

A variety of laws support victims' ability to remain employed; these consist of antidiscrimination, occupational safety and health, family and medical leave, and victim-assistance laws to (a) prevent employees from losing their jobs due to IPV and (b) safeguard employees from violence in the workplace. These laws require employers to be judicious, prompt, and reasonable in providing a safe work environment (Family Violence Prevention Fund, 2005). In many instances, the victim's only measure of security is having paid employment, and terminating that individual because of abuse can be illegal (Johnson & Gardner, 1999). It is the employer's responsibility to know the state law and share that information with employees (NOW Legal Defense and Education Fund, 2001). Although laws and regulations offer victims some protection, employers need to specifically address IPV in their organizations.

Coworkers and IPV

Ridley et al. (2005) found that IPV affects coworkers' psychological well-being and feelings of physical safety. Work disruption and work-related stalking are the primary tactics that the abuser uses to continue the abuse away from home (Swanberg et al., 2005), and these tactics will affect the victim and her coworkers. No current studies exist that examine the financial and emotional costs exacted on coworkers, yet coworkers fill in for the absent or unproductive victim, screen the victim's calls, encounter the abuser when he visits the workplace, manage the abuser's manipulations when they "check up" on the victim, and are distracted from their own work. In many instances, coworkers fear for their own safety and can experience feelings of resentment toward the victim who

takes extra time off or receives extra attention. Conversely, coworkers may feel empathy for the victim but are ill prepared to intervene (Minnesota Center Against Violence and Abuse, 1995).

The Workplace as a Safe Haven

The workplace may be the only place a victim receives long-term support. Zink and Sill (2004) found that both informal and formal support systems in the workplace lead to retention and can be used to establish a safe haven for victims. Informal support is found through a supervisor's compassion, managers' and coworkers' support by screening phone calls, and partnering the IPV victim with another employee. Positive and dynamically healthy work environments also are a form of informal support. Most victims of IPV view work as an enjoyable experience that brings meaning to lives, which are often devoid of joy, peace, and purpose. When a work environment provides employees a chance to learn, to be challenged, and to be around other people, victims of IPV feel the workplace can act as a haven, refuge, or respite (Katula, 2009).

> He (manager) knew I was struggling with self-confidence issues and that was part of his mentoring, was trying to help me overcome that. He told me later it was like, you know, I wanted you to do these things and I positioned you to do these things because I could see you had the capability but you didn't believe in yourself. He saw something that I was not prepared to see in me at that point. So he did a lot of stuff, like say to position me for assignments and things that would give me the growth opportunities that got me to being chair instead of just one of the people that goes to these meetings. (Katula, 2009, p. 128)

Formal support comes in the form of an employee assistance program, allowances for vacation or sick leave, flexible work arrangements, and job relocation. Providing educational information such as the dynamics of abuse, safety planning (escorting the abuser off company property), and rights of an abused employee help the victim gain an awareness of the issue. Resources such as hotline numbers, local shelters, and counseling centers can help victims build self-esteem and find a safe way to escape if that option is desirable (Riger & Staggs, 2004; Wettersten et al., 2004).

Rothman, Stidsen, Hathaway, and de Vries (2007) described the six benefits of employment that victims of IPV experience: (a) improved finances, (b) physical safety, (c) increased self-esteem, (d) improved social connectedness, (e) mental respite, and (f) motivation or "purpose" in life. When IPV victims feel a sense of refuge, haven, or respite, they experience both physical and emotional safety (Katula, 2009).

Creating a Safe Haven

The National Institute of Occupational Safety and Health (NIOSH) lists four types of workplace violence that need to be addressed by employers through the use of policies, programs, and actions that support a culture of safety. Because 7% of the murders committed in the workplace are perpetrated by intimate partners (Sygnatur & Toscano, 2000), NIOSH's fourth type of workplace violence addresses IPV (see Table 1). In addition, the Joint Commission issued a "Sentinel Event Alert" on June 3, 2010, that addressed all types of violence perpetrated by anyone entering hospital premises. The Joint Commission requires that healthcare facilities have a written plan describing how the institution provides for the safety of all who enter the

Table 1. Types of Workplace Violence

Type	Violent relationship	Description of workplace violence
I	Criminal intent	Violent acts by criminals who have no other connection with the workplace, but enter to commit robbery or another crime.
II	Customer/client	Violence directed at employees by customers, client, patients, students, inmates, or any others for whom an organization provides services.
III	Worker-on-worker	Violence against coworkers, supervisors, or managers by a present or former employee.
IV	Personal relationship (intimate partner violence)	Violence committed in the workplace by someone who doesn't work there but has a personal relationship with an employee—an abusive spouse or domestic partner.

Isaacs (2001).

premises. The alert also discussed the need for conducting risk assessments, strategies for preventing violence, and responses toward any violent acts (The Joint Commission, 2010).

There are several organizational barriers that exist prior to initiating a safe haven program. These barriers include lack of funding, lack of staff, lack of connections between employers and domestic violence organizations, employers' lack of interest, lack of knowledge of workplace responses, need for bilingual staff, employers' unwillingness to pay for services, a belief that addressing the problem will cause more difficulties, and concern for confidentiality on the part of the employee. Furthermore, most domestic violence organizations have limited resources to extend themselves to worksites. In addition, supervisors might not intercede with appropriate interventions because they do not consider the threats or acts of intimidation serious enough to require intervention (Lord, 2001; Randel & Wells, 2003; Urban, 2003).

Creating a secure and safe workplace for IPV victims will improve the safety and security of all employees. This can be accomplished by initiating a domestic violence program that includes the following workplace interventions.

Conducting an Internal Audit

Once a committee is established, a workplace audit or assessment should take place. The audit shared here was developed through consultation with experts, the author's research, and one hospital organization's IPV program (see Table 2). The audit assists organizations with identifying resources already in place and prioritizing next steps to promote a robust IPV program.

There are several resources that provide employer guidelines to address IPV. The Corporate Alliance to End Partner Violence offers a toolkit and an easily accessible website for their organizational members (http://www.caepv.org). Hospital organizations can use the "Delphi Tool" (http://www.ahrq.gov/research/domesticviol, 05/2010), which can be used for an organizational audit as well as an ongoing assessment of program goal achievements.

Upon completion of the audit, the committee can begin to identify gaps and to select preliminary interventions that will support the promotion of a safe culture for all employees (see Table 3). More often than not, the newly formed committee has not had formal training about domestic violence. It is strongly suggested that members of the committee undergo extensive domestic violence training that can be provided through many shelter services. This training will provide the underpinnings and theory needed to do the work that follows. After this training, it is essential to create a policy that describes the employer's position on IPV and procedures for intervening in IPV issues that are present at the workplace.

Developing a Position and/or Policy on IPV

Creating a policy concerning violence in the workplace is a concrete step that will demonstrate to all employees that the organization considers IPV to be a serious workplace issue and that the organization's leaders are committed to protecting their workforce and those entering the workplace. An IPV policy must include input from all key stakeholders that have knowledge of the problem, as well as those responsible for implementing and enforcing the policy. For

Table 2. Workplace Audit (to Be Utilized for Both Victims and Batterers in the Workplace)			
Task	Responsible person	Deadline	Outcome
Identify departments that would interface with IPV victims: human resources, employee assistance, employee health nurse, managers, security, etc.			
Identify all disciplines who provide awareness or education			
Obtain employee view on experience, incidence, ideas and opinions of IPV (survey utilization)			
Identify any policy or procedures in place for IPV			
Identify community resources utilized			
Identify legislation in your state that supports victim rights			
Identify bilingual support staff			
Identify current initiatives in place			

Table 3. Employer Checklist: Building a Safe Haven			
Interventions	**Responsible associates**	**Plan for implementation**	**Implementation date**
Complete Audit/Assessment of the workplace culture			
Educational offerings for all employees			
IPV training for key committee members			
Education of Supervisors/Managers			
Create No Violence Policy			
Promulgation of IPV materials within the worksite			
Identify need for external communications			
Assess ability to have on site support/counseling			
Create a website for employees to access privately			
Identify all community resources			
Identify outcome measures to identify success of the program			

example, a policy may include guidelines for security personnel to intervene in ways that provide safety for the abused employee and the workforce. Interventions could include escorting identified offenders off the premises, following through with orders of protection brought in by the abused employee, and walking the abused employee to his or her car. It is important when creating a policy to be aware of federal, state, and local laws. Working with the local police department can prove to be very helpful when creating no violence policies. If current no violence policies exist, protection of abused employees can be integrated into that policy.

Creating Employee Awareness

The next step is to create employee awareness about IPV. Many organizations use an announcement of a newly drafted policy statement as a first step in raising employee awareness. An employee awareness campaign further stresses the importance the organization places on preventing and ending IPV. Because victims are 14 times more likely to seek help after domestic violence programs are implemented at work (Urban, 2000), raising awareness of managers, supervisors, and employees about the signs and symptoms of an abused employee is a key component of any IPV program. At one community hospital, several initiatives took place to aid in an awareness campaign. These initiatives included the creation of an intranet website that allowed employees to research the issue privately, sharing information at an annual safety fair, and the "bathroom project." The "bathroom project" also allows people to gather information privately and is a simple, cost-effective intervention where posters

that include signs of abuse and pocket size take home cards are posted inside bathroom stalls.

Staff Development Program

Managerial, human resource, and employee assistance training should include information about the cycle of violence and appropriate responses and interventions that can be made. An employee may disclose abuse information in different areas of the organization, making it imperative that training occurs in all key areas. The instruction of physical and emotional safety interventions for key leaders will help the individual deal confidently with an employee who is being victimized. Assessing and providing accommodations within work environments and interventions for those who are being harassed, stalked, and/or suffering from mental health issues could potentially aid in higher productivity, improved performance outcomes, and better overall health of employees. Urban (2000) found that after educational training, managers (specifically) were (a) more comfortable talking to employees about domestic violence; (b) listened to and were supportive of victims; and (c) could assist with safety planning (at the worksite) with employed victims. They were also more likely to detect signs of abuse, to have referral resources, and to be aware of what to do if there were threats of violence at the workplace (see Table 4).

One particular finding of interest in a study by Urban and Bennet (1999) was that once supervisors were educated about appropriate interventions, what resulted was a decrease in managers' and supervisors' unhelpful and controlling behaviors. An appropriate managerial response may lead to victims experiencing

Table 4. Employee Safety Checklist			
Task	Responsible person	Deadline	Outcome
Safety plan identified for home safety			
Safety plan identified for workplace safety (use of security personnel)			
Worksite resources (EAP, HR, Spiritual Care) provided			
Community resources offered			
VESSA or other "employment leave" activated			
Relocation/job transfer assessed			
Address privacy/confidentiality/proved statements of support			
Provided materials for employee to keep on site			
Positive, supportive, and empowering statements/interventions provided			
EAP, employee assistance program; HR, human resources; VESSA, Victims' Economic Security and Safety Act.			

an increased feeling of safety. How a supervisor responds can add or detract from worksite safety. Managers, human resources, and employee assistance personnel need to intervene in a thoughtful and judicious way to maintain the organization's safety as a whole. When others take control of the victim's situation by intervening, the victim is again in a situation of not being in control. It is for these reasons that the victim should make decisions about her course of action, when she is ready, and only when plans for her safety and support are in place.

Once an employee is identified as a victim of IPV, organizations may find themselves in the middle of a delicate balancing act between two extremes. At one end, organizational leaders may go to extremes to protect victims without their consent, and on the other extreme, they may terminate the victim. Both of these approaches are inappropriate. Terminating an employee who is in an abusive situation is illegal, and intervening without the consent of the employee is potentially dangerous for the victim as well as for others at the workplace (Tebo, 2005).

Conclusion

IPV is a serious health, economic, and quality-of-life issue for women. Victims often are managing the effects of the abuse while at work. The spillover effects into the worksite are profound, compromising the victim, coworkers, and the employer. Maintaining employment is difficult for the victim, affecting their ability to function safely and productively. Risk-averse employers that gain an awareness of the impact IPV has on the workplace respond with the

necessary policies, procedures, and programs to mitigate risk. Organizations should have policies and procedures in place for the following three scenarios: when the victim is the employee, when the abuser is the employee, or when both the abuser and the victim are employees.

Addressing IPV in organizations of all types be they businesses, academic settings, and other places where groups of people are found is important to the safety of the victim and to the safety of all those who enter the workplace. Hospital organizations are in a unique position to simultaneously address IPV as it pertains to the patients they care for as well as the staff they employ. The awareness, education, and intervention program that provides for the emotional and physical safety of the employee and patient victim also enhances the safety of the organization. Conducting an audit, developing policies and procedures, raising employee awareness, and implementing supervisor and key personnel training are typically well received by employees and enhance the awareness of IPV (Blodgett & Stapleton, 2005). All of these aforementioned efforts lead to a work environment where all employees feel safe, not just the victim of IPV.

Organizations must (a) clearly demonstrate a willingness to assist victims, (b) state that victims will not be penalized for seeking assistance, and (c) clearly identify avenues for assistance to those in need of help. Often, the workplace is the only place the victim is allowed outside the home alone. The workplace must be a safe haven or refuge for the victim to find the support and empowerment that may then lead to safely leaving the abusive situation. The recommendations described here increase the likelihood of a

successful outcome for the employee and the organization as a whole.

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