

**The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:**

**Document Title: Study of the Effects of Intimate Partner Violence on the Workplace**

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**Document No.: 227266**

**Date Received: June 2009**

**Award Number: 2003-RD-CX-0021**

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**A Study of the Effects of Intimate Partner Violence on the Workplace  
Grant 2003-RD-CX-0021**

**Final Report**

by

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## ABSTRACT

This research, which was conducted in two phases, explored the effects of intimate partner violence (IPV) on the workplace. In Phase One, we examined the prevalence of IPV among employed individuals, how IPV affects the personal and professional well-being of employees, and its costs for employers. In a study of over 2,400 employed men and women in three companies (in the education, health-services, and transportation industries) who worked in 39 states, we found significant effects of IPV on employees and employers. Specifically, we found that over ten percent of male and female employees reported experiencing IPV in the past twelve months, and that an *additional* 19 percent of men and 30 percent of women had experienced IPV in their lifetimes. We found that over 18 percent of currently-victimized employees reported experiencing some form of IPV on work premises. Our results suggested negative effects of IPV on current victims' levels of depression, self-esteem, economic self-sufficiency, and family-work conflict. Results related to lifetime victims suggested the negative effects of IPV linger over time in terms of depression, self-esteem, and job insecurity. We also found that lifetime IPV victims were more likely to be absent than were non-victims, although current victims did not demonstrate an increased tendency toward absenteeism. Current victims did report higher levels of work distraction as compared to non-victims, a pattern that did not exist among lifetime victims who no longer were dealing with the immediate effects of IPV. There was preliminary evidence that current victims have lower salaries than non-victims, and strong evidence that employer costs were increased by the IPV victimization of employees.

Phase Two of this research focused more specifically on the interactions between employed IPV victims and their coworkers. In a study of over 2,000 men and women, we found that about half of victims had reported some information about their IPV to a colleague at work,

but that the degree of disclosure was quite low. Victims were more likely to report victimization to coworkers and supervisors than to organizational authorities such as HR representatives or security personnel, and they tended to report victimization when they needed assistance (e.g., when it was affecting their job performance, when they needed emotional support or time off). Coworkers' levels of assistance to IPV victims were low, with intervention occurring most frequently when coworkers found out about the abuse directly (e.g., they witnessed an incident, the victim told them directly about the victimization).

Phase Two results also suggested that disclosure of victimization had generally positive effects, at least in the organization we studied here. Victims who disclosed (versus those who did not) reported feeling more hopeful about their futures, safer, more supported, and better able to concentrate. Interestingly, victims who disclosed (versus those who reported no disclosure) did not report feeling more socially isolated or feeling that others viewed them less positively. We also found that feelings of hopefulness were important to victim well-being in that hopeful victims reported less depression, higher job satisfaction, greater organizational commitment, less work distraction, and lower intentions to leave the employment situation. Taken together, these results suggest that when employees in this organization disclosed victimization, this led them to feel more hopeful, which had positive effects for both the employee and employer. We also found that when victims felt strong (versus weak) support from their employers, there were positive effects on outcomes such as job satisfaction, organizational commitment, and intention to turnover; these positive effects, however, did not extend to behavioral outcomes such as absenteeism or work distraction.

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## EXECUTIVE SUMMARY

A number of previous studies suggest that women who experience intimate partner violence (IPV) carry the effects with them to work. In small scale studies and anecdotal reports, victimized women have reported that the abuse caused them to be absent and tardy, to be less productive while at work, to lose advancement opportunities, to lose their jobs, and to earn lower wages (e.g., Lloyd & Taluc, 1999; Swanberg & Logan, 2005). In spite of this evidence and research showing that IPV has been experienced by a significant percentage of Americans (Black & Breiding, 2008; Tjaden & Thoennes, 2000b), most employers have done little to address the issue.

The purpose of this research was to better understand how IPV affects the workplace. If the effects are negligible, this suggests that managers are wise to limit the attention given to the IPV phenomenon; if the effects are negative and significant, this suggests that prudent employers will give greater attention to IPV as an organizational issue. We examined the impact of IPV on the workplace in two distinct phases. In the first phase, we focused on two research questions:

1. Does IPV affect employees, and, if so, how?
2. What is the impact of IPV on organizations?

In the second phase of the research, we examined the ways that IPV plays out within the organizational environment, with a particular emphasis on coworker-related actions and effects. Specifically, we examined the following research questions:

3. Does work-related social support have positive effects on the well-being, attitudes, and behaviors of employed IPV victims?
4. How and when will coworkers provide assistance to IPV victims at work?
5. When and to whom will IPV victims disclose their victimization at work?



6. What organizational conditions are associated with stronger feelings of hopefulness on the part of employed IPV victims?

### *Research Design*

The sample for the first phase of the study was composed of 1,588 women and 838 men who worked in three midsized business organizations headquartered in a southern state. The sample for the second phase was composed of 2,063 women and 688 men who worked in a midsized financial services institution headquartered in the same state. In both phases of the study, respondents completed a web-based survey with questions regarding general work-life questions. The survey contained extensive skip patterns, allowing us to direct respondents who fell into different categories to different questions. For example, respondents who had experienced acts of IPV were directed to one set of questions, respondents who had worked with IPV victims were directed to a different set of questions, and respondents who had neither experienced IPV nor were coworkers of IPV victims were directed to yet a different set of questions. Well-established measures of IPV, professional and personal well-being, and coworker and organizational support were used to test our hypotheses. When established measures for the variables of interest did not exist, new measures were created. The reliability of the measures used in the study was high, typically greater than .85.

### *Findings*

*Research Question One: Does IPV affect employees, and, if so, how?* We found high rates of IPV among employed individuals in both phases of the study. In Phase One, 10.3% of women and 10.4% of men reported abuse within the past 12 months (these individuals were labeled “current victims”). Furthermore, an additional 30% of women and 19.2% of men reported experiencing IPV sometime in their lifetimes (other than the past 12 months; these

individuals were labeled “lifetime victims”). In Phase Two, 8% of women and 8.4% of men reported abuse within the past 12 months, and an additional 27.3% of women and 12.1% of men reported lifetime IPV.

At first glance it appears that total current victimization rates were the same for men and women in our study. However, while we found no significant difference in rates of total current victimization, we found striking differences in the types of violence experienced by male and female employees. Female employees who were experiencing current victimization were more likely than current male victims to experience four of the five types of violence (threatening, stalking, being hurt, and sexual violence). The exception was physical aggression (hitting, slapping, kicking, punching, scratching, pushing, biting or other use of physical force), which was more likely to have been experienced by current male than current female victims. However, when looking at *degree* of victimization, we found that females who experienced physical aggression experienced it much more frequently than males. Overall, then, while there were similar percentages of male and female employees reporting some level of IPV victimization, female employees reported more frequent and more severe IPV. This is consistent with previous research that found higher rates of injury and medical usage for women than men (Arias & Corso, 2005; Tjaden & Thoennes, 2000a).

Our findings also demonstrate that a large number of IPV incidents occur at work. Over twenty percent of the employees who reported that they currently were being victimized indicated that some form of IPV had occurred on their work premises. The most prevalent form of abuse at work was stalking; of those victims who had experienced stalking, over 51% indicated that it had occurred at least once on work premises. Threats of physical harm were also fairly frequent, with over seven percent of those who experienced this form of IPV indicating

that it had occurred at least once on work premises. These numbers suggest that many workplaces are directly affected by IPV.

To better understand how IPV affects employed individuals, we analyzed personal and professional well-being data from the Phase One sample. Our results indicate that IPV is negatively associated with personal well-being for both current and lifetime victims. Essentially, we found that both male and female victimized employees experience higher levels of depression and lower levels of self-esteem and economic self-sufficiency than their non-victimized colleagues. Because previous research establishes the importance of a woman's income to her likelihood of abuse (Farmer & Tiefenthaler, 1997, 2003), it seems probable that confidence in one's own economic power will be critical to the ability of a victimized woman to extricate herself from a dysfunctional family situation. Although our study reiterates well-established findings regarding the negative effects of IPV on personal well-being, it is worth noting again that our sample included only working people. It could be argued that employed victims are among the most "well-functioning" of victims in that they are interacting in the world and maintaining a job. It is noteworthy, then, that IPV takes a significant toll on personal well-being even with these individuals.

We also found negative effects of IPV on professional well-being, but the results were less universal. Not surprisingly, currently victimized employees reported more difficulty in integrating their family and work demands, but this difficulty was not reported by lifetime victims. There was no correlation between current victimization and the two other professional well-being variables we examined – self-efficacy and job insecurity. Thus, there is no evidence that current victims feel less capable of performing their jobs or feel less confident concerning the security of their jobs. On the other hand, there was no relationship between lifetime

victimization and family-work conflict or self-efficacy, but there was a positive relationship between lifetime victimization and job insecurity. Connecting our results on personal well-being with those on professional well-being, perhaps the negative effects of IPV on factors such as depression and self-esteem have long-term effects on victims' sense of security in holding their jobs. In summary, the findings from our large-scale study provide strong evidence in support of previous anecdotal reports and small-scale studies – IPV is experienced by large numbers of employed individuals and it negatively affects them.

*Research Question Two: What is the impact of IPV on organizations?* Our research suggests that IPV victimization has negative effects on employee work outcomes and that these effects have costs for employers in terms of absenteeism and work distraction. Although we note that caution must be taken in generalizing the findings beyond the companies involved in this research, the results of this study add to a growing body of evidence suggesting that the effects of family violence are pervasive, with negative effects extending beyond the victims and their families.

First, our findings indicate that victimization affects work absence. Specifically, we found that employees who are lifetime IPV victims were more likely to be tardy and absent than were non-victims. It was interesting, however, that employees who currently were experiencing IPV were no more likely to be absent than were non-victims. Our study also revealed an effect of victimization on work distraction, with current victims reporting significantly higher levels of distraction compared to non-victims. This effect indicates that employees who currently are experiencing IPV have more difficulty staying engaged in their work than do non-victims, a finding that is not surprising given the trauma of IPV. But it is noteworthy that we found no differences in the levels of work distraction for lifetime victims vs. non-victimized employees.

These findings suggest an interesting pattern of effects depending upon the recency of victimization. Simply put, it appears that current victims get to work, but have more difficulty working than non-victims, and this pattern was especially strong for female victims. On the other hand, lifetime victims appear to have challenges around work attendance, but once at work, they are as fully engaged as other employees. Taken together, these findings suggest that victimization has short and long-term detrimental effects on work-related outcomes, but also that IPV victims can recover, particularly in terms of their work productivity.

Having determined that IPV affects the personal and professional well-being of victims and incurs costs for employers, we turned our attention in Phase Two of the study to an examination of how IPV affects the broader work environment in organizations and how employers might mitigate the negative effects of IPV. Our goal with this phase of the study was to understand more about how IPV plays out within the work environment, with a particular emphasis on coworker-related effects. It is useful to know when and why IPV victims disclose their victimization to people at work, and the effects that this disclosure has on their personal and professional well-being. It also is useful to understand how coworkers react to this disclosure in terms of their decisions about support-giving, their feelings about the organization, and their attitudes toward the IPV victim. Further, we wanted to understand how organizational conditions might affect victim hopefulness. The final research questions addressed these issues.

*Research Question Three: Does work-related social support have positive effects on the well-being, attitudes, and behaviors of employed IPV victims?* We examined how social support from coworkers and the organization affected the well-being of employed IPV victims.

Although it seems reasonable to expect that victims who have support would be better off than those who did not, it also is possible that IPV victims are in such a difficult life state that support

from people at work is not influential to their well-being. Our results suggest that support from the organization, not from coworkers, is most influential in predicting well-being variables. IPV victims who felt supported by their organization (compared to those who did not) reported less depression, higher job satisfaction, stronger organizational commitment, less job insecurity, and a lower intention to leave the job situation. However, the positive effects of organizational support did not extend to behavioral outcomes; that is, perceptions of organizational support were not associated with absenteeism or work distraction levels of IPV victims. Contrary to our expectations, support from coworkers did little to impact the well-being of victims in either a positive or negative direction. The only exception to this was that coworker support was associated with higher job satisfaction and with less job insecurity. Taken together, these results suggest that it is the support of the employer that is most critical to the overall well-being of IPV victims.

*Research Question Four: How and when will coworkers provide assistance to IPV victims at work?* Twenty percent (470) of employees (excluding current victims, who did not answer questions about coworkers' victimization) reported knowing about a colleague who worked in their current organization who had been victimized by IPV. Of these coworkers, 408 (87%) indicated that they had provided some type of support to their victimized colleague. Although a high percentage of coworkers indicated that they had provided some type of support, the degree of assistance provided to IPV victims was relatively low. Coworkers most often provided assistance in the form of giving advice about the relationship or about assistance services available to IPV victims. The most common action other than advice-giving was sharing information with others in the workplace (e.g., supervisor, HR professional, security professional).

We also examined factors that predicted coworker assistance. Interestingly, neither coworker personality factors, nor the coworker's attachment to the organization, nor the degree of negative effect of the IPV on the coworker were predictive of assistance-giving. However, the coworker's gender, similarity to the victim, and the coworker's source of knowledge about victimization (e.g., learning through personal experiences such as being directly told or witnessing an incident rather than passive learning like hearing from a third party) were associated with assistance-giving.

These findings suggest a complex picture of coworker involvement with victims. Coworkers appeared to limit their level of assistance, and to provide assistance primarily when they felt compelled to because of a direct experience or a perceived connection (e.g., to help out other women). However, coworkers were not unsympathetic to victims, in that a strong majority who knew about a colleague's victimization provided some form of assistance. Perhaps it is fair to say that coworkers, at least in the organization we studied, might be regarded as "sympathetic but reluctant observers" to the IPV victimization.

*Research Question Five: When and to whom will IPV victims disclose their victimization at work?* We asked individuals who self-identified as current victims to indicate their level of disclosure to four disclosure targets: the supervisor, coworkers, an HR professional in the organization, or a security professional in the organization. Overall, 124 of 224 current IPV victims (55%) indicated that they had disclosed their victimization to someone at work, however, the level of disclosure by IPV victims was quite low (in terms of the degree of information shared). The pattern of disclosure we uncovered was interesting. When disclosure did occur, it tended to be with supervisors and coworkers rather than with more distant and formal organizational authorities, such as HR representatives or security personnel. In effect, we found

that IPV victims disclose their victimization to individuals who are close in their social work space.

We asked current IPV victims who reported they had disclosed their victimization to someone at work about their motives for disclosure. These motives were categorized into those that primarily served the victim's needs (e.g., time off, emotional support, protection) and those that primarily served organizational/coworker needs (e.g., affecting co-workers, worrying about coworkers' safety). We found that disclosure was most likely to occur when victims needed something or wanted to explain their poor job performance or attendance. These results lead us to two conclusions. First, the workplace *does* serve as a source of needed information and resources for IPV victims. Second, victims' need for these organization-based resources is powerful. If victims are willing to overcome their reluctance to disclose their abuse, then the needs that prompt this disclosure must be strong indeed.

We also found that when IPV victims disclosed to someone at work, the effects were more positive than negative. Certainly, disclosure has the potential to make the victim a social isolate or to lead others to develop less positive perceptions of the victim. In our sample, victims who had disclosed did not report these effects. On the contrary, they reported feeling more hopeful, safer, more supported, and better able to concentrate.

*Research Question Six: What organizational conditions are associated with stronger feelings of hopefulness on the part of employed IPV victims?* In order to understand what might make IPV victims feel more hopeful about their life situation, we examined the association between hopefulness and multiple other constructs. We found a positive relationship between the amount of support that IPV victims receive from their organization and their level of hopefulness. We also found a positive relationship between victims' economic self-sufficiency



and their level of hopefulness and a negative relationship between job insecurity and hopefulness. Taken together, these results demonstrate the critical role of economic empowerment for IPV victims. Given that hope is a goal-oriented mental state (Snyder, 1994), victims who are hopeful are more likely to take action to change their life situation. Our findings, therefore, demonstrate a strong connection between economic empowerment and the hopeful mental state that is needed for victims to break the cycle of violence that entraps them.

When we examined the extent to which victims' hopefulness about the future was associated with various professional and personal variables, we found a positive association between hopefulness and organizational commitment and job satisfaction and a negative association between hopefulness and depression, work distraction, and intention to turnover. There was not, however, a significant relationship between hopefulness and absenteeism.

We believe our finding that IPV victims who disclose their abuse at work are more hopeful about their futures is critically important. In our study, hopefulness was a very important state of mind for victims. When IPV victims were hopeful about their futures, their personal and professional well-being were stronger. This suggests that hope is a powerful coping mechanism for individuals who are in the midst of IPV victimization. Victims who were able to sustain hope that their future would be better were able to function at a higher level at work, to feel more pleasure in their work, to make positive attachments to the employer, and to maintain a more positive affective state. It is important, then, to ask what conditions lead victims to feel hopeful.

### *Conclusions and Implications*

Although this project involved two distinct phases of research, conclusions and practical implications can be drawn across the two phases. First, and fundamentally, our research demonstrates that the workplace is a very viable arena for research on IPV. Although IPV is a sensitive and private issue, our experiences across both rounds of data collection convince us that employers and employees are willing to engage around this topic. That is, managers are willing to participate and subjects are willing to be forthcoming about this very personal topic within the work setting. Certainly, as when studying any sensitive topic, organizational researchers must be thoughtful about their methodologies. However, any challenges raised by organization-centered research are also offset by some benefits. Much of the previous large-scale research on IPV involved contacting potential victims in the home. Given that a primary location of victimization is the home, this approach seems to not only limit the validity of results but also may put the subjects in actual danger. Our experience demonstrates the possibility of organization-centered research when appropriate to the research questions.

Second, it is clear that IPV is a work-related phenomenon. The frequency with which employees reported this experience was quite startling. Clearly, many individuals in many work organizations are either currently experiencing IPV or have experienced it at some point in their lives. In addition, a sizeable percentage of victims report experiencing an IPV incident on work premises, which emphasizes even more the work-related nature of the IPV phenomenon. Add to this the number of coworkers who know about a victimized colleague, and the potential for this topic to influence organizational members is obvious.

Third, there are negative consequences for employees and employers because of IPV. Across both phases of our research, these effects were well-documented. Employees who were

victimized—whether male or female, whether current or previous victims—experienced negative effects on their personal and/or psychological well-being and on their work-related outcomes (e.g., absenteeism, work distraction). One conclusion that employers might draw from this is to avoid hiring IPV victims. Given the prevalence of victimization in the labor force, however, this is an impractical goal. A better conclusion is that IPV is a fact of organizational life, and is therefore a problem that organizational leaders should try to understand and manage, as they do with other human resource-related challenges.

Fourth, our results demonstrate that victims are reluctant to disclose their victimization, but when they do, it is to colleagues who operate within their work units, rather than to formal representatives of the organization. From a practical standpoint this means that organizations should not expect policies and procedures that require formal reporting to be entirely effective. Rather, employers should recognize that victims will most likely share information first with close colleagues, making procedures and training that helps these colleagues understand their role in IPV reporting critical. In addition, our results suggest that when employees disclose IPV victimization, it has more personal benefits than costs. Victims tend to feel more hopeful and more supported after they have shared information with organizational colleagues. And being supported and feeling hopeful have many positive consequences for the organization and for the victimized employee. This speaks, again, to the need for employers to recognize the IPV issue.

This research demonstrates that IPV is prevalent in work organizations and is potentially damaging to organizational outcomes. However, our results also demonstrate that organizations have significant power to influence the degree of harm that employees and employers experience as result of IPV, and so recognition and appropriate management around this issue is in the best interests of all organizational members. Our results indicate that if organizations develop

programs and policies around IPV, employees will not only utilize these, they will benefit from them.

Further, we conclude that coworkers of IPV victims are best represented as “sympathetic but reluctant observers.” On the positive side, coworkers do not appear to seek involvement in the IPV experiences of their colleagues. We view this as positive because it minimizes the potential risk that these individuals might themselves face. On the other hand, it also is clear that coworkers get “pulled in” to their colleagues’ IPV experiences, and so organizational training and policies that help coworkers understand their roles, rights, and responsibilities is very important.

Taken together, these conclusions imply the elements necessary to effective management of IPV. Employees (victims and coworkers both) must understand that IPV is an issue that management recognizes as important and relevant to work. Through training and through organizational policies, managers can communicate the organization’s support for IPV victims. When an employee discloses victimization, the employer can work even harder to communicate concern and can make certain the victim knows that her or his job is secure. Through training and organizational policies, the organization can also communicate expectations for coworkers who become aware of the victimization of another employee. Our findings indicate that these actions have the potential to empower victims, keep coworkers safe, and minimize negative effects for all organizational members.

## PHASE ONE

Family violence prevention advocates argue that employers should play a critical role in a coordinated community response to the prevention of intimate partner violence (IPV; Jackson & Garvin, 2003), but this seems unlikely to occur in for-profit businesses unless there is evidence that IPV affects employees and has costs for employers.<sup>1</sup> A number of previous studies suggest that women who experience IPV carry the effects with them to work<sup>2</sup>. Victimized women have reported that the abuse caused them to be absent and tardy, to be less productive while at work, to lose advancement opportunities, to lose their jobs, and to earn lower wages (e.g., Lloyd & Taluc, 1999; Swanberg & Logan, 2005).

In spite of this evidence and research showing that IPV has been experienced by a significant percentage of Americans (Black & Breiding, 2008; Tjaden & Thoennes, 2000b), most employers have done little to address the issue. Recent studies indicate that this inattention is not due to ignorance of IPV or disbelief that it creates business-related problems. Liz Claiborne commissioned two studies by RoperASW, one in 1994 and a second in 2002, that surveyed senior executives in Fortune 1000 (1994) and Fortune 1500 (2002) companies about domestic violence. They found in 2002 that two-thirds of the executives believed domestic violence was a major societal problem and that their company's bottom line would be improved if it were addressed. Further, ninety-one percent of executives believed that IPV affected victims in both their private and work lives. The percentage of executives who thought domestic violence was both a major societal problem and a problem for their organizations increased from 1994 to 2002. However, despite this strong belief regarding the existence of IPV and its negative

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<sup>1</sup> Much of the discussion, description and results of the first phase of the study are from O'Leary-Kelly, Lean, Reeves, and Randel, 2008; O'Leary-Kelly, Reeves, and Lean, 2007; Reeves and O'Leary-Kelly, 2007; Reeves, Bates, and O'Leary-Kelly, 2006; and Reeves, 2004.

<sup>2</sup> Although IPV is committed against both men and women, most research has focused on violence against women, limiting our ability to report on previous research on male IPV. We report results for both sexes in this study.

effects, few executives surveyed in either time period thought that business organizations had a major role to play in addressing IPV; in fact, the percentage of such executives remained steady across the two time periods, at 12 percent (Liz Claiborne, Inc., 1994, 2002).

The purpose of this research is to better understand how IPV affects the workplace. If the effects are negligible, this suggests that managers (such as those surveyed in the Liz Claiborne studies) are wise to limit the attention given to the IPV phenomenon; if the effects are negative and significant, this suggests that prudent employers will give greater attention to IPV as an organizational issue. To address this, the first phase of this study focused on two research questions:

1. Does IPV affect employees, and, if so, how?
2. What is the impact of IPV on organizations?

In the following sections, we review existing research on IPV at work, present our specific research questions and methods, and present results related to this first round of data collection.

### The Prevalence of Intimate Partner Violence among Employed Individuals

The first question employers must answer before determining whether IPV affects their workplace is what proportion of their employees are affected by it. Three large scale studies of IPV in the United States (the *National Violence Against Women Survey* [NVAWS] conducted by the Centers for Disease Control and Prevention (CDC) and the National Institute of Justice (NIJ) in 1995, the Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the CDC in 2005, and the *National Crime Victimization Survey* [NCVS] conducted annually by the Bureau of Justice Statistics) have reported disturbing statistics about the prevalence of IPV in the general population. For example, the 1995 NVAWS study found that 25.5 percent of women and 7.9

percent of men had been abused by an intimate partner some time in their lifetimes (Tjaden & Thoennes, 2000b) and the BRFSS survey found similar results in 2005 – 23.6% of women and 11.5% of men had experienced lifetime IPV (Black & Breiding, 2008). A study by the Corporate Alliance to End Partner Violence (CAEPV, 2005) provides additional evidence of prevalence rates among employed men and women. The CAEPV commissioned a telephone survey of 1200 employed adults (62% female and 38% male) in 2005 to assess the prevalence of IPV among workers, its effect on victims and co-workers, and organizational initiatives to address it. They found that 21% of respondents had been victimized in their lifetimes (CAEPV, 2005). This study did not report results by sex, nor did it indicate the time period for which victimization was being assessed, so direct comparisons to previous studies are difficult. However, their results suggest that IPV is a significant issue among employed individuals.

The question of prevalence among employees also was addressed in archival research that reanalyzed the NVAWS database (Farmer & Tiefenthaler, 2004a, 2004b). This research suggested that battered women are actually *more* likely to be employed than are non-battered women, and this finding also was supported by subsequent analyses of the NCVS data (Farmer & Tiefenthaler, 2004a, 2004b). In fact, 61 percent of the battered women in the NCVS sample were employed versus 55 percent of non-battered women, while 65 percent of battered women in the NVAWS sample were employed versus 57 percent of non-battered women.

At first glance, these findings that IPV victims are overrepresented in the workplace seem counterintuitive. Common sense would suggest that individuals who must confront violence from their intimate partners would be less able to secure and retain a job than those who do not. However, the research findings cannot be easily dismissed because they are consistent across multiple reputable studies. Thinking about this at a deeper level, one plausible explanation for

the higher rates of employment among abused women is that IPV victims seek out employment as an escape route. That is, IPV victims may be more likely to work outside the home because employment allows them to accumulate the financial resources that will be required for them to leave their abusive situation (Farmer & Tiefenthaler, 2004b). Employment may represent a lifeline for individuals who are trying to extricate themselves from abusive domestic situations.

Although these studies provide very useful information, there still are questions as to the prevalence of IPV among working people because of methodological limitations in previous research (e.g., collecting data from people at home where it may be difficult to report honestly about IPV victimization; not collecting prevalence information for men and women separately; using archival data). Therefore, the first issue we examined in this study was the percentage of employees, both male and female, who reported experiencing IPV in the previous 12 months or in their lifetimes. We do not pose a specific prediction (i.e., present a hypothesis) here because of the descriptive nature of this research question.

### The Effects and Costs of Intimate Partner Violence for Employees and Work Organizations

In this section we discuss, and make predictions about, the effects of IPV victimization on: the personal and professional well-being of employed victims, employee salary levels, and organizational costs in regard to absenteeism, tardiness, and work distraction.

#### *Personal Well-Being*

Just as IPV prevalence rates among employed individuals have not been carefully examined in previous research, management researchers have paid almost no attention to the issue of IPV and its effects at work. The few studies that assess work-related aspects of IPV tend to suffer from methodological weaknesses such as small sample sizes, female-only samples,



and assessment of subjects during extremely emotional times in their lives (i.e., while they are in domestic violence shelters, seeking drug treatment, or returning from welfare to work). To date, there has been no large-scale study of the impact that IPV has on the well-being of employees. Research that examines IPV related to the workplace is important both to managers, who should be more aware of its potential negative effects, and to management researchers, who have largely overlooked this fundamental work-family issue.

Numerous studies have assessed the impact of IPV on the well-being of victims without regard to their employment status. Researchers have found significant relationships between IPV and chronic pain, depression, substance abuse, post-traumatic stress and other physical and mental disorders (Campbell, 2002; Plichta & Falik, 2001; Wisner, Gilmer, Saltzman & Zink, 1999). In a meta-analysis of IPV and mental health, Golding (1999) found that the weighted mean prevalence of mental health problems among battered women was 47.6 percent in 18 studies of depression (vs. rates of 10.2 - 21.3 percent in the general population), 17.9 percent in 13 studies of suicidality (vs. rates of 0.1 to 4.3 percent in the general population), and 63.8 percent in 11 studies of posttraumatic stress disorder (vs. 1.3 - 12.3 percent in the general population). Not surprisingly, Wisner et al. (1999) found that mental health costs for battered women are eight times higher than for non-battered women. Clearly, IPV has a strongly negative effect on the personal well-being of victims in the general population. What is not known is whether these negative effects are evident for employed victims. Therefore, we examine whether IPV victimization is related to two major facets of the psychological well-being of employed victims: depression and self-esteem. It is worth noting that these psychological variables are important both because they influence the well-being of employees, and because

they are likely to influence organizational performance-related variables such as employee performance.

*H<sub>1a</sub>: There will be a positive relationship between victimization and depression.*

*H<sub>1b</sub>: There will be a negative relationship between victimization and self-esteem.*

We also explore another personal well-being variable that is likely to be particularly relevant to employed IPV victims: perception of economic self-sufficiency. Studies of domestic violence have found that a woman's income affects the level of violence she experiences.

Women with lower incomes are more likely to experience abuse, presumably because they have fewer alternatives to leave the relationship (Farmer and Tiefenthaler, 1997; Lloyd & Taluc, 1999; Straus & Gelles, 1990). Farmer and Tiefenthaler (2004b) found that abused women also have lower wages over the long-term, increasing their economic dependency on their partners. In addition, there is evidence that abuse may be related to income, in that research suggests the most frequent and severe domestic violence is inflicted upon women who are economically dependent upon their partners (Kalmuss & Straus, 1990). Taken together, this research suggests a negative downward spiral in which abuse begets lower income which then begets greater abuse. However, these studies did not directly examine how victimized individuals perceive their own economic situation. Therefore, in our study we explore the perceptions of economic self-sufficiency of IPV victims. Following the logic of the abuse-income cycle just described, we expect that abused individuals will have weaker perceptions that they can take care of themselves financially.

*H<sub>1c</sub>: There will be a negative relationship between victimization and economic self-sufficiency.*

### *Professional Well-Being*

In this section, we describe previous research and predictions related to three constructs that are central to employees' professional well-being: their degree of family-work conflict, their perceptions of self-efficacy, and job insecurity beliefs.

Research on family-work conflict over the past twenty-five years indicates that work and family are clearly interconnected, with each having a major influence on the other (Boles, Howard & Donofrio, 2001; Frone, 2000; Frone, Russell & Cooper, 1992, 1997; Greenhaus & Beutell, 1985; Netemeyer, Boles & McMurrin, 1996). In a meta-analysis, Kossek & Ozeki (1998) found a consistent, negative relationship among all forms of work-family (WFC) and family-work conflict (FWC) and employees' job-life satisfaction. More recent studies (Frone, 2000; Frone, Russell, & Cooper, 1997) indicated that family-work conflict is a powerful predictor of serious outcomes, such as mental health problems and substance dependence disorders.

Abusive family relationships seem likely to spill over into the workplace in very negative ways. Many victims have reported that they went to great lengths to hide signs of their abuse from their boss and co-workers, and frequently missed work if they did not feel they could hide the abuse. A common control tactic used by abusers is to sabotage victims' employment by making them late for work, forcing them to leave work on time every day, or harassing them while at work (Brush, 2002; Friedman & Couper, 1987; Moe & Bell, 2004; Raphael, 1996; Swanberg & Logan, 2005; Taylor & Smith Barusch, 2004). Riger, Ahrens, & Blickenstaff (2000) found that women who missed work due to their abuse experienced more work interference activities than those who did not miss work. Thus, it is probable that employees who are being victimized would experience high levels of family-work conflict.

*H<sub>2a</sub>: There will be a positive relationship between victimization and family-work conflict.*

Self-efficacy, or people's beliefs about their capability to produce a certain level of performance (Bandura, 1977), has been linked to the well-being of IPV victims. For example, researchers have found a positive relationship between self-efficacy and IPV victims' abilities to successfully leave their abusers (Brandt, 2006). Self-efficacy has also been found to have positive outcomes in regard to work performance. Locke, Frederick, Lee, and Bobko (1984) found that self-efficacy was positively related to goal choice and task performance. And Bandura (1977) found a positive relationship between self-efficacy and task persistence. Because self-efficacy is an important measure of well-being for IPV victims and is also a strong predictor of work performance, we were interested in whether employed IPV victims differed in their perception of self-efficacy compared to their non-victimized colleagues.

*H<sub>2b</sub>: There will be a negative relationship between victimization and perceptions of self-efficacy.*

Finally, job insecurity may be especially important to IPV victims because jobs give victims the economic means to escape an abusive situation and may also be a source of stability and support for them. While job insecurity differs from industry to industry, and is highly dependent upon the local and national economy, we expected that IPV victims would experience greater job insecurity than non-victims. Because past research indicates that perpetrators harass, stalk, and threaten their targets at work, victims may understandably be concerned that perpetrators could succeed in getting them fired (CAEPV, 2005; Farmer & Tiefenthaler, 1997; Gemignani, 2000, Reeves, O'Leary-Kelly, Farmer, Paetzold, & Tiefenthaler, 2001; Swanberg & Logan, 2005). Thus, we predict the following regarding IPV victimization and job insecurity:

*H<sub>2c</sub>: There will be a positive relationship between victimization and job insecurity.*

## *Salary*

Salary is a well-being variable that is both professional and personal in nature. Salary is affected by a number of personal and professional well-being factors, and it also affects individuals' well-being thanks to the benefits derived from being able to eat well, access health care, enjoy educational and recreational pursuits, and take advantage of other opportunities. While a full examination of the impact of salary is beyond the scope of this research, we did want to examine it to a limited extent because it is a variable that frequently is mentioned in the IPV literature.

It is well-established that IPV is not distributed equally among income groups. Poverty and its associated stress have been identified as key contributors to the frequency and severity of IPV in countries as diverse as the United States, India and Nicaragua (Jewkes, 2002). It is not just financial stress that contributes to increased levels of violence for lower income women. Women with lower incomes are more likely to experience abuse because they have fewer alternatives to leave the relationship (Berkowitz, 1993; Farmer and Tiefenthaler, 1997; Straus & Gelles, 1990; Tauchen, Witte and Long, 1991). This is consistent with findings in the aggression literature (Kalmuss & Straus, 1990) that the most frequent and severe domestic violence is inflicted upon women who are economically dependent upon their partners.

Examining salary allows us to provide insight on an important research question in the IPV literature. Many scholars have indicated that women with fewer economic resources are more likely to experience IPV because they have diminished alternatives to leave the relationship (Berkowitz, 1993; Straus & Gelles, 1988). However, few of these studies have examined victim salaries directly. For example, using data from the National Crime Victimization Survey, the Bureau of Justice Statistics (BJS) found that women in the lowest income households had seven

times the rates of abuse as those in the highest income households (Rennison and Welchans, 2000), but this research examined household income and not the income of the IPV victim. Similarly, Farmer & Tiefenthaler (1997, 2003) used data from the NCVS to examine the effects of women's individual income on abuse, finding a negative relationship, but because the NCVS gathers only household-level income data, they had to create estimates of individual income. Our study asked respondents to report on their current salary levels, thus, we are able to provide some initial insight into the question of how IPV victimization and economic power (i.e., salary) are related. Although there is speculation regarding the relationship between victimization and salary, there is little empirical evidence on this issue to date. Thus, we predict:

*H<sub>3</sub>: Employees who are victims of intimate partner violence will have lower salaries than non-victimized employees.*

#### *Costs*

Attempts have been made to quantify some of the costs of IPV. Two studies (Arias & Corso, 2005; Centers for Disease Control and Prevention (CDC), 2003) were based on the National Violence against Women Survey (Tjaden & Thoennes, 2000b) and used salary and medical care averages to calculate the costs of IPV in terms of medical and mental health costs, productivity losses from home and work, and costs due to premature mortality. Arias & Corso calculated that the total mental and physical health care cost per IPV victimization was \$838 per rape, \$816 per physical assault, and \$294 per stalking, and the average annual paid work productivity cost due to absenteeism was \$98.08 for female victims and \$92.52 for male victims.

The National Center for Injury Prevention and Control (CDC, 2003) estimated that abused women lose a total of nearly eight million days of paid work annually, costing almost

\$728 million.<sup>3</sup> They estimated additional losses of \$893 million in lifetime earnings due to premature mortality by female victims in the U.S. Total costs were estimated to be \$5.8 billion, or \$8.3 billion in 2003 dollars (Max, Rice, Finkelstein, Bardwell, and Leadbetter, 2004).

Although the NVAWS was the first study to use a nationally representative probability sample, it is important to note limitations in this study that accrue to subsequent studies that use these data when trying to estimate organization costs from IPV. The NVAWS respondents were asked to report on the effects of their most recent experience with IPV, and more than half reported on violent incidents that occurred over five years ago (Tjaden & Thoennes, 2000b). Research suggests that the ability to recall absenteeism from work drops dramatically when the time period being considered goes from one month to one year, with only half of respondents able to accurately recall days of absenteeism for the past twelve months (Severens, Mulder, Laheij, & Verbeek, 2000). Thus, the NVAWS numbers on absenteeism due to an IPV incident must be regarded with caution.

The NCIPC (2003) and Max, et al. (2004) studies estimated productivity losses only by missed days of work; other “missed work” variables like tardiness and work distraction were not included in the calculations. And productivity costs were estimated not by using *actual* respondent wages, but by using an estimate of women’s average daily wages based on age at the time of the abuse. Although the productivity loss figures reported in the NCIPC study were *per incident* of victimization, many studies have found that the effects of IPV are long-term rather than incident-based. Thus, incidence-based studies are likely to underestimate long-term productivity losses attributable to IPV.

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<sup>3</sup>Although these studies did not directly address this issue, it should be noted that some costs examined in the studies (e.g., missed work hours) could accrue to victims (through lost wages), and/or employers (through lost productivity). In our study, we adopt an organization cost perspective (explained below), but this does not preclude a recognition that victims also bear costs.

Although all research studies have deficiencies, and ours is no exception, we set out to avoid several problems that have plagued previous research on the cost of IPV on the workplace. First, we used a web-based survey to collect data from individuals at work versus at home, as has been done in previous studies such as the NVAWS and National Crime Victimization Survey. We expected that respondents might be more forthcoming about IPV experiences in the workplace, rather than at home, where the abuser might be present. Second, we focused on respondents' recent experiences with absence, tardiness, and work distraction, allowing us to avoid the potential recall problems just described. Third, we collected data from both IPV victims and non-victims. Because *all* employees, not just IPV victims, cost their employers in terms of absence, tardiness, and work distraction, the most accurate test of IPV-related costs will come from a comparison between victims and non-victims on these variables. Fourth, we examined a broad range of "missed work" variables, including absence, tardiness, and several forms of work distraction. Finally, we collected information on respondents' actual salaries, rather than simply using salary estimates, to estimate the cost of IPV.

*H<sub>4</sub>: Employees who are victims of intimate partner violence will miss more hours of work due to absenteeism, tardiness and work distraction than non-victimized employees.*

*H<sub>5</sub>: Employees who are victims of intimate partner violence will cost organizations more from missed work hours due to absenteeism, tardiness and work distraction than non-victimized employees.*

## Method

### *Participants*

The sample for this phase of the study was composed of 1,588 women and 838 men who worked in three mid-sized business organizations headquartered in a southern state. Most



respondents (62% of women and 72% of men) were married, and their average age was 40 years. Whites were the dominant racial group, representing 84% of respondents, while African Americans accounted for almost 10% and other racial groups accounted for the remaining 6%. Most respondents had some college or education beyond that level. The average annual income of respondents was almost \$48,000. Additional descriptive information on this sample is provided in Table 1. (Note: Table 1 categorizes respondents by victimization group. Information on how victimization groups were determined is provided in the Measures section.)

Table 1  
*Descriptive Statistics (in percentages)*  
*Phase One*

<i>Variables</i>	<i>Current Victim</i>		<i>Lifetime Victim</i>		<i>Non-Victim</i>		<i>Overall</i>									
	<i>Women (n)</i>	<i>Men (n)</i>	<i>Women (n)</i>	<i>Men (n)</i>	<i>Women (n)</i>	<i>Men (n)</i>	<i>Women (n)</i>	<i>Men (n)</i>								
<i>Marital Status</i>																
Married	44.2	(72)	61.0	(53)	55.6	(265)	60.9	(98)	69.1	(655)	76.9	(454)	62.5	(992)	72.2	(605)
Not married, living in committed relationship	6.1	(10)	5.7	(5)	9.2	(44)	6.8	(11)	4.1	(39)	4.9	(29)	5.9	(93)	5.4	(45)
Never married	12.9	(21)	14.9	(13)	7.8	(37)	13.7	(22)	13.7	(130)	13.2	(78)	11.8	(188)	13.5	(113)
Separated	8.0	(13)	3.4	(3)	1.7	(8)	0.6	(1)	1.1	(10)	0.3	(2)	2.0	(31)	0.7	(6)
Divorced	27.0	(44)	14.9	(13)	23.9	(114)	18.0	(29)	10.5	(100)	4.2	(25)	16.2	(258)	8.0	(67)
Widowed	1.2	(2)	0.0	(0)	1.7	(8)	0.0	(0)	1.5	(14)	0.2	(1)	1.5	(24)	0.1	(1)
<i>Race</i>																
White	76.7	(125)	83.9	(73)	85.3	(407)	93.8	(151)	80.9	(767)	87.6	(517)	81.8	(1299)	88.4	(741)
Hispanic/Latino	0.6	(1)	3.4	(3)	1.7	(8)	0.0	(0)	1.5	(14)	1.7	(10)	1.4	(23)	1.6	(13)
Black/African American	17.2	(28)	9.2	(8)	10.9	(52)	3.1	(5)	12.6	(119)	3.4	(20)	12.5	(199)	3.9	(33)
Other	4.9	(8)	3.4	(3)	2.1	(10)	3.1	(5)	4.2	(40)	6.3	(37)	3.7	(58)	5.4	(45)
<i>Age</i>																
18-29	30.5	(47)	37.3	(31)	15.6	(69)	25.2	(37)	21.3	(187)	25.1	(139)	20.5	(303)	26.4	(207)
30-39	30.5	(47)	31.3	(26)	30.7	(136)	29.9	(44)	23.9	(210)	30.0	(166)	26.6	(393)	30.1	(236)
40-49	28.5	(44)	15.7	(13)	31.4	(139)	26.5	(39)	29.3	(258)	25.5	(141)	29.9	(441)	24.6	(193)
50-59	7.8	(12)	15.7	(13)	19.9	(88)	15.6	(23)	20.5	(180)	14.4	(80)	19.0	(280)	14.8	(116)
60-69	2.6	(4)	0.0	(0)	2.5	(11)	2.7	(4)	5.1	(45)	5.1	(28)	4.1	(60)	4.1	(32)
<i>Education</i>																
Less than high school	0.6	(1)	0.0	(0)	0.6	(3)	1.2	(2)	0.2	(2)	0.3	(2)	0.4	(6)	0.5	(4)
High school graduate	24.5	(40)	12.6	(11)	18.4	(88)	8.7	(14)	20.0	(190)	9.2	(54)	20.0	(318)	9.4	(79)
Some college	51.0	(83)	34.5	(30)	45.5	(217)	41.0	(66)	43.2	(410)	28.6	(169)	44.7	(710)	31.6	(265)
4 year college graduate	13.5	(22)	36.8	(32)	16.6	(79)	30.0	(45)	21.3	(202)	33.6	(198)	19.1	(303)	32.8	(275)
>4 year college	9.2	(15)	16.1	(14)	18.0	(86)	21.1	(34)	14.7	(139)	27.6	(163)	15.1	(240)	25.2	(211)

The percentages of males and females working in the three organizations differed. The first organization, an insurance provider, employed a primarily female workforce. The second organization, a transportation company, employed a primarily male workforce. The final organization, which had a balanced workforce, was a university in which staff members were surveyed. Response rates in these organizations ranged from 36% to 29%. Although all three organizations were headquartered in one state, they also had operations in 38 other states. Overall, 26% of the respondents in the sample were from states other than the headquarter state.

### *Procedure*

A company executive e-mailed all employees, asking them to complete a web-based survey with questions regarding work-family issues. A link to the website was embedded in the e-mail. Respondents could request a paper survey if desired. Participation was voluntary, no compensation was given, and respondents did not identify themselves. The study was approved by the University of Arkansas Institutional Review Board prior to survey administration. Because of the sensitive nature of IPV questions, respondents who reported IPV were queried at several points in the survey about their comfort level. If respondents indicated discomfort, they were given the option of ending their participation and were directed to IPV counseling services. Respondents were instructed to complete the survey at work, on company time. Most respondents completed the survey in less than 20 minutes.

### *Measures*

*Current Victimization.* Current victimization was measured with items similar to those used in the National Violence Against Women Survey, and was consistent with recommendations made by the Centers for Disease Control and Prevention (Saltzman, Fanslow, McMahon, & Shelley, 2002). Respondents were asked to consider the past twelve months and

the frequency with which they had experienced five behaviorally specific actions at the hands of an intimate partner: 1) threats of harm, 2) stalking (defined as a pattern of unwelcome and harassing contact, such as unwanted phone calls or e-mails or following, that leave one afraid), 3) physical aggression (e.g., hitting, slapping, kicking, punching, scratching, pushing, biting or other use of physical force), 4) being physically hurt, and 5) being forced into unwanted sexual acts. Respondents answered on a 5-point scale that included Never (=1), Rarely (=2), Sometimes (=3), Fairly Often (=4), and Frequently (=5). These five items were averaged to compute a “current victimization score” for the correlation and mean differences analyses. Coefficient alpha reliability was equal to .83. When testing for differences in prevalence rates among groups, we used the CDC criterion for victimization: an individual who scored 2 or higher on any of the five items was categorized as a “Current IPV Victim.”

*Lifetime Victimization.* Those respondents who were not classified as current victims were asked about lifetime victimization experiences using the same five items described above. For these questions, respondents were asked to reflect on their experiences during their lifetime rather than during the past twelve months. As with current victimization, the scores were averaged to compute a “lifetime victimization score” for the correlation and mean differences analyses. Coefficient alpha reliability was equal to .93. As with current victimization, individuals who scored 2 or higher on any of the five items were categorized as “Lifetime IPV Victims” to assess differences in prevalence rates.

Those respondents who were neither current victims nor lifetime victims were categorized as “Non-victims.” Thus, when testing for differences among groups, respondents were classified into one of three mutually exclusive categories.

*Depression.* Depression was measured with a 2-item scale (Stewart, Ricci, Chee, Hahn, & Morganstein, 2003). Items included “In the past four weeks, to what extent did you feel sad, blue, or down in the dumps” and “In the past four weeks, to what extent did you have little interest or pleasure in doing things?” Items were scored on a 5-point scale ranging from Not at all (=1) to A Lot (=5). Coefficient alpha reliability was equal to .83.

*Self-esteem.* Self-esteem was measured with a 6-item version of the Rosenberg (1965) scale. Sample items include “I take a positive attitude toward myself” and “At times I think I am no good at all” (reverse coded). Coefficient alpha reliability for this measure was .82.

*Economic self-sufficiency.* Perception of economic self-sufficiency was measured with a 2-item measure created for this study. Items included “I am confident that I can support myself financially without help from someone else” and “I am confident that I can support my children financially without help from someone else” (respondents were instructed to ignore the latter item if they did not have children). Coefficient alpha reliability for this measure was .89.

*Family-work conflict.* Family-work conflict was measured with the Netemeyer, Boles, & McMurrian (1996) scale. Sample items include “Family-related strain interferes with my ability to perform job-related duties” and “I have to put off doing things at work because of demands on my time at home.” Coefficient alpha reliability was equal to .88.

*Self-efficacy.* Self-efficacy was measured with two items from the Personal Efficacy Beliefs Scale developed by Riggs & Knight (1994). These two items were: “I have confidence in my ability to do my job,” and “I have all the skills needed to perform my job very well.” Coefficient alpha reliability was equal to .59. The low reliability of this measure calls for caution when interpreting results related to it.

*Job insecurity.* Job insecurity was measured by four items similar to those used by Ashford, Lee & Bobko (1989). Respondents were asked how likely it was that they would lose their job by being fired or laid off, be moved to a lower level, or work fewer hours within the next 12 months. Coefficient alpha reliability was equal to .72.

*Work Hours.* Respondents classified themselves as working full-time or part-time; only those who indicated that they worked full-time were included in phase one of this study. Respondents also reported on the number of hours worked per week. All full-time respondents worked at least 32 hours per week. The mean number of hours worked per week was 43.

*Salary.* Salary was measured by asking respondents to report their current annual salary. Hourly salary was derived by dividing annual salary by 50 (weeks), and then dividing that figure by the number of hours worked per week.

*Absenteeism Costs.* We integrated information on the amount of work missed with information on the respondent's salary to determine absenteeism costs.<sup>4</sup> To determine hours missed due to absenteeism, we asked respondents to report on the number of hours they missed work during the past four weeks across four items: the number of *part* and *whole* work days missed to attend to their own physical or mental health, and the number of *part* and *whole* days missed to attend to matters other than their own health or vacation (e.g., family member's health, childcare, to attend to legal or financial matters, or other personal reasons). If respondents indicated that they missed parts of days, they were asked how many total hours across these part

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<sup>4</sup> This method of measuring costs assumes that when employees miss work, the costs that accrue to the organization are equivalent to the cost of paying the individual for the missed work time. Although this is a reasonable approximation of costs, it should be noted that determination of costs may involve more complex considerations that were beyond the scope of this study. For example, some employers may not pay employees when work is missed, thereby enhancing the cost to the victim and minimizing the cost to the organization. On the other hand, organizations may accrue costs greater than the salary costs of the absent employee (e.g., if an absent employee negatively influences the productivity of another employee, if an important project deadline is missed).

days they had missed. Total absence-related missed work hours for the four week period were then cumulated across these four items, and this value was multiplied by the respondent's hourly salary. This value, which represented absenteeism costs per month, was multiplied by twelve to determine annual absenteeism costs.

*Tardiness Costs.* Time missed due to tardiness was assessed with one question that asked about the number of days respondents had been *tardy* (less than half an hour late to work) in the past four weeks. Each incidence of tardiness was counted as one quarter of an hour of missed work. The tardiness hours for the four week period were multiplied by salary per hour and then by twelve to arrive at the annual tardiness cost for each respondent.

*Work Distraction Costs.* We integrated information on the amount of time that respondents were at work but were not productive with salary information to assess work distraction costs. Work distraction was measured with a five item scale adapted from Stewart, Ricci, Chee, Hahn, & Morganstein (2003) ( $\alpha = .78$ ).<sup>5</sup> The questions were framed by the following statements: "All of us have time periods when we are very productive and time periods when our productivity is lower than usual. The next questions ask about your job performance over the past four weeks." Respondents were asked to report the percentage of time that they: 1) found it difficult to concentrate, 2) worked more slowly than usual, 3) were tired/exhausted at work, 4) did no work, and 5) had to do work over. Because the last two items imply a *zero-productivity* state, they were averaged and counted as work hours fully missed. For

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<sup>5</sup> Stewart, et al. asked respondents to choose among "all of the time" (100%), "most of the time" (75%), "half of the time" (50%), "some of the time" (25%), or "none of the time" (0%) for the five distraction questions and allocated the percentages in parentheses to time missed. We had respondents mark a point on a line divided into 10% increments, with 0% labeled "never," 50% labeled "half the time," and 100% labeled "all the time," and used the indicated percentages in our calculations.

example, if a respondent worked 40 hours per week, did no work 10% of the time and did work over 10% of the time, this was counted as four hours ( $40 \times ([0.1 + 0.1]/2)$ ) of missed work.

The first three items in this scale were treated somewhat differently. Because these items (concentration problems, working slowly, being exhausted at work) indicate *diminished productivity* (but not zero productivity), we averaged across the three items and assumed that hours spent in these states involved a 25% loss in productivity (the 25% figure was chosen because it reflects a conservative estimate of diminished productivity). For example, if a respondent who works 40 hours per week indicated concentration problems 50% of the time, working slowly 40% of the time, and being exhausted 60% of the time, this would be scored as five lost work hours for the week ( $40 \text{ hours} \times ([0.5 + 0.4 + 0.6]/3) \times 0.25$ ).

Total Work Distraction Hours was calculated by adding the average of the zero productivity items to the average of the diminished productivity items. These hours were multiplied by the respondents' salary per hour to arrive at a monthly cost for work distraction and then multiplied by twelve to arrive at an annual cost.

## Results

### *Analytic Plan*

Three types of statistical analyses were used in the first phase of this study. To assess whether there were differences in the proportion of men and women reporting different types of IPV victimization, chi square difference tests were used. To assess the relationship between the well-being variables and victimization, a Pearson product-moment correlation ( $r$ ) was computed. The  $r$  score was then converted to a Fisher's  $z$  score to test for statistical significance. For the salary and cost research questions, a 3 (victimization category; current victim, lifetime victim, non-victim)  $\times$  2 (sex) between-groups factorial ANOVA was used. If significant differences were



found among groups, post hoc Tukey's HSD analyses were used to determine which groups differed.

### *IPV Prevalence*

IPV victimization in our sample, overall and by type of abuse, is shown in Table 2. Current female victims were more likely than male victims to experience every type of abuse except for physical aggression. Because of the high rate of physical aggression reported by men, there was no difference in the overall rate of current male and female victimization, with 10.3% of women and 10.4% of men reporting abuse within the past 12 months. On the other hand, female lifetime victims were more likely to report every type of abuse, including physical aggression, than were male lifetime victims. Overall, a larger percentage of female employees (30.0%) reported experiencing IPV sometime in their lifetimes other than the past 12 months than did male employees (19.2%).

Table 2  
*Current and Lifetime Victimization by Sex*  
*Phase One*

<b>Type of abuse</b>	<b>Current Victimization</b>			<b>Lifetime Victimization</b>		
	Female <sup>a</sup> (n=1588)	Male <sup>a</sup> (n=838)	$X^2$	Female <sup>a</sup> (n=1588)	Male <sup>a</sup> (n=838)	$X^2$
Threats	6.9 (104)	4.7 (38)	4.41*	27.2 (339)	11.5 (80)	65.99**
Stalking	4.0 (60)	2.1 (17)	5.93*	22.4 (280)	10.7 (75)	41.25**
Physical aggression	6.0 (91)	7.8 (64)	3.00	25.8 (324)	16.9 (119)	20.56**
Being hurt	4.7 (71)	2.6 (21)	6.12*	23.4 (293)	7.4 (52)	79.10**
Sexual abuse	2.4 (37)	1.1 (9)	4.94*	16.9 (210)	1.3 (9)	108.94**
<b>Total Victimized</b>	10.3 (163)	10.4 (87)	0.01	30.0 (477)	19.2 (161)	33.17**

<sup>a</sup> Percentages of overall females are reported in the cells. In brackets, the numbers of victims in each type of abuse are reported.

\*p < .05. \*\* p < .01.

Because this is a study of intimate partner violence related to the workplace, we also asked current victims to indicate whether each of these types of abuse had ever occurred at work. (We did not ask lifetime victims to report on workplace occurrences due to the potential recall problems that were discussed above.) These results are presented in Table 3. Overall, we found that 18.8% of current victims indicated they had experienced some form of victimization while at work. Overall, there was a significant difference in the number of males and females who had experienced at least one form of abuse at work, with 11.5% of male victims and 22.7% of female victims indicating a workplace occurrence. However, there were no differences in the proportion of males and females who had experienced each individual type of abuse. Of those victims who had experienced stalking, over 50% indicated that it had occurred at least once on work premises. Victims who had experienced threats of physical harm also reported a fairly substantial percentage of work occurrences, with nearly nine percent of those who experienced this form of IPV indicating that it had occurred at least once on work premises.

Table 3  
*Victimization at Work*  
*Current Victims by Sex*  
*Phase One (In percentages)*

<b>Type of Abuse</b>	<b>Work Occurrence</b>			<b>X<sup>2</sup></b>
	<b>Overall</b>	<b>Female<sup>a</sup></b>	<b>Male<sup>a</sup></b>	
Threats	8.5 (12)	8.7 (9)	7.9 (3)	.036
Stalking	50.6 (39)	50.8 (31)	44.4 (8)	.226
Physical aggression	1.9 (3)	1.1 (1)	3.1 (2)	.776
Being hurt	2.2 (2)	1.4 (1)	4.8 (1)	.813
Sexual abuse	0	0	0	
<b>Overall</b>	18.8 (47)	22.7 (37) <sup>b</sup>	11.5 (10) <sup>b</sup>	4.665*

\*p < .05

<sup>a</sup> number of victims experiencing each type of abuse in parentheses

<sup>b</sup> number of overall victims does not sum because victims may have experienced more than one type of abuse

### *Personal Well-being*

We predicted that IPV victims would experience lower levels of personal well-being than non-victims. We tested for the relationship between current IPV victimization and three personal well-being variables: depression, self-esteem, and economic self-sufficiency. As predicted, we found a negative relationship between current victimization and both self-esteem and economic self-sufficiency, and a positive relationship between current victimization and depression.

To assess the long-term effects of IPV, we also tested for the relationship between lifetime IPV victimization and the three personal well-being variables. Again, as predicted, we found a negative relationship between lifetime victimization and both self-esteem and economic self-sufficiency, and a positive relationship between lifetime victimization and depression. Thus, hypotheses 1<sub>a</sub>, 1<sub>b</sub>, and 1<sub>c</sub> were supported for both current and lifetime victims. These results are summarized in Table 4.

### *Professional Well-being*

We also predicted that IPV victims would experience lower levels of professional well-being than non-victims. We tested for the relationship between current IPV victimization and lifetime victimization and three professional well-being variables: family-work conflict, self-efficacy, and job insecurity. We found a positive relationship between current victimization and family-work conflict, but no relationship between current victimization and either self-efficacy or job insecurity. For lifetime victims, we found a small positive relationship between victimization and job insecurity, but no relationship between victimization and either family-work conflict or self-efficacy. Thus, hypothesis 2a was supported for current victims, hypothesis 2b was not supported, and hypothesis 2c was supported for lifetime victims. These results are summarized in Table 4.

Table 4

*Means, Standard Deviations, and Correlations for Personal and Professional Well-being Variables  
Phase One*

Variables	Mean	SD	1	2	3	4	5	6	7
1. Current Victimization	5.36	1.51							
2. Lifetime Victimization	6.77	3.66							
3. Self-esteem	4.35	0.69	-0.094**	-0.082**					
4. Economic Self-sufficiency	4.06	1.17	-0.092**	-0.089**	0.359**				
5. Depression	2.19	1.04	0.176**	0.138**	-0.463**	-0.238**			
6. Family Work Conflict	1.61	0.84	0.107**	0.033	-0.248**	-0.167**	0.293**		
7. Self-efficacy	4.59	0.57	0.017	0.017	0.434**	0.273**	-0.177**	-0.166**	
8. Job Insecurity	1.90	0.56	0.028	0.050*	-0.203**	-0.101**	0.139**	0.094**	-0.185**

\*p < .05 \*\* p < .01

### *Salary*

We hypothesized that there would be salary differences between victims and non-victims. A 3 x 2 between-subjects ANOVA found a main effect of victimization on annual salary [ $F(2, 2136) = 6.36, p < .01$ ], a main effect of sex [ $F(1, 2136) = 46.48, p < .01$ ], and no interaction between sex and victimization. Post hoc Tukey HSD comparisons indicated that the annual salary of non-victims ( $M = \$50,338, SD = \$46,923$ ) was greater than the salary of current victims ( $M = \$38,557, SD = \$22,008$ ). The annual salary of males ( $M = \$62,788, SD = \$54,569$ ) was higher than the annual salary of females ( $M = \$39,982, SD = 41,949$ ). This provides support for Hypothesis 3 in regard to current victimization, but no support in regard to lifetime victimization.

### *Costs*

*Missed Work Hours.* A 3 x 2 between-subjects ANOVA found a main effect of victimization on annual missed work hours due to absenteeism [ $F(2, 2374) = 5.72, p < .01$ ], a main effect of sex [ $F(1, 2374) = 20.26, p < .01$ ], and no interaction between sex and victimization. Post hoc Tukey HSD comparisons indicated that the annual hours of missed work due to absenteeism were greater for lifetime victims ( $M = 129.73, SD = 196.28$ ) than for non-victims ( $M = 94.67, SD = 166.61$ ). Females ( $M = 121.30, SD = 188.95$ ) missed more hours of work due to absenteeism than did males ( $M = 77.71, SD = 154.20$ ). This provides partial support for Hypothesis 4 in that lifetime victims were absent more than were non-victims.

There was also a main effect of victimization on annual work hours missed due to tardiness [ $F(2, 2374) = 3.88, p < .05$ ], but there was no difference between men and women, and no interaction. The Tukey analysis revealed no significant differences at the .05 level, but the difference between non-victims ( $M = 3.10, SD = 9.21$ ) and current victims ( $M = 4.51, SD =$

10.56) approached significance ( $p < .10$ ). This suggests weak support for Hypothesis 4 in regard to tardiness.

There was a main effect of victimization on annual missed work hours due to distraction while at work [ $F(2, 2173) = 5.78, p < .01$ ], no difference between men and women, and no interaction. Tukey HSD comparisons indicated that the annual hours of missed work due to distraction were greater for current victims ( $M = 246.86, SD = 300.63$ ) than for lifetime victims ( $M = 198.43, SD = 206.10; p < .05$ ), and were also greater for current victims than for non-victims ( $M = 185.84, SD = 205.03; p < .01$ ). This provides partial support for Hypothesis 4 in that current victims were more likely to lose work time due to distraction than were non-victims.

*Organization Costs.* We also estimated the cost to organizations that resulted from the hours lost due to absence, tardiness, and work distraction of victims and non-victims in this sample. As shown in Table 5, there are absence, tardiness, and work distraction costs associated with the employment of both victims and non-victims. A 3 x 2 between-subjects ANOVA found a main effect of victimization on the annual cost from absenteeism [ $F(2, 2273) = 4.08, p < .05$ ], no difference between men and women, and no interaction. Tukey HSD comparisons indicated that the mean annual cost due to absenteeism was greater for lifetime victims ( $M = \$2394, SD = \$4040$ ) than for non-victims ( $M = \$1878, SD = \$3943; p < .05$ ). This provides partial support for Hypothesis 5 in regard to absenteeism costs.

There was also a main effect of victimization on the annual cost of tardiness [ $F(2, 2335) = 5.11, p < .01$ ], a main effect of sex [ $F(1, 2335) = 5.41, p < .05$ ], and no interaction. Tukey HSD comparisons indicated that the annual cost due to tardiness was greater for lifetime victims ( $M = \$82.84, SD = \$240.43$ ) than for non-victims ( $M = \$58.78, SD = \$193.91$ ). The mean annual



tardiness cost was greater for males ( $M = \$78$ ,  $SD = 244$ ) than for females ( $M = \$63$ ,  $SD = \$179$ ). This provides partial support for Hypothesis 5 in regard to tardiness costs.

For all employee groups, regardless of victimization status or sex, the highest organizational costs resulted from work distraction. A 3 x 2 between subjects ANOVA found no effect of victimization on the annual cost of work distraction, but did find a main effect of sex [ $F(1, 2000) = 9.04$ ,  $p < .01$ ], and no interaction. The mean annual work distraction cost for males ( $M = \$5088$ ,  $SD = \$5860$ ) was greater than the cost for females ( $M = \$3535$ ,  $SD = \$6385$ ). This suggests no support for Hypothesis 5 in regard to work distraction costs.

Table 5

*Means and Standard Deviations of Cost Variables by Sex and Victimization Category  
Phase One*

<i>Dependent Variable</i>	<i>Males</i>								
	<i>Non-victims</i>			<i>Current Victims</i>			<i>Lifetime Victims</i>		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Hours missed due to absenteeism	70.80	150.94	579	75.33	126.90	85	104.11	175.82	159
Hours missed due to tardiness	2.95	9.50	579	5.08	12.37	85	4.21	10.75	159
Hours missed due to distraction	202.00	197.50	534	243.72	243.20	69	212.18	211.88	155
Cost due to absenteeism	1,758	4,352	552	1,819	3,668	84	2,583	4,978	153
Cost due to tardiness	62	202	570	120	329	83	104	317	155
Cost due to distraction	5,238	6,255	487	4,869	5,310	60	4,653	4494	138
Salary	66,277	60,545	509	48,749	28,836	74	57,563	57,563	141

  

<i>Dependent Variable</i>	<i>Females</i>								
	<i>Non-victims</i>			<i>Current Victims</i>			<i>Lifetime Victims</i>		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Hours missed due to absenteeism	109.62	174.14	924	138.68	224.04	160	138.46	202.21	467
Hours missed due to tardiness	3.19	9.03	924	4.20	9.49	160	3.96	9.79	467
Hours missed due to distraction	175.58	209.13	841	248.55	328.34	128	193.65	204.08	446
Cost due to absenteeism	1,953	3,663	876	2,032	3,240	154	2,331	3,675	454
Cost due to tardiness	55.34	189	906	71	212	158	76	208	463
Cost due to distraction	3,357	6,949	772	4,041	5,814	118	3,718	5,389	425
Salary	40,481	32,329	823	33,426	15,328	147	41,233	59,900	442

## Discussion of Phase One Results

### *Prevalence of IPV among Employed Individuals*

Our results provide strong evidence that IPV victimization is prevalent in work organizations. We found that over 10 percent of employed men and women had experienced IPV in the past 12 months, and that an additional 19 percent of men and 30 percent of women had experienced IPV at least once in their lifetimes other than the past 12 months. Thus, when current and lifetime victimization rates are combined, we find staggering prevalence rates -- over 29% of men and 40% of women in our sample of employed individuals report having been abused at some point in their lives.

The IPV prevalence rates for our sample are higher than those found in the 1995 NVAWS study (current rates of 1.1% for men and 1.8% for women, and lifetime rates of 7.9% for men and 25.5% for women) or a second CDC study that was included as part of the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS study, conducted in 2005, found lifetime IPV rates of 23.6% for women and 11.5% for men (Black & Breiding, 2008). There are several possible explanations for our higher prevalence rates. First, the NVAWS study was conducted over 10 years ago, and IPV may have become more prevalent during the ensuing time period. However, the Bureau of Justice Statistics (in the National Crime Victimization Survey of individuals 12 and older) found that family violence has declined dramatically from 1993-2002 (Durose, Harlow, Langan, Motivans, Rantala & Smith, 2005), making this explanation unlikely. Furthermore, our rates were higher than those found in the BRFSS study that was conducted during the same time period as our study.

A second explanation is that our sample was biased because subjects included here were employed by companies headquartered in one southern state that historically has had a high rate

of IPV. Because these companies employed both in-state and out-of-state individuals, we examined prevalence rates for employees living in this state versus those living outside the state (38 other states were represented, which comprised 26% of the sample) and found that prevalence rates for current victims were actually *higher* for those outside the state (14%) than for those in the state (9.4%) ( $\chi^2 = 8.415$ ,  $p < .01$ ), and there was not a significant difference in lifetime prevalence rates for in-state compared to out-of-state respondents. While a more nationally representative sample across a larger number of companies and industries would increase the generalizability of the results, there does not appear to be a bias based on geographic location.

We believe that there are two more likely explanations for our higher prevalence rates. First, it is possible that employed individuals experience higher rates of IPV than the general population. Earlier we mentioned that Farmer & Tiefenthaler (2004b), in a carefully controlled study of national IPV datasets, concluded that abused women were actually *more* likely to work for pay than non-abused women. They argued that abused women seek the financial resources offered by employment to enhance their ability to escape abusive relationships or minimize the extent of abuse being perpetrated against them. Our findings are consistent with this study. Although we know of no other research that establishes these differences, there is previous research that found no difference in labor force participation of victimized versus non-victimized women (Lloyd & Taluc, 1999; Morrison & Orlando, 1999). Taken together, these studies suggest that anecdotal reports that victimized women are less likely to be employed may be incorrect. Future research that further clarifies this important question is needed.

A second possible explanation for our higher prevalence rates is that the method by which data were gathered for our study allowed respondents to be more forthcoming about their

abuse. It is possible that subjects are more comfortable answering questions about abuse honestly in the workplace than at home, where much of the violence occurs. Researchers in the national studies referred to earlier (NCVS, NVAWS, CAEPV, BRFSS) interviewed subjects either by phone or in person in the home, so it is likely that at least some subjects were being asked about IPV in the presence of their intimate partners. Given the nature of this type of violence, it is understandable that some subjects would not be forthcoming about the violence they had experienced at the hands of those intimate partners. Our rates of male victimization were particularly higher than those found in the two studies conducted by the CDC. A possible explanation for this is that males are more comfortable answering questions about abuse via a web-based survey completed at work than they are answering such questions when posed by a person calling them at home. Again, further research is needed to determine if our speculations here are warranted.

Results related to sex differences in prevalence also are interesting. At first glance it appears that total current victimization rates are the same for men and women in our study (approximately 10% each). While we found no difference in rates of total current victimization, we found striking differences in the types of violence experienced by male and female employees. Female employees who were experiencing current victimization were more likely than current male victims to experience four of the five types of violence (threatening, stalking, being hurt, and sexual violence). The exception was physical aggression (hitting, slapping, kicking, punching, scratching, pushing, biting or other use of physical force), which was more likely to have been experienced by current male (7.8%) than current female (6.0%) victims.

These findings around physical aggression are interesting, and present a complex picture. The similar rate of physical aggression experienced by males and females in our study is

consistent with Straus & Gelles (1988), who found that women were at least as likely as men to use physical aggression against their opposite sex partners in the past 12 months (suggesting that male victimization rates could be quite high). In a meta-analysis of studies completed prior to the 1995 NVAWS study, Archer (2000) found that women were slightly *more* likely to use acts of physical aggression against their male partners, and to use these acts more frequently (again suggesting that there should be high levels of male victims). In contrast to Archer, however, when looking at *degree* of victimization, we found that females who experienced physical aggression experienced it more frequently than males. For example, 53% of women, but only 27% of men, who reported physical aggression reported experiencing it more often than “rarely.” The number of women reporting physical aggression “sometimes” was 33% (vs. 18% for men), those experiencing it “fairly often” was 16% (vs. 6% for men), and those experiencing it “frequently” was 4% (vs. 3% for men). Thus, although the prevalence of physical aggression was the same for men and women in the past 12 months, the incidents of physical aggression were higher for women.

Our lifetime victimization rates are also higher than those found by the CDC in 1995 or 2005, but all three studies found significantly higher lifetime victimization rates for women than men. We found higher rates of abuse for women in each category, including physical aggression. It is interesting that equality between the sexes in physical aggression and overall IPV are not found in lifetime victimization rates. One would expect that if men were experiencing abuse at the same rates as women for the previous 12 months, these similar prevalence rates would be reflected in lifetime prevalence rates, unless our rates of current male victimization were an aberration (i.e., that male victimization showed an upsurge during the time of our data collection). This seems unlikely, however, given that Archer’s meta-analysis of

aggression studies suggests equivalent rates of physical aggression across other time periods (e.g., the meta-analysis examined the 1967-1996 time period). One more likely explanation is that IPV incidents experienced by men in the past may have not had a strong enough impact for them to recall the incident years later. This is consistent with research showing that the rates of injury and medical usage are higher for women than men (Arias & Corso, 2005; Tjaden & Thoennes, 2000a).

Our findings also demonstrate that a large number of IPV incidents occur at work. Previous research suggests that workplace stalking rates range from 35% to 52% for victimized women (cf. Logan, Shannon, Cole, & Swanberg, 2007), however the validity of these rates has been suspect due to small samples and/or suspect methodologies. In our large-scale study, over twenty percent of the employees who reported that they currently were being victimized indicated that some form of IPV had occurred on their work premises. And over 50% of stalking victims reported being stalked at work. Although it must be noted that these results are specific to the limited number of companies examined in this research, these numbers suggest that many workplaces are directly impacted by IPV.

When IPV occurs on work premises, it creates additional challenges for the employee who already was trying to overcome the difficulties of being victimized, and now may also have to worry about retaining his/her job and work reputation. Further, this creates potential complications for coworkers who may witness IPV, or who may even be pulled into the violence themselves. For example, one victimized employee who shared her story with us indicated that her coworkers often tried to intercept her angry spouse when he showed up at her workplace.

This creates frightening scenarios and dangerous situations for coworkers, as well as for the organization that is charged with ensuring their safety.<sup>6</sup>

### *Well-being of Employed IPV Victims*

Our results indicate that IPV is negatively associated with personal well-being for both current and lifetime victims. Before we describe these results in detail, we want to emphasize that our study is not longitudinal and our results are correlational. Given this, we are unable to determine the causality of the relationship between IPV victimization and well-being variables. That is, it is not clear whether IPV victimization leads to lower levels of well-being or if individuals with lower levels of well-being are more likely to be victimized by IPV. Although this limitation exists with all cross-sectional research, it is important to consider the results we report in this light. We also note that although many relationships between victimization and well-being are statistically significant, some are not large. This is to be expected, however, given the complexity of the variables we study. The outcome variables examined here are likely to be influenced by a range of factors beyond IPV victimization. For example, self-esteem reflects a general sense of personal worth, which will be influenced by numerous variables beyond IPV victimization; similarly, work-related outcome variables such as absenteeism will be influenced by many factors other than IPV (e.g., personal health, family situation, absence norms of the organization).

The findings on IPV-related personal well-being are not surprising and certainly are consistent with much previous research (e.g., Campbell, 2002; Golding, 1999; Plitchta & Falik, 2001; Wisner et al., 1999). Essentially, we found that victimized employees experience higher levels of depression and lower levels of self-esteem and economic self-sufficiency than their

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<sup>6</sup> We explore coworker intervention in IPV situations in Phase Two of this study.



non-victimized colleagues. Because previous research establishes the importance of a woman's income to her likelihood of abuse (Farmer & Tiefenthaler, 1997, 2003), it seems probable that confidence in one's own economic power will be critical to the ability of a victimized woman to extricate herself from a dysfunctional family situation. Although our study reiterates well-established findings regarding personal well-being, it is worth noting again that our sample included only working people. It could be argued that employed victims are among the most "well-functioning" of victims in that they are interacting in the world and maintaining a job. It is noteworthy, then, that IPV takes a significant toll on personal well-being even with these individuals.

What is less evident in existing research on IPV is that the negative effects of IPV on personal well-being accrue not only to female victims but also to male victims. Preliminary evidence from our study indicates that employed men who currently were being victimized reported lower levels of self-esteem and higher levels of depression compared to non-victims. Although we stated earlier that female victimization appears to be more severe than male victimization, it is worth noting that both female and male victims appear to suffer psychological injury as a result of IPV.

We also found negative effects of IPV on professional well-being, but the results were not as strong. Not surprisingly, currently victimized employees reported more difficulty in integrating their family and work demands, but this difficulty was not reported by lifetime victims. There was no correlation between current victimization and the two other professional well-being variables we examined – self-efficacy and job insecurity. Thus, there is no evidence that current victims feel less capable of performing their jobs or feel less confident concerning the security of their jobs. On the other hand, there was no relationship between lifetime

victimization and family-work conflict or self-efficacy, but there was a positive relationship between lifetime victimization and job insecurity. Perhaps the long-term negative effects of personal well-being measures such as depression and self-esteem have long-term effects on victims' sense of security in holding their jobs.

The negative effects of lifetime victimization are interesting, with two points being especially noteworthy. First, the negative effects of victimization on personal well-being appear to linger over time. Although we did not conduct a longitudinal study, and therefore must be careful in our conclusions, it does appear that employees who have suffered IPV sometime during their lifetime continue to suffer from their victimization, especially in regard to personal well-being. The long-term effects on professional well-being are less apparent. It appears that victims overcome many of the negative effects of victimization on their professional well-being over time.

### *Salary and Costs*

Our research suggests that IPV victimization has negative effects on employee work outcomes and that these effects have costs for employers. Although we again note that caution must be taken in generalizing the findings beyond the companies involved in this research, the results of this study do add to a growing body of evidence suggesting that the effects of family violence are pervasive, with negative effects extending beyond the victims and their families. In this section, we discuss the types of negative work-related effects that come from victimization and discuss their resulting organizational costs.

First, our findings indicate that victimization affects work absence. Specifically, we found that employees who had experienced IPV in the past (i.e., lifetime victims) were more likely to be absent than were non-victims. This provides support for the conclusions drawn by

previous researchers (Coker et al., 2000; Golding, 1999; Plichta, 2004; Wisner et al., 1999) that there are negative long-term health effects from IPV. It was interesting, however, that employees who currently were experiencing IPV were no more likely to be absent than were non-victims. Past research (Golding, 1999) established the highly negative effects of IPV on victims' mental health, and our research confirmed its negative effects on personal well-being. It seems remarkable that such employees do not display higher absence levels. There are multiple possible explanations for this finding. Attendance at work may be a coping mechanism that helps victims deal with the abuse, or perhaps attendance reflects the strong need of victims to keep their jobs and maintain their economic power as a way out of the abusive situation. Additionally, it may also be that work provides victims with a means to avoid contact with the perpetrator, providing a strong inducement for going to work.

We found some evidence that victimization affects tardiness, although the nature of this effect, in terms of which types of victims were most likely to be tardy, was less evident. Most of the effect of victimization on tardiness resulted from current victims, although the post hoc comparisons between current victims and non-victims revealed that this effect only approached significance.

Our study also revealed an effect of victimization on work distraction, with current victims reporting significantly higher levels of distraction compared to non-victims. This effect indicates that employees who currently are experiencing IPV have more difficulty staying engaged in their work than do non-victims, a finding that is not surprising given the trauma of IPV. But it is noteworthy that we found no differences in the levels of work distraction for lifetime victims vs. non-victimized employees.

Taken together, the findings reported to this point suggest an interesting pattern of effects depending upon the recency of victimization. Simply put, it appears that current victims get to work, but have more difficulty working than non-victims. It is important to note that this pattern was especially strong for female victims. Although both male and female victims reported distraction problems at work, women reported more types of distraction and only female victims reported significantly more hours of missed work than their same-sex colleagues who were not victimized.

On the other hand, lifetime victims appear to have challenges around work attendance, but once at work, they are as fully engaged as other employees (i.e., work distraction was reported less frequently by lifetime victims than by current victims). Taken together, these findings suggest both that victimization may have long-term effects, but also that individuals can recover, particularly in terms of their work productivity.

The extent to which these productivity-related behaviors affect organizational costs is a related issue that involves combining missed work hours with salary information to determine organizational losses. Before interpreting our findings regarding organizational costs, it is critical to note that these costs are unique to the specific organization(s) being studied. Because organizational costs are influenced not only by the work behaviors (i.e., the number of missed work hours) of victims and non-victims, but also by the salary levels and distributions that exist in the organization and in these groups, the costs related to IPV will be unique to each employer.

Not surprisingly, given the effects just described, we found that victimization had negative effects on organizational costs. First, victimization was related to absence and tardiness costs, with lifetime victims associated with significantly higher costs than non-victims. Interestingly, we did not find that victimization was predictive of work distraction costs. While

this might be considered surprising given the main effect of victimization on missed work hours due to work distraction, this result is likely explained by the low salary levels among current victims (an issue that will be discussed next), which deflates organization costs.

Our findings related to the relationship between victimization and salary were interesting. Researchers (e.g., Farmer & Tiefenthaler, 1997, 2003) have suggested a negative relationship, and there is some evidence for this in our results. We found a significant effect of victimization on salary, with current victims reporting lower salaries than non-victims. These results should be interpreted with caution because a definitive study of this issue would involve assessment and control of numerous potential confounding variables, such as job responsibility and category, organizational tenure, professional tenure, and educational background, among others.

However, given that caution, we will comment briefly on the implications of our results for an as-yet-unanswered issue in the IPV literature. Currently, the causality inherent to the IPV victimization-salary relationship is not clear. It could be that salary drives victimization, such that individuals with lower salaries are victimized to a greater extent because of their economic vulnerability. If so, it seems likely that current victims would have lower salaries than non-victims. On the other hand, it could be that victimization drives salary, such that victims have less earning power because of the career-related interruptions inherent to victimization. If so, it seems likely that lifetime victims would have lower salaries than non-victims. Interestingly, our data suggested differences only for current victims. Of course, longitudinal research will be needed to directly test this interesting causality question.

Finally, our study involved both male and female employees, allowing for assessment of the degree to which male and female victims differ on some of the criterion variables studied here. Interestingly, there were no significant interaction effects between sex and victimization in

their effects on work-related variables. It appears that IPV negatively impacts the productivity of both female and male employees who are victimized, and increases costs for employers, regardless of the sex of the victim.

A final lesson-learned from Phase One of this research is that web-based surveys and the workplace setting appear to be viable options for data collection around IPV. Our response rates were comparable to those typically found in organizational research, suggesting that employees were as willing to share information about IPV as about other survey topics. We also found higher prevalence rates than in previous research that has asked individuals to report on IPV from their home base. We had speculated that the home base may be a questionable setting for IPV victims to be forthcoming about their victimization, and the higher self-reports around victimization we found here are consistent with that speculation. We also found the web-based survey to be an efficient and effective way of collecting information on this sensitive topic. The electronic format allowed us to check in with subjects to see if they were upset by questions and, if so, to encourage them to exit the survey and to use domestic violence service information that was provided to them as they exited. It also allowed us to examine the number of subjects who reported being upset by IPV questions and who exited the survey, and we were encouraged to find that only 24 subjects in Phase One accessed this option.

Having determined that IPV affects the personal and professional well-being of victims and incurs costs for employers, we turn our attention to an examination of how IPV affects the broader work environment in organizations and how employers might mitigate the negative effects of IPV. Specifically, we turn our attention to why IPV victims disclose their abuse and the effects of such disclosure, why co-workers offer support to IPV victims, and the effects of organizational support.

## PHASE TWO

Phase One results demonstrate that when employees are victimized by IPV, there will be effects on their work organizations. In this next phase of research, we examine the ways that IPV plays out within the organizational environment, with a particular emphasis on coworker-related actions and effects. We begin by examining whether work-related support can have positive effects on employees struggling with IPV victimization. We also examine the conditions under which coworkers are likely to provide work-related support to victims. Work-related support is most likely to occur when victims disclose their victimization to the organization or coworkers, so we also examine the conditions that make disclosure of IPV victimization most likely. Finally, because hope for the future is important to breaking the cycle of IPV, we examine the organizational conditions that encourage victims to feel more hopeful about their lives and futures.

In summary, this phase of research focuses on the following research questions:

- 1) Does work-related social support have positive effects on the well-being, attitudes, and behaviors of employed IPV victims?
- 2) How and when will coworkers provide assistance to IPV victims at work?
- 3) When and to whom will IPV victims disclose their victimization at work?
- 4) What organizational conditions are associated with stronger feelings of hopefulness on the part of employed IPV victims?

### Work-Related Social Support

Social support is information received from others that results in an individual feeling valued and cared for (Cobb, 1976; Procidano & Heller, 1983; Duffy, Ganster & Pagon, 2002). In the work context, perhaps the most commonly examined form of social support is perceived

organizational support (POS). POS involves an employee's global beliefs regarding the degree to which the organization values his or her contributions and cares about his or her well-being (Eisenberger, Huntington, Hutchison, & Sowa, 1986). Essentially, then, POS involves an employee believing that the organization has benevolent feelings toward him or her, and this perceived benevolence is expected to fulfill socio-emotional needs such as affiliation and esteem. This benevolence is also expected to lead an employee to feel a reciprocal obligation to the organization (Eisenberger, Armeli, Rexwinkel, Lynch, & Rhoades, 2001; Rhoades & Eisenberger, 2002). There is meta-analytic evidence that POS is associated with outcomes such as higher job satisfaction, affective commitment, and job performance; more positive mood; and lower levels of withdrawal behavior (Rhoades & Eisenberger, 2002).

Another form of social support that exists within work environments is coworker support. Employees who experience strong perceptions of coworker support (CWS) believe that they are appreciated by fellow workers and that these colleagues care about their well-being (Schieman, 2006). This definition of CWS suggests that the socio-emotional currency that is exchanged is quite similar to that involved in POS; however, the origin of CWS is other employees in the work context as opposed to the broader organizational entity. There is less research evidence regarding the effects of CWS, compared to POS, on individual and organizational outcomes. However, given that CWS is a form of work-related social support that is conceptualized so similarly to POS, we might expect quite similar outcomes to those obtained from POS. That is, if the perception that one is supported and cared for in the work environment leads to positive outcomes when the source of the support is the organization, it seems reasonable to expect that positive outcomes will occur when the source of support is coworkers.



However, it is worth noting that one of the few recent studies of CWS (Liao, Joshi, & Chuang, 2004) suggested that the story may be more complex. In this study, CWS was positively associated with employee deviance and the authors suggested that employees may feel more freedom to behave in deviant ways when coworkers are trusted to “cover up” their misdeeds (Liao et al., 2004). It should be noted, then, that different forms of work-related support (POS versus CWS) may operate in different ways in different contexts.

However, taken in totality, previous research leads us to believe that there will be positive outcomes for traditional employees who enjoy the two forms of work-related support studied here. What has not been addressed to this point, however, is the question of whether these relationships also exist for other than “typical” employees, such as employees who are victims of IPV. Reasonable arguments might be made on both sides of this question. On the one hand, employees are enduring significant trauma during the time they are experiencing IPV. Under such dramatic circumstances, it may be difficult for them to recognize, or use to its full advantage, the support they receive from the organization or from coworkers. For example, it seems likely that support originating in the work environment may not be sufficient to buoy a victim who is suffering from depression or who has difficulty getting to work on time because of job interference by the perpetrator. Further, it could be that some forms of support actually facilitate outcomes such as increased absenteeism or work disengagement. Recall the recent study of CWS (Liao et al., 2004), which found that coworker support was associated with increased deviant behaviors because supportive coworkers would “cover” for the deviant employee. Although our point is certainly *not* to equate IPV victims with deviant employees, we do find it intriguing to consider the possibility that supportive coworkers may enhance the likelihood that IPV victims are absent, tardy, or otherwise disengaged from work.

On the other hand, it may be that IPV victims will benefit from work-related support in the same way as do traditional employees. Indeed, some IPV researchers have argued that IPV victims may have even greater need of their jobs compared to traditional employees (O'Leary-Kelly, Lean, Reeves, & Randel, 2008; Farmer & Tiefenthaler, 2004b), suggesting that work-related support will be especially important to them.

Although reasonable arguments can be made that work-related support will or will not be associated with positive outcomes for IPV victims, we are guided in our predictions by existing research evidence that suggests positive outcomes for traditional employees. Therefore, we predict:

*H<sub>6a</sub>: For employees who are victimized by IPV, there will be a negative relationship between work-related support (POS, CWS) and employee depression, job insecurity, and intention to turnover, absenteeism, and work distraction.*

*H<sub>6b</sub>: For employees who are victimized by IPV, there will be a positive relationship between work-related support (POS, CWS) and perceptions of economic self-sufficiency, job satisfaction, and organizational commitment.*

## Coworker Assistance

### *Types and Level of Assistance Provided*

It also is useful to understand the primary ways that assistance for IPV victims is enacted at work, a topic around which there is very little empirically-derived information. Therefore, we examined different types of assistance and the extent to which coworkers provided help to their victimized colleagues. Some of these forms are informational (e.g., giving advice about the relationship, or about services available in the community) and some involve direct actions (e.g., screening calls, helping the coworker move). As argued by IPV in the workplace advocates (for

example, see the CAEPV website), the provision of information is a more advisable form of assistance than is direct involvement or intervention because the latter can put coworkers in dangerous situations. It is important to understand, then, the extent of these different forms of assistance. Because this research question is largely descriptive (i.e., which form of assistance is most often given), we do not pose specific predictions (hypotheses) here.

### *Antecedents to Coworker Assistance*

If CWS has positive outcomes for victims and/or the employer, it is beneficial to understand the conditions that are associated with coworker assistance to IPV victims. That is, what factors lead a coworker to extend help to an IPV victim? We examine five categories of factors: coworker-personality, coworker attachment to the organization, source of knowledge about victimization, effects of victimization on the coworker, and similarity to the IPV victim.

*Coworker personality.* It may be that some coworkers provide assistance to IPV victims because of the “type of person” they are. That is, some individuals may be predisposed to provide help to others, and this is one possible antecedent to IPV-related assistance. Although space limitations within our survey instrument greatly limited our ability to include personality scales on the survey, we did collect information on coworkers’ levels of self-esteem, hopefulness, depression, and negative affectivity. We expected that coworkers who themselves were depressed or high in negative affectivity would be less likely to provide assistance, given their own limited mental and emotional reserves. We also expected that coworkers who were higher in self-esteem would feel more empowered and capable of providing assistance to coworkers victimized by IPV, and coworkers who themselves were hopeful about their life situation would be better able to provide help. Thus, we hypothesize that coworker personality will predict the level of IPV-related assistance given to victims, such that:

*H<sub>7a</sub>: There will be a negative relationship between coworker depression, negative affectivity and level of assistance given to IPV victims.*

*H<sub>7b</sub>: There will be a positive relationship between coworker self-esteem, hopefulness and level of assistance given to IPV victims.*

*Coworker Attachment to the Organization.* As discovered in our Phase One results, IPV can have negative effects for employers. Given this, coworker efforts to assist IPV victims may reflect a desire to lessen the negative consequences incurred by the organization. From this standpoint, then, providing help to IPV victims is a form of organizational citizenship behavior (i.e., actions that benefit the organization but that are outside of an individual's job requirements, Smith, Organ, & Near, 1983). Research on organizational citizenship demonstrates that coworkers who feel attached to their employer are more likely to undertake such citizenship behaviors (Bateman & Organ, 1983).

We measure "attachment to the organization" in several ways. First, and most basic, we examine the coworker's length of relationship with the employer, via organizational tenure. Second, we examine organizational commitment, the degree to which the coworkers feel identified with and involved in the organization (Allen & Meyer, 1990). Third, we explore the effects of POS on the level of assistance given; given the reciprocal nature of POS (described earlier), we expected that coworkers who themselves feel supported by their employers will be more willing to act in ways that benefit the employer. Finally, we examine beliefs about the degree of managerial support for IPV victims, assuming that if there is an overall climate of support for victims within the organization, coworkers would be more willing to provide assistance to them.

*H<sub>7c</sub>: There will be a positive relationship between a coworker's tenure, organizational commitment, perceived organizational support, perceptions of managerial support for IPV victims, and the level of assistance given by coworkers to IPV victims.*

*Source of Knowledge.* It also seems likely that the degree of assistance that coworkers provide to IPV victims at work will depend on how they learn about the victimization. Research on uncertainty reduction theory suggests that individuals are motivated to reduce uncertainty in social interactions, and that this can be accomplished both passively and interactively (Berger & Calabrese, 1975; Berger & Bradac, 1982). Coworkers, then, might obtain information about a colleague's IPV victimization via passive sources, such as hearing about it from a third party, or via interactive sources that reflect personal experiences, such as being told directly by the victim. We expect that the latter, personal interactive experiences, will be associated with a stronger likelihood to provide assistance given the directness of this information source. Alternatively, coworkers who discover the victimization through more passive means have a greater ability to remain anonymous and may choose not to become involved. Therefore, we predict:

*H<sub>7d</sub>: Coworkers who discover the IPV of a colleague through interactive means will provide more assistance to victims than do coworkers who learn about the IPV via more passive means.*

*Effects on Coworkers.* It also is possible that coworker assistance stems from self-interest. Coworkers who feel that the IPV experienced by their colleague is having a negative effect on their own work performance may feel motivated to rectify the situation. Although there is little research on the effects of IPV victimization on coworkers, results from Phase One are instructive in predicting possible effects. Given that IPV can influence victims' work distraction, absenteeism, and tardiness, it is reasonable to assume that the job performance of interdependent

coworkers may also be affected. Therefore, we predict that when coworkers feel their own job performance is negatively influenced by IPV, they are more likely to become involved in the situation and provide assistance to the victim. However, we would not expect that perceived negative effects on the victim would drive coworker assistance. That is, we expected no significant relationship between perceived negative effects on victims and coworker assistance.

*H<sub>7e</sub>: There will be a positive relationship between coworkers' beliefs that a colleague's IPV victimization has negative effects on their own job performance and attendance, and the level of coworker assistance.*

*H<sub>7f</sub>: There will be no relationship between coworkers' beliefs that a colleague's victimization has negative effects on the victim and the level of coworker assistance.*

*Similarity to IPV Victim.* It is well-documented that individuals are more sympathetic and benevolent toward individuals who are regarded as similarly situated (Tajfel & Turner, 1986). When others are regarded as similarly situated in a social sense, there is a stronger willingness to make generous attributions and interpretations of this other's behavior, and to act on behalf of this similar other. This effect is especially likely to occur when the individuals are similar on a characteristic that is salient to the situation of interest. Perhaps the social identity-related characteristic that is most salient to IPV is sex, in that women are more likely to be victims of partner violence, particularly the more severe and frequent varieties (Reeves, Bates, & O'Leary-Kelly, 2006), and men are more likely to be perpetrators (Tjaden & Thoennes, 2000b). Therefore, we expect that when the coworker and the IPV victim are of similar (versus opposite) sex, there will be greater assistance provided by the coworker.

*H<sub>7g</sub>: There will be greater assistance by coworkers when the IPV victim is of the same (versus opposite) sex.*

### *Antecedents to Coworker Withholding of Assistance*

A related, but distinct, question relates to why coworkers who are aware of a colleague's IPV victimization will choose not to provide any form of assistance. This choice could be motivated by a range of motives, from self-interest, to a desire to respect the victim's privacy, to fear. In order to develop greater understanding about the choice to not provide assistance, we asked coworkers who had provided no assistance to indicate why they had made this choice.

### Victim Disclosure

Many people conceal sensitive personal information, but this decision has mental and physical risks (Cramer & Barry, 1999; Pennebaker, 1989). Multiple studies have demonstrated stress-related negative consequences when individuals withhold such information instead of disclosing it (Kelly & McKillop, 1996; Pennebaker, 1997). Given that IPV victimization is an *invisible identity* that individuals often can hide at work (Ragins, 2008), it is interesting to examine the recipients of disclosure, the factors that lead to disclosure, and the effects that disclosure has for IPV victims.

### *Recipients of Disclosure*

First, we were interested in examining the question of who IPV victims disclose to at work. Specifically we examine the following possible targets of disclosure:

- Supervisor
- Coworker
- HR professional
- Security professional

We were particularly interested in whether victims were more likely to disclose their victimization to coworkers vs. those in positions of authority, and the degree of disclosure to

these groups. If victims do not disclose their abuse to those in the organization with the power to assist and protect them (i.e., supervisors, HR, and security), potentially both the victim and others in the organization are placed at risk (Reeves, Bates, & O’Leary-Kelly, 2006). Because this research question involves descriptive data, we do not pose a specific prediction/hypothesis here.

### *Antecedents to Victim Disclosure*

Beginning with the question of what prompts disclosure, we examined two general categories of motives: those that are victim-related and those that are organization-related. Victim-related motives suggest that disclosure is motivated by some need of the victim or some negative effect that victimization is having on the victim. Organization-related motives, on the other hand, suggest that the decision to disclose is prompted by some negative effects on, or needs of, the employer or coworkers in the organization. Thus, we were interested in whether disclosure is more likely for victim-related vs. organization-related motives. We frame this as a general research question rather than a hypothesis because we are aware of no existing research that helps us make a theory-based prediction regarding which motives might drive disclosure.

### *Effects of Victim Disclosure*

As mentioned above, general research in psychology establishes the positive effects of disclosure of distressing information (Cramer & Barry, 1999; Kelly & McKillop, 1996; Pennebaker, 1989, 1997). It is not clear, however, if these benefits translate when IPV-related information is disclosed at work. Although managers acknowledge that IPV has negative effects, they often are reluctant to formally recognize or become engaged in the issue (e.g., see the studies of Fortune 1000/1500 executives conducted by Liz Claiborne, Inc., 1994, 2002) because it is regarded as part of an employee’s “non-work” life. Therefore, disclosure of IPV



victimization to people at work may or may not have positive effects for victims. We examine the degree to which disclosure led victims to experience both positive and negative work-related effects, including factors such as feeling more hopeful, feeling safer, and believing others thought of them as less competent. We frame this as a general research question rather than a hypothesis because we are aware of no existing research that helps us make a theory-based prediction.

### Victim Hopefulness

Hope involves a desire to make one's life improve; it involves imagining what is possible (Simpson, 2004). Hope is a goal-oriented mental state (Snyder, 1994), and so for high hope individuals, there is an associated tendency to take actions aimed at achieving their goals. IPV victims who are hopeful, therefore, should be better able to visualize more positive lives for themselves and take actions to change their life situations. Therefore, we were interested in whether actions taken by supervisors or others in the organization lead to more hopefulness for IPV victims. It is also beneficial to identify work-related circumstances that lead victims to feel hopeful.

Although it is difficult in cross-sectional research to determine causality, we examine different conditions that may be associated with hopefulness. Several of these conditions relate to the degree of support experienced by victims. As argued above, social support has positive consequences, and so we expect that IPV victims who experience support (from the organization through POS, from supervisors, from coworkers) will be more hopeful about their futures than victims who do not feel supported at work. Second, we examine the degree to which economic-related variables (perceptions of economic self-sufficiency, job insecurity) influence hopefulness. Specifically, we predict that:

*H<sub>8a</sub>: There will be a positive relationship between the degree of support that IPV victims receive from their supervisor, coworkers, and organization (POS) and their level of hopefulness.*

*H<sub>8b</sub>: There will be a positive relationship between an IPV victim's economic self-sufficiency and her level of hopefulness.*

*H<sub>8c</sub>: There will be a negative relationship between an IPV victim's job insecurity perceptions and her level of hopefulness.*

We also examined the relationship between hopefulness and victims' self- and work-related attitudes and perceptions. Given that hopefulness represents a generally positive mental state, we expected high hope victims to report more positive attitudes and perceptions than low hope IPV victims. Specifically, we predict that:

*H<sub>9a</sub>: There will be a positive association between victim hopefulness and organizational commitment and job satisfaction.*

*H<sub>9b</sub>: There will be a negative association between victim hopefulness and depression, intention to turnover, absenteeism, and work distraction.*

## Method

### *Participants*

The sample for the second phase of the study was composed of 2,063 women (75%) and 688 men (25%) who worked in a midsized financial services institution headquartered in a southern state. Most respondents (63% of women and 71% of men) were married, and their average age was 37 years. Whites were the dominant racial group, representing 86% of respondents, while Hispanics accounted for 5%, African Americans for 3%, and other racial groups accounting for the remaining 6% of respondents. Most respondents (77%) had some

college or education beyond that level. The average annual income of respondents was almost \$39,000. Additional descriptive information on the sample overall and by victimization group is provided in Table 6. The overall response rate was 58%, with the response rate by division ranging from approximately 45% – 65%.

Table 6  
*Descriptive Statistics (in percentages)*  
*Phase Two*

<i>Variables</i>	<i>Current Victim</i>		<i>Lifetime Victim</i>		<i>Non-Victim</i>		<i>Overall</i>	
	<i>Women (n)</i>	<i>Men (n)</i>	<i>Women (n)</i>	<i>Men (n)</i>	<i>Women (n)</i>	<i>Men (n)</i>	<i>Women (n)</i>	<i>Men (n)</i>
<i>Marital Status</i>								
Married	44.6 (74)	58.6 (34)	61.5 (345)	62.7 (52)	65.9 (877)	73.8 (403)	63 (1296)	71.2 (489)
Not married, living in committed relationship	12 (20)	8.6 (5)	10.2 (57)	12 (10)	8.9 (118)	4.6 (25)	9.5 (195)	5.8 (40)
Never married	21.7 (36)	17.2 (10)	10.5 (59)	21.7 (18)	16.3 (217)	18.7 (102)	15.2 (312)	18.9 (130)
Separated	7.2 (12)	3.4 (2)	0.5 (3)	0 (0)	0.7 (9)	0.2 (1)	1.7 (24)	0.4 (3)
Divorced	13.9 (23)	12.1 (7)	15 (84)	2.4 (2)	6.5 (86)	2.6 (14)	9.4 (193)	3.3 (23)
Widowed	0.6 (1)	0 (0)	2.3 (13)	1.2 (1)	1.8 (24)	0.2 (1)	1.8 (38)	0.3 (2)
<i>Race</i>								
White	80.5 (132)	91.4 (53)	90.3 (505)	74.7 (62)	84.5 (1119)	89 (485)	85.8 (1756)	87.5 (600)
Hispanic/Latino	7.9 (13)	3.4 (2)	2.7 (15)	4.8 (4)	4.8 (63)	4.8 (26)	4.4 (91)	4.7 (32)
Black/African American	2.4 (4)	3.4 (2)	2.1 (12)	9.6 (8)	3.9 (520)	1.5 (8)	3.3 (68)	2.6 (18)
Other	9.1 (15)	1.7 (1)	4.8 (27)	10.8 (9)	6.8 (90)	4.8 (26)	6.4 (132)	5.2 (36)
<i>Age</i>								
17-29	51.9 (80)	47.1 (24)	34.7 (180)	43.7 (35)	42.2 (517)	36.1 (184)	40.9 (777)	37.9 (243)
30-39	20.8 (32)	23.5 (12)	20.8 (108)	18.8 (15)	16.3 (200)	24.5 (125)	17.9 (340)	23.7 (152)
40-49	16.9 (26)	23.5 (12)	19.3 (100)	13.8 (11)	14.8 (181)	16.7 (85)	16.2 (307)	16.8 (108)
50-59	9.7 (15)	5.9 (3)	21.2 (110)	18.8 (15)	19.3 (237)	15.7 (80)	19.1 (362)	15.3 (98)
60 or older	0.6 (1)	0 (0)	4 (21)	5 (4)	7.4 (91)	7.1 (36)	5.9 (113)	6.3 (40)
<i>Education</i>								
Less than high school	0 (0)	0 (0)	0.2 (1)	0 (0)	0.2 (2)	0.4 (2)	0.1 (3)	0.2 (2)
High school graduate	28.5 (47)	7 (4)	27.9 (156)	4.8 (4)	27.7 (369)	9.9 (54)	27.8 (572)	9 (62)
Some college	50.9 (84)	43.9 (25)	52.7 (295)	47 (39)	48.2 (642)	30.7 (168)	49.7 (1021)	33.8 (232)
4 year college graduate	15.8 (26)	36.8 (21)	15.2 (85)	34.9 (29)	18.9 (252)	41.7 (228)	17.7 (363)	40.5 (278)
>4 year college	4.8 (8)	12.3 (7)	4.1 (23)	13.3 (11)	5 (66)	17.4 (95)	4.7 (97)	16.4 (113)

### *Procedure*

A company executive sent to all employees an e-mail explaining that they would receive an inquiry from researchers at the University of Arkansas requesting their participation in a study on work-family issues. Two days later, we sent an e-mail to employees explaining the purpose of the study, their freedom to participate or not, their anonymity if they chose to participate, and a link to the web-based survey, which was housed on a University of Arkansas server. Respondents could request a paper survey if desired. No compensation was given to participants. The study was approved by the University of Arkansas Institutional Review Board prior to survey administration. Respondents were instructed to complete the survey at work, on company time. Most respondents completed the survey in less than 20 minutes. As in the Phase One survey, respondents who reported IPV were queried at several points in the survey about their comfort level. If respondents indicated discomfort, they were given the option of ending their participation and were directed to IPV counseling services. Seventeen respondents exited the survey after the IPV questions in Phase Two.

### *Measures*

*Current victimization* ( $\alpha = .81$ ), *Lifetime victimization* ( $\alpha = .93$ ), *Absenteeism*, *Work distraction* ( $\alpha = .77$ ), *Depression* ( $\alpha = .83$ ), *Economic self-sufficiency* ( $\alpha = .89$ ), *Family-work conflict* ( $\alpha = .90$ ), *Job insecurity* ( $\alpha = .87$ ), and *Self-esteem* ( $\alpha = .84$ ) were measured the same way in both phases of the study. (See pages 16-18 for a full discussion of these measures.)

*Perceived organization support.* Perceived organization support was measured with a five item scale adapted from Eisenberger, Huntington, Hutchison, & Sowa (1986). Respondents were asked how much they agreed with items such as, “My employer disregards my best

interests when it makes decisions that affect me” and “Help is available from my employer when I have a problem.” Coefficient alpha reliability was equal to .85.

*Coworker support.* Co-worker support was measured by a five item scale adapted from Caplan, Cobb, French, Harrison, & Pinneau (1975). Current IPV victims who had disclosed their abuse to coworkers were asked about five different types of support they received from their coworkers. Sample questions include, “How much do coworkers go out of their way to do things that make it easier for you to deal with the negative treatment from your intimate partner?” and “To what extent is it easy to talk about this negative treatment with coworkers?” Coefficient alpha reliability was .90.

*Intention to turnover.* Intention to turnover was measured by two items from a scale developed by Pierce & Mueller (1986). Respondents were asked how much they agreed with the following statements: “I often think about quitting this job and working for a different employer” and “I will probably look for a job with a different employer in the next year.” Coefficient alpha reliability was equal to .85.

*Organizational commitment.* Organizational commitment was measured by four items from a scale developed by Allen & Meyer (1990). Respondents were asked how much they agreed with statements such as, “I would be very happy to spend the rest of my career with this organization” and “This organization has a great deal of personal meaning for me.” Coefficient alpha reliability was equal to .84.

*Job satisfaction.* Job satisfaction was measured with three items from a scale developed for this study. Respondents were asked how satisfied they were with their organization, their supervisor, and their co-workers. Coefficient alpha reliability was equal to .79.

*Mean level of assistance provided.* Coworkers who indicated that they had worked with an IPV victim at their current organization were asked the degree to which they had provided seven different types of assistance to their victimized colleagues. Examples included giving advice or helping their colleague find new living arrangements. Respondents indicated the degree to which they had provided assistance on a 5-point scale ranging from Not at all (=1) to A Very Large Degree (=5). This score was averaged across respondents to determine the mean level of assistance provided.

*Negative affectivity.* Negative affectivity was measured with eight items from the PANAS scale (Watson, Clark & Tellegen, 1988). Respondents were asked, “During the past few months, to what extent have you felt distressed, upset, afraid, jittery, ashamed, hostile, nervous, and irritable. Coefficient alpha reliability was equal to .89.

*Tenure.* We asked respondents to indicate how many years or months they had worked at their job to determine tenure.

*Perceptions of managerial support for IPV victims.* Perceptions of managerial support for IPV victims was measured with a single item: “To what degree are managers in this organization supportive of intimate partner violence victims?”

*Source of knowledge about the abuse.* Coworkers who indicated that they had worked with an IPV victim at their current organization were asked to consider the victim with whom they were most familiar and indicate how they learned of the abusive relationship. Four interactive sources of information, such as being told by the victim or witnessing the abuse, and three passive sources of information, such as being told of the abuse by someone else, were examined.

*Perceptions of effect of IPV on coworker and victim.* Coworkers who indicated that they had worked with an IPV victim at their current organization were asked to consider the victim with whom they were most familiar and were asked the degree to which the colleague's victimization had affected them and the colleague. Seven items, such as the coworker's job performance and feeling of safety, and the victim's performance and attendance, were included.

*Similarity to IPV Victim.* Similarity to IPV victim was measured by a single item, sex. Coworkers who worked with a victimized colleague were asked to consider the victim with whom they were most familiar, and were asked whether the victim was the same sex as them.

*Coworker withholding of assistance.* Coworkers who knew of a colleague's IPV but indicated that they did not provide assistance were asked to indicate why assistance was withheld. Eight items, including "I did not know what to say," and "It was none of my business," were included. Respondents were asked to check all items that applied.

*Recipients of disclosure.* We asked current IPV victims the degree to which they had disclosed their abuse to coworkers, their supervisor, a human resources representative, and/or a security officer. Respondents indicated the degree to which they had disclosed the abuse on a 5-point scale ranging from Not at all (=1) to A Very Large Degree (=5).

*Motivation for disclosure.* Current IPV victims were asked to consider the individual with whom they had shared the most information about their abuse, and choose why they had disclosed to that individual. Five questions, such as "It was affecting my performance," and "I needed emotional support," concerned victim-related motives, and four questions, such as "It was affecting my coworkers' performance," and "I was worried about my coworkers' safety," concerned organization/coworker-related motives. Respondents were asked to check all that applied.



*Effects of disclosure.* Current IPV victims were asked the degree to which they agreed with eight statements regarding how they felt after sharing information about their abuse. These included both positive outcomes, such as “I felt more support at work,” and negative outcomes, such as “I felt more isolated at work.” Respondents indicated the degree to which they agreed with the statements on a 5-point scale ranging from Not at all (=1) to A Very Large Degree (=5).

*Hopefulness.* Hopefulness was measured with six items from a scale adapted from Snyder (2000). Respondents were asked how strongly they agreed with statements such as, “At the present time, I am energetically pursuing my goals,” and “There are lots of ways around any problem that I am facing now.” Coefficient alpha reliability was equal to .83.

*Supervisor support.* Supervisor support was measured by a five item scale adapted from Caplan, Cobb, French, Harrison, & Pinneau (1975). Current IPV victims who had disclosed their abuse to supervisors were asked about five different types of support they received from them. Sample questions include, “How much do supervisors go out of their way to do things that make it easier for you to deal with the negative treatment from your intimate partner?” and “To what extent is it easy to talk about this negative treatment with supervisors?” Coefficient alpha reliability was .90.

## Results

### *Analytic Plan*

Two types of statistical analyses were used in the second phase of this study. To assess whether there were differences in the proportion of men and women reporting victimization, chi square difference tests were used. To assess the relationship between other variables of interest, a Pearson product-moment correlation ( $r$ ) was computed. The  $r$  score was then converted to a Fisher's  $z$  score to test for statistical significance. For questions for which there was an

insufficient theoretical basis to assert and test hypotheses or for which descriptive data were appropriate, we used counts, percentages and means to shed light on the questions being explored.

### *IPV Prevalence*

Before we report on results related to the research questions posed in the Phase Two research, we thought it important to report prevalence rates for Phase Two as we did for Phase One. IPV victimization rates for our sample, overall and by type of abuse, are shown in Table 7. In Phase Two, there were no statistically significant differences between the rates of current female and male victimization, either overall or by type of victimization. There was a statistically significant difference in rates of abuse for lifetime victims. Female lifetime victims were more likely to report every type of abuse, including physical aggression, than were male lifetime victims. Overall, a larger percentage of female employees (27.3%) reported experiencing IPV sometime in their lifetimes other than the past 12 months than did male employees (12.1%).

Table 7  
*Current and Lifetime Victimization by Sex*  
*Phase Two*

<b>Type of abuse</b>	<b>Current Victimization</b>			<b>Lifetime Victimization</b>		
	Female <sup>a</sup> (n=2062)	Male <sup>a</sup> (n=688)	<i>X</i> <sup>2</sup>	Female <sup>a</sup> (n=2062)	Male <sup>a</sup> (n=688)	<i>X</i> <sup>2</sup>
Threats	4.5 (92)	2.9 (20)	3.19	19.1 (394)	6.5 (45)	62.40**
Stalking	3.3 (69)	2.5 (17)	1.31	17.9 (369)	5.4 (37)	65.84**
Physical aggression	4.4 (90)	5.8 (40)	2.41	18 (372)	6.8 (47)	51.55**
Being hurt	3.3 (69)	2.2 (15)	2.37	15.2 (313)	3.3 (23)	68.75**
Sexual abuse	1.7 (35)	1.3 (7)	1.59	1.8 (223)	1.5 (10)	59.14**
<b>Total Victimized</b>	8.0 (166)	8.4 (58)	0.1	27.3 (563)	12.1 (83)	66.57**

\**p* < .05. \*\* *p* < .01.

<sup>a</sup> Percentages of the overall sample, by sex, are reported in the cells. Numbers of victims for each type of abuse are reported in parentheses.

We also examined the combined dataset (across both phases) to determine how frequently IPV entered the workplace. Overall, we found that 20% of current victims indicated they had experienced some form of victimization while at work. Seventy-four women (22.5%) and 21 men (14.5%) had experienced at least one form of victimization at work, and this difference was statistically significant. The most prevalent form of abuse at work was stalking; of those victims who had experienced stalking, over 51% indicated that it had occurred at least once on work premises. Threats of physical harm were also fairly frequent, with over seven percent of those who experienced this form of IPV indicating that it had occurred at least once on work premises.

Table 8

*Victimization at Work*

*Current Victims by Sex*

*Combined Dataset (In percentages)*

<b>Type of Abuse</b>	<b>Work Occurrence</b>			<b>X<sup>2</sup></b>
	<b>Overall</b>	<b>Female<sup>a</sup></b>	<b>Male<sup>a</sup></b>	
Threats	7.4 (19)	7.6 (15)	6.7 (4)	.06
Stalking	51.2 (85)	51.1 (67)	51.4 (18)	.001
Physical aggression	1.7 (5)	1.1 (2)	2.9 (3)	1.244
Being hurt	1.1 (2)	0.7 (1)	2.8 (1)	1.085
Sexual abuse	0	0	0	
<b>Overall</b>	<b>20.0 (95)</b>	<b>22.5 (74)</b>	<b>14.5 (21)</b>	<b>4.029*</b>

\*p < .05

<sup>a</sup> number of victims experiencing each type of abuse in parentheses

<sup>b</sup> number of overall victims does not sum because victims may have experienced more than one type of abuse

Although we did not formulate hypotheses regarding differences between victims who reported experiencing IPV at work and those who did not, we thought it would be interesting to examine these. Again using the combined dataset, we found that victims who had experienced IPV at work reported significantly worse outcomes along a number of variables compared to those who did not have a workplace experience. As can be seen in Table 9, victims who were victimized at work experienced more work distraction, higher rates of absenteeism and tardiness, stronger levels of depression, greater negative affectivity, lower self-esteem, and stronger family-work conflict. Although we again caution readers about making attributions of causality, it seems likely that if victims cannot escape the abuse even at work, their well-being suffers more than victims who are not abused in the workplace. When IPV enters the workplace, it may add to the “pervasive sense that women are vulnerable to male violence in any public setting” (Stark, p. 249).

Table 9

*Differences between Victims Who Experienced Victimization at Work and Those Who Did Not*  
*Current Victims*  
*Combined Dataset*

<b>Variables</b>	<b>No</b>	<b>Experienced</b>	<i>df<sup>a</sup></i>	<i>t</i>
	<b>victimization</b>	<b>victimization</b>		
	<b>at work</b>	<b>at work</b>		
	Mean	Mean		
Self-efficacy	4.39	4.38	428	0.221
Economic self-sufficiency	3.63	3.39	291	1.5
Job satisfaction	3.89	3.78	469	1.27
Organizational commitment	3.55	3.68	462	-1.56
Intention to turnover	2.29	2.25	463	0.33
Perceived organizational support	3.68	3.65	465	0.25
Job insecurity	1.52	1.45	468	1.35
Work distraction	12.91	15.76	373	-2.068*
Absenteeism	10.4	17.7	257	-2.328*
Tardiness	15.59	39.42	403	-3.842**
Depression	2.58	3.03	364	-3.535**
Negative affectivity	2.15	2.51	357	-3.765**
Self-esteem	4.08	3.92	458	2.096*
Family work conflict	1.88	2.24	420	-4.25**

<sup>a</sup> *dfs* vary due to missing values

A very recent book (Johnson, 2008) identified four types of domestic violence that are interesting to consider in light of our large sample of IPV victims. These four types include: *intimate terrorism* (one member of a couple is violent and controlling, the partner is not), *violent resistance* (one member of a couple is violent and controlling, the partner is violent but not controlling), *situational couple violence* (both members are violent, but neither is controlling), and *mutual violent resistance* (both members are violent and controlling). This author argued that intimate terrorism is most frequently used by men against women, although women may use violence to resist the abuse. While our data do not allow us to examine this typology directly, we did collect information in both Phase One and Phase Two on victims' self-reported fear of their intimate partners (a construct that indicates perceived control), and we found evidence that women were more likely to report fear than were men, even when there was no difference in the rates of physical aggression experienced. In fact, after examining data across both Phase One and Phase Two, the mean level of fear<sup>7</sup> for current female victims who had experienced physical aggression was 2.94 vs. 1.23 for men ( $t = 8.896, p < .01$ ). Similarly, women who were the current victim of any form of violence reported significantly higher levels of fear: 2.81 for women vs. 1.29 for men ( $t = 9.32, p < .01$ ). These results support Stark's (2007) contention regarding the sense of coercive control experienced by many female victims, and Johnson's (2008) view of *intimate terrorism*. The fact that male victims reported lower levels of fear suggests that they are less likely to experience IPV as intimate terrorism.

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<sup>7</sup> In Phase One, current victims were asked, "How often were you afraid of this intimate partner?", while in Phase Two, current victims were asked, "Were you afraid of this intimate partner?" Respondents who responded in the affirmative were then asked, "How often were you afraid of this intimate partner?" Respondents could choose from a five point scale, ranging from "1" (never) to "5" (frequently).

### *Effects of Social Support*

Hypothesis 6a predicted a negative relationship between work-related support (POS and CWS) and employee depression, absenteeism, work distraction, job insecurity, and intention to turnover for current IPV victims. Hypothesis 6b predicted a positive relationship between work-related support (POS and CWS) and victims' perceptions of economic self-sufficiency, job satisfaction, and organizational commitment. As predicted, there was a positive relationship between POS and job satisfaction and organizational commitment. Also as predicted, POS was negatively related to job insecurity, intention to leave the organization, and depression. There were not, however, significant effects of POS on economic self-sufficiency, absenteeism, or work distraction. These results are summarized in Table 10. As can be seen, CWS was less predictive of the relationship between support and IPV victims' well-being than was POS, with only two well-being variables (job satisfaction, job insecurity) being significantly correlated with CWS.



Table 10

*Means, Standard Deviations, and Correlations for Perceived Organizational Support and Coworker Support Phase Two*

Variables	Mean	SD	1	2	3	4	5	6	7	8	9
1. Perceived organizational support	3.75	0.77									
2. Perceived coworker support	1.16	1.64	-0.52								
3. Economic self-sufficiency	3.22	1.26	0.061	-0.080							
4. Job insecurity	1.53	0.62	-0.343**	-0.294*	-0.196*						
5. Job satisfaction	3.75	0.74	0.568**	0.359**	0.134	-0.246**					
6. Organizational commitment	3.63	0.75	0.415**	0.169	0.166	-0.230**	0.447**				
7. Intention to turnover	2.26	1.05	-0.548**	-0.183	-0.177	0.244**	-0.569**	-0.590**			
8. Depression	2.73	1.17	-0.183*	-0.082	-0.274*	-0.017	-0.273**	-0.076	0.237**		
9. Absenteeism	11.36	22.14	0.032	0.054	-0.121	0.024	-0.055	-0.046	0.119	0.119	
10. Work distraction	14.18	11.49	-0.133	0.090	-0.376**	0.083	-0.234**	0.073	0.170*	0.370**	0.195*

\*p < .05 \*\* p < .01

### *Type and Level of Coworker Assistance*

We examined whether and the degree to which coworkers provided seven specific types of assistance. In total, 951 coworkers indicated that they knew someone who had been victimized by IPV. Of these, 470 coworkers reported knowing about a colleague who works in their current organization who had been victimized by IPV, and 408 (87%) of these individuals indicated that they had provided some type of support to their victimized colleague. The mean level of each type of assistance given by these coworkers is provided below. As shown here, although a large percentage of coworkers indicated that they had provided some type of support, the degree of assistance provided to IPV victims was relatively low. Coworkers most often provided assistance in the form of advice regarding the relationship or services available. The most common action other than advice-giving was sharing information with others in the workplace.

<b>Type of Support Given</b>	<b>N</b>	<b>Mean Level*</b>	<b>SD</b>
Give advice regarding the intimate relationship	469	2.52	1.08
Give advice regarding services available in community	466	2.10	1.22
Give advice regarding services available through work	467	1.84	1.22
Share information with a supervisor, HR, or security	467	1.76	1.26
Screen calls or e-mails	466	1.43	.92
Offer to help move or find new living arrangements	464	1.71	1.11
Physically intervene when partner came to the workplace	464	1.14	.56

Note that coworkers could provide more than one form of support

\*1=Not at All, 5=To a Very Large Degree

### *Antecedents to Coworker Assistance*

We predicted that five categories of antecedents would be related to the assistance provided by coworkers to IPV victims: coworker personality factors, coworker attachment to the

organization, source of victimization knowledge, effects of victimization on coworker, and similarity to the victim. The results reported here are based on the 470 coworkers who reported knowing about a colleague who works in their current organization who was a victim of IPV.

*Coworker Personality.* There was no support for Hypothesis 7a. None of the coworker personality variables examined (self-esteem ( $M = 4.2$ ,  $SD = .56$ ,  $N = 465$ ), depression ( $M = 2.2$ ,  $SD = .99$ ,  $N = 443$ ), negative affectivity ( $M = 1.8$ ,  $SD = .69$ ,  $N = 439$ ), or hopefulness ( $M = 3.9$ ,  $SD = .53$ ,  $N = 462$ )) was significantly correlated with mean level of coworker assistance ( $M = 1.79$ ,  $SD = 1.05$ ,  $N = 458$ ) given to IPV victims.

*Coworker Attachment to the Organization.* We also found little support for Hypothesis 7c in that there were no significant correlations between the mean level of assistance provided to IPV victims and organizational tenure ( $M = 8.55$ ,  $SD = 7.44$ ,  $N = 460$ ), organizational commitment ( $M = 3.63$ ,  $SD = 0.75$ ,  $N = 462$ ), or POS ( $M = 3.75$ ,  $SD = 0.77$ ,  $N = 462$ ). There was, however, a significant correlation ( $r = -.105$ ,  $p < .05$ ) between mean level of assistance given and coworker perceptions regarding the degree of managerial support for IPV victims ( $M = 4.58$ ,  $SD = 1.55$ ,  $N = 464$ ), but it was in the opposite of the predicted direction. Coworkers were less likely to provide assistance when they believed that managers in the organization were supportive of victims.

*Source of Knowledge.* In Hypothesis 7d we predicted that interactively-obtained knowledge would be associated with provision of assistance while passively-obtained knowledge would not. As can be seen in Table 11, this prediction was supported in that coworkers who found out about the IPV victimization via their own experiences were more likely to give assistance to their victimized colleagues. The most commonly-reported ways of obtaining

knowledge were “victim told me” (n=349), “someone else told me” (n=134) and “the abusive partner came to work” (n=47).

Table 11  
*Means, Standard Deviations, and Correlations for Source of Knowledge and Coworker Support  
Phase Two*

Variables	Mean	SD	1	2	3	4	5	6	7
1. Coworker's support for victims	12.45	4.83							
2. The coworker who was experiencing the abuse told me about it	0.74	0.44	0.244**						
3. Someone else told me about it	0.29	0.45	-0.003	-0.340**					
4. The abusive partner came to the workplace	0.10	0.30	0.160**	-0.015	0.151**				
5. I witnessed an abusive incident at work	0.04	0.19	0.104*	-0.035	0.095*	0.155**			
6. I witnessed an abusive incident somewhere other than work	0.04	0.20	0.118*	0.022	0.062	0.076	0.072		
7. I guessed that it was occurring because of injuries to the coworker	0.07	0.26	0.063	-0.174**	0.078	0.126**	0.073	-0.016	
8. I overheard a conversation about it	0.14	0.35	-0.061	-0.126**	0.084	0.110*	0.207**	0.135**	0.124**

\*p < .05 \*\* p < .01

*Effects of Victimization on Coworker and Victim.* In Hypothesis 7e, we predicted that coworkers who were directly affected by the IPV victimization of their colleagues would be most likely to provide assistance to them. The results did not support our prediction. There were no significant correlations between coworkers’ perceptions of how the IPV had affected them and the level of assistance they provided. Further, and as expected in Hypothesis 7f, the level of perceived negative effect on the victim was not associated with the coworker’s level of assistance. The means and standard deviations of the specific items we explored are presented below.

<b>EFFECT ON COWORKER</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
Coworker’s job performance	463	1.46	1.07
Job performance of others in organization	465	1.88	1.51
Feelings of safety on the job	463	1.39	1.01
<b>EFFECT ON VICTIM</b>			
Victim’s job performance	466	3.03	1.47
Victim’s attendance	466	2.54	1.59
Victim’s ability to “fit in” on the job	465	2.25	1.58
Victim’s competence	464	2.14	1.52

*Similarity to IPV Victim.* In Hypothesis 7g, we predicted that coworkers would provide more assistance when the victim was of the same (versus opposite) sex. As expected, we found that coworker assistance appears to be a sex-related phenomenon. Coworkers were asked if the person to whom they gave help was of the same sex, and there was a correlation of .106\* ( $p < .05$ ) between sex similarity and the level of assistance provided by coworkers.

*Antecedents to Coworker Withholding of Assistance*

Not all coworkers who knew about a colleague in their current organization who had been victimized provided assistance to this individual. Of the 470 coworkers who knew of a current colleague who was being victimized, 13% (62 coworkers) indicated that they had

provided no forms of support or assistance. We asked these “non-supporting” coworkers why they chose not to give assistance, and our results are shown below.

<b>Reason for Lack of Support</b>	<b>% of Non-Supporting Coworker*</b>
Not knowing what to say	16.1%
Feeling it was not my business	33.9%
Being afraid	1.6%
Not believing the coworkers	0
Believing the coworker could fix the problem alone	4.8%
Feeling it was not my responsibility	8.1%
The victim not leaving the abusive partner	9.7%
Not knowing about the situation in time to help	33.9%

\*Percentages do not sum to 100% because respondents could choose more than one explanation

The two most commonly-reported reasons for withholding of assistance were coworkers feeling the IPV victimization of their colleague was not their business and coworkers not knowing about the situation in sufficient time to provide assistance. In most cases, withholding of assistance was not due to the coworker feeling afraid of getting involved, nor was it due to skepticism about whether victimization occurred.

## Victim Disclosure

### *Nature of Disclosure*

We asked individuals who self-identified as current victims to indicate their level of disclosure to four disclosure targets: the supervisor, coworkers, an HR professional in the organization, or a security professional in the organization. Overall, 124 of 224 current IPV victims (55%) indicated that they had disclosed their victimization to someone at work. As shown below, the level of disclosure by IPV victims was quite low (in terms of the degree of information shared), and when victims did disclose, it was to their supervisor or coworkers.

<b>Disclosed to:</b>	<b>Number of Victims Disclosing*</b>	<b>Mean Level of Disclosure**</b>
Supervisor	73	1.67
Coworkers	115	1.99
HR Professional	12	1.13
Security Professional	13	1.12

\* Number of victims does not total to 124 because victims disclosed to multiple individuals

\*\*1=Not at All, 5=To a Very Large Degree

### *Antecedents to Victim Disclosure*

For current IPV victims who reported they had disclosed their victimization to someone at work, we asked about motives for disclosure. These were categorized into those motives that primarily served the victim’s needs and those that primarily served organizational/coworker needs. As shown in the table below, a higher percentage of victims who disclosed cited victim-related motives rather than organization or coworker-related motives.

<b>Victim-Related Motives</b>	<b>% of Victims Who Reported this Motive</b>
It was affecting my performance	14.3%
I needed assistance	16.5%
I needed emotional support	68.4%
I was worried about my safety	9.8%
I needed time off	16.5%
<b>Organization/Coworker-Related Motives</b>	
It was affecting my coworkers’ performance	0
It was affecting my relationship with coworkers	4.5%
I was worried about my coworkers’ safety	1.5%
My intimate partner was coming to work	2.7%

### *Effects of Victim Disclosure*

We also examined whether, and in what way, disclosure affected IPV victims’ feelings about their work relationships and their ability to work effectively. As shown below, disclosure did not appear to have strong negative effects; victims reported little additional feeling of isolation, job insecurity, or believing that others regarded them as less competent after they



disclosed their abuse. IPV victims did report positive effects of disclosure in terms of the IPV victim feeling more support, hope, ability to concentrate, ability to rely on others, and feeling safer.

<b>Effects of Victim Disclosure</b>	<b>N</b>	<b>Mean Level*</b>	<b>SD</b>
Feel more support at work	173	2.53	1.40
Feel more hopeful	174	2.23	1.15
Better able to concentrate	172	2.04	1.24
Able to rely on people to cover for me	167	2.13	1.29
Feel safer at work	173	2.54	1.40
Feel more isolated at work	173	1.43	.77
Feel less job security	174	1.26	.65
Believe others thought of me as less competent	173	1.44	.83

\*1=Not at All, 5=To a Very Large Degree

In order to develop a deeper understanding of the differences between victims who disclosed abuse at work and those who did not, we ran mean difference tests on several variables in the combined dataset. As can be seen in Table 12, victims who disclosed the abuse at work reported lower self-esteem, greater depression, greater work distraction, and more days of tardiness than those who did not disclose their abuse. While one must be careful in drawing conclusions based on correlations, it appears from these two results (positive benefits from disclosure but lower levels of well-being among those who disclosed) that victims who disclose their abuse at work may be those who are suffering the most and those who have the most potential to be helped by the disclosure.

Table 12

*Differences between Victims Who Disclosed Their Victimization and Those Who Did Not*  
*Current Victims*  
*Combined Dataset*

<b>Variables</b>	<b>No disclosure to coworker or supervisor</b>	<b>Disclosure to coworker or supervisor</b>	<i>df</i> <sup>a</sup>	<i>t</i>
	Mean	Mean		
Self-efficacy	4.42	4.35	468	1.197
Economic self-sufficiency	3.62	3.43	291	1.301
Job satisfaction	3.79	3.9	469	-1.35
Organizational commitment	3.62	3.58	462	0.578
Intention to turnover	2.27	2.27	463	0.043
Perceived organizational support	3.63	3.7	465	-0.3818
Job insecurity	1.52	1.47	468	0.933
Family work conflict	1.93	2.09	420	-1.924
Work distraction	12.46	15.58	373	-2.162*
Depression	2.56	2.92	364	-2.919**
Negative affectivity	2.07	2.47	357	-4.422**
Self-esteem	4.11	3.93	458	2.638**
Absenteeism	11.52	14.31	257	-0.967
Tardiness	17.94	30.03	403	-2.36*

<sup>a</sup> *dfs* vary due to missing values

## Victim Hopefulness

In order to understand what might make IPV victims feel more hopeful about their life situation, we examined the association between hopefulness and multiple other constructs. In Hypothesis 8a we predicted that there would be a positive relationship between the amount of support that IPV victims receive from their supervisor, coworkers, and the organization (via POS) and their level of hopefulness. In Hypothesis 8b we predicted there would be a positive relationship between victims' economic self-sufficiency and their level of hopefulness. Hypothesis 8c predicted a negative relationship between job insecurity and hopefulness. As shown in Table 13, we found significant correlations for all variables except supervisor support and coworker support. As expected, we found that support from the organization (POS) and perceptions of economic self-sufficiency were positively associated with hopefulness, and job insecurity was negatively associated with hopefulness.

We also examined the extent to which victims' hopefulness about the future was associated with various professional and personal variables. As predicted in Hypothesis 9a, there was a positive association between hopefulness and organizational commitment and job satisfaction. And, as predicted in Hypothesis 9b, there was a negative association between hopefulness and depression, work distraction, and intention to turnover. There was not, however, a significant relationship between hopefulness and absenteeism. These results are summarized in Table 13.

Table 13  
*Means, Standard Deviations, and Correlations for Hopefulness*  
*Phase Two*

Variables	Mean	SD	1	2	3	4	5	6	7	8	9	10	11
1. Hopefulness	3.60	0.61											
2. Support from supervisor	0.68	1.38	-0.002										
3. Support from coworker	3.19	1.05	0.046	0.394**									
4. Perceived organizational support	3.75	0.77	0.265**	0.042	0.326**								
5. Economic self-sufficiency	3.22	1.26	0.525**	0.008	-0.080	0.061							
6. Job insecurity	1.53	0.62	-0.262**	-0.114	-0.294*	-0.343**	-0.196*						
7. Organizational commitment	3.63	0.75	0.269**	-0.028	0.169	0.415**	0.166	-0.230**					
8. Job satisfaction	3.75	0.74	0.335*	0.078	0.359**	0.568**	0.134	-0.246**	0.447**				
9. Depression	2.73	1.17	-0.406**	0.121	-0.082	-0.183*	-0.274*	-0.017	-0.076	-0.273**			
10. Work distraction	14.18	11.49	-0.318**	0.074	0.090	-0.133	-0.376**	0.083	0.073	-0.234**	0.370**		
11. Intention to turnover	2.26	1.05	-0.188**	0.039	-0.183	-0.548**	-0.177	0.244**	-0.590**	-0.569**	0.237**	0.170*	
12. Absenteeism	11.36	22.14	-0.029	0.090	0.054	0.032	-0.121	0.024	-0.046	-0.055	0.119	0.195*	0.119

\*p < .05 \*\* p < .01

## Discussion of Phase Two Results

The preliminary results from this second round of data collection provide some interesting insights into the effects that intimate partner violence can have on the workplace. Our goal with this phase of the study was to understand more about how IPV plays out within the work environment, with a particular emphasis on coworker-related effects. It is useful to know when and why IPV victims disclose their victimization to people at work, and the effects that this disclosure has on their personal and professional well-being. It also is useful to understand how coworkers react to this disclosure in terms of their decisions about support giving, their feelings about the organization, and their attitudes toward the IPV victim. Further, we wanted to understand how organizational conditions might impact the hope that victims have about their futures. This report provides preliminary findings related to these interesting questions, but we note the caveat that the results relate to only one company in one industry, and so replication of results will be important before definitive conclusions can be drawn.

First, we found that victims were reluctant to disclose victimization to colleagues at work. Just over half of victims indicated that they had told someone at work, but the degree of disclosure was quite low. This suggests that victims prefer to treat their victimization as an “invisible identity” (Ragins, 2008) at work. Although the workplace may be one of the primary places in which victims can seek social support, they appeared reluctant to “out” themselves in terms of their victimization, and seem to do so primarily when they need some form of assistance. It is perhaps not surprising that employed IPV victims seemed to disclose their victimization when they needed assistance rather than as a matter of course. This may be a wise decision on their part in that there is little employment-related legal protection for IPV victims.

The pattern of disclosure we uncovered also was interesting. When disclosure did occur, it tended to be with supervisors and coworkers rather than with more distant and formal

organizational authorities, such as HR representatives or security personnel. In effect, we found that IPV victims reveal to individuals who are close in their social work space. This suggests the importance of organizational policies that help supervisors and coworkers understand appropriate actions following IPV disclosure. If our findings generalize to other organizations, employed victims will be unlikely to seek assistance directly from HR or security, and therefore supervisors and coworkers serve as an important channel through which organizations will learn about the victimization of their employees.

We also found that IPV victims who did disclose did so for self-serving reasons. That is, they disclosed to someone at work because they needed something (e.g., time off, emotional support, protection) or because they wanted to explain their poor job performance or attendance. These results lead us to two conclusions. First, we conclude that the workplace *does* serve as a source of needed information and resources for IPV victims. Second, we conclude that victims' need for these organization-based resources is powerful. If victims are willing to overcome their reluctance to disclose their invisible identity, then the needs that prompt this disclosure must be strong indeed.

We also found that when IPV victims disclosed to someone at work, the effects were more positive than negative. Certainly disclosure has the potential to make the victim a social isolate or to lead others to develop less positive perceptions of the victim. In our sample, victims who had disclosed did not report these effects. On the contrary, they reported feeling more hopeful, safer, more supported, and better able to concentrate. Given the reluctance of victims to report victimization, it is encouraging that they encounter more positive than negative consequences when they do disclose. It is unclear, however, how much these more positive consequences are a function of the particular organization we studied. Given that all victims were employed by one company, it may be that these positive outcomes are due to this particular

organizational climate. Future work in other organizations is needed before we can state that disclosure is beneficial for the work outcomes of all or most IPV victims.

The finding that IPV victims who disclose are more hopeful about their futures is critically important. In our study, hopefulness was a very important state of mind for victims. When IPV victims were hopeful about their futures, they also were less depressed, were less likely to want to leave their employment situation, had higher job satisfaction and organizational commitment, and were better able to concentrate at work (i.e., indicated less work distraction). This suggests that hope is a powerful coping mechanism for individuals who are in the midst of IPV victimization. Victims who were able to sustain hope that their future would be better were able to function at a higher level at work, to feel more pleasure in their work, to make positive attachments to the employer, and to maintain a more positive affective state. It is important, then, to ask what conditions lead victims to feel hopeful.

Our results suggest that several conditions are associated with the hopefulness of IPV victims. First, if they feel economically empowered and secure, they are more hopeful. Victims who reported strong beliefs about their ability to take care of themselves financially, and those who believed they had a high level of job security, reported the strongest hope for the future. This demonstrates the critical role of economic empowerment for IPV victims. Given that hope is a goal-oriented mental state (Snyder, 1994), victims who are hopeful are more likely to take action to change their life situation. Our findings, therefore, demonstrate a strong connection between economic empowerment and the hopeful mental state that is needed for victims to break the cycle of violence that entraps them.

We also found that support from others in the work environment was predictive of hopefulness, although the results were complex. As expected, when IPV victims felt supported by their employer (i.e., strong POS perceptions) they reported higher hopefulness. This suggests

the importance of a supportive organizational climate for employed victims. We did not find that supervisor support or coworkers' support were predictive of hopefulness, however. Taken together, these results suggest that it may not be the personal support received from people at work (i.e., supervisors or coworkers) that is important to a state of hopefulness, but factors more directly related to economic empowerment, such as job security, economic self-sufficiency, and support from the employing organization.

We also examined how social support from coworkers and the organization impacted the well-being of employed IPV victims. Although it seems reasonable to expect that victims who have support would be "better off" than those who did not, it also is possible that IPV victims are in such a difficult life state that support from people at work is not influential to their well-being. Interestingly, our results suggested that support from the organization, not from coworkers, was most influential in predicting well-being variables. IPV victims who felt supported by their organization reported less depression, higher job satisfaction, stronger organizational commitment, less job insecurity, and a lower intention to leave the job situation. However, the positive effects of POS did not extend to behavioral outcomes, in that absenteeism and work distraction were not impacted. Contrary to our expectations, support from coworkers did little to impact the well-being of victims in either a positive or negative direction. The only exception to this was that coworker support was associated with higher job satisfaction and with less job insecurity. Taken together, these results suggest that it is the support of the employer that is most critical to the overall well-being of IPV victims.

We also explored the types of assistance that coworkers might provide to IPV victims. Several aspects of our results were interesting. First, we found that the mean level of coworker assistance was quite low. Few coworkers reported strong levels of any type of help for IPV victims. Second, we found that when assistance was given, it tended to be in the form of advice



or information, rather than behavioral intervention. Few coworkers reported taking direct action to assist the victim. Our findings also suggest some preliminary answers to the question “what leads coworkers to provide assistance.” In general, we found that coworker assistance tends to be a “pull” phenomenon more than a “push” phenomenon. That is, coworkers get involved not because they want or need to, but because they are pulled into the situation. For example, we found no evidence that help for IPV victims is prompted by coworker personality (although we acknowledge the limited set of personality variables we were able to explore). At least in our study, there is not a predisposition for certain coworkers to provide assistance. We also did not find that coworkers who were strongly attached to their organization felt any more compunction to offer assistance than did those who had less positive feelings about their employment situation. And it was interesting that coworkers who believed that management was supportive of IPV victims were themselves less likely to offer support or assistance. On the other hand, we did find that coworkers offered more assistance when they became aware of their colleague’s victimization through direct means, like being told by the victim or witnessing an incident. In other words, when coworkers were pulled into the situation by having a direct experience with the victim or the perpetrator, their level of support was enhanced.

Taken as a whole, these findings suggest a complex picture of coworker involvement. Coworkers were not compelled to provide assistance to IPV victims because of their own predispositions or their connection to the employer. Coworkers appeared to limit their level of assistance, and to provide assistance primarily when they felt compelled to, because of a direct experience or a perceived connection (e.g., to help out other women). However, coworkers are not unsympathetic to victims, in that a strong majority who knew about a colleague’s victimization provided some form of assistance. Perhaps it is fair to say that coworkers, at least

in the organization we studied, might be regarded as “sympathetic but reluctant observers” to the IPV victimization.

## LIMITATIONS

We note a few limitations to the research reported here. First, our study involved employees in a small number of organizations headquartered in a southern state, and therefore we must be careful in generalizing results to other employment situations. The issue of representativeness should be considered at both the organizational and individual levels. In regard to the former, our study involved four work organizations and therefore caution should be taken in generalizing the results to other organizations. As mentioned above, we especially caution the reader on this point in regard to estimates of organizational costs. The costs reported here depend upon the unique salary structures and distributions within the organizations that were studied, and it is highly likely that cost figures in other organizations (which have different salary structures and distributions) would differ. And some of our findings in Phase Two may be attributable to the climate in the single organization examined in that phase of the research.

At the individual level, the representativeness issue should also be acknowledged, but it may be less problematic. The number of individuals studied here is much larger than that found in many other studies of work-related IPV. In fact, there were more current male victims (85 in round one and 58 in round two) in our sample of 1511 male respondents than there were in the NVAWS sample of 8,000 male respondents (88). In addition, our study included individuals from 39 states, suggesting some level of national representation

Second, our research was cross-sectional and so we must be cautious in inferring causal relationships between variables studied here. Third, although we recognize that healthcare costs are likely to be the largest cost organizations bear from IPV victimization, we did not examine it in this study. Finally, given that our grant period is limited and our primary focus during this

period was on data collection, we have reported only preliminary results in this report. With time, we expect that more nuanced results will emerge around the findings reported here.

## CONCLUSION AND PRACTICAL IMPLICATIONS

Although this project involved two distinct phases of research, we want to close this report by discussing conclusions and practical implications that can be drawn across these two phases. First, and fundamentally, our research demonstrates that the workplace is a very viable arena for research on IPV. Although IPV is a sensitive and private issue, our experiences across both rounds of data collection convince us that employers and employees are willing to engage around this topic. That is, managers are willing to participate and subjects are willing to be forthcoming within the work setting. Certainly, as when studying any sensitive topic, organizational researchers must be thoughtful about their methodologies. However, any challenges raised by organization-centered research are also offset by some benefits. Much of the previous large-scale research on IPV involved contacting potential victims in the home. Given that a primary location of victimization is the home, this approach seems to not only limit the validity of results but also may put the subjects in actual danger. Our experience demonstrates the possibility of organization-centered research when appropriate to the research questions.

Second, across both phases of research, it was clear that IPV is a work-related phenomenon. The frequency with which employees reported this experience was quite startling. Clearly, many individuals in many work organizations are either currently experiencing IPV or have experienced it at some point in their lives. In addition, a sizeable percentage of victims report experiencing an IPV incident on work premises, which emphasizes even more the work-related nature of the IPV phenomenon. Add to this the number of coworkers who know about a

victimized colleague, and the potential for this topic to influence organizational members is obvious.

Third, there are negative consequences for employees and employers because of IPV. Across both phases of our research, these effects were well-documented. Employees who were victimized—whether male or female, whether current or previous victims—experienced negative effects on their personal and/or psychological well-being. These effects became even more dramatic when employees were victimized on work premises. These effects, not surprisingly, spilled over to affect the employer, resulting in higher personnel-related costs. One conclusion that employers might draw from this is to avoid the hiring of IPV victims. Given the prevalence of victimization in the labor force, however, this is an impractical goal. A better conclusion is that IPV is a fact of organizational life, and therefore a problem that organizational leaders should try to understand and manage, as they do with other human resource-related challenges.

Fourth, our results demonstrate that victims are reluctant to disclose their victimization, but when they do, it is to colleagues who operate within their work units, rather than to formal representatives of the organization. From a practical standpoint this means that organizations should not expect policies and procedures that require formal reporting to be entirely effective. Rather, employers should recognize that victims will most likely share information first with close colleagues, and so procedures and training that helps these colleagues understand their role in IPV reporting is critical.

In addition, our results suggest that when employees disclose IPV victimization, this has more personal benefits than costs. Victims tend to feel more hopeful and more supported after they have shared information with organizational colleagues. And our studies demonstrated that being supported and feeling hopeful have many positive consequences for the organization and for the victimized employee. This speaks, again, to the need for employers to recognize the IPV

issue. To this point, we have argued that IPV is prevalent in work organizations and potentially damaging to organizational outcomes. However, our results also demonstrate that organizations have significant power to influence the degree of harm that employees and employers experience as result of IPV, and so recognition and appropriate management around this issue is in the best interests of all organizational members. Our results also indicate that if organizations develop programs and policies around IPV, employees will not only utilize these but will benefit from them.

Further, we conclude that coworkers of IPV victims are best represented as “sympathetic but reluctant observers.” On the positive side, coworkers do not appear to seek involvement in the IPV experiences of their colleagues. We view this as positive because it minimizes the potential risk that these individuals might themselves face. On the other hand, it also is clear that coworkers get “pulled in” to their colleagues’ IPV experiences, and so organizational training and policies that help coworkers understand their roles, rights, and responsibilities is very important.

Taken together, these conclusions imply the elements necessary to effective management of IPV. Employees (victims and coworkers both) must understand that IPV is an issue that management recognizes as important and relevant to work. Through training and through organizational policies, managers can communicate the organization’s support for IPV victims. When an employee discloses victimization, the employer can work even harder to communicate concern and can make certain the victim knows that her or his job is secure. Through training and organizational policies, the organization can also communicate expectations for coworkers who become aware of the victimization of another employee. Our findings indicate that these actions have the potential to empower victims, keep coworkers safe, and minimize negative effects for all organizational members.

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## DISSEMINATION OF RESEARCH FINDINGS

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- Reeves, C., O'Leary-Kelly, A., Liou, R., 2009. Too much information? Coworker knowledge of intimate partner violence victimization. Presented at Society for Industrial & Organizational Psychology Conference, New Orleans, LA.
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