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The Long-Term Impact of Intimate Partner Violence on Survivors' Employment Outcomes

Heather Stark
Walden University

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Walden University

College of Social and Behavioral Sciences

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Heather Stark

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Review Committee

Dr. Marites Pinon, Committee Chairperson, Psychology Faculty
Dr. Marlon Sukal, Committee Member, Psychology Faculty
Dr. Elisha Galaif, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

The Long-Term Impact of Intimate Partner Violence on Survivors' Employment
Outcomes

by

Heather Stark

MPP, Walden University, 2019

MPA, University of Colorado, Denver, 2008

BS, Kent State University, 1971

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Organizational Psychology

Walden University

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Abstract

When women experience intimate partner violence (IPV), subsequent effects could impact their performance in the workplace, including physical illness, absenteeism, lack of focus, financial hardship, and other problems. Little information is available, however, as to whether there are long-term negative effects on the victims' employment. The purpose of this quantitative study was to compare long-term job success as measured by the dependent variables of job satisfaction, unemployment, underemployment, and job stability among women who have experienced IPV in the past and those who have not. Trauma theory provided the framework for this study. Participants were recruited from women's organizations and business and educational organizations. Data were collected from 247 participants online via Survey Monkey and analyzed using a MANOVA. Study results showed that women who experienced IPV at least five years previously demonstrated higher levels of underemployment and less job satisfaction than women who had not experienced IPV. This may indicate these survivors were more likely to be working at jobs that do not match their levels of skill and that those survivors are less likely to be satisfied in their jobs. The findings could lead to positive social change by providing greater understanding of employee needs and informing organizations how those needs can be met through longer support and development opportunities. Social service programs might also learn how to better help individual survivors of domestic violence gain greater job success through training and support groups addressing employment needs.

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Dedication

This dissertation is dedicated to the many women who have endured, suffered from and continue to be plagued by intimate partner violence even as they valiantly strive to live healthy and safe lives.

It is also dedicated to the children of those women who also bear wounds.

Acknowledgments

This work would not have been accomplished without the support and sacrifice of my children, Jake and Britten. They are the world and I thank them for being there for me.

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Chapter 1: Introduction to the Study

Introduction

There is a gap of specific knowledge about how experiencing intimate partner violence (IPV) contributes to problems for long-term job success as measured by four dependent variables: job satisfaction, underemployment, unemployment, and job stability. Job satisfaction involves interest in and sense of meaningfulness about the work. Underemployment is performing work that is significantly below the worker's capabilities in time commitment, job skills, or responsibility (US Department of Labor, 2016). Job stability is the frequency with which an employee leaves his or her position (US Department of Labor, 2016).

This quantitative correlational study analyzed the differences in these variables between women who have experienced IPV in the past and those who have not. The independent variable was the experience of IPV, and the dependent variable was job success as measured by job stability, unemployment, underemployment, and job satisfaction. The research question was whether experiencing IPV 5 years ago or longer has any effect on job success, as measured by the four dependent variables of job satisfaction, underemployment, unemployment, and job stability. A significant difference between the two groups of women in this study has the potential to influence social change not only for individual employees and employers, but also for the wider community by establishing the possible connections between experiencing IPV and long-term job success. This information has the potential for changing how counsellors, educators and advocates advise and work with survivors of IPV. It also has the potential

for helping organizational psychologists who interact with employees at all levels of employment.

IPV, also referred to as domestic violence (DV) in the research literature, is widespread throughout the United States as well as around the world, with estimates of 15% to 75% of all women experiencing physical and or sexual abuse from an intimate partner (Fathalla, 2006; Garcia-Moreno et al., 2006; Perilla et al., 2011; Truman & Morgan, 2014). Estimates of the occurrence of IPV experienced among American women, regardless of age or ethnicity, range from 21% to 25% (Adams et al., 2013; Black et al., 2011; Reeves & O'Leary-Kelly, 2007; Swanberg et al., 2012; Zlotnick et al., 2006;). Breiding et al. (2014) estimated that as more than 47% of women are affected by such violence. The Centers for Disease Control and Prevention (CDC) in 2016 found one in three women has experienced physical and or sexual assault or stalking during a lifetime, and when psychological abuse is added to the equation, the numbers jump to include nearly half of all women (CDC, 2016). Men also are victims of IPV; however, despite some studies finding that the rate of male and female perpetrators are nearly equal, National Institute of Justice surveys supported by CDC and the Bureau of Justice Statistics (2014) reported that assaults that were of the level of a safety or crime seriousness were significantly more likely to be perpetrated by males upon females (NIJ, 2010; Melton & Sillito, 2011). Therefore, this study uses female pronouns when referring to victims and survivors. DV is used interchangeably with the term IPV throughout the years of research. For this study, the term IPV was used.

The literature shows that victims of IPV suffer from a number and variety of short-term and long-term effects, including physical, emotional, and functional (Avidibegovic et al., 2017; Bazargan-Hejazi et al., 2014; Gharacheh et al., 2016; Humphreys, 2007; McGarry et al., 2011; Mechanic et al., 2008; Renner et al., 2014; Selic et al., 2011; Sørensen et al., 2012; Taft et al., 2007; Zlotnick et al., 2006). Psychosocial functioning in survivors of IPV also can be impaired as a result of the abuse, and is manifested by emotional withdrawal, impulsivity, anxiety, depression, and posttraumatic stress disorder (PTSD), all of which can have a negative impact on work performance (Avidibegovic et al., 2017; Davidov et al., 2017; Jordan et al., 2010; Khalkhali et al., 2016; Matheson et al., 2015; Rodriguez et al., 2015). Psychosocial coping strategies include avoidant behaviors, such as drinking, doing drugs, and other harmful behaviors.

Avoidant coping behaviors in the workplace can lead the survivor to use strategies such as substance abuse or aggressiveness at work (Feingold & Capaldi, 2014; Kendall-Tackett, 2005; Krause et al., 2008; Lindhorst et al., 2007; Waldrop & Resick, 2004). Staggs et al. (2007) studied employment stability and job turnover among IPV victims. Not surprisingly, women who were experiencing IPV were more likely to be underemployed, unemployed, and experience employment instability. Organizational efficiency and profitability are dramatically affected by increased health care costs, lost productivity, absenteeism, and tardiness (Blasco-Ros et al., 2010; Reeves & O'Leary-Kelly, 2007; Rothman & Corso, 2008; Swanberg et al., 2006; Wathen et al., 2015).

Physical ramifications of IPV range from the immediate broken bones, contusions, and other injuries to physical risks and conditions including a higher-than-

average incidence of early stroke, lupus, multiple sclerosis, and diverticulitis (Bazargan-Hejazi et al., 2014; Crofford, 2007; Humphreys, 2007; Kopek & Sayre, 2004; Lacey et al., 2013; Matheson et al., 2015; Sugg, 2015; Wong & Mellor, 2014). Campbell (2002) found abused women have much higher rates of digestive disorders, gynecological, and total health problems than the general female population.

The purpose of this research was to focus on the long-term effects of IPV on job satisfaction, underemployment, unemployment, and job instability among women. The presence of a negative correlation between IPV and job success factors may indicate the need for additional support for individuals who experienced IPV. Information from these data could help employers provide employee assistance and enrichment programs, (EAP) similar to the now common EAPs for debt and financial management, bereavement, and trauma support (Tirbutt, 2016). Researchers have indicated that such programs not only improve business profitability but also benefit employee well-being (Compton & McManus, 2015; Levesque, 2015).

The positive social change implications of these results are vast. The information could be used to update current organizational IPV training and support programs or create new ones (Corporate Alliance to End Partner Violence, 2005), as well as justify the introduction of mandatory IPV education and training of organizations' HR professionals and all directors and managers. This includes the chief executive officer and other executive leaders, security managers and officers, new employees, and current employees including facilities and environmental staff.

This study examines the independent variable of having experienced IPV at least 5 years ago, and the dependent variables of job success (underemployment, job stability, unemployment, and job satisfaction) in order to determine whether experiencing IPV in the past influences job success for survivors in the present. Results from current research (Banyard et al., 2011; Beck et al., 2014; Blodgett & Lanigan, 2017; Chan & Cho, 2010; Crowne et al., 2011; Karin, 2009; LaVan et al., 2012.) indicate a significant relationship between employees who are currently experiencing IPV and increased risks to her and other employees if the perpetrator of the IPV comes to the worksite and threatens harm or poses dangers including physical harm and threats to not only the victim but also other employees (McFerran & Walden, 2012). Furthermore, loss of productivity and costs for mistakes occur when the employee currently affected by IPV is distracted by the perpetrator and her rate of absenteeism increases. Recently, researchers have revealed that there are short-term effects for employees currently experiencing IPV and elevated risks, dangers, financial costs to the company, and loss of productivity due to increased absenteeism and distraction (Adams et al., 2013; Holden et al., 2011; Logan et al., 2007; McFerran & Walden, 2012; Reeves & O’Leary-Kelly, 2007; Swanberg & Macke, 2006; Swanberg et al., 2006; Tiesman et al., 2012).

In addition to providing the theoretical framework for this study, Chapter 1 presents background information, identifies the need for this research, and poses research questions. Chapter 2 presents an analysis of current literature for the underlying components of the research problem. Chapter 3 describes the methodology used to gather data and analyze it.

Background

The most recent Commerce Clearing House Annual Unscheduled Absence Surveys (2007) found the annual financial cost to businesses from absenteeism and loss of productivity while on the job is more than \$660 per employee per year. The reasons for absenteeism range from employee illness, stress, family issues, and taking care of personal needs, all of which are associated with victims of IPV (Access Economics, 2004; Astbury & Walji, 2014; Bonomi et al., 2009; Keeshin et al., 2012; Pico-Alfonso et al., 2006). Loss of productivity in organizations has been traced to high turnover rates as well (Aamodt, 2007).

Insights from the results of this proposed study can be used to enlighten organizational leadership about the short-term and potentially long-term tangible and intangible costs of IPV to the workplace (i.e., loss of productivity and absenteeism). This new information could prompt discussion of what workplaces need to do to support employees who are survivors of IPV and experiencing long-term effects. It is not clear to what extent absenteeism and loss of productivity are related to long-term effects of IPV because there is limited research on this aspect of IPV. There is a body of research that shows detrimental effects of IPV on organizational efficiency. Reeves and O'Leary (2007) conducted research on the costs of IPV to the workplace, although focused on short-term effects of current IPV situations rather than long-term effects. The authors found victims had higher absenteeism and tardiness than nonvictims and equated those factors to actual dollar costs for employers, including the mean annual costs for distraction, absenteeism, and tardiness. This proposed research helps fill the gap in

research by identifying the quantity and the types of long-term effects of IPV on employment factors.

Swanberg and Macke (2006) found 19% ($n = 868$) of those studied in a medium sized municipal government workplace had experienced IPV within their lifetimes. Responders who reported experiencing IPV within the last year reported an inability to concentrate, compromised performance, and absenteeism. Plichta (2004) studied IPV and physical health consequences, which supported earlier research showing long-term health problems in survivors of IPV. This study confirmed a relationship between effects of short-term IPV and possible employment impacts. Lindhorst et al. (2007) compared long-term effects of IPV on securing employment and welfare outcomes and found that IPV is associated with unemployment. Waldrop and Resick (2004) researched how women cope with IPV and its consequences and found victims of IPV commonly deal with long-term depression, PTSD, and damaged self-esteem. These coping strategies include both cognitive and behavioral strategies to avoid a stressful situation. Negative behavioral strategies can range from lack of focus to substance abuse. Such avoidance coping can affect a survivor's functioning in the workplace. A more complete description and critical analysis of each of these studies is presented in Chapter 2.

Rodriguez et al. (2015) found impaired psychosocial functioning in survivors of IPV. This manifested by emotional withdrawal, impulsivity, anxiety, depression, and PTSD, all of which can have a negative impact on work performance (U.S. Department of Health and Human Services, 2003; Black, et.al 2011). Avoidant coping behaviors in the workplace can lead the survivor to use strategies such as substance abuse or

aggressiveness at work (Avdibegovic et al., 2017; Feingold & Capaldi, 2014; Khalkhali, et al., 2016; Krause et al., 2008). Staggs et al. (2007) studied employment stability and job turnover among IPV victims. Women who experienced IPV were more likely to be underemployed, unemployed, and experience employment instability. The organizational efficiency and profitability are dramatically affected by increased health care costs, lost productivity, absenteeism, and tardiness (Reeves & O'Leary-Kelly, 2007; Rothman & Corso, 2008; Swanberg et al., 2006).

The cited studies support the idea that workers who experience IPV have the potential to affect organizational productivity, efficiency, and financial outcomes. However, there is a gap in the research addressing long term effects of IPV and survivor job success. This study examines job stability, underemployment, unemployment, and job satisfaction among study participants to investigate whether the historic experience of IPV for an employee increases costs for absenteeism and lost productivity at the workplace, and potentially allows organizations to look at strategies to improve these factors for employees. Current research shows that IPV results in a number of negative effects both on the victim and the workplace, and that there are long term negative effects on the health and functioning for survivors, however, there is little research specifically investigating whether IPV also correlates with long term negative effects on survivors' employment success. This study was intended to address this gap in the research literature and examined how IPV experienced more than five years ago is related to current job satisfaction and success.

Problem Statement

This research addressed a gap in the literature by focusing specifically on exploring the differences in job success factors (four dependent variables) between two groups of women: (a) those who have survived IPV that occurred at least 5 years ago, and (b) those who have never experienced IPV. Job success was composed of four variables: job satisfaction, unemployment, underemployment, and job stability.

There is a current body of research that shows women experience negative effects from experiencing IPV which range from physical, emotional, and economic effects to absenteeism. (Bazargan-Hejazi et al., 2014; Humphreys, 2007; Matheson et al., 2015; Montero et al. 2011; Postmus et al., 2012; Poutiainen & Holma, 2013; Staggs et al., 2007; Sugg, 2015; Wong & Mellor, 2014). There is also research showing long-term health effects for women who experienced IPV (Cavanaugh et al., 2013; Matheson et al., 2015; Keeshin, et al., 2012; Sternthal et al., 2010; Sugg, 2015; Vidlock et al., 2009; Vives-Caseset et al., 2010). Despite the prevalence of IPV, and the potential costs to employers, there is no current research examining the relationship between experiencing IPV more than five years previously and later job success.

Purpose of the Study

This quantitative study examines women who experienced IPV five or more years previous to taking the survey to gather data on whether their job success as measured by job turnover, underemployment, unemployment and job satisfaction show significant differences from women who have not experienced IPV.

Existing research looks at three potential problems areas surrounding IPV. There is a body of information about short term effects, both for the victim and for the workplace; and there is growing information about long-term effects for victims (Adams, 2011; Alhabib et al., 2010; Bonomi et al., 2009; Caldas et al., 2012; Cisler et al., 2012; Helfrich et al., 2008; Keeshin et al., 2012; Lacey et al., 2013; Van der Kolk, 2014). The gap is in information about what those long-term effects are for the individual in the workplace. In order to reasonably measure such effects, this study examines four variables: unemployment, underemployment, job turnover, and job satisfaction of the victim. Since each of these four variables has been associated in different studies with costs and productivity in the workplace, each provides an indication whether there is any effect that experiencing IPV has on employees five years or longer after that experience.

The study filled the gap in existing literature by examining the effect that a history of IPV has in the workplace. The study examined data to identify what, if any, impact experiencing IPV has on unemployment, underemployment, job stability, and job satisfaction for survivors, and thus indicates the impact it has on worker performance and productivity. This quantitative study examined four variables (job turnover, underemployment, unemployment, and job satisfaction), comparing two samples: women who have experienced IPV and those who have not.

Information from the study will be useful to employers to determine whether the workplace can improve performance and productivity by addressing and assisting workers with prior IPV experience. Continuing or primary education for human resources

staff may be desirable in order to address IPV issues within the workforce and thereby improve organizational functioning and productivity.

Research Questions and Hypotheses

The research questions in the study were:

RQ: Is there a significant difference in job success, as measured by unemployment, underemployment, job stability, and job satisfaction between women who have survived IPV and those who have not experienced IPV?

H₀1: There is no significant difference in the unemployment as measured by the Employment IPV Questionnaire between those who have experienced IPV five or more years previously and those who have not experienced IPV.

H_a1: There is a significant difference in the unemployment as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H₀2: There is no significant difference in underemployment as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H_a2: There is a significant difference in underemployment as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H₀3: There is no significant difference in job stability as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

Ha3: There is a significant difference in job stability as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H₀4: There is no significant difference in job satisfaction as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

Ha4: There is a significant difference in job satisfaction as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV as measured by self-report.

Theoretical Framework

For purposes of this study, trauma theory most closely informed the theoretical framework. The theory ties in the myriad physical responses to trauma with psychological responses and posits that those mind-body connections can result in not only immediate effects but long-term effects in behaviors long after the actual traumatic event(s). The premise of trauma theory is that trauma can produce negative consequences not only for individuals but for groups, as well.

Van der Kolk (1996) examined the effects of traumatic stress on victims and developed the theory that trauma response affects cognition and behavior. Herman (2001) explained the theory as the body and mind response to traumatic events that are so significant, they override the typical human coping system, particularly in cases where the source of the trauma is not a single incident, but repeated events such as occur in IPV. In one study of more than 500 subjects, Herman found that repeated traumatization led to

problems with dissociation, somatization, problems in affect regulation, and cognitive integration (van der Kolk et al., 1996). Herman argued that these symptoms could impair normal functioning (Herman, 1992) Suleiman (2008) elaborated on trauma theory as an explanation for victims of trauma being unable to process normal events without implementing dysfunctional responses such as dissociating from emotions. Courtois (2004) elaborated upon the symptoms of PTSD by building upon Herman's (1992) theory of Complex PTSD and developing the diagnosis of complex trauma which she describes as affecting not only internal problems for survivors, but also an array of symptoms that detrimentally affect relationships and interactions. Ford and Courtois (2009) linked trauma to not only substance abuse, and homelessness, but also to unemployment and other personal and professional behaviors. Vivian and Hormann (2013) have correlated the significance of personal trauma experiences with negative consequences not only for the individual, but also for organizations and organizational culture of which the individual is a part. Based upon the existing research linking trauma not only to personal detrimental consequences, but also to human performance and interactions in the workplace, trauma theory informs the theoretical framework of this study (Suleiman, 2008; Vivian & Hormann, 2013). Trauma theory also explains behaviors exhibited long after the trauma occurs, which may impact the workplace. This theory recognizes trauma such as IPV and the long-term changes in behaviors that result, which may impact workplace behaviors and thus job success (Ford & Courtois, 2009). This theory is consistent with other studies which examine the short-term effects of IPV in the workplace and was aligned with the quantitative design and survey method of this

research design (Swanberg et al., 2005). A more comprehensive presentation of trauma theory is covered in Chapter 2.

Nature of the Study

This correlational quantitative study was an investigation using a survey based upon the Satisfaction with Work Scale by Vrkleviski and Franklin (2008), designed with quantitative methodology in order to quantify the problem and generate numerical data in order that the results can reveal patterns that can be generalized for larger populations. This study was intended to establish a statistical basis for further qualitative and quantitative studies and laid groundwork for learning more about the effects of IPV on individual performance and organizational efficiency. The target populations of respondents were women aged 18 years or older who had never experienced IPV as well as women aged 18 years or older who experienced IPV 5 or more years ago. The dependent variables were unemployment, underemployment, job turnover, and job satisfaction, and the independent variable was IPV.

The sample size was determined using the power analysis calculator (Soper, 2016) for a MANOVA with an anticipated effect size = 0.10, desired statistical power = 0.80, number of predictors = 4, probability level = .05. The required sample size was 64 for each of the two levels of the grouping variable for a total of 128 participants. The power analysis calculator used to determine the study sample size was obtained from an online a-priori sample size calculator for multiple regression (Soper, 2016).

Definition of Terms

Intimate partner violence (IPV): Also referred to in the research as domestic violence and intimate partner abuse, was defined as determined by the United Nations as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (United Nations, 1993). This term was used throughout the study to refer to domestic violence.

Job satisfaction: The contentment or satisfaction a worker feels for his or her work measured by their level of engagement in the work (Williams, 2004).

Job stability: The duration of the employment within a certain job as measured in months at that job (Valletta, 1999).

Long-term effect: Merriam-Webster (2017) defines long-term effect as any effect that occurs over a relatively long period of time. For purposes of this study, long-term effect was defined as occurring five or more years after the traumatic event(s).

Underemployment: The status of being employed but not to the extent for which the worker is qualified. Wilkins and Wooden (2011) explained that underemployment occurs both when an employee works part-time instead of full time or when a position and its subsequent pay is below the employee’s education and skill level. This was measured by collecting data on whether hours worked, pay scale achieved, and levels of responsibility in the employee’s current position were consistent with her level of education.

Unemployment: Defined by the Bureau of Labor Statistics (2017) as a condition where a person who is looking for work and available for work does not have paid employment.

Survivor: A person who experienced domestic violence, in any of its forms, and broke away from that relationship to establish a new life (Dienemann et al., 2009). For the purposes of this study a survivor was anyone who has experienced IPV and left the relationship 5 or more years ago.

Assumptions

There were three assumptions about the participants in this study. First, I assumed that participants answered survey questions honestly and completely. This was important in order to establish the reliability and validity of the study. Other assumptions included MANOVA assumptions as follows:

Normal Distribution: - The dependent variable was normally distributed within groups. Overall, the F test was robust to non-normality if the non-normality was caused by skewness rather than by outliers. Linear regression and frequency distribution to test for outliers were run before performing a MANOVA, and outliers were transformed or removed.

Linearity – MANOVA assumed that there are linear relationships among all pairs of dependent variables, all pairs of covariates, and all dependent variable-covariate pairs in each cell. Therefore, when the relationship deviates from linearity, the power of the analysis would be compromised. A scatterplot matrix between the dependent variables and a bivariate correlation were run to test for linearity.

Homogeneity of Variances: - Homogeneity of variances assumed that the dependent variables exhibit equal levels of variance across the range of predictor variables.

Additional factors for consideration included:

Unequal sample sizes – As in ANOVA, when cells in a factorial MANOVA have different sample sizes, the sum of squares for effect plus error does not equal the total sum of squares. This causes tests of main effects and interactions to be correlated. SPSS offers an adjustment for unequal sample sizes in MANOVA.

Outliers – Like ANOVA, MANOVA is extremely sensitive to outliers. Outliers may produce either a Type I or Type II error and give no indication as to which type of error is occurring in the analysis. SPSS was used to check for outliers and to consider necessary adjustments.

Multicollinearity and singularity – When there is high correlation between dependent variables, one dependent variable becomes a near-linear combination of the other dependent variables. Under such circumstances, it would become statistically redundant and suspect to include both combinations.

Second, I assumed I was able to recruit participants online from a variety of geographic areas and demographic categories in order to establish a sufficiently diverse research sample that represented the population under investigation. I oversampled by 20% to ensure there would be a sufficient number of participants with complete and usable data.

Scope and Delimitations

This study collected self-reported responses to survey questions about having experienced IPV and work experiences. Participants included those women who had experienced IPV and those who had not experienced IPV. To address job success factors, participants completed a survey that provided subtest scores of job satisfaction, unemployment, underemployment, and job turnover. Respondents were English speaking, aged 18 years or older, female, and recruited from the United States. The survey population for this study was limited to those who had access to the internet and could use Survey Monkey, and thus required some limited knowledge of and access to technology in order to open the survey, click on answer blocks, and submit the completed form. For purposes of this study, in order to measure long-term effects, IPV had to be five or more years in the past. Individuals who experienced IPV less than five years previously were experiencing short-term effects rather than long-term effects and were excluded, as were non-English speaking women, women under age 18 years, and males. The sample results were intended to generalize to the population of women who were long-term survivors of IPV. They were recruited from specific online forums as described in Chapter 3.

Limitations

A limitation in this study was that those who took the survey may be associated with women's organizations, including IPV services, which informed members and supporters about the survey. Although information about the study did go out to other organizations not associated with IPV services, it is possible there may be some potential

for not including participants from diverse populations. This study was also limited to examining job success (as measured by job satisfaction, unemployment, underemployment, and job turnover), between two groups identified only by having experienced IPV or not experienced IPV and did not look at other confounds. Other potential biases that could influence study outcomes included social desirability bias, sampling bias, and researcher bias. Because of the design of the study questions and the specificity of the research questions, these biases were unlikely to significantly impact the findings (Fournier, 2016; Grimes & Schultz, 2002; Hasson, 2005; Lavrakas, 2008; Pannucci, 2010; Slover-Linett, 2014). Since study participants were able to decide for themselves whether to respond to the questions, self-selection bias, however, could be a limitation, as could recall bias. Respondents were relying on their own memories in answering the questions, and as in any study, recall could be problematic and such biases would be difficult to eliminate. Therefore, recall bias and self-selection bias were considered a potential limitation of this study. In order to minimize these biases, however, the survey questionnaire was formulated to minimize recall bias by asking basic questions that did not lead respondents answering in a particular way, and to ask for responses that would be easy to recall. Self-selection bias was addressed by looking at the demographic information of respondents to ensure their characteristics matched those of the target audience and were representative of the target population. Inclusion and exclusion criteria of the study also helped mitigate self-selection bias.

Significance of the Study

This project was unique because it filled the gap in existing research about the effect that a history of IPV has in female workers and consequently the effects on the workplace. The study revealed data about whether experiencing IPV affects long-term unemployment, underemployment, job stability, and job satisfaction for survivors. Existing research indicates that there are significant short-term correlations between unemployment, job stability and employee job satisfaction and worker productivity (Brown, 2008; CDC, 2013; Swanberg et al., 2006). Lindhorst et al. (2007) found a link between unemployment and a history of IPV.

There are a number of studies that quantify the costs to organizations for job turnover and job satisfaction based upon earlier studies (Borchers et al., 2016; Breiding, et al., 2015; CDC, 2013; Reeves & O’Leary, 2007; Swanberg et al. 2006; Tolman & Wang, 2005).

Employers can use the information from the study to address and assist workers with prior IPV experience, thereby potentially improving organizational functioning and productivity. This study added to the limited body of information examining the effects of IPV in the workplace. It could also be a beginning of a body of research examining the long-term effects of IPV on the individual and effects on the individual and job interactions than have been studied in the past. This information could be used to advance workplace conditions and policies. The positive social change implications include the potential for social service organizations, treatment programs designed to provide services to survivors and victims of IPV, and individuals who have experienced IPV to

recognize and develop programs to assist with job success and employment issues experienced by survivors. Current assistance groups for IPV victims offer assistance for several weeks to a year after initial contact and very little assistance is directed toward workplace success (Stark, 2008). The results of this study could impact the timing of intervention for victims and survivors as well as the type of intervention. Programs designed to help survivors with work or job skills typically focus on teaching job skills with few, if any, programs offering help with job success strategies from the standpoint of the many long-term effects that have been identified as plaguing survivors (McLaren, 2013).

Summary

There is a need for researching effects of IPV on survivors' employment, unemployment, underemployment, job stability, and job satisfaction. Literature indicates a correlation between women and welfare and difficulty keeping employment (Borchers et al., 2016; Chang, 2013). The influence of IPV on these factors has not been fully investigated particularly when it comes to long-term influences. Effects of IPV in the workplace have been documented, but the studies focus on immediate, not long-term effects, at work. The costs of IPV to business each year are estimated to be \$727.8 billion from absenteeism, lost productivity, and paid days off (Brown, 2008; Pyles & Banerjee, 2010; Reece, 2006). Although the literature on effects of IPV in the workplace predominately focusses on the immediate issues of absenteeism, tardiness, and the IPV abuser bringing danger to the workplace, very few researchers have looked at the lingering effects of IPV and that cost to the workplace.

More research is finding there are very long-term physical and psycho-social effects to IPV victims (Avdibegovic et al., 2017; Davidov et al., 2017; Lacey, MacPherson et al., 2013; Matheson et al., 2015; Sugg, 2015; Wong & Mellor, 2014; This study helped bridge the gap between the immediate costs of IPV to the employer; it also investigated the long-term effects of IPV and whether those lingering effects also have a cost to employers. The theoretical basis of the research, trauma theory, factors in the individual trauma experienced by victims, as well as how that trauma carries over into the workplace for them individually as well as any effects on coworkers, and employers, was be discussed in Chapter 2. Chapter 2 reviewed the body of literature related to these topics.

Chapter 2: Literature Review

Introduction

While there is a body of research examining the short-term effects of IPV on both victims and their places of work and a growing body of research into the long-term effects on survivors, there is little research showing a direct link between IPV and later impact on the workplace (Adams et al., 2013; Black et al., 2011; Feingold & Capaldi, 2014; Sugg, 2015). Without this research there is a gap in the information about the long-term consequences for survivors of IPV as it relates to their job success. Current research does show that common problems often associated with trauma survivors, such as PTSD, presenteeism (when one is physically present, but unable to work because of physical discomfort, lack of focus, or distraction as described by Zhang et al., 2015), and absenteeism contribute to problems in employment. The purpose of this study was to fill the gap in existing research and investigate whether there are long-term effects on the workplace. This study investigated long term employment effects for women who have experienced IPV compared with women who have not. Trauma theory formed the theoretical basis for this study based upon the work of Van der Kolk (1996) and Herman (2001) who determined that trauma experience not only affects cognition and behavior, but also the human coping system. Coupled with the correlation of trauma with negative consequences for the workplace of victims, trauma theory informed this study (Vivian & Hormann, 2013).

A number of psychological theories could be potentially applied to this research. The theory of social hierarchy and oppression (Sidanius, 2009), because of its

examination of patriarchy as a source of oppression could have been applicable to this study and was considered as well as power theory (Mintzberg, 1983) which posits that abuse of power has unintended consequences and negative consequences which affect individuals, and ultimately those around them. This theory, much like coercion theory (Cheng, 1997; McLaughlin et al., 1980), and reactance theory (Pennebaker & Sanders, 1976), as well as social cognitive theory (Bandura, 1977) and control theory (Glasser, 1994) contain ideas that might be applied to this research, however each of these theories seemed to be missing a direct link to survivor behavior and its link on the workplace. Trauma theory (Van der Kolk, 1996) came closest to informing this study because of its inclusion of coping along with cognition and behavior as correlates that could have an impact on workplace behavior for victims.

Several researchers have studied the long-term physical, emotional, and economic effects of IPV on survivors. They have reported increased likelihood of certain medical problems, increased financial disadvantages, and an array of emotional and psychological problems associated with a history of IPV victimization (Babu & Ker, 2012; Black & Breiding, 2008; Eshelman & Levendosky, 2012; Flair et al., 2012; WHO, 2013b). Another group of researchers presented evidence of immediate and short-term effects of IPV on survivors in the workplace (Black, 2011; CDC, 2010; Devries et al., 2011; Matjasko et al., 2013; Pigeon et al., 2011; Wong & Mellor, 2014). There is a paucity of studies, however, that have information about the long-term physical, emotional, and economic effects, and their impact on future employment for survivors.

A review of the literature was presented in this chapter that addressed the prevalence and incidence of IPV, types of IPV, demographics of victims and survivors, immediate or short-term effects of IPV on victims and coworkers, immediate and short-term effects on the workplace, long term effects on survivors, and consequences for the survivor worker.

Search Strategies

The topic researched in this paper overlapped several fields, so several databases and several keyword searches were used to locate scholarly and peer-reviewed material. Walden University Library databases include Sage Premier, EBSCO, Academic Search Complete, Business Source Complete, ProQuest, PsycARTICLES, Medline, Science Direct, and LegalTrac, which were used to search the literature. Multiple databases were used to find peer reviewed articles since the topic covered several disciplines including psychology, social services, medical, business, and law enforcement. Key search words and phrases included *domestic violence, interpersonal violence, IPV, DV, domestic violence and employment, domestic violence and work, effects of domestic violence, long term effects of domestic violence, short term effects of domestic violence, implications of domestic violence on the work place, domestic violence and work laws, employers and domestic violence, employees and domestic violence, effects of domestic violence on work place, effects of domestic violence on victims, effects of domestic violence on survivors, effects of domestic violence on the work place, and employer liability in domestic violence situations*. Synonyms for domestic violence (*interpersonal violence, domestic abuse, domestic terrorism, couple violence*), and work (*employment, workplace,*

employer, business), and effects (*implications, consequences*), were used for each search phrase.

Search criteria included primarily research from the last 5 years, but because of the lack of studies looking at the long-term effect of IPV on the workplace, I expanded the search to include work for the last 10 years. Both qualitative and quantitative studies were searched, and several seminal works were also cited.

Theoretical Foundation

Trauma theory posits that external events occurring in individual's lives can create an array of problems that plague victims later in their lives and can affect everything from their own mental health to their attachments and interactions with others (Balaev, 2008). Trauma theory formed the theoretical basis for this study based upon the work of Van Der Kolk et al. (1996) and Herman (1992) who determined that trauma experience not only affects cognition and behavior, but also the human coping system. A number of psychological theories could be potentially applied to this research. Power theory (Mintzberg, 1983) posits that abuse of power has unintended and negative consequences which affect survivors and those around them. This theory, much like coercion theory (McLaughlin et al., 1980), and Reactance theory (Pennebaker & Sanders, 1976), which seek to explain human behavior based upon the impact of powerful external influences, could apply to research into IPV survivors and their job performances and job success. Trauma theory, however, builds upon previous theories to include coping abilities, cognition and behavior as correlates that also could have an impact on workplace behavior and performance for victims.

Trauma theory has been used in numerous studies investigating the effects of physical trauma on survivors of sexual, physical, and psychological assault, as well as in disaster victim research (Lilly, 2012; Mattar & Vogel, 2014; Vera, 2013). Psychologists as far back as Charcot in the late 19th century and Freud (1962) in their investigations of hysteria, posited that external trauma affected the individual not only physically, but mentally and behaviorally as well (Libbrecht & Quackelbeen, 1995). In the early 20th Century psychologists began to look at ways to treat or intervene with trauma residue in patients, but real attention was only given to trauma theory with the increasingly reported “shell shock” of the First and Second World Wars (Mott, 1917). Kardiner (1941) identified symptoms of shell shock and started to treat soldiers for what is now called PTSD. Refinements in reporting symptoms and effects of war stress continued into the mid-20th Century with focuses on particular types of traumatic events such as mass killings (Lifton, 1973; Parad & Caplan, 1960). With the advent of the Women’s Movement in the early 1970s, feminists began looking at trauma theory in relation to sexual and domestic assault (Webster & Dunn, 2005). Bloom (1999) found a clear connection between the trauma of IPV, and the symptomology and conditions associated with previous trauma research. With the inclusion of the PTSD diagnosis in the 1980 DSM-III, other researchers began studying more effects of trauma, types of trauma, and treatment.

Van der Kolk (1996) began his studies investigating the effects of external trauma as events that impact internal reactions for Viet Nam war veterans. He eventually expanded his studies to include sexual assault and domestic violence victims, and

eventually victims of adverse childhood experiences, and included them in his advocacy to get PTSD included as an official diagnosis (Van der Kolk, 1996). This led to his development of trauma theory, which was then formalized as a theoretical basis for the internal and external changes that occur after external traumatization occurs (Van der Kolk, 1996). Recent scholarship has expanded Trauma Theory to include social and psychological fields (Prager, 2011).

Current research employs trauma theory in studies of victims and perpetrators in the fields of IPV and sexual assault (Prager, 2011; Suleiman, 2008). The trauma research cited above establishes that severe trauma, including IPV trauma, can affect behavior, cognition, and relationships, and that the impact of trauma also is felt in the workplace. This study expanded that theoretical foundation into the organizational arena by using trauma theory as the basis for researching whether the traumatic experience of IPV, with its attendant long-term symptoms may impact social and organizational outcomes for job success.

This quantitative research design was consistent with other research which seeks to gather statistical data in order to confirm or rule out a hypothesis. The design was structured to test the hypothesis by examining the relationship between variables by using a structured set of questions providing quantifiable results (Creswell, 2009). This design was used in similar research that examined IPV, job satisfaction, and physical health (Banyard et al., 2011; Day & Bowen, 2015; Judge et al., 2001; Kulkarni et al., 2013; Sugg, 2013). This research design choice is consistent with other studies crafted to advance knowledge in the areas of IPV and organizational productivity.

Definition and Prevalence of IPV

The definition of IPV is broad and varied. The CDC (2015) declared it to mean any “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner” (p. 11). Sugg (2015) specified that physical violence can range from shoves and pushes to choking, hitting, and punching either with a hand or an object, strangling and choking, all the way to the use of a weapon, and includes sexual assault and coercion. Any manner of control over another person’s life from reproductive choices to stalking, are included in standard definitions of IPV (WHO, 2013a).

IPV is widespread, with the most recent comprehensive WHO study from 2005, reporting as many as 71% of women studied from 10 countries experiencing physical and or sexual violence, and up to 75% experiencing emotional abuse, making women’s intimate partners the most likely perpetrators of violence (WHO, 2005). Studies of American female populations have found rates of women experiencing IPV range from 21% to as much as 54% (Breiding et al., 2008; Breiding et al., 2014; Reeves & O’Leary-Kelly, 2007; Smith, et al., 2017; Swanberg et al., 2012; Zlotnick et al., 2006;). The BJS (2013) reported that about 20% of all violent assaults between 2003 and 2012 were domestic violence assaults with the vast majority of those assaults being perpetrated by males against females (Smith et al., 2017).

Estimates of the incidence of IPV experienced among American women ranged from 21% to 25% and even higher (Reeves & O’Leary-Kelly, 2007; Swanberg et al., 2012; Zlotnick et al., 2006). One national survey found that 51.9% of American women

reported physical abuse at some time during their life span (Tjaden & Thoennes, 2000). Bonomi et al. (2006) estimated that as many as 54% of women are affected by such violence. Alhabib et al. (2010) determined that as many as 71% of women worldwide experience IPV. While prevalent around the globe, a CDC (2013) study found the prevalence of IPV in the United States to reflect more than one in three women in the United States experienced rapes, stalking, or actual physical violence (Smith et al., 2017).

Men also are victims of IPV. Despite some studies purporting that there is gender symmetry in occurrence of IPV (Gerstenberg & Williams, 2012; Hamel, 2013; Kimmel, 2002; Langhinrichsen-Rohling et al., 2012; Melton & Sillito, 2011; Straus, 2007, 2011), a preponderance of studies indicates that male upon female violence is the typical scenario (Gondolf, 2014; Kelly & Johnson, 2008; Palermo et al., 2014; Stark, 2006, 2010). Several researchers concluded that despite the frequency of violence perpetrated by either gender upon the other, the effects on victims were more significant upon female victims (Allen, 2011; Caldwell et al., 2012; Galovski, Mott et al., 2010; Hester, 2013; Jasinski et al., 2014; Outlaw, 2009; Palermo et al., 2014). Thureau et al. (2014) found that a very small percentage of victims of reported IPV in their study were male (11%), and that the violence was most often repeated against women. That same study discovered that the impact of the IPV was more substantial for the female victims than the male victims, in that physical injuries were more severe in the female victims and that psychological repercussions were more frequent and more severe in females than in males. The BJS (2013) indicates that 90-95% of victims of IPV in the United States are female, and a special report in 2012 stated that four out of five victims of reported IPV were female.

Other research supports the findings that the bulk of victims are female (Domestic Violence Research, 2012; Gerstenberger & Williams, 2013; Iverson et al., 2013; Linder & Collins, 2001; Russel, 1982; Stark, 2010; Straus, 2007).

For purposes of this research, “victim” was defined as anyone being victimized by an abuser in any of the ways defined as part of IPV. “Survivor,” in this context, was defined as a person who has experienced IPV at some point in the past, but who is not undergoing active victimization currently.

Types of Intimate Partner Violence

Historically, IPV was considered to be physical assault and did not generally refer to any other types of abuse. With this definition and understanding of IPV, any concern employers or places of businesses had involved the immediate problems of IPV, such as health costs for injured workers, or whether a perpetrator appeared at the workplace. In the last two decades, however, as research has revealed the complexities of IPV as more than hits, shoves, slaps, and punches, it has also revealed other types of abuse commonly used by perpetrators upon victims. Given the more expanded definition of IPV, employers need to consider more than physical injury and worker safety (Wathen et al., 2015; Savard & Kennedy, 2013).

In keeping with the definition of abuse as any ongoing and escalating behavior designed to control, debase, or dominate, scholars, researchers (United Nations, 1993), and IPV advocates use specific terminology to differentiate from and elaborate upon the myriad forms abuse takes. Flury et al., (2010) define physical violence as any action or threat involving the actual body of a victim. Broken bones, black eyes and other such

physical manifestations of abuse are the usual reference point used when IPV is mentioned (Yamawaki et al., 2012). In fact, physical abuse is often the only type of abuse recognized by the legal system (Buzawa & Buzawa, 2013). The U.S. Department of Justice (2013) reported that about a third of all nonfatal IPV involved serious physical injury, and approximately two-thirds of intimate partner victimizations involved an actual assault, while the remaining third included the threat of a physical attack. Such corporal abuse includes sexual violence which can be defined as not only rape and unwanted sexual activity, but also forced sexual intimacy, with or without actual physical touch or contact (Flury et al., 2010). The CDC (2014) reported nearly 16% of women experienced sexual violence during IPV assaults.

Physical abuse is only part of the picture, however. IPV, although possible to be a single incident, is more frequently a complicated mixture of assaults ranging from pushes and shoves, choking and holding down, to beatings, usually escalating in frequency and intensity. It is a pattern of assaults, directed toward one person, repeated and escalating (National Coalition Against Domestic Violence, 2016). In contrast to physical assault, the term coercive control covers many forms of abuse that are not directly physical and can encompass abuse that is not physical in nature (Bazargan-Hejazi et al., 2014; Kelly & Johnson, 2008; Sanders, 2014; Stark, 2007; Wangmann, 2011). The National Healthy Marriage Resource Center and the National Resource Center in Domestic Violence categorizes violence in relationships under criteria that include whether the violence is initiated, retaliatory, or infrequent, and identifies the various types of violence under the umbrella of “intimate terrorism” (Derrington et al., 2010). Women who are physically

abused report a high rate of psychological abuse as well, although women reporting psychological abuse often do not experience physical abuse (Zorrilla et al., 2009). What starts out as abuse not involving physical contact or threat of contact, routinely becomes physical. Thus, women who experience physical abuse as well as those who do not experience physical assault, are impacted by non-physical abuse (Adams, 2011; Bazargan-Hejazi et al., 2014;). Baybuga et al. (as cited in Uzun & Uzunboylu, 2015) sums up the totality of IPV as any of a number of behaviors that are destructive, aggressive, abusive to the body, power, and “physiological-biological [stet] energy” (p. 25).

Nonphysical abuse is abuse that harms a person’s psychological, emotional, spiritual, economic, and social well-being in a variety of ways. Nonphysical abuse is defined as emotional (psychological) abuse, economic abuse, social and spiritual abuse, and stalking, and includes behaviors ranging from monitoring a victim’s activities and behaviors, threatening, and creating a generally hostile environment, to confiscating money, acting superior to the victim and all the way to sadistic behavior (Follingstad & Rogers, 2014). The Revised Conflict Tactics Scales (CTS2) classifies psychological violence into two divisions designated as minor and severe behaviors. Minor psychological violence includes verbal aggression like shouting, swearing, and insulting the victim, and threats of physical harm. Throwing objects are considered more severe behaviors, (Follingstad & Rogers, 2014). Winstok and Sowan-Basheer (2015) broaden the definition of psychological abuse depending upon the potential for harm resulting from the abusive behavior. Regardless of how it is described and categorized, non-

physical abuse in any of its many forms is characterized by an eroding of any sense of control the victim may have over herself or her environment (Matheson et al., 2015). It is this kind of abuse that Williamson (2010) calls the “unseen” abuses.

In contrast to physical assault, the term coercive control covers many forms of abuse that is not directly physical and can encompass abuse that is not physical in nature (Kelly & Johnson, 2008; Stark, 2007; Wangmann, 2011). Coercive control encompasses multiple levels of abuse from entrapment, intimidation, isolation, threats, or any behaviors that manipulate desired responses in the victim to more blatant acts that force victims into capitulation by means of controlling resources, freedom, assets, and privacy (Lehmann et al., 2012). Coercive control degrades, dominates, and induces fear in victims that can accomplish domestic violence without the use of actual physical violence (Beck & Raghavan, 2010; Fontes, 2015; Stark, 2012).

In a survey of 649 individuals, Follingstad and Rogers (2014) identified 14 categories of psychological abuse. Examples of the 42 behaviors included manipulation, intimidation, humiliation, verbal abuse, withholding money or information, jealousy, treatment as an inferior, creating a hostile and unsafe environment, and isolation. That study found three-quarters of respondents had experienced as many as 15 nonphysical abusive behaviors in a relationship.

Stalking is one method of coercive control included in the definition of IPV during the last 15 years due to the fact that most stalking victims have an intimate association with their stalkers (Douglas & Dutton, 2001, Hope, 2013). Stalking has been identified as a way to use physical and psychological power in order to exert control over

the victim. The CDC reported that approximately 16% of women in the US experienced stalking, and 87% of these women knew their stalker, and 76% of female murder victims were stalked by their murderer (Breiding et al., 2014). Abusers use this tactic to enhance control, intimidation, and domination without ever laying a hand on their victims, and as revealed by the CDC findings, it is frequently a tool that is combined with other types of abuse. Abusers use other tools that do not involve physical assault, such as threats of future violence. Intimidation, isolation, minimization, isolation by interfering with victims' relationships and independence, and economic abuse, are also used as means to perpetrate IPV.

The numerous methods of abuse are significant in that they can be used independently of each other, or can be combined, along with physical abuse, to increase the severity of IPV. Grych and Swan (2012) studied the interconnections between multiple forms of violence, both within the domestic situation as well as within a social context and concluded that the co-occurrence of different forms of violence is significant; a conclusion that reinforces the myriad of forms of violence used against IPV victims. One study found that psychological abuse was the most prevalent type of abuse, followed closely by physical abuse (Sullivan et al., 2012). Economic abuse is included in discussions of non-physical abuse. However, the strategy abusers use in this type of control is to maintain power over income even if it is being earned by the victim, and to parse it out in a way that keeps the victim in a state of not knowing how much or if any money is within her control (Outlaw, 2009; Upadrashta, 2014). Also included in the category of psychological abuse is what is often referred to as verbal abuse, wherein the

abuser is belittling, berating, and eroding the confidence of the victim with not only words themselves, but also with tones of voice.

Despite the particular terminology given to the various forms of psychological abuse, the key to including these behaviors under the umbrella of IPV is their repetition, intensity, and frequency of use directed toward one person (Matjasko et al., 2013).

Severity of Abuse and Multiplicity of Types of Abuse

Several studies have noted that effects of abuse are more comprehensive and more severe depending upon the victims' experience with multiple types of abuse, frequency of abuse, age of victim, and severity of abuse (Cisler, et al., 2012; Flair et al., 2012; Mrug & Loosier, 2008). Loxton et al. (2006) studied mid-life women who had experienced home violence and found that general sense of well-being decreased as intensity of IPV they suffered increased. Women who have experienced multiple types of abuse as well as women who experience frequency of abuse also show increased mental health problems later (Eshelman & Levendosky, 2012). Some studies have shown differing rates of problems depending upon the type of violence victims primarily experienced (Lacey et al., 2013; Wasco, 2003).

Demographics of Victims

Scholars and psychologists have posited many theories about who are the victims of IPV and why they become victims (Jackson & Rushton, 1982; Lewis, 1983). For example, Freud (1931) wrote about women as being basically dishonest and crippled in their sexuality, and Kalk (1989) explained that women really want to be abused in order to continue recreating previous abuse. Other theories include Walker's (1979) theory

about learned helplessness. Some theorists posited codependency explanations, social devaluation of women that results in females tolerating abuse, and even attachment problems as reasons to blame victims of IPV for their own abuse (Jackson & Rushton, 1982; Loring, 1994). After decades of theories and studies, IPV experts are generally in agreement that there is no typical victim typology when it comes to IPV (Costa, et al., 2015; Sugg, 2015). Some studies indicated correlations between external factors such as child abuse, substance abuse, and, to a lesser degree, sociodemographic risks as identified by WHO (2013b) and a greater likelihood for victimization. However, these studies did not correlate internal or intrinsic factors that can predict who is victimized (Buzawa & Buzawa, 2013; Capaldi, Knoble, Shortt, & Kim, 2012; Halpern, Spriggs, Martin, & Kupper, 2009; Lindor & Collins, 2005). Costa et al. (2015) reviewed multiple studies in order to determine common predictors of IPV victimization. They reported IPV in the family of origin raised the risk for experiencing IPV, as did substance abuse, low socioeconomic status in family of origin, and being female (Monakali, Mokgatle-Nthabu, & Oguntibeju, 2011; Stith et al., 2004).

Immediate Effects of IPV

The experience of abuse affects victims, families, communities, and workplaces in myriad ways. For the purposes of this research, the focus is on the actual victims and their places of work.

Immediate Effects of IPV on Victims

Studies have connected IPV with numerous physical, emotional, psychological, interpersonal, and even financial consequences for victims (Montero et al., 2011;

Poutiainen & Holma, 2013). Immediate consequences are common for victims of physical abuse, and include bruising, cuts, broken or missing teeth, pain, broken bones, and numerous musculoskeletal injuries to all parts of the body (Bhandari et al., 2008; Sprague et al., 2013). Campbell (2002) reported that IPV is the most common reason for injuries in women. There are correlations between IPV and stomach disorders and hearing impairment. Sillito (2012) concluded that there are significant detrimental health outcomes for women who have suffered from IPV in general, not just broken bones and bruises. Head, facial, neck, and upper body injuries are prevalent and routinely identified in emergency room settings (Sprague et al., 2013). IPV victims are also found to frequently show up in emergency rooms with such nonacute complaints as headache, sleep problems, intestinal problems and even depression (Sugg, 2015). Maxillofacial injuries have been well documented as commonly resulting from IPV, with not only tooth injury and loss, but also soft-tissue injuries occurring in more than 13% of women seeking medical treatment and orofacial injuries occurring in approximately half of all IPV cases reporting physical injury (Caldas, Grams, Afonso, & Magalhaes, 2012;).

Depression and anxiety are routinely associated with IPV, as are suicide, and permanent disability, and neurological problems (Allen, Novak, & Bench, 2007; Meffert, McCulloch, Neylan, Gandhi, & Lund, 2015; Plichta, 2004; Walker and Meloy, 1998). Du Plessis, Kaminer, Hardy, and Benjamin (2015) found a higher correlation between negative health outcomes and being victimized by domestic violence than for negative mental health outcomes for any other type of violence among a population of African

youth. It seems reasonable that similar negative outcomes would likely occur no matter what the age of victims.

A number of studies have found a correlation between domestic violence and obstetric/ gynecological issues. Wokoma, Jampala, Bexhell, Guthrie, and Lindow (2014) reported higher rates of obstetric complications as well as higher prevalence of requests for pregnancy termination among women who reported domestic violence. IPV has also been associated significantly with pregnancy loss, and unplanned pregnancy (Bonomi et al., 2009; Stockl et al., 2011). Victims of IPV may have higher use of alcohol and other drugs (Devries, et al, 2014; Lacey et al., 2013).

The immediate effects of IPV on a woman's health can be significant, but these are just the tip of the iceberg. The CDC (2010) reported that over the span of their lifetimes, victims of IPV (of any type) tend to have more appointments with health care providers, have longer hospital stays, and suffer from diverse ailments across the spectrum of physical and psychological health. They also have worse general health and have greater risk for numerous diseases and chronic health conditions than women who have never experienced IPV (Black, 2011; Bonomi et al, 2009; Dillon, Hussain, Loxton, & Rahman, 2013; Plichta, 2004). Arthritis, chronic pain, headaches and migraines, headaches, gastric problems such as ulcers, traumatic brain injury, and even stuttering appear to be higher in women who have experienced IPV compared with those who have not (Coker et al, 2000; Wong & Mellor, 2014). Use of prescription medications for pain and psychotropic uses are higher in victimized women (Wuest et al., 2007). Victims reported spending more time in bed, using illegal drugs, and misusing tranquilizers and

antidepressants (Vives-Cases et al., 2010). Roberts et al. (2015) and Mason et al. (2013) found there was a higher incidence of Type 2 diabetes among survivors of IPV. One meta-analysis found a strong correlation between alcohol use and IPV for female victims (Devries et al., 2014).

Sleep disturbances like insomnia and nightmares are common (Pigeon et al., 2011). Depression is another common health outcome for women who have been abused by a partner and is associated with risk of suicide and PTSD (Bonomi et al., 2009; Devries et al., 2011; Humphreys, 2007; Pigeon et al., 2011). Studies have noted physical anomalies in female victims of IPV such as telomere shortening which could be an indicator of shortened life span, and reduction of brain gray matter which could indicate changes in cognitive brain function in IPV victims (Humphreys et al., 2012; Tomoda et al., 2012). Other studies are revealing neurological changes associated with long term health problems (Dutton et al., 2006; Keeshin et al., 2012).

Economic hardships are also common for women who experience IPV, (Adams, 2011; Matjasko et al., 2013; Meyer, 2014). Postmus et al. (2012) reported 94% of the IPV survivors in their study were victims of economic abuse. Whether victims experienced actual economic abuse during the relationship or not the process of getting away from the abuser can drain assets. Frequently, abusers consciously use litigation and other forms of expense in order to purposely drain finances from victims (Przekop, 2011). Abusers can and do interfere with victims' financial stability as well by interfering with the procurement or retention of victims' employment (Bowlus & Seitz & 2006; Swanberg & Logan, 2004).

Immediate Effects Upon the Workplace

Domestic violence can follow women to the workplace in a number of ways. The most obvious way IPV impacts work is by the effect it has on the victims. Physical health problems and psychological stressors can affect not only attendance at work, but also interfere with the worker's ability to focus and concentrate on work (Coulter, 2004; Staggs et al., 2007). Abusers can have a direct impact on employers and other employees when they come to their victims' places of work to intimidate, stalk, or control, and in some cases to intentionally disrupt the workplace enough to get the victim fired. Postmus et al. (2012), found 78% of victims in their study of 120 people who experienced IPV were harassed at work. Swanberg and Logan (2005) documented patterns of abusers making harassing phone calls to either their victims or even coworkers. It is not uncommon for abusers to deliberately destroy clothes, sabotage transportation or childcare, and do what they can to interfere with the victims' attendance at work. Tolman and Wang (2005) documented abusers destroying job applications, interrupting sleep, and even preventing a woman from leaving a residence in order to prevent the victim from attending her job. In some cases, the physical violence itself comes to the workplace resulting in injury and in some cases, death either of the victim and or coworkers. The U.S. Department of Justice (2011) reported that from 2005-2009, about one-third of violence committed in workplaces was committed against women by an intimate partner. One survey found 44% of full-time workers had experienced IPV at their workplaces, with as many as 74% of those women reporting harassment from their abusers while at work (Franzway, Zufferey, & Chung, 2007; Futures Without Violence, 2015). Abuse can

also result in homicide at work, as seen by the 142 women killed by an intimate partner in the United States between 2003 and 2008 when abusers followed their victims to work and killed them in the buildings or parking lots there (Tiesman et al., 2012). In fact, homicide is the leading cause of death caused by occupational injury for women, (Piquero et al., 2013).

The immediate consequences of IPV in the workplace can include absenteeism, tardiness, lack of worker productivity and focus, to harassment of not only the victim but also coworkers (Williams, 2004). The most significant effect can be safety issues, which in extreme but not unusual cases can also result in injuries and even death, not only of the victim, but of coworkers as well.

Long-Term Effects of IPV

IPV research has explored the risks and consequences during the time surrounding partner violence (National Institute of Justice, 2001). Those who have experienced the abuse of IPV carry with them lingering changes; however, and those changes have the potential to impact not only the victims themselves, but also family, community, social services, and employers.

Long-Term Effects for Victims

Victims suffer long-term physical health problems from exposure to IPV. Black and Breiding (2008) found women who had experienced IPV had more adverse health problems than those who never experienced IPV. Meyer (2014) used a mixed methods approach to compare immediate effects and longer-term effects of experiencing IPV on a group of Australian victims and found that in some cases, the short-term effects were

more positive than the long-term effects. Although victim responses when asked about safety and wellbeing improved for the first 6 weeks after an integrated response to police intervention of IPV, after immediate crisis intervention, victims reported more problems in a number of areas than initially reported.

Physically, survivors of IPV have been found to have long-term effects that may or may not have any basis in physical injuries they may have incurred when experiencing physical assault during IPV. Hart-Johnson and Green (2012) found previous abuse was associated with higher chronic pain in survivors. Victims have higher incidence of substance use, and poor physical health in general, with as much as 70% higher incidence of gynecological and nervous system problems (Vives-Cases et al., 2010). A Verizon Foundation and MORE Magazine Survey (2013), found that women were significantly more likely to suffer chronic health conditions than women who never experienced IPV (“Exploring the relationship,” 2013). Keeshin et al. (2012) discovered that victims of IPV experienced biological changes that result in neurological changes affecting the brain and other body systems. Such changes have been linked to chronic pain and sleep disorders, seizures, temporal mandibular joint pain, headaches, arthritis, fibromyalgia, chronic fatigue, and even irritable bowel syndrome (Chang, 2011; Keeshin et al., 2012; Videlock et al., 2009). Other studies have associated lingering pulmonary ailments and other chronic health problems, (“Exploring the relationship,” 2013; Gupta et al., 2010; Sternthal, Jun, Earls, & Wright, 2010). Some research has found a relationship between abuse and obesity, ulcers, spastic colon, arthritis, chronic pain, sleep problems, diabetes, and even stammering (Mason et al., 2013; Pigeon et al., 2011; Rohde et al., 2008;

Thomas et al., 2008). Even some forms of cancer may be higher in those who have experienced abuse (Keeshin et al., 2012).

Hedtke et al. (2008) studied more than 4,000 women in a longitudinal study and found an array of mental health consequences including PTSD and depression were present in survivors at a higher rate than the general population. In one study conducted by Cavanaugh et al. (2013), 11% of the sample group developed major depression after experiencing IPV, and 6% developed PTSD. More recently, Flair et al. (2013) found symptoms of depression including sleep problems, feelings of hopelessness and helplessness, were higher among women who had experienced IPV. Araszkievicz and Dabkowska (2010) found 75.6% of female victims of IPV had “significant, very significant or extreme” (p.1) occurrence of PTSD symptoms. Victims of IPV have been found to experience mental health consequences ranging from well-documented PTSD and depression to anxiety, low self-esteem, obsessive-compulsive disorder, eating disorders, psychosomatic symptoms, and even multiple personality disorder (Babu & Kar, 2012; Kumar et al., 2005; Sugg, 2015; WHO, 2013). PTSD is found in 30-84% of IPV survivors (DeJohghe et al., 2008; Pico-Alfonso, 2004; Woods et al., 2008). PTSD symptomology includes flashbacks, sleep disturbances, helplessness, fear, avoidance, irritability, and exaggerated startle response (Humphries, 2007). Depression goes together with PTSD with about half of all victims experiencing both (Eshelman & Levendosky, 2012). When violence includes marital rape, PTSD symptoms are even more significant (Bennice et al., 2003).

Both cognitive functioning and psychosocial functioning in survivors can be impaired as a result of IPV. Psychosocial functioning is manifested by emotional withdrawal, impulsivity, anxiety, depression, and PTSD, all of which can have a negative impact on work performance (U.S. Department of Health and Human Services, 2003; U.S. Bureau of Labor Statistics, 2013; U.S. Department of Justice, 2002). One WHO study found that one of the most consistent risk factors for female suicide is experiencing IPV (Devries, et al., 2011). Ellsberg et al. (2008) found women who reported at least one IPV incident in their lifetimes had significantly higher emotional distress, suicide attempts, and suicidal ideation than women who were not abused. A qualitative study conducted by Matheson et al. (2015) found experiencing IPV left victims with damaged self-esteem, self-identity, and self-concept as well self-awareness. Depression is as much as three times higher for IPV victims, and nearly 30% of major depression in women is linked to lifetime exposure to IPV (Beydoun, Beydoun, Kaufman et al., 2012).

According to Roberts et al. (as cited in Helfrich et al., 2008), victims also have higher rates of occurrence of not only PTSD, depression, hypervigilance, fear, self-blame, and anxiety problems, but also higher rates of phobias (Hebenstreit et al., 2015). Like depression, anxiety disorders also are higher among IPV victims (Trevillion, 2012). Confidence and self-image have been found to suffer from violence against women by an intimate, with one study finding lowered self-esteem due to self-blame and negative self-image (Logan et al., 2006). Victims with mild to severe PTSD symptoms can exhibit suicidal thoughts and suicide attempts, substance abuse, and other comorbidity behaviors (Devries et al., 2011; Howard et al., 2010; Lee et al., 2014; Panagioti et al., 2012).

Women diagnosed with PTSD specifically due to IPV also show avoidance behaviors as well as blunted attention and focus which can negatively affect work performance (DePierro et al., 2013).

Along with the significant poorer health outcomes associated with experiencing IPV, at least three studies revealed that women who have experienced IPV are also more likely to disregard treatment and health care follow-up resulting in negative health than those who have not experienced IPV (Collier & Quinlivan, 2014; VanBuren et al., 2009; Ortega-Garcia et al., 2013). Prozman et al. (2013) also documented a lack of full disclosure to medical professionals on the part of victims of IPV.

This myriad of psychological problems following IPV has a significant impact on the cognition and psychosocial functioning of women. Helfrich et al. (2008) studied the effect IPV on functioning and found that confusion, forgetfulness, and compromised parenting and task performance affected victims' day-to-day life but also had an impact on work performance and productivity. Trevillion et al. (2012) summed up their similar findings by concluding that those whom their study found had mental health disorders were at higher risk for IPV, while other studies concluded that the IPV experience contributed to and in fact, produced the mental health disorders (Hedtke et al., 2008; Howard et al., 2010; Karakurt et al., 2014; Pico-Alfonso et al., 2006; Zlotnick et al., 2006).

One of the most significant long-term effects of IPV is the economic disadvantages that plague victims. The CDC (2010) found survivors struggle with low income, food and housing insecurity, and poverty in general. Destroyed credit, difficulty

in obtaining employment, housing instability, and problems accessing assistance and educational opportunities are all documented fall out from IPV (Sanders, 2015; Schrag, 2015).

Long-Term Effects of IPV in the Workplace

The short-term effects of IPV for workers who are victims are, for the most part, continued and exacerbated long term. Safety issues are of less concern as time passes for the victim, but long-term effects for victims include myriad physical health problems, psychological and emotional problems, economic problems, and sociological problems continue, and in many cases, worsen (Anderson et al., 2012; Dillon et al., 2013; Montero et al., 2011; Moos, 1995; Poutiainen & Holma, 2013; Woods et al., 2008; Zlotnick et al., 2006). (Loxton et al. (2006) tied psychological health repercussions for midlife women to experiencing IPV years earlier, and a study by Hedtke et al., (2008) also found an increase in PTSD, depression, mental health functioning and substance abuse to having experienced IPV earlier in life. It is this array of problems that can result in long term problems in the workplace reflected in absenteeism, tardiness, and lost productivity, but also in job turnover and increased medical costs. Employers and coworkers are also impacted in the short term by safety and security issues and by trying to compensate for the victim workers' productivity and attention (Katula, 2006).

Effects of experiencing abuse are well documented, with studies showing negative impact on everything from ability to focus to attendance. Swanberg and Macke (2006) found 19% of those studied had experienced IPV within the last year, with victims reporting an inability to concentrate, compromised performance, and absenteeism.

Ongoing physical and health problems also plague survivors. Plichta (2004) studied intimate partner violence and physical health consequences, which supported earlier research showing long term health problems in survivors of IPV, thus showing a relationship between effects of IPV and possible employment impacts. Even getting a job can be more difficult for survivors. Lindhorst et al. (2007) compared long term effects of IPV on securing employment and welfare outcomes. Rothman and Corso (2008) studied the likelihood that IPV can affect workplace productivity.

Research has identified long-term psychological, physical, financial, and behavioral effects of IPV on survivors. Coping strategies resulting from IPV include both cognitive and behavioral strategies to avoid a stressful situation and can range from lack of focus to substance abuse (Sugg, 2015). Such avoidance coping can affect a survivor's functioning in the workplace, including aggressiveness at work. In addition, there is a body of research that shows detrimental effects of IPV on organizational efficiency. Costs to the workplace for those victims of current abuse are significant, with victims having higher absenteeism and tardiness than nonvictims, which is equated to actual dollar costs for employers, including the mean annual costs for distraction, absenteeism, and tardiness (Reeves & O'Leary, 2007). Employment stability and job turnover among IPV victims is higher than for nonvictims with women who experienced IPV more likely to be underemployed, unemployed, and experience employment instability (Staggs et al., 2007). Organizational efficiency and profitability are dramatically affected by increased health care costs, lost productivity, absenteeism, and tardiness (Reeves & O'Leary-Kelly, 2007; Rothman & Corso, 2008; Swanberg et al., 2006).

Costs of IPV to Businesses and Organizations

IPV is increasingly being viewed as an issue, not only resulting in physical and psychological harm, but also as a phenomenon that puts significant economic strain on individuals, social services, governmental agencies, and health systems. Research is also beginning to reveal a substantial cost is also borne by private business and industry as the following literature indicates (Department of Justice [DOJ], 2009; Holden et al., 2011).

The DOJ (2009) has reported that abusers perpetrate more than 13,000 actual acts of violence against intimate partners at their workplaces every year. That figure does not include sabotage that contributes to the victimized worker missing work or arriving late, nor does it include the creating of stress in the victim that result in lost productivity to the employer. Holden et al. (2011) found that psychological distress was a greater factor in absenteeism than any other health condition and

One human resources survey found that 40% of unscheduled absences from work were not due to personal illness, but rather due to “family issues” and “personal issues,” (Bonacum & Allen, 2007) The same survey placed the annual cost to businesses of absenteeism is more than \$660 per employee per year. Loss of productivity in organizations has been traced to high turnover rates as well (Aamodt, 2007). The CDC (2003) reported intimate partner assaults of women result in more than \$4 billion a year for just direct costs like medical care and estimates of the indirect costs of IPV vary from study to study. Chan and Cho (2010) placed the annual cost of IPV in the United States at \$12.5 billion, which included not only direct costs of medical, police, legal, and social service support, but also factored in indirect expenses for lost earnings, lost work, and

even lost worker productivity. One study estimated lost productivity due to IPV is nearly \$728 million per year (Corporate Alliance to End Partner Violence, 2017). This calculation clearly indicated that IPV affects the profitability for not only government agencies (societal costs), but also that private industry bears a huge price tag for IPV.

Tangible losses (medical costs, consumption of goods and services, property loss or damage, and lost productivity) are relatively simple to figure out. Brown, Finkelstein, and Mercy (2008) calculated the costs for medical health effects of IPV alone as more than \$6 billion just for 2003. An English study by Walby (2004) determined the costs of IPV related mental health care as nearly \$500 per person for the year 1995 alone, and more recent study by Arias and Corso (2005) put the figure for medical and mental health care and lost productivity in the U.S. at \$948 per year per woman victimized. IPV absenteeism and tardiness also affect employer profitability, with one study estimating that when an employee misses a day or is late, management has to allocate 30 minutes of paperwork and responsibility shuffling to other workers (Chan & Cho, 2010).

These costs are associated with the immediate effects of IPV: the absences, the tardiness, the loss of focus created by short term pressures in dealing with the fallout of IPV. Reeves and O'Leary-Kelly (2007) traced loss productivity to current victims due to distractibility, absenteeism, and tardiness.

Intangible costs are much harder to attach a price. Socially, those intangible costs involve quality of life, effects of IPV on the next generation, and pain and suffering. For an employer, those intangibles include worker morale and motivation, workplace environment, employee satisfaction, the image of the company to the general public, and

even costs due to early death (Chan & Cho, 2010; Reeves & O’Leary-Kelly, 2007).

Tension among all workers which can have an exponential impact on the entire workplace was documented by McFerran, (2013). Employment stability is also impacted by IPV, and turnover can also have an economic impact on business income. Crowne et al. (2011) found longitudinal negative effects of IPV in victims as long as 6 years later resulting in unstable employment among survivors as did Staggs and Riger (2005) who found job stability impacted as well. More research is needed to link this instability to job success for survivors as well as to increased costs to business.

Costs to business come in many forms, including the direct result of lost time at work by employees, by lost productivity, and the out-of-pocket consequences of paying for health care, and security. The intangible expenses that are incurred because of IPV impacting the workplace are harder to identify and quantify. Few studies have tied IPV to workplace morale, impact on co-workers, work atmosphere, and company image. Nevertheless, these costs do exist and do result from IPV intruding on employment.

Need for Research on Long-Term Impact of IPV on the Survivor in the Workplace

Lost revenue and out of pocket expenses can be a powerful motivator for businesses to act regarding IPV, but there are other significant motivators as well. As understanding of IPV has developed and grown over the past three decades, governments and social service organizations have placed increasing pressure on employers to address abuse issues (Katula, 2012; Lindquist et al., 2014; Perin, 1999; Swanberg et al., 2012). Federal and state laws now routinely address employer’s obligations to create a safe environment for employees in general and in the face of IPV as well. There have been

many lawsuits filed over whether an employer has liability because of violence perpetrated at work by a domestic abuser. Additionally, state statutes extend beyond safety issues to include accommodation issues when victims are employed, and litigation under the Americans with Disabilities Act, the Family and Medical Leave Act, and the Civil Rights Act have resulted in laws enacted to provide time off for victims of IPV (Runge, 2010; Karin, 2009). Mollica and Danehower (2014) reported that despite this, and because of potential liability, about 15% of U.S. employers have created policies addressing workplace performance issues that may be IPV related. Some states even have looked at requiring employers to be mandatory reporters of IPV to law enforcement (Laharnar et al., 2015).

No matter whether the problem of IPV at work is viewed from an economic viewpoint, from a sociological viewpoint, or from an immediate or long-term view, research has clearly established a link between short term IPV and negative effects but not on employers and employees (Banyard et al., 2011). As discussed throughout the literature review, the literature does not address the effects of IPV on long term job success as measured by job satisfaction, unemployment, underemployment, and job turnover. Therefore, research is needed to determine whether there are also negative long-term effects on the workplace.

Gaps in the Literature

It is not clear how IPV that has occurred in the past impacts the survivor in relation to her long-term job satisfaction and her ability to obtain and sustain productive employment. In addition, there is little research linking IPV with the intangible costs

businesses routinely face because of job stability, underemployment, unemployment, and job satisfaction issues. Crawford et al. (2010) examined the impact of IPV on survivors' employability and made a case for employers to look at IPV from the standpoint of maximizing the survivor's ability to gain and keep satisfactory employment as a way to minimize social and industrial costs of IPV long term. This framework coupled with research that has shown a relationship between job satisfaction and higher job performance formed the basis of this study (Judge et al., 2001; Tekell, 2008; Williams, 2004).

Much existing research emphasizes the short-term effect of IPV on the workplace (Banyard et al., 2011; Beck et al., 2014; Blodgett & Lanigan, 2017; Borchers et al., 2016; Levesque, 2015; Savard & Kennedy, 2013; Wathen et al., 2015; Zhang et al., 2015). Another prevalent body of research emphasizes the short-term effects of IPV on the victims and survivors (Adams et al., 2013; Araszkievicz & Dabkowska, 2010; Beck et al., 2014; Meyer, 2014; Turvey & Mikulay 2014). A third body of literature examines the longer-term physical, emotional, and economic effects of IPV on survivors (Anderson et al., 2012; Blasco-Ros et al., 2010; Cavanaugh et al., 2013; Dillon et al., 2013; Flair et al., 2012; Van der Kolk, 2014; Wong & Mellor, 2014). All these studies looked at women who had experienced IPV, but their focus, for the most part, was in determining either short-term impact to workplaces and job performance, or physical, emotional, or financial effects for those women who had experienced IPV. This study examines the effects of IPV on the survivor's long-term job satisfaction, underemployment, unemployment, and turnover.

Summary and Conclusions

Numerous studies have linked both short-term and long-term consequences of IPV for victims and have identified immediate consequences for survivors of IPV in the workplace. There is little research; however, linking IPV with long term, intangible costs businesses routinely face because of IPV survivors' diminished job stability, underemployment, unemployment, and job satisfaction issues. The cited studies in this chapter support the idea that workers who experience IPV have the potential to negatively affect organizational productivity, efficiency, and the financial outcomes. By examining job stability, underemployment, unemployment, and job satisfaction among study participants (i.e., women who have and have not experienced IPV), organizations can understand the costs of IPV to the workplace and potentially explore and develop strategies to improve these factors for employees.

The negative impact IPV has on an organization's profitability was examined and, depending upon the results, could be used to make the case for why organizations should care about IPV. The cited studies support the idea that workers who experience IPV have the potential to affect organizational productivity, efficiency, and the financial profitability. Little or no research has been conducted that examines the long-term impact of IPV in the workplace for survivors and for the organization. There is no comparison between women who have experienced IPV and those who have not and their job success. By examining job stability, underemployment, unemployment, and job satisfaction among study participants, organizations can understand the costs of IPV to the workplace, and potentially allow organizations to look at strategies to improve these

factors for employees (Richardson, 2014). Insights from this study should enlighten organizations about the significance of job satisfaction as it pertains to IPV survivors and in turn, help quantify the potential costs of IPV to the workplace. Results can prompt discussion of what workplaces need to do to support survivors of IPV, what survivors can do to be better prepared to cope with employment behaviors to decrease negative career impact and increase likelihood of job success.

A workforce is likely to contain workers who suffer from symptoms and effects such as those who survive IPV. That workforce is likely to be hampered by the numerous long-term effects summarized in this literature review. A workplace can address those issues to not only create a safe environment for all workers, but also to meet business, legal and social obligations. In order to more effectively take action to do so, however, more information is needed about how survivors are successful in their jobs.

This quantitative research study was consistent with other, similar research that use a survey to garner data to examine the relationship between the variables (Banyard et al., 2011; Day & Bowen, 2015; Judge et al., 2001; Kulkarni et al., 2013; Sugg, 2013).

This research design choice was consistent with other studies crafted to advance knowledge in the areas of IPV and organizational productivity.

Chapter 3 describes the method and survey to be used to garner information about whether IPV survivors have any significant differences in their long-term job turnover, underemployment, unemployment, and job satisfaction.

Chapter 3: Research Method

Introduction

The purpose of this study was to fill the gap in existing research on the effect of experiencing IPV has on the workplace by looking at survivors' job success as measured by job satisfaction, unemployment, underemployment, and job stability. This chapter includes information of the research design, the dependent and independent variables, the sample population and the procedures used to gather and analyze the data.

Research Design and Rationale

This research was a correlational quantitative study between women who have experienced IPV at least five years prior to the study, and women who have not experienced IPV. It is an investigation using a survey based loosely upon the Satisfaction with Work Scale by Vrkleviski and Franklin (2008). It is used to compare women who experienced IPV at least five years ago, with women who have not experienced IPV to see if there are any statistically significant differences between the two groups in their perceptions of satisfaction with their jobs, with their records of unemployment, underemployment, and in job turnover. This information can be useful to employers in determining whether prior IPV experience has any impact on job success. The dependent grouping variable, IPV exposure, divide the sample into two groups: women who experienced IPV five or more years ago, and women who have never experienced IPV. Data were collected on the four dependent variables of job satisfaction, job stability, unemployment, and underemployment as well as independent variable of IPV or no IPV. Data were analyzed using MANOVA to determine whether there are any of the four

variables that are significantly different for those who have experienced IPV from those who have not experienced IPV.

The quantitative research design provided data to statistically compare the four dependent variables between the women who have experienced IPV. The resources needed for this study were minimal, with all data collection done through online survey tools, which also allowed a timely turnaround from posting the survey to having data available for analysis. The design of the survey provided specific quantitative data which easily allowed comparison between the sample groups. Survey research provided numeric data about a representative population sample and the quantitative method allowed statistical analysis and interpretation of that numeric data. This design choice provided data that not only supports or rules out the hypotheses, it also provided a basis for further research (Creswell, 2014). In addition, the methodology for the current study was similar to methodology used in research that has investigated this area, such as Kunst and Van Bon-Martens (2011), Scott, et al., (2017), and Wathen, MacGregor, and MacQuarrie (2014).

Research Questions and Hypotheses

The purpose of this study was to determine if there is a difference in job success between women who have experienced IPV and those who have not. Job success was measured by assessing unemployment, job stability, underemployment, and factors associated with overall job satisfaction.

The hypotheses for the study are:

RQ: Is there a significant difference in unemployment, underemployment, job stability, and job satisfaction between women who have survived IPV and those who have not experienced IPV?

H_01 : There is no significant difference in the unemployment as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H_{a1} : There is a significant difference in the unemployment as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H_02 : There is no significant difference in underemployment as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H_{a2} : There is a significant difference in underemployment as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H_03 : There is no significant difference in job stability as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H_{a3} : There is a significant difference in job stability as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H₀4: There is no significant difference in job satisfaction as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

H_a4: There is a significant difference in job satisfaction as measured by the Employment IPV Questionnaire between those who have experienced IPV and those who have not experienced IPV.

Methodology

Population

The target population for this survey was females, aged 18 years or older, residing in the United States, and English speaking. Since the study considered both those who have experienced IPV and those who have not with the only inclusionary criteria being female, 18 years old or older, U.S. citizen, and English speaker.

Procedures for Recruitment

Respondents were recruited for an online survey (Survey Monkey) through multiple sites to ensure reaching a minimum completed N size of 128 (the minimum sample size based upon the projected ES and SD with Alpha α 0.05 and a power of 80%, plus 20% added to account for unusable responses (Mathews, 2010). The anticipated survey response rate was approximately 5-10% (based on Survey Monkey, 2009). In keeping with research indicating that recruitment of IPV survivors is more successful with the collaboration of community organizations, at least 500 email recruiting notices were sent to women's organizations and IPV organizations such as the National Coalition Against Domestic Violence (NCADV), National Network to End Domestic Violence

(NNEDV), Battered Women's Justice Project, Equality Now, Futures Without Violence, Institute of Domestic Violence in the African American Community, Jewish Women International, Manavi, Mending the Sacred Hoop, National Organization for Women, National Center on Domestic and Sexual Violence, Journalism and Women (JAWS), and others (Dutton, et al., 2003). Along with the recruitment notices was a message of encouragement to forward the invitation to other potential respondents. Potential participants were introduced to the research and invited to complete the survey through multiple social media sources, including Research Gate, Domestic Violence Organizations, and the Walden research pool. In order to ensure geographic representation, IPV and women's organizations from across the United States also got the invitation to participate. In addition, Survey Monkey provided links to all its members, and enabled the entire Survey Monkey community to participate in the survey as long as they met the inclusionary and exclusionary requirements.

Sources for potential respondents received an email introducing the goal of the study and the survey and were asked to distribute the information about finding and taking the online survey to their members and constituents. Each email was followed by another email asking whether they distributed the information. The contacted organizations as well as the respondents were assured the study was anonymous and voluntary. Respondents were provided information about how their participation would help improve the understanding IPV on employee satisfaction. The demographic characteristics of the IPV group and the comparison group were assessed during data collection to ensure the sample is representative of the target population. Survey

participants were also be informed of a website where they could access the final report of the survey.

Because of the potential for retraumatization of survey participants, the instrument included lists of contacts for the National Coalition Against Domestic Violence and the National Domestic Violence Hotline which can counsel victims as well as refer them to their local sources for IPV victims' support.

Survey Administration

To minimize survey completion, the survey was no more than 30 questions and took less than 15 minutes to complete. To be eligible to participate, respondents had to be at least 18 years old, residents of the United States, English speaking, and female. Research shows that nearly 90% of those who experience IPV are women (Bureau of Justice Statistics [BJS], (2013). As a result, this study focused on the female population to achieve the desired sample size in the allocated timeframe. Males were excluded from this study. Females were excluded if they were under age 18 years, non-English speaking, or not residents of the United States.

Informed consent was provided on the initial page of the survey before questions could be accessed. If the potential participant did not signify that they understood the purpose of the survey and how the information was to be used, they could not proceed to the actual survey questions. When they answered the response to the final question of the survey, a page popped up indicating that they completed the survey and listing an email address and instructions for where they could get information about the results of the survey and the study itself.

Sampling and Sampling Procedures

I reviewed two studies, one that examined the short-term relationship between IPV victims and later unemployment, another that examined the relationship between IPV and job productivity (Banyard et al., 2011; Kimerling et al., 2008). These studies used .05 as an acceptable probability level for type 1 error (i.e., alpha) statistical significance. In these studies, I observed a statistically significant difference [$\alpha = .05$]. On average, differences were 10%. I used this average difference for my target effect size (ES). Therefore, the effect size for this study is small at .1, which relates to a power of .9. These numbers are consistent with the studies cited and formed a good basis for examining the relationship between IPV victims and nonvictims in this study (Banyard et al., 2011; Kimerling et al., 2008).

In summary, my target sample calculation is based upon a desired effect size of .1 with a statistical power of .80, and my anticipated standard deviation is 1.0. I used .05 as my target alpha. This resulted in a total sample of 128 and approximately 64 per group. Using G-power, this calculation was based on a desired effect size of .10 with difference between groups of .10 and the anticipated standard deviation is 1.0. The sample size required for an Alpha of 0.05 and a power of 80% is 64 cases per group (Faul et al., 2009). Only differences significant at the .05 level were examined. Participants could exit the survey at will (as stated in the Consent Form, Appendix A). If they chose to complete the entire survey, they saw a final screen listing the Domestic Violence Hotline phone number as well as a statement suggesting that they seek help from that number if they experience any distress or concerns after completing the survey.

Measures and Instrumentation

One of the potential problems with online surveys as well as with surveys developed specifically for an individual study is the possible compromised validity and reliability of the data collected (Smith et al., 2016). In order to ensure construct validity, questions about underemployment and job satisfaction were based upon existing, valid, and reliable studies (Gonzalez-Roma & Hernandez, 2016; Holtom et al., 2002; Jones-Johnson & Johnson, 2001; Thompson & Phua, 2012). The questions from Thompson and Phua's (2012) Brief index of Affective Job Satisfaction (BIAJS) included Questions 1 – 4 in the Job Satisfaction section of the proposed survey (I find real enjoyment in my job; I like my job better than the average person; Most days I am enthusiastic about my job; I feel fairly satisfied with my job). Other questions taken from the Aggregate Job Satisfaction Scale (Gonzalez-Roma & Hernandez, 2016) include question 1 in the Underemployment section of the proposed survey (How satisfied are you with the work you do?). Another question in the Underemployment section is taken from the Holtom et al. (2002) Underemployment Scale (How much do you agree that you are working in a job that is closely related to your training and education). Remaining questions in that section are taken from Jones-Johnson and Johnson's Subjective Underemployment and Psychosocial Stress survey (2001).

Questions regarding employment, unemployment, job stability, and demographic background were factual and needed no measure to assure validity or reliability.

Respondents were asked screening questions about the inclusionary and exclusionary criteria in order to be able to continue with the survey. Inclusionary criteria

include being female, at least 18 years of age, a resident of the United States, and able to read and write in English. The questionnaire consisted of demographic items as well as 24 items in the job scale. The first nine items addressed employment history and job stability; the remaining items assessed underemployment and job satisfaction using Likert-type scales. The points for each Likert-scale item for underemployment and for job satisfaction were summed to generate a total raw score for the underemployment and satisfaction variables, respectively. The final questions determined the participant's IPV classification and inclusion in the study based on IPV experience. Job stability assessed the number of jobs and job changes that have occurred over the past five years, as well as a recent history of tardiness and absenteeism.

The job satisfaction items are from the Brief Index of Affective Job Satisfaction (BIAJS) by Thompson and Phua (2012). To reduce the likelihood of acquiescent responses, three distracter items were tested and included as part of the BIAJS. The Cronbach's alpha reliability (.85) for the BIAJS was good, based on a cross-national sample of managers and nonmanagers ($n = 605$). Validity was established with a three-item measure of overall job satisfaction (Judge et al., 1994), which resulted in a convergent validity correlation of .74. I established reliability within my dataset by conducting Cronbach's alpha. If the measure of reliability was less than the minimally acceptable 0.70, I considered adding questions to the survey and extending the survey time frame to try to increase the sample.

The underemployment items used the Subjective Underemployment measure (Jones-Johnson & Johnson, 2001). The reliability for the Subjective Underemployment

measure was $\alpha = .75$. No validity measures were reported for these instruments, but they did carry face validity. Only the section on underemployment was used in this survey (Hyman, Lamb, & Bulmer, 2006).

Data Analysis Plan

SPSS v 23 was used for all data analysis. Step 1 included using multivariate analysis of variance (MANOVA) for analyzing the first part of the survey which included those who had experienced IPV and those who had not. Whereas ANOVA tests for the difference in means between two or more groups, MANOVA tests for the difference in two or more vectors of means. Using MANOVA determined if the dependent variables (unemployment, underemployment, stability, and job satisfaction), were associated with having experienced IPV. This test answered the questions of what were the main effects of the independent variables and what were the interactions among the independent variables (experienced IPV and had not experienced IPV). By measuring several dependent variables in a single study, there was a better chance of discovering which factor(s) were significant. A MANOVA also protected against Type I errors that may occur if multiple ANOVAs were conducted independently and it could reveal differences not discovered by ANOVA tests (Grice & Iwasaki, 2007),

Assumptions for the MANOVA analysis included that there is a normal distribution. The dependent variables should be normally distributed within groups. Overall, the F test was robust to nonnormality if the nonnormality was caused by skewness rather than by outliers. Frequency distribution and linear regression to check for outliers were run before performing a MANOVA, and outliers were transformed or

removed. Assumption two was that of linearity. MANOVA assumes that there are linear relationships among all pairs of dependent variables. Therefore, when the relationship deviates from linearity, the power of the analysis will be compromised. I conducted a scatterplot matrix between the dependent variables to check for linearity as well as a bivariate correlation. Assumption three was that of homogeneity of variances. Homogeneity of variances assumes that the dependent variables exhibit equal levels of variance across the range of predictor variables. I checked homogeneity by performing a Box's test with a significance level of .001. If the test result was above .001, it met the assumption of homogeneity (Nimon, 2012).

Additional factors for consideration included unequal sample sizes. As in ANOVA, when cells in a factorial MANOVA have different sample sizes, the sum of squares for effect plus error does not equal the total sum of squares. This causes tests of main effects and interactions to be correlated. SPSS offers an adjustment for unequal sample sizes in MANOVA. Like ANOVA, MANOVA is extremely sensitive to outliers. Outliers may produce either a Type I or Type II error and give no indication as to which type of error is occurring in the analysis. I used SPSS to check for outliers and examined those outliers to see if they need to be incorporated or eliminated if appropriate.

There is evidence that SES can affect other variables (Jeynes, 2002). In this study, the independent variable was experiencing IPV, while the dependent variables were job turnover, unemployment, underemployment, and job satisfaction. Because of the SES questions regarding income range and education level which were included in the survey, there was the potential for these covariants to influence results and produce faulty

conclusions about the relationships between the independent and the dependent variables. For example, higher education level has been associated with better jobs and therefore greater job satisfaction (Amarasena et al., 2015; Mohammed, Azumah, and Tetteh, 2017). The potential confounds on the variables of job turnover, unemployment, underemployment, and job satisfaction in this study, met the assumptions of MANCOVA and that test was performed.

Finally, multicollinearity and singularity were considered. When there is high correlation between dependent variables, one dependent variable becomes a near-linear combination of the other dependent variables. Under such circumstances, it would become statistically redundant and suspect to include both combinations. Confidence levels and p values were calculated for each variable.

Threats to Validity

This research is designed to be valid and reliable. Nevertheless, there was risk of instrumentation threat and confounding variables as possible threats to internal validity. In addition, there was a possible threat to external validity by differential selection.

In order to minimize instrumentation influence, I selected an appropriate research design that produced more accurate responses due to a consistent survey format for all respondents. The survey was administered online using a standard template and five-point anchored Likert scales. The survey was only available for each respondent to take once, thus eliminating the chance of differences between tests. The risk of confounding variables was perhaps the biggest threat to the validity of the study results. Although this proposed survey collected data on IPV and measured job satisfaction, there was no way

to know whether the job satisfaction data were solely the results of the IPV or whether other factors contributed. Reliability was established by running Chronbach's alpha. Reverse coding, checking participants' timing, and using visual observation to eliminate straight lining of answers (responses which are all the same) were used to eliminate potentially invalid responses.

Differential selection risk was mitigated by using the same selection criteria for the study and comparison groups for the survey. Multiple treatment interference, reactive effects of experimental arrangements, interaction effects of selection and experimental variables, testing reactivity, and specificity of variables do not apply to this study design.

The most significant threat to external validity was self-selection bias, and this was considered a potential limitation to this study. To overcome potential recall bias, the questionnaire was designed not to lead respondents to answer in a certain way, as well as designed so question answers should be easy to recall and not leading. In addition, the inclusion and exclusion criteria mitigated self-selection bias.

Ethical Considerations

There are ethical considerations when recruiting a sample population that has experienced trauma, particularly for IPV survivors who can possibly be retraumatized by questions and interviews (Dutton, et al., 2003; Logan et al., 2008; Winstok & Sowan-Basheer, 2015). Logan et al. (2008) pointed out that such risk is greater in qualitative research than in quantitative research such as the survey used in this study. Nevertheless, the questions for this survey were framed in a way to minimize such retraumatization by not asking for details or specifics about the actual abuse. Questions were phrased very

generally in order not to trigger specific memories. In addition, each respondent saw a message as they started the survey that they could withdraw from the survey if they experienced any discomfort or upsetting emotions or memories while completing the survey. On the final page of the survey, there was a referral to the Domestic Violence Hotline where callers could either talk about their feelings or memories or ask for referrals to a counselor or organization in their geographic area where they could seek out further help.

Survey respondents were anonymous and had only basic demographic information retained with each survey. Information from surveys was handled only by the researcher and the people directly working on the data analysis. The anonymous surveys will be retained solely for completeness of records but will be retained without identifying information in order to maintain anonymity. Survey Monkey privacy and security measures restrict access to data to only researchers designated by the account holder (only one account holder was used for this survey). In addition, all surveys were stored only on one computer that has restricted access, and no hard copies of individual surveys were produced. After three years, all surveys will be deleted from that computer and only the data analyses will be archived. Survey participants who wish to see the final study results were provided with an email address where they can access the completed study. Before any recruitment began, or distribution of the survey, approval was granted from Walden University IRB and letters of cooperation from any online sites used for recruitment were procured.

Summary

This research study was a quantitative survey designed to compare women who have experienced IPV at least five years prior to the study, and women who have not experienced IPV to see if there are any statistically significant differences between the two groups in their perceptions of satisfaction with their jobs, with their records of unemployment, underemployment, and in the area of job turnover. The target population for this survey was females aged 18 and older, residing in the United States and who speak English. Since the study looked at those who experienced IPV and those who did not, the only exclusionary criteria were age, citizenship, and English language speaking. The survey was administered through Survey Monkey and participants were recruited through multiple sites including women's organizations, IPV organizations, and those that specialize in advocating, researching, and working with IPV. To maximize survey completion, it was no more than 30 questions and took 15 minutes or less to complete. To ensure construct validity, questions about underemployment and job satisfaction were based upon existing, valid, and reliable studies (Gonzalez-Roma & Hernandez, 2016; Holtom et al., 2002; Jones-Johnson & Johnson, 2001; Thompson & Phua, 2012). Data were analyzed using SPSS with MANOVA to determine if the dependent variables (unemployment, underemployment, stability, and job satisfaction), were associated with having experienced IPV. This test answered the questions of what the main effects of the independent variables were and what were the interactions among the independent variables (experienced IPV and not experienced IPV). To minimize instrumentation influence, I selected an appropriate research design that produced more accurate

responses due to a consistent survey format for all respondents. Whenever a survey solicits responses from a previously traumatized population such as IPV victims, there is the risk of retraumatization. This survey explained to survey takers that they could exit from the questioning at any time if they chose and closed with the final page of the survey showing the Domestic Violence Hotline number as a resource for those who wished to talk or communicate with trained listeners or seek a referral to a counselor. Chapter Four examine the results of the survey responses.

Chapter 4: Results

The purpose of this research was to examine the long-term effects of IPV on job satisfaction, underemployment, unemployment, and job instability among women. The presence of a negative relationship between IPV and job success factors would indicate the need for additional continued support for survivors of IPV and could provide information and direction for employers looking to provide employee assistance and enrichment programs (EAPs). The study findings could point to extending existing, commonly found EAPs provided for trauma support, financial management, and supplemental emotional and physical health assistance to meet long-term needs.

In addition, this research could be used to implement social change not only through EAPs provided for employees but also for employers. Such trainings could include the need to learn about IPV in the workplace, its prevalence, and its long-term residual effects on victims and their co-workers, thereby creating a more understanding environment for survivors. The results of this research could also provide insights for existing programs and organizations so they can provide the most appropriate and beneficial help possible. Such information includes the training of organizational executive leaders, managers, and program developers so assistance and education can help survivors be successful in the workplace.

The research question forming the basis for this study was whether there is a significant difference in job success between women who experienced IPV five or more years ago, and women who did not experience IPV. Four hypotheses were tested using

MANOVA. The hypotheses were whether there was a difference in (a) job satisfaction, (b) underemployment, (c) unemployment, and (d) job turnover between the two groups.

This chapter examines data collection methods and procedures, and the results of the study. Characteristics of the sample, data preparation, and tests of assumptions are included, as well as discussion of data preparation and limitations.

Data Collection

The participants in this study were women, aged 18 or over, and residents of the United States. Respondents were excluded from the IPV group if they experienced IPV fewer than five years previously, were male, younger than age 18, or were not residents of the United States, resulting in final group sizes of 128 for those who did not experience IPV, and 119 for those who did experience IPV five or more years previously, yielding a total of 247 participants from the total 356 respondents. Because the questionnaire was administered online, only those with Internet access to the online survey could participate. The time frame for data collection extended from mid-December 2018 through May 2019. The minimum number of participants required for each group to achieve sufficient statistical power was 64.

Respondents were recruited through multiple social media sites including national women's organizations, media organizations, and IPV organizations such as the National Coalition Against Domestic Violence (NCADV), National Network to End Domestic Violence (NNEDV), Battered Women's Justice Project, Equality Now, Futures Without Violence, Institute of Domestic Violence in the African American Community, Jewish Women International, Manavi, Mending the Sacred Hoop, National Center on Domestic

and Sexual Violence, Journalism and Women (JAWS), National Organization for Women (NOW), and Business and Professional Women (BPW). In addition, the link for the survey was posted on Twitter, Instagram, and Face Book. Other sources for recruitment included Walden research pool and Research Gate.

An initial email to each targeted organization asked to distribute the link to members and contact lists. This request was followed by another email and a phone call to confirm that they had distributed the link.

Demographic Characteristics

The data indicated that the sample was not representative of the general population in terms of age range, with a higher proportion of participants ages 30 to 60, compared to the U.S. population. Table 1 shows the proportion of participants in the sample compared to the U.S. population. Respondents included women ranging in age from 18 to over 65, with a mean range of 30 to 45, and a median range of 45 to 60. Education levels ranged from 12.06% who had a high school diploma (or equivalent); to 37.19% with a PhD or equivalent. as shown in Table 2. The sample had overall higher education levels than the general population with 69.84% of respondents having a bachelor's degree or an advanced degree, compared with 32.7% in the U. S. population (US Census Bureau, 2015). Annual income levels of respondents were mostly in the \$25,000 to \$79,999 range, with 31% reporting annual income of \$25,000 to \$49,999. More than 12% of respondents reported earning between \$75,000 and \$99,000, while more than 7% reported income greater than \$125,000 per year. In comparison to the U.S. population, the sample showed higher income levels overall: according to the U.S.

Census American Community Survey (2019), the median income for adults was \$35,977 and the mean annual income was \$54,129.

Table 1

Frequency and Percentage of Age Range for Participants and U.S. Female Population

<u>Age Range</u>	<u>Frequency</u>	<u>Participant %</u>	<u>US Census Data %</u>
18-23	12	3.5	6.7
23-30	25	7.4	14.2
30-45	132	38.8	16.0
45-60	112	32.9	18.2
Over 60	56	16.5	26.2
Total	337	99.1*	81.3

Note. Census data from the U.S. Census (2010).

*Missing .9%

Table 2

Frequency and Percentage of Educational Achievement for Participants and U.S. Female Adult Population

<u>Education Level</u>	<u>Frequency</u>	<u>Participant %</u>	<u>US Population %</u>
High school or GED	24	12.06	28.70
Some college or Certificate Program	9	15.08	16.70
Associate Degree	21	10.55	10.70
Bachelor's Degree	65	32.65	20.70
Advanced Degree	74	12.00	
Other	6		
Total	199	100	100

Source: U.S. Census Bureau, 2015 Current Population Survey.

Data Preparation

Data gathered from the survey required some preparation prior to conducting further analyses. Demographic information (age, U.S. residency, education, income, and gender) were assigned a numerical value. Open ended responses from survey items about unemployment, underemployment, and job satisfaction were converted to numerical values and some responses were reverse coded so higher numbers reflected a more positive response. Participants were given the opportunity to make open-ended responses (e.g., "Other") when the multiple-choice selections were not deemed sufficient. Those open-ended responses were reviewed and categorized according to the existing multiple-choice categories as applicable.

Likert-scale items were recoded as necessary so that a higher score reflected a more positive value or outcome (e.g., 1 = Unemployed, 5 = Employed Full Time). In addition, distractor questions that were part of the BIAJS were eliminated from the analyses, as directed by the BIAJS scoring procedures. The scores on the individual survey items were summed according to content to generate overall scores representing employment status, job turnover frequency, underemployment, BIAJS job satisfaction and AJSS job satisfaction.

Tests of Statistical Assumptions

Assumptions were tested by examining outliers, reliability, normal distribution, skewness, and homogeneity of variances, including Box's Test of Equality of Covariance Matrices.

Box's M test of the three variables Job Satisfaction 1 and 2, and underemployment, resulted in a significance value greater than 0.05 (.412), so there is no reason to believe that the assumption of equal variances is violated. Tests for skewness showed that job satisfaction 1 and 2, and underemployment measured less than 1 (.144; .146, and .144 respectively) thus indicating normal distribution of the data. Probability plots indicate that the assumption of MANOVA that errors are normally distributed were upheld. Scatterplots of the three variables showed a linear relationship between Job satisfaction 1 and job satisfaction 2 (Figure 4), however, although there may be another type of relationship between the two job satisfaction variables and underemployment, scatterplots did not show a linear relationship (Figures 5 and 6).

Figure 1

Probability Plot Showing Normal Distribution of Job Satisfaction 2 Data

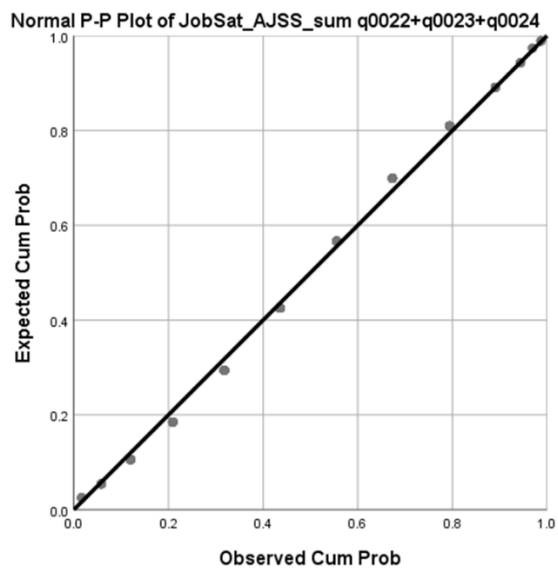


Figure 2

Probability Plot Showing Normal Distribution of Job Satisfaction 1 Data

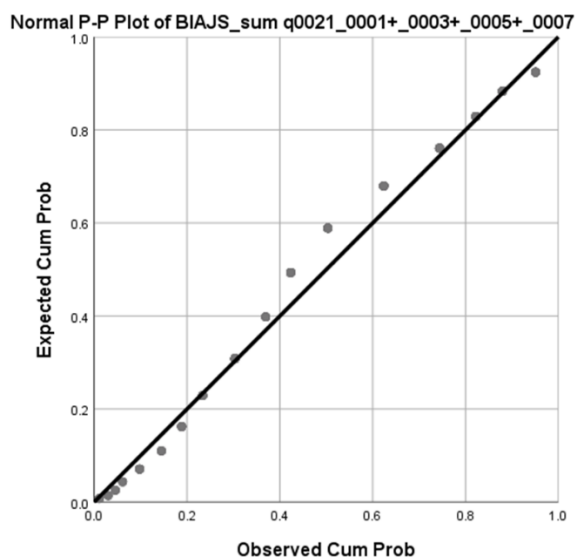


Figure 3

Probability Plot Showing Normal Distribution of Underemployment Data

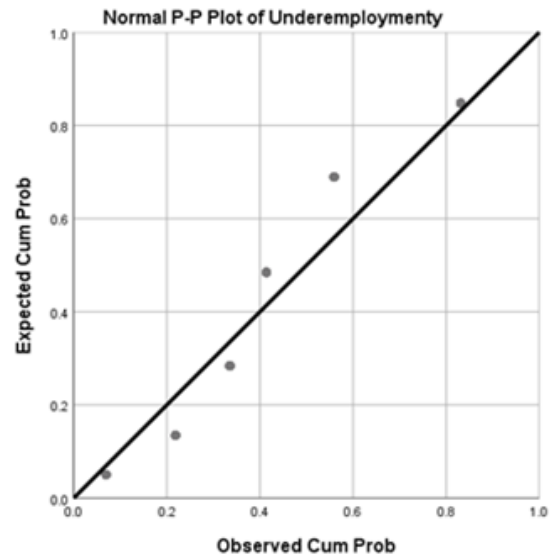
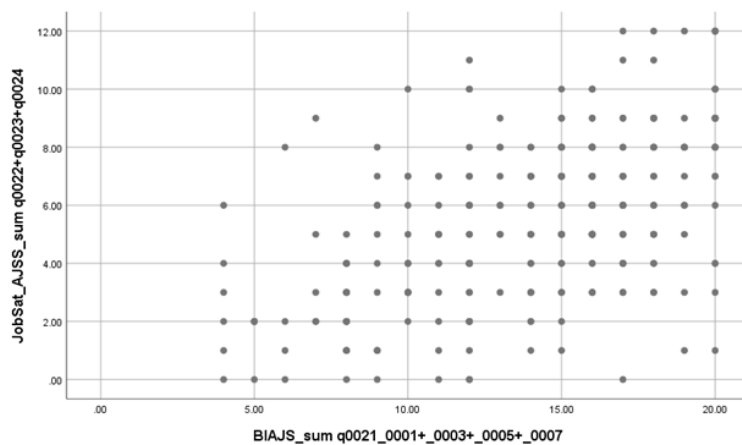


Figure 4

Scatterplot Showing Linear Relationship Between Job Satisfaction 1 and Job Satisfaction 2

**Figure 5**

Scatterplot Indicating No Linear Relationship Between Job Satisfaction 2 and Underemployment.

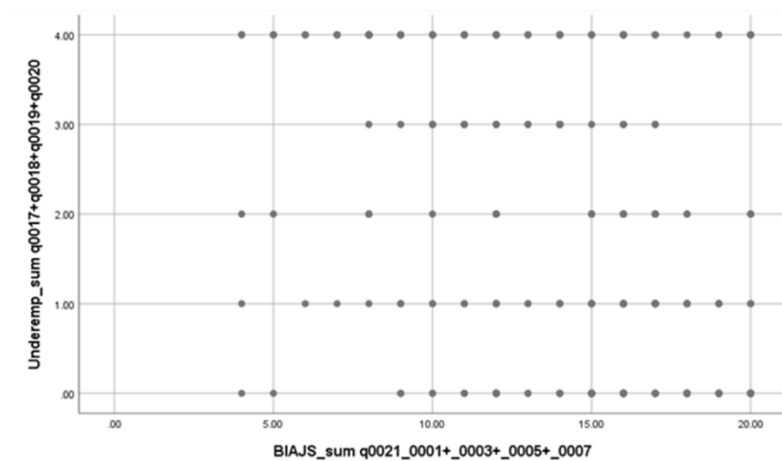
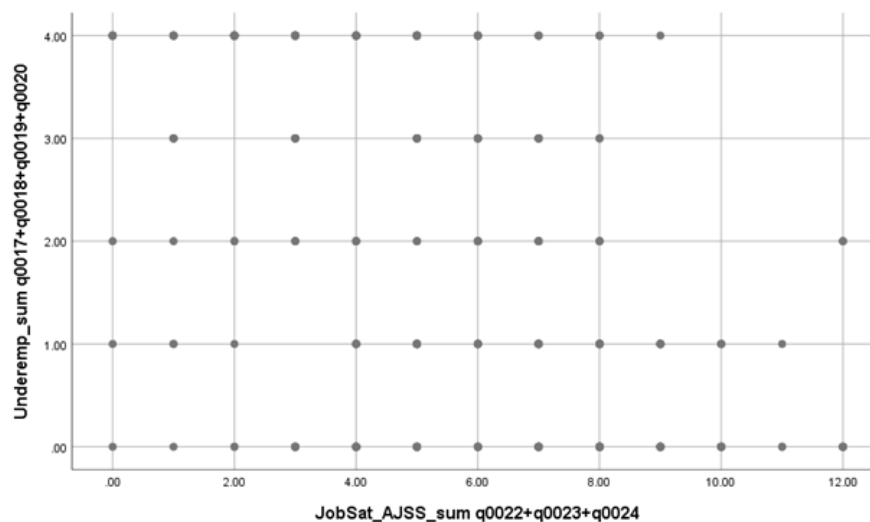


Figure 6

Scatterplot Indicating No Linear Relationship Between Job Satisfaction 1 and Underemployment



A reliability analysis was carried out on the dependent variables for each of the five summary variables consisting of from two to six questions. A measure of Chronbach's alpha for the following three measure of Underemployment (4 questions); Job Satisfaction 1 (1, 4 questions); and Job Satisfaction 2 (3 questions) showed acceptable reliability. BIAJS items (job satisfaction) and Underemployment had very high reliability scores of $\alpha = 0.923$ and $\alpha = 0.856$ respectively. AJSS items were also reliable with an acceptable level of $\alpha = 0.648$. Job stability items (6 questions) did not meet acceptable levels of reliability with $\alpha=0.423$. Similarly, unemployment items resulted in a Chronbach's alpha of 0.328. Therefore, three items (underemployment, job satisfaction 1, and job satisfaction 2) were retained for further analysis.

Another assumption that must be met when conducting multiple analyses of variance is that the variance for each variable is homogeneous. The Levene's test, as

shown in Table 3, indicated the three variables of underemployment, BIAJS job satisfaction, and AJSS job satisfaction, indicated homogeneity of variance for two of the variables. For the AJSS job satisfaction variable, the test indicated variance was not homogeneous ($p = .046$). However, the analysis of variance is robust to violations of the assumption of homogeneity of variance provided the group sizes are relatively equal (Salkind, 2010), as they were in the current study.

Table 3

Initial Test of Homogeneity of Variances

Variable	Levene Statistic	df	Mean Square	Sig.
Underemployment Based on Mean	3.533	1	285	.061
BIAJS Job Sat Based on Mean	1.894	1	278	.170
AJSS Job Sat Based on Mean	3.999	1	285	.046

Analysis found that women who experienced IPV demonstrated higher levels of underemployment than those who had not experienced IPV and there were no significant differences between women who had and women who had not experienced IPC in the areas of job stability (turnover) and unemployment. Women who had experienced IPV at least 5 years previously were more likely to be working at jobs that did not match their perceived levels of skill and those survivors were less likely to be satisfied in their jobs.

Results

A one-way MANOVA was conducted to examine the differences in the responses to the dependent variables between those who had experienced IPV five or more years

ago and those who had not experienced IPV (Warner, 2018). Analysis was carried out in order to determine whether experiencing IPV had any significant effect on any of the dependent variables.

MANOVA was run using the independent grouping variable of IPV and the three remaining dependent variables of underemployment, BIAJS Job Satisfaction, and AJSS Job Satisfaction. All results showed statistically significant differences. Table 4 shows the results of the tests of significance and effect size as measured by η^2 , with all three variables indicating that the differences seen between the group that experienced IPV and the group that did not were likely the result of the independent variable and not just chance.

Table 4

Analysis of Variance for Underemployment and Job Satisfaction

Variable	F	df	Mean	SD	η^2
Underemployment Based on Mean	9.53*	1	1.76	1.63	.031
BIAJS Job Sat Based on Mean	37.50*	1	5.54	2.81	.049
AJSS Job Sat Based on Mean	20.65*	1	14.07	4.14	.103

* $p < .05$

The research question addressed whether there was a significant difference in long-term job success as measured by job stability, underemployment, unemployment,

and job satisfaction, between women who experienced IPV and women who have not.

Analyses of variance were examined to test each of the following four hypotheses.

Results of univariate analysis indicated there was a collective significant effect between experiencing IPV and: a) job satisfaction BIAJS, $F(5,119) = 3.466$; b) job satisfaction AJSS, $F(5, 114) = 8.951$; and c) underemployment, $F(5, 116) = .885$. Table 5 contains the univariate ANOVA for each variable, along with their significance levels.

Table 5

Univariate Analysis of Collective Significance

Variable	F	df	Significance
Underemployment	.021	5	.885
Job Sat 1	3.466	5	.065
Job Sat 2	8.951	5	.003*
Turnover	.447	5	.505
Job Stability	3.531	5	.062

* $p < .05$

H_1 proposed that there would be a significant difference in job stability between the two groups of women. Due to lack of reliability, further analyses were not conducted with this variable; Although nearly 50% of those who were unemployed have been out of work for more than three years, more than 30% have been out of work for less than one year. Because the weak reliability of the variable prevented further analysis of the data, the null hypothesis could not be rejected.

H₂ posited that there would be statistically significant differences between the two groups regarding under-employment. The standard deviations for respondents who had experienced IPV more than five years previously and those who had never experienced IPV were 1.959 and 1.771, respectively. An examination of the means for the IPV group and the non-IPV group showed that women who experienced IPV had lower underemployment scores than those who had not experienced IPV (M=1.9 and M=1.7, respectively).

The underemployment variable did show a difference between the two groups and therefore the null hypothesis was rejected.

H₃ hypothesized there would be a statistically significant difference between those who experienced IPV and those who did not experience IPV in unemployment, however, reliability of this summary variable was weak. The variable was eliminated from further analyses; thus, the null hypothesis could not be rejected.

Finally, H₄ posited there would be a significant difference in job satisfaction between the groups. Analyses indicated there was a difference between those who had experienced IPV and those who had not on both measures of job satisfaction, with participants who experienced IPV showing lower job satisfaction scores than those who had not experienced IPV for both the BIAJS instrument (M=14.0 and M=14.1, respectively) and the AJSS instrument (M=5.3 and M=5.7, respectively). Therefore, the null hypothesis was rejected.

Summary

This research was a quantitative correlational study designed to compare women who had experienced IPV at least five years prior to the study with women who never experienced IPV, in order to see if they differed in job success as measured by the variables of job turnover, job satisfaction, underemployment and unemployment. Levene's tests for normality, and equality of variance were run which showed reliability and consistency for three of the dependent variables: Underemployment and the two measures of job satisfaction.

As a result of eliminating participants due to exclusion criteria and eliminating outliers and cases that violated linearity and homoscedasticity (93), the final number of cases retained for analysis was 247. The sample then met the assumptions required when conducting a multiple analysis of variance.

Of the four hypotheses, two of the null hypotheses were rejected. Women who experienced IPV at least five years previous reported significantly higher levels of underemployment than women who had not experienced IPV. Additionally, women who had experienced IPV reported significantly less job satisfaction than those who had not experienced IPV. Two other hypotheses related to job stability and unemployment were not rejected due to the unreliability of the data for those dependent variables. Chapter 5 will examine how this study's findings compare to research in existing literature and examine how the design and administration of this survey may have impacted the results. Suggestions for further research and modification of the survey instrument will also be examined.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to examine the statistical relationship between female survivors of past intimate partner violence and employment outcomes. Although previous research has confirmed the prevalence of IPV for American women and the short-term and long-term physical and psychological effects of IPV, there is a paucity of research studying how that prevalence and the resulting physical, psychosocial, and economic effects impact job success for long-term survivors of IPV. Exploring this relationship provided insight about how employers and direct service organizations can educate, support, and offer programs to encourage IPV survivors to achieve better job success and thus financial and social success. This study identified a significant relationship between long-term survivors of IPV and (a) job satisfaction and (b) underemployment among those sampled.

Responses to the survey included several non-qualified respondents (under age 18 years or male) as well as numerous respondents who had experienced IPV more recently than the five years previously. Those cases were removed before analysis because they failed to meet the inclusionary criteria. Several responses, however, were identified as outliers. These data primarily were present within the dependent variables of job stability and employment status. Because these variables had poor reliability they were deleted from further analyses.

Findings showed that women who had experienced IPV demonstrated more levels of underemployment than women who had not experienced IPV. IPV survivors responded that their most recent employment did not match their level of skills and

education. There was no demonstrable difference between women who had experienced IPV and women who had not in the areas of job stability (job turnover) and unemployment. These findings suggest that women who are survivors of IPV that occurred at least five years in the past are more likely to be working in jobs that do not match their levels of capability and that these survivors are less likely to be satisfied with their jobs. Education about potential revictimization, the likelihood of victim PTSD and how to effectively address those through appropriate supervision and communication are also potential implications of this research,

Interpretation of the Findings

The findings of this research contributed to the literature by providing insight into the long-term implications of employment outcomes among survivors of past intimate partner violence. Numerous studies revealed a multitude of physical ramifications of IPV ranging from obvious physical injuries including broken bones, concussions, contusions, and brain damage, but there are even more physical repercussions. Higher rates of early stroke, lupus, multiple sclerosis, digestive disorders, gynecological problems, and diverticulitis were also documented (Bazargan-Herjzi et al., 2014; Matheson et al., 2015; Sugg, 2015; Wong & Mellor, 2014). Survivors of IPV also exhibited psychosocial impairment including PTSD, anxiety and depression, aggressiveness, sleep problems, and headaches (Meffert et al., 2015). Alcoholism and substance abuse were also higher among survivors of IPV (Devries et al., 2013; Lacey et al., 2013). Other research indicated that survivors experience financial disadvantages as well as the ongoing likelihood of medical, psychological, and workplace problems after

experiencing IPV (Avdibegovic et al., 2017; Babu & Ker, 2012; Davidov et al., 2017; Lacey et al., 2013; Eshelman & Levendosky, 2012; Matheson et al., 2015; Sugg, 2015; WHO, 2013b; Wong & Mellor, 2014). However, few of these studies examined employment outcomes among long-term survivors of IPV.

This study aligns with the findings of Staggs et al. (2007), which found women who had experienced IPV more likely to be underemployed. That study also revealed that unemployment and job instability were likely to be higher in IPV survivors, which this research did not confirm. This study did reveal, however, the likelihood that long-term survivors of IPV not only are more likely to experience underemployment, they also are more likely to experience job dissatisfaction, which has been found to influence an employee's efficiency and productivity at her job (Sree & Satyavathi, 2017). Reasonable inferences from the current study are that women who have experienced IPV will suffer long-term job insecurity, more job turnover (either voluntarily or not voluntary), and possible job termination due to the impact on employer profits and productivity. In addition, it suggests that survivors are more likely to suffer financial insecurity because of that job instability.

Trauma theory, which informed this study, posits that experiencing deeply disturbing events such as IPV not only leaves negative effects on the physical health of a victim but also on other aspects of well-being, both in the short term and in the long-term. Analysis of the data gathered from the survey sample in this study supports this theory about the lingering effects of trauma. Respondents who had experienced IPV more than five years ago had a significantly higher level of job dissatisfaction and

underemployment than did respondents who did not experience IPV. The other aspect of trauma theory is that trauma can produce negative consequences for not only the individual but also for groups. As Sree and Satyayathi (2017) indicated, job dissatisfaction and job turnover have the potential to affect the entire work group, which could thus impact workplaces and corporate functioning and productivity.

Limitations of the Study

There were three major limitations of this study that could be addressed in future research. One limitation was the unacceptable reliability of the data for two of the dependent variables. Analyses of the responses for questions about job stability and employment status showed low reliability and therefore hindered the ability to gather any meaningful information about those two variables. It is possible the phraseology of the questions for these two sections contributed to this problem. Because of the low reliability, all data for these two variables was eliminated from final analysis.

Other potential limitations included the limitations of this survey to address other confounds that may have been present for respondents. The type of IPV experienced, for example, could make a difference in the long-term effect. Other influences that might affect findings could be type and availability of social support, gender of abusers, or geographic location of the victim. The questionnaires did not delve into possible other influences in the respondents' lives besides IPV that may have limited internal validity of the results. There is also the potential of self-report bias due to the nature of the topic that was being researched. It is unlikely that any researcher bias occurred because responses were voluntary and anonymous, and the questions that were used came from standardized

instruments. Recruiting respondents from a large and diverse population contributed to reducing sampling bias and confounds. Selection or sampling bias was reduced since respondents were voluntary, although they may have had their own biases. Because this was a quasiexperimental study there is no way to control for truthfulness in reporting. Finally, possible recall bias may have posed some limitations despite efforts to minimize the risk by structuring the survey itself to present only basic, easy to recall questions and answers. The risk of confounding variables also was a possibility of the survey, and further measures such as examining IPV in detail could help minimize that risk as well. In addition, the sample collected for this study showed some significant variances from the US population limiting the external validity of the results. The survey sample was somewhat inconsistent with the general population as to income and education levels, with gender limited to females only. Respondents ranged in age from 18 years to more than 65 with the majority of respondents being in the 30 to 60 age range. Although there were slightly more participants who reported having experienced IPV, the two sample groups (those who had experienced IPV and those who had never experienced IPV) were close in size. This may limit generalizability of the findings for a larger population.

Recommendations for Further Research

There are several recommendations for further research into the long-term impact of IPV for women in the workplace. The current study did not differentiate between types of IPV experienced. Future research could examine whether the particular kind of IPV (e.g., physical, psychological, sexual, spiritual, or economic) resulted in differing job

satisfaction and underemployment outcomes. Another area for further examination is seeing whether there is a significant relationship between a particular demographic characteristic and the long-term effects of IPV in the workplace. The age at which abuse is experienced may have impact on the lingering effects for the victim (Abraham, 2017). Some research indicates that the gender of perpetrators may also impact the long-term health outcomes, or that disability of victim may lead to more resounding long-term effects (Alejo, 2014; Breiding, 2015). Research is needed to investigate whether such demographic characteristics also have more severe or significant impact on long-term job success for victims.

Another future study might restructure the questions of the survey to identify more reliable methods for measuring job stability and unemployment. Since some previous studies did find an impact on unemployment, underemployment and job stability, further research might look more specifically into those variables to confirm whether there is an identifiable relationship between long-term survivors of IPV. If so, further studies can help determine whether type of abuse, demographic status or other factors could influence the outcome. Expanding the research and redesigning the questions to get more specific information about type of abuse, length of abuse, how many years past active abuse the survivor is, as well as age of the survivor would garner more specific and broader information about the long-term effects of IPV on female workers.

Similarly, future research might examine specific workplace or job requirements or behaviors to help identify exactly what workplace factors are most impacted by

previous IPV as well as more specifically identify the effects within the place of employment. Qualitative research might garner more data about the lived experiences of IPV survivors and supplement the quantitative data collected in this and other studies. Regardless of the design of future research, any such studies should collect a more representational sample than this procured in order to assure more generalizability.

Implications

The results of this study are important because they provided a comparison between two groups of women based upon the experience of IPV and the indications are that there are significant negative consequences in underemployment and job satisfaction for survivors years after abuse. Because of the prevalence of IPV among American women, and since women comprise just under 50% of the American workforce, the findings of this study contribute to the understanding of the likelihood of women in the workforce carrying long term-effects of their abuse into the workplace. This study showed that long-term effects of IPV have a significant effect on job satisfaction and underemployment. Other studies show a correlation between job satisfaction with work performance and workplace profitability. As outlined in trauma theory, recognizing this connection between IPV and survivor workplace consequences has implications not only for the survivors themselves; for social and psychological services; and medical services, but there are also implications for business and industry. The information in this study could inform workplace services for survivors of any trauma to address worker well-being and workplace success.

Positive Social Change

As a result of these findings, more emphasis should be given to women who have experienced IPV in the past. Current research supports sensitivity and assistance from the workplace during current IPV experiences, but these data show that even after at least five years, survivors are still impacted in ways that can significantly affect job success for the survivor and productivity for the employer. Clearly, employers should not ignore IPV just because it has been a while since it occurred. This study showed employers should emphasize education and assistance programs that will address and alleviate the job satisfaction and underemployment problems that occur in long-time survivors of IPV. In addition, the workplace should foster a culture where IPV is dealt with the same way other employee needs are addressed.

Workplace accommodations that could affect broad positive social changes are extensive and could include wellness programs for employees that cover more than physical issues and include support for PTSD and trauma. Similar to employer programs commonly offered to veterans and employees with substance abuses, workplace support could include organizational emphasis on encouraging integration and socialization of IPV employees, including buddy systems and mentors. Much as employee programs offering support and education for those with substance abuse issues, workplaces can incorporate learning opportunities for all employees about IPV and residual effects on survivors.

Inherent in all of these programs is the need for education of co-workers and supervisors so they can support organizational programs addressing IPV

accommodations, as well as so they understand and formulate their approaches to be most effective with IPV survivors. In addition, the workplace should provide an environment sensitive to the needs of all employees and become aware of specific approaches to collaboration and supervision that are most effective for IPV survivors and their needs. All education and accommodation and programs must focus on addressing the identified vulnerabilities of job satisfaction and underemployment of the IPV survivor. Such programs and accommodations could enhance worker satisfaction and thereby enhance productivity and workplace culture.

Organizations that deal specifically with IPV victims also have the potential for positive social change by expanding their services and programs from those who are in immediate IPV situations to those who are long-term survivors of IPV. This study demonstrates a need for help and support for those who experienced IPV at least five years previously, yet very few domestic violence programs offer assistance beyond a year or two from the actual abuse occurring. Clearly, if survivors are to become productive in the workplace, it would be useful for organizations to address the specific needs of not only physical and legal help, but also to develop programs to help survivors achieve job success and financial stability in the long term. The information shown in this study contributes to the understand of how long and how extensive repercussions of IPV are for survivors. This information focuses on long-term consequences, which is not a common concern of shelters and IPV support groups, who usually extend services for one to two years at most. As additional data reveal the prevalence of longer-term consequences to

experiencing IPV trauma, those services will be able to consider and plan for more extensive support and services for survivors.

Conclusions

The residual effects of IPV can impact nearly every aspect of a survivor's life, including the ability to work and earn a living. It is important to gain insight into not only the myriad ways survivors are affected, but also into how they are affected, particularly in their abilities to be productive workers with some level of economic security. When there is more understanding as to how prevalent and in what way IPV leaves its mark on women, research can be used to educate employers in ways that need to be addressed, and what educational and support programs are of value to the IPV survivor employee to be a more productive and valuable asset to the employer.

Research has identified the importance of employee satisfaction and health on an efficient and productive workplace, and knowing what employees need in order to be better workers; meeting those needs is to the benefit of not only the employee, but also the company and coworkers. This research identified two areas of potential challenges for long-term IPV survivors, who make up a significant percentage of the American workforce. Job satisfaction and underemployment are two factors that have been identified as having a direct relationship with worker productivity and health, and therefore the bottom line of the employing company. It is clear more research is required into this relationship to further investigate and address these issues.

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