

LWATI: A Journal of Contemporary Research, 10(1), 129-144, 2013

ISSN: 1813-2227

Domestic Violence and the Workplace: Improving Workers' Productivity

E.M. Ajala

Department of Social Work, University of Ibadan, Ibadan, Nigeria
E-mail: majekajala@yahoo.com
Tel: +2348035653135

ABSTRACT

The productivity of victims experiencing domestic violence is reduced due to sapping of their energy, undermining their confidence and compromising their health. It is against this background that this study examined the impact of domestic violence in the workplace and workers' welfare and productivity in Nigeria industries. The descriptive research design of the ex-post-facto type with a sample size of one hundred and sixty-four (164) participants selected from three industrial sectors within Osogbo in Osun State were used for the study. The age range of participants was between 25 and 45 with a mean of 28.5. The main instrument used to generate data for the study was a set of questionnaire tagged 'Domestic Violence and Workers' productivity Questionnaire' (DVAWPQ) with 0.85 reliability coefficient. Multiple regression analysis was used as tools of analysis. The results indicated that there was significant impact of domestic violence variables (physical, psychological and sexual abuse) on the welfare and productivity of workers in industries. The independent variables taken together predicted the dependent variable by yielding a coefficient of multiple regression of 0.833 and a multiple regression square of 0.694. Findings showed that domestic violence leads to low productivity which is manifested in form of absenteeism, loss of work time, and high labour turnover. It is recommended that employer should take steps to prevent domestic violence and assist identified victims, thereby making employees become safer, healthier and happier individuals with resultant improvements in employees' productivity, health, trust and retention, and worksite safety.

Keywords: Domestic Violence, Workplace, Workers, Productivity.

INTRODUCTION

Domestic violence is a pattern of behavior used by one person to gain power and control over another with whom he/she has or has had an intimate relationship. It may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking, and use of electronic devices to harass and control (OSACH, 2009). Domestic violence occurs between people of all racial, economic, education and religious backgrounds: while living together or separately, married or unmarried, in short or long-term relationships, that is, the abuser may be a current or former spouse or intimate partner, relative or friends.

Domestic violence is a safety and health issue with medical, emotional, personal, economic, and professional consequences. Approximately 2million women are assaulted every year, 75percent by intimate partners (Centres for Disease Control and Prevention, 2001). Men can be victims of intimate partner abuse, as well: more than 800,000men are raped and or assaulted by a partner and 1 in 1000men is victimized by a partner every year (Intimate Partner Violence Fact Sheet, 2002). Of the over 70,000 Americans surveyed in 2008, 23.6% of women and 11.5% of men reported at least one lifetime episode of intimate-partner violence. In households with Incomes under \$15,000 per year, 35.5% of women and 20.7% of men suffered violence from an intimate partner (Morbidity and Mortality Weekly Report, February 8, 2008 issue).

Domestic violence is sometimes referred to as "gender-based" violence because it evolves in part from women's subordinate status in society. Many cultures, Nigeria inclusive, have beliefs, norms, and social institutions that legitimize and perpetuate violence against women. The same acts that would be punished if directed at an employer, a neighbour, or an acquaintance often go unchallenged when men direct them at women, especially within the family. Some studies have shown that in some countries domestic violence is to "correct" an erring wife (Armstrong, 1988; Counts, Brown, & Campbell, 1999; Hassan, 1995; Jejeebhoy, 1998). It has also been confirmed that transgression of gender norms like not obeying husband, talking back, not having food ready on time, questioning husband about money or girlfriends, going somewhere without his permission, refusing him sex, or expressing suspicious of infidelity necessitate violence against women (Michaus, 1998; Visaria, 1999).

The productivity of victims experiencing domestic violence is reduced due to sapping of their energy, undermining their confidence, compromising their health, and depriving the society their full participation. This is supported by the finding of Carrillo (1992), that women cannot lend their labour or creative idea fully if they are burdened with the physical and psychological scars of abuse. It is a major cause of injury to women, ranging from relatively minor cuts and bruises to permanent disability and death. Studies have shown that 40% to 75% of women who are physically abused by a partner are injured by this abuse at some point in life (Nelson &

Zimmerman, 1996; Romkens, 1997; Tjaden & Thoennes, 1998). Furthermore, domestic violence is among the most common causes of post-traumatic stress disorder (PTSD) (Brigg & Joyce, 1997; Bromet, Sonnega, & Kessler, 1998; Schaaf & McCanne, 1998). They confirmed that PTSD causes difficulties in sleeping and concentration thereby making the sufferer to be easily alarmed or startled. These symptoms are signs of mental health erosion with resultant effect on the decline in productivity of such individuals.

Victims of psychological abuse (also called emotional abuse or mental abuse) experience humiliation from the perpetrators privately by controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, constant criticism name calling and making statements that damage the victim's self-esteem (Adams, Sullivan, Bybee & Greeson 2008). Among victims who are still living with their perpetrators, high amount of stress, fear and anxiety are commonly reported. Depression is also common as victims are made to feel guilty for 'provoking' the abuse and are frequently subjected to intense criticism. It is reported that 60% of victims meet the diagnostic criteria for depression, either during or after termination of the relationship and have a greatly increased risk of sucidality (Barnett, 2001). Victims with a history of emotional violence are most likely to work on casual and part time work than those without experience of violence (Franzway, Zuffery, & Ching, 2007).

Physical or sexual abuse may lead to a number of physical ailments including irritable bowel syndrome, gastrointestinal disorders and various chronic pain syndromes (Delvaux, Denis, & Allemand, 1999; Walker et al., 1997). In its most extreme form, violence kills women. Worldwide, an estimated 40% to over 70% of homicides of women are committed by intimate partners, often in the context of an abusive relationship (Bailey et al., 1997; Gilbert, 1996). Many women consider the psychological consequences of abuse to be even more serious than its physical effects. The experience of abuse often erodes women's self-esteem and puts them at greater risk of a variety of mental health problem, including depression, post-traumatic stress disorder, suicide, and alcohol and drug abuse. For some women the burden of abuse is so great that they take their own lives or try to do so. Studies from Nicaragua, Sweden and the United States have shown that domestic violence is closely associated with depression and subsequent suicide (Kaslow et al., 1998 and Rosales Ortiz et al., 1999).

Sexual abuse or sexual coercion exists along a continuum, from forcible rape to non-physical forms of pressure that compel women to engage in sex against their will. The touchstone of coercion is that a woman lacks choice and faces severe physical or social consequences if she resists sexual advances. It should be noted that most nonconsensual sex takes place among people who know each other – spouses, family members, courtship partners, or acquaintances (Heise, Moore, & Toubia, 1995). Nonconsensual sex takes place within consensual unions and become just another medium for male control. Research have shown that some married women gave in to sex out of

fear of the consequences of refusal, such as physical abuse, loss of economic support, or accusation of infidelity (David & Chin, 1998; Khan et al., 1996).

Nearly four million women are battered in America every year, and most of these women are working women (The Commonwealth Fund Commission, 1993). Domestic violence can result in reduced productivity, increased medical expenses, absenteeism, and increased risk of violence at the workplace. Domestic violence affects not only the person directly experiencing the abuse, but it can also have a profound effect on the personal and professional lives and productivity of co-workers. It is against this background that domestic violence became a workplace issue because it affects the workplace in terms of bottom-line economics, productivity, and employee's safety and well-being.

Domestic Violence as a Workplace Issue

A survey by CAEPV (2007) showed that a significant majority of corporate executives and their employees from the nation's largest companies recognize the harmful and extensive impact of domestic violence in the workplace, yet only 13% of corporate executives think their companies should address the problem. Employers believe that domestic violence is a personal issue and that workplace parties can do nothing about it. No, domestic violence does not stay home while its victim go to work. It can follow them, resulting in violence in the workplace. With nearly one-third of American women (31percent) reporting being physically or sexually abused by a husband or boyfriend at some point in their lives (The Commonwealth Fact, 1999), is a certainty that in any mid-to-large size company, domestic violence is affecting employees. (Futures without violence, 2013)

Domestic violence in the workplace is a broad concept that encompasses behavior that occurs both on and off the worksite. Domestic violence in the workplace includes all behavior that interferes with an individual's capability to safety and securely performs their duties at work. It includes all kinds of conduct, ranging from harassing or repeated telephone calls or faxes at work to unarmed and armed "show-ups" to homicide. Domestic violence in the workplace also includes conduct which occurs outside of the workplace, such as sleep deprivation and physical injuries which impact on an individual's ability to perform their job. A batterer's interference in the workplace or work success of his target is one of many means by which the batterer exercises and displays his attempt to exert power and control.

It makes good business sense for employers to care about domestic violence. The cost of domestic violence to the US economy is more than \$8.3 billion. The cost involves medical care, mental health service, and lost productivity (Max, Rice, Finkelstein, Bardwell, Leadbetter (2004). The social, emotional, and financial costs of domestic violence are difficult to measure, but current research estimates the costs of domestic violence in Canada at \$6.9billion per year (Worksafe BC, 2013). The workplaces have the power to save money and lives by seeing domestic violence as a workplace issue.

Business leaders agree that domestic violence is a problem that affects the workplace. In a Business Survey carried out in America, Roper starch worldwide(1994), fifty-seven percent senior corporate executives believe domestic violence is a major problem in society. One-third of them thought domestic violence has a negative impact on their bottom lines, and 40% said they were personally aware of employees and other individuals affected by domestic violence. Sixty-six percent believe their company's financial performance would benefit from addressing the issue of domestic violence among their employees.

In a national survey in America, 24% of women between the ages of 18 and 65 had experienced domestic violence. Moreover 37% of women who experienced domestic violence report this abuse had an impact on their work performance in the form of lateness, missed work, keeping a job or career promotions (EDK Associates, 1997). Many employers offer health care benefits to their employees. This is another area where domestic violence has an impact on a company's bottom line. Total health care costs of family violence are estimated in the hundreds of millions each year, much of which is paid for by the employer (Pennsylvania Blue Shield Institute, 1992).

As regards the workplace safety, employers are more concerned today about violence in the workplace. They are right to be concerned because victims of domestic violence may be especially vulnerable while they are at work. For instance, once a woman attempts to leave an abusive partner, the workplace can become the only place the assailant can locate and harm her. Domestic violence as conceived in this study has three dimensions: physical, psychological and sexual. In Nigeria, most research on worker's productivity had been on the impact of other aspects of economic and national issue, scarcely do we have studies linking workers performance and productivity to the influence of domestic violence. It is against this background that this study becomes relevant in filling such missing gap by looking at the impact of domestic violence on workers' welfare and productivity in selected industries.

Purpose of Study

In order to achieve the purpose of this study, the following research questions were answered.

- 1. To what extent does domestic violence (physical, psychological and sexual abuses) when taken together predict the productivity of workers at their workplace?
- 2. What are the relative contributions of the variables to productivity?

METHODOLOGY

Research Design: The descriptive survey research design of the ex-post-facto type was used for the study. The method is adequate because it does not involve manipulation of any variable. The event has already occurred and the researcher only investigated what was already there.

Participants: A total of one hundred and sixty – four (164) participants were involved in the study. The participants were drawn from three industrial sectors in Osun state, Nigeria. The industrial are sectors are Civil Service; Teaching service and Nursing service. From each industrial sector, sixty (60) respondents were randomly selected. Their ages ranged between 25 years and 45 years with a mean age of 28.5 years and have been in marriage for a minimum of two (2) years. The least qualification of the respondents was the West African Examination Council certificate and the highest was First Degree. Meaning that, all the respondents are literate and could understand the questionnaire properly.

Instrumentation: The major instrument used for the study was the questionnaire tagged "Domestic Violence and Workers' Productivity Questionnaire (DVAWPQ)". The questionnaire was an adapted and modified form of that designed by Tolman, Parry & Gruber (1997). It is a thirty-five (35) item scale with response format ranging from strongly agreed (4) and strongly disagreed (1). The reliability value of the instrument with Nigerian participants was 0.85 using test-retest methods.

Data Analysis: Multiple regression analysis at 0.05 level of significance was the statistical tools employed in the study to examine domestic violence (independent variable) and workers' productivity (dependent variables).

RESULTS

Table 1 shows that the three abuses (physical, psychological and sexual) to predict workers productivity in industries yielded a coefficient of multiple regression (R) of 0.833 and a multiple regression square (R²) of 0.694. The table also shows that analysis of variance of the multiple regression data yielded an F-ratio of 121.204 (significant at the 0.05 level), indicating that predicting lower workers productivity at work due to domestic violence could not have occurred by chance.

Table 2 shows for each type of abuse (independent variable), the standardized regression weight (β) , the standard error estimate (SEB), the tratio, and the level of which the t-ratio is significant. The values of standardized regression weights associated with the domestic abuses

indicated that physical abuse (Beta = .348) is the most potent contributor, followed by psychological abuse (Beta = .320) and sexual abuse (Beta = .233).

Table 1: Regression analysis showing the joint contribution of types of domestic violence on workers welfare and productivity in industry.

Regression (R) = .833

Regression square = .694 Adjusted R square = .689

Standard Error of Estimate = 3.2950

Analysis of Variance

Source of	Sum of	Df	Mean	F	Sig.
variation	square		square		
Regression	3947.660	3	1351.887	121.204	.000
Residual	1737.090	160	10.857		
Total	5684.750				

Table 2: Relative contribution of the independent variables to the prediction.

Source of	Unstandardized		Standardized	T	Sig
Variation	coefficient		coefficient		
	В	Std.	Beta		
		Error			
Constant	7.461	1.321		5.648	.000
Physical Abuse	.796	.184	.348	4.339	.000
Psychological	.869	.205	.320	4.242	.000
Abuse					
Sexual Abuse	.575	.196	.233	2.933	.004

DISCUSSION

From Table 1 above, the combination of the three independent variables had significant predictive effect on the outcome measure (worker's productivity). The three variables (physical abuse, psychological abuse, sexual abuse) accounted for 68.9% of the variance in worker's productivity. All the three independent variables made significant relative contribution to the prediction of worker's productivity. The highest contributor is physical abuse. This is so because physical abuse leads to injuries that are severe thereby leading to

taking time off from the work, absenteeism, less stable workforce and low labour productivity. This is in line with the finding of Corso, Mercy, Simon, Finkelstein & Miller (2007) that of the \$70 billion annual cost of violence in the United State, most of the cost arose from lost productivity (\$64.4 billion), while the remaining \$5.6 billion was spent on medical care. Furthermore, Rodgers, (1994) found that 43% of women injured by their partners had to receive medical care and 50% of those injured had to take time off from work. Also, victims of domestic violence have reduced physical functioning, more physical symptoms, and spend more days in bed than non-abused women (Golding, 1996; Leserman et al., 1996; Sutherland et al., 1998).

Research into partner violence in Nigeria is so new that comparable data on psychological abuse by intimate partners are few, however this study confirm that psychological abuse contribute significantly to the prediction of worker's productivity. This is corroborated by findings when women claim that psychological abuse and degradation are even more difficult to bear than the physical abuse (Cabaraban and Morales, 1998; Crowell and Burgess, 1996). Women who are abused by their partners suffer more depression, anxiety, and phobia than women who have not been abused, according to studies in Australia, Nicaragua, Pakistan, and the United States (Ellsberg et al., 1999; Fikree & Bhalli, 1999; Danielson et al., 1998 and Roberts et al., 1998).

Furthermore, sexual abuse contributed least to prediction yet the contribution was significant to the prediction of workers' productivity. This is so because, studies have confirmed that sexual assault on women is closely associated with depression and anxiety disorders which are not supportive of good workplace behavior and productivity (Briggs & Joyce, 1997; Whiffen & Clark, 1997; Cheasty et al., 1998 and Levitan et al., 1998). Victims of domestic violence are likely to have more job turnover and lower performance. The study in Chicago found that women with histories of domestic were more likely to have experienced spells of unemployment, to have more job turnover, and to suffer more physical and mental health problems that could affects their job performance (Lloyd & Taluc, 1999).

This study established that domestic violence has impact on the abused and the workplace by making the abused unable to perform well while at duty, quit a job, leave work early on daily basis, coming late to work and increased health care cost. All these have negative effects on the company's bottom line. This is in line with the 2002 survey of Liz Claiborne Inc., that 91% of respondents believe that domestic violence affect both the private lives and the working lives of employees. Respondents agreed that domestic violence has had a harmful effect on their own organization's staff, specifically within psychological well-being(60%), their physical safety(52%), their productivity(48%) and their attendance(42%)(CAEPV,2013).

Domestic violence has a consistent impact on the abused earnings. Women that have experienced violence earn lower incomes than those who had not been abused (Lloyd & Taluc, 1999). For instance, in Managua,

abused women earned 46% less than women who did not suffer abuse, even after controlling for other factors affecting earnings (Morrison & Orlando, 1997). Furthermore, Hyman (1993) found that women who were sexually abused in childhood earned 3% to 20% less annually than women who has not been abused, depending on the type of abuse experienced and the number of perpetrators.

Where the government is the highest employer of labour, like in Nigeria, the impact on the economy is great and has negative impact on the economy because the increased need for health care adds considerably to health care cost. For example, in Washington State HMO study, the added cost associated with childhood abuse for his plan alone was estimated at over US \$ 8 million per year (Walker et al., 1999). In Canada, according to Greaves, et al. (1995) estimated that physical and sexual abuse of girls and women cost the economy 4.2 billion Canadian dollars each year, nearly 90% of that borne by the government.

Implications for Occupational Social Work and recommendations

Occupational social workers should advocate and educate employers to address the impact of domestic violence on their workplace and among among victims that are identified at the workplace through the following ways:

- 1. Adapt workplace policies to directly address domestic violence. This is in form of adoption of protocol and implementation of leave, benefit, and referral policies that address domestic violence in the workplace. The social worker through the assistance of management, should create a supportive workplace environment in which employees feel comfortable discussing domestic violence with counsellors and seeking assistance for domestic violence concerns. Supportive policies and programmes are critical in addressing domestic violence as it affects the workplace, this is achieved if employees know that such policies and programmes exist and that it is safe for them to come forward and disclose their domestic violence situation.
- 2. Educate employees on what domestic violence is and resources on how to get help. The social worker should also educate the managers on how to identify domestic violence victims and offer assistance and referrals through formal and informal means. The education of staff can be through brown bag lunches, workshops and newsletters. They should inform employees who may be victims or perpetrators of domestic violence about resources available to them through post and distribution of resources and referral information in areas of high visibility and on websites.
- 3. Management should ensure that human resource personnel and /or employee assistance program (EAPs) staff has updated referral information for employees.
- 4. Management through occupational social worker should offer counseling resources, particularly through EAPs, train individuals on domestic violence prevention and make victims have confidence in confidential referral.

- 5. There should be mandatory domestic violence training for managers, supervisors, and human resources staff so as to raise awareness and sensitivity. The training ensures that supervisors give the right message to employees who are victims or perpetrators of domestic violence.
- 6. Employer can create a workplace atmosphere that encourages those experiencing domestic violence to come forward and sends a clear message that violence will not be tolerated. The employer should encourage open discussion about domestic violence as a social issue (not specific employee case)
- 7. Display educational materials around the workplace, such as posters, information cards, and fact sheets. Simple hanging of posters information about domestic violence resources has an effect, not only for the victimized employee, but for their co-workers and the entire workplace. This will promote safer, healthier workplaces. Education should be provided on domestic violence to employees and/or union members. The education should include information about resources available in the workplace and/or community for victims of domestic violence and batterers. One way to go about this education can be in form of display of posters with anti-domestic violence messages. Other materials that can be used for education include pens, mugs, banners designed for the workplace. Training and educational seminars promoting in-house services and benefits also raise awareness.
- 8. Design policies for flexible work hours, extended leaves of absence, and workplace relocation for victims of domestic violence.
- 9. Furthermore, the workplace must send a clear and consistent message to all employees that the employer will respond to employees who are victims of domestic violence in non-judgmental and supportive ways. If asked about violence in a nonjudgmental, empathic way, abused person is more likely to answer truthfully. Abused persons are more inclined to discuss abuse if they perceive the helper to be caring and easy to talk to, and if follow-up is offered. Employees should notify their supervisor/manager of the situation and the possible need to be absent. This is so because supervisors/managers cannot assist until an employee self-discloses.
 - 10. Employees should not be disciplined or terminated simply because they have been victims of domestic violence or because the employer fears the impact of domestic violence on the workplace, nor should any person be denied opportunities for employment, benefits, or promotion because they are or have been victims of domestic violence.
 - 11. As industrial social workers, we believe that employees who commit acts of domestic violence at the workplace must be treated or disciplined in the same manner as employees who commit other acts of violence or harassment at the workplace. As appropriate, a helping profession should provide employees with referrals to certified batterers' treatment programmes. We should endeavour to acknowledge and make employees who are victims of domestic violence to know that they have the same rights, opportunities, and benefits as all other employees. The workplace or the industrial social worker should to the fullest extent possible, take active measures to increase the

safety of all employees who request assistance because they are victims of domestic violence. Using the principle of confidentiality as a guide, the industrial social worker and management should acknowledge the importance of keeping all requests for assistance in confidence, making information available only on a "need to know" basis. Lack of confidentiality can be particularly devastating as well as placing the abused at risk for further abuse and subsequent lowering organizational bottom line.

CONCLUSION

Workplace response is to make its environment safe from all forms of violence, including domestic violence. It should also make victims of domestic violence understand and access services, information, and protections that are available to them. Since the organizations cannot live in isolation but in relation to its community, the workplace should be made to support community efforts to end domestic violence. Domestic violence affects not only the victims but also co-workers and the work environment itself. The effect can range from impact on the victims (absenteeism, tardiness, decreased concentration or job Performance, workplace interruption, physical and emotional health impairment); co-workers (fear of occurrence of violence of the workplace, concern for personal safety, trauma for witnessing the violence, decrease in productivity) and the organization (turnover and recruitment costs, increased healthcare costs, compromised safety in the organization, productivity decreased). Therefore, managers, supervisor, occupational social workers should take steps to promote the safety of all staff and create safe healthy workplace devoid of violence to bluster the productivity of the organization and attainment of set goals.

REFERENCES

- Adams, A.E., C.M. Sullivan, D. Bybb and M. Greeson (2008). Development of the Scale of Economic Abuse. *Violence Against Women*. 14(5):563-588.
- Armstrong, A. (1998). Culture and Choice: Lessons from Survivors of Gender Violence in Zimbabwe. Violence against Women, in Zimbabwe Research Project, Zimbabwe.
- Barnett, O.W. (2001). Why Battered Women Do Not Leave. Trauma, Violence and Abuse. 2(3).

- Bailey, J.E., A.L. Kellermann, G.W. Somes, J.G. Banton, F.P. Rivara and N.P. Rushforth (1997). Risk Factors for Violent Death of Women in the Home. Archives of Internal Medicine 15 7(7): 777-782.
- Briggs, L. and P.R. Joyce (1997). What Determines Post-Traumatic Stress Disorder Symptomatology for Survivors of Childhood Sexual Abuse? Child Abuse and Neglect 21(6): 575-582.
- Bromet, E. A. Sonnega and R.C. Kessler (1998). Risk Factors for DSM-III-R Posttraumatic Stress Disorder: Findings from the National Comorbidity Survey. American Journal of Epidemiology 147(4): 353-361.
- Cabaraban, M. and B. Morales (1998). Social and Economic Consequences for Family Planning Use in Southern Philippines. Research Institute for Mindanao Culture, Xavier University, Cagayan de Oro City, Philippines.
- CAEPV. (2007). Survey on Corporate Executives and Employee Awareness of the Impact of Domestic Violence in the Workplace. Corporate Alliance to End Partner Violence. September, 2007.
- CAEPV (2013). Facts and Statistics: Nobody knows more about the Impact of Partner Violence in the Workplace and How Businesses should Address It. Retrive from http://www.caepv.org/gettingfo/facts_start.php? on 26/02/2013
- Campbell, J. and K. Soeken (1999). Forced Sex and Intimate Partner Violence: Effects on Women's Risk and Women's Health. Violence Against Women 5(9): 1017-1035
- Carrillo, R. (1992). Battered Dreams: Violence Against Women as an Obstacle to Development. New York: United Nations Development Fund for Women.
- Centres for Disease Control and Prevention (2001). Program in Brief: Preventing Violence Against Women. Washington D.C.: Centers for Disease Control and Prevention.
- Cheasty, M., A.W. Clare, and C. Collins (1998). Relation between Sexual Abuse in Childhood and Adult Depression: Case-control study. British Medical Journal 316(7126): 198-201.
- Corso, P.S., J.A. Mercy, T.R. Simon, E.A. Finkelstein and T.R. Miller (2007). Medical Costs and Productivity Losses due to Interpersonal Violence and Self-directed Violence. American Journal of Preventive Medicine 32(6): 474-482.
- Counts, D., J.K. Brown and J.C. Campbell (1999). To Have and To Hit.(2nd ed). Chicago: University of Chicago Press.
- Crowell, N. and Burgess, A.W. (1996). *Understanding Violence against Women*. Washington D.C.: National Academy Press.
- Danielson, K.K., T.E. Moffitt, A. Caspi, and P.A. Silva (1998). Comorbidity between Abuse of an Adult and DSM-III-R Mental Disorders: Evidence from an Epidemiological Study. American Journal of Psychiatry 155(1): 131-133.

- David, F. and F. Chin (1998). Economic and Psychosocial Influences of Family Planning on the Lives of Women in Western Visayas. Central Philippines University and Family Health International, IIoilo City, Philippines.
- Delvaux, M., P.Denis and H. Allemand (1997). Sexual Abuse is more Frequently Reported by IBS Patients than by Patients with Organic Digestive Diseases or Controls. Results of a multicentre inquiry. *European Journal of Gastroenterology and Hepatology*, 9(4): 345-352.
- EDK Associates. (1993). Men Beating Women: Ending Domestic Violence.

 A Qualitative and Quantitative Study of Public Attitudes on Violence against Women. New York: EDK Associates.
- EDK Associates. (1997). The Many Faces of Domestic Violence and its Impact on the Workplace. New York: EDK Associates.
- Ellsberg, M. T. Caldera, A. Herrera, A. Winkvist and G. Kullgren (1999). Domestic violence and emotional distress among Nicaraguan women. American Psychologist 54(1): 30-36.
- Franzway,S., C. Zufferey and D. Chung (2007). Domestic Violence and Women's Employment. Paper Presented at Our Work, Our Lives (2007): National Conference on Women and Industrial Relations. Adelaide. www.sapo.org.au/pub.
- Futures without Violence. (2013). The Fact on the Workplace and Domestic Violence. Retrieved from www.endabase.org on 29/01/2013
- Fikree, F.F. and L.I. Bhatti (1999). Domestic Violence and Health of Pakistani Women. International Journal of Gynaecology and Obstetrics 65(2): 195-201.
- Gilbert, L. (1996). Urban Violence and Health South Africa 1995. Social Science and Medicine, 43(5): 873-886.
- Golding, J.M. (1996). Sexual Assault History and Limitations in Physical Functioning in Two General Population Samples. Research in Nursing and Health 19(1): 33-44.
- Greaves, L., O. Hankivsky and J. Kingson-Riechters (1995). Selected Estimates of the Costs of Violence against Women. London: Centre for Research on Violence against Women and Children.
- Hassan, Y. (1995). The Haven becomes Hell: A Study of Domestic Violence in Pakistan. In: Women Living Under Muslim Laws. Pakistan: Cantt, I.
- Heise, L., Moore, K. and Toubia, N. (1995). Sexual Coercion and Women's Reproductive Health: A Focus on Research. New York: Population Council.
- Hyman, B. (1993). *Economic Consequences of Child Sexual Abuse in Women*. Ph.D. Thesis (Unpublished), Heller School of Public Policy, Brandels University, Waltham, Massachusetts.
- Intimate Partner Violence Fact Sheet (2002). Retrieved from www.cdc.gov/ncipc/factsheets/ipvfacts.htm on 26/02/2013.

- Jejeebhoy, S.J. (1998). Wife-beating in Rural India: A Husband's Right. Economic and Political Weekly (India) 23(15): 588-862.
- Kaslow, N.J., M.P. Thompson, L.A. Meadows, D. Jacobs, S. Chance, B. Gibb, H. Bornstein, L. Hollins, A. Rashid and K. Philips (1998).
 Factors that Mediate and Moderate the link between Partner Abuse and Suicidal Behaviour in African American Women. Journal of Consulting and Clinical Psychology 66(3): 533-540.
- Khan, M.E., J.W. Townsend, R. Sinha and S. Lakhanpal (1996). Sexual Violence within Marriage. In: Seminar. New Delhi: Population Council.
- Koss, M.P., Goodman, L.A., Browne, A., Fitzgerald, L.F., Keita, G.P. and Russo, N.F. (1994). *No Safe Haven: Male Violence against Women at Home, at Work, and in the Community*. Washington D.C.: American Psychological Association.
- Leserman, J., D.A. Drossman, Z. LI, T.C. Toomey, G. Nachman and L. Glogau (1996). Sexual and Physical Abuse History in Gastroenterology Practice: How Types of Abuse Impact Health Status. Psychosomatic Medicine 58(1): 4-15.
- Levitan, R.D., S.V. Parikh, A.D. Lesage, K.M. Hegadoren, M. Adams, S.H. Kennedy and P.N. Goering (1998). Major Depression in Individuals with a History of Childhood Physical or Sexual Abuse: Relationship to Neurovegetative Features, Mania, and Gender. American Journal of Psychiatry 155(12): 1746-1752.
- Lloyd, S. and N. Taluc (1999). The Effects of Male Violence on Female Employment. Violence Against Women 5(4): 370-392.
- Max, W., D.P. Rice, E. Finkelstein, R.A. Bardwell and S. Leadbetter (2004). The Economic Toll of Intimate Partner Violence Against Women in the United State. Violence and Victims 19(3): 259-272.
- Michaus, L. (1998). Community-based Research for Social Change in Mwanza, Tanzania. Center for Health and Gender Equity (CHANGE), Proceedings of the Third Annual Meeting of the International Research Network on Violence against Women, Washington D.C., Jan. 9-11, 1998.
- Morrison, A.R. and M.B. Orlando (1997). Social and Economic Costs of Domestic Violence: Chile and Nicaragua. In: A.R. Morrison and M.L. Biehl (eds.). Too Close to Home: Domestic Violence in the Americas. Washington D.C.: Inter-American Development Bank.
- Nelson, E. and C. Zimmerman (1996). Household Survey on Domestic Violence in Cambodia. Phnom Penh, Cambodia, Ministry of Women's Affairs and Project Against Domestic Violence.
- OSACH (Ontario Safety Association for Community and Health). (2009). Addressing Domestic Violence in the Workplace: A Handbook for the Workplace. Canada: OSACH.
- Pennsylvania Blue Shield Institute (1992). Social Problems and Rising Health Care Costs in Pennsylvania. Pennsylvania: Pennsylvania Blue Shield Institute.

- Roberts, G.L., G.M.Williams, J.M. Lawrence and B. Raphael (1998). How does domestic violence affect women's mental health? Women's Health 28(1): 117-129.
- Rodgers, K. (1994). Wife Assault: The Findings of a National Survey. Canadian Centre for Justice Statistics 14(9): 1-22.
- Romkens, R. (1997). Prevalence of Wife Abuse in the Netherlands: Combining Quantitative and Qualitative Methods in Survey Research. Journal of Interpersonal Violence 12: 99-125.
- Roper Starch Worldwide for Liz Claiborne. (1994). Addressing Domestic Violence: A Corporate Response. New York: Roper Starch Worldwide.
- Rosales Ortiz, J., E. Loaiza, D. Primante, A. Barberena, L. Blandon Sequeira and M. Ellsberg (1999). *Encuesta Nicaraguense de demografia y salud, 1998 (SPA) (1998 Nicaraguan demographic and health survey).* Instituto Nacional de Estadisticas y Censos, Managua, Nicaragua.
- Schaaf, K.K. and T.R. McCanne (1998). Relationship of Childhood Sexual, Physical, and Combined Sexual and Physical Abuse to Adult Victimization and Posttraumatic Stress Disorder. Child Abuse and Neglect 22(11): 1119-1133.
- Sutherland, C., D. Bybee and C. Sullivan (1998). The Long-term Effects of Battering on Women's Health. Women's health 4(1): 41-70.
- Swanberg, J., T. K. Logan, C. Mad Macke (2005). Intimate Partner Violence, Employment, and the Workplace: Consequences and Future Directions. Trauma, violence and abuse 6(4): 286-312.
- Swanberg, J., C. Macke and T. K. Logan (2007). Working Women making it Work: Intimate Partner Violence, Employment, and Workplace Support. Journal of Interpersonal Violence 22(3): 292-267.
- The Commonwealth Fact. (1999). Health Concerns across a Women's Lifespan: 1998 Sources of Women's Health. New York: The Commonwealth Fact.
- The Commonwealth Fund Commission on Women's Health (1993). First Comprehensive National Health Survey of American Women. New York: The Commonwealth Fund.
- Tolman, R., C. Parry, and G. Gruber (1997). Resources for Researchers: Survey Instruments and Questionnaire Used in Domestic Violence/Welfare Research. Published by University of Michigan School of Social Work.
- Tjaden, P. and Thoennes, N. (1998). Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey. Washington, D.C.: National Institute of Justice, Centers for Disease Control and Prevention.
- Visaria, L. (1999). Violence Against Women in India: Evidence from Rural Gujarat. Domestic Violence in India. Washington, D.C.: International Center for Research on Women.

- Walker, E.A., J. Unutzer, C. Rutter, A. Gelfand, K. Saunders, M. Vonkorff, M.P. Koss and W. Katon (1999). Costs of Health Care Use by Women HMO Members with A History of Childhood Abuse and Neglect. Archives of General Psychiatry 56(7): 609-613.
- Whiffen, V.E. and Clark, S.E. (1997). Does victimization account for sex differences in depressive symptoms? British Journal of Clinical Psychology 36(Pt.2): 185-193.
- WorksafeBC. (2013). Domestic Violence in the Workplace. Retrieved from www.worksafebc.com/domesticviolence on 03/03/2013
- Zachary, M. (2000). Labour Land for Supervisors: Domestic Violence as a Workplace Issue. Supervision 61(4): 23-26.