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Corporate Sector Response to Domestic Violence

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Table of Contents

ACKNOWLEDGMENTS	1
INTRODUCTION: PURPOSE OF THIS STUDY AND PROJECT OVERVIEW	4
BACKGROUND: DOMESTIC VIOLENCE AND ITS IMPACTS ON THE WORKPLACE	6
INTERVIEWS WITH CORPORATE PROFESSIONALS	13
SURVEY OF EMPLOYEE ASSISTANCE PROFESSIONALS	24
CASE STUDY OF THE POLAROID CORPORATION	41
SOME OTHER COMPANIES RESPONDING TO DOMESTIC VIOLENCE	59
OTHER RESOURCES ON WORKPLACE RESPONSE TO DOMESTIC VIOLENCE	61
STUDY LIMITATIONS	63
CONCLUSIONS AND RECOMMENDATIONS	64
REFERENCES	70
APPENDICES	
A. EAP Survey Results	
B. Polaroid Guidelines on Family Violence	
C. Polaroid CEO Project Materials	

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A man with a history of violence toward his former girlfriend walked into the Queens car dealership where she worked and shot her to death yesterday before killing himself, the authorities said.

...

Charles Reuther, the chief of detectives, said that the 32-year-old victim sometimes carried a beeper to alert the police if her former boyfriend approached her, but that she apparently did not have it with her yesterday.

Yet, given the suddenness of the attack, it was not clear whether the beeper would have helped her. Investigators said the killer entered quietly through a rear door. "There was no argument or anything," Captain McNee said. "He just started shooting."

-Excerpts from *New York Times* article, February 13, 1996

Gov. George E. Pataki and Mayor Rudolph W. Giuliani yesterday criticized a Brooklyn judge for freeing a violent felon who later killed his former girlfriend at a Queens car dealership on Monday, several weeks after she had sought protection from the courts.

Using uncharacteristically harsh language, Mr. Pataki and Mr. Giuliani challenged Judge Lorin Duckman to explain why he chose to free the man, Benito Oliver, 35, of New Rochelle, N.Y., despite the angry protests of prosecutors who had tried to protect his former girlfriend, Galina Komar, 33.

...

At a news conference yesterday, Mr. Giuliani, who went to Ms. Komar's funeral yesterday, said: "I think the judge should be required to explain how it is that he works hard to let out on bail someone that a woman said had bruised her, someone that a woman said was terrorizing her, someone who has a long history of criminal activity."

- Excerpts from *New York Times* article, February 15, 1996

Sterling Heights, Mich. -- A Chrysler plant worker shot his former girlfriend to death on the factory floor yesterday before killing himself, police said. Police said the shooting appeared to have resulted from an argument. The gunman was identified as Gregory Christian, 40, the woman as Jacqueline Pritchett, 36. (Reuters)

- National Briefs item in the *Boston Globe*, December 20, 1995.

Littleton, Colo. - A gunman opened fire at a supermarket yesterday and killed three people, including his wife and a sheriff's sergeant, authorities said.

...

The shootings may have stemmed from domestic problems between Petrosky and his wife, authorities said.

She had obtained a restraining order against her husband on Monday after telling a Denver County judge that Petrosky abused her, authorities said.

Store workers said Petrosky had threatened his wife in a telephone call to the store Thursday night.

- Excerpts from an Associated Press report appearing in the
Boston Globe, April 29, 1995

It was his habit to seek comfort from his wife. The introverted Richard H. Rosenthal often walked on Dartmouth Street with Laura J. Rosenthal, heading from their South End apartment to the John Hancock Tower where the newlyweds both worked. She met him regularly for lunch in the building's cafeteria.

But after Marla was born in April, Richard Rosenthal, 40, had to face work each day alone. Laura, 34, resigned her position apparently to look after the baby.

On Monday, co-workers said, Rosenthal clearly seemed troubled. He abruptly returned numerous times to his office from an hours-long departmental meeting, they said, and shut the door behind him. "He was extraordinarily distracted," leaving and returning several times during the day, one co-worker said.

The arrest yesterday of Rosenthal for the gruesome slaying of his wife was shocking for a couple who co-workers said seemed so close. They were viewed as a "John Hancock couple," displaying their affection by holding hands during walks on their lunch break.

A John Hancock spokesman declined comment yesterday.

- Excerpt from *Boston Globe* article, August 30, 1995

Subsequent articles in the *Boston Globe* reported that co-workers had noticed bruises on Laura Rosenthal, as well as marked changes in her previously outgoing personality following her marriage to Richard Rosenthal.

(Mr. Rosenthal was later convicted of first degree murder.)

INTRODUCTION: PURPOSE OF THIS STUDY AND PROJECT OVERVIEW

Over the past two decades, both recognition of domestic violence as a major social problem and research into its causes and prevention have increased substantially. Many sectors of society have been identified as serving important roles in addressing domestic violence. Central among these are the criminal justice, advocacy, health care, social services and education sectors. Efforts in each of these realms have been accompanied by growing bodies of literature. In recent years, there have been an increasing number of calls for more effective coordination of efforts among these sectors as a key step in improving response to victims and reducing the future incidence of domestic violence.

However, the literature on response by some sectors of society, including the corporate world, has remained relatively scant. Though some overviews note that the business community should coordinate with other sectors, there is seldom any substantial discussion of what this ought to entail. There have been anecdotal reports of the efforts made by a handful of companies, but no attempt to define the broader scope of potential corporate involvement.

The primary goal of this project was to examine what role the corporate sector appears to be playing at present in responding to domestic violence as an issue affecting the health and safety of employees. More specifically, it took as its focus "partner abuse" -- defined as the use of threats, intimidation or force by one person to control and coerce another in the context of an adult intimate relationship.

The project employed three broad strategies to shed some light on this question. First, interviews were performed with corporate professionals in a wide variety of positions (e.g., employee assistance, human resources, corporate medicine, legal, and security departments). These interviews served to examine the level of awareness and attitudes of a variety of corporate professionals to the issue of partner violence and how it might affect employees' work lives. The interviews also provided formative background that was helpful in structuring a survey of employee assistance professionals.

The survey of employee assistance professionals was used as a means of obtaining a broader view of current response by the corporate sector. For those companies that have one, the employee assistance program (EAP) is the natural locus for response to "troubled" employees. It serves to assist employees with personal problems that are interfering with their ability to function completely in their jobs. The EAP was used as a window on corporate responsiveness, since it seems unlikely that a company could be thorough in either response to or prevention of domestic violence without there being knowledge of these efforts by EAP personnel.

There are two types of EAP, internal and external, and this distinction is an important one. An internal EAP is an actual department within a company, usually located at the worksite. Internal EAP personnel are on the payroll of the company and are usually paid on the basis of an annual salary. External EAPs are free-standing businesses or departments within an institution (such as a hospital or HMO) that serve multiple corporate clients. They are paid through contracts with each client, and costs may be reimbursed on a "capitated" basis. That is, the external EAP may

receive a fixed amount of money per employee (which may consequently motivate them to keep costs to a minimum).

The distinctions between internal and external EAPs are important and may influence the nature and extent of their responses to the problem of domestic violence. Even more importantly, the services provided by EAPs vary, even within the internal and external models, with some EAPs providing only diagnosis and referral, while others offer brief or even extended counseling services directly to clients. This variability and the ongoing evolution of what defines "EAP" is important to bear in mind when reviewing the EAP survey results.

According to a recent article in the *American Journal of Public Health*, one third of all private, nonagricultural worksites with 50 or more full-time employees currently offer EAP services to employees (Hartwell et al., 1996). Of all workers in U.S. businesses with 50 or more employees, slightly over half (55%) are covered by EAPs. The prevalence of EAP services varies a great deal by worksite size, with 76 percent of worksites with 1000 or more employees having an EAP, compared to 21% of worksites with 50-99 employees. Overall, the large majority of EAP programs (81%) are of the external type, though larger worksites are considerably more likely than smaller ones to have an internal EAP.

The third component of this research project was a case study of the Polaroid Corporation. While not the only business that has taken steps to address this problem, Polaroid more than perhaps any company has responded to partner abuse as both an employee and a community issue. The case study serves to highlight just how this response came about and what it involves.

To follow are details of the study's findings from the corporate interviews, the survey of employee assistance professionals, and the Polaroid case study. The report begins with some background on the issue of domestic violence as it impacts the workplace and ends with some preliminary recommendations for improving responsiveness in this sector.

BACKGROUND: DOMESTIC VIOLENCE AND ITS IMPACTS ON THE WORKPLACE

Epidemiologic studies have led to an estimate that about 3 to 4 million adult women in the U.S. are *severely* abused each year by intimate partners (Straus & Gelles, 1990; American Medical Association, 1992). In most of the research literature, severe abuse is defined as including actions such as hitting, kicking, choking, beating someone up, threats with knives or guns, stabbing and shooting. An even greater number of women experience "minor" forms of abuse, such as shoving and slapping. Most prior studies of partner violence have not included measures of psychological or sexual forms of abuse and their consequences.

Men can be the victims of abuse, and women can be perpetrators. However, it is much less common for men to receive injuries as a result of their abuse (Stets & Straus, 1990). Men are much less likely to be afraid of their intimate partners, or to become entrapped in relationships where they cannot leave for fear of extreme bodily harm to themselves or others (e.g., their children). For these reasons, we refer to victims as women and perpetrators as men throughout this report.

The numerous repercussions of intimate partner violence have been described in a significant body of literature, though more with respect to the effects on individuals than institutions. Thus, what is currently known about how domestic violence affects the workplace is largely to be inferred from what is known about the effects of violence on victims. A synopsis is provided here as background for those unacquainted with the literature on domestic violence. The discussion is also intended to promote a better understanding of why domestic violence should be of concern to employers, both as a safety and as a health issue for workers.

Physical and Mental Health

Numerous studies have examined the short- and longer-term health consequences of domestic violence. Immediate physical trauma resulting from domestic abuse most often affects the head, face, neck, and torso (particularly the breast and genitals), primarily in the form of contusions, abrasions and lacerations (Stark et al., 1981; Koss & Heslet, 1992). More severe episodes may result in fractures, brain injury, damage to internal organs, or even death. Sexual assault may lead to physical trauma, including trauma to breasts and genitals, and health risks associated with sexually transmitted diseases (including HIV) (Lacey, 1990; Murphy, 1990) and pregnancy (Stark et al., 1981). Both physical and sexual assault may have serious traumatic consequences for pregnant women and their fetuses (Satin et al., 1991; Bullock & McFarlane, 1989).

According to the 1985 National Family Violence Survey, three percent of battered women received medical attention for abuse-related injuries in the past year. Among women who experienced severe abuse, this figure was 7.3 percent (Stets & Straus, 1990). These figures probably underestimate the number of women with traumatic injuries serious enough to "require" medical attention, since batterers may prevent women from seeking help. And many injuries that can heal without medical attention are still capable of limiting a woman's physical, emotional and social functioning.

Other physical ailments that can be related to domestic violence include chronic pelvic pain, gastrointestinal syndromes, back pain and headache (Koss & Heslet, 1992). The incidence of such outcomes, and their relationship to violent victimization, is more difficult to assess than immediate effects. Women themselves may have a tendency to underestimate the degree to which their health problems stem from violence, due to confusion or denial. Research that might quantify the relationship between domestic violence and non-traumatic health outcomes is also made difficult by the failure of most clinicians to ask patients about violence and/or to document it in medical records. Therefore, research relying on retrospective chart review is problematic.

Psychological or behavioral sequelae of violent victimization that have been described in the research literature include post-traumatic stress disorder (PTSD), major depression, anxiety disorders, substance abuse and eating disorders (Stark et al., 1981; Resnick et al., 1993; Kilpatrick et al., 1989; Siegel et al., 1990; Winfield et al., 1990; Steiger & Zanko, 1990). In a national sample of 4,008 women, those who had experienced criminal victimization (physical or sexual assault, including acts perpetrated by intimates) were much more likely to receive a lifetime (25.8%) or current (9.7%) diagnosis of PTSD than were non-crime victims (9.4% and 3.4%, respectively). The study estimated that 4.4 million women currently have PTSD (Resnick et al., 1993).

Several studies have found high rates of prior and/or ongoing intimate violence among alcoholic women (Swett et al., 1991; Miller et al., 1989). For instance, in a study that compared alcoholic women with a random household sample of women, both moderate and severe husband-to-wife violence were more common in the alcoholic sample (Miller et al., 1989). One-fourth of alcoholic women had been kicked, hit, or hit with a fist, compared to 5 percent of the household women. Spousal violence remained a strong predictor of whether a woman was in the alcoholic group or not, even after statistical control for factors such as alcohol problems in the spouse, income, parental violence and parental alcohol problems. It is important to bear in mind, however, that most research points to alcohol abuse as a consequence of intimate partner violence, rather than a risk factor.

Table 1 summarizes data from Straus and Gelles' 1985 National Family Violence Survey -- the most recent data from a national population-based study developed specifically to assess rates of family violence. The data show that high levels of stress, depression and psychosomatic ailments are all significantly more prevalent among those individuals who have been assaulted than among those who have not. Though these data are suggestive, they are not entirely conclusive with regard to the effect of violence per se, since they are not controlled for certain factors that influence both the risk for abuse and general health status (e.g., social class).

Effects on Children

Estimates of the number of children who witness family violence each year range from 3.3 million (Carlson, 1984) to 10 million (Straus, 1992). A recent study in Massachusetts estimated that each year 43,000 children are exposed to family violence in homes where a restraining order is issued (Cochran et al., 1995). This is a substantial underestimate of the total number of children exposed, since not all abused women seek out restraining orders.

**Table 1. Sequelae of Partner Abuse for Men and Women
1985 National Family Violence Survey**

Type of Sequelae & Assault Category	Proportion with a High Level of Symptomatology*	
	Men (%)	Women (%)
<i>Stress</i>		
no assault	15.2	25.5
minor assault	30.5	38.2
severe assault	33.0	61.1
<i>Depression</i>		
no assault	13.7	20.9
minor assault	29.5	33.4
severe assault	29.8	58.3
<i>Psychosomatic Symptoms</i>		
no assault	15.9	26.8
minor assault	22.4	33.2
severe assault	25.9	43.9

* "High" symptomatology is equated with a score in the highest quartile of measurement. Chi square comparisons across levels of violence are all significant at $p < .01$, for both men and women. From the 1985 National Family Violence Survey. Data derived from Stets & Straus, chapter 9 in Straus & Gelles (1990).

Research indicates that the effects of domestic violence on children in the home are substantial and potentially long-lasting (McCloskey et al., 1995; Jaffe et al., 1990). Children who witness the abuse of (usually) their mothers, are at increased risk for a wide range of psychological and behavioral difficulties (Groves et al., 1992; Wolfe et al., 1986; Wildin et al., 1991). In fact, the effects of witnessing abuse are often the same as for experiencing it, including an elevated risk for post-traumatic stress disorder (Jaffe et al., 1990). Such difficulties may further complicate a woman's ability to maintain productivity at work, since in most instances it is women who bear the primary responsibility for dealing with children's health and educational problems.

Epidemiology also points to a substantial co-occurrence of spouse abuse and child abuse. According to several studies, in 60 to 75 percent of homes where the mother is battered, the children are also being abused (Straus, Gelles & Steinmetz, 1980; Bowker, 1988; McKibben et al., 1989). This means that an abused woman may be carrying the additional strain of fear for her children's physical welfare. She may have to worry about her children being abused or even

kidnapped while she is at work. This may be especially true if her partner is unemployed and spending a large amount of time with the children.

Work Functioning

There is a dearth of information from which to completely quantify the extent to which domestic violence impacts the workplace functioning of either women or men. There are some data, however, that provide a partial picture of the potential impacts on absenteeism and productivity.

In the 1985 National Family Violence Survey, questions were asked about time off from work due to domestic violence and also about the number of days in the past month respondents had spent in bed due to illness (Stets & Straus, 1990). For women who were employed outside the home, and who were victimized by their partners in the past year, about one in ten (9.3%) had taken time off due to the abuse; among those who experienced severe abuse, this figure was 19 percent. Among men, the corresponding figures were 5.8 percent for all victims, and 10 percent for victims of severe abuse.

Individuals who were abused were significantly more likely to have spent one or more days in bed in the past month than those who were not abused. Among women who experienced severe abuse, 22.8 percent had spent 1+ days in bed, compared to 15.3 percent of those experiencing minor violence and 12.5 percent of non-abused women. For men, 14.5 percent of the severely abused, 12.9 percent of those with minor abuse, and 7.7 percent of the non-abused, had one or more bed days in the past month.

Even more elusive than sound data on how domestic violence influences victims' work lives is any calculation of the effect that victimization has on employees other than the victim. Co-workers may know or suspect that a colleague is being victimized and may become preoccupied with the implications this could have for their own safety. A victim whose job entails a support role to other professionals, or who is part of an integrated work team, may cause substantial declines in the performance of others due to deficits in work quality or timeliness.

Another loss to the workplace is the extent to which workers affected by abuse may be unable to fulfill their potential with respect to creative input or job capacity. And a certain number of individuals, most of them women, are completely denied participation in the workforce due to the coercive and undermining behaviors of their partners. This problem is likely to become more visible in the face of welfare reforms that require a growing number of single mothers to find employment.

Finally, although we are mostly addressing here the potential impact of partner violence on work, it may also be that work status affects violence in the home. Unemployment appears to be a consistent risk marker for family violence (Hotelling & Sugarman, 1986), and there is evidence from longitudinal studies that job loss causes a rise in marital discord (Vinokur et al., 1996) and violent behavior (Catalano et al., 1993).

Domestic Violence Among Welfare Populations

Several recent studies have documented a high prevalence of domestic violence among women receiving welfare.

The McCormack Institute of the University of Massachusetts Boston recently released findings from a study assessing domestic violence in a representative sample of the welfare caseload in Massachusetts (Allard et al., 1997). The research found that one-fifth (19.5%) of women on welfare in Massachusetts had been abused by a current or former husband or boyfriend in the past year, and nearly half of these abused women had had a restraining order in effect in the past year. Close to two-thirds (64.9%) of the women on welfare reported abuse by a male partner or ex-partner at some point in their lives.

Bassuk and colleagues (1996) performed a study of 220 sheltered homeless women and 216 low-income housed mothers receiving welfare. They found that a large proportion of both the homeless (63%) and housed (58%) women had experienced severe physical violence by adult intimate partners at some point in their lives.

In both of these studies, the authors point out the implications that welfare reform may have for women struggling to be free from intimate violence. In particular, given time limits for the use of welfare, more women may choose to remain in abusive relationships as the only means of maintaining financial support and housing for themselves and their children.

Additionally, such research findings should highlight for employers the extent to which domestic violence may be an important issue for individuals attempting to re-enter the workforce from welfare. Among the many circumstances that will need to be addressed are cases where ongoing abuse threatens a woman's ability to work productively and safely, and the potential healthcare needs of women dealing with both short- and long-term sequelae of abuse. While women previously on welfare are not the only women for whom these can be issues, the research makes very clear the high prevalence of risk in this population.

Fortunately, states have considerable discretion in making changes to welfare requirements. Some states have chosen to adopt the Wellstone/Murray Family Violence Amendment, which gives states the option to decide that they will screen individuals on welfare for a history of domestic violence, provide them with referrals to counseling and supportive services, and potentially waive assorted welfare requirements such as time limits and family caps.

Workplace Violence

Any woman who is being abused and who is employed is at risk of being attacked or harassed by her current or former partner while she is at her worksite.

Data from the National Crime Victimization Surveys (NCVS) performed by the Department of Justice indicate that approximately 13,000 women are physically assaulted by intimate partners while at work each year (Bachman, 1996). Since the NCVS has been well known for underestimating intimate violence, this figure needs to be considered a substantial underestimate or lower bound for the true extent of this problem. Recent methodological improvements to the

NCVS in the measurement of intimate violence may lead to substantially different estimates of this figure in future reports. Also, counting only assaults obviously misses many other forms of abuse that can take place while a woman is at work, including stalking and harassment (frequently by phone).

An often cited statistic on women and workplace violence is the fact that homicide is the leading cause of work-related fatalities among women (National Institute for Occupational Safety and Health, 1993). It is important to clarify, however, that the rate of workplace homicide is actually lower among women (0.30 per 100,000) than among men (1.0 per 100,000), and the total number of individuals killed while at work is actually a fairly small portion of all homicides. Most workplace homicides of women take place in the context of other crimes (e.g., the hold-up of a convenience store), not in relation to intimate violence. So homicides of women at work (such as those described in news accounts at the outset of this report) represent a small, yet highly visible, subset of the problems that partner abuse can cause in the workplace.

Workplace violence is clearly a topic that is of growing concern to businesses, and as such represents one avenue for introducing the issue of domestic violence. The danger in focusing almost exclusively on workplace violence, however, is that domestic violence will be seen as being of concern to the employer only if the violence occurs at the worksite.

Though precise empirical findings are not available, it is likely that many women who are abused are not physically attacked by their abuser while at work. In fact, for some if not many abused women the workplace may represent a haven -- one of the few places they feel certain their abuser will not attack them. This does not mean, however, that their worklives will go unaffected, as should be clear from the above description of potential sequelae of abuse.

Costs

One of the questions that arises most commonly in dialogues about corporate sector response to domestic violence is "What is the bottom-line cost of domestic violence to U.S. businesses?" Though it appears to be a straightforward question, the answer is very difficult to pin down, in large part because domestic violence remains a highly stigmatized and therefore hidden problem.

In workplace contexts as well as many others, women are unlikely to volunteer that they are being abused. This may often be a rational choice, based on the potential negative fallout of being labeled as a "battered woman," including shame and embarrassment, undesired contact with a variety of social agencies, and potential negative consequences for employment (including job loss). Women may also decide that telling others about their situation heightens the danger of retribution from their partner should he find out about these disclosures. Concerns about confidentiality are apt to be greater where both partners share the same employer.

Assessing the impacts of domestic violence from review of standard employee records is virtually impossible. Imagine, for instance, a woman is absent from work as a consequence of abuse, whether because of physical incapacitation, embarrassment that coworkers will see visible injuries, fear that her children will be harmed in her absence, physical restraint by her partner, or some other abuse-related reason. Is it likely that this woman will call her supervisor to say that she

cannot make it to work because of her partner's violence? No. Almost certainly she will call with any one of the "usual" reasons for missing work (her illness, a child's illness, an absent nanny, an ailing parent, car trouble, etc.) So absenteeism reports cannot provide a clear reflection of how abuse affects women's ability to come to work.

Since women are seldom asked directly about victimization (and inquiries would in some contexts be deemed inappropriate), official records in general do not contain sufficient information from which to calculate the costs that are potentially associated with victimization. Though there are various sources of cost to business (health care claims, absenteeism, productivity, turnover, etc.) these cannot be quantified beyond very broad "ball-park" estimates.

Though they are usually generated with the intention of heightening concern about the problem, these broad estimates may also lead to undesired consequences. If the figures are deemed "negligible", or are too general to have any specific meaning to a given employer, they may result in continued inertia. If the figures are extremely high, they may be viewed as "inflated" advocacy statistics based on questionable assumptions. Large cost figures could also create an unintended backlash against the hiring of women. Risk of family violence, and its potential costs to the employer, could become another subtle and unspoken element in occupational discrimination based on gender.

Though exact estimates are likely to remain elusive, it is worth citing some of the prior research related to costs of victimization. Koss and colleagues found that women crime victims (including those victimized by intimates), as compared to non-victims, made twice as many physician visits in the past year (6.9 versus 3.5) (Koss et al., 1991). Severity of victimization was the best predictor of yearly physician visits and total outpatient costs in an analysis that controlled for age, income, ethnicity, education, health status and other life stressors.

Miller and colleagues estimated the total costs (monetary, mental health and quality of life) associated with rape, robbery, assault and arson (Miller et al., 1993). Total victim costs per crime were \$47,424 for rape and \$14,738 for assault. Among survivors with physical injury, total costs were \$60,376 for rape and \$49,603 for assault. For both rape and assault, mental health costs were substantially larger than medical costs and accounted for a major portion of total costs. Given this fact, it may well be that assault-related costs for women are higher than what is stated here, since women in general consume mental health services at higher rates than do men.

Relation to Other Violence

Oftentimes, the public discourse on "violence" or "crime" includes little direct reference to domestic violence, and even less discussion of the relationships between violence in the home and violence of other types.

Work by researchers such as Cathy Spatz Widom has drawn an increasingly clear connection between violence in the home and subsequent risk for criminal behavior. Widom (1989) found that a cohort of abused and neglected children had a higher likelihood of arrests for delinquency, adult criminality, and violent criminal behavior than a group of matched non-abused children. The

abused children had a greater mean number of offenses, an earlier age at first offense, and were more apt to be chronic offenders.

Dorothy Otnow Lewis and colleagues have also investigated the risk factors for delinquency in youth. In a study comparing matched samples of delinquent and nondelinquent youth, Lewis et al. (1987) found that they could accurately predict group membership 84 percent of the time based on several risk factors, including abuse/family violence in the child's home. The delinquent youth were much more likely to have been physically abused by their parents and to have observed violence between their parents.

Data from the 1985 National Family Violence Survey indicate that witnessing violence between parents, apart from experiencing physical abuse oneself as a child, increases an individual's risk for future depression, anxiety, alcohol dependence, drug abuse, and violent behavior including assaults both within and outside the home (Straus, 1992).

The important point to be made is that reducing the prevalence of violence in the home represents a means for the primary prevention of other criminal behavior. To the extent that businesses are interested in improving the overall safety of the communities in which they are situated, addressing family violence is one promising approach.

INTERVIEWS WITH CORPORATE PROFESSIONALS

Methods

As both a formative basis for the employee assistance survey, and to gain further personal insights from corporate professionals, the principal investigator interviewed a variety of individuals in various companies and company departments about the topic of corporate sector response to domestic violence.

Companies were not selected in any random or systematized fashion, but by a chain of referrals or suggestions from other interview sources and the advisory panel. An attempt was made to include mostly companies that did not have any prior visibility as being either highly responsive or unresponsive to the issue of domestic violence.

A total of approximately 60 individuals from about two dozen firms were interviewed, either in person or by phone. The subjects held positions in a variety of corporate departments, including employee assistance, human resources, security, legal, general managerial, medical/employee health, and benefits. Industries represented include major manufacturing, services (e.g., banking, insurance), retailing, consumer products, pharmaceuticals, publishing, communications and high technology.

All interviewees were guaranteed anonymity, both with respect to their own names and the names of their companies. This was important in order to allay any fears about statements that might be

seen as compromising either to the interviewee or their employer. Interviews varied in length from about 45 to 90 minutes.

The findings from the interviews are entirely qualitative in nature. The sample is not sufficiently large, or representative, to draw firm conclusions about the attitudes and/or behaviors of various groups of professionals. Nonetheless, given the limited number of inquiries in this area to date, the results should still be informative to those developing programs or planning further research.

Key Findings from Interviews

Awareness of the Problem

Given that this project was conducted contemporaneous with the OJ Simpson trial, it is not surprising that essentially everyone interviewed felt that domestic violence is a major social problem in the U.S. By contrast, many readily admitted that they had given little consideration to what implications this problem could have for individuals in their own company.

Several people interviewed were somewhat startled at the realization that they had apparently overlooked this problem entirely, even though they worked in a department that might be expected to have knowledge of such an issue (e.g., human resources, employee health). For instance, one woman who worked as a health services manager said "I'm wondering why I've never asked our EAP about it -- and they only give us broad numbers. I should really ask." "We haven't thought about it," said the benefits director at another firm. "People don't give a lot of thought to it," was the comment from one large firm's medical director.

Awareness seemed to vary considerably across different departments, though the numbers of individuals interviewed in any given department preclude firm conclusions.

Security staff interviewed were universally aware of the potential for domestic violence to impact employees, generally in the context of potential workplace violence. They often knew of cases that were otherwise unknown to individuals in departments such as human resources, employee health, legal, or employee assistance. This is not entirely surprising, since security may be able to respond to many victims' needs without contacting other departments. At the same time, one would hope that security staff would at least inform a victim of help they might additionally receive from, say, the EAP. But even where security makes such referrals, employees may choose for a variety of reasons not to use them (hence the lower awareness in other departments).

In some companies, individuals in departments other than security were unaware that any employees were affected by abuse, though the security director could easily cite recent instances - an indication that little internal communication had occurred with respect to acknowledging this problem and planning coordinated response and/or awareness efforts.

Indeed, the picture that emerged of how domestic violence affected employees could vary widely depending on which individual from within a given company was providing information. For instance, the corporate medical director of one very large firm stated that abuse probably existed

in employees' lives, but (by his estimation) had essentially no real impact on absenteeism or turnover. In his view, people "bury their problems" and come to work and do their jobs. It was also his view that domestic violence affects physical health "minimally", and is a "minor but definite feature of people who have mental ill health."

At the same company, a female manager who supervises a clerical department including about 200 women said "we see a lot of domestic violence." In the past year, she said, she had come close to firing three or four women where it eventually came out that they were abused (the women were provided with assistance and did not lose their jobs). In her opinion, domestic violence is a more common cause of reduced productivity among women than is substance abuse.

This same woman, who has been active in her local domestic violence advocacy community, noted that since people know she is knowledgeable on the subject, she also receives calls (often anonymously) from other employees outside her department who are seeking advice. Many of these callers do not want to go to the company's internal EAP due to confidentiality concerns, she said.

One HR executive with 25 years' experience noted that were it not for his personal relationship with a survivor, he would have little real understanding of domestic violence. This man's daughter-in-law's first marriage was to an abuser. He appreciates the degree of shame and guilt that can result from abuse, he said, in part because of his daughter-in-law's reluctance to talk at all about her first marriage. Prior to this, he said, he had no firsthand knowledge of domestic violence and "didn't quite understand it," even though he has seen a number of employees' for whom it was a problem.

Response Across Departments

Clearly, no one department within any company will be aware of all known cases of domestic violence involving employees. Yet a clearer picture certainly would emerge for everyone if there were greater communication across the various departments that might logically play a role in response. Such communication need not reveal personal identifiers or specifics of given incidents, but can review the types of cases that are occurring and how best to handle them.

A number of companies interviewed either had developed or were in the process of developing procedures and guidelines around workplace violence. These processes almost always included bringing together staff from several departments such as the EAP, security, human resources and legal. However, few of these efforts seemed to have included attention to domestic violence as a specific subset of workplace violence. Most of the focus appeared to be on the "disgruntled employee" scenario of workplace violence, where unrelated coworkers and supervisors are considered likely targets of a worker who has been fired, reprimanded or is showing erratic job performance or other behavioral problems.

One security director emphasized how valuable clear communication is between his department and human resources. Cases might arise in either setting, but each refers employees to the other in cases where it is appropriate. For instance, a woman who discusses her abuse with HR staff, and who has concerns that she may be attacked at work, is advised to contact security so that they

can be better prepared to protect her or respond to incidents. If the case is not serious, it is up to the woman to decide whether or not to use this referral. Where there is a serious threat of bodily harm, HR will contact security directly since the employer is legally obligated to provide a safe work place (under the Occupational Safety and Health Act).

Unfortunately, not all cases are known to security, even in some instances where other company staff (such as supervisors or managers) are aware of ongoing problems. Some of the most dangerous scenarios arise, according to this same security director, when his security staff are essentially blindsided by an event that could have been anticipated had they been contacted earlier.

Another security director also described the usefulness of knowing ahead of time who may be at risk. He noted, however, that some security staff don't want to know about restraining orders. Their concern seems to be that this knowledge will increase liability, since when harm to an employee is foreseeable, the legal obligation to make reasonable efforts to protect him or her is clearer. The security director said of this attitude "I think they're silly in respect to liability. All they [security directors] have to do is act prudently."

Indeed, since a company can hardly preclude an employee from making their possession of a restraining order known, or in other ways revealing the potential danger to them at work, it seems wiser for companies to be prepared to respond than to be left flat-footed when cases arise. In the horrendous event of a homicide at work, it is the company that failed to respond reasonably to threats that seems most likely to face liability problems and bad press.

However, preparedness of security staff may be hindered, according to another interviewee, by the increasingly common use of externally contracted services. A company may have less control over what training such security staff receive, even if they have requested that staff be knowledgeable on a given range of topics (including domestic violence), he said.

In any handling of domestic violence cases across departments, strict adherence to confidentiality is extremely important. Breaches in confidentiality will undermine the willingness of employees to use the EAP and may also compromise safety. Unfortunately, even where an abused employee may be interested in using referrals made to resources outside the EAP, they may hesitate to do so if they feel it will increase the likelihood that their abuser will learn that they have sought help. One common problem is that women may be referred to services covered by health insurance, but are not safe to use them because health insurance claims forms are sent to the home address where the abuser may see them.

Outreach Efforts

Few of the companies interviewed had made significant efforts to educate their employees about family violence. Most of those that provided written materials, such as brochures, only made this information available in limited settings (e.g., the EAP).

Seminars that addressed family violence, either directly or as part of a related issue, were infrequent. At least one company described making a major effort to provide a three-part series

on domestic violence in collaboration with local advocacy agencies. They were hugely disappointed by the dismal turnout at this event, however.

Several other individuals also mentioned that seminars had been tried and weren't well attended. The point was made more than once that domestic violence is not the only seminar topic employees shun -- attendance at seminars on smoking, substance abuse, breast self-exam and even high cholesterol is often poor.

Seminars on safety issues seemed to be fairly common and more popular with employees, but they seldom included discussions of domestic violence. Most companies seem to do little outreach to let women with restraining orders know that they should contact security, though most seemed to feel that this would be a good idea.

Most of those interviewed had had little or no contact with the criminal justice sector around the issue of domestic violence, with the exception of security department staff. Even among security department staff, the connection with criminal justice was mostly infrequent and minimal. The "corporate sector-criminal justice alliance isn't a natural fit," said one executive. On the other hand, business people might be willing to join interdisciplinary groups (such as a governor's task force), where they could develop more ties in other sectors, he said.

One interviewee suggested that movies can be a useful tool for increasing understanding and awareness, particularly among managers. He suggested that a film such as "Dolores Claiborne" provided useful insights into how abused women's choices can be limited, particularly by economic constraints.

At least one executive did describe how a new initiative by his firm to address domestic violence, which included circulation of a letter to all employees, resulted in a noticeable increase in women seeking help from the company's health and EAP departments.

Barriers to Response

In addition to a failure to recognize family violence as an issue for employees (as described above), there were a variety of other potential barriers to response that surfaced in the interviews.

-- Denial --

For some of those interviewed, there was a strong feeling that domestic violence just wasn't much of a problem among their employee base. This sentiment occurred only where the workforce was predominantly white-collar and generally well-educated. Sometimes this was not the attitude of the individual interviewed, but was their strong sense of upper management's view. In white-collar settings, said several people, management simply likes to believe that only "nice people" work for their company, so something like domestic violence isn't an issue. Another interviewee with experience providing EAP services to many client corporations said he thinks the topic of domestic violence "scares them."

Another external EAP provider noted that she folds domestic violence into client packages "very subtly." Discussing the issue more directly tends to provoke the defensive response that "we don't have that problem here," she said. The notion that domestic violence is viewed by upper management in most companies as happening "to those people" (i.e., poor and minority groups) was described by quite a few of those interviewed.

Yet one internal EAP provider who is a recovering alcoholic and attends AA meetings in an exclusive suburb described how she frequently hears stories of abuse from well-to-do women. These women are often isolated at home, afraid to seek help for fear of losing all they have, she said. Another interviewee described a senior female executive who was known to come into the company at night or on weekends to sleep in her office in order to get away from her abusive partner.

-- Embarrassment --

For some individuals who had worked for a company for many years and who knew as friends and acquaintances many of the individuals they might be assisting (in, for instance, a corporate health department), the fear of embarrassing the employee and/or themselves was clearly a hindrance to frank discussion of family violence.

One woman, a nurse who works in a clinical corporate medical department, described her concern about offending patients. If they were to screen routinely for abuse, she feared, "word could get out -- If you go in there [the medical department], they'll ask you about abuse." This could drive people away from the department's services in general, she said. She was also concerned that cases of this sort took a long time and had an unknown pay-off, since it was unclear whether any of the referrals provided would actually be used. While she said that she had no trouble asking questions if signs of abuse were "overt," she also described at least one case of a woman with suspicious injuries where she did not inquire about abuse.

Her reluctance to inquire was quite clear. "Probably every family in America is touched by this problem to some degree. Any family could be at risk. But people don't want to talk about it."

It was intriguing that this same woman, near the end of an hour-long interview, described an instance of conflict within her own family. One of her adolescent sons got into a quarrel with his father that became so "explosive" that her husband called the police. Since they were known in the community as a "nice family" the police only talked with them and did not make any reports. The woman made very clear that for anyone at work to know about such an incident would be highly shameful, and she said that she would never tell this story "even to her closest friend." It seemed that her own sense of shame over this incident may well be playing a role in her hesitancy to ask co-workers seen in the health department about the problem of family violence.

This finding should heighten awareness of the fact that those in helping positions may need assistance with sorting out their own feelings about abuse that has occurred in their lives. They may have personal experiences as a victim or perpetrator, or may have a close friend or relative for whom abuse is or was a serious problem. These personal histories can act as either facilitators

(by increasing awareness and empathy) or barriers (due to negative biases, avoidance, or stereotyped views of victims).

-- Privacy and Confidentiality Concerns --

Quite frequently, interview subjects raised concerns about invading the privacy of employees by asking about partner abuse. Some of these concerns were based on an extreme notion of what might be meant by "workplace response" to family violence (for instance, some were concerned that this meant asking supervisors to "ferret out" victims and perpetrators in the workforce). This extreme version of "response" was appropriately rejected as intrusive. Interviewees were usually more receptive to the idea that workplace response could entail educational forums, improved EAP responsiveness, or security awareness.

There is no doubt that employees have legitimate privacy rights that employers should be careful not to violate. However, in some instances privacy concerns appeared to be presented as a reason for lack of response or awareness. For instance, several individuals who were asked about how common family violence is as a problem among workers claimed that they couldn't possibly know this since use of the EAP is confidential. Indeed, confidentiality is crucial in the context of any individual employee's problems. Yet this should not deter management from asking EAP staff (or, for that matter, security or medical departments) about the general degree to which this problem is being seen. Of course, what is "seen" by the EAP or any other department depends on their sensitivity in detecting and responding to cases as well as women's willingness to seek help in worksite venues.

Also, many individuals whose companies had external EAP providers said that while they were given general reports about the number and types of cases handled, these reports did not distinguish domestic violence as a problem area. So even where cases are being detected, they tend to become effectively invisible by being grouped under broad categories (such as "marital problems").

-- Victim Blaming --

Some individuals revealed victim-blaming stances toward abused women in the course of their interviews.

In discussing abused women, one internal EAP coordinator said "Part of it is what you let happen to you." She said of one woman in particular "I think she feeds into this and it's this mutually pathological thing." She had referred this woman and her husband to joint marital counseling. (Most experts advise against joint marital counseling in cases where there is abuse, since it tends to deflect attention from the abuse as the man's behavior, and is often unsafe for the woman.)

One woman who works in an external EAP described how women minimize, rationalize and deny the abuse. She went on to say that "women victimize themselves" through such actions, an attitude that could leave the women she is trying to help feeling blamed, shameful and alienated.

Indeed, abused women may very well minimize or deny what is happening to them. This needs to be viewed in the context of what options they have or perceive and with an understanding of the psychological trauma that accompanies almost all abuse. Faced with a woman who at present feels that she has no real option (in terms of safety, economics, etc.) other than to remain with her abuser, to say that she is "victimizing" herself essentially places the blame for her abuser's actions on the wrong party. A woman who has become emotionally dependent on an abuser, and may be in essence "brainwashed" by his threatening insistence that the relationship is normal or that she is to blame for any problems, has been victimized by her abuser's coercive behavior and should not be blamed for a psychological adaptation common among those who are effectively hostages of another's will.

This same EAP provider was in many ways well-informed about partner violence and described a variety of appropriate steps she takes in response to the problem. However, she often seemed to be addressing partner abuse from the framework of substance abuse treatment, an approach that is likely to be problematic and that was encountered in several interviews.

A full discussion of the ways that substance abuse treatment paradigms differ from those historically used in addressing partner abuse is beyond the scope of this report. However, one key difference is the notion of co-dependence, which is common to substance abuse frameworks, but likely to be rather problematic when dealing with abuse victims. The idea that an abused woman is a "co-dependent" implies that she bears considerable responsibility for her abuser's behavior. This stance actually feeds into the abuser's desire to excuse his actions by blaming her ("I wouldn't have lost control if she hadn't done such-and-such a thing.").

Further work is needed to explore whether the substance abuse roots of EAPs are a barrier to abused women using these settings for assistance, and if so, in what ways programs can make modifications to address this problem.

-- Expectations of Self-Identification by Abused Women --

Many interviewees expressed the view that dealing with domestic violence was problematic primarily because abused women "aren't willing to come forward" with this problem. Shame, embarrassment, guilt, and the effects such revelations might have on a woman's job, were all cited as common explanations. While there is substantial validity to this view in many respects, it was often presented as a barrier that the company could do nothing about. Essentially, the onus was placed on women to self-identify, regardless of whether or not this was currently facilitated by an environment supportive of such actions. But as one external EAP provider said, "If you wait for victims to self identify, you won't ever see it or know about it."

In instances where abuse causes obvious performance decrements, said one interviewee, women may be reluctant to reveal that the real barrier to their productivity is abuse because the company will view this as something they "can't turn around."

Quite a few interviewees said that in their experience abused women won't reveal this problem until their job is at risk. "By the time it is public enough for the company to know about it, it is at a very desperate stage," said one HR executive. This of course raises the question of whether or

not more visibly compassionate stances on the part of the company might not facilitate women seeking help sooner in the course of abuse. Opinions varied as to whether this would be the case. Some were skeptical that anything would bring women to seek help sooner, while others felt there was certainly more that companies could do to encourage women's help-seeking.

One interviewee drew an interesting parallel to companies' responses to substance abuse. "We do a lot for substance abusers. It seems that most if not all substance abuse is self-inflicted. This [domestic violence] is typically not the woman's fault. We need to demonstrate that we understand that. Yet the person being abused somehow can't accept that."

-- Fear That Advocacy Will Mean Marginalization --

A barrier that may be particularly salient to women executives is the concern that advocating for response to a stigmatized issue will be a route to marginalization, for the individual and/or her department. For instance, one female human resources executive made clear that since HR already struggles to be viewed as a strong "business partner" within the firm, being vocal about family violence (which the predominantly male upper management would view as a fringe issue) would mean being taken even less seriously within the corporate structure as a whole.

This phenomenon has been encountered in other sectors. An extensive report on response to domestic violence in the healthcare sector found that healthcare providers who work consistently with victims and who lobby for increased response tend to become marginalized within their profession (Cohen et al., 1997). Though this problem may be gradually improving in healthcare settings, the changes in attitudes are very slow. It is reasonable to expect that the pace of change in the corporate setting may be similar, which will require persistence and a long-range vision from those determined to see changes made.

-- Issues in Predominantly Male Workplaces --

Several women who work in companies where men greatly outnumber women described ways in which this reduces their willingness to be vocal about family violence.

One woman EAP provider, who works in a location where nearly all employees are men, said that she actually feels intimidated about raising the issue. She described how male employees responded so negatively to a poster about family violence in her office that she eventually took it down. She is strongly convinced that family violence is common in the lives of employees, but that denial is standard. She mostly hears about the abuse from workers' wives who call for assistance. (Most EAPs make their services available to the spouses and other family members of employees.) Co-workers take the man's side, accept his excuses for his behavior ("she cheated on him") and blame the woman, she said. The "locker room mentality" that supports these attitudes is common throughout all levels of the company, she emphasized.

This same woman also felt that some men don't want to get involved in this issue because they may be afraid of co-workers who are batterers. The research literature suggests that a significant portion of men who are violent toward their female partners are also violent in other contexts (Fagan & Wexler, 1987), so this fear is probably well founded. It raises the additional question of whether management may be afraid to assist the partners of employee/batterers, especially where

the women are not themselves employees, for fear it will provoke the men into directing their aggression to a co-worker, supervisor, HR director or other company personnel.

The potential for this to happen may be exacerbated where training for managers and supervisors is lacking, not only around the issue of response to victims, but in how to handle perpetrators. A security director described at least one instance he knew of where a manager got into a shouting match with a man who was harassing his partner by phone.

At another company, a security director described how he had to intercede to prevent coworkers from essentially abetting a man in violating a restraining order. The man wanted to hand deliver a letter to his girlfriend (in violation of the "no contact" order in the restraining order she had against him). The man's coworkers, who did not want to allow him access to her, were offering to deliver the letter for him, which would also have been in violation of the order. The security director arrived on the scene in time to prevent this, and calmly talked the man into leaving.

A security director at a firm where 60 percent of employees are men described how raising family violence might alienate male employees. He said that it would be one thing for the company to make general statements that family violence "is a bad thing," and another to acknowledge that it could be a problem for employees. The latter would make some employees feel persecuted, as though they were being told they were "bad people," he said. He seemed to be speaking here predominantly about how the male employees would feel.

-- Image Concerns --

"Having a program makes it look like you have a problem." This was how one interviewee described companies' hesitancy to offer help with family violence problems. Often companies don't even want people outside the firm to know that they have an EAP, she said.

Several other interviewees also said that their companies would feel that acknowledging family violence as an issue would somehow tarnish the company's image.

But as many or more of those interviewed claimed that there was no particular shame in admitting that family violence could affect employees. Since they are already dealing with other problems such as substance abuse, there is a precedent for acknowledging that people sometimes have troubles, they said. However, some of these people seemed to be referring only to the notion that the existence of an EAP constitutes such an acknowledgment, and were not addressing the issue of whether or not more visible outreach on family violence would raise image concerns.

-- Cost --

Several external EAP providers noted that domestic violence cases can be expensive to handle. One external provider estimated that the "average" EAP case requires about 3-1/2 to 4 hours of staff time, versus perhaps 10-12 hours for a domestic violence case. This is true mainly where the EAP contracts to provide treatment, not just identification of the employee's main problem and referral to other services, he said. Of course, even in the latter case if these other services are reimbursable under an employee's health care benefits (which they frequently are), they represent expenses to his or her company.

Since many external EAP providers are paid on a capitated basis, the fact that domestic violence cases may be more expensive could create an incentive for not identifying them. Indeed, another external EAP provider noted how her company "lost its shirt" on its contract with one client company due to a single complicated domestic violence case. On the other hand, an argument frequently made in favor of addressing domestic violence is that failure to deal with the root cause may mean that a woman repeatedly seeks help for a wide range of sequelae stemming from the abuse.

Interviewees' Suggestions for Improving Response

When asked about how response to domestic violence might be improved in their companies, many individuals said "by improving awareness of the problem." Increased awareness among upper management was seen as especially important, though clear means of accomplishing this goal often weren't articulated. Quite a few individuals felt that better information about the bottom-line costs of abuse to the company would be useful. Others felt that this would make little difference and response would only come from recognition that it is the "right thing to do."

An interesting suggestion for increasing responsiveness came from the security director of a fairly large (6000 employee) firm. He felt that one way to motivate attention and response would be by describing for people the fact that at any given time he has 30-40 active restraining orders on file that involve employees (mostly as victims, occasionally as perpetrators, and sometimes as both where the abuse is between co-workers who are or have been intimate partners). In a workforce that is about 60 percent female (i.e., 3600 women), this is the equivalent of about one percent of the women holding an active restraining order (RO). Although this company is more proactive than most in letting women know that they should provide security with a copy of any RO, chances are that not all women do, which implies that an even greater number of active ROs exist. Moreover, since the restraining orders probably turn over faster than the workforce, it is likely that an even higher proportion of the women have had a restraining order at some point during their employment, even if the order is no longer active.

Returning to the issue of corporate image, however, this same security director said that he would never want this information on restraining orders connected to his company's name, or even known widely within the company itself. Because family violence is so stigmatized, and because there is so much ignorance of just how common it is, this information would generate the appearance that his firm has an unusual problem, he said.

Another suggestion for improving response by the business world was to provide training for staff in corporate medical departments so that they can identify and refer cases. From the limited sample in this interview study, it did seem that the corporate medical environment was doing little with respect to identification of family violence. The growing efforts to improve responsiveness by health care providers in general should include attention to the corporate medical setting.

Some women professionals tied responsiveness to the need for a generally improved atmosphere for women in the workplace -- more respect, more equity, and especially more women in upper

management positions. They felt, as did several of the men interviewed, that female managers would be more likely to appreciate family violence as an important workplace issue.

At least two women interviewed lamented seeing many young women employees who are buying into stereotypic gender roles. These young women believe that, since they are women, their careers are *ipso facto* less important than those of their spouses. One consequence of this thinking is that even women in white-collar jobs continue to be at risk (though less so than poor and under-educated women) for the kind of economic dependence on their spouses that can lead to entrapment in abusive relationships. It also means that women do not remain in competition for upper management positions, where they might encourage greater sensitivity to women's issues.

This raises the interesting question of whether one strategy for heightening awareness of and response to family violence would be to fold this topic into emerging "work/family" programs, which are intended to help employees with the difficult juggling of work and home responsibilities. Work/family departments often focus on strategies intended (explicitly or implicitly) to make it easier for women to work, such as programs to facilitate nursing in the workplace or to provide emergency childcare. Though family violence does not evoke the sort of "cheery" images associated with nursing moms and playing children, it clearly has serious ramifications for how well a woman will be able to balance work and family. Indeed, there are various interesting relationships between working women's disproportionate burden for family responsibilities and the issue of family violence, and exploring these associations might be one potential avenue for increasing awareness and understanding of family violence.

SURVEY OF EMPLOYEE ASSISTANCE PROFESSIONALS

Methods

In order to develop some sense of how responsive larger U.S. companies are to partner abuse as it affects employees, we performed a survey of employee assistance professionals.

The survey was developed in consultation with four individuals with many years experience in both internal and external EAP settings to ensure that the questions were both relevant and understandable. The survey was subsequently piloted with about 30 other EAP staff members to determine readability and to approximate the time it would take to complete the survey (which was estimated at 30-45 minutes).

On a cover page to the survey providing instructions, respondents were given the following definition of partner abuse: "Partner abuse is the use of threats, intimidation or force by one person to control and coerce another. It may include physical, sexual, psychological and emotional forms of abuse." The instructions explained that the survey covered partner abuse in adult intimate relationships regardless of whether the partners were married or not, or lived together or not.

The sample for the EAP survey was obtained with the cooperation of the Employee Assistance Professionals Association (EAPA) in Arlington, Virginia. EAPA is the largest association of employee assistance (EA) professionals, with a total membership of about 7,000 individuals.

We could alternatively have addressed the surveys to the EAPs of large businesses (e.g., the Fortune 500 or Fortune 1000). However, this method would have several serious drawbacks. Since most EAPs are external, it is hard to say whether surveys addressed to the major corporations would ever have made their way to the companies' external vendors. Also, since the larger external EAPs have dozens of clients, we might have received numerous responses from these companies (thus over-representing them in the sample) -- since the returns were anonymous, we would have had no way of knowing to what extent this occurred.

The sample was further narrowed by selecting those portions of the EAPA mailing list that were most likely to provide a high proportion of individuals actively involved in EAP counseling. Since many EAPA members have other roles, such as developing programs to address a specific problem area (such as substance abuse), we wanted to create as "targeted" a list as possible. Still, we know that our final list was only partially constituted of "appropriate" respondents - those individuals who actually counsel employed people about their problems (even if they only are involved in initial diagnostic counseling that leads to outside referrals).

We also wished to select a sample that had representation in all regions of the U.S., was approximately equally distributed between internal and external EAPs, and was largely made up of private sector employers. We chose to focus on the private sector so that the findings would be as relevant as possible to the business world. A variety of operating differences exist between the public and private sectors, and we did not want to dilute the generalizability to the private sector, or the sample size of private companies, by including the public sector in this survey. The topic of domestic violence as it influences employees is just as relevant to the public sector and deserves detailed investigation in future research.

In order to balance the sample by geographic region, EAP type and sector, an informed sampling was made once the EAPA list had been broken into several geographic regions.

A total of 753 surveys were sent out and two follow-up mailings were performed between June and October 1995. Responses were anonymous, and the mailings included a response postcard to be returned separately from the survey so that the researchers would know if an individual should or should not receive follow-up mailings.

In an attempt to increase response rates, the second mailing included a "raffle" -- the cover letter noted that one person would be selected as the winning respondent among those who returned a response postcard. The winner was given his or her choice between paid registration for the annual EAPA conference (a value of about \$500) or \$250 cash. The selected individual chose the latter.

A total of 312 surveys were returned, five of which were unusable due to incompleteness. Another 74 surveys were returned as "not appropriate" (i.e., the respondent does not do counseling), 23 were returned by the post office as undeliverable, and three postcards were returned by individuals who did not want to complete the survey.

In an attempt to further determine what factors affected the response rate, and to refine the estimate of our response rate denominator, we selected 100 non-respondents, across all geographic regions, for follow-up phone calls. These follow-up calls proved difficult to complete, however. Due to the nature of EAP work, many individuals are either in counseling sessions (in person or by phone), or are frequently out of their offices working at client companies, visiting off-site facilities, giving seminars, etc. Though repeated calls were made, and messages were left offering respondents the option of returning the call with reversed charges, many in the sample never were contacted, though we seemed to have an appropriate phone number.

Based on information from the phone follow-up and from the postcard returns, we estimate that about 22 percent of the original mailing list was composed of inappropriate/undeliverable names. This leads to an estimated response rate of roughly 53 percent for the survey.

To determine the potential biases introduced by non-response, we compared those individuals who responded to the first mailing of the survey (roughly half the final sample) to those who responded to the follow-up mailings. Although multiple comparisons were made between these two groups, we report here any differences significant at the $p < .05$ level, since we are interested in clues to the potential differences between responders and non-responders, not definitive statements that differences exist.

We found that the early responders: were more likely to be certified in substance abuse counseling (47.7% vs 35.5%); had been with their current employer for longer (mean = 10.1 vs. 7.9 years); among external EAPs, estimated that a smaller percent of the employees they counsel are women (mean=57.1% vs 65.5%); were less likely to say that substance abuse in the spouse was a "very common" presenting complaint of clients affected by partner abuse (50% vs. 62%); were more apt to say that the impact of partner abuse on an employee's productivity was "severe" (46% vs 39%); were more apt to have ever encountered a case of partner abuse occurring between employees of the same company (78% vs 64%); were more apt to have encountered in the past year an employee who required time off to go to a shelter (55% vs 42%); were less apt to agree with the statement "My employer is concerned about abuse" (48% vs 60%); were less likely to agree with the statement "I feel that my personal experiences of abuse have made me a more effective counselor (38% vs 50%); among internal EAPs, were more likely to have used leave of absence policies to assist an employee affected by abuse (80% vs 63%); were more likely to have had some contact with police regarding domestic violence (65% vs 51%); were less likely to rate court advocates as moderately or very helpful (64% vs 80%); and were more likely to "often" suggest restraining orders to clients (78% vs 66%). It is difficult to discern a clear pattern in these differences, though early responders seem to show a slightly higher level of involvement or response regarding partner abuse.

Early and late respondents were not different on the estimated number of clients affected by partner abuse they had seen in the past year, or their general assessment of how common partner abuse is in the U.S.

Fourteen respondents to the survey did not have any experience of counseling clients in the past year (probably because they were in predominantly managerial positions). The responses of these individuals were deleted for questions that related to topics such as identifying or responding to clients problems, but were not deleted for broad questions, such as the perceived barriers to companies in addressing partner abuse.

Survey Findings

A summary of the survey results for all questions, displayed within the body of the survey tool itself, is contained in Appendix A. Where tables are not recreated in full detail for specific questions, the reader should consult this appendix. For a sample size of 307, the reported percentages have a 95 percent confidence bounds of +/- 5.6 percentage points. For results on internal EAPs only, the margin of error is +/- 7.7 percentage points, and for external EAPs only, +/- 8.6 percentage points.

Sample Characteristics

Some of the general characteristics of the 307 survey respondents are displayed in Table 2. As noted, the survey was targeted to the private sector, and 91% of respondents stated that they were from the private sector (for profit, non-profit, or labor union).

Table 2. EAP Survey Sample Characteristics

<p><i>Sex:</i> 44% Male 54% Female 2% missing</p>
<p><i>Mean age = 46.5 (SD=8.4)</i></p>
<p><i>Region:</i> 25.7% Northeast 17.6% South 29.6% Midwest 23.5% West 1.7% Non-cont. U.S./territories 2.0% missing</p>
<p><i>EAP Type:</i> 52.4% Internal 42.7% External 4.9% other/unknown</p>

The respondents are a highly educated group of individuals, which is to be expected given the nature of their work. Over two-thirds (69.7%) hold a masters degree and 9.4% have a doctorate. The most common major fields of study were social work, counseling/human services and psychology. The mean number of years respondents had been doing EAP work was 9.7 (SD=5.5).

Perceived Extent of the Problem

None of the survey respondents felt that partner abuse is "rare" as a problem in the lives of working people (Q25). Most felt that it is either "somewhat common" (43%) or "moderately common" (29.6%), with a minority seeing it as "very common" (16.6%).

Table 3. Frequency of Various Presentations in Employee Assistance Programs

Problem	Percent Saying They See This Problem:				
	never	rarely	somewhat often	moderately often	very often
alcohol abuse	0	4.8	29.0	41.3	22.2
abuse of illicit drugs	0.7	17.7	35.2	30.0	13.7
addictive behaviors (e.g., gambling, eating, sex)	1.4	26.6	44.0	18.1	7.2
parenting and childcare issues	0.3	8.2	26.3	37.2	25.3
care of elders	5.5	46.8	33.8	9.9	1.4
problems with partners not involving abuse	0	4.6	15.4	36.2	40.6
partner abuse	0.3	27.0	47.8	17.7	4.1
depression	0.7	2.7	15.0	33.8	44.7
panic attacks	1.4	22.9	43.3	22.9	6.1
stress	0	0	6.5	23.9	66.6

Note: Rows may not add to 100 due to missing data; no more than 10 respondents had missing data for any item.

In terms of how often it is encountered among EAP clients, partner abuse is clearly much less common than stress or depression (Table 3). While "problems with partners not involving abuse" (emphasis added) are seen moderately or very often by three quarters of respondents, only about one in five say that they see partner abuse this frequently. About a quarter of the sample say they see partner abuse only rarely and slightly less than half see it "somewhat often." Interestingly,

partner abuse seems to be more frequently encountered than the issue of "care of elders," a problem that is supposedly a growing concern among the baby boom generation, whose parents are becoming quite old.

Respondents were asked to estimate the number of clients they had seen in the past year for whom they knew or suspected partner abuse was a problem (as a victim, perpetrator, or both). Though the question was open-ended, responses are grouped for Table 4. Responses were quite variable, and were not well correlated with the total number of clients seen in the past year (as estimated from Q22) or the proportion of clients seen who are female (Q18a and Q20a). This implies that either there is a high degree of variability in the number of cases actually presenting across different settings, or considerable variability in different employee assistance counselors' ability or inclination to identify partner abuse as a problem.

At some time during their EAP careers, the majority of respondents had seen men who were perpetrators, men who were victims and women who were perpetrators of partner abuse. However, when asked to estimate the proportion of all the affected clients they had seen who were female victims, a large majority of respondents (71%) said that female victims made up 90 percent or more of the individuals they had counseled for whom partner abuse was an issue.

Table 4. Number of Clients Affected by Partner Abuse Seen in Past Year

Category	n	Percent
none	7	2.4
1-5	85	29.0
6-10	61	20.8
11-20	65	22.2
21-50	47	16.0
51-100	13	4.4
101-500	5	1.7
missing	10	3.4

Respondents were also asked whether they had encountered specific types of events related to partner abuse, ever in their careers as well as in the past year. The types of events and the proportion of respondents who had encountered them are shown in Table 5. Large majorities had at some time in their careers encountered episodes such as an employee being stalked or someone with a restraining order, and many had seen such incidents in the past year. About half had seen clients who had been physically assaulted by intimates while at work or who had lost their job due

to partner abuse-related problems -- about one in five had encountered such events in the past year.

Table 5. Circumstances Encountered Involving Partner Abuse

Circumstance	Ever Occurred?	Occurred in Past Year?
	Yes (%)	Yes (%)
An employee who had a restraining order against a partner or ex-partner	96.9	83.3
An employee who was being stalked at work by a partner or ex-partner	90.1	71.3
An employee who had to take time off to go to a shelter to escape an abusive partner	80.5	47.8
An employee who was physically assaulted by a partner or ex-partner at the work site	48.1	18.1
An employee who lost their job due to performance, attendance or other problems related to abuse	48.8	22.2
A case of partner abuse involving two individuals who work for the same company	70.3	42.7
An employee affected by partner abuse whose safety was improved through assistance from the EAP and/or other company departments	94.5	81.6

Note: No more than 13 respondents had missing data for any item in Table 5.

Identification of Abuse

EAP providers' perceptions of the prevalence of partner abuse among their clients are likely to be affected by the ways that abuse is identified.

We found that about one quarter (26.4%) of EAPs had screening questions on partner abuse included as part of a written intake or history form. For those EAPs without a standard screening process, the extent to which providers asked questions about partner abuse varied widely.

When asked to estimate what proportion of clients are asked about partner abuse at some point during counseling, 27% of respondents said they ask 10 percent or fewer of their clients about this problem, and 61% of respondents said they ask half or fewer of their clients about abuse.

The chances that an EAP provider will inquire about partner abuse vary depending on the client's presenting complaint (Q28). The presenting complaints that are most likely to prompt questions about partner abuse are alcohol problems in the client or (even more so) in the client's spouse, and divorce/separation issues.

Although they may also be related to partner abuse, complaints such as depression, a child with behavioral problems, poor job performance, and stress over financial problems are considerably less likely to lead to inquiries about abuse.

Some providers feel that their direct inquiries do not always lead to candid responses. Asked whether they agreed with the statement "I see abused women who will not admit to being abused, even if I ask directly," 49 percent agreed somewhat and 32 percent agreed strongly. Of course, women may have many reasons for withholding such information, even if they feel the counselor's concern is genuine. The large majority of respondents agreed (52% strongly, 24% somewhat) with the statement "Abused women may not want to bring this problem to the EAP for fear it will somehow affect their employment." A woman may also reasonably fear that if information is not handled confidentially (especially if her abuser becomes aware that she has told other people about his behavior), it will reduce her safety.

When asked about the presenting complaints of clients for whom abuse was an issue (Q31), half of respondents said that self-identification of a client as abused either did not occur (6%) or was rare (44%); another 39% rated this presentation as "somewhat common" and only 10% felt that it was "very common." The presenting complaints that were most often rated as very common were marital problems (69%), substance abuse problem in spouse (55%), divorce/separation (47%) and stress (40%). Not surprisingly, these correspond to those complaints that are said to trigger questions about abuse.

Preparedness of EAP Professionals

Most of the EAP providers (86%) have received some kind of training on the topic of partner abuse. Formal lectures or seminars on partner abuse were part of the undergraduate or graduate training of 38% of the respondents. Not quite a third (30%) had had lectures or seminars at their workplace and 23% said they had viewed videos or films on partner abuse while at work.

A considerable number of respondents (32%) said that their training included experience working or volunteering at a shelter or other agency where they had dealt with victims and/or perpetrators of partner abuse. This could indicate one of several things: that many EAP counselors have done this type of work; that individuals with this level of experience were more likely to respond to the survey; or that respondents interpreted this question broadly and included experience in a wide range of venues where partner abuse may be an issue (e.g., homeless shelters, inpatient substance abuse facilities).

Most of the survey respondents saw themselves as quite well prepared to respond to partner abuse. About half (52%) rated their overall preparation as good and 21% considered it excellent; 21% felt that their preparation was fair and only one respondent saw it as poor. Nonetheless, a

majority of respondents agreed (43% somewhat, 37% strongly) with the statement "Partner abuse does not get as much attention in most EAP training as it should."

Most EAP providers felt they had a "good grasp" of a wide array of abuse-related topics (Q37). Those topics about which somewhat fewer respondents felt confident were: how to incorporate partner abuse into seminar programs on related topics; coordinating response with criminal justice officials; and coordinating response among corporate departments.

Interestingly, although the respondents showed generally high levels of confidence about their preparation, large majorities remained interested in knowing more about essentially all of the abuse-related topics. This indicates a high level of motivation to increase understanding and response capacity, and reinforces the notion that there is currently insufficient training on this topic.

Since personal experiences with a particular type of problem may influence the way that a counselor handles the same issue among clients, we asked the EAP providers about their own histories of abuse. Over a third (37%) said that they had been emotionally or psychologically abused by an intimate partner or ex-partner; a quarter had been slapped, punched, kicked or otherwise physically attacked; and 29% said they had been afraid of an intimate partner or ex-partner. These figures are generally in line with lifetime prevalence estimates from previous research.

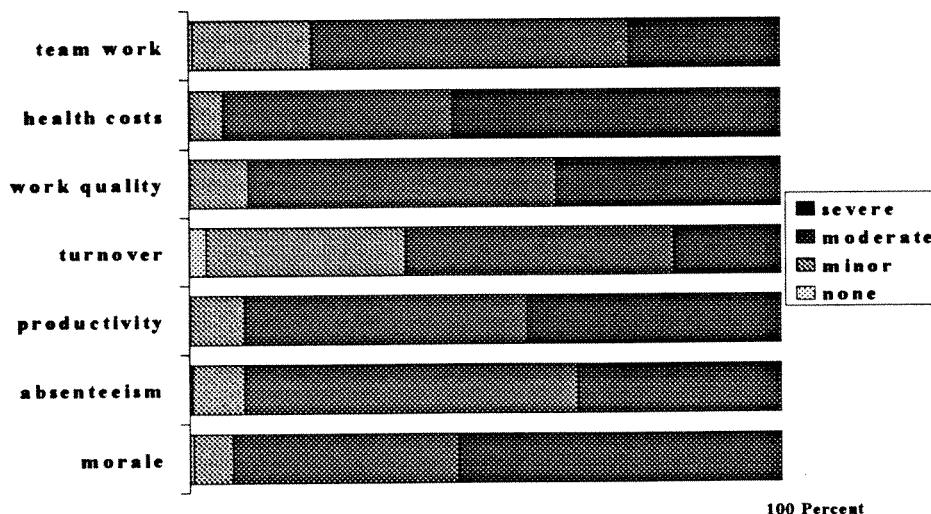
In their childhoods, one in five respondents witnessed one parent abusing the other. Other forms of abuse experienced in childhood were emotional/psychological abuse (37%); sexual abuse (13%) and physical abuse (16%). The extent of abuse experiences varied by gender, and this finding is discussed below in the section on gender differences.

Survey respondents were also asked whether they agreed or disagreed with certain statements about how their own abuse experiences may have influenced their work as counselors. A total of 39 percent agreed (25% somewhat and 14% strongly) with the statement "I feel that my personal experiences of abuse have made me a more effective counselor." Only seven individuals agreed (five somewhat and two strongly) with the statement "I feel I have personal "baggage" around the issue of partner abuse that reduces my effectiveness as a counselor."

Effects of Abuse and Referral Patterns

Empirical data on the impact of partner abuse on various aspects of abused employees' work lives are hard to come by given the hidden nature of this problem. We were interested, however, in the extent to which EAP providers perceive there to be negative effects. Figure 1 reflects their perception of whether the impact on various aspects of work is none, minor, moderate or severe. The large majority (90% or more) considered the impact on most realms of work to be moderate or severe.

Figure 1. EAP Providers' Perceptions of the Effect of Being Abused on Employees' Work Lives



The types of resources to which abused female employees are most frequently referred (percent saying they make this type of referral "often" is in parens) are: individual therapy (64%); support groups (60%); shelters for battered women (50%) and hotline numbers (49%). Less often provided are referrals to the criminal justice system (police/sheriff, courts or court advocates), marital therapy, or batterer treatment -- but sizeable minorities still say they use these sources often (Q38).

EAP providers are not always convinced that these referrals are put to use, however. When asked whether or not they agreed with the statement "When I provide abused women with referrals, they usually follow through with them," 38 percent of respondents agreed somewhat and 4 percent agreed strongly; while 44 percent disagreed somewhat and 11 percent disagreed strongly.

Contact with the Criminal Justice System

The sector that devotes the greatest amount of time and resources to the problem of family violence in the U.S. is the criminal justice system. As mentioned at the outset of this report, the integration of response across sectors is receiving greater attention, including calls for improved public/private collaborations. Given these facts, we were interested in whether EAP providers had experience in working with the criminal justice sector in responding to domestic violence, and their perceptions of how helpful such contacts are (Q54). Figures 2 and 3 summarize the findings.

Figure 2. EAP Providers' Contact with Criminal Justice System

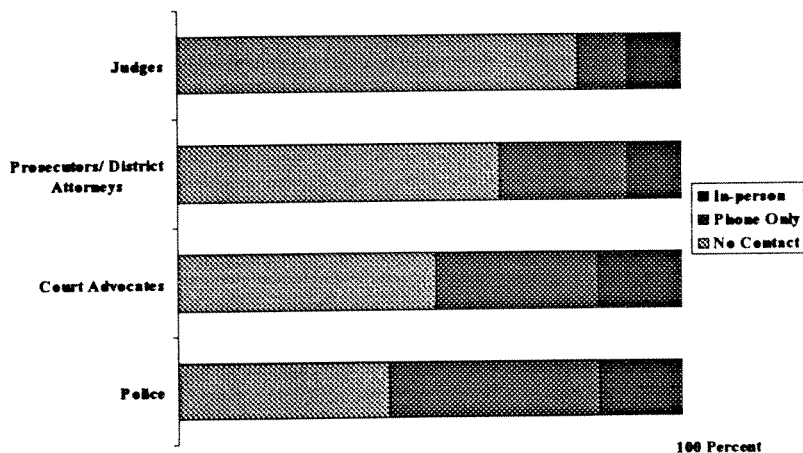
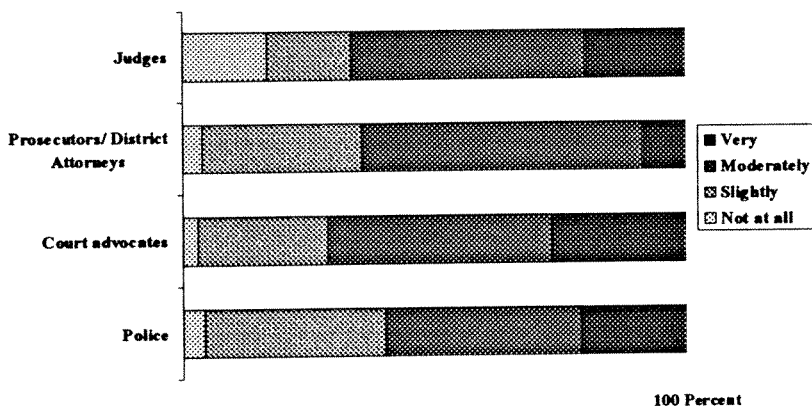


Figure 3. EAP Providers' Rating of Helpfulness of Criminal Justice System



About half of respondents have had contact with either police or court advocates (mostly by phone only), with the latter group receiving somewhat higher ratings of helpfulness. Fewer respondents had contact with prosecutors and district attorneys, and judges were not surprisingly the group with which the least contact had occurred.

Only a very small number of respondents (10%) stated that their company had received any kind of training on partner abuse from individuals in the criminal justice sector. For those who had received such training, it was usually from local police, and nearly all (30 out of 31) considered the training helpful.

One of the most common criminal justice remedies for partner abuse is the restraining or protective order. Most EAP providers (71%) said they "often" describe such orders as one alternative when working with abused employees, and another 23% said they sometimes do this. Fourteen percent of respondents have actually accompanied an employee to court to obtain a restraining order; among those who have done this at least once, 61 percent have done it twice or more (or 9% of the entire sample).

Although a certain number of EAP providers have clearly had positive interactions with criminal justice officials in handling partner abuse cases, many respondents also viewed the criminal justice sector as a barrier. In a question (Q39) that asked respondents about barriers to *their own* response to partner abuse (as opposed to their company's response), 40 percent felt that inadequate follow-through by the criminal justice sector is a major barrier, and another 34 percent rated it as a moderate barrier.

Level of Response by Larger Companies

Several questions throughout the survey addressed the respondents' perceptions or knowledge regarding response to partner abuse by the corporate sector in general. As is noted elsewhere in this report, these findings should be considered most relevant to larger firms, since larger firms are much more likely to have EAPs. Among the 161 internal EAP providers who responded to the survey, close to half (46.6%) said that their company is one of the Fortune 1000.

For questions that related to a specific company's handling of partner abuse, we restrict the discussion here to the "internal" EAP providers, since they are employees of the same company for whose workers they provide counseling. The external EAP providers can not readily answer certain questions since they provide services to multiple clients and circumstances will vary across these clients. The external EAP may not even be in a position to know what policies or practices exist in all of their client companies, especially outside of certain departments.

According to the internal EAP respondents, very few of their companies (13.7%) have written policies or guidelines that explicitly mention domestic violence. Even this figure may be an overestimate, since some respondents described these policies/guidelines in such broad ways that it is unclear whether they are truly explicit about domestic violence. In contrast, the majority of companies (72%) do have guidelines on workplace violence, such as policies on "zero tolerance" and statements that workplace violence is grounds for termination.

Despite the lack of explicit policies on domestic violence, many of the internal providers noted that they have made use of other types of standard company policies to respond to the needs of employees affected by partner abuse (Q52). Two-thirds have used leave of absence policies and medical leave; 41 percent have applied short-term disability policies; 29% have used the Family and Medical Leave Act; and 10% have made use of the Americans with Disabilities Act.

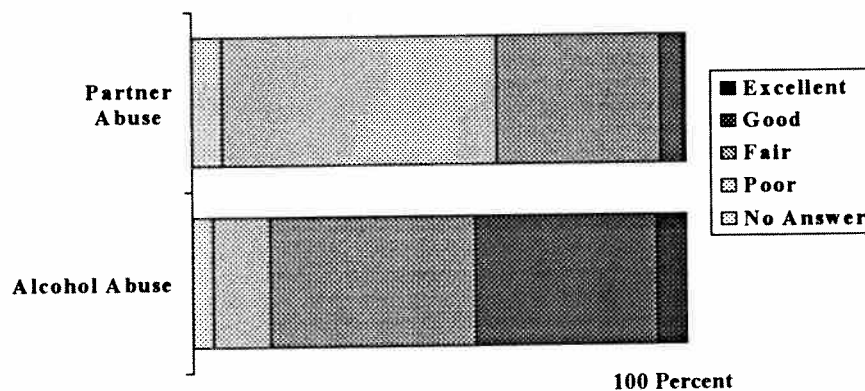
It also appears that some supervisors and managers may "bend the rules" for employees affected by abuse, doing things such as lightening an employee's work load or not reporting some sick or absent days. One fifth (22%) of respondents felt this happens often and over half (54%) felt it occurs "sometimes" in their companies.

There were also indications that a certain amount of outreach and education on domestic violence is occurring in larger companies. Close to half (48%) make written brochures on the topic available; 29 percent have posters; 34 percent have had articles in company newsletters and the same percent have offered seminars that describe where an abused person can get help (even if domestic violence is not the main topic of the seminar). However, only about one in five (19%) of the responding companies offer training for supervisors and managers on how to recognize potential signs of partner abuse in employees.

Though the EAP is a major avenue for response to troubled employees, the majority of internal providers (61%) said that the materials with which they market their services (e.g., brochures, employee manuals) do not explicitly mention partner abuse.

All survey respondents (in both internal and external EAPs) were asked to provide a qualitative rating of how well they feel larger U.S. companies address partner abuse as an issue for their employees. They were asked a similar question regarding response to alcohol abuse. Figure 4 provides a summary of these ratings.

Figure 4. EAP Providers' Perceptions of How Well Larger Companies Respond to Employee Problems



Generally speaking, corporate sector response to partner abuse was given very low ratings. Some context is provided through the comparison to alcohol abuse, since this topic has been dealt with through EAPs for the past 30 years or so and also has a much longer history of recognition and treatment as a medical problem. Even for alcohol abuse, many respondents gave corporate

response only a poor or fair rating (53%), 37% felt response was good, and only 6% saw response as excellent.

There is an indication that while they feel overall response by the corporate sector is poor, some respondents did not see their own employers as completely lacking in concern about this issue. When asked to agree or disagree with the statement "My employer is concerned about partner abuse as an issue for employed people," among internal providers (n=161), 58 percent disagreed with the statement, but 30 percent agreed somewhat and 8 percent agreed strongly.

Barriers to Response

Survey respondents were asked both about barriers to their own response and barriers to their company's response. The latter types of questions were addressed only to internal EAP providers.

Among barriers to personal handling of partner abuse, it was somewhat surprising that few individuals saw the costliness of treatments or the time intensiveness of these cases as major barriers. About one-third of respondents saw these as "not a barrier" at all. Limited options under clients' health insurance programs were seen as a major barrier by 38 percent of respondents and a moderate barrier by 28%. Limited community resources were slightly less of a barrier, rated as moderate or major by 56 percent of respondents.

Other more subtle barriers to a counselor's response may exist given the difficult emotions that partner abuse cases can elicit. Close to a third (29%) of respondents agreed with the statement "Dealing with abused women often makes me feel hopeless." A small number (9%) agreed that "I am not comfortable asking women about partner abuse unless they bring it up." And close to a quarter (23%) disagreed with the statement "I am comfortable asking men directly whether they are abusive toward their partners."

Among the barriers examined as affecting a company's ability or willingness to respond to partner abuse (Q42), upper management's lack of awareness of the issue (53%) and fear of liability issues (48%) were most often rated moderate or major barriers.

Differences in Responses by Gender

We will describe here briefly some differences that may exist between men and women who work in EAPs with respect to their attitudes toward or handling of partner abuse issues. This information should be viewed cautiously, as it is derived from only a bivariate examination of the data (gender by variable of interest). Definitive description of the actual influence of gender per se (separate from other factors, such as years of experience in EAP work) requires a multivariate analysis of the dataset. Because so many comparisons were made, we report here only differences that were statistically significant at the $p < .01$ level.

Men who responded to the survey were significantly older than the women (mean age 48.3 versus 45.0), and had more years of experience in EAP work (11.3 versus 8.3). Women are more likely to have a background in social work (38% versus 21%), and less likely to be certified in substance abuse counseling (35% versus 51%). Men were more likely to work for a union (19% versus 6%).

Men were more likely than women to characterize the prevalence of partner abuse among working people as "not rare, but uncommon" (17% versus 2%); and while 57% of women felt partner abuse is moderately or very common, only 36% of men rated it so.

Women were more likely than men to report that substance abuse in the spouse was a very common presenting complaint of those affected by abuse (64% versus 45%). Women were more apt to characterize the effect of abuse on turnover as "severe" (22% versus 12%); while many of the men rated the effect on turnover as none or minor (45%, versus 29% of the women).

More women than men had experience working at shelters or other agencies that assist those affected by abuse (40% versus 21%). More women than men felt they had a good grasp of the dynamics of abusive relationships (91% versus 77%), why women don't leave (96% versus 83%), and issues for children in violent homes (71% versus 56%). Women were more interested in learning about coordinating efforts with other company departments than were men (90% versus 78%).

Women were more likely to say that they "often" refer abused women to hotline numbers (60% versus 35%); to police (42% versus 21%); and to support groups (70% versus 49%). Women were also more likely to say that they had seen "a few more" cases coming forward since the OJ Simpson case came to light (48% versus 23%). More women than men felt uncomfortable asking men if they are abusive to their partners (31% versus 15%).

Women were more apt to say that court advocates were very helpful to them (35% versus 16%), while more men rated the advocates as not at all or only slightly helpful (40% versus 20%).

Finally, more women than men had experienced some forms of abuse. Psychological or emotional abuse had been experienced by 51% of the women and 21% of the men. Although more women than men reported a history of physical partner abuse (28% versus 23%), this was not statistically significant. However, about half (46%) of the women had been afraid of a partner, compared to 9% of the men. Men and women did not differ significantly in their histories of child abuse, except for emotional abuse, which was reported by more women than men (42% versus 30%, $p < .05$). Nearly identical fractions of both men and women reported having witnessed one parent abusing the other during childhood (20.4% of women and 20.7% of men).

Differences in Responses by EAP Type

As for gender, we are describing here some potential differences between internal and external EAP providers. The comparisons are for bivariate analyses, and only those differences significant at the $p < .01$ level are reported.

Given the different settings in which they work, it is not surprising that there are some significant differences in the backgrounds of internal and external EAP providers. External EAP providers were more likely to hold a masters degree (80% versus 63%) and less likely to have an associates or high school degree only (5% versus 17%). External providers are more apt to work in a private non-profit setting (32% versus 12%), probably because quite a few are affiliated with non-profit healthcare organizations. Internal providers tend to have been with their companies longer

(a mean of 11.1 years versus 6.7 years) and work for companies that have been in business longer (69 years on average, versus 22 years for externals). Internal providers do a larger portion of their counseling by phone (mean=23.2% of counseling, versus 13.6% for externals).

A much larger portion of external providers report having a written screen or history form that asks about partner abuse (37% versus 18%). Among those providers where there is not a written screen, a higher proportion of clients are asked about partner abuse by external providers (mean=53% versus 32%).

Internal providers were more apt to say they had a good grasp of how to coordinate response with other company departments (58% versus 41%), which probably reflects the fact that as outside contractors external EAP providers may have more difficulty linking in any meaningful or ongoing way with other departments within client companies. Depending on how and where the EAP services are provided, these linkages may not even be attempted.

External providers were more apt to see limited health insurance options as a major barrier to their response (45% versus 30%); while 21 percent of internal providers felt this was not a barrier at all, only 7% of external providers expressed this opinion.

External providers had a more negative overall assessment of response to employee problems by larger U.S. companies (Figures 5 and 6). Only 1 external provider rated response to partner abuse as good, and none felt it is excellent. Among internal providers, 8 percent rated response as good or excellent. It may be that internal providers are more heavily influenced by what is happening within their own firm, and if they feel their response is good, they may be inclined to feel that other companies are for the most part doing about as well. On the other hand, external EAP providers have a broader view of what is happening across many companies.

Figure 5. EAP Providers' Ratings of Corporate Sector Response to Partner Abuse

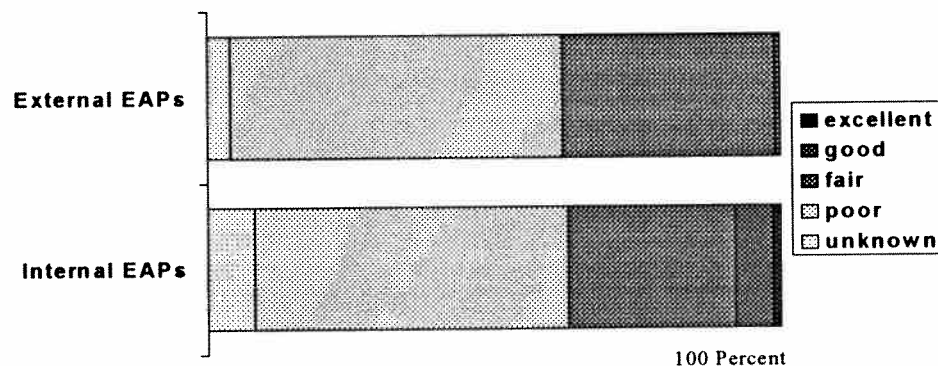
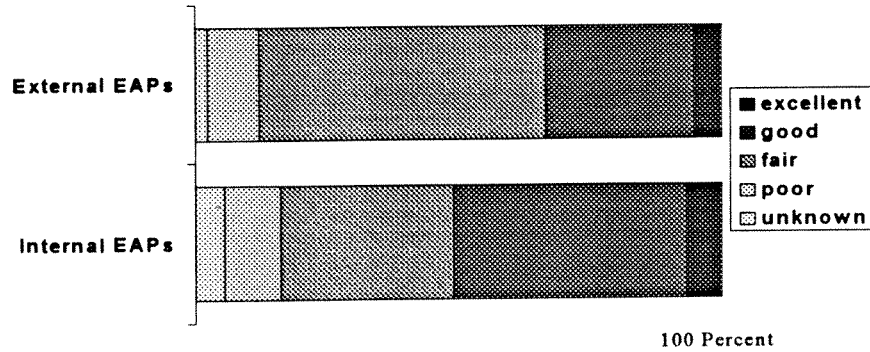


Figure 6. EAP Providers' Ratings of Corporate Sector Response to Alcohol Abuse



Internal providers were much more apt to disagree with the notion that "my employer is concerned about abuse" -- 21% disagreed strongly and 39% disagreed somewhat. The corresponding proportions among external providers were 9% and 20%. These differences appear fairly predictable, given that an external provider's employer exists to provide EAP services (that is, their business purpose is to respond to employees' personal problems), whereas an internal provider's company has some other primary business within which the EAP is only one department or portion of a department.

CASE STUDY OF THE POLAROID CORPORATION

A Note of Caution

The description of the actions, guidelines, policies and programs of the Polaroid Corporation or other organizations contained in this document does not constitute an endorsement by the author or by the agency funding this research. The description of Polaroid's efforts also does not constitute a recommendation (implicit or otherwise) by the Polaroid Corporation that other companies should necessarily adopt Polaroid's guidelines and programs related to domestic violence or workplace violence.

Any corporation or other entity considering an initiative to address domestic violence as it relates to employees' health and safety ought to assess their organization's internal structure, community resources, and relevant local and state statutes as key planning steps. Polaroid's initiatives may serve as useful models in many instances. But to assume that all aspects of Polaroid's efforts can be grafted wholesale into other settings may lead to failures that could result in decreased motivation and ultimately less effective response to the complex problem of domestic violence. (For further discussion, see the Conclusions section below.)

Introduction

To date, very little attention has been focused on the questions of how domestic violence impacts individuals' work lives or what steps if any are being taken by the corporate sector to address this problem. This case study is intended to provide some insight primarily into the latter question by describing the work that has been done at the Polaroid Corporation. The company has done more than most to address this problem not only by providing resources philanthropically, but by responding internally to the potential needs of employees. Though not all companies will either by choice or circumstances decide to copy Polaroid's actions, a description of how the company's activities evolved and what they currently entail may be informative to others. When faced with a new issue, particularly one that is complex, the first impulse of most businesses (not unlike most individuals), is to ask "how are others dealing with this?" A look at Polaroid's responses, as well as some brief descriptions of other companies' efforts to address family violence, provides at least a partial answer to this question.

The Polaroid "Way of Life"

The Polaroid Corporation was founded in 1937 by Dr. Edwin Land. Best known for its instant cameras, the company (with annual sales of \$2.3 billion) provides an array of imaging processes and products both to popular consumer markets and specialized professional audiences.

From the company's beginning, Dr. Land espoused a philosophy that included an emphasis on fulfilling each employee's potential, both as a worker and as a person. Dr. Land was clear about the importance of family, and indeed his management style inspired workers to think of the company as an extended kinship. This was enhanced by the fact that quite a few employees were relatives by blood or marriage (which continues to be true today).

Polaroid's Personnel Policy 101 (PP101), which has stood unrevised in the past 30 years, is the company's self-described "statement of creed; it represents our 'way of life'." The policy lays out, in five brief pages, the basic principles of the organization and the demands placed upon the company, upon individual workers, and upon working relationships. It outlines the company's expectations for high performance, responsibility and accountability. Among the "principles we follow" that shape the corporate environment it states that "We tend to work better when there is mutual respect, mutual concern and mutual honesty among us as human beings, regardless of the status of our jobs."

The company's willingness to be flexible in its treatment of workers is clear in the last paragraph of this document:

We must be prepared to see and tolerate differences in working practices and in treatment from individual to individual and from group to group -- accepting these differences as unavoidable and, indeed, essential as we replace rigid rule with reasoned judgment in applying our principles in differing circumstances.

The statement in some respects also foreshadows today's corporate concern with managing diversity. The company clearly saw itself as breaking new ground with PP101: "We are pioneering here at Polaroid in new ways of working together. We enjoy unusual privileges, and in return we undertake some unusual responsibilities."

Polaroid continues to perceive itself as pioneering, which is almost certainly one reason why the company has been able to take such a visible role in addressing family violence. According to Donna Furlong, who is Associate Director of the Polaroid Foundation and a nine-year employee, the company sees itself as "caring, innovative, risk-taking." In concert with a focus on both the family and the community dating back to Dr. Land, these traits made Polaroid a fertile ground in which concern for family violence could take root and grow. Nearly everyone interviewed as part of this case study reiterated in some way the idea that Polaroid's concern for domestic violence is "just a part of who we are."

Another clear indication of Polaroid's concern for employees is the fact that the company has the oldest internal employee assistance program in the country. The EAP, which was established 36 years ago, formalized Dr. Land's belief that the company should be concerned that workers are fulfilled individuals, in their life as well as in their work. And happier, healthier employees are more productive employees. "It's fundamental economics," states Vice President Joe Parham, who says that the company's responses to family violence "give Polaroid a competitive edge for attracting talent." This sentiment was echoed by Roberta Hurtig of Polaroid's marketing department, who noted that "people who are functioning from health are more productive." Unfortunately, stated Hurtig, many companies may take the attitude that responding to employee health issues is "nice if you can get around to it."

The remainder of this document lays out both the chronology and the particulars of how Polaroid has responded to family violence. It ends with some discussion of whether and in what ways these actions may serve as a "model" to others.

Early Chronology

In 1984, Marion (not her real name) worked in one of Polaroid's manufacturing plants in Massachusetts. A 17-year veteran of the company, she had had a recent spate of unexplained absences and declining performance that were worrying her supervisor of the last 6 years, Bob (not his real name).

On a morning when Marion was once again late, Bob met her in the plant's lobby, tapping his watch to convey his annoyance at Marion's tardiness. To his surprise and confusion, Marion exploded into a tirade, attacking Bob for confronting her and for questioning what she felt was a long and substantial investment in hard work for the firm. Given his concern for a worker with whom he had a previously sound working relationship, and Marion's obvious upset (which seemed out of proportion to the apparent circumstances), Bob called Jim Hardeman at Polaroid's internal employee assistance program (EAP) for help.

In the privacy of Hardeman's office, and with her permission that Bob be present, Marion admitted the real source of her attendance problems and declining productivity -- she was being physically and emotionally abused by her live-in boyfriend. As one response to this disclosure, Hardeman recommended some individual therapists who were experienced in dealing with abuse, but also noted that many abused women find group therapy settings even more helpful. Marion volunteered that she knew several other women in her same plant at Polaroid who were also being abused by the men in their lives.

Hardeman offered to establish a counseling group for a half dozen women at the company, all of whom were currently being abused. The group, which was advertised within the company as a "women's self-confidence" program, met on site at Polaroid after working hours and was facilitated by Hardeman. The women were a diverse bunch, from line workers to plant supervisors to executives, some married and others not. Within six months, all of the women were living without abuse, and most had left their partners permanently. To this day, Jim Hardeman maintains contact with all of the women from this group. All have continued to be free from abuse and have been promoted in their respective careers.

About a year after the group began, Polaroid's internal communications department decided that the group would make an interesting film subject. With permission from all of the women, a film was produced that did not use any of the women's real names or show their faces. The film was presented widely throughout the company.

Was this the beginning of an organized effort by Polaroid to respond to family violence? Not quite. Though it certainly provided a clear example of how helpful company assistance could be to women who are abused, it did not immediately stimulate other related programs. As it turned out, there were no other major initiatives for several years to follow, though individual abused women could and did seek assistance through the EAP on a case-by-case basis.

The beginnings of what is today a concerted effort by Polaroid -- both within and outside the company -- to address family violence, really began to take root when Jim Hardeman became head of the company's EAP in the summer of 1988.

Involvement of the Polaroid Foundation

About six months following his promotion to EAP Manager, Hardeman was asked to sit on the board of the Polaroid Foundation, the company's charitable subsidiary. About 60 percent of the Foundation's contributions are allocated under the direction of employee subcommittees, to which Polaroid staff are appointed for 4-year terms.

The Polaroid Foundation provides charitable support usually in the form of small grants (\$3,000-\$5,000) primarily to community-based groups, with a focus on the geographic areas where Polaroid employees live and work (nearly all of which are in Massachusetts).

After his appointment to the Community Subcommittee, Hardeman suggested to individuals he knew in the battered women's advocacy community that they submit requests to the Foundation. Hardeman began to visit some of the Massachusetts shelters to assess their programs in the context of proposed Foundation support. Other members of the Foundation were "amazed", says Hardeman, at his access to the shelters, which for safety reasons keep their locations secret and are extremely careful about accepting visitors. Hardeman clearly had substantial credibility and respect from the battered women's community. [For more on Hardeman's background in this field, see section below.]

Hardeman continued to educate the other members of the Foundation about domestic violence, through literature and presentations. As interest grew, other board members began to visit shelters and some even became involved in volunteer work. By early 1989 the Foundation had agreed to support a core group of seven shelters located near Polaroid manufacturing facilities. Each received grants of about \$5,000 annually. Subsequently, the Foundation also provided grants to EMERGE, a batterers treatment program in Cambridge, MA (where Polaroid has its headquarters).

In 1992, the Massachusetts Coalition of Battered Womens Service Groups established the Jane Doe Safety Fund to provide resources for emergency shelter (i.e., when all regular shelter beds are full) and to help meet the transitional living expenses of abuse victims. Hardeman suggested to the board of the Polaroid Foundation that the company should be a flagship donor to Jane Doe. He convinced Liz Walker, a charismatic television news anchor in Boston and one of the Fund's board members, to give a presentation to the Polaroid Foundation. The presentation was very well received and generated broad enthusiasm.

The Polaroid Foundation decided to become a flagship donor to the Jane Doe Safety Fund; the \$75,000 award was the largest single sum grant ever given by the charity and was intended to support a public awareness campaign. According to Polaroid Foundation Director Donna Furlong, the hope was that the campaign would emphasize that domestic violence is everyone's

problem, in the same way that the designated driver movement made drinking and driving everyone's business.

Unfortunately, the Jane Doe Safety Fund experienced some management and leadership problems around this time, and the awareness campaign did not come to fruition as Polaroid had hoped. A year after making the donation, the company felt it still had not received adequate accounting of how the funds were used. It was an experience that left some in the Foundation feeling alienated, said Furlong.

In subsequent years, Polaroid went back to funding individual shelters (a program which continues as of this writing). Despite its negative experience with the Jane Doe Safety Fund, Furlong said the Foundation would consider future grants to domestic violence advocacy groups. They would be particularly careful to select programs with a high level of professionalism, including solid evaluation and follow-up.

Still, the involvement with Jane Doe served to further energize other Polaroid Foundation board members to get involved in domestic violence programs. Some joined the boards of local shelters or provided free assistance with strategic planning, while others organized Polaroid employees to participate in the annual Jane Doe Walk for Women's Safety (the program's major fundraising event).

Early Response to Abused Employees

Other Polaroid workers came to learn of the company's philanthropic measures through the annual report of the Polaroid Foundation, which is disseminated to all employees. This clearly catalyzed some women to seek assistance through the EAP for their own abuse problems.

During these early years of the building response within Polaroid, the handling of women's cases continued to occur primarily through the EAP, and there were no written guidelines. Hardeman would refer women to various community services, particularly the shelters, for their safety needs. He would work directly with supervisors to determine how best to maintain workflow while protecting the abused employee's paycheck and position, and would contact company security to assess how to bolster her safety not only on site but in going to and from work. These types of responses continue to be a major part of the assistance provided by Polaroid's EAP staff.

According to Hardeman, the women employees affected by abuse often express great gratitude toward their supervisors, and display increased morale and productivity as a consequence of the assistance they receive.

Jim Hardeman -- Champion for a Cause

Given the key role played by Jim Hardeman in the development, and to some extent the persistence, of Polaroid's response to family violence, the background of his interest in this topic deserves further elaboration.

By the time Hardeman came to Polaroid in 1983 he had a substantial background in family violence work. But his exposure to this problem was not only professional, but sadly personal.

Growing up in Hartford, Connecticut, Jim suffered severe abuse at the hands of his father. As a youngster, Jim would ride his bicycle right on by his own house if his father's car was in the driveway. Or he would sneak carefully inside and go immediately to his attic bedroom, hoping to escape detection. After a bad beating, his mother would gather the children together to read the Bible and pray that the future would be better. Eventually it became clear to Jim that the only true escape from his father's violence would come by leaving for good. At age 18 he essentially broke all ties to his family.

Jim put himself through Howard University, majoring in sociology. Given his background, it is not entirely surprising that Jim pursued a career in social work. Yet he notes that through much of his early adult life he was "in denial" about his past.

His involvement in family violence as a professional began when, as a counselor at the Mayflower Mental Health Center in Plimouth, MA, he encountered an abused woman who was fleeing her husband and seeking shelter for herself and her infant. Jim was frustrated that he could not provide more than counseling, and this frustration was compounded when he read a week later in the newspaper that this same woman had been beaten in front of the local post office. She was finally placed in a shelter in Worcester, many miles from her home. As a means of improving local response, Jim began a counseling group for battered women, eventually leading to a hotline and then to the opening, in 1978, of the South Shore Women's Center, which is still in operation today. The shelter maintains a network of safe houses serving about a dozen towns in the south shore region.

Hardeman notes that it was the women's counseling group through which he really learned about domestic violence -- what it is and how it affects women and children -- topics that had not been covered by his formal training as a counselor. It was also through listening to the women's stories that Jim began to remember his own violent childhood. Still, he says, the effort to provide services for women in the Plimouth area did not stem from a need to right the wrongs of his own upbringing, and it was only some time after the founding of the Center that he eventually sought counseling to deal with this legacy. He counts himself as extremely fortunate that his childhood experiences have left him with an unusually deep empathy for abused women, rather than leading him (as is the case with some men) to imitate the abusive behaviors of his father. In the early 1980s, Hardeman also founded A Man's Choice, a treatment program for batterers, in part because of his recognition of how frequently abuse is passed down from one generation to the next.

Prior to his work at the Mayflower Mental Health Center, Hardeman had been a warden at the Norfolk County jail and at Concord state prison. These experiences gave Hardeman an insider's familiarity with the criminal justice system and credentials that continue to facilitate his interactions with members of this sector.

Thus, Polaroid's efforts to address family violence have clearly been championed by an individual with a remarkable history of both empathy and action. Others in the company are quick to note the key role played by Hardeman in the development of the company's proactive stance around family violence. Several people interviewed for this case study also stated, however, that given

the dimensions of the response that has now been formulated, and the interest created amongst other staff, the company's involvement in this issue has become relatively self-sustaining.

The Evolution of Guidelines on Family Violence

Despite the presence of a strong advocate in the form of Jim Hardeman, and ongoing interest from other employees (particularly those active in the Polaroid Foundation), it was some time before Polaroid's internal response to family violence became more formalized.

In fact, the development of written guidelines on family violence was catalyzed by a problem that has in general received much more visibility -- workplace violence. After several incidents involving serious threats between coworkers, and in the face of generally increasing concern and response to this problem in the corporate community, Polaroid decided that it was important to develop written guidelines for response. A Workplace Violence Committee was formed, including individuals from the corporate legal, security and medical departments, as well as a corporate ombudsperson and two plant managers. As head of the EAP, Jim Hardeman was also a member of this group.

In parallel with the committee's development of guidelines for managing violence and threats of violence (which can include instances related to family violence), Hardeman took the lead in creating guidelines on how employees can be assisted with problems related to family violence (regardless of whether or not these problems lead to threatening or assaultive behaviors at the workplace itself).

Initially, Hardeman argued strenuously for the need for "policies" on family violence. He met resistance, particularly from Polaroid's legal department, on the basis that formulating policies could increase Polaroid's liability. A policy could be interpreted as a "promise" to employees that they could be made safe -- an obligation virtually impossible to meet with certainty. This could expose the company to lawsuits by injured employees or their families based on claims that the company failed to provide adequate protection. Also, liability could be increased if policies were not always followed uniformly by all supervisors and managers, which would also be extremely difficult to ensure.

Hardeman eventually agreed that "guidelines" made a strong enough statement of preferred practices and also served to inform employees of the remedies they could seek, primarily through pre-existing personnel policies. Polaroid has since established guidelines both on family violence situations (see Appendix B) and on responding to violence and threats of violence in the workplace. The guidelines on family violence serve to highlight how standard personnel policies (such as leave of absence) and work practices (for instance, flexible shift schedules) can be applied to assist employees affected by abuse. The guidelines do not establish a set of special entitlements for victims of abuse.

For employees, the guidelines emphasize the importance of letting certain people in the company know about safety needs (especially security and the EAP). A copy of any existing restraining orders should be kept on hand, and a photo of the abuser should be given to security. The guidelines emphasize that all cases will be handled with strict confidentiality.

Though supervisors can not intervene directly with employees unless the employee first discloses, the supervisor can seek assistance by going to the EAP if they suspect an employee is experiencing abuse (as would be the case, for instance, if an employee were suspected of having a substance abuse problem). The guidelines also make clear that restraining orders are to be honored in the workplace.

What if the Employee is a Batterer?

Often, discussions around response to family violence focus exclusively or almost exclusively on identification of and assistance to victims. Little mention is made of how (or whether) to identify batterers, or what to do if it becomes known that a given individual is being abusive.

Polaroid does not attempt to directly identify employees who are batterers. However, abusers may come to the company's attention in several ways. First, the company has had experiences where an abuser's performance was affected by frequent absences from the workstation -- often in the context of his spending time intimidating his partner by checking up on or harassing her (in person or by phone). Performance problems related to personal issues are the *raison d'etre* of the EAP, so EAP may be contacted by an abuser's supervisor. If the person being victimized is also a Polaroid employee, the behavior is treated as an instance of workplace violence. It also can and has happened that batterers become involved in workplace violence with co-workers who are trying to discourage the abusive behavior ("Why don't you just leave her alone?" -- to which the abuser may respond with violence directed at the co-workers).

Since EAP services are also available to all family members of employees, the EAP can and does receive calls from women being abused by their partners where the woman is not an employee of the company but the man is. In these instances, unless the employee's work is affected, or unless the violence occurs at the worksite, the company provides services and referrals to the woman but does not directly contact the man. If the violence does occur on site, the guidelines for workplace violence are in effect. If the man is convinced by his partner to seek assistance from the EAP at his own initiative, he will be provided with counseling on site and may also be referred to a local batterer treatment program in the community.

If family violence is occurring between two co-workers, Polaroid will honor any restraining order and will speak to the defendant named in the order to warn him or her about the potential fallout of violating the order on Polaroid premises. Attacking a co-worker (whether in the context of partner abuse or otherwise) can be grounds for immediate dismissal.

Sometimes men who are seeking help from the EAP for some other issue (e.g., financial stress, substance abuse) will describe abusive acts they have perpetrated against partners. In these instances, says Hardeman, he tries to encourage his staff to listen to the man's story with the understanding that he himself may have been victimized, for instance by childhood abuse. While it is clear that many abusers would like to see themselves only as victims, and will attempt to excuse their violence by blaming their partners, Hardeman notes that the valid experiences of men as victims need to be heard.

Hardeman emphasizes that battering is learned behavior. He feels that many batterer treatment programs fail because abusers "come into the program labeled as bad people. This causes many of them to just shut down emotionally and to drop out of the programs." Hardeman works to keep a therapeutic alliance with batterers, since they often need extended treatment. He is careful to point out to the men that their behavior was inappropriate, but feels it is important for the men to have the experience of being listened to with respect. In the context of repeated visits he has the opportunity to discuss and reinforce corrective behavior. Hardeman notes that over time some of the men's dialogues slowly change such that they clearly recognize their role as perpetrators.

Training and Employee Awareness

Polaroid has sought to improve the understanding of family violence among all employees, both to heighten general awareness and to provide information on available resources. To this end, they have undertaken a variety of trainings.

Polaroid has offered 90-minute luncheon seminars on family violence at all five of its manufacturing sites. These forums, open to all employees, include presentations by law enforcement officials, shelter staff and legal advocates. Topics covered include the state abuse prevention and stalking laws, mandatory arrest policies, the cycle of violence, safety plans, the role of the criminal justice system, and the impact of family violence on the workplace. The seminars have been advertised through notices in women's restrooms, staff meetings, and tv monitors in the company's cafeterias. Attendance has ranged from about 25 to 40 employees per seminar, which Jim Hardeman considers satisfactory given the stigma associated with family violence. One of the luncheon seminars was videotaped and the tape is available to employees through the EAP.

With respect to professional training, Polaroid first ensured that all of its EAP staff at all locations had thorough training on family violence. Unfortunately, it cannot be assumed that everyone working in employee counseling has had thorough training in how to recognize and respond to family violence, regardless of how advanced a degree they may hold. EAP staff must know how to identify abuse among clients, have knowledge of employees' rights under specific state laws, be familiar with community resources, and have the ability to assist a woman in making a safety plan. Equally important is an understanding of the dynamics of abuse and how it can affect women's thinking and behavior.

In late 1995, all human resources staff, all company ombudspeople and all security staff were trained on the guidelines dealing with violence and threats of violence in the workplace. The company also began a series of two-hour "roll out" sessions for supervisors and managers. Although these sessions do not cover the specifics of the family violence guidelines, a copy of the guidelines is provided to all attendees. Over time, all supervisors and managers are mandated to attend these trainings.

In addition, Jim Hardeman and Corporate Ombudsperson Marty Breilinger also offer a 4-1/2 hour training that provides in-depth instruction on implementation of the workplace violence guidelines. This seminar highlights methods for preventing workplace violence and reviews the

family violence guidelines. These two topics are inter-related, Hardeman points out, since in his experience about half of the Polaroid employees involved in workplace violence are also batterers. Polaroid also makes these trainings open to staff from other organizations, thus further disseminating their knowledge and experience to others in the corporate sector. Other educational events that increase knowledge and awareness in specific sectors (criminal justice, health care) take place in the context of seminars related to Polaroid products [see section below on Polaroid Products Applied to Combat Family Violence].

In October of 1994, in recognition of Domestic Violence Awareness Month, Polaroid sponsored a forum on domestic violence at the World Trade Center in downtown Boston. The event was attended by over 100 individuals from the corporate, criminal justice, social service and education sectors. It served to raise awareness and understanding, with a particular emphasis on how the corporate sector could play a role, both internally and in conjunction with other respondents. An article on this forum was given prominent coverage on the front page of the *Boston Globe's* business section.

Articles on family violence have also appeared in the company's employee newsletter *Update*. Due to Polaroid's visibility as a proactive corporation, the company has also been featured in a variety of media reports. A thirteen-minute video produced by the company in January 1996 includes clips from Good Morning America, NBC Nightly News and ABC World News Tonight. The company's efforts have also been described in various popular and business publications, including *Working Woman* magazine, the *Wall Street Journal*, the *New York Times*, *Personnel Journal* and *HR Magazine*.

Involvement Across Departments

Many different departments at Polaroid have a role to play in responding to family violence. These are outlined briefly here, and are described in more detail in the Polaroid guidelines on family violence and on violence in the workplace.

Employee Assistance Program

Polaroid's EAP staff are at the front lines of responding to the needs of both victims and perpetrators. They become involved in cases through two major routes: referrals that come through other departments (e.g., from supervisors of troubled employees, from human resources, corporate medical or security); and self-referral of employees. The EAP provides both short- and long-term counseling on-site, as well as referral to a wide variety of outside services. The EAP also provides trainings and is involved in other aspects of outreach on family violence, as described elsewhere throughout this document.

The fact that Polaroid's EAP is internal almost certainly facilitates the degree to which responses can be coordinated across departments. For instance, if a woman goes to the EAP for help and decides to obtain a restraining order, the EAP can then help her to coordinate a safety plan with her supervisor and the security department. Were the same woman to access help through external EAP resources, it is less clear that this type of coordinated effort would occur and consequently the company may be less well prepared to deal with potential threats at work.

Human Resources

In addition to the EAP, personnel from HR may be contacted directly for assistance with family violence, either by concerned supervisors and managers or by an affected employee. Depending on the nature and extent of the problem, the needs and wishes of the parties involved, and what actions are recommended in the company's guidelines on violence, HR may handle the problem independently, or may seek additional assistance from other departments (particularly EAP and security).

Corporate Legal

The corporate legal department also receives requests for assistance in dealing with family violence, often from supervisors and managers seeking advice on how best to follow company policies and guidelines or precedence on how similar cases have been handled within the company.

Since domestic violence can overlap with issues having additional legal ramifications (such as workplace violence and sexual harassment), the legal department may be called in to ensure that all aspects of a particular incident are handled in accordance with both law and internal company policy.

The legal department carefully reviews all policies and guidelines to ensure that they are in accordance with current law and not in conflict with other company policies or standards. Such documents are also reviewed with an eye to liability concerns.

An issue that comes up repeatedly in discussions of whether businesses should respond to family violence as it affects employees is the extent to which such a response may impact the company's liability, in either a negative or a positive fashion.

General Counsel Ann Liebowitz, who was with Polaroid for 32 years (and has retired since the interview given for this project), says that providing education to employees and clarifying what resources are available to those who choose to use them are clearly appropriate roles for the company. The *identification* of employees affected by family violence, however, is "fraught with peril," says Liebowitz. At issue is the important, though subtle, difference between saying to an employee "If you are having personal trouble at home or elsewhere, you should know that we have an EAP and there is help available" versus "Are you having trouble at home? It seems to me that you are, and you should know..." The latter statement could be construed as an invasion of privacy, whereas the former only provides information. There is case law making clear that asking "intrusive" questions of employees is illegal, she states.

The issue of liability is complex and continually evolves as statutes change and case law emerges. An exhaustive treatment of the topic is beyond the scope of this study and the expertise of the author.

Corporate Medical Department

Polaroid maintains a clinical medical department, where employees are seen for a variety of physical or mental health complaints, screening tests, and routine physical exams. According to

Corporate Medical Director Dr. Warren Kantrowitz, very few employees have brought up the issue of domestic violence during visits, and until recently questions about abuse were not a standard part of a patient's work-up. About one-third of the employees in the medical department have received specific training on response to battered women.

According to Kantrowitz, it can be difficult to raise the issue with patient/employees, since inquiries about violence in intimate relationships are not yet something that most patients would expect from their physicians. There are some employees, he feels, who would resent as intrusive questions about physical violence, particularly if the employee did not come to the department with related complaints, stress concerns or injuries of unclear etiology. His major concern is with developing a sound doctor-patient relationship so that employees will feel comfortable coming to the department for treatment or concerns about domestic violence in the future. However, as questions about violence become as routine as have questions regarding drug use or sexual behaviors, he says, it will be easier for both the physician and the patient to discuss such issues.

Security

As frontline responders to workplace violence, security plays a key role in assisting employees with their safety needs. To assist a woman who is being abused, steps that may be taken by Polaroid's security include: keeping on hand a photo of the abuser, to ensure that he does not have access to company grounds; maintaining a file with copies of active restraining orders in the event that an order is violated on company property and local law enforcement need to be called; providing escorts to/from cars or other transportation; arranging for wire taps if an abuser is harassing someone by phone; or talking to a victim's local law enforcement officials to see whether security can be stepped up around the employee's home.

In cases of domestic violence, often security is the first (and sometimes the only) department to know about an employee's situation. Some women choose to go directly to security to discuss a situation in which they have particular safety needs, such as a partner against whom they have a restraining order or who is stalking them. Though security will apprise them of the additional assistance available through the EAP or in the community, it is the woman's choice to seek out these services or not.

Ombudsperson Program

In 1995, Polaroid instituted an ombudsperson program to assist in handling employees' grievances. Ombudspeople are not part of Polaroid management, and their function is to advise and assist employees with both formal and informal grievances. As such, they may have cause to deal with domestic violence situations. For instance, an employee who was moved from one workstation to another in order for the company to comply with a restraining order might feel slighted and bring this complaint to an ombudsperson. An employee who felt that his or her confidentiality was breached in the handling of a domestic violence case is another example of a case an ombudsperson might hear. The ombudsperson ensures that the employee understands his or her rights under the company's formal grievance processes, and also may act to informally negotiate the resolution of a grievance. Ombudspeople have the authority to pursue their own information gathering process separate from anything management may undertake, though they are not entitled to information that is otherwise confidential, such as EAP records.

Encouraging Response by Other Companies: The Chief Executive Officer (CEO) Project

In early 1995, Jim Hardeman launched another effort to increase corporate sector response to family violence -- this time, with the aim of increasing the involvement of other major employers in Massachusetts. The idea for the CEO Project grew out of Hardeman's participation as a member of the Governor's Commission on Domestic Violence. As a member of the Community Education Subcommittee, Hardeman noted that to date only a small number of companies were involved in this issue. The CEO Project was an effort to stimulate more active participation by the corporate sector in the prevention of violence against women and children.

The CEO Project creates ongoing alliances between the state's 32 shelter programs and local companies. Through his network of business contacts, and augmented by a mailing to other Massachusetts CEOs from Polaroid's then-CEO I. MacAllister Booth, Hardeman began recruiting companies to enter into "affiliation agreements" with shelters.

The affiliation agreement lays out what both the business and the shelter agree to contribute. Polaroid provides a template for this (see Appendix C), and each company is free to customize it in the context of a specific affiliation.

In brief, the business agrees to hold trainings on family violence for managers and supervisors on a quarterly basis, to provide luncheons on this topic for employees, to develop a protocol on responding to employees affected by family violence, and to provide in-kind service (such as meeting space), volunteers, and/or financial support. Cash contributions from the company to the shelter are not a requirement of the affiliation (though they are obviously appreciated). The initial agreement lasts for one year, with an option to negotiate a two-year extension.

The shelter agrees to provide trainers/speakers for the business seminars and luncheons, to assist in the development of a protocol, and to negotiate other forms of support as desired by the business partner.

Polaroid acts as a "matchmaker," to bring together businesses and shelters and facilitate the creation of affiliations. In addition to shelters, Polaroid is seeking business support for visitation centers, transitional houses and the parental stress line in Massachusetts.

Polaroid itself has entered into an affiliation with Transition House, a shelter in Cambridge, MA, where Polaroid has its headquarters. Among the things that Polaroid has agreed to do for Transition House are: provide paint and volunteers to paint the shelter; train 100 women per year at Polaroid's training site "Inner City"; make space available for shelter staff and residents in computer courses offered at the company's corporate training and development facilities; and provide in-kind assistance from Polaroid staff on strategic planning and fundraising techniques (see Appendix C). Transition House will participate in Polaroid's luncheon seminars on family violence, and will provide evening seminars on dating violence for Polaroid employees and their family members.

Another example of an established affiliation is the agreement between Newton-Wellesley Hospital and The Second Step, Inc. (see Appendix C). This set of agreements focuses more specifically on the healthcare needs of shelter residents and on the importance of ensuring that healthcare professionals are trained to identify and assist battered women. Among the services being provided by the hospital are: access to all wellness programs offered at the hospital (including smoking cessation, fitness, stress management, and nutritional counseling); assistance from human resources personnel in developing interviewing skills; and provision of medical care to shelter residents and their children, including immunizations and screenings as well as transportation to services. The Second Step Inc. will in turn provide the following: assistance in training healthcare professionals in responding to battered women; consultation on health education, grand rounds and publicity related to family violence; identification of appropriate speakers; and staff to participate in the hospital's family violence advisory committee.

The CEO Project has stimulated interest in similar efforts around the country and is probably the best example of Polaroid's influence in improving response by the corporate sector to family violence on a large scale.

Polaroid Products Applied to Combat Family Violence

Oftentimes, corporations take on social issues or reach out to charities that are in some way related to their company's products, services or customer base. Though the initiative for Polaroid to "take on" family violence as an issue came more from Jim Hardeman's interests, the company's efforts are to some extent reinforced by ways in which its products have applications in the fight against this social problem.

The Polaroid School of Law Enforcement Imaging

Since the inception of instant photography, Polaroid has assisted legal personnel in the application of this technology to crime scene investigation. These efforts were formalized when, in 1991, the company established the Polaroid School of Law Enforcement Imaging. Through seminars, the school trains law enforcement professionals in over a dozen specific topics including domestic violence injury documentation, arson and fire scene photography, fingerprint photography, and forensic microscopy.

Since 1991, over 15,000 law enforcement officers have attended seminars all over the country. In 1994, the company conducted roughly 400 seminars, nearly twice as many as in the year before. At a cost to participants of approximately \$300, the seminars last up to a full day and provide attendees with both educational materials and photographic equipment.

Polaroid's Law Enforcement Catalog, a marketing brochure, details the company's various field and laboratory products and their applications. The company also publishes *Instant Evidence, The Photography Newsletter for Law Enforcement Officials*. The newsletter's stories describe actual users experiences in applying the products in a wide variety of situations, including domestic violence cases. A special double issue of *Instant Evidence* published in March 1996 was devoted entirely to domestic violence. It included an introduction by Bonnie Campbell, Director of the Justice Department's Violence Against Women Office, and articles on injury documentation, the importance of photographic evidence in the prosecution of domestic violence

cases, how photos can help in tracking probation/parole violators, and elements of a victim safety plan. This kind of information helps to educate law enforcement personnel at the same time it markets Polaroid's seminars and products.

Seminars on Domestic Violence Injury Documentation

Seminars on domestic violence injury documentation were first offered in 1993. Though they clearly serve as a marketing tool, the seminars go far beyond photographic documentation in educating law enforcement professionals about response to domestic violence incidents. Topics that are covered include the dynamics of abuse, why it is difficult for women to leave, how to use sensitivity in interviewing victims, and the role of shelters. The seminars also provide detailed training on how to effectively testify in court using photographic evidence.

Along with written materials, Polaroid has produced a 10-minute video that describes domestic violence injury documentation. The tape, which includes a dramatization of police responding to a domestic violence incident, reviews the steps that should be taken to fully document cases. It demonstrates, using Polaroid equipment, how photos should be taken, and notes that "detailed report writing, including photographs of the victim's injuries, can significantly improve the rate of prosecution of domestic violence offenders." Norfolk County (MA) District Attorney William Delahunt, who appears on the tape, emphasizes how the gathering of complete evidence, including photographs, can allow the state to go forward with effective prosecutions even in cases where the victim has decided not to testify.

Other Collaboration with Criminal Justice

Polaroid also assists criminal justice professionals around the country in the development of warrant programs and prosecution procedures that are made more effective through the application of instant photography.

For instance, the Norfolk County Court Warrant Program in Norfolk, Massachusetts generates a weekly, computerized, town-by-town listing of all new and outstanding warrants, including instant photographs of the offenders (many of whom are batterers).

HealthCam

As of 1992, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), which accredits nearly all hospitals in the country, required that both emergency departments and hospital-based ambulatory care settings have protocols and training plans for response to domestic violence. As a result, protocols have become common in medical settings, and most if not all of these guidelines call for injury documentation (including photographs) as one component of response.

For instance, the American Medical Association's *Diagnostic and Treatment Guidelines on Domestic Violence* state: "In addition to complete written records, photographs are particularly valuable as evidence. The physician should ask the patient for permission to take photographs" (AMA, 1992, p.15). The guidelines go on to offer some specifics about how to take good photos.

Photographic documentation of injuries related to violence can be as important in the healthcare setting as at a crime scene (particularly since many women may choose, for a variety of reasons, not to contact legal authorities). This need creates another natural overlap between Polaroid's products and response to family violence.

Polaroid has recently begun marketing a new camera system, HealthCam, intended to serve a variety of photographic purposes in healthcare settings, including injury documentation. Polaroid's marketing efforts include holding seminars on family violence to train healthcare providers in the use of the photographic equipment. These seminars typically cover many other important topics on healthcare response, such as the dynamics of abuse, how to interview victims, how to document abuse in medical records, and how to obtain consent to photograph a patient. Other materials being provided to clinicians include a pocket-size laminated reference card that provides prompts on identifying domestic violence, assessing safety, making referrals, and documenting findings.

Project KidCare

In 1992, Polaroid collaborated with the National Center for Missing and Exploited Children to develop Project KidCare. The centerpiece of the project is the Kidcare ID (a trademark of Polaroid), a passport-like document containing identifying information about a child, including current instant photographs. The ID kit also contains a list of "7 Rules for Safety" that parents should share with their children, such as "Before I go anywhere, I always check first with my parents or the person in charge. I tell them where I am going, how I will get there, who will be going with me, and when I'll be back."

Polaroid disseminates the kits by encouraging various organizations, including businesses and local law enforcement agencies, to host KidCare events. They have a free 32-page brochure that outlines how to host such events.

KidCare is relevant to Polaroid's work on family violence, because children who are abducted are frequently taken by family members. Many battered women live in fear that their children will be kidnapped by their abuser. In light of this fact, for a recent KidCare event in Massachusetts sponsored by a local company and endorsed by the state's battered women's coalition, women from the state's 32 shelters were encouraged to bring their children for free KidCare ID kits.

Jim Hardeman was asked to serve as a spokesperson for KidCare, along with John Walsh, host of the television program *America's Most Wanted*, whose 6 year-old son was kidnapped and murdered in 1981.

Changes at Polaroid: A New CEO and Restructuring

In December 1995, after 37 years at the company, I. MacAllister Booth retired as Chief Executive Officer at Polaroid. His replacement, Gary DiCamillo, formerly a top executive at Black & Decker, is the first outsider to head Polaroid in the company's history. An article in the *Boston Globe* stated that "DiCamillo is known as a savvy marketer who cut costs and developed new products, fast and cheaply."

Also that December, Polaroid announced a reduction in its workforce of approximately 1,000 individuals (of a total U.S. workforce of about 7,000). Most of the reduction took place through attrition and early retirement incentives. However, a *Boston Globe* article in February 1996 reported that much of the company's senior management was let go under a major restructuring of the company's business into three major product lines.

Human Resources Vice President Joe Parham noted that the company is also developing a more "adult-adult" pattern of relationship between management and employees, moving away from its historically paternalistic stance. He notes that this parallels similar changes in the "social contract" between companies and workers in a private sector that offers fewer cradle-to-grave jobs.

It is only natural that any new leader will have an influence over the operations and corporate culture of an organization. Only time will tell whether Polaroid's commitments to addressing family violence will be altered by these recent management and restructuring changes. Early indications are that DiCamillo is in support of the CEO Project -- in the fall of 1996, he joined Massachusetts Governor William Weld on the steps of the State House in a ceremony to recognize the private businesses that have affiliated with domestic violence programs. There is no reason at present to believe that DiCamillo will reduce the company's efforts to address family violence.

Future Directions

Though response to family violence both as it affects employees and the community at large now seems firmly established at Polaroid, it is apparent that Jim Hardeman will continue to seek new avenues for progress.

Hardeman is currently working with several other individuals to bring about a national summit conference on family violence that will highlight model programs from around the country. These programs will be drawn from numerous sectors, including the criminal justice, advocacy, health care, education, corporate and religious communities. Following the national summit, each of the fifty states will be asked to convene a statewide summit to implement the dissemination of these best practices. These efforts will be coordinated through each state's domestic violence coalition.

Fundraising for the summit is underway. Polaroid will provide some of the funding for the national summit, and Hardeman hopes to obtain support from other corporations, foundations, and federal agencies.

Polaroid as a "Model" for Response to Family Violence

In summary, many steps have been taken by Polaroid to address domestic violence. Though their philanthropy to outside organizations has been generous, the more unique aspect of their response is a willingness to be outspoken about how domestic violence can touch the lives of their own employees.

Polaroid has been facilitated in this response by several advantages. First, it has a corporate culture that historically places a high value on employee well-being. Though its "paternalistic"

stance has been moderated in recent years, a trend that is likely to continue in the context of intense global competition, this culture of caring is unlikely to fade altogether.

Second, the company has a product line that provides a natural context for remaining current on the issue of domestic violence. Instant photography and other imaging systems can play an important role in handling domestic violence cases, particularly in the criminal justice and health care settings. Marketing of their products allows Polaroid to maintain a network of connections in these sectors that may not come so naturally to other businesses. In turn, these connections facilitate the company's internal responses, since many staff at Polaroid are already familiar with individuals and systems with whom they may need to interact to develop programs or handle specific cases.

Third, Polaroid has Jim Hardeman. Without Hardeman's interest in championing this issue within the company, it is likely that only some portion of the steps taken would have been considered at all. Even in the absence of Hardeman, the guidelines on workplace violence would almost certainly have been written, since this topic is gaining increased attention across the corporate sector. It is unlikely, however, that the guidelines specific to family violence would have been drafted, or that the CEO Project would have been developed. The Polaroid Foundation might well have decided to contribute to local shelters and batterer treatment programs apart from Hardeman's encouragement, but whether they would have done so at the same level and so consistently is questionable.

In addition to acting on his own convictions, Hardeman has sown seeds of interest and concern throughout the company. Though there are (and always will be) skeptics, even at Polaroid, many other individuals at the company have developed a better understanding of domestic violence and a firmer sense of how it can adversely affect employees, the company and the community.

Finally, Polaroid's efforts have had the endorsement of management at the highest levels, including the CEO. This support validates the efforts of Hardeman and others throughout the company, and provides a clear message that domestic violence is considered not only a legitimate but an important concern of the company.

The question that arises naturally out of this summary of Polaroid's strengths is "To what extent can Polaroid serve as a model?" Is it possible for other companies to undertake the same types of response, or are many companies ill-equipped to do so? What if there is no equivalent of Jim Hardeman to champion the cause? What if a company is much smaller than Polaroid?

Generally speaking, many of the steps taken by Polaroid can be copied by others. Larger companies in particular, with staff who are responsible for the maintenance and updating of internal policies and guidelines, can review this framework and outline the ways that it can function to assist those affected by family violence.

For smaller companies, local groups such as the chamber of commerce or rotary can develop documents that outline how typical personnel policies as well as state and federal statutes can be

used to assist employees. Such documents might simultaneously provide a summary of the civil and criminal codes that apply to family violence.

[Note: For further discussion of conclusions drawn from the Polaroid case study and the other portions of this project, see the final section of this report.]

SOME OTHER COMPANIES RESPONDING TO DOMESTIC VIOLENCE

Liz Claiborne Inc.

In 1991, Liz Claiborne, Inc. began its WOMENS WORK campaign, a collaborative effort with public agencies to increase awareness of domestic violence. The program has included multi-media public service campaigns in San Francisco, Miami and Boston. Billboards, radio announcements, posters, t-shirts, mugs and brochures are some of the vehicles that have been used to promote heightened awareness. Some of the proceeds from sales of items such as the t-shirts and mugs are donated to the Family Violence Prevention Fund, a national organization devoted to advocacy, education and public policy, and some go to local groups.

On October 19, 1995, in recognition of Domestic Violence Awareness Month, Claiborne held a Charity Shopping day, donating 10 percent of each store's sales to local domestic violence agency partners.

Claiborne has also performed some surveys to bring greater awareness to the issue. In the fall of 1994, they released findings from a phone survey of 100 senior executives in Fortune 1000 companies performed by Roper Starch Worldwide. Among the findings were that one third of respondents felt that domestic violence negatively impacts their business' bottom line and two-thirds feel a company's financial performance would benefit from addressing the issue. Only 12 percent feel that corporations should play a major role in response, and the large majority said that responsibility for addressing the problem should fall primarily to families.

In May of 1995, Claiborne released "Domestic Violence: Views on Campus," a national survey of 300 college students examining their awareness of and attitudes toward domestic violence. Among the findings were that 75 percent consider domestic violence a major societal problem, and most (89%) disagree that it is solely a family matter. Many of the students (59%) knew a friend, relative or other close person who had been affected by domestic violence. Groups and institutions that a large majority of students felt should play a major role in addressing domestic violence included the family, social service organizations, the courts and the police. Only a small fraction (14%) of students felt that corporations should play a major role.

In recent years, Claiborne has also increased its internal response to domestic violence. In addition to providing help through its health services department and an external EAP provider, the company began "Family Stress" seminars that "explore ways to communicate more effectively

to improve and enrich family relationships, and provide the tools to recognize potentially violent situations" (Press release, 9/28/95).

Marshalls, Inc.

Another company that has been active in addressing domestic violence is Marshalls, a national retailer which has its headquarters in Andover, Massachusetts. Several years ago, Marshalls CEO Jerome R. Rossi developed a concern about the safety and wellbeing of women and children who are abused, and decided that the firm should develop some initiatives in this area.

In October of 1994, Marshalls issued the "Business 4 Family" Challenge, encouraging other firms to join Marshalls in raising funds to support victims of domestic violence. Marshalls donated a portion of sales from its 460 stores nationwide as part of its "Shop 'til it Stops!" Day on October 4. Additional contributions were raised from the Vanity Fair Corporation,, Sodexo, IBM, FootAction, Bradlees, Jordan's Furniture, Frugal Fannie's, Charette art supply company, and the Boston law firm of Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Some of the \$115,000 raised by this event was given to the Family Violence Prevention Fund (FVPPF) to support ongoing public awareness campaigns. Another portion of the funds were used, in collaboration with FVPPF, to develop the Marshalls Domestic Peace Prize, a program that provides grants to innovative intervention and prevention projects across the country. Among the seven programs that were given awards in October 1995 were: a North Carolina camp for children growing up in homes with domestic violence; a California program that helps farmworkers who are victims of abuse; a college program in Atlanta where young black men speak out against sexism and violence; and a Chicago elementary school program providing support to battered women and their children. The programs were selected from among nearly 400 applicants. The Domestic Peace Prizes were awarded again in 1996, supported in part by funds from the second "Shop til it Stops" Day, held October 13, 1995.

Former Marshalls CEO Jerome Rossi also serves on the Federal Advisory Council on Violence Against Women and urges other business leaders to become involved in response to this problem. Marshalls is also one of the first companies to sign on for the Family Violence Prevention Fund's new National Workplace Resource Center on Domestic Violence [see description in next section of this report].

To improve understanding and response within its own employee pool (about 90% of sales associates are women), Marshalls has distributed the FVPPF's *You Can Make A Difference* newsletter, posters, memos from the CEO, and articles in its internal newspaper. In 1995, the company sent out a domestic violence handbook and guidelines to all managers to increase awareness and the ability to respond to affected employees.

Volunteerism by Marshalls' sales associates is encouraged, and many employees participate in the annual Jane Doe Safety Fund Walk for Women's Safety and Marshall's "Christmas in July" drive to raise household goods for local shelters. The firm has "adopted" Alternative House, a women's shelter in Lowell, Mass.

OTHER RESOURCES ON WORKPLACE RESPONSE TO DOMESTIC VIOLENCE

Fortunately, more and more companies and non-profits are beginning to address the issue of corporate response to domestic violence. The law firm of Mintz Levin in Boston recently founded Employers Against Domestic Violence, and State Farm Insurance initiated an effort now known as the Corporate Alliance to End Partner Violence, based in Tempe, AZ.

It is not possible to describe all of these specific efforts in detail in this report. To follow is a brief description of some other resources that may be useful to those looking for further "how-to" guidance on corporate sector response to domestic violence. This is an overview of several programs encountered during this research, and does not represent an endorsement of these particular programs over any other program.

Spokane County Domestic Violence Consortium

The Consortium has developed a manual on domestic violence in the workplace that was first used in the context of local workplace trainings in Washington state in February 1996. The manual provides guidance on what employers and employees can do to respond to domestic violence, including sample policies and procedures as well as program development. It reviews the legal responsibilities/liabilities of employers and case law on domestic violence and the workplace. Also included in the manual are information on: identifying victims in the workplace, communication and compassion skills, the cycle of violence, violence continuums, general profiles of victims and perpetrators, and how domestic violence affects children. The manual is approximately 100 pages long, and costs \$50 for private businesses and \$45 for non-profits.

For further information, contact:

Jennifer Pearson, Executive Director,
Spokane County Domestic Violence Consortium
525 East Mission
Spokane, WA 99202
(509) 487-6783

The Initiative for Violence-free Families and Communities in Ramsey County (MN)

The initiative, which is a multi-sector effort to reduce the incidence of all types of violence, includes 500 individuals who work on 13 different "action teams." There are two Workplace Action Teams. One of these is focused on community-wide response in the workplace, the other, which is internal to Ramsey County, Minnesota seeks to make the county itself a model employer with respect to violence prevention.

The initiative has developed a workbook to educate the corporate sector about workplace violence, domestic violence issues, and how these two problems are related. They have also produced two videos that include information on how domestic violence has a "bottom-line" impact on companies. The initiative has provided workshops for the corporate sector in the Twin

Cities area, and has developed brochures and other related materials. To date, over 100 different companies have purchased the workbook and videos.

For further information, contact:

Don Gault
Ramsey County Department of Public Health
50 West Kellogg Blvd. #930
St. Paul, MN 55102
(612) 266-2404

National Workplace Resource Center on Domestic Violence

In the fall of 1995, the Family Violence Prevention Fund began this initiative as an effort to help companies create workplaces that are safe and supportive for victims of domestic violence. The Center is a coalition of business, labor, and domestic violence organizations that will respond to the corporate sector's increasing demand for technical assistance in developing workplace policies and programs on domestic violence.

Each business or labor organization that joins the Center will be invited to appoint a staff person to serve on the Advisory Committee. The committee will contain three subcommittees: Workplace Policies (including human resources, employee assistance programs, workplace security, and training/education efforts); Economic and Legal Issues (including a focus on the direct/indirect costs associated with domestic violence, legal liability issues, and epidemiology); and Corporate Social Responsibility (addressing models for public-private sector collaboration, community relations, employee volunteerism, and employee awareness).

Among the anticipated activities of the Center are:

- collaboration with business and labor on the development of model policies and programs;
- research and policy development projects addressing issues specific to a particular industry, sector of the economy, or corporate function (e.g., research on retail settings, or on employee benefits); and
- collection and dissemination of information on successful workplace programs, and showcasing corporate leadership on domestic violence.

The Center supported the development of a monograph designed to guide employers through an "internal audit" of their policies, with an explanation of how each policy might be used to address the needs of workers affected by abuse. The publication "Domestic Violence Policy Checklists for the Workplace: A Guide for Employers," by Stephen T. Moskey, Ph.D., is available from Kettle Cove Press for \$17; bulk orders are available at a discount. Contact:

Kettle Cove Press
550 Ocean House Road
Cape Elizabeth, ME 04101
(207) 799-7981 phone; (207) 767-7287 fax; STEM50@aol.com

As of this writing, over 20 companies and business trade associations have signed up to participate in the Center's efforts. Companies have been asked to make an initial \$10,000 contribution, and trade associations and labor unions are generally contributing \$5,000 each. The Center also hopes to secure additional project-specific support for individual research and outreach efforts.

Organizations that have already joined the Center include: Marshalls, Polaroid Corporation, Liz Claiborne Inc. Wells Fargo Bank, Food Marketing Institute, The Body Shop, Service Employees International Union, American Federation of State, County and Municipal Employees, Levi Strauss & Co., National Association of Manufacturers, American Council of Life Insurance, Kaiser Permanente, The Gap, Mintz Levin, Aetna Insurance, Bank of America, Reebok, and Bechtel Corporation.

For more information on the National Workplace Resource Center on Domestic Violence, contact:

Donna Norton
Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
(415) 252-8900 x. 25

Love Shouldn't Hurt Campaign

The Love Shouldn't Hurt Campaign, a collaborative effort of various domestic violence, criminal justice and social service agencies in King County, Washington, has produced a training program entitled "When Domestic Violence Comes to Work." The program includes a 30-minute training video for employers and managers, a 20-minute video for employees, and a binder containing an extensive curriculum guide, viewgraphs and resource list. The curriculum addresses topics such as the impact of domestic violence on individuals and on the workplace, how to approach employees who may be abused, and legal liability. Information on ordering the program can be obtained by calling Intermedia at 1-800-553-8336.

STUDY LIMITATIONS

This project provides one attempt to assess the extent to which the corporate sector is responding to family violence as a health and safety issue for employed people. It has several important limitations that should be made clear.

First, the project attempted to quantify the responsiveness of the corporate sector by looking through the "window" of the EAP. Not all companies have EAPs or are even familiar with their functions. This was made starkly clear to the principal investigator when one small business owner at a forum on domestic violence and the workplace asked what the acronym "EAP" stood

for. Companies that have EAPs, as compared to those of equal size that do not, may already be more inclined to care about the personal problems of their employees. Thus, the responsiveness as determined by asking EAP providers may well overstate the responsiveness of the corporate sector as a whole.

The results and conclusions of this study have limited generalizability to small companies, since most small businesses do not have EAPs. The issues confronting small businesses with respect to responding to domestic violence are likely to be complicated by the more limited resources and staffing flexibility of these environments. Future research should look into the specific issues and needs of small businesses in greater detail. The study was deliberately limited to mostly private sector employers, so future work should also determine whether and in what ways family violence has different implications in public sector settings.

It is possible that non-respondents to the EAP survey hold different views from respondents. The comparison of early and later responders held some indications that non-responders may be less involved in this topic. This may cause us to overstate the responsiveness of the corporate sector with respect to programs currently available. It may also cause us to overstate the perceptions of the corporate sector with respect to how "big a problem" family violence represents, if those who see it as an unimportant issue were less likely to participate in the study (as seems likely).

CONCLUSIONS AND RECOMMENDATIONS

Though this research project represents only a starting point in examining how the corporate sector is currently responding to domestic violence, there are some broad preliminary conclusions that seem merited. Since conclusions stemming from the interview study are based on a much smaller sample, they should be viewed as more tentative than those coming from the EAP survey.

Conclusions Based on Interview Study

- Though aware that domestic violence is a major social problem, most executives and managers in the corporate sector have given little or no thought to its potential impacts on employee health and safety. Nevertheless, as evidenced by the findings of the EAP survey, there is an important minority of companies that are already taking some important steps toward education and awareness.
- In larger companies, awareness of domestic violence appears to be greatest in EAP and security departments. Often individuals in these departments are aware of cases that are unknown to departments such as human resources, medical or legal.
- Little communication about the extent or handling of cases involving domestic violence appears to occur across company departments. This is true not only for specific incidents

(where confidentiality may limit such communications), but with regard to general discussion of the problem and how it is being encountered by the company.

- Potential barriers to increased response by the corporate sector include lack of awareness, denial, embarrassment, privacy and confidentiality concerns, victim blaming, expectations of self-identification by abused women, fear that advocating for change will mean the change agent is marginalized, and concern that response may alienate male employees, negatively impact company image, or cost too much (especially to external EAP providers).

Conclusions Based on EAP Survey

- A large majority of EAP providers have dealt with specific partner abuse scenarios in the past year, including an employee with a restraining order (83%) or an employee being stalked at work by a current or former partner (71%).
- While policies or guidelines on “workplace violence” appear to have proliferated, similar documents that specifically address domestic violence and the workplace are a rarity. While three-quarters of respondents from larger U.S. companies said they have workplace violence policies or guidelines, only 14% had such documents that cover domestic violence.
- There is increasing awareness that domestic violence is a problem employees may bring to the EAP. Slightly over one-quarter (26%) of EAPs already have a question about partner abuse on their written intake or history forms. Slightly over a quarter of respondents reported that response to partner abuse had changed at their company in the past year, mostly in the direction of increased awareness.
- At larger U.S. firms, significant numbers of EAP staff are already employing a range of policies to accommodate the needs of employees affected by abuse. Two-thirds of internal EAP providers have used leave of absence or medical leave policies while 41% have used short-term disability policies to assist abused employees.
- EAP staff are motivated to learn more about partner abuse. Though most EAP survey respondents felt their preparation was already good (52%) or excellent (21%), large majorities were interested in learning more about a wide range of partner abuse issues.
- Interaction with the criminal justice sector in relation to domestic violence is limited. Very few firms have received trainings from police or other criminal justice professionals, although those that have consider such training helpful. Three-quarters of EAP providers saw inadequate follow-through by the criminal justice system as a moderate or major barrier to dealing with domestic violence cases.

Potential Routes for Improving Response

There are a variety of means by which the corporate sector's involvement in addressing domestic violence might be increased. Since various indications of how to accomplish this end are scattered throughout this report, the discussion here will provide only a broad summary. Given that current efforts in the corporate sector are young and the wisdom of experience is extremely valuable, these should be considered preliminary recommendations.

Quite probably the largest barrier to overcome is the most general one -- convincing upper management that domestic violence is an important issue and that companies can play a role in response. This is not the same as convincing them that it is the *ONLY* problem that may affect employees (which is neither true nor a sensible approach to encouraging greater awareness). Treating domestic violence as though it deserves greater attention than a wide range of other potential employee problems may create a backlash from those who see this as a request for special benefits based on victimhood.

One route for avoiding this problem is to emphasize how a company's current benefits and other programs should be applied to help those affected by abuse *in just the same way* they would help a person whose health or safety need arose from some other problem (e.g., breast cancer, threats from a former employee, etc.). At the same time, intensive efforts to increase awareness of domestic violence, and to encourage corporate-level response, are justified based on the current failure to grant domestic violence "equity" as a legitimate health and safety issue (regardless of whether this failure is willful or not).

When Polaroid's VP of Human Resources Joe Parham was asked how he would convince other companies to increase their attention to family violence, he said "It's just the right thing to do. Period." Companies need to acknowledge that their organizations are a "microcosm of society," said Parham, a sentiment that was echoed by others at the company. Many companies have not yet accepted this reality, some because they have not given any thought to the topic and others because they believe "that just isn't a problem here."

Responding to topics that not all companies may be comfortable with is not new to Polaroid. Nearly all of those interviewed cited the fact that Polaroid has made an unusual effort to educate its workforce about another major stigmatized health and social problem, that of HIV/AIDS. Roberta Hurtig of Polaroid's marketing department noted that as with AIDS, the company realizes that family violence is "not about something that happens to other people." It happens to the sisters, daughters, wives and colleagues of Polaroid workers.

Educating corporate professionals on the extent of the problem, warning signs, and appropriate responses to domestic violence provides a foundation for awareness to grow. Until individuals in various corporate departments (including EAPs) are better equipped to recognize domestic violence, they will continue to fail to "see" the problem among their employees. Local law enforcement and advocacy groups are some of the best resources available to assist companies in educating their employees about family violence. These groups are the local experts on family violence in any given community, and collaborating with them on educational forums is a good means for companies to develop links that may prove useful in handling future cases. Seminars will not take

up extra employee time if they are offered as luncheon discussions, which may be attended by more people if family violence is combined with other topics under an umbrella such as "Personal Safety" or "Safety at Work and at Home."

At a minimum, any size company can make employees aware of what local resources exist for people who are in need of help. Posters and brochures can often be obtained free or at minimal cost from local battered women's groups, national organizations, or government agencies. Groups such as local Rotaries and Chambers of Commerce may be an effective route for encouraging the dissemination of these materials within smaller companies.

Local business groups and other organizations are more and more frequently offering seminars on "workplace violence." These are excellent forums for discussing domestic violence, both in the context of how it may lead to workplace violence and how it affects employees even if the violence "only" occurs at home.

Another topic that overlaps with family violence but has received substantially more attention as a workplace issue is sexual harassment. Companies are well aware of the problems that can be created by sexual harassment and have become motivated, in large part by liability concerns, to increase awareness and sensitivity to this issue, especially among management. Some relationships gone sour can develop into sexual harassment situations. For instance, a woman who has previously dated her boss but broken off the relationship may then be not only "harassed" but physically abused or even stalked by him. Being better prepared to respond to partner violence may also help companies to head off situations that could otherwise become extremely problematic (and costly) harassment cases.

Can companies make these types of things happen without a dynamic and dedicated individual who will take on family violence as his or her issue? An internal champion is probably needed if a company is to have a meaningful response that maintains momentum. Even with a structure put in place that should provide for response to family violence (e.g., through written guidelines), it remains a stigmatized and complex problem, and one that will probably continue to be marginalized in the absence of a strong spokesperson. On the other hand, it is important that the issue not be solely identified with this one individual. A catalyst, who makes things happen and who stimulates interest in other key personnel, is truly valuable. A complainer, who simply points out flaws and makes demands without developing solutions, will likely do more harm than good with respect to motivating response.

In larger companies, anyone who is interested in increasing response to family violence might begin by talking to staff in the security and employee assistance departments. These are the individuals who are most apt to have encountered a variety of instances where family violence was an issue. The discussions should be broad, taking care to respect the confidentiality of individual employees. Concrete examples (described with pseudonyms) of how family violence has actually affected the lives of its own employees helps to personalize for management the more general statistics on the incidence of this problem in society.

Polaroid is not the only company that has been active in addressing family violence. Businesses interested in taking new steps should also seek out peers in their local community, or within their own industry, who are setting examples. As business settings, products, and customers vary, so will the needs of individual companies and the actions that are deemed feasible and appropriate.

Perhaps the most valuable example set by Polaroid and a small number of other firms is that the corporate sector can play a role in addressing family violence. By forming alliances with respondents in other sectors, and by providing visible response within their own corporate communities, businesses can increase understanding of the problem, knowledge of resources, and the ability of those affected to seek help.

Suggested Action Steps for Companies

In summary, the following specific action steps should be considered by any company interested in improving its ability to address the health and safety needs of employees affected by partner abuse:

- Acknowledge the problem. Be willing to discuss family violence openly, without using vague terms such as "marital problems" or "family issues." Add your voice to others in the community as condemning violence in the home. Acknowledge that family violence can and does touch the lives of your own employees.
- Provide educational outreach to employees. Consider placing posters or brochures in restrooms, not just in areas where employees may be embarrassed to be seen (such as the EAP itself). Include some discussion of family violence in seminars on topics such as depression, stress, substance abuse, personal safety, parenting; the most important information to include is where employees can get help, within the company and/or the community.
- Provide supervisors and managers with information on the warning signs of abuse and how to handle suspected cases. This can be incorporated into various aspects of existing management training. For the safety of both individual employees and the workplace in general, it should be emphasized to supervisors and managers that their role centers on making appropriate referrals and should not involve direct attempts to counsel employees.
- If your company has an employee assistance program (EAP), make sure that they are trained to recognize family violence, to treat victims with sensitivity, and to make appropriate referrals. Emphasize that use of the EAP is strictly confidential.
- If there is a corporate medical department, make sure that all staff have received training in how to recognize domestic violence and make appropriate referrals.
- Review current personnel policies and guidelines to determine how they can be applied to assist employees for whom abuse is an issue (as victim or perpetrator). Consider drafting a brief summary of these applications and distributing it to all employees, perhaps as part of an orientation packet, through articles in company newsletters, or as part of initiatives during Domestic Violence Awareness Month (October).

- Include issues specific to domestic violence in guidelines that address workplace violence situations. Be clear about the company's stance with respect to the enforcement of restraining orders. If a workplace violence task force exists, discuss how various situations will be handled (e.g., partner abuse between co-workers).
- Form meaningful linkages across departments -- especially EAP, human resources, security, medical, and legal. Individuals from these departments should meet on at least an occasional basis to discuss any concerns or questions about how to coordinate response. This can be done in the context of other interdepartmental meetings, including meetings on workplace violence and/or sexual harassment.
- Develop ties with the criminal justice sector. Consider inviting local law enforcement officials to provide training to key staff (EAP, HR, security), including a review of local, state and federal statutes related to family violence. Encourage the development of ongoing contacts in criminal justice agencies, especially in the domestic violence units of local police departments or district attorneys' offices.
- Develop a contact person in legal assistance, court advocacy, or victim assistance agencies that can help victims with court procedures or other needs (e.g., housing, divorce).
- Consider providing an opportunity for a victim's support group to meet on site at the workplace, either during lunchtime hours or after work. Such a group, which could potentially be formed from referrals through the EAP, security, and corporate medical departments, would provide an additional form of support for women and reduce their isolation.
- Consider developing an ongoing alliance with a shelter or other domestic violence program. The firm can contribute in-kind services, meeting space, and employee volunteers, in return for the program's assistance with training and response to cases. (See section on Polaroid's CEO Project above.)
- Participate in community roundtables on domestic violence. This will improve the firm's connectedness to other sectors, and will bring the corporate sector's perspective to these forums. If no such roundtables exist, consider starting one.

REFERENCES

Allard MA, Albelda R, Colten ME, Cosenza C. (1997) *In Harm's Way? Domestic Violence, AFDC Receipt, and Welfare Reform in Massachusetts*. University of Massachusetts, Boston.

American Medical Association, Council on Scientific Affairs. (1992) Violence against women. Relevance for medical practitioners. *JAMA*, 267, 3184-3189.

Bachman R. (1996) Epidemiology of violence and theft in the workplace. *Occupational Medicine: State of the Art Reviews*, 11, 237-241.

Bassuk EL, Weinreb LF, Buckner JC, Browne A, Salomon A, Bassuk SS. (1996) The characteristics and needs of sheltered homeless and low-income housed mothers. *JAMA*, 276, 640-646.

Bowker LH. (1988) On the relationship between wife beating and child abuse. In: Yllo K, Bograd M (Eds). *Feminist Perspectives on Wife Abuse*. Newbury Park, CA: Sage Publications.

Bullock L, McFarlane J. (1989) The birth-weight/battering connection. *Am J Nursing*, 89, 1153-55.

Carlson BE. (1984) Children's observations of interpersonal violence. In: Roberts AR (Ed.), *Battered Women and Their Families*. New York: Springer.

Catalano R, Dooley D, Novaco RW, Wilson G, Hough R. (1993) Using ECA survey data to examine the effect of job layoffs on violent behavior. *Hospital and Community Psychiatry*, 44, 874-879.

Cochran D, Brown M, Adams S, Powell A. (1995) *The Tragedies of Domestic Violence. A Qualitative Analysis of Civil Restraining Orders in Massachusetts*. Office of the Commissioner of Probation of the Massachusetts Trial Court.

Cohen S, De Vos E, Newberger E. (1997) Barriers to physician identification and treatment of family violence: Lessons from five communities. *Academic Medicine*, 77, No. 1 Supplement, S19-SS25.

Fagan J, Wexler S. (1987) Crime at home and in the streets: The relationship between family and stranger violence. *Violence and Victims*, 2, 5-23.

Groves B, Zuckerman B, Marans S. (1992) Silent victims: Children who witness violence. *Journal of the American Medical Association*, 269, 262-264.

Hartwell TD, Steele P, French MT, Potter FJ, Rodman NF, Zarkin GA. (1996) Aiding troubled employees: The prevalence, cost, and characteristics of employee assistance programs in the United States. *American Journal of Public Health*, 86, 804-808.

Hotaling GT, Sugarman DB. (1986) An analysis of risk markers in husband to wife violence: The current state of knowledge. *Violence and Victims*; 1, 101-124.

Jaffe PG, Wolfe DA, Wilson SK (1990). *Children of Battered Women*. Newbury Park, CA: Sage Publications.

Kilpatrick DG, Saunders BE, Amick-McMullan A., Best CL, Veronen LJ, Resnick HS. (1989). Victim and crime factors associated with the development of crime-related post-traumatic stress disorder. *Behavior Therapy*. 1989, 20, 199-214.

Koss MP, Koss PG, Woodruff WJ. (1991). Deleterious effects of criminal victimization on women's health and medical utilization. *Arch Intern Med*, 151, 342-347.

Koss MP, Heslet L. (1992). Somatic consequences of violence against women. *Arch Fam Med*, 1, 53-59.

Lacey HB. (1990). Sexually transmitted diseases and rape: The experience of a sexual assault centre. *Int J STD AIDS*. 1, 405-409.

Lewis DO, Pincus JH, Lovely R, Spitzer E, Moy E. (1987). Biopsychosocial characteristics of matched samples of delinquents and nondelinquents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26, 744-752.

McCloskey LA, Figueredo JA, Koss MP (1995). The effects of systemic family violence on children's mental health. *Child Development*, 66, 1239-1261.

McKibben L, DeVos E, Newberger E. (1989). Victimization of mothers of abused children: A controlled study. *Pediatrics*, 84, 531-535.

Miller BA, Downs WR, Gondoli DM. (1989) Spousal violence among alcoholic women as compared to a random household sample of women. *J Stud Alc*, 50, 533-540.

Miller TR, Cohen MA, Rossman SB. (1993). Victim costs of violent crime and resulting injuries. *Health Affairs*. 1993;12:186-197.

Murphy SM. (1990). Rape, sexually transmitted diseases and human immunodeficiency virus infection. *Int J STD AIDS*, 1, 79-82.

National Institute for Occupational Safety and Health. (1993). *Preventing Homicide in the Workplace*. DHHS(NIOSH) Publication No. 93-109. U.S. Department of Health and Human Services.

- Resnick HS, Kilpatrick DG, Dansky BS, Saunders BE, Best CL. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *J Consult Clin Psychol*, 61, 984-991.
- Satin AJ, Hemsell DL, Stone IC, Theriot S, Wendel GD. (1991). Sexual assault in pregnancy. *Obstet Gynecol*, 77, 710-714.
- Siegel JM, Golding JM, Stein JA, Burnam MA, Sorenson SB. (1990). Reactions to sexual assault: a community study. *J Interpersonal Viol*, 5, 229-246.
- Stark E, Flitcraft A, Zuckerman D et al. (1981). *Wife abuse in the medical setting: An introduction for health personnel*. Monograph Series, No.7. Rockville,MD:National Clearinghouse on Domestic Violence.
- Steiger H, Zanko M. (1990). Sexual traumata among eating-disordered, psychiatric, and normal female groups. *J Interpersonal Viol*, 5, 74-86.
- Stets JE, Straus MA. (1990). Gender differences in reporting marital violence and its medical and psychological consequences. In: Straus MA, Gelles RJ (Eds.). *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick,NJ:Transaction.
- Straus MA (1992). Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. Presented at the Ross Roundtable on Children and Violence, Washington, DC.
- Straus MA, Gelles RJ, Steinmetz SK. (1980). *Behind Closed Doors: Violence in the American Family*. New York,NY:Anchor/Doubleday.
- Straus MA, Gelles RJ (1990). *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick,NJ:Transaction.
- Swett C, Cohen C, Surrey J et al. (1991). High rates of alcohol use and history of physical and sexual abuse among women outpatients. *Am J Drug Alcohol Abuse*, 17, 49-60.
- Vinokur AD, Price RH, Caplan RD. (1996) Hard times and hurtful partners: How financial strain affects depression and relationship satisfaction of unemployed persons and their spouses. *Journal of Personality and Social Psychology*, 71, 166-79.
- Widom CS. (1989). The cycle of violence. *Science*, 244, 160-166.
- Wildin SR, Williamson WD, Wilson GS. (1991). Children of battered women: Developmental and learning profiles. *Clinical Pediatrics*, 30, 299-304.

Winfield I. George LK, Swartz M, Blazer DG. (1990). Sexual assault and psychiatric disorders among a community sample of women. *Am J Psychiatry*, 147, 335-341.

Wolfe DA, Zak L, Wilson S, Jaffe PG. (1986). Child witnesses to violence between parents: Critical issues in behavioral and social adjustment. *Journal of Abnormal Child Psychology*, 14, 95-104.

Appendix A

Survey on Partner Abuse Sent to Employee Assistance Professionals

Harvard Injury Control Center

**Survey of Employee Assistance Professionals
on Partner Abuse as an Employee Issue**

1995

Summary of Responses

Total sample n = 307

For "External Only" questions, n = 131

For "Internal Only" questions, n = 161

[EX] prefix denotes questions for external EAPs only.

[INT] prefix denotes questions for internal EAPS only.

Background Data

First, we would like to get some background on you and your company.

- 1) How old did you turn at your last birthday? mean=46.5 (SD=8.4); range 28-68

<u>Percent</u>	<u>Age</u>
19.9	28-39
43.6	40-49
27.0	50-59
6.8	60-68
2.3	missing

- 2) What is your gender? Female: 54% Male: 44% Missing data: 1.6%

- 3) In what region of the country do you work? (Check one only.)

<u>%</u>	<u>Region</u>
25.7	Northeast (ME,NH,VT,MA,CT,RI,NY,NJ,PA,DE,MD, Wash.DC)
17.6	South (VA,WV,NC,SC,KY,TN,GA,FL,AL,MS,LA,AR)
29.6	Midwest (OH,IN,IL,WI,MN,MI,IA,MO,KS,NE,SD,ND)
23.5	West (TX,OK,MT,WY,CO,NM,AZ,UT,ID,OR,WA,NV,CA)
1.0	Non-continental U.S. (Alaska,Hawaii,Puerto Rico)
0.7	Other territories
2.0	Unknown (missing data = 6)

- 4) What is your current position/title? (NOTE: Do NOT provide your company's name. This is an anonymous survey.)

Position: (various answers)

- 5) Do you work in an:

Internal EAP: 52.4% total ("internal", n=132; "both", answering as internal, n=29)
 External EAP: 42.7% total ("external", n=105; "both", answering as external, n=26)
 Other (not clearly internal or external): 4.9% (n=15)

- 6) How many years' experience have you had in EAP work?

Mean = 9.7 (SD=5.5) Median = 8 Range = 1-27 (Missing data = 5)

7) How many years have you spent providing direct counseling to employees in the context of an EAP (even if you no longer do counseling)?

Mean = 9.1 (SD=5.5) Median = 8 Range = 0-26 (Missing data = 8)

8) Do you have a current CEAP certification?

yes = 64.8% (Missing data = 5)

Of those saying "yes" (n=199), and providing data on number of years (n=167), mean number of years as CEAP = 5.1 (SD=3.2)

9) What is the highest level of education you have completed? (Check one.)

5.5% high school diploma or equivalent
 5.9% associate's degree
 7.8% college degree (bachelor's degree)
 69.7% masters degree
 9.4% doctorate
 1.6% unknown (missing data)

10) What is your major field of study? (Check one.)

29.3%	social work	2.0%	business administration
31.3%	counseling/human serv.	1.0%	public administration
17.3%	psychology	2.0%	personnel management/human resources
0.0%	psychiatry	1.6%	industrial/labor relations
2.9%	nursing	1.6%	education
0.3%	medicine	1.0%	sociology
0.3%	public health	1.6%	theology/divinity
3.9%	other	3.9%	unknown (missing data)

11) Do you have professional certification in any of the following areas? (Check all that apply.)

41.7% substance abuse counseling
 9.8% family and/or marital counseling
 32.9% other (e.g., social work, nursing, psychology)

12) In what sector do you work? (Check one.)

62.2%	private sector/for profit	3.6%	labor union/government sector
20.8%	private sector/non-profit	1.3%	local, state or federal government
7.8%	labor union/private sector	2.0%	other
	2.3%	unknown (missing data)	

13) How long have you been with your current company?

mean = 9 years (SD=7.3) median = 7 years range = 1-43 years
(Missing data = 12)

14) Approximately how many years has the company you work for been in business?

mean = 47.9 years (SD=41.7) median = 40 years range = 1-200 years

Distribution:

15.0% fewer than 10 years
22.8% 10-20 years
23.1% 21-50 years
24.8% 51-100 years
8.8% over 100 years
5.5% missing data (n=17)

[EX] 15) How many external clients (institutions, not employees) does your firm service?

mean = 59.5 (SD=108.6) median = 29.5 range = 4-900

Distribution:

16.0% fewer than 10 clients
27.5% 10-25 clients
25.2% 26-50 clients
15.3% 51-100 clients
10.7% over 100 clients
5.3% missing data (n=7)

[EX] 16) How many Fortune 500 companies does your firm have as clients?

mean = 4.6 (SD=10.8) median = 1 range = 0-80

Distribution:

39.7% none
16.0% 1-2
22.9% 3-10
6.9% over 10
14.5% missing data (n=19)

[EX] 17) Approximately how many employees have access to your services through your client companies? (Give the approximate total number of all employees in client firms, combined.)

mean = 133,000 (SD=417,000) median = 15,000 range = 20-2,300,000

Distribution:

0.8% fewer than 225 (n=1)
 16.8% 225-3000
 22.1% 3001-10,000
 27.5% 10,001-30,000
 18.3% 30,001-100,000
 8.4% over 100,000
 6.1% missing data (n=8)

[EX] 18) Approximately how many employees are actually counseled by your company in a given year? (Note: If your firm does both EAP work and other types of counseling, approximate the number of people counseled in your role as an EAP only.)

mean = 3800 (SD=14,780) median = 500 range = 5-103,500

Distribution:

10.7% fewer than 100
 34.4% 100-500
 15.3% 501-1,000
 16.8% 1,001-3,000
 7.6% 3,001-7,500
 3.8% over 7,500
 11.5% missing data (n=15)

18a) What percent of the employees counseled are women?

mean = 60.7 (SD=14.9) median = 61 range = 5-85

Distribution:

6.1% said 30 percent or fewer are women
 17.6% said 31-50 percent are women
 45.8% said 51-70 percent are women
 18.3% said over 70 percent are women
 11.5% missing data (n=15)

[INT] 19) Approximately how many employees does your company have in the U.S.?

mean = 29,227 (SD=48,033) median = 10,000 range = 80-300,000

Distribution:

6.5% 1,000 or fewer
 23.6% 1,001-5,000
 18.0% 5,001-10,000
 14.3% 10,001-20,000
 26.7% 20,000-100,000
 4.3% over 100,000
 6.8% missing data (n=11)

[INT] 20) Approximately what percent of all employees seek assistance through the EAP in a given year?

mean = 9.1 (SD=7.9) median = 8 range = 1-55

Distribution:

18.6% fewer than 4 percent
 52.2% 5-10 percent
 16.1% 11-20 percent
 4.3% 20-55 percent
 8.7% missing data (n=14)

20a) What percent of those who seek help are women?

mean = 43.7 (SD=27.3) median = 50 range = 0-90 (Missing data = 17)

Distribution:

31.1% said 30 percent or fewer are women
 16.8% said 31-50 percent are women
 29.8% said 51-70 percent are women
 11.8% said over 70 percent are women
 10.6% missing data (n=17)

[INT] 21) What category best describes your company's business or industry? (Check one.)

13.7% Aerospace/defense	1.9% Beverage/Food
6.8% Communications	1.2% Construction
4.3% Energy	14.9% Health Care
5.6% Finance	4.3% Insurance
1.2% Hotels, restaurants, etc.	0.0% Recreation
14.9% Manufacturing	1.2% Trade (retail; wholesale)
0.0% Real Estate	5.6% Utility
8.7% Transportation	11.8% Other
3.7% missing data (n=6)	

21a) Is your company one of the Fortune 1000?

Yes = 24.4% (Missing data = 25)

22) Over the past year, approximately how many employees did you yourself counsel *in an average month*, whether by phone or in person? Do not count a given individual twice, even if you may have contact with a person more than once. (Check one.)

- 4.6% none
- 17.6% 10 or fewer
- 27.4% 11-20
- 18.9% 21-30
- 9.8% 31-40
- 8.1% 41-50
- 11.7% over 50
- 2.0% unknown (missing data)

23) Approximately what proportion of your counseling do you do by phone?

mean = 19.8 (SD=26.2) median = 10 range = 0-100 (Missing data = 9)

Distribution:

- 60.4% 10 percent or less
- 10.6% 11-20 percent
- 14.0% 21-50 percent
- 4.4% 51-75 percent
- 6.5% 76-99 percent
- 1.0% 100 percent (i.e., all counseling is done by phone)
- 3.1% missing data (n=9)

24) Please rate each of the following problems/issues with respect to how frequently you encounter it among the employees you counsel: (Circle one number for each.)

<u>Problem</u>	Percent Saying:				
	never	rarely	somewhat often	moderately often	very often
a) alcohol abuse	0	4.8	29.0	41.3	22.2
b) abuse of illicit drugs	0.7	17.7	35.2	30.0	13.7
c) addictive behaviors (e.g., gambling, eating, sex)	1.4	26.6	44.0	18.1	7.2
d) parenting and childcare issues	0.3	8.2	26.3	37.2	25.3
e) care of elders	5.5	46.8	33.8	9.9	1.4
f) problems with partners not involving abuse	0	4.6	15.4	36.2	40.6
g) partner abuse	0.3	27.0	47.8	17.7	4.1
h) depression	0.7	2.7	15.0	33.8	44.7
i) panic attacks	1.4	22.9	43.3	22.9	6.1
j) stress	0	0	6.5	23.9	66.6

(No more than 10 respondents had missing data for Q.24a-j.)

PARTNER ABUSE

Partner abuse is one of the issues EAP professionals may encounter in their work. We would like to know some things about your views on this topic and your experiences dealing with it.

25) How prevalent do you think partner abuse is among working people? Do you believe that partner abuse as a problem in the lives of working people is: (Check one.)

- 0.0% rare
- 9.1% not rare but uncommon
- 43.0% somewhat common
- 29.6% moderately common
- 16.6% very common
- 1.6% unknown (missing data)

26) In your EAP, are screening questions on partner abuse part of a written intake or history form?

Yes = 26.4% (Missing data = 6)

27) If you do not screen all clients, approximately what percent of clients do you end up asking directly about partner abuse at some point during counseling?

mean = 40.1 (SD=31.9) median = 30 range = 0-100

Distribution (for n=217 respondents; those who said "yes" to Q26 were excluded):

- 27.2% said 10% or fewer
- 17.1% said 11-25%
- 16.6% said 26-50%
- 11.5% said 51-75%
- 11.5% said 76-95%
- 6.0% said 100% (i.e., they ask all clients)
- 10.1% missing data (n=22)

28) Over the past year, what were the chances that each of the following presentations triggered you to ask about partner abuse? (For each, circle whether the chances were none, minor, moderate or very good that this presentation triggered a direct question about partner abuse.)

[For those not answering "yes to Q.26.]

	Percent Saying:			
	none	minor	moderate	very good
a) alcohol problem in the client	3.7	10.6	31.8	49.8
b) alcohol problem in client's spouse	1.4	6.0	22.1	66.4
c) divorce/separation	1.4	8.8	33.6	52.1
d) child has behavioral problem	4.1	30.4	41.0	20.7
e) depression	5.1	32.7	39.2	18.9
f) poor job performance / absenteeism	8.3	39.6	35.5	12.5
g) stress over financial problems	6.0	30.4	42.4	17.1

(No more than 9 respondents had missing data for Q.28a-g.)

29) Please approximate the total number of employees you have ever seen (in your entire career in EAP work) for whom you know or suspect partner abuse was an issue. Include those cases where you are certain or almost certain that abuse was occurring, even if the client would not admit it. Include cases involving employees as victims, perpetrators, or both. (We realize this will be an inexact figure -- but make your best guess.)

Total number of employees involved in partner abuse:

mean = 173 (SD=396) median = 60 range = 1-5000

Distribution:

11.9% said 1-10 employees
 31.7% said 11-50 employees
 16.4% said 55-100 employee
 18.8% said 120-300 employees
 6.8% said 350-800 employees
 3.8% said 1000 or more employees
 10.6% missing data (n=31)

Of the total:

- a) Were any male perpetrators? Yes = 89.9% (Missing data = 10)
 b) Were any male victims? Yes = 71.0% (Missing data = 9)
 c) Were any female perpetrators? Yes = 67.4% (Missing data = 11)

d) Approximately what percent of the total were female victims?
 mean = 87.7 (SD=17.7) median = 95 range = 1-100 (Missing data = 15)

Distribution:

1.7% said 10 percent or fewer
 3.4% said 11-50 percent
 8.2% said 51-75 percent
 10.6% said 76-89 percent
 71.0% said 90 percent or greater
 5.1% missing data (n=15)

30) Approximately how many employees have you counseled in the past year for whom you know or suspect partner abuse was a problem?

mean = 20.6 (SD=39.1) median = 10 range = 0-500 (Missing data = 10)

Distribution:

31.4% said 5 or fewer (7 respondents said "zero")
 20.8% said 6-10
 22.2% said 11-20
 16.0% said 21-50
 4.4% said 51-100
 1.7% said 101-500
 3.4% missing data

31) What have been the most common presenting complaints of the individuals you have counseled for whom partner abuse was a problem? (Think of all clients you have ever seen for whom partner abuse was an issue -- whether you saw them in the past year or earlier.) Please check whether each of the following complaints did not occur, was rare, somewhat common, or very common as a presenting complaint among clients affected by partner abuse. (Circle one number for each.)

Percent Saying:

	didn't occur	rare	somewhat common	very common
a) partner abuse (Client stated this directly as a problem.)	5.5	44.0	39.2	10.2
b) marital problems	0.3	2.4	27.0	69.3
c) divorce/separation	0.3	7.8	43.0	47.1
d) stress	2.4	19.5	36.2	39.9
e) depression	2.4	28.3	37.5	29.7
f) substance abuse problem in spouse	0.7	7.2	35.5	54.6
g) substance abuse problem in client	3.1	27.3	42.7	25.3
h) poor job performance / absenteeism	6.8	39.6	39.9	12.6
i) Please note any other presenting complaints you have seen that are not listed here: Various answers - e.g., financial problems, child's behavior problem				

(No more than 6 respondents had missing data for Q31a-h.)

32) In your opinion, to what extent does being victimized by partner abuse negatively affect the following aspects of employees' work lives: (For each item, circle the corresponding number as to whether you feel the impact is none, minor, moderate or severe.)

	Percent Saying:			
	none	minor	moderate	severe
a) morale	0.7	6.5	37.9	54.3
b) absenteeism	0.3	8.9	56.0	34.1
c) productivity	.0	9.2	47.8	42.7
d) turnover	2.7	33.4	45.1	17.7
e) work quality	0	9.9	51.5	37.5
f) health costs	0	5.8	38.6	55.3
g) teamwork	0.7	19.8	53.6	25.3

(No more than 3 respondents had missing data for Q.32a-g.)

33) Have you dealt with any of the following types of circumstances? (For each item, check whether you have ever dealt with this type of case, and if so, whether this type of case has occurred in the past year.)

<u>Circumstance</u>	Ever Occurred?	Occurred in Past Year?
	<u>Yes (%)</u>	<u>Yes (%)</u>
a) an employee who had a restraining order against a partner or ex-partner	96.9	83.3
b) an employee who was being stalked at work by a partner or ex-partner	90.1	71.3
c) an employee who had to take time off to go to a shelter to escape an abusive partner	80.5	47.8
d) an employee who was physically assaulted by a partner or ex-partner at the work site	48.1	18.1
e) an employee who lost their job due to performance/attendance or other problems related to abuse	48.8	22.2
f) a case of partner abuse involving two individuals who work for the same company	70.3	42.7
g) an employee affected by partner abuse whose safety was improved through assistance from the EAP and/or other company departments	94.5	81.6

(No more than 13 respondents had missing data for Q33a-g.)

34) Have you received any education or training on the topic of partner abuse?

Yes = 86.3% (Missing data = 1)

35) Has your education/training on the topic of partner abuse included any of the following? (Check all forms of education/training you have received.)

38.1% lectures/seminars received during formal undergraduate or graduate education

29.6% lectures/seminars provided on-site at workplace

22.8% videos/films shown at workplace

77.2% seminars/lectures/conferences attended outside of work

31.9% experience working or volunteering at a shelter or other agency where you dealt with victims and/or perpetrators of partner abuse

72.6% self-directed readings

14.0% other

36) Overall, do you feel that your preparation to respond to clients affected by partner abuse is: (Check one.)

poor: 0.3% fair: 21.2% good: 51.5% excellent: 20.5% (Missing = 6)

37) Below is a list of topics related to partner abuse. For each item, please check whether you feel you have a good grasp of this topic and whether you would be interested in knowing more. (Check "yes" or "no" under each column for each item.)

<u>Topic</u>	Good Grasp?	Want to Know More?
	<u>Yes</u>	<u>Yes</u>
a) identifying partner abuse	85.7	82.6
b) assessing for partner abuse	78.5	84.0
c) making appropriate referrals	94.2	62.1
d) protecting your own safety when dealing with partner abuse cases	62.5	77.1
e) understanding the dynamics of abusive relationships	82.9	79.9
f) how to incorporate partner abuse into seminar programs on related topics (e.g., stress, personal safety)	46.4	84.0
g) understanding state and local laws relevant to partner abuse	58.7	80.5
h) overcoming personal barriers to working with abused people	83.6	58.4
i) understanding why women don't leave	89.8	63.8
j) coordinating response with criminal justice officials (e.g., police, prosecutors, courts)	48.8	79.2
k) relationships between partner abuse and workplace violence	63.8	84.0
l) relationships between substance abuse and partner abuse	96.6	59.0
m) relationships between partner abuse and other forms of family violence (e.g., child abuse)	87.4	75.1
n) coordinating response among corporate departments	49.8	79.2
o) issues for children in violent homes	63.5	83.3

(No more than 14 respondents had missing data on "good grasp"; up to 38 had missing data for "know more" questions.)

38) How often do you provide abused women with specific referrals to the following resources? By "specific" referrals, we mean an actual person or agency's name and/or phone number, not just a general suggestion that she, for instance, "get some therapy." (Circle one number for each.)

[Note: If you have not dealt with any women employees for whom partner abuse was an issue, check here and skip to question 39. Only 3 respondents checked here.]

<u>Resource</u>	never	rarely	sometimes	often
a) Hotline number	5.8	13.0	29.7	48.5
b) Shelter for battered women	2.7	7.8	36.9	49.8
c) Police, Sheriff	7.2	23.2	34.5	32.8
d) Courts or court advocates	12.3	29.7	33.4	20.8
e) Support groups	2.7	4.8	30.0	60.4
f) Individual therapy	1.0	5.1	27.3	63.5
g) Marital therapy	5.1	22.2	38.2	31.1
h) Batterer treatment groups	10.6	19.5	33.1	34.1
i) Books/readings on abuse	8.2	22.5	34.1	32.8
j) Books/readings on topics other than abuse (e.g., self-esteem, assertiveness)	6.8	17.4	38.6	34.8

(No more than 11 respondents had missing data for Q38a-j.)

39) To what extent do you feel that your own ability to respond thoroughly to abused clients is affected by the following potential barriers? Note whether you feel each factor is not a barrier, a minor barrier, a moderate barrier, or a major barrier. (Circle one number for each.)

<u>Factor</u>	not a barrier	minor barrier	moderate barrier	major barrier
a) costliness of the treatments that may be needed by clients	32.1	24.6	25.3	16.7
b) cases may require a lot of time and repeated contacts with the client	38.9	30.0	21.5	8.2
c) options available to the client under health insurance programs are too limited	14.7	18.8	27.6	37.5
d) community resources (e.g., shelter space) are too limited	15.7	27.3	32.4	23.2
e) follow-through by the criminal justice sector is inadequate	6.1	18.4	34.1	39.6

(No more than 5 respondents had missing data for Q39a-e.)

The following set of questions have to do with your company's response to the issue of domestic violence. These questions are for INTERNAL EAP professionals only. If you are responding to the survey as an external EAP professional, please skip to question 45.

A total of 161 internal EAPs responded to the survey.

[INT] 40) Does your company have any written policies or guidelines that explicitly mention domestic violence?

no: 75.2% yes: 13.7% don't know: 8.1% (Missing data = 5)

40a) If yes, please briefly describe these policies or guidelines:

Some respondents said these were under development; some that they were part of the workplace violence guidelines of the company. Few described separate domestic violence policies or guidelines.

[INT] 41) Does your company have any written policies or guidelines that explicitly mention workplace violence?

no: 19.9% yes: 72.0% don't know: 5.6% (Missing data = 4)

41a) If yes, please briefly describe these policies or guidelines:

"Zero tolerance"; "isn't tolerated"; "Under development";
"grounds for termination"

[INT] 42) To what extent do the following factors represent barriers to your company's ability or willingness to be more responsive to the issue of partner abuse as it affects employees? Note whether you feel each factor is not a barrier, a minor barrier, a moderate barrier, or a major barrier. (Circle one number for each.)

<u>Factor</u>	not a barrier	minor barrier	moderate barrier	major barrier
a) upper management's lack of awareness of the issue	15.5	27.3	23.6	29.8
b) concern that visible cases will affect the corporate image	29.2	28.6	21.1	16.8
c) unwillingness to address an "ugly" issue	28.6	22.4	25.5	19.3
d) fear of liability issues	20.5	26.7	21.7	26.1
e) concern that it will cost the company more money	25.5	28.0	23.6	18.6

(No more than 8 respondents had missing data for Q42a-e.)

[INT] 43) Does your company make available to employees any of the following:
(Check all that are provided.)

- 47.8% written brochures describing domestic violence services
 - 28.6% posters describing sources of help for abused people
 - 33.5% articles in company newsletters or other publications on sources of help for abused people
 - 34.2% seminars that describe help available if a person is in an abusive relationship even if the seminar itself is marketed as a seminar on "resolving conflict" or "improving family communication", etc.)
 - 19.3% training for supervisors and managers on how to recognize potential signs of partner abuse in employees
 - 26.1% other forms of education or outreach that would assist abused people;
- Please describe: Some respondents noted the importance of the EAP in responding to employees with problems relating to abuse.

[INT] 44) In company materials that inform employees about the services available through the EAP (e.g., brochures, employee manual etc.), is there any specific mention of "domestic violence", "family violence" or "partner violence" as an issue to which the EAP can respond? (Note: For this question, we are interested in whether there is specific mention of this topic, not reference to broader topics such as "marital problems" or "family issues.")

no: 60.9% yes: 32.9% don't know / not sure: 3.1% (Missing data = 5)

[EXT] 45) In marketing your services to client companies, how often do you make specific reference to "domestic violence", "family violence" or "partner abuse" as a problem with which some employees may need help? (Note: Do not count references to "marital problems", "family problems" or broader categories.)

(12 who checked "not responsible for marketing of company's services" are excluded.)

never: 12.6% seldom: 41.2% moderately often: 25.2% always: 18.5%
(Missing data=3)

46) Has response to partner abuse changed at all at your company in the past year?

yes: 28.0% (Missing data = 6)

46a) If yes, how? (Describe.)

Various answers. Many said "more awareness" or something similar.

46b) If yes, what motivated this change? (Describe.)

Various answers, including citations of "OJ" trial/publicity, increased occurrences, concern about workplace safety, increased awareness.

47) Have you seen more employees coming forward with the problem of partner abuse since the OJ Simpson case came to light?

no: 57.3% yes, a few more: 35.8% yes, many more: 4.1% (Missing data = 8)

48) Generally speaking, how good a job do you feel most larger companies in the U.S. (e.g., Fortune 1000) do in addressing partner abuse as an issue for their employees? (Check one.)

55.7% poor
32.9% fair
4.6% good
0.7% excellent
6.2% unknown (missing data)

49) Generally speaking, how good a job do you feel most larger companies in the U.S. (e.g., Fortune 1000) do in addressing alcohol abuse as an issue for their employees? (Check one.)

11.4% poor
41.7% fair
36.5% good
6.2% excellent
4.2% unknown (missing data)

50) Please tell us whether you agree or disagree with the following statements about yourself and your work: (Circle one number for each.)

Percent Saying:

<u>Statement</u>	strongly disagree	somewhat disagree	somewhat agree	strongly agree
a) I feel well prepared to identify abused women.	2.0	10.6	53.2	31.7
b) Dealing with abused women often makes me feel hopeless.	31.1	37.5	23.9	5.5
c) I see abused women who will not admit to being abused, even if I ask directly.	4.4	11.9	48.8	32.1
d) When I provide abused women with referrals, they usually follow through with them.	11.3	44.4	37.9	4.4
e) My employer is concerned about partner abuse as an issue for employed people.	15.3	28.7	31.9	19.5
f) I am not comfortable asking women about partner abuse unless they bring it up.	67.9	21.5	5.1	3.4
g) Partner abuse does not get as much attention in most EAP training as it should.	3.3	13.7	43.0	37.1
h) Abused women may not want to bring this problem to the EAP for fear it will somehow affect their employment.	3.9	18.2	51.8	23.8
i) I am comfortable asking men directly whether they are abusive toward their partners.	4.1	18.8	35.5	39.6
j) I feel that my personal experiences of abuse have made me a more effective counselor.	34.1	16.0	25.3	14.0
k) I feel I have personal "baggage" around the issue of partner abuse that reduces my effectiveness as a counselor.	77.8	14.7	1.7	0.7

(No more than 15 respondents had missing data for Q50a-i,k; for 50j, missing=31)

51) What, if anything, would help you to be more responsive to clients affected by partner abuse? Various answers. Most common were "more training", "more information"; "more community resources"

[INT] 52) Have you ever used the following types of policies to accommodate the needs of an employee affected by partner abuse?

<u>Policy</u>	<u>Yes</u>
a) Leave of Absence	67.1
b) Medical leave	68.3
c) Short-term disability	41.0
d) Family Leave Act	28.6
e) Americans with Disabilities Act	9.9

(No more than 20 respondents had missing data for Q52a-e.)

[INT] 53) Do you think that managers or supervisors may "bend the rules" a little to help people affected by partner abuse? This might include things like not reporting a few extra sick or absent days, or reducing someone's work load a bit while they are dealing with the stress of a violent home situation. How often do you think supervisors or managers at your company might assist abused employees in this way? (Check one.)

never: 2.5% rarely: 13.0% sometimes: 54.0% often: 21.7%

don't know or haven't heard of anyone doing these types of things: 6.8%

(Missing data = 3)

54) To what extent have you had contact with the criminal justice sector in responding to partner abuse cases? For each entity named, please note what degree of interaction you have had (if any) and how helpful they have been. (Circle one answer in each section. If you answer "no contact" on the left, leave the righthand column blank.)

<u>Entity</u>	<i>What amount of contact have you had with these respondents?</i>			<i>How helpful have they been?</i>			
	No contact (%)	Phone only (%)	In-person (%)	Not at all (%)	Slightly (%)	Moderately (%)	Very (%)
a) Police	40.4	40.1	16.0	4.1	36.1	39.1	20.7
b) Court advocates	49.2	30.9	16.0	2.8	25.7	44.4	26.4
c) Prosecutors/ District Attorneys	60.9	24.1	10.4	3.8	31.1	54.7	8.5
d) Judges	75.6	9.1	10.4	16.7	16.7	46.7	20.0

(No more than 15 respondents had missing data for Q54a-d.)

55) Have criminal justice officials of any kind ever provided trainings on partner abuse (e.g., briefings, seminars) to any of your company's staff?

yes: 10.1% no: 78.5% don't know: 9.8% (Missing data = 5)

55a) If yes, who provided the training (e.g., police, judge, etc.)?

Most common answer by far was "police".

55b) If yes, were these trainings helpful?

Of the 31 who had received training, 30 (96.8%) said it was helpful.

56) When dealing with an abused employee, how often do you describe restraining or protective orders as one alternative they might consider?

never: 0.3% rarely: 4.4% sometimes: 22.9% often: 71.3% (Missing data = 3)

57) Have you ever personally accompanied an employee to court to obtain a restraining or protective order?

yes = 14.0% (Missing data = 6)

57a) If yes, have you done this more than once?

Of those who answered "yes" to Q57 (n=43), 60.5% had done this more than once.

58) Have you ever been emotionally or psychologically abused by an intimate partner or ex-partner?

yes = 37.1% (Missing data = 3)

59) Have you ever been slapped, punched, kicked or otherwise physically attacked by an intimate partner or ex-partner? yes = 25.4% (Missing data = 4)

60) Have you ever been afraid of an intimate partner or ex-partner?

yes = 29.0% (Missing data = 5)

61) Did any of the following things occur to you as a child? (Check all that occurred.)

36.5%	emotional/psychological abuse	12.7%	sexual abuse
5.2%	serious neglect	15.6%	physical abuse
20.2%	witnessed one parent abusing the other		
11.1%	other things you consider abusive:		

Specify: Various answers, including "verbal abuse", "alcoholic home"

62) Do you have any specific suggestions for improving the extent to which companies recognize and respond to partner abuse as a problem that can affect their employees?

The most common answers here were "education"; "training"; "awareness".

Appendix B

Polaroid Corporation

Guidelines on Family Violence

GUIDELINES FOR PROVIDING ASSISTANCE
IN MANAGING FAMILY VIOLENCE SITUATIONS
INVOLVING POLAROID CORPORATION EMPLOYEES

INTRODUCTION

In 1985, the United States Public Health Service and the Surgeon General brought national focus on violence as a leading public health problem in this country. This epidemic of violence has spread to the work place, and these incidents have received intense media scrutiny.

Statistics from the National Institute of Occupational Safety and Health (NIOSH) show that murder is the third leading cause of death in the work place and the first among female employees. Recent statistics distributed by the Massachusetts Coalition for Battered Women's Service Groups, Inc., also show that every eight days a women is murdered by her partner and these women are employees of businesses throughout the state. While most companies have experienced threats of violence at some level, and Polaroid is no exception, the Occupational Health and Safety Act (OSHA) obligates employers to provide a safe and healthful work place.

PURPOSE

For several years the company has demonstrated a corporate level concern for the plight of battered women and abused children. The company also has made every effort to become educated about the devastating effects of spousal abuse on the health of employees and the cost to business. We have come to believe that it makes good business sense to develop guidelines on health and "bottom line" concerns on behalf of our employees and the company. As such, the following guidelines, based on existing Personnel Policies, are offered to employees, supervisors, managers, and Human Resource Administrators to assist employees in managing family violence situations.

WHEN AN ABSENCE IS NECESSARY

At times, an employee may need to be absent from work due to family violence, and the length of time should be determined by the individual's situation. This time period shall be determined through collaboration with the employee, supervisor/manager and the local Human Resources Administrator.

TIME OFF OPTIONS - WITH PAY

Employees, supervisors and managers are encouraged to first explore paid options which will help the employee cope with a family violence situation without having to take a formal unpaid leave of absence. This can be done by:

- arranging flexible work hours so that the employee can handle legal matters, court appearances, housing and child care
- keeping in mind that authorized time and a family emergency are paid time-off options to be considered, especially if requests are for relatively short periods. Absences should be limited to a maximum three-week period.

TIME OFF OPTIONS - UNPAID

An option for unpaid time off without taking a formal unpaid leave of absence is three weeks of authorized time no pay. This can be taken in either a three-week block of time or spread out over several weeks (totaling 15 days).

If an employee cannot establish a definite return to work date and requires more than three weeks of time off, a specific leave of absence may be considered.

RECOMMENDED PROCEDURES FOR SAFETY AND PROTECTION FROM FAMILY VIOLENCE SITUATIONS

DEFINITION

Family violence is any act of physical aggression that causes physical harm or any statement that could be perceived as an intent to cause physical or emotional harm. Examples would include, but are not limited to, homicide, assault and battery, rape, or stalking. Statistics note that most incidents of family violence are attributed to males, but no one should ignore the fact that such abuse can also be attributed to females or occur in same sex relationships.

HOW TO RESPOND

Employee

- Notify your supervisor/manager of the situation and the possible need to be absent.
- Discuss options available to you with your supervisor and Human Resources Administrator. Involve your local Employee Assistance Program (EAP) Counselor, if necessary.
- Be clear about your plan to return to work.
- Make arrangements for receiving your pay check while you are absent.
- Submit a recent photo of the abuser to Corporate Security so that a possible identification can be made if the abuser appears at your Polaroid work site.
- Maintain communications with your Human Resources Administrator throughout your absence.

Supervisor/Manager

- Be aware of unusual absences and/or behavior of employees.
- Be aware of signs of bruises to face, arms, etc.
- Consult with your local EAP Counselor and/or Human Resources Administrator to discuss your concerns and how to approach the employee.
- Maintain confidentiality at all times.
- Honor all civil protection orders. (i.e. vacate, restraining or no-contact orders or judgements in effect)
- Contact the local Corporate Security Office and make sure that the employee has provided the necessary information to help them protect him/her while at the work site.
- Be sensitive to the seriousness of the situation.

Human Resources Administrator

- Be a resource to both the employee and supervisor/manager in handling the situation. Follow recommended procedures and use appropriate resources.
- Contact the local EAP Counselor immediately.
- Develop a safety plan for the employee with the EAP Counselor.
- Handle communications with the employee during his or her absence.
- Work with the supervisor/manager on pay and absence arrangements.

Employee Assistance Program Counselor

- Be a resource to the employee, the supervisor/manager and the Human Resource Administrator.
- Collaborate with the Human Resource Administrator in all situations.
- Continue to be available during the employee's absence, including to make referrals to Community Family Violence Services.
- Develop a safety plan with the Human Resource Administrator. This safety plan should accompany the protection order once it is obtained.
- Maintain a liaison position between the local shelter staff and the corporation for the purpose of counseling needs.

ELEMENTS OF A SAFETY PLAN

- Review the travel route between the employee's home and work.
- Review safety of child care arrangements.
- Make sure that current civil protection orders are in place.
- Determine if substance abuse is involved.
- Make sure that Security has a picture of the abuser.
- Have an emergency contact person if the employee cannot be reached.
- Consider if health care is a concern (i.e., diabetes, AIDS, cancer). Shelter staff requires this information.
- Make sure that an address/phone number is provided to the company contact person.
- Review the safety of the employee's parking arrangements.
- Review the employee's work schedule with the supervisor/manager (in case you are being stalked).

RESOURCES

Employees who need help in dealing with abusive relationships are encouraged to contact the Employee Assistance Program (EAP) office at their work location or the corporate EAP office at (617) 386-8288.

The following community resources are available for your assistance:

Massachusetts Coalition Of Battered Women Service Groups, Inc. (617) 426-8492

Massachusetts Parental Stress Line 1-800-632-8188

CLOSING STATEMENT

It is the company's sincere hope that Polaroid employees take violence and the threat of violence seriously. All reasonable measures within established company policies and guidelines shall be used to protect employees and to create a safe working environment for everyone.

Appendix C

Polaroid Corporation

Chief Executive Officer (CEO) Project

CHIEF EXECUTIVE OFFICER'S PROJECT AFFILIATION AGREEMENT: PARTNERSHIP

Businesses agree to:

- (1) provide quarterly training for managers and supervisors concerning the cycle of violence and characteristics of battered women;
- (2) provide biannual luncheon seminars for employees;
- (3) develop a family violence protocol for employees;
- (4) participate in the CEO Project for a minimum of one year with a negotiated option for two years;
- (5) provide a shelter with in kind service, volunteers, employees' professional expertise and/or corporate financial support.

Shelters agree to:

- (1) collaborate with representatives from the victim witness office and local police departments to provide luncheon seminars and trainings for the business partner;
- (2) assist the business partner to develop a family violence protocol;
- (3) negotiate types of support desired from the business partner.

Polaroid agrees to:

- (1) identify business partners for shelters, visitation centers, parental stress line, and transitional houses;
- (2) match business partners and agencies;
- (3) introduce business partners and agencies for initial discussions.

TRANSITION HOUSE NEEDS:

1. the shelter painted;
2. space to hold training sessions for 30 shelter employees, three times annually;
3. job training and placement for shelter residents;
4. computer training for shelter staff and residents;
5. assistance developing a strategic business plan;
6. translation of written material from English to Spanish and Creole;
7. women mentors for shelter residents;
8. assistance planning their 20th anniversary dinner/fund-raiser;
9. legal consultation on contracts;
10. editing a videotape Transition House has regarding their program and family violence.

POLAROID CORPORATION WILL:

- have the manager of plant maintenance provide paint and volunteers to do the painting;
- obtain clearance from security, and provide conference rooms;
- train 100 women per year at Polaroid's training site "Inner-City";
- make space available in courses offered at the company's corporate training and development facilities;
- provide their senior education and training specialist to help put together a plan;
- provide a volunteer to translate literature;
- women in the company are requested to mentor residents ;
- corporate communications will coach Transition House staff about steps for planning events and obtaining space and guest/celebrity speakers;
- consider the possibility of lawyers being available to provide consultation;
- look into the possibility of corporate communications providing the assistance necessary to fulfill this request.

**POLAROID CORPORATION
NEEDS:**

1. luncheon seminars on family violence;
2. educational seminars on dating violence for employees and their families.

TRANSITION HOUSE WILL:

provide shelter staff to participate in lunchtime seminars on family violence;

provide evening seminars on dating violence for Polaroid employees and their families.

Newton-Wellesley Hospital and The Second Step, Inc.

The Newton-Wellesley Hospital and The Second Step Inc., wished to partner in the Chief Executive Officer's Project to improve the health status of community residents. This partnership works toward the fulfillment of Healthy People 2000, National Health Promotion and Disease Prevention Objectives. These services and protection objectives are: (1) reduce the frequency of battered women and their children who are turned away from shelters, (2) enhance the skills of healthcare professionals in the identification, treatment and referral of battered women.

THE SECOND STEP, INC. NEEDS:

1. access to wellness programs;
2. educational programs for residents and staff;
3. assistance locating employment for residents;
4. day care for children, especially children whose mothers are not yet working or in a training program;
5. medical care for children and adult residents;

NEWTON WELLESLEY HOSPITAL WILL:

- provide access to all wellness programs offered at the hospital including; self defense, CPR, quit smoking, personal fitness, stress management, meditation, yoga, and nutritional counseling;
- establish a speakers bureau, and provide program staff and residents access to continuing education programs at the hospital;
- provide a list of job openings and assistance from human resource personnel in developing interviewing skills, etc.
- explore the possibility of making space available in the Children's Corner (hospital's child care program);
- provide access to medical care, including; transportation to services, immunizations, and all appropriate screenings;

**THE SECOND STEP, INC.
NEEDS:**

6. assistance with fund-raising activities;
7. assistance providing residents with gifts at holidays, food, and clothing;
8. volunteers to help with needs of the program and it's residents;
9. assistance educating the community about needs of battered women, including their need for housing.

**NEWTON WELLESLEY
HOSPITAL NEEDS:**

1. Training about family violence from health care professionals;
2. consultation on health education and publicity related to family violence;
3. consultation to the hospital's family violence grand rounds;
4. assistance identifying speakers on family violence;
5. program staff to participate in the hospital's family violence advisory committee and the CEO Project advisory committee.

**NEWTON WELLESLEY
HOSPITAL WILL:**

- assist with fund-raising activities including offering expertise of the development office i.e. planned giving;
- involve hospital employees in food and clothing drives and donations;
- assist in the recruitment of volunteers to help with child care, facility maintenance, and moving of furniture when women move to new apartments;
- advocate in Newton for adequate housing for battered women.

**THE SECOND STEP INC.
WILL:**

- assist the hospital in training health care professionals in the identification of battered women;
- serve as consultants to Newton Wellesley hospital;
- serve as consultants;
- help to locate and provide speakers;
- provide staff to attend the meetings.