

EASING THE RETURN TO NORMALCY: REINTEGRATING  
VICTIMS OF DOMESTIC VIOLENCE  
INTO THE WORKPLACE

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A Thesis Submitted to the Faculty of the University of  
Tennessee at Chattanooga in Partial  
Fulfillment of the Requirements of the Degree  
of Master of Science: Psychology

The University of Tennessee at Chattanooga  
Chattanooga, Tennessee

May 2021

## ABSTRACT

The present study aimed to provide actionable solutions to organizations regarding how they can best help reintegrate victims of domestic violence into the workplace following a domestic-related incident. Study one surveyed 59 domestic violence survivors using open-ended questions regarding what their organizations did well and/or could have done better to help reintegrate them. Through directed and conventional content analysis, five key themes emerged for how organizations can demonstrate support: safety, emotional support, resources, work modifications, and general perspectives/additional information. Study two turned the key themes from study one into potential recommendations and then interviewed five Human Resources professionals to assess which recommendations would be feasible to implement in their respective industries. All five interviewees provided additional recommendations based on what they have seen implemented in their organizations. Both studies highlight how important it is for organizations to demonstrate support for victims before, during, and after an incident occurs.

## DEDICATION

This thesis is dedicated to my amazing boyfriend, Mark, who has been my biggest supporter and champion throughout our entire relationship, but especially these past two years. Your unwavering support means the world to me and you never fail to make me feel like I can accomplish anything. I, and all the domestic violence victims in the workplace that this study will help, thank you for the hours you spent listening to me read through my paper and watching me practice my proposal and defense. I wouldn't have made it this far without you. I love you.

## ACKNOWLEDGEMENTS

From the bottom of my heart, thank you to Dr. Alexandra I. Zelin for helping me turn a small idea I had two years ago into a successful study that will have a long-lasting impact on domestic violence survivors. You have helped me become not only a better researcher and professional, but an all-around better person and advocate. I would also like to thank Drs. Kristen J. Black and Hannah Osborn for their support and unique perspectives they offered throughout the research process. I am so grateful to have had a committee made up of strong, intelligent women. Finally, I would like to thank my family and friends for their patience, various contributions to the study, and commitment to understanding how they can use these findings in their own workplaces.

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## LIST OF ABBREVIATIONS

DV, Domestic Violence

PTSD, Posttraumatic Stress Disorder

I-O, Industrial – Organizational

HR, Human Resources

RTW – Return to Work

MSD – Musculoskeletal Disorder

VSST – Veteran-Supportive Supervisor Training

FJC – Family Justice Center

EAP – Employee Assistance Program

MHAT – Mental Health Awareness Training

## CHAPTER 1

### INTRODUCTION

Globally, and specifically in The United States, domestic violence (DV) is a major public health crisis (Lagdon et al., 2014; World Health Organization, 2017). There is an ever-growing body of literature regarding the prevalence of DV, especially in counseling journals (e.g., Bohall et al., 2016; Jacob, 2013), but there is a considerable lack of research on how DV can impact employees and their organizations in business-oriented journals. Specifically, DV is not simply an “at home” problem and the effects of DV on victims can, and usually do, translate into the workplace (Lloyd, 1997; Reeves & O’Leary-Kelly, 2009). The present study addressed the gap in knowledge regarding how to best reintegrate victims of DV into the workplace. Additionally, this study provides recommendations for organizations regarding successful reintegration practices based upon the type of job. For the purposes of the present study, reintegration is defined as assisting victims of DV as they return to work after a DV-related incident or providing resources for and helping victims that may not have left the organization due to their incident but need ongoing organizational support. Some victims may not disclose their abuse to their organization, but they may still want or need the resources and policies the organization offers; therefore, the final list of recommendations can be useful for current victims that both do and do not disclose their abuse as well as for future victims.

## **Definitions and Prevalence of Domestic Violence**

The World Health Organization (2017) identifies DV as “behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors.” DV affects individuals from all backgrounds regardless of race, gender, age, sexual orientation, or religion (World Health Organization, 2017). Approximately one in three women and one in ten men experience DV within their lifetime (Huecker & Smock, 2019). In 2017, the most updated report available, the state of Tennessee reported a total of 77,846 non-fatal domestic-related incidents with simple assault being the most reported offense accounting for 67% of all reported cases (Tennessee Bureau of Investigation, 2018b). Simple assault is a physical attack against another individual without the use of a weapon and when the victim does not sustain severe and obvious bodily injuries (Tennessee Bureau of Investigation, 2018a). The second and third most reported offenses were aggravated assault (14.8%), or an attack when the offender uses or displays a weapon and the victim receives obvious and severe injuries, and intimidation (13.4%), which is defined as placing another individual in reasonable fear of bodily harm through threats (Tennessee Bureau of Investigation, 2018a, 2018b). Additionally, there were 81 DV-related murders in Tennessee that same year (Tennessee Bureau of Investigation, 2018b). In 2013, the most updated report available, Hamilton County, Tennessee reported a total of 2,883 DV-related incidents with 70.59% of reports identified as simple assault (Chattanooga-Hamilton County Health Department, 2015).

Unfortunately, the present circumstances surrounding COVID-19 and the mandatory shelter-in-place orders in effect throughout the United States have led to an increase in DV rates (Campbell, 2020). For example, Nashville, Tennessee, the state’s capital, has seen a 600%

increase in DV related homicides between March 23, 2020 (when the city's shelter-in-place order began) and July 10, 2020 compared to the same time frame in 2019 (Breslin, 2020). Specifically, Chattanooga, Tennessee saw a 24% increase in DV reports in March of 2020, when the city's mandatory shelter-in-place began, compared to March of 2019 (Hughes, 2020). Typically, victims are able to seek a reprieve from perpetrators by going to work, walking around the community, visiting a friend/relative, or reaching out to community resources, but widespread closures have forced victims to endure staying at home with their abuser for longer periods of time. As has been demonstrated by DV research following a natural disaster, stress associated with natural disasters or large, unprecedented events (e.g., an international pandemic) can lead to higher rates of DV (Abramson, 2020). As the number of COVID-19 cases decreases and the United States attempts to reopen businesses, victims will eventually be returning to work. Although the circumstances surrounding the increase in DV rates are unprecedented, now is the most opportune time for organizations to demonstrate their support for victims of DV by implementing reintegration policies.

It is also imperative to note that DV is more prevalent than what is represented in national and local statistics due to underreporting, which often occurs due to shame, fear of retaliation from the abuser, or to protect the abuser (Reaves, 2017). Additionally, underreporting is predominant in victims from ethnic minority populations, potentially due to community influence and beliefs, and in more extreme situations, concerns about immigration laws if not a natural-born citizen (Femi-Ajao et al., 2020). Because of underreporting, it is likely that employers may not realize how many of their employees have experienced DV. As such, developing a program to help reintegrate victims of DV into the workplace may not appear to be as profitable or beneficial; if the number of DV victims is low, spending money on such a

program rather than having a case-by-case basis may appear more costly. The present study argues that attention to DV victims in the workplace is a necessity due to the sheer number of victims and the impact that victimization has on both work and non-work related outcomes. Organizations also have a unique opportunity to offer support to a population that is not typically recognized in the workplace. Additionally, as mentioned previously, with the significant increase in DV as a result of COVID-19 (Stanley, 2020), the impetus for organizations to develop reintegration policies is critical.

### **Indicators of DV**

There are many indicators that an individual may be experiencing DV, but physical signs are the most common to recognize. Typically, women victims of men abusers have more severe physical injuries due to their smaller size and men's greater strength (e.g., bruising, broken bones; Arias & Corso, 2005). While physical violence is the most easily identified sign by those outside of the relationship due to bodily harm of the victim, abusers often psychologically and emotionally injure their victims as well. The Domestic Abuse Intervention Programs (n.d.) office developed the Power and Control Wheel to explain the tactics abusers often use in combination with physical and sexual violence to achieve more power and control in the relationship (see Appendix B). More specifically, the Wheel focuses on how abusers use eight different tactics to intimidate their victims into staying in the relationship. While originally created specifically for women abused by men abusers, the Wheel can be applied to all victim/perpetrator dyads (e.g., men abusing men). The inside of the Wheel represents the eight tactics abusers use to gain power over and control their victims, such as through economic abuse, children, isolation, emotional abuse, and intimidation (Domestic Abuse Intervention Programs, n.d.). For instance, power and

control using children can include threatening to take the child(ren) away from the victim. While some of the eight tactics may also be present in non-abusive relationships, when those tactics are present in conjunction with physical and/or sexual violence, the victims are forced to respond differently than if abuse was not present. For example, a parent threatening to take a child away from an unfit parent is different than an abuser threatening to take a child away if the victim wants to leave the abusive relationship. The unfit parent may respond by seeking help from outside sources to become a better parent and therefore see their child again whereas the victim would be forced to stay in an abusive relationship to continue seeing their child.

From a mental and emotional health perspective, the mental and emotional health effects of DV on victims are long-lasting and often continue even after the physical effects have disappeared and/or the relationship has ended. DV has been directly linked to depression and increased risk of suicide (Abrahams, 2010; Caldwell et al., 2012; Chang et al., 2014; Crawford et al., 2009; Dutton et al., 2006; Lagdon et al., 2014; Stein & Kennedy, 2001; Winstok & Straus, 2014), posttraumatic stress disorder (PTSD; Caldwell et al., 2012; Dutton et al., 2006; Lagdon et al., 2014; Stein & Kennedy, 2001), anxiety (Abrahams, 2010; Caldwell et al., 2012; Lagdon et al., 2014), and substance abuse (Caldwell et al., 2012; Dutton et al., 2006; Lagdon et al., 2014). In many instances, the effects of DV are often comorbid, meaning that two or more of the effects are present in victims at the same time and often occur together (e.g., a victim might suffer from PTSD and anxiety).

DV researchers have attempted to uncover the effects of various types of violence against victims to determine if certain types of violence have more long-lasting negative impacts (e.g., Lagdon et al., 2014). For instance, some researchers found that psychological violence, as opposed to sexual and physical violence, is a stronger predictor of PTSD, is more likely to lead

to anxiety (Lagdon et al., 2014), and uniquely contributes to overall poorer health in victims compared to nonvictims (Dutton et al., 2006). This finding demonstrates that psychological violence in DV relationships may be especially detrimental to victims' overall health. Other forms of violence, such as physical violence, may also impact psychological effects, such as a victim developing anxiety about missing work after a DV incident places them in a hospital for an extended recovery stay. As such, the present study focuses on all types of DV and does not attempt to categorize certain types of DV as more harmful than others.

While DV is perpetrated between partners and/or ex-partners, the present study proposes that the act itself and the effects of DV often translate into the victims' workplace via work-family conflict theory, which proposes that stress and strain at home can carry over into the workplace (Bakker et al., 2008; Frone et al., 1992) and may have negative consequences for both the victim and the organization. Furthermore, it is clear that DV involves more than just physical violence, and additional psychological impacts can negatively affect workplace performance without proper support from the organization (e.g., an employee with depression does not just leave their depression at the door when entering their workplace).

### **Domestic Violence and its Workplace Impact**

The most thoroughly documented instance of DV directly entering the workplace is when abusers are physically present on workplace premises. Raphael (1997) noted newspapers continually write stories about women being injured or killed at their place of work by ex-partners. Additionally, in a study of over 2,400 employees, Reeves and O'Leary-Kelly (2009) found that over 20% of respondents that were being currently victimized admitted to some form of DV occurring on the workplace property.

However, some abusers use tactics to prevent the victim from going to work altogether. For instance, perpetrators of domestic abuse may try to prevent victims from attending work by cutting up the victim's work clothes, taking away child care or transportation, or keeping the victim up all night fighting so they are too tired to go to work in the morning (Lloyd, 1997). Victims may also miss work due to being hospitalized, receiving medical care, receiving counseling services, or attending legal meetings (Arias & Corso, 2005). When victims are able to attend work, they are likely to be distracted from their job duties because they are focused on their home life; Raphael (1997) noted that victims can suffer from PTSD, anxiety, or depression, which reduces productivity at work. While experiencing abuse at home can be detrimental to an employee's overall well-being, it is likely that how the employee is treated in the workplace in response to their situation can also contribute to higher levels of anxiety and depression as well as reduced productivity.

Having absent and distracted employees is costly for organizations. While evaluating the various costs per victim and the economic burden of DV on society, Peterson et al. (2018) found that the average cost associated with lifetime productivity losses per woman victim was \$36,065 and \$14,291 in productivity losses for men victims. The research also indicated that DV is gender asymmetric (i.e., women victims experience higher lifetime costs associated with DV than men victims) by showing that the average lifetime cost (i.e., productivity losses, medical expenses, mental health services, legal proceedings, etc.) per man experiencing at least one DV incident is \$23,414 but is \$103,767 for a woman victim (Peterson et al., 2018). Due to the various means perpetrators use to interfere with the victim's employment, victims are often unable to hold employment over long periods of time, whether by resignation or being laid off (Swanberg et al., 2005). Therefore, it is important for organizations to have policies in place to

better reintegrate victims of DV (both victims that missed days and victims that continue working) compared to losing them and paying the costs associated with the attraction and selection of a replacement (Gatewood et al., 2011).

### **Type of job**

It may be likely that certain job types and industries that offer various benefits to their employees are better able to demonstrate support for and properly reintegrate victims following a DV incident. For example, offering benefits (e.g., health insurance), offering developmental opportunities (e.g., support for continuing education), offering salaried pay as opposed to hourly, and having an in-house Human Resources (HR) department may impact the support organizations are able to offer. The main goal of the listed offerings is to reduce turnover and ultimately save the organization money. First, if victims of DV have benefits to use through their organization (e.g., counseling services or medical coverage), they may be more likely to stay to continue receiving those benefits. Offering benefits to employees not only leads to healthier employees because regular check-ups are covered, but also reduces turnover and increases job performance and satisfaction (Dulebohn et al., 2009). This is because offering benefits creates employee loyalty to the company and a desire to produce quality work (Pratt, 2013). Health insurance may be especially beneficial to victims that are experiencing physical abuse. Second, in regards to professional development, Fleischman (2019) stated that Forbes found 86% of employees would change jobs/organizations if it offered more professional development. It is possible that if DV victims work for an organization that offers professional development opportunities, they may be less likely to leave following a DV incident because professional

development helps with long-term career goals and, in turn, may offer the victim financial stability should they choose to leave the abusive relationship.

Third, salaried employees may be more likely to retain work following a DV incident compared to their hourly counterparts because their rate of pay would remain the same if they opted to work reduced hours whereas hourly employees would lose money and potential overtime. Lastly, having an on-site HR department is the first step to promoting the company's culture (Schooley, 2020). If the organization wants to provide reliable access and assistance for employees regarding various workplace issues and employee problems, having a representative that is in-person is important.

Additionally, and specifically related to Industrial-Organizational (I-O) Psychology, one common theme found among the I-O literature, especially research regarding work-family overlap, is the significant underrepresentation of blue-collar and low-income individuals in empirical studies (Cowan & Bochantin, 2011). Current work-family conflict research that has studied both white-collar and blue-collar industries has demonstrated that blue-collar employees require different resources to better manage their work-family balance because they have fewer formal policies and procedures compared to their white-collar counterparts (French & Agars, 2016; Lefrançois et al., 2017). For example, blue-collar workers often work hourly, shift work as opposed to a salaried 9 AM to 5 PM position, and they tend to rely more on coworkers to cover their shifts instead of using allotted paid/unpaid time off (French & Agars, 2016). Therefore, it is likely that blue-collar victims of DV will need different resources and reintegration practices than white-collar victims. One goal of the present study is to provide a wide range of suggestions for organizations to implement in order to increase the chances of helping all victims of DV regardless of their type of employment.

## **Reintegrating Employees into the Workplace**

A reintegration or return to work (RTW) program includes a step-by-step evaluation to determine if an injured or ill employee can return to work in a limited capacity while still recovering (Howard et al., 2009), and, as such, can apply to victims of DV. The majority of RTW programs were created to reduce both direct and indirect costs for the employer associated with employees receiving workers compensation for an injury that occurred on the job (e.g., chronic pain, plans for veterans; Baril et al., 2003; McLaren et al., 2017). If the injured or sick employee can return sooner, even if just part-time or with reduced work activities, the cost associated with productivity loss and paid time off is lower for the organization. Because there is an additional cost associated with implementing a RTW program, such as creating more ergonomic working conditions or restructuring jobs, programs are most often adopted and supported by large, self-insured companies (McLaren et al., 2017). Despite the initial cost of implementation, RTW programs can reduce costs for the organization associated with lost time, and can also improve workplace morale, communication, and trust, which in turn can reduce costs associated with turnover (Baril et al., 2003). In the present study, reintegration is geared towards victims that missed work for an extended period of time due to a domestic-related incident and towards those that may not have missed a lot of work but need ongoing support and resources.

Currently, there are no known reintegration programs that are geared towards victims of DV. Although Washington D.C. has implemented the Accrued Sick and Safe Leave Act of 2008, which allows full- and part-time employees, including tipped employees, to receive paid leave for issues pertaining to DV, it is unclear how effective the legislation has been for victims. It is

also unclear how victims that have utilized this Act were helped to reintegrate by their organization, supervisors, and coworkers once they returned to work.

Because there are no known reintegration programs for DV victims, I present other types of RTW programs implemented within organizations. The goal of this section is to describe the effectiveness of these programs and what needs to be present within the organization for success (e.g., supervisor support). I specifically present RTW programs available for employees that suffer from chronic pain or musculoskeletal disorders (MSD) and for veterans reintegrating into civilian life.

### **Chronic Pain/Musculoskeletal Disorders**

Work-related MSD occurs in the soft-tissue of the neck, back, and upper limbs and is caused by repetitive strain and motion (Baril et al., 2003). Howard et al. (2009) developed a RTW program for individuals suffering from MSD in which MSD patients participated in a functional restoration program that offered physical and occupational therapy and counseling services. Furthermore, these individuals were able to participate in modified job duties and hours to best compliment their recovery needs. Overall, the patients that were classified as presentees (i.e., those who returned to work following their injury and worked part-time or modified jobs until they were ready and able to return to their original position and duties) were 1.7 times more likely to return to work and 1.6 times more likely to retain work at the one-year follow up than their absentee counterparts. The researchers also found that those considered presentees were more likely to be white, women, and working in white-collar jobs (Howard et al., 2009). The successful findings of Howard et al. (2009) suggest that when victims of DV return to work,

even in a limited capacity (e.g., less strenuous duties, shorter working days), they may be more likely to retain work following their DV incident.

## **Veterans**

RTW programs that have received a lot of attention involve helping military veterans return to work as civilians (e.g., Hammer et al., 2019). When military personnel are discharged, they must begin the reintegration process back into civilian life. In some instances, the reintegration process can be difficult for service members due to the differences between military culture and civilian culture. Examples of post-deployment difficulties include PTSD, substance abuse, other mental health problems, and unemployment, all of which can be worsened by poor reintegration (MacLean et al., 2014). In an attempt to decrease veteran unemployment and negative health outcomes, Hammer et al. (2019) developed the Veteran-Supportive Supervisor Training (VSST) to help civilian supervisors understand how skills learned in the military can translate to civilian jobs. The VSST training taught supervisors eight supportive behaviors (e.g., providing resources, emotional support) and provided them with information on potential concerns for veterans that served in combat. They found that the VSST was only useful for improving work and health outcomes in participants when there was already high levels of veteran support in the organization before the trainings occurred. As such, for VSST to be successful, the organization, including managers, needed to value veterans within the workplace. These findings highlight the importance of not only supervisor support, but the entire organization's support, for proper reintegration for victims of DV.

## **Similarities in Programs**

Existing RTW programs have common underlying themes that have made them successful in reintegrating employees, such as providing coworker, supervisor, and organizational support. Support from one's coworkers is important for the success and sustainability of the program. In a qualitative study of 30 coworkers of employees who were returning to work, Petersen and colleagues (2016) demonstrated that coworkers are most likely to be supportive when the returning workers' limited duties do not subsequently increase their daily workload, when the returning worker is seen as experienced and respected, and if they believed the worker needed assistance (versus if they perceived their coworker was faking the circumstance). With regard to coworker support of RTW programs for DV victims, this could mean willingly taking on more job responsibilities while the victim is recovering or missing work for court related reasons or it could mean voluntarily learning what resources the organization offers in the program in case a peer does disclose to them. It could also mean reframing how the victim of DV is discussed in the workplace, which ensures that DV is considered a real issue and not one that people are likely to fake. However, it also needs to be taken into account that coworkers may not be able to know about the DV and thus might make it more difficult to identify who needs the DV RTW program.

In general, while it is important to have support from coworkers and supervisors after returning to work, having the support of the organization is the most influential predictor of employee well-being (Reeves & O'Leary-Kelly, 2009). This is evidenced by the fact that the VSST mentioned earlier was only successful in organizations that had a high baseline of support for veterans (Hammer et al., 2019). When victims are not reintegrated properly, the loss in productivity, increase in absences, increased thoughts of leaving, and overall lack of well-being

on the victim's behalf can be costly for the organization. In sum, organizations that implement reintegration programs or have strong support systems for victims of DV will demonstrate support for their employees and will also save money in the long-run.

## CHAPTER II

### STUDY ONE

#### **Purpose of Study One**

This study addressed the current gap in knowledge regarding how to best help victims of DV return to work and the differences between reintegration practices based upon industry type. How a company reintegrates victims into the workplace is pivotal in whether the employee continues to succeed in recovery or struggles to maintain a positive work-life balance. It was expected that most recommendations would be universal in their application but that some recommendations would differ slightly or altogether based upon the victim's job industry and what resources were already in place (e.g., an in-person HR department).

Research Question 1: From the perspective of DV victims, what are the best methods organizations can utilize to help victims of DV reintegrate into the workplace?

#### **Methods**

##### **Participants**

This research was intended to be conducted in partnership with the Family Justice Center (FJC) located in Chattanooga, Tennessee. The FJC is a free and confidential service provider for residents of Hamilton County, TN, and their offered services focus on family violence, human trafficking, and elder abuse. However, due to the coronavirus pandemic, in-person visitation to

the FJC was limited for clients and in turn limited the potential participant pool. Instead, the survey link was distributed via various social media platforms (e.g., Facebook, Reddit pages). A survey was the most appropriate methodological approach because it allowed for qualitative answers regarding participants' reintegration experience since in-person interviews were not feasible during the pandemic. The participants were recruited on a volunteer basis but had a chance to earn one of four \$25 Amazon gift card at the end of the survey.

There were a total of 106 respondents. Five respondents were removed for not answering the informed consent, three removed for being under 18, and 39 removed for not being employed at the time the domestic-related incident occurred for a total of 59 participants. Out of the 59 participants, 71% identified their gender as women, 22% as men, 5% as gender non-binary, and 2% as transwomen; 76% identified their biological sex as female and 24% as male. Additionally, 76% of participants identified their sexual orientation as heterosexual, 17% as bisexual, 4% as gay or lesbian, and 3% as pansexual. The majority of participants (87%) were White, 5% were Black or African American, 3% were American Indian or Alaska Native, 2% multiracial, 2% Hispanic, and 1% Asian. Participants ranged in age from 18 to 62 with the average age of participants being 34 years old ( $SD = 9.00$ ). When asked about their highest level of education, 35% of participants had their Bachelors, 21% had some college education, 11% had their Masters, 9% had their Associates, 7% had a high school diploma, 7% had a professional certificate, 5% had a Doctorate, 3% had trade/vocational/technical schooling, and 2% responded N/A. Finally, participants provided the following personal income ranges: 32% less than \$20,000, 11% between \$20,000 and \$34,999, 21% between \$35,000 and \$49,999, 14% between \$50,000 and \$74,999, 13% between \$75,000 and \$99,999, and 9% over \$100,000.

## **Procedures**

The respondents first answered whether or not their current or previous partner had/has ever done one or more of the behaviors retrieved from a checklist on the National Domestic Violence Hotline's website (see Appendix C). This DV checklist was the best option for determining if DV had occurred in the past or was currently occurring because of the possibility that some participants were not aware of what constitutes DV. The checklist allowed us to identify which type of abuse was present and provided a more comprehensive picture than just asking if they had ever experienced DV. If none of the items on the checklist were selected, the participant was directed to the end of the survey. If the respondent indicated that they had experienced at least one of the items, they were directed to complete the rest of the survey. If the respondents answered that they returned to work after one or more of the behaviors occurred, the survey continued to ask questions to assess their job industry/type, how comfortable they felt returning to work, if they told anyone in the workplace about the incident(s), and what the organization either did well or could have done better to ease their return. If the respondents answered that they did not return to work, the survey asked why they did not return and what their organization could have done better to encourage their return.

## **Materials**

### ***Checklist***

A list of items indicating warning signs of DV was used to assess the presence or previous experiences of DV. The checklist was adapted from the National Domestic Violence Hotline's (n.d.) signs of an abusive relationship, and it included items regarding physical abuse,

emotional abuse, sexual abuse and coercion, reproductive coercion, financial abuse, and digital abuse. The FJC also uses the checklist during their victim intake sessions. Some of the items included were, “Pressures you to use drugs or alcohol” and “Stops you from seeing your friends or family members.”

### ***Additional Questions***

In order to assess job industry/type, respondents were asked a series of questions to assess the types of resources that were provided to them by their organization. Examples of the questions asked include, “Did your organization have an in-person Human Resources department” and “Did you receive benefits (examples – health insurance or retirement plans) through your job.”

### **Analysis**

After data collection, I first conducted descriptive analyses for demographic information to gather percentages (e.g., which DV behaviors from the checklist were most commonly identified). Then, I conducted qualitative data analysis. Since I had a basic understanding of currently successful reintegration programs from other domains but was expecting new themes to emerge, I used a mix of both directed content analysis and conventional content analysis (Hsieh & Shannon, 2005). Directed content analysis is used when some prior research exists (e.g., return to work programs for veterans) but is incomplete and can be expanded upon, which in the present study was used to create a list of recommendations to reintegrate victims of DV (Hsieh & Shannon, 2005). Current RTW programs have demonstrated that organization and coworker support are crucial for a successful return; therefore, “support” was coded as one category, but I

expected other themes to emerge, specifically themes that differed based on the industry. Since prior research on RTW programs has not specifically focused on victims of DV, I used conventional content analysis to complete the rest of the qualitative coding. Conventional content analysis entails having little to no preconceived categories and letting categories emerge from the data (Hsieh & Shannon, 2005).

I conducted the qualitative analyses by reading through all of the responses and noting every detail that emerged that would aid in answering the research question. An experienced professor also did an initial read through. The notes made by both of us became my first level codes. I then moved the first level codes into a separate spreadsheet to condense them into meaningful themes and to assess how many participants indicated each code. Once I had created my themes, I conducted reconciliation coding with a fellow graduate student that was not familiar with the topic or qualitative research. I asked this student to choose which themes they believed fit each response and once complete, we discussed any differences between our responses.

### CHAPTER III

#### STUDY ONE RESULTS

Out of the 16 items on the DV checklist, the most common items selected were, “Insult, demean, or embarrass you with put-downs” (86.44%) and “Act like the abuse is no big deal, deny the abuse or tell you it’s your own fault” (81.36%). The least common items selected were, “Attempt to force you to drop criminal charges” (15.25%) and “Intimidate you with guns, knives or other weapons” (23.73%). All checklist items and their prevalence appear in Table 3.1.

Table 3.1 Respondent’s Answers to Indicators of Domestic Violence

<b>Domestic Violence Indicator</b>	<b>N</b>	<b>Percentage</b>
Insult, demean, or embarrass you with put-downs?	51	86.44%
Control what you do, who you talk to or where you go?	42	71.19%
Look at you or act in ways that scare you?	42	71.19%
Push you, slap you, choke you, or hit you?	40	67.80%
Stop you from seeing your friends or family members?	38	64.41%
Control the money in the relationship? Take your money or Social Security check, make you ask for money or refuse to give you money?	23	38.98%
Make all the decisions without your input or consideration of your needs?	26	44.07%
Tell you that you're a bad parent or threaten to take away your children?	21	35.59%
Prevent you from working or attending school?	18	30.51%
Act like the abuse is no big deal, deny the abuse or tell you it's your own fault?	48	81.36%
Destroy your property or threaten to kill your pets?	31	52.54%
Intimidate you with guns, knives or other weapons?	14	23.73%
Attempt to force you to drop criminal charges?	9	15.25%
Threaten to commit suicide, or threaten to kill you?	29	49.15%
Pressure you to have sex when you don't want to or do things sexually you're not comfortable with?	35	59.32%
Pressure you to use drugs or alcohol?	21	35.59%

Note. Percentages add up to more than 100% because participants could select multiple answers. N = 59.

The most commonly reported industries were accommodation and food services (17), professional, scientific, and technical services (7), and the retail trade (6). The full breakdown of job industry is presented in Table 3.2. While there was a smaller percentage of employees indicating that they were salaried employees (41%) compared to hourly employees (59%), there was an almost even split between employees that did (54%) and did not receive benefits (46%; e.g., health insurance or retirement plans) and employees that were (46%) and were not given developmental opportunities (54%; e.g., tuition reimbursement or training). Additionally, 58% of respondents had an in-person Human Resources department, and out of the 42% of respondents that did not have an in-person HR department, only six (26%) were offered contact information

for someone that could answer their employment related concerns. Unfortunately, with this mixed information, there were not enough participants to create separate recommendation lists based upon job industry or type.

Finally, for the prompt “I felt comfortable returning to work,” 16.98% (9) of respondents indicated they strongly disagreed, 30.19% (16) disagreed, 11.32% (6) were neutral, 15.09% (8) agreed, and 26.42% (14) strongly agreed. Out of the 22 respondents that felt at least somewhat comfortable returning to work, only two of them had an in-house HR department, were salaried, had benefits, and were offered development opportunities, and three additional respondents answered the open-ended questions with how supportive their organizations were. The remaining 17 respondents that did not have all four formal resources or specifically indicate that their organization was supportive either did not answer the open-ended questions or did not provide answers for what their organization could have done better. In sum, they did not have a supportive organization, resources, or benefits but still felt comfortable returning to work. This may indicate that organizations are demonstrating support and helping victims feel comfortable returning through other means besides the four identified resources or that the need to seek a reprieve from their abuser by going to work outweighs the lack of a supportive work environment.

Table 3.2 Respondent’s Industry Type

<b>Industry</b>	<b>N</b>	<b>Percentage</b>
Accommodation and Food Services	17	28.81%
Administrative and Support Services	3	5.08%
Agriculture, Forestry, Fishing, and Hunting	1	1.69%
Arts, Entertainment, and Recreation	2	3.39%
Construction	1	1.69%
Educational Services	5	8.47%
Finance and Insurance	5	8.47%
Government	3	5.08%
Health Care and Social Assistance	4	6.78%
Information	0	0.00%
Management of Companies and Enterprises	2	3.39%
Manufacturing	2	3.39%
Mining, Quarrying, and Oil and Gas Extraction	0	0.00%
Other Services (Except Public Administration)	3	5.08%
Professional, Scientific, and Technical Services	7	11.86%
Real Estate and Rental and Leasing	2	3.39%
Retail Trade	6	10.17%
Transportation and Warehousing	2	3.39%
Utilities	0	0.00%
Wholesale Trade	0	0.00%

Note. Percentages add up to more than 100% because participants could select multiple answers. N = 59.

For the prompt, “Please specify what your organization did to ease your return to work,” we determined that the themes present were safety, emotional support, resources, and work modifications, and for the question “What could your organization have done better to ease your return to work,” the themes present were also safety, emotional support, resources, and work modifications with the addition of general perspectives/additional information. It is important to note that not all respondents answered the open-ended questions, but some respondents did provide more than one example/suggestion in their responses. Eleven participants responded with ways that their organization helped to reintegrate them and 36 participants responded with what their organization could have done better.

## **Safety**

Safety includes all tangible solutions the organization could provide to make the employee feel safe and not at risk from their abuser while at work. Five participants (45.45%) indicated that there were safety options their organization provided to help ease their return and five (13.89%) indicated there were safety options they wished their organization had provided. Safety includes items such as banning the abuser from the workplace, coordinating with local law enforcement, and creating a reporting protocol. Participant 3 wrote their organization helped them to feel safer by “calling the local police department to help watch the business in case he [the abuser] came to the place of work,” and the organization also “had a protocol in place” in case they needed to hide. Conversely, Participant 58 wrote they would have felt safer at work if their organization had “a semi-confidential way to report and deal with a stalker,” offered “a temporary inside parking pass,” or “a way to request a security guard to walk them to their car” when they worked late.

## **Emotional Support**

Emotional support includes any act, gesture, resource, or conversation that ensures the victims feels at ease while at work despite the turbulence occurring at home. Five participants (45.45%) wrote that their organization or someone within their organization (e.g., a supervisor) provided them with emotional support and 11 participants (30.56%) wrote they had wanted more emotional support. From participant’s perspectives, emotional support included support from one’s direct supervisor/manager, general organizational support for victims of DV, managers having realistic expectations about performance following the DV incident, and offering

sympathy for personal issues. Participant 23 wrote, “my boss was overwhelmingly supportive. Nobody else in my life showed the same concern and support.”

However, multiple participants wished their organization had done more for them. Participant 22 wished that someone within their organization had been “available at all for crises in personal life,” and Participant 19 wished their organization had “been more professional in discussions about [their] work performance.” In a few extreme examples, Participant 40 wrote, “my manager treated me like I was lying and threatened to fire me,” and Participant 45, whose abuser was a fellow coworker, was “consistently nervous” at work because their organization “never verified that [they] wouldn’t have to work with him again.” It is important that employees understand that their organization supports them before, during, and after a DV incident even if that incident did not occur in the workplace.

## **Resources**

Providing resources entails giving the survivor any information regarding how to get help such as local or national hotline numbers, attorneys, safe houses, service providers, or therapists. Resources also include any assistance that helps the employee continue to work while attempting to leave the abusive relationship. Two participants (18.18%) indicated that their organization provided them with resources (e.g., a place to stay) whereas six participants (16.67%) would have liked more resources from their organization. Participant 33 wrote their organization provided them with, “a place to stay, money, and food if needed.” However, Participant 3 wished their organization, “offered resources to local agencies that offered support services,” Participant 16 wished their organization had “given [them] resources to receive help,” and Participant 57 wished their organization had offered “transportation to and from work.”

## **Work Modifications**

Work modifications entails altering the employee's usual schedule and job duties in order to provide them with more time to address what is occurring at home. Work modifications includes, but is not limited to, adjustment to deadlines, reducing the employee's workload, providing time off (paid or unpaid), and mental health days. Four employees (36.36%) experienced work modifications at their organization. Participant 11 wrote their organization "extended a leave of absence when requested [and] made adjustments to deadlines," and Participant 16's organization allowed them to "take time off without pay." Additionally, Participant 39 wrote, "my organization lightened my workload to accommodate days off and moving preparations."

Out of the ten participants (27.78%) that would have appreciated work modifications from their organization, eight indicated time off would have been helpful with two specifying paid time off. Participant 22 wrote that "most [jobs] won't even let [them] take off work," Participant 57 wanted "a small amount of paid time off to recover/heal," and Participant 31 wished their organization had "allowed time for getting out of the dangerous situation." A unique work modification appeared from the participants that wrote what their organization could have done better: not accepting their resignation. Participant 5 explained:

When I shared the situation and that leaving my partner would also mean leaving my job, I was hopeful that they might try to find another role for me where I would not be accessible to the general public, but instead they accepted my resignation.

## **General Perspectives/Additional Information**

General perspectives and additional information was a theme that only appeared when asking what organizations could have done better. This theme encompasses aspects of reintegration that were important to point out but did not fit neatly into another theme. For example, eight participants (22.22%) wrote that their organization could not have done anything better because they didn't tell anyone, three (8.33%) wrote they were not sure what their organization could have done better, and one (2.78%) participant said "anything."

Another general perspective that appeared was gender stereotypes. Participant 38 wrote, "Im a male with who had an abusive ex-partner who was female. Who is going to take my problems seriously? Neither the police, or my work, or anyone else." Gender stereotypes also occurred for female participants in male-dominated professions. Participant 53 wrote, "I was an attorney in a mid sized law firm, and my fear of my spouse at the time would have been seen as weak willed and probably would've resulted in bias rooted in misogyny."

## **Summary**

Overall, there was an almost even split between salaried and hourly employees as well as between employees that were offered benefits and resources (e.g., developmental opportunities or an in-person HR department) and those that were not. In combination with the large number of participants in the accommodation and food service industry and the small number of overall respondents, there was not enough information to create separate recommendation lists based upon industry type. However, the open-ended questions still revealed a lot of quality information regarding what organizations can do to help reintegrate victims of DV into the workplace.

Organizations should provide safety measures (e.g., coordinating with local law enforcement), offer emotional support (e.g., having realistic expectations about performance following a DV incident), provide resources (e.g., hanging flyers with local and national DV hotline information), offer work modifications (e.g., extending leave of absences), and avoid using gender stereotypes (e.g., assuming a man employee does not need support because of their gender and the gender of their abuser).

## CHAPTER IV

### STUDY TWO

#### **Purpose of Study Two**

As an applied researcher, I also recognize that the best way to help the DV community with this research project is to provide reintegration methods that are feasible and sustainable to organizations. As such, Study two in this thesis was used to present the themes that emerged from Study one, and actionable items developed from the themes, to five Human Resources professionals representing various business types in an effort to assess which recommendations would be feasible.

Research Question 2: Which recommendations from DV victims are most feasible within your organization?

Research Question 3: Are there other strategies your organization could/already does implement to help victims of DV reintegrate into the organization?

#### **Methods**

##### **Participants**

Five Human Resources professionals from various industries were interviewed for Study two. These professionals were recruited through personal connections and were all currently employed in Compensation and Benefits roles. Compensation and Benefits is the department

most closely aligned with implementing various types of leave (e.g., paternity leave, safe leave) and employee benefits. Each professional represented a different industry in order to assess which recommendations would be beneficial in their organization and others like it. The final industries included were government, manufacturing, health insurance, property and casualty insurance, and government contracting. One professional also had an extensive background in trucking and two had an extensive background in distribution and supply chain. Each professional was compensated with a \$25 Amazon gift card for their time.

### **Procedure**

I conducted individual interviews with each of the five Human Resources professionals. During the meetings, the professionals were shown a final list of actionable solutions that organizations could implement based on the themes from Study one and asked which are and are not feasible within their business/industry and why. They were also asked if there is anything else their organization could implement/has already implemented that would help victims of DV during reintegration.

### **Materials**

From Study one, I created a list of actionable items to provide to the interviewees. To cover the safety theme, I included having a company protocol for if the abuser comes to the workplace and training for security personnel specifically on DV. For emotional support, I included a voluntary training on what to do if a coworker discloses to you and an online reporting system. For providing resources, I included posting flyers around the workplace with local resources and information, raising awareness about what Employee Assistance Programs

(EAP) offer (e.g., legal advice, counseling), offering an ombudsperson as a third party person to report to, hosting awareness events in October (DV awareness month), and creating informational campaigns throughout the year to also raise awareness. The final list of actionable recommendations, including the initial recommendations from Study one and the additional recommendations from Study two, can be found in Appendix D.

### **Analysis**

As with Study one, content analysis was used to analyze the responses the Human Resources professionals provided in order to include any of their additional recommendations into the existing themes from Study one or to create new themes. Additionally, I used quantitative analyses to see how many professionals indicated “yes” or “no” for each recommendation’s feasibility in their industry.

## CHAPTER V

### STUDY TWO RESULTS

The following list of actionable solutions is presented in the order that was given to the five participants and can be found in the first section of Appendix D.

#### **Online Reporting System**

Four interviewees said that a confidential online reporting system would be feasible to implement but there were some caveats. First, if the employee requests time off through the system, one interviewee indicated that the Family Medical Leave Act (FMLA) may require documentation (e.g., a doctor's note) which would impact the confidentiality of the system. Second, the implementation also depends on the organization's Information Technology (IT) structure and their capabilities. Third, one interviewee that previously worked for a small distribution and supply chain company indicated that implementation may depend on the size of the organization and if they have enough resources to invest in the reporting system. The interviewee that worked for a government organization indicated that it would be hard to implement due to the federal government's policies and that just a hotline would be easier.

## **Flyers**

Four interviewees indicated that posting flyers around the workplace (e.g., on bulletin boards and bathroom stalls) with information regarding local and national resources would be a feasible option. One interviewee also suggested the use of e-bulletin boards since there has been a decrease in employees going to the office since the start of the pandemic. Again, the interviewee that worked in the federal government indicated that it would not be feasible because the government is particular about what is publicly posted.

## **Ombudsperson**

Only one interviewee indicated that an ombudsperson (i.e., a third party affiliate that can provide information/resources and advocate for the victim) would be a feasible option to implement in their industry. Two interviewees suggested that it may be possible to implement but the ombudsperson would essentially be providing the same information as what is on the posted flyers and the ombudsperson would also need the right credentials. Two interviewees said it would not be feasible because an ombudsperson is the same as the EAP which is confidential and also a safer option for employees.

## **EAP Offerings**

All five interviewees indicated that raising awareness for what EAPs offer (e.g., counseling services, legal consultations) is feasible to do within their respective industries. One interviewee mentioned that EAPs are beginning to offer text-based therapy for employees because of social distancing and quarantine requirements. The interviewee from the

manufacturing industry also stated that it is common for mental wellness representatives to be near each site.

### **Company Protocol**

Two interviewees indicated that their organization and others similar to it already had a company protocol that was established in advance for what to do if an employee is experiencing a hostile work environment, typically because of the appearance of their abuser, and one interviewee indicated that the protocol would be feasible to implement in addition to an active shooter training that is already offered. The final two interviewees indicated that this would be a feasible option to offer.

### **Disclosure Training**

One interviewee indicated that offering a voluntary training on what to do if a coworker discloses their abuse would be feasible to implement. The interviewee that has experience in the trucking industry stated that trucking organizations already offer a similar disclosure training because of the prevalence of human trafficking. Three interviewees said this would not be feasible to implement because there may be a requirement to act/escalate the situation to higher-ups and that there are legal “gray areas” surrounding confidentiality in such a sensitive situation. However, one of the three interviewees that said it was not feasible indicated that, regardless of the DV specificity, all employees should have basic safety training.

## **Security Training**

All interviewees indicated that it would be feasible to train security personnel on what to do if an abuser comes to the workplace and how to deescalate a domestic situation.

## **Informational Campaigns**

All interviewees indicated that offering informational campaigns to raise awareness about DV throughout the year is a feasible option. Informational campaigns can include events such as bringing in guest speakers to educate employees on signs of an abusive relationship.

## **Awareness in October**

All interviewees indicated that hosting awareness events specifically in the month of October is also feasible. October is an important month to highlight/host events during because it is National Domestic Violence awareness month. Events in October can be the same events as the informational campaigns or can include events such as a company sponsored 5K that raises money for DV shelters, which was a suggestion proposed to the interviewees and one that all five agreed with.

## **Additional Suggestions**

All five interviewees suggested additional options to help increase organizational support for DV and to help reintegrate victims more effectively. First, in regards to increasing organizational support, one interviewee explained that Maryland and some other states have implemented the Healthy Working Families Act which requires organizations to offer sick and safe leave specifically for domestic situations (e.g., spousal abuse, elder abuse). Second, one

interviewee indicated that it is possible for organizations to tailor their medical plan to cover 100% of certain procedures (e.g., Sexual Assault Nurse Examiner (SANE) exams) and it may be possible to do so for physical domestic injuries that require treatment. Third, one interviewee indicated that it is important for the company to “put their money where their mouth is” and donate to DV organizations or organizations that support DV causes such as United Way. Fourth, one interviewee indicated that it may be beneficial to have a certain number of employees in all business locations that are trained on mental health first aid. A potential training to implement is the Mental Health Awareness Training (MHAT) that helps leaders increase their mental health literacy on issues such as stress and depression (i.e., two mental health issues associated with DV) through a 3-hour training session (Dimoff et al., 2016). The intervention not only helped leaders learn more about mental health but also decreased the negative attitudes they associated with mental health and increased their promotion of mental health awareness in the workplace (Dimoff et al., 2016). That same interviewee also suggested that having a Safety and Security Department that is separate from HR may be beneficial.

In regards to reintegrating victims more effectively, one interviewee suggested that, depending on the company the victim works for, it may be possible to receive discounts on goods and services through the organization and its partnerships (e.g., discounts with local moving companies, reduced phone bills). One interviewee indicated that it is possible to implement a leave donation program where an employee can donate their accrued leave to a leave bank or to a specific coworker in need (i.e., the DV victim). One interviewee mentioned it may be feasible for the organization to cover certain monetary expenses for the employee such as hotel accommodations, but another mentioned that offering money may be a possible legal issue. Finally, one interviewee highlighted the importance of Employee Resource Groups (ERGs)

where employees can connect with and receive support from other employees that hold similar values or that they have something in common with (e.g., the Abled support group for employees with both visible and nonvisible disabilities). The interviewee also indicated that, in the past, ERGs have sponsored DV events.

### **Summary**

Overall, there was a general consensus from the interviewees that most of the recommendations would be feasible to implement in their industry with the exception of having an ombudsperson and offering a voluntary training for employees on what to do if their coworker discloses to them; these two recommendations presented possible legal complications. Additionally, recommendations were less likely to be feasible in the government sector due to the rules and regulations regarding policies, protocols, and communication within a federal government organization. Each interviewee provided additional recommendations that they have either personally seen implemented in an organization or, from their experience in the HR field, know would be easy to implement. Examples of their recommendations include tailoring a company's medical plan to fully cover certain procedures associated with domestic abuse, donating money to local DV service providers, and offering a leave donation program.

## CHAPTER VI

### DISCUSSION AND CONCLUSION

The goal of the present thesis was to identify what organizations are currently doing or could be doing better to help reintegrate victims of DV into the workplace and to use those findings to provide actionable solutions to organizations in various industries. For the purposes of the studies, reintegration was defined as support for victims returning to work after an extended period of time off or assistance for victims that did not request time off but still needed resources and emotional support from their organization. Through a mixed methods approach, five key themes emerged as to the types of support organizations can provide for victims: safety, emotional support, resources, work modifications, and general perspectives/additional information. Additionally, Study two results indicated that there are various solutions that can be implemented in organizations to show more support for victims of DV; however, depending on the industry and size of the organization, some ideas may be more difficult to implement than others.

This thesis contributes to the literature because, from the perspective of DV victims, it provides actionable recommendations for organizations to utilize when reintegrating victims of DV into the workplace. Although there are existing reintegration programs (e.g., the Veteran-Supportive Supervisor Training; Hammer et al., 2019) which offer valuable insight into factors which can increase employee reintegration success, there are no known reintegration programs specifically for victims of DV. Therefore, this study relied upon current success factors of other

return to work (RTW) programs while simultaneously creating unique themes and action items for victims of DV. For example, safety is a theme that emerged in Study one of the present study that was not previously mentioned in other reintegration/RTW programs. Safety is defined as any type of protocol or training that the organization can establish in advance that makes the employee feel safe while at work. These protocols and/or trainings can include items such as offering trainings for security personnel on DV and how to deescalate a domestic situation that occurs in the workplace, both of which are recommendations that all HR professionals said was feasible to implement in their own organizations. Safety also includes coordinating with local law enforcement and offering escorts around company property.

Providing resources was one theme that was highlighted in the veteran reintegration program (Hammer et al., 2019) and also appeared in the present study. In the present study, recommendations regarding providing resources could either be for the victim and/or their coworkers. Resources for the victim include providing information regarding local and national hotline numbers as well as contact information for local service providers and safe shelters. Resources for coworkers included informational campaigns and events to raise awareness about what DV is and how to respond if someone you know is experiencing DV, even if that person is not a coworker. The suggestion of providing resources is both similar to and differs from how resources were used in the VSST. Hammer and colleagues (2019) noted that the VSST was only for supervisors and veteran subordinates and that it did not play a large role in the overall company culture; resources were only provided to supervisors to educate them on how veteran's skills are translatable to civilian culture and potential stressors that veterans may experience. In contrast, the present study was intended to help reintegrate victims of DV while also educating organizations on ways they can help with reintegration.

The VSST also highlighted the importance of supervisors being trained on and providing proper emotional support to their veteran subordinates (Hammer et al., 2019). Out of all of the open-ended responses, offering various forms of emotional support was the most commonly participant identified failure on behalf of organizations. For employees experiencing DV, offering emotional support (including support from supervisors) is similar to what is identified in the VSST (e.g., having a high baseline of support before reintegration begins), but also includes more specific organizational support such as raising awareness about DV and being more supportive of when work and life overlap (i.e., when the effects of abuse influence work performance). A potential training to consider for supervisors is the Family Supportive Supervisor Training (FSST) that aims to educate supervisors on the effects that work-family conflict can have on the organization and the employees as well as why it is important to reduce the amount of work-family conflict employees experience (Hammer et al., 2011). The FSST was found to be successful in increasing job satisfaction, reducing turnover intentions, and increasing physical health only in employees that experience high family to work conflict (e.g., domestic violence; Hammer et al., 2011). The inclusion of more broad organizational support is another example of how the present study is aiming to change the overall company perceptions of victims of DV.

Additionally, work modifications as a form of support during reintegration appeared in previous RTW programs (e.g., Howard et al., 2009) as well as the present study. In the present study, work modifications for victims of DV included items such as mental health days, paid and unpaid time off, adjustment to deadlines, extending leave of absences, and reducing the employee's workload. Howard and colleagues (2009) found that offering a reduced workload and shorter hours to individuals suffering from musculoskeletal disorders (MSD) helped

employees return to work sooner as well as retain work than those that were not offered the same work modifications. The present study expands on these findings by offering other types of leave and modifications that can be provided to victims of DV (e.g., mental health days).

### **Type of Abuse**

In the present study, the most commonly identified form of abuse from the National Domestic Violence Hotline's (n.d.) indicators of DV checklist was emotional abuse (e.g., insult, demean, or embarrass you with put-downs). It is important for organizations to consider how various forms of abuse impact the organization. While an employee that has experienced a physical assault may need a few days off for doctor's appointments and recovery, the effects of emotional abuse can be more long-lasting and continue even after physical injuries have healed. It is harder to identify that a coworker is experiencing emotional abuse as opposed to physical abuse simply because of a lack of visible evidence, especially if they do not disclose their abuse to anyone in the organization. Even if increasing general organizational support for victims of DV does increase the likelihood that employees will disclose their situation, it is important to consider how support can be demonstrated to and utilized by those that choose not to disclose. For example, the leave donation bank suggested by one of the HR interviewees can be given to a specific person or it can be utilized anonymously by anyone and for any reason. Ensuring that all victims are supported, regardless of the type of abuse experienced, can reduce the overall costs associated with productivity losses and turnover (Gatewood et al., 2011; Peterson et al., 2018). DV has been directly linked to depression, PTSD, anxiety, and substance abuse (Caldwell et al., 2012; Lagdon et al., 2014) all of which reduce employee productivity (Raphael, 1997). Although proper reintegration can reduce costs for an organization, demonstrating support for victims of

DV is also an important step in indicating that top leaders within an organization genuinely care about the physical and emotional well-being of their workforce.

## **Implications**

It is likely that, as with the VSST, a DV reintegration program would only be successful if the organization had a high baseline of support for victims (Hammer et al., 2019). While posting flyers about DV statistics around the workplace and implementing an online reporting system are easy and feasible to implement, it may not be enough to indicate organizational support. However, the types of benefits and resources offered to employees can indirectly demonstrate organizational support for victims of DV. For example, only two respondents that indicated they felt comfortable returning to work had an in-person HR department, were a salaried employee, and were offered benefits and professional development opportunities, and three wrote answers explaining why their organization was supportive despite not being offered all the same resources. This could potentially mean that the remaining 17 respondents that felt comfortable returning did not return because their organization was supportive but rather because going to work was a reprieve from the abuse at home. If employees need time off from work but still need to leave the house, it could be beneficial to allow the employee to come in on their days off as a safe space away from their abuser but not require them to have to work.

## **Recommendations for Organizations**

Overall, whether an organization is trying to develop a formal reintegration program or just trying to increase general organizational support for victims of DV in an effort to ease reintegration, there are a few key aspects to consider. First, organizational support needs to be

demonstrated before, during, and after a DV incident occurs. To create a supportive environment, organizations can host informational campaigns throughout the year to raise awareness about DV, post flyers with statistics and resource information throughout the workplace, donate money to local service providers, increase awareness about the services offered through the EAP, and establish a company-wide protocol in advance for what to do in a hostile work environment event. During the incident, and if the organization is aware of what happened, it is important for managers and coworkers to avoid any workplace mistreatment and ostracism that could make the employee feel unwelcome, unsupported, or degraded in any way (Bowling & Beehr, 2006). If a coworker does disclose their abuse, organizations should direct them to the appropriate resources and support systems (e.g., ERGs) and provide work modifications and safety measures when requested. After the incident, it is important for the organization to demonstrate ongoing support by having realistic expectations regarding performance, allowing the employee to take as much time off as necessary, and following up with the employee on a regular basis about anything they may need.

It is also important for organizations to consider how they can show support given their size, profits, and amount of resources (e.g., money) available. For instance, one HR interviewee mentioned how some solutions may be harder to implement in smaller organization (e.g., it would be harder to implement an online reporting system in a small company with no IT employees and smaller profits than a Fortune 500 company). Smaller organizations may also have less community partnerships that DV victims could utilize such as AT&T partnerships for reduced phone plans. Additionally, industry type and number of business locations can influence the types of resources provided. In industries such as manufacturing, trucking, and distribution/supply chain, employees are often geographically dispersed and away from

corporate headquarters where most in-person HR departments are located. Government organizations may also have a harder time demonstrating support given the strict rules regarding company policies and procedures; therefore, government organization may need to compensate more in certain reintegration practices (e.g., informational campaigns) to make up for the inability to implement others (e.g., posting informational flyers throughout the workplace).

### **Limitations**

First and foremost, Study one was intended to be conducted in partnership with the Family Justice Center in Chattanooga, Tennessee; however, due to the pandemic, the FJC temporarily stopped offering in-person services which significantly reduced the number of participants. Thus, social media was used for recruitment which fails to access certain populations that may have been accessible through a service provider, however, does increase external validity of the findings. The pandemic also negatively impacted the present study's intended methodology because victims were often confined in the same house as their abuser for longer period of time due to quarantine, and abusers tend to monitor their victim's online presence (National Network to End Domestic Violence, n.d.). Thus, it would have been difficult and potentially unsafe for some victims currently in an abusive relationship to participate in the online survey. In the present study, it is assumed that some respondents were currently in an abusive relationship as the DV indicator checklist was for current or previous abuse and some open-ended responses were written in present tense.

Second, the majority of respondents were white, which contributes to the finding that ethnic minorities often underreport their DV experiences (Femi-Ajao et al., 2020). Finally, the overall small number of participants made it difficult to differentiate recommendations based

upon job industry. Although there were 59 participants, not every participant answered the open-ended questions about what their organization either did well or could have done better, which also made it harder to identify differences between industries.

## **Future Directions**

Future studies should partner with a service provider in an effort to reach more participants and reduce the likelihood of putting a victim in a current abusive relationship at risk with an online survey. Future studies should also focus on interviewing industry professionals in other departments besides Human Resources as many organizations have safety or security departments that help develop, implement, and enforce policies that can help reintegrate victims of DV into the workplace. Future studies should use quantitative methods to assess how job performance, work attitudes, and turnover intentions are affected following a DV incident in order to provide organizations with information on how costly improper reintegration can be. Additionally, future studies should look at how organizations can provide support to employees who will remain remote after the pandemic ends and that are no longer given the option of using the workplace as a safe space. The MHAT training mentioned earlier may also be beneficial in helping leaders recognize and respond to remote employees that may be experiencing mental health crises at home due to DV (Dimoff et al., 2016).

As mentioned above, there was an underreporting of ethnic minorities in the present study, but it is important to understand non-White employees' experiences with DV and reintegration into the workplace. This is especially important given the present climate surrounding police brutality against minority populations in America. Therefore, future studies should consider the implications of involving law enforcement in some of the actionable

solutions and how that might affect the safety of non-White victims and non-White coworkers. Finally, future studies should attempt to make those differentiations based on job type and industry as it is important to establish if unique barriers exist between organizations that are able to offer different resources (e.g., an in-person HR department).

### **Conclusion**

Overall, while some organizations are providing support to their employees that are victims of DV, many organizations are failing to offer support not only during the difficult time surrounding the incident, but before and after the incident when reintegration is crucial. Employees that are survivors of DV are wanting more safety within their workplace, to be offered resources and emotional support from their supervisors and coworkers, and to have the option of work modifications when it is not possible to balance work and life. There are easy-to-implement, and sometimes very low-cost, recommendations that organizations can take advantage of to show support for victims of DV such as informational campaigns and raising awareness about what services Employee Assistance Programs offer. It is likely that if organizations increase their overall support for DV survivors, more employees will feel comfortable disclosing their abuse if it were to happen to them. The more an organization knows about an employee's situation, the more resources and support they can offer them. The present study provides practical solutions for organizations to utilize to aid in reintegrating victims of DV into the workplace, which in turn can increase company loyalty, increase employee well-being, and decrease costs associated with turnover.

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APPENDIX A

IRB APPROVAL LETTER

**Institutional Review Board**

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TO: Corrine Wolfe **IRB # 20-204**  
Dr. Alexandra Zelin

FROM: David Deardorff, Interim Director of Research Integrity  
Dr. Susan Davidson, IRB Committee Chair

DATE: 9/21/2020

SUBJECT: IRB #20-204: Easing the return to normalcy: Reintegrating victims of domestic violence into the workplace

Thank you for submitting your application for exemption to The University of Tennessee at Chattanooga Institutional Review Board. Your proposal was evaluated in light of the federal regulations that govern the protection of human subjects.

Specifically, 45 CFR 46.104(d) identifies studies that are exempt from IRB oversight. The UTC IRB Chairperson or his/her designee has determined that your proposed project falls within the category described in the following subsection of this policy:

**46.104(d)(2)(i):** Research only includes educational tests, surveys, interviews, public observation and recorded information cannot readily identify the subject (directly or indirectly/linked)

Even though your project is exempt from further IRB review, the research must be conducted according to the proposal submitted to the UTC IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an Application for Changes, Annual Review, or Project Termination/Completion form to the UTC IRB. Please be aware that changes to the research protocol may prevent the research from qualifying for exempt review and require submission of a new IRB application or other materials to the UTC IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the UTC IRB as soon as possible. Once notified, we will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event.

The University of Tennessee at Chattanooga is a comprehensive, community-engaged campus of the University of Tennessee System. 

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval.

For additional information, please consult our web page <http://www.utc.edu/irb> or email [instrb@utc.edu](mailto:instrb@utc.edu).

Best wishes for a successful research project.

APPENDIX B

DOMESTIC VIOLENCE POWER AND CONTROL WHEEL



Domestic Abuse Intervention Programs. (n.d.). *Wheels*. <https://www.theduluthmodel.org/wheels/>

APPENDIX C

COPY OF DOMESTIC VIOLENCE INDICATOR CHECKLIST

## Appendix C

Does/Has your partner (current or previous) ever ... [Select all that apply]:

- Insult, demean or embarrass you with put-downs?
- Control what you do, who you talk to or where you go?
- Look at you or act in ways that scare you?
- Push you, slap you, choke you, or hit you?
- Stop you from seeing your friends or family members?
- Control the money in the relationship? Take your money or Social Security check, make you ask for money or refuse to give you money?
- Make all of the decisions without your input or consideration of your needs?
- Tell you that you're a bad parent or threaten to take away your children?
- Prevent you from working or attending school?
- Act like the abuse is no big deal, deny the abuse or tell you it's your own fault?
- Destroy your property or threaten to kill your pets?
- Intimidate you with guns, knives or other weapons?
- Attempt to force you to drop criminal charges?
- Threaten to commit suicide, or threaten to kill you?
- Pressure you to have sex when you don't want to or do things sexually you're not comfortable with?
- Pressure you to use drugs or alcohol?

APPENDIX D

FINAL LIST OF ACTIONABLE SOLUTIONS

## **Appendix D**

1. An online reporting system
2. Flyers with local resources and information
3. Raising awareness about what Employee Assistance Programs offer
4. An ombudsperson to work with the employee instead of them having to go to HR
5. A company protocol established in advance for if the abuser comes to the workplace
6. A voluntary training on what to do if someone discloses to you
7. A training program for security personnel specifically on domestic violence
8. Informational campaigns throughout the year
9. Awareness events in October (National Domestic Violence awareness month)
10. Healthy Working Families Act – sick and safe leave
11. Tailoring medical plans to fully cover certain domestic violence procedures or mental health services
12. Donating to local service providers/shelters or organizations that donate to domestic violence organizations such as United Way
13. Partnering with other local companies to offer discounts on goods and services
14. Leave donation program
15. Raising awareness about Employee Resource Groups and their sponsored events
16. Training employees on mental health first aid
17. Implementing a Safety and Security department or team
18. Providing monetary support

## VITA

Corrine Wolfe was born in Bel Air, MD, to parents Troy and Lisa Wolfe. She is an only child; however, both of her parents are remarried and she has one older step-sister. She attended Patterson Mill Middle and High School where she graduated in 2015. After graduation, she attended Florida Institute of Technology in Melbourne, Florida where she earned her Bachelor of Arts degree in Forensic Psychology with a minor in Prelaw. Corrine graduated summa cum laude in December of 2018. Corrine accepted an offer to join the University of Tennessee at Chattanooga's Master of Science program in Industrial-Organizational Psychology in August of 2019. She plans to continue her passion for helping people in the workplace by working in human resources after graduation in April of 2021.