Chapter 9

Ensuring the Health and Safety of Employees at the Risk of Intimate Partner Violence While Working from Home: Lessons Learned During the Covid-19 Epidemic

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Abstract

Many organisations recently instructed employees to work from home due to lockdowns and restrictions put in place to combat the COVID-19 pandemic. However, the unprecedented increase in intimate partner violence (IPV) during the same period have raised concerns about women's risk of exposure to IPV when the home and workplace overlap during work-at-home instances. IPV is a global public health problem that negatively affects the health, safety, and productivity of victims and co-workers through various mechanisms. While IPV awareness and policies have developed slowly from an occupational health perspective, the workplace remains crucial in identifying, responding to, and offering support to victims. Thus, as part of preparing for future pandemics and considering that working at home has become the new normal, the overlap between home and the workplace cannot be ignored. This chapter discusses the role of employers and how existing guidelines about employers' response to IPV can be applied when staff work from home.

Keywords: Intimate partner violence; covid-19; lockdown; restrictions; gender; public health; workplace; occupational health; pandemic; new normal

Introduction

In response to COVID-19 lockdowns, many organisations turned to digital and remote work (Ahrendt et al., 2020; Wang, Liu, Qian, & Parker, 2021) which meant a record number of people working from home during the period (Guthrie & Babic, 2021; Wilcox, Greenwood, Pullen, O'Leary Kelly, & Jones, 2021). The period also witnessed an unprecedented increase in intimate partner violence (IPV) and reinforced the need to acknowledge IPV as an important occupational health issue (Piquero, Jennings, Jemison, Kaukinen, & Knaul, 2021; Usta, Murr, & El-Jarrah, 2021). IPV refers to behaviours within an intimate relationship that can result in physical, sexual, or psychological harm, IPV includes acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours (World Health Organization. 2012). IPV is considered a gendered problem because although men also experience violence, women are at increased risk and suffer more negative consequences on their mental, reproductive, sexual, and physical health (Caldwell, Swan, & Woodbrown, 2012; Johnson, 2010; Stets & Straus, 2017). Examples include injuries, chronic fatigue, sleep problems, cardiovascular problems, post-traumatic stress syndrome (PTSD), anxiety, depression, and suicidality (International Labour Organization, 2020).

The consequences of IPV for organisation may include low productivity due to lost hours of production, victim's reduced performance and absenteeism (Blodgett & Lanigan, 2018; Lassiter, Bostain, & Lentz, 2021; Swanberg, Logan, & Macke, 2005; Swanberg & Macke, 2006). The unprecedented increase in IPV during COVID-19 lockdown (Piquero et al., 2021; Usta et al., 2021) have raised concerns about the health, safety, and productivity of employees working from home. This chapter discusses the role of employers and how existing guidelines about employers' response to IPV can be applied when staff work from home, an important discussion even in a post pandemic era and as instances of working from home become the new normal (Bonacini, Gallo, & Scicchitano, 2021; Ipsen, van Veldhoven, Kirchner, & Hansen, 2021; Vyas & Butakhieo, 2021).

Despite known adverse consequences, IPV is often regarded as a private and sensitivity matter (Chhabra, 2018; Jackson, 2016; Weitzman, Cowan, & Walsh, 2020), and is still an emerging aspect of occupational health (Swanberg et al., 2005). A 2007 survey of Fortune 1000 executives showed that while up to 56% of them knew of cases of IPV among their employees, only 13% believe their organisations should be actively involved in addressing IPV (Corporate Alliance to End Partner Violence, 2007). In contrast, a growing interest for IPV has been observed among employers in recent years (Adhia et al., 2019; Swanberg et al., 2005). The interest may be due to increasing knowledge that individuals, society, and organisations all suffer the consequences of various employment sabotage and interference strategies used by abusers to prevent victims from finding work, going to work, or maintaining work (Alexander, 2011; Crowne et al., 2011). Some known strategies include hiding or destroying cars, keys or clothes, and refusing to honour childcare responsibilities (Burke & Cooper, 2018; de Tormes Eby & Allen, 2012). Others are harassment at work via incessant phone calls, emails or messaging, or the abuser showing up at

work thereby putting coworkers and clients at the risk of trauma, injuries, and fatalities (Giesbrecht, 2020; Guthrie & Babic, 2021).

While some employers respond to IPV by blaming the victims for bringing IPV to the workplace, denying them leave or flexible working conditions, transferring them, or terminating their employment (Orchiston & Smith, 2012; Swanberg et al., 2005), evidence suggest that these may not be the right approach from an occupational health and safety perspective. For example, work is an important social determinant of health (Hergenrather, Zeglin, McGuire-Kuletz, & Rhodes, 2015a, 2015b) and may explain why organisations are deemed responsible for promoting and maintaining the highest degree of physical, mental, and social well-being possible for their workers (World Health Organization, 2021). Moreover, occupational health and safety regulations require employers to anticipate, recognise, evaluate, and control workplace hazards capable of impairing the health and well-being of workers (Alli, 2008).

Working at Home and the Risk of Exposure to IPV

Over the years, the definition of a 'workplace' has expanded to include places other than an organisation's physical address (Guthrie & Babic, 2021). The description of a workplace place as any premises, land, location or thing at, upon, in or near which a worker works, including domestic premises (International Labour Organisation; Ontario Ministry of Labour Training & Skills Development, 2022) was recently affirmed following COVID-19 lockdowns during which many people worked from home (Ahrendt et al., 2020; Guthrie & Babic, 2021; Wang et al., 2021; Wilcox et al., 2021). Thus, the observed increase in IPV during the COVID-19 lockdown (Piquero et al., 2021; Usta et al., 2021) raises concerns such as employers' awareness of IPV risk when employees work from home, extent of employers' responsibility and measures to adress the problem.

Although various reasons have been cited for the increase in IPV cases during COVID-19, many of the reasons are valid even in non-lockdown situations. One explanation is that lockdowns and restrictions exacerbate factors commonly associated with IPV such as unemployment, financial insecurity, confinement, and stress of childcare among others (Piquero et al., 2021; Usta et al., 2021). Furthermore, studies have shown that there is a disproportionate burden on women working at home as they are expected to be in charge of the household and take care of the children (Alon et al., 2020). The unique overlap between private life and working life (Wilcox et al., 2021) affects work–life and work–family balance (de Gennaro et al., 2022) and may contribute to IPV. For those already experiencing IPV, working from home may eliminate the protection provided via work. Examples include the momentary respite during hours spent at work and away from the abuser, and having colleagues and managers who are able to interpret signals of distress and offer support (Alsaker et al., 2016; Beecham, 2014). Working from home may also result in reduced contact with others (e.g., family and friends) who normally may be able to see signals of abuse and act. There are thus increasing calls for employers to ensure violence-free workplaces, including when staff work from home (Weatherall et al., 2021).

Existing Guidelines for Addressing IPV in Workplaces and Their Application in Work from Home Instances

While IPV may not be specifically mentioned in many older documents, violence and harassment are acknowledged as occupational health and safety risks (International Labour Organization, 2020). Similarly, the rights of victims and responsibilities of employers related to IPV may be inferred in occupational health and safety laws (Maurer, 2021; Mollica & Danehower, 2014), and in some state laws (Swanberg et al., 2005) despite not being expressly described. An employer may for example be liable if people within the organisation's leadership are aware of threats to an employee but fail to take steps to mitigate the risks and protect the individual (Meyer, 2020; Perin, 1999). Employers are thus encouraged to take information regarding any form of threat of violence to staff or facilities as seriously as they would take other security threats (The Society for Human Resource Management Mosqueda Sara, 2021). Various cases of litigations in which employers were established liable due to failure to take adequate steps to protect victims of IPV abound in countries such as the United States of America and Australia (Guthrie & Babic, 2021).

One of the few international documents that expressly address work-related violence and harassment, including the risk of IPV when working from home is the International Labour Organization's (ILO) Violence and Harassment Convention (No. 190) and Recommendations (No. 206) of 2019 (International Labour Organization, 2020). The document describes various strategies and uses the expression 'a world of work' in recognition of the fluid nature of workplaces (International Labour Organization, 2020). The recommendation is to have strategies that are inclusive, integrated, and gender responsive. Other stakeholders have also laid out strategies and guidelines for addressing IPV from an occupational health and safety perspective. A general pattern in the key elements proposed by various stakeholders and their likely application when employees work from home are described below.

IPV Must Be Acknowledged as an Area of Responsibility with Clearly Defined Policies and Strategies Put in Place

Having a clearly defined policy and strategy to address IPV is very important, such policy must contain assurances of confidentiality and non-reprisal following disclosure (Centers for Disease Control & Prevention, 2004; Widiss, 2018). However, acknowledging that IPV is an important aspect of occupational health and safety is a key step in developing good policies, unfortunately it has been a major challenge to get organisations on board (Adhia et al., 2019; Blodgett & Lanigan, 2018; Lassiter et al., 2021). Apart from being an important foundation for developing clear policies and response frameworks, acknowledging IPV as an area of responsibility is a key factor if organisations are to go beyond the required legal minimum of responsibility (Chartered Institute of Personnel and Development (CIPD) & the Equality and Human Rights Commission (EHRC), 2020; Guthrie & Babic, 2021). An empathetic and non-judgemental approach also ensures that the

right policies are made, for example, granting a victim flexibility in working hours and work tasks (Chartered Institute of Personnel and Development (CIPD) & the Equality and Human Rights Commission (EHRC), 2020). All policies must also contain a clarification that information sharing regarding employees' circumstances is strictly on a need-to-know basis (Meyer, 2020).

Since working at home may reduce IPV victims' possibility to receive support from work colleagues and employers (MacGregor et al., 2020), organisations are encouraged to have clear policies and strategies for reaching out and checking in with workers working at home. For example, some organisations have made it standard practice to hold weekly conference calls with employees working from home for small talk (Mosqueda, 2021). Such practice is a simple way to encourage staff to inform key persons in the organisation (e.g. managers) of personal problems that may affect their work (Mosqueda, 2021).

Workplace policies on IPV not only protects victims, they also send clear signals to employees who may be perpetrators that the behaviour is unacceptable (Our Watch & No to Violence, 2017; Unilever, 2021). Some organisations go as far as offering professional assistance to employees interested in addressing their own abusive tendencies (Maurer, 2021; Our Watch & No to Violence, 2017; Unilever, 2021). Stakeholders believe that despite privacy concerns, employers can develop policies with clear language covering off-duty activities that may have adverse implications for the work environment (Maurer, 2021).

Team and Collaborative Approach Are Necessary Components for Identifying and Responding to IPV

An integrated and gender-responsive approach as recommended by the ILO (International Labour Organization. 2020) requires collaborative efforts between various stakeholders such as employers' and workers' organisations (International Labour Organization, 2020), Employer Assistance Program (EAP) providers, local IPV support organisations (Maurer, 2021), human resource, managers (Chartered Institute of Personnel and Development (CIPD) & the Equality and Human Rights Commission (EHRC), 2020), health and medical, public or media relations, community outreach, unions, internal communications, legal and security (Maurer, 2021). A team of stakeholders, each with clearly defined roles and tasks, can be charged with developing policy and the operational framework for addressing IPV (Chartered Institute of Personnel and Development (CIPD) & the Equality and Human Rights Commission (EHRC), 2020; Maurer, 2021). A collaborative approach enables a structured and organised chain of command in terms of risk assessment, identifying, reporting, and appropriate response.

An approach based on teams and collaboration with various stakeholders is especially useful when employees work from home. This is because if properly harnessed, collaborative approach provides multiple channels for disclosure thereby accommodating victims' diverse comfort levels for disclosure as well as boosting access to appropriate resources and support networks. Although voluntary disclosure and confidentiality are fundamental aspects in IPV response, the need to ensure an individual's safety may outweigh confidentiality if there are

real concerns of danger (Meyer, 2020). Stakeholders may thus be required by law to report any knowledge of potential threats of violence to a person or others (Meyer, 2020).

Information and Training

Policies must be properly communicated to employees (Guthrie & Babic, 2021), and there should also be an open climate about discussing the subject (Centers for Disease Control & Prevention, 2004; Widiss, 2018). It is believed that having concrete IPV policy that is clearly communicated via having an open climate and regular discussions can send signals to employees who may themselves be perpetrators that IPV is unacceptable. According to the Centers for Disease Control and Prevention (CDC), communication around IPV should be done in a manner that shows an organisation's support for victims but also enables perpetrators to seek help (Centers for Disease Control & Prevention, 2004). Training staff and managers is an integral part of implementation because disclosure can occur in any area of the organisation (Katula, 2012). Training should therefore include definitions and descriptions of IPV and recognising signals and how to follow up (Katula, 2012). It is recommended that managers should be equipped with relevant skills to navigate and successfully having a relevant and appropriate conversation with the employee experiencing IPV without resorting to counselling or giving advice and personal opinions (Chartered Institute of Personnel and Development (CIPD) & the Equality and Human Rights Commission (EHRC), 2020; Maurer, 2021).

It is pertinent that managers and supervisors charged with maintaining contact with staff are trained to ask the right questions and to recognise distress signals. Notwithstanding, actions to protect the victim, such as obtaining a restraining order against a perpetrator must be done in consultation with the employee in question. No advice or personal opinions should be offered, rather the employee should be given information and allowed to make their own decision (Chartered Institute of Personnel and Development (CIPD) & the Equality and Human Rights Commission (EHRC), 2020; Maurer, 2021; Meyer, 2020).

Conclusion

Working from home has fast become a new normal which presents many occupational health and safety challenges, including the risk of exposure to IPV. Given the impact of IPV on health, safety and productivity, organisations stand to benefit greatly by paying closer acknowledging IPV as an occupational health concern and following guidelines to address the problem. Existing guidelines, with some modifications, can be applied to protect employees working from home and avoid IPV's adverse consequences on organisations and businesses. However, efforts to address IPV should not be a one-size-fits-all approach but must take into account individual victims' experiences, preferences, and situation (MacGregor et al., 2020). Also, risk assessment and response for IPV must be done with caution given that other family members may be involved (Meyer, 2020). Furthermore,

addressing IPV, especially in instances when employees work from home, should not be a management-only approach but rather a collaborative effort with various stakeholders having clearly defined role. The need for having proper national policies can thus not be overemphasised. Unfortunately, due to promotion of gender norms which reinforce domestic violence and violence against women generally, many countries are still behind. Getting workplaces to engage in addressing IPV from an occupational health perspective may thus be difficult in such contexts with a general societal shift in attitudes towards women. There is therefore a need for continued research on the subject of IPV generally especially with regards to work generally, and also working from home more specifically.

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