Objective
Research has shown that intimate partner violence (IPV) affects the physical and mental health of victims. It can also compromise work performance, leading to job loss. We explored the potential link between job loss and IPV as part of a larger study on IPV and health care.

Methods
Thirty-two mothers in Midwestern IPV shelters or support groups were interviewed to gather information about their abuse histories, health care experiences, and demographic characteristics. Interviews were audio taped, transcribed, and reviewed for themes.

Results
Half of participants had lost jobs because of IPV. Reasons included: the abuser told the victim to quit, in order to be safe, excessive absences because of covering up the abuse, and health issues exacerbated by IPV.

Conclusion
Job instability was common among IPV victims in this study. Although this study did not address cause and effect, evidence of job instability may be another "red flag symptom" indicating that providers should screen for IPV. (JAMWA. 2004;59:32-35)

Intimate partner violence (IPV) is common, affecting 25% of women at some time during their lives. Studies have shown that 11% to 22% of the women seen in primary care offices are currently experiencing physical abuse. IPV affects the physical and mental health of victims and their children.

The estimated total cost of IPV (including rape, physical assault, and stalking) against adult US women is $5.8 billion (1995 dollars). Nearly $4.1 billion is for direct medical and mental health care. The remaining $1.7 billion is lost productivity from paid work and household chores for victims of nonfatal IPV. For IPV homicide, nearly $1 billion is lost in lifetime earnings.

Job instability due to IPV affects a woman’s financial security and her ability to function independently of the abuser. The ability to support one’s self and one’s children is critical to the IPV victim’s freedom from abuse. Because of its impact on productivity, both government agencies and employers have developed programs to support IPV victims in the workplace. Other research has demonstrated the impact of IPV on job stability. A federal report cites 3 studies in which half of the victims surveyed described job loss resulting in part from IPV. In addition, IPV affects victims’ productivity and performance as well as promotions.

Physicians are among the primary professionals that women turn to for help with IPV. There is little in the medical literature about job instability and IPV. This article explores job instability among a
sample of IPV victims surveyed as part of a larger study of health care and IPV.

**Methods**

**Participants**

Thirty-two mothers who were victims of IPV and staying in Midwestern shelters or participating in community IPV support groups were interviewed between March 2000 and September 2001. These sites were chosen because women had already identified themselves as survivors of IPV, making it a convenient sample to recruit. Locations in southwestern Ohio were chosen to create a diverse sample with racial (nonwhite or white), geographic (urban and small town), and socioeconomic variation. Study flyers were posted or distributed by agency staff. Participation was voluntary, and interested shelter residents or support group participants signed a list or called for an appointment with the interviewer. Participants were reimbursed for their time.

**Interview Protocol**

The author conducted semistructured interviews with women privately, without children present. Women were asked for their preferences in IPV screening in the primary care office, for their abuse histories, and for information about their health care encounters. The first few participants interviewed talked about job loss, so all future participants were asked about job loss related to IPV. Interviews lasted approximately 1 hour and were audio taped and later transcribed. We continued conducting interviews until we heard no new information about IPV screening preferences in the health care office, (not analyzed in this study). All participants gave informed consent, and the University of Cincinnati Institutional Review Board approved the protocol.

**Analysis**

Using thematic analysis, 4 experienced qualitative researchers read all transcripts. The researchers met several times to identify themes, code the manuscripts, and further develop the major themes. This article focuses on the theme of job loss.

**Results**

The mean age was 32 years (SD 7.9). All participants had children (age range 1-26 years), and 3 were pregnant. Seventy-five percent had current household incomes below the federal poverty level. Almost half qualified for Temporary Aid to Needy Families or Social Security income, almost one-fourth were self-employed or worked in low-paying service jobs, several were homemakers, and the rest were seeking employment or completing substance abuse treatment. The mean length of the abusive relationship was 7.1 years (SD 6.1). More than half had had a previous abusive relationship and more than a quarter intended to continue the current abusive relationship. Half of the participants were nonwhite (predominantly African American) and approximately one-third were from small towns or rural communities.

Half of participants in this sample reported quitting or losing a job because of an abusive relationship. Participants cited reasons for job loss: the abusive partner wanted her to quit, the abuser was employed at the same place, she entered treatment for substance abuse and IPV, she left to enter an out-of-town shelter, she took a leave of absence to deal with the IPV, she took too much time off work because of IPV, she took off work because of IPV injuries, she received disability for anxiety exacerbated by IPV. Reviewers categorized job loss as: abuser initiated, seeking safety, excessive absence, and health issues due to IPV.

Some participants reported quitting their jobs because “he (abuser) wanted me to stop.” One participant who quit her job at her partner’s request during her seventh month of pregnancy described the final months of the pregnancy and the support she felt from her midwife.

I was pretty much in a cage. If he came home and pressed redial on the phone and it wasn't the last number he'd dialed, I'd get hit... He felt like he had to protect something. He didn't let me use the phone, didn't let me go out... took away all of my freedom. So she [the midwife] was the only person I could talk to. So, whenever she did ask me [about IPV]... he wasn't there, he was sitting in the waiting room, and I told her.

Several participants left their employment in order to seek safety. One described needing to quit because her abuser was employed at the same company. One participant quit her job as an electrician to enter a shelter in another city, and another quit a job to enter treatment for alcohol abuse.

Other reasons related to too much absence or decreased work performance:

I worked as a family service worker... for five and a half years... I began taking off work to cover up [black eyes]... so much conflict [with abuser] ... I wind up losing my job.

Whether or not the abuser intentionally gave this woman black eyes (instead of injuries in a hidden area) as a method of controlling her social contacts and financial...
independence was not clear.

Finally, participants reported losing their jobs because of health problems – frequent injuries, mental health issues, and pregnancy problems. One participant reported quitting her job after receiving disability for an anxiety disorder, which was exacerbated by her abusive relationship. Another in substance abuse treatment reported that she did not drink until she was with her abuser. Some victims associated their physical and mental health problems with the IPV; others did not see the link until they sought help at the IPV shelter or support group where they learned about the dynamics of abuse and how it affected their lives and health.

Discussion

The occurrence of job loss in this sample of IPV victims raises awareness about the financial stability challenges for this group of women. The association of IPV and job instability is documented in the social science literature, especially for low-income women. Poor women who were victims of IPV had a harder time maintaining at least 30 hours per week of employment for a 6-month period and experienced more unemployment than did poor women without IPV. The 1996 welfare reform law, with its mandatory work requirements, may exacerbate job instability for IPV victims or encourage them to stay in abusive relationships.

Why is this important for health care providers? More than one-fourth of women who are physically assaulted by intimate partners receive medical care, and the health care provider may be the only individual with whom a victim has contact. For many of these women access to health care is dependent on having a job.

Evidence of job instability may be another “red flag symptom,” along with unexplained injuries, depression, and chronic pain, that indicate a provider should screen for IPV. Patients who make frequent requests for work excuses or report problems at work should be considered for IPV screening. Studies show that IPV victims want providers to ask about IPV and to make IPV resources available (including the phone numbers for crisis lines and counselors), even if they choose not to disclose the abuse.

Given the importance of financial stability to a victim’s ability to seek independence from the abuser, providers may want to consider sharing such resources as employee assistance, if available, or the Family and Medical Leave Act (FMLA), if applicable. Passed in 1993, the FMLA allows workers to take unpaid leaves of absence for up to 12 weeks in a 12-month period for “a serious health condition that makes you unable to perform the essential functions for your job” or “a serious health condition affecting your spouse or child.” This is an option for IPV victims.

This study had several limitations. Data saturation was reached for IPV screening preferences, but may not have been for job loss. Other work-related issues may not have been fully explored. Three-fourths of our participants were low income, and their job concerns may differ from those of middle- or upper-income victims. Data are self-reported and were not corroborated. In addition, participants were identified IPV victims, and their insights may differ from those of unidentified IPV victims.

Despite these limitations, this study highlights the importance of job instability for victims of IPV, especially low-income women. Given these insights, physicians are encouraged to consider discussing employee assistance and the FMLA, if applicable. This information may provide a patient with the opportunity to take steps to manage the abusive relationship without losing her job.

References


