Intimate Partner Violence and Workplace Fatalities

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Surveillance: IPV in the Workplace

• Surveillance defined:
  “the ongoing, systematic collection, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health” (CDC, 2001).
Surveillance: IPV in the Workplace

Importance

- History of underreporting (not identified, misclassified).
- Failure to identify risk and lethality factors.
- Lack of intervention and prevention strategies that could be effectively applied.
- Inability to evaluate the effectiveness of intervention and prevention strategies.
- Lack of adequate, quality resources to assist employees and employers to address these situations.
- Creation of barriers that unfairly burden, punish or violate the rights of IPV victims (possibly offenders).
KY’s Surveillance Project on IPV Fatalities in the Workplace

• Fatality Assessment and Control Evaluation Program (FACE)
  – NIOSH and CDC funded
  – To conduct surveillance of all work-related deaths occurring in Kentucky.

• IPV Surveillance Project (IPVS)
  – CDC funded
  – To quantify the magnitude of IPV in Kentucky, characterize its nature, and measure health and mental health outcomes.
In the beginning . . . . .

A SURVEY OF SPOUSAL VIOLENCE AGAINST WOMEN IN KENTUCKY

“There are no battered women, just prostitutes looking for a place to sleep.”

1978-79 data refutes statements from a KY official

LOUIS HARRIS AND ASSOCIATES
A SURVEY OF SPOUSAL VIOLENCE AGAINST WOMEN IN KENTUCKY

To be statistically correct does not indicate a bias.

To focus the major portion of attention and resources toward the highest ‘at-risk’ population does not indicate neglect.

Since the inception of KY’s domestic violence services, the needs of male victims and perpetrators have been addressed.

Conducted by
LOUIS HARRIS AND ASSOCIATES
1979 KY IPV Surveillance Findings

- 21% of all women had *EVER* experienced IPV (169,000+ women)
- 10% experienced IPV in the *previous 12 months* (80,000+ women)
- 8.7% *EVER* experienced severe IPV (70,000+)
- 4.1% experienced severe IPV, *previous 12 months* (30,000+)
2002-2003 IPVS Telephone Surveys

Population = random sample of 4,059 women
- Types of IPV
- Victim demographics and risk factors
- Health/mental health outcomes
- Perpetrator demographics and risk factors
- Use of personal and professional resources.
IPVS Survey Definitions

National  CDC-recommended IPV definition (VAW)

- Physical or sexual abuse, threats, psychological violence, stalking *and* very frightened.

- Current or former spouses, cohabiting or dating partners.
  - Could be male or female; need not involve sexual activity.

Recommended  IPV definition (VAAW)

includes all of the above, plus *repeated* psychological abuse and stalking, regardless of fear level.
KY IPVS Survey Findings

36.6% of all women reported lifetime IPV.
- Threats
- Physical abuse
- Sexual abuse
- Psychological violence
- Stalking and very frightened

7.0% experienced IPV in the past 12 months.
KY IPVS Survey Findings

36.6% of all women reported lifetime IPV.
  – Threats
  – Physical abuse
  – Sexual abuse
  – Psychological violence
  – Stalking and very frightened

7.0% experienced IPV in the past 12 months.

National IPV definition!

579,352 KY women
2000 Census

112,388 KY women
Comparison of KY IPVS Findings: 1979 to 2002-2003

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- Threats
- Physical abuse
- Sexual abuse
- Psychological violence
- Stalking and very frightened

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579,352 KY women
169,000 KY women
112,388 KY women
30,000 KY women
Kentucky v. National IPV Prevalence

The 2002-2003 KY findings were compared with data for adult females who responded to the National Violence Against Women Survey (NVAWS), 1995-1996, reported in 2000.
Lifetime Prevalence of IPV: Kentucky v. National

Comparison of National and Kentucky Lifetime IPV Prevalence

<table>
<thead>
<tr>
<th>Category</th>
<th>2000 NVAWS</th>
<th>2002-3 KY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>7.7%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>22.1%</td>
<td>34.3%</td>
</tr>
<tr>
<td>Physical or Sexual</td>
<td>24.8%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Stalking</td>
<td>4.8%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Total</td>
<td>36.6%</td>
<td>25.5%</td>
</tr>
</tbody>
</table>
KY IPVS Surveillance Findings

- Majority of abused women reported multiple abuses.
- 74% reported at least one injury-type.
- 77% reported psychological stress.
- 31% contemplated self-injury/ 30.6% attempted SI.
- 30% of perpetrators used a weapon vs. victim.
- 15% of all women; 39% of abused women were stalked and very frightened by intimate partner.
KY IPVS Surveillance Findings

Abusers
- 44% as children, witnessed IPV of their mothers.
- 57% were under the influence during IPV.
- 35% threatened suicide.

Abused Women
- 21% experienced physical/sexual abuse when pregnant.
- 44% said their children were present during IPV.
- 32% sought medical treatment for injuries.

IPV/stalked at the workplace

- 7.4% (7.3%) of all women (lifetime)
- 1.0% (2.4%) of all women (previous 12 months)
- Most likely:
  - Current spouse 32.8% (47.6%)
  - Former boyfriend 23.0% (11.6%)
  - Former spouse 19.2% (13.7%)
  - Current boyfriend 16.0% (15.6%)

- 11.0% (8.8%) of women who reported IPV and harassment at work were still involved w/ the perpetrator at the time of the survey
IPV victims who were also stalked (standing outside) at work and very frightened by their intimate partner were 6.1 (15.2) times as likely to report difficulty keeping a job compared w/ women who reported IPV but not the same type of stalking.

- Stalking but less than very frightened: 11.0 (11.7) times as likely to report difficulty keeping a job . . .

IPV victims whose intimate partners checked up on them repeatedly were 4.7 (9.5) times as likely to report difficulty keeping a job as IPV victims whose intimate partners did not exhibit those specific behaviors.
Surveillance of IPV Fatalities in the Workplace: 1994-2004

Objectives

- To conduct baseline surveillance for KY using a collaborative, evidence-based approach (FACE/IPVS).

- To identify risk and lethality data for victims, co-workers, and emergency responders.

- To develop recommendations for effective prevention and intervention strategies.
Background: Occupational Homicides

- The southern region of the US (includes KY) has the highest workplace homicide rate in the country.
  - 0.06 deaths/100,000 workers South
  - 0.03 deaths/100,000 workers Northeast, Midwest
  - 0.04 deaths/100,000 workers West

- Almost one-half of the workplace homicides occur in the southern region (includes KY).

- Since 1994, KY has recorded 112 workplace homicides, the 4th leading cause of KY worker deaths, and 86% involved firearms.
# Barriers to Identification, Analysis, and Prevention of IPV in the Workplace

## Data collection
- Uncertainty about relationship
- Cases w/ unintended victims
- Critical incidents that do not involve injuries or deaths
- Fear of victims to disclose IPV
- Lack of collateral evidence

## Analysis
- Focus on types of professions v. type of violence
- Lack of multidisciplinary collaboration and training
- Problems w/ putting risk factors in context (threats, depression-suicide)

## Prevention
- Lack of information and resources
- Lack of research and evaluation
Methodology

• Identification of cases through the existing FACE workplace fatalities database.

• Collaboration with IPVS Project and community partners (e.g., IPV advocacy community, justice system) to identify or supplement IPV cases and assist in data interpretation.
Preliminary Findings: KY IPV-Related Workplace Fatalities 1994-2004

100 Cases of workplace homicides

16 or 16.0% are confirmed IPV-related

However, there are still 10 cases with insufficient information to rule in or out of either subset.
Preliminary Findings: KY IPV-Related Workplace Fatalities 1994-2004

Of the 16 confirmed IPV workplace homicides
9 (56.3%) = homicides
1 (6.2%) = double homicide
6 (37.5%) = homicides followed by suicides
Preliminary Findings: KY IPV-Related Workplace Fatalities 1994-2004

Of the 16 cases confirmed as IPV workplace homicides, there were 22 deaths
- 10 women (IPV victims)
- 1 man (wife hired stepson to kill him)
- 6 male suicides (IPV perpetrators)
- 2 men (unintended victims i.e., by-stander, another attempting to protect his female cousin)

Plus, there were 3 public service professionals killed
2 Law Enforcement Officers (female/male) and
1 female Firefighter
Preliminary Findings: KY IPV-Related Workplace Fatalities 1994-2004

Of the 16 confirmed IPV workplace homicides

Domestic Violence Protective Orders

3 confirmed cases
2 did not
11 unconfirmed

Children

Several of the cases documented that the IPV victims had children. One 14 yr-old witnessed her father kill her mother at the family grocery store.
## Workplace Violence Classifications

<table>
<thead>
<tr>
<th>Type</th>
<th>Classification</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I</td>
<td>Criminal</td>
<td>(85%)</td>
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<tr>
<td></td>
<td>The offender has no legitimate relationship to the workplace or the victim and usually enters to commit a crime.</td>
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<tr>
<td>Type II</td>
<td>Client</td>
<td>(3%)</td>
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<tr>
<td></td>
<td>The offender is the recipient of some service provided by the employee or the workplace (e.g., current/former client, patient, customer).</td>
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<tr>
<td>Type III</td>
<td>Employment-related</td>
<td>(7%)</td>
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<td></td>
<td>The offender has an employment-related involvement with the workplace (e.g., current/former employee, supervisor, manager who has a dispute or problem with another employee).</td>
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<tr>
<td>Type IV</td>
<td>Interpersonal</td>
<td>(5%)</td>
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<tr>
<td></td>
<td>The offender has an indirect involvement with the workplace because of a personal relationship with an employee who may be a current/former spouse or partner. This type of violence follows the employee into the workplace.</td>
<td></td>
</tr>
</tbody>
</table>

-1995; Cal/OSHA, Peek-Asa
Haddon Matrix

The systemic breaking down of the violence into temporal as well as epidemiological components.

- Shift from a single-cause, behavioral explanation of injury to include multiple causes and environmental explanations.

<table>
<thead>
<tr>
<th>Phases</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Event</td>
<td>Human</td>
</tr>
<tr>
<td>Event</td>
<td>Agent or vehicle of the violence</td>
</tr>
<tr>
<td>Post-Event</td>
<td>Physical environment</td>
</tr>
<tr>
<td></td>
<td>Sociocultural environment</td>
</tr>
</tbody>
</table>
Basic Tenets for Recommended Strategies

• We have consensus to prioritize victim:
  – safety
  – health
  – confidentiality
  – autonomy.

• We have consensus to make available ‘reality based’ information, protective resources, legal remedies and support.
Haddon Matrix: Pre-Event

Victim

– Describe IPV policies, protocols, and available employee resources (internal, community).
– Train managers and employees on IPV and available resources.
– Collaborate w/ victims on safety plans to prevent workplace harassment or incidents and if unable to prevent, to document or collect evidence of same for legal action as determined in collaboration w/ the victim.
– Connect victim w/ survivor, if safe and indicated.
Haddon Matrix: Pre-Event

Agent (Assailant/Weapon)

– Advise applicants that the commission of IPV in any form will not be tolerated; clarify assistance for victims and consequences for offenders.
– Conduct pre-employment screenings to detect IPV-prone offenders (CAUTION HERE).
– Advise all employees of available services (current victims/survivors, perpetrators)
– Depending on the occupation/responsibilities, screen for alcohol or drug use.
Haddon Matrix: Pre-Event

Physical environment

– Post signs to ban firearms in the facility and the parking areas; monitor and enforce this policy.
– Provide signs of the workplace position on IPV (e.g., posters, brochures, crisis cards) in visible and accessible places.
– Conduct a safety assessment of the perimeter and facility to 1) reduce risk of or delay/deny access by offenders, 2) increase access capability for emergency responders.
– Depending on the work, hire and train security guards.
– Practice safety plans w/ employees on a routine basis.
Haddon Matrix: Pre-Event

Sociocultural environment

– Collaborate w/ IPV community partners on policy, protocol, training, services, and prevention education activities.
– Develop written policy and protocol for IPV, including safety plans for crisis events.
– Develop appropriate employee resources in collaboration w/ community partners.
– Train managers and employees on IPV and available resources.
– Publicize the position of the employer regarding IPV and the availability of resources.
– Create opportunities for the workplace and employees to support or volunteer with IPV service programs.
Proposed FACE Grant

- To use multiple sources data to provide evidence-based approach for improved surveillance and prevention of IPV-related workplace homicides.

- To make recommendations to the Haddon Matrix for investigation that employs multidisciplinary behavioral, administrative, and environmental approaches to reducing and preventing IPV-related workplace homicides.
In memory of . . .

- Bertie Jefferson
- Jeannie Purcell
- B.J. Quire (age 16)
- Karen Duncan
- Linda Culp, Linda Saltzman
- Deputy Sheriff Regina Nichols, Officer Bobby Palmer, Lt. Brenda Cowan, Officer Eddie Mundo, Jr.
- So many, too many, others . . . .