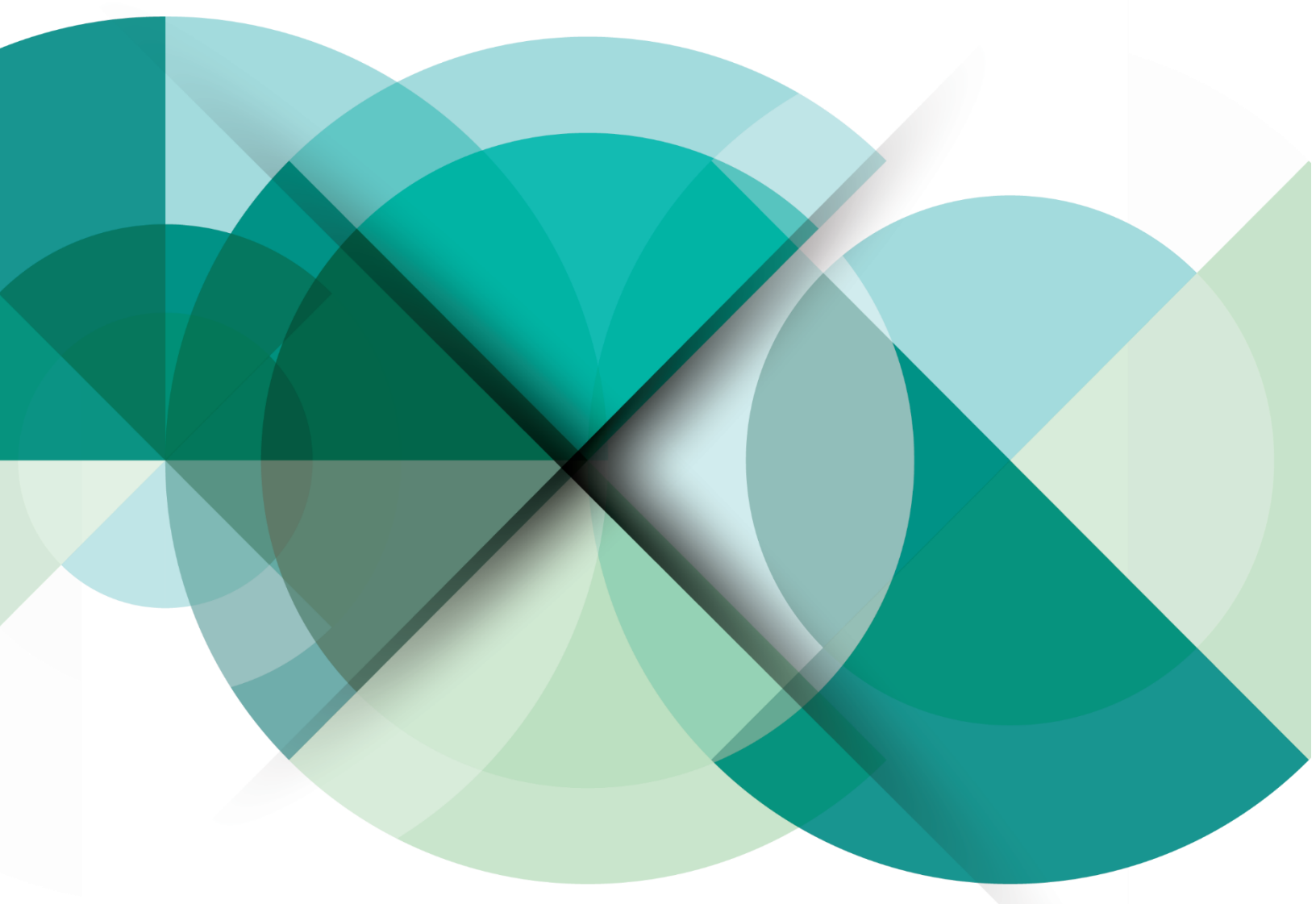


Pilot Survey of Prevalence and Costs of Intimate Partner Violence in the Workplace



Audra J. Bowlus and Barbara J. MacQuarrie

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Summary

This is a report on the **first survey in North America to measure the economic costs of intimate partner violence (IPV) to a workplace**. The survey was conducted at a midsize university in Southwestern Ontario in 2019. It measures the prevalence of IPV among the respondents and allows for the calculation of costs due to lateness, absenteeism and presenteeism. Importantly, the survey does not rely on self-reports of victimization; does not rely on respondents attributing costs to IPV; collects information on both victimization and perpetration; collects information on the effects of co-workers' experiences of IPV; and encompasses the IPV experiences of all genders at the workplace.

The survey found that **one in three women or gender diverse respondents and one in five men respondents report having ever experienced IPV**. Because there were very few respondents that identified as gender diverse, results for this group have been combined with those of women. Approximately 15% of all respondents report having perpetrated acts of violence toward an intimate partner. For both victims and perpetrators, the most prominent acts of violence are physical and emotional/psychological.

Relationships with violence are more likely to exhibit emotional/psychological violence, whether on its own or in conjunction with physical/sexual violence.

One-third of respondents reported observing signs of IPV among co-workers. The top signs reported include co-workers being absent or late, exhibiting anxiety or fears, displaying poor performance or requesting special treatment, being emotionally upset, keeping isolated, and hinting of trouble at home.

Only 10% of respondents reported direct knowledge of a co-worker experiencing IPV suggesting that the issue is not readily disclosed. Of those respondents with direct knowledge, **67% felt their co-worker's performance had been negatively affected by their IPV** by being distracted, tired or unwell. Further, **53% felt that their own work had been affected** mainly because their co-worker's IPV experiences caused them to feel stressed.

In terms of productivity, **respondents who have been victims of IPV lose, on average, an additional month of lost days compared to respondents who have never experienced IPV** due primarily to higher rates of absenteeism and presenteeism. Given the victimization rates, **these lost days translate into productivity losses on the order of 1.7-2.7% of the workplace's annual wage bill**.

Overall, the pilot was a success given its capacity to **(1) identify victims and perpetrators of IPV, (2) identify knowledge and impacts of co-workers' victimization, (3) identify impact of IPV on absenteeism, lateness and presenteeism, and (4) quantify those impacts in terms of days and productivity lost to the workplace**. Given the success of the pilot, next steps include: **(1) recruitment of workplaces, (2) adaptation of the survey to workplace contexts, and (3) development of workplace policies, tools and training to recover productivity lost due to IPV**.

Recommendations for Workplaces

- Recognize that IPV is a problem that impacts productivity in multiple ways.
- Develop and enact training and policies to increase awareness and help victims of IPV.
- Develop and roll out an education campaign to inform those impacted directly and indirectly by IPV that support is available.
- Address digital environments and the array of platforms now used to conduct work – and to harass, surveil, locate, and inflict violence – in policies and training.
- Provide specialized training for supervisors, managers, Human Resources personnel, union representatives, Health & Safety representatives, security staff and anyone in the workplace responsible for taking and dealing with reports.
- Provide questions/guides for supervisors/managers to screen for IPV during performance evaluations and exit interviews as what may appear to be poor performance or dissatisfaction may be related to IPV as experienced by victims, perpetrators, or co-workers.
- Recognize that problems need not be only short-term and that supports need to be in place for former victims of IPV as well.
- Evaluate the effectiveness of training and policies by reassessing the impacts and costs of IPV at a later date.

Section 1: Introduction

During the late 1980s and 1990s, a new focus on the economic losses to individuals and societies due to violence against women emerged (Yodanis et al., 2000). Subsequently, researchers across the globe have estimated the economic costs of violence against women including those borne by governments, individuals and employers.¹ The majority of costs of violence studies rely predominantly on existing data, generally national-level population-based data gathered by government agencies or small sample surveys of victims. The population studies provide snapshots of selected costs in specific countries. However, they are difficult to compare because they are based on different categories of costs, different forms of violence, and highly variable populations (Varcoe et al., 2011). The case studies often do not provide a control group or prevalence rates. Therefore, it is difficult to extrapolate the appropriate level of the costs to the full population. Further, because the data are incomplete, the resulting cost estimates underestimate the full impact. Nonetheless, regardless of the assumptions employed, the conclusions across studies have been consistent – the economic cost of violence against women, including intimate partner violence (IPV), is significant for both the individual and society.

One area in which it has been difficult to measure costs using existing data is the cost to businesses including lateness, absenteeism and presenteeism. Presenteeism includes lost time and productivity at work due to reduced attention, the time co-workers spend covering for the victim, the time the victim may spend in the restroom or on the phone with friends or family, and lower productivity brought on by worry and stress over what is happening at home. In addition, business costs can include the administrative costs of time spent processing victims' time off, the search and training of a replacement employee if victims leave the job, and programs or policies designed to help support victims. Costs to the business can also include the administrative costs of processing harassment suits or union grievance procedures for violence occurring in the workplace (Day et al., 2005; Wathen et al., 2014). Finally, Scott et al. (2017) show that perpetrators also pose significant occupational health and safety risks at workplaces.

Some studies have included aggregate estimates of costs of IPV to businesses. For example, Zang et al. (2012) estimate those costs to be \$7.9 million in 2009 for Canada. Other studies contribute to the economic costs perspective by showing how violence impacts workers' work, income, and education.² From a human capital perspective, both perpetrators of violence and victims, as well as their co-workers, have been found to be less productive and profitable to companies (Mueller, 2000).

Until recently, only aggregate costs have been calculated leaving individual businesses to speculate about how much the problem might be costing their own workplace. In 2012 Dr. Vara-Horna from San Martin University in Peru, working in collaboration with the German Aid Agency, Gesellschaft für Internationale Zusammenarbeit (GIZ), developed a methodology for estimating the costs of IPV for an individual business (GIZ, 2012). Being able to calculate costs at a localised

¹ See Day et al. (2005) for a survey.

² See, for example, Shepard and Pence, 1988; Stanley, 1992; Lloyd, 1997; Raphael and Tolman, 1997; Wathen et al., 2014; Olszowy, Saxton, and MacQuarrie, 2017a & 2017b.

company level provides a motivation for business leaders to focus on their own context, without relying on more problematic broader aggregated data to promote internal organisational change. (Walker & Duvvury, 2016).

In this report we adapt Dr. Vara-Horna's surveys and methodologies to the context of a workplace in North America, while retaining the essential components of correlating lost hours of work with IPV and calculating a lost productivity measure attributable to those hours (Vara-Horna, 2018).³ In addition, the survey is designed to include costs for all genders as well as costs related to both victimization and perpetration.

Our adapted survey was administered to all employees of a midsize university in Southwestern Ontario at the end of 2019. Respondents were asked a set of demographic questions, a series of questions related to work absences and reduced productivity during the last month as well as health issues during the last year, a series of questions related to co-workers' productivity and knowledge of IPV among co-workers, and finally a set of questions to elicit experiences of victimization and perpetration of IPV.

Despite a relatively low survey response rate, the pilot reveals several interesting findings about the effects of IPV in the workplace. First, one in three women/gender diverse respondents and one in five men respondents have ever experienced IPV, while 16% of women/gender diverse respondents and 12% of men respondents have experienced IPV in the last 12 months.⁴ Further, about 10% had ever perpetrated IPV on their partner. One-third of respondents reported noticing signs of IPV among their co-workers, but only 10% had direct knowledge of a co-worker's experiences of IPV. Respondents who were victims of IPV reported approximately an additional month of lost days resulting in a productivity loss of 1.7-2.7% of the workplace's annual wage bill.

³ Duvvury et al. (2020) have tested the lost days framework in three countries and have validated its ability to reflect the effects of IPV on workplaces.

⁴ Because there were very few respondents that identified as gender diverse, results for this group have been combined with those of women.

Section 2: Survey Design, Response Rate and Sample Statistics

Section 2.1: Survey Design

The pilot survey was conducted online and drew on survey methodologies from two previous employee surveys constructed to capture the effects of IPV on the workplace and the costs of those impacts. These were a questionnaire used in a national survey of employees in Canada (Wathen et al., 2014) and a questionnaire used in a number of workplaces in South America to estimate the costs of IPV to the workplace (Vara-Horna, 2014 & 2015). The survey was drafted combining elements from both surveys. To identify victims and perpetrators of violence the survey adopted the latest screening questions developed by Ford-Gilboe et al. (2016)⁵ and used in Canada's 2018 National Survey of Safety in Public and Private Spaces.

In answering each question, the respondent must indicate if a current or past partner has ever committed the act against them and, in turn, whether they have ever committed the act against a partner. The series of questions allows for identification of victims and perpetrators of physical, sexual, and emotional/psychological abuse.

To create a survey relevant to the context of a North American workplace, steps were taken to adapt the original surveys. Demographic questions were adapted, with input from human resource representatives, to reflect the structure of the workforce as much as possible.⁶

The final survey had 57 questions. The number of questions each respondent answered varied depending on their responses (e.g., respondents who were not aware of any co-workers suffering from IPV were routed past questions regarding the impact of this IPV on their work). At the end of the survey, IPV resources (e.g., phone numbers and websites) were provided. At the beginning of the survey, respondents had to give their consent to participate in the survey. An 'Exit Quickly' button was included on the survey in case a respondent needed to shut it down quickly. The survey was prepared for completion on Qualtrics' survey platform.

The survey began by asking participants to respond to demographic questions including their sex, gender, age, relationship status, place of birth, citizenship, Indigenous status, race, disability status, education, and work-related variables (appointment, contract, unit, union, hours, and salary). The survey also collected information on current partner demographics and features of the relationship (duration, children, conflicts). The survey then sought to gain information from respondents about their absenteeism, lateness and presenteeism over the previous four months in addition to health issues suffered in the last year. Next respondents were asked questions related to their co-workers including whether they were aware of any co-workers suffering from IPV and whether this had affected their co-worker's work as well as their own work. Finally, respondents were asked about experiencing or perpetrating abusive behaviours in their adult intimate relationships. Information was collected on the timing and frequency of these experiences relative to the last 12 months.

⁵ We used the Composite Abuse Scale Revised – Short Form (CAS_R-SF). Version: March 30, 2020.

⁶ The survey was reviewed and received ethics approval from all required review boards.

Section 2.2: Sampling, Recruitment and Data Collection

The survey was disseminated via an email message to all employees at the workplace with a link to the online survey. The online survey was completed in late 2019. Advertisement of the survey was done through a variety of methods including posters and postings on LinkedIn. Direct reminder emails and emails from supervisors encouraging participation were sent.

The survey encountered some technical difficulties which were fixed rather quickly, but some respondents found it collected too much personal information to guarantee anonymity. The issues surrounding the survey and its collection as well as the lessons learned will be documented in another report.

It is an established fact that survey response rates tend to vary dramatically depending on how surveys are administered. Response rates are generally much higher when interviews are carried out in person rather than by telephone, post or online. The survey response rate is key to survey representativeness and needs to be kept in mind when analyzing and interpreting the survey results. A survey with a low response rate may have little statistical significance, in the sense that the sample that answered the survey may not be representative of those targeted by the survey. However, interviews in person are cost prohibitive and very time consuming when addressed to several thousand employees. Moreover, in workplace surveys, individuals may fear being identified by their employer. An online survey with well-protected software may be viewed as better at guaranteeing the anonymity of respondents.

The pilot survey was sent to over 10,000 employees. Take-up of the survey varied greatly across employee groups resulting in the need to eliminate some employee groups from the analysis. The employee groups that engaged the most with the survey represent the core full-time workers at the workplace with around 3,800 employees. Among this group, there is a response rate of 20%. After cleaning the data,⁷ our sample contains 890 respondents of which 785 work full-time. This number represents the base sample, hereinafter referred to as ‘respondents.’

Section 2.3: Sample Statistics and Survey Limitations

A response rate around 20% and a survey sample of 890 respondents does not inevitably hinder survey representativeness. However, it is important to examine the sample’s representativeness of the population surveyed. Table 1 provides sample statistics based on gender (man or woman/gender diverse). The first and second columns give the percentages of respondents in each category for men and women/gender diverse, respectively. Because almost all respondents identified themselves as men or women and not gender diverse, the respondents who chose the gender diverse category have been combined with women.⁸

⁷ Respondents were eliminated from the survey if they did not respond to the questions regarding their sex, appointment, or union. Those who reported ages less than 20 or greater than 70 were eliminated.

⁸ Unfortunately, only 5 respondents identified their gender as other than men or women making it impossible to conduct a separate analysis on this group. Given their responses aligned more with the women respondents, they were included in the women/gender diverse category for the analysis instead of excluding them.

Table 1 indicates that the sample has a large percentage of women/gender diverse respondents at 72%. These women/gender diverse percentages are larger than the percentage of the women population of employees in workplace at 55%. The sample percentages suggest that women were more likely to answer this survey than men.

Table 1 also indicates that respondents to the survey tend to be older with an average age around 45 years. Most of the respondents were born in Canada. Very few identified as Indigenous, while around 10% of the respondents indicated they are a visible minority. Interestingly, around 20% of the sample reported having a disability. Approximately half of those reporting a disability indicated that their disability is related to mental health. With respect to job characteristics, 85% indicated they worked 30 hours or more a week, while around three-quarters have a permanent contract. Finally, the sample is highly educated. Over 80% of the sample has BA degree or higher.

With respect to relationship characteristics, less than 5% report that they were never in a relationship. Around 80% of women/gender diverse respondents and 90% of men respondents report being in a current relationship (married, common-law, dating), with 70-83% reporting married or in a common-law relationship, respectively. In terms of children, women/gender diverse respondents report a lower percentage of having children at 61% while men respondents report a rate of 74%. Most of the respondents also report being in a long-term relationship that has lasted more than 10 years.

In terms of partner characteristics, the percentages born in Canada and with visible minority status mirror those of the respondents albeit slightly less. The respondents' partners are also highly educated, with the majority having at least a BA degree. However, the overall level of education is lower for partners for both genders. Finally, the last section of Table 1 reports on the percentages of respondents with current partners who report various conflicts. The highest category is partner conflicts about the respondent being away too much with 13% of women/gender diverse respondents and 24% of men respondents reporting this conflict. Here the percentages are higher for men than women/gender diverse. A few respondents (less than 10%) reported that their partner had problems with them earning too little or their job status.⁹

The last line of Table 1 gives the sample sizes for the two groups. Given the relatively low response rate and small sample sizes, we caution against using the survey to draw firm conclusions regarding the prevalence of IPV as well as the costs associated IPV at this workplace. The results we present should be viewed as an example of how a survey can be used to identify the effects of IPV and quantify the resulting costs. Therefore, reported results are only suggestive of the potential costs associated with IPV for a workplace.

⁹ Less than 1% of the respondents reported a conflict with their partner about earning too much.

Table 1: Demographic Statistics by Appointment and Gender

| | Men | Women/Gender Diverse |
|---------------------------------------|------------|-----------------------------|
| Gender | 28 | 72 |
| Age (years) | 46 | 44 |
| Born in Canada | 80 | 84 |
| Indigenous | 1 | 2 |
| Visible Minority | 12 | 11 |
| Disability | 22 | 19 |
| Full-time (>30 hours/week) | 83 | 86 |
| Permanent contract | 76 | 74 |
| Education | | |
| HS or less | 3 | 3 |
| College but less than BA | 14 | 13 |
| BA or higher | 83 | 84 |
| Relationship | | |
| Ever in a relationship | 96 | 97 |
| Currently in a relationship | 90 | 80 |
| Married/Common law | 83 | 70 |
| Children | 74 | 61 |
| Length of current relationship | | |
| 5 years or less | 11 | 22 |
| 6-10 years | 10 | 13 |
| 10+ years | 79 | 65 |
| Current partner demographics | | |
| Partner born in Canada | 79 | 78 |
| Partner visible minority | 11 | 11 |
| Partner education | | |
| HS or less | 10 | 13 |
| College but less than BA | 19 | 33 |
| BA or higher | 71 | 54 |
| Partner conflicts | | |
| Earning too little | 9 | 6 |
| Away too much | 24 | 13 |
| Partner not liking job status | 6 | 3 |
| | | |
| Number of observations | 247 | 643 |

Note: Percentage indicating each category is given in the table except for age which reports the average age in years.

Section 3: Findings Regarding IPV Among Co-Workers

Before being asked about their own experiences in their intimate relationships, respondents were asked about their co-workers. First, all respondents were asked about whether they had ever observed any signs of IPV among their co-workers. Respondents were given a list of signs and asked to check all that applied. Respondents were also able to indicate that they had not observed any signs. Table 2 gives the list of signs and the percentage of the respondents indicating observance of each sign. Of the 890 respondents in our sample, 681 answered this question. Of those, 39% reported at least one sign. The signs with at least 10% of the respondents answering ‘yes’ included the co-worker(s) being absent or late; the co-worker(s) exhibiting anxiety or fears; the co-worker(s) displaying poor performance or requesting special treatment; the co-worker(s) being emotionally upset; the co-worker(s) keeping isolated; and the co-worker(s) hinting of trouble at home.

Table 2: Signs of IPV Among Co-Workers

| | |
|---|-----|
| Co-worker absent or late | 21 |
| Co-worker anxiety or fears | 19 |
| Co-worker requests special treatment | 17 |
| Co-worker poor performance | 17 |
| Co-worker emotionally upset | 16 |
| Co-worker keeps isolated | 13 |
| Co-worker hints of trouble at home | 10 |
| Co-worker fears loss of job | 7 |
| Co-worker many phone calls | 7 |
| Co-worker has injuries | 6 |
| Co-worker makes excuses/apologies for partner | 5 |
| Co-worker denies injuries/problems | 5 |
| Co-worker unseasonal clothing | 3 |
| Co-worker partner visits workplace | 3 |
| Co-worker receives gifts/flowers | 3 |
| Co-worker nervous in presence of partner | 3 |
| Co-worker left the company | 3 |
| Co-worker receives insulting phone messages | 2 |
| Co-worker changes use of alcohol/drugs | 2 |
| No signs of co-worker being abused | 62 |
| Number of respondents | 681 |

Note: Percentage of respondents who noted that they had observed the behaviour among one or more co-workers. Respondents may answer “yes” to more than one behaviour unless they choose “No signs of co-worker being abused.”

Table 3: Co-Worker’s Ability to Work Affected by IPV

| | |
|--|----|
| Co-worker distracted at work | 67 |
| Co-worker tired at work | 56 |
| Co-worker unwell at work | 53 |
| Co-worker injured at work | 9 |
| Co-worker late to work | 32 |
| Co-worker absent from work | 16 |
| Co-worker affected at work in other ways | 8 |
| Not sure how co-worker affected at work | 26 |
| Co-worker not affected at work from IPV | 7 |
| Number of respondents | 85 |

Note: Respondents who indicated knowledge of a co-worker’s suffering from IPV were asked how their co-worker’s work was affected. Table 3 indicates the percentage of those respondents who indicated their co-worker’s work was affected in the stated way. Respondents could indicate more than one means by which their co-worker’s work was affected unless they answered their work was not affected or they were unsure.

The next question asked if the respondent had direct knowledge of a co-worker who was suffering from IPV. Only 85 respondents indicated ‘yes’ to this question. Those 85 were then asked if their co-worker’s ability to work had been affected by being a victim of IPV. Table 3 reports the results of that question and shows that 67% of the respondents felt that the work had been affected in some way(s).¹⁰ The top ways in which their co-worker’s work had been affected included distracted (67%), tired (56%), unwell (53%), late (32%), and absent (16%).

The same respondents were asked if their own work had been affected by their co-worker’s IPV. In this case, fewer workers reported an affect on their work than on their co-worker’s work at 53%. The main affect indicated by these respondents was that they had experienced stress because of the IPV their co-worker was experiencing at 45%. Further, 19% said their work was directly affected and 16% said the IPV caused conflict between them and their co-worker.

Here we are seeing the first evidence from the survey that IPV has an effect on the workplace. Respondents are reporting that they have seen signs of IPV and, if they are aware of someone experiencing IPV, they are likely to report effects on their co-worker’s work and their own. This evidence is in line with other work on co-workers (Vara-Horna, 2018). However, the number of respondents who are aware of a co-worker experiencing IPV is too small to make any broad statements or to include this group in the costs of IPV to workplace. In this way, the estimated costs are an underestimate.

¹⁰ Only 7% reported that they felt their co-worker’s work had not been affected, while 26% reported that they were unsure how the work had been affected.

Table 4: Own Work Affected by Co-Worker's IPV

| | |
|------------------------------------|----|
| Harmed by co-worker's IPV | 0 |
| Calls because of co-worker's IPV | 2 |
| Stressed by co-worker's IPV | 45 |
| Work affected by co-worker's IPV | 19 |
| Conflict caused by co-worker's IPV | 16 |
| Other effects from co-worker's IPV | 2 |
| No effects from co-worker's IPV | 47 |
| | |
| Number of respondents | 85 |

Note: Respondents who indicated knowledge of a co-worker's suffering from IPV were asked how their own work was affected. Table 4 shows the percentage of those respondents who indicated their work was affected in the stated way. Respondents could indicate more than one means by which their work was affected unless they answered their work was not affected or they were unsure.

Section 4: Findings Regarding Victimization and Perpetration of IPV

In the last section of the survey, respondents were asked about a series of relationship experiences and whether they had ever had the experience with any current or past intimate partner. If they indicated ‘yes,’ they were then asked whether it had occurred more than 12 months ago or within in the last 12 months. If the latter, they were asked how frequently it had occurred. The list of experiences was taken from the recently developed Composite Abuse Scale Revised – Short Form (CAS_R-SF) (Ford-Gilboe et al., 2016). To identify victims and perpetrators of IPV, we followed Vara-Horna (2018) and asked respondents whether a partner had ever done the act in question to them and whether they had ever done the act to a partner, where the former helps identify victims of violence and the latter perpetrators. By asking about acts/experiences we do not directly ask the respondents if they have been victims (or perpetrators) of IPV in order to identify them as such. Respondents may be reluctant to identify themselves as a victim or a perpetrator directly or they may not know or feel that they are a victim or perpetrator. Thus, eliciting victimization and perpetration rates in this way may yield more accurate estimates.

Tables 5 and 6 report the percentage of women/gender diverse and men respondents, respectively, who report experiencing each act as a victim or a perpetrator in the last 12 months and ever.¹¹ The tables are divided into experiences that are labelled as physical violence, sexual violence, and emotional/psychological violence. Among both women/gender diverse and men respondents, emotional/ psychological and physical forms of IPV are reported more than sexual forms, with the exception of humiliation of sexual past. Victimization rates are also higher than perpetration rates among both genders. Generally, the men victimization and perpetration rates are lower for each category than those for the women/gender diverse.

Table 7 presents the overall rates of physical, sexual, and emotional/psychological violence as well as the rates for any form of violence for men and women/gender diverse respondents. The rates of ever having experienced any form of IPV are 33% for women/gender diverse respondents and 21% for men respondents. These rates are lower than those found for all of Canada using the 2018 Survey of Safety in Public and Private Spaces (SSPPS), which found that 4 in every 10 women and 1 in every 3 men has been a victim of IPV (Cotter, 2021). While the ever victimized rates are lower, the rates for victimization in the last 12 months (or current IPV) are slightly higher than those in the SSPPS at 13% for men respondents and 16% for women/gender diverse respondents.¹² In terms of perpetration, the results indicate that 16% of women/gender diverse respondents and 13% of men respondents have ever perpetrated an act of violence against an intimate partner. As noted above, the most common forms of both victimization and perpetration are physical and emotional/psychological violence.

¹¹ The percentage who experienced the act more than 12 months ago can be calculated by subtracting the “<12 month” percentage from the “Ever” percentage.

¹² Using the same IPV questions as in our pilot, the SSPPS reveals that 11% of men and 12% of women were victims of IPV in the last 12 months (Cotter, 2021). One major difference between the two samples is that the SSPPS covers all adults over the age of 15. Compared to the population of Canada over the age of 15, this sample is older and more educated.

Table 5: Women/Gender Diverse Victim and Perpetrator Percentages

| | Victim | | Perpetrator | |
|---------------------------------|------------|------|-------------|------|
| | <12 months | Ever | <12 months | Ever |
| Physical violence | | | | |
| Shook, pushed, grabbed | 4 | 16 | 2 | 8 |
| Knife, gun or other weapon | 1 | 3 | 0 | <1 |
| Chocked | 1 | 4 | <1 | 0.19 |
| Hit, kicked or bit | 1 | 6 | 1 | 3 |
| Locked in a room | 1 | 3 | <1 | <1 |
| Sexual violence | | | | |
| Sex acts not wanting to perform | 2 | 9 | 0 | <1 |
| Forced sex | 2 | 7 | 0 | 0 |
| Emotional violence | | | | |
| Convinced crazy | 5 | 12 | 1 | 3 |
| Stalked | 2 | 10 | <1 | 1 |
| Threaten to kill | 2 | 6 | 0 | <1 |
| Online harassment | 5 | 12 | 1 | 3 |
| Not good enough | 11 | 21 | 5 | 6 |
| Isolated from friends or family | 3 | 11 | <1 | 1 |
| Refused money, job, resources | 2 | 5 | 0 | 0 |
| Blamed for violent behaviour | 5 | 15 | 1 | 2 |
| Humiliation of sexual past | 6 | 16 | 1 | 3 |

Note: women/gender diverse respondents were asked if any intimate partner had ever done the activity, and if so when and how often. For the same activity, respondents were then asked if they had ever done the activity to their partner and if so when and how often. Here the percentages who indicated “yes” to the activity are reported in the “Ever” column for victims and perpetrators, and those who indicated “yes” and within the last 12 months are given in the “<12 months” column. Thus, those who have experienced the form of violence more than 12 months ago can be calculated by subtracting the “Ever” column from the “<12 months” column.

Table 6: Men Victim and Perpetrator Percentages

| | Victim | | Perpetrator | |
|---------------------------------|------------|------|-------------|------|
| | <12 months | Ever | <12 months | Ever |
| Physical violence | | | | |
| Shook, pushed, grabbed | 4 | 11 | 2 | 5 |
| Knife, gun or other weapon | <1 | 2 | 0 | 0 |
| Chocked | <1 | <1 | 0 | 0 |
| Hit, kicked or bit | 1 | 5 | <1 | 1 |
| Locked in a room | 0 | 0 | 0 | 0 |
| Sexual violence | | | | |
| Sex acts not wanting to perform | 1 | 3 | 1 | 2 |
| Forced sex | 0 | 1 | 0 | <1 |
| Emotional violence | | | | |
| Convinced crazy | 2 | 7 | 1 | 2 |
| Stalked | <1 | 2 | <1 | 1 |
| Threaten to kill | <1 | 2 | 0 | 0 |
| Online harassment | 2 | 5 | 0 | 1 |
| Not good enough | 8 | 11 | 4 | 6 |
| Isolated from friends or family | 3 | 6 | 1 | 1 |
| Refused money, job, resources | 0 | 1 | 0 | 0 |
| Blamed for violent behaviour | 2 | 5 | <1 | 2 |
| Humiliation of sexual past | 6 | 8 | 2 | 3 |

Note: Men respondents were asked if any intimate partner had ever done the activity, and if so when and how often. For the same activity, respondents were then asked if they had ever done the activity to their partner and if so when and how often. Here the percentages who indicated “yes” to the activity are reported in the “Ever” column for victims and perpetrators, and those who indicated “yes” and within the last 12 months are given in the “<12 months” column. Thus, those who have experienced the form of violence more than 12 months ago can be calculated by subtracting the “Ever” column from the “<12 months” column.

Table 7: Prevalence of Types of Violence for Men and Women/Gender Diverse

| | Victim | | Perpetrator | |
|-----------------------------|------------|------|-------------|------|
| | <12 months | Ever | <12 months | Ever |
| Men | | | | |
| Physical violence | 5 | 13 | 2 | 6 |
| Sexual violence | 1 | 4 | 1 | 2 |
| Emotional violence | 11 | 18 | 5 | 9 |
| Any violence | 13 | 21 | 7 | 13 |
| Women/Gender Diverse | | | | |
| Physical violence | 5 | 19 | 3 | 10 |
| Sexual violence | 3 | 11 | 0 | <1 |
| Emotional violence | 15 | 29 | 6 | 10 |
| Any violence | 16 | 33 | 8 | 16 |

Lastly, in Table 8 we explore the different types of relationships found in our sample. Here we distinguish between relationships that contain no violence, only physical/sexual violence, only emotional/psychological violence, and both physical/sexual and emotional/psychological. We also examine whether one or both spouses is perpetrating the violence. Importantly, almost 70% of the respondents report that they have never been a victim nor a perpetrator of physical/sexual violence or emotional/psychological violence. Almost 10% of respondents report only the presence of emotional/psychological violence, while less than 5% report only the presence of physical/sexual violence. In general, emotional/psychological violence is more likely to be present on its own and in conjunction with physical/sexual violence. Among respondents with both forms of violence present, the highest category at 8% contains those whose spouse alone perpetrates the violence. In contrast, very few respondents report that they (“self only” – bottom row and last column) are the only one perpetrating the violence.

Table 8: Types of Violence Within Relationships

| | Emotional/Psychological Violence | | | |
|---------------------------------|----------------------------------|---------------|-------------|-----------|
| | Neither Partner | Both Partners | Spouse only | Self only |
| Physical/Sexual Violence | | | | |
| Neither Partner | 507 (69.2%) | 19 (2.6%) | 44 (6.0%) | 2 (-) |
| Both Partners | 8 (1.1%) | 23 (3.1%) | 17 (2.3%) | 1 (-) |
| Spouse only | 14 (1.9%) | 21 (2.9%) | 61 (8.3%) | 2 (-) |
| Self only | 11 (1.5%) | 3 (-) | 4 (-) | 1 (-) |

Section 5: Lost Productivity and Estimates of Costs of IPV

In the survey, all respondents were asked questions about their lateness, absenteeism and presenteeism over the last month as well as any adverse health conditions over the past year. Because everyone answered these questions, we can form control groups to compare days of work lost due to these factors between those respondents who are or have been IPV victims and those who have never experienced IPV as a victim.¹³ This enables the calculation of the cost of the extra days of work lost due to IPV.

Table 9 reports the number of days of work lost due to lateness, absenteeism, presenteeism and adverse health concerns over the last year for the full sample by gender. We have not restricted our victim group to only those respondents who are current victims. This reflects the fact that the effects of IPV can be long term and do not necessarily end with the end of the relationship. These effects may be due to long-term health concerns stemming from the IPV and/or continued contact with the perpetrator, possibly through children.

The first column in Table 9 shows the number of days lost annually to lateness.¹⁴ Notably, very few days are lost in a year due to respondents being late. We also find very little difference between respondents who are IPV victims and those who are non-victims in terms of lateness, suggesting that it is not a major factor.

For days absent, respondents were asked for the number of days they were absent because of a variety of reasons.¹⁵ Column 2 in Table 9 shows that respondents are much more likely to be absent than late resulting in a substantial number of lost days for all groups. Indeed, it is here that the first difference between respondents who are victims and those who are non-victims of IPV occurs with those respondents who have experienced IPV reporting higher absenteeism rates and more days lost, on average, compared to those who have never experienced IPV. For the full sample, respondents who are IPV victims report, on average, over a week more of days absent in a year than those who are non-victims of IPV for both men and women/gender diverse.

¹³ Given our small sample sizes of perpetrators (only) and those who are aware of a co-worker experiencing IPV, we are not able to break out these groups and calculate their days lost and the costs associated with them as in Vara-Horna (2018). Thus, in this section we divide the sample into those who have been victims of IPV in their adult lifetime and those who have never been a victim.

¹⁴ Respondents were asked to record the number of days in the last month that they were late for work by less than 1 hour, more than 1 hour but less than 2 hours, and more than 2 hours. They were given 6 categories to choose from: (1) Never, (2) 1 day, (3) 2 days, (4) 6-10 days, (5) 11-15 days and (6) more than 15 days. The minimum value of each category was used and an 8-hour day was assumed to calculate the fraction of the day lost due to being late. Here, we follow Vara-Horna (2018) and calculate that 12.5% of the day was lost due to being late one hour or less, 25% for being late between one and two hours and 37.5% for more than two hours. This allows us to convert the answers into the number of days lost in the past month to lateness. To annualize the number of days lost to lateness, we then multiply the number of days lost in the past month by 12.

¹⁵ They were given the same categories as for lateness. Again we used the minimum value of each category and summed the number of days absent across the different reasons. We then capped the total number of days absent at 15 for the month in case people were recording days absent under the same reason twice (e.g., illness and attending a visit to the doctor) and to prevent instances where people were recorded as missing more days than are in a month. This number was then multiplied by 12 to get the number of days absent in a year.

Table 9: Average Days of Work Lost Annually Across Victims and Non-Victims

| | Days late | Days absent | Days not present | Days off (health) | Total days lost | Number of respondents |
|--------------------------------------|-----------|-------------|------------------|-------------------|-----------------|-----------------------|
| All men/women /gender diverse | | | | | | |
| Men - No IPV | 1.81 | 15.11 | 31.20 | 9.18 | 48.36 | 162 |
| Men - IPV Victim | 2.39 | 27.00 | 43.92 | 14.20 | 75.00 | 44 |
| Women/gender diverse - No IPV | 1.58 | 18.25 | 33.24 | 9.69 | 54.76 | 361 |
| Women/gender diverse - IPV Victim | 1.94 | 25.24 | 60.00 | 15.36 | 83.39 | 174 |

Next, we examine the days of work lost to presenteeism or lost productivity/output while at work. Presenteeism is measured in the survey by asking respondents the number of days in the last month that each type of presenteeism was present including difficulty concentrating, slow, tired, worried, underperforming, having to stop work, errors, and work related incidents and accidents.¹⁶ Column 3 in Table 9 shows that, on average, for respondents who are victims and non-victims alike presenteeism results in a large number of days of work lost. Here we find more evidence of the impact of IPV on productivity with victims reporting, on average, 10 to 30 more days of work lost than those who have never experienced IPV. The largest presenteeism factors are being tired and having difficulty concentrating. On average, women/gender diverse (men) respondents lose over (under) 3 days of work per month being tired and over 2 1/3 days (2 days) per month to an inability to concentrate. Far fewer respondents report more problematic issues of presenteeism. For example, less than 20% report having to stop work during the last month and less than 10% report having errors, incidents or accidents at work.

Finally, the survey asks questions about about how often respondents have felt unwell during the last year due to a variety of health conditions.¹⁷ Column 4 in Table 9 shows that these health

¹⁶ Following Vara-Horna (2018), we use the minimum of the range of days in each category and value the types in terms of how much of a day is lost due to their occurrence. The following types of presenteeism are assumed to result in a quarter of a lost day of work: difficulty concentrating, working more slowly, tiredness, worrying, and under-performance. Having to stop work is assumed to result in a half day of lost work, while errors, incidents and accidents are assumed to result in 1 day of lost work. Further, we remove duplication across categories such that no more than a full day can be lost due to the first group of types and stopping work for any reason and stopping for specific reasons are not double counted. Finally, the number of days lost due to presenteeism is capped at 15/month.

¹⁷ Reports of depression, helplessness, anguish, illness and trouble sleeping receive a weight of one-quarter of a day. To account for potential overlap in reporting, we remove double counting and set a cap of 15 days lost per year for these health conditions. Suicidal thoughts and walking with difficulty receive a weight of one-half day. Gastrointestinal problems, sprains, wounds, broken bones and needing to go to a doctor receive a weight of one day. Attempted suicide, hospitalizations and surgeries receive a weight of two days. Total days lost is then the

conditions result in more days lost than absenteeism or lateness but fewer days lost than presenteeism. Again, we find that those respondents who have experienced IPV report more days dealing with health problems than those who have never experienced IPV.

In order to calculate the costs associated with IPV, we need a measure of the total days lost for each group. Here, we add the days lost due to lateness and due to presenteeism to the maximum of the days lost due to absences and those lost due to health for each respondent. This removes any double counting of absenteeism due to the health conditions. We set a cap at 180 days and then take the average over each group. Thus, the last column in Table 9 is not the sum of the previous three columns. Overall, the respondents lose in productivity, on average, from 2 to 4 months of work days annually.¹⁸ In terms of IPV, we find that respondents who are victims of IPV lose, on average, an additional month – sometimes more – of lost days compared to those who have never experienced IPV.¹⁹ These patterns are in line with other studies on days lost to IPV (Vara-Horna, 2014, 2015, 2018; Raghavendra et al., 2019).

To give an idea of the costs associated with IPV, we compute a rough estimate using the victimization fractions of 33% for women/gender diverse and 20% for men from Table 7 along with the estimate of one month of days lost due to IPV from Table 9.²⁰ Taken together these estimates yield a productivity loss of 1.7-2.7%.²¹ This range can be multiplied by the total hours of the workforce to get an estimate of time lost or by the total wage bill to get an estimate of the monetary cost.

sum of days lost in each of these groupings. We note that these weights are lower than those used by Vara-Horna (2018).

¹⁸ The actual number of days lost in terms absenteeism is relatively small. Most of the lost productivity is due to presenteeism and health conditions that affect the ability to work effectively and productively.

¹⁹ This difference is statistically significant at a 99% confidence level for both men and women/gender diverse.

²⁰ A preferred method would be to have data on wages. Unfortunately, the data collected on salaries were found to be inaccurately coded as respondents did not always answer according to the requested time rate.

²¹ For women/gender diverse, the calculation is $1/12 * 1/3 = 0.027$. For men, it is $1/12 * 1/5 = 0.017$.

Section 6: Conclusions

This pilot is the first survey conducted in Canada to measure the business costs of IPV. The results demonstrate that the survey can be used to measure the prevalence of IPV and the costs. Similar to other surveys, we find that one in three women/gender diverse respondents are victims of IPV, while one in five men respondents have been victims. Those respondents who have experienced IPV are more likely to be absent or suffer from presenteeism, with the effects estimated at one additional lost month of work per year. This translates into 1.7-2.7% in lost productivity. Thus, we find significant effects of IPV on the workplace environment. These effects indicate the potential benefits of enacting training and policies to identify and help those who are suffering from the effects (short- and long-term) of IPV, not only on employee wellbeing but also as a cost reduction strategy.

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