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Original Article

Employers' Perceptions of Intimate Partner Violence among a Diverse Workforce

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Objectives: Intimate partner violence (IPV) is a significant global public health concern, affecting 5.3 million US individuals annually. An estimated 1 in 3 women globally are abused by an intimate partner in their lifetime, and the effects carry over into the workplace. This article examines employers' perceptions of IPV in the workplace, targeting supervisors of Latina employees.
Methods: Fourteen employers and supervisors of small service-sector companies in Oregon were interviewed using semi-structured interviews. Interpretive description was used to identify themes. These qualitative interviews preceded and helped to formulate a larger workplace intervention study.
Results: The following themes were found and are detailed: (1) factors associated with recognizing IPV in the workplace, (2) effects of IPV on the work environment and (3) supervisors' responses to IPV-active vs. passive involvement. Also, supervisors' suggestions for addressing IPV in the workplace are summarized.
Conclusion: These findings demonstrate the need for more IPV-related resources in the workplace to be available to supervisors as well as survivors and their coworkers. The needs of supervisors and workplaces vary by site, demonstrating the need for tailored interventions, and culturally appropriate workplace interventions are needed for Latinas and other racially and ethnically diverse populations.

Key Words: Domestic violence, Workplace, Violence, Hispanic americans, Employment

Introduction

Intimate partner violence (IPV, also known as domestic violence), defined as actual or threatened physical or sexual violence, psychological or emotional abuse by a current or former partner or spouse [1], is a major global public health issue affecting women and causes 5.3 million assaults and nearly 2 million injuries annually in the United States (US) [2]. Results from a World Health Organization (WHO) multi-country study on domestic violence against women from high and low-resource countries found that 13% to 61% of women had experienced IPV at some point in their lifetime [3,4]. As reported globally, US national population-based studies indicate that women are much more likely than men to experience IPV: 22.1% of women had experienced IPV in their lifetime, compared with 7.4 % of men [5] and 75% of the 1,500 US-based IPV-related deaths in 2004 were women [6]. However, globally, underreporting of IPV is common due to stigma, fear, or a desire to protect the perpetrator and the family [7], and it is estimated that almost one-third of women globally will experience IPV in their lifetime [8].

IPV not only affects an individual's health, social and personal life but also carries over into the workplace, affecting job performance and workplace safety. There is ample evidence that female survivors of IPV often miss work or are distracted at work because of IPV, or may simply not be able to perform

to the best of their ability while at work [2,9-12]. A recent survey of women who had filed domestic violence protection orders found that 71% reported an inability to concentrate at work and more than 60% reported that they called in sick due to IPV [12]. Furthermore, it is estimated that up to 75% of abused working women are harassed by their partner or ex-partner while at work [7]. Consistent with these findings, the US National Center for Injury Prevention estimates that approximately $728 million is lost annually due to lost productivity as a result of IPV and survivors of IPV lose approximately 7.9 million days of paid work each year [2].

However, the current literature on IPV in the workplace is primarily focused in high-resource countries and is lacking in at least three important aspects. Firstly, there is a dearth of information on employers' perceptions, experiences and knowledge of IPV in the workplace, despite growing interest amongst employers [7]. Although 56% of Fortune 1,000 executives know of employees in their company who have been victims of IPV [13], these employers and supervisors have not participated in most of the current research or development of workplace interventions to prevent and respond to IPV. Secondly, research amongst Latinas is lacking [14], but is needed due to their growing numbers in the US and the workforces of other countries. This is a rationale to focus on Latinas, who experience IPV at rates comparable to the general population [15-17] and face numerous potential cultural, social, language and legal barriers to accessing IPV-related resources [18]. Finally, the majority of workplace research on IPV has focused on large corporations that have on-site human resource departments and resources to support training, policies and security. However, smaller businesses usually have limited access to such resources. Therefore, the aim of this study was to examine the range of organizational climates and employer perceptions of IPV as it relates to IPV in small service-sector companies in the State of Oregon, in the US, focusing on immigrant Latinas, the largest ethnic minority group in the State. Although the study is limited in its focus on one State in the US, the findings may be useful to colleagues and future efforts globally to improve the safety of the workplace for survivors of IPV.

Materials and Methods

This article reports findings from a sequentially designed, mixed-methods research study. This qualitative portion of the parent study provided formative data for the development of both an instrument to assess the workplace climate towards domestic violence and a workplace domestic violence intervention. The full project [19] and the intervention are described elsewhere [20]. In this early phase of the project, the aim was to gather a broad range of employer views, experiences and responses to IPV. Consistent with the aim of the study, the focus of interest and the criterion for selection was that the enterprise had to be a small employer (less than 100 employees) in an industry where Latinas were likely to be employed, such as service sector businesses. In Oregon, service sector employers, specifically hotels/motels, restaurants, and childcare facilities, met this criterion for selection. In some instances cold calls to eligible Oregon establishments led to interviews, and in others cases research partners in community-based organizations referred potential participants to study colleagues and then snowball recruitment was conducted until saturation was achieved [21,22]. This study was reviewed and approved by the Oregon Health Sciences University, University of Oregon and Johns Hopkins Institutional Review Boards. Informed consent was obtained from all participants prior to the interviews.

This study consisted of face-to-face, semi-structured interviews with employers of small service-sector companies in Oregon. Fourteen interviews were conducted between March and November, 2005, and lasted between 30 and 190 minutes. All interviews were tape-recorded and transcribed. Two interviews were conducted in Spanish by a trained interviewer fluent in Spanish and were first transcribed in the original language and then translated into English to better maintain the true meaning of the respondent.

The qualitative interviews were analyzed using interpretative description as proposed by Thorne et al. [23] which stresses inductive analysis. Interpretive description calls for researchers to first become well acquainted with the data and then to analyze the data for relevant themes that emerge from the data. All interviews were transcribed and imported into NVivo version 8 software (QSR International Inc., Cambridge, MA, USA) [24]. The authors (LS and CT) first chose one interview to read and code separately, and then met to assure consistency of code definitions. The remaining interviews were read and coded separately using open coding to identify concepts in the data. Once open coding was finalized, the authors discussed coding and identified major themes and concepts and established hierarchical coding to create higher-level categories of concepts. Differences in coding were discussed until consensus was reached. Memos were used to document ideas about important themes that arose from the data and to create an audit trail. This interpretive descriptive approach is consistent with what Creswell and Clark refer to as exploratory analysis, because the main purpose of the qualitative interviews in this sequential mixed-methods study was to assist in the development of a quantitative instrument and intervention [25].

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Results

The 14 participants were owners or managers (hereafter referred to as supervisors) in the service industry in Oregon, including hotel, supermarket, restaurant, child care, dry cleaning and nursery businesses. Participants comprised 5 men (2 Latino), and 9 women (2 Latina). Five participants owned and managed their workplace, and 9 were site supervisors, working for companies. The percentage of Latino employees in these workplaces ranged from 0% to 100%, and 5 workplaces had greater than 50% Latino employees. Three main themes emerged from the data and are described here, including (1) factors associated with recognizing IPV in the workplace, (2) effects of IPV on the work environment and (3) supervisors' responses to IPV - active vs. passive involvement. Finally, supervisors were asked during the interview for suggestions for addressing IPV in the workplace and their responses are summarized.

Theme I: factors associated with recognizing IPV in the workplace

Supervisors described the difficulties associated with recognizing the signs of IPV in the workplace. Supervisors frequently reported that they did not have work-related training in IPV and relied instead on whatever knowledge of IPV they had from their own personal experience. Most supervisors said that they were unable to recognize the signs of IPV because they had never had any personal experience with IPV, and only became aware of cases of IPV after coworkers, or, in two cases, customers, informed them. As one female deli manager said:

"We have warning signs for people who are intoxicated and we train our employees on that, but maybe warning signs for people who are being abused. You know because myself never really having been in a situation like that I don't necessarily know all the warning signs."

Conversely, two female supervisors (and no males) had personal experience with IPV and both said they knew how to deal with the situations they encountered at work only *because* of the knowledge gained from their own situations with IPV.

In addition to lack of knowledge of IPV, supervisors believed that survivors are hesitant to disclose IPV in the workplace and often felt that employees hid all signs of violence or domestic problems while at work. In fact, three supervisors relayed instances in which they were unaware that their employee experienced IPV until a crisis developed, such as when the employee failed to come to work. More commonly, however,

supervisors described a gradual process by which they became aware of a case of IPV, and it was because of subtle changes in mood or behavior by the employee.

Several supervisors used the phrase "showing the stress" as a warning sign of IPV, based on their experience. This phrase was used to refer to emotional lability, including crying or sudden frustration at work. This was often the only sign of IPV evident to supervisors, particularly in cases of emotional abuse. Although two supervisors indicated that they did not consider emotional abuse to be true abuse, many supervisors expressed awareness of the emotional toll of IPV, as evidenced by the following quote from a male hotel supervisor:

"But, certainly, it can be going on with others and it tells me you don't know at least when there is not physical evidence of bruising or black eyes or something that shows there is some physical violence. But this violence was just as horrible if not worse - the mental violence."

Several times respondents stated they became aware that the survivor was having problems, but were told "no specifics". Latina employees, in particular, often did not explicitly disclose IPV. Instead, the supervisor often became aware of IPV because coworkers stated the woman was having "personal problems." This phrase was used euphemistically, such as by this Latino restaurant owner:

"The larger problem for women is the marital problems. That's when I hear about the domestic violence, not always specifically, but there are things that might lead me to think that or someone will say they are having personal problems with their husband."

Theme II: effects of IPV on the work environment

Respondents reported that IPV impacted the work environment both via declines in an individual's work performance and in altering relationships in the workplace. Supervisors reported that declines in work performance ranged from no effect at all to significant impairments in performance. The most common effect was tardiness or absences. Several supervisors also noted that survivors appeared less focused on the job, including a female deli supervisor, who reported "⋯her paperwork started going downhill. Just little things started to slide; she just wasn't fully there at work. Her mind was definitely elsewhere."

In addition to the effect of IPV on work performance, supervisors believed that IPV impacted relationships in the workplace. In particular, stigma related to IPV was a recurring issue identified in the interviews and some supervisors indicated that

the secrecy of a survivor's personal life may affect relationships with coworkers and others in the workplace. For example, one female childcare center supervisor said one of her employees didn't want anyone to know about her experience with IPV because "she didn't want me to think poorly of her, that she couldn't handle her situation". Other supervisors believed that the women did not want their coworkers to think badly of their partner, as described by this Latina manager: "they are embarrassed that other people know that their husband hitting them, and they love their husband, so they don't want them to know how bad he is."

Supervisors often indicated, however, that employees feel more comfortable discussing their problems with coworkers rather than their supervisor and credited this to the fact that employees had more in common with each other. As one Latino manager said, "The women need someone to talk to, to share with. It is easier to tell a coworker and get some advice. It helps to talk to someone who may have had a similar experience." Overall, a contrast emerged between the relationships of coworkers vs. supervisors with survivors of IPV. For example, coworkers were often aware of instances of IPV before supervisors and were credited for relaying this to their supervisors. Supervisors described encouraging coworkers to provide support, even if they didn't or felt they couldn't provide it themselves. Coworkers often provided emotional support or advice, and occasionally provided assistance such as transportation, help with moving and, on at least two occasions, regularly walked the woman to her car to provide security. Overall, supervisors reported that coworkers were seen as key resources for survivors of IPV.

Theme III: supervisors' responses to IPV - active vs. passive involvement

Supervisors described consistently trying to offer as much empathy and compassion to survivors of IPV as possible, but the degree of their involvement varied considerably. Some supervisors were involved passively by conveying to employees that they had an "open door policy," meaning that they made themselves available to the employees whenever needed. Others were more actively involved in their employees' situations, offering aid and advice. For example, one Latino restaurant manager described his approach to the situation the following way:

"I might ask her later, 'How's it going? I noticed that your performance has been off and wanted to know if you want to talk about it.'"

A female supervisor took a more active approach, saying,

"Basically, I just sat down with this employee and I said I am very concerned about you. I don't know what's going on, but I have an idea and basically, I said "Have you checked the women crisis center? Any hotlines? Let's go through those

Table 1. Themes influencing supervisors' responses

Themes and sub-themes	Frequency	Participants who reported the concern
Barriers to workplace disclosure of IPV and supervisor support for survivors of IPV		
• Supervisors' fear of inducing liability for the company by asking about IPV or providing advice or support	7	• Mid-level management at small corporations
		• Males concerned about sexual harassment issues
• Language/cultural barriers to disclosing and discussing IPV	5	• Latino supervisors of Latino employees
• Concern of invading privacy or not being sensitive	5	• Majority of supervisors
• Didn't know what to do	1	• Supervisors without personal or prior experience with IPV
Personal vs. professional responses and the need to set aside personal concern because of competing demands within the workplace	7	• Almost entirely mid-level management
Maintaining confidentiality for the victim in the workplace	6	• Majority of supervisors
Making efforts to keep the employee in cases where performance had declined or time off was needed	7	• More difficult for smaller businesses

IPV: intimate partner violence.

Yellow Pages and see if there is anything that can provide you counseling."

Several supervisors relayed similar stories of bringing an employee into their office, to convey concern for them and offer assistance. One unique example involved a Latino manager who described intervening while a violent episode was actually occurring in the workplace. After attempting to mediate the situation between the couple, he told the husband,

"I think that as a citizen I have rights. I heard you say that because she is your wife you have the right to kill her. For that reason I am detaining you and I am going to have you arrested and I am not going to let you leave this office··· In that moment he sat over there and I locked the door, called the police and the police came and arrested him."

The supervisors identified numerous factors that influenced their degree and type of involvement (active or passive) in IPV, which are summarized in Table 1. This topic became quite complex, as many employers deliberated the potential consequences of their actions - personal and professional consequences for the survivor, themselves, and coworkers, and consequences for the company. Many expressed concern for an employee experiencing IPV, but often stated that they did not know what would be the best response.

Most commonly, supervisors mentioned several barriers that they perceived as constraining their actions. The barrier most frequently mentioned was fear of legal liability, which was particularly common amongst the mid-level managers; of the eight supervisors who expressed legal concerns, only one of them was a business owner. One legal concern raised by several supervisors was that the employee could perceive asking about IPV as harassment or invasion of privacy. In particular, male supervisors (and not females) were concerned that addressing IPV could be misconstrued as sexual harassment, including this male hotel manager:

"···the thing that concerns me always is just crossing the line of where one should not go in a conversation with an employee and there are also gender issues··· I don't ever want to get accused of sexual harassment or getting into sexuality questions or things that might border on that."

Even after the supervisors knew about IPV, they still had to decide whether they would offer assistance or advice to the survivor and several stated that provision of assistance would induce liability for the company due to responsibility for the

employee's personal consequences. Two supervisors also expressed worry that they would bear responsibility for any advice offered to the employee if the employee's situation should worsen. Sometimes supervisors in middle management were restricted by more senior management, as in the case of a female supervisor who questioned her own supervisor about how to address a survivor of IPV:

"She responded saying that we need to make sure our employee is o.k., but at the same that we cannot be the ones to tell her where to go. We can give her resources and we can say you··· these are options, but that we can't become directly involved in our employees."

Further, although the participants did not explicitly address power differentials, there seems to be an intuitive rationale that the supervisor's advice could be misconstrued as a requisite for the job. Most supervisors stated that they attempted to convey empathy and availability to employees, without offering specific advice or resources because of these concerns. One male hotel manager said:

"I'm trying to kind of make it her thing because, you know if it came back on me then I'd probably do something you know, that's when I think it could be illegal. But what I try to do is 'This is my phone, I have an open door policy.'"

Amongst supervisors of Latina employees, language and cultural barriers faced by both supervisors and Latina employees were also commonly mentioned. Non-Spanish speaking supervisors pointed out that a cursory understanding of Spanish did not afford them the ability to have conversations about sensitive issues such as IPV. In addition, many of the supervisors did not know appropriate social norms within the Latino community, indicated by a male hotel manager who said "And we have a huge issue of culture. And I have to admit that the distance there I have to talk through". Supervisors believed that many Latina survivors experience their own barriers to seeking help. Several supervisors reported that Latinas seem less likely to disclose IPV in the workplace and according to a Latino restaurant manager, most Latinas "shrug it off," and don't want to discuss the issue, although they do want to have resources for help. A Latina restaurant owner offered insight, saying "We don't understand very well how the rules work here, how the laws are. We come, but you know this is a country with a lot of rules, a lot of rules."

A third barrier cited by supervisors is the perception that IPV is a "tender issue," or intensely private. Several supervisors

had experiences in which they suspected IPV, but didn't want to force the employee to talk about it. One female manager said: "But if it was a suspected··· I might ask them about it, but if they didn't disclose it, then I'm not sure what I would do. That seems like a difficult issue to force a privacy issue with someone who's obviously distressed." Several supervisors thought it would be more appropriate to "let them come to you" and noted that employees may not disclose IPV to their supervisors due to stigma or embarrassment. However, they thought that allowing the employee to disclose on their own terms would be more appropriate than raising the topic themselves.

Finally, lack of knowledge of IPV also poses a barrier to disclosure and supervisor involvement, since several supervisors noted that they might have failed to recognize previous situations when IPV was occurring. One supervisor simply didn't know how to respond when faced with a case of IPV, saying: "Mostly I just listened. I didn't know how to respond. I was very nervous, because I had never been in a situation where I have been around that."

Aside from these barriers to involvement, many of the supervisors indicated that they also had to separate their personal from their professional responses. Most supervisors expressed emotional responses to employees' experiences, such as anger, worry or frustration. Two male supervisors even wished they could physically intervene to protect the woman and "take care of this", despite recognizing this would be inappropriate and realizing that they could not "become directly involved." Beyond the legal concerns discussed earlier, they also had to keep their eye on getting the work done and keeping up morale amongst all their employees, not just the employee experiencing IPV. A Latino restaurant manager captured this sentiment:

"Making sense of things is hard. I feel bad and I feel sorry for the person. I also feel like my hands are tied behind my back like there's not a whole lot I can really do. I have to erase that, the way I feel about it. I have to do what I have to do. I have to move on and the work has to get done."

Regardless of the degree of involvement, supervisors described their desire to maintain confidentiality and strive to retain the employee. All of the supervisors who had experience with IPV in the workplace commented on the need for confidentiality. Although some of them had to discuss the situation with human resource representatives or their own supervisors, they all stated that they avoided discussing the situation with coworkers or others within the workplace.

Supervisors also stressed the importance of keeping the employee on the job, even if she needed extended time off or if her performance had declined, although supervisors at small businesses indicated that this posed relatively more of a burden on them, since they had few other staff to fill gaps. They said that it was in the best interest of both the employee and the business; a sentiment captured by this male hotel manager here:

"I would not want to lose the employee. And I think that's a cost. It's a cost not just because they are trained and are doing a job, but it costs you again to go out and retrain to hire someone else on. And then you don't know down the road if you've gotten rid of them for job performance, have you contributed to their downward spiral of something that was already bad. So there's all kind of costs."

Several participants provided examples of negotiating flexible work schedules with the employee to allow them to attend counseling or court appointments and one supervisor al-

Table 2. Suggestions for addressing IPV in the workplace

Work-based resources	Policies	Employee assistance programs
Training	Important for larger companies	Confidential Referral
• Include recognition Tools		
• Use role-playing vignettes	Need to address legal concerns	Central clearinghouse for information and services
• Include training requirements in pertinent laws		
• Attempt to de-stigmatize the conversations	Creates more standard responses to IPV crises	
• Involve supervisors and employees		
Brochures for local resources		

IPV: intimate partner violence.

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lowed an employee to use company time to obtain help.

Suggestions for addressing IPV in the workplace

Supervisors had several suggestions for improving the way IPV is addressed in the workplace, which broadly fell into the following three categories, as outlined in Table 2: work-based resources, workplace policies and employee assistance programs. For work-based resources, many supervisors suggested training "tools" to help them recognize and address IPV in the workplace in a way that was legal and sensitive. As one male hotel manager said:

"So I think those kind of tools, how do you get into some tender issues, subjects, carefully and maybe there ought to be some rules about always having a witness, same gender present. Those kinds of tools to help an employer get into these touchy issues and do so legally."

Supervisors also referred to the stigma associated with IPV and indicated that it is not normally discussed in the workplace. They suggested that the training include vignettes or role-playing exercises to help supervisors and coworkers feel more comfortable discussing IPV in the workplace. One female supervisor noted:

"I suppose if all employees, if it was treated almost like you treat first aid issues, you know, where everybody sort of has the common knowledge of how you respond to certain situations, then it would be less of a charged issue perhaps, in the workplace."

In addition to training, some supervisors wanted a standard policy for addressing IPV in the workplace. Those in mid-level management thought this would help address issues of liability if it were instituted at a corporate level. As one female manager said:

"So if somebody had sort of designed the whole thing that we could just pull in, and just kind of get a pass from our attorney, I think that would be, that would be really nice."

However, other supervisors, particularly owners of small businesses, did not see the need for this, saying they addressed issues as they arose and that this was not a regular concern in the workplace. As one female small business owner said: "Not really. We just don't think it is necessary. Because we are communicators and we just handle each situation as it comes up." Instead, these supervisors often encouraged having an "open door policy" to address issues on a case-by-case basis.

Employee assistance programs were also discussed. Although many of the small businesses in this study did not have formal programs, many supervisors thought that having a list of community resources for referral would be useful and important. One envisioned a "clearinghouse" of information in the human resources department, including crisis centers for survivors and legal advice for employers. As one male hotel manager said:

"I know that if somebody here were going through something like that, and we made available to them that kind of thing, then I don't know if they'd be less likely, probably more likely to take advantage of that program and less likely to leave."

Discussion

As the first study examining the perspective of supervisors of small businesses regarding IPV in the workplace, one of the first studies examining the relationship of IPV and the workplace for Latinas [19,20] and the first examining the issue from the perspective of employers and supervisors, this study addresses some critical gaps in the literature [7]. Overall, supervisors expressed interest in providing workplace assistance to survivors of IPV. Although a recent survey found that only 13% of chief executive officers of large businesses believe that companies should play a key role in addressing IPV [13], all the supervisors in this study expressed interest in helping employees who experience IPV. Although this difference may be affected by social desirability bias, the results indicate that the supervisors had given consideration to the complexities of the issue and the consequences of their actions. Alternatively, this may reflect the personal relationships between supervisors and employees often found in smaller businesses.

A major finding of this study is the identification of barriers faced by service industry supervisors in trying to support survivors of IPV, as outlined in Table 1. Prior work indicates that social support in general [26] and, specifically, in the workplace [27], is associated with employment stability. This, in turn, is associated with improved mental health outcomes [28,29] and economic security for survivors [29,30], and may lessen their risk for future IPV [26]. Therefore, identifying such barriers is important and future work should develop interventions to mitigate their effects.

This process usually begins with recognition of IPV and disclosure in the workplace. Prior work has demonstrated that survivors face numerous barriers to disclosure of IPV in the

workplace [10-12], particularly to supervisors [12], including feeling shame, fear of job loss, the belief that IPV is a personal matter and because they did not trust anyone at work [10,11]. The current findings add insight as to supervisors' concerns regarding IPV disclosure, including issues of harassment and privacy. It is reasonable to infer that disclosure may help avert job termination if the employee's performance had declined and cross-sectional data indicate an association between disclosure at work and increased workplace supports for survivors of IPV [10,12,27], highlighting the need to address these barriers.

These results indicate that both disclosure of IPV and the receipt of help in the workplace are even more complicated for Latinas than for other groups. These results add insight into prior work which showed lower rates of help seeking behavior amongst Latinas [16,31] and, in a large (n = 12,039) household survey, lower rates of IPV disclosure to service providers and less knowledge of IPV-related community services amongst Latinas [16]. In addition, lay definitions of intimate violence may differ in the Latino community, since two qualitative studies in Latino samples found that sexual abuse was not considered to be IPV [32,33], and this study found references to "personal problems" rather than IPV within the Latino community. These findings highlight the need for the development of culturally tailored interventions for Latinos.

This study also adds to prior work that has demonstrated the need for workplace training and policies [7,12,13,34] by identifying the stated needs of supervisors and demonstrating that these needs vary across workplaces. In particular, supervisors believe training should include recognition tools for supervisors and coworkers to be able to recognize both physical and emotional abuse. Also, training should address the legal concerns and other barriers faced by supervisors as they address IPV in the workplace. In addition, workplace policies, which have been described elsewhere (for example, see http://www.caepv.org/), need to be tailored to worksite characteristics, including company size and existing human resource structure, to improve integration of programs that address IPV. For example, business owners in this study were less likely to report concerns of liability when they did not have to report to higher-level management in the workplace. This greater autonomy allows them to enact policies and programs that can be specific to their workplace and their employees, but also should be based on existing evidence to avoid unintended consequences, such as seeking services for an employee when she is not prepared to discuss the IPV. Such interventions may also be tailored differently for male and female supervisors since male supervisors in this study reported concern of being perceived as sexually harassing the employee if they intervened to support and female

supervisors in this study and in the general population have a higher likelihood of having personal experiences with IPV. Similarly, employee assistance programs, which, in fact, have not yet been demonstrated as being effective in addressing IPV in the workplace [35], were not considered to be as useful as simple lists of local IPV resources for supervisors in small business in this study.

Another implication that is unique to this study springs from the reports of supervisors, who often stated that they had to separate their personal from their professional response, experiencing an inner conflict between expressing empathy and compassion and needing to get the work done. This is, probably, a difficult process for the supervisors and improved resources may support them as well as the survivor in meeting these challenges. Multi-level approaches may prove useful in maintaining support around the survivor and helping her maintain employment. In addition, interventions should consider the struggles expressed by supervisors lacking any previous direct experience with IPV. Specific training to increase their confidence, such as role-playing, may be useful.

This study has several limitations. The results of this study, as is true for qualitative findings in general, are limited in their generalizability. Sampling was conducted within a population of service-sector supervisors in the State of Oregon in the US, focusing on worksites that employed a diverse workforce including Latinas, so results may differ from other settings. However, this has been an under-studied group, which warrants particular attention and may assist other researchers in reaching out to other marginalized and underserved populations. Another possible limitation of the study is the semi-structured interview format. Although this was necessary to gather particular data for the future intervention, it may have limited the ability to explore peripheral issues, such as differences in the experience and conceptualization of IPV, and differences in supervisors' perceptions of IPV by gender and social position.

In conclusion, this study is one of the few to examine supervisors' and employers' perspectives on IPV in the workplace. The study results revealed numerous barriers to IPV disclosure and the provision of IPV-related support in the workplace that are encountered by small business supervisors in this sample. These barriers are potential targets for workplace IPV interventions, including workplace training and policy initiative and improved access to community IPV-related community resources. These findings indicate that the barriers and competing workplace demands on supervisors vary according to the setting and that interventions must therefore be tailored to the setting. Such tailoring interventions should consider the supervisor's gender and level of authority, the employee's need for confidentiality,

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and their ethnic and cultural background.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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