

Organisational policies and responses to employee disclosures of domestic and family violence and sexual assault: What constitutes best practice?

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Abstract

Domestic and family violence (DFV) and sexual assault (SA) are prevalent harms affecting a significant number of Australians. There is increasing recognition that the effects of DFV can potentially affect the workplace, including employee performance, productivity and organisational reputation. Advocates have successfully recommended initiatives to support organisational responses to DFV. However, where there are difficulties in workplace performance or an employee discloses and requests assistance, few initiatives are properly evaluated, and it remains unclear the extent to which organisations embed these strategies.

This scoping review aims to identify evidence of best practice organisational responses to employee's experiences of DFV and SA. Sexual harassment (including where it involves sexual assault) was not included in this review as it constitutes a substantial and separate body of literature, and the suite of organisational responses are well developed and evaluated.

Twenty-seven studies were identified as meeting the inclusion criteria for this review. These studies identify an emerging evidence base detailing organisational responses to DFV, but scant evidence was identified in relation to SA. The following strategies and initiatives were identified as contributing to an effective organisational response from the studies: (1) provision of education and training for managers and front line responders (2) policies detailing the nature and parameters of the organisational response (3) flexible work arrangements (4) manager/supervisor support to respond to employee disclosure (5) co-worker support where an employee's experiences has affected the work team (6) strategies ensuring privacy/confidentiality (7) access to resources, information and provision of referrals to external services and (8) other strategies and initiatives. The review concludes by considering areas for a best practice organisational response to DFV.

Keywords: domestic and family violence, sexual assault, organisational responses, workplace responses

Introduction

Domestic and family violence (DFV), sexual assault (SA) and sexual harassment are prevalent harms, and their effects permeate every aspect of our society, including the workplace (Champions of Change Coalition 2020; Male Champions of Change 2016). Sexual harassment has for some time been regarded as a workplace issue and is subject to a range of regulatory and policy related responses. Unwelcome sexual behaviour likely to offend, humiliate or intimidate another employee is unlawful under the *Sex Discrimination Act 1984* (Cth) (Australian Human Rights Commission 2014). The implementation of Occupational Health and Safety Acts, Regulations and Codes of Practice in each jurisdiction has been equally influential requiring organisational accountability for securing the health, safety and welfare of employees and other people at work. These policy responses have been centrally important in focusing employers on their duty of care towards any employee experiencing sexual harassment in their workplace. They have also provided a foundation for independent inquiries and reviews, information and response 'toolboxes' for employers and research providing evidence to guide good practice organisational responses to employees.

More recently organisations have grappled with the recognition of DFV as workplace issue. It is only in the last decade that emerging evidence now identifies DFV as adversely affecting employee health and wellbeing and the workplace due to absenteeism, poor work performance, complaints, staff turnover, loss of skills and productivity, team disruption and reputational risk (Hameed et. al. 2016; McFerran 2011; Wathen et al. 2015). While potential effects on the workplace are now acknowledged, research has only just begun to examine the parameters of an organisational response to DFV, including the implementation of policies including paid leave and flexible work arrangements (Breckenridge et al. 2015; Aeberhard-Hodges and McFerran 2018).

The pervasive effects of SA where it occurs outside of a work context, on employees and their workplace performance are even less well researched. In Australia as well as in international treaties and conventions, SA is only referred to as a workplace issue when it occurs as part of sexual harassment. Arguably this reflects the framing of SA of both adults and children as 'private matters' adding to the ongoing debate as to whether organisations should be expected to extend their duty of care to employees affected by life events occurring outside of the context of work (Deloitte Access Economics 2011). Yet both DFV and SA are violations of human rights requiring whole of community attention and there are strong moral and economic incentives for organisations to respond to these issues. This

scoping review aims to address this gap by identifying evidence of best practice organisational policies and responses to DFV and SA perpetrated outside of the workplace context provided to employees to assist them to maintain their employment. Given the well-developed evidence base and evaluation of organisational responses to sexual harassment this review has chosen to exclude sexual harassment and focus entirely on DFV and SA as emerging and important workplace issues.

International and National Policy Initiatives

Select United Nations (UN) and regional policy instruments refer to gendered violence and sexual assault (including DFV and sexual harassment) as well as select related effects on their work and the workplace. For example, UN Sustainable Development Goals 5 and 8, focus on gender equality and decent work and economic growth, respectively (United Nations 2015). In 2018, the International Labour Organisation (ILO) proposed an international labour standard for employees affected by DFV, ensuring the link between DFV and the workplace is firmly part of the national and global debate (ILO 2020). Australia has ratified, and therefore agreed to be bound by these international treaties, which recognise fundamental human rights relevant to the workplace and the necessity for organisations to respond to employees affected by these issues.

In Australia, recognition of DFV as a workplace issue has been included in several national strategies, including collective bargaining to introduce standardised rights for employees affected by DFV. (McFerran et al. 2018). A focus on SA and employment has, however not yet formed part of any major advocacy efforts and is often conflated with SA occurring as part of sexual harassment occurring within the workplace.

The *Fair Work Act 2009* (Cth) and *Fair Work Regulation 2009* (Cth) established the Fair Work system, providing a national framework governing the relationship between employers and employees in Australia (Fair Work Ombudsman n.d.(a)). The *Fair Work Act 2009* specifically mentions DFV in sections 106A-106E and section 107 (*Fair Work Act 2009* (Cth)). Under the Act, employees impacted by DFV are entitled to unpaid leave and flexible working arrangements, and employers must ensure that any information concerning the employee is treated confidentially (*Fair Work Act 2009* (Cth)). The National Employment Standards outline 11 minimum employment entitlements that must be provided to all employees, including unpaid Family and DV leave (Fair Work Ombudsman n.d.(b)).

The need for tailored workplace responses to employees affected by DFV is now routinely included in National Plans such as the *National Plan to Reduce Violence against Women and their Children (2010-2022)* (Commonwealth of Australia 2010), as well as subsequent Action Plans (Commonwealth of Australia 2013; 2016; 2019). These Plans reference the need to prevent and respond to SA and call for further research, but no link is made between an experience of SA and the possible effects of this traumatic experience on an individual's work performance or capacity to maintain their employment (Commonwealth of Australia 2010; 2013; 2016 2019). Arguably the absence of SA from such Plans reflects the pervasive view of SA as a 'private matter' that organisations are required to respond to.

Influential Advocacy and Program Initiatives

In Australia, three significant projects have contributed to the development of organisational responses to both DFV and Violence Against Women (VAW) and contributed towards the recognition of these issues nationally:

1. The 'Safe at Home Safe at Work' project (2010-2014): UNSW, Sydney was funded by the Commonwealth government to partner with the Australian Council of Trade Unions (ACTU) to develop and implement model industrial clauses specifying paid DFV leave and flexible work arrangements in industrial agreements. By December 2016, the Federal Department of Employment estimated that, as an outcome of this project, over two thousand agreements contained a domestic violence clause, and that in the final quarter of that year a third of all agreements approved contained a domestic violence clause, covering 75 per cent of all employees in agreements (McFerran et al. 2018). This advocacy work has continued in other forums.
2. Champions of Change Coalition (previously known as Male Champions of Change) – Men stepping up beside women on gender equality was established in 2010 (Champions of Change Coalition 2021). The Coalition's strategy involves the Members (CEOs) leading innovative initiatives designed to challenge the status quo and shift (disrupt) the systems of inequality beyond their organisations and industries (Champions of Change Coalition 2021). In 2015, the Coalition recognised a strong link between gender inequality and the perpetration of DFV against women. The Report *Playing our Part – Lessons Learnt from implementing Workplace Responses to Domestic and Family Violence* (Male Champions of Change 2016) provided instrumental advice to organisations. Most recently, the Coalition, industry and University

partners developed a model policy to guide organisational responses to perpetrators (Male Champions of Change 2020)

3. The White Ribbon (WR) Workplace Accreditation program was established in 2011 and refreshed by a new auspice organisation in 2019. The program aims to support a whole of organisation commitment to stop VAW and create a safer and more respectful workplace (White Ribbon Australia 2021). While the focus on women as victims of men's violence limits capacity to respond to the diversity of experiences of gendered violence across the community, it does include SA. However, the program remains oriented towards responding to DFV.

These initiatives demonstrate that organisations can play an important role in responding to DFV. They are all premised on the belief that an organisational response is critical to supporting the economic independence of employees who have experienced DFV and their long-term productivity, whilst also demonstrating the organisation's commitment to corporate social responsibility and its work, health and safety obligations (Postmus et al. 2020). While initiatives have been developed, to date and despite their proliferation, there has been limited consolidation of the range of responses provided to employees or investigation of their effectiveness. This scoping review will identify and analyse the available evidence to address these gaps.

Methods

This scoping review addresses two primary research questions:

1. What organisational policies and specific workplace strategies have been implemented in response to DFV and SA?
2. Is there evaluative evidence of the effectiveness of organisational responses to DFV and SA?

For the purposes of this review, 'domestic and family violence' is defined as any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling and causes a person (adult or child) to live in fear (NSW Government 2014). The term 'sexual assault' refers to any physical contact of a sexual nature against adults or children (AIHW 2019), as an act of coercion in which one does not give consent or cannot give consent. This review focuses only on research that examines SA perpetrated outside the workplace context, not as part of workplaces sexual harassment.

Search strategy

A search of academic and grey literature databases was conducted to identify publications relevant to the review questions. Database searches were limited to Keyword, Abstract, Title and/or Topic searches as the preliminary ‘full-text’ searches returned a vast number of extraneous results.

Databases searched included: Informit ProQuest, OVID PsycINFO, OVID MEDLINE, EBSCO, Web of Science Core Collection, SCOPUS, Asia-Studies Full-Text Online, Australian Institute of Family Studies (AIFS) Library. Grey literature repositories searched included: New York Academy of Medicine Grey Literature Report, OpenGrey, Cochrane Library, New Zealand Family Violence Clearinghouse, Australia’s National Research Organisation for Women’s Safety (ANROWS), Our Watch, DV@WorkNet and Analysis & Policy Observatory (APO).

Table 1 provides a list of the specific search terms relating to the following broad concept areas:

- Concept Area 1: DFV and SA
- Concept Area 2: organisational responses

Table 1. Search terms used to search databases

| Concept 1 (DFV and SA) | Concept 2 (organisational responses) |
|-------------------------------|---|
| sexual assault | best practi*e* |
| rape | good practi*e* |
| sexual violence | better practi*e* |
| sexual threat | organi*tion* polic* |
| domestic violence | organi*tion* procedure* |
| family violence | organi*tion* strateg* |
| domestic and family violence | organi*tion* intervention* |
| intimate partner violence | organi*tion* response* |
| dating violence | organi*tion* approach* |
| batter* | work* polic* |
| violence against women | work* procedure* |
| | work* strateg* |
| | work* intervention* |
| | work* response* |
| | work* approach* |
| | institution* response* |
| | institution* polic* |
| | institution* procedure* |
| | institution* approach* |

| | |
|--|-----------------------|
| | institution* strateg* |
| | industr* response* |
| | industr* polic* |
| | industr* procedure* |
| | industr* approach* |
| | industr* strateg* |
| | public polic* |

Inclusion and exclusion criteria

To be included, publications had to meet the following criteria:

1. published within the last 10 years (<=June 2010);
2. published in English; and
3. empirical research.

The following publications were excluded from the review:

1. evidence related to sexual harassment, or sexual harassment and sexual assault outcomes were not separately specified;
2. evidence related to technology-facilitated abuse or ‘revenge pornography’ that was not specified as occurring in a workplace context;
3. evidence related to sex trafficking as it constitutes a separate body of literature and requires a different response
4. publications focused on organisational responses in institutional settings such as university, school or correctional settings; and

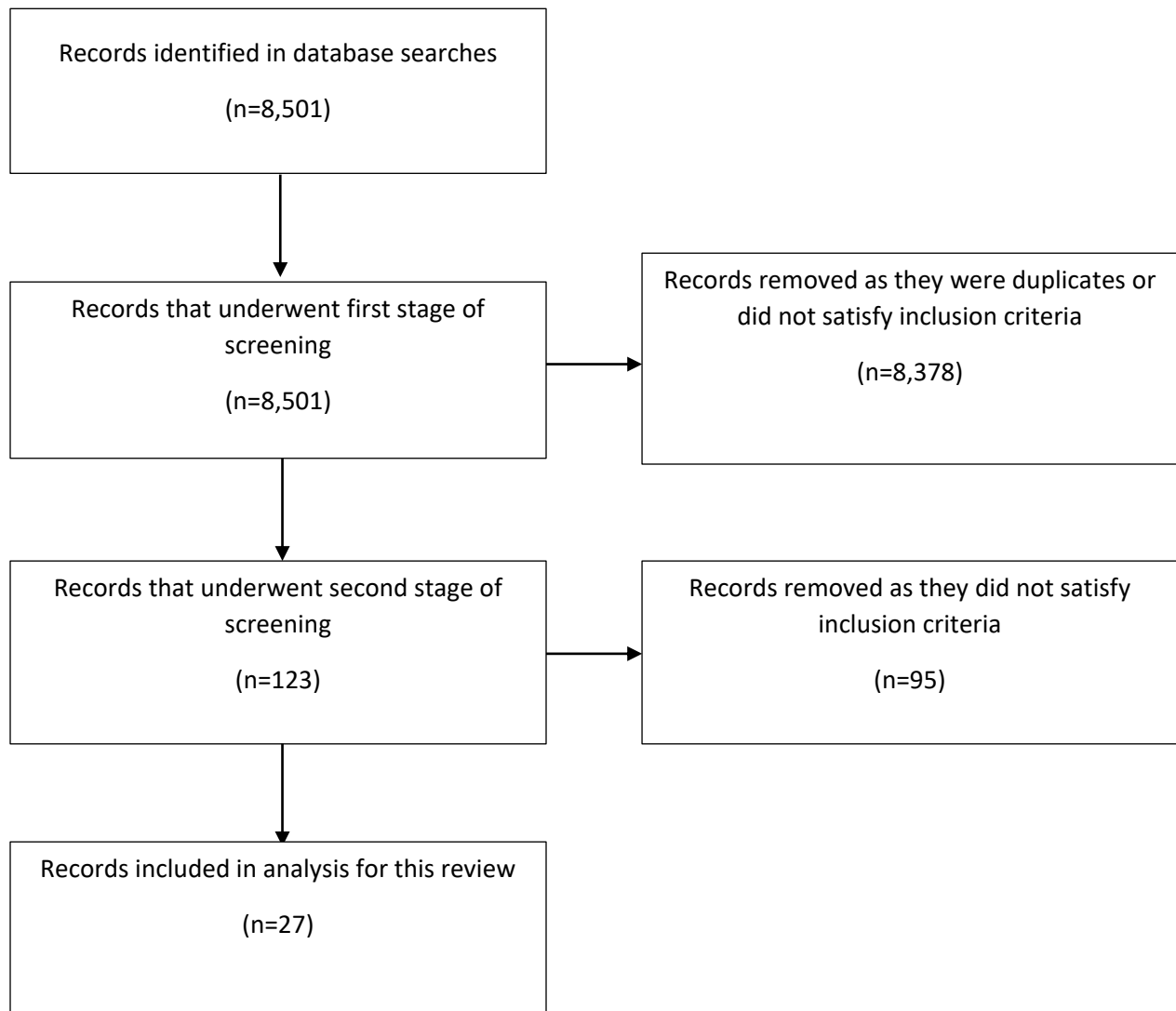
In the case of publications where it was unclear whether the SA was perpetrated within or outside the workplace context, the publications were treated as having met the inclusion criteria. However, the research team was cautious in drawing any conclusions from these publications.

Search results and screening

As shown in Figure 1, the database searches produced a total of 8,501 records. Publications were only included if they examined organisational responses to DFV and/or SA and satisfied the above inclusion and exclusion criteria. The titles and abstracts of these records were screened to determine their relevance to the review questions. Of these, 123 were identified as potentially relevant, and the full text

of these records were screened to determine whether they satisfied the inclusion criteria. A total of 27 publications were included in the review, and both their results and study recommendations were analysed to identify themes relevant to each of the review questions. Themes were grouped into 2 main areas. First, the types of organisational responses to DFV and/or SA that have been implemented or that are available with a separate focus on those that were identified or recommended in the studies as potentially helpful and second, any evidence of the effectiveness of these organisational responses.

Figure 1. Search results for review



Results

Of the 27 studies included in the review, the majority (n=11; 40.7%) were from the USA. Studies also focused on a range of other countries in Europe, Asia and Oceania, with 2 (7.4%) studies examining multiple countries. A third (n=9; 33.3%) of the studies used only quantitative methods, mostly participant-completed surveys, over half (n=15; 55.5%) employed mixed methods for the collection and analysis of data, and three (11.1%) studies relied on qualitative methods including interviews and focus groups.

The majority (n=25; 92.6%) of studies focused on DFV specifically (e.g., DV, Intimate Partner Violence [IPV] or Intimate Partner Aggression [IPA]). A further two (7.4%) studies looked at organisational responses to broader issues that encompassed both DFV and SA. This included one (3.7%) study that focused on Violence Against Women (VAW), and one (3.7%) that examined organisational responses to family and sexual violence (FSV), which is the preferred term in Papua New Guinea. None of the studies focused solely on SA and the findings of the two studies that incorporated SA into their definition of VAW or FSV did not report separately on issues related to SA or provide any significant comment about organisational responses to SA and how they may be congruent with or different to how an organisation may best respond to DFV. Therefore, the following report of results is limited to organisational responses to employees affected by DFV only.

Organisational policies, strategies and initiatives

Table 2 shows the range of policies, strategies and initiatives used to respond to employee experiences of DFV implemented within organisations identified in this review. Table 3 shows responses that were recommended in addressing DFV. It is important to note that these categories are not mutually exclusive – an organisational response may fall into more than one category where it provides multiple dimensions of support.

Table 2. Organisational responses available to employees

This table summarises organisational responses provided or available to employees as identified by the results of studies in this review

| | Education and training | Policies | Flexible work arrangements | Manager/supervisor support | Co-worker support | Privacy/confidentiality | Resources/Information/referrals | Other |
|--|------------------------|----------|----------------------------|----------------------------|-------------------|-------------------------|---------------------------------|---|
| DV@WorkNet and UNI Global Union (2016) | | X | | X | | | X | |
| DV@WorkNet et al. (n.d.) | | | | X | X | X | X | <ul style="list-style-type: none"> • Support from unions, HR, confidential/prevention consultant, or other sources • Discussing solutions |
| DV@WorkNet et al. (2017a) | | | X | X | X | X | X | <ul style="list-style-type: none"> • Support from unions, HR, designated persons to handle DV, or other sources |
| DV@WorkNet et al. (2017b) | | | X | X | X | X | X | <ul style="list-style-type: none"> • Support from unions, HR, designated persons to handle DV, or other sources |
| Glass et al. (2010) | X | | | | | | | |
| Glass et al. (2016) | X | X | X | | | | X | <ul style="list-style-type: none"> • Contacting IPV agencies for support and state resources for guidance on IPV policies |
| Hameed et al. (2016) | | X | | | | | X | |
| Krishnan et al. (2016) | X | | | | | | | |
| Kulkarni and Ross (2016) | | | X | X | X | | X | <ul style="list-style-type: none"> • Response from EAPs or HR |
| Laharnar et al. (2015) | | X | X | X | | | X | <ul style="list-style-type: none"> • Following up with employees |

| | Education and training | Policies | Flexible work arrangements | Manager/supervisor support | Co-worker support | Privacy/confidentiality | Resources/Information/referrals | Other |
|-----------------------------|------------------------|----------|----------------------------|----------------------------|-------------------|-------------------------|---------------------------------|--|
| MacGregor et al. (2016) | | | X | X | | | X | <ul style="list-style-type: none"> Support from EAPs or unions |
| MacGregor et al. (2017) | X | | | | | | X | |
| McFerran (2011) | | | X | X | X | | X | |
| Navarro et al. (2014) | X | | | | | | | |
| Powell et al. (2015) | X | X | | | | | X | <ul style="list-style-type: none"> Participating in workplace accreditation program Engaging external organisations to develop strategies for addressing VAW Forming Action group/committee and conducting consultations within organisation to identify targets for organisational change and develop change strategies Engaging with external programs that provide workplaces with access to resources (e.g., manuals, access to external services, template documents/policies) Commitment by organisational leadership to workplace prevention program Having ‘champions’ within organisation |
| Rayner-Thomas et al. (2016) | | | X | | X | | | |
| Samuel et al. (2011) | | | X | X | X | X | X | |

| | Education and training | Policies | Flexible work arrangements | Manager/supervisor support | Co-worker support | Privacy/confidentiality | Resources/Information/referrals | Other |
|---------------------------------|------------------------|----------|----------------------------|----------------------------|-------------------|-------------------------|---------------------------------|---|
| Swanberg et al. (2012) | X | X | X | | | | | |
| Tamagno and Varnadoe (2017) | X | X | X | | X | X | X | <ul style="list-style-type: none"> • Participating in workplace accreditation/certification programs • Demonstrating commitment to addressing VAW • Engaging with consultancy program to develop organisational responses • Engaging executives and male staff as ambassadors/'champions' • Monitoring and evaluating prevention and response strategies • Public and private partnerships to address VAW • Having an internal VAW awareness committee |
| Tolentino et al. (2016) | | | | | | | | <ul style="list-style-type: none"> • Organisational support |
| TUC (2014) | | | X | X | | | | <ul style="list-style-type: none"> • Support from unions |
| Wagner et al. (2012) | X | | | | | | | |
| Walters et al. (2012) | | | | | | | X | <ul style="list-style-type: none"> • Other EAP responses (e.g., screening and assessment of IPV victimisation and perpetration) |
| Western Education et al. (2014) | | | X | X | X | | X | <ul style="list-style-type: none"> • Support from unions, HR, designated persons to handle DV situations, or employer psychologist |
| Women's Agenda and GSANZ (2017) | | | X | X | | | X | |

| | Education and training | Policies | Flexible work arrangements | Manager/supervisor support | Co-worker support | Privacy/confidentiality | Resources/Information/referrals | Other |
|----------------------|------------------------|----------|----------------------------|----------------------------|-------------------|-------------------------|---------------------------------|-------|
| Yragui et al. (2012) | | | X | X | | X | X | |

Table 3. Organisational responses that were recommended by studies

This table summarises organisational responses identified that were recommended by participants of studies or by the researchers of the studies.

| | Education and training | Policies | Flexible work arrangements | Manager/supervisor support | Co-worker support | Privacy/confidentiality | Information/resources/referrals | Other |
|--|------------------------|----------|----------------------------|----------------------------|-------------------|-------------------------|---------------------------------|---|
| DV@WorkNet and UNI Global Union (2016) | X | X | | | | | | |
| DV@WorkNet et al. (n.d.) | X | X | X | X | X | | X | <ul style="list-style-type: none"> Response from confidential counsellor/advisor/department, medical unit/doctor/psychologist, social assistance/services, prevention advisor/department, or HR advisor/department |
| DV@WorkNet et al. (2017a) | X | X | X | | | | X | <ul style="list-style-type: none"> Response from HR departments or trade unions. Advocacy against DV |
| DV@WorkNet et al. (2017b) | X | X | X | | | | X | <ul style="list-style-type: none"> Response from unions |

| | Education and training | Policies | Flexible work arrangements | Manager/supervisor support | Co-worker support | Privacy/confidentiality | Information/resources/referrals | Other |
|-------------------------|------------------------|----------|----------------------------|----------------------------|-------------------|-------------------------|---------------------------------|--|
| Hameed et al. (2016) | | | | | | | | <ul style="list-style-type: none"> Adapt international 'good practice' workplace strategies to local context Workplace strategies that address the complex power and social structures in local communities Workplace strategies that have broader conceptualisations of FSV/VAW Collaborate with local businesses to develop workplace strategies Determine the capacity of the justice system (e.g., police, courts) and community supports to respond to FSV prior to linking victims up to services Address behaviour of staff who are perpetrators (e.g., counselling, disciplinary action, alerting law enforcement/authorities) |
| Laharnar et al. (2015) | X | | | X | | | X | |
| MacGregor et al. (2017) | X | X | X | | | X | X | <ul style="list-style-type: none"> Access to community services through workplaces (e.g., shelters, counselling, helplines) Support from EAPs Insurance or benefits to pay for supports Offering access to DV advocates Developing supportive and positive work environment for victims Offering anonymous support groups Offering mentoring for employees Having open door policy Having anonymous DV reporting mechanisms |

| | Education and training | Policies | Flexible work arrangements | Manager/supervisor support | Co-worker support | Privacy/confidentiality | Information/resources/referrals | Other |
|----------------------|------------------------|----------|----------------------------|----------------------------|-------------------|-------------------------|---------------------------------|---|
| | | | | | | | | <ul style="list-style-type: none"> • Providing specific support for perpetrators • Primary prevention strategies • Better wages, particularly for women |
| Perrin et al. (2011) | | | X | X | | X | X | |
| Powell et al. (2015) | | | | | | | X | <ul style="list-style-type: none"> • Workplace prevention programs that are tailored to the needs, resources, capacity and context of the organisation • Develop local ownership of programs • Identify the appropriate 'entry point' into developing program within organisation • Program messaging that is clear and tailored to organisational context • Identify 'points of entry' that are non-confrontational • Having 'active bystanders' in the workplace • Develop partnerships with community organisations • Create enabling environment through peer leaders and 'champions' • Support for workplace programs from executives and senior management • Encouraging men and male leaders to be 'champions of change' |
| Samuel et al. (2011) | X | X | | | | | X | <ul style="list-style-type: none"> • Supervisors having open door policy • Support from EAPs (e.g., having list of community resources for referral or 'clearinghouse' of information (i.e., crisis centres for victims/survivors, legal advice for organisations)) |
| Tamagno and Varnadoe | X | X | X | X | X | | X | <ul style="list-style-type: none"> • Public-private collaborations to address VAW • Workplace cultures that emphasise gender equity and |

| | Education and training | Policies | Flexible work arrangements | Manager/supervisor support | Co-worker support | Privacy/confidentiality | Information/resources/referrals | Other |
|---------------------------------|------------------------|----------|----------------------------|----------------------------|-------------------|-------------------------|---------------------------------|---|
| (2017) | | | | | | | | <p>respectful relationships</p> <ul style="list-style-type: none"> • Organisations with good practices can offer opportunities for other organisations to learn from their strategies • Communicate to staff the positive impacts of addressing VAW on productivity and reputation • Management Model for long-term prevention of VAW • Include awareness of and skills for managing DV as part of skills expected of managers and executives • Treat DV as workplace safety issue |
| TUC (2014) | | X | X | | | | | |
| Western Education et al. (2014) | | X | X | | | | | |
| Women's Agenda and GSANZ (2017) | X | | X | X | | | X | <ul style="list-style-type: none"> • Access to external support services • More data and information on DFV prevalence |
| Yragui et al. (2012) | | | X | X | | X | X | |

Policy Options

This review of the current evidence found that there is no one way in which organisations developed or implemented organisational policies to respond to DFV. Seven (25.9%) studies discussed policies implemented to support employees affected by DFV/VAW/FSV. It is obvious here that definitions matter. While these policies focus broadly on DFV, they also use terms including VAW and in the case of Hameed et. al.(2016), FSV is referred to because that is the preferred term. In case of FSV, the sexual violence component refers to sexual violence within intimate partnerships and family relationships.

In summary the findings of these studies suggest organisations may choose to develop a specific DFV policy prescribing the organisational response and the strategies to be implemented. Alternatively, an aspect of the response may be included in related policy documents, including components of the response prescribed by regulatory requirements such as paid DFV leave and flexible work arrangements.

One US study identified three categories of states' employment protection policies for DV victims: (1) leave policies for employees to attend to DV-related matters; (2) anti-discrimination policies that protect victims; and (3) policies aimed at increasing workplace awareness of DV and safety for employee victims (Swanberg et al. 2012). Another study reported on the ways in which organisations developed specific DFV-related policies, including policies on responding to affected employees, confidentiality and recordkeeping, workplace safety, and reporting (Tomagno and Varnadoe 2018).

Swanberg et al.'s (2012) study also noted, policies implemented by the organisation may be indirectly and directly influenced by policy actors, government policy and regulatory requirements.

Hameed et. al. (2016) provided an example of this, describing government funding for a the 'Safe at Home Safe at Work' (SAHSAW) program (2010-2013) at UNSW which combined research and advocacy to work towards policy change. SAHSAW partnered with the Australian Council of Trade Unions (ACTU) to develop a model industrial clause specifying worker entitlements such as employment-protected leave laws and flexible work arrangements if they were affected by DFV. In response to lobbying from this partnership and consistent with the government's strategic intentions, the (then) federal Labor Government also amended the national employment legislation (Fair Work Amendment Act 2013) to introduce a domestic violence provision - the right to request flexible leave (McFerran 2011; Hameed et. al 2016 and DV@WorkNet and UNI Global Union 2016).

Nine (33.3%) studies included recommendations in their findings of policies to address DFV. Several studies reported that workplace support, whether it was prescribed in both workplace policies, and/or

related policies, extended the suite of policies that may mitigate the negative impacts of DV on the workplace (DV@WorkNet and UNI Global Union 2016; DV@WorkNet et al. n.d.; DV@WorkNet et al. 2017a; DV@WorkNet et al. 2017b; TUC 2014; Western Education et al. 2014).

Education and training

As shown in Table 2, nine (33.3%) studies identified education and training as components of organisational responses that have been implemented to address DFV/VAW. These studies identified that training was an important means of providing staff with information on the recognition and response to employees affected by DFV/VAW, as well as forming part of the communication plan informing employees about workplace entitlements and policies (e.g., leave, work protection legislation), support available, and ally behaviours.

As shown in Table 3, nine (33.3%) studies recommended education and training to address DFV. One multi-country study of private and public sector strategies for preventing IPV recommended that DV be recognised as a workplace safety issue that requires regular employee training on policies which may helpfully support survivors and respond to perpetrators (Tamagno and Varnadoe 2017). In a Canadian study on workplace DV resources, greater DV-related education and training was the most common workplace improvement suggested by participants including training for employees at all levels on information detailing available resources and referrals, the warning signs of DV which might assist employers to identify opportunities for disclosure, and training to decrease stigma around the issue (MacGregor et al. 2017).

Flexible work arrangements

Fifteen (55.6%) studies identified flexible work arrangements for employees affected by DFV as a component of a workplace response. Flexible work arrangements to support employees in managing the impacts of DFV included: paid or unpaid leave for DFV-related matters (MacGregor et al. 2016; McFerran 2011; Rayner-Thomas et al. 2016; Swanberg et al. 2012; Tamagno and Varnadoe 2017; TUC 2014; Western Education et al. 2014; Women's Agenda and GSANZ 2017; Yragui et al. 2012), allowing victim-survivors to work from home (Women's Agenda and GSANZ 2017), adjustments to workloads or deadlines (Laharnar et al. 2015; MacGregor et al. 2016; Yragui et al. 2012) and flexible work schedules (MacGregor et al. 2016; Samuel et al. 2011; Tamagno and Varnadoe 2017).

Workplace arrangements to *ensure the safety of employees* and prevent further violence and abuse included: changing victim-survivors' emails or phone numbers or screening their emails and phone calls (Kulkarni and Ross 2016; McFerran 2011; Rayner-Thomas et al. 2016; Tamagno and Varnadoe 2017; TUC 2014; Women's Agenda and GSANZ 2017), discussing safety plans (DV@WorkNet et al. 2017a; DV@WorkNet et al. 2017b; MacGregor et al. 2016; Tamagno and Varnadoe 2017; Western Education et al. 2014), moving them to a safer work location (Rayner-Thomas et al. 2016; TUC 2014), escorting them to their cars or homes (McFerran 2011; Samuel et al. 2011), providing transportation (Rayner-Thomas et al. 2016; Samuel et al. 2011; TUC 2014), providing security alarms at work (TUC 2014) and alerting security staff or the police to potential risk or known threat (McFerran 2011; Rayner-Thomas et al. 2016; TUC 2014).

Specific flexible work arrangements were recommended as helpful strategies to respond to DFV in ten (37.0%) studies. Employees requested safety-related supports (MacGregor et al. 2017; Perrin et al. 2011; Yragui et al. 2012), flexible work schedules or adjustments to workloads (MacGregor et al. 2017; Perrin et al. 2011; Yragui et al. 2012), and unpaid as well as paid DV leave (MacGregor et al. 2017; DV@WorkNet et al. n.d.; DV@WorkNet et al. 2017a; DV@WorkNet et al. 2017b; Perrin et al. 2011; TUC 2014; Western Education et al. 2014; Yragui et al. 2012).

Manager/supervisor support

Thirteen (48.1%) studies identified manager/supervisor support provided to employees in response to DFV which may be helpful. The types of support offered by managers and supervisors included: interpersonal support such as offering sympathy, empathy or a listening ear (DV@WorkNet et al. n.d.; DV@WorkNet et al. 2017a; DV@WorkNet et al. 2017b; Kulkarni and Ross 2016; Samuel et al. 2011; Yragui et al. 2012) and practical forms of support such as offering workload adjustments or time off, intervening if a perpetrator instigated an episode of violence in the workplace, helping victim-survivors to seek legal assistance, and providing referrals and resources (DV@WorkNet et al. n.d.; DV@WorkNet et al. 2017a; DV@WorkNet et al. 2017b; Laharnar et al. 2015; Samuel et al. 2011; Western Education et al. 2014; Yragui et al. 2012).

Two (7.4%) studies identified barriers to supervisors/managers being able to support employees and provide a helpful workplace response. These studies found certain factors may hinder the capacity of supervisors and managers to provide an effective and appropriate response, including a lack of training

and knowledge, hesitance of victim-survivors to make disclosures to their line manager, concerns about the organisation's liability if they were to intervene, and concerns about intruding on the employee's privacy (Samuel et al. 2011). Supervisors may also face challenges in balancing competing demands, including: offering workplace accommodations whilst also ensuring business continuity and productivity; and maintaining confidentiality whilst also ensuring safety (Laharnar et al. 2015). As noted previously, there is evaluative evidence that IPV training may improve supervisor's knowledge of IPV and their ability to respond.

Six (22.2%) studies made specific recommendations on how best managers/supervisors could respond and provide support to an employee affected by DFV. Some studies did acknowledge that perceptions of the desirability of various types of manager/supervisor support may differ between individual employees (Laharnar et al. 2015; Perrin et al. 2011; Yragui et al. 2012). For example, Perrin et al. (2011) identified three clusters of supervisor support that victim-survivors may want: (1) limited support (i.e. being treated as if nothing was wrong, having confidentiality maintained); (2) having confidentiality maintained, and being provided with time off work and emotional support; and (3) support-in-every-way (i.e. having all types of supervisor support, including practical and emotional support). It is important that supervisors provide support that is congruent with the type of support the victim-survivor wants, as one study found that such congruency is significantly associated with better workplace outcomes, including greater job satisfaction, less reprimands for poor performance and fewer terminations (Yragui et al. 2012).

Co-worker support

Nine (33.3%) studies examined the support co-workers provided to colleagues affected by DFV. As with supervisors, co-workers were identified as providing interpersonal and practical support (DV@WorkNet n.d. et al.; DV@WorkNet et al. 2017a; DV@WorkNet et al. 2017b; McFerran 2011; Samuel et al. 2011; Western Education et al. 2014). Co-workers often had a greater awareness of employees' experiences of DFV than supervisors and may play an important role in informing supervisors about a colleagues experiencing DFV and any effects on the work team (Samuel et al. 2011).

Two (7.4%) studies provided recommendations regarding the potential role co-workers can play in supporting colleagues. While cautioning that organisations should also acknowledge the limitations of their responsibilities in the overall workplace response. A 'recognise, respond and refer' approach was

one of the specific recommendations requiring employees to recognise the issue, respond appropriately to the disclosure and refer the victim-survivor to appropriate services within and external to the organisation (Tamagno and Varnadoe 2017). Some studies noted that it should be recognised that DFV can have negative impacts on co-workers, who may be stressed by the abuse, concerned about the victim-survivor's safety, or become a target of the abuse themselves (DV@WorkNet n.d.; DV@WorkNet 2017a; DV@WorkNet 2017b; DV@WorkNet and UNI Global Union 2016).

Privacy/confidentiality

Six (22.2%) studies identified providing privacy and confidentiality as a component of a workplace response to DFV. In a study of supervisors' perceptions of IPV in the workplace, participants highlighted the importance of confidentiality but noted that in some circumstances they cannot fully maintain it, as they had to disclose the situation to Human Resources (HR) or their managers for safety or to gain approval for flexible work arrangements (Samuel et al. 2011). However, they still ensured that they did not disclose to other individuals in the organisation (Samuel et al. 2011).

Three (11.1%) studies recommended privacy and confidentiality in responding to DFV. Confidentiality was perceived to facilitate help-seeking from victims and perpetrators in the workplace (MacGregor et al. 2017). In Yragui et al.'s (2012) study of 163 women who experienced IPV, 90% of participants reported wanting their supervisor to keep their issues confidential. The distinction between privacy and confidentiality is important and provides direction for employees about what information needs to be shared. None of the studies discussed where disclosure and other DFV-related information was to be kept, whether it formed part of a personnel file and whether there were limits on who could access that information.

Resources, information and referrals to external services

Eighteen (66.7%) studies discussed the provision of resources, information and referrals in response to DFV/VAW/FSV. Studies noted that employees were most likely to be provided with information on DFV (DV@WorkNet and UNI Global Union 2016; MacGregor et al. 2016; MacGregor et al. 2017; Tamagno and Varnadoe 2017; Western Education et al. 2014), relevant organisational policies (DV@WorkNet and UNI Global Union 2016; MacGregor et al. 2017) how to access DFV leave, (Glass et al. 2016; Laharnar et al. 2015) and opportunities to get help (Tamagno and Varnadoe 2017).

Organisations also offered employees affected by DFV referrals to external services or access to services such as Employee Assistance Programs (EAPs) (Laharnar et al. 2015; MacGregor et al. 2016; McFerran 2011; Tamagno and Varnadoe 2017; Women's Agenda and GSANZ 2017), counselling services (Laharnar et al. 2015; MacGregor et al. 2016; McFerran 2011; Tamagno and Varnadoe 2017; Women's Agenda and GSANZ 2017), family services (MacGregor et al. 2016), and DFV services including women's shelters and centres (MacGregor et al. 2016; Tamagno and Varnadoe 2017). Additionally, EAPs were reported to provide referrals for employee perpetrators to mental health and counselling services, legal services and hotlines (Walters et al. 2012).

Eleven (40.7%) studies recommended the provision of resources, information and referrals to address DFV/VAW. For example, Powell et al.'s (2015) study noted that organisations should develop partnerships with DFV services in the community to facilitate access to support for employees and bring about cultural and attitudinal change in their organisations. In Yragui et al.'s (2012) study, only 15% of participants reported that their supervisors provided them with information on DV services, despite the fact that 60% of participants reported wanting this information. Similarly, in a study of Canadian workers, only 43% of respondents stated that they were aware of DV-related resources or obligations by employers and/or unions (MacGregor et al. 2017). This highlights the importance of providing employees with information about workplace DV resources and underscores the necessity for this information to be conveyed in a comprehensive communication strategy.

Other strategies and initiatives

As shown in Table 2, fourteen (51.9%) studies identified other actions taken by organisations. Personnel with responsibilities for the workplace response to DFV/VAW may include HR departments, Employment Assistance Program staff, union representatives, and prevention specialists who may be designated as first responders (DV@WorkNet et al. n.d.; DVWorkNet et al. 2017a; DV@WorkNet et al. 2017b; MacGregor et al. 2016; Kulkarni and Ross 2016; Western Education et al. 2014). Organisations may also enlist external consultants in developing strategies (Tamagno and Varnadoe 2017; Powell et al. 2015). Consultants were reported as offering services such as VAW training, workplace accreditation, assistance in developing policies and procedures, and provision of other relevant tools (e.g., manual, template documents and specific DFV policies) (Powell et al. 2015; Tamagno and Varnadoe 2017).

One study examined employees' perceptions of organisational support and found that when employees reported experiencing high levels of organisational support, it was found to mitigate some of the negative job performance and career outcomes linked to IPA, including lower in-role performance and organisational citizenship behaviours, and lower levels of actual promotion (Tolentino et al. 2016).

As shown in Table 3, nine (33.3%) studies recommended other strategies and initiatives that could be implemented by organisations to address DFV/VAW/FSV. In Powell et al.'s (2015) study, the leadership of senior executives and commitment modelled by the leadership team was identified as crucial to the success and sustainability of workplace programs targeted at preventing VAW. Leaders and managers may also play an important role as 'champions' in the workplace. As Powell et al.'s (2015) study noted, having 'champions' at a senior management level has the potential to bring about positive changes within the organisation through a 'trickle down' effect. Other organisational strategies that could address DFV include collaborations between the public and private sector and communicating to staff the Business Case for an organisational response describing the positive impacts that addressing VAW can have on organisational productivity and reputation (Tamagno and Varnadoe 2017).

Studies also recommended organisational strategies and initiatives to manage perpetrators in the workplace. This included, providing specific supports for perpetrators, (MacGregor et al. 2017), having 'active bystanders' in the workplace (Powell et al. 2015), and addressing perpetrators' behaviours through disciplinary actions, counselling or notifying the authorities (Hameed et al. 2016).

Organisations should also be aware of local community context when implementing responses to gendered violence and should adapt practices and strategies accordingly. In a study on workplace strategies for addressing Family and Sexual Violence (FSV) in Papua New Guinea, workplace responses typically considered 'good practice' in western contexts were found to be inadequate in this context (Hameed et al. 2016). This was due to their failure to recognise factors such as: the complex and unique power and social systems that exist in Papua New Guinea, the wide range of FSV that occurs, and the limited legislative infrastructure and community support to protect individuals.

Evidence of the effectiveness of organisational responses

As shown in Table 4, only five (18.5%) studies provided evaluative data on organisational responses. These studies focused on the effectiveness of workplace training/ education on DFV awareness and response by assessing the impact on knowledge, attitudes and behaviours of employees, managers and

organisations. They provided evidence of positive outcomes of such training, including improvements in supervisors'/employees' knowledge on DFV (Glass et al. 2010; Glass et al. 2016; Navarro et al. 2014); improvements in workplace culture and the provision of support for employees experiencing DFV (Glass et al. 2016); improvements in employees' knowledge of DFV services (Krishnan et al. 2016); and reductions in the proportion of individuals who view IPV as acceptable (Krishnan et al. 2016).

The impacts of training on participants' willingness to address DFV/VAW was examined in Wagner et al.'s (2012) study of a workplace 'ally' training program. Over 90% of participants stated that post-training, they would be more willing to talk to other men about their role in addressing VAW. One study did not find any significant improvements in participants' levels of comfort and competency to help employees affected by DFV following training but found that participants were significantly more likely to report that they would intervene when confronted with a disclosure of DFV (Navarro et al. 2014).

Table 4. Summary of studies with evaluative data (n=5)

| Author (year) | Country | Focus | Sample | Relevant findings |
|------------------------|---------|--|---|---|
| Glass et al. (2010) | USA | Evaluation of computer-based training for supervisors to respond to IPV. | 53 supervisors who were employed by the city of Gresham in Oregon, USA, or who were from small businesses in Gresham. | <ul style="list-style-type: none"> • Post-training, there were significant improvements in participants' DV-related knowledge including knowledge on: IPV, IPV policy, and the state's IPV leave law. • The majority (96%) of participants reported that they learned new information from the training. • More than half (52.9%) reported that the training changed their perspective about DV and the workplace. • Over two-thirds (67.3%) reported that training had changed their motivation to address DV in the workplace. • However, 9.8% stated that there were items/words in the training that were offensive. |
| Glass et al. (2016) | USA | Evaluation of computer-based IPV workplace training. | Supervisors and managers from 27 counties in Oregon, USA. 14 counties were assigned to the intervention group and 13 counties to the delayed control group. | <ul style="list-style-type: none"> • Post-training, there were significant improvements in: participants' IPV-related knowledge, workplace climate towards DV, and the number of supervisors giving employees IPV leave information. • Post-training, there were increases in the proportion of counties that: made further postings about the state's IPV leave law, developed new IPV policies, and looked for further IPV-related resource information. • The results did not support the view that the effects of the training had spread to other supervisors in the county who did not complete the training. |
| Krishnan et al. (2016) | India | Evaluation of workplace intervention comprising of four campaigns, one of which was on gender and VAW. | 835 employees from 2 garment factories. | <ul style="list-style-type: none"> • Post-intervention, respondents in the intervention group had more gender-equitable attitudes, greater knowledge of DV services, and a lower likelihood of reporting that physical IPV is acceptable than respondents in the control group. • These groups differences remained significant even after gender and educational status were adjusted for. |

| | | | | |
|-----------------------|-----|--|---|--|
| Navarro et al. (2014) | USA | Evaluation of a 'Recognize, Respond, and Refer' IPA workplace training. | 157 employers and employees from a range of businesses. | <ul style="list-style-type: none"> • Prior to the training, the majority of participants had been able to identify many of the examples of IPA. Nevertheless, there were significant improvements in participants' recognition of several examples of IPA (e.g., using kids to manipulate, minimising negative events, controlling money, and defining partner's role) post-training. • Post-training, there were no significant improvements in participants' level of comfort and competency in intervening to assist survivors. However, participants were significantly more willing to intervene when confronted with survivors post-training than they were pre-training. • All participants reported that the tools provided in the training were necessary to assist survivors, and 98.3% said that they tools were practical. • Almost half (46.9%) reported that the training might 'very much' change their routine in treating survivors. • Post-training, there were significant increases in the proportion of participants who reported that their knowledge of IPA was good or excellent. • A majority (62.0%) reported that the training 'very much' improved their ability to refer/provide employees with IPA-related information on community resources, and 80.6% reported that the training might change their routine when referring survivors to local community agencies. |
| Wagner et al. (2012) | USA | Study of workplace curriculum module that included content on DV. Part 1 of the training covered content on DV and ally behaviours, whilst Part 2 of the | 339 union members and management employees from a workforce that is largely male. | <ul style="list-style-type: none"> • Following Part 1 of the training, 97% reported that that due to the training they would be more willing to talk with other men about men's role in stopping VAW. • Following Part 2 of the training, more than 93% stated that they would be willing to talk with other men about men's role to stop VAW, more than 99% reported that they would be more willing to take a leadership role to stop VAW, and 67% stated that they would positively change their response to an employee/union member |

| | | | | |
|--|--|---|--|------------------|
| | | training covered the prevention and resolution of workplace violence incidents. | | experiencing DV. |
|--|--|---|--|------------------|

Discussion

The evidence reviewed for this scoping study demonstrate that organisations are providing responses to employees affected by DFV but to date, there is no evidence of organisational responses provided for employees who have experience SA, perpetrated not as part of sexual harassment. Unlike sexual harassment which occurs in the workplace, it is reasonable to hypothesise that SA is still considered a 'private matter' causing organisations to question whether there should be a reasonable expectation of a workplace response. Arguably there has not been the same research undertaken and advocacy in relation to SA nor have there been any studies documenting the cost to business productivity as has happened for sexual harassment and DFV. While it is possible to suggest that some of the good practice suggestions for organisational responses to DFV may well be helpful in responding to employees whose workplace performance is affected by SA, caution is advised as there is no evidence supporting the application of these policies, strategies and initiatives to another employee group.

Evidence was found demonstrating the effectiveness of select organisational responses including increasing worker knowledge and changing the behaviour of employees, supervisors and the whole of organisation culture. However, the findings also confirm there is no definitive way to provide an organisational response to an employee affected by DFV. Any response provided will necessarily be informed by the context of the organisation, resources available and the circumstances of the individual affected. Evaluative studies also comment on both the effectiveness and suggested helpfulness of select tools and instruments which can be flexibly combined to provide a tailored workplace response.

Drawn from the evidence provided by these studies, areas have been identified for consideration that may be helpful when organisations seek to develop an effective organisational response to employees affected by DFV. As suggested in a number of the studies, these areas for practice consideration can be used to inform a flexible response design which could be operationalised in different ways depending on organisational need and interest. Underpinning each of these areas is a commitment to ensuring safety, respect for employees with lived experiences of DFV and their choices and recognition that every employee's experiences and perspectives will be unique.

Areas for practice consideration

Area 1: Demonstrate organisational commitment

The evidence highlights the importance of genuine organisational commitment to the success and sustainability of strategies and initiatives targeted at addressing DFV (Powell et al. 2015; Tamagno and Varnadoe 2017). This may be achieved where senior staff champion the issue (Powell et al. 2015) and are confident and competent to offer a response to disclosure. It is important to communicate to staff the business case outlining the positive impacts that addressing DFV can have on organisational productivity and reputation (Tamagno and Varnadoe 2017) as well as the suite of organisational strategies and resources available for all employees affected (see MacGregor et al. 2017). Whilst not identified in this review, organisations may find value in reiterating their commitment to addressing these issues for all employees in relevant communications.

Area 2: Establish a comprehensive organisational response to employees

The evidence overall establishes the importance of providing organisational support to employees affected by DFV (e.g., Tolentino et al. 2016). The review highlighted a comprehensive suite of strategies and initiatives that can be implemented by organisations to respond to DFV. These include having DFV specific and/or related policies, offering flexible work arrangements, managers/supervisors and co-workers providing appropriate workplace support to the employee affected by DFV, assuring privacy and confidentiality, and providing information, resources and referrals to external services. Other strategies identified include engaging consultants to develop organisational responses (Powell et al. 2015; Tamagno and Varnadoe 2017) and cultivating 'champions' in the workplace (Powell et al. 2015).

The review also demonstrates the benefits and effectiveness of providing DFV-related training and education for staff. Such training has the capacity to improve employees' knowledge of available services and resources (e.g., Krishnan et al. 2016) and can also improve the ability of managers/supervisors to respond to employees affected by DFV (e.g., Navarro et al. 2014). While training may be implemented as a one-off to upskill relevant first responders, including managers responsible for overseeing the employee's flexible work accommodations and other supports. It is important to note that studies in this review did not clarify whether a DFV policy forms part of an overall organisational response, or whether a DFV policy drives and provides the parameters of the organisational response. Work by the Male Champions of Change (now known as the Champions of

Change Coalition) (2016) suggests that the former may be case but other evidence suggests it is really a choice to be made by the individual organisation.

Area 3: Develop a comprehensive DFV Policy

A number of studies in this review suggest policies, whether they be stand-alone DFV policies or related policies, are the foundation of an organisational response and play a central role in prescribing how an organisation will address DFV (DV@WorkNet and UNI Global Union 2016; DV@WorkNet et al. n.d.; DV@WorkNet et al. 2017a; DV@WorkNet et al. 2017b; TUC 2014; Western Education et al. 2014). Equally important, select evidence demonstrates having a well-developed organisational policy may mitigate the negative impacts of DFV on the workplace (e.g., DV@WorkNet and UNI Global Union 2016; DV@WorkNet et al. n.d.) and assist managers/supervisors in responding to DFV (e.g., Samuel et al. 2011).

Other studies specified a range of issues that organisations could consider addressing in their DFV policy include: specific guidelines on safety planning for employees, involvement of the security team, and how the policy relates to any critical incident policies or other relevant guidelines; details of flexible work arrangements and paid and unpaid leave options for employees affected by DFV; guidelines on the adjustment to work schedules and management of deliverable deadlines and the mechanism for ongoing review of any accommodations made; and information and resources, as well as referrals to professional support (e.g., MacGregor et al. 2016; McFerran 2011; Rayner-Thomas et al. 2016). For organisations that choose not to have a dedicated DFV policy, it is helpful to ensure employees are aware of other policies that could support an organisational response to these issues.

Area 4: Definitions matter: who can and can't access an organisational response

The studies in this review frequently use different terminology when discussing issues related to DFV. Some studies used terminology that focused on DFV specifically (e.g., DV, IPV, IPA), others looked at broader concepts that encompassed not only DFV but other forms of gendered violence as well (e.g., VAW, FSV) (Powell et al. 2015; Hameed et al. 2016).

Given the range of terminology that exists and the subtle differences in meaning that each of these terms have, it is important that organisational policies and communication are clear about the terms that they are using and the definitions of these terms – particularly given the finding described in area 3

that organisational policy may mitigate the negative impacts of DFV on the workplace. This necessarily requires organisations to develop clarity around the specific workplace issues that their strategies and interventions are aimed at addressing. As well as the eligibility of an employees for a particular workplace accommodations or resource. For example, organisations may wish to consider whether they respond to employees affected by IPV only or are willing to provide a response to experiences of violence perpetrated by other family members (Hameed et. al. 2016).

Area 5: Communicate effectively and provide accessible information

Evidence highlighted the importance of communicating DFV-related information, including information on available resources and responses, to employees (see DV@WorkNet n.d.; MacGregor et al. 2017; Yragui et al. 2012). Clear and accessible communications from the organisation about the rights of employees, and how the organisation can or will contribute to the safety and wellbeing of employees may be beneficial for employees affected by DFV (Hameed et. al. 2016).

Information may be communicated to employees in a variety of ways including via organisational policies (Laharnar et al. 2015), intranet (Laharnar et al. 2015), pamphlets (MacGregor et al. 2016), videos and information sheets (Powell et al. 2015). Several studies in this review also demonstrated the effectiveness of workplace training at improving employees' and managers' knowledge of DFV and DFV-related resources (Glass et al. 2010; Glass et al. 2016; Navarro et al. 2014). These studies provide evidence of how workplace training on issues such as recognising and responding to DFV, and referring employees affected by DFV to services can have positive impacts.

Area 6: Provide information on confidentiality and privacy

The evidence identified privacy and confidentiality as important components of an organisational response to DFV (see MacGregor et al. 2017; Samuel et al. 2011; Yragui et al. 2012). Assuring employees of the way in which confidentiality and privacy will be managed in any organisational response is critical. As the evidence suggests, this may facilitate help-seeking from both victims and perpetrators in the workplace (MacGregor et al. 2017). Employees may also benefit from knowing in advance how accommodations will be managed, who will review arrangements and how their circumstances will not be conveyed to the rest of their work team. Employees may be deterred from disclosing if they are not aware of who has access to relevant information and safety plans as well as limitations to access (Hameed et. al. 2016).

Additionally, organisations may wish to clearly distinguish between confidentiality and privacy in the organisation for employees and define these terms in policy and related guidelines. As highlighted in this review, there may be instances where due to safety or other concerns, confidentiality cannot be maintained (Samuel et al. 2011).

Area 7: Provide information on the organisation's response to identified or self-disclosed perpetrators

It is only recently that organisations have begun to consider whether they have a responsibility to respond to an employee who uses DFV. Consistent with this, the evidence in this review on strategies and interventions for responding to perpetrators of DFV in the workplace was limited, with only several studies examining the issue (Hameed et al. 2016; MacGregor et al. 2017; Powell et al. 2015; Tamagno and Varnadoe 2018; Walters et al. 2012). This continues to be an emerging area. Organisations may benefit from considering whether they will provide a response to employees who use DFV and whether they provide a specific response for employees seeking organisational support to manage violent and abusive behaviour, either within or external to the workplace. Recent work by the Champions of Change Coalition has outlined steps that organisations can take to respond to perpetrators (Male Champions of Change 2020).

Limitations and directions for future research

There are limitations to this scoping review. First, limited evidence prevented a comprehensive assessment of the effectiveness of organisational responses to DFV. Only 5 of the studies in this review provided evaluative data on organisational responses, and all of these studies focused on DFV-related education and training. None of the studies in this review specifically focused on SA. Studies either focused on DFV or broader categories of gendered violence such as VAW and FSV. Second, the use of different terminology made it difficult to compare the results across studies and in some instances, it can be difficult to infer effectiveness or helpfulness beyond the cohort described by the preferred term used in the study.

Third, as this review only analysed information from English language publications, with the majority of studies from areas such as the US, Australia and Europe, the organisational responses identified in this review may largely reflect Western-style organisations and contexts. Fourth, publication bias may have been an issue.

Future research should specifically examine the issue of SA perpetrated outside the workplace context specifically and analyse its impacts on employees and the workplace. Whilst not examined in this review, there is also the potential for other forms of victimisation (e.g., historical child sexual abuse) to negatively impact on the workplace. Research should explore this and determine how organisations can best respond to these issues.

Conclusion

Ultimately, a safe, inclusive and responsive organisation is a productive organisation. This scoping review provides evidence of the potential effectiveness of an organisational response to employees affected by DFV.

The identified areas for practice consideration are a beginning guide only and provide a suite of options for organisations to choose from. The strategies and interventions identified in the review have been considered against each of these areas and incorporated where appropriate. In particular, they position organisations to be part of a community response to prevent and respond to DFV.

It is crucial to note that any organisational response should be underpinned by evidence. This is an ongoing and dynamic process, as evidence is rapidly emerging. It is important to know 'what works' to be able to effectively tailor an organisational response so that it is fit for purpose. Organisations should invest in the collection of monitoring data and the careful and regular review of strategies and interventions to know what aspects of their organisational response are working or not. Through an iterative process of developing, implementing, monitoring and evaluating their strategies and interventions, organisations will be better positioned to offer effective and timely responses to employees affected by DFV.

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