

Impact of Domestic Violence on the Workplace and Workers' Productivity in Selected Industries in Nigeria

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ABSTRACT The study examined impact of domestic violence (independent variable) on the workplace and workers' productivity (dependent variables) in Nigeria industries. The study is a survey research using an ex-post-facto type with a sample size of two hundred (200) participants selected from four industrial sectors within Ibadan metropolis of Oyo State. The age range of participants was between 25 and 50 with a mean of 30.5. The main instrument used to generate data for the study was a set of questionnaire with 0.85 reliability coefficient. Multiple regression analysis were used as tools of analysis. The results indicated that there is significant inference of domestic violence variables (physical, psychological and sexual abuse) on the performance of workers in industries. The independent variables taken together predicted the dependent variable by yielding a coefficient of multiple regression of 0.683 and a multiple regression square of 0.467. Thus the findings showed that domestic violence leads to absenteeism, loss of work time, high labour turnover and low productivity. It is further recommended that batterers should be empathized with in a non-judgmental way and increases the safety of workplace so that victims can have the attention reduced; promote healthy living and projection of higher productivity within the establishment.

INTRODUCTION

Domestic violence is a pattern of assaultive and coercive behaviours, including physical, sexual, and psychological attacks, as well as economic coercion that adults or adolescents use against their intimate partners. The perpetrator does this as a means of achieving compliance from or control over his victim. Also, it is a purposeful conduct perpetrated by adults or adolescents against their intimate partners in current or former dating, married or cohabiting relationships of heterosexuals, gay men, and lesbians.

Domestic violence is sometimes referred to as "gender-based" violence because it evolves in part from women's subordinate status in society. Many cultures have beliefs, norms, and social institutions that legitimize and perpetuate violence against women. The same acts that would be punished if directed at an employer, a neighbour, or an acquaintance often go unchallenged when men direct them at women, especially within the family. Some studies have shown that in some countries domestic violence is to "correct" an erring wife (Armstrong, 1988; Counts et al., 1999; Hassan, 1995; Jejeebhoy, 1998). It has also been confirmed that transgression of gender norms like not obeying husband, talking back, not having food ready

on time, questioning husband about money or girlfriends, going somewhere without his permission, refusing him sex, or expressing suspicious of infidelity necessitate violence against women (Michaus, 1998; Visaria, 1999).

While actual physical assaults may occur in domestic violence, the abuser is also very likely to use non-assaultive types of abuse, such as verbal abuse or economic control. Economic control can occur when the abuser prevents the victim from getting to work by taking her car keys away, controls all the household income, or denies her money for her day-to-day needs. From the above expressions, it is glaring that abusive behaviour is a tactic used with the intention of maintaining power and control over another individual that results in causing that individual harm. The power and control can be in form of using coercion and threats, intimidation, emotional abuse, isolation, economic abuse, male privilege, using children, denying and blaming.

Domestic violence as an act saps women's energy, undermine their confidence, compromise their health, and deprive the society women's full participation. Carrillo (1992) observed that women cannot lend their labour or creative idea fully if they are burdened with the physical and psychological scars of abuse. It is a major cause of injury to women, ranging from relatively minor

cuts and bruises to permanent disability and death. Studies have shown that 40% to 75% of women who are physically abused by a partner are injured by this abuse at some point in life (Nelson and Zimmerman, 1996; Romkens, 1997; Tjaden and Thoennes, 1998). Furthermore, domestic violence is among the most common causes of post-traumatic stress disorder (PTSD) (Briggs and Joyce, 1997; Bromet et al., 1998; Schaaf and McCanne, 1998). PTSD causes difficulties in sleeping and concentration. The sufferer is easily alarmed or startled. This is a sign of mental health erosion.

Physical or sexual abuse may lead to a number of physical ailments including irritable bowel syndrome, gastrointestinal disorders and various chronic pain syndromes (Delvaux et al., 1997; Walker et al., 1997). In its most extreme form, violence kills women. Worldwide, an estimated 40% to over 70% of homicides of women are committed by intimate partners, often in the context of an abusive relationship (Bailey et al., 1997; Gilbert, 1996). Many women consider the psychological consequences of abuse to be even more serious than its physical effects. The experience of abuse often erodes women's self-esteem and puts them at greater risk of a variety of mental health problems, including depression, post-traumatic stress disorder, suicide, and alcohol and drug abuse. For some women the burden of abuse is so great that they take their own lives or try to do so. Studies from Nicaragua, Sweden and the United States have shown that domestic violence is closely associated with depression and subsequent suicide (Kaslow et al., 1998 and Rosales Ortiz et al., 1999).

Sexual abuse or sexual coercion exists along a continuum, from forcible rape to non-physical forms of pressure that compel women to engage in sex against their will. The touchstone of coercion is that a woman lacks choice and faces severe physical or social consequences if she resists sexual advances. It should be noted that most nonconsensual sex takes place among people who know each other – spouses, family members, courtship partners, or acquaintances (Heize et al., 1995). Nonconsensual sex takes place within consensual unions and become just another medium for male control. Research have shown that some married women gave in to sex out of fear of the consequences of refusal, such as physical abuse, loss of economic support, or accusation of infidelity (David and Chin, 1998; Khan et al., 1996).

Domestic violence is not going unnoticed, for example more than one in three Americans has witnessed an incident of domestic violence (EDK Associates, 1993); four out of five Americans surveyed say that domestic violence is an extremely or very important issue to them personally (Lieberman, 1996). It is against this background that domestic violence became a workplace issue because it affects the workplace in terms of bottom-line economics, productivity, and employee's safety and well-being. Nearly four million women are battered in America every year, and most of these women are working women (Commonwealth Fund Commission, 1993). Domestic violence can result in reduced productivity, increased medical expenses, absenteeism, and increased risk of violence at the workplace. Domestic violence affects not only the person directly experiencing the abuse, but it can also have a profound effect on the personal and professional lives and productivity of co-workers.

Domestic Violence as a Workplace Issue

Domestic violence in the workplace is a broad concept that encompasses behaviour that occurs both on and off the worksite. Domestic violence in the workplace includes all behaviour that interferes with an individual's capability to safety and securely performs their duties at work. It includes all kinds of conduct, ranging from harassing or repeated telephone calls or faxes at work to unarmed and armed "show-ups" to homicide. Domestic violence in the workplace also includes conduct which occurs outside of the workplace, such as sleep deprivation and physical injuries which impact on an individual's ability to perform their job. A batterer's interference in the workplace or work success of his target is one of many means by which the batterer exercises and displays his attempt to exert power and control.

When someone is experiencing domestic violence it over shadows every aspect of his or her life, including the work environment. Domestic violence does not stay at home when women go to work; therefore domestic violence often becomes workplace violence. It is imperative to see domestic abuse as a serious, recognizable and preventable problem like thousands of other workplace health and safety issues that affect a business and its bottom line.

According to the Bureau of National Affairs Report (1990), the estimated cost of domestic violence to United States companies stood at 3-5 billion Dollars annually. This is due to lost work time, increased health care cost, higher labour turnover and lower productivity. 50% of the domestic violence victims who are working women miss three days of work per month as a result of the violence. 75% of these victims used company time to deal with the violence because they could not do so at home. 64% were periodically late for work, and 96% of employed battered women experienced problems at work due to the abuse.

It is now a matter of concern for employer to be aware of the increasing rate of domestic violence and be prepared to make the workplace safe for all employees. It is an important business issue that cannot be ignored. The workplace is where many women facing domestic violence spend at least eight hours a day; therefore the workplace becomes an ideal place for them to get help and support. The workplaces have the power to save money and lives by seeing domestic violence as a workplace issue. Business leaders agree that domestic violence is a problem that affects the workplace. In a Business Survey carried out in America, fifty-seven percent senior corporate executives believe domestic violence is a major problem in society. One-third of them thought domestic violence has a negative impact on their bottom lines, and 40% said they were personally aware of employees and other individuals affected by domestic violence. Sixty-six percent believe their company's financial performance would benefit from addressing the issue of domestic violence among their employees (Roper starch worldwide 1994). Furthermore, 78% of Human Resources professionals said domestic violence is a workplace issue because 94% of corporate security directors ranked domestic violence as a high security problem at their company (Soloman, 1995).

In a national survey in America, 24% of women between the ages of 18 and 65 had experienced domestic violence. Moreover 37% of women who experienced domestic violence report this abuse had an impact on their work performance in the form of lateness, missed work, keeping a job or career promotions (EDK Associates, 1997). Many employers offer health care benefits to their employees. This is another

area where domestic violence has an impact on a company's bottom line. Total health care costs of family violence are estimated in the hundreds of millions each year, much of which is paid for by the employer (Pennsylvania Blue Shield Institute, 1992).

As regards the workplace safety, employers are more concerned today about violence in the workplace than they were 20 years ago, as news stories of workplace shootings, often related to domestic violence, become increasingly common. They are right to be concerned because victims of domestic violence may be especially vulnerable while they are at work. For instance, once a woman attempts to leave an abusive partner, the workplace can become the only place the assailant can locate and harm her. This has been confirmed by a survey carried out by Solomon (1995) in America that Ninety-four percent of corporate security directors surveyed ranked domestic violence as a high security problem at their company.

In Nigeria, most research on worker's productivity had been on the impact of other aspects of economic and national issue, scarcely do we have studies linking workers performance and productivity to the influence of domestic violence (Domestic violence as conceived in this study has three dimensions: physical, psychological and sexual). It is against this background that this study becomes relevant in filling such missing gap by looking at the impact of domestic violence on workers productivity/performance in selected industries.

Purpose of Study

In order to achieve the purpose of this study, the following research questions were answered.

1. To what extent does domestic violence (physical, psychological and sexual abuses) when taken together predict the performance of workers at their workplace?
2. What are the relative contributions of the variables to productivity?

METHODOLOGY

Research Design: The study is an ex-post-facto type. It does not involve manipulation of any variable. The event has already occurred and the researcher only investigated what was already there.

Participants: A total of two hundred (200) participants were involved in the study. The participants were drawn from four industrial sectors within Ibadan metropolis of Oyo State. The industrial sectors are Mass media (print and electronics); Civil Service; Teaching service and trading. From each industrial sector, fifty (50) respondents were randomly selected. Their ages ranged between 25 years and 50 years with a mean age of 30.5 years and have been in marriage for a minimum of two (2) years. The least qualification of the respondents was the primary six leaving certificate and the highest was first degree. All the respondents are literate and could understand the questionnaire properly.

Instrumentation: The major instrument used for the study was the questionnaire tagged "Domestic Violence and Job (DV&J)". The questionnaire was an adapted and modified form of that designed by Tolman et al. (1997). It is a thirty-five (35) item scale with response format ranging from strongly agreed (4) and strongly disagreed (1). The reliability value of the instrument with Nigerian participants was 0.85 using test-retest method.

Data Analysis: Multiple regression analysis at 0.05 level of significance was the statistical tools employed in the study to examine domestic violence (independent variable) and workers productivity/ performance (dependent variables).

RESULTS

Table 1 shows that the three abuses (physical, psychological and sexual) to predict workers performance in industries yielded a coefficient of multiple regression (R) of 0.683 and a multiple regression square (R^2) of 0.467. The table also shows that analysis of variance of the multiple regression data yielded an F-ratio of 57.241 (significant at the 0.05 level), indicating that predicting lower workers performance at work due to domestic violence could not have occurred by chance.

Table 2 shows for each type of abuse (independent variable), the standardized regression weight (β), the standard error estimate (SEB), the t-ratio, and the level of which the t-ratio is significant. The values of standardized regression weights associated with the domestic abuses indicated that physical abuse (Beta = .626) is the most potent contributor, followed by psychological abuse (Beta = .248) and sexual abuse (Beta = -.118).

Table 1: Regression analysis showing the joint contribution of types of domestic violence on workers Performance/productivity in industry

Regression (R) = .683
Regression square = .467
Adjusted R square = .459
Standard Error of Estimate = 1.05011
Analysis of Variance

Source of variation	Sum of square	Df	Mean square	F	Sig.
Regression	189.364	3	63.121	57.241	.000
Residual	216.136	196	1.103		
Total	405.500				

Table 2: Relative contribution of the independent variables to the prediction

Source of Variation	Unstandardized coefficient		Standardized coefficient		T	Sig.
	B	Std. Error	Beta			
Constant	6.018	1.325	-	4.543	.000	
Physical Abuse	.522	.044	.626	2.003	.000	
Psychological Abuse	.252	.053	.248	4.729	.000	
Sexual Abuse	-.112	.050	-.118	-2.247	.026	

DISCUSSION OF FINDINGS AND IMPLICATIONS

The finding of this study indicates that the combination of the three independent variables had significant predictive effect on the outcome measure (worker's productivity). The three variables (physical abuse, psychological abuse, sexual abuse) accounted for 45.9% of the variance in worker's productivity. All the three independent variables made significant relative contribution to the prediction of worker's productivity. The highest contributor is physical abuse. The explanation for this is not far fetched because physical abuse leads to injuries that are severe thereby leading to taking time off from the work, absenteeism, less stable workforce and low labour productivity. For example in Canada, 43% of women injured by their partners had to receive medical care and 50% of those injured had to take time off from work (Rodgers, 1994). Furthermore, abused women also have reduced physical functioning, more physical symptoms, and spend more days in bed than non-abused women (Golding, 1996; Leserman et al., 1996; Sutherland et al., 1998).

Research into partner violence in Nigeria is so new that comparable data on psychological abuse by intimate partners are few, however this study confirms that psychological abuse contributes significantly to the prediction of worker's productivity. This is corroborated by findings when women claim that psychological abuse and degradation are even more difficult to bear than the physical abuse (Cabaraban and Morales, 1998; Crowell and Burgess, 1996). Women who are abused by their partners suffer more depression, anxiety, and phobia than women who have not been abused, according to studies in Australia, Nicaragua, Pakistan, and the United States (Ellberg et al., 1999; Fikree and Bhalli, 1999; Danielson et al., 1998 and Roberts et al., 1998).

Furthermore, sexual abuse contributed least to prediction yet the contribution was significant to the prediction of worker's productivity. This is so because, studies have confirmed that sexual assault on women is closely associated with depression and anxiety disorders which are not supportive of good workplace behaviour (Briggs and Joyce, 1997; Whiffen and Clark, 1997; Cheasty et al., 1998 and Levitan et al., 1998). Furthermore, women who have experienced sexual assault either in childhood or as adult are also more likely to attempt suicide than other women (Felitti et al., 1998; Luster and Small, 1997; McCauley et al., 1997).

This study established that domestic violence has impact on the abused and the workplace by making the abused unable to perform well while at duty, quit a job, leave work early on daily basis, coming late to work and increased health care cost. All these have negative effect on the company's bottom line.

Victims of domestic violence are likely to have more job turnover and lower performance. The study in Chicago found that women with histories of domestic violence were more likely to have experienced spells of unemployment, to have more job turnover, and to suffer more physical and mental health problems that could affect their job performance (Lloyd and Taluc, 1999).

Domestic violence has a consistent impact on women's earnings. Women that have experienced violence earn lower incomes than those who had not been abused (Lloyd and Taluc, 1999). For instance, in Managua, abused women earned 46% less than women who did not suffer abuse, even after controlling for other

factors affecting earnings (Morrison and Orlando, 1997). Furthermore, Hyman (1993) found that women who were sexually abused in childhood earned 3% to 20% less annually than women who had not been abused, depending on the type of abuse experienced and the number of perpetrators.

Where the government is the highest employer of labour, like in Nigeria, the impact on the economy is great and has negative impact on the economy because the increased need for health care adds considerably to health care cost. For example, in Washington State HMO study, the added cost associated with childhood abuse for his plan alone was estimated at over US \$ 8 million per year (Walker et al., 1999). In Canada, according to Greaves, et al. (1995) estimated that physical and sexual abuse of girls and women cost the economy 4.2 billion Canadian dollars each year, nearly 90% of that borne by the government.

CONCLUSION AND RECOMMENDATIONS

Management should create a supportive workplace environment in which employees feel comfortable discussing domestic violence with counsellors and seeking assistance for domestic violence concerns. Supportive policies and programmes are critical in addressing domestic violence as it affects the workplace, this is achieved if employees know that such policies and programmes exist and that it is safe for them to come forward and disclose their domestic violence situation.

Furthermore, the workplace must send a clear and consistent message to all employees that the employer will respond to employees who are victims of domestic violence in non-judgmental and supportive ways. If asked about violence in a nonjudgmental, empathic way, abused person is more likely to answer truthfully. Abused persons are more inclined to discuss abuse if they perceive the helper to be caring and easy to talk to, and if follow-up is offered. Employees should notify their supervisor/manager of the situation and the possible need to be absent. This is so because supervisors/managers cannot assist until an employee self-discloses.

Employees should not be disciplined or terminated simply because they have been victims of domestic violence or because the employer

fears the impact of domestic violence on the workplace, nor should any person be denied opportunities for employment, benefits, or promotion because they are or have been victims of domestic violence.

Education should be provided on domestic violence to employees and/or union members. The education should include information about resources available in the workplace and/or community for victims of domestic violence and batterers. One way to go about this education can be in form of display of posters with anti-domestic violence messages. Other materials that can be used for education include pens, mugs, banners designed for the workplace. Training and educational seminars promoting in-house services and benefits also raise awareness.

As industrial social workers, we believe that employees who commit acts of domestic violence at the workplace must be treated or disciplined in the same manner as employees who commit other acts of violence or harassment at the workplace. As appropriate, a helping profession should provide employees with referrals to certified batterers' treatment programmes. We should endeavour to acknowledge and make employees who are victims of domestic violence to know that they have the same rights, opportunities, and benefits as all other employees. The workplace and the industrial social worker should to the fullest extent possible, take active measures to increase the safety of all employees who request assistance because they are victims of domestic violence. Using the principle of confidentiality as a guide, the industrial social worker and management should acknowledge the importance of keeping all requests for assistance in confidence, making information available only on a "need to know" basis. Lack of confidentiality can be particularly devastating as well as placing the abused at risk for further abuse and subsequent lowering organizational bottom line.

Workplace response is to make its environment safe from all forms of violence, including domestic violence. It should also make victims of domestic violence understand and access services, information, and protections that are available to them.

Finally, since the organizations cannot live in isolation but in relation to its community, the workplace should be made to support community efforts to end domestic violence.

REFERENCES

- Armstrong, A.: *Culture and Choice: Lessons from Survivors of Gender Violence in Zimbabwe*. Violence Against Women in Zimbabwe Research Project, Zimbabwe (1998).
- Bailey, J.E., Kellermann, A.L., Somes, G.W., Banton, J.G., Rivara, F.P. and Rushforth, N.P.: Risk factors for violent death of women in the home. *Archives of Internal Medicine*, **157**(7): 777-782 (1997).
- Briggs, L. and Joyce, P. R.: What determines post-traumatic stress disorder symptomatology for survivors of childhood sexual abuse? *Child Abuse and Neglect*, **21**(6): 575-582 (1997).
- Bromet, E., Sonnega, A., and Kessler, R.C.: Risk factors for DSM-III-R posttraumatic stress disorder: Findings from the National Comorbidity Survey. *American Journal of Epidemiology*, **147**(4): 353-361 (1998).
- Cabaraban, M. and Morales, B.: *Social and Economic Consequences for Family Planning Use in Southern Philippines*. Research Institute for Mindanao Culture, Xavier University, Cagayan de Oro City, Philippines (1998).
- Campbell, J. and Soeken, K.: Forced sex and intimate partner violence: Effects on women's risk and women's health. *Violence Against Women*, **5**(9): 1017-1035 (1999).
- Carrillo, R.: *Battered Dreams: Violence Against Women as an Obstacle to Development*. United Nations Development Fund for Women, New York (1992).
- Cheasty, M., Clare, A.W., and Collins, C.: Relation between sexual abuse in childhood and adult depression: Case-control study. *British Medical Journal*, **316**(7126): 198-201 (1998).
- Counts, D., Brown, J.K. and Campbell, J.C.: *To Have and To Hit*. 2nd Ed. University of Chicago Press, Chicago (1999).
- Crowell, N. and Burgess, A.W. (Eds.): *Understanding Violence against Women*. National Academy Press, Washington D.C. (1996).
- Danielson, K.K., Moffitt, T.E., Caspi, A., and Silva, P.A.: Comorbidity between abuse of an adult and DSM-III-R mental disorders: Evidence from an epidemiological study. *American Journal of Psychiatry*, **155**(1): 131-133 (1998).
- David, F. and Chin, F.: *Economic and Psychosocial Influences of Family Planning on the Lives of Women in Western Visayas*. Central Philippines University and Family Health International, Iloilo City, Philippines, (Jun. 1998).
- Delvaux, M. Denis, P. and Allemand, H.: Sexual abuse is more frequently reported by IBS patients than by patients with organic digestive diseases or controls. Results of a multicentre inquiry. *European Journal of Gastroenterology and Hepatology*, **9**(4): 345-352 (1997).
- EDK Associates: *Men Beating Women: Ending Domestic Violence. A Qualitative and Quantitative Study of Public Attitudes on Violence Against Women*. EDK Associates, New York (1993).
- EDK Associates: *The Many Faces of Domestic Violence and its Impact on the Workplace*. EDK Associates, New York (1997).

- Ellsberg, M., Caldera, T., Herrera, A., Winkvist, A. and Kullgren, G.: Domestic violence and emotional distress among Nicaraguan women. *American Psychologist*, **54**(1): 30-36(1999).
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S.: Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, **14**(4): 245-258 (1998).
- Fikree, F.F. and Bhatti, L.I.: Domestic violence and health of Pakistani women. *International Journal of Gynaecology and Obstetrics*, **65**(2): 195-201(1999).
- Gilbert, L.: Urban violence and health – South Africa 1995. *Social Science and Medicine*, **43**(5): 873-886(1996).
- Golding, J.M.: Sexual assault history and limitations in physical functioning in two general population samples. *Research in Nursing and Health*, **19**(1): 33-44(1996).
- Greaves, L., Hankivsky, O., and Kingson-Riechters, J.: *Selected Estimates of the Costs of Violence against Women*. Centre for Research on Violence against Women and Children, London (1995).
- Hassan, Y.: The haven becomes hell: A study of domestic violence in Pakistan, p. 72, In: *Women Living Under Muslim Laws*. Cantt, L. Pakistan (Aug. 1995).
- Heise, L., Moore, K. and Toubia, N.: *Sexual Coercion and Women's Reproductive Health: A Focus on Research*. Population Council, New York (1995).
- Hyman, B.: *Economic Consequences of Child Sexual Abuse in Women*. Ph.D. Thesis (Unpublished), Heller School of Public Policy, Brandels University, Waltham, Massachusetts (1993).
- Jejeebhoy, S.J.: Wife-beating in rural India: A husband's right. *Economic and Political Weekly (India)*, **23**(15): 588-862 (1998).
- Kaslow, N.J., Thompson, M.P., Meadows, L.A., Jacobs, D., Chance, S., Gibb, B., Bornstein, H., Hollins, L., Rashid, A. and Philips, K.: Factors that mediate and moderate the link between partner abuse and suicidal behaviour in African American women. *Journal of Consulting and Clinical Psychology*, **66**(3): 533-540(1998).
- Khan, M.E., Townsend, J.W., Sinha, R., and Lakhanpal, S.: Sexual violence within marriage, Pp. 32-35, In: *Seminar*. Population Council, New Delhi (1996).
- Koss, M.P., Goodman, L.A., Browne, A., Fitzgerald, L.F., Keita, G.P., and Russo, N.F.: *No Safe Haven: Male Violence Against Women at Home, at Work, and in the Community*. American Psychological Association, Washington D.C. (1994).
- Leibrich, J., Paulin, J., and Ransom, R.: *Hitting Home: Men Speak About Domestic Abuse of Women Partners*. New Zealand Department of Justice and AGB McNair, Wellington, New Zealand (1995).
- Leserman, J., Drossman, D.A., LI, Z., Toomey, T.C., Nachman, G., and Glogau, L.: Sexual and physical abuse history in gastroenterology practice: How types of abuse impact health status. *Psychosomatic Medicine*, **58**(1): 4-15 (1996).
- Levitan, R.D., Parikh, S.V., Lesage, A.D., Hegadoren, K.M. Adams, M., Kennedy, S.H., and Goering, P.N.: Major depression in individuals with a history of childhood physical or sexual abuse: Relationship to neurovegetative features, mania, and gender. *American Journal of Psychiatry*, **155**(12): 1746-1752 (1998).
- Lloyd, S. and Taluc, N.: The effects of male violence on female employment. *Violence Against Women*, **5**(4): 370-392 (1999).
- McCauley, J., Kern, D.E., Kolodner, K., Dill, L., Schroeder, A.F., Dechant, H.K., Ryden, J., Derogatis, L.R., and Bass, E.B.: Clinical characteristics of women with a history of childhood abuse: Unhealed wounds. *Journal of the American Medical Association*, **277**(17): 1362-1368 (1997).
- Michau, L.: Community-based research for social change in Mwanza, Tanzania. Center for Health and Gender Equity (CHANGE), *Proceedings of the Third Annual Meeting of the International Research Network on Violence against Women*, Washington D.C., Jan. 9-11, 1998 (1998).
- Morrison, A.R. and Orlando, M.B.: Social and economic costs of domestic violence: Chile and Nicaragua, Pp. 51-80. In: *Too Close to Home: Domestic Violence in the Americas*. A. R. Morrison and M. L. Biehl (Eds.) Inter-American Development Bank, Washington D.C. (1997).
- Nelson, E. and Zimmerman, C.: *Household Survey on Domestic Violence in Cambodia*. Phnom Penh, Cambodia, Ministry of Women's Affairs and Project Against Domestic Violence, (Aug. 1996).
- Pennsylvania Blue Shield Institute.: *Social Problems and Rising Health Care Costs in Pennsylvania*. Pennsylvania Blue Shield Institute, Pennsylvania (1992).
- Pennsylvania Blue Shield Institute.: *Social Problems and Rising Health Care Costs in Pennsylvania*. Pennsylvania Blue Shield Institute, Pennsylvania (1992).
- Roberts, G.L., Williams, G.M., Lawrence, J.M., and Raphael, B.: How does domestic violence affect women's mental health? *Women's Health*, **28**(1): 117-129 (1998).
- Rodgers, K.: Wife assault: The findings of a national survey. *Canadian Centre for Justice Statistics*, **14**(9): 1-22 (1994).
- Romkens, R.: Prevalence of wife abuse in the Netherlands: Combining quantitative and qualitative methods in survey research. *Journal of Interpersonal Violence*, **12**: 99-125(1997).
- Roper Starch Worldwide for Liz Claiborne.: *Addressing Domestic Violence: A Corporate Response*. Roper Starch Worldwide, New York(1994).
- Rosales Ortiz, J., Loaiza, E., Primante, D., Barberena, A., Blandon Sequeira, L., and Ellsberg, M.: *Encuesta Nicaraguense de demografia y salud, 1998 (SPA) (1998 Nicaraguan demographic and health survey)*. Instituto Nacional de Estadísticas y Censos, Managua, Nicaragua (1999).
- Schaaf, K.K. and McCanne, T.R.: Relationship of childhood sexual, physical, and combined sexual and physical abuse to adult victimization and posttraumatic stress disorder. *Child Abuse and Neglect*, **22**(11): 1119-1133 (1998).

- Sutherland, C., Bybee, D. and Sullivan, C.: The long-term effects of battering on women's health. *Women's Health*, **4(1)**: 41-70(1998).
- The Commonwealth Fund Commission on Women's Health.: *First Comprehensive National Health Survey of American Women*. The Commonwealth Fund, New York(1993).
- Tjaden, P. and Thoennes, N.: *Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. National Institute of Justice, Centers for Disease Control and Prevention, Washington, D.C (Nov.1998).
- Visaria, L.: Violence against women in India: Evidence from rural Gujarat, Pp. 9-17, In: *Domestic Violence in India*. International Center for Research on Women, Washington, D.C (Sept. 1999).
- Walker, E.A., Unutzer, J., Rutter, C., Gelfand, A., Saunders, K., Vonkorff, M., Koss, M.P. and Katon, W.: Costs of health care use by women HMO members with a history of childhood abuse and neglect. *Archives of General Psychiatry*, **56(7)**: 609-613 (1999).
- Whiffen, V.E. and Clark, S.E.: Does victimization account for sex differences in depressive symptoms? *British Journal of Clinical Psychology* **36(Pt. 2)**: 185-193 (1997).