ELSEVIER

#### Contents lists available at ScienceDirect

### Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed



#### Review Article

## Preventing intimate partner violence through paid parental leave policies<sup>★</sup>

Check for updates

Ashley Schappell D'Inverno\*, Dennis E. Reidy, Megan C. Kearns

Centers for Disease Control and Prevention, Division of Violence Prevention, United States

#### ARTICLE INFO

Keywords:
Paid parental leave
Intimate partner violence
Policy
Prevention

#### ABSTRACT

Paid parental leave policies have the potential to strengthen economic supports, reduce family discord, and provide opportunities to empower women (Basile et al., 2016; Niolon et al., 2017). In this article, we present a theory of change and evidence to suggest how paid parental leave may impact intimate partner violence (IPV). In doing so, we present three mechanisms of change (i.e., reduction in financial stress, increase in egalitarian parenting practices, and promotion of child/parent bonding) through which paid parental leave could reduce rates of IPV. We also describe limitations of the current state of knowledge in this area, as well as opportunities for future research. Ultimately, our goal is to facilitate the identification and implementation of approaches that have the potential to reduce violence at the population level. Paid parental leave embodies the potential of policies to change societal-level factors and serve as an important prevention strategy for IPV.

#### 1. Introduction

Intimate partner violence (IPV) is a significant public health issue, with 37.3% of women and 30.9% of men in the United States experiencing contact sexual violence, physical violence, or stalking by an intimate partner in their lifetime (Smith et al., 2017). Global estimates suggest that the lifetime prevalence of physical and/or sexual IPV against women is approximately 30% (World Health Organization, 2013). However, we currently have few effective strategies to prevent the onset of violence (i.e., primary prevention) or reduce violence that is already ongoing (i.e., secondary/tertiary prevention) in intimate relationships (Eckhardt et al., 2013; Whitaker et al., 2013). Moreover, those few that are effective focus on individual- or relationship-level factors and have limited population impact due to inability to scale up these strategies (Frieden, 2010; Spivak et al., 2014; Whitaker et al., 2009; Whitaker et al., 2013).

In this vein, policy-based prevention approaches have the potential to change the outer layers of the social ecology (i.e., community and societal factors; Bronfenbrenner, 1979), altering social inequalities and ultimately changing norms that support the use of violence (Dahlberg and Krug, 2002). Given that the impacts of such policies can be broad, reaching communities and/or society at large, it seems that policy approaches may be ideally suited to modify those societal factors that contribute to rates of violence in communities. In support of this effort to identify potential policy approaches to prevent violence, it may be useful to evaluate whether the effects of current policies designed or

enacted for other purposes, extend beyond their original purpose to affect rates of violence. Policies from various sectors (e.g., education, economic, criminal justice) designed to affect health inequities may serve as effective violence prevention strategies. For example, Kearns et al. (2015) summarized the literature examining alcohol-related policies and their association with IPV. The authors reported an association between alcohol outlet density and rates of IPV, which suggest that policies that regulate the number of alcohol outlets in a given community may be an effective method to curb IPV in those communities. In similar fashion, D'Inverno et al. (2016) argued that policies designed to increase girls' and women's enrollment in science, technology, engineering, and math (STEM) fields may be an effective primary prevention strategy for teen dating violence (TDV) and IPV in great part due to effects on strengthening household financial security and reducing financial stress and its impact on relationship discord (Matjasko et al., 2013; Niolon et al., 2017). In addition, supporting girls' and women's enrollment in STEM fields may also lead to more distal effects of promoting attitudes and beliefs about women as equals thereby increasing gender equity (Glick and Fiske, 2001). Indeed, given the links among economic deprivation, gender, health disparities, and IPV, policies that reduce familial financial stresses and increase gender parity may likely be effective tools to prevent IPV (D'Inverno et al., 2016; Niolon et al., 2017).

Paid parental leave represents one policy-based approach that has potential to strengthen economic supports, reduce family discord, and provide opportunities to empower women all of which have the

E-mail address: lyi5@cdc.gov (A.S. D'Inverno).

<sup>\*</sup> The findings and conclusions in this review are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

<sup>\*</sup> Corresponding author at: Division of Violence Prevention, National Center for Injury Control and Prevention, Centers for Disease Control and Prevention, 4770 Buford Highway NE, MS F-64, Atlanta, GA 30341, United States.

A.S. D'Inverno et al. Preventive Medicine 114 (2018) 18–23

potential to affect rates of IPV (Basile et al., 2016; Niolon et al., 2017). Paid parental leave¹ supports new parents by providing job-protected, paid time off to care and bond with a new child without interruptions to household income or conflict between work and family responsibilities. This bonding period may be invaluable in fostering positive parenting skills and promoting healthy family relationships and lifestyles (Chatterji and Markowitz, 2012; Goodman, 2012; Huang and Yang, 2015; Johansson et al., 2014; Månsdotter et al., 2006; Månsdotter and Lundin, 2010; Saadé et al., 2010; Whitehouse et al., 2013). In this sense, paid parental leave simultaneously supports the family as a whole while also strengthening support for mothers individually. But beyond the multitude of social, mental, and physical health benefits proffered by paid leave practices, paid parental leave policies may be an effective strategy to prevent future instances of violence in intimate relationships.

In this article, we outline the potential for paid parental leave to influence IPV indirectly through its purported influence on risk and protective factors associated with IPV. We present a rationale behind paid parental leave as a promising prevention approach for IPV, including a theoretical model based on empirical evidence of the various pathways by which paid parental leave may influence rates of IPV. We also describe limitations of the current state of knowledge in this area, as well as opportunities for future research. Our goal is to facilitate the identification of evidence-based, societal-level approaches for preventing violence (such as policy-based approaches) in order to achieve greater population impact. Ultimately, this article is a call for researchers, practitioners, and stakeholders across disciplines to collaborate in the implementation and evaluation of innovative strategies to prevent IPV.

## 1.1. Theoretical model describing paid parental leave and its impact on intimate partner violence

There is a dearth of research that directly examines the relation between paid parental leave and IPV. For many states, implementation is still in the early stages; thus, there has been limited opportunity to examine the relation between paid parental leave and IPV. However, there are several theoretical reasons to expect that paid parental leave may affect rates of IPV. We propose three processes or, mechanisms of change, through which paid parental leave may potentially prevent or decrease IPV (illustrated in Fig. 1).

- Path 1 paid leave maintains household income preventing financial stressors and associated relationship discord that can incite instances of relationship violence;
- Path 2 paid leave increases egalitarian parenting practices and decreases the impact of work interruptions on women's advancement in the workplace, thereby increasing gender equity, which is associated with lower rates of IPV against women; and
- Path 3 paid leave provides new parents a period of time to bond with a child free of conflict between work and family demands, which facilities IPV/TDV protective factors and reduces risk factors in youth (e.g., healthy parenting practices, healthy relationships, good parental mental health, etc.).

Collectively, the proposed paths may work together in additive and multiplicative fashion to attenuate risk factors and increase protective factors, with the shared objective of preventing or reducing IPV. Below we present empirical evidence supporting the argument for each of these mechanisms to prevent IPV.

#### 1.2. Path 1

The economic benefits of paid parental leave may be likely to impact the frequency of IPV in a relationship by reducing financial stress and worry about insufficient household income that can serve as precipitant stressors for violence. Poverty and stress related to financial strain have been linked to negative outcomes, including relationship dissatisfaction and conflict, which are risk factors for IPV (Byun, 2012; Capaldi et al., 2012; Davis and Mantler, 2004; Dew, 2008; Fox and Chancey, 1998; Neff et al., 1995; Slep et al., 2010). For the most economically disadvantaged, paid leave may proffer reduction in the number of violent events given that financial stressors such as food insecurity, eviction, disconnected phone service, and being unable to pay utilities are significant predictors of physical IPV perpetration among men and women (Schwab-Reese et al., 2016). For example, a qualitative study of women who had experienced IPV during or shortly after giving birth found IPV often existed in conjunction with other stressful life events, including financial and housing difficulties (Bacchus et al., 2003). Similarly, Breiding et al. (2017) found robust associations between food and housing insecurity in the preceding 12 months and rates of IPV and sexual violence victimization. Notably, when the state of California implemented a paid leave policy, the most economically disadvantaged families showed the greatest increase in leave-taking (Bartel et al., 2014). Thus, it seems providing paid parental leave could mitigate relationship stress about finances among the most at risk families during this critical and already stressful period.

Only one study has directly assessed the association between paid leave and IPV. Gartland et al. (2011) surveyed 1507 Australian women during pregnancy and three, six, and twelve months postpartum about their experiences with physical and emotional IPV. Women were also asked about employment status and eligibility for paid maternity leave. The authors identified three groups, women that: (1) worked during pregnancy and qualified for paid maternity leave; (2) worked during pregnancy but did not qualify for paid maternity leave; and (3) did not work during pregnancy, thus did not qualify for paid maternity leave. After controlling for maternal age at birth, relationship status, income, and education level, women who worked during pregnancy and qualified for paid maternity leave reported 58% lower odds of IPV in the first twelve months postpartum compared to women who did not have access to paid maternity leave (i.e., the combination of women that worked during pregnancy but did not qualify for paid maternity leave and women that did not work during pregnancy and therefore did not qualify for paid maternity leave, see Aitken et al., 2015).

Unfortunately, the authors did not test differences in rates of IPV between working mothers with access compared to working mothers without access to paid leave. Additionally, interpretation of the results is limited because the authors were unable to determine whether the women with access to paid maternity leave actually used their leave. It is possible that other factors, such as the perception of support in the workplace, may have played a role in decreasing violence against women. Nevertheless, there is evidence to suggest a trend between access to financial resources and reduced violence in intimate relationships (Ellsberg et al., 2015; Kim et al., 2007; Matjasko et al., 2013). Hence, it is possible that even partial wage replacement during parental leave may mitigate the stress associated with household finances, thereby reducing relationship problems, and consequently reducing the frequency of violent events in the relationship.

<sup>&</sup>lt;sup>1</sup> The current implementation of paid parental leave varies at the federal and state levels. Three states (i.e., California, New Jersey, and Rhode Island) have existing paid leave policies and one state, New York, will begin implementing a policy on January 1, 2018; the District of Columbia will also begin offering paid leave on July 1, 2020 (National Conference of State Legislatures [NCSL], 2017). Additionally, all four states with paid leave policies and the District of Columbia (plus Hawaii) have Temporary Disability Insurance (TDI; in some states, TDI is referred to as short-term disability insurance or benefits) that workers can use in order to recover from a health condition, such as recovery from child birth (NCSL, 2017; Ruhm, 2011). At the federal level, the Family and Medical Leave Act (FMLA) of 1993 provides workers with twelve weeks of unpaid leave (NCSL, 2017).

## Download English Version:

# https://daneshyari.com/en/article/8693420

Download Persian Version:

https://daneshyari.com/article/8693420

<u>Daneshyari.com</u>