

## **SYMPTOMS OF OCCUPATIONAL BURNOUT IN WOMEN AFFECTED BY DOMESTIC VIOLENCE**

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**Purpose:** The purpose of this article was to study the prevalence of burnout symptoms and their determinants in a group of women experiencing domestic violence.

**Design/methodology/approach:** The study included 69 women who reported experiencing domestic violence. All of the subjects were working professionally at the time of the survey. The research was cross-sectional in nature. The study used a self-designed survey and the Maslach Burnout Inventory (MBI).

**Findings:** The results revealed that the largest number of female respondents showed high severity of symptoms of occupational burnout in the scope of emotional exhaustion and low severity of symptoms in the scope of depersonalization and personal accomplishment. The scores concerning emotional exhaustion were higher in women who were older, had longer job tenure, vocational education, and declared experience of physical violence.

**Practical implications:** The research findings presented here underscore the need for complex workplace measures to recognize the problem and intervene based on education, skills training and instrumental support. These measures are relevant not only to the employee who is a victim of domestic violence, but also to the workplace from the point of view of organizational performance.

**Originality/value:** The study fills a research gap that concerns the relationship between the experience of domestic violence and the risk of developing symptoms of burnout exactly in the group of Polish women who work.

**Keywords:** domestic violence, occupational burnout, emotional exhaustion.

**Category of the paper:** Research paper.

## 1. Introduction

Domestic violence is a widespread problem throughout the world, including Poland. According to police reports, in 2023 the number of people experiencing domestic violence in Poland was: 51,631 women and 9,162 men<sup>1</sup>. At the same time, it should be stressed that these statistics probably do not reflect the true scale of the problem, if only because victims of violence often do not come forward for help. There is also a noticeable disparity in that women are more often victims than men. In addition, in cases of domestic violence, children are always the victims as well, even if they only witness a parent or another loved one being abused. The problem with estimating the scale of the phenomenon can also be in properly defining its essence, thereby recognizing and categorizing the behavior in question as violent. There are many definitions of the phenomenon of domestic violence in the literature, and there is no clear position among authors on its characteristics (Czarkowska, 2014). One of the references used is the definition contained within the legal solutions included in the Act on the Prevention of Domestic Violence of 29 July 2005, where domestic violence is understood as: *a single or repeated intentional act or omission, using a physical, mental or economic advantage, violating the rights or personal interests of a person suffering domestic violence, in particular:*

- a) *exposing that person to the risk of losing their life, health or property,*
- b) *violating their dignity, bodily integrity or freedom, including sexual freedom,*
- c) *causing damage to their physical or mental health, causing them suffering or harm,*
- d) *limiting or depriving that person of access to financial resources or the ability to work or become financially independent,*
- e) *significantly invading the privacy of that person or causing them to feel threatened, humiliated or anguished, including those undertaken by means of electronic communication.*

The consequences of domestic violence can be considered from an individual or social point of view. It is a fact that the effects of domestic violence generate significant public costs. These are the costs of work of various institutions, including the police, social services, intervention centers, as well as the costs of involvement of the justice system or the provision of basic and specialized health care services (Łukowska, 2018). In Poland, the estimated cost of violence is 31.2 billion euros per year (Polish Commissioner for Human Rights, 2023). In contrast, the estimated annual cost of gender violence in the European Union is 366 billion euros. In turn, although the consequences experienced by each individual victim cannot be accurately estimated, they are certainly extremely severe, often leading to chronic issues with mental and/or physical health. This includes the victim's functioning within the society, including at work.

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<sup>1</sup> According to the data taken from: <https://statystyka.policja.pl/st/wybrane-statystyki/przemoc-w-rodzynie/201373,Prze-moc-w-rodzynie-dane-od-2012-roku.html>, 4.09.2024.

The article attempts to analyze the professional functioning of women experiencing domestic violence by assessing the presence of occupational burnout symptoms. In addition, the relationships between burnout symptoms and with selected variables were examined. The summary also indicates directions for interventions that can be used against the discussed problems in the work environment.

## 2. Literature Review and Research Background

The experience of domestic violence leads to a negative impact on the victim's work as a result of the direct acts of the perpetrator interfering with the victim's functioning at work, but also due to the indirect effect - the deterioration of the victim's psychophysical well-being, thus affecting the quality of their work. Swanberg, Logan and Macke (2005; 2006) divide the tactics used by perpetrators that directly affect victims' employment and job opportunities into three categories:

- sabotage - includes acts taken by the perpetrator to stop the victim from going to work or cause them to be late, such as hiding car keys,
- stalking - refers to acts designed to make the victim feel threatened during work time, such as waiting for the victim outside their workplace,
- on-the-job harassment - includes behavior that directly interferes with the victim's work, such as calling the victim when they are at work or harassing them at their workplace.

In turn, the indirect impact is the the consequences of the violence experienced, which manifest themselves in mental and/or physical health. The somatic complaints that may be related to the experience of violence include: migraines (Campbell et al., 2018), chronic pain (Loxton et al., 2017), gastrointestinal problems, and gynecological problems (Gibson et al., 2019; Karakurt et al., 2017), among others. It is likely that the mechanism that leads to somatic health disorders has to do with chronic stress and thus weakened immune system function. It is also possible that the impact of the victim's lifestyle is not conducive to maintaining health (e.g. smoking, unhealthy diet) (Campbell, 2002). As a result of these ailments, the employee will be more likely to be indisposed to do their job, more likely to be absent from work due to being on sick leave, distractions, mistakes, accidents at work, or presenteeism. Studies also confirm the increased prevalence of mental health disorders resulting from violence (Ahmadabadi, 2020; Baker et al., 2021; Brown et al., 2020; Campbell, 2002; Campbell et al., 2002; Charak et al., 2020; Daugherty et al., 2021; Gibbs et al., 2018;). A systematic review based on quantitative studies from 2012-2020 on women's exposure to intimate partner violence revealed that the most frequently indicated mental health outcomes were depression (70% of all the studies), PTSD (29%), and anxiety (17%) (White et al., 2024). Similar results are indicated in another systematic review based on 58 studies mostly from the United States,

which revealed associations between intimate partner violence experiences and depression, PTSD and anxiety (Lagdon, Armour, Stringer, 2014). The aforementioned consequences - marked deterioration of the mental condition of a violence victim - may cause disruptions at work, including impaired attention and memory, increased reaction time, increased risk of workplace accidents, disrupted relationships with colleagues/supervisors, increased absenteeism or presenteeism. Studies across cultures confirm the negative impact of domestic violence on the ability to work. In a study conducted by the Australian Domestic Violence Rights and Entitlements Project (McFerran, 2011) involving 3,611 participants from six different employment organizations and unions, among the respondents who reported experiencing domestic violence almost half reported that their ability to get to work was affected. In addition, these respondents declared the impact of violence on work performance: 16% indicated feeling distracted, tired or unwell, 7% reported being late for work, while 10% of participants reported having to take time off due to domestic violence.

Another possible consequence of domestic violence that can manifest itself in the work environment is an increased risk of occupational burnout. Although the occupational burnout syndrome has been studied by researchers for many years, there is no uniform, universally accepted definition of this phenomenon. Maslach, who has spent many years analyzing occupational burnout, describes the phenomenon multidimensionally, pointing to its 3 main components: emotional exhaustion (a sense of emotional overload, lack of support, helplessness, discouragement at work, reduced activity, pessimism, irritability), depersonalization (reacting negatively to others, indifference and distancing oneself from the problems of others), and reduced sense of personal achievement/personal accomplishment (a sense of lack of competence, lack of conviction about the possibility of achieving success in working with people, negative self-esteem, loss of confidence in one's own abilities) (Maslach, 1998).

Empirical work involving health care workers who have experienced violence at work confirms a higher exposure to development of burnout symptoms in the groups of workers studied (Alameddine et al., 2011; Estryng-Behar et al., 2008; Martínez-Jarreta et al., 2007; Moreno Jiménez et al., 2005). However, there is still a lack of research specifically into the employees who are victims of domestic violence. In contrast, it seems likely that they are also at risk of occupational burnout because, among others, they experience such emotional consequences as depression, anxiety, etc., which in turn are predictors of burnout (Sabbah et al., 2012). Therefore, this article attempts to answer the following research question:

*What is the severity of burnout symptoms (based on Maslach's three-dimensional model) in the employees who experience domestic violence?*

In addition, an attempt was made to analyze selected determinants of the incidence of burnout symptoms, such as age, length of service, education and type(s) of violence experienced.

### 3. Methodology of the research

#### 3.1. Participants

The research was conducted among a group of women who received assistance from a center that helps victims of domestic violence, located in the province of Silesia. The research was conducted in April-May 2024. The criterion of selection for the study was declaration of experience of domestic violence (psychological/physical/sexual/economic) while the person has been working for at least 3 years. Women who gave informed consent to the study were given a set of paper-and-pencil sheets to fill out. Of the women who consented to the study, 69 returned the completed sheets (8 women did not return the sheets, 3 did not complete all the sheets), aged 22 to 56 ( $M = 43.72$ ;  $SD = 10.23$ ). Detailed characteristics of the study group are shown in Table 1.

**Table 1.**  
*Characteristics of the Study Group*

		<b>M</b>	<b>SD</b>
Age (years)		43.72	10.23
Length of service (years)		18,48	9,6
		<b>n</b>	<b>%</b>
Education	higher	42	60,87
	secondary	18	26,09
	vocational	9	13,04
Type of violence experienced	mental	69	100
	physical	41	59,42
	sexual	12	17,39
	economic	9	13,04

#### 3.2. Measures

The study used the Maslach Burnout Inventory (MBI), a tool used commonly that for measuring three dimensions of occupational burnout (emotional exhaustion - EE, depersonalization - D, personal accomplishment - PA) (Pasikowski, 2000). The questionnaire consists of 22 questions - 9 deal with emotional exhaustion, 5 with depersonalization, and 8 with personal accomplishment. High levels of burnout are evidenced by high scores on the EE and D scales and low scores on the PA scale. Scores should be calculated separately for each subscale. The reliability coefficients of the Polish version of the questionnaire assessed using data from nurses' surveys were, respectively: EE -  $\alpha = 0.79$ ; D -  $\alpha = 0.56$ ; PA -  $\alpha = 0.72$ . Table 2 shows the Maslach Burnout Inventory scoring guide. In addition, the study used a questionnaire prepared by the authors of this paper, which takes into account the following data: age, education, length of service and type(s) of violence experienced (psychological/physical/sexual/economic).

**Table 2.**  
*Maslach Burnout Inventory (MBI) scoring guide*

Burnout level	Dimensions of occupational burnout		
	EE	D	PA
high	>27	>10	0-33
moderate	19-26	6-9	34-39
low	0-18	0-5	>40

Source: Maslach, Jackson, Leiter, Schaufeli, Schwab, 1986.

### 3.3. Data Analysis

The study was cross-sectional in nature. It included statistical analysis using the STATISTICA 13.3 program by Statsoft. Non-parametric tests (assumption of normality of distribution not met) for independent groups (Mann-Whitney test and Kruskal-Wallis H test) and Spearman rank correlations were used for determining the relationship between symptoms of burnout and variables describing the study group. A statistical significance level of  $p < 0.05$  was adopted. The severity of burnout symptoms (in three dimensions) was determined by calculating the means and standard deviations.

## 4. Results

Table 3 shows the results of examining the severity of burnout symptoms in each dimension.

**Table 3.**  
*Severity of burnout symptoms in the studied group of women*

Value of each dimension of the MBI scale		M	SD
EE		22,01	12,24
D		4,87	3,5
PA		37,62	7,3
Symptom severity levels for each dimension of the MBI scale		N	%
EE	high	36	52,17
	moderate	15	21,74
	low	18	26,09
D	high	6	8,7
	moderate	21	30,43
	low	42	60,87
PA	high	9	13,04
	moderate	26	37,68
	low	34	49,28

M - mean, SD - standard deviation.

An analysis of the results obtained in terms of mean values of each dimension indicates medium symptom severity in the EE and PA dimensions, while low severity (but at the upper limit) in the D dimension. However, considering the levels of symptom severity in each dimension, it should be noted that in the EE dimension, high symptom severity was shown by

the largest number of subjects (52.17%), while in the other dimensions, the largest number of subjects obtained low levels of symptoms (60.87% in the D dimension and 49.28% in the PA dimension, respectively).

The following tables: 4, 5, 6, 7, present an analysis of burnout symptoms in each dimension according to selected variables characterizing the study group (age, education, length of service, type(s) of violence experienced).

**Table 4.**

*Relationship between symptoms of occupational burnout and age of respondents*

MBI scale dimensions	Spearman's Rho	<i>p</i>
EE	<b>0,27</b>	<b>0,026</b>
D	0,13	0,283
PA	-0,05	0,690

p - level of significance.

The results show a positive statistically significant relationship ( $p = 0.026$ ) between the age of the subjects and the EE dimension of occupational burnout, meaning that the older the subjects, the higher the severity of the EE symptoms. The other dimensions of occupational burnout were found to have no statistically significant correlation with the age of the women studied.

**Table 5.**

*Relationship between symptoms of occupational burnout and length of service of the respondents*

MBI scale dimensions	Spearman's Rho	<i>p</i>
<b>EE</b>	<b>0,27</b>	<b>0,023</b>
<b>D</b>	0,09	0,483
<b>PA</b>	-0,131	0,282

p - level of significance.

Just like in the case of age, length of service was found to show a positive statistical relationship ( $p = 0.023$ ) with the EE dimension of occupational burnout, meaning that the longer the length of service of the subjects, the higher the severity of EE symptoms. The other dimensions of occupational burnout were found to have no statistically significant correlation with the length of service of the women studied.

**Table 6.**

*Comparison of mean values of symptoms of occupational burnout compared with the level of education of the respondents*

MBI scale dimensions	Education												H	<i>p</i>
	higher				secondary				vocational					
	M	SD	Q1-Q3	Me	M	SD	Q1-Q3	Me	M	SD	Q1-Q3	Me		
<b>EE</b>	22,08	12,38	5-32	27	17,55	12,89	4-29	21	30,89	4,57	28-35	32	<b>8,373</b>	<b>0,015</b>
<b>D</b>	5,19	3,67	2-8	4,5	3,78	2,86	2-5	3	5,55	3,91	3-8	4	2,236	0,327
<b>PA</b>	37,67	7,78	37-42	40	37,28	7,58	36-42	38	38,11	5,11	35-42	39	0,366	0,833

M - mean, SD - standard deviation, Q1 - first quartile, Q3 - third quartile, Me - median H - Kruskal-Wallis statistical test, p - level of significance.

A comparison of the mean values of the dimensions of occupational burnout by educational category revealed one statistically significant difference ( $p = 0.015$ ) in EE symptoms. The additional multiple comparison of mean ranges for all the samples revealed that the respondents with vocational education presented higher severity of the EE dimension symptoms compared to respondents with secondary education.

**Table 7.**

*Comparison of mean values of symptoms of occupational burnout compared with the experience of the respective types of violence*

		MBI scale dimensions											
		EE				D				PA			
Violence		M	SD	U	p	M	SD	U	p	M	SD	U	p
physical	yes	25,81	10,58	307,5	0,001	5,57	3,86	423,5	0,079	36,98	7,56	454,5	0,168
	no	16,11	12,71			3,78	2,62			38,62	7,02		
sexual	yes	22,02	12,07	340,5	0,724	5,61	4,17	320,5	0,509	35,76	7,44	271,0	0,156
	no	22,00	13,92			4,69	3,37			38,05	7,33		
economic	yes	21,89	11,84	249,5	0,721	6,44	3,71	188,5	0,149	34,00	9,03	177,5	0,101
	no	22,03	12,5			4,63	3,46			38,17	6,99		

M - mean, SD - standard deviation, U - value of the Mann-Whitney test, p - level of significance.

A comparison of the mean values of the respective dimensions of burnout by type of experienced violence was carried out for physical, sexual and economic violence, as all of the women studied reported experiencing psychological violence. The results revealed one statistically significant difference ( $p = 0.001$ ) in the scope of the EE dimension of occupational burnout between women experiencing and not experiencing physical violence - the severity of symptoms of this dimension was higher in women who had experienced such violence.

In addition, in order to see if there is a difference in the severity of symptoms in women who had experienced only psychological violence and in those women who had suffered another form of violence in addition to psychological violence, a comparison of the mean values in each dimension in terms of the two categories mentioned was carried out. The detailed results are presented in Table 8.

**Table 8.**

*Comparison of mean values of occupational burnout symptoms in a group of women experiencing psychological violence and those who also had experienced other types of violence*

MBI scale dimensions	Only psychological violence		Psychological and other types of violence		U	p
	M	SD	M	SD		
EE	17,71	12,58	23,89	11,86	346,5	0,041
D	3,66	2,78	5,39	3,70	374	0,091
PA	39,19	6,76	36,94	7,56	376,5	0,098

M - mean, SD - standard deviation, U - value of the Mann-Whitney test, p - level of significance.



The results revealed one statistically significant difference ( $p = 0.041$ ) in terms of the symptoms of the EE dimension, where the scores of women who had experienced other type(s) of violence in addition to psychological violence, were higher than the scores of women who reported only experiencing psychological violence.

## 5. Discussion

To answer the research question posed, an analysis of the severity of symptoms of occupational burnout in the study group of women was carried out, as well as an analysis of selected determinants of these symptoms. The results indicate medium (EE, PA dimensions) and low (D dimension) scores for severity of the occupational burnout symptoms. However, a careful distribution in terms of levels of symptom severity (Maslach Burnout Inventory scoring guide) revealed that the largest number of subjects (52.17%) indicated high severity in the EE dimension, while in the D and PA dimensions, the largest number of subjects indicated low severity (60.87% and 49.28%, respectively). Thus, the EE dimension proved to be the most severe symptom of occupational burnout in the study group of women. This means that these women are more likely to experience: excessive fatigue, a sense of loss of energy, lack of enthusiasm for action, the need to put more effort into work, discouragement, dissatisfaction, internal tension, fluctuating between anxiety and irritability (Majkowska, 2021). In an attempt to explain the result obtained, it is worth noting that the EE dimension of occupational burnout is said to be the core component of burnout and its most obvious manifestation (Klusman et al., 2021; Maslach, Schaufeli, Leiter, 2001). EE has become the best indicator of burnout (Piko, 2006; Schaufeli, Van Dierendonck, 1993), which contributes to the situation where some researchers measure occupational burnout based only on the EE dimension (Kristensen et al., 2005). Importantly, the EE dimension is also the one most frequently felt and is the first sign of burnout (Gam, Kim, Jeon, 2016). This may confirm the higher risk of developing burnout in the group of women experiencing violence, which is mainly manifested by EE symptoms. However, it should also be noted that the symptoms of the EE dimension are non-specific (Hillert, 2024). The symptoms that make up that dimension; including lack of energy, permanent fatigue, discouragement, pessimism, may be related to a diagnosis with a different etiology, such as depression or anxiety disorders. For example, in a study by Bakker et al. (2000), EE correlated more strongly with depressive symptoms than with the other components of burnout. This result may therefore be related to other emotional disorders of the women studied, which is likely, among others, due to the greater co-occurrence of mental health problems in this group of women. An accurate differential assessment of the etiology of EE dimension symptoms would require a detailed diagnosis of the subjects for the presence of other mental health problems, which could provide a springboard for future research.

The importance of the EE dimension is also underscored by the results of a study of selected determinants (age, length of service, level of education, type of violence experienced) of burnout symptoms. The analysis revealed statistically significant relationships only between the variables studied and the EE dimension. Being older, having longer job tenure, vocational education (compared to high school education) and experience of physical violence, appeared to be related to increased EE dimension scores.

The existing studies in the literature on the relationship between age and occupational burnout are not consistent. Some studies indicate a negative relationship between the indicated variables (Marchand et al., 2015; Norlund et al., 2010), some indicate a bimodal relationship, where both older and younger workers' scores are elevated (Cheng et al., 2013), while others confirm a positive relationship (Lindblom et al., 2006; Verdonk et al., 2010). In a study by Lindblom et al. (2006), the highest rate of work-related fatigue was revealed among women aged 50-64, and similarly, in a study by Ahola et al. (2006), women aged >50 reported symptoms of severe occupational burnout more often than other workers. In the present study, the average age of the women was 43, but it is possible that the co-occurrence of psychological strain from experiencing violence intensifies the feeling of emotional exhaustion. These women's energy resources are depleted faster as a result of the stress experienced both at home and at work. In addition, they do not have the ability to buffer the tension at work through supporting home conditions, which in the long run can promote fatigue, discouragement, and loss of energy (Montgomery et al., 2003; Peeters et al., 2005). Moreover, as a result of the mechanism of over-responsibility for the family's livelihood situation, these women very often take up professional activities even beyond their capabilities, working long and intensively (Siudem, 2013). It is worth noting that the average length of service of the women studied (18 years) suggests a relatively intensive level of professional activity in the study group. At the same time, the result on the relationship between length of service and the EE dimension seems to relate to the relationship in question, since greater length of service will most often be found in older women and can be interpreted by analogy. In conclusion, it can be stated that women experiencing domestic violence who are older and who are engaged in intensive work activity for a long period of time, will be more likely to experience these symptoms of occupational burnout, which are expressed in emotional exhaustion, loss of energy or discouragement from work.

The study also revealed that the severity of the EE dimension symptoms is differentiated by the level of education - women with vocational education revealed higher severity of EE dimension symptoms compared to the respondents with secondary education. What is also significant is that the difference is only in the EE dimension. Women with vocational education are more likely to engage in work that involves physical exertion, which puts a significant strain on their energy resources and, in the long run, may be conducive to higher scores of elevated fatigue and energy loss. This is supported by the results of a number of other studies that look at the relationship between education and the level of occupational

burnout that reveal a difference only or mainly in the EE dimension (Embich, 2001; Kroupis et al., 2017; de Paiva et al., 2017; Şen, 2023). An analogous result of the EE dimension was obtained by Şen (2023), where the level of symptoms in the group of special education teachers was higher in people with postgraduate degrees than in those with undergraduate degrees, or also Kroupis et al. (2017), where among PE teachers, it was the primary school PE teachers that exhibited much higher scores compared to secondary school teachers. In contrast, in Embich's (2001) study, the level of special education preparation contributed significantly to teachers' feelings of emotional exhaustion - as the level of preparation decreased, the degree of emotional exhaustion increased.

The last determinant of occupational burnout symptoms examined was the types of violence experienced - the results showed higher severity of EE dimension symptoms in women who had experienced physical violence compared to the women who had not. Physical violence, which is always accompanied by psychological violence, results in a constantly experienced sense of threat due to the stimuli that produce a high degree of anxiety (e.g. hitting, pushing, tugging) (Roldán et al., 2013). Such strong stimuli automatically and intensely condition fear reactions with its vegetative component (including palpitations, shortness of breath, sweating, hand tremors). The cost of these reactions can pose a risk for the development of occupational burnout symptoms, especially emotional exhaustion, as anxiety is fundamentally related precisely to this dimension of occupational burnout (Golonka et al., 2019; Slivar, 2001). Roldán et al. (2013) compared the symptoms of occupational burnout, depression and anxiety with the experience of physical aggression and psychological aggression in a group of healthcare professionals. Compared to psychological aggression, physical aggression revealed more associations with the symptoms. Physical aggression was associated with: depression, EE and PA, while psychological aggression - exclusively with PA. These results also relate to the result of the comparison conducted in this study of the rates of women who experienced only psychological violence and those who also experienced other forms of violence (physical/sexual/economic). It can be concluded that the more forms of abuse a woman experiences, the higher the level of emotional exhaustion. This probably explains the mechanism of accumulating tension and exhausting the available resources in the most stressed women. The result is a loss of strength, discouragement from work, and even dissatisfaction and helplessness.

## Conclusions

This study fills an important research gap that concerns the relationship between the experience of domestic violence and the risk of developing symptoms of occupational burnout exactly in the group of Polish women who work. The research underscores the importance of

the symptoms of occupational burnout that make up the EE dimension, which appeared to be most severe in the study group of women. What is more, women who are older, have longer work experience, vocational education, and have experienced also violence other than psychological violence, are most likely to experience symptoms such as excessive fatigue, loss of energy, lack of enthusiasm for action, the need to put more effort into work, discouragement, dissatisfaction, internal tension, among others. This group of women should be given special attention in the work environment. It should be noted that the symptoms of EE dimension can be sort of an alarm signal in the work environment indicating that the employee has a problem in their private life. This is especially important in view of the fact that victims of domestic violence hide their problem for a long time, thus hindering the possibility of receiving outside help.

The results of the study provide the basis for the following practical implications for intervention-based activities in the work setting of victims of domestic violence, which is important especially for executives:

1. Adequate recognition of the causes of employees' problems, especially the causes of the EE symptoms of occupational burnout that manifest themselves at work.
2. Conducting intervention-based activities in the workplace especially for the employees who are the potential victims of domestic violence, based on:
  - a. awareness-raising education on: mechanisms of violence, types of violence, ways to deal with it,
  - b. social skills training, including stimulating assertiveness,
  - c. stress management training and problem-solving strategy training.
3. Providing instrumental support in the form of access to information on entities that provide assistance to victims of domestic violence and procedures for dealing with the problem of violence.

Providing support to victims of domestic violence in the workplace is important for the employee and can be significantly conducive to allow the employee to cope with it. It also has implications for the workplace itself, because, as already mentioned, an employee experiencing domestic violence may be less effective, which may consequently affect organizational performance.

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