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Alcohol Abuse, PTSD, and Officer-Committed Domestic Violence

Karen Oehme, Elizabeth A. (Elizabeth Anne) Donnelly, and Annelise Martin

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Introduction

In 1999, the International Association of Chiefs of Police (IACP) stated that domestic violence committed by law enforcement officers is at least as common as it is in the general population (IACP, 1999). The IACP had previously encouraged agencies to respond to the problem of officer-committed domestic violence with consistent intervention, innovative practices, early identification, and assistance for officers and their families, but the issue had not been addressed statewide in Florida (Lonsway, 2006). Nearly a decade later, the Board of Directors of the Florida Association of Chiefs of Police, which represents over 300 law-enforcement agencies, began a comprehensive discussion about domestic violence committed by law enforcement officers in the state. The Chiefs reviewed reports in which officers in Florida had been accused of raping, punching, choking, hitting, beating, and killing their intimate partners (Oehme, et. al, 2011). The Chiefs also expressed concern about what they considered risk factors of officers committing domestic violence -- alcohol abuse and posttraumatic stress disorder (PTSD). They expressed a willingness to explore new strategies to advocate for healthy Florida police families, hoping specifically to address the problem of officer-committed domestic violence.

Following these discussions, the Chiefs joined the Law Enforcement Families Partnership (LEFP), created within the Institute for Family Violence Studies at Florida State University to help Florida's criminal justice agencies address domestic violence and advocate for healthy police families. The LEFP was developed to be a unique and multifaceted approach to officer-committed domestic violence, addressing agency needs for policy, education, and research. One

of the work products of the LEFP is Florida's own model policy (Oehme & Martin, 2011) to address domestic violence. The model policy was developed with law-enforcement agencies including the Chiefs and the Florida Sheriff's Association and Florida Highway Patrol, as well as victim advocacy groups such as the Florida Coalition Against Domestic Violence and the Florida Council Against Sexual Assault. Another development of the LEFP is a free online training, entitled *Officer-Involved Domestic Violence: A Prevention Curriculum.* This curriculum was created in 2009-10 with input from representatives of those law enforcement and victim advocacy agencies. It educates officers about the dynamics, risks, and consequences of officer-committed domestic violence. The curriculum also emphasizes prevention and help-seeking before an officer commits domestic violence. Although not a batterer intervention program itself, the curriculum is a vehicle for prevention efforts that supports healthier law enforcement families, protects criminal justice agencies, and safeguards the public. Officers earn mandatory retraining credit for taking the online curriculum.

Attached to the curriculum is a set of anonymous online surveys that explore training feedback, questions of officers' experience with domestic violence, and previously validated measures on issues that have been identified as possible risk factors related to domestic violence. The current study explored the specific question of the relationship among officers' self reported domestic violence, PTSD symptoms, and indicators of alcohol abuse to determine correlations among these issues.

Literature Review

Studies have differed widely in estimated rates of domestic violence perpetration by law enforcement officers. Early studies suggest that between 20% and 40% of police families experience domestic violence (Johnson, 1991; Neidig, Seng, & Russell, 1992). In 1996 the

federal Lautenberg Amendment was passed, making it a crime for anyone, including police officers, convicted of misdemeanor domestic violence to own or use a handgun (Omnibus Appropriations Bill, 1996). Conviction under the Lautenberg Amendment would end the career of a police officer. Studies conducted after the passage of the Lautenberg Amendment report lower rates of domestic violence by officers – no higher than 10% (Gershon, Barocas, Canton, Li, & Vlahov, 2009; Klein & Klein, 2000). These lower reported rates of domestic violence may reflect a real decrease in violence or a decrease in reporting due to the potential consequences for an officer's career. Regardless, these numbers must be viewed in light of the chronic under-reporting of domestic violence, which is often compared to an "iceberg," with most cases submerged and invisible to society (Gracia, 2004). If, as Waters and Ussery (2007) noted, officers commit domestic violence at the same rate as it occurs in the general population, some 60,000 to 180,000 officers' families would be victimized every year.

Researchers have struggled to explain why domestic violence occurs in the general population for over three decades. Single and overlapping hypotheses of causation of domestic violence include theories regarding individual psychopathologies (Dutton, 1995; Holtzworth-Monroe , Stuart, & Hutchinson, 1997); biological theory, including brain trauma and other organic causes (Perry, 1997; Rosenbaum & Hoge, 1989); couple and family interaction theory (Heyman & Neidig, 1997); social learning and development theory (Emery & Laumann-Billings, 1998); societal structure theory (Buzawa & Buzawa, 2003); and feminist theory (Anderson & Umberson, 2001). In addition to these general theories of domestic violence, researchers have attempted to explain domestic violence in law enforcement by suggesting that police skills designed to physically and psychologically establish control over another person, along with

training emphasizing the use of authority can sometimes "spill over" at home, resulting in the crime (Sgambelluri, 2000; Klein & Klein, 2000; Johnson, Todd, & Subramanian, 2005).

As they have sought to identify risk factors for domestic violence, researchers have noted a strong association between domestic violence and alcohol abuse in the general population (Leonard & Blane, 1992; Richardson & Campbell, 1980). For example, Straus and Kantor found that for those who engaged in heavy alcohol consumption, domestic violence was approximately three times higher than for those who do not drink alcohol (Straus & Kantor, 1987). Still, research has indicated no direct cause/effect relationship between alcohol abuse and domestic violence; not all problem drinkers are violent toward their intimate partners, and not all perpetrators of domestic violence abuse alcohol (O'Leary & Schumacher, 2003). However, a comprehensive 2010 analysis examined over two dozen studies regarding the relationship between alcohol and domestic violence and noted that the completion of an alcohol use program by a perpetrator of domestic violence did reduce the occurrence of that violence (Murphy & Ting, 2010).

The specific issue of alcohol abuse by law enforcement officers has been a topic of much discussion in the literature (Richmond, Wodak, Kehoe & Heather, 1998; Kohan & O'Connor, 2002; Copes, 2005), with many researchers suggesting that alcohol abuse is used as a coping mechanism for officers' job stress (Violanti, Marshall, & Howe, 1985; Violanti, Marshall, & Howe, 1983; Al-Humaid, el-Guebaly, & Lussier, 2007; Davey, Obst, & Sheehan, 200; Dietrich & Smith, 1986; Gershon et al., 2009). In an Australian study, researchers found that 32% of police officers were risky drinkers, and 3% had a risk of alcohol dependence (McNeil & Wilson, 1993). A study of officers from the United States found that 48% of men and 40% of women consumed harmful amounts of alcohol (Richmond, Wodak, Kehoe & Heather, 1998). However,

some argue that the rates of police drinking are similar to those in the general population (Lindsay, 2008). Despite the lack of consensus on the prevalence of alcohol use by law enforcement officers, alcohol misuse is a concern for the International Association of Chiefs of Police; it is included among the warning signs of possible officer-involved domestic violence in the IACP Model Policy (IACP, 1999). One empirical study explores the link between domestic violence and alcohol use in officers. In a sample of 413 officers, Johnson, Todd, and Subramanian (2005) found that alcohol abuse did not mediate the effects of spousal abuse as much as hypothesized, as the meditational effect was considered weak and did not hold up to the conventional level of significance of $p<.05$.

Alcohol misuse is not the only potential risk factor that may exacerbate domestic violence. The problem of PTSD – a mental health disorder resulting from exposure to traumatic incidents – is thought to affect 7% to 19% of police officers because of their exposure to shootings, assaults, car accidents, and other critical incidents (Carlier, Lanberts & Gersons, 1997; Robinson, Sigman, & Wilson, 1997; West et al., 2008). Those suffering from PTSD have a myriad of psychosocial problems and suffer from hyperarousal/hypervigilence, irritability, sleep problems, depression, and anxiety (National Center for PTSD, 2011). Robinson, Sigman, & Wilson (1997) focused on PTSD symptoms in suburban police officers: a 13% prevalence rate had significant implications for morale, absenteeism, occupational health, early retirement, and family functioning. Police officers with PTSD also are at heightened risk for lifetime suicide ideation, and are five times more likely to be divorced than officers who do not have PTSD (Maia, et al., 2007). Because police officers face the effects of murder, community disasters, child abuse, and horrific accidents, researchers have suggested a link between resulting PTSD and such ills as alcoholism and domestic violence (Mullins & McMains, 2000; Brown, 2003). A

study by Gershon, et al. (2003, p. 284) "detected a strong association between police stress and negative behavioral outcomes, such as spousal abuse, aggression, and increased use of alcohol."

Despite the fact that law enforcement officers may have a higher individual risk for problems with alcohol, posttraumatic stress, and domestic violence, no studies have explored how these three variables interact in a law enforcement sample. Some law enforcement officers commit domestic violence, abuse alcohol, and have PTSD symptoms *individually*, but the relationship between these variables is unclear. Using this information, the current study aimed to answer the following questions:

1. What is the prevalence of domestic violence, posttraumatic stress disorder, and hazardous/dependent alcohol use in a sample of law enforcement personnel?

2. To what degree are alcohol use and posttraumatic stress correlated with domestic violence in a sample of law enforcement personnel?

Methods

Procedures

The data for the current study were collected when officers voluntarily completed anonymous surveys attached to the online training curriculum associated with the LEFP. Officers acquire a password to log into the online curriculum from their local supervisors, and register for the training using an anonymous password and ID which they themselves choose. The user identifications are not recorded with the data; therefore there is no way to determine the identity of individual officers. The online curriculum and surveys are available to all criminal justice officers in the state of Florida. Since this investigation was specifically interested in the association between domestic violence, alcohol abuse, and PTSD among law enforcement officers, responses from correctional officers were omitted. Data for the present study were

downloaded in July 2011. After cleaning the data, 853 unique law enforcement officers were identified for this sample.

Participants

Researchers analyzed the responses from 853 certified law enforcement officers. Regarding agency affiliation, 43.8% were affiliated with police departments, 47% were affiliated with sheriff departments, and 9.1% were affiliated with the Florida Highway Patrol. A majority, 76.3% of the sample self-identified as male, while the remainder, 23.7% self-identified as female. Regarding ethnicity, 21.3% of the sample self-identified as Hispanic or Latino, while the majority, 78.7% self-identified as non-Hispanic or non-Latino. Regarding racial composition, 59.4% of the sample self-identified as White, 6% identified as American Indian/Alaskan, 8% identified as Asian, 16.2 % identified as African American, 4.3% identified as Native Hawaiian/Pacific Islander, 2.9% reported being more than one race, and 3.2% identified as "other." Officers reported working in a variety of service environments; 33.6% reported working in an urban area, 42.1% working in suburban areas, and 24.3% working in rural areas.

Measures

Alcohol use. The Alcohol Use Disorders Identification Test (AUDIT; Bohn, Babor & Kranzler, 1995) was used to measure alcohol consumption. The AUDIT uses ten questions to measure alcohol use (e.g., "how many drinks containing alcohol do you have on a typical day when you are drinking?"). Each question is scored from zero to four, with a maximum score of 40. The data may be used continuously; however there are also four standardized AUDIT cut-offs: low risk drinking, hazardous drinking, harmful drinking, and dependent drinking. Respondents scoring less than eight are unlikely to be at risk for problems with alcohol. Respondents scoring between eight and fifteen are at risk due to hazardous drinking, which is

defined as a pattern of consumption that increases the risk of harmful consequences to the use or others and may include consequences to physical health, mental health, or other social consequences (Babor, Campbell, Room & Saunders, 1994). Respondents scoring between 16 and 19 are considered under the AUDIT to have "harmful use," as the substance use has caused damage to physical or mental health. Harmful drinkers commonly have adverse social consequences for their use (Babor, Campbell, Room & Saunders, 1994). Finally, respondents scoring over 20 may require further evaluation for possible alcohol dependence (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). Alcohol dependence is defined as needing or depending on alcohol to function or survive; dependent users need to drink to feel good or avoid feeling bad (Babor, Campbell, Room & Saunders, 1994). The Alcohol Use Disorders Identification Test has been validated in many studies (Allen, Litten, Fertig, & Barbor 1997, Reinert & Allen, 2002). In this sample, the scale behaved reliably (Cronbach's α=.931).

In order to elucidate how different patterns of alcohol use influenced domestic violence, researchers collapsed the four AUDIT categories into three: those who scored under eight were coded "low-risk drinkers"; those who scored between eight and nineteen were coded "hazardous drinkers." Hazardous and harmful drinkers were coded as one category, "hazardous," because the risk factors including health consequences and possible social consequences, as well as intervention strategies recommended for both types of drinking, are similar. Those who scored over twenty were coded as "dependent."

Domestic violence. Jurisdictional definitions identify crimes of domestic violence; in Florida the definition contains several components, including specific behavior and a required relationship between the perpetrator and the victim in which they are or have been "family or household members":

> "Domestic violence" means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.
> "Family or household member" means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit. (Florida Statutes, 2010)

As part of the LEFP curriculum to which the anonymous surveys were attached, officers were reminded of Florida definition of domestic violence. After completing the curriculum, while taking the anonymous survey, officers were asked several single-item questions to determine their use own of domestic violence after they took a training module on domestic violence. For this investigation, responses to the question "In the past, I have been physically violent with an intimate partner or family member" were analyzed. Responses were on a 4-point Likert scale, 1 = frequently, 2=occasionally, 3=rarely (once or twice) and 4= never.

Posttraumatic stress disorder. In order to screen for PTSD symptoms, officers completed the PTSD Checklist (PCL-M; Weathers, Litz, Herman, Huska, & Keane, 1993). This is a 17-item self-report rating-scale instrument that reflects diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994). It is well-validated as a screening tool and is a psychometrically sound measure of PTSD symptoms (Wilkins, Lang, & Norman, 2011). This instrument is designed to capture symptom prevalence, as it asks respondents about their symptoms in the past month. For this research, respondents were asked about a stressful work experience versus a stressful military experience. To assess for the prevalence of posttraumatic stress, respondents with a score great than 50 were identified as having PTSD (McDonald & Calhoun, 2010; Weathers, et al., 1993). Responses to this checklist

were dichotomized, with those reporting scores over 50 coded as having PTSD, and those with scores under 50 coded as not having PTSD. The scale demonstrated acceptable reliability (α=.976) in this sample.

Ethical Considerations

As this survey asked about sensitive data, the Florida State University Human Subjects Committee required a careful plan to protect officers' anonymity. However, researchers also formulated a plan to help address officer concerns while protecting that anonymity. In order to make appropriate resources available to officers, participants are provided independent access to the same screening tools used in the survey. Officers can download the scales and scoring instructions in private, so it is possible for officers to self-assess for a number of conditions, including alcohol use and posttraumatic stress symptoms. The screening tools all include language indicating that these are not diagnostic tools, and if they had further questions or would like further evaluation, they should contact an employment assistance program (EAP), physician, or a mental health professional.

Results

Of the 853 respondents, 28.6% (n=244) reported that they had been physically violent with an intimate partner or family member. Additionally, 17.7% (n=151) reported PTSD symptomatology above the clinical cutoff. This is significantly higher (Z=17.19, p<.0001) than population based prevalence estimates of 3.5% of the population having PTSD in the past 12 months (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Respondents also reported higher than average rates of alcohol use, 15% of the sample reporting drinking habits that indicated they were hazardous drinkers (n=128), while 8.2% (n=70) reported drinking habits that indicated they may be dependent on alcohol; a total of 23.2% of respondents reporting engaging in

problematic drinking. Prevalence of problematic alcohol use was compared to a nationally representative sample (n= 43093), which estimated 8.46% of the population reporting alcohol abuse or dependence (National Institutes of Health [NIH], 2004). This sample of officers reported significantly higher rates of alcohol abuse (Z = 15.09, p<.0001) than the general population.

[insert Table 1 here]

In Table One, the mean scores for posttraumatic stress and alcohol use are reported by frequency of physical violence. To assess the variability of alcohol use and posttraumatic stress symptomatology by reported levels of violence, ANOVA analyses were used. Significant differences were identified in posttraumatic stress (p<.001) and in alcohol use (p<.001). However, Tukey post-hoc comparisons of posttraumatic stress in the four groups indicated that the "never violent" group had significantly lower scores (p<.05) than the other groups; the other three groups were statistically similar. Similarly, in post-hoc analysis of alcohol use, the "never violent" group was statistically distinct (p<.05) from the other groups, but those who reported frequent, occasional, or rare violence were statistically the same. Because of the lack of variability in the three groups reporting at violence, the responses were dichotomized, with those reporting no violence coded as "0" and those reporting violence coded as "1."

Initial bivariate analyses revealed a significant association between PTSD and physical violence χ^2 (1, n = 703) = 99.46, p<.001 and between alcohol use and physical violence χ^2 (2, n = 740) =195.68, p<.001. Correlation coefficients between PTSD and physical violence ρ (703) =.376, p<.001 and alcohol use and physical violence ρ (740) =.514, p<.001 were also significant.

Given the significant bivariate results, layered chi square tables were used to assess how the presence of PTSD and different levels of alcohol use might influence the relationship between alcohol use and physical violence.

[insert Table 2 here]

In Table Two, the data indicate that as the level of alcohol use increases, there is less of a difference in rates of PTSD when examined by use of violence. Specifically, 37% of low risk drinkers who report PTSD also report using violence, whereas only 10% of low risk drinkers without PTSD report using violence. This difference (37% versus 10%) is statistically significant at the $p<.001$ level. In those who report hazardous drinking, the difference in reported use of violence between those who do and do not have PTSD is not significant. Correlation coefficients for these groups are also non-significant. A majority of the officers (over 70%) who reported hazardous or dependent levels of drinking *and* also reported PTSD reported using physical violence.

Table Three presents the result of the logistic regression model that predicts the likelihood that an individual will report having been physically violent with a family member. The model and the three independent predictors (PTSD, hazardous alcohol use, and dependent alcohol use) were found to be statistically significant.

[insert Table 3 here]

The logistic regression on physical violence indicates that those who have PTSD were four times more likely to report using physical violence Hazardous drinkers dependent drinkers had significantly higher odds of reporting physical violence ($p<.001$) than those without problematic alcohol use. Hazardous drinkers were four times more likely to report using physical violence; dependent drinkers were eight times more likely to report using physical violence.

This regression model showed good fit, as the test for model fit (Hosmer & Lemeshow, 2000) was non-significant. The three predictors explained over 30% of the total variance in the model.

Discussion

These data offer evidence that even though it is a crime (Florida Statutes, 2010), some officers are willing to report that they have committed domestic violence. In this sample, 28.6% of respondents reported having used physical violence with an intimate partner or family member. This sample also demonstrates a high prevalence of alcohol misuse and posttraumatic stress. Consistent with other reports of high rates of alcohol abuse among officers, 23% of this sample revealed that they engage in hazardous or dependent alcohol consumption patterns. Additionally, 17.7% of the sample reported having PTSD symptomatology above the clinical cut-off. This data demonstrate a significant correlation between PTSD, alcohol use, and domestic violence. Officers who had PTSD were four times more likely to report using physical violence; officers who had hazardous drinking were four times more likely to report violence, and dependent drinkers were eight times more likely to report being physically violent with an intimate partner or family member. It should also be noted that 10% of officers who had low-risk drinking habits and did *not* have PTSD still admitted to using physical violence with an intimate partner or family member.

While PTSD and alcohol abuse have been identified as risk factors associated with domestic violence, the present research demonstrates a correlation between these factors in a sample of law enforcement officers. This is not a cause/effect relationship, but a strong association among PTSD, alcohol abuse, and perpetration of domestic violence that suggests that when one is reduced, the others might also be reduced for some officers. In addition, each factor *independently* is harmful to the individual officer and negatively impacts the officer's family,

community, and career. Together, these data suggest that Florida's law enforcement agencies have new motivation and justification for finding ways to improve the health of their officers and families with prevention, education, and intervention strategies.

Limitations

Because of the unique design of the online curriculum and surveys, respondents represent a convenience sample without a control group, which limits researchers' ability to generalize to a broader law enforcement population. The data are descriptive and cross-sectional, which limits generalizability in several ways. First, it is not possible to identify the etiology of the risk factors. For example, respondents were asked about posttraumatic symptomatology in the past month to gauge the extent to which Florida officers might have such symptoms. The etiology of the posttraumatic stress is unclear. Officers in this sample may have served in the military, in particular the Iraq and Afghanistan conflicts. Such information might be useful, given that research indicates that the majority of police officers do not develop PTSD (Yuan, et. al. 2011), but that many officers who return from combat duty do have symptoms of PTSD and associated mental health problems (Milliken, Auchterlonie & Hoge, 2007). We do not know whether the officers developed PTSDfrom witnessing critical incidents on the job or from their role as military soldiers in the National Guard or Reserves. Regardless of the etiology, this sample of officers reports a significantly higher prevalence of PTSD than the general population.

A second limitation in this study is the problem of social desirability bias (Nederhof, 1984; Paulhus, 1991), when individuals report what they think they ought to say rather than what is actually true. Underreporting in this population is troubling, given the high rates of violence, alcohol use, and posttraumatic stress identified in this population. While respondents may have skewed their responses, previous studies that compare methods of collecting sensitive data find

self-administered questionnaires superior to other kinds of self-report (Darke, 1998; Harrison, 1995; Secades-Villa & Fernández-Hermida, 2003; Turner, Lessler, & Gfroerer, 1992). Certain methods that minimize personal contact, such as anonymous questionnaires, are most likely to produce accurate and complete results (Edwards, et al., 2002; Trinkoff & Storr, 1997). Participants may have skewed their responses; however, the choice of study design may have ameliorated some of that bias.

Recommendations and Strategies

Federal Bureau of Investigation Agent Donald Sheehan dedicated his book *Domestic Violence by Police Officers* to "all the victims in domestic violence situations and honor the vast majority of police officers who, on a daily basis, absorb the worst toxins our society produces without poisoning their families" (Sheehan, 2000). Florida criminal justice agency administrators understand that most officers do their work without harming their families, and that all officers should able to enjoy healthy and happy families. Thus, many administrators actively seek find ways to help their officers and prevent problems. Because of the new data suggesting that PTSD and alcohol abuse may impact officer-committed domestic violence, the Law Enforcement Families Partnership began in 2011-2012 to suggest that agencies take additional measures to address the three crucial and sometimes overlapping issues of alcohol abuse, PTSD, and domestic violence to reduce and prevent serious problems for officers, their families, and the agencies themselves. These efforts are intended to help those agencies that want a new or renewed agency emphasis on wellness and prevention. The focus is on educational/training opportunities and policy development that address 1) alcohol use, 2) posttraumatic stress, and 3) domestic violence.

When developing new educational strategies to offer Florida agencies, researchers believed that the most difficult challenge for agency administrators is what some have called the "culture of drinking" in the law enforcement field (Plohetski, 2011) and the current lack of attention to the issue as a problem in the state. While there is currently no mandatory statewide training in Florida regarding alcohol abuse for officers, the LEFP believes that agency administrators need not wait for changes in the law to offer new trainings on the issue. In order to assist in training efforts, the LEFP has made a number of resources available on its website (LEFP, 2011). The LEFP website encourages agencies to proactively initiate their own training which specifically addresses officers' drinking, and includes discussion of the issues of domestic violence and PTSD. Agencies are reminded that they can create training opportunities for officers at the local level by bringing in community mental health professionals with expertise in the issue, faculty from local universities or medical schools, or even physicians from local hospitals who can speak during roll call and special meetings. The LEFP has made additional tools that can be used by such trainers, such as the materials of the Substance Abuse and Mental Health Services Administration (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010) available on the website. Agency administrators (and any trainers who are brought in from the community) are reminded that discussion of the impact of civilian drinking should not be the focus; instead, officers should be told directly about how hazardous and dependent drinking affects their own health, their families, and their careers.

In addition to advocating for agency-based training, the LEFP created a model curriculum which is available free on the LEFP website. The online format makes the curriculum accessible from work or from home and can be completed at the officer's discretion. The website also provides downloadable versions of the Alcohol Use Disorders Identification Test that

officers can take in private, so that they can honestly gauge their own drinking and reduce their drinking.

In addition to education, resources are available for agencies to address officer alcohol abuse through policy. Agencies are encouraged to create policies to screen out applicants whose records indicate that they have had alcohol abuse problems in the past, and to refer officers who exhibit signs of problem drinking to the agency's employee assistance program (or outside counseling) before the behavior escalates and serious problems occur. Agencies are also encouraged to have policies requiring they contract with employee assistance programs that have expertise in domestic violence issues and PTSD treatment, as well as alcohol abuse, as these may be co-occurring problems. Florida's Model Policy on Officer-Involved Domestic Violence (also published on the LEFP Resource Page), is the first state policy recommending that agencies verify employee assistance programs' expertise in these issues *before* the agency contracts with the programs (Oehme and Martin, 2011).

To directly address the issue of PTSD among the officers, the LEFP researchers developed and posted a new training on the issue of PTSD on the LEFP website. The LEFP also encourages agencies to provide officers with educational opportunities so that officers and command staff understand the causes and effects of PTSD, its signs and symptoms, its relationship to alcohol abuse and domestic violence, and the means to access help. Agencies are encouraged to invite local health experts to conduct trainings to discuss the problem with officers. Those experts can use free online tools such as those created under the LEFP, or by Australia's Macquarie University (Macquarie, 2010) or other free, public domain international resources (International Society for Traumatic Stress Studies [ISTSS], 2011) which are available

on the LEFP website. These options provide agencies with flexibility in determining how to create and accomplish such training.

With regard to policy issues and PTSD, the LEFP resources recommend that an officer's possible PTSD symptoms should trigger an agency referral to the employee assistance program, and that an officer's PTSD symptoms should be considered a warning sign of possible problems at home, including domestic violence. Finally, the LEPF website contains recommendations that an agency ensure that the EAP have expertise in PTSD issues before the agency contracts to provide services to officers.

The LEFP materials also recommend that agencies provide, as part of the agency's wellness efforts, ongoing training specific to the dynamics and consequences of officer-committed domestic violence, including the correlation with alcohol abuse and PTSD. As with alcohol use and PTSD, the LEFP has free online training that addresses the issue of officer-committed domestic violence. Agencies are reminded that some officers commit domestic violence without having symptoms of posttraumatic stress or abusing alcohol, evidenced by the fact that 10% of the relatively "healthy" sample (those who have low-risk alcohol use and no PTSD) still admitted to having committed domestic violence in their homes. This serves as a reminder to be sensitive to *other* warning signs, such increased aggression at arrests, absenteeism, civilian complaints, and other issues that may indicate that the officer needs intervention before violence occurs. In addition, LEFP materials remind agencies that alcohol and PTSD should not be considered excuses for domestic violence – they should exercise a zero tolerance policy if an officer commits domestic violence.

LEFP materials provide agencies with copies of a large set of model policies in addition to the IACP's, so that they can see the important work done by other jurisdictions on the issue of

officer-involved domestic violence. The materials also offer individual officers information on accessing confidential help when they self-identify problems such as alcohol abuse, increased aggression at home, and symptoms of PTSD. LEFP materials encourage agencies to provide some means of family outreach on the agency website, including (at a minimum) general information about local resources on domestic violence and the local domestic violence center's phone number.

The LEFP website encourages innovation, community outreach, and targeted, concrete steps to prevent officer-involved domestic violence in Florida, and has added new material that encourages agencies to take action to prevent officer-involved domestic violence. It also provides information about the domestic violence-related risk factors of PTSD and alcohol abuse in an attempt to address these problems before violence occurs.

Table One:

Mean scores for posttraumatic stress and alcohol use by reported physical violence

	Posttraumatic Stress	Alcohol Use
Physical violence	Mean*(SD)*	Mean*SD*
Frequently	40.82 *(17.75)*	14.39 *(11.87)*
Occasionally	42.82 *(15.18)*	13.51 *(10.18)*
Rarely	41.69 *(16.16)*	12.44 *(10.21)*
Never	27.30 *(12.86)*	3.69 *(5.65)*
	$F(3,699) = 53.50$, $p<.001$	$F(3,736) = 87.15$, $p<.001$.

Table Two:

Crosstabs on Alcohol use, PTSD, and Physical Violence

		No violence	Physical violence
		n= 466(%)	*n* =175(%)
Low risk drinking	No PTSD	375 89.9%	4210.1%
	PTSD	35 62.5%	2137.5%
			X^2 (1, *n* = 473) = 32.17***, ρ = .261***
Hazardous drinking	No PTSD	32 43.8%	4156.2%
	PTSD	11 28.2%	2871.8%
			X^2 (1, *n* =112) = 2.62, ρ = .153
Dependent drinking	No PTSD	8 34.8%	15 65.2%
	PTSD	5 15.2%	2884.8%
			X^2 (1, *n* =56) = .2.93, ρ = .229

****p*<.001

Table Three:

Summary of Logistic Regression Analysis Predicting Physical Violence

	B	(SE)	Odds ratio	95% CI
Constant	-1.86***	(.13)	.16	
PTSD	1.64***	(.23)	5.15	3.25-8.14
Hazardous drinking	1.70***	(.28)	5.48	3.18-9.45
Dependent drinking	2.26***	(.36)	9.63	4.78-19.37
Model χ^2				152.52***
-2 Log Likelihood				599.02
Nagelkerke R^2				.307
Hosmer and Lemeshow (*p*)				.642 (.725)

***$p<.001$

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