

Law enforcement officers and Employee Assistance Programs

Elizabeth Donnelly

School of Social Work, University of Windsor, Windsor, Canada

Colby Valentine

*Division of Social Sciences, Dominican College, Orangeburg,
New York, USA, and*

Karen Oehme

*Institute for Family Violence Studies, College of Social Work,
Florida State University, Tallahassee, Florida, USA*

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Abstract

Purpose – The toll of the stresses of policing on officers' physical and mental health and on their individual work and family functioning has been well documented in the literature. Given the well-established consequences of work-related stress on law enforcement, it becomes important to understand how officers are utilizing institutional support systems. Specifically, the purpose of this paper is to elucidate the relationship between officers and Employee Assistant Programs (EAPs).

Design/methodology/approach – Data were collected from surveys attached to an online officer training targeting domestic violence in law enforcement families in a large southern state.

Findings – A total of $n = 934$ participants were retained for analyses. Few respondents (16.2 percent) reported accessing their EAPs. Totally, 56.4 percent reported knowing enough about their EAP and how to access it; 33 percent of participants would not use their EAPs for domestic violence concerns. No significant differences among officers who did and did not access their EAPs for workplace stress, posttraumatic stress, alcohol use, or domestic violence were identified. Significant differences in alcohol use, posttraumatic stress, and operational stress were identified in those who reported not knowing enough about how to access their EAP.

Practical implications – Concrete suggestions are offered to help increase officers' knowledge and understanding of the importance of mental health and EAPs. Agencies should consider a more comprehensive approach to mental health to ensure that officers get the help they need.

Originality/value – Very little is known about the relationship that law enforcement officers have with EAP services. This study sheds light on some important differences in work-related stress, stress reactions, and knowledge and familiarity with EAP services.

Keywords Stress, Police, Workload, Alcohol

Paper type Research paper

Introduction

Employee Assistance Programs (EAPs) provide resources to employees for a variety of issues that may impact an individual's work performance. They are designed to help employees cope with personal or family problems, including mental health, substance abuse, and marital or parenting issues, as well as financial or legal concerns. The main goal of EAPs is to assist employees in getting help for these problems so that they may continue to work efficiently and effectively (Employee Assistance Industry's Trade Association, 2013). EAP services are widely utilized across an array of workplaces. While globally useful, EAP services may be most applicable in high-stress, high-risk occupations such as that of law enforcement personnel (Moriarty and Field, 1990).



Law enforcement employees and their families face high levels of strain unlike others in the general population (Toch, 2002). Since the 1970s, law enforcement administrators, officers, and researchers have highlighted the causes and effects of stress that are unique to careers in law enforcement. A wealth of studies have provided evidence that serving as a law enforcement officer ranks as a highly stressful job with an increased risk for developing problems such as post-traumatic stress, substance use, family conflict, and mental illness (e.g. Finn and Tomz, 1997; Gershon *et al.*, 2002, 2009; Waters and Ussery, 2007; Kirkcaldy *et al.*, 1995). Given the body of evidence illustrating the risks to physical and mental health associated with being in law enforcement, the issue of EAP usage and familiarity in law enforcement officers becomes pertinent.

Little extant literature specifically focusses on the relationship between EAPs and law enforcement officers. To date, only one study has examined the frequency with which officers report accessing EAPs (Asen and Colon, 1995), and no study has examined whether there are differences between officers who did or did not access their EAPs. The objectives of this study are to describe the frequency with which officers report accessing EAPs and investigate differences in officers' knowledge on how to access EAP services. Further, we will examine if there are any differences in stress and stress-related pathologies between officers who did or did not access their EAPs. We will also explore if officers report being willing to seek out help from an EAP for domestic violence. The overall goal of this effort will be to create greater understanding of EAP usage in law enforcement officers and highlight the possible need for agencies to make such programs more accessible to officers who are currently unaware of or who do not currently access such services.

Literature review

In order to understand the importance of EAP usage among law enforcement officers, it is necessary to understand the psychological costs associated with law enforcement work. The literature examining the relationship between law enforcement and job problems, such as stress, stress reactions like posttraumatic stress, alcohol use and misuse, and intimate partner violence (IPV), is abundant.

Research suggests that serving as a law enforcement officer ranks among society's most stressful jobs (Kirkcaldy *et al.*, 1995; Gershon *et al.*, 2002). Consequently, law enforcement officers experience higher rates of alcoholism and substance abuse, family problems, domestic violence, PTSD, suicide, heart attacks, ulcers, weight gain, and other health problems compared to the general population (Toch, 2002). These stresses are ubiquitous; high levels of stress among law enforcement officers have been documented in large, urban police agencies and medium-sized police agencies, as well as rural and small-town police agencies (Brooks and Piquero, 1998; Crank and Caldero, 1991; Page and Jacobs, 2011; Scott, 2004). These high levels of stress can compromise the safety and well-being of not only the officers themselves, but also that of those who interact with the officers outside of the job (Van Hasselt *et al.*, 2008). Exposure to workplace stresses can lead to stress reactions, including posttraumatic stress symptomatology (PTSS) in law enforcement officers. Austin-Ketch and colleagues (2012) found high levels of posttraumatic stress in approximately 35 percent of their sample of police officers. However, other research found that the prevalence of posttraumatic stress among officers was closer to 10 percent, despite high levels of traumatic events and risk exposure in the profession (Skogstad *et al.*, 2013). Prevalence rates of posttraumatic stress in the general population have been estimated at between 6.8 and 7.8 percent (Kessler *et al.*, 1995, 2005).

The high rate of exposure to stress and hazardous situations may also make law enforcement officers at-risk to misuse alcohol or drugs (Obst *et al.*, 2001; Lindsay, 2008; Swatt *et al.*, 2007; Violanti *et al.*, 2011). For example, Chopko *et al.* (2013) investigated the relationship between alcohol use, stress, and PTSD symptoms among law-enforcement officers. They found that subjective work-related traumatic stress, meaning an individual's overall distress relating to a traumatic experience, predicted higher levels of excessive drinking, and alcohol dependence among officers (Chopko *et al.*, 2013). Similarly, avoidance symptoms, as found in individuals with PTSD, also predicted alcohol use among officers (Chopko *et al.*, 2013).

In addition to the risks of stress and posttraumatic stress, a growing body of evidence has illustrated the problem of IPV in law enforcement families (Ammons, 2005; Gershon, 2000; Graves, 2004; Johnson *et al.*, 2005; Klein and Klein, 2000; Lott, 1995; Neidig *et al.*, 1992; Wetendorf, 2000). The nature of law enforcement training includes teaching certain qualities that make officers more at risk for abuse (Ammons, 2005; Lott, 1995). A variety of factors, including the use of force, the threat of danger, and the camaraderie among officers, contribute to creating an environment in which IPV among officers goes unnoticed and unreported (Ammons, 2005; Klein and Klein, 2000). In addition, law enforcement training often includes information about operating weapons, using surveillance techniques, and exercising "command presence" to maintain control. This knowledge and training can "spill over" and affect officers' home lives (Johnson *et al.*, 2005). Researchers have noted that using these tactics in an effort to control family members – instead of suspected criminals – is abusive (Graves, 2004; Wetendorf, 2000).

It must be noted that while this study looks at domestic violence, also known as IPV, in law enforcement, the relationship between IPV and EAPs is generally understudied. Pollack *et al.* (2010) reviewed studies from 1980 to 2008 and only found nine articles that examined EAPs as part of workplace response to IPV, most of which focussed on individual case reports. More recently, Hardison Walters and colleagues (2012) found it was difficult to identify perpetrators of IPV and noted that most EAPs do not have standardized approaches for identifying perpetrators of IPV. They also found that many services offered by EAPs are directed at victims – not perpetrators – and that EAP providers do not routinely screen for perpetrators of IPV. The current study aims to expand on this literature by examining if there are differences in reported levels of domestic violence among officers and their EAP knowledge and usage.

IPV, as well as work-related stress and stress reactions, may all negatively affect the lives of law enforcement officers and their family members. The above literature illustrates only a snapshot of the wealth of information about the relationship between stress, posttraumatic stress, and alcohol misuse within law enforcement officers. However, these issues must be addressed within the law enforcement profession to not only protect officers' health and well-being but also their families and the surrounding community. Therefore, it is important to continue the exploration of how these issues may be addressed in EAPs.

Law enforcement officers and EAPs

Little extant research examines the relationship between EAPs and law enforcement officers. Despite the fact that law enforcement agencies provide a variety of resources such as EAPs for officers to access (Albrecht, 2011), only a small number of studies have investigated the relationship between law enforcement officers and EAPs. For example, Asen and Colon (1995) surveyed 82 police officers from departments representing four municipalities in New Jersey. Each police department participated in a common, external

EAP. Their findings indicated that all respondents were aware of their EAP and a majority (70.7 percent) had reviewed or seen their policy. However, only 22 percent reported using their EAP and 15.9 percent reported that usage of their EAP for a family member. The authors also examined gender differences and found a statistically significant difference in willingness to use an EAP, with females more likely than males to report using their EAP.

Goldstein (2006) completed a review of EAPs for law enforcement and discussed officers' hesitancy regarding accessing available EAP services, noting that police officers are often not interested or are unwilling to seek help for problems associated with their jobs. Finally, Page and Jacobs (2011) investigated police stress and social support among rural police officers and explored if officers were aware of counseling services in their area. More than half (55.3 percent) of the officers sampled indicated that an EAP that offered counseling was accessible within their department. However, the researchers did not assess whether officers took advantage of such services.

The current study expands on this research and the above literature by not only examining if officers are aware of EAP services, but also by investigating the frequency in which they accessed an EAP. It also examines if there are differences between officers who report issues related to policing (i.e. stress, PTSS, alcohol use, and office-involved domestic violence) and their knowledge of EAPs.

The Law Enforcement Family Partnership (LEFP)

The data for this study were collected from surveys attached to a unique online officer training entitled "Officer-Involved Domestic Violence: A Prevention Curriculum," created by Florida State University. The training curriculum was developed as part of the LEFP, a broad collaborative effort to emphasize healthy relationships and officer wellness in order to prevent domestic violence in the homes of law enforcement officers. Partners in the project included the Florida Police Chiefs Association, the Florida Sheriffs Association, and the Florida Department of Law Enforcement. The training was fully web-based, consisting of six multiple interactive modules on topics, including the dynamics of officer-involved domestic violence (Oehme and Martin, 2011). The curriculum can be found at <http://nationaltoolkit.csw.fsu.edu>

Module 1 addressed the dynamics of officer-involved domestic violence, discussing both the prevalence of domestic violence in the general population and the prevalence of officer-involved domestic violence. Module 2 discussed the consequences of officer-involved domestic violence, detailed the law enforcement agencies' procedural requirements for receiving, investigating, and making a determination about complaints of domestic violence, and outlined the Florida criminal statutory provisions that apply to domestic violence. Module 3 addressed the issue of officers as victims, including both how an officer might be a primary victim of domestic violence, and a secondary victim. Designed to build empathy for all victims, this module's content explored why victims – both civilians and officers – might be uncooperative with responding officers because of fear, shame, and embarrassment. It also described Florida's law and policy regarding responses to domestic violence incidents, including those in which officers are the alleged perpetrators. Module 4 was designed specifically for supervisors and administrators and included content such as a "Readiness to Lead" survey and ideas for using pre-employment screenings, new officer trainings, and performance reviews to discuss domestic violence. Module 5 taught officers about healthy relationships and obstacles to healthy relationship communication. It focussed on teaching participants to focus on individual health and wellness and

included skill-building activities for intimate partner communication problem solving. The sixth and final module explored Florida's Model Policy on Officer-Involved Domestic Violence (Oehme and Martin, 2011). Content discussed administrative prevention strategies to prevent domestic violence by officers. It also outlined policies that require officers to promptly respond to and report allegations of officer-involved domestic violence and give primary considerations to the protection of the victim of domestic violence and the enforcement of Florida laws.

Each module of the training also included streaming video, audio clips, case scenarios with questions to consider, and research-based content. The training encouraged officers to reflect on their own behavior and seek help for problems such as posttraumatic stress, depression, anxiety, and any escalation of violence at home. All sections of the curriculum remind participants that officers have been perpetrators of domestic violence in the past and encourage officers to get help for mental health and relationship problems if they need it, well before violence occurs. The role of the EAP was highlighted in a video in Module 2, in which a human resources officer spoke about the need for getting help and discussed EAPs as one means of getting such assistance. Modules 1, 3, and 6 also identified the EAP as a means of gaining help through the agency.

The current study

The current study is an examination of the relationship between law enforcement and the use and knowledge of EAPs. We framed this exploration with the following research questions:

- RQ1.* What is the frequency with which officers report accessing their EAPs?
- RQ2.* Do officers feel they know enough about how to access their EAPs?
- RQ3.* Would officers be willing to access an EAP for concerns related to domestic violence?
- RQ4.* Are there significant differences in alcohol use, posttraumatic stress, workplace stress, or domestic violence among officers in terms of their responses to the questions about EAP usage?

Methods

These data were collected as part of the LEFP curriculum. The research team designed the curriculum in a double password-protected format to allow research surveys to be attached to the training project. Only the web site landing page of the curriculum is open to the public. Users accessed the curriculum using a generic user name and password disseminated to agencies that participated in the training and the study. Both before and after officers took each training module, they were invited to take the voluntary, anonymous surveys attached to each module. After entering the generic user name and password that let participants use the full curriculum (beyond the landing page), officers were invited to create their own unique user-IDs that linked their survey responses across the modules. Participants could take each module at their own pace by re-entering the IDs and passwords that they created. Thus, officers could take the full six modules at several sittings. The user ID and password allowed the officer to return to the exact spot in the curriculum which he or she left off. At the end of each module, each participant received a printable Certificate of Training regardless

of participation in the study surveys. The study was approved by Florida State University's Human Subject Review Board.

Measures

Workplace stress. Workplace stress was assessed using the Police Stress Questionnaire (PSQ; McCreary and Thompson, 2006). The PSQ has two sub-scales, each with 20 items, which assess organizational and operational facets of workplace stress. The organizational items address the stresses associated with the organization within which the officer is working (e.g. dealing with supervisors or colleagues) and operational stress associated with the overall job of being a police officer (e.g. shift work). Responses are reported on a seven-point Likert scale and scores may range between 20 and 140. The PSQ has demonstrated acceptable reliability ($\alpha > 0.90$) in validation studies with law enforcement officers (McCreary and Thompson, 2006). In this sample, the Cronbach's α for both workplace stress scales was acceptable ($\alpha = 0.96$).

Posttraumatic stress. The PTSD-Checklist-Military (PCL-M; Weathers *et al.*, 1993) was utilized to assess PTSS. The PCL-M was selected for this study because of the relative parsimony of the scale and because it is not rooted in one traumatic exposure. Police officers may potentially be exposed to multiple traumatic incidents, and the structure of an instrument (if rooted in one traumatic event) may fail to acknowledge the truth of multiple stress exposures. The PCL-M is a 17-item instrument scored with a five-point Likert scale (scores range 15-85) with response options ranging from "not at all" to "extremely." Scores over 50 are considered indicative of posttraumatic stress disorder. While the original PCL-M asks about posttraumatic symptoms in the past month related to stressful military experiences, in this study respondents were asked about stressful work experiences. The PCL-M has been validated in multiple samples; previous studies have reported Cronbach's $\alpha > 0.90$ (e.g. Blanchard *et al.*, 1996; Weathers *et al.*, 1993; Yarvis *et al.*, 2012). In this sample, the PCL-M also demonstrated high reliability ($\alpha = 0.98$).

Alcohol use. In order to assess alcohol use, respondents completed the Alcohol Use Disorder Identification Test (AUDIT; Babor *et al.*, 2001). The AUDIT consists of ten items that can either be used as a continuous measure by summing responses or categorically by using recommended cut-off scores. Scores can range between 0 and 40; a score of 8 or more indicates a hazardous level of alcohol use and a score of 20 or higher indicates possible alcohol dependence. The AUDIT has been widely used in research, producing ample evidence of its psychometric strengths (Reinert and Allen, 2002; Bohn *et al.*, 1995; Bradley *et al.*, 1998). Review of the literature found that 18 studies have used the AUDIT since 2002 and reported a median coefficient reliability of 0.83 (range 0.75-0.97) (Reinert and Allen, 2007). It has also demonstrated acceptable test/retest reliability, sensitivity, and specificity across demographic variables such as race and gender (Reinert and Allen, 2007). In this sample, the scale α was acceptable $\alpha = 0.92$.

Domestic violence. Domestic violence was assessed using a single question, "In the past, I have been physically violent with an intimate partner or family member" with response options of "frequently," "occasionally," "rarely (once or twice)," and "never."

Employee assistance. The dependent variables in this study consisted of questions regarding familiarity with and use of EAPs. Specifically, respondents were asked three questions. The first question was, "Throughout your career as an officer, have you ever accessed your agency's Employee Assistance Program?" Response options were bivariate, including "yes" or "no." Respondents were also asked, "Do you know enough about your

Employee Assistance Program and how to access it?" Response options were "yes," "no," or "I don't know." Finally, respondents were asked, "How likely would you be to access your Employee Assistance Program for domestic violence related issues?" Response options were "likely," "unlikely," and "undecided."

Demographics. Demographic variables included gender (response options of male, female, and transgender) and race (response options of white, American-Indian/Alaskan Native, Asian, Hawaiian or other Pacific Islander, African-American, more than one race, or other). Age was reported in specific categories (including 18-25 years, 26-35 years, 36-45 years, 46-55 years, and 56 and older).

Analytic strategy

It was anticipated that, due to the nature of the data collection strategy, significant missingness would be present in the data. Therefore, the decision was made to restrict analyses to those participants who answered all three of the questions pertaining to EAP usage. In order to answer the first three research questions, univariate statistics were calculated. Finally, in order to assess if there were differences in stress, posttraumatic stress, alcohol use, and domestic violence, *t*-tests and one way ANOVA strategies were utilized.

Results

Across all five modules, 2,241 individuals reported that they were police officers, sheriff's deputies, or highway patrol officers. However, as anticipated, a significant number of respondents had not completed all modules; only 934 individuals answered the post-test questions in the module which contained the dependent variables for this study. As outlined in the analytic strategy, the decision was made to restrict analyses to those individuals who had answered all of the questions pertaining to EAPs. Of those retained for the analyses, 70.1 percent were male ($n = 644$), 22.3 percent reported being female ($n = 208$), and 7.2 percent ($n = 67$) reported being transgender. Most participants reported being white ($n = 511$), while 6.1 percent ($n = 57$) reported being American-Indian/Alaskan Native, 7.9 percent reported being Asian ($n = 74$), 19.9 percent reported being African-American ($n = 186$), 3 percent reported being Native Hawaiian or other Pacific Islander ($n = 28$), 2.1 percent reported being more than one race ($n = 20$), and 4.7 percent ($n = 44$) reported "other" as their race. Respondents reported a range of ages; 11.9 percent ($n = 111$) reported being 18-25 years of age, 26.9 percent ($n = 251$) reported being between 26 and 35, 31.6 percent ($n = 295$) reported being between 36 and 45, 19.8 percent ($n = 295$) reported being 46-55, and 8.6 percent ($n = 80$) reported 56 or older.

To answer the first three research questions, the univariate characteristics of the dependent variables were assessed. A minority of respondents, 16.2 percent ($n = 151$) reported accessing their agency's EAP, 56.4 percent ($n = 527$) reported knowing enough about their EAP and how to access it, while 25.8 percent ($n = 241$) said no and 17.8 percent ($n = 166$) reported that they did not know. Finally, 312 respondents (33.4 percent) reported being unlikely to access their EAPs for issues related to domestic violence, 43.5 percent ($n = 406$) reported being undecided, and 23.1 percent ($n = 216$) said they were likely to access their EAPs.

The final research question explored the potential differences in scores in alcohol use, posttraumatic stress, workplace stress, and reported domestic violence by utilization in relation to the dependent variables describing familiarity with and utilization of EAPs. In Table I, the results are presented for the first dependent variable, which questioned EAP usage.

No significant differences were identified in alcohol use, posttraumatic stress, or workplace stress. Analyses also indicated no significant variability in EAP usage by those who did and did not report being physically violent with a family member.

The second dependent variable assessed whether respondents felt that they knew enough about their EAP services to access it. Analyses tested if there were significant variations between groups in stress, posttraumatic stress, and alcohol use. Table II presents the results of these analyses.

Significant differences were identified in alcohol use ($p < 0.01$). *Post hoc* analyses using the Tukey HSD test revealed that the group responding “I don’t know” ($M = 6.45$, $SD = 9.75$) differed significantly from the “yes” group ($M = 3.67$, $SD = 5.39$) and from the “no” group ($M = 4.32$, $SD = 6.41$). The scores for posttraumatic stress were also significantly different ($p < 0.05$); the group responding “I don’t know” ($M = 31.79$, $SD = 19.69$) varied significantly from the “yes” group ($M = 26.73$, $SD = 15.49$) but not from the “no” group ($M = 28.62$, $SD = 15.23$). The “yes” and “no” groups did not vary significantly from each other. In terms of operational stress, differences at the $p < 0.001$ level were identified. Again, the “I don’t know” group was the distinct group ($M = 64.22$, $SD = 29.15$), varying significantly from the “yes” respondents ($M = 51.11$, $SD = 26.39$) and from the “no” group ($M = 54.52$, $SD = 28$). Analyses of the relationship between knowing enough to access EAP services and reported physical violence were non-significant.

Discussion

At the beginning of this study, we posited four research questions. The first question involved the frequency with which officers reported accessing their EAP services. In this sample, a minority of respondents (16.2 percent) reported accessing their EAPs. This finding indicates that the majority of officers in this sample had not availed themselves of the EAP

Throughout your career as an officer, have you ever accessed your agency’s Employee Assistance Program?

	Yes			No			
	<i>n</i>	<i>M</i>	(SD)	<i>n</i>	<i>M</i>	(SD)	
Alcohol use	85	5.28	(7.22)	460	4.035	(6.34)	$t(543) = 1.63, p = ns$
Posttraumatic stress	101	29.85	(16.24)	515	27.63	(16.24)	$t(614) = 1.26, p = ns$
Operational stress	88	54.82	(29.51)	462	53.88	(27.24)	$t(548) = 0.29, p = ns$
Organizational stress	76	56.70	(28.49)	378	55.19	(29.71)	$t(452) = 0.41, p = ns$

Table I. Stress, PTSS, and alcohol use by Employee Assistance Program usage

Do you know enough about your Employee Assistance Program and how to access it?

	Yes			No			I do not know			
	<i>n</i>	<i>M</i>	(SD)	<i>n</i>	<i>M</i>	(SD)	<i>n</i>	<i>M</i>	(SD)	
Alcohol use	330	3.67	5.39	137	4.32	6.41	78	6.45	9.75	$F(2, 542) = 5.91, p < 0.01$
Posttraumatic stress	369	26.73	15.49	149	28.62	15.23	98	31.79	19.69	$F(2,613) = 3.94, p < 0.05$
Operational stress	326	51.11	26.39	137	54.52	28.00	87	64.22	29.15	$F(2,547) = 7.98, p < 0.001$
Organizational stress	291	55.33	26.70	105	56.24	31.59	58	54.53	38.19	$F(2,451) = 0.07, p = ns$

Table II. Stress, PTSS, and alcohol use by knowledge of how to access Employee Assistance Programs

service. While interesting, this statistic is difficult to contextualize as little good data is available on EAP utilization rates more globally. The lack of information is due to a host of factors, including information sometimes being proprietary and a wide variation in EAP service provision (Employee Assistance Professionals Association, n.d.).

Given that few officers reported accessing their EAP services, the second research question becomes important. That is, do officers feel that they know enough about how to access their EAP services? In this sample, just over half of respondents (56.4 percent) reported knowing about their EAP and how to access it. Especially considering the low reported rates of EAP utilization, this finding is troubling insofar as it points to a major barrier to EAP utilization. Officers that do not know enough or are uncertain if they know enough to access EAP services may be less likely to seek out those services. If officers are clear about what services are offered through their EAP and how to access those services, they may be more willing to seek out those services if needed.

The third research question targeted the specific willingness of officers to access EAP services for issues of domestic violence. Only a third of respondents (33.4 percent) reported being willing to access an EAP for concerns related to domestic violence. This finding is concerning, as these data indicate a substantial pool of officers would not avail themselves of the institutionally supported source of assistance for help in reducing violence in their homes. It is not clear from these results why so many officers are unwilling or undecided if they would access EAP services for domestic violence. The barrier might be more global; officers may be unwilling to seek out any help because domestic violence is a crime, and there might be concerns about employment if an officer admits to committing a crime. However, if the concern is specifically about seeking help from an EAP, either a program of education and/or the exploration of alternate resources might be utilized to improve the sources of support for officers.

The final research question sought to explore if there were differences in levels of workplace stress, posttraumatic stress, alcohol use, and domestic violence in relationships in relation to the earlier questions about EAP usage. In relation to the question about EAP usage, we did not identify significant differences among those who did or did not access their EAPs when it came to organizational and operational workplace stress, posttraumatic stress, alcohol use, or domestic violence. It is curious that our findings indicate that those who have sought out help were statistically indistinguishable in terms of stress, posttraumatic stress, and alcohol use from those who had not sought professional assistance. It is possible that individuals accessed their EAP services for reasons outside of the variables captured in our study. Another possibility is that the act of accessing the EAP services may not be as relevant as the type and duration of services utilized by the officer.

We also assessed differences in our stress variables in connection to knowledge about how to access an EAP. We identified significant differences in alcohol use, posttraumatic stress, organizational workplace stress, and domestic violence. *Post hoc* analyses indicated that the group of respondents reporting "I don't know" reported significantly higher rates of alcohol use and operational stress than the other respondents. The "I don't know" cohort had significantly higher rates of posttraumatic stress than the "yes" group, but did not significantly vary from the "no" group. These findings indicate that those officers that reported that they did not know enough about how to access their EAP were in substantially more distress than those who either did or did not know enough about access. Perhaps it is the uncertainty of where to turn for assistance which is in and of itself another stressor for those officers? This finding is of particular importance as it indicates that a knowledge barrier is preventing officers in distress from accessing their EAP services.

Limitations

Several limitations in this study must be addressed. First, the LEFP curriculum is built on different modules; participants may not have completed all modules that contained the variables of interest in this study. Because different measures were drawn from different modules, the resulting missingness in the data resulted in fewer than half of all the responses being retained for the final analyses. Despite this limitation in the data set, the sample remained large enough to support the analytic strategy.

Another limitation lies in the nature of one of the questions asked to respondents. Specifically, respondents were asked, “Do you know enough about your Employee Assistance Program and how to access it?” Because of the phrasing of the question, it may be considered double-barreled. While the general focus of the question is about accessing an EAP, it is possible that respondents, in reading the question, might have been responding more generally to what was known about their EAP.

A final limitation lies in possible inaccurate reporting among respondents. The authors suspect that the 7.2 percent of respondents reporting being transgendered is not accurate. In discussion, it was decided to retain these responses, as inaccurately reporting gender does not necessarily call the veracity of other responses into question or affect subsequent analyses.

Implications for research and policy

Researchers have long noted that the stresses of policing take their toll on officers’ physical and mental health (Collins and Gibbs, 2003; Morash *et al.*, 2006; Chopko, 2010) and on their individual family functioning (Hickman *et al.*, 2011). As the national conversation about mental health has helped to de-stigmatize the help-seeking (National Alliance on Mental Illness, n.d.; Epstein, 2013), it is important to ensure that those who keep our communities safe have access to the help they need (Allen *et al.*, 2014). EAPs already exist as resources to many law enforcement agencies. Helping officers understand how to access these programs can better ensure knowledge of EAPs and reduce the stigma around help-seeking. In order to achieve that goal, we suggest practical advice for agencies regarding information, education, and accessing their EAPs:

- All officers should understand how to access the EAP. The agency must do more than include brochures about the EAP in the initial employment packet. Periodic intranet or e-mails/fliers should be circulated reminding officers of the resources available both through the agency and in the community.
- The agency should engage officers in ongoing conversations about mental health. Experts, such as mental health professionals – should talk to officers periodically, both in check-in and by invitation. These speakers should include, whenever possible, representatives of the EAP so that the EAP process is demystified for officers. In addition, educational opportunities on specific and common mental health issues – such as depression and anxiety, which effect a large percentage of the population, and PTSD, which also effects officers – should be presented in several different formats, for example, in a classroom setting, and by circulating high quality information videos.
- The agency should make available resource lists to offer officers options for seeking out help if they need it. For instance, a flyer including information from the National Suicide Prevention Lifeline and Safe Call Now can be made accessible to each officer so that he or she has access to these help-seeking options at any

time. In addition, the agency can look for additional multimedia resources to raise awareness about mental illness, stress, and help-seeking options. Using trainings, documents, and videos will help raise awareness about mental health.

- Supervisors must set the tone for the agency and emphasize career longevity and wellness over self-reliance and strength. As Allen *et al.* (2014) have pointed out, supervisors may unintentionally reinforce the stigma of help-seeking by not encouraging their peers to reach out for help and not setting an example of help-seeking.
- Stigma reduction is a top-down effort, and the chief or sheriff should educate him or herself about the issues of mental health and physical health wellness and information regarding accessing and using the EAP to be able to discuss it with the rank and file.
- The agency should ensure that the EAP has the ability to provide assistance to officers on issues related to domestic violence. To this end, agencies are encouraged to contract with EAPs that include professionals trained in domestic violence dynamics who are equipped to make appropriate referrals in domestic violence cases.
- Because so many participants indicated that they would not use the EAP for domestic violence-related concerns, agencies should emphasize other options for help-seeking for those issues, including confidential assistance by professionals who have specific training in interpersonal violence issues.

Overall though, given the lack of usage of EAPs in the literature and in our sample, we suggest that law enforcement agencies develop a more comprehensive approach to improving and maintaining mental health, emphasizing EAPs along with all options for help-seeking, such as community mental health counseling, peer-assistance teams, agency psychologists, referrals by personal physicians, and local substance abuse treatment agencies. Further research on the use of such a comprehensive approach would be a useful step in increasing the knowledge base and offering officers meaningful, appropriate options to increase wellness for themselves and their families.

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Further reading

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About the authors

Dr Elizabeth Donnelly, PhD, MPH, LICSW, NREMT is an Assistant Professor at the University of Windsor School of Social Work, 401 Sunset Avenue, Windsor, Ontario N9B 3P4, phone (519-253-3000 ext 4906), fax (519-973-7036). She received her Doctoral Degree from the Florida State University's College of Social Work. Her current research involved work-related stressors and stress reactions in first responders, including police officers, firefighters, and emergency medical service personnel. Her publications, on topics related to workplace stress and stress reactions including posttraumatic stress and alcohol use, can be found at: www1.uwindsor.ca/donnelly/Publications. Dr Elizabeth Donnelly is the corresponding author and can be contacted at: donnelly@uwindsor.ca

Dr Colby Valentine, PhD, is an Assistant Professor of Criminal Justice in the Division of Social Sciences at Dominican College, 470 Western Highway, Orangeburg, New York 10962, phone (845-848-4071), fax (845-359-8025). She received her Doctoral Degree from the Florida State University's College of Criminology and Criminal Justice in 2012. Her current research involves studies of prison misconduct, officer-involved domestic violence, and intimate partner violence. She has recent publications in the *Criminal Justice Review*, *Journal of Family Violence* and *Family Law Review* on topics such as officer stress, officer-involved domestic violence, and intimate partner violence.

Karen Oehme, is the Director of the Institute for Family Violence Studies (IFVS) at the Florida State University's College of Social Work, 296 Champions Way, Tallahassee, FL 32306-2570, phone (850-644-6303). The Law Enforcement Families Partnership is a cornerstone project of the IFVS. Its goal is to prevent domestic violence in the homes of criminal justice professionals and increase officers' access to wellness resources. Oehme's current research involves officer-involved domestic violence, health professional screening for domestic violence, and child welfare issues. She has recently published in the *University of Pennsylvania Journal of Law and Social Change*, *Georgetown Journal of Gender and Law*, and violence and victims on topics related to relationship violence.