Employee Assistance Programs: A Workplace Resource to Address Intimate Partner Violence

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Abstract

Purpose: Intimate partner violence (IPV) is a major public health problem with significant impact on the workplace. Employee assistance programs (EAPs) are a confidential benefit to assist employees and their families with a variety of problems that may negatively affect their job performance. The purpose of this systematic review is to study the extant literature to identify articles that have explored the role of EAPs in addressing IPV.

Methods: We searched Medline, PsychINFO, and Cumulative Index of Nursing and Allied Health Literature (CINAHL) for English-language papers that have explored how EAPs can address IPV. Articles published through 2008 were included.

Results: Our review yielded nine articles, mostly from EAP-centered journals. Nearly all of the studies were published before the year 2000 and primarily describe the need for EAPs to be more engaged in preventing violence against women. Most of the studies were commentaries, often using case reports to support recommendations on how EAPs could address IPV. Results from the two intervention studies revealed close connections between EAP clients being treated for alcoholism and IPV perpetration and the effectiveness of a standardized tool to identify EAP clients experiencing IPV.

Conclusions: Research in this area is in its infancy, and more studies are needed to inform the formulation of evidence-based policies and programs that guide the role of EAPs in addressing IPV. The lack of research on how EAPs address IPV is alarming, as many employers state that they often refer employees affected by IPV to the EAP for assistance.

Introduction

EVEN WITH THE RECENT DOWNTURN in the economy, the majority of adults in the United States are employed. The Department of Labor reported that as of June 2009, the seasonally adjusted civilian labor force participation rate was approximately 66%; 72% of men and 60% of women remain employed.[1] With such a large percentage of people in the workforce, many public health advocates have long recognized that workplace programs could reach a significant portion of the U.S. population. As a result, there is an important opportunity to address some of the most pressing public health problems through workplace interventions.

Intimate partner violence (IPV) is a major public health issue. IPV is defined as "actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner."[2] The importance of IPV as a public health issue is likely to grow, as prior research suggests that periods of economic distress, as in a recession, are associated with an increase of IPV against women.[3] Although intimate partners may be heterosexual or of the same sex, most instances of IPV are perpetrated toward women by men.

Approximately 21% of full-time working adults have experienced IPV, and of these employees who experienced IPV, 64% state that the violence substantially impacted their ability to work.[4] The National Violence Against Women survey reported that more battered women than nonbattered women were employed, 65% and 55%, respectively.[5] Approximately 20% of all fatal work-related injuries to female employees are by an intimate partner.[6] Work-related stalking and on-the-job harassment are also common among IPV victims.[7,8]

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Research has also shown a significant impact of IPV on the workplace. On average, employees experiencing IPV lose nearly $18 million in annual earnings and nearly $1 billion in lifetime earnings because of missed work, job loss, and the inability to maintain consistent employment.[2,9] Employees experiencing IPV are often late for work or absent or repeatedly need to leave early.[10,11] Annually, employers lose more than 8 million workdays as a result of IPV; this is the equivalent of 32,000 full-time employees.[2,9]

Given the high prevalence of IPV among employed persons and the enormous impact of IPV on productivity and healthcare costs, employers are developing strategies to prevent and address IPV. Employee assistance programs (EAPs) represent a key resource that is available in most workplaces. EAPs were created in the early 1970s to address alcoholism among workers.[12] Contemporary EAPs are broader in scope. They represent a confidential prepaid benefit to assist employees (and their families) with a variety of personal problems that may negatively affect their job performance.[13] EAPs provide employers and employees several services, including counseling, training of organization leadership, referral to local services plus some case monitoring and follow-up services, and consultation in developing policies and educational programs.[13] The 2008 National Study of Employers reported that 58% of all U.S. employers provide EAPs.[14]

Because EAPs are available to employees and their immediate family, they could be a promising and available resource for individuals impacted by IPV. Many employers believe that EAPs are one of the most useful resources for IPV.[15] In addition, workplace managers and supervisors often refer women affected by IPV to the EAP for assistance with connecting to IPV-related services (Pollack et al., unpublished observations). The potential of EAPs to assist employees during crises and their capacity to develop educational programs and policies to address IPV suggest that EAPs are well positioned to address IPV.

An exploration of how EAPs have addressed IPV could generate evidence-based policy and programmatic recommendations to assist employees impacted by IPV. A review and synthesis of the literature on EAPs and IPV does not exist in the peer-reviewed literature. Therefore, we systematically reviewed the literature to understand what is known about how EAPs address IPV, the effectiveness of EAPs in addressing IPV, and challenges to EAP service delivery for this issue. In addition to reviewing existing literature, we present recommendations for future studies that will help inform the role of EAPs in addressing IPV.

Materials and Methods

In this article, we use the term IPV rather than the term domestic violence to indicate that intimate partners experiencing violence do not necessarily reside in the same household as domestic partners. Exceptions to using the term IPV occur where direct quotes from articles were provided and the term domestic violence was used in the publications. Medline, PsychINFO, and Cumulative Index of Nursing and Allied Health Literature (CINAHL) were searched for English-language articles that have explored how EAPs can address IPV. We searched for articles published from 1980 (beginning in 1985 for PsychINFO) through 2008. The following terms were used to search for articles: intimate partner violence or domestic violence or family violence and employee assistance or employee assistance programs or EAPs.

Use of these search terms initially netted 49 articles (searching for workplace violence, domestic violence/ intimate partner violence and workplace, family violence, and employee assistance yielded over 150 articles). To confirm that we were not missing any salient articles that were not part of the peer-reviewed literature, potential sources of reference lists with relevant articles, we also spoke with experts in the field, who were unable to identify additional articles, including white papers or reports on EAPs and IPV. Abstracts from all the identified articles were retrieved, and those that did not explore both EAPs and IPV or only discussed IPV in the workplace focusing on the EAP were removed. This search strategy yielded a total of 9 articles that form the base of this review.

Results

Overall assessment of identified studies

Overall, we found a large number of articles that mentioned EAPs as part of workplace responses to IPV but only a few unique articles ($n = 9$) that specifically investigated EAPs and IPV. Most of these articles did not present empirical data and, instead, often presented case reports. In addition, nearly all the articles were published in EAP-focused journals, and all but 2 of the articles were published before 2000.

Synthesis of specific studies on EAPs and IPV

Several studies included a call for a more prominent role of EAPs in addressing IPV in the workplace. The earliest article we found was by Davidson.[16] In it, she described the issue of IPV (described as spousal battering) and included recommendations for how EAPs can address IPV. Her suggestions included the need for EAP and employers to take the issue of spousal battering seriously and understand the cycle of violence. Engelken[17] also described the issue of spousal abuse, its impact on work, and the challenge of detecting abusers at work. The author called for a need to address the workplace costs of spousal abuse, and stated that "...employee assistance programs play a key role in helping men to get the message that abuse of women is no longer tolerated." Moreover, the author also described an organizational denial of abuse as a workplace problem, noting "...the reluctance in work organizations to acknowledge they employ battered women and also the men who do the battering."[17]

Bryant et al.[18] also included suggestions about how the EAP model could be adopted to effectively serve the needs of battered women in the workplace. The authors described the strong connection between IPV and substance abuse and suggested that EAPs should provide equal attention to IPV and substance abuse. They offered recommendations on how to detect IPV cases by training EAP counselors to ask the right questions. In discussing how the traditional EAP approach could be adopted to address IPV, they described how one EAP developed a weekly lunchtime support group for battered employees. Both Davidson[16] and Bryant et al.[18] stated that EAPs should be aware of community resources in order to refer women for treatment.

Magee and Hampton[19] presented some of the first empirical data on EAPs and their role in addressing IPV in the

workplace. They conducted structured telephone interviews in 1992 with 11 randomly selected EAPs. Their main findings included the following: (1) none of the EAPs had written policy regarding the treatment of IPV (abusers or victims) or a standard screening form, (2) only a few of the EAPs trained their counselors on how to respond to identify those impacted by IPV, and (3) all of the EAPs had strong involvement with community groups and agencies. Similar to the other studies, the authors offered several recommendations for EAPs, including connecting with relevant communitywide agencies, establishing policies and procedures, referral for services to both victims and abusers, and the development of educational and preventive programs.

Younger[20] focused on how EAPs could address three types of violence against women: random criminal, worker, and relationship. Using case reports, she called for EAP professionals to assess and assist women in leaving their abusive situation and advocate for workplace interventions that address the perpetrator and for changes in workplace practices to prevent the abuse. Younger also suggested incorporating screenings of potential perpetrators, including an assessment of a history of violence and substance abuse. She also pointed out that EAPs need to work jointly with employers to ensure safe workplaces.

Bowman and Paul[21] used a case report to describe an instance of abuse and highlight the activities of one EAP in addressing IPV. The EAP initiated a comprehensive IPV prevention initiative for employees, employers, and EAP counselors. The EAP trainings aimed to enhance their capacity to address IPV through increasing the awareness of IPV among the counselors. No data were provided on the effectiveness of this approach. Michelman and Robb[22] also used case reports from a hospital-based EAP to discuss the collaboration among the police, security department, and EAP to address IPV. The authors describe the importance of safety planning for IPV victims; of the limited data presented, they found that the EAP service most used was safety planning. They recommended expanding education and training about IPV, development of policies and guidelines for safety plans, and the need for criminal background checks prior to employment to identify employees with a history of aggressive behavior.

Two studies in the literature tested interventions. One study examined the incidence of IPV among EAP clients referred for alcoholism treatment.[23] Prior to alcoholism treatment, 94% of the sample ($n = 80$ married male clients) engaged in various types of abusive behavior. They found that despite the level of intensity of alcoholism treatment, the incidence of IPV was only reduced and not eliminated. Maiden concluded that alcohol abuse does not cause IPV but does exacerbate it. In addition, the author notes that EAPs should be "sensitive to the problem of domestic violence when completing an alcohol history"[23] and called for close relationships between EAPs and women's shelters and for EAP training in the workplace on the relationship between alcoholism and abuse behavior.

The other intervention study, by Falk et al.,[24] evaluated an IPV assessment protocol used by EAP counselors. The protocol was designed to identify IPV victims and assess the level of danger and to guide referrals. The protocol was used by 10 EAP counselors in screening nearly 300 clients. The authors found that nearly three times as many women were identified as experiencing IPV during the period when the protocol was used. When the protocol was used, EAP counselors were more likely to provide information about services to clients. The authors concluded that contacts with EAPs are "an excellent opportunity to identify and intervene in domestic violence."[24] They also highlight the need for EAPs to better identify victims and to be knowledgeable about community resources.

Discussion

Despite the significant impact of IPV on employees and the workplace, this is the first study to synthesize the extant literature on how EAPs address IPV. It is especially surprising because some companies report that they rely primarily on their EAP for the delivery of IPV services and prevention programming.[14] Therefore, understanding how EAPs address and respond to IPV is critical.

Few studies have explored how EAPs address and respond to IPV; only nine articles are included in this review.[16–24] Most of the existing research in this area is descriptive, consisting of case reports. Although case reports are valuable in helping to describe public health problems, a great deal more systematic research is needed to identify and evaluate the impact of EAPs on IPV. The results from this research suggest the need for more research in several key areas. First, studies are needed to better understand what policies and programs are offered by the EAP to the workplace generally, as well as to individuals experiencing abuse and those engaged in perpetration. Second, research is needed that describes the needs of those experiencing IPV and the responses they receive when they contact EAPs. Third, more studies that implement and evaluate EAP approaches to addressing IPV are critical.

There were two evaluation articles in this review, but the question remains whether EAPs are equipped to handle employees who experience IPV and related conditions and how well they address the needs of those impacted by EAPs. The study by Falk et al.[24] found that when EAP professionals used a standardized screening tool, more women were identified as experiencing IPV and more referrals were made compared with the period when the tool was not used. However, the authors did not assess if the women used the referred services and if their outcomes improved. In the general EAP literature, research suggests that use of EAP services benefits both employees and employers. Benefits include reductions in person-hours lost, wages lost, leaves of absence, disciplinary actions, and sickness/disability days and improvements in job efficiency, physical health, mental health, and work performance.[12,25–28] Studies exploring workplace and individual level outcomes of using the EAP for IPV assistance are non-existent in the peer-reviewed literature. As a result, although prior research may suggest that EAP use for some issues has benefits for employees and employers, it is unknown if the same is true for those experiencing IPV.

Despite the lack of empirical evidence, all the studies that we reviewed offered similar recommendations for how EAPs can better address and respond to IPV in the workplace. These recommendations can be grouped into four categories: (1) educate and raise awareness of IPV, (2) improve screening for IPV, (3) facilitate connections between those impacted by IPV and local services, and (4) address perpetrators (Table 1).

EAPs are in a unique position to work with employers to create strategies to increase employee awareness of both the

Table 1. Recommendations from 9 Studies on How Employee Assistance Programs
Can Address Intimate Partner Violence

Recommendation	Select strategies
Educate and raise awareness of IPV and EAP	Provide educational training about IPV for employees, supervisors, and managers
	Offer literature, training, and workshops on stress management, relationship skills, and communication skills
	Support and encourage use of EAP
	Advertise and market EAP services, including assurances about confidentiality
	Post or distribute information about IPV and the EAP throughout workplaces
Improve screening for IPV	Develop written policies for EAPs and employers (e.g., workplace safety plans)
	Educate EAP providers on how to assess and identify those impacted by IPV
	Implement and evaluate screening tools
Facilitate connections between those impacted by IPV and local services	Educate EAP providers about the availability of local resources (e.g., legal and mental health services, local shelters)
	Encourage EAP providers to actively assist clients with connecting with local service providers (i.e., EAP providers could call the service agency, with the client present or on the phone, rather than simply providing the client with information)
Address perpetrators	Referral to batterer intervention programs
	Referral and treatment for substance abuse
	Provide conflict and anger management training

IPV, intimate partner violence; EAP, employee assistance program.

nature and problem of IPV and services for IPV victims. EAPs could develop campaigns to educate managers and workers about the warning signs that an employee is being battered and abused. They could also work with workplace security programs to enhance the visibility of IPV victim services and assistance. In addition, EAPs can ensure that workers are aware of their services. At best, estimates are that on average 6%–10% of employees use EAP services.[29] The most common reasons for low use include workers' lack of awareness of EAPs as a resource, association of EAPs only with mental health, limited understanding of the scope of services, lingering stigma from the early days when it was associated with alcoholism and other undesirable issues, and concerns about confidentiality (D. Leach, personal communication). This relatively low use is one challenge for EAPs to deliver needed services effectively to employees and their families.

EAP providers could use standard screening and assessment tools to determine if an employee is being impacted by IPV or an issue related to the violence. They can enhance their current efforts to collect data on IPV and conditions related to IPV. Women may call the EAP with a problem other than IPV as the presenting issue, which means that EAP counselors need to be trained to ask the right questions.[18,24] By collecting data on EAP use by specific condition, EAPs can not only better show the impact and return-on-investment to employees but also ensure that those employees in need of services are identified and adequately referred for services. In addition, EAP counselors should be trained in how to identify employees impacted or at risk of IPV.

EAPs could strengthen their ties with local services in the surrounding areas for all workplaces they serve. EAP providers could become better acquainted with legal and mental

health services, shelters, and advocacy organizations. EAP providers could become familiar and experienced in addressing the needs of individuals impacted by IPV. With this knowledge of community assets and resources, it could be easier to refer both IPV victims and perpetrators.

Finally, EAPs could work with those perpetrating the violence and those at risk of becoming perpetrators. Known perpetrators may use EAPs if counseling is required through court-mandated treatment programs. In addition, EAPs may interact with perpetrators during treatment for substance abuse, which research has shown is correlated with violence perpetration.[23] EAPs could also engage in primary prevention and implement companywide initiatives that address healthy relationships, anger management, and coping with economic distress.

There are some limitations to this research. First, we based this review only on article in English-language journals. Given that EAPs are primarily a U.S. institution, we believe it is unlikely that extensive research has been published in other languages. Second, as many studies were case reports and only two were intervention/evaluation studies, limited data were presented. As a result, we were unable to rate the quality of the articles because most mainly presented recommendations for EAPs and did not include analytical or evaluation data.

Conclusions

Our systematic review revealed a dearth of literature exploring EAPs and IPV. We conclude that there is tremendous opportunity for future research employing strong methods that address the gaps in knowledge about how EAPs can effectively address IPV. Based on the limited evidence, it

seems that EAPs have the capability to address IPV, and they appear to have a role in preventing IPV victimization and perpetration, and helping those at risk for either. This could be a win-win proposition for employers, who potentially could improve productivity while reducing the impact of and suffering from IPV among employees.

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