How Children's Advocacy Centers law enforcement officers cope with work-related stress: impacts and approaches to self-care

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ABSTRACT
Work-related stress has been identified as being harmful for law enforcement officers’ (LEOs) health. The absence of effective coping strategies exacerbates the negative psychophysiological impacts on health. The literature suggests that law enforcement employers and communities also feel the impact of stress among LEOs. This study addresses the gap in the current literature in terms of qualitative-based exploration of the personal and professional impacts of LEOs working within Children’s Advocacy Centers (CACs) and self-care and stress alleviation practices in response to environmental stressors. CAC LEOs’ responses to three open-ended responses were analyzed from a national survey in the United States. Thematic analysis was utilisied to identify emerging themes in relation to the: (1) personal, (2) professional impacts of work-related stress, and (3) the self-care or stress alleviation strategies adopted by LEOs. LEOs face multiple personal and professional stressors that impact their coping behaviours and health outcomes. Variation exists among LEOs in terms of coping behaviours and requires further investigation. This study highlights several gaps in the literature, including the personal and professional impacts of work-related stress among LEOs and the subsequent coping strategies adopted by LEOs in response to stressful working environments. Future research should further explore the impacts of work-related stress, coping strategies, and the development of effective stress prevention reduction approaches for this population.

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Work-related stress; coping strategies; law enforcement; Children’s Advocacy Centers; police; stress alleviation

Research suggests that law enforcement (LE) is one of the most stressful professions (Violanti and Aron 1993, Violanti et al. 2017, Queirós et al. 2020). LE officers (LEOs) experience higher rates of job dissatisfaction when compared with most other jobs, regardless of geographical location (Schable and Six 2016). Impacts of occupational stress on LEOs are both acute and chronic. Despite the plethora of literature highlighting the high levels of occupational stress among LEOs, there is a dearth of knowledge concerning the personal and professional impacts and subsequent stress alleviation strategies (e.g. self-care) adopted by LEOs across multiple settings, specifically Children’s Advocacy Centers (CACs). Therefore, the purpose of the current study was to explore the impacts of work-related stress and stress alleviation strategies among LEOs working within a CAC in the US.
Background

LE refers to society’s formal efforts to maintain and enforce compliance with rules and legal regulations of that society to promote security and stability (Conser et al. 2013). LEOs, who are one subset of LE personnel, are non-military agents of the government with authority to detect and investigate breaches of law and apprehend those suspected of criminal behaviour (Conser et al. 2013). The current study focused specifically on LEOs who work with CACs.

Children’s Advocacy Centers law enforcement officers

A CAC is a safe, child-focused setting to evaluate suspected child maltreatment. Although CAC models vary, there is a standard for the CAC multidisciplinary team (MDT) response. According to the National Children’s Alliance (NCA) accreditation standards, the CAC MDT should consist of forensic interviewers, medical professionals, LEOs, child protective services, mental health professionals, prosecutors, and victim advocates. The CAC is responsible for facilitating a coordinated MDT that is responsive to the needs of both the team and community agencies. This leads to variation among CACs in terms of structure and function. The variation in CAC structure extends to LE. Some LE agencies have specific LEOs specialising in sexual abuse cases, while others may be responsible for investigating various crimes against children and adults. The nature of CAC work (e.g. investigating cases of physical and sexual abuse) creates a challenging working environment. The lack of research exploring LEOs working in CAC settings inhibits developing and implementing practical and evidence-based stress prevention and reduction programmes.

Work-related stress and its impact on LE officers

The phenomenon of chronic and high levels of work-related stress among LEOs has been acknowledged for over 30 years (Adam and Buck 2010). Work-related stress is defined as the harmful psychological or physiological effects that occur as a result of incompatibilities between knowledge and coping abilities (World Health Organization 2020). Previous literature has shown that when helping professionals experience prolonged stress coupled with inadequate organisational support, they are prone to developing compassion fatigue and burnout (Papazoglou et al. 2019, Tuttle et al. 2019, Roberts et al. 2021). Compassion fatigue often occurs when LEOs or other helping professions have high exposure to traumatised victims without the ability to disengage from their experiences (Papazoglou and Tuttle 2018). In comparison, burnout occurs when professionals experience exhaustion, high work demands, and lack of professional and/or social support (Morse et al. 2012). When left unaddressed, the prolonged stress and unsupportive environment can significantly impact employees’ decision-making, job satisfaction, and quality of service delivery (Kim and Stoner 2008). Work stress can also lead to high absenteeism, poor productivity, high accident rates, poor public relations, turnover, and high incidents of lawsuits (Harter et al. 2003).

Psychological and physiological outcomes

Previous research highlights LEOs and related helping professionals (e.g. corrections officers, parole officers, social workers) experience worse psychological health outcomes due to prolonged exposure to their roles and environments (Letson et al. 2020; Fusco et al. 2021). For example, affective conditions (e.g. depression, anxiety) and suicidal ideation have been highlighted in previous research (Avdija, 2014, Violanti et al. 2017, Dawson 2019, Craddock and Telesco 2022). Moreover, Chopko et al. (2018) found, one-third of LEOs experienced symptoms of post-traumatic stress disorder (PTSD). Further, Gershon et al. (2002) found, LEOs in an urban police department who attended a police officer funeral, were exposed to bodily fluids, was the subject of an internal affairs investigation, or knew a victim personally reported more negative mental health outcomes.
Research suggests LEOs experience physical health-related outcomes associated with occupational stress which can include, cardiovascular disease, high blood pressure, sleep disturbance (Avdija 2014), obesity (Yoo et al. 2011), and suicide (Violanti 2010). Exposure to work-related stress and circadian disruption was shown to decrease life expectancy for some LEOs (Violanti et al. 2017). On average, White male LEOs die seven years earlier than the general White US male population (Hartley et al. 2011). Few studies have examined the direct relationship between health outcomes and LEOs who work irregular hours; however, sleep deprivation/disturbance has been associated with insulin resistance, weight gain, hypertension, and cardiovascular disease (Kales et al. 2009). In a longitudinal mortality study, LEOs were also more likely to die from cardiovascular-related diseases and cancer (Hartley et al. 2011). LEOs may suffer from these conditions at higher rates than the general population because of their stress levels and their higher level of exposure to carcinogens (Hartley et al. 2011).

**Stress prevention, reduction, and alleviation strategies**

Previous research has highlighted the attempts to ameliorate the impacts of work-related stress among LE using a variety of techniques (e.g. resilience, regulation, and relaxation techniques; Patterson et al. 2014, Hilal and Litsey 2020). However, these attempts have yielded little positive effects in terms of stress prevention and reduction (McCraty and Atkinson 2012). Despite growing recognition in the LE workforce about the beneficial outcomes associated with accessing mental health (MH) services, LEOs experience unique barriers to accessing MH treatment (Hofer and Savell 2021). Some obstacles include concern about self-stigma, social stigma, logistical barriers (e.g. where to seek help, organisational culture, scheduling concerns; Haugen et al. 2017, Rubim et al. 2020), and distrust in service providers (Karrafa and Koch 2016, Rubim et al. 2021). Organisational-level factors create obstacles, such as agency culture, concerns about creating more burden for coworkers, privacy concerns—particularly surrounding disclosure to supervisors, and fear of negative career repercussions (Rubim et al. 2020).

Researchers, practitioners, professional organisations, and national councils recognise there is a critical need for more research about occupational stress, coping strategies, and related health outcomes among the human and helping professions (e.g. social workers, nurses, physicians; Beer et al. 2019, 2020). Although previous studies begin to address the chronic and pervasive levels of work-related stress within LEOs, gaps in the literature persist. The specific nature of work-related stressors among LEOs and the consequences of work-related stress, coping strategies, and health outcomes at the individual level are not fully understood (Kelley et al. 2019). More research is also needed about effective strategies for occupational stress amelioration. The purpose of the current study was to begin addressing these gaps by answering the following research questions: In what ways do LEOs working with CACs (1) perceive their job as impacting their personal life?; (2) perceive their job as impacting their professional life?; and (3) alleviate work-related stress?

**Conceptual framework: transactional model of stress and coping**

Utilising a theory or models is necessary for conceptualising and conducting research and adheres to best practices in qualitative research (Padgett 2008). This study was informed by the Transactional Model of Stress and Coping (TMSC) to better understand the transactional process of work-related stress (e.g. person, environment), coping behaviours, and stress alleviation attempts (e.g. coping strategies) of LEOs working in CACs. The TMSC has been successfully applied in previous research examining the phenomenon of stress within CAC settings including LEOs (e.g. Beer et al. 2020), social workers, (Beer et al. 2021), as well as other health and social care professions.

The TMSC provides a model for researchers to understand the unique nature, context, and processes of individual stress-related responses (Lazarus and Folkman 1984), specifically within the health and human service workforces (Beer et al. 2020). Therefore, given the gaps in the current
literature, purpose, and aims of this study, the TMSC was utilised as a theoretical foundation due to its conceptualisation of stress and appreciation of unique contexts associated with stressors. The TMSC deems stressors to be environmental, as well as a transactional process between an individual and their environment. Therefore, LEOs’ unique work environments could be explored utilising the TMSC. Moreover, the unique cognitive processes (e.g. perceptions, appraisals) of LEOs, subsequent coping responses (e.g. problem management, emotional regulation; Lazarus and Folkman 1984), and related health outcomes could be examined with an established approach utilised in the literature (Beer et al. 2020).

**Methods**

**Study design**

A phenomenological analytical (PA) approach was utilised in this study. PA is used in qualitative research to increase understanding of phenomena experienced by a population (Padgett 2008), and was appropriate for examining the phenomenon of work-related stress among LEOs.

**Data collection**

Data for the current study are from a cross-sectional national study of professionals working in CACs in the United States (US). Survey data were collected using the Research Electronic Data Capture (REDcap), a secure, online platform commonly used to collect data for research in the fields of health and science. For the current study, we used only LEOs responses to demographic items and to three open-ended questions in the survey: (1) ‘Please explain any way your job as a child abuse professional impacts your personal life?’; (2) ‘Please explain any way your job as a child abuse professional impacts your professional life?’; and (3) ‘What are some things you do for your self-care and to alleviate stress?’ All three questions were optional with no word count restrictions.

**Data analysis**

Participants’ raw responses were analysed using the six-stage approach to thematic analysis. This process involved: (1) the coding team familiarising themselves with participants’ responses, (2) generating initial codes from the data, (3) identifying emerging themes from the data, (4) reviewing and refining themes, (5) agreeing upon and defining themes, and (6) cementing concrete themes from patterns emerging from the data (Braun and Clark 2012).

**Rigour**

Over several months, following the recommendations from Padgett (2008), two members of the research team independently coded and analysed participants’ raw responses. The coders met regularly to discuss any emergent themes (e.g. agreeing upon emergent themes) within the data. In addition, a third member of the research team was available in the event of any disagreement between the two coders. Each coder maintained a journal detailing the decision-making process (e.g. code, category, and theme generation; Saldaña 2016).

**Results**

**Participants**

In total, there were 885 responses to the complete survey consisting of both quantitative measures and qualitative responses (i.e., three open-ended questions). Seventy-nine participants indicated their profession as LEOs. See Letson et al. (2020). Nearly half the sample (n = 40) participants
provided a response to the professional impacts of work-related stress, 39 participants responded to the personal impacts, and 31 responses were recorded for the self-care and stress alleviation strategies. Participants that did not provide a response to a minimum of one open-ended question were recorded as missing. A comparison between this sample and the overall sample is provided in Table 1.

Emergent themes

The research team identified two to five themes for each of the three research questions (i.e. personal impacts, professional impacts, and stress alleviation strategies). The theme descriptions, categories, and examples are described below and are supported by verbatim quotes from the data.

**Personal impacts of work-related stress**

Four themes connected to personal impacts of work-related stress included: (1) intrapersonal; (2) interpersonal; (3) cognitive; and (4) psychophysiological outcomes. The intrapersonal theme encompassed aspects of their internal selves that participants described as having shifted because of their occupation. These intrapersonal outcomes addressed three distinct categories: personal beliefs, emotions, and introspection. Participants described how the impact of their job affected their personal beliefs and shifted their views about the world. One participant explained:

“I’m oddly distrustful of people tickling children and being silly with children because in the back of my mind I’m wondering if the person is getting some sort of sexual gratification. I never used to think like this prior to handling these investigations.”

Whereas playful interactions between adults and children were seen as just that – playful and silly, the participant’s view of these interactions was impacted by their job. They now view these interactions as potentially suspicious and harmful.

Table 1. Demographic characteristics of participants.

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<tr>
<td>20+</td>
<td>142</td>
<td>16.0</td>
<td>15</td>
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</table>
The second intrapersonal category was the emotional impact of their work. Overall, participants described how their job affected their mood outside of work (e.g. off duty). In most cases, the effect was negative. For example, one participant explained: 'I definitely have cases that haunt me, and are hard to put away at the end of the day… some come home with me, and I can’t help that.’ There was one negative case – that is, a respondent whose response contradicted the predominant evidence – in which a participant felt that their emotions were not affected while off duty:

I find that I deal with the cases I handle very well. I don’t dwell on cases that aren’t successful, and have satisfaction that I provided resources, and possibly prevented any harm from further occurring by addressing the issue with all parties involved.

Rather than focusing on negative feelings associated with cases that are difficult and have disappointing outcomes, this participant focused on the positive impacts they had with families.

The third intrapersonal category was introspection. This category referred to outcomes relating to self-examination of inner thoughts, feelings, and interactions. As one participant stated: ‘I am more careful in how I interact with children and young adults.’ Another participant noticed the onset of their cynicism, but they felt capable of handling it: ‘I have a cynical outlook on people and what people are capable of, but I think I cope with it well.’ This participant indicates that because of their job, they became more conscientious about their interactions with children and young adults.

The interpersonal theme describes the overall impacts of the participants’ work on their relationships, communication, and social interactions. In total, four categories emerged from the raw responses to develop this theme: (1) family and close friends; (2) community; (3) children and young adults; and (4) avoidance. More than half of the sample explained the importance of relationships (e.g. family, friends) in terms of how their work affected their relationships with family members and close friends. One participant described how the job affected her parenting behaviours: ‘I am a mother of four and at times find myself being a little over cautious with my own children due to this job. At the same time, I feel this job has helped me to better understand my children and be a better parent.’ Another participant felt incapable of talking about their job with their family and/or friends: ‘I cannot talk about the worst parts of this job, the terrible experiences of children … I do not talk with any friends about it either due to the topic, or confidentiality concerns.’

In terms of community, participants reported the ways in which off-duty interactions with community members (e.g. in social spaces) were challenging in terms of establishing both personal and professional boundaries. One participant explained:

In a small rural community everyone ‘believes’ they know the facts. Your neighbors, friends and community at large all are knocking on your door, see you in the grocery store or other retail locations, community events all wanting information and wishing to ‘help’ with the case.

Community members may have been well-intentioned, but this participant illustrated the ways in which their professional identity bled into their personal life.

Thirdly, the coders noted children and young adults as a category due to participants’ changes in behaviour when interacting with this population. For example, one participant stated: ‘I am more careful in how I interact with children and young adults.’ This participant illustrates how their job contributed to a shift in behavioural interactions with the younger people. Many participants also described patterns of avoidant behaviour, the fourth category within the interpersonal theme. These behaviours included avoidance of work-talk and avoidance of people in general. One participant reported: ‘In social settings, relatives and friends/acquaintances talk about their work experiences with others. I do not.’ Similarly, a participant stated: ‘I don’t really like being around people because they ask me about my job, and I don’t want to talk about it.’ Instead of avoiding conversations about work, this participant avoided spending time with people outside of work altogether.
**Cognitive**

The cognitive theme referred to participants’ narratives about the shifts in their ways of thinking, including their mental processes, reasoning, and knowledge. The cognitive theme included three categories: (1) heightened awareness; (2) distorted perspective; and (3) rumination. Heightened awareness referred to participants’ honed attunement to their surroundings and interactions with others. This was described as having both positive and negative impacts. For instance, one participant explained: ‘I am a mother of four and at times find myself being a little over cautious with my own children due to this job. At the same time, I feel this job has helped me to better understand my children and be a better parent.’ On the other hand, another participant described increasing protectiveness towards their own children following their experiences of work as a LEO. However, this heightened awareness appeared to strengthen their approach to parenting: ‘I think as a police officer – there is not a lot of grey in my life. I look at people and make immediate judgments of safety, truthfulness and is this a good person.’ This participant described making swift, concrete judgments about other people’s nature, and attributes this to their role as a police officer.

Second, ‘distorted perspectives’ referred to a tendency in certain situations to make immediate, and often unfavourable, judgments of others. Often, these judgements included a mistrust in others regardless of whether the mistrust was warranted. One participant stated: ‘I am suspect of any man that pays attention to my daughters.’ Similarly, another participant explained:

I’m also paranoid about the children around me and I often ask family members and close friends if they’ve talked to their children about their private parts being private. I’m oddly distrustful of people tickling children and being silly with children because in the back of my mind I’m wondering if the person is getting some sort of sexual gratification. I never used to think like this prior to handling these investigations.

As these participants pointed out, their experiences as LE officers led to a shift in their perspectives (i.e. cognitions) when encountering adults interacting with children (e.g. playing), outside of work. Many participants reported that they perceived adults’ intentions and/or behaviours, when interacting with children, to be suspicious, even in the absence of evidence. This shift to questioning the innocuity of adults’ interactions with children was attributed to the harrowing nature of their case investigations.

The third aspect of the cognitive theme described the tendency to think continuously about the same thoughts, typically intensely or unpleasantly. For example, one participant described the pervasive nature of rumination: ‘I think about things I need to do for my job (usually when I have a high caseload) when I’m off duty.’ Another participant stated: ‘some come home with me, and I can’t help that.’

Unlike the other narratives, this participant appeared to demonstrate an ability to manage their thoughts and behaviours related to their work. Overall, the participants’ responses highlighted those cognitions (i.e. thoughts) transferred from their professional world into their personal lives.

**Psychophysiological**

The psychophysiological theme referred to psychological (e.g. visceral reaction) and physical changes or outcomes in terms of daily functioning of their body that affected them personally. Within this theme, two broader – yet distinct – categories emerged: Psychological and physiological. The psychological category described participants’ reported changes in mental and emotional state while off duty. Many participants merely stated that they felt ‘mentally tired’ a lot of the time.

The second category physiological referred to the ways that participants’ jobs affected their viscera. For example, one participant reported ‘I cannot watch any television, read any books, etc. related to child abuse – it literally makes me sick to my stomach.’ Another participant stated succinctly: ‘I feel triggered whenever I hear a baby cry.’ Overall, participants demonstrated how
exposure off duty to topics that were similar in nature to their work could induce unpleasant visceral experiences.

**Professional impacts**

Researchers identified three overarching themes in the data related to professional impacts: (1) nature of the job; (2) psychophysiological impacts; and the (3) role of the organisation. The nature of the job theme describes ways in which participants’ role as child abuse LEOs affected aspects of their professional lives. These categories included: (1) professional development; (2) environment; and (3) work satisfaction.

Participants reported that their jobs contributed to the advancement of their knowledge, skills, and opportunities for collaboration. This professional development was expressed as having positive and negative consequences. Recognising it as beneficial, one respondent stated: ‘I’ve become a more thorough investigator and better at asking the right questions.’ On the other hand, some felt that their honed expertise created professional constraints:

> I have become known as the ‘Crimes Against Children’ specialist and am somewhat pigeon-holed into this role. I am good at what I do so my agency wants to keep me here even though I really should leave for my own mental health.

The ‘environment’ referred to the ways in which the nature of their profession affected participants’ experiences in their work environment: ‘The aspect of the grim reaper precedes me in almost any conversation with other professionals. The stigma attached to child abuse is at times frequently colours any professional interactions.’ This participant used a vivid analogy to express how the nature of their job could constrict professional conversations and impede relationship-building with co-workers.

Second, participants explained that the nature of the job contributed to their work satisfaction. As one example, a participant explained: ‘I am very passionate about the types of cases that I work in regards to investigating child sexual abuse. I feel like there are real victims in these cases and I am making a difference by helping them.’ Overall, participants derived a high degree of work-related satisfaction because of doing work that had potential to positively affect the lives of others.

**Psychophysiological impacts**

The second theme describes the impact of participants’ jobs on their psychophysiology during their work hours. The psychophysical experiences of LEOs included: (1) participants’ cognitions, (2) emotions, and (3) physiological health. Cognitions. Many participants reported a shift in their viewpoint in terms of how they perceived the world based on the experiences of their role as a LEO. For instance, participants appeared to develop a perception of humanity as being fundamentally sinister. One participant stated, ‘Makes me think the entire world is upside down and looking to take advantage of the next human at any given time. I don’t trust humanity.’ Similarly, participants explained how their professional role often contributed to strong, negative internal emotions. One participant stated, ‘[at times] Some experiences are very depressing. I don’t feel like any of the officers understand the psychological impact of this work.’ The notable psychological toll of the job, as this participant described, was unique in comparison to the experiences of their colleagues in other areas of LE.

**Physiological impacts**

The third aspect of this theme refers to the physiological ways in which the job affected participants. The physiological effect was apparent in participants’ frequent responses about feeling physically drained and fatigued. One participant succinctly stated: ‘It wears me thin.’ The physiological toll
on LEOs was commonplace within the data. One participant notably associated it with the caseload, not the nature of the job: ‘It had drained me, not necessarily because of the nature of the work but the caseload. An excessive caseload does not offer the opportunity for the necessary detail and compassion required in these types of investigations.’

**Role of organization**

The third theme that emerged from participants’ responses related to internal organisational priorities; specifically: (1) resources and (2) leadership that affected participants. Some participants pointed out that the organisational priorities gave precedence to child abuse cases at the expense of other crime investigations: ‘Child abuse takes priority over all other types of investigations I conduct meaning sometimes those victims get pushed back [by] priority.’ At times, prioritising child abuse investigations meant that other crime victim cases were delayed.

Participants reported a lack of personnel resources within the organisation, which created unreasonable caseloads. For example, one participant said: ‘It [the caseload] had drained me … An excessive caseload does not offer the opportunity for the necessary detail and compassion required in these types of investigations.’ In their statement, this participant explains how large caseloads interfered with the quality of their work performance. Leadership was the third aspect of this theme. Participants expressed a perception that their supervisors and/or those in positions of leadership were disinterested in hearing about the realities of the job and, consequently, set unattainable expectations. One participant illustrated this phenomenon by explaining: ‘In law enforcement, often peers and higher-ups don’t want to hear the specifics nor understand the specifics of a child abuse investigation. Often their expectations aren’t reasonable.’

**Self-care and stress alleviation strategies**

Participants reported using a variety of strategies to manage their work-related stress. Emergent themes included: (1) physical strategies; (2) engaging vs disengaging strategies; and (3) intrapersonal strategies. Most participants reported using strategies that were physical in nature. One strategy included personal healthcare maintenance. These included activities that tend to promote positive health outcomes, such as maintaining a proper diet, receiving acupuncture treatments, and getting adequate sleep. Second, participants identified exercise and outdoor activities as a stress alleviation mechanism. For example, some of the recreational activities that participants reported included yoga, kayaking, dog walking, fishing, and more. Third, participants frequently mentioned consuming alcohol as a strategy for coping with work-related stress. Some participants specifically stated drinking alcohol in moderation, while others perceived their alcohol consumption to be excessive.

The second theme encompasses those strategies participants used that related to engaging with, or disengaging from, other people. One engagement strategy involved intra-professional interaction: ‘I have great friends in the same line of work with whom I can share my stress and aggravation with people.’ The other engagement strategy was interpersonal engagement with people outside of the profession. Participants described spending ‘time with family’ or ‘talk[ing] to friends.’ Some participants chose to disengage and avoid interactions with other people as a strategy to manage stress. As one participant explained: ‘I limit my time with people in the field to avoid re-hashing case work and problems within the process.’

**Discussion**

The purpose of this study was to better understand the ways that LEs working with CACs perceive their job as impacting their personal and professional lives and the strategies they use to manage stress. This paper is one of the first to explore LEOs within CAC settings and makes contributions to the literature about the effects of work-related stress in LEOs whose work exposes them to
frequent encounters of child abuse and maltreatment. The results from this study further address the gap in the current literature in terms of LEOs’ coping behaviours in response to work-related stress, as well as the adoption and utilisation of stress alleviation strategies.

**Personal and professional impacts of work-related stress**

The depth of participants’ responses allowed for a thorough exploration of the personal and professional impacts of work-related stress among LEOs in CAC settings. The overall findings related to both the personal and professional impacts of occupational stress were largely consistent with the current literature. For instance, LE officers’ regular exposure to child maltreatment cases has been shown to be associated with risks of burnout, distress, secondary traumatic stress, PTSD, or compassion fatigue (Chopko et al. 2018).

Participants noted that both organisational and internal factors had an association with occupational stress, similar to previous studies with LEOs in alternative settings (e.g. Rubim et al. 2020). Further, findings suggest that the nature of the job was rewarding (e.g. professional development opportunities, positive outcomes); however, organisational priorities (e.g. workforce expectations, caseloads, key performance indicators) were at odds with service delivery (e.g. client outcomes). Other organisational challenges related to leaders and leadership style within the agency. Primarily, participants noted that LE leaders did not understand the demands of the job and the extent to which it impacted LEOs. The lack of understanding from leadership has been associated with the functioning of the health and productivity of a workforce (Lazarus and Folkman 1984), including LEOs (Russell et al. 2014). Additionally, participants highlighted the lack of resources (e.g. time, fiscal) to satisfactorily undertake their roles.

**Psychophysiological impacts**

Findings from this study suggest LEOs experience negative changes in their cognitions as a result of work-related stress. Specifically, cognitive shifts related to environmental perceptions, including human nature. Further, responses from participants suggested that perceptions and cognitions were internalised by LEOs, resulting in psychological impacts (e.g. low mood, anxiety). Subsequently, participants discussed the physiological impacts that appeared to be related to the cognitive and psychological impacts of work-related stress. The overall findings related to the psychophysiological impacts of work-related stress on LEOs in gerCACs mirror those of previous research related (e.g. Queirós et al. 2020).

**Self-care and stress alleviation**

In terms of self-care approaches and stress alleviation, participants noted the importance of interpersonal relationships (e.g. colleagues, family, friends). These findings reflect other studies examining this population and setting (e.g. Beer et al. 2019). Based on participants’ responses, social supports may serve as a buffer between stressors, coping, and health outcomes. The data highlights that there is variation in LEOs’ responses to stressors and subsequent coping strategies. For example, some participants reported the use of engaging strategies (e.g. physical exercise, active help-seeking within the profession) when faced with a stressful situation, circumstance, or event. This approach fits the TMSC in terms of problem-solving and emotional and emotional regulation (Lazarus and Folkman 1984). However, participants also reported the use of disengaging behaviours (e.g. avoidance, substance use) that are likely to have longer-term health (e.g. psychological, physiological) consequences. Moreover, there was a temporal element to coping, whereby some participants reported coping taking place outside of the workplace. Resource availability (e.g. cognitive, psychological, physical) and time demands associated with the LE may explain some of the challenges associated with disengaging coping behaviours and remain beyond the control of the individual LEO.
Limitations

This study has several notable limitations. These limitations include the study’s cross-sectional design, sampling approach (i.e. Listservs), method of data collection, and external validity. The utilisation of a cross-sectional design and data risks the generalizability of findings (e.g. self-selection bias; Padgett 2008) due to the option to respond to any of the three open-ended questions. Moreover, situational and context biases may be present. For instance, confounding variables (e.g. circumstance inside, outside of work) may have impacted participants’ responses (e.g. affect) at the time of data collection (Jepsen et al. 2004). Suggestions are provided for future research below.

Findings from this study may not be representative of all LEOs, including those working within CACs in the US. Additional limitations of this study included the demographics of the sample (i.e. primarily White), age (i.e. less than 10% of sample were below thirty), and work characteristics, including experience (i.e. 50% of participants had less than five years in the profession). Finally, the research team was not able to compare or contrast participants’ responses based on their level of community involvement. This is significant because there is likely, based on the nature of LE work in CACs, variation in terms of community involvement in the sample.

Implications and future directions

Research highlights the prevalence and subsequent short and longer-term impacts of prolonged occupational stress (e.g. psychophysiological functioning) among LEOs working within the field of child maltreatment as well as the associated professions (e.g. health practitioners, child welfare workers; Beer et al. 2020). Notably, the majority of previous research has approached the phenomenon of work-related stress among professionals in CAC settings in a numerical/quantitative manner, primarily gathering data (e.g. stress, burnout, compassion fatigue), and measuring and assessing the relationships between the variables.

Future research, exploring and examining work-related stress among LEOs, is of paramount importance to understanding the stress phenomenon among LEOs. A sophisticated analysis of the phenomenon is needed to inform the development and implementation of appropriate stress prevention and reduction programmes for LEOs working within CACs. Researchers exploring the impacts of work-related stress on LEOs should utilise alternative methods of data collection (e.g. semi-structured interviews) to glean a more nuanced understanding of how stress impacts LEOs and the responses they adopt to cope with environmental stressors in their environments.

Although LEOs reported stress alleviation strategies, more research is needed to determine the extent (i.e. frequency and dose) to which participants engaged in those strategies and their perceptions about strategy effectiveness. Qualitative interviews would be particularly useful for probing LEOs about the specific aspects of their job that impact them. While the current study highlighted the role of the organisation in LEOs’ occupational stress, a follow-up study could deepen the investigation into these organisational factors. Additional research (e.g. quantitative) should parse out the effects of organisational features such as leadership styles, workplace characteristics, processes, and resources on LEOs’ stress. This knowledge would be useful to inform structural, procedural, and policy changes intended to maximise LEO wellbeing, and consequently, maximise workplace performance.

Study findings also have implications for national policing policy. In the wake of the increasing levels of public scrutiny (e.g. media attention, internal and internal/external reviews; Kelley et al. 2019) – which have been attributed to ineffective policing (e.g. investigations, skills, knowledge) and rising crime statistics (Skidmore 2021) – many activists in the US have been calling for radical police reform (e.g. Akbar 2020). Debates about police reform are prone to undermining the intrinsic occupational stressors associated with contemporary policing. As supported by our study findings, when forming perceptions and advocating for police reform, the public should first be well-informed about LE occupational stressors and their effects on LE.
Conclusion

LEOs working in CACs regularly encounter severe cases of child abuse and maltreatment as a function of their occupation. By fulfilling their duty to protect our youth, LEOs experience risk to their health—both acutely, by encountering life-threatening situations and chronically, by accumulating stress and incurring negative health outcomes over time that can alter their lifespan. From both public health and social justice perspectives, it is imperative to the LE workforce that multi-level approaches to supporting them, and especially those with frequent exposure to child abuse and trauma, are established and implemented. Their lives, and the lives of children and youth, depend on it.

Disclosure statement

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