VICARIOUS TRAUMA IN SPOUSES/INTIMATE PARTNERS OF LAW ENFORCEMENT OFFICERS AND THE RELATIONSHIP BETWEEN TRAUMA AND RELATIONSHIP FUNCTIONING

by

Dortheen Richardson

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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ABSTRACT

The phenomenological study is to understand better the impact of vicarious trauma (VT) on the spouses/intimate partners of law enforcement officers (LEO)s in Alabama and allow researchers to attain a meaningful understanding of real-life events and the complexity of the social phenomenon. The goal is to highlight the inequity in the treatment of spouses/intimate partners of LEOs and develop protocols for mandatory reporting trauma. The theories guiding this study are constructivist self-development theory (CSDT), secondary trauma theory (STT), and family stress theory (FST). The participants were former/current spouses/intimate partners of LEOs who experienced trauma while in the line of duty. The primary data source is interviews of participants who lived the phenomenon. The data were analyzed using the modified Van Kaam method, which guides the formation of themes related to mandatory reporting and treatment services to LEOs and their spouses/intimate partners.

Keywords: vicarious trauma, law enforcement officer, spouses/intimate partners, law enforcement, post-traumatic stress disorder, secondary traumatic stress

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List of Abbreviations

Constructivist Self-development Theory (CSDT)

Family Stress Theory (FST)

Intimate Partner Violence (IPV)

Law Enforcement (LE)

Law Enforcement Officer (LEO)

Post-Traumatic Stress Disorder (PTSD)

Secondary Traumatic Stress (STS)

Secondary Trauma Theory (STT)

Vicarious Trauma (VT)

CHAPTER ONE: INTRODUCTION

Overview

The purpose of this phenomenology study was to understand the effect of vicarious trauma on spouses/intimate partners of law enforcement officers (LEOs). For over 30 years, researchers brought to light the effect of exposure to trauma or repeated exposure to traumatic events on first responders' mental and physical health, the military, and firefighters specifically. In the past 25 years, they focused attention on the effect of vicarious trauma (VT) in spouses/intimate partners of certain helping professions (military, firefighters, therapists, and social workers). Law Enforcement (LE) personnel places their life on the line every day to protect and serve the communities where they work. The focal audience for this research was the law enforcement, therapeutic, and counseling communities, specifically those interested in the mental health and safety of those protecting our communities. This chapter consists of a thorough background of the law enforcement community and its relationship to the research topics. In this chapter, I also described the problem statement, purpose statement, the significance of the study, and research questions driving the study.

Background

Historical Context

LEOs, firefighters, and emergency medical technicians are the first to respond in a public cry for assistance when they feel threatened by health and safety concerns. Since the establishment of LE, the profession changed with the evolution of societal idealism, attitudes, and laws. Over the past 30 years, researchers concentrated on the effect of trauma on first responders (combat military personnel, firefighters, LEO, emergency

medical personnel) (Craun et al., 2014), therapists, social workers, medical personnel, and spiritual leaders. Within the past 25 years, scholars increased investigations, which brought awareness to the effect of trauma and stress. In the beginning, they focused on the effect of VT in spouses/intimate partners of combat military personnel and firefighters.

Prior researchers examined the perception of spouses/intimate partners of military veterans diagnosed with posttraumatic stress disorder (PTSD) and issues with family functioning. They revealed relationship difficulties and increased conflict levels resulted in both partners reporting higher levels of distress (Hirshfeld, 2005). According to Renshaw et al. (2010), spouses/intimate partners of military combat officers diagnosed with PTSD were at-risk for mental health problems and relationship discord. Renshaw et al. (2011) confirmed combat military personnel's spouses/intimate partners could present secondary traumatic stress (STS) symptoms related to the PTSD symptoms of their intimate partner. LEOs endured a significant amount of daily work-related stress as they performed their obligation to the communities they serve, which contributed to an increased level of stress in their personal lives (Moore, 2008). LEOs risk life and personal safety as they carry out their service to the community without the thought of putting themselves in harm's way. LEOs experience frequent exposure to inherently dangerous situations leading to mental health problems at higher percentages than the general population (Purba & Demou, 2019). While in the line of duty, they encounter exposure to constant stimulus and stress from witnessing injuries sustained during acts of violence, threats of violence to self and others, as well as severe or fatal traffic accidents (Fackina, 2008).

Social Context

The LEO is not alone in their experiences: another population suffers the affect because of their desire to protect and serve their communities. This second population is composed of their spouses/intimate partners who face the privation of psychological fear of trauma, social stigma, and work-related stressors that leave them overwhelmed by the demands of their partner's job (Dinsmore, 2008; Porter & Henriksen, 2016). The support of spouses/intimate partners is necessary to reduce the negative effects of work-related stressors. Porter and Henriksen (2016) reported spouses/intimate partners identify and support their partners. Meffert et al. (2014) and Regehr et al. (2005) discussed how the traumatic events experienced by their LE partner directly influenced the spouses/intimate partners. However, their support (emotional and physical) along with their commitment remains under-reported and not included on many traumas and other mental health scales.

The emotional and physical responses to traumatic experiences of LEOs transferred over to their spouses/intimate partners and contributed to the development of vicarious trauma (VT) in close interpersonal relationships (Landers et al., 2020; Meffert et al., 2014). For several decades, researchers suggested the downplaying or ignorance of PTSD and other mental health issues in the LE community resulted from stereotypes and professional egotism. LEOs are at a higher risk of developing physical and psychological problems related to traumatic events witnessed or experienced in the line of duty. Many mental health forums on LE advanced the plausibility of mental health issues developing due to work-related trauma (Arial et al., 2010; Price, 2017). The effect of unpredictability, shift work, and constant encounters with physical danger and trauma experiences create a high-risk lifestyle, which places a tremendous burden on the

relationships of LEOs. Like the military, the profession's authoritative and insensitive demands place the family, especially the spouses/intimate partners, in a vulnerable position (Borum & Philpot, 2007; Gul & Delice, 2011).

Several researchers demonstrated how the disclosure of trauma and stressful events negatively affects spouses/intimate partners' mental health and the relationship functioning of many service occupations (Davidson & Moss, 2006; Davidson & Moss, 2008). Outcomes of previous reports document how LE can overshadow an LEO's family life. The effect of shift work and the LE culture confined the LEO's family to a narrow range of relationships outside other LEOs families, causing the isolation (Alexander & Walker, 1995). As a result, LEOs present a greater risk of developing PTSD and suffering from one or more physical or psychological problems. The repeated exposure to traumatic experiences in LE is associated with post-traumatic stress disorder (PTSD) symptoms. The symptoms include increased hypervigilance, anxiety, irritation, and cognitive avoidance. Work-related stress may alter the LEOs and their spouse/intimate partner's mental health and relationship functioning (Dwyer, 2005).

Theoretical Context

In a study by Hirshfeld (2005), the findings highlighted how LEO's intimate partners could suffer from vicarious trauma related to their LE partners' experiencing severe and life-altering events while in the line of duty. Researchers noted a relationship between PTSD and its harmful effects on intimate partners, individual relationships, as well as the entire family (Rohini, 2018). The awareness of these issues led to selecting three theories to undergird this study. They include constructivist self-development theory (CSDT), secondary trauma theory (STT), and family stress theory (FST).

Constructivist Self-development Theory

The constructivist self-development theory construct implies how each person's unique history or experience with trauma resulting from their empathetic relationship with a trauma survivor shapes their perception and adaptation to traumatic encounters (Pearlman & McCann, 1992; Saakvitne et al., 1998). Pearlman and McCann (1992) conferred how understanding CSDT helps identify how trauma affects the victim and manifests VT in others.

Secondary Trauma Theory

A second theory relevant to this research is STT, which researchers use to understand how the empathetic relationship with a traumatized individual influences the development of related trauma symptoms found in the survivor (Weinberg, 2011). A transferable relationship exists between symptoms related to PTSD in victims and among their loved ones. LE is one of the most stressful professions and ranked amongst the top three professions on the Occupational Disease Intelligence Network System for Surveillance of Occupational Stress and Mental Illness (Purba & Demou, 2019). The significant occupational hazard of LE has likely repeated exposure to traumatic or stressful events (Williams, 2016). Researchers found that LE had a devastating effect on the intimate partners of LEOs, and they can experience VT or STS related to their LE partner's work-related experiences (Landers et al., 2020). Limited research grounded in theory exists on empathetic relationships spouses/intimate partners of LEO may suffer from VT related to their LE partners' traumatic experiences while in the line of duty.

Family Stress Theory

A third theory guiding this study was the FST. The basis of FST expounds the family's perception of an occurring event as an essential part of their coping strategy (Reiss & Olivier, 1991). Regehr et al. (2005) discussed how an individual's internal and external stress affects the family.

I focused this phenomenological study on understanding the effects of VT on the spouses/intimate partners of LEOs. The majority of over 900,000 LEOs worldwide report daily exposure to some form of trauma while in the line of duty. Researchers discovered LEOs exhibit PTSD symptoms affecting their spouses/intimate partner's lives and overall family functioning. The spouse/intimate partner of LEO suffering from PTSD or other mental health issues can benefit from studies examining the ramifications of VT. Additional information would help to create holistic healing and a better quality of life stakeholders need to develop mandatory reporting protocols in both LEOs who experience trauma while in the line of duty and their spouse/intimate partner.

Situation to Self

My motivation for conducting this phenomenological study was to understand better the effect of VT on LEO's spouses/intimate partners. As a recent retiree from the LE profession in Alabama, I can attest to the stress and trauma spouse/intimate partners experience, which influences their relationships and the family. Previously, I supervised 18 LEOs and two civilian personnel and observed the outcomes trauma and stress have on intimate relationships. As an LEO involved in and witnessing many traumatic incidents over 31.5 years of service, the stress of work-related traumatic experiences and stress can be harmful and life-altering to the LEO spouse/intimate partner and family.

Unfortunately, many remain unaware of the implications of VT in spouses/intimate partners and how it affects relationship functioning. My personal story of repeated experiences of trauma and how it affected my intimate relationship is only one example of VT in LEO spouse/intimate partners. The effect of VT on my spouse became overwhelming. Because interventions to assist in acknowledging and coping with the phenomenon(s) were not in place, our marital relationship did not survive.

I relied on ontological assumptions using the participants' actual words from open-ended questions obtained through interviews and conversations to construct a holistic view of the etiology of VT. The intent was to understand the effect VT has on spouses/intimate partners' lived experiences related to those of the LEO who endured exposure to traumatic experiences while in the line of duty and presented symptoms of PTSD or distress. Creswell (2013) suggested ontological assumptions correlated with phenomenological studies that use quotes and themes from the participants' words as a framework guiding the study. Constructivism was the paradigm undergirding this study. I used open-ended questions to understand the lived experiences of LEOs' spouses/intimate partners. Human emotions have many layers and cannot be predefined—multiple factors, including situation(s) and environmental circumstances, influence individuals constructing multiple realities differently.

Problem Statement

There is a limited amount of research concerning the effect of VT in spouses/intimate partners of LEOs. LE is a hazardous profession in which people risks subject to highly traumatic events or repeatedly witness trauma while in the line of duty over their career. This may lead to the construction of maladaptive responses for them

and their spouses/intimate partners. Over the past 25 years, researchers focused on understanding VT's effect on spouses/intimate partners of many service professions, such as the military and firefighters. The spouses/intimate partners of LEOs may experience VT due to their empathetic relationships to their LE partner's traumatic events or repeated traumatic experiences of their loved ones in the line of duty (Hirshfeld, 2005; Meffert et al., 2014). Researchers have increased the amount of attention directed towards the exposure of military veterans' traumatic events and their effect on spouses/intimate partners. Some researchers believe LEOs experiences no more stress than any other emergency service personnel. However, there is a fundamental difference for LEOs. The primary focus is the enforcement of laws instead of only rescue work (Kuykendall, 2010). Rohini (2018) noted how the military examined the effect of PTSD in spouses/intimate partners and explored the military and LEOs as protective services, which confront high exposure to trauma. LE is a physically demanding profession that encounters stress from multiple variables: a) external stressful events, which are events from works outside of the LE organization, b) internal stress from the policies and procedures, c) work-related stressors, and d) individual life stressors such as intimate relationships, health issues, finances, and career advancement (Kuykendall, 2010).

Turner-Barnes (2017) offered the lived LEO experiences as traumatic and presented an increased risk of mental health problems such as acute stress disorder, PTSD, and depression. Researchers determined LEOs exhibiting PTSD or other mental health problems are at an all-time high for psychological treatment, lifetime suicidal ideation, and increased relationship discord (Timpani-Martin, 2014). LE is unique within the population with high rates of exposure to traumatic events (Green, 2016). Garciasalas

et al. (2016) expressed the high-risk professions' lifestyles as profoundly affecting their intimate partner's physical and mental health state and contributing to interpersonal relationship functioning. One reason for increased relationship demise in the LE community are couples who experience work-related stressors at an increased risk for low relationship support, increased relationship discord, and decreased relationship satisfaction, leading to higher work-family conflicts (Morley, 2013).

Landers et al. (2020) stated limited studies focus on the effect of trauma on LEOs. Landers et al. (2020) found spouses/intimate partners of LEOs influenced by the emotional and physical reactions to the traumatic events that occurred in the line of duty, affecting the LEO. Researchers examined VT's effect on military veterans' spouses/intimate partners and other service professions such as firefighters (Beks, 2016; Miller et al., 2013; Norris et al., 2018; Regehr et al., 2005). However, limited researchers focused on LEO's spouses/intimate partners reflected the under-reporting of traumatic stress and stigma in the LE culture (Alexander & Walker, 1995; Dwyer, 2005; Landers et al. 2020; Porter & Henriksen, 2016). They revealed how spouses/intimate partners and other loved ones impaired by work-related stressors contributed to decreased relationship and family functioning (Porter & Henriksen, 2016). There are many studies on the influence of stress on the LEO and their families, addressing alcohol and substance use/abuse (Chae & Boyle, 2013), burnout (Seay, 2009; Harms, 2011), suicidal ideation (Jackson, 2020), and intimate partner violence (IPV) (Anderson & Lo, 2011). However, research on VT's effect on spouses/intimate partners requires further investigation. The researcher's goal was to highlight the inequity of treatment of LEO's spouses/intimate partners who experienced VT, provide understanding into the complexity of the

population, and contribute to filling the gap in the literature to further research on this population. The intent was also to understand whether there is a need for mandatory reporting of trauma experienced in the LEO and their spouse/intimate partner.

Purpose Statement

The purpose of this phenomenological study is to understand better the effect of VT on the spouses/intimate partners of LEOs in Alabama and to allow researchers to attain a meaningful understanding of real-life events and the complexity of the social phenomenon. At this research stage, VT defined the uniquely negative and accumulative changes occurring in those who engaged in empathetic relationships with trauma survivors or are directly related to the disclosure of traumatic events in graphic detail and vivid description (Branson, 2019; Hallinan et al., 2019). Three theories guided this study. First, constructivist self-development theory (CSDT), founded on the construct of an individual's perception and adaptation to a traumatic event(s), shapes the unique history or experiences with a trauma resulting from empathetic engagement with a trauma survivor and knowledge of the traumatic experience (Pearlman & McCann, 1992; Saakvitne et al., 1998). Researchers using CSDT related personality development with interactions between the core self-established beliefs and schema that forms perception and experiences (Saakvitne et al., 1998). The second theory guiding this research was secondary trauma theory (STT). Researchers employ this theory, which communicates how those in empathetic relationships with a traumatized victim develop trauma symptoms related to the victim and potentially face enduring psychological distress (Weinberg, 2011). In addition, the theorist postulated how the communicable nature of trauma transmits through the empathetic relationship with the trauma survivor (Henry et

al., 2011; Weinberg, 2011). The third theory, family stress theory (FST), focuses on the family's perception of an event as an essential part of family coping (Reiss & Olivier, 1991). Researchers using FST examine how the family's perception of loved ones' experience(s) is an essential part of family coping.

My goal was to reveal if additional research related to the topic would bring awareness and understanding of VT's effect on the spouses/intimate partners of LEOs. A secondary focus was to discern whether substantiating the lack of equity provided to spouses/intimate partners of LEOs would underscore the need for developing protocols regarding mandatory reporting of trauma for both the LEO and their spouse/intimate partner. Using the outcome information could also highlight the potential outcomes of creating practices that promote healthy coping skills and help create healthier well-being or extend further research in the area. Spouses/intimate partners of LEOs can exhibit PTSD symptoms and other mental health problems relating to traumatic experiences their partners have while carrying out their work responsibilities.

Significance of the Study

In conducting this study, I intended to identify what procedures and protocols effectively deal with VT in spouses/intimate partners of military veterans and firefighters. The investigation included documenting how they handled or coped with VT from the traumatic experience(s) related to their LEO spouse/intimate partner's exposure to trauma in the line of duty. Dwyer (2005), Landers et al. (2020), Meffert et al. (2014), and Porter and Henriksen (2016) observed VT and its influence on spouses/intimate partners and families of LEO who experienced, observed, known of, or exposed to repeated traumatic events while in the line of duty (Alexander & Walker, 1993; Lambert et al., 2012;

Waddell et al., 2020). Researchers found the stress exhibited by LE transferred to their intimate partner with over 75% of LEOs spouses/intimate partners showing stress directly related to the LE profession (Miller, 2007) and expanding the limits regarding intimate partners involved in traumatic events experienced while in the line of duty (O'Reilly, 2011). Other researchers on this topic also examined the effect of VT in military personnel (Renshaw et al., 2011; Beks, 2016; Norris et al., 2018), firefighters (Regehr et al., 2005), and therapists (Goff & Smith, 2005).

Within the past four years, there has been an increase in the number of LEO's severely or fatally injured, traumatized by injury provoked by an attack from a perpetrator, and an increased hatred or dislike of LE by the community. A study of this nature can enhance accountability and equality in treatment for LE families by providing equity in the perception of VT in first responders their treatment and its implication on spouses/intimate partners and families who support the LEO. The outcomes could also invoke the development of protocols and procedures to positively affect the quality of life of those affected by the LEOs' traumatic experiences while in the line of duty. This study may inform spouses/intimate partners struggling with VT to get the assistance needed to cope with the maladaptive mental health issues that may plague them.

Research Questions

I proposed this phenomenological study to understand the effect of VT or STS on the spouses/intimate partners of LEOs suffering from PTSD or stress disorders resulting from the exposure or repeated exposure to traumatic events while in the line of duty. By posing phenomenological research question(s), I provided a vehicle to understand an individual's lived experiences and explore their meaning from their perspective (Heppner

et al., 2016). Developing a substantial research question is essential in guiding a phenomenological study. It pinpoints what the findings are and provides a clear focus and purpose. The research question was to address pressing societal issues, refine theories of interest to counseling, and add to the existing knowledge on the subject. The research is essential in creating the topic area and investigating the relationship between different constructs (Heppner et al., 2016). Using the research questions, I examined the intersubjective understanding of the phenomenon's meaning, how to talk about it, and communicate the outcomes to others (Adams & van Manen, 2017). Given the purpose of this study was to understand the effect of VT in spouses/intimate partners of LEOs, I designed the following questions to frame the study:

RQ1. How would spouses/intimate partners of the LEO describe the effect(s) of vicarious trauma?

The responses could assist the researcher in understanding the effect of a traumatic event(s) on spouses/intimate partners of the LEO, while in the line of duty, and how they led to the development of VT. Alexander and Walker (1996) found spouses/intimate partners and families of LEOs potentially affected by VT based on the LE profession's work-related stressors.

RQ2. How would the spouses/intimate partners say they have been affected by symptoms related to traumatic experiences? How are the symptoms related to the LEO?

I developed RQ2 to enlist how the trauma experienced by the LEO while in the line of duty affected the spouses/intimate partner. Meffert et al. (2014) postulated how spouses/intimate partners of LEOs exhibit VT or secondary traumatic stress (STS) due to

the LEO's maladaptive responses to traumatic experience(s). Response to RQ2 based questions helped the researcher identify if spouses/intimate partners of LEOs related their symptoms to the traumatic experiences of the LEO. Understanding the related symptoms can help identify the relationship between VT and traumatic event(s) of the LEO. Weinberg (2011) found spouses/intimate partners of an individual living with a person living with PTSD may exhibit similar symptoms but with lesser severity.

RQ3. What coping behaviors did the spouses/intimate partners say they used to deal with symptoms related to the traumatic experience(s)? If so, how would they describe their therapeutic response?

In posing the third research question, I endeavored to identify if they practiced positive coping devices to deal with distress related to VT or if they sought therapy or used positive coping devices to deal with VT related to LEOs' traumatic experience while in the line of duty. RQ3 determined if using coping mechanisms helped develop positive coping skills to deal with their symptoms.

Definitions

Emotional abuse - a pattern of behavior used to establish power and control by insulting, threatening, humiliating, intimidating, degrading, or harassing. Also, this may involve not trusting, jealousness, possessiveness, or isolation from loved ones.

Law Enforcement is a certified governmental agency that enforces laws, statutes, and ordinances on a municipal, state, or federal level.

Law Enforcement Officer - is any person duly sworn with police powers to carry the enforcement of laws and ordinances (McGuffin, 2014). Pair (2018) defined them as

individuals employed by a municipality, state, or federal law enforcement agency and government to enforce laws and statutes.

Physical abuse - is the intentional act of causing harm by purposely hitting, slapping, kicking, biting, pushing, choking, burning, physically restraining, use of weapons, burning, or stalking; physical violence may become life-threatening.

Post-Traumatic Stress Disorder - an anxiety disorder that occurs when an individual experiences an actual or threatened death of a loved one, friend, or repeated exposure, or exposed to the disclosure of the graphic detail of the traumatic event. Symptoms related to traumatic events may include intrusive thoughts, anxiety, avoidance, hypervigilance, flashbacks, nightmares, hyperarousal, and alteration of changes in mood or thinking (APA, 2013).

Secondary Trauma Stress - indirect complex behaviors and emotions resulting from knowledge of other individuals' traumatic events (Craun et al., 2014). The natural ensuing behaviors and emotions result from knowledge of a stressful event experienced by a significant other or stress from helping or wanting to help a traumatized individual (Baxter, 2013; Delgado-Agudio, 2018).

Sexual abuse - forced sexual contact without consent, including inviting others to join in sexual activities with you without consent.

Spouse/Intimate Partner - a spouse is a lawfully married husband or wife of the LEO, while the intimate partner is a significant other or life partner (McGuffin, 2014).

Vicarious Trauma – defined as the uniquely negative and accumulative changes that occur in those who engage in empathetic relationships with trauma victims or directly related to

disclosing traumatic events in graphic detail or vivid description (Branson, 2019; Hallinan et al., 2019).

Summary

In this chapter, I provided the background of this phenomenology study focusing on the theory of VT and its effect on the spouses/intimate partners of LEO. I also included an overview of studies conducted concerning LE, stress endured by LEO resulting from exposure to trauma, work-related stress, and its effect on their spouse/intimate partner. Within the problem statement, I articulated the empirical significance of the study to the field of counseling, its purpose, and its relevance. In addition to the research questions, I documented the definitions of terms I used throughout the study. Also, this chapter served as an introduction to this phenomenological study focusing on VT's effect on spouses/intimate partners of LEOs. In the following chapter, I focused on an in-depth review of the literature I found available on this topic.

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this phenomenological study was to understand better the effect of VT on the spouses/intimate partners of LEOs in Alabama and to allow researchers to attain a meaningful understanding of real-life events and the complexity of the social phenomenon. The inquiry included probing the influence of VT on spouses/intimate partners of LEOs who exhibited symptoms of stress or PTSD due to exposure to a traumatic event or repeated exposure to trauma. I conducted a diligent review of the literature to examine the many aspects of VT on spouses/intimate partners of first responders and other helping professions such as the military, firefighters, LEOs, and counselors. Exploration of the limited empirical research available on VT in spouses/intimate partners of LEOs revealed the need to expand the study to look closely at the effect trauma had on LEOs, their intimate partners, and relationships.

This chapter consists of the theoretical framework guiding this research and other literature to support the study. There was a tremendous amount of research on VT's effect on those in the helping profession and the effect of related trauma in spouses/intimate partners of military personnel, firefighter, and therapist. However, the breadth of this review of literature focuses on the influence of trauma experienced by LEOs has on spouses/intimate partners and their interpersonal relationships. Definitions of VT include the indirect exposure to a traumatic event by first-hand view or the traumatic event's vivid account. First responders and others in the helping profession may be at risk. Over the past 30 years, researchers focused their attention on VT in military personnel, firefighters, LEOs, therapist, social workers, medical personnel, and spiritual leaders. In

the past 25 years, the focus shifted to the effect of trauma on the spouses of military personnel, firefighters with limited research on the spouses/intimate partners of LEOs.

Theoretical Framework

The research findings by Alexander and Walker (1996) suggested LE had a negative effect on spouses/intimate partners and family functioning. LEO's spouses/intimate partners and families may negatively suffer due to the effects of stress of the LE profession. VT researchers previously focused on three empirical theories: constructive self-development theory (CSDT), secondary trauma theory (STT), and family stress theory (FST), guiding this study.

Constructivist Self-development Theory

The constructivist self-development theory (CSDT) is based on the construct of an individual's perception and adaptation to a traumatic event, shaped by their unique history or experiences with a traumatic event. It could also result from empathetic engagement with traumatized individuals and knowledge of their traumatic experiences (Pearlman & McCann, 1992; Saakvitne et al., 1998). CSDT related the personality development with interactions between the core self, established beliefs, and schema that forms perceptions (Saakvitne et al.,1998); the concept of VT emerged from CSDT. Understanding the concept can help identify how traumatic experiences affected the self and the manifestation of trauma. Several researchers noted spouses/intimate partners of military veterans and other first responders could suffer from VT related to symptomatic stress and PTSD associated with the experiences of their spouse/intimate partner's exposure to trauma while in the line of duty. The spouses/intimate partners of LEOs can suffer from symptoms of stress and PTSD based on daily exposure to their loved ones to

traumatic events or repeated exposure to trauma while in the line of duty. Research by Renshaw et al. (2010) and Monson et al. (2012) confirmed how one partner's PTSD or mental illness symptoms related to caregiver burden and psychological stress in the other partner.

Secondary Trauma Theory

The second theory guiding this research was secondary trauma theory (STT), which stresses the transmissibility of individual stress symptoms. Those in empathetic relationships with the traumatized victim can develop trauma symptoms and endure psychological distress related to those exhibited by the victims (Weinberg, 2011). Weinberg (2011) found spouses and intimate partners of a person living with PTSD may exhibit similar symptoms with less severity. The spouse/intimate partner's perception of the trauma survivor's coping skills and emotional state may negatively connotate the traumatic event. ST theorists contended an empathetic connection with a trauma survivor becomes a persistent stressor when a loved one experiences symptoms connected to a trauma (Henry et al., 2011). Most researchers who scrutinized PTSD related to trauma, focused on the primary victim. In contrast, only a minimal amount of research focused on victims' maladaptive responses to the traumatic event and the effect on spouses/intimate partners (Henry et al., 2011; Weinberg, 2011).

Family Stress Theory

Family stress theory (FST), as cited by Regehr et al. (2005), is stress or distress occurring when the internal or external event(s) affects family functioning. The family's perception of an occurring event plays an essential part in family coping (Reiss & Oliveri, 1991). Exposure to traumatic events routinely occurs in the LE profession. The

transference of the situation influences the occurrences of stress onto familial relationships. Frequent stressors or persistent lack of support in an intimate relationship can develop into family crises or physical, emotional, or relational trauma, IPV, substance abuse, along with other social problems.

LEO's fall into a unique category as they face dangerous situations daily and various traumatic incidents, which may cause the resurrection of maladaptive behaviors (Fink, 2006). LEOs frequently sustained exposure to traumatic events while in the line of duty, which significantly contributed to negative changes in their personality (Wills & Schuldberg, 2016). Negative post-traumatic responses may vary depending on the frequency and type of traumatic experience. The post-traumatic response and determining the neurobiological adaptation process methods of coping with stress is essential in identifying maladaptive responses and developing coping mechanisms to create healthier well-being (Chopko et al., 2018). Researchers discovered interventions such as education, research, and outreach programs reduce VT's effects. Awareness and educational programs helped decrease the number of occurrences of the symptoms. Educationally focused interventions should emphasize how distress from coping with overwhelming circumstances is not a sign of weakness but a normal reaction to abnormal events (Tabor, 2011). The literature review included examining the basis of VT's occurrence in spouses/intimate partners, VT's history, and its influence on relational and social functioning.

In selecting a theoretical framework, the focus of the research was on constructivist self-development theory (CSDT), secondary trauma theory (STT), and family stress theory (FST). The constructs undergird understanding how the negative

traumatic experiences presented in their loved ones negatively affect spouses/intimate partners. VT refers to changes in the internal perception of a person's worldview and the internal processes related to the constant changes in relationships due to empathetic engagement with an affected individual (Maltzman, 2011). Based on the theory of CSDT, VT can help identify how a traumatic experience affects the self and manifests in developing VT (Pearlman & McCann, 1992). The second theory I incorporated supported VT in spouses/intimate partners from the lens of STT, which stresses how traumatic stress symptoms related to the trauma survivor contributed to those in close relationships to suffer related symptoms (Weinberg, 2011).

Branson (2019) noted an increase in the influence of social and political climate on the effects of trauma related to combat, natural disasters, or human-induced traumatic events. Over the past 25 years, researchers examined the effects of VT or STS in the spouses/intimate partners of first responders, military personnel, firefighters, and LEOs (Craun et al., 2014). Medical personnel, therapists, social workers, and spiritual leaders also struggled with the maladies (Branson, 2019). During this time, researchers conducted a significant number of studies focused on the effects of VT or STS on military personnel's spouses/intimate partners due to witnessing, experiencing, or being knowledgeable of traumatic experiences. They reported on the vulnerability of spouses/ intimate partners of LEOs exhibiting VT or STS symptoms due to the maladaptive responses of their spouses/intimate partner's experience of traumatic events, repeated exposure to traumatic experiences, and knowledge of traumatic events occurring while in the line of duty (Meffert et al., 2014).

The loved ones of LEOs are no different from any other intimate partners who may suffer from work-related stress or PTSD symptoms. An individual's perception of their intimate partner's coping abilities during a stressful event is significant to the extent of threat they may experience (Weinberg, 2011). Weinberg (2011) stated that an individual's perception of their partner's ability to cope with stress is important to factor in the level of trauma experienced. For three decades, the focus had been on the influence of PTSD on military veterans, first responders (firefighters, medical personnel, law enforcement officers), therapists, social workers, and spiritual leaders. In the past 25 years, the focus shifted to VT's effect on intimate partners. The increasing state of stress, fear, and self-control as an intimate partner traveled the unpredictability of their intimate partners' lives and mental capacity. Beks (2016) highlighted the debilitating and traumatic influence of PTSD and stress disorders on the entire family. Researchers discussed how the psychological effect of PTSD in military veterans played a significant role in the manifestation of VT on their intimate partners. The stress and unpredictable changes in their lives due to trauma experienced by the veteran in the scope of their duty influenced operational stress placing an unjust demand on the military and their families, which intensified negative mental health outcomes (Norris et al., 2018; Renshaw et al., 2011).

Regehr et al. (2005) recognized the effect of stress on firefighters' spouses/intimate partners caused them to endure a great deal of stress related to their intimate partner's exposure to traumatic events while in the line of duty. They noted how work-related stressors transmitted to the family upon their arrival at home. Researchers demonstrated how the support of intimate partners of veterans and other first responders

with PTSD played a crucial role in decreasing the potential of developing PTSD by providing support in seeking assistance for mental health issues (Waddell et al., 2019). First responders experienced an increased rate of PTSD when compared to the general population. Waddell et al. (2019) found repeated exposure to traumatic situations linked to the risk of developing long-term mental health issues and noted the relationship between PTSD and intimate partners. PTSD symptoms in one partner were related to caregiver burden and psychological stress in the other partner (Renshaw et al., 2010; Monson et al., 2012). Davidson and Moss (2006) examined research on a partner's knowledge of a trauma survivor's experiences and the outcome of disclosing their experiences to those close to them. In intimate relationships, men were more than likely to share personal information with their spouses/intimate partners. This was indicative of Monson et al.'s (2005) explanation of STS as emotional support from an intimate partner. The empathetic partner took on the trauma survivor's experiences and memories of the event to grasp the depth of the victim's pain and suffering.

Related Literature

Vicarious/Secondary Trauma in LEO's Intimate Partners

Over the past 30 years, researchers investigated the effect of VT in spouses/intimate partners of first responders. VT, founded on CSDT, described how a person's unique history or experiences with trauma resulted from empathetic engagement with the trauma survivor shaping the individual's perception and adaptation to trauma (Maltzman, 2011; Weinberg, 2011). Researchers maintained secondary trauma theory (STT) resulting from an empathetic relationship with a trauma survivor was a significant factor in developing chronic stress, which causes loved ones to exhibit related symptoms

(Henry et al., 2011). Although LEOs face daily or frequent exposure to a variety of potentially traumatic situations during the line of duty at an increased risk of developing physical and psychological problems (Arial et al., 2009; Price, 2017; Wagner et al., 2020), individuals who maintained an empathetic relationship with a trauma survivor experience the trauma survivors' symptoms. Individuals who responded to VT in various ways exhibited a wide range of symptoms listed under one or more of the following categories: cognitive, emotional, behavioral, psychological, or spiritual. VT can potentially devastate an individual's mental health and well-being, negatively affecting relationship functioning (personal and professional). Without comparing them to other unique groups, Brodie and Eppler (2012) studied the lived phenomenon, work-related stressors, LEOs, and spouse/intimate partner. They also found an inherent risk associated with LE negatively influenced their spouses/intimate partners and family functioning. Chopko et al. (2018) stated LEOs cope with work-related stressors by adapting maladaptive behaviors to manage their emotions. In earlier works, Chopko and Schwartz (2012) noted acute stress associated with a traumatic event may become the primary stimulus for the onset of PTSD.

Research on VT in military personnel's intimate partners serves as the foundation for equity in treating LEO's spouses/intimate partners. Over the past 25 years, research shifted, including the VT's effect on the family systems, intimate partners in specific (Beks, 2016). The burden associated with persistent stressfulness while living in a state of unpredictability and instability of veterans with PTSD has suffered negative responses due to their empathetic relationship (Beks, 2016). Norris et al. (2018) noted how caring for military personnel suffering from PTSD intensified due to the interrelationship

between the veterans' secondary trauma and symptoms of PTSD. STS resulted in a chain reaction by which trauma transfers (Norris et al., 2018).

Regehr et al. (2005) cited their research on spouses/intimate partners of firefighters who potentially risk work-related stress affecting family functioning. Work-related stress among first responders hinders their relationships with spouses/intimate partners and family functioning, underscored in the family stress theory. The internal and external experiences of an individual interrupt family equality (Regehr et al., 2005).

Because of the exposure of LEOs to traumatic incidents, they are at an increased risk of developing PTSD compared to the general population. Wagner et al. (2020) found it difficult to assess mental health problems in the LE populations than in the general population. Due to unknown risk factors commonly linked to PTSD vulnerabilities in LE, Price (2017) stated repeated exposure to trauma contributed to the development of PTSD. The repeated exposure to trauma influences an individual’s sense of acceptance, connection, and perspective on life. Borum and Philpot (2007) suggested the stress of LE brings a tremendous burden on their spouses/intimate partners and harms the relationship and family functioning. Continuous exposure to stressful events can affect physical and emotional well-being, contribute to increased depression and other symptoms related to PTSD, substance use/abuse, and job burnout (Karaffa et al., 2015). Researchers discussed work-related stress in first responders highlighted a high percentage of individuals in the helping profession carried the stress into their non-related employment activities and played a significant role in how they interact in their personal lives (Friese, 2020). The effect of work-family stress negatively affected an LEO’s family functioning and increased relationship dissatisfaction. Research focusing on the indirect exposure to

traumatic events and how it affects loved ones or caregivers has increased attention in recognizing and explaining STS. The manifestation of PTSD symptoms in spouse/intimate partner and loved ones may cause them to exhibit symptoms like those in trauma survivors, including avoidance, hyperarousal, and intrusive symptoms clusters (Meffert et al., 2014). Researchers documented the influence of VT on how spouses/intimate partners of LEOs related traumatic experiences along with work-related stress, the stigma of seeking mental health assistance, or the use of consuming substances to cope with stress (Friese, 2020). LE and the military fall into a unique situation as exposure to repeated traumatic experiences while in the line of duty. Evidence in research on exposure to traumatic events in military personnel emphasized how emotional stress or the disclosure of trauma created interpersonal problems and relationship dysfunction. Symptoms and associated behaviors of PTSD may change relationship functioning and contribute to maintaining negative behaviors in the trauma survivor (Davidson & Moss, 2008). Although self-disclosure of personal difficulties and emotional stress connected to developing healthier well-being, the LE community suggested a conflicting view. The fear of the stigma of seeking mental health assistance rested on the perception of help-seeking as weakness, incompetence, or not in control. Therefore, instead of seeking professional help to learn how to deal with work-related stress, the LEO disclosed their experience to their spouses/intimate partners, exposing them to their traumatic experience(s) (Davidson & Moss, 2008). Exposure to VT can negatively alter an individual's feelings, beliefs, values, belonging, self-esteem, and judgment (Tabor, 2011). VT provided an understanding of the significance of how one partner’s symptoms of PTSD linked to their partner's psychological distress. Living with a survivor of PTSD

increased a partner's likelihood of showing signs of stress, anxiety, or depression related to their LE spouse's symptoms (Lambert et al., 2012).

Maltzman (2011) defined VT as one's association with the continuous internal changes in interrelationships built on an empathetic relationship with a traumatized individual. The researcher referenced VT as changes in a person's perception of worldview, self, and others. Trauma describes a wide range of everyday stressful events; however, all stressful events change a person's neurobiology. Researchers investigating neurobiology, the study of anatomy, and physiology of the nervous system, found social bonding increased the level of overlap between the neural representation of self and others (Boulanger, 2018). A necessary tool was developing and nurturing social bonds as adults in the mental, physical, and social health of human existence.

Effect of Trauma on Relationship Functioning

Relationship functioning influences many areas of a couple's life. They include positive communication skills, relationship satisfaction, and relationship regulation requiring significant resources in coping with stress and life challenges. The quality of relationship satisfaction and relationship functioning also contributed to an individual's well-being and creating a healthy lifestyle. Numerous risks inherent to LE carry implications for LEO's loved ones and extend beyond their risk levels. Very little is known about the profession's demands and spillover to other areas of the LEO's personal life. The definition of spillover is the process of work-related to work-family stress (Smoktunwicz & Cieslak, 2018). The researchers defined crossover as the transmission of work-related stress to the individual members of the same domain (Smoktunwicz & Cieslak, 2018). The concessions between work-family stress can increase, affecting

relationship functioning and quality (Tuttle et al., 2018). LEOs engaged in dangerous situations may provoke changes in how the body reacts to stimuli and disrupt the body's natural functioning (physical, mental, and emotional), resulting in PTSD symptoms (El Sayed et al., 2019). The multidimensional aspect of LE presented an unpredictability of dangerous situations arising from any contact with the public. Risks associated with the profession create negative implications for their loved ones, reaching far beyond interior and external stressors (Tuttle et al., 2018). Work-related stress caused by exposure to conflict and aggression reinforces feelings of isolation and anger many LEOs manifest into violence against their loved ones (Anderson & Lo, 2011). Relationships negatively affected by PTSD often present as physical and mental aggression of IPV (Monson et al., 2012; Hammock et al., 2019). Smoktunwicz and Cieslak (2018) offered how an individual's ability to cope depended on the amount of perceived stress experienced in work and family. The negative events of LE can lead to conflict within the intimate relationship. Work-related stress affects a couple's interaction (Craun et al., 2015; Tuttle et al., 2018). The interrelated conflict of work and family crossover the boundaries of the intimate relationship (Smoktunwicz & Cieslak, 2018). Managing the work environment presented challenges. The number of employees who experienced adverse health outcomes from work-related stress continues to increase. Work-related stress influences the emotional and relational functioning of LEOs and the quality of their relationship with their spouses/intimate partners (Dwyer, 2005; Goff & Smith, 2005; Hirshfeld, 2005).

Traumatic events can develop secondary distress in close relational contact with an individual who experienced trauma (Meffert et al., 2014). The main logic supporting

STT is an individual's symptoms of stress transmit to those in a close relationship with the trauma survivors and they begin to mirror the trauma symptoms (Debrot et al., 2018; Goff & Smith, 2005). Walsh (2016) posited how significant crises and constant challenges in life created a need for adaptation for all family members, relationships, and the family unit. Monson et al. (2010) cited three cross-sectional studies related to VT in intimate relationships. First, in the study of the families affected by an industrial accident in France, both partners exhibited similar symptomology after the traumatic experience. Second, in a study on the collapsed dam in Buffalo Creek, W. VA., one spouse's mental health symptoms predicted the outcomes of their intimate partner. The researchers found the male partner's symptoms more predictive of the wives than the husbands. Third, in the study of couples who experienced a severe flood, investigators found one partner's perceptions may increase or decrease the relationship between negative traumatic beliefs and PTSD. These researchers revealed how trauma could produce negative outcomes in intimate relationships.

Exposure to stress can hurt intimate relationships, and couples who share high levels of stress presented low relationship quality (Debrot et al., 2018). Work-related distress potentially threatens the couple's ability to maintain relationship satisfaction (Roberts et al., 2013). Work-related stress experienced by LEO negatively affects LEOs' interactions with their spouse/intimate partner, resulting in their intimate partner experiencing increased stress levels, harming their overall well-being (Brodie & Eppler, 2012; Friese, 2020). The damaging effect of stress on the physical and mental well-being of LEOs, coupled with the high demands of their jobs, may directly contribute to poor physical and mental health outcomes (Tuttle et al., 2018). LEOs encounter a great deal of

unpredictable and unstable stressors, which leads to higher levels of stress on the family system, and potentially causes a decline in relationship satisfaction (Alverez, 2015).

Balancing positive and negative emotions is necessary for maintaining relationship satisfaction. Researchers focused on work-family integration and how individuals balance their personal and professional lives described mutual responses to others' behaviors, thoughts, and emotions. The crossover and spillover effects of work and emotional stress demands can negatively affect an LEO's personal life along with contributing to work-family conflict (Hall et al., 2010). Craun et al. (2015) wrote how their cases indirectly affect LEOs working in high-risk crimes, which may negatively affect their work and family functioning due to the nature and sensitivity of their work. LE is physically and psychologically taxing. Although emotionally drained, they attempt to manage emotions and project a positive persona. The work-family conflict is a significant stressor affecting the family functionality because of work-related stress, social support, and other work characteristics. Several factors can contribute to work-family conflicts, such as workload, lack of appreciation, and apprehension of serious injury or murder while on duty.

Additionally, inadequate resources, causing severe injury, job dissatisfaction, work environment, and meeting bureaucratic requirements contribute to negative magnifying outcomes (Naz et al., 2016). According to Tsai et al. (2017), work-related stress and the LE work environment have a complex relationship. The lack of training and interventions for work-related trauma in LE heightens the risk of danger for LEOs and the public they swear to protect (Fleischmann et al., 2016).

As the relationship between work-family stress increases, the detriments to family functioning escalates. The experiences LEOs encounter while in the line of duty may create a range of dysphoric symptoms and behaviors experienced by LEOs and their spouse/intimate partner. Few researchers conducted studies examining the effect of work-related stress and coping strategies on LEO's intimate relationships (Moore, 2004). However, they identified three risk factors that spill over into the LEO's personal life: 1) skillset, 2) work-related stress, and 3) authoritarian culture. Understanding the risk factors associated with the LE culture may nurture consciousness and help perpetuate values such as authority, power, and control in officer-involved domestic violence (Saunders et al., 2016). Significant concerns in intimate relationships and family functioning included communication, emotional regulation, and day-to-day family activities (Tuttle et al., 2018). When LEOs experience high levels of distress, their spouses/intimate partners are less likely to present negativity as a protective factor in the relationship. However, a spouse/intimate partner's ability to disengage while in the protective state could be maladaptive because withdrawal can lead to relationship dissatisfaction. Work-related stressors from the unpredictability and instability of the profession added to family dysfunction, leaving the LEO frustrated, torn, or stressed (Robertiello, 2017). As the relationship between work-family stress increases, balancing positive and negative emotions necessary for relationship satisfaction decreases. The deterioration of the relationship between the work-family stressors and LE culture also lowers the amount of relationship satisfaction, which can lead to a higher divorce rate or relationship termination compared to other professions.

Effect of Trauma in LEOs

LEOs' mandate is to protect and serve communities of violent and non-violent crimes, exposing them to extreme stress and potentially violent crimes. They experience various work-related stress and risks to their well-being, hampering operational effectiveness (Ricciardelli, 2018). Their careers may come at a high cost to their health and well-being (Papazoglou & Tuttle, 2018). The LE community experiences several work-related stressors and exposures that potentially increase mental health morbidity. Several researchers investigated variables that manifest stress in LE, such as risk to violence, traumatic events, organizational stress, external and internal stressors, and work-related stress (Perez et al., 2010), social support (Setti et al., 2016), inadequate resources, bureaucracy, strict management, and guidelines in the profession (Purba & Demou, 2019). The spillover of authority frequently influences the LEO's family functioning because the power structure of LE infiltrated their personal lives (Prost et al., 2020).

LEOs exposure to multiple traumatic events occurs at higher rates than the general population. Therefore, there is an expectation they will exhibit symptoms related to PTSD and depression based on witnessing numerous traumatic events compared to the general population (Mrevlje, 2015). Many officers suffer in silence because they fear the stigma attached to reporting emotional and psychological problems. LEOs' suffering and the stigma of seeking help for mental health disorders devastatingly affect other officers. The stigma may have a lasting consequence, which leads to stereotyping them as incompetent, unstable, or weak (Wheeler et al., 2018). Because of their training, LEOs might believe they are stronger than those in the general population. The idealism of

being tougher, self-reliant, and independent may prevent them from self-reporting, and alternatively, employ maladaptive coping skills to relate to extreme stress and traumatic events (Papazoglou & Tuttle, 2018).

PTSD and depression are two of the most common mental health disorders experienced by LEOs. Researchers noted how LEOs do not seek help for their individual experiences for fear of the perception of being weak. They commonly suffer from depressive disorders due to direct exposure to traumatic events, witnessing trauma, or repeatedly experiencing traumatic events (Wheeler et al., 2018). The belief that trauma occurs to others and not to the LEO leads to detrimental outcomes such as substance use/abuse, stress, depression, memory impairment, and use of harmful coping devices, as well as suicidal ideation (Fleishmann et al., 2018). The LE community differs from many other populations because of the exposure to an increased variety and frequency of traumatizing events (Chopko & Schwartz, 2012). One person describes an event as traumatic while another perceives it as distressing. However, acute stress associated with trauma is a possible catalyst for developing symptoms of PTSD (Chopko & Schwartz, 2012). Characterized by unpredictable events, trauma, extended periods of boredom, inconsistency in shift work, work-related stress, and decreased relationship functioning, LE, a dangerous career, receives a great deal of attention. Some researchers argued that danger is not only a stressor but a part of LE personality (El Sayed et al., 2019). Loved ones fear for their LEO's safety because they face operational dangers such as witnessing violence, traffic fatalities, firing their weapon, or being fired upon, negatively affecting their mental and emotional well-being. Numerous researchers suggested the

spouses/intimate partners of LEOs consume a great deal of the LEO's daily stress and emotional anxiety (Pair, 2018; Shuster, 2014).

Risk Factors of Trauma and Stress

Compared to other professions, LE is one of the most stressful professions. It presents an increased risk of developing physical and psychological problems associated with exposure to traumatic experiences while carrying out their duties. Individuals who experienced trauma or repeated exposure to traumatic events become susceptible to PTSD. Exposure to repeated traumatic experiences can result in devastating effects on the mental health of those hired to protect and serve the community (Brady, 2017). Stress and danger align with the responsibilities of maintaining order, protecting life and property by enforcing local, state, and federal laws and city ordinances (Price, 2017). As a result of work-related stress, several potential vulnerabilities and injuries related to physical, psychological, emotional, and interpersonal stressors develop (Gul & Delice, 2011; Brodie & Eppler, 2012). These stressors link to psychosocial harm that plagues the profession leading to severe mental health problems (Marchand et al., 2015). The suicide rate among LEOs far exceeds that of the general population (Chae & Boyle, 2012; Tuttle et al., 2018), along with increased levels of job burnout (Griffin & Sun, 2017; McCarthy & Skogan, 2012), the amount of IPV (Anderson & Lo, 2011), and the propensity of substance use/abuse due to an inability to cope with increased levels of work-related and work-family stress (Chopko et al., 2013; Zavala, 2017).

Many questions why individuals who suffer psychological health issues based on occupational hazards continue to perform their duties as an LEO. In the LE culture, exposure to traumatic events and encounters with negativity from the public, along with

work-related and personal stressors, can influence the frequency of using maladaptive behaviors to cope with challenging situations. For more than 30 years, researchers focused their efforts on the effects of first responders dealing with stress related to the indirect traumatic experiences they encounter while in the line of duty. Perez et al. (2010) determined LEOs indirectly exposed to traumatic events may experience secondary trauma related to the trauma survivor. Vicarious and secondary traumatization has an intense effect on an LEO experiencing negative belief in self and the world, resulting in reflecting on their sense of safety for themselves and their loved ones (Maltzman, 2011; Pair, 2018). Other symptoms of PTSD, such as intrusive thoughts, depression, anxiety, emotional numbing, anger, and physiological responses to memories of traumatic experiences, may last for extended periods. Researchers reported 40% of LEOs experienced levels of psychological stress well above the clinical threshold, suggesting that a substantial number of people in at-risk professions may be experiencing strong symptoms of VT, STS, and burnout (Perez et al., 2010).

Although every individual who experiences a traumatic event will not respond to trauma similarly or exhibit symptoms in the same intensity range as others, facing trauma is often overwhelming, disrupting emotional balance and overcompensation in normal coping abilities (Chopko & Schwartz, 2012). Exposure to stress in the line of duty and an individual's response to it can influence social interactions. The spillover of stress in the family and the crossover of stress to a spouse/intimate partner can also affect relationship quality (Debrot et al., 2018). For example, after the 9/11 terrorist attack on the World Trade Center, first responders trained to deal with disasters endured a significant amount of mental health consequences, including PTSD and depression resulting from the

graphic details and memories of the day. Vivid disclosures or graphic details of what they witnessed negatively affected the spouses/intimate partners of those first responders exposed to the traumatic events of the terrorist attack. Researchers on trauma and relationship functioning found PTSD significantly affects spouses/intimate partners, increases relationship dissatisfaction and IPV (Hammock et al., 2019). Hammock et al. (2019) described relationship functioning as a dynamic process in which the trauma survivor damages their intimate partner's functioning and vice-a-versa.

Work-related stress is an inherent risk factor in maintaining a positive intimate relationship. There is a need for emotional involvement and equilibrium between positive and negative emotions to maintain relationship satisfaction (Roberts et al., 2013). Fleishmann et al. (2016) found positive emotions in LEOs serve as a mediator between the psychological resources that promote healthier well-being and burnout, increasing emotional regulation. Researchers agreed there is no cure for PTSD as with most mental illnesses. Nevertheless, managing the symptoms effectively assist diagnosed individuals in developing normal functioning, thereby improving their health and well-being.

Job Burnout

Job burnout is a unique form of work-related stress. An individual's physical and psychological well-being is relevant to their sense of personal accomplishment and identity. However, when one is physically and emotionally exhausted, they experience a reduction in job satisfaction leading to burnout (Fleischmann et al., 2016; McCarty & Skogan, 2012). LEOs routinely encounter unpredictable, dangerous situations and high expectations. Exposure to high-risk stress, scrutiny, and excessive demands contributes to levels of burnout in the LE profession at higher rates than in other professions (McCarty

& Skogan, 2012; Trombka et al., 2018). McCarty and Skogan (2012) defined burnout as the continuous reaction to chronic emotional and interpersonal stress related to a profession that affects mental health, well-being, motivation, and work performance. Common hazards in the LE profession typically include work-related stress and burnout. Griffin and Sun (2018) found high demands of the LE profession increased the amount of burnout, psychological and physiological stress. As a result, LEOs suffer more mortality and morbidity for long-term health problems than the general population.

Because of working in the helping profession, LEOs may suffer burnout resulting from emotional, physical, and mental exhaustion brought on by emotional challenges over a long period (Ordway et al., 2020). Researchers examining the source and results of LE stressors introduced various classifications of stressors, including organizational, personal, external, and task stressors (Perez et al., 2010). In addition, encountering work-related, organizational, and personal stressors may manifest in LEOs engaging in risky behaviors (Mumford et al., 2015; Setti et al., 2016).

A significant factor of LE stress and burnout resulted in heightening the work-family conflict. Burnout can negatively affect an employee's health, motivation, and job performance while hampering the organization's foundation (McCarthy & Skogan, 2012) and overlapping into an LEO’s personal life (Trombka et al., 2018). Researchers highlighted how the LE's nature had unique characteristics causing physiological and psychological stress and burnout. The constant hazards of the LE profession can induce negative consequences. The cost of caring also contributed to negative outcomes (Brady, 2017). Constant exposure to multiple emotionally demanding stressors (acute and chronic) while in the line of duty may induce negative influences on the LEO’s well-

being (Setti et al., 2016). LEOs identify work and family as essential components in their lives (Griffin & Sun, 2018). The association of work-related stress in work and family conflict causes negative reactions such as decreased health well-being and inadequate performance, reducing their job and life satisfaction, along with decreasing mental health well-being and burnout (Griffin & Sun, 2018).

Intimate Partner Violence (IPV)

IPV is a significant and prevalent social problem that creates a devastating physical and emotional effect on millions of people (Mennicke & Ropes, 2016; Zavala et al., 2014). Anderson and Lo (2011) defined IPV as the physical, sexual, or psychological abuse by one intimate partner onto the other inciting fear or intimidation to obtain or maintain power or control. More commonly directed towards women than men, IPV is committed in intimate relationships through violence and aggression associated with serious mental health problems (Lovestod et al., 2017). Zavala (2013) found the stressfulness of LE linked to several negative outcomes and behaviors. Often, unequipped LEOs attempt to deal with their source of stress directly, which often leads to transferring deviant behaviors onto a spouse/intimate partner or loved ones (Anderson & Lo, 2011; Zavala et al., 2014). Miller et al. (2012) described exposure to trauma as potentially causing relationship problems, IPV, and PTSD present in more definite roles. When emotionally impaired, both parties in the relationship interact in a disrupted manner, negating the successful exchange of positive expressions (Miller et al., 2012). Several maladaptive behaviors contribute to IPV, substance use/abuse, depression, and stress-related reactions. Perpetuating three types of violence can occur in intimate relationships, specifically physical, emotional, and sexual abuse. The coercive control or intimidation by

an abusive individual presents as an underlying element of violence. The ability to control an individual depends on their perception of compliance with the abusive perpetrator's threats that harm will come to them, someone close to them, or their child(ren).

LEOs are not immune and, at times, perpetrate acts of physical aggression towards a spouse/intimate partner (Zavala, 2013; Zavala et al., 2015). The International Association of Chiefs of Police reported physical violence among LEOs towards a spouse/intimate partner or loved one compared to the general population (Zavala et al., 2015). IPV in LE families presented unique forms of violence due to specific risk factors associated with the profession (Mennicke & Ropes, 2016). PTSD significantly related to discord and the perpetration of physical and mental aggression in intimate relationships (Hammock et al., 2019; Kurtz et al., 2015). Researchers discovered a strong relationship between PTSD, relationship issues, and low family functioning (Birkley et al., 2016).

Elements of work-related stress also contribute to domestic violence in LE families (Kurtz et al., 2015). Stress often offsets the LEO's behavior in ways that constrain the spouse/intimate partner and family functioning (Montgomery-Drake, 2008). The exhibition of physical dominance is a practical strategy to overcome a perpetrator of a crime. However, it becomes a maladaptive strategy when used against a spouse/intimate partner. Researchers provided evidence of relationships between offender and victim overlapped and manifested in LE, IPV, and family violence (Zavala, 2013). Individuals diagnosed with PTSD have a higher risk of IPV. They are more likely to experience violent tendencies from their spouse/intimate partner, who exhibit a high propensity for violence in intimate relationships (Meffert et al., 2014). Many researchers believe there is an association between IPV and several psychological and other medical conditions

frequently overlooked by the medical and mental health professions (Eth et al., 2019). IPV amongst LEOs is a unique form of violence because of the risk factors associated with the profession. However, an association exists between PTSD, relationship quality, and the perpetration of aggression in personal relationships.

Alcohol and Substance Abuse

LE is one of the most stressful jobs because of the risk of engaging with violent perpetrators, working long shifts, and investigating violent crimes (Kurtz et al., 2015; Green, 2016; Purba & Demou, 2019). This form of work-related stress can lead to negative outcomes and other behavioral concerns, including alcohol use and inadequate job performance (Kurtz et al., 2015). Historically, researchers expressed concern regarding the excessive consumption of alcohol in the LE profession. Alcohol is often the most common way officers bond, celebrate milestones, relieve stress, and self-medicate for several mental health disorders, including PTSD, depression, and anxiety. LE profession encompasses a large amount of stress as compared to other professions. LEOs reported a significant amount of stress resulting in increased consumption of alcohol when compared to the general population (Chopko et al., 2015). Work-related trauma associated with PTSD and substance use/abuse places LEO at an increased risk for IPV (Prost et al., 2020). The consumption of excessive amounts of alcohol may increase because of three factors: 1) officer demographics, 2) LE culture, and 3) work-related stress (Zavala, 2017). Chopko et al. (2013) suggested different forms of stress (organizational, traumatic experiences, and personal stressors) inherent to the LE profession identify as contributing to increased alcohol abuse.

Several researchers found a link between alcohol abuse and other addictive behaviors. This confirmed evidence that individuals who abuse alcohol will most likely participate in other addictive behaviors (Zavala, 2017). The LE culture has a habit of incorporating alcohol into its social settings, encouraging excessive alcohol consumption. Researchers documented a link between emotional stress, alcohol and substance abuse, and suicidal ideation in the LE profession. PTSD and depression are often related to increased use/abuse of controlled substances to mask pain or unwind when off-duty in the mental health field. Conn (2018) confirmed LEOs as vulnerable to using prescription drugs legitimately for pain, which often escalated to a full-blown addiction due to misuse. In the LE profession, PTSD is associated with substance abuse problems, specifically alcohol abuse. LEO's failure to report mental health issues and self-treatment to cope with problems contributed to elevated alcohol/substance use and abuse. LEOs report a significant amount of stress resulting from increased consumption of alcohol and other substances to cope with their environment. The number of work-related stressors associated with PTSD and the use/abuse of alcohol and narcotic substances increases the risk of physical aggression and violence against loved ones.

Suicide

According to Roberts (2017) suicide is the tenth leading cause of premature death in the United States; it is a horrible issue for everyone, especially those in the LE community. LEOs presented an increased risk of suicide with a rate of 12 per 100,000 officers (Roberts, 2017). Public perception of LE often conflicts with LEO's feelings of vulnerability (Conn, 2018). Although the death rate by suicide among LE has declined, suicide significantly affects loved ones and the professional community (Conn, 2018). An

association exists between suicide in LE and several interrelated problems: (a) personal variable includes an officer's vulnerabilities to mental health conditions and substance abuse, (b) work-related variable includes work-related stress due to work-related trauma and access to firearms, (c) family variable consist of relational and family functioning (Roberts, 2017). In a comparison study between the military, firefighters, and LE researchers found LE, like the military, vulnerable to subjection from threatening and traumatic situations while in the line of duty (Roberts, 2017). A significant amount of research in understanding the psychological actions in LE revealed the increased levels of stress-related to work-related experiences in LE having a maladaptive effect, which permeated into other areas of the LEO's life (Anderson & Lo, 2011). The focus has been on five critical areas associated with the increase of suicidal ideation: 1) organizational stress, 2) traumatic incidents, 3) shift work, 4) relationship issues, and 5) addiction problems. These critical areas, coupled with access to firearms, increase the risk of suicidal behavior (Chae & Boyle, 2011). Excessive use of alcohol and the many challenges involved in relationship issues may also contribute to the increased risk of suicide ideation. LE presented a higher risk of suicide than the general population caused by increased work-related, personal, and work-family stress. Researchers reported interventions for coping with stressful situations decreased the probability of suicide (Mishara & Martin, 2012).

PTSD Symptoms

PTSD, defined as a mental health condition evoked by experiencing a terrifying event, directly or indirectly, or repeated experiencing traumatic events producing many symptoms for more than a month, creating maladaptive responses in the survivor. An

individual who may experience a traumatic event or repeatedly experience trauma may exhibit difficulty adapting and coping, but treatment usually improves over time. However, if the symptoms worsen, lasting for months to years, and cause disruption in daily functioning, individuals may receive diagnoses of PTSD. For centuries, treatment providers recognized the reactions to traumatic events, but the diagnosis of PTSD remained unaccepted until the 1980s (Skogstad et al., 2013). PTSD emerged as a delayed or protracted response to a traumatic event that evoked pervasive distress in those experiencing the occurrence. In a comparison study by Skogstad et al. (2013), they noted LEOs encounter an increased and expected risk of exposure to deadly and potentially traumatic situations daily. In addition, the effect of the LE profession's organizational and psychosocial work environment may exacerbate the symptoms of PTSD in LEOs' trauma response(s).

The American Psychological Association (APA) (2013) described the PTSD criteria as characterized by four symptoms a) avoidance of distressing events, b) the intrusion of trauma-related stimuli, c) negative alterations in cognition and mood, and d) alteration in arousal and hypervigilance. An individual symptomatic of PTSD Criterion A: if exposed directly, threatened death, serious injury, sexual violence, or indirectly by witnessing it occur, learning about it happening to a loved one or close friend, and the repeated exposure to vivid and graphic details of the traumatic event. If the individual exhibits one or more symptoms under Criterion B: symptoms of recurrent, involuntary, or intrusive symptoms such as (distressing memories, dreams, flashbacks, and re-experiencing reactions when exposed to stimuli relating to the trauma starting after the traumatic event. Exhibit one or more symptoms under Criterion C: avoidant behavior(s)

such as avoiding distressing memories, thoughts, or feelings related to the traumatic event. Exhibit one or more symptoms under Criterion D: symptoms negative alterations in mood and cognition related to the trauma such as amnesia, persistent or exaggerated negative beliefs of self, others, and the world, distorted blame of self or others, negative emotional state, diminished interest in activities, detachment or estrangement from others or the inability to experience positive emotions. Exhibiting two or more symptoms under Criterion E: symptoms of reactivity and physical arousal include irritability, recklessness or destructive behaviors, hypervigilance, difficulty concentrating, exaggerated startle response, and sleep disturbance. Exhibit symptoms under Criterion F: if the individual exhibits symptoms from criteria B, C, D, and E more than one month after the traumatic event. Exhibit symptoms under Criterion G: if the individual disturbances cause clinically significant distress or impairment in social and occupational functioning. Exhibit symptoms under Criterion H: are the disturbances not attributed to psychological effects of other medical problems or substance abuse (APA, 2013; Conn, 2018; Ellrich & Baier, 2017). With the increased risk of exposure to traumatic situations in the line of duty, LEOs can develop maladaptive responses to these traumatic experiences that often influence the development of symptoms related to PTSD (Ellrich & Baier, 2017). There are several interventions for treating PTSD and stress disorders, such as group therapy, psychotherapy, cognitive-behavioral theory, and trauma-informed care to understand the individual needs and guide the survivor and their families to develop healthier well-being.

Summary

In this chapter, I covered the theoretical framework undergirding the study and other related literature examining the effect of VT in LEO's spouses/ intimate partners, the effect of trauma in relationship functioning, risk factors of trauma, and results of stressors in LEO's lives such as IPV, burnout, substance use/abuse, suicidal ideation, and PTSD symptoms. Each topic covered is an element of stress in LE projected in the interrelationship with their spouses/intimate partners exacerbated by trauma or repeated traumatic experiences. Three theories guided this research on VT in spouses/intimate partners of LEOs, constructivist self-development theory (CSDT), secondary trauma theory (STT), and family stress theory (FST). CSDT conceptualizes establishing an individual's perception and adaptation to trauma results from the empathetic or emotional bond with a trauma survivor. Their unique history or experience with trauma forms their response (Pearlman & McCann, 1992; Saakvitne et al., 1998). STT describes an empathetic relationship with a trauma survivor as a factor of chronic stress, causing loved ones to exhibit related symptoms (Henry et al., 2011). The FST provides context to stress or distress occurring when the internal or external event(s) affect family functioning (Regehr, 2005).

I examined the literature on the ramifications of trauma on LEOs and how it can be devolved onto intimate partners and interfere with relationship functioning. Researchers in this area suggested the mandatory reporting of LEOs affected by traumatic experiences while in the line of duty and the transmission of their traumatic experience(s) onto their spouses/intimate partners. For more than 25 years, researchers examined the effect of vicarious or secondary traumatic experiences in the spouses/intimate partners of

first responders (military personnel, firefighters, LEOs), medical personnel, therapist, social workers, and spiritual leaders. Often interchangeable with STS, VT characterizes the uniquely negative and accumulative changes that occur in those who engage in empathetic relationships with the trauma survivor or is indirectly related to the disclosure of the traumatic event in vivid detail or graphic description (Branson, 2018; Hallinan et al., 2019).

LE ranks among the highest, most dangerous professions. LEOs encounter violent, tragic, stressful, or life-threatening situations routinely, which result in negative responses and intrusions into their lives. The stigma of seeking professional help in coping with mental health problems could result in long-lasting consequences, stereotyping victims as incompetent, unstable, or weak (Wheeler et al., 2018). LEOs who fear the reprisal or ridicule for reporting mental health problems related to work-related stress to disclose the traumatic or stressful event(s) in vivid detail or graphic description to their spouses/intimate partners. This exposes their partners to the same distress, related symptoms of distress, or PTSD. The LE professional encounters a significant amount of stress. The unpredictable and instability of the profession fostered negative strain on the spouse/intimate partner, that decreases relationship functioning. The inherent stressors related to the profession of LE profoundly influences the LEOs and their intimate partners (Brodie & Eppler, 2012). The manifestation of PTSD symptoms in their interpersonal relationships can include many related symptoms such as avoidance, alteration in arousal, intrusive thoughts and memories, and negative alterations in cognition and mood (Meffert et al., 2014).

LE, like the military, is a unique profession that experiences frequent exposure to traumatic situations. The increased number of physical attacks and deaths of LEOs in the line of duty is evidence of the uncertainty of dangerous encounters (Tuttle et al., 2018). The empathetic relationship between an LEO and their spouses/intimate partners can evoke experiences of VT resulting from their LE partner's job-related traumatic experiences (Landers et al., 2020). Work performed in the line of duty can hamper relationship functioning (Craun et al., 2015). Most recently, the increased number of officer-involved deaths and allegations of officer's abuse of authority underscores the negative effect of unaddressed work-related stress. Violence reinforces feelings of isolation and anger many LEOs manifest into personal aggression against their spouse/intimate partner (Anderson & Lo, 2011). Exposure to traumatic events, work-related stress, and PTSD place LEOs at a higher risk for negative physical and psychological outcomes. These elements contributed to negative relationship functioning, decreased relationship satisfaction, and increased IPV, along with occurrences of violent tendencies from their intimate partner (Meffert et al., 2014; Price, 2017). Researchers documented the interrelationship between VT and PTSD and the contribution of trauma on other negative behaviors such as aggression, alcoholism, and suicidal ideation in LE and their spouses/intimate partners. The experiences LEOs encounter in the line of duty may create a range of problematic symptoms and behaviors for them and their spouses/intimate partners. Many under-examined factors may influence family and relationship functioning associated with work-related trauma. There remains a need for additional research on the scope of VT's effects on spouses/intimate partners of LEOs, and trauma in the LE profession. Frequent exposure to challenging and traumatic events

results in harmful consequences for the spouses/intimate partners and loved ones of LEOs. The increased demands of the profession can lead to emotional stress spilling over to the family, negatively influencing the intimate relationship or relationship functioning (Robertiello, 2017).

Researchers described the relationship between trauma and risk factors resulting from trauma and the propensity to develop other social problems associated with trauma, such as decreased relationship functioning, increased IPV, burnout, alcohol or substance abuse, and suicidal ideation. Ellrich and Baier (2017) highlighted how people's reactions to trauma and stressful events had been an ongoing concern for many years. LEOs increased risk of exposure to traumatic events in the line of duty can lead to negative responses to trauma, which influence the development of PTSD symptoms. The communicable manifestations of PTSD in their empathetic relationship potentially infect their spouses/intimate partners by transmitting the same or related symptoms of PTSD. The DSM-5 listed four major symptoms exhibited after exposure to trauma: a) avoidance of distressing events, b) the intrusion of trauma-related stimuli, c) negative alterations in cognition and mood, and d) alteration in arousal and hypervigilance (APA, 2013).

There are several gaps in the research related to VT in a spouse/intimate partner of LEOs. In addressing these concerns, identifying predisposed stressors in the populations such as childhood trauma or trauma related to violence, sexual trauma, or personal experience with trauma may trigger symptoms of PTSD after finding out about the traumatic experiences in the LEO. Lambert et al. (2012) discussed the relationship between the partner's symptoms of PTSD and associated psychological stress with their partner. Living with a trauma survivor exhibiting PTSD increases the other partner's

likelihood of exhibiting similar symptoms. It is imperative to identify the role trauma plays in the mental health of the LEO. Their ability to adapt and cope with trauma and the related symptoms underscores the importance of self-reporting from the LEO and their spouse/intimate to assure appropriate treatment for all parties. Also, there is a need to understand gender bias based on the LEO population. More women carry out LE responsibilities traditionally held by their male counterparts. Understanding the significance of how traumatic experiences affect LEO and their spouse/intimate partner will help develop protocols for reporting, treatment, and providing education on how to avoid harmful pitfalls associated with trauma.

CHAPTER THREE: METHODS

Overview

The purpose of this phenomenological study was to understand better the effects of VT on the spouses/intimate partners of LEOs in Alabama and to allow researchers to attain a meaningful understanding of real-life events and the complexity of the social phenomenon. I conducted a phenomenological study by interviewing the current and past spouses/intimate partners of current or past LEOs who experienced, observed, or know of trauma or experienced repeated traumatic events in the line of duty that negatively influenced their quality of life. The data sources included interviews and conversations with the study participants and reflective journaling to provide a holistic view of the phenomenon. The researcher transcribed all interviews and conversations for this study and analyzed the interviews for specific patterns and themes through triangulation. I also performed various checks throughout the process to ensure I provided enough details to assess the study's trustworthiness, credibility, and dependability. Following the format, I aimed to provide a vivid description of the study to allow others to understand and learn the effect of traumatic events experienced by LEOs while in the line of duty on their spouses/intimate partners. This chapter consists of a thorough description of the methodology of the research plan. It includes descriptions of the methods used in the research process, design, research questions, setting, participants, procedures, the researcher’s role, data collection, interview, survey/questionnaire, data analysis, trustworthiness, and ethical considerations.

Design

Qualitative research is a method of inquiry that crosses disciplines and philosophical traditions to capture the individual's perspective using multiple strategies such as interviews, observations, case studies, focus groups, literature review, and ethnographies (Heppner et al., 2016). The phenomenological approach in qualitative research focuses on the commonality of lived experiences of a particular group, with the core goal being arriving at essential supporting facts of the specific phenomenon (Creswell, 2013). Researchers studied VT or STS in the spouses/intimate partners of several helping professions over the past 25 years. However, the lived experiences of spouses/intimate partners from the LE perspective lacks attention. Examining the phenomenon of lived experiences provides an understanding of the specific community's psychological, physical, and social interactions. Therefore, accurately describing PTSD symptoms related to the LEO's traumatic experience is essential in determining the need for mental health intervention for spouses/intimate partners concerning the phenomenon. Spouses/intimate partners of LEOs may experience VT or STS resulting from their LE partner's work-related traumatic experiences (Landers et al., 2019).

Research Questions

RQ1. How would spouses/intimate partners of the LEO describe the effect(s) of vicarious trauma?

RQ2. How would the spouses/intimate partners say they have been impacted by symptoms related to the traumatic experience? How are their symptoms related to the LEO?

RQ3. What coping behaviors did the spouses/intimate partners say they used to deal with symptoms related to the traumatic experience(s)? If so, how would they describe their therapeutic response?

Setting

Local LE agencies in Alabama offered settings for me to interview participants volunteering to contribute to this phenomenology study. The locations to conduct the participants' interviews changed due to them residing in various cities throughout the state. In the LE community, families of LEOs feel more comfortable meeting in a location that offers a sense of comfort and familiarity. Additionally, LE agencies provided an area to interview and record away from public view, allowing participants to relax and recall pertinent information relevant to the lived phenomenon.

Participants

I selected participants for the study from a specific group; current/past spouses/intimate partners of current/past LEOs. They confirmed reporting trauma incidents or experiences of repeated forms of trauma while in the line of duty to obtain the most accurate information. My target number of participants was eight, or until I achieved data saturation. Using purposive sampling, I chose participants who could provide richly textured information relevant to the phenomena (Vasileiou et al., 2018). Fusch and Ness (2015) suggested collecting sufficient information to achieve data saturation. The failure of achieving data saturation affects the quality of the research and obstructs the data’s validity. Upon identifying participants for this study, spouses/intimate partners of LEOs self-reported whether they exhibited PTSD symptoms related to a traumatic event, repeated traumatic experiences, or knowledge of the traumatic event(s)

their LE partners experienced while in the line of duty. The targeted population articulated their lived experiences through written and oral documentation. Defining the targeted population's characteristics included collecting demographical information and reporting the heterogeneous nature of the participants. I assessed their symptoms using the PTSD checklist for civilians (PCL-C), 17-item self-report rating screening measuring PTSD symptoms associated with different circumstances (PCL, 1994) and trauma history questionnaire (THQ), a 24-item rating scale that measures an individual's experience to a list of frequent traumatic events (Hooper et al., 2011).

I am a member of the LE community and understand the targeted population's attitudes and beliefs. I contacted the head of LE agencies and LE organizations to identify officers who reported exposure to or experiences with traumatic events while in the line of duty. I planned to research newspaper articles on incidents involving local LEOs, LE records, personal knowledge of LEOs who experienced traumatic experiences in the line of duty and used snowballing to identify potential participants who experienced the lived phenomenon. The selection of participants for this specific study possessed the following qualities:

1) The participant was a current or past intimate partner with an LEO affected by an experienced trauma or exposed to repeated traumatic experiences or know of traumatic experience(s) while in the line of duty.
2) The participant exhibited symptoms related to the phenomenon.
3) The participant articulated and wrote in descriptive form their lived experience regarding the phenomenon.

Procedures

I aimed to capture the participant's perception of the phenomenon using semi-structured interviews. After successfully defending my proposal, I submitted and secured Institutional Review Board (IRB) approval before recruiting participants. The basis for participant selection was the exhibition of PTSD symptoms related to LEO traumatic experiences while in the line of duty. The targeted population was able to articulate their lived experience through written and oral documentation. Defining the targeted population's characteristics included demographical information to decide the heterogeneous characteristics of the participants. Before defending the proposal and conducting interviews, I developed a list of interview questions an expert in marriage and family therapy reviewed. After IRB approval, a small sample of LEO's spouses/intimate partners helped the researcher ensure clarity and understanding of the wording of the interview questions (see Appendix B).

Once I selected the participants, obtained consent, data collection began. I administered two self-report instruments to identify trauma survivors who may be at risk for PTSD or stress-related illnesses due to VT from their LE partner's traumatic experience(s) while in the line of duty. The PTSD checklist-civilian is a 17-item self-report that measures an individual's response to different circumstances (PCL, 94) (see Appendix C). The trauma history questionnaire is a 24-item questionnaire that measures an individual's response to a list of problems or complaints (Hooper et al., 2011) (see Appendix D). Each participant received a confidentiality agreement and informed consent form before beginning the research process. Upon collecting the agreements, I introduced myself, explained the research and the purpose of the study. I ensured

participants understood how VT may occur in individuals involved in an intimate, emotional relationship with a trauma survivor, causing them to display the same or related trauma symptoms.

Next, I provided the selected participants with a list of survey/questionnaire questions to understand better the participant's background, their LE partner's career in LE, and their experience with trauma (see Appendix A). After completing the initial steps, I interviewed each participant using the interview questions (see Appendix B). Prior to the oral interview, I requested written responses to the questions and followed up with a verbal response for understanding and elucidation. This assisted with developing an accurate understanding of the LE community and the spouses/intimate partners' responsibilities. I allotted one hour per participant to understand and record their responses. Participants received a copy of the transcribed interviews to review the content for accuracy. Before the start of the interview, I requested permission to ask follow-up questions if needed. I responded to their follow-up questions as requested and provided clarification.

The interviews provided an understanding of the participants' lived experiences regarding the phenomenon and if past trauma experiences existed to ensure no implicit behaviors resulting from past personal experiences contaminated the data. After agreeing to permit recording the meeting, each participant's interview was audio/video recorded and transcribed. I stored all data, including each participant's recorded and written material, on a secure password-protected computer and will continue to store it on a password-protected external drive for three years or until such time I am lawfully allowed to destroy the collected materials.

The Researcher's Role

I was born in New York but lived most of my life in Alabama, where I attended public school and began college. I married during the final year of my undergraduate studies. In 1987, I graduated with a Bachelor of Science Degree in Computer Science. After graduating from college, I was a stay-at-home wife while my husband completed his undergraduate studies at the law enforcement academy in our region. In February 1989, my LE career began, graduating and obtaining a State Certification for Law Enforcement (APOSTC) from the University of Alabama Law Enforcement Academy. After two and half years of working in the Patrol Division, my appointment increased, and I received a promotion to serve as a corporal/field training officer. Two years later, my assignment transferred to the Drug Task Force. I served for over 21½ years in every capacity of drug enforcement (undercover agent, field agent, sergeant, and lieutenant), working my way to an assistant commander. I was the first female supervisor in the task force's history. In 2015, I left the task force to become the police department's first female spokesperson, where I remained until retirement in 2020.

In 2016, I obtained a Master of Arts Degree from Liberty University in Human Services Counseling with a cognate in executive leadership. After taking a six-month break in studies, I began pursuing a doctoral degree from Liberty University in Community Care and Counseling with a cognate in Marriage and Family Counseling. As an LEO, I have seen the deterioration of many LE marriages/relationships and families due to the breakdown of relationship quality resulting from the effects of work-related stressors, trauma, psychological and physical exhaustion. I served as a human instrument throughout this study to develop an in-depth understanding of VT in LEO's

spouses/intimate partners. As a retired LEO and former LEO spouse, I have repeatedly experienced work-related traumatic situations, experienced victimization multiple times in dangerous incidents while in the line of duty and dealt with negative emotions related to work-related stressors as a LEO spouse. Before retiring, I knew of critical incidents in different areas of the state where LEOs experienced traumatic events that affected their spouses/intimate partners and families. I did not have contact with any potential participants for this study. I acknowledge having biases concerning the LEO culture but remained neutral during this study and maintained reflective journaling during the process. To limit bias about VT in LEO's spouses/intimate partners, I employed strict data protocols, such as verbatim interview transcripts, member-checking, and peer reviews.

Data Collection

A critical aspect of qualitative inquiry is rigorous and varied data collection techniques. Generally, researchers gather qualitative data from a limited and purposeful group of participants. I collected data for this phenomenological study using interviews and conversation to capture the true behavioral aspect of the phenomenon under investigation (Heppner et al., 2016). Also, I used the participants' interviews (oral and written) responses and conversations in conducting this phenomenological study.

I utilized multiple sources to ensure the accuracy of the findings. In determining the findings, I included documents, notes, and recordings of interviews and conversations retrievable for inspection. To allow external observers to conclude similar findings by reviewing the data collected housed in my database, I maintained custody of the data (redacted scanned copies of written responses to interview questions, transcribed

audio/video recorded interviews, and conversations) and securely stored under pseudonyms, scanned self-report test results and written documents I uploaded to my password-protected computer and stored on a password-protected external storage drive.

Interview

The goal of a qualitative interview depends on the method used. Ultimately, the goal is to understand the effect of the lived experiences of the participants. Qualitative interviewing can take several forms and ranges in terms of objective and style (Heppner et al., 2016). There are three interviewing formats: 1) structured, 2) unstructured, and 3) semi-structured. In this study, I conducted a semi-structured interview based on the responses provided in the written and oral responses to allow the exploration of the responses and further examination if needed. Semi-structured interviews provide balance and consistency for interviews while allowing the participants the opportunity to offer richer and personalized responses to the questions (Heppner et al., 2016). The data collection method included collecting scanned copies of the participant's written responses to the interview questions, transcribed audio/video recorded interviews, and conversations with each participant. I created ten questions to direct the interview and gain an accurate perception of the participant's VT experience (see Appendix B):

1. Please tell me about yourself; are you employed? If so, what type of work you do?
2. How long have you been in an intimate relationship with your LE partner?
3. Have you ever exhibited symptoms of PTSD, stress, or depression related to any past experiences?
4. Have you ever received treatment for symptoms of PTSD, stress, or depression?

5. Explain in detail how you experienced vicarious trauma related to your LE partner's work-related trauma.

6. Describe in detail how you have been affected by the vicarious trauma related to your LEO's work-related trauma?

7. Describe in detail how your vicarious trauma is related to your LE partner's work-related traumatic experience(s)?

8. Describe your trauma symptoms.

9. Have you ever reported the trauma symptoms related to that of your LE partner's work-related trauma to a mental health professional?

10. Explain the coping mechanisms you are using or have used to deal with your distress. How have they reduced your symptoms?

Using a phenomenological-hermeneutic approach to analyze and interpret the text from the narrative interview involved examining the lived experiences (Anderson et al., 2017). Assessing qualitative research requires determining the extent of the data's authenticity (Heppner et al., 2016). I based the phenomenological analysis on discussions and reflections of the participant's immediate sensed perception and experiences. The analysis measured the critical aspects of the phenomena by eliminating factors that disturb the researcher's perception or are determined to be an outlier. The construct of the phenomenon represents a significant finding of descriptive phenomenological studies. The construct provides a basis on essential meanings present in the participants' descriptions and determined by analysis and insight.

Questions one through four, knowledge questions, I designed to familiarize the participants with their past traumatic experiences. Questions five through eight invited

the participant to reflect on the traumatic experience(s) reported as directly related to their LE partner's traumatic experience(s) while in the line of duty. Questions nine and ten queried if the participant elicited mental health specialists' assistance in developing healthy coping skills to create healthier well-being.

Survey/Questionnaires

There is no rule or trend in comprising a certain number of questions; however, qualitative research questions depend on saturation. Therefore, I have developed 15 questions for a demographic survey to identify the participants who fall within the study's criteria (see Appendix A).

1. What is your gender?
2. What is your age range?
3. What is your highest level of education?
4. How do you describe your current work situation?
5. What is the status of your relationship with your LE partner?
6. For how many years have you been in an intimate relationship with your LE partner?
7. At what type of agency is your LE partner employed?
8. For how many years has your LE partner been employed in law enforcement?
9. Has your LE partner been involved in a traumatic experience in the line of duty?
10. While in the line of duty, how many traumatic events have your LE partner been involved in the line of duty?
11. Have you been involved in a traumatic event in your lifetime?
12. If the answer to the above question is yes, have you been treated for the traumatic event?

13. Are you currently taking medication for depression, anxiety, stress?
14. Have you and your LE partner ever been to therapy/counseling related to their traumatic experience in the line of duty?
15. If the response to the above question is yes, did or is therapy/counseling working?

I developed the survey/questionnaire to assist in identifying and selecting participants for the study. The criteria of the targeted population for this phenomenological study, specifically current/past spouses/intimate partners of LEOs, reported exhibiting symptoms of PTSD related to a traumatic event, repeated traumatic experiences, or knowledge about a traumatic event that occurred in the line of duty. Consistent with Heppner et al. (2016), the targeted population expressed living the experience of vicarious trauma related to their LE partner's traumatic experience while in the line of duty. The group was able to articulate through verbal and written documentation the lived experience. Defining the targeted population's characteristics included demographical information and deciding how heterogeneous the population should be (Heppner et al., 2016).

Data Analysis

Although there is no right way to analyze data, each researcher should determine which works best to answer their research question(s). Throughout this study, data analysis occurred using the modified Van Kaam Method of data analysis developed by Moustakas (Hathorn et al., 2009). In assessing qualitative research, the extent of the data's authenticity supports the determination (Heppner et al., 2016). I based the phenomenological analysis on the interview(s) and conversation(s) of the participant's immediate sense of perception and experiences of the phenomenon. This critical analysis

method eliminated factors that disturbed the researcher's perception or determined an outlier regarding the phenomenon. The significant finding of descriptive phenomenological studies focused on the construct of the research. The construct reflects essential meanings present in the participants' descriptions and is determined by analysis and insight. The researcher analyzed the data using the following steps: a) examining all notes referencing transcriptions and interpretations of interviews and conversations while searching for common themes and patterns, allowing equal value to all participant interviews, b) noting overlapping and repetitive statements, themes and those not relevant to the research questions eliminating them through horizontalization, c) retaining similar themes in a group, d) checking the themes against the data, e) creating a textual description per participant, f) creating individual structural descriptions per participant from the researcher's interpretation, g) constructing a composite textual and structural table by merging steps 5 & 6, naming the theme per participant, h) synthesizing by merging the textual and structural descriptions to give a more comprehensive understanding of the phenomenon.

Trustworthiness

To ensure the research's dependability, I addressed trustworthiness throughout this study, including understanding the researcher's biases, member checking, and peer review. Also, I conducted the follow-up interviews as needed to ensure the accuracy of the participant's accounts of the phenomenon. To address bias, I kept an open mind and remained impartial when interviewing participants. To ensure an accurate understanding of each participant's lived experience, I also performed member checking. Heppner et al. (2016) defined the researcher as an unbiased seeker of truth who engages in a systemic

and scientific organization and remains impartial and passive throughout the process. The researcher participated in peer reviews and debriefings with the dissertation committee to ensure the honesty and appropriate interpretation of the information. Peer reviews and member checking provided external checks of the study to increase reliability**.**

Credibility

The researcher provided the participants with the findings to enhance and increase participants' involvement to ensure credibility. I performed member checking by sharing the data or results with the participants to ensure accuracy and resonance with their lived experience(s). Member checking as a procedural design enhances the study's credibility and the participants' involvement (Goldblatt et al., 2011). The use of triangulation ensured proper development, along with affluent, robust, and comprehensive information, thereby increasing the findings' validity and confidence. The process also supports the researcher in providing a clear picture of the problem and expanding innovative ways of understanding the phenomenon. The researcher triangulated the findings through written responses to interview questions, verbal interviews, and participant conversations. Each participant provided a new dimension or shared a commonality of the phenomenon. The participants brought their own experience(s) and perceptions to the study, further enhancing their understanding of the phenomenon.

Dependability and Confirmability

The trustworthiness of a qualitative case study is based on its dependability. It establishes the research findings as consistent and repeatable. The researcher’s goal was to verify the consistency of the findings with the data collected. I achieved dependability

by requesting an external peer audit to examine the data collection process, data analysis, and results.

Confirmability was the last criterion of trustworthiness established. This criterion confirmed the basis of the findings were the participant's narratives and words rather than the potential researcher biases. Confirmability verified participants' responses shaped the findings. Data triangulation further enhanced the findings' validity (Fusch & Ness, 2015; Goldblatt et al., 2011). To establish confirmability, I utilized reflexivity, my background, position in the LE community, how they influenced selecting the research topic, choosing the methodology, analyzing the data, interpreting the results, and devising the conclusions. The researcher maintained reflective journaling throughout the research process.

Transferability

I established transferability by providing readers with evidence of the study's findings' application in other contexts, situations, times, and populations. The results of the study findings apply beyond the bounds of the current investigation. The researcher's responsibility was to perform a thorough job describing the context and assumptions central to the research. Applying data triangulation enhanced the findings' validity by exploring different aspects and perspectives of the same phenomena (Fusch & Ness, 2015).

Ethical Consideration

Ensuring an honorable phenomenology study required upholding ethical considerations. I received the IRB approval before enlisting participants confirming no harm would come to them. Prior to contributing to the study, each participant completed

an informed consent form documenting the purpose of the study and the voluntary parameters of their participation. The form included informing the participants of the use of pseudonyms in all written documentation and audio/video recordings to protect the participants' identities. I also explained actions taken to maintain confidentiality and their ability to withdraw consent at any time during the study without repercussions.

Goldblatt et al. (2011) shared the complex and, at times, controversial nature of qualitative study findings. The researcher expressed that it may not be the best way to achieve credibility or risk commitment to ethical principles. However, Goldblatt suggested using peer review and member-checking, defining the process as sharing the findings with the research participants and experts on the subject for methodological and ethical consideration, confirming the perspective of the phenomenon is true, accurate, and correct.

Multiple sources of each interview's recordings (written, oral responses, and conversations) and reflective journaling kept by the researcher and transcribed audio/video recording to substantiate the data, I captured the interviewee's intrinsic nature during the meetings. I scanned all written documentation and secured it in a password-protected computer and stored it on a password-protected external storage drive. Following the transcription of all audio/video recorded interviews and conversations, I stored and secured them in the same manner. They will remain secure for three years and then properly destroyed them based on the procedure of evidentiary material. I am the only person with the password to the computer and external storage drive, assuring all records remain private.

Summary

Throughout this chapter, I focused on the phenomenological study methods and provided an overview of the methodology and design used to conduct the proposed research. I also reviewed the research questions, setting, and selection process for participants. Following a detailed list of the procedures and the breakdown of the data collection and analysis of interviews conversations, the chapter focuses on trustworthiness and ethical considerations.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this phenomenological study was to understand better the effects of VT on the spouses/intimate partners of LEOs in Alabama and to allow researchers to attain a meaningful understanding of real-life events and the complexity of the social phenomenon. I used individual interviews and conversations to understand VT on spouses/intimate partners of LEOs. I present data from the interviews and conversations in this chapter through themes developed from the research questions that I posed during this phenomenological study:

> RQ1. How would spouses/intimate partners of the LEO describe the effect(s) of vicarious trauma?
>
> RQ2. How would the spouses/intimate partners say they have been impacted by symptoms related to the traumatic experience? How are their symptoms related to the LEO?
>
> RQ3. What coping behaviors did the spouses/intimate partners say they used to deal with symptoms related to the traumatic experience(s)? If so, how would they describe their therapeutic response?

I asked questions directly to each participant, and their responses helped form my understanding of the effect of VT on spouses/intimate partners of LEOs (see Appendix B). The emerging themes projected an overarching goal to support the theory that the trauma experienced in the line of duty by their LE partner affects their spouses/intimate partners.

Table 4.1

Participants Overview n=8

Participant	S/ Age	Yrs. in Relationship	Yrs. in Service	Symptoms	Treatment		Coping Skills
					Yes	No	
Will	M/ 65	25	30	Yes	X		Faith, counseling, communication
Mark	M/56	14	10	Yes		X	none
Marianne	F/57	21	25	yes		X	Communication
Lamar	M/59	20	31	Yes	X		Meditation, d. breathing, PT, reading, Counseling
Shaun	F/39	7	21	Yes	X		Medication, Counseling
Monica	F/51	33	21	Yes		X	Communication
Cheryl	F/54	28	34	Yes	X		Medication, Faith
Tianna	F/26	8 mons	3	Yes		X	Workout, Communication
Katherine	F/50	26 &1 1/2	25(both)	Yes		X	Faith, Communication

Participants

I chose participants for this phenomenological study using purposeful and snowball sampling. Nine current or past spouses/intimate partners of current or former LEO agreed to participate in the study. I made numerous attempts to contact three other participants, but efforts revealed unproductive. All participants received an assigned pseudonym to maintain their anonymity. The participants included three males and six females of African American descent and one European American female. I recruited the participants through LE organizations across the State of Alabama. The participants interviewed totaled 176 years and two months of combined years in an intimate relationship with their LE partners. The number of years of service for the LEO totaled 225-years of service in LE from different LE agencies across the state. I selected the participants based on the results of their PCL-C and THQ self-report assessments and their ability to respond verbally and in written form to the interview questions. Most participants reported having at least some college education. All had professional careers

and experienced VT in some form related to traumatic and stressful events in their LE partner's work-related experiences.

Will

Will is a 69-year-old male with some college and military background who has been married to his LE partner for 25 years. Will's wife retired eight years ago. She had 35 years of LE experience. Will is currently disabled due to health reasons unrelated to his military or work experiences. His wife's exposure to multiple traumatic situations throughout her career resulted from working with sexually and physically abused youths. After his wife disclosed information on the two cases, his initial reaction was disbelief after hearing of the events surrounding the traumatic events. However, after talking with his LE partner about the incidences she shared, he became hypervigilant when it came to their daughters and their surroundings. Will described his feelings as anxiety and stress over concerns about their daughter's exposure to danger. When they would leave home, he would manifest negative thoughts of their welfare; therefore, he was always stressed and anxious until their return.

Will stated they did not receive counseling as a couple for the trauma his LE partner experienced in the line of duty. However, he regularly speaks with a VA counselor and has shared his experience and feelings of dealing with vicarious trauma related to his wife's work-related traumatic experiences. Will disclosed how seeing his LE partner hurting and stressed because of her experiences caused him to be stressed and want to help her relieve her stress and anxiety. Will's religious faith is strong. He reads the Bible regularly, communicates with his VA counselor to help him with his PTSD, and stress related to his LE partner's work-related trauma. Also, he believes therapy has

helped him guide his LE partner in developing positive coping skills for stress and anxiety related to her work-related trauma. Will is very supportive of his wife and provides a loving atmosphere in which they reside together. He stated his wife's desire to protect children continues. At times, they keep children in their home overnight for employees that work late nights. Also, they have taken in many children over the years as certified foster care providers.

Mark

Mark is a 56-year-old male with a bachelor's degree and retired from his LEO career. Mark is currently working in security. His former wife was an LEO of two years when she experienced a traumatic experience in the line of duty that almost cost her life. After recovering from her trauma, they remained married for eight years until their divorce. Mark insists the lack of communication after her traumatic experience contributed to the marital breakdown. They withdrew from one another, and his negative thinking contributed to ongoing issues.

After his LE partner's traumatic experience, Mark asserted how the symptoms he experienced related to her injury were fear. He feared it would happen again, or be fatal, along with anxiety based on being left alone to raise their child. He was angry at the senseless act, others who did not respond to assist her in time, and at the judicial system. Mark said he replayed the incident repeatedly, trying to make sense of what happened. He stated he experienced a wide range of emotions surrounding the traumatic experience, from fear to anger, to negative thoughts of revenge on the person who caused the trauma. During her recovery, he experienced fear, anger, sleeplessness, and hyperarousal. He stated he became hyperarousal when it came to her safety. He would listen for her calls

on the police radio and get in the area to respond if needed. Mark stated no one offered him or his former LE partner therapy. They withdrew from one another, and his negative thinking led to more stress in the relationship and, ultimately, their divorce. Mark stated they stopped communicating and reflecting. He felt bitter and angry about the situation and did not feel somewhat vindicated until the perpetrator received prosecution and placed in a mental institution. Even now, he still has negative thoughts about the incident.

Marianne

Marianne is a 57-year-old female with some college education and married to her LE partner for 21 years. Marianne works in customer service. She stated her LE partner received injuries from a one-car traffic accident in the line of duty, for which he treated medically. Her LE partner totaled his patrol unit by hitting a concrete pole during a vehicle pursuit of a suspect. Upon receiving the initial report of her LE partner being in an accident and transported to the hospital, she was stressed and fearful of the outcome. Marianne stated the unknown was very frightening. It was not until she saw him and found out that his injuries were not severe, she felt somewhat relieved. She stated that she was very stressed and feared the worse would happen again or even be fatal. Marianne stated she did not receive counseling, nor did her LE partner. However, she managed her stress by communicating with her LE partner and providing encouragement of remaining safe helped her. Marianne stated she controlled her anxiety so she would not make him more stressed over the situation. She stated communication was key to helping relieve her stress and anxiety. It helped them sustain their relationship and assisted her with coping with the dangers of the LE profession.

Lamar

Lamar is a 59-year-old disabled veteran, diagnosed with PTSD and depression related to his military career. Lamar stated he and his LE partner cohabitated during their 20-year relationship. Lamar stated he is in therapy at the VA for his diagnosis of PTSD and depression. However, his LE partner endured multiple traumatic experiences while serving in the line of duty. He stated that she was involved in a traffic accident in which she had surgery and physical therapy to repair her injuries. Lamar insisted the stress and anxiety felt after his LE partner's traumatic experience added to ongoing issues. Still, he learned to deal with them through therapy that taught him how to incorporate meditation, deep breathing, and physical exercises to help cope with stress, depression, anxiety while taking his medication as prescribed. Lamar stated he felt stressed by having to take on a more active role in the relationship, helping her with daily chores, taking care of their kids, bathing, and dressing her. In addition, watching her in pain and stressed because she could not do what she needed to feel better added to his depression and anxiety along with contributing to his inability to concentrate on completing tasks. Lamar said after her return to duty, he was always on high alert until her return home. Lamar stated the symptoms related to his LE partner's traumatic experience were stress, hypervigilance, anxiety, depression, over-protection, the lack of ability to concentrate on daily tasks, and sleeplessness.

Shaun

Shaun is a 39-year-old mother of two children who is currently an LEO of 13 years and a retired military veteran of 18 years. Shaun and her LE partner have been married for seven years. She received a diagnosis of PTSD from her past military

experiences and is currently in therapy and taking medication to minimize her symptoms. Shaun believes that she exhibits symptoms of stress and anxiety related to her LE partner's work-related stress, which sometimes serves as a trigger for her symptoms of PTSD and anxiety. She affirms that her LE partner deals with many stressful and traumatic situations in the line of duty and often brings the stress home. Shaun stated when she does not agree with him or take his side, it leads to conflict in their relationship. When they do not think the same or respond to situations alike, her LE partner's mood becomes negative, therefore, she had taken on an avoidance attitude to keep down the conflict. Shaun asserted that it took time for them to realize they have different opinions about situations, and they had to learn to accept it when discussing work issues. Shaun shared she would rather leave work-related issues and concerns at work, separating them from home issues because if she discusses work-related issues, she provides her honest opinion, which may not go over well.

Before learning how to communicate with her LE partner, Shaun expressed how her anxiety, depression, and stress related to whatever he was dealing with. This triggered her PTSD symptoms of anxiety, agitation, dissociation, difficulty concentrating, and insomnia. She sees her therapist at the VA every quarter and the prescribed medication assists her in coping with her symptoms. However, the couple never engaged in treatment together to learn to deal with work-related stress and anxiety. Over the years, she learned ways to manage her vicarious trauma symptoms by communicating with her LE partner. Shaun felt they would not be able to sustain their relationship if they had not learned to communicate.

Monica

Monica is a 51-year-old mother with two children and two grandchildren. She has been in the nursing profession for 30-years in a long-term care facility and an intimate relationship with her LE partner for 33-years. Monica stated that she had never received a diagnosis of PTSD, stress, or anxiety; however, she has exhibited symptoms of stress, anxiety related to her LE partner's work-related trauma. Monica maintained that her LE partner faces dangerous situations daily, and she has exhibited symptoms of stress, fear, loss of sleep, and her hair has come out, causing her to cut it several times. She stated over the years; she had learned the signs of distress, even though he tried to keep it away from her. Monica avowed that she and her LE partner communicate daily all during the day, and after any high-risk situation, he must call her to let her know that he is safe. Monica stated, "until I get that call, my has anxiety and stress increases, so they have learned to keep the lines of communication open and discuss whatever is bothering him. Monica stated they must communicate and be on the same accord because he needs to keep a clear mind.

Cheryl

Cheryl is a 55-year-old mother employed in the judicial system and an intimate relationship with her LE partner for 33-years. Cheryl stated she receives treatment for stress and anxiety due to the everyday stressors in life. She is currently prescribed Xanax help with her anxiety. Cheryl explained how her symptoms of vicarious trauma related to her LE partner are stress and anxiety, based on not knowing if her partner will return home at the end of the day or after responding to a traumatic incident. Cheryl conveyed,

"you understand the dangers your LE partner faces as a spouse, but it does not stop that gut-wrenching feeling at the bottom of your stomach until you see them walk through the door." Cheryl believed the amount of disrespect and dislikes society has for LEO causes alarm. She feared her partner could be killed just by conducting a traffic stop for a minor infraction, because of the public dislike for the police. Being hypervigilant and fearful is normal in the life of an intimate partner of an LEO. She ascribed, "one has to learn to cope with the stress and anxiety so he/she would not be affected by what they see in your eyes." She noted how spouses must remain calm for their children and not let the fear cause alarm in them.

Cheryl insisted that although she takes medication to help relieve stress and anxiety, her faith plays a major role in her stability. Her prayer is her LE partner was covered under the blood of Christ and returns him home safely helps to ease her mind. Although she is aware of the many dangerous situations her LE partner encounters, there are so many more she did not know about because of his desire to protect her from knowledge of the horrific scenes he witnesses because he does not want to remember them. Cheryl believes she has become attuned with her LE partner's mood over the years, so she knows when to change the narrative to stop him from thinking about what he endures. It is important her LE partner does not worry about her and how she deals with his job experiences.

Tianna

Tianna is a 26-year-old registered nurse working in the mental health field. She and her LE partner dated for almost eight months. Tianna believed her LE partner used her as a "trauma dump." He would vent or unload his stress onto her whenever they were

together. Tianna stated her LE partner had been involved in multiple traumatic incidents in the line of duty. Neither of them received therapy for the emotional stress they endured due to his work-related trauma. Tianna described how she started to feel stress and anxiety related to her LE partner's stress due to his graphic detail and vivid descriptions of what he witnessed or observed in the line of duty. She acknowledged how she accepted that due to her relationship with him, she would always suffer from stress and anxiety. She understands how symptoms related to his experiences, causing her to feel anxious, hypervigilant, and constantly worry out of concern for his safety. Tianna explained how they set up a system of communication. However, when he did not call at the expected times, her anxiety would increase, and she would lose sleep until he returned home. Tianna described how her anxieties over potential dangers would cause her to set up exit strategies to avoid certain situations when she was in public.

Tianna stated to cope with his daily stressors and trauma endured in the line of duty, her LE partner would go to the gym and work out for hours. She stated that when they work out together, it will help relieve some of the stress and anxiety they were experiencing, and they would be able to have normal conversations about things outside of his profession. Nevertheless, stress and anxiety became too much for her, and their relationship did not survive.

Katherine

Katherine is a 50-year-old registered nurse at a major hospital and married twice to LEOs. Her first marriage lasted 26-years, and she married her current LE partner for 1.5 years. Katherine remembers one incident involving her late LE partner. She explained how he received an assignment to assist another LE Agency on a search and rescue

operation looking for a small child taken by a tornado. After looking for the small child for some time, they found the child deceased, buried in the mud. Katherine shared how her husband had a difficult time dealing with the child's death because it resonated with the child they had at home and how terrible the family suffered losing someone so young, “one minute he was there, the next being ripped away by the storm.” Katherine explained that she nor her husband had dealt with a death in the family, and it hit home because of the victim's age. When the reality hit them, that nothing lasts forever, they experienced high levels of stress and anxiety. Because of her nursing background, including working on an ICU floor, she had dealt with death frequently. However, her husband had some difficulty, which caused her to try to support him by being empathetic to his needs. Keeping an open dialogue and being supportive of his needs got them through the stressful time.

In conversations with her current LE partner, he remembered having to deliver a death notification to a young mother and his feelings of pain for her loss. He decided to stay several hours with the mother until her family arrived. Her current LE partner told her, “… the things I have seen in LE that I wish I could get out of my head.” Although her doctor prescribed Lexapro for a short time while dealing with her late husband’s death, it did not provide her with what she needed. She terminated its use and learned to lean on her faith. Her faith and being supportive through communication was how she managed to cope with her LE partner’s work-related trauma.

Results

TABLE 4.2

Type of Interview

Will	In-person
Mark	In-person
Marianne	In-person
Lamar	Phone
Shaun	In-person
Monica	Phone
Cheryl	Phone
Tianna	Phone
Katherine	Phone

Table 4.3

Emerging Themes Through Research Questions

Total Sample Size, n=9 Male = 33.33 % Female = 66.67%

RQ1. How would spouses/intimate partners of the LEO describe the effect(s) of vicarious trauma? (Number of participants cited**)**

Anger (2)

Anxiety (7)

Fear (6)

Depression (2)

Hyperarousal (4)

Hypervigilance (6)

Stress (9)

Worry (3)

RQ2. How would the spouses/intimate partners say they have been impacted by symptoms related to the traumatic experience?

Hypervigilance (6)

Loss of Concentration (2)

Negative thoughts (3)

Replaying of thoughts (2)

Stress (9)

Hair breakage (1)

Loss of sleep (5)

Conflict (3)

SQ2. *How are their symptoms related to the LEO?*

Feeling their pain (2)

Feelings of anxiety (9)

Repetitive thinking over the incident (5)

Stressed over the incident (9)

RQ3. What coping behaviors did the spouses/intimate partners say they used to deal with symptoms related to the traumatic experience(s)?

Faith (3)

Medication (3)

Communication with LE Partner (6)

Communication with mental health professional (4)

Exercise (2)

SQ3. How would they describe their therapeutic response?

Responsive (7)

Non-Responsive (2)

Table 4.4

Emerging Themes Identified

Superordinate themes	**Subordinate themes**
Type of Traumatic Incident	Hostage/double homicide
	Serious Injury to LE partner
	Repeated exposure to work stress/trauma
	Domestic Violence
	Natural Disaster/Death
Response to traumatic experience	Ambivalence about being around others
related to LE partner	Replaying Incident over and over
	Anxiety
	Insomnia
	Hyperarousal
	Hypervigilance
	Loss of concentration
	Stress
Impact of traumatic experiences	Prolonged Anxiety
	Prolonged Stress
	Hypervigilance
	Lack of communication with LE partner
	Avoidance behavior
	Negative thoughts
	Hair breakage

Coping Behavior	Medication for anxiety
	Religious Faith
	Communication with LE partner
	Therapy with mental health professionals
	Physical Exercise
	Meditation

Themes-Interview

Four constant super-ordinate themes emerged from the interviews with the participants and related subordinate themes describing each phenomenon. These themes were a) type of traumatic event, b) response to traumatic experiences related to LE partner, c) impact of traumatic experiences, and d) coping behaviors. These responses caused some participants to endure challenges in their intimate relationship with their LE partner due to the effect of work-related trauma. Subordinate themes under the theme of response to traumatic experiences related to LE partner work-related trauma or stress.

Theme One: Type of Traumatic Incident

Theme One provided a list of traumatic incidents the LEOs encountered while serving in the line of duty. Researchers highlighted data revealing how globally as much as 15% of LEO exhibits symptoms related to PTSD and stress from experiences in the line of duty (Javanbakht, 2020). Repeated exposure to traumatic experiences is one of the most under-researched problems related to the LE profession. Javanbakht (2020) suggested LEOs have cumulative PTSD brought on by prolonged or repeated exposure to trauma or excessive stress also related to other forms of mental health issues.

Will remembered two specific cases involving the physical and sexual abuse of two teenage girls his LE partner described as extremely traumatic. “Welp, some of the things she told me about, ah, I would not say I did not believe, but it was hard.” Mark reported that his former LE partner was involved in a serious injury where she could have lost her life. “…the incident she was hurt in, the incident could have cost her to lose her life in the line of duty….”

LEOs regularly witness traumatic situations. Javanbakht (2020) explained how trauma is cumulative in the LE profession, making them vulnerable to horrifying events regularly. The severity and repetitive exposure to traumatic events cause the body and brain to react, thus producing symptoms related to PTSD. Cheryl mentioned a couple of traumatic incidents her LE partner was involved in. “…when there’s a crisis that happens, and he’s like a negotiator,” “…two specific times he was in a negotiation or a hostage situation…he had already killed his wife and his grandson…”. Lamar talked about the serious injury his LE partner received in the line of duty, resulting in her having surgery with a long recovery period. “She received her injury, um seeing the turmoil and chaotic situation…”, “taking care of her daily…so forth with her physical therapy…”, “there were several times… she came home really stressed about a couple of cases.”

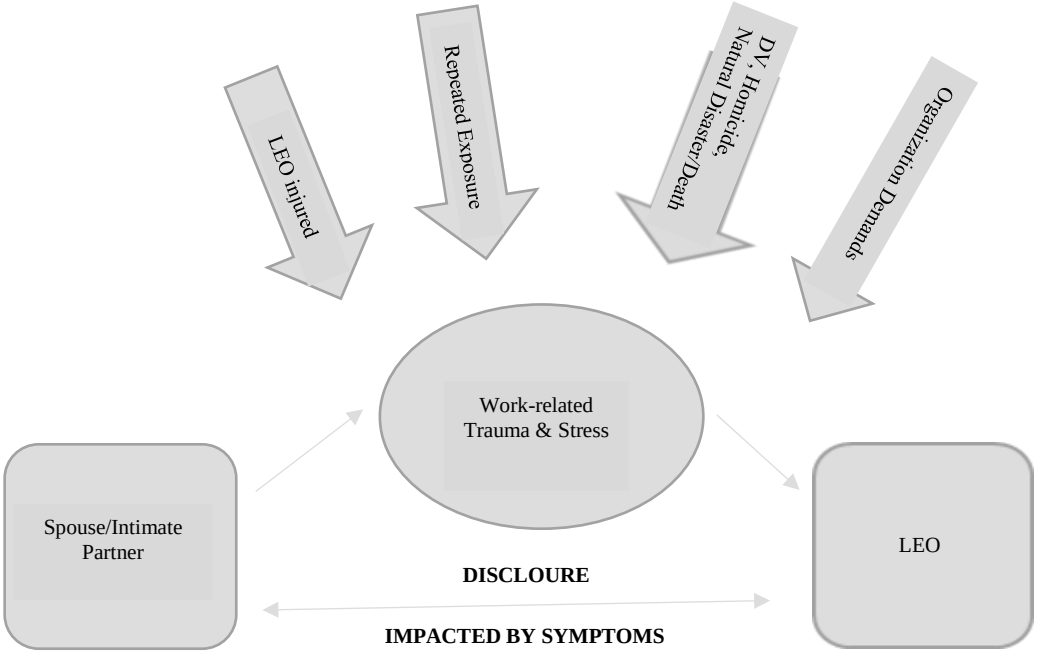
Marianne recalled a single incident involving a vehicular accident. Her partner totaled the patrol car, and they were transported to the hospital for treatment. “There was an accident 18-years ago…his police friends came and picked me up and took me to the hospital….” Monica discerns her LE partner’s job places him in dangerous situations regularly. “I know with the type of job he has, and there are times that they’re in dangerous situations….” Shaun talked about the repetitive stressful situation her LE

partner must deal with at work involving several incidents, “he deals with situations at work, and he brings those situations home and me….”

Tianna shared how her former LE partner repeatedly witnessed multiple types of traumatic situations in the line of duty, “most of the time we spent together, our dates or movie night, we would talk about what he saw on the job.” “…he responded on like a domestic violence call or something like that, he would talk about what the house was like, or whatever you know the person looked like that had been abused or…how he felt scared and concerned for his safety,” Katherine remembered her late LE partner coming home after assisting in a tornadic event in which several people were killed. She stated he assisted in the search and rescue of a small child found buried in the mud deceased.

Figure 1

Cycle of Vicarious Trauma



I created Figure 1 after completing the data analysis to show the cycle in which LEO spouses/intimate partners encounter work-related traumatic or stressful events while

serving in the line of duty. The arrows represent the types of work-related trauma or stress reported by the participants. LEOs disclose work-related trauma or stress, which affects the spouse/intimate partner's emotional or psychological well-being.

Theme Two: Response to Traumatic Experience Related to LE partner

Theme Two encompasses the participant's reactions to vicarious trauma related to their LE partner's work-related trauma. The participant's responses are a derivative of the challenges faced in their empathetic relationships with their LE partner resulting from encountering traumatic or stressful incidents in the line of duty. Davidson and Moss (2008) contended LEOs often freely disclose information related to stressful and traumatic incidents to gain the support of their spouses/intimate partners. Although, their disclosure at times would provide emotional support to the LEO, their intimate partner develops empathy and takes on the various negative emotions they seek support to overcome. Spouses/intimate partners play a major role in building a strong support system and are more likely to notice early signs of mental health issues in their LE partner. Guenette (2019) stated that an LEO who faces stressful or traumatic situations, feels more comfortable disclosing specific information about an incident and its effect on them.

According to Will, the traumatic incidents he disclosed caused him to become hypervigilant with increased anxiety whenever his children were away. "It caused me some anxiety, but it caused me to be more concerned about our children…."

Lamar avowed, I was not physically hurt as in that I received the same injuries that she received, but it hurt me just as bad to see the pain that she was in." "…seeing the

turmoil and chaotic situation that she and stressful issues that she was dealing with it made me hurt as well. The pain ah anxiety felt, I related to it because we were, we were that close." Lamar stated he was always afraid when she had to go out on certain tasks related to her job "…stress was always on me because I didn't know if she was going to be hurt or something, something devastating was going to happen to her…I was always on pins and needles just hoping and praying that she would return home in one piece."

Marianne distinctly remembered the effect her LE partner had on her, "was very afraid at the moment, very scared because I didn't know…," "he was stressed out and…it affected me."

Cheryl remembered the feeling in the pit of her stomach she gets when her LE partner is involved in a stressful or traumatic incident in the line of duty.

> …so, I have never been so scared in my life that he is going to kill by him (her LE partner). So, I know that's a part of being married to an LEO, that you understand that it is a dangerous career, but you never, you just have this feeling at the bottom of your stomach…. I can feel that you know you just feel your heart racing…it is a nervousness that you ah have to kind of like to train yourself to ah kind of calm down but when you in that kind of panic situation and you feel your heart racing.

Tianna described feeling stressed and anxious all the time during her relationship with her former LE partner. "I just became like real anxious especially while he was at work," "you can say hypervigilant um, …around other people…", "I started coming up with exit strategies, you know in the event that something starts going crazy, to get out of situations."

Katherine expressed how she would just worry about her LE partner's emotional state and realize how precious life is.

Theme Three: Impact of Traumatic Experiences(s)

I described the effects of the vicarious trauma on the spouses/intimate partners related to their LE partner's traumatic experiences in the line of duty as theme three. LEOs are not the only ones affected by what they witness, observe, or endure in the line of duty. Their spouses/intimate partners endure the same trauma or stressful event, sometimes on a lesser scale. Mark described the influence his LE partner's injury had on his emotional state and the difficulties they faced in their marital relationship after his LE partner suffered severe injury in the line of duty.

> …when you think of the thought of losing a spouse or loved one to a senseless act…it has its effect on you. You know you have a wide range of emotions anywhere from being afraid of losing the one that you love to lashing out toward her co-workers about why no one could respond quicker, I think that some of my actions may have caused a little more stress in our relationship that was needed…, I guess I had anger, at the time, my spouse. I stopped communicating… so it caused at the time like distance use….

Mark stated the lack of communication and distance between the two ultimately resulted in them getting a divorce.

Shaun maintained that her LE partner's trauma or stress triggers her PTSD and anxiety, sometimes bringing conflict into the household.

> …whatever his situation is at work, he comes home and talks about it…it is kind of hard to explain, so to me it just brings drama into the household, he gets upset

> and feels that I am not on his side... from his stress situations, I feel aggravated my stress, PTSD from my military, my anxiety, my depression, my difficulty sleeping, insomnia, it is all like a trigger.

Monica spoke about the damage to her hair after dealing with her LE partner's traumatic incident.

> …I went a very long time without sleeping. It's still hard for me to sleep, I probably get maybe about 3-4 hours of sleep a day, I get stressed out, and my hair fell out, and I had to cut it off and everything, it gets hard, but we try to deal with it.

During Tianna's interview, she repeatedly stated whenever she saw her LE partner, he would affect her emotionally by disclosing detail and descriptions of the traumatic events he had worked on. "…the longer we dated, the more he told me, um I just became like real anxious especially while he was at work. He worked at night, so I didn't really sleep while he was at work." She disclosed how the amount of stress and anxiety caused her to feel overwhelmed and she felt the effects would continue throughout their relationship. Ultimately, their relationship ended.

Theme Four: Coping Behaviors

After collecting data on the coping behaviors of the participants that helped them deal with VT related to their LE partner's work-related trauma or stress, I identified their responses as the fourth theme. Coping behaviors are necessary for survival or an individual adaptation to the stressful events they may encounter in their lifetime. The participants in this phenomenological study developed various ways of adapting or coping with the traumatic or stressful events related to their LE partner's traumatic or

stressful experiences in the line of duty. Stress and anxiety are an integral part of the LE profession. LEO stress can adversely affect a spouse/intimate partner. Stress can be complex and having multiple inputs may need various strategies to cope with it. Several of the participants sought the advice of a mental health professional and disclosed their feelings about their LE partner's work-related trauma in their regular mental health checkups. This helped develop healthy coping skills used to deal with their LE partner's work-related trauma and stress.

Will talked with his VA counselors about the emotions related to his LE partner's work-related trauma and relying on his faith to help relieve symptoms of stress and anxiety. Lamar affirmed that he disclosed his feelings surrounding his LE partner's work-related trauma in his mental health visits and incorporated positive coping skills he learned how to deal with his PTSD and depression related to his military experiences. Talking to his mental health professional, physical and deep breathing exercises, meditation, and prescribed medication helped control his stress and anxiety.

Shaun admitted talking with her VA mental health professional helped her to deal with her stress related to her LE partner's work-related trauma and stress. Most of the participants in this study had not reported their symptoms to a mental health professional. However, they developed positive avenues in dealing with their symptoms related to their LE partner's work-related traumatic or stressful experiences, such as maintaining open and honest communication with their LE partner, their religious faith, and physical exercise. Keeping an open dialogue between spouses/intimate partners about exposure to traumatic experiences is important to develop healthy coping skills and mutual support of understanding in LE couples (Landers et al., 2020).

Monica maintained that keeping an open dialogue with her LE partner was key to sustaining peace of mind and a healthy relationship. Tianna and her former LE partner used physical exercise along with communication to help to relieve their stress and anxieties related to her LE partner's work-related trauma. Cheryl acknowledged that although she takes Xanax to help relieve stress, she turned to her faith in Christ and prayer during difficult times. Marianne shared how communication between her and her LE partner was necessary to understand and survive stress related to her LE partner's work-related trauma. In each case, the participants coped with stress and anxiety relating to their LE partner's work-related experiences through alternative means.

Summary

The data obtained through transcribed interviews, written responses to interview questions, conversations, and reflective journaling, provided insight into the connection between the LEO and their spouse/intimate partner. The participants disclosed behaviors and emotions resulting from their LE partner's traumatic experiences in the line of duty and the effects of being in an empathetic relationship with them. This summary depicts the overall relationship of symptoms related to their LE partners and builds a foundation for the emerging themes throughout this study. The responses to three research questions guided this study.

RQ1. How would spouses/intimate partners of the LEO describe the effect(s) of vicarious trauma?

RQ2. How would the spouses/intimate partners say they have been impacted by symptoms related to the traumatic experience? How are their symptoms related to the LEO?

RQ3. What coping behaviors did the spouses/intimate partners say they used to deal with symptoms related to the traumatic experience(s)? If so, how would they describe their therapeutic response?

I analyzed the final transcriptions and identified the of themes that emerged while keeping with the modified van Kaam Method developed by Moustakas (1994). I constructed tables to gain a sense of the frequency of responses across the group. This helped to develop subordinate themes relevant to the responses to the research questions. I listed relevant answers from each participant under each question while identifying and removing overlapping responses, along with those with little or no relevance to the theme. The interviews increased the list of themes revealing the effect of a) type of traumatic incident, b) response to traumatic experience related to LE partner, c) impact of traumatic experience, and d) coping behaviors. The interview's subordinate themes under response to traumatic experience related to LE partner incorporated the effects of vicarious trauma experienced by the participants. They included anger, anxiety, fear, depression, hyperarousal, hypervigilance, hair breakage, and stress. The main themes of the influence of traumatic experience were stress, hypervigilance, loss of concentration, negative thoughts, replaying of thoughts, loss of sleep, and conflict. Lastly, I obtained the theme of coping behaviors and responses through conversations about what the participants did to relieve their symptoms and develop positive coping behaviors. The mechanisms used communication (LE partner, mental health professional), religious faith, medication to relieve stress, and anxiety. Many participants acknowledged they adapted to living with the stress related to their LE partner's work-related trauma positively. Cheryl declared:

> ….we know that is part of being married to law enforcement of officer, that you understand that it is a dangerous career but you never, you just have this feeling at the bottom of your stomach that God watch over them till you bring him back home, then you just hope that they get through their career, and you never experience a day when you have to experience those butterflies in the bottom of your stomach…

Although some of the participants received prescribed medication to aid in controlling their symptoms, keeping the lines of communication open and discussing the situation and how it affects each of them proved relevant to their needs of sustaining a healthy relationship and relationship functioning. The participants in the study were open and honest with their verbal responses during the interviews and conversations. Engaging with these participants proved valuable, as it brought awareness and interest in hearing their stories. The effect of vicarious trauma on the participants related to their LE partner's work-related trauma underscored the need for protocols to address work-family stress to assist families in sustaining healthy functioning. In the following chapter, I provide an overview, summary of findings, discussion, implications, delimitation and limitations, and recommendations for future research relating to the spouses/intimate partners of LEOs.

CHAPTER FIVE: CONCLUSION

Overview

My purpose in conducting this phenomenological study was to understand better the effects of VT on the spouses/intimate partners of LEOs in Alabama. I also sought to engage researchers to continue to pursue finding a meaningful understanding of real-life events and the complexity of the social phenomenon. Individual interviews and conversations assisted in increasing my understanding of VT on spouses/intimate partners of LEOs. The following research questions guided the aspects of the data collection:

> RQ1. How would spouses/intimate partners of the LEO describe the effect(s) of vicarious trauma?
>
> RQ2. How would the spouses/intimate partners say they have been impacted by symptoms related to the traumatic experience? How are their symptoms related to the LEO?
>
> RQ3. What coping behaviors did the spouses/intimate partners say they used to deal with symptoms related to the traumatic experience(s)? If so, how would they describe their therapeutic response?

Throughout this chapter, I aimed to summarize the results of the study and develop conclusions from the data collected. This chapter consists of a summary of the findings followed by an in-depth discussion of the significance of the findings in relation to the research. Finally, the chapter concludes with implications of the findings for various stakeholders, limitations of the research, and recommendations for further research. In addition, I explain how the study adds to ongoing studies and the understanding of the role that a spouse/intimate partner plays in the life of an LEO. In

conclusion, I offer insight into the limited amount of empirical research on vicarious trauma in spouse/intimate partners of LEO.

Summary of Findings

I conducted multiple interviews and conversations with spouses/intimate partners of LEOs with various years in their intimate relationship and years of service in their careers, providing an accurate understanding of the research questions. Many participants completed college or had some college experience with professional careers along with service in United States military branches. The interview questions used in this phenomenological study determine the effects of vicarious trauma on the LEO's spouse/intimate partner and how they relate their symptoms to those of the LEO. Additionally, the interviews and conversations captured an accurate picture of the phenomenon from the participant's perspectives.

Findings: Research Question One

> RQ1. How would spouses/intimate partners of the LEO describe the effect(s) of vicarious trauma?

LEOs respond to a plethora of events, good or bad, regularly; sometimes, these events may lead to traumatic or stressful experiences that can have a lasting effect on their mental health. The LEO's are vulnerable to witness or be part of horrifying situations regularly. The severity and repetitive exposure to a traumatic or stressful event can cause one to react negatively, presenting maladaptive symptoms related to stress or PTSD. The negative responses to work-related trauma or work-related stress can affect reactions in their interpersonal relationships, creating related symptoms in their spouse/intimate partner. Researchers documented how stress directly affects the personal

relationships of LEOs. Friese (2020) pointed out how the spouses/intimate partners of LEOs experience increased levels of stress affecting their physical and mental health along with family functioning. Meffert et al. (2014) and Landers et al. (2020) highlighted the devastating effect LEOs traumatic or stressful experiences have on their spouses/intimate partners, resulting in them experiencing VT related to their partner's traumatic experiences in the line of duty.

The participants described the traumatic experiences that influence negative emotions related to their LE partner's work-related stress or trauma. For example, a horrifying domestic violence scene, a hostage and double homicide scene, death of a small child during a natural disaster, injury to LE partner, or repeated exposure to traumatic experiences can all affect the LEO's memories and recall of vivid or graphic details of the scenes or the state they found the victims.

Findings: Research Question Two

> RQ2. How would the spouses/intimate partners say they have been impacted by symptoms related to the traumatic experience? How are their symptoms related to the LEO?

The participant's responses to the research questions described the effects of vicarious trauma related to their LE partner's work-related traumatic experiences in the line of duty. The participant's empathetic relationships with their LE partners support the transference of emotions of traumatic experiences from their LE partners. Often, an LEO attempts to keep their symptoms of stress, anxiety, and fear away from their intimate partner; however, their symptoms are difficult to go unnoticed due to the closeness of the interpersonal relationships. Often, to shield their intimate partners, the LEO will not

discuss an incident at the time of occurrence but later disclose pertinent details affecting their emotions because they do not want their negative psychological state to affect their spouse/intimate partner. Lamar believed that with the closeness of his relationship with his LE partner, he could detect changes in her behavior, and exhibit the same symptoms. Cheryl talked about how her LE partner tried to shield her from what he was dealing with by not telling her about some of the more horrific events. He knew she would not have handled them because he did not want to remember them himself.

Many LEOs may not recognize the classic symptoms of PTSD or stress such as insomnia, intrusive memories, digestive issues, emotional or physical reactions to stimuli associated with a scene. It may be difficult for LE personnel to make the connection between their suffering and exhibiting symptoms of PTSD or stress. Although the LEO may not recognize the symptoms of PTSD or stress, their spouses/intimate partners likely noticed. Trauma can develop into PTSD and excessive work-related stress can exacerbate other mental health problems. Repeated exposure to trauma and stress can take its toll on a LEOs mental health and physical well-being, intimate relationships, relationship functioning, and finally, their career. Mark disclosed how this affected his relationship with his former LE partner. His negative empathetic responses to her work-related injuries contributed to the marital breakdown due to negative thoughts, lack of communication, and disengagement. Tianna reported the repeated disclosure of detail on horrifying scenes contributed to her increased stress and anxiety that became too much for her, leaving her no choice but to terminate the relationship.

Findings: Research Question Three

> RQ3. What coping behaviors did the spouses/intimate partners say they used to deal with symptoms related to the traumatic experience(s)? If so, how would they describe their therapeutic response?

Work-related stressors are a major part of the LE profession. LEO's stress can adversely effect their spouses/intimate partners. Stress can be complex, having multiple inputs, which may need various strategies of redress. Coping strategies vary in type and form. Some strategies for dealing with a traumatic or stressful situation may be confrontational to remove stress, avoid or escape the event or disengage emotionally.

Mark admitted developing negative thoughts after hearing about his LE partner's work-related trauma. He stated, “as far as coping mechanisms, I really did not discuss with anyone but…the biggest coping mechanism for me was thoughts of getting revenge on that individual…after she went through the judicial system…it kind of made me feel a little better about the entire situation….” Mark reported having negative thoughts greatly influenced by his perception of his LE partner’s coping strategy.

Shaun described how she sometimes disengages to avoid conflict. She started her LE partner’s stress and anxiety sometimes trigger her PTSD and anxiety, so she takes an avoidance behavior to escape from a stressful event. Weinberg (2011) found dealing with an issue or its emotional or physiological results as a coping strategy characterized by its functional or adaptive value. In some situations, problem-focus coping proved more effective than emotional-focus coping.

All the participants in the study used a combination of strategies, good and bad, to cope with their physical or psychological reactions related to their LE partner's work-related trauma or stress. The participant's responses provided a variety of strategies used to deal with their stress and anxiety related to their LE partner's work-related trauma and stress. Communication was one theme that stood out most. Several participants described how they and their LE partners set up a communication system to let the other know that everything was ok. For example, they listed calling after the trauma is over, making contact during scheduled times throughout the day, and keeping an open dialogue about what they are dealing with emotionally contributed to developing methods of resolution. Communication between intimate partners was an important variable in sustaining positive mental health well-being, relationship satisfaction, and family functioning. In addition, communication between intimate partners proved effective in building support and having a sympathetic foundation to help reduce stress and anxiety.

Relying on religious faith was the next theme. Turning to their religious faith, incorporating communication, or taking prescribed medication seemed to help relieve their symptoms. Several participants admitted to relying on their religious beliefs and other measures to get relief from their symptoms. An individual's belief system and religious faith played a significant role in reducing symptoms of stress. Researchers affirmed that prayer and meditation influence the reduction of stress and anxiety in several situations. How an individual deals with trauma and stress can change their worldview. When coupled with their desire to lean on their religious faith, they altered negative thoughts, which provided holistic healing.

Will turned to his Bible, which he regularly reads to relieve stress and anxiety.

Cheryl talked about relying on her faith to get her through times when she is dealing with stress and anxiety. Katherine professed that being strong in her faith helped her, "…there are so many things out of our control…you cannot lean on your understanding, you just have to trust God."

Discussion

Although exposure to trauma and stress or repeated traumatic situations rose to the forefront of studies, the effect of those experiences on the spouse/intimate partners of LEO received less attention. Work-related trauma and stress heavily influenced the emotional and physical well-being of many spouses/intimate partners and relationship functions. The LE profession can place a tremendous amount of distress on the intimate relationship of many LE families. My analysis aimed to understand the relationship of VT between spouses/intimate partners and their LE partners, along with how it affects relationship functioning. In conducting this phenomenological study, I confirmed previous researchers who used the constructive self-development theoretical frame and contributed to the growing body of empirical research available on VT in spouses/intimate partners of LEO.

Theoretical Framework

The focus of this study was on the effect of VT on spouses/intimate partners of LEO, which adds to the available research on VT on spouses/intimates of LEO. While focusing on the spouse/intimate partners' experience with VT, the data included findings on the effect of VT on spouses/intimate partners and relationship challenges. According to Pearlman & McCann (1992) and Saakvitne et al. (1998), an individual's unique history with trauma survivor shapes their perception and adaptation to each traumatic event. Two

of the participants in the study believed their perception of how their LE partner coped with their work-related trauma or stress caused them to develop a negative attitude towards dealing with these situations.

The second theory relevant to this study, secondary trauma theory, encompasses how individuals in an empathetic relationship with a trauma survivor influenced the development of symptoms related to those of the survivor (Weinberg, 2011). The participants in this study believed they acquired their symptoms related to their LE partner's symptoms due to the disclosure of vivid descriptions or graphic details of their traumatic experiences or stress. The transference of symptoms via disclosure of information relating to the work-related trauma and stress infected the spouse/intimate partner's belief and adaptation to the event, causing them to display symptoms of stress or PTSD related to those of their LE partner. The devastating effects of the LE profession transferred to those in empathetic or personal relationships with an LEO affected by work-related trauma or stress.

The third theory guiding this study, the family stress theory, Reiss & Oliveri (1991) cited how the perception of a traumatic or stressful event was an essential element to family coping with the ongoing stressful or traumatic event. Regehr et al. (2005) suggested stressful events occur when the internal and external occurrences affect the family function. Considering the data discovered throughout this study, led to highlighting the following topics.

Effect of Work-related Stress on Intimate Relationships

Researchers investigating VT or STS in LEOs steadily increases; however, studies on VT or STS in the intimate partners of LEOs remain limited. The LEO is not

the only person affected by what they experience, witness, or have knowledge of in the line of duty. If affects their intimate partners as well (Davidson & Moss, 2006; Landers et al., 2020; Meffert et al., 2014; Porter & Henriksen, 2016). Leo's intimate relationship becomes vulnerable to the unique challenges endured by their work-related stressors. Often, traumatized, or stressed LEOs, take their emotions, (good and bad) home and disclose to their loved ones what they endured in vivid description or graphic detail, thereby transferring their emotions to their intimate partners. LEOs freely disclose information about scenes or investigations to their intimate partner to seek their support and approval. The issue is disclosure of information can provide the emotional support needed; but the empathetic relationships between intimate partners can create maladaptive symptoms and adaptation to what they disclosed (Davidson & Moss, 2008).

There is a growing awareness of the effect of work-related stressors on loved ones. The disclosure of information of traumatic experiences can transfer both negative and positive emotions. Davidson & Moss (2006) posited how repeated exposure to traumatic situations via disclosure can influence increased emotional arousal that heightens over time. However, the disclosure of traumatic experiences repeatedly can also lessen the effect of symptoms of PTSD or stress over time. Exposure to traumatic incidents can influence the development of symptoms of PTSD or stress and, in some cases, influence maladaptive emotions in intimate relationships, which can contribute to decreased relationship satisfaction and functioning. Karaffa et al. (2015) maintained the LE profession significantly strains intimate relationships and interferes with relationship functioning. Hammock et al. (2019) asserted that when one person in an intimate relationship experiences mental health problems related to a traumatic experience, often

negatively affected the other partner. The issues created from work-family conflict in LE families can negatively affect relationship functioning and work performance of the LEO, which increases stress. The inter-role conflict between work and family is incompatible. A classic sign of transference of negative experiences is when work interferes with family functioning and family interferes with work (Smoktunwicz & Cieslak, 2018).

Relationship Challenges

LE is one of the most stressful professions with increased physical and psychological problems related to their exposure to traumatic experiences in the line of duty. These problems contribute to the symptoms of VT the spouses/intimate partners experience related to the LEO's exposure. The interpersonal relationship of LEO faces many challenges as their years of service increase. Work-related stressors and trauma such as assignments, shifts, unknown situations and dangers, organizational stress, and public scrutiny inflict an excessive amount of undue stress onto personal relationships. The participants in this study disclosed several types of work-related trauma and stressors that influenced VT in them.

One participant talked about the public opinion and disrespect for LE, which is an increasing concern. The perception of coping abilities was a significant factor in dealing with work-related trauma and stress directly influencing relationship satisfaction and functioning. Three participants in this study disclosed how work-related trauma and stress negatively influenced their interpersonal relationships with their LE partners. The influence of work-related trauma and stress in two cases was so significant that it deteriorated the relationship, ultimately leading to the termination of the intimate relationship.

One participant stated that when she faced her LE partner's work-related stressors, it triggered her PTSD and depression from the military. The couple had to learn to communicate and accept they held different beliefs. A strong and healthy relationship was a significant resource to coping with stress and challenges in life. The quality of relationship satisfaction and relationship functioning contributed to couples' mental health well-being and created a loving and sustainable life together.

Coping

Exhibiting stress was an overarching theme noticed in the interviews and conversations with the participants in this study. It was evident in the list of responses compiled in the subordinate themes: insomnia, hyperarousal, hypervigilance, loss of concentration, lack of communication, replaying of the incident, and anxiety. The physical signs of stress such as hair breakage, insomnia, loss of concentration were adverse reactions related to the traumatic events experienced by their LE partners, supporting the theory they experienced trauma or stress. Coping strategies vary. Therefore, it is complex to define a specific avenue of dealing with stressors. Researchers classified coping strategies under two labels, problem-focus coping and emotion-focus coping. Two of the participants adapted to problem-focused coping because the influence of their LE partner's coping abilities caused them to take on negative thoughts. In contrast, emotion-focused coping seemed the be the avenue used by the remaining seven participants.

The main strategy listed was communication. Maintaining an open and honest line of communications between intimate partners provided several benefits such as 1) support, 2) healthy relationship functioning, 3) increased relationship satisfaction and 4)

respect. Eight of the nine participants experienced positive outcomes when they incorporated communication in their coping skills. The next strategy used in coping with VT was by the participant's religious faith. Many mental health professionals incorporated religion into their therapeutic interventions. Finding comfort in religion was a common practice for individuals dealing with trauma or stress. Religion provided a strong narrative and meaning of a traumatic or stressful event. They used religion to adapt to challenges or assist in helping to make sense of the traumatic experience (Garcia et al., 2017; Slater et al., 2016). Researchers documented how managing with their emotions using religious beliefs as being either a positive or negative coping skill. Positive coping defines a specific mental schema in a positive perception that enables one to see adversity as an opportunity for change. Negative coping deals with issues in ways that have a more harmful effect than a stressful event. Religion was a positive coping device in dealing with traumatic experiences and psychological adaptation. Four of the nine participants experienced positive outcomes when incorporating their religious beliefs, communication, and other positive activities when dealing with stressful situations.

Role of Communication in Relationship Functioning

Stress experienced by LEOs is a growing concern in the LE profession. LE stress can have an adverse effect on the LEOs intimate relationship. The intimate partner of an LEO plays a major role in building a strong support system. Intimate partners are more than likely to notice early signs of mental health issues before the LEO can make the connection. Guenette (2019) implied that intimate partners need to be aware of dangerous warning signs, they can achieve this through effective communication and active

listening between the intimate partners. LE intimate relationships are challenging but having a strong and respectful communication strategy was essential to sustaining healthy coping abilities and strong relationship functioning. Several participants recounted the importance of developing strong communication in reducing stress, anxiety, and sustaining a healthy relationship.

Keeping open communication between intimate partners about exposure to work-related stressors was important to developing healthy coping strategies and mutual support of understanding (Landers et al., 2020). Friese (2020) described how the family has a major role in providing support to the LEO. Family support was important to reducing the negative effects of work-related stress. The concern with keeping an open dialogue was that one should question how much is too much, when negative or maladaptive emotions developed, and who to direct their report.

Implications

My purpose in conducting this phenomenological study was to understand how the participants' perceptions of their lived experiences dictate symptoms related to their LE partner's exposure to trauma or stress in the line of duty. The relevance of the three theoretical frames guiding this study has shown how possible symptoms of trauma or stress experienced by an LEO in the line of duty transfers onto their spouse/intimate partner.

The participants in this study appear happy and supportive of their LE partner with a genuine desire to sustain strong family functioning. Despite the lack of policies or protocols to provide mental health services to guide spouses/intimate partners in coping with symptoms of trauma or stress related to their LE partner's work-related trauma or

stress, the participants remained concerned and supportive of their LE partner. A focus on vicarious trauma in spouses/intimate partners and the implications of its effect on relationship functioning was supported by constructive self-development, secondary trauma , and family stress theories serving as a foundation for this phenomenological study and providing an opportunity for real conversations between stakeholders, police administration, and the LE community. Policies and protocols must enact addressing the mental health needs of all family members and protect those employed to protect and serve our communities. As a result of the current study, I offer the following suggestions.

For Stakeholders

According to the results of this study, providing support for LE families can benefit all those who protect and serve their communities. Providing mental health services to officers and their spouses/intimate partners shows support. It ensures that LE personnel have the mental capabilities needed to continue serving their community. When an LEO's home breaks, and falls into disarray, it can affect their judgment or decision-making abilities in the field. It also increases the chances of them making mistakes that will cost them their career, or adversely affect the department, or government agency where they work. The spouse/intimate partner is an extension of the officer; whatever happens to the LEO happens to their intimate partner. A happy and well-adjusted home leads to a better-quality officer who can perform their job with comfort, respect, and professionalism. I demonstrated how the effect of spouses/intimate partners of LEO endure what their LE partner experiences (Landers et al., 2020; Meffert et al., 2014). The total detriment depends on the degree of the trauma or stress and the frequency of the exposure. Providing mental health services to the spouse/intimate

partner provides education and helps develop positive coping skills to sustain a healthy attitude about LE and maintain healthy relationship functioning. The stakeholder's acceptance of policies, procedures, and protocols that promote mental health well-being for its personnel and loved one's help shape how the LE community affects the LE families by showing support and respect for the job they perform daily.

For Administration

As leaders of the LE Agencies, it is the responsibility of the Administration to support and protect their LEOs and their spouse/intimate partner. The spouse/intimate partner serves as the family's foundation. They manage the household, care for the children, and ensure their LE partner has the loving support and respect needed to do their job competently and professionally. The LEO is not the only person affected by what they experience in the line of duty; the other party affected party is their spouse/intimate partner (Davidson & Moss, 2006; Landers et al., 2020; Waddell et al., 2020). Using the data in this study, I exemplified the influence on the spouse/intimate partner of LEOs daily stressors and trauma experienced regularly as they perform their jobs. As LE personnel go through their day and endure the many challenges and dangers of the profession, they take work-related trauma or stress home. LEOs vent their concerns or disclose what they endured to their spouse/intimate and because of their empathetic relationship, their spouse/intimate partner takes on symptoms the LEO is trying to relieve (Davidson & Moss, 2006).

As leaders in the LE community accept their responsibility to ensure officer's safety by supplying the tools and training needed to perform their jobs, they also can ensure they remain physically and psychologically fit to make sound decisions in the

performance of their duty. Many stakeholders and police administrators enacted protocols and procedures to ensure the LEOs' mental health well-being. However, their spouse/intimate partner maybe suffering the same fate as the LE partner. LEOs often disclose the dangerous and volatile situations they face in the line of duty to their spouse/intimate and vent their true feelings about an incident or their job. The LE profession often looks down on officers who appear weak, fragile, or do not portray the heroic persona of what they believe an officer should, so they deny the effect of what they experienced. They fail to report work-related stress or trauma affecting their mental health or lie about being well. However, when they go home, the narrative is different because they disclose those feelings of pain or emotional turmoil to the one person who respects and supports them (Guenette, 2019). After all, many view the home as a judgment-free zone. The disclosure leads to empathy for the LEO, and the spouse/intimate partner is the one who feels the negative effects of what they hear, which they may hold in until they cannot handle it. The spouse/intimate partner often feels the effect of the LEO's pain and the stress of the day's activity. The spouse/intimate partner is often the first to recognize something is not right with their LE partner. They observe their struggles in their face, body, and hear it in their voice. The cries of a loved one are loud and noticeable to those closes to them.

Mandatory policies and protocol need to be in place encouraging an LEO to seek help from a mental health professional or support group every time they witness, experience, or have knowledge of a traumatic event. The same help should be offered to their spouses/intimate partners to help them adjust to their role of being a "police spouse," caregiver, supporter. LE administrators continue to support educating their

personnel in the updated laws and procedures of the criminal justice system. There is a lack of educational programs that understand the need to maintain the well-being of the LEO and their families.

For Spouses/Intimate Partners

The role of a spouse/intimate partner of an LEO includes being a supporter, a listening ear, and a caregiver. LE stress is an integral part of the profession (Guenette, 2019). LEOs encounter dangerous and unknown situations daily. Many faces repeated exposed to various traumatic or stressful experiences regularly. The stress of being an LEO is different from what the average citizen or other first responders endure. Their life is constantly at risk and put in harm's way. The work-related trauma or stressors directly affects the LEO's interpersonal relationships, family functioning, relationship satisfaction, and job performance. As intimate partners are exposed to VT or STS, they deserve equal treatment in developing strong physical and psychological well-being.

Mental health professionals educate others on recognizing signs of mental health issues and how to help develop positive coping mechanisms useful in all aspects of life. Support groups for spouses/intimate partners serve as a place for social engagement, education, and understanding the challenges an LEO faces. They also assist in helping to identify signs of trouble, maladjustment to stress or trauma while providing emotional support, and other interventions to benefit LEOs. Support groups are a beneficial asset to the LE community as they can help in developing positive coping skills and meaningful moments to live a happy, healthy, and holistic life as a spouse/intimate partner of a LEO. Chopko et al. (2018) suggested responses and adaptations to cope with stressful events,

identify maladaptive responses, and developing positive coping mechanisms to create healthier well-being.

Delimitations and Limitations

The limitations of this phenomenological study included the diversity in race, sexual orientation, and cultural background of the participants involved in the study. It was likely that similar responses would be elicited across every age group, race, sexual orientation, and cultural background. Therefore, a delimitation of this study was participants' diversity in age, race, cultural background, and sexual orientation. Research also represented a limitation, for which the participants were in control of the data collected during the interview process and conversations. Therefore, the information provided was not objectively verified against the reported lived traumatic or stressful incidents. Moreover, another delimitation rested with the participants' understanding of perceived VT or STS, and the nature of the trauma self-reports grounded more in fact than perception. It was recognizable how the thoughts and attitudes of the participants can change over time and as they encounter traumatic experiences. The voluntary nature of the participant's pool represented another delimitation. Finally, I targeted the perceptions of vicarious trauma in spouses/intimate partners and not of the LEO. Another limitation was the small sample size. Phenomenological research allows the researcher to understand the lived experiences by gathering a small number of participants (Creswell, 2013). The greatest innate limitation was the researcher functioning as the instrument for all analysis in the qualitative research (Creswell, 2013). The highest priority throughout this study was to remain neutral and set aside biases, knowledge, and assumptions.

Recommendations for Future Research

It was apparent that implementing the study procedures would make recruiting participants difficult. Understanding the research and allowance of the LEO and their spouses/intimate partners, created a need to involve their departments in the process. The reasoning behind utilizing qualitative research for this study was to raise awareness of the effect of VT in spouses/intimate partners of LEO. My experiences with trauma in the line of duty confirmed the benefits gained from listening to spouses/intimate partners' perspectives on their experiences of VT related to their LE partner's work-related trauma and how their perception affected the family and the LE community.

First, the benefits of engaging LEO's spouses/intimate partners' experiences with VT in future studies will provide insight into the challenges and changes in attitudes, which occur throughout traumatic experiences and the effect these changes have on continued work-family stress and family functioning. Studies of this nature focus on the effects of work-related trauma or stress on family functioning and relationship satisfaction, explaining how spouses/intimate partners personify the LE community. Based on the study results, the topic of interest for researchers includes the perception of LE family functioning concerning work-related stress, perception of spousal support in LE families, and how effective communication among LE families is in dealing with work-related trauma or stressors. It is necessary to understand the importance of LEOs spouses/intimate partners to sustainability and success in the LE profession. Additionally, research regarding the duress spouses/intimate partners endure due to their LE partner's

work-related trauma or stress should continue. The significance and viewpoint will change as society evolves and a new, more diverse population of LEOs emerges.

Secondly, additional studies centered around the LE family, LE administration, and their perceptions of programs and services extended to the families suffering from vicarious trauma, related to work-related trauma or stress in the line of duty will benefit the LEO job performance and mental health. They would be more didactic concerning purpose and acceptance. Lastly, future researchers can provide a profound understanding of LE spouses/intimate partners' important roles in the officer's life. In addition, further research in these areas may be necessary for explaining how available resources can be influential in improving relationship functioning and relationship satisfaction in the life of the LEO, which will ultimately increase job satisfaction and improve performance.

Summary

The previous chapter presents the findings of this phenomenological study considering the relevant theoretical frame provided in the literature. The study findings contain the perceptual responses solicited from the participants (current/past spouses/intimate partners of LEO), as viewed from the circumstances by which they were lived. The participants' responses are a source of the emotions and feelings the spouse/intimate partners endure as they broker the many roles of being an LEO's spouse/intimate partner. Many of their attitudes and responses are unique to their experiences, which proved challenging in their lifestyle.

References

Adams, C. & van Manen, M. A. (2017). Teaching phenomenological research and writing. *Qualitative Health Research, 27*(6), 780-791. http://doi.org/10.1177/104973237698960.

Alvarez, N. (2015). *Law enforcement officers' perception of their stressors and coping styles and the effect on the family unit*. (Publication No. 3724906) [Doctoral dissertation, Alliant International University Fresno]. ProQuest Dissertation and Thesis Global.

Alexander, D. A. & Walker, L. G. (1996). The perceived impact of police work on police officers' spouses and families. *Stress Medicine, 12*, 239-246. http://doi.org/10.1002/ (SICI)1099-1700(1996 10) 12:4,239;AID-SMI707.3.0.CO:2-3.

American Psychiatric Association. (2013*). Diagnostic and statistical manual of mental disorders.* (5th Ed). APA.

Anderson, A. S. & Lo, C. C. (2011). Intimate partner violence within law enforcement families. *Journal of Interpersonal Violence*, *26*(6), 1176-1193. http://doi.org/ 10.1177/0886 26051038156.

Anderson, I. C., Thomsen, T. G., Bruun, P., Bodtger, U. & Hounsgaard, L. (2017). Patients' and their family members' experiences of participation in care following an acute exacerbation in chronic obstructive pulmonary disease: A phenomenological-hermeneutic study. *Journal of Clinical Nursing, 26*(23-24), 4877-4889. https://doi.org/10.1111/jocn.13963.

Arial, M., Gonik, V., Wild, P. & Danuser, B. (2009). Association of work-related chronic stressors and psychiatric symptoms in a Swiss sample of police officers; a cross sectional questionnaire study. *International Archives of Occupational and Environmental Health, 82*, 323-331. http://doi.org/10.1007/s00420-009-0500z.

Baxter, T. P. (2013). Relational partners of first responders: A confluence of trauma, coping, burden, and worldview. (Unpublished Thesis). Emory University

Beks, T. (2016). Walking on eggshells: The lived experiences of partners of veterans with PTSD. *Qualitative Report, 21*(4), 645-660.http://nsuworks.nova.edu/tqr/vol21 /iss4/4.

Birkley, E. L., Eckhardt, C. I. & Dykstra, R. E. (2016). Posttraumatic stress disorder symptoms, intimate partner violence, and relationship functioning: A meta-analytic review. *Journal of Traumatic Stress, 29*, 39-405. http://doi.org/10.1002/jts.22129.

Borum, R. & Philpot, C. (2007). Therapy with law enforcement couples: Clinical management of the "high-risk lifestyles." *American Journal of Family Therapy, 21*(2), 122-135. http://doi.org/10.1080/01926189308250911.

Boulanger, G. (2018). When is vicarious trauma a necessary therapeutic tool? *Psychoanalytic Psychology, 35*(1), 60-69. http://doi.org/10.1037/pap0000089.

Bourke, M. L. & Craun, S. W. (2014). Secondary traumatic stress among internet crimes against children task force personnel: Impact risk factors and coping strategies. *Sexual Abuse: A Journal of Research and Treatment, 26*(6), 586-609. http://doi.org/10.1177/1079063 213509411.

Bowler, R. M., Kornblith, E. S., Li., J., Adams, S. W., Gocheva. V. V., Schwarzer, R. & Cone, J. E., (2016). Police officers who responded to 9/11: Comorbidity of PTSD, depression, and anxiety 10-11 years later. *American Journal of Industrial Medicine, 59*, 425-436. http://doi.org/10.1002/ajim.22588.

Brady, P. (2017). Crimes against caring: Exploring the risk of secondary trauma, stress, burnout, and compassion satisfaction among child exploitation investigators. *Journal of Police and Criminal Psychology, 32*. 305-318. http://doi.org/ 10.1007/s11896-016-9223-8.

Branson, D. C. (2018). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology, 25*(1), 2-10. http://doi.org/10.1037/trm0000161.

Brodie, P & Eppler, C. (2012). Exploration of perceived stressors, communication, and resilience in law enforcement couples. *Journal of Family Psychotherapy, 23*, 20-41. http://doi.org/ 10.1080/08975353.2012.654082.

Chae, M. H. & Boyle, D. J. (2011). Police suicide: Prevalence, risk, and protective factors. policing*: An International Journal of Police Strategies & Management, 36*(1), 91-118. http://doi.org/10.1108/36396511311302498.

Chopko, B. A., Palmieri, P. A. & Adams, R. E. (2018). Relationships among traumatic experiences, PTSD, and posttraumatic growth for police officers: A path analysis. psychological Trauma: *Research, Practice, and Policy, 10*(2), 183-189. http://doi.org/ 10.1037/tra0000261.

Chopko, B., Palmieri, P. A. & Adams, R. E. (2013). Associations between police stress and alcohol use: Implications for practice. *Journal of Loss and Trauma, 18*(5), 482-497. http://doi.org/101080/15325024.2012.71340.

Chopko, B. A. & Schwartz, R. C. (2012). Correlates of career traumatization and symptomology among active-duty police officers. *Criminal Justice Studies, 25*(1), 83-95. http://doi.rg/10. 1080/1478601X.2012.657905.

Conn, S. M. (2018). *Increasing resilience in police and emergency personnel: Strengthening your mental armor.* Taylor & Francis Group. Retrieved from: http://taylorandfrancis.com.

Craun, S. W., Bourke, M. L., Bierie, D. M. & Williams, K. S. (2014). A longitudinal examination of secondary traumatic stress among law enforcement. *Victims & Offenders, 9*(3), 299-316. http://doi.org/10.1080/15564886.2013.848828.

Craun, S. W., Bourke, M. L. & Coulson, F. N. (2015). The impact of internet crimes against children work on relationships with families and friends: An exploratory study. *Journal of Family Violence, 30*, 393-402. http://doi.org/10.1007/s10896-015-9680-3.

Creswell, J. W. (2013). *Qualitative inquiry& research design: Choosing among the approaches* (3rd ed.). Sage Publications.

Davidson, A. C. & Moss, S. (2006). The effect of marital adjustment on the association between police officers' traumatic distress and trauma disclosure. *Canadian Journal of Police and Security Services, 4*(1), 1-17. https://www.worldcat. org/title/canadian-journal-of-police-security-services/oclc/243591289

Davidson, A. C. & Moss. S. (2008). Examining the trauma disclosure of police officers to their partners and officers' subsequent adjustment. *Journal of Language and Social Psychology, 27(*1), 51-70. http://doi.org/10.1177/0261927X0739511.

Debrot, A., Siegler, S., Klumb, P. L. & Schoebi, D. (2018), *Journal Happiness Studies, 19*, 2283-2301. http://doi.org/10.1007/s10902-017-9922-6.

Delgado-Agudio, A. (2018). Secondary trauma symptoms following exposure to viewing traumatic events. (Publication No. 10978217) [Doctoral Dissertation, Hofstra University]. ProQuest Dissertations and Thesis Global.

Dinsmore, A. (2008). *An exploration of spousal support strategies utilized by female spouses of male police officers*. (Published No. 10184543) [Doctoral Dissertation, Stonehill College]. ProQuest Dissertations and Thesis Global.

Dwyer, L. A. (2005). *An investigation of secondary trauma in police wives*. (Publication No. 3177108) [Doctoral Dissertation, Hofstra University]. ProQuest Dissertations and Thesis Global.

Ellrich, K. & Baier, D. (2017). Post-traumatic stress symptoms in police officers following violent assaults: A study on general and police-specific risk and protective factors. *Journal of Interpersonal Violence, 32*(3), 331-356. http://doi.org/10.177/0886260515586358.

El Sayed, S. A., Sanford, S. M. & Kerley, K. R. (2019). Understanding workplace stress among federal law enforcement officers. *American Journal of Criminal Justices, 44*, 409-429. http://doi.org/10.1007/s12103-019-09474-8.

Eth, S., Miller, E. & McCaw, B. (2019). Intimate partner violence. *New England Journal of Medicine, 380*(24), 850-857. http://doi.org/10.1056/NEJMc1904412.

Fackina, P. J. (2008). Exploration of perceived stressors coping and communication in law enforcement couples. [Doctoral dissertation, Seton Hall University]. eRepository @Seton Hall. http://scholarship.shu.edu/dissertations/408.

Fink, P. J. (2006). Police and PTSD. *Clinical Psychiatry News, 34*(5), 1-3. http://www.go-gale-com/liberty.edu.

Fleischmann, M. H., Strode, P., Broussard, B. & Compton, M. T. (2016). Law enforcement officers' perceptions of and responses to traumatic events: A survey of officers completing crisis intervention team training. *Policing and Society, 28*(2), 149-156. http://doi.org/ 10.1080/10439463.2016.1234469.

Foreman, T. (2018). Wellness, exposure to trauma, and vicarious traumatization: A pilot study. *Journal of Mental Health Counseling, 40*(2), 142-155.http://doi.org/10.177/mehc.40.2.04.

Friese, K. M. (2020). Cuffed together: A study on how law enforcement work impacts the officer's spouse. *International Journal of Police Science & Management. 22*(4), 407-418. http://doi.org/10.1177/1461355720962527.

Fusch, P. I. & Ness, L R. (2015). Are we there yet? Data saturation in qualitative research. *Qualitative Report, 20*(9), 1408-1406. http://nova.edu/QR/ QR20/ 9/fusch1.pdf.

Galovski, T. E., Peterson, Z. D., Beagley, M. C. (2016). Exposure to violence during Ferguson protest: Mental health effects of law enforcement and community members. *Journal of Traumatic Stress, 29*, 283-292. http://doi.org/10/1002 /jts/22105.

Garcia, F. E., Paez, D. Reyes-Reyes, A. & Alvarez, R. (2017). Religious coping as a moderator of psychological response to stressful events: A longitudinal study. Religion, 8(62), 1-13. http://doi.org/10.3390/rel8040062.

Garciasalas, J. M., Krontz, N. A. & Pearce, S. A. (2016). The relationship between secondary traumatization, coping self-efficacy, relational conflict, and marital satisfaction in female spouses of deployed service members. (Publication No. 10107930) [Master's thesis, Brenau University]. ProQuest Dissertations and Thesis Global.

Goff, B. S. & Smith, D. B. (2005). Systemic traumatic stress: The couple adaptation to traumatic stress model. *Journal of Marital and Family Therapy, 31*(2), 145-15. http:// doi.org/ 10.1111/j.1752-0606.2005.tb01552.x

Goldblott, H., Karneilli-Miller, O. & Neumann, M. (2011). Sharing qualitative research findings with participants: Study experience of methodological and ethical dilemmas. *Patient Education and Counseling, 82*(3), 389-395. http://doi.org /10.1016/j.pec.2010.12.016.

Green, D. W. (2016). Traumatic stress, world assumptions, and law enforcement officers. [Doctoral Dissertation, City University of New York] CUNY Academic Works. http://academicworks.cuny.edu/gc_etds/1387.

Griffin, J. D., & Sun, A. Y. (2018). Do work-family conflict and resiliency mediate police stress and burnout: A study of state police officers. *American Journal of Criminal Justice, 43*, 354-370. http://doi.org/10.1007/s12103-017-9401-y.

Guenette, S. (2019). The partner at home: Maintaining a strong first responder marriage, relationship. *International Public Safety Association*. http://Police1.com

Gul, Z. & Delice, M. (2011). Police job stress and stress reduction/coping programs: The effects on the relationship with spouses. *Turkish Journal of Police Studies, 13*(3),

19-38. http://cloudfront.net/378118911/=&response-content-disposition= inline%3B+filename%3 DPolice_Job_Stress_and_Stress_Reduction_C.pdf.

Hall, G. B., Dollar, M F., Tuckey, M. R., Winefield, A. H. & Thompson, B. M. (2010). Job demands, work-family conflict, and emotional exhaustion in police officers: A longitudinal test of competing theories. *Journal of Occupational and Organizational Psychology, 83,* 237-250. http://doi.org/10.1348/0963179 08X401723.

Hallinan, S., Shiyko, M. P. Volpe, R. & Molnar, B. E. (2019). Reliability and validity of the vicarious trauma organizational readiness guide (vt-org). *American Journal Community Psychology, 64,* 481-493. http://doi.org/10.1002/ajcp.12395.

Hammock, A. C., Dreyer, R. E., Riaz, M., Clouston, S. A. P., McGlone, A. & Luft, B. (2019). Trauma and relationships strain: Oral histories with world trade center disaster responders. *Qualitative Health Research, 29(*2), 1751-1765. http://doi.org/10.1177/104973.23198 37534.

Harms, A. (2011). The dirty work of law enforcement: Emotion, secondary traumatic stress, and burnout in federal officers exposed to disturbing media. [Doctoral dissertation, Minnesota State University-Mankato]. Cornerstone. http://cornerstone.lib.mnsu.edu/etds.

Hathorn, D., Machtmes, K. & Tillman, K. (2009). The lived experience of nurses working with students nurses in the clinical environment. *Qualitative Report, 14*(2), 227-244. http://doi.org./10.46743/2160-3715/2009.1381.

Henry, S. B., Smith, D. B., Archuleta, K. L., Sanders-Hahs, K., Goff, B. S., Reisbig, A. M., Schwerdtfeger, K. L., Bole, A., Hayes, E., Hoheisel, C. B., Nye, B. Osby-

Williams, J., Scheer, T. (2011). Trauma and couples: Mechanism in dyadic functioning. *Journal of Marital and Family Therapy, 37*(3), 319-332. http://doi.org/10.1111/j.1752-0606.201 0002003.x.

Heppner, P. P., Wampold, B. E., Owens, J., Thompson, M. N. & Wang, K. T. (2016). *Research design in counseling* (4th ed.). Cengage Learning.

Hirshfeld, A. (2005). *Secondary effects of traumatization among spouses and partners of newly recruited police officers*. (Doctoral dissertation). https://search-proquest. liberty.edu/ researchgate.net/publication/34716206.

Hooper, L. M., Stockton, P., Krupnick, J. & Green, B. L. (2011). The development, use, and Psychometric properties of the trauma history questionnaire. *Journal of Loss and Trauma, 16,* 258-283. http://doi.org/10.1080/15325024.2011.5720352.

Jackson, K. D. (2020). *Police suicide: A phenomenological look into the lived experiences of male officers' suicidal ideation.* (Publication No. 27996275) [Doctoral Dissertation, Northcentral University]. ProQuest Dissertations and Thesis Global.

Javanbakht, A. (2020). The aching blue: Trauma, stress are invisible wounds of those in law enforcement. *Anxiety & Depression Association of America*. http:// https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/aching-blue-trauma-stress-and-invisible-wounds.

Joseph, D. M. (2008). *PTSD in married police officers: Association with individual attachment style, couple attachment behavior, and masculinity.* (Publication No. UMI 3303043) [Doctoral Dissertation, Alliance International University-San Francisco]. ProQuest Dissertations and Thesis Global.

Karaffa, K., Openshaw, L., Koch, J., Clark, H., Harr, C. & Stewart, C. (2015). Perceived Impact of police work on marital relationships. *Family Journal: Counseling and Therapy for Couples and Families, 23*(2), 120-131. http://doi.org/10.1177 /1066480714564381.

Kruis, N. E., Choi, J. & Donohue, R. H. (2020). Police officers, stigma, and the opioid epidemic. *International Journal of Police Science & Management, 22*(4), 393-406. http://doi.org/10.1177/1461355720962524.

Kunst, M. J. J., Sann, M. C., Bollen, L. J. A. & Kuijpers, K. F. (2016). Secondary traumatic stress and secondary posttraumatic growth in a sample of Dutch police family liaison officers. *Stress and Health, 33,* 570-577.http://doi.org/10.1002 /smi.2741.

Kurtz, D. L. Zavala, E. & Melander, L. A. (2015). The influence of early strain on later strain, stress responses, and aggression by police officers. *Criminal Justice Review, 40*(2), 190-208. http://doi.org/10.1177/0734016814564696.

Kuykendall, J. P. (2010*). The effect of variations of critical incidents stress debriefings on law enforcement officer's perceptions and PTSD symptoms.* (Publication No. UMI 347985) [Doctoral Dissertation, Alliant University-Fresno]. ProQuest Dissertation and Thesis Global.

Lambert, J. E., Engh, R., Hasbun, A. & Holzer, J. (2012). Impact of posttraumatic stress disorder on the relationship quality and psychological distress of intimate partners: A meta-analytic review. *Journal of Family Psychology, 26*(5), 729-737. http://doi.org/10.1037/a0029341.

Landers, A. L., Dimitropoulos, G., Mendenhall, T. J., Kennedy, A. & Zemanek, L. (2020). Backing the blue: Trauma in law enforcement spouses and couples. *Family Relations, 69,* 308-319. http://doi.org/10.1111/fare.12393.

Lovestod, S., Love, J., Vaez, M. & Krantz, G. (2017). Prevalence of intimate partner violence and its association with symptoms of depression: A cross-sectional study based on a female population in Sweden. *BMC Public Health, 17*(1), 1-11. http://doi.org/10.1186/s12889-017-4222-y.

Maltzman, S. (2011). An organizational self-care model: Practical suggestions for development and implementation. *Counseling Psychologist, 39*(2), 303-319. http://doi.org/10.1177 /0011000010381790.

Mairean, C. (2016). The relationship between secondary traumatic stress and personal posttraumatic stress and personal posttraumatic growth: Personality factors and moderators. *Journal of Adult Development, 23*, 120-128. http://doi.org/1-10.1007/s10804-016-9228-7.

Marchand, A., Beaulieu-Prevost, C. N., Bealieu-Provost, D., Boyer, R. & Martin, M. (2015). Predictors of posttraumatic stress disorder among police officers: A prospective study. *Psychological Trauma: Theory, Research, Practice, and Policy, 7*(3), 212-221. http://doi.10.1037/a0038780.

McCarty, W. P. & Skogam, W. G., (2012). Job-related burnout among civilian and sworn police personnel. *Police Quarterly, 16*(1), 6-84. http://doi.org/101177/ 1098611112457357.

McGuffin, R. J. (2014). *Law enforcement officers involved fatal incident: A phenomenological study of how law enforcement officers and their spouses*

perceive and describe the experience of an officer-involved fatal incident. (Publication No. UMI 626099) [Doctoral Dissertation, University of Nevada-Reno]. ProQuest Dissertations and Thesis Global.

Meffert, S. M., Henn-Hasse, C., Metzier, T. J., Qian, M., Best, S., Hirshfeld, A., McCaslin, S., Inslicht, S., Neyland, T. C. & Marmar, C. R. (2014). Prospective study of police officers spouse/partners: A new pathway to secondary trauma and relationship violence. *PLOS One, 9*(7), 1-8. http://doi.org/10.1371/journal.pone. 011663.

Mennicke, A. M. & Ropes, K. (2016). Estimating the rate of domestic violence perpetrated by law enforcement officers: A review of methods and estimates. *Aggression and Violent Behavior, 31,* 157-164.http://doi.org/10.1016/ j.avb.2016.09.003.

Miller, L. (2007). Police families: Stress syndromes, and solutions. *American Journal of Family Therapy, 35*(1). http://doi.org/10.1080/01926180600698541.

Miller, M. W., Wolf, E. J., Reardon, A. E., Harrington, K. M., Ryabchenko, K., Castillo, D., Freund, R. & Heyman, R. E. (2013). PTSD and conflict behavior between veterans and their intimate partners. *Journal of Anxiety Disorders, 27*, 240-251. http://doi.org/10.106 /janxdis.2013.02.005.

Mishara. B. L. & Martin, N. (2015). Effects of a comprehensive suicide prevention program. *Journal of Crisis Intervention and Suicide Prevention. 33*(3), 162-168. http://doi.org/10.1027/0027-5910/a000125.

Monson, C. M., Fredman, S. J. & Dekel, R. (2010). Interpersonal processes in the anxiety disorders: Implications for understanding psychopathology and treatment. *APA,* http://doi-prg/10.1037/12084-007.

Monson, C. M., Fredman, S. J., MacDonald, A., Pukay-Martin, N. D., Resick, P. A. & Schnurr, P. P. (2012). Effect of cognitive-behavior couple therapy for PTSD: A randomized control trial. *Journal of American Medical Association. 308*(7), 700-709. http://jama.com.

Montgomery-Drake, C. L. (2008). Law enforcement stress and its impact on spouses. (Publication No. UMI 3307907) [Doctoral dissertation, Capella University). ProQuest Dissertations and Thesis Global.

Moore, D. C. (2004). *The impact of occupational stress and the effectiveness of stress coping strategies on marital relationship of police officers*. (Publication No. UMI 3119168) [Doctoral dissertation, Capella University). ProQuest Dissertations and Thesis Global.

Morley, S. M. (2013). Exploring the marital conflict of police officers: The roles of job stress. job burnout, and work-to-family conflict. (Publication No. UMI 1541648) [Master's Thesis, University of North Dakota). ProQuest Dissertations and Thesis Global.

Mrevlje, T. P. (2015). Coping with work-related traumatic situations among crime scene technicians. *Stress and Health, 32,* 374-382. http://doi.org/10.1002/smi.2631.

Mumford, E. A., Taylor, B. G. & Kubu, B. (2015). Law enforcement officer safety and wellness. *Police Quarterly 18*(2), 111-133. http://doi.org/10.1077/109861 1114559037.

Naz, S., Jamshed, N. & Kazmi, S. N. (2016). Relationship between operational/organizational stress and family distress in police officers from anti-narcotic force (and) Rawalpindi, Pakistan. *Pakistan Journal of Criminology, 8*(4), 29-43. http://www.proquest-com. /docview/2164476584?pq-origsit=summons.

Norris, D., Eichler, M., Cramm, H., Tam-Seto, L. & Smith-Evans, Ki, (2018). Operational stress injuries and the mental health and well-being of veterans spouses: A scoping review. *Journal of Family Theory & Review 10*, 657-671. http://doi.org/10.1111/jftr.12283.

O'Reilly, B. J. (2011). *A phenomenological study of the intimate partners of law enforcement officers involved in a police shooting*. (Publication No. UMI 3481014) [Doctoral dissertation, Capella University). ProQuest Dissertations and Thesis Global.

Ordway, A. M., Moore, R. O., Casasnovas, F. Asplund, N. R. (2020). Understand vicarious trauma, burnout, and compassion fatigue in high conflict divorce. *Family Journal 28*(2). 187-193. http://doi.org/10.1177/1066480720904028.

Pair, J. M. (2018). *A qualitative inquiry into the phenomenon of vicarious resilience in law enforcement officers*. (Doctoral dissertation, Walden University). http://www. scholarwoks:waldenu.edu/cgi/viewcontent/cgi?artical=6523&context=dissertation

Papazoglou, K. & Tuttle, B. M. (2018). Fighting police trauma: Practical approaches to addressing psychological needs of officers. *Journal of Police Emergency Response*, 1-11. http://doi.org/10.1177/2158244018794794.

Pearlman, L. A. & McCann, I. L. (1992). Constructivist self-development theory: A theoretical framework for assessing and treating traumatized college students. *Journal of American College Health. 40*(4), 189-196. http://doi.org/10.1080/07448481.1992.9936281.

Perez, L. M., Jones, J. & Englert, D. R. (2016). Secondary traumatic stress and burnout among law enforcement investigators exposed to disturbing media images. *Journal of Police Criminal Psychology, 25*, 113-124. http://doi.org/10.1007/s11896-01-9066-7.

Porter, K. L. & Henriksen Jr., R. C., (2016). The phenomenological experience of first responder spouses. *Family Journal: Counseling and Therapy for Couples and Families, 24*(1), 44-51. http://doi.org/10.1177/1066480715615651.

Price, M. (2017). Psychiatric disability in law enforcement officers. *Behavioral Sciences and the Law, 35*, 113-123. http://doi.org/10.1002/bsl.2278.

Prost, S. G., Saunders, D. G. Oehme, K. (2020). Childhood family violence and officer response to officer-involved-domestic violence: Effects of cumulative and resolved trauma. *International Journal of Police Science & Management. 22*(2), 194-207. http://doi.org/10.1177/1461355720907641.

PCL-M for DSM-IV. (94). Weathers, Litz, Huska & Keane National Center for PTSD. Behavioral Science Division. http://mirecc.va.gov/docs/visn6/3_PTSD.

Purba, A. & Demou, E. (2019). The relationship between organizational stressors and mental wellbeing within police officers: A systemic review. *BMC Public Health, 19*, 1-21. http://doi.org/10.1186/s12889-019-7609-0.

Regehr, C. (2005). Bringing the trauma home: Spouses of Paramedics. *Journal of Loss and Trauma, 10,* 97-114. http://doi.org/10.1080/15325020590908812.

Regehr, C., Dimitropoulos, G., Bright, E., George, S. & Henderson, J. (2005). Behind the brotherhood: Rewards and challenges for wives of firefighters. *Family Relations, 54,* 423-435. http://doi.org/10.1111/j.1741-3729.2005.00328.x

Reiss, D., Oliveri, M. E. (1991). The family's conception of accountability and competence: A new approach to the conceptualization and assessment of family stress. *Family Process*, *30*(2), 193-214. http://doi.org/10.1111/j.1545-5300.1991.00193.x.

Renshaw, K. D., Rodebaug, T. L. & Rodrigues, C. S. (2010). Psychological and marital distress in spouses of Vietnam veterans: Importance of spouses' perceptions. *Journal of Anxiety Disorder*s, *24,* 43-750. http://doi.org/10.1016/j.janxdis, 2010.05.007.

Renshaw, K. D., Rhoades, G. K., Allen, E. S. & Blais, R. K. (2011). Distress in spouses of services members with symptoms of combat-related PTSD: Secondary traumatic stress or general psychological distress? *Journal of Family Psychology. 25*(4), 461-469. http://doi.org/10.1037/a002399.

Ricciardelli, R. (2018). "Risk it out, risk it out": Occupational and organizational stresses in rural policing. *Police Quarterly*, *21*(4). 415-439. http://doi.org/10.1177/1098611118772268.

Robertiello, G. (2017). *The use and abuse of police power in American historical milestones and current controversies.* 245-253. ABC-CLIO, LLC.

Roberts, K. A. (2017). Correlates of law enforcement suicide in the United States: A comparison with army and firefighters suicides using data from the national violent death reporting system. *Police Practice and Research, 20*(1), 64-67. http://doi.org/10.1080/15614263.2018.1443269.

Roberts, N. A., Leonard, R. C., Butler, E. A., Levenson, R. W. & Kanter, J. W. (2013). Job stress and dyadic synchrony in police marriages: A preliminary investigation. *Family Process, 52*(2), 271-283. http://doi.org/10.1111/j.1545-5300.2012. 01415.x.

Rohni, N. D. (2018). Exploring coping with intimate partners of police officers with a posttraumatic stress injury. (Publication No. 13420482) [Master's Thesis, Adler University). Adler University. ProQuest Dissertations and Thesis Global.

Saakvitne, K. W., Tennen, H. & Affleck, G. (1998). Exploring thriving in the context of clinical trauma theory. *Journal of Social Issues, 54*(2), 279-299. http://doi.org/ 10.1111/j.1540-4560.1998.tb01219.x.

Saunders, D. G., Prost, S. G. & Oehme, K. (2016). Responses of police officers to cases of officers domestic violence: Effects of demographic and professional factors. *Journal Family Violence, 31*, 771-784. http://doi.org/10.1007/s10896-016-98222.

Seay, S. D. (2009). Job stress and the ability to transition among life roles for police officers. (Publication No. UMI 1470987) [Master's Thesis, San Jose State University]. ProQuest Dissertations and Thesis Global.

Setti, I., Lourel, M., Argentero, P. (2016). The role of affective commitment and perceived social support in protecting emergency workers against burnout and vicarious traumatization. *Traumatology, 22*(4), 261-270. http://dx.doi.org/10.1037

/trm0000072.

Shuster, K. S. (2014). *A couple's perspective on policing: Sources of stress & strategies for stress management.* [Master's Thesis, University of Manitoba]. http://Hal.hand6.net/1993/23910.

Skogstad, M., Skogstad, M., Conradi, H. S., Keir, T. & Weisalth, L. (2013). Work-related post-traumatic stress disorders. *Occupational Medicine, 63,* 175-182. http://doi.org/10.1093/occumed/kq+003.

Slater, C. L., Bordenave, J. & Boyer, B. A. (2016). *Comprehensive Guide to Post-Traumatic Stress Disorders*. Impact of spiritual and religious coping on PTSD. 147-162. http://doi.org/10.1007/978-3-319-08359-9_49.

Smith, Hl. L., Summers, B. J., Dillon, K. H. 7 Cougle, J. R. (2016). Is the worst-event trauma type related to PTSD symptoms presentation and associated features? *Journal of Anxiety Disorders, 38,* 55-61. http://doi.org/10.1016/j.janxdis .2016.01.007.

Smoktunowics, W. & Cieslak, R. (2018). How job and family demands impact change in perceived stress: A dyadic study. *International Journal of Occupational Medicine and Environmental Health, 31*(2), 199-215. http://doi.org/10.13075/ijomch. 1896.01134.

Tabor, P. D. (2011). Vicarious traumatization: Concept analysis. *Journal of Forensic Nursing, 7,* 203-208. http://doi.org/10.1111/j.1939-3938.2011.01115.

Timpani-Martin, M. M. (2014). *The mental health of police officers: A critical review of the evidence*. (Publication No. UMI 1556763) [Master's Thesis, University of Hawaii-Hilo]. ProQuest Dissertations and Thesis Global.

Trauma History Questionnaire. (1996). Retrieved from: http://ptsd.va.gov/professional/Assessment/te-measures/thq.asp.

Trombka, M., DeMarza, M., Bacos, D. C., Antonio, S. B., Cicuto, K., Salvo, V., Claudino, F. C., Ribeiro, L., Christopher, M., Garcia-Campayo, J. C. & Rocha, N. S. (2018). Study protocol of a multicenter randomized controlled trial of mindfulness training to reduce burnout and promote quality of life in police officers: The police study. *BMC Psychiatry, 18*(1), 1-10. http://doi.org /10.1186/s12888-018-1726-7.

Tsai, L. C., Angelique, C., Nolasco, R. I. & Vaughn, M. S. (2016). Modeling job stress among police officers: Interplay of work environment, counseling support, and family discussion with co-workers. *Journal of Police Practice and Research, 19*(3), 253-269. http://doi.org/10.1080/15614263.20171342091.

Turner-Barnes, A. M. (2017). *The lived experiences of resilience among South District Chicago police officers.* (Publication No. UMI 10639126) [Doctoral dissertation, Capella University]. ProQuest Dissertations and Thesis Global.

Tuttle, B. M., Giano, Z. & Merten, M. J. (2018). Stress spillover in policing and negative relationship functioning for law enforcement marriages. *Family Journal: Counseling and Therapy for Couples and Families, 26*(2), 246-252. http://doi.org/10.1177/1066480718775739.

Vasileiou, K., Barnett, J., Thorpe, S. & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology, 18*(1), 1-18. https://doi.org/10.1186/s12874-018-0594-7.

Waddell, E., Venning, A., Lawn, S., Redpath, P., Roberts, L., Henderson, J. (2019). "Why do you stay?": The lived experience of the partners of Australian veterans and first responders with posttraumatic stress disorder. *Health and Social Care Community, 28*(1), 1734-1742. http://doi.org/10.10000/hsc.12998.

Wagner, S. L., White, N., Fyfe, T., Matthews, L. R., Randall, C., Regehr, C., White, M., Alden, L. E., Buys, N., Carey, M. G., Corneil, W., Fraess-Phillips, A., Krupp, E., Fleishmann, M. H. (2020). Systemic review of posttraumatic stress disorder in police officers following routine work-related critical incident exposure. *American Journal of Industrial Medicine, 63*(7). 600-615. http://doi.org/ 10.1002/ajim.23120.

Walsh, F. (2016). Applying a family resilience framework in training, practice, and research: Mastering the art of the possible. *Family Process, 55*(4), 616-632. http://doi.org/10.111/famp.12260.

Weinberg, M. (2011). Spousal perception of primary terror victim's coping strategies and secondary trauma. *Journal of Loss and Trauma, 16*(6), 529-541. http://doi.org /10.1080/15325024.2011.576985.

Wheeler, C., Fischer, A., Jamiel, A., Lynn, T. J. & Hill, W. T. (2018). Stigmatizing attitudes toward police officers seeking psychological services. *Journal of Police and Criminal Psychology*. 1-7. http://doi.org/10.1007/s1189-018-9293.

Williams, D. A. (2016). *The lived experience of police officers shot, wounded, and returned to work.* (Publication No. 10242490) [Doctoral dissertation, Capella University] ProQuest Dissertations and Thesis Global.

Wills, J. L. & Schuldberg, D. (2016). Chronic trauma effects on personality trails in police officers. *Journal of Traumatic Stress, 29,* 185-189. http://10.1002 /jts.22089.

Zavala, E. (2017). Assessing the role of gambling on problematic alcohol consumption by police officers. *Journal of Gambling Studies, 34,* 659-672. https://doi.org /10.1007/s10899-017-9725-z

Zavala, E., Melander, L. A. & Kurtz, D. L. (2014). The importance of social learning and critical incident stressors on police officers' perpetration of intimate partner violence. *Victims and Offenders, 10*(1), 51-73. http://doi.org/10.108/155 64886.2014.89.688.

Zavala, E. (2013). Examining the offender-victim overlap among police officers: The role of social learning and job-related stress. *Violence and Victims, 28*(4), 731-748. http://doi.org/10.1891/0886.

Appendix A

Demographical Survey Questions

Please answer each of the following questions accurately by choosing one of the responses provided.

1. What is your gender?
    A. Male
    B. Female

2. What is your age range?
    A. 18-20
    B. 21-29
    C. 30-39
    D. 40-49
    E. 50-59
    F. 60 or older

3. What is your highest level of education?
    A. Never Graduated High School
    B. High School Graduate/GED
    C. Some College
    D. Associate Degree
    E. Bachelor's Degree
    F. Master's Degree
    G. Doctoral Degree

4. How would you describe your current work situation?
    A. Homemaker
    B. Work inside/outside of the home
    C. Professional Career

5. What is the status of your relationship with your LE partner?
    A. Dating
    B. Married
    C. Divorce
    D. Separated
    E. Co-habitation

6. For how many years have you been in an intimate relationship with your LE partner?
    A. 0-5 yrs.
    B. 6-10 yrs.
    C. 11-15 yrs.
    D. 16-20 yrs.
    E. 21-30 yrs.
    F. 31+ yrs.

7. At what type of agency is your LE partner employed?
    A. Campus Police
    B. Municipal Police
    C. County Sheriff's Office
    D. State Law Enforcement
    E. Federal Law Enforcement

8. For how many years has your LE partner been employed in law enforcement?
    A. 0-5 yrs.
    B. 6-10 yrs.
    C. 11-15 yrs.
    D. 16-20 yrs.
    E. 21-25 yrs.
    F. 25-30 yrs.
    G. 31 + yrs.

9. Has your LE partner been involved in a reported traumatic experience in the line of duty?
    A. Yes
    B. No

10. While in the line of duty, in how many traumatic events has your LE partner been involved?
    A. I do not know
    B. 0-5
    C. 6-10
    D. 10+

11. Have you been involved in a traumatic event in your lifetime?
    A. Yes
    B. No

12. If the answer to the above question was yes, have you been treated for the traumatic event?
    A. Yes
    B. No

13. Are you currently taking medication for depression, anxiety, or stress?
    A. Yes
    B. No

14. Have you and your LE partner ever been to therapy/counseling related to their traumatic experience in the line of duty?
    A. Yes
    B. No

15. If the response to the above question was yes, did or is therapy/counseling working?
    A. Yes
    B. No

Appendix B

Interview Questions

Please answer the following questions as accurately and in as much detail as possible.

1. Please tell me about yourself; are you employed? If so, what type of work do you do?
2. How long have you been in an intimate relationship with your LE partner?
3. Have you ever exhibited symptoms of PTSD, stress, or depression related to any past experiences?
4. Have you ever been treated for symptoms of PTSD, stress, or depression?
5. Explain in detail how you experienced vicarious trauma related to your LE partner's work-related trauma.
6. Describe in detail how you have been affected by the vicarious trauma related to your LEO's work-related trauma?
7. Describe in detail how your vicarious trauma is related to your LE partner's work-related traumatic experience(s)?
8. Describe your trauma symptoms.
9. Have you ever reported the trauma symptoms related to that of your LE partners work-related trauma to a mental health professional?
10. Explain the coping mechanisms you are using or have used to deal with your distress. How have they reduced your symptoms?

Appendix C

PTSD Checklist – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the last month.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?					
2.	Repeated, disturbing dreams of a stressful experience from the past?					
3.	Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?					
4.	Feeling very upset when something reminded you of a stressful experience from the past?					
5.	Have physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?					
6.	Avoid thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?					
7.	Avoid activities or situations because they remind you of a stressful experience from the past?					
8.	Trouble remembering important parts of a stressful experience from the past?					
9.	Loss of interest in things that you used to enjoy?					
10.	Feeling distant or cut off from other people					
11.	Feeling emotionally numb or being unable to have loving feelings for those close to you?					
12.	Feeling as if your future will somehow be cut short?					
13.	Trouble falling or staying asleep?					
14.	Feeling irritable or having angry outbursts?					
15.	Has difficulty concentrating?					
16.	Being "super alert" or watchful on guard?					
17.	Feeling jumpy or easily startled?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division.

Appendix D

Trauma History Questionnaire

The following is a series of questions about serious or traumatic life events. These types of events actually occur with some regularity, although we would like to believe they are rare, and they impacted how people feel about, react to, and/or think about things subsequently. Knowing about the occurrence of such events, and reactions to them will help us to develop programs for prevention, education, and other services. The questionnaire is divided into questions covering crime experiences, general disaster and trauma questions, and questions about physical and sexual experiences.

For each event, please indicate (circle) whether it happened and, if it did, the number of times and your approximate age when it happened (give your best guess if you are not sure). Also note the nature of your relationship to the person involved and the specific nature of the event, if appropriate

Crime-Related Events		***Circle One***		***If you can yes, please indicate***	
				Number of times	***Approximate Age(s)***
1	Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or mugging?	YES	NO		
2	Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?	YES	NO		
3	Has anyone ever attempted to or succeeded in breaking into your home when you were not there?	YES	NO		
4	Has anyone ever attempted to or succeed in breaking into your home while you <u>were</u> there?	YES	NO		
General Disaster and Trauma		***Circle One***		***If you can yes, please indicate***	
				Number of Times	***Approximate Ages(s)***
5	Have you ever had a serious accident at work, in a car, or somewhere else? (If yes, please specify below) _____	YES	NO		
6	Have you ever experienced a natural disaster such as a tornado, hurricane, flood, or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? (If yes, please specify below) _____	YES	NO		

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7	Have you ever experienced a “man-made” disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury? (If yes, please specify below) _____	YES	NO		
8	Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?	YES	NO		
9	Have you ever been in any other situation in which you were seriously injured? (If yes, please specify below) _____	YES	NO		
10	Have you ever been in any other situation in which you feared you might be killed or seriously injured? (If yes, please specify below) _____	YES	NO		
11	Have you ever seen someone seriously injured or killed? (If yes, please specify who below) _____	YES	NO		
12	Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? (If yes, please specify below) _____	YES	NO		
13	Have you ever had a close friend or family member murdered, or killed by a drunk driver? (If yes, please specify relationship [e.g.,mother, grandson, etc.] below) _____	YES	NO		
14	Have you ever had a spouse, romantic partner, or child die? (If yes, please specify relationship below) _____	YES	NO		
15	Have you ever had a serious or life-threatening illness? (If yes, please specify below) _____	YES	NO		
16	Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you? (If yes, please indicate below) _____	YES	NO		

17	Have you ever had to engage in combat while in military service in an official or unofficial war zone? (If yes, please indicate where below) _____				
Physical and Sexual Experiences		***Circle One***		***If you can yes, please indicate***	
				Number of Times	***Approximate Age(s)***
18	Has anyone ever made you have intercourse or oral or anal sex against your will? (If yes, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below) _____				
19	Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? (If yes, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below) _____				
20	Other than incidents mentioned in Questions 18 and 19, have Have there been any other situations in which another person tried to force you to have an unwanted sexual contact?				
21	Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?				
22	Has anyone, including family members or friends, ever attacked you <u>without</u> a weapon and seriously injured you?				
23	Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?				
24	Have you experienced any other extraordinarily stressful situation or event that is not covered above? (If yes, please specify below) _____				

Citation:
Hooper, L. M., Stockton, P., Krupnick, J., & Green, B. L. (2011). The development, use, and psychometric properties of the Trauma History Questionnaire. Journal of Loss and Trauma, 16, 258-283.

Appendix E

IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

July 23, 2021

Dortheen Richardson
Richard Green

Re: IRB Exemption - IRB-FY20-21-877 Vicarious Trauma in Spouses/Intimate Partners of Law Enforcement Officers and the Relationship between Trauma and Relationship Functioning

Dear Dortheen Richardson, Richard Green,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2. (iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

YOUR STAMPED CONSENT FORM(S) AND FINAL VERSIONS OF YOUR STUDY DOCUMENTS CAN BE FOUND UNDER THE ATTACHMENTS TAB WITHIN THE

SUBMISSION DETAILS SECTION OF YOUR STUDY ON CAYUSE IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. MICHELE BAKER, MA, CIP
Administrative Chair of Institutional Research
RESEARCH ETHICS OFFICE

Appendix F

Consent

Title of the Project: Vicarious Trauma in Spouses/Intimate Partners of Law Enforcement Officers and the Relationship between Trauma and Relationship Functioning
Principal Investigator: Dortheen Richardson, Graduate Student, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be 18 years old or older and a current or past intimate partner with an LEO who has been affected by an experienced trauma or been exposed to repeated traumatic experiences or know of traumatic experience(s) in the line of duty. You must also have exhibited symptoms related to the phenomenon and be able to articulate and write in descriptive form your lived experience regarding the phenomenon.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to better understand the impact of vicarious trauma on the spouses/intimate partners of law enforcement officers in Alabama and allow researchers to attain a meaningful understanding of real-life events and the complexity of the social phenomenon.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete two PTSD self-report assessment instruments (PCL-C and THQ) (10-15 minutes).
2. Complete a survey (5-10 minutes).
3. If you are found to be eligible (per the survey and assessment instruments), you will proceed with the remainder of the study procedures. I will email potential participants to let them know if they are eligible. I will discard the instrument and survey data of individuals who are not eligible.
4. Complete a phased interview procedure: (a) provide a written response to the interview questions (15-20 minutes); (b) submit to an oral interview with audio and video recording for clarity and understanding (up to one hour).
5. Review the transcription for accuracy (an additional 10-20 minutes).
6. Answer any follow-up questions that may need to be answered for clarification.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include impacting accountability and equality in treatment for law enforcement families by providing equity in how vicarious trauma in first responders is

perceived and treated and understanding its impact on their spouses/intimate partners and families. Additionally, it will aid in the development of protocols and procedures to positively affect the quality of life of those affected by the law enforcement officers' traumatic experiences in the line of duty.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews and conversations will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Dortheen Richardson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her. You may also contact the researcher's faculty sponsor, Richard Green.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio & video record me as part of my participation in this study.

_____

_____

Printed Subject Name Signature & Date

Appendix G

Vicarious Trauma in Spouses/Intimate Partners of LEO and the Relationship between Trauma and Relationship Functioning
Transcribed Interview of Tianna

Me: Ok, I am recording now; again, thank you for participating in this study. Today is October 31, 2021, the time is 4:02 pm.
And the first, I have a copy of your written responses, and um, it should go pretty quick, Um
Tianna: ok
Me: Please tell me about yourself, are you employed? If so, what type of work do you do?
Tianna: Yes, ma'am, I am a Registered Nurse, and I work at [redacted], which is Inpatient Psych.
Me: How long have you been in an intimate relationship with your LE partner?
Tianna: about 6-8 months, I think, yeah 6-8 months.
Me: Ok, have you ever exhibited symptoms of PTSD, stress, or depression related to any past experiences?
Tianna: seems like ah, some PTSD and stress related to what he saw on the job.
Me: Ok, have you had any before that?
Tianna: Ahh, I don't, I don't think so.
Me: So, there was none before the relationship, ok
Me: Have you ever been treated for symptoms of PTSD, stress, or depression?
Tianna: No, ma'am
Me: Explain in detail how you experienced vicarious trauma related to your LE partner's work-related trauma.
Tianna: Ah, most of the time we spent together, our dates or movie night, we would talk about what he saw on the job. It was more a venting session for him (me: ah huh), like the stress and trauma he went through seemed occupied the times spent together.
Me: You said it occupied most of you all time spent together.
Tianna: um huh
Me: ok, and can you elaborate on that? You said that, you said it was more like a venting session him, um was talk about the scenes or whatever he saw, what effect it had on him emotionally?
Tianna: yes, so you know he like just if he had to respond on like a domestic violence call or something like that he would talk about ah what houses was like, or whatever the you know the person looked like that had been abused or just how he was in contact with a person that was hostile, aggressive, and how he felt scared and concerned for his own safety.
Me: Ok, can you go a little bit more in detail how you have been affected by the vicarious trauma related to his work-related trauma.
Tianna: Um, I think I didn't really know what he went through at first when he first started dating, but the longer that we dated, the more he told me, Um, I just became like real anxious, especially while he was at work. Ah, he worked at night, so I didn't

really sleep while he was at work because I was just concerned and we kind of had a time where you know I was expected a phone call but (me: ah huh), call when he had downtime (me: ah huh), and if he didn't call at the normal time, I would be really mad, worried with concern for him (me: ok). My anxiety went up too
Me: ok, when you became concerned what, what other feelings you had were you hyper-aroused or hypervigilant about what could be going on. Um, I see that you said that you lost sleep and your anxiety increased. Was there anything else?
Tianna: Ah, I think a lot of, I'm trying to figure out how to describe it but. A lot, (sigh) I guess you can say hypervigilant um, just even I was out around other people (me: ah huh) pay paid more attention to what the people around me were doing.
Me: ah huh
Tianna: and I started coming up with exit strategies (me: ah huh), you know in the event that something starts going crazy (me: ah huh), to get out of situations
Me: okay, and number seven, describe in detail how your vicarious trauma is related to your LE partner's work-related traumatic experiences?
Tianna: Ah, I just think like with the anxiety it will just always be there for me (me: ah huh), um even at my job, you know with nurses, you know the experience of violence from patients especially in the setting I work in (me: ah huh), just the awareness of people around me
Me: Ok, and and these are some of the experiences that he had as well; I know that he vented to you a lot about the things that he saw, I know you said that it was more like ah, what What did you call it (ruffling paper), ahhhh (Tianna: just like the venting?), the venting sessions when he saw you. So, in those venting sessions, were he, ah telling you how he felt about it or what he saw and how it affected him emotionally?
Tianna: yeah, yes, ma'am. um, I can say for him, it was kind of once he kind of outside of work he was kind of just he talked about it, but he really didn't express a lot of emotions and like his stakes, he would kind of have a stooped posture, like he just seemed exhausted when he would talk about that stuff.
Me: ah huh, and this was all the time?
Tianna: it was most of the time.
Me: Ok, tell me again what symptoms that you had; I see ah anxiety and feelings of constant worry, is there anything else?
Tianna: Ah, I don't, I don't think so, but like I say, I'm more aware of my surroundings (me: Ah huh), I think that's it for the most part.
Me: would you say you were stressed during (Tianna: um huh, yes ma'am) during that time?
Tianna: yes
Me: Have you ever related, have you ever reported the trauma symptoms related to that of your LE partner work-related trauma to a mental health professionals?
Tianna: No, ma'am
Me: Explain what coping mechanisms you are using or have used to deal with your distress and how it reduce your symptoms?
Tianna: We just tried to keep a positive attitude, but also, he was really into ah going to the gym (me: ah huh), so we did that together, and it helped, it helped some.
Me: So, in those positive attitudes, you all will communicate about what was going on and try to come up with some type of avenue of dealing with it, or you just let it ride?

Tianna: ah, we tried to come up with avenues to deal with it, and part of it was, like I said, with the phone calls we would have an estimated time I would hear from him, um try feel know just being positive and feeling reassured you know that things would be ok and he would come home after his shift (me: ok).
Me: so, did that work?
Tianna: yeah, it helped some
Me: ok now (Tianna: start talking), um go ahead
Tianna: I was just going to say that most of our dates, we talked a lot about his job but when we spent time at the gym together. It just took our minds off of it, and we just focused more on the training, and we just talked more freely about other stuff when we were at the gym.
Me: ok (silence, scribbling) ah, alright, that was the last question. Thank you so much
Tianna: yes, ma'am, you're welcome
Me: ok, bye-bye.