CUFFED TOGETHER: A STUDY ON HOW LAW ENFORCEMENT
WORK IMPACTS THE OFFICER'S SPOUSE

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Master of Social Work

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Karen M. Friese

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APPROVED BY THE INTERIM DEAN OF GRADUATE STUDIES:

Sharon A. Barrios, Ph.D.

APPROVED BY THE GRADUATE ADVISORY COMMITTEE:

Sue Steiner, Ph.D.
Graduate Coordinator

Susan Roll, Ph.D., Chair

Ryan Patten, Ph.D.

TangJudy Vang, Ph.D.

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DEDICATION

To all the law enforcement officer spouses/significant others who are committed to serve and protect through their own resilience. Thank you to my family who has been on this journey with me, encouraging me and walking with me through many unpleasant circumstances. To my children, Gracie and Rubie, for sacrificing time with me. To my husband, Dave, who is finding his way and learning how to live without the identity of law enforcement. But most of all, thank you to my Lord for giving me strength, perseverance, and placing people along my path to provide support when I needed it most.

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ABSTRACT

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Research has shown that law enforcement officer spouses or significant others (LEOS) are susceptible to secondary trauma, or vicarious trauma, in addition to occupational stress caused by: an irregular work schedule, personality changes, bringing work stress home, the stigma attached to seeking mental health services, and higher alcohol use to cope with stress. LEOS experience psychological and physiological stress because of the exposure to occupational stress, often vicarious trauma or STS, through their interpersonal relationship with their officer. The James Lange theory of emotion explains how brain chemistry contributes to behavior and how trauma is processed. This study sought to fill the gap in literature by identifying how law enforcement work impacts LEOS by using a mixed method, cross-sectional, research design to identify occupational stressors, coping mechanisms, and adverse childhood experiences (ACEs) by collecting data using a survey and focus groups to further understand the survey results.

Of the participants ($N = 171$), 81% described themselves as Caucasian, 98% of respondents identified as female, and 59% reported affiliation with a state entity. Scores ranged from 38% to 69% of participants experiencing all of the measured items of stress, and using negative coping mechanisms two times as much as positive coping mechanisms. Focus group data supported survey results with four emerging themes: adaptation to life as a LEOS, stressors, secondary trauma, and coping mechanisms. LEOS reported that 70% of respondents had exposure to critical incidents. Literature has shown that women report higher amounts of psychological stress putting them at greater risk of feeling stress after hearing about a critical incident.

LEO have shown the propensity to minimize manifestations of stress and this may be true of LEOS resulting in low scores. LEOS experience elevated stress at levels close to the same, some times more, than the LEO, contributing to the use of negative coping strategies to manage the strain. LEOS are at risk for experiencing long term physical and mental health concerns resulting from ongoing exposure to heightened levels of stress. This study indicates a need for a trauma informed approach and/or cognitive behavioral therapy to address trauma and the distorted thinking patterns that occur over a long career in law enforcement. Peer support is supported throughout literature as one of the most effective modalities for treating first responders and their families.

CHAPTER I

INTRODUCTION

Occupational stressors experienced by law enforcement officers (LEO) negatively contribute to their interpersonal interactions with their spouses and/or significant others. Law enforcement officer spouses (LEOS) or significant others experience high levels of stress that affect their overall physical, mental, and family health (Kirschman, 2018). According to Kirschman (2017), clinical psychologist and therapist for first responders, “Behind every officer who is involved in a critical incident, there is an almost invisible family left to pick up the pieces or to watch helplessly as a once familiar and loving individual changes into a stranger” (p. 2). The specific impact on LEOS and how being married to a LEO may affect their physical and mental health has not been established because most research to date focuses on the officer as opposed to the spouse/significant other.

Purpose of the Study

There is a need to understand the culture of being a LEOS so community support and services can be designed to treat common issues unique to this population. LEOS, will be defined as any individual married or in a partnership with an active duty, or retired, sworn law enforcement officer working, or having worked, in agencies such as city police, county sheriff, probation, corrections, or highway patrol. There is a gap in research as to the impact on the LEOS and how being married to an officer may affect the spouse’s physical and mental health. Therefore, this study seeks to learn what occupational stressors are commonly experienced by LEOS because of the unique culture of law enforcement, what coping skills are most common among the target population, and if there is any relationship between

childhood experience and coping. Additionally, the data collected will provide insight on what type of support or programs will be beneficial to help minimize adverse effects of occupational stressors. This study will address a dearth of knowledge and focus solely on LEOS to keep the research narrow and specific to the culture.

Research has shown that LEOS are susceptible to secondary trauma, or vicarious trauma (Kirschman, 2018), in addition to occupational stress caused by: an irregular work schedule, personality changes (Roberts & Levenson, 2001), bringing work stress home (Karaffa et al., 2015), the stigma attached to seeking mental health services (Karaffa & Koch, 2016), and higher alcohol use to cope with stress (Menard & Arter, 2013). Studies completed with first responders, police, fire, and medical, suggests a high percentage of workers bring home their occupational stress and it plays a significant role in how they interact in their personal lives (Roberts & Levenson, 2001; Fay, Kamena, Benner, & Buscho, 2006; Karaffa et al., 2015; Porter & Henriksen, 2016; Kirschman, Kamena, & Fay, 2013). The law enforcement community is a culture within itself, is extremely hard for an outsider to develop trust without being a member, and studies have shown how this separate culture can provide additional strain on the family (Roberts & Levenson, 2001; Karaffa et al., 2015). This culture is a barrier to community members seeking support and can cause isolation. These factors support the need for further research.

CHAPTER II

LITERATURE REVIEW

Occupational Hazards or Stressors

LEO have unique needs based on the culture of law enforcement and the occupational stressors that create a perceived impact on family members especially spouses/significant others. The terms “occupational stress” or “work-related stress,” are used interchangeably in literature and research. It will be defined as psychological strain causing physiological and behavioral changes (Pasillas, Follette, & Perumean-Chaney, 2006). Work-related stress is widespread and affects LEO across the world as evidenced by studies conducted in Scotland (Alexander & Walker, 1996), the United States (Karaffa et al., 2015; Waters & Ussery, 2007; Roberts & Levenson, 2001; Brodie & Eppler, 2012; Tuttle, Giano, & Merten, 2018;), Turkey (Gul & Delice, 2011), and India (Lambert et al., 2017). According to a study by Alexander and Walker (1996) in Scotland, approximately 76% of LEOS reported their officer being stressed at work over the last 4 weeks and 59% reported their relationship had been adversely impacted because of work stress. Ninety-four percent of LEOS reported that officers experiencing work stress would not pursue therapeutic services as a source of support (Alexander & Walker, 1996). “Work related stress associated with police work leads to numerous issues including post-traumatic stress disorder (PTSD), depression, anxiety, alcoholism, substance abuse, suicide, domestic violence, divorce, and other addictions and problems” (Renteria, 2009, p. 1).

The stigma attached to seeking mental health support suggests that using different language may help promote officers seeking services that encourage overall health and

wellness (Karaffa & Koch, 2016). Officers do not want to risk being perceived as “weak,” incapable of protecting the public, or lacking the capacity to have their brothers’ backs during critical incidents (Renteria, 2009; Menard & Arter, 2013; Kirschman, 2018; Waters & Ussery, 2007; Karaffa et al., 2015).

Research explores a variety of occupational stressors such as shift work or irregular work schedules, negative communication patterns between spouses (Karaffa et al., 2015), vicarious trauma (Porter & Henriksen, 2016), higher alcohol intake to cope with trauma (Menard & Arter, 2013), the stigma of seeking mental health treatment (Karaffa & Koch, 2016), hypervigilance (Gilmartin, 2002), and family history (Inslicht et al., 2010). The emphasis of these studies is placed on the LEO and their perception. Additionally, these studies suggest significant stressors the officer carries with him/her, and would have a remarkable contribution to his/her interpersonal relationships. According to Porter and Henriksen (2016), first responders experience a remarkable amount of pressure or tension in their personal relationships because of occupational stress. Kirschman (2018) wrote about how LEO are expected to compartmentalize, but often bring work home. Studies completed on marriage with LEO suggest noteworthy findings that support a need for further research that is focused on the LEOS specific to the impact of physical and mental health symptoms, adverse childhood experiences (ACE), and coping skills developed, as contributing factors to the function of the relationship (Galatzer-Levy et al., 2013).

According to the National Law Enforcement Officers Memorial Fund (NLEOMF), there are nearly 900,000 police officers in the United States (2019). Approximately 306,000 of these sworn officer’s experienced symptoms related to PTSD (Kirschman, 2017). The National Institute of Mental Health defines PTSD as a condition that

is generated in response to exposure to a threatening or intimidating event (National Institute of Mental Health, 2018). Symptoms of PTSD include but are not limited to intrusive memories, nightmares, reliving traumatic events, physical reactions, avoidance, difficulty thinking, loss of memory, and withdraw. Reports show a relationship between PTSD experienced by members of the military and unpleasant feelings, emotions and a decreased level of functioning in their spouses (Renshaw, Allen, Rhoades, & Blais, 2011). Another commonly experienced symptom of PTSD and personality change in law enforcement is hypervigilance (Kirschman et al., 2013).

According to Gilmartin (2002), officers often experience high levels of hypervigilance even when they are off duty and in their home environment. Hypervigilance is a physiological condition regulated by the sympathetic branch of the autonomic nervous system. Living in a heightened state of arousal on a continuous basis adds strain to the body and physical health because the brain does not have adequate time to rest, recover, and repair as needed to function at an optimum level. Hypervigilance interferes with the officer's ability to function in a healthy manner in interpersonal relationships because of the inability to recover or relax while outside of work (Gilmartin, 2002; Kirschman, 2018). The development of the internet with instantaneous media coverage, bodycams, bystander video coverage, and social media have catalogued many occupational hazards officers face. These occupational stressors can add to the state of hypervigilance while off duty because of the pervasive nature and relentless exposure to critical incidents.

Due to hypervigilance and other occupational stress, officers likely experience a change in their personality (Gilmartin, 2002; Kirschman, 2018), and have trouble compartmentalizing work from home creating difficulty during interactions with their

spouse. Officers experience significant human tragedy, run into dangerous situations to help or protect the public, and are exposed to individuals engaged in criminal activity. These extraordinary circumstances experienced on a semi regular basis can contribute to changes in the officers' thinking patterns and lead to behavior changes that can cause stress on their interpersonal relationships (Kirschman, 2018). Additionally, it is not uncommon for the officers to keep work related concerns to themselves out of a desire to protect his/her spouse, but instead creating distance in the marriage (Karaffa et al., 2015; Alexander & Walker, 1996).

The law enforcement culture is unique because of its own unspoken rules subscribed and adhered to by members, as well as their spouses. For example, a distrust for the public is developed and there is a stigma attached to seeking psychological help (Kirschman et al., 2013; Karaffa & Koch, 2016). Law enforcement culture has high expectations of its members because they are responsible for maintaining order, which only serves to heighten the distrust of anyone outside the law enforcement community (Fay et al., 2006) and places additional pressure on LEO to keep their personal life in order (Levenson, 2007). LEOS are subjected to the same expectations and standards. Roberts & Levenson (2001) found that job stress contributed to negative emotional interactions in law enforcement marriages because of several factors like sleep deprivation, shift work, and lack of contribution to parenting responsibilities.

Historical Trauma or Childhood Trauma

Historical trauma, or an accumulation of trauma, is another key factor to consider when studying the law enforcement community. The ACE research study conducted by the Center for Disease Control (CDC) and Kaiser (1998) showed that accumulation of trauma

increases the likelihood of an individual to experience more trauma and other related medical and mental health concerns (Felitti et al. 1998). The ACEs study linked childhood trauma to increased risk of depression/anxiety, suicide, substance abuse, chronic obstructive pulmonary disease, ischemic heart disease, sexually transmitted diseases, and much more (Felitti et al., 1998). Trauma is not discriminating and affects individuals differently depending on the history of trauma, brain development, current resources/support, and adaptive coping skills (Kawam & Martinez, 2016). This trauma can contribute to an officer adopting maladaptive coping mechanisms to cope with occupational stressors faced on a frequent or daily basis.

Trauma informed care supports the importance of treating the primary or intrinsic trauma before present symptoms can be addressed adequately (Kawam & Martinez, 2016). Trauma informed care stresses the value of treating therapists having awareness that there could be a history of trauma contributing to the current concern at hand (Knight, 2015). “There also is increasing evidence to suggest that exposure to trauma in childhood leads to neurobiological changes in the developing brain” (Knight, 2015, p. 26). This reinforces the importance of analyzing existing coping strategies, resources, and networks that can support adaptive mechanisms and promote overall mental health.

Secondary Traumatic Stress

Spouses’ adverse reactions to the traumatizing events experienced by their partners imply they are experiencing a secondary traumatic stress (STS) response (Renshaw et al., 2011). STS, is defined by Bride (2007), as the feelings that develop when learning about an individual’s trauma or tragedy and becoming adversely affected by it. It often accrues from listening and working with victims or loved ones experiencing trauma, or working in a traumatic setting like disaster relief, resulting in posttraumatic stress symptoms.

The initial causes of trauma are variable, however, the fact that people are affected by the unpleasant experiences of others cannot be ignored (Dernoot Lipsky, 2009). Responses to STS are unique and dependent on the individual. First responders show the emotional and psychological stresses of their job can be transferred to their family members (Alexander & Walker, 1996; Porter & Henriksen, 2016; Karaffa et al., 2015; Roberts & Levenson, 2001; Brodie & Eppler, 2012; Tuttle et al., 2018; Gul & Delice, 2011). This negatively impacts marital relationships and causes unintended loss within the family structure (Porter, & Henriksen, 2015). “The nature of police work includes toxic work environments and uncertain danger which imparts a unique type of occupational stress spillover or the transfer of stress from work life to home life for law enforcement officers” (Tuttle, Giano, & Merten, 2018, p. 246). Lastly, warning signs of trauma exposure include feeling helpless and hopeless, minimizing, chronic exhaustion/physical ailments, dissociative moments and feelings of guilt, fear, and anger (Dernoot Lipsky, 2009).

Coping Skills

The degree at which police marriages are functioning is dependent on the coping strategies that are implemented when spillover occurs. Coping techniques are organized into different categories and identified as adaptive or maladaptive skills (Amnie, 2018). Some styles of coping include problem-solving, emotion-focused, or avoidant (Amnie, 2018). The use of adaptive coping strategies promotes resilience and results in a successful long-term relationship (Thompson, 2012). Some adaptive STS coping tools include regular exercise, healthy diet, mindfulness, yoga, meditation, humor and jokes, practicing spirituality or religion, breathing exercises, and seeking social support (Fortune & Kaye, 2001; Amnie, 2018), and communication (Meffert et al., 2014). Maladaptive coping techniques include

avoidance of stress, withdrawal, isolation, use/misuse/abuse of alcohol or drugs (Leino, Eskelinen, Summala, & Virtanen, 2011), disassociation and engaging in risky behaviors (Amnie, 2018). Successful prevention techniques combine education, training and peer support (Caringi et al., 2017). Research has shown there is a relationship between ACEs and coping preferences (McElroy & Hevey, 2014) which supports the importance of resource installation for individuals with a higher ACE score.

The research demonstrates that LEO have significant occupational stressors that negatively contribute to their interpersonal relationships. This study seeks to learn what occupational stressors are experienced by LEOS, how agencies support spouses, and what skills and techniques are most commonly used among LEOS to cope with the stress experienced by law enforcement such as secondary trauma, personality changes, hypervigilance, stigma of seeking mental health treatment, and the barrier of trusting outsiders. There is a gap in research in this area and this study will provide insight that may contribute toward developing programs of support for LEOS to mitigate symptoms experienced because of occupational stressors.

CHAPTER III

CONCEPTUAL FRAMEWORK

LEOS experience psychological and physiological stress because of the exposure to occupational stress, often vicarious trauma or STS, through their interpersonal relationship with their officer. The James Lange theory of emotion explains how brain chemistry contributes to behavior and how trauma is processed (Kalat, 2013). When experiencing trauma, the prefrontal cortex, or the decision-making part of the brain, shuts down, and the instinctual part of the brain, the amygdala, takes control. This is commonly referred to as the fight or flight mechanism. When/if feeling threatened, chemicals such as cortisol and adrenaline, are released into the body to protect the individual from the perceived threat (Kalat, 2013). These chemicals create neurological pathways that direct the body to react by running, fighting back, or freezing. LEOS can take on the perceived threat experienced by their officer through STS and undergo symptoms such as hypervigilance, isolation, and withdrawal (Caringi et al., 2017). These symptoms may occur when the STS is not processed because the cognitive function of the brain has been shut down. For the prefrontal cortex to be reactivated, the STS will need to be addressed. However, STS can hinder the process of integrating the whole brain to function together simultaneously.

There is no research or scientific evidence to show a link to the James Lange theory as an explanation of STS. However, based on his theory, the brain produces chemicals in reaction to information received from experiences related to the LEOS by the officer. The LEOS is indirectly exposed to the trauma as it was experienced by the officer. Inadvertently, because of brain chemistry, the LEOS begins to experience STS symptoms in reaction to the

information, compiled with occupational stress. Statistics describe most LEO as male (Federal Bureau of Investigation, 2013) and research shows evidence that women have a higher risk of experiencing trauma (Amnic, 2018). As a result, LEOS are at risk of experiencing STS not only from occupational stress because of their spouse's job, but also because most LEOS are female.

CHAPTER IV

METHODOLOGY

Procedures and Study Design

The research was conducted using a mixed method, cross-sectional, research design to determine how law enforcement work impacts LEOS. Prior to any data collection, approval was obtained from the California State University (CSU), Chico Institutional Review Board (IRB). Four surveys and focus groups were used for data collection. The study was conducted over a seven-month period, including preparation/recruitment of participants, data collection and data analyses.

Sampling

For this study, participants were recruited by purposive and snowball sampling through social media, such as Facebook, using online groups exclusively for LEOS, and email distributed to local law enforcement agencies requesting participants. Participants were recruited initially for the electronic survey. The researcher used her own membership to recruit members of the law enforcement spouse community through closed groups on social media designed only for members of law enforcement. Any participant not currently married to or the significant other of an active duty or retired sworn law enforcement officer was excluded from the study.

After the electronic survey closed, data collected was used to further recruit interested participants willing to be part of the focus groups. The electronic survey was used to invite participants to volunteer for further data collection by stating a willingness if chosen to be part of a focus group. Interested individuals were given a list of potential dates, and the

proposed focus groups were conducted on the two dates most participants stated they could attend. The focus groups were conducted in Chico, California at the California State University, Chico campus.

Informed Consent/Confidentiality

Prior to the data collection, each participant completed an electronic informed consent form explaining the purpose of the research, risk and benefits of his/her participation, and how this researcher will secure confidentiality and their identity to remain anonymous (see Appendix A). No identifying information was collected. If the participant agreed to participate in the study, he/she was asked to give electronic informed consent to agree he/she understood by clicking yes. Once the participants accepted/clicked “Yes” to voluntarily partake in the study, they were then given access to the surveys (see Appendices B, C, D, and E).

Quantitative Data

An original electronic survey was designed that combined demographics, the ACEs questionnaire, questions describing occupational stressors, and questions outlining a variety of coping mechanisms (see Appendices B, C, D, and E). The survey was made available through a reusable link posted in social media groups for LEOS and provided through email of interested participants. The survey was open for one month, September 10, 2018 to October 10, 2018, before it was closed for data analyses. The data obtained through the electronic surveys were stored in the Qualtrics survey platform which required a user name and password to obtain access. Only the researcher had access to the data. At the end of the Qualtrics data collection, the data was exported to the Statistical Package of Social

Sciences (SPSS) software for analyses. The SPSS data was stored on a thumb drive for security. The thumb drive was stored in a locked safe when not in use by the researcher.

Qualitative Data

A month after the survey closed, two focus groups were conducted based on the responses from the electronic surveys. The focus group participants were recruited through survey responses inquiring volunteers to engage in a more detailed discussion to further explore and explain the results collected through the survey. The researcher received support from local law enforcement agencies through a monetary donation toward expenses incurred from the study and through the process of recruitment by delivering a department wide email with information about the study for any interested participants. Participants signed an informed consent form and made a verbal agreement to confidentiality prior to group engagement (see Appendix F). Members of the focus groups signed a contact sheet and agreed to exchange contact information with one another as a means of support in the future.

Instruments

Demographic Questionnaire

The first part of the survey contained questions regarding the demographics of the population. The questionnaire contained nine items with predesignated choices to select from. Items included gender, ethnicity, age, length of officers' career, if the officer was in law enforcement when the relationship began, length of relationship, children, used counseling previously, and type of law enforcement agency affiliation (see Appendix B).

Adverse Childhood Experiences (ACEs)

The ACEs survey is a self-reporting scale including 10 items with a reliability of .78. Each item answered “Yes” scored a “1” and each item answered “No” scored a “0”. Total scores could range from 0-10. The survey measured childhood exposure to trauma including: child physical, sexual, and emotional abuse/neglect; parental violence; household mental illness and substance use; parental separation or divorce; and incarcerated household member (see Appendix C). The functional definition defined by Kalmakis and Chandler (2014) states:

Adverse childhood experiences are childhood events, varying in severity and often chronic, occurring within a child’s family or social environment that cause harm or distress, thereby disrupting the child’s physical or psychological health and development. (p. 1495)

Law Enforcement Officer (LEO) Observed Stress

The LEO survey consists of 14 Likert items to measure stress among two populations (a) stress of the officer as observed by the LEOS and (b) a self-reported stress by the LEOS (see Appendix D). The items included occupational hazards or stress such as: shift work, avoidance, hypervigilance, sleep habits, irritability/anger/resentment, critical incidents, public image, personality changes, physical stress, black/white thinking, and department or occupational loyalty. These items were developed by the researcher after reviewing the literature on occupational stress commonly experienced in law enforcement (Gilmartin, 2002; Caringi et al, 2016; Tuttle et al., 2018; Alexander & Walker, 1996; Porter & Henriksen, 2016; Karaffa et al., 2015; Roberts & Levenson, 2001; Brodie & Eppler, 2012; Tuttle et al., 2011; Fay et al., 2006; Kirschman et al., 2013). The responses scored between “1” to “5,” with “1” indicating “never” and “5” indicating “daily” with total possible scores

ranging from 14-70. An internal reliability test was conducted with this instrument and population. The result was measured at .62 using the Cronbach alpha coefficient which indicates the internal consistency of the items measuring the same underlying construct.

Law Enforcement Officer Spouse/Significant Other (LEOS) Self-Reported Stress.

Research has shown evidence to support the correlation between direct exposure to trauma or stress accompanying LEOs home from work and “spilling over” into their personal life causing concerns with interpersonal relationships (Tuttle et al., 2018). This segment of the survey measured occupational stress as listed above experienced by the LEOS through indirect exposure. The responses scored between “1” to “5,” with “1” indicating “never” and “5” indicating “daily” with total possible scores ranging from 14-70. The Cronbach alpha coefficient was measured at .73, indicating an acceptable internal reliability.

Positive Coping and Negative Coping

The Positive Coping and Negative Coping instrument was developed by the researcher using literature defining adaptive and maladaptive coping mechanisms (Amnie, 2018). The survey contained 15 items and used a Likert scale using never, once a week, 2-3 times a week, 4-6 times a week, or daily as measurements scoring responses with “1” to “5” respectively. Total possible scores could range from 15-75. The mean inter-item correlation scored in the optimum range of .4 for reliability. According to Briggs and Cheek (1986), an inter-item correlation should be used for reliability on short scales because Cronbach alpha values are unstable. There were eight positive or adaptive and six negative or maladaptive coping mechanisms included such as: isolation, journaling, spiritual activities, aggression/violence/yelling, meditation or yoga, intentional practice of self-care, counseling

or therapeutic services, drinking alcohol, taking over-the-counter medications, coffee or energy drinks, volunteer work, and attending support groups.

Focus Group Questionnaire

Two focus groups, totaling eight participants combined, were conducted with a different facilitator each time. The data obtained from the groups were combined into a single codebook. Questions were developed from the above survey results to guide the discussions. The questions focused on the areas that seemed to be prominent and unique to the culture of law enforcement. The items covered shift work, hypervigilance, sleep, coping mechanisms, and spirituality (see Appendix G).

Following each focus group, the faculty advisor and student researcher met four times to analyze and code prominent themes for a total of eight hours. The first two sessions followed each focus group to extract the data, identify themes, and compare and contrast the information that stood out. The student researcher and faculty advisor individually and independently created codebooks to ensure all data was included. Finally, the codebooks were reviewed independently and together conducting a thematic analysis with the following objectives (Auerbach & Silverstein, 2003):

- Compare and contrast relevant text by categories of individual focus groups.
- Look for repeating ideas and emerging themes.
- Construct classifications and design the analysis.
- Describe finding and use quotes of relevant text to illustrate theoretical narrative.

Themes emerged into four different, broad categories: 1) adaptation to life as a LEOS, 2) stressors, 3) secondary trauma, and 4) coping mechanisms.

Ethical/Cultural Considerations

Focus group participants were given an informed consent form to complete prior to the discussion. The participants were encouraged to notify the facilitator if a break was needed, and reminded if it became uncomfortable, they could quit participating at any time without negative consequences. The facilitator for each group was equipped with trauma informed care and aware that participants could be triggered by the discussion. Referrals were available to participants if they needed further assistance to process concerns that may have arisen during or after the group was completed. Each group was reminded about confidentiality and the delicate nature of material that could arise. It is important to note the uniqueness of the community and cultural characteristics such as distrust of others and loyalty to their specific department.

CHAPTER V

RESULTS

Survey Results

A total of 201 surveys were completed. Out of the respondents, thirty participants were eliminated from results because the survey was not completed or because they did not meet the qualifying criteria of being married or in a partnership to a retired or active duty sworn law enforcement officer; thus, the data analyses examined 171 valid surveys. As mentioned above, data was collected via an electronic survey platform, which comprised four sections: 1) demographics, 2) the ACEs survey, 3) occupational stressors, and 4) coping skills from which LEOS were to identify those which they had applied.

Demographics

Of the participants ($N = 171$), 81% described themselves as Caucasian and 98% of respondents identified as female. Ages of participants ranged from 19 years to 66 years of age and 87% reported having children. Of the total, 59% identified their agency affiliation as a state entity such as state trooper or highway patrol, 19% reported affiliation with a city police agency, 10% were county agencies such as a sheriff department, and 2% identified in the field of corrections such as county jail or prison (see Table 1).

Adverse Childhood Experiences

Of the 171 valid responses, 29% scored more than 3 on the ACEs questionnaire. The mean was 5.4 with a total possible score ranging from 1 to 10. According the ACEs study, individuals with a total score higher than 3 are at increased risk of depression/anxiety, suicide, substance abuse, chronic obstructive pulmonary disease, ischemic heart disease,

Table 1

Demographic Factors

Factors	Survey Participants (N = 171)	
	Frequency	Percent
Age		
19 - 30 years old	40	20
31 - 40 years old	84	42
41 - 50 years old	54	27
51 - 60 years old	18	9
Over 60 years old	5	2
		Total = 100
Gender		
Male	3	1.5
Female	183	98
Decline to Answer	1	.5
		Total = 100
Race/Ethnicity		
White/Caucasian	162	81
Hispanic/Latino	17	8.5
Asian/Pacific Islander	7	3.5
Other	3	1.5
Native American	2	1
African American/Black	1	.5
		Total = 96
Agency Affiliation		
State Trooper/Highway Patrol	118	59
City Police Agency	39	19
County (Sheriff)	19	10
Corrections	3	2
		Total = 90

Note. All demographic information except for age was limited by listed options; Ages were fill in the blank.

sexually transmitted diseases, and much more (Felitti et al., 1998). Fifty respondents scored over 3 ACEs with a mean score of 5.4 with a standard deviation of 1.485 indicating most scores were close to the average of the group. One hundred twenty-one participants scored

between 0 to 3 ACEs with a mean score of 2.2807 and a standard deviation of 2.32699 indicating most scores in the group were close to the average overall (see Table 2).

Table 2

ACEs Survey

Variable	Descriptive Statistics					
	Score 0 – 3			Score 4 – 10		
	Total (N)	Mean	Standard Deviation	Total (N)	Mean	Standard Deviation
ACEs	121	2.2807	2.32699	50	5.4	1.485

Individuals who have experienced trauma are more likely to be subjected to further trauma and expanding evidence supports neurobiological changes occur in the brain in response to trauma (Knight, 2015). An analysis of the survey responses revealed that participants with a total ACE score higher than 3 ($n = 50$) reported higher levels of stress than those who score lower than 4 ($n = 121$). Data reflected coping tools were used more frequently in the group scoring more than 3 ACEs than the group with a total ACE score less than 4 (see Table 3).

Table 3

ACEs, Stress, and Coping

Variable	Group Statistics					
	Total ACE Score 0 – 3 ($n=121$)			Total ACE Score 4 – 10 ($n=50$)		
	Total (n)	Mean	Standard Deviation	Total (n)	Mean	Standard Deviation
LEO Observed Stress	108	41.7315	9.15557	44	45.2273	9.10115
LEOS Reported Stress	108	35.3981	10.01209	44	38.0455	7.37675
Positive Coping	101	14.5842	3.90453	43	15.5349	5.06317
Negative Coping	101	29.4257	4.16016	43	30.7907	3.72609

Participants with ACE scores between 0-3 reported lower stress levels with a mean score of 41.7315 for LEO observed with total possible scores ranging from 14-70, a mean score of 35.3981 for LEOS with total possible scores ranging from 14-70, and using negative coping skills more frequently than positive coping skills; whereas participants with an ACE score above 3 reported elevated stress levels with a mean score of 45.2273 for LEO observed stress with total possible scores ranging from 14-70, a mean score of 38.0455 for LEOS with total possible scores ranging from 14-70, and using negative coping skills more frequently than positive coping skills. The standard deviation measured in the group of participants with an ACE score below 4 demonstrated a larger range of scores than the group with an ACE score over 3 which reflected a smaller range of scores. Both groups of participants reported positive coping is used less frequently and negative coping is used more frequently regardless of the ACE score.

Law Enforcement Officer Observed Stress

Results reflected scores ranging from 44% to 69% of participants experiencing all of the measured items of stress (see Table 4).

LEOS reported observing the officer demonstrate significant stress measuring higher than the average stress level. LEOS reported observing stress with a mean score of 36.1645, with scores ranging from 19 to 60 out of a total score ranging from 14-70, and the standard deviation 9.37973 indicating a wide spread of data (see Table 5).

Table 4

Occupational Stress

Variable	Group Statistics			
	Total LEO Observed Stress (<i>n</i> = 152)		Total LEOS Self Stress (<i>n</i> = 152)	
	Frequency	Percent	Frequency	Percent
Shift Work	128	63	119	59
Avoid Activities	94	44	76	38
Change Plans	136	68	107	53
Irritable/Angry	98	50	107	53
Holidays	130	66	115	57
Critical Incidents	140	69	140	70
High Standard	111	55	104	52
Public Image	111	55	113	51
Personality Change	127	63	108	53
Hypervigilance	149	75	128	63
Sleep Issues	118	59	122	60
Physical Tension	136	67	131	65
Black/White Thinking	118	59	92	46
Loyalty	138	68	123	61

Note: Survey contained 14 variables measuring occupational stress using a Likert Scale.

Table 5

LEO Observed Stress Survey

Variable	Descriptive Statistics				
	Total (<i>N</i>)	Minimum	Maximum	Mean	Standard Deviation
Total Observed Stress	152	19.00	60.00	36.1645	9.37973

Note: Survey contained 14 items measuring occupational stress.

Law Enforcement Officer Spouse
Self-Reported Stress

Participants reported experiencing all of the items measured under occupational stress. The results of experienced stress ranged from 46% of participants to 70% of participants experiencing the items listed as occupational stressors (see Table 4). Scores ranged from 20 to 64 with a total possible score ranging from 14 to 70, a mean of 42.7434 and the standard deviation of 9.24751 indicating a wide spread of scores (see Table 6).

Table 6

LEOS Self-Reported Stress Survey

Descriptive Statistics					
Variable	Total (N)	Minimum	Maximum	Mean	Standard Deviation
Total LEOS Self-Reported Stress	152	20.00	64.00	42.7434	9.24751

Note: Survey contained 14 items measuring occupational stress.

Positive Coping and Negative Coping

Of the participants, over 60% reported using self-care and exercise which are defined as positive coping mechanisms (see Table 7). On items measuring positive coping skills, LEOS scored between 8 and 32 with a total possible score ranging from 8 to 40, a mean score of 14.8681 and a standard deviation of 4.28732, indicating that most respondents scored close to the mean score.

Of the participants, 61% reported being self-critical and 55% reported using coffee or energy drinks which are defined as negative coping mechanisms (see Table 7). On items measuring negative coping skills, LEOS scored between 22 and 41 with a total possible

Table 7

Coping Mechanisms Survey

Variable	Group Statistics	
	Frequency	Percent
Positive Coping		
Meditation	44	23
Self-Care	120	61
Counseling	44	22
Exercise	116	63
Journaling	64	32
Spirituality	70	36
Volunteer Work	75	38
Support Groups	4	3
Negative Coping		
Self Criticism	123	61
Isolation	111	55
Aggression	76	38
Sexual Activities	5	3
Drink Alcohol	93	47
Take Medications	17	9
Drink Coffee/Energy Drinks	114	57

Note: Survey contained 8 items measuring positive coping and 7 items measuring negative coping.

score ranging from 7 to 35, a mean score of 29.8333 and the standard deviation of 4.07105, indicating that most respondents scored close to the mean score (see Table 8).

Focus Group Analysis

Focus Group Questionnaires

Discussion in the focus groups contained several common dominant themes including; shift work, hypervigilance, single parenting, sleep deficiencies, secondary trauma,

Table 8

Coping Mechanisms Survey

Variable	Descriptive Statistics				
	Total (N)	Minimum	Maximum	Mean	Standard Deviation
Total Positive Coping	144	8.00	32.00	14.8681	4.28732
Total Negative Coping	144	7.00	26.00	29.8333	4.07105

Note: Survey contained 8 items measuring positive coping and 7 items measuring negative coping.

resilience, public image, peer support, support systems, protective traits, care giving, personality changes, relational time, self-care, stress relief and emotional stress. These were grouped as subthemes under four different, broad categories: 1) adaptation to life as a LEOS, 2) stressors, 3) secondary trauma, and 4) coping mechanisms.

Theme 1: Adaptation to life as a LEOS. Five subthemes made up this dominant theme, including: shift work, single parenting, resilience, public image, lack of sleep, and protective traits. These themes are represented in the literature. Every LEOS in both groups shared a common language centered around adapting to life as an officer's spouse. One participant stated, *"So we're not spending a lot of time together because I'm exhausted from the shuttling and all the- everything basically- being the one and only for a "x" amount of days."* Schedule and shift changes, family commitment in competition with work commitment and protective behaviors are common or typical issues facing LEO families (Miller, 2007; Woody, 2006; Porter & Henriksen, 2016; Brodie & Eppler, 2012; Waters & Ussery, 2007). LEOs become accustomed to working long hours and being on call 24 hours a day because of the demands of work (Alkus & Padesky, 1983). LEOS close the gap by adapting to traditional roles by changing the family schedule to take care of the household,

are often a single parent, and in many cases employed outside of the home (Alkus & Padesky, 1983). This sentiment was echoed by a participant stating, “. . . *just feeling like a single parent even though we have a spouse, feeling like a single parent all the time. You just feel like you have to do it all.*”

Theme 2: Stressors. Stress is the overarching theme that was evident in the data in its entirety as evidenced by nine subthemes comprising this governing theme, including: sleep deficiency, physical health, emotional and relational stress, hypervigilance, personality change, daily stress, care-giving, and stress relief. The literature includes an abundance of research supporting these types of stress being omnipresent in the lives of LEO families (Arble, Daugherty, & Arnetz, 2017; Habersaat, Geiger, Abdellaoui, & Wolf, 2015; Kazmi & Singh, 2015; Woody, 2006; Miller, 2007; Finn & Tomz, 1998; Porter & Henriksen, 2016; Brodie & Eppler, 2012). LEOS group participants shared a common characteristic of care-giving that contributes to emotional exhaustion and relational strain. One spouse said,

I always wanted to have my husband's lunch made. So he'd have something before he goes to work and the kid's lunches were made, a hot breakfast, a hot dinner. So that would be a little stressful at times to get that done and now I don't really care so much.

This was echoed by another participant stating, “*Yeah well and he's perfectly capable of Doing this stuff I just kind of just wanted to make things easier for him and less stress for him.*” Group participants commiserated about the lack of sleep stating, “*We're definitely sleep deprived as wives, for sure*” and “*We get our sleep when we can.*” One of the main contributing factors to sleep deprivation aside from shift work and long hours is hypervigilance or being in a constant or heightened state of awareness.

Hypervigilance contributes to stress in significant ways because it not only causes neurological changes, but it contributes to behavior or personality changes that are in

response to chemicals being released in the brain (Gilmartin, 2002). LEOS reported a heightened sense of awareness in statements like: *“They’re always on and so it kind of rubs off onto you,” “I’ve never been a gun person. I am now, but I wasn’t then,” “If there’s a noise in my house I get the gun and walk around,”* and *“Yeah I mean you like clear the house [check for intruders].”* Participants agreed they are “trained” to pay attention and data supports physical fatigue from being in a constant state of awareness (Brodie & Eppler, 2012).

Theme 3: Secondary Trauma. This theme provoked mutual shared experiences of hearing second hand about critical incidents through participants’ spouses or on social media. This theme stood on its own and had one subtheme: critical incidents. Participants shared the fear experienced when they learned about a critical incident such as a pursuit, officer involved shooting, fatal car accident, or local crisis such as the failure of the Oroville Dam spillway and the wildfires. Watching incidents play out on social media or the news adds to the strain LEOS experience and participants talked about the role of social media groups providing information in these situations to help ease the fear of not knowing if their officer is safe. In addition, national crises such as school shootings had a great impact of LEOS participants. One participant shared,

But I also work at a school so like, for example, we went to this big training in Sacramento on something totally different, but I noticed all the bathroom stalls had these little like J17 or whatever. My first thought was like oh if there’s a shooter and you’re locked in there and you can say where you were and someone’s like or so they can tell the maintenance guy which toilet is broken.

Group participants nodded in agreement of understanding as she was talking. Another participant shared a critical incident that had great impact not only on her LEO, but on her. It

was a fatal traffic accident involving a young woman on a motorcycle. The woman had learned how to ride recently and her husband was behind her on his bike.

She veered into oncoming traffic with this tow truck that split her down the middle basically. I think that's probably as far as like accidents and stuff gruesome and that's an example of one he was on scene but he purposely did not go out of his way to see her as other officers did and he's like I don't need to see that.

This LEOS stated that her officer used to ride a motorcycle as a hobby. He never got on his bike again and eventually sold it.

Theme 4: Coping Mechanisms. This encompassing theme was made of seven subthemes including: peer support, spirituality, coping, family time, self-care, isolation, and loyalty/pride. Participants expressed a desire to have peer support discussing the importance of having a network of people who understand the unique life of law enforcement families and the strain involved on a daily basis. Although, all participants agreed that they would like to have peer support, it was acknowledged that it is difficult to obtain partly because of the small rural community and because it is a challenge to meet the LEOS since they do not have interactions with one another unless an opportunity presented itself for them to meet one another. For example, one participant that is affiliated with the California Highway Patrol described peer support:

It is very unique and is interesting and it's like an automatic bonding thing-and part of it is the isolation too because you do pick up and move initially to where you don't know anybody so that's all you have.

A second participant talked about how difficult it was to relate to friends who were not in the law enforcement community because they do not understand. She stated, *"And they are always annoyed with their husbands and you're like I would love to have time to be pissed off at him."* Another woman talked about notifications on her phone bothering her and a friend

asked her why she did not turn her phone off. The LEOS said, *"I'm like you're clearly not married to a police officer. I don't turn my phone off ever."*

LEOS in both groups mentioned alcohol, isolation, family time, and spiritual practices as ways they manage the stress. Resilience was a trait that was hard to ignore listening to the group discuss the ways they categorize stress. One participant stated, *"Cops are really good at compartmentalizing but I don't think that people understand that their wives do it more because we have to kind of put it away for a later time."* Participants described the intentional ways they plan family time and how they have to be spontaneous to fit it in at times because of shift work or being called out on a day off.

CHAPTER VI

DISCUSSION

The purpose of this mixed method study was to learn what occupational stressors are commonly experienced by LEOS because of the unique culture of law enforcement and what coping skills are most common among the target population. In addition, the researcher sought to examine the correlation between LEOS with ACE scores over 3, level of stress, and coping strategies in comparison to their counterparts with ACE scores under 4. There did not appear to be a significant difference in stress levels of participants with higher ACE scores and those with lower ACE scores. In addition, responses did not show a significant difference between the two groups and coping mechanisms used to manage stress. All occupational stressors listed on the survey were reported to be experienced commonly by most respondents with almost 60% of respondents experiencing symptoms like: lack of sleep, shift work/long hours, critical incidents/secondary stress, hypervigilance, holding themselves to a higher standard than the public, personality changes like black-and-white thinking, irritability, resentment, physical tension, and a strong feeling of loyalty/pride for the department. Negative or maladaptive coping mechanisms were reported to be used twice as often as positive or adaptive coping mechanisms by all respondents.

Physical signs of stress such as tension in the neck or back, hypervigilance, and critical incidents were prevalent themes that contribute to high levels of strain and sleep deprivation. Of the quantitative respondents, 65% reported feeling tension in their body they attributed to stress. It has been shown that LEO begin their career in supreme health and often retire early or expire from work associated stress ailments (Waters & Ussery, 2007).

Sixty-three percent of LEOS respondents validated feelings of hypervigilance. This staggering result coupled with 70% of participants attesting to being exposed to critical incidents was supported by qualitative data from the focus groups as LEOS described the fear instilled through the LEOs work. Group participants shared examples of hypervigilance. Some statements were matter-of-fact like, *"There's a proper place to sit at a restaurant,"* referring to the officer sitting with his back to the wall facing the exit so he can assess risks, or *"I don't trust anybody to watch my kid"* and others more detailed such as:

That's where I'm really, really vigilant and it changes your perspective of the things that you think are safe and they are not and getting their perspective and knowing that he's always casing out the joint for where's the best place for us to escape, where do I hide the kids and that rubs off after a while and sometimes when I forget it's lovely.

Group members appeared comfortable and in agreement as they listened to each other's stories. Members agreed that the law enforcement culture and being a LEOS changes thinking especially around parenting. Things the public takes for granted like allowing children to go to the bathroom in a restaurant without a chaperone or allowing children to go to a friend's house without knowing the parents. One participant stated, *"how can I keep my daughter safe from all of these bad people out there,"* and another described, *"We wanna go meet the parents and check out the house and everything and my daughter's friends are just coming over, their parents are dropping by staying for a minute and dropping them off and leaving."* Members commiserated knowingly when the discussion turned to performing background check on daycares.

Critical incidents elicited mixed responses. LEOS reported that 70% of respondents had exposure to critical incidents placing them at risk for secondary or vicarious trauma. Literature has shown that women report higher amounts of psychological stress (Hart, Wearing, & Headey, 1995; Kawam & Martinez, 2016) putting them at greater risk of

feeling stress after hearing about a critical incident. Qualitative data collected demonstrated the exposure to critical incidents has an equally if not more significant impact on LEOS. Participants made the following statements: *"Hey babe don't touch my pants because there's probably brain matter on them,"* and *"When you wake up and their boots are outside and you're like somebody's [brains, guts, blood are] on there."* LEO will often be provided with debriefing through employment to help them process critical incidents, but LEOS are not provided the same opportunity (Leino et al., 2011).

The lack of sleep and repeating theme of feeling exhausted was supported by both survey responses and qualitative data. Inadequate or insufficient sleep has been linked to a weakened immune system with higher health risks (Ganz, 2012), slower reaction time or reactivity (Sluiter, De Croon, Meijman, & Frings-Dresen, 2003; Newland, 2009), and necessary to process traumatic experiences to create memories (Kobayashi, Mellman, Altaee, Howell, & Lavela, 2016). LEOS reported feeling overwhelmed, irritable, and exhausted. Results show the resilience of LEOS who adapt daily life based on constantly changing variables like shift work, long hours and lack of sleep. One LEOS said, *"It seems as soon as you get used to one shift it changes again."* Group participants discussed not only a lack of sleep, but trouble going to sleep, and remaining in a heightened state of awareness especially at night because of the LEO being at work or coming home in the middle of the night.

Coping Skills

Data reflected that self-care and exercise were most the commonly used positive coping skills. Seventy-nine percent of LEOS survey participants attested to the use of energy drinks or coffee to manage stress. Alcohol consumption was sanctioned by 65% of respondents. Alcohol use was not supported as extensively in the qualitative data which may

be a result of it being an accepted and encouraged way to cope in the law enforcement culture (Menard & Arter, 2013; Waters & Ussery, 2007). Participants endorsed the use of isolation, aggression/violence/yelling, volunteer work, and spiritual activities as common coping strategies.

Isolation was supported by participants in the focus groups as evidenced by statements like, *"I don't need a best girlfriend to talk to and so I don't. I don't put it out there on anyone else if I'm stressed. And I cry."* Another LEOS stated, *"I know for me I have felt so isolated as a cop's wife."* The discussion included accounts of family not understanding why the LEO was absent for holidays or family celebrations and friends who were alarmed because the LEO never seemed to be around. The lack of understanding from natural support groups such as friends and family seemed to contribute to isolation.

Qualitative data demonstrated how public image plays a role in how much is shared, *"I mean yeah I don't want him to look bad,"* and the lack of trust of outsiders, *"I don't wanna be that crazy wife,"* or those not in the LEO community, *"we have a real strong sense of family of blue."* The data collected through focus group discussions highlighted LEOS falling into traditional family roles where unspoken expectations assume that the spouse will take care of the house, prepare meals, wash laundry, raise the children, cater to the needs of their LEO, sometimes also working outside of the home, and sacrifice their own needs to ensure that everything is taken care of. Kirschman (2018), describes this type of coping as "overfunctioning" or a habitual way of putting their own needs last (p. 27). Qualitative data represented this with statements like: *"As a mom and a wife and as a person sometimes you're use to making sacrifices,"* *"I think for me it's been like okay how can I make him the most comfortable in the situation so that we can have a good time,"* and *". . . but I do feel*

like I should be representing his hard work better I guess.” LEOS may learn this through childhood observations in their family of origin, or through social constructs that show women in a nurturing, caretaking role. Literature describes the ultra-masculinity public image of law enforcement officers making them attractive to more traditional women (Alkus & Padesky, 1983) and puts additional stress on LEOS to maintain order at home (Waters & Ussery, 2007).

Limitations

There are some limitations to the current study that are worth considering. A snowball sample using social media such as Facebook groups was used to recruit participants. Because of the private nature of law enforcement culture, the desire to protect their identity and their family, many members do not participate in social media and some individuals may not be reflected in the sample because of this concern. Women are more likely to use social media and network with other women (Kimbraugh et al., 2013). This is reflected in the number of participants that identified as female. In addition, there is evidence that supports women are more likely to experience psychological strain (Hart et al., 1995). The majority of participants were affiliated with a state entity such as highway patrol which is likely resulting from the membership of the researcher with the California Highway Patrol. The focus groups were conducted in Chico, California which is a rural community located in the northern part of the state and posed challenges that may not be faced in urban areas. This resulted in a limited number of participants able to attend the groups.

There has been limited research focusing on the LEOS and instruments were created for the purpose of studying unique characteristics encountered in the field of law enforcement. LEO have shown the propensity to minimize manifestations of stress and this

may be true of LEOS (Perrin et al., 2007) resulting in low scores. The instruments will need further use to determine the reliability and validity. Surveys were based on self-report and can limit the scope of data collected making it difficult to generalize.

CHAPTER VII

CONCLUSION

This study found that LEOS experience elevated stress at levels close to the same, some times more, than the LEO, contributing to the use of negative coping strategies to manage the strain. The data collected has provided insight on the resiliency of LEOS and the need for culturally competent support or programs to help minimize adverse effects of occupational stressors on LEOS. Social work emphasizes the importance of evidence based policy and practice. This study demonstrates the importance of social workers being equipped to educate the public and the community about law enforcement culture and advocate for social policies to be created making mental health and wellness a priority. In Doing so, it will help to not only strengthen law enforcement families, but by extension it will benefit the community in which they serve and protect.

In addition, the data reflected in this study can guide future practice because it indicates a need for a trauma informed approach and/or cognitive behavioral therapy to address trauma and the distorted thinking patterns that occur over a long career in law enforcement. Peer support is supported throughout literature as one of the most effective modalities for treating first responders and their families. Peer support has gained recognition because it reduces stigma of asking for help (Levenson, 2007; Finn & Tomz, 1998). This research can provide a foundation for further studies in this unique population to explore the subject, gain insight, and create support to address the needs of the LEOS community. LEOS are at risk for experiencing long term physical and mental health concerns resulting from ongoing exposure to heightened levels of stress.

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APPENDIX A

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

You are invited to participate in a research study conducted by Karen Friese, a graduate student from California State University, Chico (CSU, Chico) Master of Social Work program. The researcher hopes to learn if there are common coping skills used by law enforcement officer spouses (LEOS), if they relate to the spouse's history of trauma, and how occupational stressors affect the relationship between the officer and his/her spouse. This research study is being conducted in partial fulfillment of the requirements for a master's degree, under the supervision of Dr. Susan Roll at CSU, Chico. The study will include voluntary participants who meet the criteria of the population being studied.

If you decide to participate, you will be asked to fill out a survey. The survey will include questions about your age, gender and other areas such as childhood trauma, occupational stressors of law enforcement, and coping skills. The survey instruments take an average of thirty to forty-five minutes to complete. While participating in this study, it is possible that you could feel some discomfort in answering some of the questions. Should the questions trigger some discomfort, please notify the researchers. Each question must be answered before continuing to the next question, but you always have the option to withdraw from the study. Please be mindful that there is no penalty should you choose to withdraw from the study.

Your name or any other identifying information will not be linked to your electronic signed consent form and survey. Your responses will be linked to a secured network to which only the researchers have access. Any information that you share with the researcher will be kept confidential with one exception. As graduate social work students, the researchers are mandated reporters; thus, should you disclose current thoughts of harming yourself or others, the researcher will have an ethical responsibility to contact the appropriate authorities to protect your health and the community. Everyone in the study will have access to their agency employee assistance program (EAP), and the researchers are available to help you connect to community resources, if you desire. You may not receive any direct benefit from taking part in this study, but the study may help to increase knowledge, which may help others in the future.

Your participation is voluntary. You do not have to take part in this study. If you have questions about the study itself, please contact researcher, Karen Friese, kzufelt@mail.csuc.edu or her faculty adviser, Dr. Susan Roll at 530-898-4275 or sroll@csuchico.edu. If you have any concerns or problems about your participation in this study or your rights as a research subject, please contact the Human Subjects Research Review Committee, Office of Research and Sponsored Projects @ (530) 898-3145.

Your electronic signature indicates that you have read and understand the above information and agree to take part in this study. Please understand that you may withdraw your consent at any time without penalty, and that by signing, you are not waiving any legal claims, rights or remedies. The researcher will provide you with an electronic copy of this form for your own records.

APPENDIX B

Demographic Questions: Circle the answer that applies

1. Gender: Male Female Decline to answer

2. Ethnicity (Check all that apply):
 Caucasian/White
 African American/Black
 Asian/Pacific Islander
 Native American
 Hispanic/Latino
 Other (please list):

3. What is your age:
 18-25 years
 26-35 years
 36-45 years
 46-55 years
 56 and older

4. How long has your spouse been an active duty sworn law enforcement officer (If retired, how long was spouse's career):
 0-5 years
 6-10 years
 11-15 years
 16-20 years
 21-25 years
 26-30 years
 31+ years

5. Was your spouse a sworn law enforcement officer when you married?
 Yes
 No

6. How long have you been in a partnership or married to your spouse:
 0-5 years
 6-10 years
 11-15 years
 Over 16 years

7. Do you have children? Yes No If so, how many (write in number):

8. Have you ever received counseling or therapeutic services? Yes No

9. What type of agency does your spouse work for:
 County Law Enforcement such as sheriff's department
 City Law Enforcement such as a local police department
 State Law Enforcement such as Highway Patrol
 Corrections such as state prison facility
 Other (please list):

APPENDIX C

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ... Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her? **or**
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

APPENDIX D

Occupational Stressors: Answer the following questions according to your observations of your spouse and yourself in the identified column on the frequency of experiencing the listed stressors.

1. Stress or frustration from shift work:
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

2. Avoiding an activity because of the unsafe venue:
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

3. Changing family plans because of work:
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

4. Experiencing irritability, anger, resentment:
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

5. Celebrating holidays on a different day than the actual day:
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

6. Observing or hearing second hand about a critical incident (fatal car accident, homicide, critical incident):
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

7. Being held to a higher standard than the public:
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

8. Maintain a public appearance or persona to uphold the standards of the cop/wife community:
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

9. Personality changes such as dark humor, less trust in people, more cynical, more uptight or less relaxed, etc.:
Never	1x/wk	2-3x/wk	4-6x/wk	Daily

LEO

Spouse

10. Higher levels of hypervigilance in social settings or at home (more alert to cars driving by at night, hearing noises out the ordinary, watchful of public while eating out or at a movie, carrying a weapon on family or social functions):

	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
LEO					

Spouse

11. Difficulty sleeping (falling asleep, staying asleep, waking early, or no sleep):

	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
LEO					

LEO

Spouse

12. Experiencing tension in neck, shoulders, or back:

	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
LEO					

LEO

Spouse

13. Black and White thinking (i.e. no gray areas):

	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
LEO					

LEO

Spouse

14. Having a sense of loyalty and belonging with the department and law enforcement community:

	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
LEO					

LEO

Spouse

APPENDIX E

Coping Skills: How often have you used the following coping skills to minimize emotional stress related to your spouse's occupation as a law enforcement officer?

1. Self Criticism (i.e. blaming yourself or feeling as though you could/should have done better).	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
2. Exercise on a Regular Basis	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
3. Isolation (i.e. staying home, being less social, avoiding interaction with family/friends)	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
4. Journaling	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
5. Aggression, Violence, Yelling	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
6. Spiritual Activities (attending church, prayer, church-based group, etc.)	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
7. Engaging in Sexual Activities (Knowledge of extra-marital affairs, exchanging partners aka "swinging" outside of the marriage, role playing within the marriage)	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
8. Meditation or Yoga	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
9. Intentionally Engaging in an Activity Unrelated to Your Stress (going on a walk, mindfulness exercises like meditation or breathing, taking a day off to have fun, etc.)	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
10. Participate in Counseling or Therapeutic Services	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
11. Drinking Alcohol	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
12. Using Substances (Over the Counter Medications or Prescription Medications in a way other than what they are intended for: i.e. Sudafed for energy, Benadryl to sleep, Alcohol to relax, etc.)	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
13. Engage in Volunteer Work	Never	1x/wk	2-3x/wk	4-6x/wk	Daily
14. Attend Self Help Groups (AA, NA, Al-Anon, CODA, etc.)	Never	1x/wk	2-3x/wk	4-6x/wk	Daily

APPENDIX F

Focus Consent Form

This consent form outlines your rights with regard to your voluntary participation in a focus group led by graduate student Karen Frieze and Professor Susan Roll of California State University, Chico. The purpose of the focus groups is to gain understanding/clarification of the relationship between childhood trauma, coping skills, and occupational stressors experienced by law enforcement spouses.

Participation is voluntary and any participant may withdraw at any time. If at any time you feel any psychological stress in participating in the focus group, you may with stop with no repercussions. You may wish to contact a behavioral health counselor through your local employee assistance program or the Butte County Crisis Line: 800.334.6622.

No identifying information will be collected and your information will remain anonymous.

If you have any questions about the nature of the research, your rights, or if you have any concerns that you would like to address regarding your participation in the focus groups and research, please contact either of the Principal Investigators of this study, graduate student Karen Frieze (kzufelt@mail.csuchico.edu) or Professor Susan Roll (Sroll@csuchico.edu). If you have questions regarding your rights as a participant, you may contact the Human Subjects in Research Committee at 530-898-5413 or Rosemary White at rwhite@csuchico.edu.

I understand that:

- Taking part in this study is entirely voluntary and there are no penalties for non-participation.
- It is my right to decline to answer any question that I am asked.

I HAVE READ THIS CONSENT FORM and I HAVE HAD A CHANCE TO ASK QUESTIONS CONCERNING ANY AREAS THAT I DID NOT UNDERSTAND.

(Name of Participant)

(Signature of Participant)

(Date mm/dd/year)

APPENDIX G

Focus Group Facilitator Outline

Introductions

Informed Consent/Purpose of Focus Group

Ice Breaker

Group Rules

Describe how shift work effects daily living.

Describe the creative ways you use to spend time with your officer.

How does stress interfere with your ability to sleep? Discuss factors that contribute to the difficulty to sleep or get adequate sleep.

Describe what hypervigilance means to you and what role it plays in your life. Does it cause you to isolate yourself?

Discuss the activities that you participate in on a regular basis that help relieve stress.

Surveys showed a high response of spouses/significant others endorse feeling critical of themselves. Is this related to pressure of maintaining an image of a “police spouse”? Why or why not?

Talk about self-care and if you practice it or not. Give examples.

Describe your exposure to critical incidents that have affected you personally (for example hearing detailed descriptions of a fatality, media exposure of incident your spouse was involved in, etc.)

Describe the role of spirituality in your life.