

Secondary Traumatic Stress and the Lived Experiences of Secondary Victims

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Abstract

The problem addressed in this study was the negative impact of secondary traumatic stress on interpersonal relationships and the lack of perceived support for victims of STS post-trauma. The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of STS victims, the perceived effects of secondary traumatic stress on relationships, and the victims' perceptions of available support. Bowen's family systems theory was used as the framework to examine how traumatic stress impacts the entire family unit. The study was guided by 3 research questions: 1. What are the lived experiences of those suffering from STS after learning of a primary victim's trauma? 2. How do those who suffer from STS experience changes in interpersonal relationships? and 3. How do those suffering from STS feel about specific barriers to seeking the appropriate support post-trauma? Ten participants who experienced STS symptoms, had a close family member that was a primary victim of trauma, had no primary trauma in the last five years and no experience in the mental healthcare field were recruited using purposeful sampling. Those qualifying participated in semi-structured, open ended interviews, giving the researcher the opportunity to get the best possible understanding of their lived experiences. Utilizing Moustaka's transcendental analysis approach, results revealed 7 codes that were grouped into 8 themes supporting current research on STS and relationships. Findings showed the majority of participants experienced a deterioration in their personal relationships as well as symptoms of depression and anxiety. Additionally, participants reported a lack of perceived support post-trauma. This study implies the important role perception plays in the lives and family relationships of the SVs post-trauma. Based on the findings of this study, recommendations for practice include promoting support for secondary victims in addition to the primary victims. Additionally, support sessions should also focus on

the entire family unit in addition to the PV. Future research should narrow the scope on the SVs relationships outside the family unit as well as focus on the differences gender or sexual orientation play in changes in relationships post-trauma.

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Philippians 4:13 *“I can do all things through him who strengthens me.”*

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Chapter 1: Introduction

According to Phoenix (2023), between 40 and 85% of those working in the mental health field suffer at least one symptom of secondary traumatic stress (STS). These individuals are known as indirect or secondary victims of trauma. STS results from exposure to indirect trauma and presents with symptoms similar to post-traumatic stress disorder (PTSD). It has been shown, however, that STS can have a much further reach than just the secondary victims. Casas (2022) stated that STS victims may experience a ‘spillover’ or ripple effect, which can have a lasting impact on their family relationships. It is further pointed out by Khoddam (2022) that post-traumatic stress disorder not only impacts the primary victims, or the individual directly impacted by a traumatic event, but also significantly impacts those closest to the primary victim (PV). This is further emphasized by Bachem et al. (2021) who found that STS does not only impact the secondary victim (SV) but can have an impact on their interpersonal relationships as well.

Much of the current research on STS and its impact on relationships focuses on healthcare providers and their experiences dealing with symptoms of STS. As with researchers such as Christiansen, Elklit, and Bak (2012), some studies have broadened the scope of STS to the significant others of the primary victims. The National Child Traumatic Stress Network (2023) stated that ten million children every year are victims of abuse and that up to 50% of child welfare workers will suffer STS. While understanding the importance and impact STS has on helping professionals, Stewart, and Witte (2020) have stressed the need for looking into the parent-child relationship post-trauma. This is because little research has focused on the immediate family of the primary victims or even how the interpersonal relationships of these secondary victims are impacted by STS.

Lynch et al. (2020) stated when an individual provides care for a family member, the caregiver experiences symptoms of STS. While there is limited research on how family members experience STS after learning of a loved one's trauma, Headley (2018) stated that those suffering from STS can have emotional responses that may lead to disrupted sleep patterns and feelings of guilt, shame, and anxiety. These responses can lead to consequences such as depression, burnout, and suicidal ideation. Holahan (2022) also stated these emotional responses can impact the interpersonal relationships of the secondary victims.

Bachem et al. (2021) stated that most research has examined how the primary victims perceive changes, if any, in their relationships. An important aspect of STS that has been overlooked is how the secondary victims of trauma perceive the impact of secondary traumatic stress. Further, of those studies that examine STS, few investigate the physical well-being of the victims of STS, which as Lee and Bride (2018) noted, can also have an impact on those close to the STS victim. It is possible that a combination of the mental and physical impact STS has on secondary victims can cause a deterioration of relationships and without proper measures being put into place, the ripple effect of trauma may not stop at the secondary victims.

Statement of the Problem

The problem addressed in this study was the negative impact secondary traumatic stress (STS) has on interpersonal relationships as Rizkalla and Segal (2020) previously noted, there are links between vicarious trauma and the negative impacts on intimate relationships, and the lack of perceived support for victims of STS post-trauma as Dodson et al. (2019) pointed out, that lower levels of perceived social support resulted in higher levels of post traumatic symptoms in victims of trauma. Lynch et al. (2020) and Mustafa et al. (2020) stated more research is needed to determine how STS impacts the relationships within the family. Additionally, Paul (2019)

noted the need for more research examining how the relationships are impacted from the perspectives of the secondary victims. Bachem et al. (2021) pointed out that the interpersonal relationships of secondary trauma victims have received little attention, and the severity of the impact STS has on interpersonal relationships for the secondary victim is not fully known or understood. Therefore, there was a need for further research on the topic to gain a better understanding of STS and its full impact. Further, Russin and Stein (2022) stated that primary survivors have recognized PTSD as a source of stress for their family members, and due to recognizing a lack of support offered, they would like to see more services and support made available for their family members highlighting the need for further research looking at if those suffering from STS feel there is a need for more support post-trauma.

Purpose of the Study

The purpose of this qualitative transcendental phenomenological study was to examine the lived experiences of STS victims; the perceived impact STS has had on their relationships and examine STS victim's perceptions of support throughout the recovery process. Bridger et al. (2020) pointed out that little attention has been given to those suffering the effects of secondary trauma outside of healthcare professionals or the significant other of the direct victims. This study used Moustaka's transcendental phenomenological approach which allowed participants to give a more detailed account of their lived experiences, allowing for the expansion of previous literature citing family systems theory. Family systems theory states that what happens to one family member has an impact on other members (Cherry, 2022). Using the phenomenological approach aligns with the problem as there has been little attention paid to the issues to be addressed in this study (Bachem et al., 2021).

Bachem et al. (2021) stated that most research has examined how the primary victims perceive changes, if any, in their relationships. However, this study examined how the victims of STS experienced perceived changes. Lynch et al. (2020) and Mustafa et al. (2020) have called for more in-depth research to determine how STS affects the relationships within the family. According to Wade (2020), a better understanding of how those suffering from STS perceive the impacts may lead to more informed trauma interventions for secondary victims and their families.

This study consisted of purposeful sampling and recruitment via online social media platforms, local public spaces where flyers could be placed and interviewing 6-10 STS victims. Participants were then asked to attend interviews either online or in person. The information collected was analyzed using Moustakas' transcendental phenomenological data analysis procedures using MAXQDA. The target population included individuals who experienced STS symptoms and have not suffered primary trauma in the last 5 years

Introduction to Theoretical Framework

This phenomenological, qualitative study sought to expand on family systems theory by examining the lived experiences of secondary victims of trauma, more specifically, the family members closest to the primary victim. Utilizing family systems theory was used to determine how traumatic stress impacted the entire family unit. The use of this theory gave a more thorough understanding of exactly how traumatic stress plays a role in the lives of the SV. The researcher examined how SV's perceived changes in their interpersonal relationships, and how those changes made them feel. To demonstrate the far-reaching impacts of traumatic stress, it is important to look at family systems theory.

Expanding on family systems theory not only allowed for a better understanding of the SV's experiences with any perceived changes, but it will be used to examine how traumatic stress impacted a family as a whole unit versus just a single individual. According to Fisher (2023), the concept of secondary traumatic stress or compassion fatigue was born in the early 1990s by Charles Figley. Figley (1995) stated that secondary traumatic stress is the natural emotions that arise when learning of another's traumatic experiences. However, Figley focused on mental health workers and how their client's trauma impacts them. As shown by Bachem et al. (2021), most research has examined how the primary victims perceive changes, if any, in their relationships.

Pulido (2012) pointed out that trauma has a ripple effect on those exposed to trauma. This means that the impact of trauma does not stop with the primary or direct victims. Those close to the primary victims may also be impacted and suffer secondary traumatic stress. The intention of this study was to examine how secondary victims perceived these effects in their lives and how their interpersonal relationships were affected. This study sought to contribute to this theory by expanding the population to lay people, or those who work outside the healthcare and mental health field, showing that they also suffer impacts of secondary traumatic stress and that STS's influence extends further than those close to the primary victims.

According to Thomas, Wojciak, and Cooley (2019), this theory, developed by Murray Bowen M.D., stated that an individual is part of a larger group, in this case, the family unit. Cherry (2022) further pointed out that family systems theory states that what happens to one member of the group has an impact on others within the family unit. Connecting traumatic stress theory and family systems theory emphasizes and shows whether trauma simply impacts individual people or if trauma does impact the family unit as a whole and causes a ripple effect

as others have stated. This study sought to contribute to this theory by expanding on the idea that how secondary victims perceived changes in their relationships impacted their whole experience. This pointed to a need for further research to extend both secondary traumatic stress and family systems theories.

Introduction to Research Methodology and Design

The qualitative transcendental phenomenological design and method were the most appropriate for this study. The aim was to seek the lived experiences of the secondary victims who are laypeople, or those outside the medical and mental health fields, as well as examine how they perceived changes in their relationships post-trauma. According to Neubauer et al. (2019), Moustaka's transcendental phenomenological approach is the best approach when seeking to study individuals' narratives to gain a deeper understanding of their experiences in their daily lives.

The target population was made up of secondary trauma victims such as close family members of survivors of sexual violence and violent crimes. Data collection consisted of a screening questionnaire to determine the eligibility of participants. Those who had a family member in the household who has experienced a trauma such as sexual assault, domestic violence, terminal illness, or child abuse qualified. This study focused on those who were secondary victims, therefore, for the purposes of this study, those who had been primary victims of trauma within the last 5 years were excluded. Waichler (2022) stated there have been studies that show that trauma survivors may experience post-traumatic growth at the two-year mark post-trauma. This allowed participants the appropriate time to deal with their previous traumatic experiences. However, if the participants found the study to bring up troubling side effects, they were offered appropriate mental health support.

The target population for this study was those who have experienced symptoms of STS and have not suffered a primary trauma in the last 5 years. This study utilized purposeful sampling to recruit ten participants. According to Bartholomew et al., (2021) in transcendental phenomenological studies, the ideal sample size consists of 5 to 25 participants. A smaller sample size allows researchers the time to conduct a detailed analysis of individual transcripts. To recruit participants for this study, posts were made in online social media pages inviting SVs to participate, as well as invited PVs to forward this information to their close family members. In addition to online communities, flyers were distributed in local public spaces.

Once participants were chosen, data collection consisted of in-depth interviews using a self-developed interview guide (see Appendix A) in a setting the participants were most comfortable with, audio recordings of the sessions, and researcher observation notes. Participants were given the option of completing interviews in person or virtually. When the participants chose to have interviews conducted in person, the researcher scheduled a time and place to meet that was convenient for the participant.

Data analysis was conducted using Moustakas' phenomenological data analysis procedures. Morer-Urdahl et al (2004) stated using Moustakas' analysis approach allowed researchers to capture the essence of a participant's experience. MAXQDA enabled the researcher to more easily identify any connections and any arising themes that emerged from the data collected during the interview process.

A better understanding of how the secondary victims of trauma perceived changes in their close relationships allowed for building on family systems theory and targeted treatment options when working with family members of primary victims of trauma. This study aimed to

build on family systems theory by pointing out that what happens within the family unit may have a ripple effect and impact the relationships experienced by the secondary victims.

Research Questions

RQ1

What are the lived experiences of those suffering from STS after learning of a primary victim's trauma?

RQ2

How do those who suffer from STS experience changes in interpersonal relationships?

RQ3

How do those suffering from STS feel about specific barriers to seeking the appropriate support post-trauma?

Significance of the Study

According to Leung et al. (2022), the issue of STS has been examined, and research has been conducted looking into how STS impacts those in the mental health field. Other researchers, such as Casas (2022) have recognized that families may be impacted and conducted studies on the families of first responders. Stewart and Witte (2020) however, pointed out there is extraordinarily little research that has been done to examine how STS impacts the family of a primary victim of trauma.

Duszynski-Goodman (2023) stated that the number of Americans seeking mental health help is trending upwards, and further, twelve million adults in the U.S. are suffering from post-traumatic stress disorder. This means that while these individuals have experienced traumas firsthand, those closest to them may be suffering from secondhand knowledge of their loved ones' trauma. Results of this study shed light on how secondary traumatic stress impacts those

closest to a PV, more specifically how it impacted the interpersonal relationships of the SVs. In addition, as Russin and Stein (2022) stated, some survivors would like services and support made available for their family members post-trauma.

Definitions of Key Terms

Burnout Syndrome

According to Edu-Valsania et al. (2022), burnout syndrome is the response to chronic stress that slowly develops and can have an impact on an individual's health. Burnout can result in psychological and physical changes in an individual.

Primary Victim

The primary victim is, according to Christiansen et al (2012), those who suffer from a traumatic event directly. In this case, the traumatic event happens to the primary victim firsthand.

Secondary traumatic stress

Figley (2012) defines secondary traumatic stress as the phenomenon where individuals become traumatized after hearing the details of trauma experienced by another individual.

Secondary victim

According to Christiansen et al. (2012), secondary victims are defined as those who care for and about the primary victim. Some of the people impacted may be close family, such as parents, siblings, and children. Others who may be secondary victims include close friends and significant others. These individuals are impacted by trauma after hearing about the traumatic event the primary victim experienced.

Trauma

Boals (2018) defines the term trauma as a psychological, physical, and emotional response to a disturbing event. These events include but are not limited to things like sexual or

physical violence, natural disasters, severe illness, or the death of a loved one. The APA (2022) points out that any disturbing event that elicits an emotional response qualifies as a trauma.

Vicarious Trauma

Vicarious trauma is similar and sometimes used interchangeably with secondary trauma. Vicarious trauma is defined by Boland (2022) as the trauma that can result from hearing of another's experiences. This happens when an individual helping a victim of trauma takes on the stresses of that person's experiences.

Summary

In summary, the purpose of this qualitative transcendental phenomenological study was to examine the lived experiences of STS victims; the perceived impact STS has had on their relationships and examine STS victim's perceptions of support throughout the recovery process. The researcher looked at the secondary victim's perspective of whether there were changes in relationships and how they see those changes have impacted their relationships. To do so, the researcher focused on victims of STS, using a sample of 5-25 adults who had no background in the healthcare or mental health fields. Participants were asked to attend in-depth interviews to analyze the experiences and perceptions of STS, the perceived support throughout recovery, and how their relationships were impacted. The significance of this study is shown and supported by researchers such as Pollak (2014) who noted that there are few resources for secondary victims' post-trauma. The results of this study may be used to develop more trauma-informed response options for secondary victims. As discussed by Russin and Stein (2022), there is a for more services, this study may also lead to the development of support programs for the close family and friends of primary victims' post-trauma. Further, the study shed light on the ripple effects trauma had on both the primary and secondary victims involved in traumatic events.

Chapter 2: Literature Review

The problem addressed in this study was the negative impact secondary traumatic stress (STS) had on interpersonal relationships as Rizkalla and Segal (2020) previously noted, there are links between vicarious trauma and the negative impacts on intimate relationships, and the lack of perceived support for victims of STS post-trauma as Dodson et al. (2019) pointed out, that lower levels of perceived social support resulted in higher levels of post traumatic symptoms in victims of trauma. The purpose of this qualitative phenomenological study was to examine the lived experiences of those with STS and get a better understanding of the SV's perceptions of any changes in their interpersonal relationships, and whether they felt there were adequate support options post-trauma. The following review highlights both current and past research on the topic of trauma, STS, and how personal relationships are impacted and seek to expand on family systems theory.

While conducting this research, literature addressing STS and the impacts it has on the relationships of the SV was sought. STS describes the emotional distress a person may experience from indirect exposure to a traumatic event (Morales-Brown, 2024). Figley (1995, p. 8) stated that STS is “the natural consequent behaviors and emotions resulting from knowledge about a traumatic event experienced by a significant other.” According to the Administration of Children and Families (2022), various symptoms may present with STS such as feelings of isolation, anxiety, disassociation, irritability, and sleep disturbances. White-Gibson (2022) noted additional symptoms of STS being a disruption in relationships, disruption in cognitive abilities, avoidant behaviors, eating disorders as well as substance abuse issues. Bock et al. (2020) noted that those working in hospital or patient care workers are susceptible to STS, however as Figley

and Ludick (2017) pointed out, STS is not limited to only healthcare workers but also the significant other, close family, and friends.

Although research on STS and its impact on personal relationships is limited, previous researchers such as Rizkalla and Segal (2020) have shown that there are links between vicarious trauma and the negative impacts on intimate relationships. Further, Boothroyd et al. (2019) stated, that STS has a major impact on one's mental health and can have major effects on one's ability to carry out daily responsibilities and tasks, which could also impact the individual's relationships.

This literature review is broken down into the following categories, core concepts of family systems theory, studies and information on trauma, information and studies on PTSD, studies that address STS but not interpersonal relationships, studies that address both STS and interpersonal relationships, and STS and social support. The fourth and fifth categories are more closely related to this study. This literature review highlights the research done on both STS and the impacts it has had on those not working in the healthcare or mental health field and their families. Further, this review details research that examined the full extent of STS on the SV, as well as highlighting the gaps in the literature and the necessity of further research on the topic of STS and how it impacts the personal relationships of the SV.

Documentation

To find the appropriate peer-reviewed scholarly literature published in the last eight years, several databases were searched. These databases were comprised of *PsycINFO*, *PsycArticles*, *PsycExtra*, *PsycNet*, *JSTOR*, *Science Direct*, and *PubMed*. The search terms and key phrases consisted of *secondary victim*, *secondary traumatic stress*, *secondary traumatic stress and family relationships*, *post-traumatic stress*, *post-traumatic stress and relationships*,

trauma, and family relationships and trauma. The search term *secondary victims* resulted in 894 publications between 2018 and 2026. The search term *secondary traumatic stress* resulted in 9,410 publications from 2018 – 2026. The search term *secondary traumatic stress and family relationships* resulted in forty publications from 2018 – 2026. The search term *post-traumatic stress* yielded 168,794 publications from 2018-2026, and the search term *Post-traumatic stress and relationships* resulted in 27,940 publications from the year 2018-2026. The search term *trauma* yielded over 800,000 results from the years 2018-2024. Finally, the search term *family relationships and trauma* resulted in 3,187 publications from 2018 – 2026. When determining which of these results would work for this study, the criteria for including research in this review was that research was published in English and at least 80% of the reviewed works were published in the last six years (2020-2026).

Framework

The theoretical framework supporting this study is Bowen's family systems theory (Bowen, 1978). Dr. Murray Bowen developed family systems theory in 1974. Family systems theory proposes that families function as one complete system and as members connect, they influence the behaviors and thoughts of other members in the system. Family systems theory suggests it is easier to understand people by viewing them as one unit versus on an individual basis. Bowen suggested that understanding family relationships makes it easier to understand an individual's behavior, feelings, and thought processes . According to Bowen (1978), family systems theory is a theory of human behavior that defines the family unit as a complex social system. Within this system, members interact with one another and influence each other's behaviors. The interconnectedness of the family unit means what happens to one member can have a significant impact on all members of the unit. Therefore, the researcher sought to examine

if STS impacts one member of the family unit and if there is a ripple effect causing an impact on the relationships of the SV and other members of the family unit. Munichin (1985) further pointed out that the family system maintains a homeostasis with the patterns of interactions in the family unit. Trauma can interrupt this homeostasis, in turn affecting how the SV behaves in various subsystems.

STS can impact various areas of an individual's life. As stated by Boothroyd et al. (2019), STS can impact an individual's ability to function. One of the areas of daily life STS can impact is interpersonal relationships. According to Greenberg (2019), trauma makes it more difficult for people to maintain genuine, loving, authentic relationships by throwing the balance of a family unit off, causing individuals to react in a fight or flight response. This can be especially true when the SV has not resolved or processed the secondary trauma. Tanasugarn (2021) pointed to unresolved trauma leading individuals to feel unsafe around those around them, in turn causing the SV to begin using both emotional and relationship avoidance as a coping strategy. Gupta (2023) further emphasized this point by stating how avoidance behaviors can lead to isolation due to the SV feeling as if no one will understand how they are feeling. . Kiser et al. (2008) brought attention to the fact that parents and children exposed to trauma can respond in ways that disrupt parenting styles leading to more conflict among the family.

The perception of support the SV has may also have an impact on their relationships. Milberg et al. (2020) examined family members' sense of support when having a family member in palliative care. The study revolved around how members of the family unit perceived support amongst themselves, finding that those who perceive less support go on to show signs of anxiety, stress, and depression. Further, it should be noted that an individual's perception of support post-trauma not only can impact their relationships but may be a determining factor in whether the SV

develops STS. Johansen et al. (2022) explained the importance of social support and how a lack of support and support of poor quality are among the most important risk factors post-trauma for the development of PTSD. Others such as Wagner et al. (2016) not only emphasized how positive social support is important for the recovery process but also an important factor in how relationships are impacted.

Research conducted by Nurse practitioner Haefner, (2014) examined an individual family using family systems theory as a basis to explain the relationships among members. She points out that the 14-year-old boy begins life establishing a single-parent family unit until the age of ten, establishing a set parent-child dyad. However, at the age of ten the boy's mother married the biological father disrupting the already established family unit. This addition led to the introduction of a new parental and couple dyad to the family unit, which resulted in defiant behaviors in the child and caused a strained relationship between the child and the biological father. This situation, in which Haefner describes briefly how changes one member of the family unit makes can have a ripple effect and cause changes throughout the family unit.

Additional research on family systems theory consists of Harrison's (2023) use of a case study to track physiological measures of anxiety along with documentation of influences impacting symptoms in the participant and their family members, hypothesizing that working on differentiation of self will coincide with decreased levels of anxiety and an increase in functionality among the participant and their family. Participants in this study were those who were accepted to the Bowen Center Postgraduate Program and provided physical samples, as well as observation notes. Notes, covering three years, were to include details of various interactions with family members as well as symptoms displayed by the participants and their families. Harrison recorded the physiological symptoms associated with anxiety of participants at

the beginning of the study and every three months during the study. It was found that while symptoms did not decrease among participants working on differentiation of self, functioning among family members showed improvement. For example, one participant's work on differentiation was associated with greater stability in the family and increased functioning, even in the presence of symptoms and during challenging times.

Alternatively, researchers have explained that family systems theory could be applied in other areas in life, as noted by Ancona and Perkins (2022), family systems theory can be applied in organizational settings. In this type of setting, family systems theory can explain an individual's professional growth or lack thereof. Six areas play a role in one's professional growth: values and beliefs, roles, secrets, boundaries, triangles, expectations, and mastery. Based on an individual named Sarah, who had recently left a position in human resources to start up a new business venture, it is noted that while she was good at the job, she found herself unable to follow through with some important aspects of the job. Ancona & Perkins explained that Sarah grew up in a home where she excelled in her schooling, making her parents proud. However, her brother did not do as well in school causing an estrangement between the brother and the family. This leaves Sarah with feelings of guilt. These feelings of guilt from childhood translated into her professional life with her feeling as if she were in the spotlight for doing a good job, it would alienate her coworkers.

An alternative framework that could have worked for this study is Bruner's constructivist self-development theory (Bruner, 1960). The constructivist self-development theory, according to McCann et al. (1992), is based on the idea that an individual's personal history of trauma is unique to them and will shape the individual's experience of traumatic events. This theory deals with an individual's cognitive schemas as well as the beliefs and expectations of others and

themselves. However, while CSDT can help explain why relationships are impacted by something like STS, family systems theory was found to be more appropriate, since this study did not seek to examine the why of STS and its impact on relationships, as CSDT would help determine. Family systems theory was found to be more appropriate due to the fact this study examined the lived experiences of those impacted by STS and sought to examine how STS impacted the SV's relationships.

The second alternative theory that could have been appropriate for the current study is attachment theory (Bowlby, 1969). According to Mcleod (2024), Bowlby's attachment theory hypothesizes that early caregiver relationships establish social-emotional developmental foundations, but change remains possible across the lifespan due to interpersonal relationships during childhood, adolescence, and adulthood. Attachment theory is broken down into attachment styles, these styles explain how an individual relates to other people. It is believed that the type of attachment is developed at the beginning of life and determines how an individual functions in relationships from intimacy to parenting. The attachment styles include secure, anxious, avoidant, and disorganized, and according to Ogle et al. (2015) can play a role in the probability one will develop symptoms of PTSD post-trauma and Bryant (2016) goes on to explain that people with insecure attachments distrust partners have lower self-esteem and are more likely to develop posttraumatic stress disorder. While attachment theory would have been a good fit, it was determined that due to the focus of the current study being the perceptions of the SV, family systems theory was determined to be the better option of the two. Further, attachment theory would help explain why victims develop symptoms of STS whereas the current study sought to understand the lived experiences once the individual had already developed symptoms and the way they viewed things from that point on.

The third alternative theory that may have been appropriate for this proposed study is Hill's family stress theory (Hill, 1949). Family stress theory was developed by Reuben Hill in 1949, specifically looking at how World War II impacted families. According to Childs-Heyl (2022), family stress theory explores changes in the family dynamic following a stressful event. Boss (1992) notes there is some crossover between family stress theory with family systems theory. However, family stress theory specifically looks at how a stressful event impacts the family as a whole. While the purpose of the current study was for the researcher to get an understanding of how trauma affected a family, the researcher is sought how one member of a family, such as those suffering from STS, perceived the impacts a traumatic event has had on their relationships within the family unit. Casaburo et al (2023) found that family stress theory has primarily been used as a theoretical framework to measure stress variables. Due to this fact, the researcher felt this would not be the most appropriate framework for this particular study.

Core Concepts of Family Systems Theory

Bowen (1978) stated family systems theory consists of eight interlocking concepts or principles; the first concept is triangles. Triangles consist of a three-person relationship. According to Bowen (1978), triangles occur when tensions rise between two individuals in a family unit and a third individual is pulled into the conflict. Pulling a third person into a conflict will alleviate stress on one or both original individuals, however, triangulation causes distress in the third person. The Bowen Center for the Study of the Family (2023) elaborated by stating that a triangle is the smallest stable relationship in a family unit. This is because a two-person unit will tolerate very little tension before pulling in a third person, making the unstable two-person unit a stable three-person unit.

Several studies have revealed the important role triangles play in the family system. Dallos and Vetere (2012) pointed out for example, a child's attachment is influenced not only by the relationship between the child and each parent, but also by the relationship between the parental figures. Buehler and Welsh (2009) conducted a study examining adolescent emotional reactivity to parents' marital conflict. The researchers recruited 416 two-parent families with youth in the sixth grade. The children were asked to fill out questionnaires in the classroom and parents were emailed questionnaires about the family. Buehler and Welsh (2009) found the youth were at an increased risk of internalizing and adjustment problems such as anxiety, depression, and social withdrawal and the parent's marital conflicts caused psychological distress by causing the child to feel as if they were caught in the middle and having to choose loyalties to one or the other parent.

The second concept in family systems theory is emotional fusion and differentiation. Emotional differentiation refers to the ability to stay connected to other members of the family unit while still maintaining a keen sense of self. In contrast, emotional fusion occurs when an individual becomes so involved with what is going on with another member of the unit that the boundary lines fade (Brown, 2023). Cohen (2023) indicated that differentiation allows members of a family unit to observe their and others' emotions without reacting to them. A study conducted by Busby and Holman (2011) examined what "actually persists from the family of origin into adult romantic relationship development" and how this influences adult romantic relationship quality. Researchers used the RELATE relationship survey consisting of 370 items with 1,839 couples (3,678 individuals). Busby and Holman found that the partner's differentiation of self was the strongest predictor of romantic relationship quality in men. Other factors that had an impact on the quality of relationships was the participant's parents' marital

quality and parent-child relationship quality (in females). It was found that differentiation of self for both male and female participants positively related to reported relationship quality.

The third concept in family systems is the nuclear family's emotional process. The nuclear family emotional process according to Chesson (2023) encompassed four relationship patterns that impact family problems. These consisted of emotional distance, emotional cutoff, and as mentioned above triangulation and emotional fusion. Emotional distance occurs when a member of the family unit disconnects from other members of the unit. Often this results in one or more members of the unit avoiding conflict, which over time may lead to the breakdown of relationships. Emotional cutoff happens when one or more individuals in the family unit sever ties with one another. Chesson (2023) pointed out that the severing of relationships can cause issues with managing current and future relationships. Cepukiene and Celiauskaite (2022) conducted a study examining the relationship between nuclear family emotional process and adult physical health by adding self-efficacy as a moderator. The sample used consisted of 282 married and cohabitating couples that had children between the ages of 3 and 18 years old. Cepukiene and Celiauskaite (2022) found using the Nuclear Family Functioning Scale, the General Self-Efficacy Scale, and the Physical Health Scale that nuclear family emotional system (NFES) profoundly impacts family members' psychological, social, and physical health. Higher personal distress and higher scores of NFES were associated with objective health indicators. However, researchers did not find a correlation between self-efficacy and objective health indicators meaning, self-efficacy is not a moderator for NFES.

The fourth concept in family systems theory is family projection process. This concept is explained by Bowen (1978) as a symbiotic relationship between the child and parents. This process is described as the parent or parents of a child, doing things to keep the child helpless

and dependent on the parents. This results in a calmer state for both parents involved. However, the child's growth and autonomy are impeded. This can lead to the child becoming emotionally dependent on the parents. According to Bowen (1978), the family projection process consists of three steps. These three steps are, 1) The parent focuses on the child out of worry that something is wrong. 2) The parent interprets observed behaviors in the child and sees it as confirmation of their worries. 3) The parent begins to treat the child like something is wrong. Bowen points out that both parents are typically involved in this process, however, the mother typically being the caretaker, is more prone to the behavior than the father. It is also noted that the children in the family who are not involved in the projection process tend to be more mature and reality-based than their sibling who are directly involved in the process. The Atlantic International University (n.d) stated that the most affected area of children's lives are relationship sensitivities and puts an emphasis on the intensity of family projection being strong leading to a child developing stronger sensitivities than their parents and an increase of experiences of extreme anxiety within the family unit.

Several researchers have examined how family projection process impacts the family unit. A case study was conducted by Dumont (2021), using family systems theory's family projection process to examine how hyperattentive parenting or helicopter parenting is a response to anxiety in a family system that can impact the child's successful transition to adulthood. It was found that hyperattentive parenting leads to the child lacking differentiation of self. Relationship therapist Lara (2021), explained how family projection process is displayed as the parent living vicariously through the child, fearing the child failing or experiencing pain, and compensating for their own insecurities, all leading to the parent becoming hyperattentive to the child. Additionally, Martinez (2016) found, after examining two families, that the family projection

process is displayed differently among families with stay-at-home dads. In these cases, it was observed that the father was more centered around the mother and the mother was more focused on the children, leading to the children taking on the stress and anxieties felt by both parents.

The fifth concept in Bowen's family systems theory is the multigenerational transmission process. Bowen (1978) described the multigenerational transmission process as how levels of differentiation are transmitted from one generation to the next. The multigenerational transmission process, as Weiting (1975) pointed out, is necessary for group survival and society to continue past one generation. This happens when members of a family unit transmit what they consider to be valuable knowledge down to the following generation, including how they function within their family units. Branje et al. (2020) explained that multigenerational transmission is not only limited to knowledge passed down among families. It was found that multigenerational transmission can be seen as a complex interplay of genetic and non-genetic factors. This means that the genetics one inherits from their parents, and cultural beliefs and practices displayed by the parents affect the behaviors of the children.

The sixth concept in family systems theory is sibling position. Sibling position refers to the order in which children are born into the family unit. According to Bowen (1978), an individual's personality and how they manage relationships among the family unit is impacted by birth order. Birth order according to Butterworth (2023), impacts how each child experiences a family, no two children will have the same experiences. Birth order also impacts which siblings in a family unit are closest to one another. According to Chesson (2023), Bowen identified four sibling positions: oldest, middle, youngest, and only child, explaining the role each child typically plays. It, however, should be noted that not all children will fit these descriptions. Whiteman et al. (2011) also highlighted that there are other factors such as age, sex, family size,

and dynamics all play a role in the development of characteristics will display. The oldest child in a family unit typically takes the leadership role, wanting to set a good example or be a good influence on their younger siblings. The middle child typically feels as if they go unnoticed and may struggle with their identity or be the rebellious child in the group. The youngest child is often shown more attention or appears to receive special treatment; the youngest child may also deal with feelings of not being good enough or less than their older siblings. Whitbourne (2022) noted that the only child, being the sole focus of the parents, will reap more benefits than those in a family with multiple children. It was also noted by Chesson (2023) that not all children will fit this description, other factors, such as age, gender, and family size play a role in the characteristics of siblings.

The seventh concept is societal emotional process (SEP) and explains how people are influenced by both their families and society and as Chesson (2023) stated, “when one family member experiences a change in their emotional state, it can affect the entire family.” Baege (n.d.) explained societal emotional process as the tendency to experience society experiencing more anxiousness during certain times than others. More specifically, this means that society and its leaders will opt for short-term fixes when dealing with problems during periods of regression. The Bowen Center (2023) emphasized that these periods of regression are associated with various behaviors such as an increase in violence and crime, increased divorce rates, greater polarization among racial groups, and an increase in drug abuse, and society becomes more focused on rights versus responsibility.

The eighth concept is emotional cutoff, according to The Bowen Center for the Study of Family (2023), this concept relates to individuals managing emotional issues with family members such as parents and siblings. There are two types of emotional cutoff; one is physically

cutting off the family by moving away from their family. The second type of cutoff is intrapsychic cutoff. People can do this by staying in contact with their family members, and as stated in an interview conducted by Kott (2017), this can lead to physical symptoms or even psychosis stemming from the closed style of relationship. When an individual has employed this type of cutoff, the individual will avoid sensitive topics such as traumatic events. While it is noted that can be displayed by physically moving away, Talbbi (2019) stated that this is always emotionally driven and stems from emotions such as fear, anxiety, and anger and can only benefit an individual in the short term and lead to difficulty repairing and building meaningful relationships.

There have been studies that focus on the concepts of societal emotional process, sibling order, emotional cutoff, and multigenerational transmission process. In a study conducted by Cook (2007), it highlighted how multigenerational transmission process, sibling position, emotional cutoff, and societal emotional process put individuals at risk of becoming chemically dependent. It was found that multigenerational transmission process, being the youngest sibling, and experiencing family cutoff, were all major indicators for becoming chemically dependent. Elliot, Reynolds, and Castillo (2024) conducted a study on multigenerational transmission process, stating children may develop certain ideas about what to expect in romantic relationships by observing what is happening in their family. Findings suggested that participants received messages that they were expected to engage in the caregiver role and consider the wants and needs of others and that some of these messages seemed to be passed down through generations. Additionally, Obande-Ogbuinya et al. (2022) examined the impacts birth order can have on children. It was reported that parents in Nigeria tend to treat children differently based

on birth order. Those children treated less favorably were found to be at high risk of being on the receiving end of negative behaviors such as sexual harassment.

Trauma

Trauma or a traumatic event is, according to the National Institute of Mental Health (NIH; 2023, p. 1) “a shocking, scary, or dangerous experience that can affect someone emotionally and physically.” A traumatic event can consist of natural disasters, accidents, and witnessing or directly experiencing acts of violence such as terror attacks or assaults. According to the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) (2013), a traumatic event is defined as exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. Pousseau et al. (2019) noted that several different types of traumatic events can have a lasting impact on an individual. These include collective trauma, racial trauma, childhood trauma, generational trauma, and secondary trauma. Further trauma is often separated into categories, these categories according to The National Child Traumatic Stress Network (2023) are acute, chronic, and complex trauma. Acute trauma is the result of a one-time incident, whereas chronic trauma is repeated or over a period. Some things that fall into the chronic trauma category include abuse or domestic violence. Complex trauma is when an individual is exposed to multiple traumatic events. For this paper, the focus remained on secondary traumatic stress.

When examining trauma, it has been found that experiencing a traumatic event is not uncommon. Kleber (2019) pointed out that in a study of 70,000 participants, it was shown that at some point in their lives, 70.4% of the respondents had experienced at least one type of traumatic event. However, even with establishing that it is not uncommon to experience trauma, most people exposed to traumatic events do not develop disorders such as Acute Stress Disorder, Post

Traumatic Stress Disorder, or Secondary Traumatic Stress Disorder. However, while the development of these disorders is uncommon, as Sareen (2014) stated, it is important to gain a full understanding of the impacts on both individuals and society so professionals can develop appropriate interventions.

Post Traumatic Stress Disorder

The National Institute of Mental Health (NIH) (2024) defined post-traumatic stress disorder (PTSD) as an anxiety disorder that is the result of experiencing a traumatic event. PTSD was first recognized during the First World War as shell shock as noted by Vroomen-During (2020). To qualify for a PTSD diagnosis, an individual must experience symptoms for longer than a month and the symptoms will interfere with daily life such as in their relationships or work. It is further noted that people suffering from PTSD may recover in six months while others will suffer for a year or more. It should be noted, however, that while some people exposed to a traumatic event will develop PTSD, most people will experience symptoms that gradually disappear over time with no lasting impacts. Further, the NIH (2023) noted that those with a personal or family history of mental illness may be at higher risk of going on to develop symptoms of PTSD. It should be noted that there is another type of PTSD, which is complex PTSD. According to Velsslere (2021), complex trauma is that which is severe and repeated, often experienced in childhood. Velsslere also noted that the symptoms associated with complex PTSD are the same as those seen in those with PTSD with the possible addition of issues with emotional regulation, interpersonal difficulties, and a negative self-concept.

PTSD can impact the lives of many different people. Vroomen-During (2020) noted that 8 out of 100 people will develop PTSD during their lifetime, and the issue is not limited to only adults. It is estimated that up to 15% of young girls and up to 6% of young boys experiencing

trauma will go on to develop PTSD (NIH 2023). Further symptoms associated with PTSD can be temporary or go on to last a lifetime. According to Marsh (2020), PTSD is broken down into three categories of symptoms, these being stressor, intrusion, and avoidant symptoms. However, it should be noted that not all people who develop PTSD will experience every symptom or even experience them the same way as another individual.

There are several symptoms' people exposed to trauma may display. According to Puhalla et al. (2024), there are 636,120 combinations of posttraumatic stress disorder (PTSD) under the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), and point to the difficulties associated with proper diagnosis due to the wide range of symptoms both those that are trauma specific and many not immediately linked to trauma. People exposed to trauma and traumatic events can go on to experience feelings of fear, anxiety, sadness, and anger. In addition, as noted by Puhalla et al. (2024), people may also experience symptoms not trauma specific. These symptoms include persistent negative emotions, chronic negative beliefs, as well as trouble with sleep and concentration. According to the NIH (2023), other symptoms more quickly linked to PTSD include but are not limited to feeling bouts of crying, flashbacks, nightmares, avoidant behaviors, withdrawal from loved ones, being easily startled, reckless and destructive behaviors, and feelings of anger or showing aggressiveness. It is further noted that when dealing with children who are victims of a traumatic event, other symptoms may present such as bed wetting, regression in areas such as language, and becoming excessively clingy to one or both parents.

The NIH (2023) pointed out those suffering from PTSD can also develop physical symptoms such as headaches and stomach pains. Jankowski (2023) stated trauma may lead to poor health outcomes because of PTSD. Jankowski went on to point out that two recent studies

found that reports of childhood abuse and neglect were related to an increase in physician-diagnosed disorders including cancer, ischemic heart disease, and chronic lung disease.

However, currently, an association between PTSD and illnesses diagnosed and the use of medical services has only been examined in Veteran populations.

As noted PTSD may result in survivors of trauma displaying new behaviors. According to Decker et al (2020), some of the new behaviors may include risky sexual behaviors in male military members and veterans conducted a research study examining these behaviors. Participants were asked to take part in various surveys and complete an in-person interview discussing symptoms and behaviors over 28 days. Findings showed that participants often displayed avoidant behaviors which had negative impacts on relationships, participants reported the need for supportive relationships and often turned to support groups. It was also found that most participants did engage in risky sexual behaviors, however, it was noted that they did so as a means of distraction. Further, participants reporting risky sexual behavior noted non-committal sex allowed them to prevent attachment and keep vulnerabilities associated with intimacy at bay.

Secondary Traumatic Stress

Secondary traumatic stress is described by Maran et al. (2023) as the result of repeated and close relationships with individuals who have directly experienced traumatic events. According to Maran et al. (2023), everyone experiences at least one trauma in their lifetime. Frequently, those working in a healthcare setting are exposed to indirect traumas by assisting PVs. This has led to an abundance of research on the impact of STS on healthcare workers. The exposure healthcare workers experience on the job can lead to the development of STS. According to Kitano, et al. (2023), 90.3% of Japanese nurses have experienced an indirect trauma, and of that 90.3%, 67% go on to develop symptoms of STS. Researchers such as

Christodoulou-Fella et al. (2017) also examined STS and its impacts on healthcare workers and have found that STS is an occupational hazard for healthcare workers. The research shows these healthcare workers who experience STS report lower job satisfaction and often signs of burnout.

Various personality traits may impact whether an individual develops STS. Kitano et al. (2023) have noted empathy to be one of these traits that play a key role in the development of STS in healthcare workers. Empathy is identifying with and understanding others' responses to their experiences. There is an agreement among researchers such as Crumpei and Dafinoui (2012) that empathy plays a significant role in developing symptoms of STS. Similarly, Christodoulou-Fella et al. (2017) also found that empathy plays a role in how healthcare workers respond to exposure to indirect traumas. Kitano et al. (2023) conducted a study using person and variable-centered approaches to examine the relationships between empathy and STS. The researchers examined public health nurses looking at their psychological distress in the form of STS and how it was associated with empathy. It was found that the STS experienced by the nurses was associated with work-related stress and a personal history of traumatic experiences (Kitano et al., 2023). Further, the authors of this research noted that those reporting higher levels of support also showed lower levels of STS. However, Hensel, Ruiz, Finney & Dewa (2015) found that healthcare workers often experience a lack of support to help deal with workplace-related STS.

Researchers have sought through studies if there are other predictors of who may go on to develop STS post-trauma. Benuto et al. (2018) examined 142 victim advocates, 134 of which were women. The purpose was to seek if there were predictors of STS and if participants reported adequate support when needed. Unlike other research that found links to empathy, it was found that the only predictor of STS was the number of hours SVs spent directly working

with PVs. There was a slight difference in the prevention of STS between healthcare workers who received workplace support and those who did not. Additionally, Kendall-Tackett (2023) highlighted the need for various supports such as prevention strategies such as emphasis on self-care, balancing life/work, and training to recognize STS symptoms when they arise. The second support idea is offering treatment strategies. These consist of joining support groups, journaling, and seeking outside support via therapists. The final support suggested by Kendall-Tackett is organizational strategies, which consist of normalizing the need for these supports in the workplace as well as offering education and training in STS and how to recognize symptoms.

Some researchers focused on the need to recognize symptoms and develop the needed support for STS victims. Researchers such as Jenkins & Baird (2002) looked at how STS can be measured by conducting a study examining the validity of measures for STS. These measures are compassion fatigue, vicarious trauma, and burnout. This study, like many others, focused on therapists who have experience working with patients who have been through trauma, and how they experience the impacts of STS. Participants were asked to fill out the Compassion Fatigue Self-Test for Psychotherapists (CFST), the Maslach Burnout Inventory (MBI), the TSI Belief Scale (TSI-BSL), the TSI Life Events Checklist, and the Symptom Checklist 90 (SCL-90-R). It was found that the measures used to determine levels of STS and vicarious trauma (VT) were statistically significant and therapists similarly reported both STS and VT.

Much of the research discussed was conducted on workplace-acquired STS and focuses on medical staff and mental healthcare workers, the prevention of STS, and the availability of outside support, as opposed to what support is available to specific individuals. Further, these studies focused on the workplace and seldom examine the support given by family and friends.

Further, the above research did not examine how workplace-acquired STS impacts the personal lives of the participants.

Many studies focused on those in the healthcare field, however as Jacoby (2019) explained, STS can impact families as well as healthcare workers. The emphasis was put on those parents with a history of mental health issues who are at a higher risk of developing symptoms associated with STS. For example, parents of children who have experienced trauma can go on to develop STS symptoms after hearing of their child's experiences. Chan (2023) explained that parents with a history of having experienced childhood trauma may be triggered by their own children's stories of trauma. This can then lead to parents beginning to display symptoms such as neglectful behaviors and withdrawal from family and friends.

Secondary Traumatic Stress, Interpersonal Relationships & Social Support

Traumatic stress is believed to impact interpersonal relationships by various researchers such as Christiansen, Cohen, and Stein (2004), who studied how interpersonal relationships are impacted when an individual suffers from PTSD. The researchers found that those suffering from PTSD will perceive themselves in a negative light, in turn developing beliefs that others see them the same, which leads to negative impacts on their interpersonal relationships. Christiansen et al. (2012) went a little further by focusing on the secondary victims of rape and found that STS also has an impact on interpersonal relationships. However, this study only pertained to the significant others of the PV and did not consider family members of the PV. Perry (2019) stated that when working with high-risk children and families, the impacts do not stop at the healthcare workers.

According to the National Child Traumatic Stress Network (n.d.), more than ten million children in the United States experienced some type of trauma. Those impacted by trauma and

those working with trauma victims will see impacts spill over into their lives at home and impact their family relationships. Parents dealing with helping a child who has experienced trauma become the SV and can go on to develop symptoms of STS. Given this information, it seems there is a gap in the available literature that omits those exposed to secondary trauma who are not trained mental health professionals. This leaves room for much-needed examination into how STS impacts typical families with little to no mental health training as pointed out by Robinson-Keilig (2014) and Benuto et al. (2018).

Disruptions in relationships are one common symptom that has been associated with STS. Robinson-Keilig (2014) noted that disruptions in interpersonal relationships are an often-cited symptom associated with STS and vicarious trauma in mental health workers, and often researchers focus on the measurements of cognitive schema disruptions, intrusion, avoidance, and arousal symptomology. Other researchers such as Collins & Long (2003) agreed that disruptions in interpersonal relationships are a symptom of STS. However, extraordinarily little attention is given to the impacts STS has on the interpersonal relationships of the SV.

SVs suffering from STS will utilize various coping mechanisms, and some of these can have both positive and negative impacts on not only themselves but their relationships with family as well. Coping mechanisms are defined by Algorani and Gupta (2023) as the thoughts and behaviors mobilized to manage internal and external stressful situations. These behaviors are conscious and voluntary mobilization of acts and differ from defense mechanisms, which are defense mechanisms as subconscious or unconscious adaptive responses. However, both coping and defense mechanisms are a response to stressful situations.

When considering coping mechanisms, it is important to note there are both positive and negative ways SVs may use to cope with their trauma. Maladaptive coping mechanisms

according to Algorani and Gupta (2023), result in the individual dealing with their stressors in an unhealthy way. These actions are associated with poor mental health outcomes and higher levels of psychopathological symptoms. According to Sondermind (2023), these include disengagement, avoidance, emotional suppression, substance abuse, impulsivity, and self-harm, and when an individual utilizes maladaptive coping, it can have the potential to impact relationships by creating conflicts. Vukčević, Marković & Živanović (2022) noted some strategies used by the SV, can be both positive and negative, consisting of accepting coping, resulting in the individual using humor, denial, religious coping, venting about their experiences or sometimes substance use to cope with the trauma. Robinson-Keilig (2014) noted that avoidance and withdrawal from others are a much-used coping mechanism among those who suffer from STS. Venting about the trauma can be a positive strategy that helps the SV work through the trauma; however, these maladaptive coping mechanisms such as alcohol and substance abuse have the potential to negatively impact the interpersonal relationships of the SV.

Social support and the availability of support for the SV post-trauma is another area in which there has been little attention. Sam (2024) defined social support as the comfort and assistance provided to people to help them cope with various issues. Social support can reduce the impacts of secondary trauma and promote the use of positive coping mechanisms by creating positive and reducing negative emotional responses (Gurowiec et al., 2024). Brady, Fransher, and Zedaker (2019) pointed out that while the research suggests that social support mitigates STS, again, the research is extremely limited. Studies such as those done by Landers et al. (2020), examined lived experiences of secondary trauma on law enforcement personnel. In this study, it was found that while there are negative impacts on relationships, there is a highlighted need for more support post-trauma.

The perception of social support is of great importance when dealing with trauma and STS. Notre Dame College (2023) stated that those with a low perception of social support often feel alone even when they are surrounded by loved ones, whereas those with a higher perception of social support feel better and know they have a support system even when their support systems are not around. Further, as Vukčević Marković & Živanović (2022) stated, issues with alcohol and substance abuse can become an issue. According to Lechner et al. (2020), those with a lower perception of social support reported a higher rate of alcohol consumption versus those with a higher perception of social support. Social support can come in many forms, Sam (2024) described these sources as support groups, close family, and friends. It was further noted by Sippel et al. (2024) that interpersonal factors and social support were recognized as critical to the onset, maintenance, and treatment of PTSD, where a stronger support system helps prevent symptoms or long-term effects and a weaker support system puts the individual at higher risk of negative impacts post-trauma.

Various sources of support are available for SVs; however each type of support that may be offered can come with both risks and benefits. The Mayo Clinic (2023) stated the benefits and risks of joining support groups to cope with trauma. Support groups offer the SV a chance to talk about their issues with others who have experienced similar situations, therefore SVs will feel less isolated and judged because they are surrounded by people who understand what the SV is going through. Levine (2023) noted that not only will the SV feel more understood, but they will begin to be empowered by not only receiving support but by giving much needed support as well. However, while support groups can have a positive impact on the SV, there are some risks associated with this form of coping as well. Wynn (2022) explained that support group leaders need no certification, therefore a support group leader may not recognize when participants need

additional help. Additionally, support groups are trust-based and not mandated by confidentiality laws. While members are instructed not to discuss what they hear in a group, the potential for personal information to be shared still exists.

SVs who turn to family and friends as a source of support can find this to result in both positive and negative outcomes. Hailey et al. (2023) found the perception of social support from those close to you is associated with better physical and mental health outcomes and quality of life. As stated, positive social support can help mitigate symptoms of STS, but this is only when the support network is appropriately equipped to meet the SV's needs. Researchers such as Calhoun et al. (2022) pointed out that when a trauma-exposed individual turns to family and friends, they are forced to rise to the occasion by meeting their supportive needs. The effects of trauma on the biological and cognitive systems may cause the SV to more frequently engage in support-seeking behavior, which can lead to negative impacts on the relationship. This is because not everyone in one's support system is appropriately equipped to provide the support the SV needs. Given that the social support network an SV has is properly equipped to deal with the SV's needs, the chances of negative outcomes associated with STS decrease.

While some trauma survivors turn to family, friends, or outside support groups, others turn to social networking sites for support. While this route can give the SV a stronger sense of anonymity, this type of support can harm the SV. Islam et al.(2021) explained this type of support-seeking can lead to exhaustion and burnout due to being inundated with information, both true and false. According to Brenner (2020), being exposed to false information via social media can have additional negative impacts on those who have suffered a trauma and can lead to more severe symptoms. Shensa et al. (2016) found that those turning to social media reported lower rates of perceived support.

As there are various sources of support, there are also various forms in which support can be offered. Scott (2023) defined emotional, belonging, tangible, and informational support as the various types of support one can offer. Emotional support is when an individual shows they care and listens to the SV, whereas belonging support is the inclusion of or spending time with the individual needing support. Tangible support consists of sharing resources with the individual needing support, and informational support is the act of giving advice or other information that can help an SV cope with the issues with which they are dealing.

While it has been established that positive social and emotional support can lower one's risk of developing STS, Kaniasty and Norris (2008), found the more important factor was whether an individual perceives social interactions as negative. In this case, the chances of poorer outcomes increase as well as the possibility of eroding current relationships and social support systems. Another important aspect of support is timing. Robinaugh et al. (2011) noted that those with higher perceptions of social support were found to have a sharper decline in psychological distress over the period following a trauma. This leads other researchers such as Cook and Bickman (1990) to believe positive social support is more important for the maintenance of psychological health. They do not believe negative social support to be a trigger for issues like PTSD or STS.

Several researchers have found links between social support, anxiety, and depression. Zhang et al. (2021) conducted a study examining the links between social support, anxiety, and depression symptoms. It was found that those who have a higher perception of social support have better outcomes versus those with a lower perception of social support, and that those participants with a low perception of social support were more likely to develop symptoms of anxiety and depression. Vaananen et al. (2014) found that lower perceived social support in

adolescence is a risk factor for the development of psychiatric problems. Goodman et al. (2020) found that depression can be both a predecessor and consequence of a lower perceived social support network, stating that depression can lead an individual to experience strain and negative impacts on their interpersonal relationships. Flory and Yehuda (2015) reported that almost half of individuals with PTSD also suffer from major depressive disorder (MDD). As previously noted, STS is very similar to PTSD therefore, one can expect that those with STS may also go on to develop symptoms of depression or MDD.

Need for Research

It is becoming increasingly recognized that STS is a common, natural, and potentially harmful response for those in close contact with trauma survivors, whether it be in a professional or personal setting, as Acquadro et al. (2023) stated. When taking into consideration that Perry (2019) emphasized that especially when working with high-risk children and families, the impacts do not stop at the healthcare workers, other researchers such as Jankowski (2023) and Oginska-Bulik et al. (2021) noted the need to open research to a wider range of individuals, recognizing that their research solely focused on adult, heterosexual, white nurses and paramedics. Various researchers note multiple areas that should be examined further when examining STS. Further, Oginska-Bulik et al. (2021) explained that most research on STS tends to focus on the professional setting, and while there is a small focus on the perception of social support amongst healthcare workers and first responders, little attention is given to the impacts that STS has on an individual's home life. Robinson-Keilig (2014) and Benuto et al. (2018) conducted research examining the impacts of STS on relationships and perceived social support on those who do not work as first responders or in the mental health field, however, note that research with this type of focus is extremely limited. Various researchers have agreed that there

is not enough focus in the research on STS in non-healthcare workers as well as the impact STS has on relationships post-trauma. Due to limited study Brady, Fransher, and Zedaker (2019) expressed the need to further examine if STS can be mitigated by higher perceptions of support post-trauma and whether better access to social support will have an impact on STS and relationships.

In addition to non-healthcare workers and STS getting little attention, another issue that needs further research is the perception of social support post-trauma. Various researchers such as Gros et al. (2016) have noted that there has been little investigation of social support with PTSD and its frequent comorbid conditions and related symptoms. Research highlights the importance of not only receiving social support after experiencing trauma but also how an individual perceives the social support given. The perception of social support or lack of can have an impact on the individual suffering from STS as well as on their interpersonal relationships. As noted by Kaniasty & Norris (2008), the negative perception of social support can not only increase an individual's chances of developing STS, but it can also lead to the deterioration of their relationships. Tirone et al. (2021) explained that while findings suggest a link between negative support and higher rates of PTSD-related symptoms, there was a significant lack of research on the association between perceived social support and trauma-related symptoms, again highlighting the need for research to be opened to a broader group outside those among the healthcare field. Additionally, Kleber (2019) pointed out that traumatic events can undermine not only family relationships but can also interrupt the social fabric of a community. This can lead to the dissolution of social networks and depending on the event, lead to forced or voluntary migration. When considering widespread traumatic events even the healthcare system can experience a disruption of the provision of social services and an erosion

of the healthcare infrastructure, which all can have an impact on the availability and perceptions of available services.

Summary

The problem addressed by the current study was the negative impact secondary traumatic stress (STS) had on interpersonal relationships as noted by Rizkalla and Segal (2020) who found links between vicarious trauma and the negative impacts on intimate relationships, and the lack of perceived support for victims of STS post-trauma as Dodson et al. (2019) pointed out, that lower levels of perceived social support resulted in higher levels of post traumatic symptoms in victims of trauma. As shown, family systems theory states that what happens to one member of a family unit has an impact on other members of the unit (Cherry, 2022). Various researchers agree on the point that secondary trauma can impact not only the SV but those surrounding the SV as well (Christiansen et al., 2012; Kleber, 2019)

Various factors should be considered when examining possible changes in the SV's life and relationships. Potential issues that may result in either positive or negative impacts on a relationship are how the SV copes with their trauma. If the SV uses positive coping strategies, research has shown the SV will have a better psychological outcome versus those who use maladaptive coping mechanisms. Those SVs who employ maladaptive coping mechanisms can go on to experience more problematic issues such as strain on interpersonal relationships, which in turn can worsen symptoms such as depression, and anxiety the SV may already be experiencing.

Across available literature, it is found that STS symptoms can and do spill over into the SV's work and personal lives, however, a consistent limitation of the literature is the focus on work associated with STS versus those developing STS symptoms after a close family member

experiences trauma. Additionally, little research is available examining STS and its impacts on relationships among those who do not have extensive knowledge about mental health. The literature that does exist mainly centers around the lives of mental health workers and first responders. This leaves a gap in current literature due to omitting those with little to no mental health training who are exposed to secondary trauma and may go on to develop symptoms of STS and the impacts felt throughout their family units.

The perception of social support offered or given to the SV can also have lasting impacts on both the SV and their relationships. As noted, if an SV perceives negative social support post-trauma, they can see a deterioration in their relationships or begin to display symptoms such as withdrawal from those closest to them. According to Tirone et al. (2021), negative responses to disclosure of a traumatic event can lead to the reinforcement of negative beliefs about oneself, others, and the world, which can lead to the SV experiencing more severe symptoms. Whereas those who have positive experiences and perceptions of social support post-trauma may develop symptoms of STS, but they are much less severe and according to Acquadro et al. (2023) not as long-lasting as those with negative perceptions. In addition to the perception of social support, the source of said support is also an important aspect to be considered. Gros et al. (2016) noted the importance of the source of social support, some forms of social support, such as positive social interactions, have been found to be negatively associated with pre-treatment PTSD symptom severity. Whereas higher perceived emotional support has been positively associated with increased PTSD treatment response.

Available literature addressing personal relationships of the SV, much of the research focuses on the SV and their significant other and how the couple's dyad is impacted. As noted by Brady, Fransher, and Zedaker (2019), research is extremely limited to the topic of STS and its

impact on family relationships specifically. The reviewed literature highlights a need for future studies on STS and its impacts on family relationships, and more specifically the impacts of STS on those outside the medical/mental health field. Finally, this review highlights the necessity for various areas to be addressed, from developing adequate prevention and treatment for those who find themselves suffering from STS.

Chapter 3: Research Method

The problem addressed in this study was the negative impact secondary traumatic stress (STS) has on interpersonal relationships as Rizkalla and Segal (2020) previously noted, there are links between vicarious trauma and the negative impacts on intimate relationships, and the lack of perceived support for victims of STS post-trauma as Dodson et al. (2019) pointed out, that lower levels of perceived social support resulted in higher levels of post traumatic symptoms in victims of trauma. The purpose of this qualitative transcendental phenomenological study was to examine the lived experiences of STS victims; the perceived impact STS has had on their relationships and examined STS victim's perceptions of support throughout the recovery process. Neubauer et al. (2019) explained that studying individual narratives will give a deeper understanding of the phenomenon being examined.

This chapter re-emphasizes the problem and thoroughly reviews the research method and design chosen for the current study. The chosen design was the qualitative interpretative phenomenological analysis. Further, this chapter provides a detailed explanation of the population and sample and how the sample was chosen. Finally, this chapter highlights the limitations of this research study, as well as all ethical issues that could have come up, and gave a general idea of how this qualitative phenomenological study was conducted.

Research Methodology and Design

This study employed a qualitative, interpretative phenomenological analysis design to examine the lived experiences of individuals suffering from STS and how they experienced their interpersonal relationships. Qualitative research, according to Tenny, Brannan, and Brannan (2022), is a type of research that explores and provides deeper insight into real-world issues. Unlike quantitative research, qualitative research looks at the how's and why's associated with

an issue. As Tenny, Brannan, and Brannan (2022) pointed out, qualitative research consists of observations and open-ended questions and allows the participants to explain in their own words what, how, and why they felt a particular way during their experiences. Given that the current study was seeking a deeper understanding of the lived experiences of the participants versus looking at the statistics surrounding the phenomenon, the quantitative design was not appropriate.

Moustakas transcendental phenomenology was the design used for this study. According to Neubauer et al (2019), using transcendental phenomenology will allow the researcher to identify units of meaning and cluster them into themes to obtain a description of how the participants experience their relationships post-trauma, and combine this data to capture the essence of the phenomena. Data collection involved open-ended questions allowing the researcher to interpret and describe the participants' feelings, perceptions, and experiences to provide a clear picture of the phenomenon that was examined. Dumloa (2022) pointed out that while phenomenological design can be used to research the lived experiences of participants, it can also be used to create awareness of a particular phenomenon and contribute to the development of new theories.

Moustaka's transcendental analysis approach was chosen due to the nature of this study. Based on findings by researchers such as Christiansen et al. (2012), further research was called for about perceptions of how secondary traumatic stress (STS) has impacted the secondary victims (SV) and their interpersonal relationships post-trauma. Christiansen et al (2012) noted that after hearing the disclosure of trauma the SV can experience many difficulties in their relationships. Additionally, this research helped the researcher understand how potential participants perceived the availability of support as a secondary victim (SV) when dealing with

STS. According to Neubauer et al. (2019), using Moustaka's transcendental analysis approach will identify the commonly perceived feature that can be determined to develop a generalizable description, representing the phenomenon's true nature.

Other methods and designs that were considered but deemed less appropriate for the current study were case studies and focus groups. Hassan (2024) stated that the case study focuses on one individual or group of people and given the nature of this study, it was determined that while a case study may shed light on the phenomenon being examined, it would not result in enough information. Hassan (2024) went on to point out the focus group, which allows a group of people to gather and discuss a topic. The focus group allows participants to share their thoughts and opinions on a given topic. However, again, this approach was determined to not be appropriate for the given study due to confidentiality issues. The topic of this study could have resulted in participants giving details of very personal experiences, therefore, to protect participant privacy, the focus group was determined to not be most appropriate in this case.

Population and Sample

The study population was SV survivors. The population of SV survivors encompasses those who have witnessed an accident, heard about the trauma of others close to them, or even heard of a traumatic event via the news. Levine (2024) noted 7.3% of all adults diagnosed with PTSD are a result of secondary traumatic stress. According to the National Child Traumatic Stress Network (2024), more than 10 million children are exposed to trauma each year. Further, noted by Carmona (2023), in any given year roughly 13 million people will experience symptoms post-trauma.

The study sample consisted of 10 secondary trauma victims such as close family members of individuals who have suffered a primary trauma (i.e., parent, sibling, child). While participants did not need to have a formal diagnosis of STS or PTSD, only individuals with complaints of anxiety, depression, or other symptoms associated with STS or PTSD qualified. As noted by Neubauer et al (2019), a transcendental phenomenological analysis study should consist of a sample size of at least five participants and not exceed 25 participants. Gil-Rodriguez (2022) notes that too many participants lead to researchers being overwhelmed by data and results in a study lacking interpretive depth. Saunders et al (2018) state that data saturation is reached once no new themes are emerging and additional data adds no value or new insights. To ensure saturation was reached, time was allotted for a second round of recruitment if needed after the first group of participants had been interviewed, and data had undergone analysis.

The method of purposeful sampling for the current study was most appropriate because the phenomenon being examined was more specific, and the goal was to gain as much information about the specific phenomenon as possible. According to Palinkas et al. (2015), purposeful sampling is used when researchers are attempting to yield cases that are information rich. Recruitment of participants consisted of posting flyers as well as making posts (see Appendix B) via online social media pages, this allowed SVs an opportunity to volunteer and PVs an opportunity to forward the information to potential SVs in their lives. The online platform used was Facebook public pages for trauma survivors and public support groups for secondary trauma survivors. In addition to online communities, flyers (Appendix B) were distributed on local posting boards throughout the city and surrounding area. Once potential participants conveyed interest by responding to the posts they were vetted to ensure they met the inclusion criteria.

Individuals must have met specific criteria to be eligible to participate in the study. This was accomplished by asking all potential participants a set of screening questions (Appendix D) All participants must be eighteen years of age or older and will have been disclosed to by a close family member (parent, child, sibling) who has experienced a trauma such as sexual assault, terminal illness, child abuse, and domestic violence. Additionally, all participants had no work history or education in the mental health field. Individuals who have experienced primary trauma in the last five years were excluded from the study due to the focus of this study being the impacts STS has on participants' relationships. According to Waichler (2022), there have been studies that show trauma survivors experience post-traumatic growth at the two-year mark post-trauma. Ensuring potential participants have not experienced a primary trauma allowed the appropriate time to deal with their previous trauma experiences as well as ensure the data collected was related to STS versus PTSD.

Materials

The current study consisted of 30-60-minute interviews with the participants. The researcher both manually and audio recorded answers to the interview questions along with making observational notes throughout the interview process. Data collection was facilitated by utilizing an interview guide (Appendix A) developed by the researcher and has been field-tested with two experts in the field of PTSD and STS, as well as the use of mock interviews with two laypeople (Appendix E). Interviews were semi-structured, and the researcher used open-ended questions throughout the interviews. The questions used in the interviews were based on the research questions they address, ensuring all research questions were addressed for this study. Additionally, a voice recorder and journal were used throughout the interview process. Interviews were voice recorded so all information was properly transcribed. A personal journal

was used during the process to allow the researcher to note any observations such as nonverbal reactions displayed by participants. Finally, the journal served as a tool for bracketing personal reactions and thoughts thoroughly and accurately. As Moustakas (1994) explains, bracketing is the process of separating one's perceptions and feelings regarding a particular phenomenon to approach the study with an open mind. Due to the researcher having previous personal experience with trauma, it was of great importance to prevent any biases from influencing the participants or outcomes of the proposed study. Chan et al. (2013) state, that through the fundamental methodology of "bracketing" the researcher's own experiences, the researcher does not influence the participant's understanding of the phenomenon. Interviews for the study were conducted in person at their convenience or via video call. Once participants were given copies of informed consent, they were asked questions about their backgrounds as well as questions about previous trauma and how much time has passed since experiencing past trauma. The interviews progressed to asking participants questions that relate to each of the proposed research questions.

Study Procedures

A specific set of procedures were followed, and the proposal was submitted for IRB approval. Once IRB approval was obtained, participants were recruited and screened for eligibility. The researcher obtained informed consent (Appendix C) and conducted the interviews after determining who qualifies for participation.

The study procedures were as follows:

Step 1. Participants were recruited using flyers and online posts in public support groups and in public spaces in local area. Participants were given a screening questionnaire (Appendix D) by quickly going over the questions when they contacted the researcher about participation.

Step 2. The researcher went over the screening questions once again at the time of the interview. Following this, the purpose of the study was explained to participants after collecting consent forms (Appendix C) and answering any questions participants had about the study. During this step, confidentiality issues were addressed and procedures to protect data were explained as well as informing participants that the interviews were to be voice recorded. It was explained that participants can withdraw from the study at any time.

Step 3. As Sybing (2024) noted member checking is an essential part of the research process. Therefore, to ensure transcriptions accurately represented the participants feelings and ideas, all transcriptions were forwarded to participants by email for verification. Participants were asked to go over the transcripts and note whether the information was a true reflection of their experiences. They were able to make changes as well as notate any additional information they felt was pertinent, then emailed the transcripts back to the researcher for analysis.

Step 4. Transcriptions were analyzed using MAXQDA. According to Silver and Woolf (2017), the use of MAXQDA allows for data to be reliably retrieved, helps minimize researcher bias, and leaves a verifiable trail for a researcher to follow.

Data Analysis

According to Moustakas (1994), transcendental phenomenological analysis follows a systemic approach. These steps are a. bracketing or the epoche process, b. identifying significant statements, c. clustering and thematizing significant statements, d. textural and structural synthesis. The first step is bracketing, or the epoche process. This process required the researcher to identify and set aside their own biases and focus on the views expressed by the participants. The second step was to identify significant statements made by participants and then as Moerer-Urdhal and Creswell (2004) noted, statements were clustered together into themes. The

researcher then described the what (textural description) and the how (structural description) of the participant's experiences. Moustakas (1994) pointed out that these descriptions are the additional meanings of the experiences from other perspectives.

This study allowed participants to choose whether interviews were conducted in person or via video call, based on what they were most comfortable with. Data collected resulted from interviews that consisted of open-ended questions about their experiences, audio recordings of the sessions, and researcher observation notes. Participants were given the option of completing interviews in person or via video. If the participants chose to have interviews conducted in person, the researcher arranged a time and place to meet that was convenient for the participant. All interviews were audio-recorded for transcription purposes, and the researcher took notes throughout the interview process.

Once the interviews concluded, the researcher reviewed the participant's answers to ensure that written notes were interpreted accurately. Bracketing and reflexive journaling was conducted throughout the entire interview and analysis process. According to Delve (2022), bracketing is the setting aside of beliefs and prior assumptions to avoid misrepresenting a subject's intended meaning, perception, or experience.

Once interviews were concluded, the researcher transcribed both the audio recordings and manual notes. To add to the validity of the proposed study, member checking was conducted by forwarding transcripts to participants to ensure the accuracy of the data recorded. This allowed participants the opportunity to ensure the transcriptions were an accurate depiction of their experiences. This also allowed the researcher to incorporate feedback from participants aiding in the trustworthiness of the study. According to Delve & Limpaecher (2023), returning transcribed interviews and incorporating feedback helps generate trustworthy data in qualitative analysis.

Once participants returned transcribed interviews with feedback verifying the collected information was accurate. Data was then coded and analyzed using the MAXQDA data analysis software. According to Moustaka's transcendental phenomenological analysis, using the MAXQDA software makes connections and any arising themes more easily identifiable for the researcher.

Assumptions

It was assumed that all potential participants would be truthful in the screening questionnaire and during the interview process. Additional assumptions were that potential participants would fully understand the purpose of the proposed study and would provide the researcher with an accurate account of their lived experiences and how they perceived STS to have impacted their interpersonal relationships by giving as much detail as possible. It was also assumed that participants would come from various backgrounds and may interpret their experiences in different ways than the researcher. Finally, it was assumed that while all potential participants have some things in common, no two participants' stories would be exactly alike. However, the similarities participants share in experiencing STS allowed for this study to contribute and expand on current family systems theory.

Limitations

Due to the fact the proposed study focused on the perceptions of the participants, there were a few limitations. First, this study relied on the participants relaying information about their memories of their perceptions. Moustakas (1994) pointed out this act alone may evoke new perceptions about the phenomenon being examined. Second, due to the sensitive nature of the study, participants may have been hesitant to discuss topics in detail. However, the process to keep participant identities confidential was explained in detail noting that all information would

be kept confidential and no identifying information would be shared. Additionally, it was further emphasized that at any time the participants could take breaks from the interview process or even quit the study all together. In addition, all participants were given a list of resources (whether they completed the study or not) for mental health assistance in the event they needed it.

Another limitation was the lack of generalizability. However, the researcher's goal was not to generalize the data, but to gain a deeper understanding of how those outside the mental health field and are close family members of a PV, perceived the impacts of STS on their interpersonal relationships and how they perceived the availability of support post-trauma.

Delimitations

There are three study delimitations. The first delimitation was the need for participants to have a specific relation to the PV to qualify for participation. The researcher sought to gain a deeper understanding of how trauma impacts relationships in the family unit versus relationships outside the family. The second delimitation was that participants specifically needed to have no experience in the healthcare or mental health field. Finally, the third delimitation was the method of data collection. The use of interviews consisting of open-ended questions allowed for the participants to explain their experiences in their own words. Due to the scope of this study being narrowed to specifically those with close family members of a primary victim, and no experience in the healthcare field, findings could not be generalized to the entire population of STS victims.

Ethical Assurances

National University's Institutional Review Board (IRB) approval was obtained prior to any recruitment of participants or data collection. This study was planned to prevent harm to the participants. Before beginning interviews participants were given a thorough description of how their information would be used and what measures would be taken to protect their identities. To

ensure confidentiality and anonymity, no personal information was used for records. Participants were assigned letters A thru J at random which were attached to all corresponding recordings and notes taken during the interview process. All physical data such as notes and recordings were kept in a locked filing cabinet and all digital records were stored on a password-protected hard drive. All physical copies of notes have been shredded after the study concluded and all digital information will be deleted three years after the conclusion of the study.

The role of the researcher was to listen and not allow any firsthand experiences or biases to come through in the interpretation of collected data. The researcher has personal experience related to the study topic; the researcher is close to an individual who was a PV. However, while the researcher did witness others suffering from STS, the researcher was not directly impacted by STS. Personal experiences of the researcher were bracketed, and the researcher listened carefully and objectively while focusing on the participants' accounts and not altering their perceptions and reports in any way.

Summary

To summarize, this chapter explains the methodology of this phenomenological qualitative study. For this study, the researcher utilized Moustakas (1994), transcendental phenomenological analysis to examine the lived experiences of those suffering from STS, as well as examine their perceptions of the impacts STS has had on their relationships. Participants of the study were recruited via public social media groups for trauma survivors, as well as posting flyers in public spaces local to the researcher. Purposeful sampling was used to recruit participants for this research, and those interested in participating were provided informed consent via email as well as given a hard copy in person at the time of the interview or via mail for those interviews that were conducted by video call. To qualify for the proposed study,

participants must not have experienced a first-hand trauma in the last five years. Data for this research was collected via in-person or video call interviews, depending on the participant's availability and preferences. Ethical assurances and procedures are identified as well as an explanation of how information was stored both during and after the study.

Chapter 4: Findings

The problem addressed in this study was the negative impact secondary traumatic stress (STS) has on interpersonal relationships as Rizkalla and Segal (2020) previously noted, there are links between vicarious trauma and the negative impacts on intimate relationships, and the lack of perceived support for victims of STS post-trauma as Dodson et al. (2019) pointed out, that lower levels of perceived social support resulted in higher levels of post traumatic symptoms in victims of trauma. The purpose of this qualitative transcendental phenomenological study was to examine the lived experiences of STS victims; the perceived impact STS has on their relationships and examine STS victim's perceptions of support throughout the recovery process. The researcher examined STS victims and their experiences by utilizing Bowen's family systems theory as its framework. Overall, this chapter outlines the trustworthiness of the data, processes of recruitment, data collection and data analysis. Results from the study are presented using participant's responses to interview questions verbatim. The collection of data and data analysis utilized Moustaka's transcendental phenomenological analysis approach, and three research questions were used to serve as a guide in examining the individual experiences of the participants. This chapter concludes with a summary of the results and findings of this study.

Trustworthiness of the Data

According to Khalid-Ahmed (2024), trustworthiness is crucial in establishing credibility of a qualitative study and consists of four elements. These elements include credibility, transferability, dependability, and confirmability. Further, Cresswell (1998) stated credibility, transferability, dependability, and confirmability are an important aspect of qualitative study so the researcher can gain trustworthiness with the readers. This study was dependent on the researcher properly interpreting the participant's words. The researcher followed specific

procedures to ensure the trustworthiness of this study while also getting an understanding of the true essence of the participant's stories.

Credibility

To establish credibility, the findings of this study member checking were used. According to McLeod (2024), member checking is the process of sharing the findings, narratives, or interpretations of the study with participants. Participants were asked to read and verify all information transcribed was correct and represented their experiences accurately. This step is necessary so the researcher can be sure they have not interpreted the participant's experiences with personal biases. McLeod (2024) stated, member checking enhances the trustworthiness and authenticity of qualitative research findings.

This study utilized member checking once interviews and transcriptions were completed. The researcher sent participants a copy of their own interview transcript and were asked to make any necessary changes. The participants were also able to make additional notes if they felt the transcribed interview did not fully convey their experiences. This study consisted of ten participants and all ten responded with confirmation emails that the transcripts were correct and accurately represented their experiences with STS.

Transferability

McLeod (2024) stated transferability in qualitative research refers to the extent that the findings of a study can be applied to other contexts, settings, or populations beyond the study sample. CSU (2024) pointed out that transferability invites the reader of research to make connections between elements of a given study and their own experiences. For the purposes of this study, participants were limited to SV's who had a close family member that was a PV. Participation was not limited by location, age, gender, or sexual orientation. This study was open

to anyone who had a close family member that was a PV of a traumatic event. Due to the focus of this study being on the firsthand experiences of participants and their own perceptions, this study can be replicated but transferability cannot be guaranteed. Transferability was further ensured by reaching saturation. Saturation was achieved with the ten initial participants. Data collection continued until saturation was complete. It was apparent that saturation had been achieved when no new information was emerging from the collected data.

Dependability

McLeod (2024) stated dependability refers to the stability and consistency of the research findings over time. Dependability was ensured by following specific protocols. For this study, ten participants were recruited from the public. Recruitment was conducted by posting flyers in public spaces and in online social media platforms. All participants were close relatives of a PV and asked the same open-ended questions in a semi-structured interview. To reduce researcher bias, member checking was used to ensure personal ideals did not interfere with the interpretation of the data collected. Once interviews were completed and transcribed, data was uploaded to MAXQDA to be analyzed. Key words and phrases were coded and guided the process of identifying themes throughout the interviews. A full description of the procedures followed in this study is outlined in Chapter 3.

Confirmability

McLeod (2024) stated that confirmability refers to the degree to which the findings are grounded in the data and are not simply the product of the researcher's own biases or preferences. To ensure confirmability and reduce the risks of researcher bias, all transcripts were sent to the participants to check for accuracy. Further, the researcher used direct quotes that have

been verified as an accurate representation of the participants' experiences throughout the findings, adding to the confirmability and credibility of the results .

Results

For recruitment, flyers were posted in public spaces, on the researcher's personal social media pages as well as public support groups. During the screening process, basic demographics were collected. The demographics for this study consisted of a sample of ten individuals, ages 20-70, who are close family members of a primary victim of trauma. Participants were asked to attend a semi-structured interview using open-ended questions. Three participants were male and seven were female. Six of the participants were White, one was Hispanic, one was Black, and two were of Mixed Race. To ensure anonymity, participants were assigned a random number. The following table and charts outline the basic demographics and keywords from individual interviews.

Table 1

Interview Summary with Study Participants.

Participant	Gender	Age Range	Ethnicity	Relationship to PV	Keywords
A	Male	40-50	Mixed Race	Spouse	Improved relationships. Barriers: Unaware Support was available
B	Female	40-50	White	Sibling	Depression, deterioration of

					relationships and headaches. Barriers: Unaware support was available.
C	Female	30-40	White	Spouse	Anxiety, enabling, deterioration of relationships, headaches, stomach aches. Lack of support. Barriers: Family/work life
D	Male	20-30	Hispanic/Asian	Parent	Tension, stress, headaches. Improved relationships. Barriers: Family and unaware support was available.

E	Female	20-30	White	Parent	Worry, anxiety, tension, depression, deterioration of relationships, lack of
F	Female	20-30	Mixed Race	Sibling	Worry, anxiety, headaches. Barriers: Unaware support was available.
G	Female	60-70	White	Spouse	Deterioration of relationships, anxiety, depression, stomach aces, lack of support. Barriers: Unaware support was available.
H	Female	60-70	White	Spouse	Feeling alone, lack of support,

					depression, anxiety, headaches. Barriers: Unaware support was available.
I	Female	30-40	White	Parent	Stress, tension, sadness, small support system. Barriers: Unaware support was available.
J	Male	40-50	Black	Parent	Small support system, anxiety, deterioration of relationships, depression. Barriers: Family life/no time.

Figure 1

Gender Representation in the Study

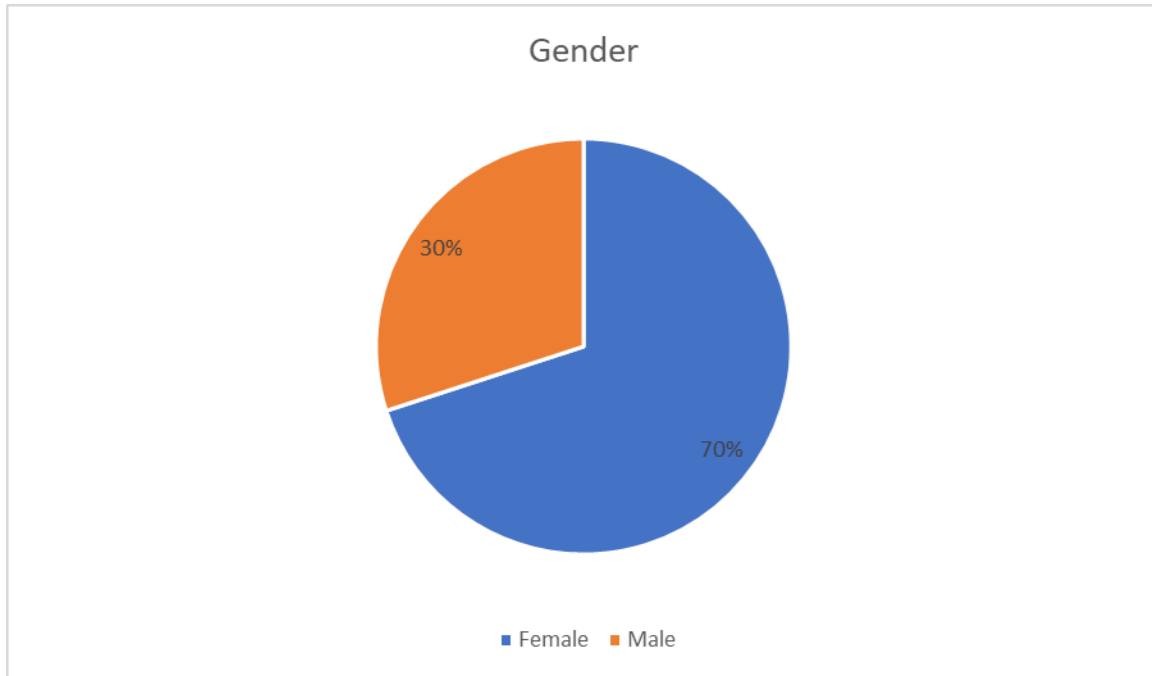


Figure 2

Participant Age Distribution

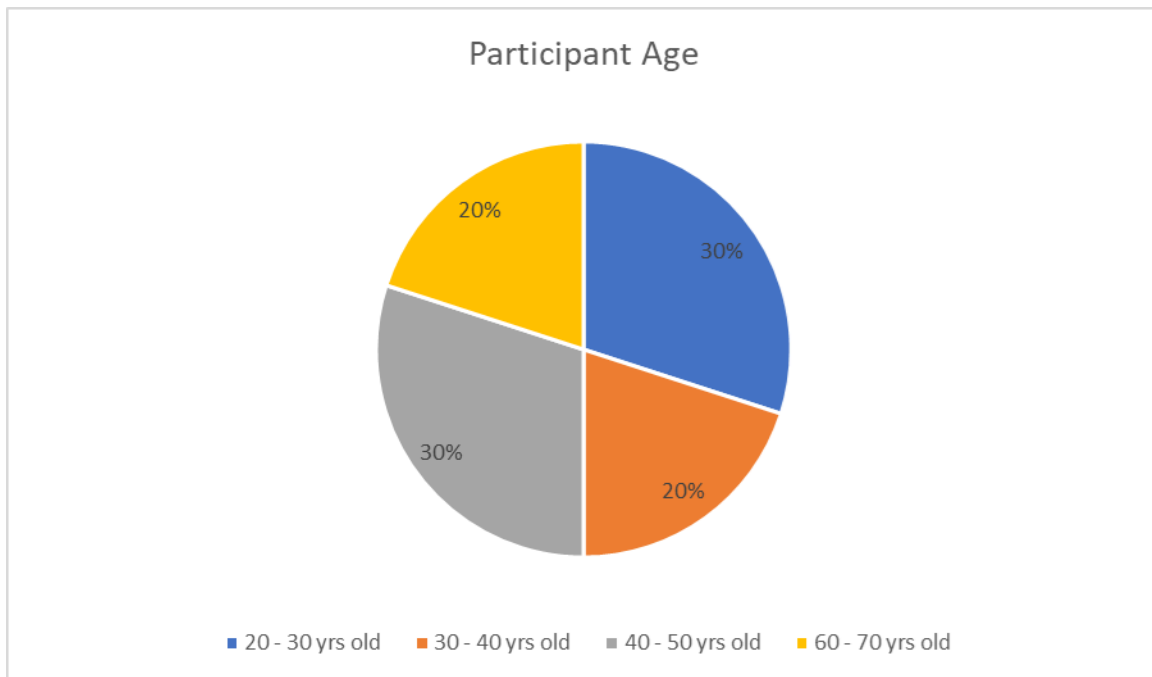
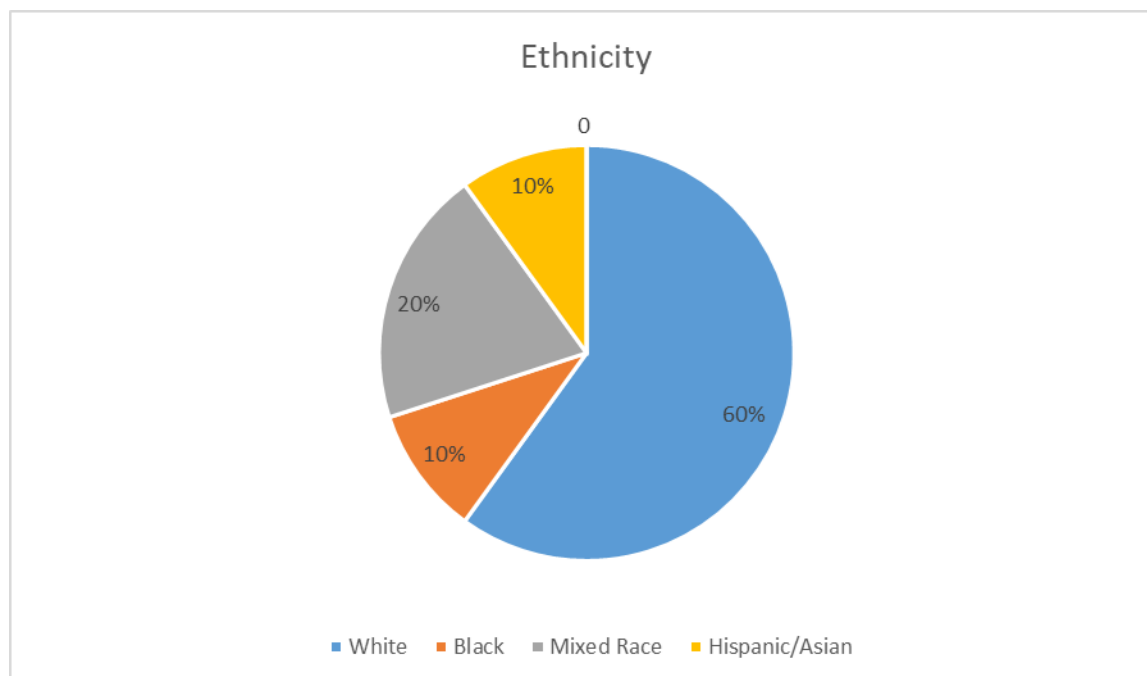


Figure 3

Participant Ethnicity



The goal of this research was to apply transcendental qualitative phenomenological analysis to get a deeper understanding of how SVs perceive the impacts of STS after learning of a PV's trauma. This study was designed to gain a deeper understanding of the experiences of SV's and their perceptions of how their relationships with the PV are impacted. In addition, this study sought to get an understanding of how the SV perceives any changes in their personal relationships as well as their perceptions of social support post trauma. During the analysis of the data, an interview summary was created, and thematic coding was used to identify emerging themes.

Research Question 1: What are the lived experiences of those suffering from STS after learning of a primary victim's trauma?

Results related to RQ1 included the lived experiences of the participants. In relation to RQ2, participants were asked about how they perceive their interpersonal relationships in the home. Finally, RQ3 addressed how participants feel about specific barriers to seeking support post-trauma. Data collected during these interviews was analyzed using MAXQDA. During

analysis, specific themes emerged. These themes were identified by narrowing down statements made by participants. This process consisted of omitting those statements that are irrelevant to the topic. As pointed out by Moustakas (1994), the remaining statements are then clustered into themes or meaningful units.

Table 2

Themes for RQ1

Theme Number	Theme	Number of Participants	Percentage of Participants
1.1	Depression	5	50%
1.2	Anxiety	6	60%
1.3	Stomach Aches	1	10%

The first research question focused on the lived experiences of those suffering from STS. During analysis, two codes were used to isolate the major themes in this research, these consisted of mental changes and physical changes. Analysis revealed the themes being the changes noted by participants such as depression, anxiety, and stomach aches. Those participants in the minority reported no changes in daily life or nothing significant enough in their view to pinpoint.

Theme 1.1: Depression. The theme of depression emerged as a result of coding various segments from the transcribed interviews under mental changes. Most of the participants in this study reported no history of depression prior to the learning of their loved one's traumatic experiences. While it was found that 50% of participants reported suffering from depression, not all were diagnosed and treated with medication after learning of their loved one's experiences. Each participant was asked about noticing any mental changes after finding out their loved one

had suffered a traumatic event. Some of the participants reporting depression explained the reasoning why they felt this changed occurred, while others preferred to just leave it at they did notice depression but did not choose to discuss it further.

When asked about mental changes, participant B reported being seen and treated for depression shortly after learning of their family members' traumatic experience. When asked if they noticed any changes in mental health they responded with saying "depression for sure. I think that is about the time I was diagnosed with depression and was put on antidepressants." This participant offered that they felt the depression stemmed from how the family handled the trauma.

As with participant B participant F also reported feelings of depression. When asked about mental –changes participant F noted that they were not actually treated for depression but did feel depressed much of the time. When asked if they noticed any mental changes after finding out about the traumatic experience they said "Things were really depressing immediately after learning about the trauma. After three months I was still really depressed." This participant felt the depression was due to the constant worry and fear their family member would experience the same trauma again.

Participant H reported they sought treatment for the mental changes noticed after learning of their spouse's trauma, though not immediately. Participants H stated that

Other than feeling really bad for him, and not really knowing what to do, I did not really notice any physical changes. I did notice mental changes in myself, like depression, and I ended up being prescribed medication for depression.

She also noted that she allowed depression to go untreated for a while before seeking assistance.

As participant H, other participants reported not immediately seeking treatment or foregoing it all together. Participant G stated that they noticed they began to feel depressed immediately after their husband's trauma. It was reported that they did not seek treatment for depression but looking back should have. When asked about mental changes they noticed after the traumatic event this participant stated:

I had a lot of feelings of sadness and helplessness, because I saw my husband in so much pain and there was nothing, nothing at all I could do to help him. It caused a lot of depression in both of us.

Unlike other participants, Participant J stated they have a history of depression and anxiety, when discussing whether the participant noticed any mental changes they responded saying "I know I have dealt with depression and anxiety since I was a kid, so part of me really thinks that stems from her issues and how it impacted us in the home." This participant attributed their depression to how they were raised and their parent not dealing with the trauma they experienced. As a result the participant viewed the way their parent handled things throughout their lives as contributing to the depression they felt although the participant did not find out until more recently that their parent had experienced a trauma.

Theme 1.2: Anxiety. The theme of anxiety emerged as a result of coding various segments from the transcribed interviews under mental changes. More than half of the participants reported feelings of anxiety after learning of their family members' traumatic event. While analyzing the data it was found that 60% of participants reported anxiety after learning of their loved one's trauma. While most participants did suffer from anxiety, it should be noted that not all of them sought medical treatment.

Participant C reported feelings of anxiety surrounding not only what her husband had gone through but also fear for her children. The participant reported she had noticed changes in her husband post trauma that left her full of anxiety when leaving her kids alone with him. When asked about mental changes in themselves, this participant stated

Yes, I definitely experienced some anxiety at the thought of not only the horrible stuff my husband had to endure, but I also knew that my children had spent time with him unsupervised and that made me really nervous.

She went on to say, “I realized the horrible anxiety kept me awake most nights.” This participant also reported that she felt the need to hide any issues from extended family and thought this also created additional anxiety.

Participant F, like participant C reported feelings of worry and anxiety leading surrounding one issue, leading to additional feelings of anxiety. Participant F reported that they were full of worry for their family members after the traumatic event. When asked about any mental changes post trauma participant F stated

Immediately after learning about his trauma, I started feeling more worried about him and concerned about how he was doing. The only thing that changed around 6 months was I found myself way more stressed out about him and his wellbeing. Finally, after a year, I found myself just constantly worried and full of anxiety about his future and how he would cope with things.

When further discussing this, the participant stated that they knew logically the parent was doing everything necessary to support the individual, however she could not shake the overwhelming feelings of anxiety.

As with the previous two participants, participant H not only had anxiety surrounding learning of the trauma but also stated the feeling that they “had to make things seem as normal as possible” was attributed to the increasing anxiety they felt. This participant did report that over time they did have to seek treatment for anxiety. When asked about mental changes participant H stated

I was trying to deal with things when he would get really bothered. It made me anxious at times because I was trying to make things as normal as possible. I just lived life and was happy I could be with him, you know? I just loved him.

Similarly to other reports, participant E reported the anxiety started before she officially learned of the trauma her parent had experienced. However, she felt this was due to the overall state of the household due to her parents’ demeanor throughout her childhood, but acknowledged after learning of the trauma, things made more sense as to why the parent behaved the way they did. When asked about whether they noticed any mental changes participant E stated:

I was probably more aware of my anxiety levels. I was very anxious because we really had to kind of tiptoe around the mood changes, but that was a really big part of our childhood. Once everything was out in the open it was easier to understand based on how I grew up.

Two participants reported that they felt the deterioration of relationships was partially due to increased anxiety or vice versa. Participant G stated they found themselves with feelings of anxiety after their loved one’s trauma. When asked about mental changes post trauma they stated:

I noticed a lot of changes between me and my husband. He became really withdrawn and like I said, he did not want to do anything but sit in his recliner and wait for the day to

end. It made it seem like I was trapped and gave me a lot of anxiety. I like to be on the move and doing things, and with him not wanting to leave the house, it made things rough. It seems like a little thing, but it really caused issues in our relationship.

Participant G further reported that they noticed increased arguing between the two of them which contributed to the anxiety.

Like participant G, participant J stated they found that their anxiety was blamed for any issues in the family, which contributed to additional anxiety and further arguments among the household. When asked about mental changes and how it impacted daily life this participant stated:

Somehow everything was always pinned back on me, and my own depression and anxiety was always blamed for the not-so-great relationship with me and my mom. However, I think looking back, she definitely did not deal with her trauma and that spread to everyone else in the house to a degree.

The participant further reported that the only changes to daily life were that the issues in the home “It just caused a lot of anxiety and stress.”

Theme 1.3: Stomach aches. The theme of stomach aches emerged as a result of coding various segments from the transcribed interviews under physical changes. During the analysis portion of this study, it was found that 10% of the participants suffered from physical changes after finding out about their loved ones’ trauma experiences.

Participant C reported that their family members’ behaviors made them sick just thinking about how things could go. When asked about whether they experienced any physical changes post trauma, participant C stated, “I’d seen him with my nieces and nephews and his behavior was despicable, and it made my stomach hurt to think of what could have happened to them

when they were too little to speak up for themselves.” She further elaborated that her husband treated children the way his own parents treated him and his siblings growing up. Specifically, giving out punishments for no reason and the punishments being abusive.

Themes that emerged during the analysis of this research were depression, anxiety, and stomach aches. This information, along with the information gathered during the interview process gave a clear answer for RQ1. It is reported from the participants’ perspectives that they experience changes, both physically and mentally after learning of their loved one’s traumatic experiences.

Research Question 2: How do those who suffer from STS experience changes in interpersonal relationships?

The second research question relates to what experiences participants had in their interpersonal relationships. During analysis, the three codes used were general relationship changes, positive relationship changes and negative relationship changes, leading to the theme of deterioration of relationships emerging. It became clear that half of the participants experienced a deterioration in their relationships post-trauma. Two participants reported an increasing number of arguments among family members post-trauma. The remaining participants reported either no changes or minor changes that they chose not to elaborate on, whereas two participants reported an improvement in interpersonal relationships.

Table 3

Themes for RQ2

Theme Number	Theme	Number of Participants	Percentage of Participants
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2.1	Deterioration of Relationships	5	50%
2.2	Improved Relationships	2	20%
2.3	No Change	3	30%

Theme 2.1: Deterioration of relationships. The theme deterioration of relationships emerged using the code negative relationship changes. During the analysis portion of the study, it was found that 50% of participants experienced a deterioration of their relationships after learning of their loved ones' traumatic experiences. Many of the participants felt that increased tension, depression, and anxiety contributed to the fact their relationships suffered post trauma.

Participant B reported their relationships in the home were significantly impacted post trauma. This participant contributed the deterioration of relationships to their own perceptions of how things were being handled after the traumatic event took place. She stated:

My relationship with my sister, I think we drifted apart a little. At the time I did not know what to say to her and by this time, she would rather pretend nothing happened instead of talking about it with me. As for my relationship with my parents, I think that got a little worse. I agreed with my sister, it did seem like they just brushed off what had happened to her and from our perspective nothing ever came of it.

This participant acknowledged that her sister pretended nothing ever happened, however she still wanted her parents to push the issue and make sure those involved were held accountable and from the sisters' perspectives, nothing was ever done.

Participant C reported that she felt her relationship with her parents began to deteriorate due to her hiding how she was feeling post trauma. Participant C stated, “I definitely didn’t call as much for a while because I didn’t want them to see how stressed and anxious I was all the time.” She reported that hiding her stress and anxiety contributed to driving a wedge between her and her parents. She also reported that her relationship with her husband suffered most, she stated:

I made the deal to myself that it wouldn’t be fair to punish him if he was seeking the help he needed while trying to fix it. So, I stayed, and I tried to be patient and understanding. And in the beginning, it was ok, I found myself being more patient, and more willing to let certain behaviors slide. Over time I feel like that has just become the excuse for bad behavior. That has created some resentment and frustration on my part.

Participant C also reported that while her and her husband are still together and working on things, their relationship is not in a good place or where she would like it to be.

Participant D reported that he only experienced a deterioration in his relationship with his father. Whereas his relationships with his mother, siblings, and grandparents became stronger. Participant D stated, “I have never really been close to my dad, but I think we became more distant.” He contributed this to his feelings that his father should have been there more and supported his mother, instead he reports that his father left the family. While he acknowledged his relationship with his father was more distant, he noted he became much closer to the others in his household.

Participant F reported that there was a slight deterioration in relationships, but she attributed this to her own behaviors. She stated that “I was more irritable and less tolerant.”

Which led to the relationships she had suffering at the time. Participant G stated that her relationship with her husband suffered after his traumatic experience. She said:

We weren't getting along because I felt like we were just wasting our lives sitting here and he just had no desire to do anything. He got to the point where he didn't even want me to spend money, he got very illogical and started feeling like if we just stayed put in the house everything would be ok, and that just made no sense to me at all. So, the main change was the arguing we did, which did not help the anxiety I was experiencing.

Participant G attributes the deterioration of her relationship with her husband to various issues. She reports that her own upbringing has led her to want to be out doing things and making the most of life, and now because they see things differently the arguing has become increasingly more frequent.

Theme 2.2: Improved Relationships. The theme improved relationships emerged using the code positive relationship changes. While analyzing the data, it was found that 20% of participants found their relationships had begun to improve both with the PV as well as others . This view point was attributed to the family growing closer and to the participants gaining a better understanding of others and their feelings. For instance, participant A reported that he felt like learning of his spouse's trauma and watching what she had to go through made him realize "you don't always know what someone else is dealing with." Participant A stated:

After learning of her trauma I kind of gained more situational awareness and I kind of was more aware of how people have different emotional needs. So, I was able to navigate things at home and out in public with other individuals as well.

Similarly, participant D reported improvements in family relationships. For instance he reported that while he never was close with his father, his relationship with his mother became

much stronger and closer. Participant D stated “I think I became a little more open with things with my family like my mom, siblings, and grandparents. I think we became a stronger family after my mom went through what she did.”

Theme 2.3: No Change. The theme no change emerged using the code general relationship changes. While most participants reported changes in their relationships after learning of their loved ones’ traumatic experiences, 3 participants in this study reported they did not notice any changes at all. Participant H reported no changes but chose not to discuss things about the relationship further. Participant E reported that “while things did seem a bit tense in the beginning” she felt “that our family really came together and got much closer, especially my siblings and I, we were able to help each other cope.” Similarly, participant J stated that:

While initially my mother and I had a rocky relationship, over time we have become much closer. I think that is because as I got older, I was able to understand better how and why things happened the way they did.

Themes that emerged during the analysis of this research were deterioration of relationships, improvement of relationships and no change. This information, along with the information gathered during the interview process was used to answer RQ2. Based on the participants’ perspectives after learning of their loved ones’ traumatic experiences, the majority experienced changes in their relationships. The ways participants experienced the negative changes varied from breakdown of communication to verbal altercations. Whereas the participants that reported positive changes noted their relationships became stronger. One participant reported that they gained a better outlook when dealing with people outside of his immediate family.

Research Question 3: How do those suffering from STS feel about specific barriers to seeking the appropriate support post-trauma?

The third research question pertains to how STS survivors feel about specific barriers they may have encountered to seeking support post-trauma. During analysis, the two codes used were barriers to support and support systems, which lead to the emergence of people being unaware that support was available for those not directly impacted by trauma as well as a lack of support. Most participants reported they had never thought about support for themselves and that no one ever informed them that support was available if they should need it. The minority of participants reported that they were aware support was available but were unable to seek needed support due to work issues such as seeking support would impact their ability to maintain a given position in their workplace. The other reason reported for not seeking support was family issues such as lack of caregivers for children.

Table 4

Themes for RQ3

Theme Number	Theme	Number of Participants	Percentage of Participants
3.1	Unaware support was available	7	70%
3.2	Lack of support system	4	40%

Theme 3.1: Unaware Support was Available. The code used to isolate this theme was barriers to support. Most participants were unaware that outside support such as therapy or

counseling was available for families of trauma victims. Seventy percent believed that outside support was solely for the primary victim and that while they acknowledged they had issues dealing with the trauma themselves, that no one ever made them aware that support such as counseling or therapy was even available to a secondary victim. In addition, 40% of participants reported that they had no support system in their daily lives. These individuals felt alone and as though no one in the household wanted to hear about the problems associated with their family members' trauma with which they were dealing. The following quotes were pulled from participant interviews.

When asked about specific barriers to outside support participants were never made aware of the fact that support such as therapy or counseling was something that would be available to secondary victims of trauma. Many reported that had they known it was an option, they would have taken advantage of the support. Concerning support, participant B reported the following:

I was seeing a doctor for depression at the time, but outside him prescribing antidepressants, no one ever mentioned anything like counseling for my sister or any of the rest of us. I think the main barrier was that I was just too young. I didn't know there was support for siblings of assault victims. So, lack of knowledge on the matter I suppose would be the biggest barrier.

Additionally, participants A, C F, G, H, I and I also all reported not knowing that support was available to the family of the PV was the biggest barrier for them. Participant F pointed out:

Not knowing that support was available or something I could even seek out was the main barrier. I always just assumed outside support like therapy or whatever was for the person who experienced a trauma, not their families.

Many participants assumed outside support was something meant for only the primary victims in traumatic events, such as participant G who stated, “not knowing that support was available or something I could even seek out. I always just assumed outside support like therapy or whatever was for the person who experienced a trauma, not their families.” Other participants felt they would have sought out mental health services if they had known it was an option, such as participant H who stated “I think just not knowing that was an option. I don’t know, maybe if I knew I would have taken advantage of it, but I really don’t know.”

Some participants were unaware of outside support options due to no one ever mentioning services were available. Participant I reported “No one ever offered support for me or my sister, so I didn’t know that was a thing.” Similarly, participant A knew their family member was offered counseling, but they themselves were never made aware it was an option for the family of the PV. Participant A stated “The main thing I can think of is the fact that I didn’t even know support for me would be an option. No one ever mentioned anyone but her seeking outside help.”

Participant C reported that she did not really know outside support was available, however she still thought about seeking counseling or therapy on her own due to depression. She also reported that her husband and job stood in the way had she known she could seek outside support. When asked about barriers to support post trauma she stated:

Definitely my husband. For a long time if I mentioned it, he would say ‘what do you need to see someone for?’ and then the other is my job. Mental health is something they claim to care about but if you seek treatment they penalize you for it. They will refuse you your medical clearance and then you can’t go to work and provide for your family. So just imagine that added stress.

Theme 3.2: Lack of a Support System. The code used to isolate this theme was support systems. Much like theme 3.1, the responses to the type of support system participants had been similar. Forty percent of participants feel they have little to no support system in daily life. The remaining 60% of participants reported they had particularly good support systems in the way of friends and family. Of the 40% who reported lack of support, two also reported feelings of loneliness. Participant B said, “I really don’t feel like I have much support overall.” Whereas others such as participant C said “I didn’t have any support. He went to therapy, and it was not viewed as I needed to speak with someone also.” This participant felt like her need for additional support was pushed aside.

The final two participants felt like they couldn’t talk to their close family in fear of starting arguments or just not being that close to anyone and feeling alone. Participant G stated “I don’t really have a support system. I can’t really talk to my husband about these things because it just causes an argument.” Whereas participant H “I feel like I don’t really even have a support system. I really feel like I have nobody. I feel like I just have no one. I feel like I am all alone now.”

Themes that emerged during the analysis of this research were that participants were unaware support was available and that they had a lack of support. This information, along with the information gathered during the interview process was used to answer RQ3. Based on the participants’ perspectives after learning of their loved one’s traumatic experiences, the majority reported they were never made aware that support was an option for the family members of the PV. Other participants reported they simply had little to no support system at home. Participants reported that had they wish they had known outside support was available to them as well as to the PV.

Comparison of Results to the Literature Review

The data for this study was obtained using an interview guide consisting of four screening questions and sixteen questions guided by the original research questions. The interview highlighted the participants' perceptions of various areas of their lives involving STS, how they perceived changes in their interpersonal relationships, and what perceptions they had about barriers to support post trauma. All ten participants have a close family member that was a primary victim of a traumatic event.

The findings in this study were informed by research based on the theoretical framework discussed in the literature review (Chapter 2). Bowen's family systems theory served as the framework that guided this phenomenological study. Particularly in understanding the participants by getting a view of how they function in their family units. Bowen's (1978) family systems theory is a theory of human behavior that defines the family unit as a complex social system. Within this system, members interact with one another and influence each other's behaviors. This means what happens to one member can have a significant impact on all members of the unit. The interview questions in this study were designed to obtain more elaborate responses from participants; however some chose not to discuss further after a brief response.

Research Question 1: What are the lived experiences of those suffering from STS after learning of a primary victim's trauma?

The first research question focused on the lived experiences of those suffering from STS. After evaluating the themes and results that emerged during the analysis portion of this study, it was shown that most participants did perceive changes in their daily lives post-trauma. Most of the participants reported mental changes having the biggest impact on their daily lives. 60% of

the participants reported issues with anxiety, while 50% reported issues with depression. A smaller number, 10% of participants, reported that they experienced physical symptoms such as stomach aches after learning of their loved one's traumatic experience. Most participants noted that initially, they did not notice major changes however over time, their symptoms became more noticeable or worse.

The findings from research question 1 reinforce the ideas put forward by Bowen's (1978) family system's theory that defines the family unit as a complex social system. Most participants reported that while they were not directly impacted by the traumatic experiences, they still suffered from issues such as anxiety and depression, lending to the ideas that the interconnectedness of the family unit dictates what happens to one member can have a significant impact on all members of the unit. Furthermore, these results expand on previous literature that focuses on those working in a healthcare setting or on spousal relationships, as with researchers such as Christiansen, Elklit, and Bak (2012), some studies have broadened the scope of STS to the significant others of the primary victims. The findings in this study show that those outside the healthcare field and others in the family unit outside the spousal relationship are equally impacted when one member has a traumatic experience.

More recently, Laufer, Khatib, Finkelstein and Klein (2025) conducted a study examining those impacted by STS who had close family or friends that were injured, killed, or kidnapped in the October 7th Hamas terror attack. This study showed that most participants were close to someone directly impacted by the Oct 7th attack. As with other studies on STS, this study looked at whether those close to primary victims suffer STS and the symptoms displayed. For instance, the study found that family members displayed feelings of fear and insecurity.

The current research study expanded on the ideas in previous research by examining how the symptoms experienced impacted the daily lives and relationships of the participants. Little research has investigated the experiences of the family of primary victims. As seen in a study conducted by Barutcu (2025) examining STS and coping strategies in family caregivers, many current studies only look at how the individual experiences the symptoms of STS versus how these effects impact the rest of their lives or their relationships with others in the family unit.

Research Question 2: How do those who suffer from STS experience changes in interpersonal relationships?

The second research question had to do with what experiences participants had in their interpersonal relationships. After evaluating emerging themes, it was found that 50% of participants experienced a deterioration in their interpersonal relationships post-trauma. Participants that noticed a deterioration in their relationships noted that increased tension, depression, and anxiety all contributed to the increase in arguments and the fact their relationships suffered. 30% of participants reported no noticeable changes in their relationships post-trauma. These participants chose not to elaborate on the status of their current relationships aside from noticing any changes after learning about the traumatic experiences of their loved ones' lives. Finally, 20% reported an improvement in interpersonal relationships. The improvement of relationships was attributed to becoming more attentive to their loved ones, more aware of how others felt and how their own words and actions may impact others.

The findings from research question 2 support previous literature such as Casas' (2022) findings which state that STS victims may experience a 'spillover' or ripple effect, which can have a lasting impact on their family relationships. Most participants reporting a deterioration of relationships in the current study also support findings by Bachem et al. (2021) who suggest STS

does not only impact the secondary victim (SV) but can have an impact on their interpersonal relationships as well as point out how primary victims (PV) perceive changes, if any, in their relationships. The current study goes a step further and shows the secondary victims experience traumatic stress and how they perceive changes in their lives and relationships, demonstrating how far the ripple effect Casas (2022) points out can reach. Much of the previous research on STS focuses solely on how the SV experience symptoms, as with Laufer et al. (2025), who examined the STS responses of those close to PVs in the Oct 7th Hamas terror attack in Israel. While the current study supports the findings in Laufer et al. (2022) research, it broadens the scope of how STS can have an impact not only on the SV but also the daily lives and relationships of the family unit as well.

The current research differs from some more recent research in that, the findings are all based on SVs that are close family to the PV. Many of the available research, such as that conducted by Disney et al., (2025) look at how STS impacts healthcare workers or victim advocates. Other researchers explore the lived experiences of family members who act as caregivers for those with addiction issues or mental illness such as Brown et al., (2025), who examine family who care for family members with alcoholism. This study explores the traumatic impacts of acting as the caregiver, finding there are numerous emotional and psychological effects to this situation. Again, the current study supports these findings, however, differs in the fact that it broadens the scope to those surrounding the PV and how they perceive any changes.

Research Question 3: How do those suffering from STS feel about specific barriers to seeking the appropriate support post-trauma?

The third research question pertains to how STS survivors feel about specific barriers they may have encountered to seeking support post-trauma. After evaluating the themes that

emerged during analysis, it was found that more than half the participants, 70% reported that they felt there were barriers to them finding support. The main barrier was the lack of knowledge that there were support options for STS survivors. Most of the participants interviewed were under the impression that support post-trauma was something meant for primary victims only. Most participants reported they had never thought about support for themselves and that no one ever informed them that support was available if they should need it. One participant, or 10% reported that they were aware support was available. However, they were unable to seek the needed support due to work issues. For example, seeking the needed support would impact the ability to maintain the position this individual holds. In addition to barriers to finding support, 40% of participants felt they have little to no support system in the way of family and friends.

The findings from research question 3 are consistent with previous research pertaining to perception of support post trauma. Additionally, the findings support the idea that there is a need for more support and services for those dealing with STS. For instance, Wagner et al. (2016) state how positive social support is important for the recovery process but also an important factor in how relationships are impacted. Which means how participants perceive both availability of support as well as their support systems will have a direct impact on their interpersonal relationships. In this instance, it has been found that most participants not only perceived a deterioration in their relationships but also reported barriers to finding support. Further, the findings are consistent with Johansen et al. (2022) who explain the importance of social support and how a lack of support is among the most important risk factor post-trauma for the development of PTSD. This study has shown agreement with researchers such as Russin and Stein (2022) who stated there is a need for more services. This study expands on that idea by

specifying exactly where the additional services are needed when pertaining to post trauma issues.

Summary

The purpose of this phenomenological study was to examine the lived experiences and perceptions of those experiencing STS. To accomplish this, ten participants who have close family members that had experienced a traumatic event firsthand were interviewed. Three research questions were used to guide the study and interviews. These research questions gave the researcher insight into how the participants perceived changes in daily life and their relationships post trauma. The findings of RQ1 were that most participants experienced mental health issues such as depression and anxiety after learning of their loved one's traumatic experiences. The findings RQ2 were that the majority of participants experienced a deterioration of their relationships after learning of their loved one's trauma. While the majority reported deterioration, two participants reported an improvement in their interpersonal relationships. The findings from RQ3 were that the majority of participants were unaware that support was an option for anyone other than the PV. In addition to this, a lack of support systems was also reported.

Bowen suggested that understanding family relationships makes it easier to understand an individual's behavior, feelings, and thought processes (Bowen's seminal works). The themes that emerged during analysis of the data collected are consistent with Bowen's family systems theory. For example, the findings demonstrate that those with close family members who suffer a traumatic event can go on to suffer from STS. The post-traumatic stress that the primary victims suffered had an impact on the rest of the family unit in the way of STS. This supports the researchers' initial assumptions that participants suffering from STS would experience

significant impacts on family relationships which in turn would impact daily lives. Participants reported that there was a deterioration of relationships in the home, increased anger, arguing, and signs of depression and anxiety.

There were some surprising findings during the analysis of the data collected in this study. For instance, while in the minority, 20% of participants found that their interpersonal relationships improved and post trauma the family became closer than before the traumatic experience. Another surprising finding was that 70% of participants were not made aware that outside support such as counseling or therapy was available to the secondary victims. The researcher went into this study assuming that all participants would be made aware of the fact there is outside support available to them.

Chapter 5: Discussion, Recommendations, and Study Summary

The problem addressed in this study was the negative impact secondary traumatic stress (STS) has on interpersonal relationships and the lack of support for victims of STS post-trauma. The purpose of this qualitative transcendental phenomenological study was to examine the lived experiences of STS victims; the perceived impact STS had on their relationships and examine STS victim's perceptions of support throughout the recovery process. To conduct this qualitative study, Moustaka's transcendental phenomenological approach was used to examine the participants' individual narratives to gain a deeper understanding of their experiences pertaining to STS. The use of Moustaka's phenomenological approach allowed for the identification and clustering of units of meaning throughout the interviews to produce themes. These themes captured the essence of the participants' experiences in their daily lives and relationships post-trauma. Data collection involved open-ended questions to paint a picture of the participants' feelings, perceptions, and experiences surrounding STS and its impact.

The findings of this study highlighted the need for more information and education on STS. Participants reported experiencing mental symptoms such as depression and anxiety after learning of their loved one's traumatic experience. Participants also reported experiencing stomach aches after learning of the trauma. In addition to mental and physical symptoms, participants were found to have experienced a deterioration in their interpersonal relationships post-trauma. Further, most participants reported they did not have access to outside support due to not knowing or being informed that it was available. Limitations of this study include participants being hesitant to share based on the sensitive subject matter, a lack of generalizability and the fact that this relied on the participants' memories of their perceptions. Moustakas (1994) notes this act alone may evoke new perceptions about the phenomenon being

examined. To reassure participants during the interview process, all measures to ensure no identifiable information will be shared will be reviewed again. In addition to this, the researcher will have assistance resources available in the event participants need it. Another limitation is generalizability; the goal was not to generalize the data. This study sought to gain a deeper understanding of how those outside the mental health care field perceive the impacts STS had on their relationships as well as their perceptions of support post-trauma.

This chapter consisted of a discussion on the implications of the findings in the context of the research questions as they relate to the literature review. Following the discussion, there will be recommendations for future research and practices based on the findings. Finally, the chapter will end with a summary of the study highlighting the importance of the study and the problem addressed.

Discussion

The findings of this study have implications pointing to the importance of to the relationships and support post trauma. The problem addressed in this study was the negative impact STS has on interpersonal relationships and the lack of support for victims of STS post-trauma. The purpose of this qualitative transcendental phenomenological study was to examine the lived experiences of STS victims; the perceived impact STS has on their relationships and examine STS victim's perceptions of support throughout the recovery process. This study is one of few that have addressed the close family of a primary victim (PV) of trauma. Participants were given the opportunity to share their perceptions of life as a secondary victim (SV) post-trauma. While academic literature addresses the impacts of STS, much of it focuses on those in the healthcare field and typically on impacts felt between spouses only. This study focuses on those outside the healthcare field and includes close family members in addition to spouses.

Research Question 1: What are the lived experiences of those suffering from STS after learning of a primary victim's trauma?

The findings from research question 1 gave a deeper understanding of general experiences of the SV after learning of their loved one's trauma. When interviewing participants, the three themes that became apparent were depression, anxiety, and stomach aches. The themes dealing with mental symptoms included depression and anxiety causing the participants to experience low mood, feelings of sadness and overwhelming worry and fear, whereas the theme associated with physical symptoms was stomach aches. Most participants reported some kind of psychological or physical symptoms that arose post-trauma, 60% reported anxiety, 50% reported feelings of depression, and 10% reported stomach aches. Understanding these findings is important in developing more effective support plans and/or interventions for survivors of STS. While these themes emerged based on RQ1, they also pertain to RQ2 and RQ3 as well. Depression and anxiety are linked to RQ2 and RQ3 in that, participants reported depression and anxiety either being a cause for some of the issues that arose leading to relationship deterioration or directly resulting from the deterioration of their interpersonal relationships. These themes further relate to RQ2 and RQ3 in that many of the participants reported they would have sought support from outside sources had they known such support was available to SVs. The findings for RQ1 addressed both the problem and purpose of the study by giving deeper insight into the experiences of SVs post trauma. Additionally, the findings were supported by Bowen's family systems theory, the framework this study is built on. More specifically, findings from RQ1 support Bowen's (1978) second core concept, emotional fusion and differentiation. Brown (2023) points out that emotional fusion occurs when an individual becomes so deeply involved with what is going on with another member of the unit that the boundary lines fade. The findings

confirmed this idea, the participants all showed signs of emotional fusion in their reports of dealing with depression, feelings of sadness, anxiety, and physical symptoms such as stomach aches. Participants expressed that these feelings were a direct result of learning of their loved ones' traumatic experiences,

Theme 1.1 Depression

It is important to recognize signs of depression in those with STS. Yehuda (2015) reported that almost half of those with PTSD go on to suffer from major depressive disorder (MDD). While this pertains to PTSD, the Administration of Children and Families (2022) reports that many of the symptoms of PTSD and STS overlap and can include various symptoms such as isolation, anxiety, disassociation, irritability, and sleep disturbances. This means those with STS are also at risk of developing MDD. Understanding the theme of depression in STS survivors will allow for the development of more targeted programs or treatment plans moving forward. Having the ability to develop plans specifically for the STS survivor can be imperative to the functionality in the daily life of the STS survivor, as stated by Boothroyd et al. (2019), STS can impact an individual's ability to function. In addition, depression as stated by Goodman et al., (2020) can lead an individual to experience strain and negative impacts on their interpersonal relationships.

Theme 1.2 Anxiety

NIH, (2023) defines both PTSD and STS as an anxiety disorder that is the result of experiencing a traumatic event. As with depression, the development of anxiety can have a serious impact on the STS survivor's life. The findings of RQ1 were reported by participants as stemming from both relationship issues as well as having a lack of support post trauma. Zhang et al. (2021) found that those with a low perception of social support were more likely to develop

symptoms of anxiety and depression. The anxiety developed post-trauma can lead to emotional cutoff which according to Talbbi (2019) states that this is always emotionally driven and stems from emotions such as fear, anxiety, and anger and can only benefit an individual in the short term and lead to difficulty repairing and building meaningful relationships. Implementing more STS targeted interventions may prove to assist in the functioning of the family unit as a whole by preventing emotional cutoff.

Theme 1.3 Stomach Aches

During the interview process only one participant reported physical changes such as stomach aches/upset. As with the previous themes, physical symptoms are linked to the perception of support. Hailey et al. (2023) found the perception of social support from those close to you is associated with better physical and mental health outcomes and quality of life. Further, Jankowksi (2023) states trauma may lead to poor health outcomes because of PTSD due to child abuse and neglect. In the case of participant C, much of her discomfort and anxiety surrounding her situation pertained to how her spouse treated the children in the relationship.

Research Question 2: How do those who suffer from STS experience changes in interpersonal relationships?

The findings from RQ2 address the study problem and purpose by giving a deeper understanding of how the participants perceived changes in their interpersonal relationships. As with RQ1, RQ2 is tied to Bowen's (1978) second core concept, emotional fusion and differentiation. Various research has pointed to the fact that trauma is linked to changes in relationships. Decker et al., (2020) found that trauma can result in negative impacts to close relationships. The inability to separate oneself from the event their loved one suffered refers to Bowen's (1978) second family systems theory of emotional fusion. Brown (2023) states this

occurs when an individual becomes so involved with what is going on with another member of the unit, that the boundary lines fade. When these boundary lines fade, conflict arises.

Additionally, findings from RQ2 are also supported by Bowen's eighth core concept, emotional cutoff and distance. The Bowen Center for the Study of Family (2023) explained this concept as relating to individuals managing emotional issues with family members such as parents and siblings. The findings were based on the participants' perceptions of emotional cutoff or distance displayed by the PV.

Theme 2.1 Deterioration of Relationships

The deterioration of relationships post-trauma can have a lasting impact on the STS survivor as well as their immediate family members. Chesson (2023) found that the severing of relationships can cause issues with managing current and future relationships. Therefore the development of interventions aiming to preserve family relationships before individuals come to the point of what Bowen (1978) calls emotional distance and emotional cutoff is imperative for not only the STSs relationships but the overall ability to develop and maintain future relationships as well. Cepukiene and Celiauskaite (2022) found that the nuclear family emotional system (NFES) profoundly impacts family members' psychological, social, and physical health. Therefore, these findings show the overall implication suggest that like Bowen's family systems' theory, this study has many interlocking parts, where one aspect impacts the next. In this study, 50% of participants reported a deterioration in their relationships. All of which showed avoidant behaviors towards their family members, which was seen as the reason behind the deterioration.

Theme 2.2 Improvement of Relationships

A surprising finding in this study was that 20% of participants reported an improvement in their relationships. To date, the researcher has found no literature that points to trauma leading

to an improvement of relationships. Researchers such as Collins & Long (2003) and Robinson-Keilig (2014) agreed that improved relationships are not often reported, however, disruptions in interpersonal relationships are an often-cited symptom associated with STS and vicarious trauma. Further, according to Greenberg (2019), trauma makes it more difficult for people to maintain genuine, loving, authentic relationships. Participants attributed the improvement to their own ability to be empathetic and see things through the eyes of their loved ones, leading to them making more conscious choices when dealing with not only family members in the home but individuals outside the home as well.

Theme 2.3 No change in Relationships

The findings of this study showed that 30% of participants saw no changes in their relationships other than an initial period of what was reported as tense. The overall theme held that other than this initial period of tension between family members, overall families were mostly unaffected, or the participants chose not to elaborate on this portion of the conversation. There are some possible explanations for this phenomenon. First, as Algorani and Gupta (2023), noted, how one uses coping mechanisms can impact relationships, the research mainly focused on unhealthy coping mechanisms. For those SVs utilizing healthy coping mechanisms, there may not have been changes post trauma. Another way to make sense of this theme is that some participants may have a stronger differentiation of self than others. According to Harrison's (2023) working on differentiation of self will coincide with decreased levels of anxiety and an increase in functionality among the participant and their family. Further, Cohen (2023) reports differentiation allows members of a family unit to observe their and others' emotions without reacting to them.

Research Question 3: How do those suffering from STS feel about specific barriers to seeking the appropriate support post-trauma?

The findings from RQ3 addressed the study problem and purpose by giving clearer insight into how participants feel about support and how they perceived specific barriers to finding support post-trauma. There is an abundance of literature that points to the lack of support impacting an individual's life in various areas such as mental and physical health as well as impacting their relationships. For instance, According to the National Child Traumatic Stress Network (n.d.), those impacted by trauma will see the impacts spill over into their daily lives. Additionally, Christiansen et al. (2012), found that when a PV experiences a traumatic event, it had a significant impact on the spousal relationship. Kitano et al., (2023) found that those reporting higher levels of support also showed lower levels of STS. Additionally, Algorani and Gupta (2023), pointed out how the SV utilizes coping mechanisms may lead the individual to dealing with their stressors in an unhealthy way. These actions are associated with poor mental health outcomes and higher levels of psychopathological symptoms. Therefore, the issue of support and perceived support post-trauma is of great importance.

Theme 3.1 Barriers/Unaware Support was Available

The findings of this study show that 70% of participants were not aware there was support available to the SV. This lack of knowledge of support can have a long lasting impact. Zhang et al. (2021) found there to be links between social support, anxiety, and depression symptoms. The common thought among participants when asked about support was that they thought support was focused on the PV, and that the idea of seeking outside support for themselves was nothing that would have crossed their minds. Cook and Bickman (1990) believe positive social support is more important for the maintenance of psychological health. In

addition, Vaananen et al. (2014) found that lower perceived social support in adolescence is a risk factor for the development of psychiatric problems.

Theme 3.2 Lack of Support System

Understanding the feelings of loneliness and isolation of participants who reported a lack of a support system is important to developing much needed outside support. During the analysis process it was shown that 40% of participants reported a lack of a support system. Johansen et al. (2022) found the lack of support and support of poor quality are among the most important risk factors post-trauma for the development of PTSD. Recognizing those with little to no support system in the home is important. Wagner et al. (2016) stated how positive social support is important for the recovery process but also an important factor in how relationships are impacted. In these cases there can be negative impacts due to the lack of support. Milburg et al., (2020) found that those who perceive less support go on to show signs of anxiety, stress, and depression.

Theory Implications

The findings of this study relate to the theoretical framework of Bowen's (1978) family system theory. Bowen explains family systems theory as families functioning as one complete system and as members connect, they influence the behaviors and thoughts of other members in the system. This is seen when the PV experiences a trauma, and the close family member becomes the SV when impacted by the knowledge of the experience. It is further seen when the SV begins to perceive changes in their relationships and experience physical symptoms such as anxiety and depression. To demonstrate the overall conclusions drawn from this study, participants consistently referred to the problems they faced being a direct result of their loved ones' trauma. Most participants went on to report negative outcomes post-trauma. The findings

from this study imply that perception is a significant factor in how SVs interpret things. This contributes and expands on Bowen's (1978) current family systems theory in how an individual perceives actions and words from other members in the family unit plays a significant role in the psychological and physical responses of others in the unit. The findings from this study highlight the significant impact trauma can have on not only one member of a family unit, but everyone in the family. The findings point to the importance of support post-trauma for the SV as well as their family members throughout the recovery process, to ensure the family continues to function in a healthy way. Practical implications relating to the study include not only making support post-trauma more widely available, but ensuring individuals impacted by trauma are aware the support is available. For the field of psychology the findings of this study highlight a need for more education, awareness, and support surrounding STS. Most SVs in this study were never made aware outside support such as therapy was available to them. While all participants are aware therapy is available to people, it was assumed by the participants that seeking help from counselors or psychology professionals was something only the PV would need. While the participants recognized there were noticeable changes in their daily lives, the thought of seeking counseling for something they did not experience first-hand, never crossed their minds. These findings present an opportunity for those developing trauma informed practices, particularly those that focus on group based support. Implementing programs that focus on the family so those surrounding the PV gain access to much needed support.

Recommendations for Practice

The study findings shed light on the lived experiences of those who suffer from STS. The findings of this study gave a deeper understanding of these experiences to find meaningful ways

to assist those with STS. Recommendations are intended to assist both those in the mental health field as well as the public.

Based on the finding of there being a lack of support for SVs post-trauma, the first recommendation is for those in the mental health field to more widely promote the idea that there is support available for SVs in addition to the PV. This study has highlighted the fact that SVs are not always made aware that support is available to them post-trauma. Many feel the support is meant to focus on the PV. This can be done in various ways such as directly informing SVs or simply offering information pamphlets that include information on STS and support available to those dealing with STS. Research has shown how important post-trauma support is. For instance, Wagner et al. (2016) not only emphasizes how positive social support is important for the recovery process but also an important factor in how relationships are impacted. Ensuring SVs are made aware of available support can assist in their own recovery as well as aid their relationships.

Based on the finding of deterioration of relationships post-trauma, the second recommendation is for mental health workers to address the entire family unit when working with PVs post-trauma. It is well known that trauma can seriously impact survivors. However, too often attention is focused on individuals. Rizkalla and Segal (2020) found that there are links between vicarious trauma and the negative impacts on intimate relationships. Further, Boothroyd et al. (2019) state, that STS has a major impact on one's mental health and can have major effects on one's ability to fulfill daily responsibilities and tasks, which could also impact the individual's relationships. Munichin (1985) further pointed out that the family system maintains a homeostasis with the patterns of interactions in the family unit. Trauma can interrupt this homeostasis, in turn affecting how the SV behaves in various subsystems. Therefore, in addition

to assisting SVs on an individual basis, approaching the issue as something that impacts more than just the individual may have a positive overall effect on all aspects of SVs life and relationships.

Recommendations for Future Research

Based on the findings that there is a deterioration in relationships post-trauma, future researchers should include narrowing the scope of investigation to examine specific relationships and how they are impacted by STS. The current study sought to gain a deeper understanding of how SVs perceived changes in their relationships in the family. The most significant implication of this study is how important perception can be. The study revolved around the participants' perceptions of how things unfolded post-trauma in their family units. Therefore, future research should include the entire family unit including the PV. This will give a better insight into whether the deterioration of relationships is simply due to the SVs interpretations of actions taken or things said by others in the family unit or not. Including the rest of the family will give a better understanding of the impacts both PTSD and STS have on relationships.

Additionally, further study should expand on the idea of changed relationships in the family unit by examining how STS impacts the relationships of the SV outside of the family unit. Focusing on the SV and their relationships with those outside the family will shed light on how STS impacts the SV on a wider scale. Future studies should be further broken down to investigate how different genders perceive changes in their relationships or perceived support post-trauma. According to the APA (2022), women are more frequently impacted by trauma, and the impact of trauma can vary based on gender. In addition to differences in response to trauma based on gender it was found that sexual orientation may play a role in how individuals respond.

Therefore, future research should also focus on the LGBTQ+ community and how these individuals are impacted by STS. Study Summary

Study Summary

The problem addressed by this study was to examine the negative impact STS has on interpersonal relationships and the lack of support for victims of STS post-trauma. The purpose of this qualitative transcendental phenomenological study was to examine the lived experiences of STS victims; the perceived impact STS has on their relationships and examine STS victim's perceptions of support throughout the recovery process. This study differs from other studies because it focuses on firsthand reports of perceptions of how STS impacted relationships and how the participants perceived support or the availability of support post-trauma. This study has brought awareness to the fact that traumatic events impact more than just the PV. The findings of this study could influence mental health professionals to broaden the scope of post-trauma treatment to include close family members. This will aid not only in the mental health of individuals involved but also aid in the quality of life for the family unit as a whole.

This study consisted of ten participants with no firsthand experience working in the healthcare field. All participants had not experienced a primary trauma in the last five years and have a close family member who have experienced a traumatic event firsthand. Data was collected via open-ended interviews to allow for the participants to express their full view of how their lives were impacted by STS. This data was coded and analyzed based on Moustaka's transcendental phenomenological analysis, using the MAXQDA software. This process made emerging themes more easily identifiable.

This study provided significant insights into the perceptions of STS. The findings of this study provided insight into how the STS survivor perceived the impacts STS has had on them

and their relationships. In addition, the findings shed light on the perception of support post-trauma. The conclusions from this study show that SVs have not been made aware that there are available resources and support options available to them. Stewart and Witte (2020) pointed out there is extraordinarily little research that has been done to examine how STS impacts the family of a primary victim of trauma. The current findings highlighted the need of more awareness surrounding STS. Additionally, this study has highlighted the need of additional support needed by this population of people.

The findings of this study contribute to the existing body of literature related to Bowen's family systems theory by identifying specific issues that arise in the family unit post-trauma. In addition to identifying specific issues, another area this study expands on Bowen's family systems theory is highlighting how important perception is post-trauma. How individuals perceive the goings on around them will have significant impacts on all aspects of the daily lives of everyone in a family unit. Participants reported deterioration of relationships, a sense of lack of support, as well as feelings of depression, anxiety, and loneliness. This aligns with existing literature such as Haefner (2014), who stated that changes one member of the family unit makes can have a ripple effect and cause changes throughout the family unit and Gupta (2023) stating how avoidance behaviors can lead to isolation due to the SV feeling as if no one will understand how they are feeling.

In conclusion, these findings are valuable to both the public and to the mental health field. The findings from this study are supported by and reinforce existing theories. When considering trauma, it has been shown that it is not uncommon to experience a traumatic event in a lifetime. Kleber (2019) pointed out that in a study of 70,000 participants, 70.4% of the respondents had experienced at least one type of traumatic event. The perspectives of STS

survivors give valuable insight into the need for additional support and awareness surrounding STS and SVs.

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Appendix A: Interview Guide

Introduction

Hello (name), thank you for agreeing to participate in my study. My name is Rebekah Cielo, and I am a doctoral student at National University, and I am conducting my dissertation research. The interview will last between 30 and 60 minutes and I will be recording the session. I will also be taking notes throughout the interview. Do you want to address any questions or concerns before we begin the interview? I will be providing you with a list of support resources should you need them at any point.

Research Question #1: What are the lived experiences of those suffering from STS after learning of a primary victim's trauma?

1. How do you feel about sharing your experiences with me today?
2. How long have you been aware of your loved one's traumatic experience?
3. Can you describe a typical day before learning of your loved one's traumatic experience?
4. Can you describe any changes you noticed in your daily life 3 months after learning of your loved one's trauma? 6 months? One year?
 - a. How long after learning of your loved one's trauma did you begin noticing these changes?
5. Can you describe any physical changes /symptoms or mental symptoms such as anxiety or depression you experienced after learning of the trauma?
 - a. How long after learning of the trauma did you begin noticing these changes/symptoms?

Research Question #2: What changes in interpersonal relationships have secondary victims of trauma perceived?

6. Can you describe any changes you noticed in your relationships?
 - a. Parents?

b. Children?

c. Siblings?

7. How did you see these changes (if any) impacting your daily life?

Research Question #3: Do secondary victims feel there are specific barriers to seeking the appropriate support post-trauma?

a. Were secondary victims ever provided information on how to seek support or assistance post-trauma?

1. What is your experience with the availability of support after learning of the trauma?
2. What was your experience with the ease of obtaining needed support?
3. How do you feel about the amount of support offered to you after learning of the trauma?
4. What are some specific barriers (if any) to obtaining needed support?
5. How would you describe your current support system?

Closing Interview and Follow-Up Questions

1. What other types of support do you feel would have been helpful?
2. Is there anything you would like to add or mention about your experience that you feel would provide a deeper understanding of your experience?

Again, I would like to thank you for agreeing to participate in this study. I would also like to remind you that I have a list of available resources you can take with you in the event you need additional support or need additional support.

Appendix B: IRB Approval Letter



9388 Lightwave Ave.
San Diego, CA 92123
irb@nu.edu

Notice of Expedited Approval

Submit renewal or closure by: –

January 9, 2025

To: Rebekah Cielo

Project Title: Secondary Traumatic Stress and the Lived Experiences of Secondary Victims

NU IRB Number: IRB-FY24-25-366

Determination: Approved per 45 CFR 46 6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(2\)](#) and (b)(3). This listing refers only to research that is not exempt.)

Approval Date: January 9, 2025

Expiration Date: January 9, 2026

Status: Active - Research activities may begin as of January 9, 2025

Dear Rebekah Cielo:

The above referenced research has been approved on January 9, 2025 in accordance with National University's Assurance and federal requirements pertaining to human subjects protections within the Code of Federal Regulations (45 CFR 46). This approval covers the research activities as *fully* described in your approved IRB protocol.

Approval carries with it the understanding that you will contact the IRB should any changes to your protocol become

necessary, or to document a change in your affiliation with National University. In addition, any modifications to supporting documents (e.g., consent, recruitment, survey instruments, etc.) must be submitted to the IRB prior to implementing the change.

Please review your Post Approval Responsibilities here: [Approved Documents Guidelines](#)

If the research, including data analysis has been completed or, if you wish to terminate the study, please submit a closure within Cayuse IRB. For any other questions regarding your approval, you may email the NU IRB at irb@nu.edu.

Sincerely,



Dr. Joseph Marron, IRB Chair



Dr. Brianne Mongeon, Director, HRPP & IRB



Jenessa Eberhardt, Associate Director, HRPP & IRB

Appendix C: Flyer/Post for Recruitment

VOLUNTEERS NEEDED FOR RESEARCH ON SECONDARY TRAUMATIC STRESS

(STS)

WOULD YOU LIKE TO SHARE YOUR EXPERIENCE?

DO YOU HAVE EXPERIENCE WITH STS? HAVE YOU NOTICED THE IMPACTS IT HAS

HAD IN DAILY LIFE?

YOU MAY QUALIFY IF YOU:

Are at least 18 years of age

Have no first-hand trauma in the last 5 years

Have a close family member who has experienced trauma

Do not work in the medical or mental health field

PARTICIPATION WILL INCLUDE:

One-time interview via in person or Zoom call.

BENEFITS:

Participation will be compensated.

FOR MORE INFORMATION CONTACT:

REBEKAH CIELO

863.529.8823

BEKKI1329@GMAIL.COM

Appendix D: Informed Consent

Introduction

My name is Rebekah Cielo. I am a doctoral student at Northcentral University and am researching the lived experiences of secondary traumatic stress (STS) survivors, how these experiences have impacted relationships with close family, and their perceptions of social support post-trauma. The name of the study is “Secondary Traumatic Stress and Interpersonal Relationships.” I am seeking your consent to participate in this study, participation is 100% voluntary, and I am available to answer any questions or concerns you may have.

Eligibility

You are eligible to participate in this research if:

1. You are 18 years of age or older.
2. You have a close family member who has experienced a traumatic event firsthand.
3. You have not experienced a traumatic event yourself in at least five years.
4. You do not and have not worked in a position associated with the mental health field.

I am seeking to include 10 people in this research.

Activities

In this study, participants will:

1. You will be asked to participate in one-on-one interviews with the researcher in person or via Zoom.
2. You will be asked to provide background information such as demographics (age and gender).
3. You will be asked to share your experiences related to the topic with open-ended and follow-up questions. The interview will last approximately 30-60 mins.

4. Once data is collected and transcribed, transcriptions will be provided to you for verification and accuracy of information obtained during the interview process.

Risks

Some possible risks associated with participation in this study include discomfort in discussing traumatic events. Your participation in this study is completely voluntary, and you may withdraw your consent and discontinue the study at any time with no penalty to yourself. If at any point you voice or show signs of distress the researcher will be able to provide appropriate referrals or materials for counseling.

Benefits

Participation in this study will result in a \$20.00 Amazon gift card.

Your participation in this study will not provide any further direct benefits to you but may broaden your knowledge in the subject area of secondary traumatic stress.

Privacy and Data Protection

Your personal information will be secured by the following:

1. Information will be kept confidential by assigning a number to use for each participant instead of names.
2. The researcher will keep information in a password-protected computer file and a locked filing cabinet.
3. The researcher will be the only individual with access to identifiable information.
4. All information will be stored for the legal allowable time limit and then deleted from the hard drive and all paper copies will be shredded.

How Results will be Used

Results from this study will be presented publicly and may be published to contribute to the field of psychology and secondary traumatic stress. Participants' personal information will not be released with public presentations or any possible publications.

Audio Recording

All participants must consent to interviews being audio recorded for transcription purposes only.

Contact Information

If you have any questions or concerns, I can be reached by email at r.cielo6649@o365.ncu.edu or by phone at 863.529.8823

Voluntary Participation

If you choose not to participate in this research or choose to stop after beginning, there will be no penalty to you.

Signature

Your signature indicates you understand this consent form and consent to participate in the research. A hard copy of this form will be provided for your records.

Participant Signature

Printed Name

Date

Researcher Signature

Printed Name

Date

Appendix E: Screening Questionnaire

1. Are you at least 18 years of age?
2. What is your date of birth?
3. Have you experienced a traumatic event in the last 5 years?
4. Do you have a close family member who has experienced a traumatic event?
5. Do you or have you ever worked in the medical field?
6. Do you or have you ever worked in the mental health field?

Appendix F: Field Testing Interview Guide

Donna Smith PhD. Professor, Psychology Doctoral Program JFK School of Psychology & Social Sciences

Provide an intro before conducting the interview such as Hello (name), thank you for agreeing to participate in my study. Before we get started, are there any questions or concerns you would like to ask me about?

Background (Background questions should be asked prior to interviews, part of screening questions)

1. Name
2. Age (include an age range and unless age is important to the study, add a prefer not to answer option)
3. Occupation
4. How are you related to the primary victim? (it is best to provide options such as sibling, parent, and child as well as a prefer not to answer option unless important to the study)
5. How long ago did you learn of the traumatic experience?

Research Question #1: Research Question #1: What are the lived experiences of those suffering from STS after learning of a primary victim's trauma?

6. How do you feel about sharing your experiences with me today?
7. How long have you been aware of your loved one's traumatic experience? (The traumatic experiences qualifying for the study should be introduced in the participant requirements and should specify if the trauma means any trauma or a specific trauma)
8. Can you describe a typical day before learning of your loved one's traumatic experience?

9. Can you describe any changes you noticed in your daily life after learning of the trauma?
(specify a time frame a month, 6 months because responses might change over time)

10. Can you describe any physical changes /symptoms you experienced after learning of the trauma? (What about anxiety/depression? Again, a time frame would be helpful as well as making it more than one question)

Research Question #2: What changes in interpersonal relationships have secondary victims of trauma perceived?

11. Can you describe any changes you noticed in your relationships? (With whom? Could be separated into multiple questions)

12. How did you see these changes (if any) impacting your daily life?

Research Question #3: Do secondary victims feel there are specific barriers to seeking the appropriate support post-trauma?

a. Were secondary victims ever provided information on how to seek support or assistance post-trauma?

13. How did you feel about the availability of support post-trauma? (perhaps begin these questions by asking What is your experience with (fill in the blank)

14. What are specific barriers to obtaining needed support?

15. How do you feel about the ease of obtaining support?

16. How do you feel about the amount of support offered to you after learning of the trauma?

17. How would you describe your current support system?

Closing Interview and Follow-Up Questions

18. Is there anything more that you feel could have been offered as support? (What other types of support would be helpful?)

19. Is there anything you would like to add or mention about your experience that you think we did not address? (Would provide a deeper understanding of your experience?)

Add a thank you and remind participants of resources available if they are triggered by answering the interview questions.

Tracy J. Cohn PhD. LCP, Virginia

You will get different results depending on which person (layperson or faculty/professional) they want you to field test with. They might also want you to do a mock interview with your questions. So, I'd recommend you follow up with your chair.

Mock Interview #1 with a layperson

M.H., Human Resources Management, North Carolina

“I think this interview was done very well. I felt comfortable sharing my experiences even though this is not an easy thing to do. I appreciate the questions, and the fact people will be given the opportunity to share their experiences. I feel these questions are very eye-opening because it made me think of things that no one has ever asked before. I have heard of victims of trauma needing and getting support, but I never really thought about the impact trauma can have on the people around them.”

Mock Interview #2 with a layperson

A.C., Elementary School Teacher, Ohio

“I feel like this interview will give the researcher insight into how the traumatic events my brother experienced could impact other family members. I feel comfortable with the questions and feel they are straightforward. It may be good to provide some clarification before the interview because not everyone realizes someone else's trauma has even impacted them. Being allowed to participate in a study like this however, I think would give insight to both the

researcher and participants and may even assist someone who did not realize they needed or even could get assistance coping with the fallout of secondary traumatic stress.”