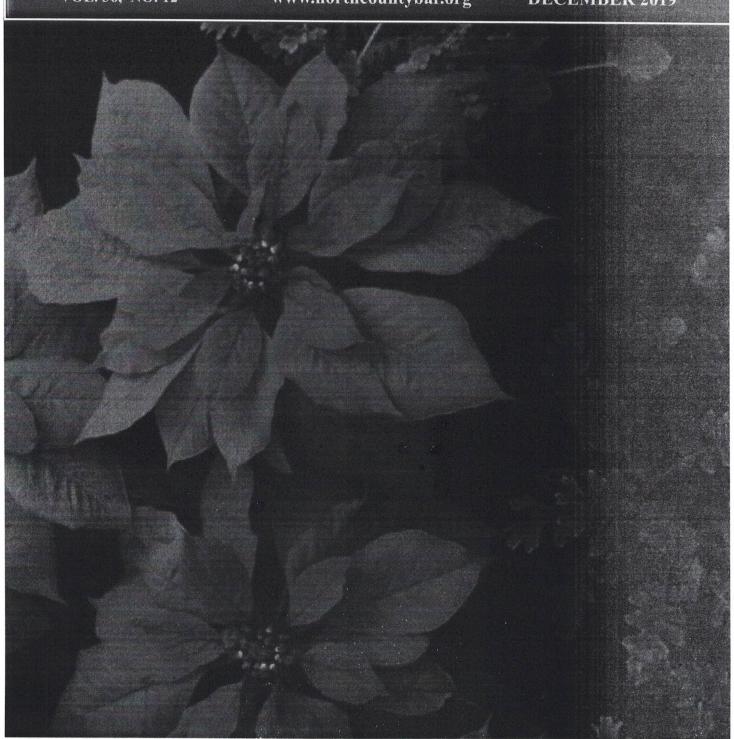
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Vicarious Trauma for Those Working in The Legal System

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n October 9th, 2019, I had the opportunity to present a continuing legal education seminar to the North County Chapter of the American Inns of Court entitled: Vicarious Trauma for Those Working in the Legal System.

Attorneys are thought of by clients as all of the following: Protectors, Defenders, Fighters, and Righters of Wrongs. Often, attorneys are positioned in their work to assist clients through life struggles, conflicts, and/or setbacks. In the pursuit of supporting and negotiating for their clients, attorneys are frequently exposed to unsettling and even quite disturbing client material. Most attorneys have their own feelings and sensitivities, and are not immune to everything they might encounter in clients' cases. Examples of client material that can be traumatic for attorneys to be exposed to include:

- Having to review illegal pornography images
- Having to review crime scene photos, media, and imagery
- Working with demanding, threatening, and dissatisfied clients
- Working with victims of injury or crime
- Working on matters relatable to your life in which you over-identify with the client

From a single exposure to repeated encounters with traumatic materials, attorneys can develop "vicarious trauma" (Perlman & Saakvitne, 1995). Vicarious trauma can occur when those working in the legal system are exposed to difficult or disturbing images and stories second-hand. This becomes an occupational challenge for people working and volunteering in the legal system due to their exposure to trauma and violence. As part of providing services, attorneys will frequently ask for a full account of what has transpired for their clients and what assistance is needed. Attorneys tend to "stick to the facts," but the facts can be disturbing to hear. Over time, in a busy practice, legal professionals can suffer the same symptoms of post-traumatic stress disorder experienced by their clients. In fact, judges are particularly susceptible





to vicarious traumatization because they may be exposed to many more cases than attorneys.

Vicarious trauma can manifest in legal professionals who may develop symptoms of Posttraumatic Stress Disorder (American Psychiatric Association, 2013). According to the American Psychiatric Association (2013), Posttraumatic Stress Disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event, such as a natural disaster, a serious accident, a terrorist act, combat, rape or other violent personal assault from either direct or indirect exposure. The symptoms of PTSD are often grouped into types, including intrusive memories, changes in emotional reactions, avoidance, and negative changes in thinking and mood (American Psychiatric Association, 2013).

Vicarious trauma symptoms are not always readily recognizable to the person experiencing the sequela, and more often than not go unaddressed, leading to maladaptive behaviors to cope with the vicarious trauma symptoms. Two main unhealthy phenomena tend to occur with unaddressed and unrecognized vicarious trauma: Substance abuse and mental illness.

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Substance Abuse and Mental Illness

To cope with the symptoms of vicarious trauma, attorneys have been known to use alcohol or substances to assist with managing work-related stress. Krill, Johnson, & Albert (2016) surveyed a sample of 12,825 licensed, employed attorneys, assessing alcohol use, drug use, and symptoms of depression, anxiety, and stress. When asked, an estimated 28% responded that their drinking could be considered problematic. That is, 1 in 3 responding attorneys in this study were estimated to be problem drinkers.

Krill, Johnson, & Albert, (2016) also surveyed attorneys' beliefs about work-related stressors, depression, and anxiety. 28% of the attorneys reported experiencing depression, 19% reported experiencing anxiety, and 23% reported experiencing high amounts of stress. In fact, Krill, et al. reported that attorneys are 3.6 times more likely to be depressed compared to people in other jobs.

Unfortunately, mental illness and substance abuse can lead to suicide (Cho, 2019). According to the Centers for Disease Control and Prevention (2018), women working in a legal occupation had a suicide rate of 11 per 100,000 working people in 2012 (i.e., top 3) and 9.2 per 100,000 (i.e., top 5) working people in 2015. Men working in a legal occupation had a suicide rate of 21 per 100,000 working people in 2012 (i.e., top 12) and 18 per 100,000 working people in 2015 (i.e., top 14) (Centers for Disease Control and Prevention, 2018).

Other ways of coping with vicarious trauma include converting mental health symptoms into physical sensations and discomfort. That is, rather than feeling overwhelmed, traumatized, anxious, and distressed, one might experience a stomachache, back pain, or feel sick and fatigued. This type of phenomenon happens to many people (Spinhoven, Roelofs, Moene et al., 2004), who feel physically ailed rather than psychologically disturbed. Dr. Bessel Van Der Kolk describes how traumatic experiences become physical manifestations of trauma in his book entitled, "The Body Keeps the Score."

This book is helpful in understanding how trauma affects us in a physical manner.

Vicarious Trauma: Steps to Help

For those who have traveled with small children on an aircraft, we are remined by flight staff that in an emergency, we should secure our own oxygen mask first and then attend to our children or dependents. This advice is often neglected or forgotten when working with clients, and self-care is sacrificed to focus on workload and responsibilities. In an insidious manner, vicarious trauma can develop and here are three steps to consider:

- Recognize that you are experiencing symptoms of vicarious trauma
- Seek out a colleague to discuss what you are experiencing
- Consult with a mental health professional

There are strategies and exercises that people can assimilate into their daily routines to help manage the symptoms of Vicarious Trauma including deep breathing exercises, emotional regulation skills, mindfulness, progressive muscle relaxation, cognitive restructuring, guided imagery techniques, and grounding techniques. Most of these exercises can be found on-line or through a mental health therapist and can aid in reducing the symptoms of vicarious trauma.

At times, people are so ailed by vicarious trauma that intervention from a mental health specialist is required. Two treatments of choices for traumatic experiences are:

• Eye Movement Desensitization and Reprocessing (EMDR) is a form of psychotherapy in which the person being treated is asked to recall distressing images. The therapist then directs the client in one type of bilateral sensory input, such as side-to-side eye movements, hand buzzing, or auditory clicks. EMDR has evidence based

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research that this strategy reduces the impact of trauma and lessens the pain associated with the trauma.

• Prolonged Exposure (PE) is a specific type of cognitive behavioral therapy that teaches individuals to gradually approach trauma-related memories, feelings, and situations. Most people want to avoid anything that reminds them of the trauma they experienced, but doing so reinforces their fear. PE has substantial research backing its utility and effectiveness in treating trauma symptoms.

Vicarious Trauma Prevention

Vicarious trauma can be prevented by considering the following:

- Know yourself; check in with yourself
- Know your buttons or triggers
- Know your boundaries (workload, unsettling materials and cases, burnout)
- Recognize you're experiencing vicarious trauma
- Recognize an increase in the consumption of alcohol or use of other substances
- Recognize mood changes, depression, anxiety, stress, irritability
- Recognize if you are anticipating or thinking about
 work and you feel dread, disgust, fatigue
- Recognize an absence of self-care: Not enjoying hobbies, pursuits, family, friends, not exercising, isolation, poor health habits, and not participating in non-work activities

If you recognize these symptoms, consult a trusted colleague or mental health professional to manage the issue.

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