Literature review: Strategies to Address Vicarious Trauma in the Legal Profession

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Introduction

The aim of this literature review is to explore the available literature that relates to vicarious trauma and strategies to address the risk of vicarious trauma in the legal profession. The review provides a high-level overview of the causes of vicarious trauma, examines existing approaches to mitigating vicarious trauma and providing vicarious trauma support, and considers the evidence for their effectiveness.

This brief review covers the following areas:

1. Definitions of vicarious trauma and related concepts; including the form vicarious trauma takes in the legal profession.
2. An overview of the causes of vicarious trauma in the legal profession.
3. Mitigation and response strategies for individuals, organisations and systems, and evidence for their effectiveness.

The review does not address the related topic of trauma-informed practice. Trauma-informed practice is best understood as a framework for working with people impacted by trauma, that builds understanding of the impacts of trauma and provides guidance on practical measures that can be implemented (Harris & Fallot, 2001). Trauma-informed practice is intended to minimise the potential for re-traumatisation of trauma impacted individuals, and to promote healing and recovery from trauma.

Primary consideration was given to peer-reviewed literature relating to vicarious trauma in the legal profession. The findings of this literature review will be used in the development of a discussion paper that will also incorporate the findings from consultations within the legal sector and draw upon Phoenix Australia's experience working in the field of vicarious trauma in other sectors.

Method

A literature search was conducted using the databases PsycINFO, Medline and Google Scholar to identify papers in the international peer-reviewed literature. Table 1 outlines the key search terms that were entered into the database. As this was not a systematic review (i.e., a specific type of review for a narrowly defined research question, where all potentially relevant papers are screened), systematic screening was not undertaken. Rather, the relevant papers were identified by the research team for consideration for inclusion in the review. Priority was given to research involving the legal profession, systematic reviews and meta-analyses[1]. As the evidence-based literature on vicarious trauma in the legal profession was relatively sparse, the search was widened to include occupations where the risk of vicarious trauma is known to be high ('high-risk' occupations).

[1] A systematic review attempts to gather all available empirical research by using clearly defined, systematic methods to answer to a specific research question. A meta-analysis is the statistical process of analysing and combining results from several similar studies.

Table 1. Search terms

	Topic	Terms
1	Vicarious trauma terms	vicarious trauma, secondary traumatic stress, indirect trauma
2	Population terms, legal and other high-risk occupations	legal, legal profession, judges, lawyer, judicia* military, defen*e, defense, work*, organi*ational, therapist, clinician, nursing, medical, doctor, disaster, polic*

Defining vicarious trauma

Over the past half century several concepts and terms have been generated to describe the impact of indirect exposure to the traumatic experiences of others as part of one's work. The most commonly used terms are vicarious trauma, secondary traumatic stress (or secondary trauma), and compassion fatigue. Many of these terms are used interchangeably in the literature, at times inconsistently (Newell & MacNeil, 2010). Ongoing theoretical and empirical debate about their overlapping and distinct attributes (Bride & Figley, 2009; Devilly et al., 2009; Gusler et al., 2023; Pearlman & Saakvitne, 2013) has led to much confusion (Newell & MacNeil, 2010). In addition, these terms are sometimes confused with posttraumatic stress disorder (PTSD), or burnout. In the following table we provide definitions of key terms that are used to describe adverse outcomes that can arise from being indirectly exposed to other people's traumatic experiences. The focus of this current literature review is '**vicarious trauma'**.

Table 2. Key definitions related to impacts of workplace stress and trauma

Term	Definition	Impacts
Burnout	Chronic exposure to any workplace stressor (Maslach et al., 2001; World Health Organisation, 2022). These stressors are not limited to traumatic events or indirect exposure to the traumatic experiences of others (Maslach & Jackson, 1981)	Involves three distinct domains of impact (Maslach et al., 2001; World Health Organisation, 2022): • Emotional exhaustion • Cynicism or depersonalisation, i.e., excessively detached responses to co-workers or clients • Reduced sense of personal accomplishment
Compassion fatigue	Chronic use of empathy when one is helping people who are suffering in some way (Figley, 2002; Rothschild & Rand, 2006). The source of suffering is not necessarily traumatic in nature.	Symptoms can include emotional and physical fatigue, anxiety, avoidance, physical pain, sleep problems, withdrawal, and hopelessness.
Secondary traumatic stress	Engaging in an empathic relationship with an individual suffering from a traumatic	May include symptoms such as:

	experience and bearing witness to the intense or horrific experiences of that particular person's trauma (Figley, 1995).	• Re-experiencing symptoms – intrusive thoughts, traumatic memories or nightmares associated with another's trauma • Arousal symptoms – insomnia, chronic irritability or angry outbursts, fatigue, difficulty concentrating, hypervigilant or startle reactions toward stimuli or reminders of client trauma • Avoidance behaviours – e.g., of clients and client situations
Vicarious trauma	Chronic empathic engagement with the traumatic experiences of others (Pearlman, 1999)	Cognitive shifts in beliefs and thinking, including: • Alterations in one's sense of self • Changes in world view about key issues such as safety, trust, and control, and changes in spiritual beliefs Can result in symptoms which are similar to PTSD, such as intrusions, hyperarousal, hypervigilance, avoidance, and changes in cognition and mood
Posttraumatic Stress Disorder (PTSD)[2]	Exposure to specific traumatic events (known as 'Criterion A events'), as defined by the American Psychiatric Association (2013).	A diagnosable psychiatric condition, with a range of symptoms from four clusters including: intrusions; avoidance; negative cognition and mood; and alterations in arousal and reactivity.
Acute stress disorder (ASD)	PTSD symptoms that occur in the initial month after the traumatic event (Bryant, 2017).	Symptoms mirror those of PTSD. In some cases an ASD diagnosis leads to later development of PTSD.

In general terms, vicarious trauma is used to describe a range of cumulative and harmful symptoms that can develop in response to indirect exposure to other people's traumatic experiences. These symptoms may manifest in a person's professional and/or personal life and include intrusive thoughts, increased arousal, hypervigilance, avoidance, and changes in cognition and mood (such as feeling sad, anxious, or irritable), similar to posttraumatic stress disorder (PTSD) (Bride, 2004; Knight, 1997; Nelson-Gardell & Harris, 2003). The symptoms of vicarious trauma can be associated with functional impairment, reduced quality of life, withdrawal from friends and family, general distrust, job dissatisfaction, and job turnover (Armes et al., 2020; Helpingstine et al., 2021; Lee et al., 2018; Perez et al., 2010; Sansbury et al., 2015). Vicarious trauma symptoms have also been linked to lower levels of organisational commitment and negative organisational culture and climate (Bride & Kintzle, 2011; Sprang et al., 2021).

Importantly, exposure to other people's trauma also has the potential to cause in lawyers a range of other mental health conditions including depression (Levin et al., 2011), anxiety (Vrklevski & Franklin, 2008) and substance use (Krill et al., 2016; Levin & Greisberg, 2003). In some specific cases, indirect exposure to other people's traumatic experiences would meet the criterion for a traumatic stressor (Criterion A) for PTSD in the

[2] PTSD and ASD are the only recognised mental health disorders amongst the syndromes listed in Table 2

Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5; American Psychiatric Association, 2013). The DSM-5 specifies that Criterion A may include 'repeated or extreme exposure to aversive details of the traumatic event', including through electronic media when the exposure is work-related (American Psychiatric Association, 2013). In these cases, the potential for a PTSD diagnosis, rather than vicarious trauma, should be considered.

Vicarious trauma in the legal profession

Vicarious trauma is a potential concern in occupations where staff are routinely exposed to the traumatic incidents and distressing experiences of others. Exposure to potentially traumatic content is increasingly recognised as a dimension of working in legal occupations (Hodge & Williams, 2021; James, 2020; Scott & Freckelton, 2024). In the course of their work, lawyers may need to engage with highly distressed clients and others who have been directly affected by trauma, as well as engage with and analyse graphic descriptions of violence, exploitation, horror, crime, or cruelty. In recent years there has been a growing awareness of the relationship between frequent work-related exposures to traumatic content in legal professions and adverse psychological impacts, including vicarious trauma (Iversen & Robertson, 2021; James, 2020). The continuous and pervasive nature of exposures to the traumatic narratives of others magnifies their impact, with cumulative exposure a significant concern in the legal profession. Staff who undertake administrative tasks that include direct contact with members of the public disclosing traumatic material, viewing case file notes, statements, or other graphic materials such as images or videos that depict abuse, violence or exploitation, may also be at risk.

In the legal profession there are various forms that indirect exposure to the trauma of others can take. These forms include viewing (confronting or graphic images or photographs depicting others' trauma), listening (recordings of others directly experiencing their trauma or relaying their experiences of trauma, reading (about others' experiences or observations of traumatic events), or observing (witnessing the aftermath of traumatic experiences or interactions related to other people's trauma). Lawyers or their staff may also hear (or overhear) conversations or stories where others discuss their experiences of exposure to trauma.

A recent systematic review identified a number of studies that examined the prevalence of vicarious trauma amongst legal professionals (Iversen & Robertson, 2021)[3]. Two studies of judges revealed that the majority were experiencing one or more symptoms of secondary trauma (63%, Jaffe et al., 2003; 83.6%, Schrever et al., 2019). When using PTSD screening tools, two US-based studies found 9% (Leclerc et al., 2020) and 11% (Levin et al., 2011) of lawyers scored above the clinical threshold for probable PTSD.

A US study indicated that attorneys working with traumatised clients may experience higher levels of secondary traumatic stress than social service workers and mental health professionals (Levin & Greisberg, 2003). In an Australian-based study, lawyers experienced significantly higher level of vicarious trauma and post-traumatic stress symptoms than mental health professionals (Maguire & Byrne, 2016). US-based public defender attorneys report higher level of PTSD-symptoms, depression, secondary traumatic stress, burnout and functional impairment when compared to their administrative support staff (Levin et al., 2011).

[3] Iversen and Robertson's (2021) systematic review used the collective term of secondary trauma to include vicarious trauma, burnout, secondary traumatic stress and compassion fatigue, which were conceptualised as arising from the effects of indirect trauma exposure.

Causes of vicarious trauma

Responses to indirect trauma vary between individuals; not everyone who is exposed to other people's trauma will develop symptoms of poor mental health. As a consequence, research efforts have been directed towards identifying the factors that may lead to greater vulnerability for vicarious trauma. This research, however, has been hampered by inconsistent terminologies, definitions and measurement, and very few longitudinal studies (i.e., where participants are tracked over an extended period of time, and causation can be better understood). Despite this, there are some indications of the likely contributors to vicarious trauma symptoms. These are the nature of the trauma exposure, individual factors, and organisational factors. It is likely that there is an interactive effect of these factors.

Nature and extent of the exposure

Evidence from the wider research on posttraumatic mental health indicates that the type, duration, and frequency of exposure to a potentially traumatic stressor that an individual encounters predicts the likelihood that individuals will develop mental health symptoms. There are studies investigating mental health risk and coping strategies in individuals who view objectionable or graphic material for work which have added to the established evidence supporting the positive association between the duration and intensity of exposure to the indirect trauma of others and trauma-related symptoms (Burruss et al., 2018). However, there is little evidence on this specifically from the legal profession. It is also unclear whether certain types of material that lawyers may be exposed to (e.g., videos, victim impact statements, affidavits) or content (e.g., child sexual abuse, family violence) are more implicated in vicarious trauma.

Certain legal roles may convey a higher risk of vicarious trauma than others. An Australian study reported that criminal lawyers experienced higher levels of subjective distress, self-reported vicarious trauma, depression, and stress than non-criminal lawyers (Vrklevski & Franklin, 2008). The authors suggested this difference could be attributed to greater levels of exposure to traumatic material. Another study involving forensic investigators found that the likelihood of negative reactions is influenced by factors such as the level of exposure to traumatic material, with greater exposure to disturbing content related to higher levels of vicarious trauma symptoms (Perez et al., 2010).

More recent studies have found evidence of vicarious trauma amongst criminal lawyers (Iversen & Robertson, 2021), amongst those legal professionals who work with trauma survivors (Barre et al., 2024), and in Australian judicial officers across criminal, civil and juvenile courts (O'Sullivan et al., 2022; Schrever et al., 2019), For family lawyers, client issues of intimate partner abuse, child abuse or neglect, high-conflict divorce, contested custody, restraining orders, or elder care challenges can be traumatic (Ordway et al., 2020). Military lawyers have also been shown to have high levels of secondary traumatic stress (Sokol, 2014), while a pilot study with asylum lawyers in the UK highlighted the potentially detrimental impact of working with traumatised clients (Rønning et al., 2020).

The effects of vicarious trauma also extends to jurors, many of whom have been found to experience trauma-related symptoms post-trial, with symptoms for some persisting for months afterwards (Lonergan et al., 2016). It is likely that legal professionals working in the courts (including their staff) who are exposed to traumatic processes and materials are similarly affected.

Controllability and predictability

The controllability of a stressor, or an individual's ability to alter the intensity, duration, onset, or termination of a stressor, is important in reducing vulnerability. Similarly important is the predictability of a stressor, meaning that it occurs in a way that is expected and reliable. Exposure to stressors that are more controllable and predictable has been found to buffer the impact of traumatic stress exposure on trauma-related symptomatology (Cohodes et al., 2023). An Australian study found that judicial officers in the lower summary courts (i.e. magistrates) reported significantly higher levels of stress than those in the higher jurisdictions (i.e. judges) with the authors suggesting that this may be due to fewer opportunities for control and self-direction available in the magistrate role (Schrever et al., 2022).

Individual factors

The wider research on posttraumatic mental health identifies a number of individual factors that may influence how someone responds to potentially traumatic events in their work context. This includes years of experience in the role, number of exposures, coping style, personal history of trauma, cultural trauma, and pre-existing mental health conditions. The empirical evidence does not yet establish whether or to what extent such factors predict vicarious trauma injury in lawyers.

In a study of Canadian lawyers working with trauma-related cases, the most important risk factor beyond a past history of PTSD was the number of years on the job (Leonard et al., 2023). A personal history of trauma, particularly sexual and emotional abuse, may make legal professionals more susceptible to vicarious trauma (Vrklevski & Franklin, 2008). This finding has also been noted in other helping professions, such as mental health clinicians (Jenkins et al., 2011; Leung et al., 2022).

Research involving law students exposed to indirect trauma through their internships indicates that personality traits such as high neuroticism (a tendency towards more negative thinking style) can increase vulnerability to vicarious trauma symptoms (Bakhshi et al., 2021). However, the impact of these characteristics is not certain, as a review of secondary trauma (including vicarious trauma) in the legal profession found mixed results for the impact of personality factors and personal trauma history on susceptibility to secondary trauma (Iversen & Robertson, 2021). One study involving both psychologists and legal professionals working with trauma survivors reported higher levels of education were associated with higher compassion satisfaction, a protective factor against vicarious trauma (Barre et al., 2024).

Organisational factors

Research from high-risk occupations indicates that the impact of trauma exposure can be a function of both trauma exposure and workplace factors (Lawrence et al., 2018). Workplace factors known to cause psychological harm (i.e., psychosocial hazards) in other industries may similarly contribute to the risk of vicarious trauma in the legal profession. The World Health Organisation (WHO) Guidelines on Mental Health at Work identify where there is reasonable evidence for stressors in the workplace that contribute to mental health issues and burnout. These are:

- Workload and work pace (high workload, long working hours, and shift work)

- Job control/strain
- Organisational culture and function (e.g., low organisational justice)
- Interpersonal relationships at work (bullying, workplace violence, low co-worker and supervisor support)
- Role ambiguity and conflict, job insecurity, effort-reward imbalance

For legal professionals specifically, increased job control has been identified in the literature as a protective factor, mitigating the potential mental impacts of work stress (Orlak & Tylka, 2017). Also in the legal context, higher levels of trauma exposure and longer working hours have been associated with increased risk of developing PTSD symptoms (Iversen & Robertson, 2021; Levin et al., 2011).

Although not all workplace risks have been identified specifically in relation to legal roles, it is likely that similar workplace factors that have been established to lead to mental health conditions also contribute to the risk of vicarious trauma symptoms in the legal profession. When these stressors are present it is likely that, combined with the emotional burden of exposure to indirect trauma, there is a heightened risk of impact. This is an area for future research. Regardless, the link between vicarious trauma and employee wellbeing suggests organisations play an essential role in protecting the wellbeing of employees.

Strategies to prevent, mitigate, and respond

There is increasing recognition of the notion of shared responsibility between individuals and their organisations for a mentally safe workplace (Alavi et al., 2023; Sprang et al., 2018), including for employers in the legal system (Scott & Freckelton, 2024). This recognition reflects a shift away from over-reliance on interventions to improve the resilience of individual workers, to a whole-of-organisation approach that promotes wellbeing through structural and systemic change.

Workplace health and safety (WHS) legislation (including recent psychosocial hazard regulations at the federal and state level) and case law extend employer responsibility to preventing and managing exposure to traumatic events and material. The primary strategy to prevent vicarious trauma is to remove unnecessary exposure to potentially traumatic content. Removal or reduction of indirect exposure to other people's traumatic experiences, and how this might be effectively implemented in the legal profession at the individual, organisational and systemic levels, will be further explored in the discussion paper. When elimination of the exposure is not practicable, there are strategies at both the individual and organisational level that can prepare people for exposure to traumatic content, manage the exposure, and then support recovery. This section explores strategies for which there is empirical support.

Individual strategies

Despite the significant impacts of exposure to indirect trauma on individuals, there has been very little empirical research examining the efficacy of prevention or response strategies for vicarious trauma. The WHO Guidelines on Mental Health at Work make conditional recommendations (with low certainty of evidence) for strategies that aim to build workers' skills in stress management in order to build positive mental health, reduce emotional distress and improve work effectiveness. The examples given of individual

psychosocial interventions to build workers' skills in stress management are interventions based on mindfulness or cognitive behavioural approaches.

There is evidence that some mental health and wellbeing interventions can improve resilience to general stress (Joyce et al., 2018) and improve mental or physical health outcomes. The more successful interventions tend to target improvements in psychological wellbeing and stress, and target modifiable risk factors of poor mental health including physical inactivity (Wild et al., 2020). Those effective interventions have a higher number and frequency of sessions. However, according to Wild and her colleagues (2020) it remains unclear in the evidence whether any of these interventions lead to a reduced likelihood of developing mental health conditions after exposure to potentially traumatic events.

A recent scoping review of vicarious trauma interventions for professionals who are exposed to the trauma of others through their work (e.g. social workers, mental health clinicians, hospital staff) highlighted that most individual interventions are self-care based, and tend to focus on general stress reduction and health promotion rather than addressing the specific effects of vicarious trauma (Kim et al., 2022). The two main categories of vicarious trauma interventions in that scoping review were psychoeducation and mindfulness. The evidence on general psychoeducation training is that it does not have protective benefits for mental health, although it can help to improve attitudes to mental health conditions (thus reducing stigma) and increase knowledge and self-efficacy. Within the psychoeducation category, there were just two randomised controlled trials (Berger et al., 2016; Cieslak et al., 2016). The evidence for psychoeducation was stronger than for mindfulness, for which any good quality evidence is currently limited.

There are other strategies that have been suggested to reduce the impact of vicarious trauma including self-care, skills training, recognising and maintaining personal boundaries, developing positive coping skills, making use of supervision, accessing social support, and personal therapy (Bercier & Maynard, 2015; Isobel & Thomas, 2022). However again there is an absence of empirical research studies examining these strategies. When vicarious trauma has led to a diagnosable mental health condition, there are evidence-based strategies to treat common diagnoses such as anxiety, depression, substance use and PTSD. Individuals can seek support from mental health professionals to talk about their experiences and recover from vicarious trauma impacts.

Tetris

In the context of exposure to distressing material there is some emerging evidence for interventions that might reduce intrusive memories after the event. These have been investigated using visuospatial games and a trauma film paradigm, a well-established method to study the effects of psychological trauma under controlled laboratory settings. Such interventions show some efficacy for the reduction of intrusive memories after viewing distressing material. The most studied of these is Tetris, where in a landmark study the authors showed that playing 10 minutes of Tetris 30 minutes after viewing a short trauma film consisting of clips of graphic real scenes of human surgery, fatal road traffic accidents and drowning, was effective in reducing intrusive memories of the trauma film one week later (Holmes et al., 2009, Badawi et al., 2020).

However, more recent work by Badawi and colleagues indicates that when the trauma film paradigm was used again with volunteers who either played a visuospatial task or were in a control condition, there were no between group differences in the intensity of intrusions, or level of distress caused (Badawi et al., 2020). Similarly, a multi-site study conducted with University students in the Netherlands, which also used the

trauma film paradigm found no effect beyond one week and cautioned against firm conclusions regarding the Tetris task (Wessel et al., 2024). Research into the use of the Tetris task to prevent vicarious trauma is still in early stages, and importantly, is yet to be tested with people exposed to vicarious trauma through their occupation.

Guiding principles

In a bid to generate guiding principles in the absence of empirical evidence (and randomised controlled trials), a Delphi review was recently undertaken by Bride and colleagues (2023) involving 31 international experts in vicarious trauma (using 'secondary trauma' terminology). A Delphi review is a well-established methodology where the opinions of experts are sought, and consensus is reached, to generate consensus-based principles. Both individual and organisation-level principles of practice were derived in this Delphi review. The individual-level principles are presented here, while the organisational principles are presented in the section below on *Organisational and systems-level approaches*. The individual-level principles are[4]:

- The individual knows the risks for developing, and strategies for mitigating, secondary traumatic stress.
- The individual cultivates and maintains beliefs that support their sense of wellbeing in their helping role.
- The individual identifies and monitors their personal profile of strengths and vulnerabilities to secondary trauma exposure.
- The individual actively monitors their own wellbeing and uses strategies for mitigating secondary trauma responses.
- The individual employs strategies to remain within a zone of tolerance during exposure and recovery.
- The individual collaborates with a team of trusted colleagues, peers, or a community of practice with whom they can share thoughts and feelings concerning secondary trauma exposure.
- The individual determines when they would benefit from counselling or other external support and accesses that support.

Organisation and systems-level approaches

As described earlier, there are factors within the workplace that can contribute to the development, exacerbation, and maintenance of vicarious trauma symptoms. It follows that implementing systems to minimise these risks should reduce vicarious trauma impacts. The WHO Guidelines on Mental Health at Work (2022) for instance recommend whole-of-organisation interventions that address psychosocial risk factors. However those Guidelines also acknowledge no direct evidence of impact of these interventions. Consistent with this there are very few empirical studies examining the effect of organisational approaches to managing and mitigating vicarious trauma (and none examining them in legal settings).

[4] Bride et al., (2023), pg. 4

Leader/manager support

The WHO Guidelines emphasise the critical role that managers and supervisors play in employee mental health. Supervisors play a pivotal role as catalysts for good mental health due to their ability to enact policies, distribute resources, and influence relationships (Hammer et al., 2024). Hammer and colleagues' Mental Health Supportive Supervisor Behaviours (MHSSB) framework describes six types of theoretically-based manager/supervisor behaviours to protect and promote the mental health of employees: emotional support, practical support, role modelling, reducing stigma, warning sign recognition, and warning sign response.

Peer and social support

In addition to leader/manager support, research into wellbeing in the workplace tells us that support from coworkers is an important protective factor for employee mental health (Edgelow et al., 2022). There is evidence that co-worker/peer support is related to lower psychological distress, reduced stress, decreased job isolation, reduced stigma and increased resilience, and mental wellbeing (Fallon et al., 2023). A scoping study (Olaniyan et al., 2020) of workplace interventions across child welfare and health sectors included 55 studies describing psychosocial risk factors of job stress job demand, role stress, and vicarious trauma. Peer support programs and expressed support from peers were shown to reduce burnout, increase confidence in trained peers to support colleagues and their own mental health (Agarwal et al., 2020).

The positive impact of social support is unsurprising, given the wider literature on posttraumatic mental health that shows that social support is an important protective factor for trauma-exposed individuals (Sippel et al., 2015) and mitigating the impacts of trauma (Evans et al., 2013). The provision of social support within the workplace may be a practical way to ensure that individuals have access to protective influences.

Strategies specific to vicarious trauma

One of the only studies to examine whether organisational efforts can reduce vicarious trauma evaluated a change process within seven organisations in the US State Department of Health and Human Services (Sprang et al., 2021). Professionals who took part in the study worked in child welfare services, community mental health and substance treatment services, public health, social services, juvenile justice and family violence and prevention (N=2,345). Volunteers from each organisation worked with coaches to become more informed about vicarious trauma. Individual symptoms of vicarious trauma improved, as did organisational scores of being vicarious trauma informed. Importantly, these changes were sustained after withdrawal of the active coaching and consultation.

Organisational strategies that have been highlighted in the vicarious trauma literature (Isobel & Thomas, 2022; Perez et al., 2010; Sutton et al., 2022) as potentially useful strategies to mitigate the impact of exposure to the trauma of others include:

- full disclosure of the potential risks of vicarious trauma during the hiring process
- appropriate training for the role
- balanced workloads
- vicarious trauma awareness training

- regular supervision within supportive supervisory relationships
- rotation of staff to different positions to take a break from objectionable material
- embedded trauma-informed practices
- continual assessment of environmental characteristics that contribute to vicarious trauma.

On the last point, exposure to trauma and other psychosocial hazards can be monitored at an individual level, but also across workgroups and teams in order to plan responses and preventative strategies.

Guiding principles

The Delphi review undertaken by Bride and colleagues (2023) and described in the previous section on individual strategies derived seven organisational approaches to mitigation of risk and management of vicarious trauma. These are[5]

- Provision of vicarious trauma training that is evidence-based and culturally responsive, including training to enable supervisors to provide continuous support to workers.
- Explicit nurturing of a culture of psychological safety that acknowledges the hazards of working in a trauma-exposed environment and fosters team support and respect for personal boundaries.
- Workloads structured to mitigate the secondary trauma exposure of the workplace.
- Vicarious trauma-responsive policies and practices.
- Provision of qualified, secondary trauma-responsive supervision.
- Leaders model vicarious trauma-responsive behaviours and actively develop a supportive and resilient workplace.
- Workforce wellness is prioritised through defined metrics.

Implications for the legal sector

Despite the absence of evidence for individual, organisational and system-level strategies to address vicarious trauma, there is an increasing imperative for organisations to develop policies and enact processes to protect lawyers from the impacts of exposure to the trauma of others. We have identified some guiding principles and examples of strategies for best practice at the individual and organisational level which, which are generally applicable (while not specific) to the legal profession. We note here some recent examples from the case law where the management of vicarious trauma in the legal profession has been explicitly considered.

In a discussion of recent case law regarding employee claims of psychiatric injury arising in the context of work, Scott and Freckleton (2024) identify measures to ensure that the legal workplace is reasonably safe, such as providing information and training about vicarious trauma and how to recognise its effects, and creating a culture whereby employees are encouraged to seek screening and support from mental health professionals.

[5] Bride et al., (2023), pg. 4

In the 2022 landmark case of Kozarov v Victoria [2022] HCA 12, the High Court of Australia held that an employer had a common law duty to take reasonable steps to manage mental health risks inherent to an employee's job, regardless of whether the employee showed warning signs of mental illness. Ms Kozarov was a solicitor who worked with survivors of trauma in a Specialist Sexual Offences Unit within the Victorian Office of Public Prosecutions, and as such was routinely exposed to traumatic material (Wilson & Freckelton, 2023). The court found that employers have a duty to create a safe work environment and to implement measures that can help prevent or mitigate vicarious trauma. This decision confirmed that an employer may be held liable for failing to prevent injuries suffered by their employee, in circumstances when the risk of vicarious trauma arose from the very nature of the work which was known or should have been known to the employer. That an employer is required to establish, maintain and enforce a safe system of work to respond to known risks of vicarious trauma is consistent with the WHS legislative reforms across Australia.

Measures suggested in *Kozarov* to help prevent or mitigate vicarious trauma are consistent with those identified in the more general literature, and include:

1. Flexible work rotation for employees who are exposed to traumatic events as part of their work, allowing them to move temporarily or permanently away from roles that have high levels of trauma exposure.
2. Training to help employees recognise and manage the effects of vicarious trauma (and PTSD).
3. Developing and enforcing workforce policies that address the risks of vicarious trauma.
4. Access to welfare checks, screening, and if needed, appropriate psychological support.

There may be barriers specific to the legal sector that impact on the implementation of the mitigating measures described in the literature. A recent Australian review (James, 2020) identified barriers that may need to be overcome in order to implement legal practice reform around trauma impacts. These included mental health stigma, high workloads, denial of risk of indirect trauma, and the additional costs to law firms of developing and introducing trauma-informed policy.

Scott and Freckleton (2024) highlight some of the difficulties arising from demarcating individual and organisational responsibility in managing impacts of vicarious trauma. Specifically, they note the problems relating to preserving the privacy of employees and their entitlement to undertake work of their choice, whilst also ensuring that these considerations do not override the organisation's duty of care to avoid injury.

Conclusion

Research on vicarious trauma is still in its infancy and there are many questions that are yet unanswered, even more so in the legal profession where recognition of the impacts of vicarious trauma has been slower to permeate. This literature review has highlighted the lack of well-established evidence-based interventions that can be recommended to manage or respond to vicarious trauma impacts. However, there is a pressing need to address vicarious trauma in the legal profession. The personal costs for those working in the legal profession and affected by vicarious trauma are high. Additionally, as highlighted by Burns and colleagues (2024), by not addressing vicarious trauma in legal workplaces there are greater costs in terms of retention of employees and the capacity of employees to effectively fulfil their legal roles, which in turn jeopardises the administration of the law.

This review has explored the evidence for the causes of vicarious trauma in the legal profession as well as strategies to prevent, mitigate, and respond to vicarious trauma injury. There is recognition that vicarious trauma must be dealt with primarily at an organisational level, with individuals also taking responsibility for their own mental health and wellbeing. Some organisation-level strategies, such as education around vicarious trauma and upskilling the profession in relevant people leader skills, may feasibly be implemented at the systemic level, and following consultation with the profession this will be explored further in the discussion paper.

References

Agarwal, B., Brooks, S. K., & Greenberg, N. (2020). The role of peer support in managing occupational stress: A qualitative study of the sustaining resilience at work intervention. *Workplace Health & Safety*, *68*(2), 57–64.

American Psychiatric Association, D. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. American psychiatric association Washington, DC. https://www.academia.edu/download/38718268/csl6820_21.pdf

Armes, S. E., Lee, J. J., Bride, B. E., & Seponski, D. M. (2020). Secondary trauma and impairment in clinical social workers. *Child Abuse & Neglect*, *110*, 104540.

Badawi, A., Berle, D., Rogers, K., & Steel, Z. (2020). Do Cognitive Tasks Reduce Intrusive-Memory Frequency After Exposure to Analogue Trauma? An Experimental Replication. *Clinical Psychological Science*, *8*(3), 569–583. https://doi.org/10.1177/2167702620906148

Bakhshi, J., Wesley, M. S., & Reddy, K. J. (2021). Vicarious trauma in law students: Role of gender, personality, and social support. *International Journal of Criminal Justice Sciences*, *16*(1), 34–50.

Barre, K., De Boer, S., & Guarnaccia, C. (2024). Vicarious trauma and posttraumatic growth among victim support professionals. *Current Psychology*, *43*(4), 3056–3069. https://doi.org/10.1007/s12144-023-04523-2

Bercier, M. L., & Maynard, B. R. (2015). Interventions for Secondary Traumatic Stress With Mental Health Workers: A Systematic Review. *Research on Social Work Practice*, *25*(1), 81–89. https://doi.org/10.1177/1049731513517142

Berger, R., Abu-Raiya, H., & Benatov, J. (2016). Reducing primary and secondary traumatic stress symptoms among educators by training them to deliver a resiliency program (ERASE-Stress) following the Christchurch earthquake in New Zealand. *American Journal of Orthopsychiatry*, *86*(2), 236.

Bride, B. E. (2004). The Impact of Providing Psychosocial Services to Traumatized Populations. *Stress, Trauma, and Crisis*, *7*(1), 29–46. https://doi.org/10.1080/15434610490281101

Bride, B. E., & Figley, C. R. (2009). Secondary Trauma and Military Veteran Caregivers. *Smith College Studies in Social Work*, *79*(3–4), 314–329. https://doi.org/10.1080/00377310903130357

Bride, B. E., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology*, *17*(1), 22–28. https://doi.org/10.1177/1534765610395617

Bride, B. E., Sprang, G., Hendricks, A., Walsh, C. R., Mathieu, F., Hangartner, K., Ross, L. A., Fisher, P., & Miller, B. C. (2023). Principles for secondary traumatic stress-responsive practice: An expert consensus approach. *Psychological Trauma: Theory, Research, Practice, and Policy*. https://doi.org/10.1037/tra0001575

Bryant, R. A. (2017). Acute stress disorder. *Current Opinion in Psychology*, *14*, 127–131. https://doi.org/10.1016/j.copsyc.2017.01.005

Burns, K., Schrever, C., & Vines, P. (2024). Vicarious trauma in the judicial workplace: State liability for judicial psychiatric injury in Australia. *Psychiatry, Psychology and Law*, *31*(3), 466–499. https://doi.org/10.1080/13218719.2024.2340697

Burruss, G. W., Holt, T. J., & Wall-Parker, A. (2018). The Hazards of Investigating Internet Crimes Against Children: Digital Evidence Handlers' Experiences with Vicarious Trauma and Coping Behaviors. *American Journal of Criminal Justice*, *43*(3), 433–447. https://doi.org/10.1007/s12103-017-9417-3

Cieslak, R., Benight, C. C., Rogala, A., Smoktunowicz, E., Kowalska, M., Zukowska, K., Yeager, C., & Luszczynska, A. (2016). Effects of internet-based self-efficacy intervention on secondary traumatic stress and secondary posttraumatic growth among health and human services professionals exposed to indirect trauma. *Frontiers in Psychology*, *7*, 1009.

Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious Trauma, Secondary Traumatic Stress or Simply Burnout? Effect of Trauma Therapy on Mental Health Professionals. *Australian & New Zealand Journal of Psychiatry*, *43*(4), 373–385. https://doi.org/10.1080/00048670902721079

Edgelow, M., Scholefield, E., McPherson, M., Mehta, S., & Ortlieb, A. (2022). A review of workplace mental health interventions and their implementation in public safety organizations. *International Archives of Occupational and Environmental Health*, *95*(3), Article 3. https://doi.org/10.1007/s00420-021-01772-1

Evans, S. E., Steel, A. L., & DiLillo, D. (2013). Child maltreatment severity and adult trauma symptoms: Does perceived social support play a buffering role? *Child Abuse & Neglect*, *37*(11), 934–943. https://doi.org/10.1016/j.chiabu.2013.03.005

Fallon, P., Jaegers, L. A., Zhang, Y., Dugan, A. G., Cherniack, M., & El Ghaziri, M. (2023). Peer Support Programs to Reduce Organizational Stress and Trauma for Public Safety Workers: A Scoping Review. *Workplace Health & Safety*, *71*(11), 523–535. https://doi.org/10.1177/21650799231194623

Figley, C. R. (1995). *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized*. Routledge. https://doi.org/10.4324/9780203777381

Figley, C. R. (2002). *Treating compassion fatigue.* Brunner-Routledge.

Gusler, S., Sprang, G., Hood, C., Eslinger, J., Whitt-Woosley, A., Kinnish, K., & Wozniak, J. (2023). Untangling secondary traumatic stress and vicarious traumatization: One construct or two? *Psychological Trauma: Theory, Research, Practice, and Policy*. https://doi.org/10.1037/tra0001604

Hammer, L. B., Dimoff, J., Mohr, C. D., & Allen, S. J. (2024). A Framework for Protecting and Promoting Employee Mental Health through Supervisor Supportive Behaviors. *Occupational Health Science*, *8*(2), 243–268. https://doi.org/10.1007/s41542-023-00171-x

Harris, M., & Fallot, R. D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services*, *89*, 3–22. https://doi.org/10.1002/yd.23320018903

Helpingstine, C., Kenny, M. C., & Malik, F. (2021). Vicarious Traumatization and Burnout among Service Providers for Victims of Commercial Sexual Exploitation. *Journal of Child Sexual Abuse*, *30*(6), 722–745. https://doi.org/10.1080/10538712.2021.1938771

Isobel, S., & Thomas, M. (2022). Vicarious trauma and nursing: An integrative review. *International Journal of Mental Health Nursing*, *31*(2), 247–259. https://doi.org/10.1111/inm.12953

Iversen, S., & Robertson, N. (2021). Prevalence and predictors of secondary trauma in the legal profession: A systematic review. *Psychiatry, Psychology and Law*, *28*(6), 802–822. https://doi.org/10.1080/13218719.2020.1855270

James, C. (2020). Towards trauma-informed legal practice: A review. *Psychiatry, Psychology and Law*. https://www.tandfonline.com/doi/abs/10.1080/13218719.2020.1719377

Jenkins, S. R., Mitchell, J. L., Baird, S., Whitfield, S. R., & Meyer, H. L. (2011). The Counselor's Trauma as Counseling Motivation: Vulnerability or Stress Inoculation? *Journal of Interpersonal Violence*, *26*(12), 2392–2412. https://doi.org/10.1177/0886260510383020

Joyce, S., Shand, F., Tighe, J., Laurent, S. J., Bryant, R. A., & Harvey, S. B. (2018). Road to resilience: A systematic review and meta-analysis of resilience training programmes and interventions. *BMJ Open*, *8*(6), e017858. https://doi.org/10.1136/bmjopen-2017-017858

Kim, J., Chesworth, B., Franchino-Olsen, H., & Macy, R. J. (2022). A Scoping Review of Vicarious Trauma Interventions for Service Providers Working With People Who Have Experienced Traumatic Events. *Trauma, Violence, & Abuse*, *23*(5), 1437–1460. https://doi.org/10.1177/1524838021991310

Knight, C. (1997). Therapists' Affective Reactions to Working with Adult Survivors of Child Sexual Abuse: An Exploratory Study. *Journal of Child Sexual Abuse*, *6*(2), 17–41. https://doi.org/10.1300/J070v06n02_02

Krill, P. R., Johnson, R., & Albert, L. (2016). The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys. *Journal of Addiction Medicine*, *10*(1), 46–52. https://doi.org/10.1097/ADM.0000000000000182

Lawrence, D., Kyron, M., Rikkers, W., Bartlett, J., Hafekost, K., Goodsell, B., & Cunneen, R. (2018). *Answering the call: National survey: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services - Final report*. Beyond Blue.

Lee, J. J., Gottfried, R., & Bride, B. E. (2018). Exposure to Client Trauma, Secondary Traumatic Stress, and the Health of Clinical Social Workers: A Mediation Analysis. *Clinical Social Work Journal*, *46*(3), 228–235. https://doi.org/10.1007/s10615-017-0638-1

Leonard, M.-J., Vasiliadis, H.-M., Leclerc, M.-È., & Brunet, A. (2023). Traumatic stress in Canadian lawyers: A longitudinal study. *Psychological Trauma: Theory, Research, Practice, and Policy*, *15*(Suppl 2), S259–S267. https://doi.org/10.1037/tra0001177

Leung, T., Schmidt, F., & Mushquash, C. (2022). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. *Psychological Trauma: Theory, Research, Practice, and Policy*. https://psycnet.apa.org/record/2022-58785-001

Levin, A. P., Albert, L., Besser, A., Smith, D., Zelenski, A., Rosenkranz, S., & Neria, Y. (2011). Secondary Traumatic Stress in Attorneys and Their Administrative Support Staff Working With Trauma-Exposed Clients. *Journal of Nervous & Mental Disease*, *199*(12), 946–955. https://doi.org/10.1097/NMD.0b013e3182392c26

Levin, A. P., & Greisberg, S. (2003). Vicarious Trauma in Attorneys. *Pace Law Review*, *24*(1), 245. https://doi.org/10.58948/2331-3528.1189

Lonergan, M., Leclerc, M.-È., Descamps, M., Pigeon, S., & Brunet, A. (2016). Prevalence and severity of trauma- and stressor-related symptoms among jurors: A review. *Journal of Criminal Justice*, *47*, 51–61. https://doi.org/10.1016/j.jcrimjus.2016.07.003

Maguire, G., & Byrne, M. K. (2016). The Law Is Not as Blind as It Seems: Relative Rates of Vicarious Trauma among Lawyers and Mental Health Professionals. *Psychiatry, Psychology, and Law*, *24*(2), 233–243. https://doi.org/10.1080/13218719.2016.1220037

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, *2*(2), 99–113. https://doi.org/10.1002/job.4030020205

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job Burnout. *Annual Review of Psychology*, *52*(Volume 52, 2001), 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare*, 5–26.

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health*, *6*(2), 57–68.

Olaniyan, O. S., Hetland, H., Hystad, S. W., Iversen, A. C., & Ortiz-Barreda, G. (2020). Lean on Me: A Scoping Review of the Essence of Workplace Support Among Child Welfare Workers. *Frontiers in Psychology*, *11*, 287. https://doi.org/10.3389/fpsyg.2020.00287

Ordway, A. M., Moore, R. O., Casasnovas, A. F., & Asplund, N. R. (2020). Understanding Vicarious Trauma, Burnout, and Compassion Fatigue in High-Conflict Divorce. *The Family Journal*, *28*(2), 187–193. https://doi.org/10.1177/1066480720904028

O'Sullivan, K., Hunter, J., Kemp, R. I., & Vines, P. (2022). Judicial work and traumatic stress: Vilification, threats, and secondary trauma on the bench. *Psychology, Public Policy, and Law*, *28*(4), 532–545. https://doi.org/10.1037/law0000363

Pearlman, L. A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. Hundall Stamm (Ed.), *Secondary traumatic stress: Self-Care issues for clinicians, researchers, and educators* (pp. 51–64). Sidram Press.

Pearlman, L. A., & Saakvitne, K. W. (2013). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In *Compassion fatigue* (pp. 150–177). Routledge. https://www.taylorfrancis.com/chapters/edit/10.4324/9780203777381-16/treating-therapists-vicarious-traumatization-secondary-traumatic-stress-disorders-laurie-anne-pearlman-karen-saakvitne

Perez, L. M., Jones, J., Englert, D. R., & Sachau, D. (2010). Secondary Traumatic Stress and Burnout among Law Enforcement Investigators Exposed to Disturbing Media Images. *Journal of Police and Criminal Psychology*, *25*(2), 113–124. https://doi.org/10.1007/s11896-010-9066-7

Rønning, L., Blumberg, J., & Dammeyer, J. (2020). Vicarious traumatisation in lawyers working with traumatised asylum seekers: A pilot study. *Psychiatry, Psychology, and Law*, *27*(4), 665–677. https://doi.org/10.1080/13218719.2020.1742238

Rothschild, B., & Rand, M. (2006). *Help for the helper, self-care strategies for managing burnout and stress: The psychophysiology of compassion fatigue and vicarious trauma*. W. W. Norton.

Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma*, *17*(2), 114–122. https://doi.org/10.1177/1460408614551978

Schrever, C., Hulbert, C., & Sourdin, T. (2019). *The Psychological Impact of Judicial Work: Australia's First Empirical Research Measuring Judicial Stress and Wellbeing*.

Scott, R., & Freckelton, I. (2024). Vicarious trauma among legal practitioners and judicial officers. *Psychiatry, Psychology and Law*, *31*(3), 500–522. https://doi.org/10.1080/13218719.2024.2339323

Sippel, L. M., Pietrzak, R. H., Charney, D. S., Mayes, L. C., & Southwick, S. M. (2015). How does social support enhance resilience in the trauma-exposed individual? *Ecology and Society*, *20*(4). https://www.jstor.org/stable/26270277

Sokol, N. (2014). *Dirty Work: The Effects of Viewing Disturbing Media on Military Attorneys* [Minnesota State University]. https://cornerstone.lib.mnsu.edu/etds/317

Sprang, G., Lei, F., & Bush, H. (2021). Can organizational efforts lead to less secondary traumatic stress? A longitudinal investigation of change. *American Journal of Orthopsychiatry*, *91*(4), 443.

Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organisational factors to vicarious trauma in mental health professionals: A systematic review and narrative synthesis.

European Journal of Psychotraumatology, *13*(1), 2022278. https://doi.org/10.1080/20008198.2021.2022278

Vrklevski, L. P., & Franklin, J. (2008). Vicarious trauma: The impact on solicitors of exposure to traumatic material. *Traumatology*, *14*(1), 106–118. https://doi.org/10.1177/1534765607309961

Wessel, I., Krans, J., Albers, C. J., Chauhan, N., de Sá, D. S. F., Hauck, A., Jaswetz, L., Michael, T., Nixon, R., & Pearson, D. G. (2024). *No Convincing Evidence that Playing the Computer Game Tetris Reduces Daily Intrusions of a Trauma Film: A Multilab Replication*. https://osf.io/j9trf/download

Wild, J., El-Salahi, S., & Esposti, M. D. (2020). The effectiveness of interventions aimed at improving well-being and resilience to stress in first responders: A systematic review. *European Psychologist*, *25*(4), 252–271. https://doi.org/10.1027/1016-9040/a000402

Wilson, K., & Freckelton, I. (2023). Work Stress, Vicarious Trauma and the Public Mental Health Framework: Kozarov v Victoria [2022] HCA 12 and Its Aftermath. *Journal of Law and Medicine*, *30*(3), 641–672.

World Health Organisation. (2022). *ICD-11: International classification of diseases* (11th revision). https://icd.who.int/

World Health Organization. (2022). *WHO guidelines on mental health at work*. World Health Organization, Geneva.