

Vicarious Trauma, & Mental Health Difficulties Among Attorneys

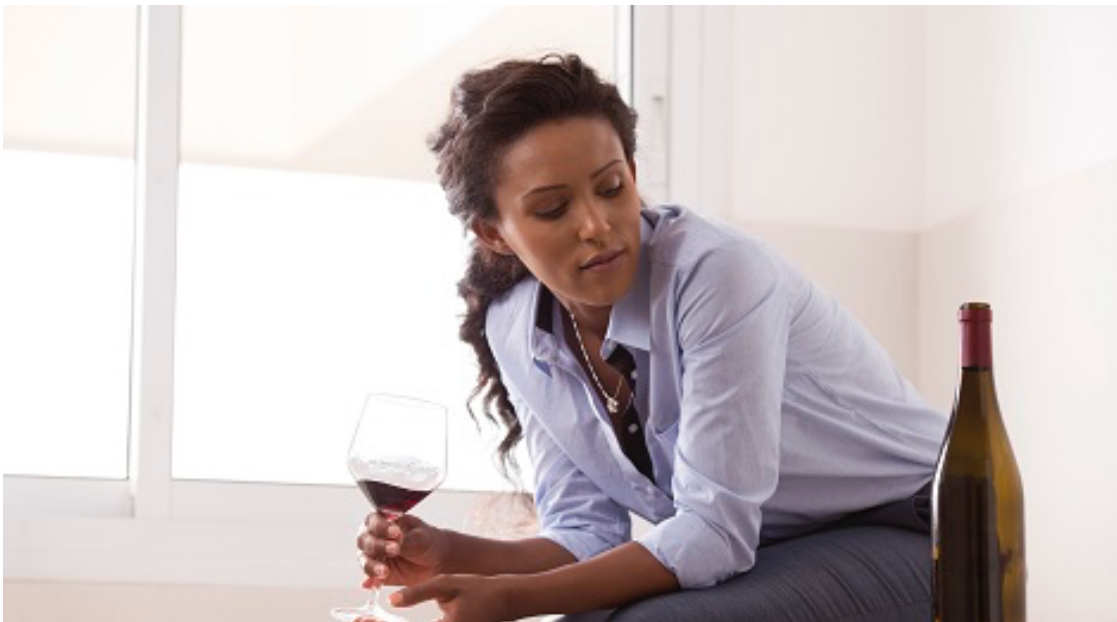


For some time now, there has been an awareness that **attorneys suffer from mental health issues at a higher rate than the general population.** Though the knowledge of this disparity existed, it has taken decades for researchers to begin to empirically and statistically validate these beliefs. A widely cited study conducted

in 1990 of attorneys in Washington State found that 18% of attorneys were **considered “problematic drinkers”** (compared to 10% among American adults at the time), and 19% **possessed elevated levels of depression** (compared to 3-9% of individuals in Western industrialized countries at the time; Benjamin et al., 1990). Currently, the American Bar Association reports estimates of 21-36% of attorneys qualifying as problem drinkers, 28% reporting mild-to-severe symptoms of depression, and 19% reporting mild-to-severe symptoms of anxiety. A recent study corroborated previous findings and revealed that **male attorneys tend to exhibit higher levels of depression, while women report higher levels of anxiety** (Krill, Johnson, and Albert, 2016). The same study also found a **correlation between length of time practicing law and problematic alcohol use, with early-career attorneys reporting the highest rates of problematic drinking** (i.e., attorneys practicing under ten years). The aforementioned data, in addition to **rates of suicide among attorneys**, support the importance of recent initiatives to destigmatize mental illness and improve work-life balance among attorneys.

To better understand the mental health concerns of attorneys and to destigmatize mental illness within the field, we must first understand some of the factors that make legal professionals more susceptible to mental health difficulties. To start, **legal professionals tend to be under immense amounts of stress**; they must interface with clients, communities, and the judicial system. They **work long hours, carry high caseloads, are required to meet billing demands, often endure the burden of delivering difficult news to their clients, and are likely to be on the receiving end of anger from their clients** (among other stressors). Attorneys working with survivors of trauma have an added layer of stress as they are continually confronted with aspects of traumatic events, and individuals who have been traumatized. Within the scientific literature, **secondary**

exposure to trauma and the details of those traumas are referred to as Vicarious Trauma (VT), or Secondary Traumatic Stress (STS). VT and STS acknowledge the significant impact that indirect exposure to trauma (i.e., repeated, indirect exposure to aversive details and consequences of traumatic events) has on an individual. The most recent iteration of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013) now includes **secondary exposure to traumatic events as a qualifying precondition to the development of posttraumatic stress disorder (PTSD).** This means that an individual does not need to be directly involved in a traumatic experience, as previously believed, to experience trauma-related responses. Trauma responses, including PTSD, often include episodes of re-experiencing, avoidance, negative mood or cognitions (e.g., depressed mood), and hyperarousal (e.g., sleep disturbance, reckless behaviors, and hypervigilance).



In addition to the work-related factors previously mentioned, **many Black attorneys are continuing to practice law, whilst balancing (and possibly compartmentalizing) emotions related to their own traumatic experiences.** They may be working with traumatized clients with fears similar to their own, working within professional environments in which they do not feel supported, and feeling as though their community does not support them (given the association between law enforcement entities and attorneys). **Black attorneys, like many other attorneys, are less likely to seek professional help when they need it,** for fear that others will find out (Krill and associates, 2016). Additionally, **the current sociopolitical environment positions Black attorneys in a uniquely stressful situation.** Longstanding issues related to racial inequality and police brutality, which have recently been reignited by more recent events of police brutality, have sparked national conversations about racial bias. The most recent Mapping Police Violence report (2018) shows that in 2017 “Black people were more likely to be killed by police, more likely to be unarmed, and less likely to be threatening someone when killed.” (<https://policeviolencereport.org/>, para.10). Black individuals, making up 13% of the population in 2017, accounted for 27% of police-custody deaths (<https://policeviolencereport.org/>). Increased police contact among Black individuals increases the likelihood of direct or indirect contact with trauma or even a perception that one’s life may be in danger.

Being licensed professionals, attorneys must maintain optimal levels of mental health so that they can meet the needs of their clients. The disparity of substance abuse and mental health difficulties among attorneys, coupled with the decreased likelihood of treatment, and the possibility of ethical complaints related to the above, highlight the need that mental health services become the norm within the legal field, rather than an exception. Similar to mental health and medical

professionals, licensed attorneys have an ethical obligation to provide high level, and unbiased services to their clients, despite any personal difficulties they might be experiencing. Unlike mental health and medical professionals, however, topics of transference (i.e., the redirection of emotions for a significant person *to* a substitute such as a therapist or attorney), countertransference (i.e., the redirection of a therapists' feelings about another person or situation *to* the patient), secondary traumatic stress, or vicarious trauma, are less likely to be a central focus in law school. The preparation for, and expectation of, exposure to trauma that mental health providers receive may be a mitigating factor between symptoms of VT experienced by mental health professionals when compared to attorneys. Maguire and Byrne (2017) found that while legal professionals and mental health professionals are both affected by exposure to trauma, professionals in the mental health field "may be better at managing the impact of this exposure" (p.241). Given the fact that Maguire and Byrne's (2017) study did not find significant personality differences amongst the two groups, they inferred that professional variables accounted for the differences in outcomes between legal professionals and mental health professionals. This would suggest that **improving the outcomes of attorneys would include incorporating organizational changes** (e.g., increase in support, a curriculum that prepares attorneys for their exposure to trauma, and continuing education focusing on signs and symptoms of VT).



During these especially difficult times, **attorneys will benefit from ongoing educational opportunities, increase in support within their respective organizations, as well as opportunities to seek professional help from physicians, psychiatrists, and mental health professionals.** Psychotherapy will provide an opportunity for attorneys to explore individual life factors that influence their current perceptions and responses; this will be especially important for attorneys working with traumatized clients, or attorneys who have histories of trauma in their own lives. Learning how to be present, and mindful of the present moment (when working and not working) will help improve overall feelings of

contentment and productivity. Lastly, intentionally incorporating self-compassion, acceptance, and positive affirmations into daily routines will help combat our brain's natural negativity bias and make room for healthy, positive experiences.

References

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author

Benjamin, GA, Darling, E., Sales, B. The prevalence of depression, alcohol abuse, and cocaine abuse among United States lawyers. *International J Law Psychiatry* 1990: 13:233-246

Cho, J. (2020). When caring costs you: Lawyers can experience vicarious trauma from work. *ABA Journal*, N.PAG.

Krill, P., Johnson, R., and Albert, L. The prevalence of substance use and other mental health concerns among American attorneys. *American Society of Addiction Medicine*. 2016: 10(1),46-52

Maguire, G., & Byrne, M. K. (2017). The Law Is Not as Blind as It Seems: Relative Rates of Vicarious Trauma among Lawyers and Mental Health Professionals. *Psychiatry, Psychology & Law*, 24(2), 233–243. <https://doi.org/10.1080/13218719.2016.1220037>

Mapping Police Violence. (2018). *2017 police violence report*. Retrieved from: <https://policeviolencereport.org/>.



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