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VICARIOUS TRAUMA IN PUBLIC SERVICE LAWYERING: HOW CHRONIC EXPOSURE TO TRAUMA AFFECTS THE BRAIN AND BODY

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ABSTRACT

Each day, attorneys and other service providers are subject to trauma. By the nature of the profession, they work with victims of crime, victims of poverty, and victims of discrimination. While attorneys do not personally experience this victimization, they do often internalize it and revisit it in case preparation. As a result, attorneys, particularly those in public interest roles, regularly experience, burnout, compassion fatigue, and vicarious trauma. These factors can negatively impact attorneys neurological and physiological functioning, causing them harm and potentially causing harm to their client or their client's case. For these reasons, it is critically important for attorneys and legal offices to promote the development of resiliency and symptom management techniques. This article analyzes the unique trauma that attorneys can sustain from chronic stress, addresses how that can impact an attorney's work, and offers techniques attorneys can use to manage their traumas because as the old adage states "an ounce of prevention is worth a pound of cure."

INTRODUCTION

One of the worst cases a lawyer will undertake is a child pornography case. These cases often involve hundreds of photographs and videos that can range from very young children posing in sexual ways, often modeling adult pornography, to children of all ages engaging in sexual acts with adults.¹ When viewing these images, or graphic crime scene photographs of any kind, it is always tempting to look away; but the job cannot be performed if one looks away. Thus, these lawyers look and analyze every picture for its evidentiary value, for each type of victimization the child endured, for every injury to someone's body, and then they bury the disgust, sadness, and anger the photographs cause. The same thing occurs when lawyers listen to the victim of a rape describe the crime inflicted upon them or to the family of a homicide victim tell them about what a wonderful person their deceased loved one was. Lawyers suppress their tears for families and victims. They do not reach out and hold the families and victims as they cry in the lawyer's office. Lawyers must explain to the families and victims that they are not heartless, that they understand the anger and sadness, but

¹ See Child Exploitation & Obscenity Sec., *Child Pornography*, U.S. DEP'T JUSTICE (Jan. 20, 2019), <https://www.justice.gov/criminal-ceos/child-pornography> (defining child pornography as "any visual depiction of sexually explicit conduct involving a minor").

that they must remain unemotional in order to maintain the objectivity the job requires. The families and victims need the lawyer to be their lawyer in the courtroom, to make sound legal decisions and arguments, and to not make a mistake based on emotion.

This article is intended to provide an explanation of what happens to lawyers who choose a legal career in public service; lawyers who work with victims of crime, victims of poverty, and victims of discrimination; and even lawyers who work with those accused of causing the victimization. Law schools teach their students about vicarious liability, the type of liability based on one person's relationship to another person who actually commits the bad act.² Vicarious trauma is much like that. Those who work with victims do not actually experience any of the victimization. They do not feel the physical pain, loss, fear, uncertainty, or financial effects. They do, however, listen to it, internalize it, and revisit it multiple times during case preparation. Then these lawyers explain the victimization to a judge or a jury with the hope of providing some sense of voice or justice for the victim. Those lawyers who defend the accused may have to view the facts through a different lens, but they view them just the same.

This article proceeds in three parts. Part I discusses the brain's anatomy and its role in our stress responses. Then Part II explains how long-term exposure to trauma and chronic stress affects people both mentally and physically. Part III differentiates between the types of stress reactions, expanding upon vicarious trauma as it relates to the legal profession and others. This part also provides methods to combat and lessen the effects of vicarious trauma. Throughout Part III you will read italicized sections. These sections are one author's experiences with vicarious trauma and the ways she learned to address it.

I. BRAIN ANATOMY

Think of the human body as an organization – then think of the brain as its CEO. The brain controls all functions occurring in the human body. Therefore, when the brain is disrupted by *something* – injury, trauma, emotional stress – its functioning is naturally impacted.³ To understand the ways in which the brain is affected by trauma, it is vital to first understand the ac-

² *Vicarious Liability*, BLACK'S LAW DICTIONARY (10th ed. 2014).

³ See J. Douglass Bremner, *Traumatic Stress: Effects on the Brain*, 8 DIALOGUES CLINICAL NEUROSCIENCE 445, 445–48 (2006) (giving an overview of how stress and trauma change the structure and functioning of a healthy brain in both childhood and adulthood).

tual *biology* of the brain and which parts of the brain are most affected by exposure to trauma.

Stress itself does not automatically lead to trauma, and, similarly, a traumatic event does not necessarily lead to post-traumatic stress (an enduring form of trauma reaction).⁴ In the world of psychological diagnosis, there are diagnoses, such as acute stress disorder, that quantify temporary trauma.⁵ The brain does not require long-term exposure to trauma to be physiologically impacted by traumatic stress.⁶ A central thesis posited by J.D. Bremner, a trauma specialist, addresses the reality that damage done to the brain during a stress reaction can actually cause “a spectrum of trauma-related psychiatric disorders” and that there is, in fact, no separation between the events of the brain and the events of the human body.⁷ Given this connection, it is understandable that the functions of the brain also impact the body quite substantially.

Two main areas of the brain are impacted when an individual experiences trauma or traumatic stress. The genesis of the brain’s reaction to stress and trauma can be found in the most primitive area of the brain, the limbic system, which is the area of the brain responsible for survival and experiencing emotions.⁸ To understand how the brain processes trauma, the limbic system must be coupled with the reactions of the “modern” brain, or the cortex, which is the “thinking center” of the brain.⁹ These two areas of the brain collaborate to catalyze a chain reaction that is felt not only in the brain but in the entirety of the body.¹⁰

A. The Limbic System

The most basic functions of human reaction can be found in the limbic system. This is the area of the brain most closely linked to our “caveman instincts” and creates the impulse, based on emotional stimuli, for humans

⁴ See *Post-Traumatic Stress Disorder*, NAT’L INST. MENTAL HEALTH (Jan. 20, 2019), <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml> (explaining that “[n]early everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally.”).

⁵ *Id.*

⁶ See J. DOUGLAS BREMNER, DOES STRESS DAMAGE THE BRAIN? 4 (2005) (explaining that responses to traumatic stress have lasting impact on physiological health).

⁷ *Id.*

⁸ BABETTE ROTHSCHILD, TRAUMA ESSENTIALS 34 (2011) (explaining the amygdala’s primary role in processing emotions and sensory information).

⁹ See *id.*

¹⁰ *Id.* (explaining that the hippocampus is able to tell the cortex that the traumatic event is over, and in turn the cortex informs the amygdala that it can halt the alarm response from the body).

to flee, fight, or freeze.¹¹ The limbic system is truly responsible for human survival. It is a complex area of the brain that processes both internal and external stimuli and sends that data to other areas of the brain for further processing.¹²

One of the most well-known components of the limbic system, the amygdala, is the center of all emotion-related stimuli.¹³ Without the amygdala, humans cannot accurately process and understand the emotions they are feeling. Its primary function is to assign sensory information an emotional interpretation and then direct the body as to how to further respond.¹⁴ Consider, then, how this works in a situation of stress and trauma. In an instant, a stimulus is introduced to human awareness, and before any actual awareness is possible, the reaction has been formed. The amygdala's role in traumatic events can be found in its evaluation of the sensory data that causes us to ascribe a traumatic response to a stimulus. It is the amygdala that registers a stimulus as upsetting or dangerous and consequently communicates with the body to aid it in responding to that stimulus.¹⁵ The response to trauma begins with the amygdala, as it acknowledges a traumatic stimulus then gives the body distinct instructions as to how to respond – either to fight, flee, or freeze.¹⁶

While the amygdala processes the information that is received from both external and internal stimuli, the hippocampus also plays a very important role in the human brain and its reaction to and recovery from trauma.¹⁷ In fact, the hippocampus is the link between the primitive limbic system and the more modern cortex.¹⁸ As “the official timekeeper and historian” of the brain, the hippocampus “remembers” the details of an event, including its timing.¹⁹ It creates a time stamp of sorts by marking the beginning, middle, and end of an event.²⁰ During a stress response, when stress hormones are released into the body rapidly, the hippocampus can actually sustain damage.²¹ The hippocampus is the reason why, if one is eating a hamburger when a traumatic event takes place, it is likely that individual will struggle

¹¹ *See id.*

¹² *Id.*

¹³ *Id.*

¹⁴ *See id.*

¹⁵ *See id.*

¹⁶ *Id.*

¹⁷ *Id.* at 34–35.

¹⁸ *See id.*

¹⁹ *See id.* at 35.

²⁰ *Id.*

²¹ BREMNER, *supra* note 6, at 13 (explaining that responses to traumatic stress have lasting impact on physiological health).

to eat a hamburger in the future, ascribing a new meaning to that hamburger due to the hippocampus's memory function.²²

When dealing with more long-term traumatic responses, the hippocampus plays a larger role and is typically the catalyst for post-traumatic stress disorder (PTSD)-type reactions.²³ This usually occurs when the hippocampus is unable to process that a trauma catalyst is no longer a threat or that the triggering event is over.²⁴ While the hippocampus can be responsible for a trauma response in the brain, it is also vital to recovery following the traumatic event. If the hippocampus fails to complete its intended responsibility of time-keeping, the amygdala is never given the signal that the traumatic event is over by the cortex.²⁵ Then the amygdala will continue to recycle the trauma throughout the brain, which can lead to a vicious cycle of stress hormone release.²⁶

B. The Cortex

The cortex is the rational, thought-centered part of the human brain.²⁷ It monitors both external and internal environments.²⁸ Imagine the amygdala as a reactive teenager, then think of the cortex as the parent of that teenager. In fact, this is why so many teenagers are considered “dramatic” – because the amygdala typically grows faster than the cortex, leaving potential for overreaction with less tempering by rational thought.²⁹ During a stress response, several hormones are released into the body, including adrenaline.³⁰ Given that the cortex is the center of clear thought and order, it makes sense

²² See ROTHSCHILD, *supra* note 8, at 34–35 (explaining how the hippocampus recognizes the beginning and end of trauma).

²³ *Id.* at 35 (discussing the role the hippocampus plays in PTSD).

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

²⁷ EMILY A. STERRETT, *THE MANAGER'S POCKET GUIDE TO EMOTIONAL INTELLIGENCE* 13–14 (2014).

²⁸ See *Cerebral Cortex*, BRAIN MADE SIMPLE, <http://brainmadesimple.com> (last visited Jan. 2, 2019) (stating that the cerebral cortex is “responsible for higher thought processes including speech and decision making” as well as “for thinking and processing information from the five senses”).

²⁹ See Brian Kolb et al., *Experience and the Developing Prefrontal Cortex*, 109 *PROC. NAT'L ACAD. SCI. U.S.* 17186, 17187 (2012) (stating that an overproduction of synapses continues in the cerebral cortex into an individual's third decade of maturity); *Understanding the Teen Brain*, STAN. CHILD. HEALTH, <https://www.stanfordchildrens.org/en/topic/default?id=understanding-the-teen-brain-1-3051> (last visited Jan. 2, 2019) (stating that the rational thinking portion of the human brain is not developed until a person is around twenty-five years old and younger persons tend to process information with the amygdala).

³⁰ G.S. EVERLY & J.M. LATING, *A CLINICAL GUIDE TO THE TREATMENT OF THE HUMAN STRESS RESPONSE* 33 (2013).

that it is affected by the reactions of the limbic system and the hormones that are released as a result of a stressor. In small amounts, the adrenaline released along with a stressor can be beneficial to the cortex and create just enough clarity to enhance rational thought.³¹ However, in larger amounts, adrenaline can have the opposite effect on the cortex and can cause an overload that may leave one unable to properly respond to the trigger.³² In times of stress or trauma, victims typically recall events with precise clarity, or struggle to remember anything at all.³³ This is a direct result of the role adrenaline plays in the stress response.

C. Processing Information in Times of Trauma

There are generally two ways in which sensory stimuli are processed by the brain, and both of them are important to the well-being of the person experiencing the stimulus. The “quick” way deals with the amygdala and does not involve the cortex:³⁴ the amygdala surveys internal and external environments and quickly informs the body how to respond.³⁵ The second, slower way the brain processes sensory stimuli involves the hippocampus sending information to the frontal cortex, where it evaluates the stimulus.³⁶ In reality, both of these routes are lightning fast, and survival depends on both of them working.

While adrenaline triggers a response to trauma, its counterpart, cortisol, is water to fire. If the brain functions correctly both during and after a traumatic event, the amygdala is able to communicate effectively with the adrenal glands to release cortisol to calm the trauma response.³⁷ In fact, individuals experiencing long-term trauma responses like PTSD show a noticeable deficiency in cortisol compared to individuals who have not experienced long-term trauma or even temporary traumatic episodes.³⁸ Higher levels of stress hormones, such as adrenaline, often render the hippocampus useless when the “slower” route of sensory processing is taken during a traumatic event.³⁹ Gaps in memory then occur because the time- and record-

³¹ ROTHSCHILD, *supra* note 8, at 33.

³² *Id.* at 34.

³³ James Hopper & David Lisak, *Why Rape and Trauma Survivors Have Fragmented and Incomplete Memories*, TIME (Dec. 9, 2014), <http://time.com/3625414/rape-trauma-brain-memory/>.

³⁴ ROTHSCHILD, *supra* note 8, at 36.

³⁵ *Id.*

³⁶ *Id.*

³⁷ *Id.* at 40.

³⁸ *Id.*

³⁹ *Id.* at 36–37.

keeping functions of the process did not take place, due to the hippocampus's malfunctioning.⁴⁰

II. LONG-TERM EFFECTS OF EXPOSURE TO TRAUMATIC EVENTS AND CHRONIC STRESS

Understanding the anatomy of the brain and its responses to stress or traumatic events is only the beginning of understanding the far-reaching effects of such exposure. The hypothalamic-pituitary-adrenal axis [HPA] is the primary system that mediates stress response in mammals.⁴¹ Dysregulation of that axis is shown to lead to poor health-related outcomes.⁴² Furthermore, histologic studies of laboratory animal brains suggest that chronic exposure to stress can permanently alter the HPA axis after only two weeks of continuous low-grade exposure.⁴³ Additionally, exposure to trauma or chronic stress conditions has been shown to lead to long-term, sometimes irreversible, changes in brain structure and function⁴⁴ as well as physiological changes to the body.⁴⁵ What is most important for those working in the legal industry to understand is how the brain distinguishes between acute trauma exposure and chronic stress exposure.

A. Long-term Trauma or Stress Exposure and the Effects of Brain Function

The brain functions differently when exposed to a traumatic situation than when it is in a state of homeostasis. As signals are received from the external environment, they are funneled through a complex series of pathways where they are received, analyzed, and then routed to parts of the endocrine system for appropriate responses that may include preparing to fight, flee, or freeze.⁴⁶ However, most law schools and legal offices are not places where people experience acute, direct traumatic exposure. But, there is a very high probability that those same people will encounter chronic

⁴⁰ See *id.* at 43–44.

⁴¹ Sophie M. Aiyer et al., *Exposure to Violence Predicting Cortisol Response During Adolescence and Early Adulthood: Understanding Moderating Factors*, 43 J. YOUTH & ADOLESCENCE 1066, 1066 (2014).

⁴² *Id.*

⁴³ See A. Faron-Górecka et al., *Chronic Mild Stress Alters the Somatostatin Receptors in the Rat Brain*, 233 PSYCHOPHARMACOLOGY 255, 260 (2016).

⁴⁴ See Jacques Barik et al., *Chronic Stress Triggers Social Aversion via Glucocorticoid Receptor in Dopaminergic Neurons*, 339 SCI. 332, 332 (2013).

⁴⁵ See Timo Heidt et al., *Chronic Variable Stress Activates Hematopoietic Stem Cells*, 20 NATURE MED. 754, 754 (2014) (providing examples of stress-induced physiological changes).

⁴⁶ See BESSEL VAN DER KOLK, *THE BODY KEEPS THE SCORE: BRAIN, MIND, AND BODY IN THE HEALING OF TRAUMA* 56 (2014).

stress at varying levels of duration and intensity. Long work hours, exposure to traumatized victims, social and economic stressors, and the potential for management-related stress have been shown to increase measures of depression, anxiety, and other PTSD-like or mental health related dysfunction in practicing attorneys.⁴⁷ If it can be agreed that attorneys and law students are not being subjected to acute traumatic situations in their work or school environments, what reasons exist to explain the similarities between the observed symptoms of trauma victims and those studying or practicing law? Research suggests that as far as the brain is concerned, there is no difference between how the body responds to acute traumatic events and chronic exposure to varying levels of stress.⁴⁸

Individual reactions are varied depending on the perceptions of those experiencing the stress and the levels of resiliency or coping they bring with them. What is most important to remember when processing the difference between acute trauma exposure and chronic stress exposure is that the brain does not distinguish between them.⁴⁹ It receives stimuli from the external environment and continues to process the information in the same manner for each experience. Based on the perception of the person and *their ability to feel in control* of the situation, the body may remain in a state of homeostasis with normal blood pressure, heart rate levels, and glucose levels; or it may go into a state of fight, flight, or freeze triggered by rapid releases of adrenaline, cortisol, and other hormones as the body prepares for what the mind thinks is a life-threatening event.⁵⁰ Either option can produce detrimental effects for the individual, as the constant exposure to varying stress levels is an expectation of attorneys both in public and private sector prac-

⁴⁷ Andrew Levin et al., *The Effect of Attorneys' Work with Trauma-Exposed Clients on PTSD Symptoms, Depression, and Functional Impairment: A Cross-Lagged Longitudinal Study*, 36 LAW & HUM. BEHAV. 538, 539 (2012) (discussing the adverse mental health consequences that practicing attorneys may experience from long term stress and from working with trauma victims or clients).

⁴⁸ See VAN DER KOLK, *supra* note 46, at 97 (discussing how trauma and stress impact brain function and bodily responses); Amy F.T. Arnsten et al., *The Effects of Stress Exposure on Prefrontal Cortex: Translating Basic Research into Successful Treatments for Post-Traumatic Stress Disorder*, 1 NEUROBIOLOGY STRESS 89, 91–95 (2015) (discussing the effects of stress on brain function); Bruce S. McEwen, *Brain on Stress: How the Social Environment Gets Under the Skin*, 109 PROC. NAT'L ACAD. SCI. 17180, 17182 (2012) (discussing the effects of trauma events, such as adverse childhood experiences and socioeconomic status, on the brain).

⁴⁹ See Arnsten et al., *supra* note 48, at 91–95 (discussing the effects of stress on brain function).

⁵⁰ *Id.* at 91 (discussing how the subject's perception of his or her control over the stress event influences the subject's response to stress); Johannes M.H.M. Ruel et al., *Glucocorticoids, Epigenetic Control, and Stress Resilience*, 1 NEUROBIOLOGY STRESS 44, 45 (2015) (discussing how glucocorticoids regulate both behavioral and physiological responses to stress).

tice, and presumably for those studying in law schools.⁵¹ Just as important as understanding how the brain differentiates between acute trauma and chronic stress exposure is the understanding of the long-term effects that one can expect when exposed to such environments over time.

Changes in behavior and emotions can be readily perceived by most casual observers without any training or understanding of trauma and stress exposure. To understand the origins of those superficial changes in both law students, practicing attorneys, and even the trauma victims that attorneys represent, it is important to identify the changes that occur in both the brain and other bodily systems because those individuals are exposed to stress on a daily basis over long periods of time. The individual brain's response to chronic exposure to stress is the result of its need to adapt and survive in changing environments.⁵² Multiple systems and processes related to brain function are altered, sometimes permanently, as a result of this chronic exposure.⁵³ Research suggests that chronic stress has a direct effect on dendritic growth of the amygdala, which causes increased primitive responses (e.g. aggression and anxiety) in non-stress times as well as a decrease in size and receptor connectivity of the pre-frontal cortex, which is the seat of the "top-down" process of rational thought and impulse control.⁵⁴ Additional research reveals that the hippocampus, a vital part of the HPA axis and the seat of emotional regulation and formation of memories, can experience atrophy during exposure to stress related hormone activation over time.⁵⁵ Somatostatin, an important neurotransmitter and neuromodulator, has been shown to be correlated to cortisol levels in cerebrospinal fluid in individuals suffering from major depressive disorder, suggesting that the chronic exposure to stress which leads to dysfunctional cortisol levels ties into other vitally important hormones responsible for regulation of other bodily systems.⁵⁶ The intricacies of the brain's functions under constant stress conditions are still the subject of widespread and ongoing research to understand the full impact they have on the individual.

⁵¹ Jonathan Koltai et al., *The Stress-Health Paradox: Organizational Context, Stress Exposure, and Well-Being in the Legal Profession*, 59 J. HEALTH & SOC. BEHAV. 20, 25, 31 (2018).

⁵² Aiyer et al., *supra* note 41, at 1067; Barik et al., *supra* note 44; Robert M. Sapolsky, *Why Stress is Bad for Your Brain*, 273 SCI. 749, 749 (1996).

⁵³ Sapolsky, *supra* note 52.

⁵⁴ Arnsten, *supra* note 48, at 91.

⁵⁵ Robert M. Sapolsky, *Stress and the Brain: Individual Variability and the Inverted-U*, 18 NATURE NEUROSCIENCE 1344, 1345 (2015).

⁵⁶ Faron-Górecka et al., *supra* note 43, at 255–56.

B. Long-term Trauma or Stress Exposure and the Effects on the Body

While the brain is the primary organ to be impacted by chronic stress exposure and the impact of neurobiological changes cannot be overstated, there are also multiple physical dysfunctions caused by prolonged trauma or stress exposure. Increasing evidence shows that stress impacts the physical body down to the cellular level. Research has suggested that mitochondrial failure, a significant factor in the development of mental health disorders, shows a significant correlation to stress-related exposure.⁵⁷ This failure at the cellular level indicates the depth of impact that stress can have on an individual. The human digestive system is often referred to as a “second-brain” and acts as the storage facility for the majority of the serotonin in the human body.⁵⁸ Serotonin is a vital neurotransmitter that impacts the function of not only emotional regulation but multiple bodily functions, such as appetite, digestion, and sexual function, and it is the primary target for multiple prescription drugs used to treat mental health disorders.⁵⁹ Chronic stress exposure is a significant factor in the dysregulation of serotonin metabolism which is a primary cause of many mental health disorders.⁶⁰ This dysregulation can also be seen as the cause of common ailments such as gastroesophageal reflux disease (GERD), irritable bowel syndrome (IBS), and a host of other gastro-intestinal maladies.⁶¹

Chronic stress has also been shown to have a direct effect on production of hematopoietic stem cell (HSC) production.⁶² HSC production occurs in

⁵⁷ See Yu Gong et al., *Chronic Mild Stress Damages Mitochondrial Ultrastructure and Function in Mouse Brain*, 488 NEUROSCIENCE LETTERS 76, 80 (2011) (describes how chronic mild stress has been proven to damage mitochondria within the brains of mice and lead to symptoms of depression).

⁵⁸ EMERAN MAYER, *THE MIND-GUT CONNECTION: HOW THE HIDDEN CONVERSATION WITHIN OUR BODIES IMPACTS OUR MOOD, OUR MIND, AND OUR OVERALL HEALTH* 11–12 (2016).

⁵⁹ *Id.* at 12.

⁶⁰ Ian Mahar et al., *Stress, Serotonin, and Hippocampal Neurogenesis in Relation to Depression and Antidepressant Effects*, 38 NEUROSCIENCE & BIOBEHAVIORAL REVS. 173, 185–86 (2014) (describing how chronic stress causes depression-like behavior through changing the levels of serotonin in several regions of the brain).

⁶¹ Rahul Mittal et al., *Neurotransmitters: the Critical Modulators Regulating Gut-Brain Axis*, 232 J. CELLULAR PHYSIOLOGY 2359, 2371 (2017) (describing how diseases linked to serotonin dysregulation can impact numerous organs in the gastrointestinal tract and how serotonin reuptake inhibitors are being tested for use in treating gastroesophageal reflux disorders); Susanta Kuma Padhy et al., *Irritable Bowel Syndrome: Is it “Irritable Brain” or “Irritable Bowel”?*, 6 J. NEUROSCIENCES RURAL PRAC. 568, 570 (2015) (describing how abnormalities in the serotonin reuptake transport system have been found in patients suffering from IBS and how an increased or decreased level of serotonin has been found in patients suffering from constipation predominant IBS and diarrhea predominant IBS).

⁶² See Heidt et al., *supra* note 45, at 755.

the bone marrow of humans, and stress exposure research on laboratory mammals suggests that the resultant cell production includes the release of increased levels of leukocytes, neutrophils, monocytes, and lymphocytes when compared to control groups.⁶³ In humans, elevated production of these cells are seen in patients who suffer from atherosclerosis and those that experience heart attacks and strokes.⁶⁴ Additionally, the body's ability to monitor functional cycles is controlled by circadian clocks which are built into the structure of every cell in the human body.⁶⁵ Circadian clocks are most notably responsible for the sleep/wake cycle in humans; however they are also responsible for processes such as hunger, regulation of digestive processes, blood pressure, and body temperature.⁶⁶ Stress exposure has been shown to lead to hormone release which can then directly impact our circadian clock causing dysregulation of many of primary functions and leading to depression and anxiety as a result.⁶⁷

III. RECOGNITION, IDENTIFICATION, AND MANAGEMENT OF STRESS RELATED SYMPTOMS

Exposure to traumatic events or chronic stress can be complex and impacts the human brain and physiology in many ways. It is important to acknowledge, however, that individuals that experience workplace stress and trauma do not always develop symptoms,⁶⁸ which is often attributed to a trait referred to as resilience. Further, many studies have sought to identify factors that promote resiliency and decrease negative reactions to stressful and traumatic experiences.⁶⁹ Resiliency factors will be discussed further in this section along with methods for identifying signs and symptoms of trauma. Although trauma is a multifaceted concept that requires continued research, current best practices for managing trauma symptoms are outlined and explored below.

⁶³ *See id.* at 754.

⁶⁴ *See id.* at 756.

⁶⁵ *See* C.E. Koch et al., *Interaction Between Circadian Rhythms and Stress*, 6 *NEUROBIOLOGY STRESS* 57, 58 (2017).

⁶⁶ *Id.* at 58, 61, 63.

⁶⁷ *Id.* at 59, 63.

⁶⁸ *See* Grace Maguire & Mitchell K. Byrne, *The Law Is Not as Blind as It Seems: Relative Rates of Vicarious Trauma Among Lawyers and Mental Health Professionals*, 6 *PSYCHIATRY, PSYCHOL. & L.* 233, 234–35, 240, 241 (2017).

⁶⁹ *Id.* at 234.

A. Context

To understand the relevance of addressing career-related stressors and trauma, it is important to understand the context of these mental health experiences. It is common knowledge that most individuals spend a majority of their time at work. In fact, the average person will spend 90,000 hours at work over a lifetime.⁷⁰ For individuals in more time-intensive career paths, such as attorneys and first responders, these numbers are anticipated to be even higher. These increased demands on time may result in working off the clock or at home, which is something that twenty-four percent of full-time employees polled say they do.⁷¹ For this reason, it is imperative that individuals in careers where trauma is an anticipated aspect of the job become aware of how to identify signs and symptoms of trauma in themselves and others that may manifest in the workplace.

It is true that exposure to trauma is an anticipated part of certain professions. Traditionally this has caused supervisors and those who have practiced public interest law for years to adopt an attitude of acceptance and avoidance. Admitting that the job got to you in any way was a sign of weakness and meant you either needed to “man up” or find a new career. I believed both of these things during the first part of my career.

Further, although many symptoms may be apparent in the workplace,⁷² some signs or symptoms are unlikely to occur in a vocational setting to the extent they do in an individual’s personal life. For this reason, it is also important to understand what type of symptoms manifested outside of the workplace may be indicative of a more serious concern. Getting a well-rounded picture of the pervasiveness of the symptoms in all domains of functioning will also lend to a better understanding of how intensely stress and trauma are impacting an individual. Burnout, compassion fatigue, and vicarious trauma are three ways stress and trauma symptoms may manifest.

B. Burnout, Compassion Fatigue, and Vicarious Trauma

The term “burnout” shares many elements with a diagnosis of depression, yet burnout is observed to be less pervasive as its effects are primarily

⁷⁰ JESSICA PRYCE-JONES, HAPPINESS AT WORK: MAXIMIZING YOUR PSYCHOLOGICAL CAPITAL FOR SUCCESS 19 (2010).

⁷¹ News Release, U.S. Dep’t of Labor, Bureau of Labor Statistics, American Time Use Survey - 2017 Results (June 28, 2018).

⁷² See *Mind/Body Health: Job Stress*, AM. PSYCHOL. ASS’N., <https://www.apa.org/helpcenter/job-stress.aspx> (last visited Jan. 20, 2018).

isolated to the context of the workplace.⁷³ Burnout is marked by persistent feelings of emotional exhaustion, cynicism, hopelessness, inefficacy, and feeling disconnected from coworkers and clients that arise after prolonged exposure to stressful work environments.⁷⁴ Some employment factors that have been shown to increase stress are long hours, heavy caseloads, and lack of social support from coworkers and supervisors.⁷⁵ There are three indicators of burnout: emotional exhaustion, cynicism, and lack of self-efficacy.⁷⁶ Emotional exhaustion may manifest in higher levels of irritability and lower levels of stress tolerance and through physical symptoms of exhaustion, such as lethargy.⁷⁷ Hostility towards others, lack of empathy regarding clients and colleagues, detachment, and reduced sense of competence at work may become evident in the individual experiencing burnout.⁷⁸

While burnout can be experienced in any career field, compassion fatigue is a phenomenon specific to helping- or service-oriented professions. Compassion fatigue describes the emotional and physical depletion that arises from working closely with trauma and the emotional experiences of clients.⁷⁹ Compassion fatigue is distinct but related to both burnout and vicarious trauma. While the emotional strain experienced by individuals with compassion fatigue is analogous to experiences of burnout and vicarious trauma, compassion fatigue specifically applies to service-oriented professions, such as mental health workers, first responders, and attorneys.⁸⁰ Further, compassion fatigue lacks the more acute symptoms, such as hypervigilance and altered worldview, associated with vicarious trauma.⁸¹ “Rather, it

⁷³ See VICARIOUS TRAUMA AND DISASTER MENTAL HEALTH: UNDERSTANDING RISKS AND PROMOTING RESILIENCE 18 (Gertie Quitangon & Mark R. Evces eds., 2015) [hereinafter QUITANGON & EVCES].

⁷⁴ See *id.*; Sara McLean et al., *The Contribution of Therapist Beliefs to Psychological Distress in Therapists: An Investigation of Vicarious Traumatization, Burnout and Symptoms of Avoidance and Intrusion*, 31 BEHAV. & COGNITIVE PSYCHOTHERAPY 417, 422 (2003).

⁷⁵ QUITANGON & EVCES, *supra* note 73; Kyle D. Killian, *Helping Till it Hurts? A Multimethod Study of Compassion Fatigue, Burnout, and Self-Care in Clinicians Working with Trauma Survivors*, 14(2) TRAUMATOLOGY 32, 35–36 (2008); Françoise Mathieu, *Occupational Hazards: Compassion Fatigue, Vicarious Trauma and Burnout*, CANADIAN NURSE (June 2014), <https://canadian-nurse.com/articles/issues/2014/june-2014/occupational-hazards-compassion-fatigue-vicarious-trauma-and-burnout>.

⁷⁶ QUITANGON & EVCES, *supra* note 73.

⁷⁷ See *id.*; Anna-Maria Garden, *Depersonalization: A Valid Dimension of Burnout?*, 40 HUM. REL. 545, 548 (1987).

⁷⁸ QUITANGON & EVCES, *supra* note 73; Garden, *supra* note 77, at 548–49.

⁷⁹ QUITANGON & EVCES, *supra* note 73, at 17; Killian, *supra* note 75, at 33; Mathieu, *supra* note 75.

⁸⁰ QUITANGON & EVCES, *supra* note 73, at 17.

⁸¹ See *id.*

is a gradual erosion of physical and emotional resources leading to indifference and antipathy towards those in need.”⁸²

From this information, we can identify some unique behaviors that can help identify when an individual or co-worker is experiencing compassion fatigue. Firstly, compassion fatigue is specific to individuals working in fields where interpersonal engagement with clients in need is a major component of service delivery (e.g. attorneys, mental health professionals, medical doctors).⁸³ All symptoms of burnout may be present, but compassion fatigue is identifiable by a diminution of empathy. Some specific signs of this may be a low tolerance for strong emotions from clients or in personal relationships and a sense of detachment from client experiences that was not present before.⁸⁴ While it is often thought that identifying symptoms is the best way to determine mental health concerns, compassion fatigue is a prime example that absence of symptoms or traits may say just as much about what an individual is experiencing.

Although PTSD has been widely explored in recent years, vicarious trauma (VT) is infrequently discussed, despite its link with PTSD. VT, also referred to as secondary traumatic stress, is described as “the transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients’ trauma experiences.”⁸⁵ It is important to note, however, that vicarious traumatization is not viewed as maladaptive on the part of the individual who experiences VT.⁸⁶ Further, in contrast to burnout and compassion fatigue, VT indicates an internalization of the traumatic experiences of clients, such that the service provider’s “enduring ways of experiencing self, other, and the world” are changed.⁸⁷ Like compassion fatigue and burnout, the symptoms of VT may appear to arise suddenly; however, VT is actually a result of *prolonged, cumulative* exposure to work with individuals that have experienced trauma first-hand.⁸⁸ Symptomology of VT mimics that of PTSD.⁸⁹ For example, an individual experiencing VT may experience intrusive thoughts or images, hypervigilance, avoidance, sleep disturbances, and/or altered worldviews.⁹⁰

⁸² *Id.*

⁸³ *Id.* at 10.

⁸⁴ *See id.* at 16.

⁸⁵ Laurie Anne Pearlman & Paula S. Mac Ian, *Vicarious Traumatization: An Empirical Study of the Effects of Trauma Work on Trauma Therapists*, 26 *PROF. PSYCHOL.*, 558, 558 (1995).

⁸⁶ *See id.*

⁸⁷ *Id.*

⁸⁸ *Id.*

⁸⁹ *Id.* at 559.

⁹⁰ Pilar Hernandez-Wolfe et al., *Vicarious Resilience, Vicarious Trauma, and*

VT changed me. I began to question my own humanity because I thought the ability to compartmentalize that I prided myself on was actually a sign that I could not care in the way others did. I had very little patience for the problems of others, even loved-ones, because their problems were not as bad as those of the victims with whom I worked. I started to believe no child would get through childhood without being victimized. I believed that any group of two or more males between the ages of thirteen and twenty-one were planning to rob me, rape me, or break into my home. I would regularly compare the number of people in the local jail to the total population of the city in order to remind myself that most people do not commit crimes.

How may these shifts in internal experience manifest outwardly? As mentioned in the discussion of burnout and compassion fatigue, many signs and symptoms of each of these may overlap. The American Psychological Association (APA) summarized some symptoms of distress that may appear in the workplace, such as increased errors in work performance, decreased work quality, indecision, absenteeism, and decline in interpersonal relationships.⁹¹ The effect on attorneys is that those who work with traumatized victims of sexual assault or other crimes of violence are at a much higher risk of developing burn out or vicarious traumatization.⁹²

I started to drink too much, eat too much, and not trust enough. I did not want to sleep at night, instead I wanted to sleep throughout the day. I called in sick more in one year than I had in fourteen years. I was able to hide much of what I was going through because, much like a functioning alcoholic, I was still able to do my job.

C. Resilience and Symptom Management

A discussion of trauma is incomplete without a discussion of resiliency. What may be a resiliency-building coping mechanism for one person in one scenario may not be so for another person under the same circumstances.

For most of my career I thought I was resilient and coping well because I believed I had the necessary ability to compartmentalize. When someone would ask how I could do my job with all its awfulness, I was always quick

Awareness of Equity in Trauma Work, 55 J. HUMANISTIC PSYCHOL. 153, 157, 161 (2014); see Pearlman & Mac Ian, *supra* note 85 (studying the effects of vicarious traumatization).

⁹¹ See AM. PSYCHOL. ASS'N, ICU PROGRAM - LEADERSHIP PRESENTATION: IMPROVING EMOTIONAL HEALTH, at slide 7, http://workplacementalhealth.org/WorkPlaceMentalHealthDevSite/media/Employer-Resources/ICU/ICU_Leadership_Presentation.pptx (last visited Mar. 6, 2019).

⁹² See Levin et al., *supra* note 47, at 545.

to point out that the awful things did not happen to me so I was able to distance myself. I still hold this belief today because without this ability I would not be able to serve those in need. However, I also now know compartmentalization does not mean I experienced none of the trauma. It only meant I put it somewhere else and allowed it all to build up.

Although influencing factors may differ between individuals, resiliency is generally defined as the process of adapting well in the face of adversity.⁹³ While stress and trauma can result in disruptive mental health symptoms, resiliency is seen as the outcome of coping well with these traumas and stressors. However, this does not mean the individual is immune to stress.⁹⁴ Further, new research points to the opportunity for post-traumatic growth, the development of adaptive skills and traits, as a result of trauma.⁹⁵ Though current research indicates resiliency is influenced, in part, by innate characteristics of an individual, there is an opportunity to enhance resiliency, regardless of circumstances.⁹⁶ Therefore, prevention and symptom management are important considerations following the discussion of burnout, compassion fatigue, and vicarious traumatization, as well as a way of understanding how to promote resiliency.

Dealing with traumatic events or victims of trauma may be inevitable for individuals in particular career fields (e.g. attorneys), thus it is less a matter of avoiding trauma exposure than a matter of managing reactions to employment-related stress and trauma. Developing a method of self-assessment and increasing self-awareness is key when attempting to discern between manageable stress and unmanageable symptoms of stress or trauma symptoms.⁹⁷ Further, reaching out to family and friends and seeking professional support in the form of a mental health counselor, psychologist, psychiatrist, or social worker are recommended.⁹⁸ Treatment of an individual's specific symptoms is highly personalized, as no two people's experiences are exactly alike. Thus, the following recommendations are general

⁹³ Suniya S. Luthar et al., *The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work*, 71 CHILD DEV. 543, 543 (2000); *The Road to Resilience*, AM. PSYCHOL. ASS'N, <https://www.apa.org/helpcenter/road-resilience.aspx> (last visited Jan. 6, 2019).

⁹⁴ RONI BERGER, STRESS, TRAUMA, AND POSTTRAUMATIC GROWTH: SOCIAL CONTEXT, ENVIRONMENT, AND IDENTITIES 13 (2015).

⁹⁵ *Id.* at 83; QUITANGON & EVCES, *supra* note 73, at 94; Hernandez-Wolfe et al., *supra* note 90, at 157, 159.

⁹⁶ BERGER, *supra* note 94, at 27; ELAINE MILLER-KARAS, BUILDING RESILIENCE TO TRAUMA: THE TRAUMA AND COMMUNITY RESILIENCY MODELS 8 (2015).

⁹⁷ See FIONA DUNKLEY, PSYCHOLOGICAL SUPPORT FOR HUMANITARIAN AID WORKERS: A ROADMAP OF TRAUMA AND CRITICAL INCIDENT CARE 41 (2018).

⁹⁸ Simon Tobin & Neal Maskrey, *Ten Commandments for the Resilient Practitioner*, 66 BRITISH J. GEN. PRAC. 528, 528 (2016).

and consultation with a trained mental health professional is highly recommended to explore personal applications of these interventions.

Ideally, all measures of work-related stress and trauma would be proactive, although that is not currently the case. Engaging in self-care and building resiliency skills are two of the most widely discussed methods of symptom management on an individual level.⁹⁹ While there are countless self-care activities at the disposal of the public, for the sake of this article, a few of the most commonly cited and empirically supported are discussed.

First, it is important not to disregard physiological needs as a holistic approach to mental health is typically the most effective.¹⁰⁰ As has been discussed throughout this article, mental health symptoms cannot be viewed as detached from physical symptoms. Some ways of addressing these needs are through maintaining a healthy diet, exercising, and practicing skills that promote stress reduction. Yoga and mindfulness practices are two skills that have gained wide support in management of mental health symptoms.¹⁰¹ Establishing and maintaining social supports, whether it be family and friends, colleagues, or a supervisor, is imperative because social isolation serves only to increase negative mental health symptoms.¹⁰²

Once I was able to identify the affects VT was having on me, I began to make better use of my support systems. I now allow my friends and significant other to know when a particular case is getting to me. I spend much more time with friends with very different careers than mine. I make sure to try to do something good for my community outside of the criminal justice system, such as joining organizations which support children and teens. This last effort provides me with regular reminders of many people in my community who simply want to help, and not hurt, others.

Second, seeking out professional supervision, whether through a supervisor in the workplace or a trusted mentor, can be particularly helpful. Supervision has been shown to reduce reported burnout, compassion fatigue, and vicarious traumatization.¹⁰³ Further, it offers an outlet for work-related concerns and minimizes distress when another professional can provide support and feedback. As mentioned above, personal counseling, either through an Employee Assistance Program (EAP) or insurance is highly recommended,

⁹⁹ QUITANGON & EVCES, *supra* note 73, at 137; *The Road to Resilience*, *supra* note 93.

¹⁰⁰ DUNKLEY, *supra* note 97, at 40.

¹⁰¹ *Id.* at 41; HARVARD HEALTH PUBL'NS, NOW AND ZEN: HOW MINDFULNESS CAN CHANGE YOUR BRAIN AND IMPROVE YOUR HEALTH (Marlynn Wei ed., 2015).

¹⁰² QUITANGON & EVCES, *supra* note 73, at 102; Mathieu, *supra* note 75.

¹⁰³ QUITANGON & EVCES, *supra* note 73, at 101; Killian, *supra* note 75, at 41–42; Tobin & Maskrey, *supra* note 97.

not only when experiencing symptoms such as stress, but as a method for continuous self-care.

These practices may aid in preventing excessive emotional investment in trauma cases and help identify signs and symptoms of burnout, compassion fatigue, or vicarious trauma.¹⁰⁴ This also serves to prevent development of more severe mental health symptoms that may impair the professional judgment necessary to provide client services. All of these methods may be seen as proactive self-care measures to avoid onset of stress and trauma-related symptoms. Further, the skills and methods discussed above can be utilized to manage stress and trauma reactions as well as to enhance resiliency following the onset of these symptoms.

D. Organizational Management

When considering burnout, compassion fatigue, and vicarious traumatization, organizational factors are key. Unmanageable caseloads and work tasks, little social support, long work hours, and insufficient job-related resources are frequently cited as primary factors that enhance the likelihood that an individual will experience stress-related symptoms.¹⁰⁵ The APA has made recommendations for employers that serve to reduce employee stress levels. These recommendations encourage employers to address three broad levels of needs – prevention, early detection, and intensive individual services - in order to manage stress and trauma related outcomes on an organizational level.¹⁰⁶ These needs and coinciding practices should be reflected in organizational policies.

A comprehensive organizational approach to address these concerns includes four elements. First, mental health, trauma management, and stress reduction education is emphasized.¹⁰⁷ This may include orientation training and several trainings throughout the year. Second, in order to promote an environment where self-care is encouraged and mental health symptoms are not as stigmatized, some modifications in the work environment are needed. According to the Central for Workplace Health, these modifications may involve creating a safe environment through administrative availability and engagement with staff, better management of time demands placed on staff,

¹⁰⁴ QUITANGON & EVCES, *supra* note 73, at 100.

¹⁰⁵ *Id.* at 18; Killian, *supra* note 75, at 35–36; Mathieu, *supra* note 75.

¹⁰⁶ Ctr. for Workplace Mental Health, *Workplace Stress*, AM. PSYCHIATRY ASS'N FOUND., <http://workplacementalhealth.org/Mental-Health-Topics/Workplace-Stress> (last visited Jan. 5, 2019) [hereinafter *Workplace Stress*].

¹⁰⁷ See QUITANGON & EVCES, *supra* note 73, at 158; *id.*

and promoting social support among colleagues.¹⁰⁸ Third, integration of self-care programs or benefits into the framework of the organization is also recommended.¹⁰⁹ Such programs could include self-care challenges, such as weekly engagement in physical activities, or mindfulness trainings implemented as an aspect of training and ongoing support. Finally, it is important to be able to identify distress in employees through screening and have the ability to connect the employee with appropriate resources.¹¹⁰ Although screening may seem unlikely in the workplace, a simple way of implementing screening is by training supervisors to understand warning signs of employee distress and scheduling weekly individual and/or group supervision. This not only provides accountability but also creates a point of contact between employees and supervisors, which serves as a proactive measure in managing the onset of stress and trauma symptoms and gives the organization insight into the experiences of its employees.¹¹¹ Supervisors would then also be equipped to make appropriate referrals or link an employee with organizational resources such as web-based and mobile stress management programs, which have been identified as both beneficial for employees and cost-effective for employers.¹¹²

CONCLUSION

This article is not meant to scare anyone away from a legal career of public service. The message is that those who have similar experiences are not alone or crazy; these experiences are simply a product of the valiant work they have chosen to do. This type of career literally changes the brain. It affects one's personality, relationships, and world outlook. The only way to have a very long career in public service is to understand how and from where those changes are coming. The legal profession has acknowledged its high rate of alcohol and drug abuse for years without really discussing the reasons why. But once the discussion began, a wonderful thing happened: people learned that the experience of VT is actually normal. The first time I taught about VT along with a counseling professional to a room full of attorneys, I saw a room filled with tears as they saw themselves in the information we were teaching. Today's lawyers and future lawyers should not

¹⁰⁸ *Workplace Stress*, *supra* note 106.

¹⁰⁹ *Id.*

¹¹⁰ *Id.*

¹¹¹ See QUITANGON & EVCES, *supra* note 73, at 165–66; Killian, *supra* note 75, at 42 (study regarding affect vicarious trauma mental health professionals); Tobin & Maskrey, *supra* note 98.

¹¹² See generally Elena Heber et al., *Web-Based and Mobile Stress Management Intervention for Employees: A Randomized Controlled Trial*, 18 J. MED. INTERNET RES. 1, 2 (2016) (discussing web-based and mobile stress management generally).

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make the mistake of past generations by not taking the time to educate themselves and give themselves all of the tools to be as healthy as they can. The old adage still holds true today – “an ounce of prevention is worth a pound of cure.”

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