

A Proposal for Reducing the Risk of Vicarious Trauma for Advocates & Attorneys Representing Victims of Violent Crime

Roderick MacLeish*

ABSTRACT

Advocates and attorneys representing victims of violent crime become the key to the success of victims' legal claims and vital support systems for their fragile clients. Over the course of legal proceedings, victims share their traumatic experiences with advocates and attorneys. As a result, many of these professionals begin suffering from vicarious trauma. These practitioners, however, work in environments with little awareness, support and training for vicarious trauma and other mental health issues. The norms of the legal profession perpetuate a legal culture where attorneys ignore their personal feelings and the necessity of self-care. This article suggests practical and realistic solutions to the prevalent problem of vicarious trauma among advocates and attorneys.

I. INTRODUCTION

In the spring of 2004, I was lead counsel of a team of lawyers, which settled more than 500 clergy sex abuse cases in the Boston Archdiocese. I had just finished settling the remaining cases. Our settlement, including the non-financial child protection provisions, set the stage for world-wide reforms within the Catholic Church that were far from perfect but were a vast improvement from the status quo. By any measure, I was a successful lawyer. I had been named one of the top winning trial lawyers in the country by the National Law Journal and had files filled with thank you letters going back more than a dozen years, when I first started doing sexual abuse cases.

On the surface, there was a great deal to feel good about. Not many of us have the opportunity to "bend history." But that was not how I felt. I was no different from many

* Founding Partner, MacLeish and Woolverton, LLC; Of counsel, Clark Hunt Ahern & Embry B.A. Vassar College, J.D. Boston University School of Law. Thank you to my research assistant Sara Elizabeth Burns for her prompt, thorough, and diligent work.

of the other lawyers and advocates that represent crime victims, experiencing “vicarious trauma” (“VT”) because of my close work with these victims.¹ The VT that I suffered had rekindled unresolved issues surrounding my own prior sexual abuse as a child.² Within in months, I was diagnosed with Post-Traumatic Stress Disorder and had to stop practicing law until 2010.

II. IDENTIFYING THE PROBLEM

VT, sometimes referred to as compassion fatigue or stress related disorder,³ can arise from repeated exposure to stories of victims of traumatization.⁴ Some commentators refer to it as an “occupational” form of Post-Traumatic Stress Disorder⁵ and it can result

¹ “Vicarious trauma (VT) refers to the experience a helping professional undergoes in developing personal trauma symptoms as a result of working with victims of trauma.” Peter G. Jaffe et al., *Vicarious Trauma in Judges The Personal Challenge of Dispensing Justice*, 45 JUDGES’ J. 12, 12 (2006).

² In my case, it was one particular case that triggered memories of sexual abuse that I had never adequately processed which caused intrusive thoughts, which became more debilitating. Of course, not all individuals advocating for victims have been subject of trauma, but I have encountered many lawyers and advocates who were victims. There is no doubt that VT can occur with advocates without any prior history of abuse. See Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 PACE L. REV. 245, 250 (2003-2004) (noting that previous trauma did not predict the whether or not a study subject would suffer from VT).

³ Nancie Palmer, *The Essential Role of Social Work in Addressing Victims and Survivors of Trafficking*, 17 ILSA J. INT’L & COMP. L. 43, 55 (2010-2011).

⁴ See Joy D. Osofsky et al., *How to Maintain Emotional Health When Working with Trauma*, 59 JUV. & FAM. CT. J. 91, 93 (2008).

⁵ Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. REV. 965, 986 (2006-2007); see Jean Koh Peters, *Habit, Story, Delight: Essential Tools for the Public Service Advocate*, 7 WASH. U. J.L. & POLICY 17, 27 (2001) (“Essentially, vicarious traumatization is a recurring, occupational hazard, as it results from empathic engagement with another person. Since we would never want to lose that empathy, which can be our greatest offering to our clients, we must accept that vicarious trauma will always be with us.”)

in serious mental health disorders, which can in turn lead to substance abuse, unprofessional behavior or severe problems at home or with colleagues.⁶ It is different from burnout, which involves a more general psychological distress.⁷

Lawyers are not the only people that work with victims of violence who experience VT or similar conditions. Advocates, mental health professionals, judges and others in the criminal justice are at high risk as well.⁸ Researchers seldom study the rate of VT for attorneys compared to other professionals that work with victims, but one study suggests that the rate is higher.⁹ There has been general discussion in literature of well-

⁶ See Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 38 (2010) (noting that those suffering from vicarious trauma often resort to alcohol use as a coping mechanism); Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. REV. 965, 988-89 (2006-2007) (discussing the various indicators of vicarious trauma).

⁷ Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. REV. 965, 989 (2006-2007).

⁸ See Cynthia F. Adcock, *The Collateral Anti-Therapeutic Effects of the Death Penalty*, 11 FLA. COASTAL L. REV. 289, 295-99 (2009-2010) (discussing death row lawyers and their risk of vicarious trauma); Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 36 (2010) (“Professionals working with the victims or offenders of crimes that result in trauma have the potential to be deeply affected by the stories and the images they are exposed to during their work.”); Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 PACE L. REV. 245, 250 (2003-2004) (including mental health providers and social workers in a study of vicarious trauma); Monica K. Miller & James T. Richardson, *A Model of Causes and Effects of Judicial Stress*, 45 JUDGES J. 20, 22 (2006) (stating that judges that empathize with victims are at risk for vicarious trauma).

⁹ Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 PACE L. REV. 245, 245 (2003-2004) (“Compared with mental health providers and social services workers, attorney’s [sic] surveyed demonstrated significantly higher levels of secondary traumatic stress and burnout.”).

intentioned solutions to the problem for legal professionals, such as small caseloads, avoiding negative people and reporting others who appear to be impaired.¹⁰

Though these solutions are logical, they are also unrealistic. During my work in this field, I have noticed an increasing demand for advocates who spend most, if not all, of their time working with victims. It is highly specialized work. For example, most civil lawyers in the church abuse cases work full-time on such cases, in some cases employing other lawyers in the firm. Many prosecutors' offices now have lawyers and investigators who work full-time on child abuse or sexual assault units.¹¹ While avoiding negative people lowers the risk for VT,¹² our adversarial system of justice involves constant interaction with negative people, most particularly the lawyer on the other side of the case. Further, reporting impaired lawyers is now an ethical requirement,¹³ yet some attorneys are reluctant to report their peers.¹⁴ In some cases, attorneys should be reported

¹⁰ Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 38 (2010); Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. REV. 965, 984-85, 993 (2006-2007).

¹¹ See Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 37 (2010) (noting the increased success rates of prosecution when prosecutors specialize in sex crimes).

¹² Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 38 (2010).

¹³ See MODEL RULES OF PROF'L CONDUCT R. 8.3(a) ("A lawyer who knows that another lawyer has committed a violation of the Rules of Professional Conduct that raises a substantial question as to that lawyer's honesty, trustworthiness or fitness as a lawyer in other respects, shall inform the appropriate professional authority.")

¹⁴ Kenneth L. Jorgensen, *Ethical Responsibilities for an Impaired Partner*, 60 BENCH & B. MINN. 12, 12 (2003) (discussing the reluctance of attorneys to report their peers because, in many instances, attorneys consider the causes such impairments as personal problems).

to the appropriate oversight board for blatant ethical violations, but there is no obligation to report competent attorneys that exhibit preliminary VT symptoms.¹⁵

Undoubtedly, the legal profession inadequately prepares attorneys to cope with VT and other stress related challenges that they will face when they have graduated from law school.¹⁶ Law students are presumed to be stress resilient, and the focus of their legal education is teaching them to research, argue and think like lawyers.¹⁷ Some state bars, such as Massachusetts, do not require continuing education,¹⁸ but those that do usually do not offer stress management or VT prevention courses.¹⁹ Unlike mental health professionals, lawyers do not receive routine supervision that focuses on emotional issues or problems resulting from exposure to trauma.²⁰

¹⁵ See generally ABA Standing Comm. on Ethics & Prof'l Responsibility, Formal Op. 03-431 (2003) (discussing the reporting requirements of Rule 8.3 and suggesting attorneys may report colleagues to lawyer assistance programs even when they are not obligated to report colleagues to an oversight board).

¹⁶ Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. REV. 965, 992 (2006-2007).

¹⁷ See Marjorie A. Silver et al., *Stress, Burnout, Vicarious Trauma, and Other Emotional Realities in the Lawyer/Client Relationship: A Panel Discussion*, 19 TOURO L. REV. 847, 849 (2002-2004) (“[L]awyers are trained to assume that the only things relevant to their relationships with their clients are how well they know the law and how well they can read and apply it.”).

¹⁸ CLE, MASSACHUSETTS BAR ASSOCIATION, <http://www.massbar.org/cle> (last visited July 2, 2013).

¹⁹ Susan Swaim Daicoff, *Expanding the Lawyer’s Toolkit of Skills and Competencies: Synthesizing Leadership, Professionalism, Emotional Intelligence, Conflict Resolution, and Comprehensive Law*, 52 SANTA CLARA L. REV. 795, 837 (2012) (“Stress management, meditation, yoga, and other wellness initiatives are occasionally subjects of continuing legal education for lawyers (and some law school curricula).”).

²⁰ See Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 PACE L. REV. 245, 245 (2003-2004) (noting that the lack of supervision of lawyers on issues of

In addition, the exposure to trauma can be as intense as the exposure of mental health professionals.²¹ It is not uncommon for an attorney to be the first person that a victim tells about his or her abuse.²² These meetings are often emotional and occur at a time when the client is enormously vulnerable and under the mistaken belief that the attorney can actually help in a way other than filing a lawsuit.²³ The truth is that attorneys are not trained to respond to these situations.²⁴ Like other lawyers who specialized in this work, I constantly found myself meeting with victims who were in severe psychological distress.

Early in my career, I believed that speaking empathetically with victims, sometimes for long periods of time (including nights and weekends at home) helped them. I quickly realized that, as empathetic as I was, most of my clients needed help from an expert clinician. I put together a roster of mental health professionals to refer clients in

trauma causes the difference in secondary traumatic stress levels between lawyers and mental health professionals, with lawyers experiencing higher stress levels).

²¹ See generally Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 PACE L. REV. 245 (2003-2004) (comparing the results of a vicarious trauma survey administered to attorneys, mental health providers, and social services workers).

²² See Joseph Allegretti, *Shooting Elephants, Serving Clients: An Essay on George Orwell and the Lawyer-Client Relationship*, 27 CREIGHTON L. REV. 1, 8 (1993-1994) (discussing the deeply personal relationships that develop between attorneys and their clients).

²³ See Dana E. Prescott, *The Act of Lawyering and the Art of Communication: An Essay on Families-in-Crisis, the Adversarial Tradition, and the Social Work Model*, 10 LEGAL ETHICS 176, 181 (2007) (“A “web” of socially constructed beliefs and values then frames expectations about lawyers as advocates at any initial conference.”).

²⁴ See Dana E. Prescott, *The Act of Lawyering and the Art of Communication: An Essay on Families-in-Crisis, the Adversarial Tradition, and the Social Work Model*, 10 LEGAL ETHICS 176, 190 (2007) (comparing the roles of social workers and lawyers, and advocating that lawyers need better training to meet their clients’ needs).

need of such assistance. I eventually hired a full-time social worker that served as a case manager for clients and assisted clients in receiving proper care.

Attorneys and advocates drawn to work with victims are, for the most part, compassionate and caring individuals by nature. However, attorneys and advocates are not substitutes for clinicians.²⁵ When clients ask attorneys for personal e-mail addresses and phone numbers, the attorneys may struggle to refuse. At the same time, if attorneys agree to speak to their clients at all hours of the day and on weekends, they may not be observing proper boundaries and increase their likelihood for VT.²⁶

III. PRACTICAL SOLUTIONS TO MINIMIZE THE RISK OF VT AND RELATED DISORDERS

There are scant resources on practical solutions to address the high risk of VT and other disorders for legal professionals and advocates.²⁷ First, practitioners must understand their motivations for engaging in such work because self-awareness leads to realistic expectations.²⁸ Second, resiliency is an essential trait in practitioners representing victims of violent crimes, so practitioners must honestly assess their level of resiliency and determine whether or not they are able to take such cases.²⁹ Third,

²⁵ Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. REV. 965, 983 (2006-2007) (discussing instances where attorneys should refer clients to mental health professionals).

²⁶ Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. REV. 965, 996-97 (2006-2007) (discussing the connection between boundaries and appropriate and productive attorney-client relationships).

²⁷ See *supra* notes 10, 16-20 and accompanying text.

²⁸ See *infra* Part.III.A.

²⁹ See *infra* Part.III.B.

practitioners must set boundaries with clients, which protect both clients and practitioners alike.³⁰ Fourth, peer support must be widely accessible to advocates and attorneys suffering from VT.³¹ Fifth, practitioners must make self-care a priority in order to adequately and competently represent their clients.³²

A. Self-Awareness

Attorneys and advocates need to be aware of their own mental maps in order to protect themselves from VT. Practitioners have unique and often very personal reasons for working with victims. Many attorneys that represent crime victims had options for more lucrative and less emotionally challenging careers. Remarkably, however, few attorneys have actually taken the time to reflect on their decision to work in this particular field, and it is necessary for attorneys to be aware of their motivations for working with victims of traumatic events.

Everyone is different. In many situations, it is important for attorneys to understand that their goals in this work are not realistic. If attorneys are not aware of this fact, the chances are much greater that they will be adversely affected. While working zealously to achieve some measure of justice is important, the simple fact is that the remedies we are advocating for—accountability in the criminal justice system or money damages in a civil lawsuit—are meaningful yet generally insufficient to completely meet the needs of our clients. In some cases, the process can actually be harmful, as attorneys

³⁰ *See infra* Part.III.C.

³¹ *See infra* Part.III.D.

³² *See infra* Part.III.E.

who have defended abuse victims in court and depositions can attest.³³ I believed for many years that I might be able to “save” a good number of my clients, and the truth is that while I successfully represented clients in court and settlement negotiations, sometimes I could do little to heal the wounds left by their abusers.

B. Resiliency

It is also important to candidly reflect on one of the most important tools to prevent VT and emotional trauma—our capacity for resilience. In this context, resilience is the ability to leave the traumatic stories of victims at work each night.³⁴ Resiliency is not simply forgetting about traumatic experiences, hiding from the trauma outside of work.³⁵ Instead, it is, the individual’s capacity to prevent the trauma from consuming his or her life outside of work.³⁶

The psychological literature is replete with various theories about resiliency, but the truth is that some people seem to have the innate ability to be more resilient than others.³⁷ With time, those with less resilience may be able to further develop this trait.³⁸

³³ See Marjorie A. Silver et al., *Stress, Burnout, Vicarious Trauma, and Other Emotional Realities in the Lawyer/Client Relationship: A Panel Discussion*, 19 TOURO L. REV. 847, 860-61 (2002-2004) (discussing victims taking legal action causing of retraumatization).

³⁴ Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 36-37 (2010).

³⁵ See Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 36-37 (2010).

³⁶ See Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 36-37 (2010).

³⁷ Shiloh A. Catanese, *Traumatized by Association: The Risk of Working Sex Crimes*, 74 FED. PROBATION 36, 36 (2010).

Attorneys must be aware of where they sit on the resiliency spectrum. Attorneys that are not very resilient must honestly, consider whether starting or continuing with this specialized work is in their own best interests and best interests of their clients.

C. Boundaries

The lure of becoming deeply enmeshed in the lives of victims of trauma can be too great a temptation for good-hearted professionals, and such a close relationship with clients is fraught with danger. Advocates and attorneys should be required to engage in continuing education and training in maintaining proper boundaries with victims of trauma. Ethical rules do not adequately address the boundary challenges that regular representation of victims of trauma poses. It is necessary for practitioners to maintain an empathic position with clients while at the same time clearly communicating the limits of the relationship. When presented with a horrific tale of abuse and injury, it is a natural tendency for attorneys to believe that they can help in many areas, which include providing psychological help, assisting in the repair of a torn relationship or addressing immediate financial needs.³⁹ Those who venture down these paths face extreme danger and increased risk of psychological injury when their well-intentioned efforts fall short.⁴⁰

³⁸ J. Eric Gentry et. al., *The Accelerated Recovery Program (ARP) for Compassion Fatigue*, in *TREATING COMPASSION FATIGUE* 123, 131 (Charles R. Figley ed., 2002) (suggesting that mastering certain emotional skills that allow caregivers to be more intentional and less reactive will help develop resilience).

³⁹ See Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 *UMKC L. REV.* 965, 995-97 (2006-2007) (exploring the rationale behind boundaries and the consequences if boundaries are not established).

⁴⁰ See Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 *UMKC L. REV.* 965, 995 (2006-2007) (stating that establishing boundaries protects attorneys from psychological injury).

Since no state requires such specialized training in boundaries, advocates and attorneys should form their own peer support groups⁴¹ and recruit (even pay) professionals to assist them.

A corollary to the need for proper boundaries is the need for advocates and attorneys to be able to understand and explain to the clients at the inception of the engagement which goals are realistic and achievable.⁴² Many goals are not. Our system of laws and court procedures are imperfect, to say the least. For example, our criminal justice system would collapse if it were not for plea bargains. Because of scarce judicial and prosecutorial resources, it is inevitable that some cases are going to end in a disposition that is unfair and unjust, perhaps with little or no incarceration for the perpetrator.⁴³ On the civil side, many victims will be denied claims for compensation because of procedural rules, such as statute of limitations laws, that fail to reflect the realities of sexual abuse and the legitimate inability of victims to “come forward” in a time-frame that the law deems adequate.⁴⁴ Promptly discussing such inherent flaws

⁴¹ See *infra* Part III.D.

⁴² Fredda Fisher Wolf, *The Difficult Client*, 22 ME. B. J. 24, 29-31 (2007) (discussing the importance of establishing reasonable goals with clients).

⁴³ See Jacqueline E. Ross, *The Entrenched Position of Plea Bargaining in United States Legal Practice*, 54 AM. J. COMP. L. 717, 717 (2006) (stating that plea bargaining is a way for prosecutors to efficiently manage caseloads).

⁴⁴ Ellen M. Bublick, *Tort Suits Filed By Rape and Sexual Assault Victims in Civil Courts: Lessons for Courts, Classrooms and Constituencies*, 59 SMU L. Rev. 55, 82 (2006) (“Statutes of limitation ... are often short, though they may afford children additional time to file a cause of action once they reach the age of majority, be lengthened by the discovery doctrine, be tolled by fraudulent concealment of material facts, or be waived by defendants.”).

greatly lessens the likelihood of retraumatized by the process of seeking justice in a court of law.⁴⁵

D. Peer Support

In some areas of the country, victim lawyers and advocates are members of organizations that meet regularly to discuss issues of common concern.⁴⁶ Far too often, however, these meetings focus exclusively on strategies, developments in the law and “war stories” of successful cases.⁴⁷ Usually during social time practitioners receive their only opportunity to speak personally about the emotional and psychological challenges that they face, but often lawyers avoid the topic because of the “macho” milieu of the legal profession.

Peer support meetings are no substitute for proper treatment of mental health issues, but they can be a powerful way to decrease the chances that practitioners will be adversely affected by their work. Many stress management courses emphasize the need for peer participants to meet regularly in small groups to discuss the challenges they face in their work and personal impact of their work.. Stress management teachers (some of whom, like me, are also attorneys) can effectively lead such a group for several sessions

⁴⁵ See Bruce Winick, *Therapeutic Jurisprudence and the Role of Counsel in Litigation*, 37 CAL W. L. REV. 105, 110 (2000-2001) (discussing attorneys’ ability to ameliorate their clients’ stress during litigation through providing them information about the trial process).

⁴⁶ See NATIONAL CENTER FOR VICTIMS OF CRIME, <http://www.victimsofcrime.org/training> (last visited July 8, 2013) (providing training information for professionals that represent crime victims).

⁴⁷ See Dana E. Prescott, *The Act of Lawyering and the Art of Communication: An Essay on Families-in-Crisis, the Adversarial Tradition, and the Social Work Model*, 10 LEGAL ETHICS 176, 180 (2007) (discussing traditional legal education, which “war stories” often play a central role).

until individuals feel comfortable talking more freely with each other, at which point outside assistance is unnecessary.

Some object to peer support for lawyers because of client confidentiality concerns, but I would suggest that issue is easily overcome with similar policies and rules that govern lawyer assistance programs. Bar associations launch organizations to assist lawyers impaired by substance abuse or mental health issues.⁴⁸ Further, the numerous benefits to peer support certainly warrant creating the same types of confidential policies for attorneys at risk for VT as attorneys suffering from addiction or mental illness.

Knowing that one is not alone in feeling upset or distressed because of exposure to trauma can be enormously beneficial to dispel the belief that “something is wrong with me.”⁴⁹ Also, it is absurd to believe that lawyers, advocates or even judges are less likely to be affected by VT and related disorders than mental health professionals, first responders and others who receive peer support, supervision, critical incident debriefing or other preventative measures.⁵⁰ Finally, some of the most useful assistance that anyone can receive is from others with similar experiences—fellow professionals who are also

⁴⁸ See MODEL RULES OF PROF'L CONDUCT R. 8.3(c) (stating that lawyers and judges are required to report the misconduct of their colleagues, but they are not required to reveal information learned “while participating in an approved lawyers assistance program”).

⁴⁹ See Phyllis Solomon, *Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients*, 27 PSYCHIATRIC REHABILITATION J. 392, 394 (2004) (“[I]ndividuals are attracted to others who share commonalities with themselves ... in order to establish a sense of normalcy for themselves.”).

⁵⁰ See Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 PACE L. REV. 245, 250 (2003-2004) (discussing survey results showing attorneys experienced more symptoms of secondary trauma than the surveyed mental health professionals).

down in the trenches.⁵¹ Since it is likely that there is no peer support group in your geographic area, my advice is simple: start one, preferably with the assistance of a mental health professional or someone experienced in stress management.

E. Self-Care Is Self Ethics

For the past ten years, I have been invited to give an annual lecture at Harvard Law School on the ethical obligation of attorneys to engage in self-care. The lecture is always well-received and second and third year students often ask why they had not learned about self-care earlier in their law school career.

I strongly believe that there is a direct connection between lack of attorney self-care and ethical issues. Once again, it borders on hubris to suggest that attorneys are somehow different from other professions that experience high levels of stress and exposure to trauma.⁵² As one commentator recently put it:

Perhaps it is time for crafters of the Rules of Professional Conduct to adopt a standard similar to that of the American Counseling Association's (ACA) Code of Ethics, which states in its introduction to professional responsibility that counselors are to “engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.”⁵³

⁵¹ See Phyllis Solomon, *Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients*, 27 *PSYCHIATRIC REHABILITATION J.* 392, 394 (2004) (noting that sharing similar experiences with others is one of the benefits of peer support groups for those with a severe psychiatric diagnosis).

⁵² See Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 *PACE L. REV.* 245, 250 (2003-2004) (stating that attorneys experienced more symptoms of secondary trauma than the other professionals surveyed).

⁵³ Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 *UMKC L. REV.* 965, 995 (2006-2007) (quoting *AMERICAN COUNSELING ASSOCIATION CODE OF ETHICS* § C (2005)).

There is no longer a scientific debate concerning the evidence which establishes that stress reduction programs, particularly those involving mindfulness exercises, relaxation and mediation, are highly effective in not only decreasing stress, but extending longevity, preventing substance abuse and increasing happiness.⁵⁴ A 2011 study from Massachusetts General Hospital established through neuroimaging that there can be significant gray matter changes in the parts of the brain that affect positive emotion through an eight week stress management/mindfulness program involving participants who described themselves as “mediation naïve” before the start of the program.⁵⁵ Significantly, the program involves a time commitment of 20 to 30 minutes per day and can often be incorporated into daily activities.⁵⁶ Likewise, proper nutrition and exercise have been shown to be highly effective in reducing stress.⁵⁷ Repeated exposure to stories of trauma can result in negative and irrational thinking that clouds the practitioner’s view

⁵⁴ See Jane Schmidt-Wilk et. al., *Developing Consensus in Organizations: The Transcendental Meditation Program in Business*, 10 J. BUS. & PSYCHOL. 429, 432 (1996) (discussing the benefits of Transcendental Meditation); Felicia A. Huppert & Nick Baylis, *Well-Being: Towards an Integration of Psychology, Neurobiology and Social Science*, 359 PHIL. TRANSACTIONS: BIOLOGICAL SCI. 1447, 1450 (2004) (citing Richard J. Davidson et. al., *Alterations in Brain and Immune Function Produced by Mindfulness Meditation*, 65 PSYCHOSOMATIC MED. 564 (2003)) (discussing the link between mindfulness meditation and greater immune function).

⁵⁵ Britta K. Hölzela et. al., *Mindfulness Practice Leads to Increases in Regional Brain Gray Matter Density*, 191 PSYCHIATRY RES.: NEUROIMAGING 36, 37, 42 (2011), available at http://www.umassmed.edu/uploadedFiles/cfm2/Psychiatry_Resarch_Mindfulness.pdf.

⁵⁶ Britta K. Hölzela et. al., *Mindfulness Practice Leads to Increases in Regional Brain Gray Matter Density*, 191 PSYCHIATRY RES.: NEUROIMAGING 36, 38 (2011), available at http://www.umassmed.edu/uploadedFiles/cfm2/Psychiatry_Resarch_Mindfulness.pdf.

⁵⁷ See John L. Romano, *Stress Management and Wellness: Reaching Beyond the Counselor’s Office*, 62 PERSONNEL & GUIDANCE J. 533, 534 (1984) (discussing a stress management course that, in part, teaches students about the link between stress and a healthy lifestyle of a nutritional diet and regular exercise).

of the world and his or her place in it.⁵⁸ Taking a short period of time each day to quiet the mind can be a highly effective tool in preventing VT.

IV. CONCLUSION

Advocates and attorneys who represent victims of violent crimes are as likely to experience VT or similar disorders as professionals in other disciplines that serve this population, yet the legal profession has failed to take advantage of proven techniques that could reduce the likelihood of psychological and emotional injury.⁵⁹ Unless we as a profession make meaningful changes to the way that we train and supervise attorneys, those that are the most qualified to represent the most vulnerable of parties will suffer in silence and may even leave the legal profession all together. The recognition and treatment of VT among lawyers is vital to our profession and its members.

⁵⁸ Fines Barbara Glesner Fines & Cathy Madsen, *Caring Too Little, Caring Too Much: Competence and the Family Law Attorney*, 75 UMKC L. REV. 965, 990-91 (2006-2007); Marjorie A. Silver et al., *Stress, Burnout, Vicarious Trauma, and Other Emotional Realities in the Lawyer/Client Relationship: A Panel Discussion*, 19 TOURO L. REV. 847, 859 (2002-2004) (“Your repeated exposure makes you an expert in the world you are fighting against. Then, your hard work and the inability to create perspective in your life shrinks your viewscreen to encompass only those things. That is how the self becomes disrupted.”).

⁵⁹ See Andrew P. Levin & Scott Greisberg, *Vicarious Trauma in Attorneys*, 24 PACE L. REV. 245, 250 (2003-2004) (discussing survey results showing attorneys experienced more symptoms of secondary trauma than mental health providers and social services workers).