



Phoenix
AUSTRALIA

Vicarious trauma in the legal profession: Discussion paper

Victorian Legal Services Board and Commissioner

25 November 2024



Acknowledgments

The discussion paper was prepared by Dr Ros Lethbridge, Coralie Durham, and Professor Andrea Phelps on behalf of the Victorian Legal Services Board and Commissioner. It integrates the findings of the literature review prepared for the Victorian Legal Services Board and Commissioner by Associate Professor Tracey Varker, Dr Meg Dennison, Dr Julia Fredrickson, Dr Ros Lethbridge, and Professor Andrea Phelps.

Suggested citation for the discussion paper

Lethbridge, R., Durham, C., Varker, T., Dennison, M., Fredrickson, J. & Phelps, A. (2024) *Vicarious trauma in the legal profession: Discussion paper*. Report prepared for the Victorian Legal Services Board and Commissioner. Phoenix Australia – Centre for Posttraumatic Mental Health: Melbourne.

Phoenix Australia would also like to acknowledge the valuable contributions of Lucy Fraser, Manager, Lawyer Wellbeing Program at the Victorian Legal Services Board and Commissioner (VLSB+C), and the individual stakeholders who were interviewed and provided feedback for this project, who generously gave their time to provide their knowledge and ideas about managing vicarious trauma in their work. Additionally, we acknowledge the collaborative partnership between VLSB+C, The Law Society of New South Wales, The Legal Practice Board of Western Australia, and the Law Institute of Victoria that underpins this project. We commend the VLSB+C, The Law Society of New South Wales, The Legal Practice Board of Western Australia and the Law Institute of Victoria for their combined commitment to addressing vicarious trauma in the legal profession.

© 2024 Phoenix Australia – Centre for Posttraumatic Mental Health

Disclaimer

The views and recommendations stated in this report are solely those of Phoenix Australia and do not reflect those of the VLSB+C or their partners in this project.

Enquiries

Dr Ros Lethbridge

Senior Clinical Specialist, Phoenix Australia – Centre for Posttraumatic Mental Health

Department of Psychiatry, University of Melbourne

Level 3, Alan Gilbert Building

161 Barry Street

Carlton Victoria 3053

T: +61 3 9035 5599

ros.lethbridge@unimelb.edu.au

www.phoenixaustralia.org

Contents

Acknowledgments	ii
Contents	1
Executive Summary	2
1. Introduction	4
1.1 Context of project.....	4
1.2 Structure of discussion paper	4
2. Method	5
2.1 Literature review	5
2.2 Consultations	6
3. Vicarious trauma in the legal profession	8
3.1 Defining vicarious trauma	8
3.2 Vicarious trauma in the legal profession.....	10
3.3 Factors contributing to risk of vicarious trauma	10
4. Strategies to reduce risk	16
4.1 Individual strategies	16
4.2 Organisational strategies	16
4.3 Current practices: Prevent, Prepare, Respond, and Recover	18
5. Opportunities to address the risk of vicarious trauma for lawyers	25
5.1 Options and factors for consideration.....	25
5.2 Systemic options.....	29
5.3. Further research	31
6. Conclusion	32
Appendix	33
References	35

Executive Summary

The brief: Complete an environmental scan to identify current practices in place to address the risk of exposure to vicarious trauma in the legal profession across Victoria, New South Wales, and Western Australia. Prepare a discussion paper based on the environmental scan that presents the high-level findings of current practices, their effectiveness, and opportunities for future evidence-based system-wide responses to address the risk of vicarious trauma in legal practice in New South Wales, Western Australia and Victoria.

Phoenix Australia was commissioned to develop a discussion paper underpinned by an environmental scan comprising a literature review and consultations within the legal sector.

The literature review (p.5):

- defined vicarious trauma and identified factors contributing to the risk of vicarious trauma;
- examined existing approaches to mitigating vicarious trauma, providing vicarious trauma support; and
- considered the evidence for the effectiveness of existing approaches to vicarious trauma management.

The consultations and stakeholder review (p.6) involved 42 participants from the legal sector across Victoria, NSW and WA and addressed:

- Roles within the legal profession at risk of vicarious trauma injury
 - Current strategies at the individual, organisational and systemic levels employed to reduce risk:
 - Before exposure (e.g., education and training, culture, and management)
 - During exposure (e.g., adaptive work strategies and workplace supports)
 - Post-exposure (e.g., wellbeing monitoring, support and intervention)
 - Other current resources, policies, and practices to support those at risk
 - Barriers to accessing supports
 - Improving the current systems of support
 - Potential solutions to better support those at risk of vicarious trauma and/or other relevant considerations
- The findings of the literature review, consultations and stakeholder review, combined with our previous knowledge and experience in the field of vicarious trauma, formed the basis of the discussion paper.

Vicarious Trauma in the legal profession (p.8). There are various terms used to describe the impacts of workplace stress and trauma. In general terms, vicarious trauma refers to the range of cumulative and harmful symptoms that can develop in response to indirect exposure to other people's traumatic experiences. In the legal profession this can include, for example, viewing graphic images or videos, listening to accounts of traumatic experience, reading trauma transcripts, and observing the aftermath of traumatic experiences.

Responses to vicarious trauma exposure (p.10) can be influenced by three sets of factors: the nature and extent of the exposure, individual factors, and organisational factors. Findings from the literature and consultations with respect to these three factors are noted.

Strategies to reduce risk (p.16) are considered at both the individual and organisational level, recognising the shared responsibility for psychosocial safety in the workplace. Individual level strategies emphasise self-care alongside interventions based on CBT and mindfulness. Organisational level strategies include equipping leaders and managers to support their staff, adequate preparation for the role including managing trauma exposure, balancing workload and trauma load in particular, and regular supervision. Unfortunately,

there is currently limited evidence to support the effectiveness of either individual or organisational-level strategies.

Current practice in the legal profession (p.18) is presented within the framework of Prevent, Prepare, Respond and Recover. **Prevention** involves avoiding unnecessary exposure to potentially traumatic content. Several opportunities for prevention were identified in the consultations, under the broad categories of 1) minimising individual exposure to material, and 2) reduce, classify or restrict exposure to material.

Preparation involves preparing people for exposure to potentially traumatic content. This is currently done at both an individual level (e.g., through awareness raising and realistic job previews) as well as at an organisational level (e.g., work, health and safety policies). **Respond** strategies are protective techniques that can be used while engaging with potentially traumatic material. These were often used, but not necessarily recognised as such. For example, taking breaks and not taking work home. **Recover** strategies focus on what can be done following exposure, including when the exposure has been distressing. Individual strategies include de-briefing with peers, mindfulness, and exercise. Organisational strategies include the availability of debriefing with psychologists, wellbeing checks, reflective practice groups, and staff rotation.

The report considers **opportunities to address the risk of vicarious trauma for lawyers (p.26)**. Key elements of the approach include having clear policies, limiting exposure as far as possible, fostering a supportive culture starting with positive role models in leadership, introducing vicarious trauma awareness training and education, establishing peer support networks, and ensuring access to professional mental health supports. However, challenges to managing vicarious trauma in the legal profession have also been identified at the level of the organisation (e.g., resourcing, leadership capability) as well as the broader culture within the legal sector (e.g., “stiff upper lip” mentality, stigma associated with mental health concerns). In addition, individual level barriers such as low psychological awareness or recognition, workload and time constraints, and concerns for career are acknowledged.

A series of **systemic options (p.29)** to address vicarious trauma in the legal profession are proposed for consideration. These are grouped under the broad categories of 1) Acknowledgement and Cultural Change; 2) Leadership and Regulation; 3) Structural Reforms in Legal Practice; 4) Education, Training and Professional; 5) Collaboration and Cross-agency Efforts; and 6) Psychological Support and Wellbeing Initiatives.

Finally, opportunities for **future research (p.31)** examining the efficacy of prevention or response strategies for reducing vicarious trauma in the legal profession are identified.

1. Introduction

1.1 Context of project

Phoenix Australia – Centre for Posttraumatic Mental Health (Phoenix Australia) was engaged by the Victorian Legal Services Board and Commissioner (VLSB+C) to conduct an environmental scan to identify current practices to address the risk of vicarious trauma in the legal profession across Victoria, New South Wales, and Western Australia. The environmental scan underpinning this discussion paper comprised a literature review of vicarious trauma management in the legal profession and consultations with a range of stakeholders across the three states. This discussion paper presents high-level findings of factors contributing to the risk of vicarious trauma, current practices to address the risk, key factors in an integrated organisational approach, barriers to their implementation, and opportunities for future system-wide responses to address vicarious trauma risk in the legal profession. Strategies and opportunities are identified at the individual, organisational, and systemic levels.

The discussion paper will be used by the VLSB+C and its partners in this project to help inform action to reduce the harm of vicarious trauma for lawyers and legal staff. It will also be shared with the legal profession to assist those working in the legal system with information that will help to inform evidence-informed responses to vicarious trauma.

We understand that there is separate and useful work occurring concurrently in legal contexts that addresses the related and important topic of trauma-informed practice. Trauma-informed practice is best understood as a framework for working with people impacted by trauma that builds understanding of the impacts of trauma, providing guidance on practical measures that can be implemented (Harris & Fallot, 2001). Trauma-informed practice is intended to minimise the potential for re-traumatisation of trauma impacted individuals, and to promote healing and recovery from trauma. Trauma-informed practice was not a component of the environmental scan, and while this paper makes reference to the concept we do not consider in detail how it may work to ameliorate the impacts of vicarious trauma.

1.2 Structure of discussion paper

This discussion paper integrates the key findings from the literature review and the consultations on vicarious trauma in the legal profession, with findings from both the literature review and consultations referred to throughout. In addition, Phoenix Australia's experience working in the field of vicarious trauma in the legal and other sectors has informed this discussion paper. The paper is structured as follows:

Section 1	• Introduction
Section 2	• Project methodology
Section 3	• Vicarious trauma in the legal profession
Section 4	• Strategies to reduce risk: Prevent, Prepare, Respond, Recover
Section 5	• Opportunities to address the risk of vicarious trauma in the legal profession
Section 6	• Conclusions

2. Method

2.1 Literature review

A literature review of vicarious trauma and best-practice approaches to address the risk of vicarious trauma in the legal profession was undertaken.

The literature search was conducted using the databases PsycINFO, Medline and Google Scholar to identify papers in both Australian and international peer-reviewed literature. Table 1 outlines the key search terms that were entered into the database. As this was not a systematic review (i.e., a specific type of review for a narrowly defined research question, where all potentially relevant papers are screened), systematic screening was not undertaken. Rather, the relevant papers were identified by the research team for consideration for inclusion in the review. The focus was peer-reviewed literature relating to vicarious trauma in the legal profession, systematic reviews, and meta-analyses¹. As the evidence-based literature on vicarious trauma in the legal profession was relatively sparse, the search was widened to include occupations where the risk of vicarious trauma is known to be high ('high-risk' occupations).

Table 1. Search terms

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

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

The literature review:

- (a) defined vicarious trauma and identified factors contributing to the risk of vicarious trauma;
- (b) examined existing approaches to mitigating vicarious trauma, providing vicarious trauma support; and
- (c) considered the evidence for the effectiveness of existing approaches to vicarious trauma management.

2.2 Consultations

Stakeholders across the Australian legal profession were invited to participate in a series of consultations. The consultations aimed to achieve a cross-section of roles, areas of law, practice type, and seniority, and were recruited across Victoria, NSW, and WA. Phoenix Australia conducted a total of 11 consultations between 23 August 2024 and 16 September 2024. A total of 34 participants were interviewed during the consultation phase (see Table 2 for a breakdown of job roles/groups).

The consultations were scheduled in collaboration with the VLSB+C and a consultation information sheet (see Appendix) was provided to all potential participants. Consultations were conducted over online videoconference (Microsoft Teams) by a Phoenix Australia Senior Clinical Psychologist (and former lawyer) for up to one hour for individual interviews and up to 90 minutes for group consultations. While care was taken to include representation through the consultations (and subsequent review) from as many sectors as possible, it is acknowledged that not all legal professionals nor all parts of legal system could be covered in this paper. It is anticipated these findings will be used as a starting point for future discussion and shared action planning, and built upon with future research.

The consultation phase was designed to adopt a collaborative approach and gather interviewees perspectives about:

- Roles within the legal profession at risk of vicarious trauma injury
- Current strategies at the individual, organisational and systemic levels employed to reduce risk:
 - Before exposure (E.g., education and training, culture, and management)
 - During exposure (E.g., adaptive work strategies and workplace supports)
 - Post-exposure (E.g., wellbeing monitoring, support and intervention)
- Other current resources, policies, and practices to support those at risk
- Barriers to accessing supports
- Improving the current systems of support
- Potential solutions to better support those at risk of vicarious trauma and/or other relevant considerations

Table 2. Consultation groups and participants

Consultation Group	Number of attendees
Criminal Law (nb criminal lawyers were included in other groups)	1
Early Career Lawyers	4
Family Law	1
Lawyer Wellbeing Community of Practice (group 1)	5
Lawyer Wellbeing Community of Practice (group 2)	2
Migration Law	1
NSW Bar	6
NSW Regional Group	3
Private Practice Mixed Group	3
VIC Bar	3
WA Health and Wellbeing Committee	5

Participants were from multiple practice settings including government, police, community legal, corporate, and private practice.

2.2.1 Stakeholder Review of Draft Discussion Paper

A draft of the discussion paper was provided to the VLSB+C and its partners, who sent the paper out for review to stakeholders who had not participated in the initial consultation process, including legal aid services, the community legal sector, and representatives from private practice. The paper was reviewed by a total of eight stakeholders. The questions asked of the reviewers were:

- 1) Are there any gaps in the paper that warrant noting / further consideration?
- 2) Are there any additions that would add significant value to the discussion paper?

Gaps or additions could relate to:

- risk groups
- current practices to reduce risk
- current practices to support those at risk
- barriers to accessing support
- future actions.

A significant amount of considered and thoughtful feedback was received and the general themes incorporated in the paper. Of note was feedback relating to trauma-informed practice, which while out of scope for this current project we have included in sections 5.2 and 5.3 as an area for further exploration.

3. Vicarious trauma in the legal profession

3.1 Defining vicarious trauma

Over the past half century several concepts and terms have been generated to describe the impact of indirect exposure to the traumatic experiences of others as part of one’s work. The most commonly used terms are vicarious trauma, secondary traumatic stress (or secondary trauma), and compassion fatigue. Many of these terms are used interchangeably in the literature, at times inconsistently (Newell & MacNeil, 2010). Ongoing theoretical and empirical debate about their overlapping and distinct attributes (Bride & Figley, 2009; Devilly et al., 2009; Gusler et al., 2023; Pearlman & Saakvitne, 2013) has led to much confusion (Newell & MacNeil, 2010). Further, these terms are sometimes confused with posttraumatic stress disorder (PTSD), or burnout. In addition to a lack of conceptual clarity, conflating or confusing the terms can undermine the theoretical and analytical rigor necessary for sound academic inquiry and research. However in practice these outcomes can present similarly and there is overlap between the concepts. In the following table we provide definitions of key terms that are used to describe adverse outcomes that can arise from being indirectly exposed to other people’s traumatic experiences.

Table 3. Key definitions related to impacts of workplace stress and trauma

Term	Definition	Impacts
Burnout	Chronic exposure to any workplace stressor (Maslach et al., 2001; World Health Organisation, 2022). These stressors are not limited to traumatic events or indirect exposure to the traumatic experiences of others (Maslach & Jackson, 1981).	Involves three distinct domains of impact (Maslach et al., 2001; World Health Organisation, 2022): <ul style="list-style-type: none"> • Emotional exhaustion • Cynicism or depersonalisation, i.e., excessively detached responses to co-workers or clients • Reduced sense of personal accomplishment
Compassion fatigue	Chronic use of empathy when one is helping people who are suffering in some way (Figley, 2002; Rothschild & Rand, 2006). The source of suffering is not necessarily traumatic in nature.	Symptoms can include emotional and physical fatigue, anxiety, avoidance, physical pain, sleep problems, withdrawal, and hopelessness.
Moral injury	The lasting outcomes of exposure to events that involve perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held	Functionally impairing moral emotions, beliefs, and behaviours, as well as adverse beliefs about personal or collective humanity and life’s meaning and purpose.

	moral beliefs (Litz et al., 2009). Concept arose in context of war veterans.	
Vicarious trauma	Chronic empathic engagement with the traumatic experiences of others (Pearlman, 1999).	Cognitive shifts in beliefs and thinking, including: <ul style="list-style-type: none"> • Alterations in one’s sense of self • Changes in world view about key issues such as safety, trust, and control, and changes in spiritual beliefs Can result in symptoms which are similar to PTSD, such as intrusions, hyperarousal, hypervigilance, avoidance, and changes in cognition and mood
Acute stress disorder (ASD)	PTSD symptoms that occur in the initial month after the traumatic event (Bryant, 2017).	Symptoms mirror those of PTSD. In some cases an ASD diagnosis leads to later development of PTSD.
Posttraumatic Stress Disorder (PTSD)²	Symptoms arising from exposure to specific traumatic events (known as ‘Criterion A events’), as defined by the American Psychiatric Association (2013).	A diagnosable psychiatric condition, with a range of symptoms from four clusters: intrusions, avoidance, negative cognition and mood, and alterations in arousal and reactivity.

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

Exposure to other people’s trauma also has the potential to cause a range of other mental health conditions including depression (Levin et al., 2011), anxiety (Vrklevski & Franklin, 2008) and substance use (Krill et al., 2016; Levin & Greisberg, 2003). In some specific cases, indirect exposure to other people’s traumatic experiences would meet the criterion for a traumatic stressor (Criterion A) for PTSD in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5; American Psychiatric Association, 2013). The DSM-5 specifies that Criterion A may include ‘repeated or extreme exposure to aversive details of the traumatic event’, including through electronic media when the exposure is work-related (American Psychiatric

² PTSD and ASD are the only recognised mental health disorders amongst the syndromes listed in Table 3

Association, 2013). In these cases, the potential for an ASD or PTSD diagnosis, rather than vicarious trauma, should be considered.

3.2 Vicarious trauma in the legal profession

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

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

3.3 Factors contributing to risk of vicarious trauma

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

3.3.1 Exposure-related factors

Evidence from the wider research on posttraumatic mental health indicates that the type, duration, and frequency of exposure to a potentially traumatic stressor that an individual encounters predicts the likelihood that individuals will develop mental health symptoms. There are studies investigating mental health risk and coping strategies in individuals who view objectionable or graphic material for work which have added to the established evidence supporting the positive association between the duration and intensity of exposure to

the indirect trauma of others and trauma-related symptoms (Burruss et al., 2018). However, there is little evidence on this specifically from the legal profession. It is also unclear whether certain types of material to which lawyers may be exposed (e.g., video footage, photographs, victim impact statements, affidavits) or content (e.g., sex crimes, child abuse, family violence) are more implicated in vicarious trauma. The literature suggests people are most impacted by exposure to detailed, graphic and explicit material (which can be descriptive or visual), material to which they have a perceived connection, highly distressed clients, and content relating to physical and sexual offending against a child, violence and/or sudden death (O'Sullivan et al., 2022; Weir et al., 2022)

It follows that certain legal roles may convey a higher risk of vicarious trauma than others. An Australian study reported that criminal lawyers experienced higher levels of subjective distress, self-reported vicarious trauma, depression, and stress than non-criminal lawyers (Vrklevski & Franklin, 2008). The authors suggested this difference could be attributed to greater levels of exposure to traumatic material. Another study involving forensic investigators found that greater exposure to disturbing content related to higher levels of vicarious trauma symptoms (Perez et al., 2010).

More recent studies have found evidence of vicarious trauma amongst criminal lawyers (Iversen & Robertson, 2021), amongst those legal professionals who work with trauma survivors (Barre et al., 2024), and in Australian judicial officers across criminal, civil and juvenile courts, with 30% of judicial officers experiencing vicarious trauma symptoms in the moderate to severe range (O'Sullivan et al., 2022b; Schrever et al., 2019). The effects of vicarious trauma also extends to jurors, many of whom have been found to experience trauma-related symptoms post-trial, with symptoms for some persisting for months afterwards (Lonergan et al., 2016). Although the research is lacking, it is likely that legal professionals working in the courts (including their staff) who are exposed to traumatic processes and materials are similarly affected.

For family lawyers, client issues of intimate partner abuse, child abuse or neglect, high-conflict divorce, contested custody, restraining orders, or elder care challenges can be traumatic (Ordway et al., 2020). Military lawyers have also been shown to have high levels of secondary traumatic stress (Sokol, 2014), while a pilot study with asylum lawyers in the UK highlighted the potentially detrimental impact of working with traumatised clients (Rønning et al., 2020).

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

Consultation findings: Higher risk areas of practice

The consultations identified various practice areas where lawyers and their staff are perceived to be more at risk of vicarious trauma. The practice areas are summarised in Table 4 below, with categories based on the consultations, and not intended to be exhaustive. In addition to the practice areas set out in the table, there were specialist organisations identified in the consultations where the workforce is perceived to be at

particular risk of vicarious trauma due to the nature of the work. Government organisations in this category include state government solicitors and offices of public prosecutions, law enforcement agencies, the courts, regulators and professional bodies, community legal services, legal aid services, and Royal Commissions.

Table 4. Higher risk areas of practice identified in consultations

Practice area	Observations from consultations
Practice area	
Crime (solicitors, barristers, public defenders, crown prosecutors, police prosecutors, judicial officers, and their staff)	<p>Criminal lawyers engage with victims (and victim impact statements), witnesses, and perpetrators.</p> <p>Defence practitioners and prosecutors are perceived as at particular risk.</p> <p>Graphic material includes photos of autopsies and child abuse, with increasing amounts of graphic digital footage also available (such as CCTV, bodycam and car dashcam).</p> <p>The legal process, especially in criminal and abuse cases, can be long and drawn out.</p>
Child abuse and sex offences (including historical sex abuse claims)	<p>Similar factors as above</p> <p>There are moral and ethical challenges working with clients accused of child abuse or sex offences.</p> <p>Trauma-informed practice is relevant working with victims whose recollections might be unclear or incomplete.</p> <p>Specialising in child abuse or sex offence cases can limit the lawyer's ability to rotate to other types of work.</p>
Personal injuries and compensation law	Including medical negligence and coronial inquests
Family law including child protection and family violence	Family lawyers are perhaps more likely than other legal practitioners to have lived experience of the content and are at risk of over-identifying with their clients. Compassion fatigue and moral injury were noted as stressors for family lawyers.
Legal assistance sector (community legal centres, legal aid, and Aboriginal legal services)	Legal professionals in this sector engage with clients with complex vulnerabilities who present with ongoing difficulties (regularly in the context of systemic injustice) and impacts of trauma. There is a risk of over-involvement with their clients, contributing to symptoms of vicarious trauma.
Migration law	<p>Particularly refugee and asylum seeker work</p> <p>Often longer-lasting service delivery</p>
Tax law	Especially family law settlements where there can be coercive control, abuse, or medical scenarios that result in tax debt.
Wills, estates and property	The work/role can be very broad (especially in the regions) with content including child sex abuse, elder abuse, and coronial investigations.
Civil litigation	
Complaints and regulation	
Counterterrorism	
Work, Health and Safety	Changes in work, health and safety legislation mean that legal teams are increasingly involved in coronial investigations

3.3.2 Individual factors

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

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

Research involving law students exposed to indirect trauma through their internships indicates that personality traits such as high neuroticism (a tendency towards more negative thinking style) can increase vulnerability to vicarious trauma symptoms (Bakhshi et al., 2021). However, the impact of these characteristics is not certain, as a review of secondary trauma (including vicarious trauma) in the legal profession found mixed results for the impact of personality factors and personal trauma history on susceptibility to secondary trauma (Iversen & Robertson, 2021b).

Consultation findings: Higher risk cohorts

The consultations identified a number of cohorts that stakeholders perceived to be more at risk of vicarious trauma. The cohorts are summarised in Tables 5 and 6, with categories based on the consultations, and not intended to be exhaustive. In addition, the consultation findings suggest that lawyers experience different impacts (i.e., differing symptoms) based on the type of indirect trauma they are exposed to. For example, although the consultations did not directly ask about participants’ own experience of vicarious trauma, a number mentioned how work involving children (such as child abuse) led to hypervigilance around their own children.

Table 5. Higher risk cohorts

Cohorts	Observations from consultations
Law students, paralegals and the pre-admission Practical Legal Training (PLT) cohort working as legal clerks/paralegals	This cohort can be unprepared to manage traumatic exposures, and ‘morbid curiosity’ may increase exposure. In the current economic climate, more students are working while studying so lawyers may be exposed increasingly early in their legal careers.
Early career lawyers including judicial associates	Junior lawyers may engage with the detail of distressing or traumatic material and lack of skills or training to manage these early exposures. The adversarial setting can lead to lawyers and especially younger practitioners over-identifying with a client’s story.

Senior practitioners	Impacts of cumulative exposure may mean this cohort is increasingly at risk as years in practice increase. May present as ‘numb’ or disengaged from the material.
Regional lawyers	Practitioners in the regions can have similar lived experience as their clients of potentially traumatic events such as floods and bushfires. In very small regional communities, lawyers may see clients socially and/or in communal spaces, and this limits their ability to draw boundaries around their work. Smaller community size also impacts on seeking support from mental health professionals in terms of both availability and perceived confidentiality of support services.
Support and administrative staff	Support and administrative staff engage with graphic material (e.g., photocopying, filing, and processing material) and public-facing staff may encounter ‘unfiltered’ distress from, for example, clients, witnesses, victims, or complainants.

3.3.3 Organisational factors

Research from high-risk occupations such as emergency services indicates that the impact of trauma exposure can be a function of both trauma exposure and workplace factors (Lawrence et al., 2018). Workplace factors known to cause psychological harm (i.e., psychosocial hazards) in other industries may similarly contribute to the risk of vicarious trauma in the legal profession. In the legal context for example, higher levels of trauma exposure and longer working hours have been associated with increased risk of developing PTSD symptoms (Iversen & Robertson, 2021; Levin et al., 2011).

The World Health Organisation (WHO) Guidelines on Mental Health at Work identify where there is reasonable evidence for stressors in the workplace that contribute to mental health issues and burnout. These are:

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

It is likely that similar workplace factors that have been established to lead to mental health conditions also contribute to the risk of vicarious trauma symptoms in the legal profession. When these stressors are present it is likely that, combined with the emotional burden of exposure to indirect trauma, there is a heightened risk of impact. This is an area for future research. Regardless, the link between vicarious trauma and employee wellbeing suggests organisations play an essential role in protecting the wellbeing of employees.

Consultation findings: Higher risk organisational factors

The consultations identified the potential for additional risk of vicarious trauma for lawyers working in smaller practices, as described in Table 6.

Table 6. Higher risk organisational factors identified in consultations

Cohort	Observations from consultations
Lawyers in smaller practices (including sole practitioners)	Potential for increased exposure to indirectly traumatic material when many or all staff (solicitors and support staff) view and access incoming material and manage distressed clients. May be less capacity/resources to establish policies, practices or initiatives that prepare staff for, or mitigate the impacts of, exposure to indirect trauma.

4. Strategies to reduce risk

There is increasing recognition of the notion of shared responsibility between individuals and their organisations for a mentally safe workplace (Alavi et al., 2023; Sprang et al., 2018), including for employers in the legal system (Scott & Freckelton, 2024). Such an approach recognises there are workplace factors that can contribute to the development, exacerbation, and maintenance of vicarious trauma and reflects a shift away from over-reliance on interventions to improve the resilience of individual workers, to a whole-of-organisation approach that promotes wellbeing through structural and systemic change. Workplace health and safety (WHS) legislation (including recent psychosocial hazard regulations at the federal and state level) and case law extend employer responsibility to preventing and managing exposure to traumatic events and material. In the 2022 landmark case of *Kozarov v Victoria* (Kozarov), the High Court of Australia held that employers have a duty to create a safe work environment and to implement measures that can help prevent or mitigate vicarious trauma, regardless of whether an employee shows warning signs of mental illness.

This section first considers the literature on the effectiveness of individual and organisational strategies to reduce the risk of vicarious trauma in the legal profession, and then reviews current practices using a prevent, prepare, respond, and recover framework.

4.1 Individual strategies

Despite the significant impacts of exposure to indirect trauma on individuals, there has been very little empirical research examining the efficacy of prevention or response strategies for vicarious trauma. The 2022 *WHO Guidelines on Mental Health at Work* (the WHO Guidelines) make conditional recommendations (with low certainty of evidence) for strategies that aim to build workers' skills in stress management in order to build positive mental health, reduce emotional distress, and improve work effectiveness. The examples given of individual psychosocial interventions to build workers' skills in stress management are interventions based on mindfulness or cognitive behavioural approaches.

A recent scoping review of vicarious trauma interventions for professionals who are exposed to the trauma of others through their work (e.g. social workers, mental health clinicians, hospital staff) highlighted that most individual interventions are self-care based, and tend to focus on general stress reduction and health promotion rather than addressing the specific effects of vicarious trauma (Kim et al., 2022). There are other strategies that have been suggested to reduce the impact of vicarious trauma including skills training, recognising and maintaining personal boundaries, developing positive coping skills, making use of supervision, accessing social support, and personal therapy (Bercier & Maynard, 2015; Isobel & Thomas, 2022). However again there is an absence of empirical research studies examining these strategies. When vicarious trauma has led to a diagnosable mental health condition, there are evidence-based strategies to treat common diagnoses such as anxiety, depression, substance use, and PTSD.

4.2 Organisational strategies

There are very few empirical studies examining the effectiveness of organisational approaches to managing and mitigating vicarious trauma (and none examining them in legal settings). The WHO Guidelines recommend whole-of-organisation interventions that address psychosocial risk factors, while acknowledging

no direct evidence of impact of these interventions. The WHO Guidelines also emphasise the critical role that managers and supervisors play in employee mental health.

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

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

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

- full disclosure of the potential risks of vicarious trauma during the hiring process
- appropriate training for the role
- balanced workloads
- embedded trauma-informed practices
- vicarious trauma awareness training to help employees recognise and manage the effects of vicarious trauma
- regular supervision within supportive supervisory relationships
- rotation of staff to different positions to take a break from objectionable material
- continual assessment of environmental characteristics that contribute to vicarious trauma (with exposure to trauma and other psychosocial hazards monitored at an individual level, but also across workgroups and teams in order to plan responses and preventative strategies).

Measures suggested in *Kozarov* to help prevent or mitigate vicarious trauma are consistent with those identified in the more general literature. They included vicarious trauma training, flexible work rotation for employees exposed to traumatic events as part of their work, workforce policies that address the risks of vicarious trauma, and access to welfare checks, screening, and if needed, appropriate psychological support. Scott and Freckelton (2024) identify similar measures to ensure that the legal workplace is reasonably safe, including creating a culture whereby employees are encouraged to seek screening and support from mental health professionals.

4.3 Current practices: Prevent, Prepare, Respond, and Recover

“Prevent, prepare, respond, and recover” is a useful framework for bringing together the individual and organisational elements of vicarious trauma risk mitigation and management.



The primary strategy to prevent vicarious trauma is preventative: the removal of unnecessary exposure to potentially traumatic content. Removal or reduction of indirect exposure to other people’s traumatic experiences, and how this is currently implemented in the legal profession is explored in section 4.3.1. When elimination of the exposure is not practicable (as it will often not be in the legal context), there are strategies at both the individual and organisational level that can **prepare** people for exposure to traumatic content to help mitigate the risk, manage and **respond** to the exposure, and then support **recovery**. The following sections integrate the findings from the consultations and literature review to categorise current practices as: Prevent, Prepare, Respond and Recover, and explore each category.

4.3.1 Prevent

Workplace health and safety (WHS) legislation (including recent psychosocial hazard regulations at the federal and state level) as well as case law, extend employer responsibility to preventing and managing exposure to traumatic events and material. Removing or reducing unnecessary exposure to potentially traumatic content is the most effective strategy to minimise vicarious trauma. The consultation findings set out in this section describe how removal or reduction of indirect exposure to other people’s traumatic experiences is currently implemented in the legal profession.

Minimise individual exposure to material

These strategies aim to minimise the amount of exposure for individuals who see, hear, read, or otherwise have access to indirectly traumatic material. Strategies include reducing incidental exposure to material,

instigation of IT controls, and removal of material from briefs or files. Monitoring exposure to traumatic content at the individual, workgroup or case level can also be implemented in order to limit future exposure. Monitoring as described in the consultations was generally an ad hoc process dependent on people leaders monitoring staff case mix, with lawyers given a choice to opt out of files with certain content for a period of time; there was very limited organisation-wide monitoring. Adaptive work practices such as rotation of staff into different teams is a related strategy and discussed in section 4.3.4 ('Recover'). For those practitioners less tied to a particular area of practice (some barristers, for example) opting out of exposure to potentially traumatic content appeared easier to manage. There was no evidence of monitoring of overall cumulative exposure, although some organisations are considering digital platforms to measure psychosocial hazards and safe exposure thresholds.

Those consulted with generally expressed a desire to reduce the exposure of junior and administrative staff when there were means to do so, while acknowledging that someone needs to act as a gatekeeper for the material and this would ideally be at a more senior level. For initial client contact a number of interviewees thought that junior staff or support staff should be protected from taking initial details, perceiving intake as the role of lawyers more experienced in client (distress) management and boundary setting.

The strategies described in the consultations to minimise individual exposure to material are listed in the box below.

Strategies to minimise individual exposure to material

- For conversations with new or potentially distressed clients consider "who *needs* to be in the room?".
- Ask clients whether information has been previously provided (e.g., written narratives) to avoid an intense recount (this can also benefit the client, preventing retraumatising).
- Reduce incidental exposure to sensitive material – limit calls taken in open plan areas, limit material left around the office/chambers or on photocopiers or printers (e.g., 'follow me' printing, where swipe pass required to release printing).
- IT controls – redirect or direct emails to senior managers, lock computer files to restrict access, secure access links to online material.
- People's names are displayed on physical files to limit the number of people with access.
- Policies in organisations (including barrister chambers) to avoid exposing legal assistants or law students to distressing material such as autopsy photos.
- The Australian Federal Police (AFP) not providing CAM (child abuse material) online has a protective function for others (e.g., legal assistants do not need to transcribe using Victorian Electronic Records Strategy (VERS)).
- Sensitive evidence provisions in the Criminal Procedure Act can protect junior lawyers from looking at certain material.
- Case mix and workload allocation with triage based on file subject matter or complexity of file (i.e., sharing the load for certain types of file or case).
- Exposure mapping over the lifetime of a case: implementing controls around exposure points where risk is highest (such as initial categorisation of the file).

Reduce, classify, or restrict exposure to material

In some situations the amount (or intensity) of sensitive material can be reduced or its access restricted. Methods of categorisation include file tagging, risk classification systems, or IT controls. Information risk classification systems are used to monitor or rate the intensity or content of file/brief content or subject matter. These are effectively quarantining systems whereby potentially distressing content is flagged, restricting access to some and enabling others to prepare themselves psychologically for the content, increasing predictability and controllability of the viewing. Larger organisations with significant exposure to traumatic material were more likely to have a file or sensitive/offensive material classification system, often in preliminary stages of implementation. There was no universal classification system evident, with some organisation-wide systems in place, and other systems differing according to practice group or pilots in certain courts. It was noted that the lack of a universal system can lead to files being classified quite differently.

The strategies described in the consultations to reduce, classify, or restrict exposure to material are listed in the box below.

Strategies used to reduce, classify, or restrict exposure to material

- Briefs or files are scanned by a senior barrister or solicitor and sensitive material/photos removed or placed in sealed envelopes or other forms of secure access.
- Senior lawyers/partners place warnings on files and documentation to flag distressing content – variability between practice groups.
- Registry staff use a checklist to place a warning on the file if it includes distressing material (especially for files that are sent to judicial associates).
- ‘Traffic light’ systems rate file content intensity as high, moderate or low.
- An index is used to identify or highlight sensitive material contained within a file.
- Form opinion on the level of engagement with the material the law requires (how much of the material needs to be engaged with?).
- In some organisations potentially traumatic images (e.g., crime scene photos or autopsy photos) are not provided as part of the brief, and staff ‘opt in’ in order to see the material that forms part of the evidence.
- Intake services include structured forms and a script to try and restrict information to relevant information only.
- Digital footage is described rather than played (e.g., in court).

4.3.2 Prepare

This section explores strategies described in the consultations that help prepare people for exposure to traumatic content and best protect their mental health and wellbeing. *Individual* preparedness strategies focused on self-monitoring (mental health awareness) and self-care strategies, as well as establishing professional role boundaries (‘what am I here to do, what am I not here to do’). For *organisational* strategies, the larger government agencies and corporates tended to have formal and established processes and

practices, with increasing levels of sophistication when there are funded positions for fulltime organisational psychologists or wellbeing managers. Barristers are limited to those services offered by the Bar associations (generally with volunteer wellbeing committees), and strategies were described as acquired informally through more senior members. The smaller private practices consulted (including regional practices) appeared to have few if any preparedness strategies, with the exception of those focusing solely on areas of law with high trauma exposure. Most consultation participants considered managers to be generally ill equipped with skills and training to support staff in relation to vicarious trauma, which is noteworthy given the WHO Guidelines emphasis on the critical role of managers and supervisors in employee mental health.

“People leaders are not well equipped to support staff. There are pockets where there is a willingness to learn. In some there are good intentions but no capacity in time, schedule, awareness, or personal style. And in other pockets there is a desire to just get on with the work. This is a major deficit in the system.” (participant quote)

The following preparedness strategies were evident:

Strategies used to help prepare people for exposure to traumatic content:

- Disclose the nature of the work and the potential risks of vicarious trauma from the start of the hiring process (recruitment/job advertisement/interview).
- Continuation of the messaging at induction: what to expect in the role, provision of information about potential signs of vicarious trauma, how to respond, and the mental health supports available.
- Regularly promote available mental health and wellbeing resources via multiple modalities (e.g., wellbeing welcome packs tailored to role, intranet resources, wellbeing emails).
- Vicarious trauma training raises awareness of the psychological risks and signs and symptoms of vicarious trauma in self and peers (in-person or e-learn). Organisations with more established or systematic training included embedded and regular refresher training, and tailored training for specific higher risk cohorts on managing exposure.
- Vicarious trauma presentations raise awareness (at legal conferences, for example).
- Train leaders/managers in skills to support staff mental health and wellbeing, including avenues for accessing support for staff with mental health concerns.
- Training in related areas such as Occupational Violence and Aggression (OVA), trauma-informed practice, and mental health awareness (which supports vicarious trauma training by raising awareness around mental health).
- Organisational policies such as:
 - vicarious trauma policies setting out procedures to which managers can refer
 - WHS policies (which can include available accommodations and adjustments)
 - critical incident policies (responding to discrete potentially traumatic events c.f. cumulative exposure to indirect trauma)
 - psychosocial risk policies.
- Activities to build a positive mental health and wellbeing culture: Leadership promoting a positive culture (e.g., executives sending out emails promoting available supports and resources and regularly acknowledging the impacts of the work), managers embedding wellbeing into

conversations, acknowledging that the work may impact people and enabling conversations around that, building cohesive teams and strengthening collegiality.

4.3.3 Respond

Response strategies are protective techniques that practitioners or their staff can employ while engaging with indirectly traumatic material. From an evidence-informed perspective, it would be expected that increasing the controllability and predictability of the exposure, and ‘dialing down’ the intensity would buffer the impact of exposure on vicarious trauma symptoms. The consultations indicated that response strategies are generally implemented at the *individual* level, and that very few interviewees had received formal training or resources on response strategies. Many interviewees were unconsciously using response strategies, and it was the consultation process that brought their use to awareness. The following strategies were identified in the consultations. Taking breaks was the most commonly cited strategy.

Strategies used by individuals while engaging with traumatic material:

- Time of day – engage with the material (or clients) earlier in the day, not late at night or before bed.
- Preserve boundaries between the professional and personal (and if working from home, drawing clear boundaries around the work).
- View material in the workplace (ideally not from home).
- Distraction and distancing strategies e.g., put on professional robes/suit to place self in role.
- Use self-regulation strategies (building awareness of psychological response and in particular regulating the physiological response where possible).
- ‘Dual exposure’ (e.g., intersperse viewing of material with pictures of puppies or nature).
- View material in bright light.
- View material when people are around.
- Turn down the volume on video footage.
- Take a walk or break during viewing, and bookend viewing traumatic material with breaks.
- Reach out to trusted people when feeling impacted.

4.3.4 Recover

The notion of shared responsibility of individual lawyers and the workplace in contributing to a mentally safe workplace was most evident at the level of strategies to support recovery. *Individual* strategies focused primarily on peer debrief (with many people mentioning the importance of black humour), with care taken not to inadvertently impact others, particularly in open plan spaces. Some practitioners were more comfortable than others to informally debrief with family and friends. Other *individual* recovery strategies included self-care (e.g., mindfulness/meditation, exercise) and work-life balance, such as taking regular breaks, leave, and limiting after-hours work.

For *organisational* strategies, there was significant variation in what was offered, reflecting the size, resourcing, and level of specialisation of the various organisations consulted. Where feasible a number of strategies were made available to lawyers and their staff. This diversification enabled personalisation of supports, in recognition that different practices suit different people. Debriefing was a popular recovery strategy, with divided opinion over whether debriefs (or check-ins) should be mandatory, opt in, or opt out, with the majority favouring opt-out. Mandatory debriefing is generally not advised. Debriefing with psychologists was considered helpful to normalise mental health support and to help raise awareness of an individual's own mental health (particularly senior practitioners).

The following organisation-level recovery supports were identified in the consultations:

Organisation-level strategies to support recovery:

- Individual **wellbeing check-ins** which can be regular or ad hoc, compulsory or opt in/out, incentivised or not. Generally held with psychologists or other mental health professionals, sometimes through an EAP.
- **Debriefing** – formal and informal people-leader or peer check-ins, held individually or with groups. Little consistency or systemisation was evident in the form or content of debriefs. Some were scheduled at regular intervals, others around the timing of particular cases or matters.
- **Peer support networks** – stakeholders considered these particularly important when few avenues of support were provided or available within the workplace, such as for smaller firms or sole practitioners and barristers. Peer support can take various forms to meet support needs in a particular workplace context or culture and include concepts such as communities of practice.
- **Reflective practice groups** – to help legal professionals process the impacts of their work, including noticing any early signs of vicarious trauma. Offered for teams or peer groups and generally led by a psychologist (ideally with cultural competence in the particular legal context).
- **Wellbeing checks** taken by individuals online (including over mobile phones) or administered through EAP providers.
- Onsite **wellbeing rooms**.
- **Adjustments to work practices** (sometimes made in collaboration with mental health professionals) available for people impacted by vicarious trauma. Ideally an individual is given agency to decide the preferred available adjustment, such as temporary reallocation. Smaller and specialist organisations have less capacity to implement adjustments.
- **Rotation** of staff to different teams or non client-facing roles to take a break from objectionable material (also a prevention strategy). Sizeable organisations where the role places staff at increased risk are more likely to have structured programs where practitioners are rotated to different areas. For example, at one state solicitors' office, there is a rotation policy for defendant lawyers working with institutional and sexual abuse cases.
- **Promoting work-life balance:** Encouraging flexibility in work hours, remote work options, and regular check-ins to ensure people have time to recover. There is a need to balance the value put on remote work with the potential risks associated with undertaking work remotely without the availability of supports or the proximity of peers. Appropriate consideration for work design and supports may help manage these risks.

- **Employee Assistance Programs (EAPs)** offer confidential counselling and mental health support. EAPs are increasingly offering more specialised services than the traditional counselling. Some organisations are more active in promoting EAPs and encouraging staff to take up counselling services. Some solicitors do not have access to an EAP, others have access through, for example, membership of the Law Institute of Victoria or the Law Society of NSW. Barristers are provided access through the state Bar associations.

5. Opportunities to address the risk of vicarious trauma for lawyers

5.1 Options and factors for consideration

The strategies to reduce risk of vicarious trauma in the legal profession identified in the literature (section 4.1 and 4.2) in tandem with the prevent, prepare, respond, and recover strategies identified in the consultations (section 4.3) have been developed into an integrated organisational approach to managing vicarious trauma. This approach, which is summarised below, provides options to help address the risks of vicarious trauma in the legal profession. Of course the ‘legal profession’ in Australia is not a homogenous entity, with many elements intentionally not established as traditional ‘organisations’. The legal profession is shaped by a combination of federal and state-based legal systems, with distinct roles and responsibilities for various legal practitioners. It is important to acknowledge the capacity and resourcing challenges inherent in investing in the integrated approach outlined below. However this needs to be balanced against consideration of the costs to the legal profession of not taking action. In addition to the personal cost of burnout and vicarious trauma to individuals, there are associated costs to organisations in reduced productivity, quality, absenteeism, and attrition.

Despite the general consensus in the consultations that a legal culture that supports discussion around vicarious trauma and mental health more generally is slowly maturing, with significant positive movement over the last decade, there remain significant barriers to progress. The barriers identified in the consultations are set out in section 5.1.2 and reveal the various systemic, cultural, individual, and professional challenges that might impede implementation of an integrated approach. Section 5.2 considers the opportunities at the systemic level to provide more support for practitioners across the legal profession in managing the risk of vicarious trauma.

5.1.1 Key factors in an integrated organisational approach

The consultations and literature review taken together suggest the following key elements in an integrated organisational approach to managing vicarious trauma in the legal profession:

Key elements of the approach:

- The development and implementation of clear **policies** around vicarious trauma including the scope for limiting legal practitioner exposure to consecutive cases or matters that are highly distressing or traumatic.
- Narrowing or **limiting exposure to traumatic material to as few people as possible** (noting however that senior members of the profession cannot be expected to fully carry the weight given the harm from exposure is cumulative).
- Fostering a supportive **organisational culture that normalises discussion around vicarious trauma and mental health**. The consultations suggest that in many legal contexts high pressure, perfectionism, and competition discourage the expression of vulnerability.

- **Leadership** setting the tone for an organisation's approach to managing vicarious trauma. This includes senior management and leaders in the profession modelling positive behaviours such as taking breaks, opting in for available mental health support, and promoting open conversations about the impacts of the work on wellbeing.
- **Training and education** for legal practitioners and their staff in recognising the signs of vicarious trauma in themselves and their colleagues, and strategies for managing exposure to distressing material and other stressors before they more seriously impact mental health. Tailored training for those working with high-exposure content, and for managers and people leaders to support their staff in conversations on vicarious trauma, adaptive work practices, and accessing mental health support. Ideally the educative process for lawyers commences early in their legal career ("*start the conversation early*") and is reinforced in recruitment and induction processes for roles known to have high exposure to the indirect trauma of others.
- **Peer support networks** where colleagues can share experiences and offer mutual encouragement is an evidence-informed strategy (social support), and stakeholders consulted with considered beneficial at both the individual and organisational level. Peer support networks can be implemented within organisations or between practitioners with similar roles, or as mentorship programs where more experienced practitioners provide guidance on coping with distressing or traumatic narratives.
- Access to and awareness of **mental health and wellbeing resources** such as available EAPs, counselling services, and on-site psychologists. 'Cultural competency' (an understanding of the work of a lawyer) of mental health professionals is important for rapport. Other wellbeing programs based around self-care activities such as mindfulness/meditation, exercise, and social support may contribute to lawyers' individual management of the pressures of the legal work.

5.1.2 Barriers

The effectiveness of vicarious trauma interventions relies on removing the barriers that prevent change. There are barriers specific to the legal sector that emerged from the environmental scan and impact on the successful implementation of the mitigating measures identified in sections 4 and 5.1.1. A recent Australian review (James, 2020) identified barriers that may need to be overcome in order to implement legal practice reform around trauma impacts. These included mental health stigma, high workloads, denial of risk of indirect trauma, and the additional costs to law firms of developing and introducing trauma-informed policy.

The barriers identified in the consultations have been organised thematically to highlight the various systemic, cultural, individual, and professional challenges that contribute to successfully managing vicarious trauma in the legal profession.

Table 7. Identified barriers and challenges to managing vicarious trauma in the legal profession.

Barrier / challenge	Description
Organisational challenges	
Resourcing/Capacity	<ul style="list-style-type: none"> Financial pressures on smaller and regional practices (training costs, HR structure absence). Remote work has become more common; difficulty building a strong mental health and wellbeing culture remotely.
Short-term outlook	<ul style="list-style-type: none"> The sense there is a long way to go in embedding practices; “it’s a long game - people want quick wins”.
Leadership awareness and capability	<ul style="list-style-type: none"> Senior lawyers are not trained to be, and may not make, good managers. Low awareness of vicarious trauma supports among senior lawyers, and how to guide junior lawyers in accessing supports.
Lack of evidence for effectiveness	<ul style="list-style-type: none"> Difficulty quantifying effectiveness of interventions to reduce vicarious trauma.
Specialisation and rotation	<ul style="list-style-type: none"> Increased specialisation in the profession leads to lawyers always handling high-exposure cases. Rotation is difficult in smaller specialist high-exposure workplaces; especially for senior practitioners due to their expertise.
Policies on interventions	<ul style="list-style-type: none"> Some organisations will not provide supports unless mandated
Debriefing ³ and reflective practice	<ul style="list-style-type: none"> Smaller firms lack skills/knowledge to conduct debriefing. Some lawyers uncomfortable with reflective practice, talk therapy, or structured debriefing.
Cultural challenges	
Intergenerational stereotypes and legal culture	<ul style="list-style-type: none"> Entrenched “stiff upper lip” mentality: “suck it up,” “toughen up,” “if you can’t be tough you won’t survive.” Senior staff dismissive of vulnerability, seeing it as a weakness; junior staff discouraged from showing weakness. View that certain personality types are not well suited to high-risk legal work, leading to high attrition rates.
Mental health stigma	<ul style="list-style-type: none"> Some improvements in systemic awareness, but stigma remains, especially at senior levels. Fear that seeking help will harm promotion or work prospects. More pronounced stigma in regional areas due to confidentiality concerns with local professionals. Junior lawyers fear that showing vulnerability will negatively affect their careers.

³ We note that debriefing was highly valued in the consultations, however structured psychological debriefing is not an evidence-based intervention. Indeed, there is evidence that it may be harmful for some people. Further consideration should be given to an appropriate structure and form of debriefing to maximise benefit and mitigate any risk of harm.

Barriers to accessing support	
Workload and time constraints	<ul style="list-style-type: none"> • Workload and time pressures make it difficult to step away to access supports (e.g., during a trial, in smaller practices, or at the Bar).
Concerns about confidentiality	<ul style="list-style-type: none"> • Concerns about confidentiality, and stigma in seeking help from services associated with the workplace. • Worry that using support services could affect registration. • Fear of mental health records being subpoenaed or becoming public.
Limited access to services	<ul style="list-style-type: none"> • Long wait times and lack of mental health professionals, especially in regional areas.
Cultural barriers	<ul style="list-style-type: none"> • Counsellors (e.g., EAP) with little understanding of the work of a lawyer can affect rapport and the success of any help-seeking. • Discussion of mental health can be culturally sensitive, making support-seeking harder.
Insurance concerns	<ul style="list-style-type: none"> • Fear that seeking mental health support may impact life insurance, income protection insurance, or other insurance policies.
Individual factors	
Self-perception and unrealistic expectations	<ul style="list-style-type: none"> • Unrealistic high standards in the legal profession, feeling the need to be 'tough'. • Badge of honour in "powering through" without taking breaks.
Psychological awareness	<ul style="list-style-type: none"> • Lawyers can lack psychological awareness of vicarious trauma symptoms, preventing them from seeking help. • <i>"Lawyers think they can handle the work until it becomes overwhelming: the material is corrosive, and like the proverbial frog they get boiled before realising it"</i> (participant quote)
Power imbalance	<ul style="list-style-type: none"> • Junior lawyers and team members may find it hard to speak up about the impact of vicarious trauma due to fear of career repercussions.
Barriers specific to barristers	
Cab rank principle and financial/career pressure	<ul style="list-style-type: none"> • Barristers feel obliged to take briefs (due to the cab rank principle or financial pressures), even if the content is distressing. • Junior barristers, in particular, feel they must accept all briefs to avoid being overlooked. • Barristers fear losing ongoing work if they turn down briefs due to content concerns.
Perception of support services	<ul style="list-style-type: none"> • Perceptions that EAP or other support services are for "extreme" cases, preventing lawyers from seeking early intervention.

5.2 Systemic options

There were a number of systemic solutions raised in the consultations as future opportunities to address vicarious trauma in the legal profession. These, together with observations informed by the Phoenix team’s engagement and knowledge of trauma recovery and work with other industries, have been analysed thematically and set out in Table 8 as ideas and options to support lawyers at risk of vicarious trauma and stimulate further discussion in the profession. The options highlight the complexity of managing vicarious trauma within the legal profession, and that reform at the systemic level may require a multifaceted approach, from educational reforms and training to structural, cultural, and leadership development.

Most consistently raised in the consultations were solutions around educating lawyers to increase awareness around vicarious trauma. Regulation of and admission to the profession, and ongoing professional education provide levers for possible systemic solutions to address the risk of vicarious trauma in the legal profession. The legal profession is regulated on a state and territory basis with each state and territory having its own system for admitting legal practitioners and regulating their conduct. Admission to practice as a solicitor or barrister generally involves completing a law degree (LLB or JD), followed by practical legal training (PLT) or a graduate diploma of legal practice. For students undertaking their law degrees an educative option at the university level would be to deliver material on vicarious trauma during their degree. This could be later reinforced by the development of a new PLT module focusing on practical strategies to manage the impacts of trauma (vicarious trauma and the related trauma-informed practice). The Victorian Bar, as an example, currently includes an early and substantial training module on mental health and wellbeing in its readers’ course.

Lawyers in Australia are required to undertake continuing professional development (CPD) to maintain their practicing certificates. CPD programs focus on professional skills, substantive law, practice management, and ethics. Legal practitioners must complete a certain number of CPD hours annually, with courses typically offered through law societies, bar associations, and private providers. Training in vicarious trauma (and potentially the related trauma-informed practice) could be included in CPD and Mandatory Continuing Legal Education (MCLE) systems.

Table 8. Identified systemic options to address vicarious trauma in the legal profession.

Solutions
Acknowledgment and Cultural Change
<ul style="list-style-type: none"> • Ongoing systemic acknowledgment of the risks of vicarious trauma, and advocacy for a continued shift in legal culture that prioritises mental health and wellbeing, reducing stigma around seeking mental health support. • Address systemic issues such as chronic overwork among junior lawyers. Enforce the "right to disconnect" and integrate psychosocial hazards legislation to improve wellbeing. • “Talk about it more, and earlier”: Start education around vicarious trauma, trauma-informed practice, and mental health awareness at law school and reinforce with refreshers throughout the legal career. • Educate early career lawyers: Equip young lawyers with skills to manage indirect trauma early in their careers. • Cultural change: Shift away from the “tough it out” mentality to a cultural acceptance that vicarious trauma is part of the work and must be managed.

- Encourage senior legal professionals and judges to share personal stories about vicarious trauma, stress, and the challenging aspects of their work to normalise the issue and reduce stigma around mental health.

Leadership and Regulation

- **Set industry standards:** Develop minimum standards for law firms on vicarious trauma support, particularly for firms involved in government tenders or high trauma-load work.
- **Minimum leadership competency:** Ensure leadership in the legal profession meets a minimum standard of competency in managing vicarious trauma and staff mental health and wellbeing.
- **Consistency in judicial behaviour:** Encourage judges to lead by example with empathy and acknowledgment of the impact of trauma on legal professionals, in addition to victims and witnesses.
- **Promote system leadership:** Senior leadership consistently recognising the long-term psychological impacts of vicarious trauma will help shift the culture from a “rite of passage” attitude.

Education, Training, and Professional Development

- **Integrate vicarious trauma awareness and mental health awareness more broadly into CPD and MCLE systems** (this could be framed as an ethics consideration with points attached to encourage participation).
- **Supervisory and mentor competencies:** Provide mandatory training for legal supervisors and mentors on managing individual wellbeing, building these competencies into the profession’s capability framework.
- **Multi-agency training:** Encourage cross-agency collaboration, such as via the legal professional associations, to bring together legal professionals from different sectors.
- **Specialised training for barristers:** Encourage barrister clerks with criminal lists to provide tips and resources on vicarious trauma management, hold CPDs, and promote workload management.

Structural Reforms in Legal Practice

- **Court reforms:** Courts can promote consistency in strategies to reduce trauma exposure. This includes monitoring sensitive material and considering what evidence is necessary for open court display.
- **Promote trauma-informed practice** (such as via a trauma-informed competency framework for the legal profession). Shifting the justice system towards trauma-informed practices can reduce indirect trauma exposure by equipping legal professionals to manage traumatised clients more effectively.
- **Minimise exposure across the legal system:** Ensure that evidence tendered in litigation is necessary (and not merely sensational) and implement cross-agency protocols over viewing and access to digital and other sensitive material (e.g., body cam evidence review).
- **Develop protocols to standardise handling of files and briefs:** File-tagging and standardisation of briefs to indicate sensitive or traumatic content will minimise unnecessary exposure.
- **Consideration of how judicial staff and lawyers involved in lengthy and high-exposure trials can have an opportunity afterwards to together reflect on the trial, acknowledge the psychological toll, and help process the material.**

Collaboration and Cross-agency Efforts

- **Cross-agency collaboration:** Foster cooperation between law firms, courts, the Bars, government agencies and departments, and across jurisdictions to share successful strategies for managing vicarious trauma.
- **Wellbeing committees:** Encourage wellbeing committees from professional organisations, including the Bar, to meet, collaborate and share practices.

- Collaboration across states: Promote initiatives such as the VLSB+C's engagement with counterparts in other states (WA and NSW).

Psychological Support and Wellbeing Initiatives

- Professional associations to advocate for accessible, free, or low-cost mental health and wellbeing services for legal practitioners and their staff.
- Peer support networks: Promote peer support networks across the industry to foster a supportive environment for managing vicarious trauma.
- Promote wellbeing checks
 - Wellbeing check-ins with psychologists ('opt out' as opposed to mandatory) for lawyers working in higher-risk roles of the profession, thereby also reducing stigma around seeking mental health support.
 - Industry-wide mental health check tool: Develop an anonymous online mental health check tool to encourage accessing psychological support, potentially in collaboration with an EAP, expert in posttraumatic mental health, and/or lived experience.
- Referral pathways for traumatised clients of legal practitioners: Increasing awareness of referral pathways to external providers (e.g., family violence services) can reduce the emotional burden on lawyers.

5.3. Further research

The overarching aim of the VLSB+C and its partners in commissioning this discussion paper was to serve as a starting point for future conversations and shared action planning to address vicarious trauma in the legal profession. Key factors in an integrated organisational approach are presented in section 5.1.1, and systemic options identified in the consultations to address the issue are set out in section 5.2. The literature review and consultations also identified opportunities for future funded and quality research examining the efficacy of prevention or response strategies for reducing vicarious trauma in the legal profession, which we have listed below. We recommend that as and when the legal profession implements changes in systemic and organisational approaches, it would be valuable to evaluate the effectiveness of those practices.

1. The merits, structure, and content of **debriefing** models (including consideration of the merits of opt-in and opt-out models).
2. The merits, structure, and content of **peer support** models, including communities of practice.
3. The merits, structure, and content of **supervision** models for the legal profession, including **reflective practice**.
4. **Individual response strategies** in viewing traumatic material, and their effectiveness.
5. **Trauma-informed practice** as a mitigating factor for vicarious trauma, extending the concurrent work in the legal assistance sector in particular to other parts of the legal profession.
6. Implementation of **pilot studies** on strategies to reduce risk, in different legal contexts.
7. The links between vicarious trauma and other workplace stressors.
8. **Evaluation** of new or existing practices (such as **wellbeing check-ins**) adopted to address the risk of vicarious trauma.

6. Conclusion

Legal practitioners, particularly those working in high-risk areas such as criminal, family, and migration law, are frequently exposed to other people's traumatic experiences. Vicarious trauma, defined as a range of cumulative and harmful symptoms, can develop in response to that indirect exposure. This discussion paper has identified vicarious trauma risks and exposures for legal professionals and their staff. The environmental scan conducted across Victoria, New South Wales, and Western Australia highlights the strategies at the individual and organisational level that may reduce risk of vicarious trauma for those working in the legal profession, with the prevention, preparation, response, and recovery approach set out in this paper providing a detailed overview of the strategies currently in use for addressing vicarious trauma within the legal profession. As outlined in Section 5.3, further research is needed to empirically evaluate the effectiveness of the individual and organisational strategies in reducing vicarious trauma in legal contexts.

Whole-of-organisational responses to vicarious trauma are crucial in mitigating the effects of vicarious trauma, underscoring the bi-directional responsibility of individuals and organisations for employee mental health and wellbeing. Many strategies are already being implemented, but there are opportunities to enhance integrated organisational approaches, while acknowledging that not all sectors of the legal profession have the capacity to adopt all elements of this approach. Legal organisations with greater resources or practitioners working in highly specialised high-exposure roles appear to be more advanced in their approach to vicarious trauma, while smaller and regional practices face greater challenges. In addition, significant barriers (including some unique to the legal sector) challenge the successful implementation of these strategies. Nonetheless, the growing awareness of the risks of vicarious trauma, coupled with the recent legal and legislative developments that emphasise employer responsibility, indicate that there is an increasing drive to better protect legal professionals from its harmful effects. This paper provides options for consideration in formalising and systematising the management of vicarious trauma risk across all legal settings. It is anticipated that as the legal landscape continues to evolve, especially in light of WHS psychosocial risk regulations, legal professionals and organisations will be proactive in developing and implementing comprehensive strategies to mitigate the impact of vicarious trauma.

Appendix



Phoenix
AUSTRALIA

Vicarious trauma in the legal profession

Stakeholder consultations, August - September 2024

Consultations Information Sheet

What is this project about?

Phoenix Australia – Centre for Posttraumatic Mental Health (Phoenix Australia) has been engaged by the Victorian Legal Services Board and Commissioner (VLSB+C) to conduct interviews with a range of stakeholders across the legal ecosystem in New South Wales, Western Australia and Victoria to identify current vicarious trauma exposure risks and exposures for lawyers across the system. Vicarious trauma, also known as secondary or indirect trauma, refers to a range of cumulative and harmful symptoms that develop in response to indirect exposure to other people's traumatic experiences.

The interviews will form part of the environmental scan underpinning a discussion paper to be developed by Phoenix Australia. The discussion paper will present the high-level findings of current practice, their effectiveness, and opportunities for future evidence-based system-wide responses to address the risk of vicarious trauma in the legal profession. The VLSB+C is working with partners on this project including The Law Society of New South Wales, The Legal Practice Board of Western Australia and the Law Institute of Victoria. The project is a part of ongoing work seeking to develop collaborative and systemic approaches to lawyer wellbeing. The output of the project will be a discussion paper that will be used by the partners to help inform action to reduce the harm of vicarious trauma for lawyers. It will also be shared with the legal profession to assist those working in the legal system with information that helps to inform evidence-based responses to vicarious trauma.

Consultations

Phoenix Australia will facilitate ten online consultations during August and September 2024 to supplement Phoenix's existing understanding of the legal sector's response to vicarious trauma and the review of academic research that is being undertaken. You have been selected as part of a sample of different cohorts within the legal profession representing a range of roles, areas of law, practice type, and seniority. The interviews will be conducted as individual interviews or group interviews with up to eight participants. Individual interviews will last around 45-60 minutes and group interviews may last up to 90 minutes.

The purpose of these interviews is to identify current practices that address the risk of exposure to vicarious trauma in the legal profession across Victoria, New South Wales, and Western Australia. In addition to identifying existing approaches, information obtained during the consultations will help inform practical future options.

During the interview we will ask about your views on topics such as:

- Those within the legal profession at risk of vicarious trauma injury
- Current individual, organisational and systemic strategies and adaptive work practices to reduce risk:
 - Before exposure (E.g., education and training, culture, and management)
 - During exposure (E.g., adaptive work strategies and workplace supports)
 - Post-exposure (E.g., wellbeing monitoring, support and intervention)
- Other current resources, policies, and practices to support those at risk
- Barriers to accessing supports
- Improving the current systems of support
- Future individual, organisational and systemic solutions to better support those at risk of vicarious trauma

Victorian Legal Services Board and Commissioner consultations

The interviews will not ask you to report on your own mental health or any specific details about content that may be potentially traumatic. Taking part in a consultation is voluntary and you may withdraw from participation at any time without consequence.

Who is conducting interviews?

Phoenix Australia is an independent not-for-profit organisation affiliated with the University of Melbourne and an expert in trauma related mental health and wellbeing. You can learn more about Phoenix Australia here: <https://www.phoenixaustralia.org/> Our work is dedicated to building the capability of individuals, organisations, and communities to understand, prevent, and recover from the adverse mental health effects of trauma. We specialise in working with organisations who engage people in roles where there is exposure to trauma. The consultations will be facilitated by Dr Ros Lethbridge, a senior clinical psychologist (and former lawyer) with notes taken by a member of the Phoenix Australia team.

How will my feedback and information be used?

Phoenix Australia will use overall findings and themes from these interviews (and a literature review) to inform the discussion paper. This interview will not be audio or visually recorded, however we will take notes to capture your responses.

Your comments will contribute to the discussion paper by helping identify current practices where there is risk of exposure to the trauma of others in the legal profession. Some anonymous quotes may be included in the discussion paper. Individuals, or their organisations, will not be identified in any consultation feedback provided to the VLSB+C or their partners, and quotes will be reviewed to ensure the source cannot be identified.

Further information

If you have any questions about the project, please contact the project lead from the VLSB+C Lucy Fraser – lfraser@lsbc.vic.gov.au or Professor Andrea Phelps from Phoenix Australia ajphelps@unimelb.edu.au

If you would like wellbeing support following the interview, as appropriate please speak with your GP, Employee Assistance Program Provider (EAP), or mental health professional.

Thank you for your time and consideration.

Phoenix Australia



References

- Agarwal, B., Brooks, S. K., & Greenberg, N. (2020). The role of peer support in managing occupational stress: A qualitative study of the sustaining resilience at work intervention. *Workplace Health & Safety*, 68(2), 57–64.
- Alavi, S. M., Kia-Keating, M., & Nerenberg, C. (2023). Secondary traumatic stress and burnout in health care providers: A post-disaster study. *Traumatology*, 29(3), 389–401. <https://doi.org/10.1037/trm0000418>
- American Psychiatric Association, D. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. American psychiatric association Washington, DC.
https://www.academia.edu/download/38718268/csl6820_21.pdf
- Armes, S. E., Lee, J. J., Bride, B. E., & Seponski, D. M. (2020). Secondary trauma and impairment in clinical social workers. *Child Abuse & Neglect*, 110, 104540.
- Bakhshi, J., Wesley, M. S., & Reddy, K. J. (2021). Vicarious trauma in law students: Role of gender, personality, and social support. *International Journal of Criminal Justice Sciences*, 16(1), 34–50.
- Barre, K., De Boer, S., & Guarnaccia, C. (2024). Vicarious trauma and posttraumatic growth among victim support professionals. *Current Psychology*, 43(4), 3056–3069. <https://doi.org/10.1007/s12144-023-04523-2>
- Bercier, M. L., & Maynard, B. R. (2015). Interventions for Secondary Traumatic Stress With Mental Health Workers: A Systematic Review. *Research on Social Work Practice*, 25(1), 81–89.
<https://doi.org/10.1177/1049731513517142>
- Bride, B. E. (2004). The Impact of Providing Psychosocial Services to Traumatized Populations. *Stress, Trauma, and Crisis*, 7(1), 29–46. <https://doi.org/10.1080/15434610490281101>
- Bride, B. E., & Figley, C. R. (2009). Secondary Trauma and Military Veteran Caregivers. *Smith College Studies in Social Work*, 79(3–4), 314–329. <https://doi.org/10.1080/00377310903130357>
- Bride, B. E., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology*, 17(1), 22–28.
<https://doi.org/10.1177/1534765610395617>
- Bryant, R. A. (2017). Acute stress disorder. *Current Opinion in Psychology*, 14, 127–131.
<https://doi.org/10.1016/j.copsyc.2017.01.005>

- Burruss, G. W., Holt, T. J., & Wall-Parker, A. (2018). The Hazards of Investigating Internet Crimes Against Children: Digital Evidence Handlers' Experiences with Vicarious Trauma and Coping Behaviors. *American Journal of Criminal Justice*, 43(3), 433–447. <https://doi.org/10.1007/s12103-017-9417-3>
- Cohodes, E. M., Sisk, L. M., Keding, T. J., Mandell, J. D., Notti, M. E., & Gee, D. G. (2023). Characterizing experiential elements of early-life stress to inform resilience: Buffering effects of controllability and predictability and the importance of their timing. *Development and Psychopathology*, 35(5), 2288–2301. <https://doi.org/10.1017/S0954579423000822>
- Deville, G. J., Wright, R., & Varker, T. (2009). Vicarious Trauma, Secondary Traumatic Stress or Simply Burnout? Effect of Trauma Therapy on Mental Health Professionals. *Australian & New Zealand Journal of Psychiatry*, 43(4), 373–385. <https://doi.org/10.1080/00048670902721079>
- Edgelow, M., Scholefield, E., McPherson, M., Mehta, S., & Ortlieb, A. (2022). A review of workplace mental health interventions and their implementation in public safety organizations. *International Archives of Occupational and Environmental Health*, 95(3), Article 3. <https://doi.org/10.1007/s00420-021-01772-1>
- Evans, S. E., Steel, A. L., & DiLillo, D. (2013). Child maltreatment severity and adult trauma symptoms: Does perceived social support play a buffering role? *Child Abuse & Neglect*, 37(11), 934–943. <https://doi.org/10.1016/j.chiabu.2013.03.005>
- Fallon, P., Jaegers, L. A., Zhang, Y., Dugan, A. G., Cherniack, M., & El Ghaziri, M. (2023). Peer Support Programs to Reduce Organizational Stress and Trauma for Public Safety Workers: A Scoping Review. *Workplace Health & Safety*, 71(11), 523–535. <https://doi.org/10.1177/21650799231194623>
- Figley, C. R. (2002). *Treating compassion fatigue*. Brunner-Routledge.
- Gusler, S., Sprang, G., Hood, C., Eslinger, J., Whitt-Woosley, A., Kinnish, K., & Wozniak, J. (2023). Untangling secondary traumatic stress and vicarious traumatization: One construct or two? *Psychological Trauma: Theory, Research, Practice, and Policy*. <https://doi.org/10.1037/tra0001604>
- Helpingstine, C., Kenny, M. C., & Malik, F. (2021). Vicarious Traumatization and Burnout among Service Providers for Victims of Commercial Sexual Exploitation. *Journal of Child Sexual Abuse*, 30(6), 722–745. <https://doi.org/10.1080/10538712.2021.1938771>
- Hodge, S. D., & Williams, L. (2021). Vicarious trauma: A growing problem among legal professional that may become a more prevalent cause of action. *Texas Tech Law Review*, 53.

- Isobel, S., & Thomas, M. (2022). Vicarious trauma and nursing: An integrative review. *International Journal of Mental Health Nursing*, 31(2), 247–259. <https://doi.org/10.1111/inm.12953>
- Iversen, S., & Robertson, N. (2021a). Prevalence and predictors of secondary trauma in the legal profession: A systematic review. *Psychiatry, Psychology and Law*, 28(6), 802–822. <https://dx.doi.org/10.1080/13218719.2020.1855270>
- Iversen, S., & Robertson, N. (2021b). Prevalence and predictors of secondary trauma in the legal profession: A systematic review. *Psychiatry, Psychology and Law*, 28(6), 802–822. <https://doi.org/10.1080/13218719.2020.1855270>
- James, C. (2020). Towards trauma-informed legal practice: A review. *Psychiatry, Psychology and Law*. <https://www.tandfonline.com/doi/abs/10.1080/13218719.2020.1719377>
- Jenkins, S. R., Mitchell, J. L., Baird, S., Whitfield, S. R., & Meyer, H. L. (2011). The Counselor's Trauma as Counseling Motivation: Vulnerability or Stress Inoculation? *Journal of Interpersonal Violence*, 26(12), 2392–2412. <https://doi.org/10.1177/0886260510383020>
- Kim, J., Chesworth, B., Franchino-Olsen, H., & Macy, R. J. (2022). A Scoping Review of Vicarious Trauma Interventions for Service Providers Working With People Who Have Experienced Traumatic Events. *Trauma, Violence, & Abuse*, 23(5), 1437–1460. <https://doi.org/10.1177/1524838021991310>
- Knight, C. (1997). Therapists' Affective Reactions to Working with Adult Survivors of Child Sexual Abuse: An Exploratory Study. *Journal of Child Sexual Abuse*, 6(2), 17–41. https://doi.org/10.1300/J070v06n02_02
- Krill, P. R., Johnson, R., & Albert, L. (2016). The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys. *Journal of Addiction Medicine*, 10(1), 46–52. <https://doi.org/10.1097/ADM.0000000000000182>
- Lawrence, D., Kyron, M., Ridders, W., Bartlett, J., Hafekost, K., Goodsell, B., & Cunneen, R. (2018). *Answering the call: National survey: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services - Final report*. Beyond Blue.
- Lee, J. J., Gottfried, R., & Bride, B. E. (2018). Exposure to Client Trauma, Secondary Traumatic Stress, and the Health of Clinical Social Workers: A Mediation Analysis. *Clinical Social Work Journal*, 46(3), 228–235. <https://doi.org/10.1007/s10615-017-0638-1>

- Leonard, M.-J., Vasiliadis, H.-M., Leclerc, M.-È., & Brunet, A. (2023). Traumatic stress in Canadian lawyers: A longitudinal study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(Suppl 2), S259–S267. <https://doi.org/10.1037/tra0001177>
- Leung, T., Schmidt, F., & Mushquash, C. (2022). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. *Psychological Trauma: Theory, Research, Practice, and Policy*.
<https://psycnet.apa.org/record/2022-58785-001>
- Levin, A. P., Albert, L., Besser, A., Smith, D., Zelenski, A., Rosenkranz, S., & Neria, Y. (2011). Secondary Traumatic Stress in Attorneys and Their Administrative Support Staff Working With Trauma-Exposed Clients. *Journal of Nervous & Mental Disease*, 199(12), 946–955.
<https://doi.org/10.1097/NMD.0b013e3182392c26>
- Levin, A. P., & Greisberg, S. (2003). Vicarious Trauma in Attorneys. *Pace Law Review*, 24(1), 245.
<https://doi.org/10.58948/2331-3528.1189>
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8), 695–706. <https://doi.org/10.1016/j.cpr.2009.07.003>
- Lonergan, M., Leclerc, M.-È., Descamps, M., Pigeon, S., & Brunet, A. (2016). Prevalence and severity of trauma- and stressor-related symptoms among jurors: A review. *Journal of Criminal Justice*, 47, 51–61. <https://doi.org/10.1016/j.jcrimjus.2016.07.003>
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, 2(2), 99–113. <https://doi.org/10.1002/job.4030020205>
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job Burnout. *Annual Review of Psychology*, 52(Volume 52, 2001), 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare*, 5–26.
- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health*, 6(2), 57–68.

- Olaniyan, O. S., Hetland, H., Hystad, S. W., Iversen, A. C., & Ortiz-Barreda, G. (2020). Lean on Me: A Scoping Review of the Essence of Workplace Support Among Child Welfare Workers. *Frontiers in Psychology, 11*, 287. <https://doi.org/10.3389/fpsyg.2020.00287>
- Ordway, A. M., Moore, R. O., Casasnovas, A. F., & Asplund, N. R. (2020). Understanding Vicarious Trauma, Burnout, and Compassion Fatigue in High-Conflict Divorce. *The Family Journal, 28*(2), 187–193. <https://doi.org/10.1177/1066480720904028>
- O’Sullivan, K., Hunter, J., Kemp, R. I., & Vines, P. (2022a). Judicial work and traumatic stress: Vilification, threats, and secondary trauma on the bench. *Psychology, Public Policy, and Law, 28*(4), 532–545. <https://doi.org/10.1037/law0000363>
- O’Sullivan, K., Hunter, J., Kemp, R. I., & Vines, P. (2022b). Judicial work and traumatic stress: Vilification, threats, and secondary trauma on the bench. *Psychology, Public Policy, and Law, 28*(4), 532–545. <https://doi.org/10.1037/law0000363>
- Pearlman, L. A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. Hundall Stamm (Ed.), *Secondary traumatic stress: Self-Care issues for clinicians, researchers, and educators* (pp. 51–64). Sidram Press.
- Pearlman, L. A., & Saakvitne, K. W. (2013). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In *Compassion fatigue* (pp. 150–177). Routledge. <https://www.taylorfrancis.com/chapters/edit/10.4324/9780203777381-16/treating-therapists-vicarious-traumatization-secondary-traumatic-stress-disorders-laurie-anne-pearlman-karen-saakvitne>
- Perez, L. M., Jones, J., Englert, D. R., & Sachau, D. (2010). Secondary Traumatic Stress and Burnout among Law Enforcement Investigators Exposed to Disturbing Media Images. *Journal of Police and Criminal Psychology, 25*(2), 113–124. <https://doi.org/10.1007/s11896-010-9066-7>
- Rønning, L., Blumberg, J., & Dammeyer, J. (2020). Vicarious traumatisation in lawyers working with traumatised asylum seekers: A pilot study. *Psychiatry, Psychology, and Law, 27*(4), 665–677. <https://doi.org/10.1080/13218719.2020.1742238>
- Rothschild, B., & Rand, M. (2006). *Help for the helper, self-care strategies for managing burnout and stress: The psychophysiology of compassion fatigue and vicarious trauma*. W. W. Norton.

- Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma, 17*(2), 114–122.
<https://doi.org/10.1177/1460408614551978>
- Schrever, C., Hulbert, C., & Sourdin, T. (2019). *The Psychological Impact of Judicial Work: Australia's First Empirical Research Measuring Judicial Stress and Wellbeing*.
- Schrever, C., Hulbert, C., & Sourdin, T. (2022). Where stress presides: Predictors and correlates of stress among Australian judges and magistrates. *Psychiatry, Psychology and Law, 29*(2), 290–322.
<https://doi.org/10.1080/13218719.2021.1904456>
- Scott, R., & Freckelton, I. (2024). Vicarious trauma among legal practitioners and judicial officers. *Psychiatry, Psychology and Law, 31*(3), 500–522. <https://doi.org/10.1080/13218719.2024.2339323>
- Sippel, L. M., Pietrzak, R. H., Charney, D. S., Mayes, L. C., & Southwick, S. M. (2015). How does social support enhance resilience in the trauma-exposed individual? *Ecology and Society, 20*(4).
<https://www.jstor.org/stable/26270277>
- Sokol, N. (2014). *Dirty Work: The Effects of Viewing Disturbing Media on Military Attorneys* [Minnesota State University]. <https://cornerstone.lib.mnsu.edu/etds/317>
- Sprang, G., Lei, F., & Bush, H. (2021). Can organizational efforts lead to less secondary traumatic stress? A longitudinal investigation of change. *American Journal of Orthopsychiatry, 91*(4), 443.
- Sprang, G., Ross, L. A., & Miller, B. (2018). A data-driven, implementation-focused, organizational change approach to addressing secondary traumatic stress. *European Journal for Person Centered Healthcare, 6*(1), 62–68.
- Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organisational factors to vicarious trauma in mental health professionals: A systematic review and narrative synthesis. *European Journal of Psychotraumatology, 13*(1), 2022278.
<https://doi.org/10.1080/20008198.2021.2022278>
- Vrklevski, L. P., & Franklin, J. (2008). Vicarious trauma: The impact on solicitors of exposure to traumatic material. *Traumatology, 14*(1), 106–118. <https://doi.org/10.1177/1534765607309961>
- Weir, P., Jones, L., Sheeran, N., & Kebbell, M. (n.d.). A diary study of Australian lawyers working with traumatic material. *Psychiatry, Psychology, and Law, 29*(4), 610–630.
<https://doi.org/10.1080/13218719.2021.1956384>

World Health Organisation. (2022). *ICD-11: International classification of diseases* (11th revision).

<https://icd.who.int/>