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The invisible burden

BALANCING THE SCALES OF JUSTICE AND WELL-BEING THROUGH THE UNDERSTANDING AND HEALING OF VICARIOUS AND SECONDARY TRAUMA IN ATTORNEYS

Attorneys handling personal injury, wrongful-death, traumatic-injury, sexual-assault and abuse, discrimination, harassment, retaliation, wrongful termination, and violent-crime cases are often exposed to disturbing evidence, emotionally charged client stories, and client trauma. Such exposure can produce vicarious trauma (VT) – a transformation of inner experience through repeated empathic contact with trauma material. Importantly, this article recognizes that vicarious trauma is not limited to overtly traumagenic cases; it also examines how holding any client's story, particularly stories involving loss, injustice, or profound disruption, can generate secondary trauma (ST), which with sufficient frequency and intensity, may consolidate into vicarious trauma over time.

Common symptoms include increased anxiety, depression, physical and emotional exhaustion, intrusive thoughts, increased heart rate, muscle or joint pain, withdrawal, avoidance, isolation, feelings of hopelessness, panic attacks, difficulty sleeping (insomnia), numbness, irritability, anger outbursts, difficulty setting professional boundaries, perfectionism, diminished concentration, brain fog, and hypervigilance.

This paper examines the prevalence and manifestations of VT and ST among legal professionals and reviews both established and emerging treatment modalities. The authors emphasize the importance of trauma-informed care for attorneys and propose integrating continuing legal education to raise awareness, promote resilience, and support ethical sustainability.

The hidden cost of justice

"The pursuit of justice should not come at the cost of the pursuer's psychological well-being." – Jennie Marie Battistin, LMFT

Attorneys routinely confront human suffering. In personal injury, wrong-

ful-death, catastrophic-injury, sexual-assault and abuse, violent-crime, and many employment-law cases, they are exposed to client trauma, graphic evidence, emotionally charged case work-up and testimony that is traumagenic – capable of evoking psychological trauma even without direct harm. Although attorneys are not the primary victims, repeated exposure can gradually alter their sense of safety, fairness, and worldview, producing vicarious trauma (VT). Over time, this cumulative psychological residue may impair emotional regulation, professional judgment, decision-making, and relationships.

Vicarious trauma develops quietly, accumulating across months and years of legal practice. Attorneys may initially notice changes in mood, sleep, focus, or personal relationships before recognizing deeper cognitive and emotional shifts. Modern legal work frequently requires sustained immersion in distressing materials and empathic engagement with traumatized clients – demands essential to advocacy yet uniquely exposing attorneys to ongoing indirect trauma.

VT refers to enduring, schema-level psychological change arising from repeated empathic engagement with others' trauma, distinct from general stress or burnout. Attorneys may also experience secondary trauma (ST), also known as secondary traumatic stress, often following high-intensity events like prolonged depositions or graphic evidence review. When repeated or unaddressed, ST may consolidate into vicarious trauma. (McCann, I. L. & L. A. Pearlman, *Vicarious Traumatization* (1990) 3 *Journal of Traumatic Stress* p. 131; Figley, C. R., *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (1995); Levin, A. P. & S. Greisberg, *Secondary Traumatic Stress in Attorneys* (2003) 191 *Journal of Nervous and Mental Disease* p. 61.)

Research consistently demonstrates elevated rates of both VT and ST among legal professionals, often comparable to or exceeding those in other helping professions, despite attorneys receiving no formal training in trauma processing. Organizational cultures that lack trauma-informed policies or reflective supervision further compound risk by encouraging attorneys to internalize predictable trauma responses as personal weakness rather than occupational exposure. Integrating trauma-informed frameworks is therefore essential to protecting attorney well-being while sustaining ethical, effective advocacy. (Iversen, S., M. Robertson & E. Dyer, *Prevalence and Predictors of Secondary Trauma* (2022) 3 *Psychiatry International* p. 145; Rauvola, R. S. et al., *Compassion Fatigue and Secondary Traumatic Stress* (2019) 3 *Occupational Health Science* p. 197.)

"Attorneys do not leave the trauma at the courthouse; they carry it home in the recesses of their minds." – Jennie Marie Battistin, LMFT

Distinguishing vicarious trauma from secondary trauma

Although often used interchangeably, vicarious trauma (VT) and secondary trauma (ST) represent related but distinct phenomena with different clinical and professional implications.

VT describes the long-term, cumulative transformation of an individual's inner experience following repeated exposure to others' trauma. For attorneys, this may manifest gradually as erosion of trust, diminished sense of safety, emotional detachment, cynicism, or moral fatigue that develops across years of practice.

ST, more precisely referred to as secondary traumatic stress, refers to acute, event-linked symptom activation following indirect exposure to traumatic material or emotionally intense events. These responses often resemble posttraumatic-stress reactions and may include

intrusive imagery, physiological arousal, emotional flooding, sleep disruption, or avoidance. In legal practice, ST frequently follows discrete high-intensity events such as deposition preparation, discovering the client's story involving trauma, emotionally charged testimony, or high-stakes trial proceedings.

In short, VT reflects cumulative transformation, while ST reflects acute activation. Attorneys may experience one or both simultaneously. Recognizing this distinction allows for more precise intervention – supporting early response to acute stress while preventing deeper, cumulative harm from going unrecognized.

Prevalence and research evidence

Empirical studies confirm that vicarious trauma (VT) and secondary trauma (ST) are both prevalent and consequential within legal practice. In a comprehensive systematic review, Iversen and colleagues found that 63–83% of legal professionals reported trauma-related symptoms, with up to 30% experiencing distress levels consistent with PTSD thresholds. These symptoms reflected both acute stress reactions associated with secondary traumatic stress and cumulative schema-level changes characteristic of vicarious trauma, underscoring the dual impact of indirect trauma exposure in legal work. (*Iversen, et al., supra.*)

Earlier foundational research similarly documented high rates of secondary traumatic stress among attorneys working closely with traumatized clients or emotionally intense litigation. Levin and Greisberg found elevated levels of PTSD-like symptoms, emotional distress, and functional impairment among attorneys and their administrative staff exposed to traumatic material, highlighting that even indirect exposure through casework can produce clinically significant stress responses. (*Levin & Greisberg, supra.*)

Recent analyses further emphasize that VT and ST constitute an occupational hazard across legal practice areas. Scott and Freckelton reported that repeated exposure to traumatic narratives and graphic evidence (which can include testimonial evidence or preparation) places both legal practitioners and judicial officers at sustained risk for trauma-related

psychological harm, reinforcing the need for systemic recognition and intervention rather than reliance on individual coping alone. (Scott, R. & I. Freckelton, *Vicarious Trauma Among Legal Practitioners* (2024) 31 *Psychiatry, Psychology and Law* p. 500.)

Additional research demonstrates that trauma exposure negatively affects job satisfaction, performance, and retention. Studies of public defenders show that higher levels of indirect trauma exposure are associated with increased emotional strain, diminished professional functioning, and elevated risk of burnout – outcomes linked to both acute secondary traumatic stress and longer-term vicarious trauma. Collectively, these findings underscore the urgency of organizational, educational, and clinical reform within the legal profession. (Dotson, E., D. Brody & R. Lu, *Occupational and Secondary Traumatic Stress* (2020) 4 *Journal of Criminal Justice and Law* p. 1-20.)

Symptoms and manifestations – Specific signs to watch for

- *Panic attacks.* Sudden surges of anxiety or dread triggered by case or client reminders.
- *Insomnia.* Sleep disturbance from intrusive thoughts or emotional replaying of trauma material.
- *Irritability and anger outbursts.* Heightened reactivity reflecting chronic autonomic arousal.
- *Decreased concentration.* Intrusive imagery impairs analytical reasoning.
- *Hypervigilance.* Being overly protective, persistent threat sensitivity or constantly scanning for risks, and elevated startle responses.
- *Emotional numbing.* Detachment from clients and family, leading to compassion fatigue.
- *Somatic complaints.* Physical manifestations of psychological distress. May include headaches, muscle tension, gastrointestinal discomfort, fatigue, chronic pain, or cardiovascular irregularities.
 - “*Rescue fantasies.*” Over-identifying with victims, leading to unhealthy emotional involvement.
 - *Reduced self-care.* Neglecting personal needs, such as healthy eating or rest.
 - *Workplace impact.* Feeling over-

whelmed, cynical, or inefficient, which can lead to burnout.

“*When justice professionals begin to dream the nightmares of their clients, vicarious trauma has already taken root.*” – Jennie Marie Battistin, LMFT

Mechanisms of transmission

Trauma is transmitted to attorneys primarily through sustained sensory exposure and empathic engagement with traumagenic experiences and/or material. Repeated review of traumagenic material activates the same limbic and stress-response pathways involved in direct trauma exposure. Neurobiological research shows that mirror-neuron activation produces physiological resonance with others' pain, while repeated sympathetic nervous system activation dysregulates stress hormones, resulting in chronic hyperarousal and emotional fatigue. (Luo, H. et al., *Neural Mechanisms of Empathy for Pain* (2021) 16 *Social Cognitive and Affective Neuroscience* p. 1-12.)

Legal culture often compounds this risk by equating emotional containment with professionalism. Attorneys are frequently socialized to suppress emotional responses to maintain composure, objectivity, credibility, and stature. When emotional processing is inhibited, psychological stress is more likely to be displaced into somatic symptoms and retained rather than resolved, reinforcing the internalization of trauma over time. (*McCann & Pearlman, supra.*)

Repeated exposure to traumatic stimuli – particularly vivid visual evidence – can sensitize neural circuits associated with fear detection and vigilance, including the amygdala and anterior cingulate cortex. In legal practice, such stimuli extend beyond graphic photographs or videos to include compressed deadlines requiring intensive review of traumatic material within short time frames, prolonged exposure to graphic or tragic depositions, preparation of emotionally charged client testimony, and sustained empathic attunement to clients' grief, fear, or loss.

The nervous system may also be taxed by repeated retelling and internalization of traumatic narratives, as well as by the moral and emotional strain of negotiating or agreeing to settlements

that, while procedurally necessary, do not fully capture the scope of harm endured by the client. These cumulative exposures – often occurring without adequate recovery time – can heighten neural sensitization, resulting in hypervigilance, intrusive imagery, exaggerated startle responses, emotional reactivity, and persistent threat perception, even outside the legal context. Over time, this pattern of sustained cognitive, emotional, and sensory activation increases vulnerability to both acute stress reactions and longer-term vicarious trauma. (Levin & Greisberg, *supra*; Iversen, *et al.*, *supra*.)

Empathic overidentification further amplifies vulnerability. Attorneys may internalize clients' guilt, shame, humiliation, rage, grief, or helplessness, particularly when professional identity, moral purpose, or self-worth becomes tied to case outcomes. While empathy is essential to effective advocacy, unbounded identification can transform empathy into a conduit for psychological harm. (Hernández, P., D. Gangsei & D. Engstrom, *Vicarious Resilience* (2007) 46 Family Process p. 229.)

In addition to cumulative vicarious trauma, attorneys may experience secondary traumatic stress following acute, high-intensity events such as prolonged depositions, preparing emotionally charged clients, sustained empathic attunement, graphic evidence review, etc. Some also develop trauma-adjacent stress reactions – including anxiety, cognitive fatigue, emotional exhaustion, or somatic complaints – that fluctuate with litigation intensity and can impair functioning even when subthreshold. (Vrklevski, L., & Franklin, J., *Vicarious Trauma: The Impact on Solicitors of Exposure to Traumatic Material* (2008) *Traumatology*, p. 106, 110-113; Scott, R. & I. Freckelton, *Vicarious Trauma Among Legal Practitioners* (2024) 31 *Psychiatry, Psychology and Law* p. 500; Newell, J. M. & G. A. MacNeil, *Professional Burnout, Vicarious Trauma* (2011) 6 *Best Practices in Mental Health* p. 57.)

Without adequate recovery, support, or trauma-informed intervention, acute and subthreshold stress responses may consolidate into vicarious trauma over time. Early recognition and timely therapeutic and organizational support are therefore critical to preventing transient

stress from becoming entrenched psychological injury. (McCann & Pearlman, *supra*; Iversen, *et al.*, *supra*.)

“The same empathy that fuels justice can also ignite burnout when the attorney’s heart becomes the courtroom for their client’s pain.”
– Jennie Marie Battistin, LMFT

Evidence-based and novel treatment approaches

Brainspotting therapy

Brainspotting therapy (BSP), developed by David Grand, uses specific eye positions (“brainspots”) to access and process subcortical trauma within the brain’s limbic and midbrain systems. By identifying eye positions associated with heightened somatic or emotional activation, BSP facilitates efficient processing of implicit material, particularly when symptoms include somatic tension, intrusive imagery, or physiological reactivity.

During sessions, clients maintain mindful awareness of internal body sensations while the therapist supports regulated exposure to distress linked to the brainspot, promoting neural integration and emotional release without extensive verbal recounting. For attorneys – often trained in cognitive control and emotional suppression – BSP offers an embodied, bottom-up method to reduce hyperarousal, restore focused attention, and support sustained ethical advocacy. (Grand, D., *Brainspotting: The Revolutionary New Therapy for Rapid and Effective Change* (2013); van der Kolk, B. A., *The Body Keeps the Score* (2014).)

Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR) employs bilateral stimulation to facilitate adaptive reconsolidation of distressing memories and is recognized by the American Psychological Association as an empirically supported trauma treatment. EMDR is particularly effective for intrusive imagery arising from repeated exposure to graphic evidence. Through guided eye movements, tapping, or auditory cues, EMDR engages both hemispheres of the brain, promoting integration of emotional and cognitive material. Attorneys who regularly review traumatic images – such as autopsy photographs or accident footage – often experience reduced emotional intensity,

improved focus, enhanced courtroom composure, and diminished physiological reactivity.

Havening Techniques

Havening Techniques combine soothing tactile stimulation with cognitive reframing to modulate the amygdala’s stress response and may be taught as self-regulation tools for managing acute stress during litigation, trial preparation, or post-deposition recovery. This psychosensory approach is theorized to promote delta-wave brain activity and disrupt electrochemical pathways associated with traumatic recall, thereby reducing physiological arousal.

Havening typically involves gentle touch – such as rubbing the arms or hands – paired with calming imagery or affirmations. Attorneys can use these techniques discreetly to lower anxiety, enhance concentration, and condition a relaxation response that supports ongoing nervous-system regulation. (Ruden, R. A., *Changing the Brain: The Daily Neuroplasticity Program for Anxiety and Depression* (2018); Ruden, R. A., *When the Past Is Always Present* (2016).)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) targets trauma-related cognitive distortions – such as excessive self-blame or over-responsibility – that commonly arise in professionals exposed to others’ trauma. TF-CBT integrates cognitive restructuring, gradual exposure, and coping-skills training to reduce trauma-related distress. Attorneys benefit from identifying maladaptive beliefs (e.g., “I should have done more”) and replacing them with balanced, reality-based appraisals. Treatment often includes relaxation techniques, journaling, boundary clarification, and emotional-regulation skills. TF-CBT supports sustained empathy without emotional exhaustion, preserving both mental health and ethical competence. (Cohen, K. & P. Collens, *The Impact of Trauma Work on Trauma Workers* (2013) 25 *Psychological Trauma*; Rauvola, *et al.*, *supra*.)

Ketamine-Assisted Psychotherapy (KAP)

Ketamine-Assisted Psychotherapy (KAP) is an emerging adjunctive treatment shown to alleviate symptoms of

posttraumatic stress, depression, and anxiety, particularly when traditional psychotherapy or medication has provided limited relief.

Administered in low, controlled doses under psychiatric supervision, ketamine temporarily enhances neuroplasticity, creating a window of cognitive and emotional flexibility. When paired with structured psychotherapy, this state allows distressing material to be processed with reduced fear and reactivity. For attorneys experiencing persistent vicarious trauma symptoms – such as emotional numbing, intrusive thoughts, or impaired concentration – KAP may support more rapid symptom relief within a comprehensive, trauma-informed care plan. (Carhart-Harris, R. L. & G. M. Goodwin, *The Therapeutic Potential of Psychedelic Drugs: Past, Present, and Future* (2017) 42 *Neuropsychopharmacology* p. 2105; Feder, A. et al., *Efficacy of Ketamine in the Treatment of Chronic Posttraumatic Stress Disorder* (2014) 72 *American Journal of Psychiatry* p. 681.)

“Ketamine therapy offers the mind a pause – a moment where healing can finally catch up to the pace of survival.” – Michael Broukhim, DO

Mindfulness and somatic regulation

Mindfulness and somatic regulation are effective interventions for mitigating vicarious trauma by restoring balance between cognitive and physiological systems disrupted by chronic stress. Mindfulness-based practices have been shown to reduce anxiety, depressive symptoms, and physiological arousal in high-stress professions. Somatic techniques – including diaphragmatic breathing, grounding, progressive muscle relaxation, and gentle movement – directly engage parasympathetic regulation and counter persistent hypervigilance and fatigue common among trauma-exposed attorneys.

When integrated with trauma-focused therapies, these approaches enhance emotional tolerance, improve concentration, and support sustained empathic engagement without emotional depletion, offering accessible tools for managing cumulative occupational stress. (Kabat-Zinn, J., *Full Catastrophe Living* (2013); Porges, S. W., *The Polyvagal Theory* (2011); *van der Kolk, supra.*)

“The body keeps score of the stories the

mind cannot bear; mindfulness teaches the attorney to listen before those stories turn into symptoms.” – Jennie Marie Battistin, LMFT

When to consider medication or holistic psychiatric therapies

“Healing from trauma and acute stress reactions requires more than treating symptoms – it calls for restoring balance to the whole person: body, mind, and nervous system.” – Dr. Michael Broukhim, DO

Early symptoms – mild anxiety, irritability, or sleep disruption – often respond to psychotherapy, mindfulness, and lifestyle changes. When distress begins to cause functional impairment, such as inability to concentrate or persistent hopelessness, insomnia, addiction, or intense distress leading to functional impairments, psychiatric consultation becomes appropriate.

An integrative approach starts with the least invasive, evidence-based strategies. This may include recommending nutritional supplements – for example, omega-3 fatty acids for mood stabilization, magnesium glycinate for relaxation, and adaptogenic herbs like ashwagandha, saffron, or rhodiola to modulate stress hormones. These may restore neurochemical balance without medication.

If symptoms persist or interfere with occupational performance, a short-term course of psychotropic medication may be indicated. Under careful monitoring, carefully selected medication can reduce acute distress and allow therapy to proceed effectively. In select, treatment-resistant cases, ketamine during Ketamine-Assisted Psychotherapy (KAP) may be recommended. At low, clinically supervised doses, ketamine promotes neuroplasticity by antagonizing NMDA receptors and increasing glutamate transmission. This state of enhanced emotional openness enables deeper processing of material. KAP often yields rapid relief from depression, anxiety, insomnia, and PTSD-like symptoms, creating a neurobiological “window” for lasting integration.

Ultimately, medication and integrative therapies are adjuncts – tools within a holistic plan honoring each attorney’s unique physiology and psychology. The objective is sustainable recovery that restores clarity, resilience, and well-being.

“Attorneys heal most fully when their

treatment addresses not just the mind’s distress, but the body’s wisdom and the soul’s fatigue.” – Dr. Michael Broukhim, DO

Promoting awareness through Continuing Legal Education

Integrating vicarious trauma (VT) and secondary trauma (ST) awareness into Continuing Legal Education (CLE) has the potential to fundamentally transform the legal profession’s approach to mental health and professional sustainability. Research consistently demonstrates that education and early recognition are among the most effective protective factors against cumulative occupational trauma. (*Newell & MacNeil, supra; Iversen, et al., supra.*)

CLE programs focused on vicarious trauma can equip attorneys with the knowledge and skills necessary to recognize and respond to early warning signs before distress becomes entrenched. Core curriculum areas may include:

- Recognition of early indicators of vicarious trauma, including panic symptoms, irritability, emotional numbing, and hypervigilance
- Evidence-based strategies for self-regulation and nervous-system recovery
- Practical guidance for accessing trauma-informed psychotherapy and psychiatric support
- Organizational approaches to reducing exposure risk and promoting recovery following high-intensity cases

Educational initiatives of this kind help normalize trauma responses as predictable occupational effects rather than personal deficiencies. Trauma-informed professional training has been shown to reduce stigma, increase help-seeking behavior, and improve long-term retention in high-stress professions. (*Scott & Freckleton, supra; Rauvola, et al., supra.*)

“Educating attorneys about trauma is not indulgence – it’s necessary insurance for justice.” – Kelly Harker, Esq.

By institutionalizing VT and ST education, the legal system can shift from a culture of endurance to one of proactive resilience, ethical sustainability, and professional accountability.

Peer-support groups

Peer-support groups offer attorneys a structured, collegial forum to process the emotional toll of trauma-exposed legal work. These groups provide confidential, nonjudgmental spaces where attorneys can share experiences of stress, grief, moral injury, and burnout with peers who understand the demands of legal practice. By fostering connection and normalizing emotional responses, peer support reduces isolation – a well-established risk factor for vicarious trauma. (Creamer, T. L. et al., *Guidelines for Peer Support in High-Risk Organizations* (2012) 25 *Journal of Traumatic Stress* p. 134.)

Research across trauma-exposed professions demonstrates that structured peer discussion reduces compassion fatigue and secondary traumatic stress while enhancing professional resilience. (Creamer, et al., *supra*; Hernández, et al., *supra*.) For attorneys, peer groups serve both preventive and restorative functions, allowing participants to debrief after exposure to traumagenic experiences and material, reflect on ethical challenges, and exchange coping strategies. Groups facilitated by trauma-informed clinicians or trained peers further strengthen outcomes by integrating psychoeducation, boundary awareness, and grounding practices, promoting early recognition of warning signs before symptoms escalate. (Newell & MacNeil, *supra*.)

Beyond symptom reduction, peer support fosters vicarious resilience – the capacity to derive meaning, strength, and professional renewal through shared experience. When implemented institutionally within firms, or bar associations, peer support reinforces a culture in which emotional well-being is recognized as essential to ethical and sustainable advocacy. (Hernández, et al., *supra*.)

“Peer support transforms isolation into insight – reminding us that while trauma may be shared, healing can be shared too.” – Kelly Hanker, Esq.

Restorative supervision

Restorative supervision is a trauma-informed approach that supports professionals routinely exposed to traumagenic experiences and material through reflective, emotionally attuned guidance. Unlike performance-focused supervision, it prioritizes emotional containment,

relational safety, and meaning-making, offering attorneys a protected space to process the psychological and moral impact of their work without judgment. (Wallbank, S. & S. Hatton, *Effectiveness of Clinical Supervision* (2011) 84 *Community Practitioner* p. 31.)

For attorneys repeatedly exposed to human suffering, restorative supervision serves both preventive and reparative functions by facilitating reflection on emotional responses such as grief, anger, or helplessness and by helping distinguish healthy empathy from over-identification. This process restores professional boundaries, reduces emotional exhaustion, and fosters vicarious resilience by reconnecting attorneys with purpose and professional values. (Hernández, et al., *supra*.)

When integrated into legal organizations, restorative supervision can normalize emotional dialogue, reduce stigma, and enhance psychological safety, ultimately strengthening ethical decision-making, team cohesion, and sustained advocacy. (Wallbank & Hatton, *supra*.)

“Restorative supervision gives us as attorneys permission to pause – to process the weight of justice before it becomes the burden of despair.” – Kelly Hanker, Esq.

What else must be addressed: Shared emotional labor and the cost of carrying the client’s story

A frequently overlooked contributor to secondary trauma is the extent to which attorneys absorb the emotional and psychological burden of their clients’ stories. Attorneys often function not only as advocates but as primary emotional containers for grief, fear, anger, and despair – particularly when clients lack access to mental-health resources. Without shared responsibility or clear referral pathways, attorneys may carry distress never intended to be borne alone.

This emotional containment has measurable consequences. Combined with ethical obligations, adversarial pressure, and high stakes, it places attorneys – especially trial lawyers – in a state of persistent acute stress and hypervigilance. Sustained stress activation is associated with increased risk of cardiovascular disease, sleep disturbance, substance

misuse to manage acute stress, depression, and elevated suicide risk within the legal profession. (Krill, P. R., R. Johnson & L. Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys* (2016) 10 *Journal of Addiction Medicine* p. 46; Organ, J. M., D. B. Jaffe & K.M. Bender, Ph.D., *Suffering in Silence: The Survey of Law Student Well-Being and the Reluctance of Law Students to Seek Help for Substance Use and Mental Health Concerns* (2016) 66 *Journal of Legal Education* p. 125-130.)

Effective advocacy further intensifies this burden. To convey non-economic and “invisible” damages, plaintiffs’ attorneys must emotionally inhabit their clients’ experiences, often internalizing the reality of altered lives, lost careers, and unrealized futures. Although verdicts or settlements may resolve cases legally, they do not resolve the emotional residue attorneys absorb. Repeated exposure without structured release creates fertile ground for acute stress reactions and secondary trauma that may consolidate into vicarious trauma over time. (Levin & Greisberg, *supra*; Iversen, et al., *supra*.)

Mitigating this harm requires normalizing protocols that identify client emotional distress and suffering, and connect clients with appropriate psychological resources, redistributing emotional labor to trauma-informed professionals. This approach aligns with trauma-informed lawyering, which recognizes the impact of trauma on both clients and attorneys, and promotes practices that support psychological safety and ethical advocacy. (Randall, M. & L. Haskell, *Trauma-Informed Lawyering* (2013) 15 *Canadian Journal of Women and the Law* p. 45.)

Equally important is normalizing acute stress and secondary traumatic stress among attorneys themselves and recognizing these reactions as predictable occupational responses rather than personal deficiencies. Behind many effective attorneys is a trusted therapist or psychologist who supports emotional processing and facilitates unburdening.

Balancing the scales of justice-seeking and well-being

Vicarious trauma (VT) and secondary trauma (ST) are occupational health con-

sequences, not personal failings. Attorneys exposed to traumagenic experiences and material are not “burning out” due to weakness; their nervous systems are responding biologically and predictably to sustained empathic engagement with human suffering. Evidence-based and emerging modalities provide effective pathways to reprocess distress, restore balance, and sustain ethical advocacy without sacrificing well-being. Early recognition of VT and ST, coupled with timely support, is essential to ensuring that the pursuit of justice does not come at the expense of the advocate’s humanity.

Meaningful healing requires a cultural shift within the legal profession – one that normalizes and actually prioritizes attorneys’ emotional well-being and acknowledges the psychological costs of chronic exposure to clients’ suffering, loss, and injustice. Just as physical harm is recognized as an occupational risk, trauma-related psychological harm must be treated as an inherent aspect of legal advocacy. Law firms, professional organizations, and legal education programs must integrate trauma-informed literacy

into training, supervision, and continuing education to promote early identification and access to trauma-informed care.

Individual treatment alone is insufficient without systemic support. Sustainable attorney wellness depends on institutional safeguards, including peer support, confidential counseling, and reflective practices, peer support, and restorative supervision. When legal leadership models balance and self-awareness, resilience – rather than emotional suppression – becomes the measure of professional strength. Through a holistic, trauma-informed approach, the profession can protect its practitioners while preserving the empathy, integrity, and ethical clarity essential to justice.

“Justice cannot flourish where the minds of its advocates are wounded.” – Jennie Marie Battistin, LMFT



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