

Secondary Trauma in Asylum Lawyers

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Introduction

A refugee is someone who has suffered past persecution or has a well-founded fear of persecution, who has crossed his or her national border, is unable or unwilling to return home, and is petitioning from outside the United States to be accepted.¹ Persecution must be related to race, religion, nationality, membership in a social group or political opinion. An asylum seeker must meet the same criteria of persecution, but has already arrived in the United States when he/she requests protection.²³ Many refugees and asylum seekers have experienced or witnessed violence, including sexual violence, beatings, shootings in the context of warfare, ethnic conflict, political turmoil, or torture. The perpetrators may be other ethnic groups, and in the case of torture, are often those whom society entrusts to protect its citizens including police, military, or other governmental agents. At the same time, perpetrators may be other members of the community with whom asylum seekers socialized, worshipped, dreamed, or played with in their youth.

She was from an African country where war broke out. Her family decided to leave their home. Her father went for a walk and never returned. They fled with others to a refugee camp. The military attacked the camp. There was total chaos. Everyone ran in different directions. She turned back and saw that two of her brothers and sisters had been shot and killed ... the camp was set on fire. She and the remaining members of her family managed to cross the border. Sometime later, she came back to look for her father. The military were informed that she was asking questions, and she was placed in jail where she was tortured. A soldier from her tribe had mercy on her and helped her to escape. She found her way to the United States and is seeking asylum.

With the rise of complex humanitarian disasters, more people are at risk for significant trauma. Massive population dislocation and destruction of communities and family networks characterize complex humanitarian disasters. A high level of insecurity, exists in part, because civilians are being targeted, international humanitarian law is ignored, and combatants are often poorly trained. In addition, human rights abuses are commonplace.⁴ It therefore is not unusual for asylum seekers to have been traumatized by what they witnessed, experienced, or heard about.

In a clinical sample of asylum seekers seeking mental health services in the United States,⁵ 82% of the sample were diagnosed with posttraumatic stress disorder (PTSD), and 96% suffered from some form of depressive disorder. Other diagnoses included anxiety disorder NOS (1.5%), adjustment disorder (0.7%), and psychotic disorder NOS (0.7%). Of note none were found at intake to have an active alcohol or substance abuse disorder. Asylum seekers with a history of torture were more likely to suffer from PTSD (85%, $p=.045$), depressive disorder NOS (17.7%, $p=.037$) than those without a torture history, who were more likely to be affected by chronic dysthymia or low-grade depression of two or more years duration (9.5%, $p=.05$).

Significant rates of PTSD, major depression, and organic brain symptoms have been noted in Kurds seeking asylum in the United Kingdom.⁶ The anxiety scores of asylum seekers who attended a community resource center in Sydney, Australia were associated with female gender, poverty, and conflict with immigration officials. Loneliness was linked with depression and anxiety. Thirty-seven percent were noted to have PTSD which was associated with: (1) greater exposure to premigration trauma; (2) delays in processing refugee applications; (3) obstacles to employment; (4) racial discrimination; and (5) loneliness and boredom.⁷ Ongoing stressors in asylum seekers are often related to fears of being repatriated, barriers to work and social services, family separation, and issues related to the process of pursuing refugee claims.⁸

It has been shown that asylum seekers who have legal representation are five times more likely to be granted asylum in the United States than those without legal counsel.⁹ Representing an asylum seeker requires that they meet with the lawyer on numerous occasions for many hours, working together to prepare the requisite documentation and to prepare for the interview or hearing. As we know, this preparation entails extracting very specific traumatic material that will be important in establishing the asylum claim, and reviewing it multiple times. In the health field, there is an appreciation of the potential impact of trauma on providers, whereas, law students and lawyers are less apt to learn techniques in law school to prepare them to do this work--thereby potentially putting them at greater risk of being affected by trauma exposure.¹⁰ Professions that have been exposed to traumatic events are at greater risk than the general

population to develop secondary trauma symptoms, including, for example, rescue workers,¹¹ trauma therapists,¹² crisis counselors,¹³ and relief workers.¹⁴ In a study which compared sexual assault investigators with general crime investigators, the former reported more symptoms of psychological distress than the latter. Those investigators who exclusively worked with sexual assault survivors reported more disruptive beliefs, symptoms of PTSD, and vicarious trauma than those who were general crime investigators.¹⁵

Vicarious traumatization (VT) is defined by Pearlman and Saakvitne as "a transformation in one's inner experience resulting from empathic engagement with clients' traumatic material."¹⁶ As a result of vicarious traumatization, one can become more cynical and question one's assumptions about the world and personal safety.¹⁷ Some become suspicious of others and their motives as well as sensitive to the fragility of life. There may be identification with loss of independence, or loss of youthful idealism. The result may be alienation from friends, family or co-workers or an effort to try to control others and blame the victim. One may also have, as a result of vicarious traumatization, images return as flashbacks, dreams or intrusive thoughts often with emotions.¹⁸ It should be differentiated from burnout which can result from working in environments characterized by high stress/ low rewards.¹⁹ Burnout stems from an overload of responsibilities, lack of respect or inequity at the workplace, lack of community at the workplace, few financial or emotional rewards with the work, little control of quality of services provided, and conflict between individual values and organizational goals and demands.²⁰ According to Livingston-Booth (1985) in stage one of burnout, life speeds up, like drinking and eating more quickly on the job or on the run, feeling under the pressure of time, being unable to catch one's breath or catch up on demands, and feeling like one is driven. Stage two is characterized by disrupted sleep, over-reactions to difficulties, increased irritability, less reliable memory, and the beginning of physical symptoms, such as tension headaches, muscle pain and lowered immune system.²¹ Secondary traumatic stress is defined by Figley as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other--stress resulting from helping or wanting to help a traumatized or suffering person."²² Secondary traumatic stress may also result from hearing traumatic material. It results in more observable external symptoms, than VT, which is more of an internal transformation.²³ Secondary traumatic stress is felt by many to be a normal and universal response, and should therefore not be viewed as pathological.²⁴ Summarized by Collins and Long,²⁵ secondary traumatic stress can encompass psychological distress, cognitive shifts, and emotional difficulties. Psychological symptoms may involve distressing emotions including sadness, grief, depression, anxiety, dread and horror, fear, rage, or shame; intensive imagery of the client's traumatic material including nightmares, flashbacks, and images; numbing or avoidance of efforts to elicit or work with traumatic material from the client; somatic complaints like sleep problems, headaches or gastrointestinal distress; addiction or compulsive behaviors; physiological arousal such as palpitations or hypervigilance, and impairment in day to day functioning. In light of these concepts, this paper describes a cohort of asylum lawyers and the impact of their work with trauma survivors on their emotional well-being.

Methods

The Institutional Review Board of Boston Medical Center approved the study. An organization which recruits and mentors lawyers who do pro bono representation, of indigent asylum seekers

was approached to participate in the in the study. This NGO distributed the survey on-line, four times over the time period between August 2006 and November 2006 to 325 lawyers or mentors in greater Boston who volunteer for this organization. The survey covered information about demographics, job satisfaction and job stress, second-ary trauma, general health, and life events. Instruments included in the survey were: Perceived Stress Scale,²⁶ the Secondary Trauma Scale,²⁷ and Life Events Checklist.²⁸ Analyses include: performing frequencies with mean and range values. Assessing confidence levels were also performed with associations, correlations and assessment of p-values.

Results

Participant Demographics and Work Descriptions

Fifty-seven lawyers/mentors responded to the survey. Sixty percent were male. Ninety-three percent were born in the United States. Almost three quarters were married. Almost one half (47%), had graduated from law school since 2000, and more than half (54%) worked in law firms with more than fifty lawyers. Of note, only one third did pure immigration work (Table 1a, Appendix A). The median years of practice was six years (range 1-36 years), and five years (range 0-30 years) doing immigration work. The number of hours doing asylum-related work each week ranged from 5 and 40 hours (Table 1b, Appendix A). Almost one-half (44%) were not satisfied with the immigration system in Massachusetts, whereas over three quarters (77%) were not satisfied with the immigration system in the United States. More than half stated their health was very good, and no one considered their health fair or poor (Table 1f, Appendix A).

Life events

Using the Life Events Checklist²⁹ participants were asked about personal traumatic exposure. The measure asks if the respondent was exposed to any of the following events: natural disaster; fire or explosion; transportation accident; serious accident at work, home or during recreational activity; exposure to toxic substance; physical assault; assault with a weapon; sexual assault; other unwanted or uncomfortable experience; combat or exposure to a war-zone; captivity; life-threatening illness or injury other than HIV/AIDS; severe human suffering like starvation, violence, or torture; sudden violent death; sudden unexpected death of someone close to you; serious injury, harm or death you caused to someone; or any other stressful event or experience. Respondents were then asked if any of these things happened to them, if they witnessed them, if they learned about it, if they were not sure, or if it did not apply.

Secondary trauma

Using the Secondary Trauma Scale,³⁰ secondary trauma symptoms focused on eighteen items. Participants were asked to rate their experiences in terms of frequency of experience (rarely/never, at times, not sure, often and very often). Twenty-two percent had a trauma score above 30, and nine percent had a trauma score above 38 using the Secondary Trauma Scale (Table 1e, Appendix A). I II Items with statistical significance associated with an elevated trauma score were birth outside of the United States ($p=.045$) (Table 2a, Appendix A) as well as the hours each week of doing asylum work ($p=.007$) (Table 2b, Appendix A).

Secondary Trauma Scale 31

- I force myself to avoid certain thoughts or feelings that remind me of person(s) above difficulties.
- I find myself avoiding certain activities or situations because they remind me of their problems.
- I have difficulty falling or staying asleep.
- I startle easily.
- I have flashbacks (vivid unwanted images or memories) related to their problems.
- I am frightened by things that he or she said to me.
- I experience troubling dreams similar to their problems.
- I experience intrusive, unwanted thoughts about their problems.
- I am losing sleep over thoughts of their experiences.
- I have thought that I might have been negatively affected by their experience.
- I have felt "on edge" and distressed and this may be related to thought about their problems.
- I have wished that I could avoid dealing with the person or persons named above.
- I have difficulty recalling specific aspects and details of their activities.
- I find myself losing interest in activities that used to bring me pleasure.
- I find it increasingly difficult to have warm and positive feelings for others.
- I find that I am less clear and optimistic about my future life than I once was.
- I have had some difficulty concentrating.
- I would feel threatened and vulnerable if I went through what the person above went through.

Discussion

Are immigration lawyers at risk for vicarious traumatization or secondary traumatic stress? In a study which compared social service case workers, mental health professionals providing treatment, and lawyers working in domestic violence and criminal defense, the lawyers consistently had more secondary trauma and burnout than the other two groups. They experienced more intrusive recollections of trauma, more avoidance of reminders of material, decreased pleasure, and difficulties of sleep, irritability and concentration. This was thought to be due to the attorneys' higher caseloads and lack of supervision about trauma and its effects.³² Other studies have noted that increased stress among lawyers leads to substance abuse³³ or mental illness.³⁴ Among female lawyers (n=584) from the ages of 25 to 63, a mail-out survey concluded that the number of job hours per week was a strong predictor of job stress. In a logistic regression analysis, women working > 45 hours/week were five times as likely to report high stress as those working < 35 hours/week.³⁵

Follette et al ³⁶. in their work comparing police officers and mental health professionals who helped child sexual abuse survivors, found that police officers had significantly greater symptoms of psychological distress (anxiety, depression, dissociation, sleep problems) and PTSD symptoms than mental health professionals.

The trauma research adds a paradigm shift: the stress that people working with traumatized clients experience is different from the stress of a person in a high volume commercial firm in that the trauma that their clients experience is to be considered contagious, .imagine that your client is standing in a river raging with current and has a boulder fall right in front of her, and the

resulting splash and crash knocks her over. The boulder is trauma. You are standing some distance behind in the same river, and you experience the afterwave. It is smaller, it is nowhere near what your client experiences. Trauma will assail her sense of self and will, over time, assail yours as well. and so, it is more than just the stress of overwork; it is a disintegrating ray gun aimed at your sense of who you are, what you think the world is like, and where you find meaning in the world. For those of you who work compassionately with people who experience trauma, you are at risk of this particular occupational hazard. This may require more than stress management techniques, which I highly recommend, to confront the debilitating effects of vicarious trauma.³⁷

Judges have also been noted to be at risk as well. In a study conducted by Jaffe et al., of 105 judges (criminal court work, domestic relations/civil court work, or juvenile court), who attended one of four conference workshops, sixty-three percent had one or more symptoms of work-related vicarious trauma experiences. Female judges ($p < .05$) or judges with more than six years of experience ($p < .05$) were more likely to report symptoms. Female judges also had higher internalizing factors ($p < .05$, anxiety, depression, and somatic symptoms). Working seven or more years as a judge was associated with higher externalizing hostility factors ($p < .01$, strong negative emotions like anger, frustration, and cynicism and interpersonal difficulties).³⁸ Other work has also raised questions about secondary trauma in immigration judges³⁹

Asylum work is very challenging. In addition to the need to listen, lawyers must be attuned to the exquisite details of a case. There are yet other aspects, asylum lawyers also carry the burden that if someone they represented has been denied asylum, that person may be deported and face incarceration or death. Also, in addition, at the beginning of the process, asylum applications do not possess work authorization. Many struggle with hunger, housing instability, worries about their families and their children's school fees, and the lack of money for transportation, calling home, clothing, and incidentals. Sharing the suffering of another human being brings one into some type of sacred space. Facing such depravity in the lives of clients they have become close to pulls at a compassionate heart--reinforced often by the profound gratitude asylum seekers feel for those who help them. What does the literature tell us of who is at risk for vicarious or secondary trauma?

Pearlman and Saakvitne in their seminal work with vicarious traumatization have concluded that the specific characteristics of the trauma worker include personal history of trauma or abuse, high ideals, rescue fantasies, over investment in meeting client's needs, and insufficient supervision; and the specific characteristics of the treatment (such as client characteristics, nature of the trauma work, and political, social, and cultural context of the work) place trauma workers at risk for vicarious traumatization.⁴⁰ A study of crisis counselors showed that secondary traumatic stress was associated with personal trauma history, gender, percent of weekly caseload work with trauma survivors, years as a crisis worker, years in the mental health field, and supervision hours. There was no association with the age of the crisis counselor, educational level, or hours working.⁴¹

In a study of Swedish rescue workers involved in the Armenian earthquake of 1988, those who were professionally trained versus those who were not, reported fewer unpleasant experiences

over time,⁴² suggesting that those without professional training may be at risk for secondary trauma.

Sexual assault counselors have been noted to have an association between secondary trauma intensity and higher levels of personal trauma history, younger counselor age, and lower counseling satisfaction.⁴³ Among 1000 female psychotherapists working with sexual abuse survivors, therapists with more exposure to sexual abuse material had more trauma symptoms and also greater spiritual well-being.⁴⁴ Less clinical experience has also been associated with intrusive symptoms and hyperarousal.⁴⁵

To our knowledge, no studies, to date, have reported the prevalence of VT or secondary trauma in attorneys doing asylum work. Nine percent of our sample had scores of 38 or greater (associated in other studies with mild to severe anxiety and depression and with problematic intrusion and avoidance symptoms). Scores of 45 or greater are thought to be of clinical concern (of which there were none in our cohort who responded to the survey).⁴⁶ Based on the significant rates of symptoms among asylum attorneys in this study (87% had two or more symptoms of secondary stress), and based on findings in other professional groups exposed to traumatic material, we propose that asylum attorneys are at risk for development of VT/secondary trauma. Previous work cited here suggests that the development of VT/secondary trauma may be related to the amount of exposure to traumatic material (hours), lack of professional training experience, and potential history of personal trauma in the worker. In our study, years in practice, size of firm, histories of trauma, and gender were not associated with secondary trauma. However, hours each week doing asylum work was associated with symptoms of secondary trauma and may be a proxy for number of hours exposed to traumatic material.

A limitation of the study was the sample size as well as the low response rate. However, it should be noted that the subset of respondents did approximate the larger cohort in terms of gender (40% vs. 48% females) and percent working in large firms (54% vs. 60%).

Recommendations

In the trauma field, preventive interventions have included self-monitoring, obtaining supervision, and intervention and support of colleagues.⁴⁷ These techniques can be used in the legal arena. It is important to recognize that VT/secondary trauma can occur, and that the work environment must be assessed for potential exposure. It is important that this be done in a way that those suffering are not viewed as less than others or "weak" in some way.⁴⁸

In addition to ongoing monitoring and support of asylum lawyers in their practices, this study supports the need to formally incorporate the topics of vicarious trauma and secondary traumatic stress into education and supervision of lawyers who are exposed to traumatic material.⁴⁹ ⁵⁰ It can be helpful to have outside consultants meet with staff to discuss their experiences or feelings. Also, if sharing the personal piece in addition to the facts of the case, supervision could become a time to process the experiences. In mental health clinical settings experienced clinicians have peer supervision where they can discuss individual challenges/cases. Working in isolation can contribute to the cumulative effect of stress.

It is important for members of the legal profession to pay attention to their self-care, as do other professions whose work requires exposure to traumatized populations. It is important that members of the legal profession who do this work, be attuned to how they spend time outside of the workplace, and the boundaries between work and home. By striving for a life that is more balanced, we are also more able emotionally to continue to do this work.

The results of this study suggest that larger studies must be undertaken to more accurately define the prevalence of VT/secondary trauma on immigration lawyers and its impact on their practice and personal well-being.

FOOTNOTES:

Footnote 1. 8 U.S.C. § 1101 (a)(42), § 1157; see United Nations Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons. 2-25 July 1951. Geneva, Switzerland <http://www.unhcr.org>.

Footnote 2. 8 U.S.C. § 1158; see United Nations Declaration on Territorial Asylum. 14 December 1967. Adopted by General Assembly resolution. 2 (XXII).

Footnote 3. U.S. Citizenship and Immigration Services

<http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnnextoid=3a82ef4c766fd010VgnVCM1000000ecd190aRCRD&vgnnextchannel=3a82ef4c766fd010VgnVCM1000000ecd190aRCRD> [last accessed Feb. 18, 2009].

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Footnote 16. Laurie Anne Pearlman & Karen W. Saakvitne, Trauma and the Therapist: Counter Transference and Vicarious Traumatization in Psychotherapy with Incest Survivors (1995).

Footnote 17. Lisa McCann & Laurie Anne Pearlman, Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims, 3 J. of Traumatic Stress 131 (No. 1 1990).

Footnote 18. Id. at 137-143.

Footnote 19. Laurie Anne Pearlman & Karen W. Saakvitne, Trauma and the Therapist: Counter Transference and Vicarious Traumatization in Psychotherapy with Incest Survivors (1995).

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Footnote 30. Id.

Footnote 31. Id.

Footnote 32. Andrew P. Levin & Scott Greisberg, Vicarious Trauma in Attorneys, 24 *Pace L. Rev.* 245 (2003).

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