

Trauma room: dealing with the personal impact of abuse cases

Lawyers dealing with traumatic cases can be vulnerable to secondary stress, a psychological disorder that any responsible law firm should take seriously, says Jonathan Wheeler



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In extreme cases one may become clinically depressed, over-anxious, self-medicate with alcohol or drugs s solicitors we are no strangers to stress: demanding clients, demanding bosses, targets to meet and impossible directions to comply with, all contribute. In fact far from being strangers to stress, many of us involved in litigation feel we thrive on it – we are adrenalin junkies with stress fuelling our days as we gulp coffee from office mugs bearing the words: "You don't have to be mad to work here, but it helps".

We are becoming keenly aware that our mental health is as important as our physical health. At work we should recognise that the subject matter of the cases we deal with will have an impact on us. Many of us will be representing damaged and vulnerable clients with traumatic, life changing injuries whether physical or psychological. The narratives which we must elicit from our clients to prove and advance their cases may be harrowing. It is clearly important that we maintain 'the line' of trusted, professional adviser and do not cross that to become our clients' social worker or therapist. Even so, we are likely to become emotionally involved on some level. Hearing our clients' stories demands empathy and clear thinking and we must have a good

understanding of the risks to our own mental health so that we can deal with such cases effectively.

DREAMS AND NIGHTMARES

Prior to taking on the role of managing partner, I used to head my firm's abuse department. Mostly I represented adults who had been sexually abused as children. Ten years' into that job, I felt I had probably heard everything. One day I needed to view a video I had received as a result of a successful nonparty disclosure application. The video was the witness interview given by one of my clients for the criminal case against his abuser. There being nothing as old fashioned as a video recorder in the office, I took it home to view it. The video showed my client - who I had met, a lovely chap, himself a former police officer in his 40s - talking about the horrific abuse he had experienced some 30 years ago. The video was the record of the first time he had ever disclosed to anyone, and seeing him unravel on camera upset me deeply. I then started having dreams about what had happened to him, and even intrusive thoughts and images when I was awake. I realised I was experiencing secondary trauma - that is the

trauma which comes from dealing with a client's account of their first-hand trauma.

Secondary traumatic stress (STS) also known as vicarious trauma, may only now be being talked about as a 'thing' among lawyers, but in fact it was first identified in the early 1990s in the United States by the likes of Doctors Beth Stamm and Charles Figley. They were struck by the fact that professionals – social workers, trauma counsellors and other advisers – were exhibiting signs of post traumatic stress disorder, not having experienced that trauma personally, but as a result of learning about the traumatic experiences of their clients.

We need to be able to recognise the symptoms in ourselves and our colleagues in order to deal effectively with such trauma, and prevent it from becoming a long-standing problem. If we deal with difficult cases – whether for clients who have suffered abuse, serious accidents, or clinical negligence - we are going to be exposed to trauma and suffer some stress as a result. In the immediate aftermath of watching that video I felt I was displaying a somewhat unprofessional response to my client's disclosure, but I soon realised that it was a profoundly human response, and that wasn't a bad thing at all. Indeed, if we dissociate, or fail to have a normal emotional response to some of the chilling things we are told, that could be a sign of STS becoming a problem.

Luckily I had a supportive team around me, and was able to chat about the effect that this one video (so I thought) had had upon me. The nightmares and intrusive images soon stopped. In fact I now recognise that it was probably the culmination of being witness to the re-telling of countless similar stories by my clients that had had such an effect on me.

SUPPORTIVE ENVIRONMENT

Symptoms of STS certainly include intrusive thoughts, but may also manifest themselves in a loss of concentration and objectivity, a propensity to make mistakes and become irritable. In extreme cases one may become clinically depressed, over-anxious, self-medicate with alcohol or drugs, or eat compulsively, whereby professional and home lives are disrupted or go off the rails completely. In the past we may have called this 'burn out' or 'compassion fatigue', but this is now recognised as a specific psychological disorder.

I was lucky, I knew about STS and my firm had systems in place to deal with it. Good, supportive line management, the ability to discuss with colleagues and bring some perspective was key. LawCare, the charity which supports lawyers' mental health and well-being, has some good tips for self-care. Maintaining strong and honest family relationships and friendships outside work, taking regular breaks at work, keeping active, eating well, drinking responsibly and making sure you get a good night's sleep are all advocated for safeguarding our mental health. Above all, ask for help. If there is no one at work you can confide in you may want to call the LawCare help-line: 0800 279 6888 (and in the medium term, think about moving firms!) The main thing to bear in mind is that you are not alone – in 2017, 51 per cent of calls to the LawCare helpline were lawyers seeking help for stress, depression or anxiety.

As well as promoting an awareness of Law-Care's work to all staff, my firm runs a number of other initiatives to help them manage their own mental health: From formal courses on managing stress and recognising and dealing with STS, to holding mindfulness yoga sessions in our reception (after hours)! Our staff private health insurance policy covers mental health and gives access to a free help-line and counselling service. We have also engaged a neuro-psychologist to offer support to our lawyers in handling demanding (often vulnerable) clients. We provide fruit in our kitchens, and programmes to help people keep fit and healthy, and are always looking at more things we can do.

JUDGES TOO

I worry about solicitors in firms dealing with traumatised clients who feel isolated and friendless. I worry about our barristers, our court staff and our judges who too are hearing our clients' stories day after day. The Lord Chief Justice published his annual report in November and highlighted his concern for judges' welfare. He specifically noted that "many judges are obliged to cope with a relentless stream of cases involving serious sexual, physical and emotional abuse" as one of the potential causes of heightened stress, a nod perhaps to STS. What support do our judges have? The answer is an annual one-to-one conversation with a psychologist, access to a helpline and e-learning advice on resilience and stress management.

It has recently been exposed (by champion barrister Ms Aspinall-Miles among others) that a small minority of our judges can be rude and hectoring to advocates who appear before them. Instead of our condemnation maybe those judges deserve our sympathy, because this behaviour could be symptomatic of their own secondary trauma. Ultimately we all need to guard our own mental health, otherwise we have the vulnerable and traumatised advising, representing and sitting in judgment over the vulnerable and traumatised. [3]



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