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Vicarious traumatisation in lawyers working with traumatised asylum seekers: a pilot study

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Although vicarious traumatisation has been documented in numerous professional groups, the research on asylum lawyers is sparse. This pilot study aimed to explore whether asylum lawyers are affected by their work with traumatised clients. Seventy asylum lawyers completed a pilot survey consisting of the Trauma and Attachment Belief Scale; Impact of Event Scale–Revised; Depression, Anxiety and Stress Scales; and a work-characteristics questionnaire. The results included significant association between higher contacts with trauma-exposed clients and anxiety; higher weekly work hours and fewer years of experience in asylum law with more stress; fewer years of experience with general trauma scores and intrusion symptoms; and more clients per week with cognitive changes regarding trust in others. The findings highlight the potentially detrimental impact on asylum lawyers of working with traumatised clients and the need for further investigation.

Key words: Anxiety; asylum lawyers; depression; stress; vicarious traumatisation.

Introduction

The Diagnostic and Statistical Manual of Mental Disorders (fifth edition; DSM–5) diagnostic criteria for posttraumatic stress disorder (PTSD) recognise that in addition to directly experiencing or witnessing a traumatic event, learning about a traumatic event can also lead to PTSD symptoms (American Psychiatric Association, 2013, p. 271). Vicarious traumatisation (VT) is an umbrella term commonly used to describe the cumulative, negative psychological effects on workers as a result of hearing the harrowing stories of trauma survivors (adapted from McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). The terms VT and secondary or indirect traumatisation are often used interchangeably in the literature. Secondary or indirect trauma is

described as occurring when a service provider relates to someone who has undergone a traumatic event or a series of traumatic events to the extent that they begin to experience symptoms of PTSD similar to those that the trauma victim is experiencing (K. Baird & Kracen, 2006). In secondary trauma, the traumatising event experienced by a client becomes a traumatising event for the service provider. The difference between secondary trauma and VT is that secondary trauma can happen suddenly, in one session, while VT is a response to an accumulation of exposure to the pain of others (Figley, 1995). Although the exact use of terms may vary slightly, there is agreement that both VT and secondary trauma are associated with similar symptoms and result in stress

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and personal damage caused by helping or wanting to help a traumatised person.

In the current study, the focus is on VT, which is understood to mirror the symptoms of PTSD including changes in memory systems, worldview, psychological needs, beliefs and perceptions of themselves, others and the world (McCann & Pearlman, 1990). Studies have explored the impact of vicarious exposure to trauma on therapists (Craig & Sprang, 2010; Pearlman & Mac Ian, 1995), emergency room personnel (Adriaenssens, De Gucht, & Maes, 2012) and social workers (R. E. Adams, Boscarino, & Figley, 2006; Bride, Jones, & MacMaster, 2007). Studies have been conducted in relation to law professionals such as judges (Jaffe, Crooks, Dunford-Jackson, & Town, 2003), including immigration judges (Lustig, Delucchi, Tennakoon, & Kaul, 2008), lawyers (Maguire & Byrne, 2017), attorneys (Levin et al., 2011; Levin & Greisberg, 2003) and criminal lawyers (Vrklevski & Franklin, 2008) to explore the impact of their work with trauma-exposed clients. Research on asylum lawyers is scant.

Working with traumatised asylum seekers can be challenging. The asylum lawyer¹ has to listen empathically, and elicit and be receptive to the details of a person's trauma story, as this is critically important for an asylum application. If a client is denied asylum, the lawyer might be burdened by the fact that the individual might be deported back to his or her country of origin, and as a consequence be exposed to further harm. The asylum lawyer might also be concerned for the vulnerable client's well-being due to lack of basic resources, such as food and warm clothing, struggles with housing instability, language barriers, poor access to mental and physical health services, isolation and concerns about their family members such as children in the country of origin (e.g. Briskman & Cemlyn, 2005; Kirmayer et al., 2011). In the United Kingdom, where this study is based, there are well-recognised 'hostile environment policies',² which impact upon asylum seekers (Yeo, 2017). This has

resulted in barriers to accessing financial support, medical care, housing and access to work or schooling for asylum seekers, coupled with a rise in detention and threatened or actual deportations, as well as long waits in processing asylum appeals. Lawyers and advocacy groups have highlighted how these further delays in allowing already vulnerable and traumatised people to get on with their lives and establish a sense of security and stability may further damage their mental and physical health (see, for example, Taylor, 2018). In addition, over the last decade, there have been steady cuts to legal aid, social care and health service funding and the closure of voluntary sector organisations. Cumulatively, these factors place an additional burden on asylum lawyers, who must advocate for their vulnerable and traumatised clients with significantly reduced resources (N. Acharya, personal communication, May 15, 2017), potentially resulting in an increased risk of VT to legal professionals working with this client group.

The consequences of frequently being exposed to potentially traumatising stories have not been well researched with asylum lawyers. However, qualitative research suggests that lawyers might use self-protective mechanisms in order to avoid distress, including inadvertently becoming cynical and apathetic, and trivialising the horror to which they have been exposed, which might have a negative impact on their capacity to work with and represent their clients (Baillot, Cowan, & Munro, 2013; Rousseau, Crépeau, Foxen, & Houle, 2002). For example, this might impact on the lawyer's capacity to engage fully with clients and for clients in turn to feel supported and safe enough to disclose their distressing experiences. In addition, it is possible that the numbing, avoidance and loss of trust associated with VT can result in lawyers questioning their clients' credibility and failing to pick up on clients' distress. Consequently, they may fail to request medico-legal psychological assessment reports and refer to mental health services where appropriate.

The existing literature on the impact of VT on lawyers working with traumatised asylum seekers is relatively sparse. To date, only one quantitative study (Piwowarczyk et al., 2009) has addressed the topic. Piwowarczyk et al. (2009) investigated the impact of secondary trauma on 57 asylum lawyers by using the Secondary Trauma Scale (Motta, Kefer, Hertz, & Hafeez, 1999), Life Event Checklist (Blake et al., 1995) and Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). The study found that being born outside the United States was statistically significantly correlated with an elevated trauma score ($p = .045$). In addition, a heightened trauma score was associated with numbers of hours per week devoted to asylum work ($p = .007$). However, and in contrast with findings in other studies (e.g. Kassam-Adams, 1995; Pearlman & Mac Ian, 1995), Piwowarczyk et al. (2009) did not find any significant associations between symptoms of secondary trauma and exposure to traumatised clients, length of time providing professional help or gender. Based on the significant rates of secondary stress symptoms (87%), Piwowarczyk et al. proposed that asylum lawyers are at risk for developing secondary trauma.

Study aim

There is little existing literature examining the psychological impact on asylum lawyers working with traumatised asylum seekers (e.g. Piwowarczyk et al., 2009), and no quantitative studies have explored the impact of VT, depression, anxiety and stress on asylum lawyers' mental health. Therefore, the aim of this pilot study was to explore the impact of VT on lawyers working with asylum seekers, with a particular interest in the impact of work-related variables, trauma-specific training and supervision. The following hypotheses were investigated:

1. Work-related risk factors (greater caseload, less work experience with traumatised clients and higher weekly

work hours) are associated with higher levels of VT and symptomatic distress.

2. Asylum lawyers who do not receive supervision report higher levels of VT and symptomatic distress.
3. Lack of trauma-specific training on working with traumatised clients is associated with higher levels of VT and symptomatic distress.

Method

Participants

Participants in this pilot study were 70 legal professionals working in the field of asylum law in the United Kingdom. Participants' characteristics are shown in Table 1. The total sample consisted mostly of women (82.4%), and the majority were Caucasian (66.7%). They identified themselves primarily as lawyers (55.7%), trainee lawyers (35.8%), and barristers (8.6%). The number of years working in asylum law ranged from less than 2 years (10%) to more than 10 years (35.7%).

Measurements

Background information (age, gender, ethnicity) was collected through a demographic questionnaire. Guided by previous research (Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995; Vrkleviski & Franklin, 2008) the following potential risk factors were assessed: length of time in the field of asylum law, average number of hours worked per week, client workload (number of clients) and exposure to traumatised clients. Exposure to traumatised clients was defined in the questionnaire as number of clients in caseload over the past 3 months who had experienced trauma in the form of exposure to death, physical assault or abuse, domestic violence, rape, violence or fire. Respondents were also asked whether they had received training in working with traumatised clients (yes or no), and how many hours per week they were receiving supervision from a coworker and/or manager.

Table 1. Background characteristics of the participants.

Variables	%	<i>M</i>	<i>SD</i>
Gender ^a			
Female	82.4		
Male	17.6		
Age ^{b,c}		35.8	8.55
Ethnicity ^b			
Caucasian/White	66.7		
Indian	5.8		
Pakistani	2.9		
Other Asian	4.3		
African	2.9		
Mixed/multiple	10.1		
Other	7.2		
Hours per week at work			
1–20	2.9		
21–40	27.1		
41–60	62.9		
More than 60	7.1		
Experience in asylum law			
Less than 2 years	10.0		
2–5 years	30.0		
5–10 years	24.3		
10 or more years	35.7		
Contact with trauma-exposed clients ^d			
1–10 client(s)	21.4		
11–20 clients	24.3		
21–30 clients	27.1		
31–40 clients	11.4		
More than 40 clients	15.7		
Clients per week			
0–5	35.7		
6–10	41.4		
11–15	15.7		
16–20	4.3		
More than 20	2.9		
Supervision per week			
Nil	47.1		
Less than 2 hours per week	40.0		
2–4 hours per week	10.0		
More than 4 hours	2.9		
Training ^e			
No	61.4		
Yes, one workshop/course	30.0		
Yes, multiple workshops/courses	8.6		

Note: $N = 70$.

^aData missing from two respondents.

^bData missing from one respondent.

^cReported in years.

^dFor the past 3 months.

^eTrauma-specific training with working with traumatised clients.

The Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1997) is a self-report measure of current symptomatic distress in response to an identified traumatic event, designed to parallel the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV; American Psychiatric Association, 1994) on PTSD symptoms. The IES-R consists of 22 items rated on a 5-point Likert-type scale, ranging from 0 (*not at all*) to 4 (*extremely*), according to how distressing each item has been during the past week. A sample item is 'I tried not to think about it'. The scale is composed of three subscales: Intrusion (eight items), Avoidance (eight items) and Hyperarousal (six items), representative of the major symptom clusters of PTSD (American Psychiatric Association, 1994). Research has demonstrated that the IES-R has good psychometric properties (Creamer, Bell, & Failla, 2003; Weiss & Marmar, 1997).

The Trauma and Attachment Belief Scale (TABS; Pearlman, 2003) is an 84-item self-report questionnaire and was used to measure VT. It measures disruption in cognitive schemas. Here a cognitive schema is defined as one's frame of reference, with disruptions affecting, for example, one's core beliefs about oneself, others and the world. The TABS provides information on the degree of cognitive disruption in relation to self and others in the areas of safety, trust, esteem, intimacy and control, producing 10 subscale scores. The TABS requires participants to rate to what degree each of the statements matches their beliefs on a 6-point Likert-type scale ranging from 1 (*disagree strongly*) to 6 (*agree strongly*). The sample item 'Trusting people is not smart' is included in the Other-Trust subscale. Higher scores in a subscale indicate greater disruption, thus higher levels of VT. Pearlman (2003) reported an overall internal consistency of $\alpha = .96$, with subscales ranging from $\alpha = .67$ (Self-Intimacy) to $\alpha = .87$ (Other-Intimacy).

The short-form version of the Depression, Anxiety and Stress Scale (DASS-21;

Lovibond & Lovibond, 1995) is a 21-item self-report questionnaire, consisting of a depression (e.g. 'I felt that life was meaningless'), an anxiety (e.g. 'I felt scared without any good reason') and a stress (e.g. 'I found it difficult to relax') subscale, which each contains seven items. The items are rated on a 4-point Likert scale of severity or frequency, from 0 (*did not apply to me at all*) to 3 (*applied to me very much or most of the time*). The psychometric properties for the DASS-21 are considered acceptable with an internal consistency of $\alpha = .85$ for all three subscales in clinical samples (Antony, Bieling, Cox, Enns, & Swinson, 1998) and $\alpha = .88$ for the Depression scale, $\alpha = .82$ for the Anxiety scale and $\alpha = .90$ for the Stress scale in non-clinical samples (Henry & Crawford, 2005).

Procedure

Asylum lawyers were recruited from agencies specialising in asylum and immigration law by sending out invitation emails to all listed asylum lawyers at 90 asylum law agencies in the United Kingdom. The invitation email included a recruitment letter with a description of the study and a link to the online survey, where they also accepted a consent form. Invitees were encouraged to forward the invitation to others. Furthermore, the study was also posted on the Free Movement website (<https://www.freemovement.org.uk>), which offers updates, reports and advice on immigration- and asylum-law-related topics. The online survey was accessible for a 3-month period in the spring of 2017. To ensure distribution and maximise the response rate, two follow-up emails were sent out to the target population at 2-week intervals. Due to the nature of the online survey and snowball sampling procedure, it was not possible to establish the response rates. Ethical review and approval were obtained at Department of Psychology, University of Copenhagen.

Statistical analysis

The first part of the analysis was a univariate descriptive analysis, and the second a bivariate analysis to identify significant relationships between the dependent variables and independent measures according to the hypothesis. Some of the data did not meet parametric assumptions, and non-parametric tests were used to analyse the hypotheses. The level of significance was set to .05. Because of the multiple comparisons it should be noted that this significance level could result in a high risk of Type I errors. However, because of the exploratory nature of this pilot study and risk of Type II errors, it was decided to keep the 5% level.

Results

Descriptive findings

The majority of the sample (62.9%) reported spending between 41 and 60 hours at work per week; 10% of the sample had little experience in working in asylum law (<2 years), whereas 35.7% reported having worked in asylum law for more than 10 years. Furthermore, the number of trauma-exposed clients in the caseload for the past 3 months varied from 1 to 10 clients (21.4%) to more than 40 clients (15.7%), with the most frequent being 21–30 clients (27.1%).

Of the asylum lawyers, 47.1% reported receiving on average zero hours of supervision per week, 40% less than two hours per week, 10% 2–4 hours per week and 2.9% more than 4 hours per week. The two last categories were merged into one (more than 2 hours of supervision) in the further analysis. A majority of the asylum lawyers (61.4%) reported having received no trauma-specific training. For further details, see Table 1.

Relationships between variables

A proportion of asylum lawyers scored in the very high or extremely high range on the TABS subscales, indicating disruption in a

given need area (Pearlman, 2003). Specifically, 12.9% of the asylum lawyers obtained scores that were within the very high or extremely high range for Self-Safety, 10% for Other-Safety, 14.3% for Other-Trust, 15.7% for Self-Esteem, 15.7% for Other-Esteem, 18.6% for Self-Intimacy, 17.1% for Other-Intimacy, 17.1% for Self-Control and 18.6% for Other-Control.

Table 2 provides a summary of the correlations for the study variables regarding TABS. The number of clients a lawyer sees per week was significantly correlated with a higher TABS subscore of Other-Trust, $r_s(68) = .243$, $p = .042$. No significant correlation emerged between any other subscales and work-related variables.

Of the asylum lawyers, 51.4% had partial PTSD (24 or higher scores on the IES-R; Asukai et al., 2002) and 34.3% PTSD (33 or higher scores; Creamer et al., 2003). As Table 3 denotes, fewer years working in asylum law was significantly correlated with higher IES-R total scores, $r_s(68) = -.249$, $p = .037$, and Intrusion subscale scores, $r_s(68) = -.254$, $p = .034$.

According to the recommended cut-off scores of the DASS-21 (Lovibond & Lovibond, 1995), 18.6% of the asylum lawyers reported Depression symptoms falling into the 'severe' range, and 14.3% reported Depression symptoms in the 'extremely severe' range. For the Anxiety subscale, 17.1% reported Anxiety symptoms in the 'severe' range, and 10% scored in the 'extremely severe' range. For the Stress subscale, 25.7% reported 'severe' symptoms, whereas 10% scored in the 'extremely severe' symptom range. There were significant correlations between the higher Anxiety subscale scores of the DASS-21 and more contacts with trauma-exposed clients for the past three months, $r_s(68) = .263$, $p = .028$, as well as more hours of supervision, $r_s(68) = .267$, $p = .025$. The higher stress score according to the DASS-21 Stress subscale was correlated with more working hours per week, $r_s(68) = .254$,

Table 2. Correlations between TABS subscales and work-related variables.

Work-related variables	TABS subscales											Total TABS
	Self-safety	Other-safety	Self-trust	Other-trust	Self-esteem	Other-esteem	Self-intimacy	Other-intimacy	Self-control	Other-control	Total	
Average number of working hours	-.007	.058	-.115	-.07	-.044	-.074	.132	.018	.081	.130	.001	
Years working in asylum law	.073	-.145	.092	.043	.055	-.022	-.224	-.004	.006	-.084	-.019	
Contact with trauma-exposed clients ^a	-.016	.121	-.090	.054	-.115	.030	-.081	.005	.017	.108	-.001	
Clients per week	.017	.049	-.029	.243*	.010	.130	-.085	.199	.181	.101	.116	
Training ^b	.111	.103	-.085	.052	-.013	.020	.037	-.041	-.014	.087	.056	
Supervision	.170	.098	.058	-.069	.060	.075	.036	-.089	.109	.014	.020	

Note: N = 70. TABS = Trauma and Attachment Belief Scale (Pearlman, 2003).

^aFor the past 3 months.

^bTrauma-specific training with working with traumatised clients.

*p < .05.

Table 3. Correlations between IES-R and DASS-21 scores and work-related variables.

Correlations between TABS subscales and work-related variables	IES-R (N = 70)						DASS-21 (N = 70)					
	Intrusion	Avoidance	Hyperarousal	Total	Depression	Anxiety	Stress	Total				
Average number of working hours	.127	-.036	.071	.066	.136	.073	.254*	.205				
Years working in asylum law	-.254*	-.197	-.188	-.249*	-.084	-.227	-.250*	-.211				
Contact with trauma-exposed clients ^a	.201	.048	.160	.143	.050	.263*	.171	.173				
Clients per week	.113	.128	-.039	.075	.039	.023	.029	.021				
Training ^b	-.044	-.025	.094	.000	-.032	.155	.015	.035				
Supervision	.144	.084	.125	.131	.114	.267*	.124	.167				

Note: IES-R = Impact of Event Scale-Revised (Weiss & Marmar, 1997); DASS-21 = Depression, Anxiety and Stress Scales (Lovibond & Lovibond, 1995).

^aFor the past 3 months.

^bTrauma-specific training with working with traumatised clients.

*p < .05.

$p = .034$, and less work experience, $r_s(68) = -.250, p = .037$.

Discussion

There is general recognition that longer working hours, less experience and larger caseloads negatively impact upon professionals working with traumatised individuals (e.g. Sabin-Farrell & Turpin, 2003; Schauben & Frazier, 1995). Correspondingly, in this pilot study of 70 asylum lawyers, a number of work-related risk factors yielded a significant correlation with measures of VT and symptomatic distress. Specifically, the average number of working hours was associated with higher stress scores. Similar results have been found in previous research on lawyers (Levin et al., 2011; Piwowarczyk et al., 2009). However, this study found, in line with the findings of Brady, Guy, Poelstra, and Brokaw (1999) and Bober and Regehr (2006) among therapists, that number of weekly work hours with traumatised clients was not associated with disruptions in cognitive schemata.

This pilot study found that less experience in working in asylum law was associated with higher stress symptoms, intrusion symptoms and general traumatic distress. These findings are consistent with existing research studies in the therapist population (Bober & Regehr, 2006; Pearlman & Mac Ian, 1995; Sabin-Farrell & Turpin, 2003; Steed & Downing, 1998; Way, VanDeusen, Martin, Applegate, & Jandle, 2004), which all indicate that novice therapists experience more difficulties than experienced ones, who report less distress.

While Piwowarczyk et al. (2009) did not find a significant association between secondary trauma and length of time providing support for traumatised asylum seekers, our pilot study seems to contribute to trauma symptoms.

In this study, the lawyer seeing more clients per week was significantly associated with beliefs that you cannot trust other people and therefore question others' motives,

reliability and/or credibility, as well as others' abilities to meet one's needs. The findings suggest that time-characteristics (hours per week, and years spent working) have a stressful impact on the lawyers, but do not alter their cognitive schemas, whereas more frequent client contact appears to alter beliefs associated with trusting others. Furthermore, the data suggest that asylum lawyers having greater contact with traumatised clients in the past three months report more symptoms of anxiety than lawyers who have had less contact with such clients. This is in line with other studies of both legal and other professionals, where having a high caseload has been shown to be a significant contributor to VT (e.g. Brady et al., 1999; Kassam-Adams, 1995; Levin et al., 2011; Levin, Besser, Albert, Smith, & Neria, 2012; Levin & Greisberg, 2003; Marmar et al., 1999; Ortlepp & Friedman, 2002; Schauben & Frazier, 1995). Other studies on lawyers (Piwowarczyk et al., 2009) and domestic violence agency staff (S. Baird & Jenkins, 2003) have found that workload and high exposure to traumatised clients was not associated with a higher risk of developing VT. However, given that the literature for these variables is somewhat contradictory, more studies are called for.

In this study, receiving more supervision was associated with higher anxiety levels. This suggests that lawyers receiving supervision are more susceptible to having symptoms of anxiety than those who are not receiving supervision. These findings contradict studies that have suggested that supervision has a positive effect on VT in legal professionals (e.g. Levin & Greisberg, 2003; Maguire & Byrne, 2017) and therapists (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015; Neumann & Gamble, 1995). However, other studies are in line with this study's findings (e.g. Maguire & Byrne, 2017). The varying findings might be related to different interpretations of the construct of supervision. Because the construct of supervision was not closely defined in this study's survey, and it is difficult to know the

content of the definition used in similar studies (e.g. Levin & Greisberg, 2003; Maguire & Byrne, 2017), it is challenging to compare the results across studies. The current study's significant association between supervision and anxiety could be understood in the context that those who experience more anxiety reach out for more supervision to combat their anxiety, as supervision has been described as a recommended strategy for reducing VT (Bober & Regehr, 2006). Another explanation for this finding could be that talking about the emotional impact of one's cases and expressing related emotional distress is implicitly disapproved of and/or avoided within the culture and framework of legal practice. Anecdotal accounts gained from correspondence with various asylum lawyers suggest that in the asylum law field, supervision might only involve paper file reviews and appraisals, addressing compliance, quality requirements and processes, and ensuring accuracy of advice given (N. Acharya, personal communication, May 15, 2017). Anecdotally, asylum lawyers report that feelings are very rarely discussed, and that cases are generally discussed in supervision, in terms of strategy and approach only (N. Acharya, personal communication, May 15, 2017). It is difficult to determine which explanation is most plausible, and this requires further study, including longitudinal study designs.

Researchers have shown the importance of trauma-specific training and its preventive influence on VT for less experienced workers (e.g. S. A. Adams & Riggs, 2008; Finklestein et al., 2015; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995), but there was no significant association between trauma-specific training on working with traumatised clients and VT found in the current study.

In the current study, 10–18% of the asylum lawyers reported cognitive disruptions, and the results point to an elevated risk of PTSD, depression, anxiety and stress amongst asylum lawyers working with traumatised asylum seekers. Although self-report assessment

and screening tools (Lovibond & Lovibond, 1995; Pearlman, 2003; Weiss & Marmar, 1997), rather than diagnostic tools, were used in this study, the relatively high percentage of asylum lawyers who obtained high scores on the measures of VT raises reasons for concern.

Limitations

Pilot studies represent a fundamental phase of the research process. The purpose is to examine the feasibility in recruitment and assessment that is intended to be used in a larger study. A pilot study is not a hypothesis testing study and does not aim to provide meaningful effect sizes due to the imprecision inherent in data from small samples (see, for example, Leon, Davis, & Kraemer, 2011). Therefore, although the current pilot study provided further evidence for the impact of VT on asylum lawyers, it is limited in several aspects. Firstly, the sample size was small and may not have been sufficient to detect significant relationships between the target variables. Next, this pilot study had a cross-sectional design and was therefore designed to provide information about the cause and effect relationships of the associations found. Furthermore, participation was based upon a self-selection process, and thus it is impossible to know how representative the sample was. It is possible that those asylum lawyers being affected by the traumatic material at work were more likely to volunteer to participate in the study, as they felt the research was beneficial for them. Conversely, those who are affected the most may not have completed the questionnaire, as they might have believed that participation would increase their distress.

The nature of the self-selection process that comes with the online survey and snowballing method also made it difficult to calculate a response rate. It was only possible to calculate the response rate on the basis of those who completed the online survey versus those who did not complete it. Of the 118 who

started filling out the survey, 70 finished, yielding a finishing rate of 59%. The data from the 48 unfinished questionnaires were left out of the analysis.

In addition, the present pilot study did not distinguish between solicitors, trainee solicitors and barristers, but analysed the three groups as one. This might lead to loss of important information regarding differences between the groups. Moreover, this pilot study has an insufficient number of ethnically diverse asylum lawyers to evaluate how a person's ethnicity might impact the development of VT; therefore it was not possible to investigate whether or not ethnic minority asylum lawyers demonstrate a higher level of VT. For instance, Pearlman and Saakvitne (1995) reason that a minority therapist may be more vulnerable to VT because he/she may be more likely to identify with the marginalised and victimised group. It would be interesting to explore whether this is the case within the asylum lawyer group as well.

Finally, gender and age were only partly analysed in this pilot study due to the small sample size but appear to significantly influence several of the work variables and scales included in this pilot study. Gender and age have been identified as moderating variables influencing the risk of experiencing VT (Ghahramanlou & Brodbeck, 2000; Kassam-Adams, 1995; Vrkleviski & Franklin, 2008), thus it is possible that scores of VT change as a function of gender and/or age. The evidence and literature on this are limited and inconsistent, and it will be necessary to further investigate if gender, age and other moderating variables affect the outcome variables in this pilot study.

Despite these limitations, this pilot study has several strengths. The study is unique as it investigates the impact of VT on a little studied professional group, and it provides evidence that certain work-related risk factors might have a relationship with symptoms of VT. It also provides important directions for further research.

Implications for future research

Longitudinal studies and qualitative methods should be used in future research to explore the mediating and moderating variables involved in VT. This could include exploring resilience in relation to VT, as not everyone finds his or her job distressing. More research is needed on coping strategies, which could either increase or reduce the risks of VT. Qualitative methods might also better capture which aspects of their work asylum lawyers working with traumatised clients find most disturbing. Asylum lawyers who have left their jobs due to experiencing distress in the course of their work with trauma survivors should also be included in future research. Further exploration of the construct of supervision and its components would also be useful to make better sense of how meaningful support can be provided to asylum lawyers to mitigate against VT.

Conclusion

This pilot study is one of the first quantitative studies examining VT in asylum lawyers. Despite the limitations of the pilot study, the findings of this study indicate that asylum lawyers may experience high levels of VT. The pilot study highlights the implications for legal professionals working with traumatised asylum seekers and the need to recognise the potential negative effects. As such, it also highlights the need for employers to take responsibility for fostering awareness of VT risks amongst their staff, for providing information about the topic and for supporting employees at risk. Importantly, if VT is not recognised and efforts made to prevent and address it amongst professionals working in the asylum law field, then there may be serious consequences for the vulnerable individuals whom they represent.

Ethical standards

Declaration of conflicts of interest

Line Rønning has declared no conflicts of interest.

Jocelyn Blumberg has declared no conflicts of interest.

Jesper Dammeyer has declared no conflicts of interest.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study.

Notes

1. While we recognise that there are some differences in the roles of attorneys, lawyers and solicitors, to avoid use of multiple terms we refer to qualified legal professionals as lawyers, rather than referring variously to lawyers, attorneys and solicitors.
2. The UK Home Office hostile environment policy was initially laid out in 2010 and was subsequently strengthened by the immigration acts of 2014 and 2016. It is a set of administrative and legislative measures designed to deter people from entering the UK illegally and to deter those without Leave to Remain from attempting to stay.

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