

The Cost of Making Crime Pay: Post-Traumatic Stress Disorder Symptoms in Canadian Attorneys

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Abstract

While it has been established that attorneys experience more trauma-related symptoms stemming from their work relative to other helping professionals, limited research has been conducted to identify the nature and extent of Post-Traumatic Stress Disorder (PTSD) symptomatology amongst a diverse sample of attorneys. To our knowledge, no study has compared PTSD symptomatology across a sample of Canadian attorneys practicing within multitude domains of law. Our primary objective sought to evaluate the differences in PTSD symptom severity across three groups varying in trauma-exposure: no, moderate, and high trauma-exposure. Levels of trauma-exposure were based on the proportion of trauma-related cases in the attorney's caseloads. We hypothesized that as the attorneys' levels of trauma-exposure increases, there would be a statistically significant increase in PTSD symptomatology. Moreover, we evaluated differences in severity of psychological distress and four distinct aspects of quality of life (i.e., physical, psychological, environmental, social relations) across groups. A sample ($N = 478$) of Canadian attorneys was invited to complete a 15-minute online survey, which included: the PTSD checklist for DSM-5, Life Events Checklist for DSM-5, the Hopkins Symptom Checklist-25, as well as the World Health Organization- Quality of Life measure. Two-tailed three-factor analysis of covariance and post-hoc pairwise comparison tests were conducted on all outcomes, using an alpha level of .05. Results revealed a statistically significant increase in PTSD symptom severity across groups, as work-related trauma-exposure increased, $F(2, 471) = 17.93, p < .001$. In addition, a significant increase in severity of psychological distress was reported among no trauma-exposure group, and the high trauma-exposure group, $F(2, 471) = 5.88, p = .003$. Moreover, significant differences in physical and environmental aspects of quality of life were observed between the no trauma exposure versus the high trauma exposure group. However, no significant differences were found among aspects of quality of life pertaining to psychological

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and social-relations. Overall, this research is a step further into the process that ultimately aims to enhance the professional context of attorneys. Future research should investigate the benefits of utilizing preventative and active resources to address the issue of trauma-related pathology in attorneys in Canada.

RÉSUMÉ

Il a été établi que les avocats manifestent plus de symptômes liés à l'exposition à des traumatismes provenant de leur travail que les autres professionnels de services d'aide. Cela dit, peu de recherches ont été menées avec comme objectif d'identifier la nature et l'étendue de la symptomatologie du trouble de stress post-traumatique (TSPT) auprès d'un échantillon varié d'avocats. À notre connaissance, aucune étude n'a encore comparé la symptomatologie du TSPT auprès d'un échantillon d'avocats canadiens pratiquant dans des domaines de droit aussi variés. Cette étude avait pour objectif principal d'évaluer les différences de sévérité des symptômes du TSPT au sein de trois groupes ayant été exposés, dans le cadre de travail, selon différents niveaux à des traumatismes. Les groupes ont été divisés selon la proportion de dossiers dont le contenu était lié à un ou des événements traumatiques. Ainsi, les avocats ont été classés en trois groupes d'exposition au trauma: sans-exposition, exposition modérée ou exposition élevée. Nous avons émis l'hypothèse qu'une augmentation d'exposition à des traumatismes serait accompagnée d'une augmentation statistiquement significative de la symptomatologie du TSPT. De surcroît, nous avons évalué les différences inter-groupes de la sévérité de détresse psychologique, ainsi que quatre autres aspects distincts de la qualité de vie mais qui peuvent également être atteints, soit les aspects physiques, psychologiques, environnementaux et, sociaux. Un échantillon d'avocats canadiens ($N = 478$) a complété un sondage en ligne de 15 minutes comprenant les questionnaires suivants: le *PTSD checklist for DSM-5*, le *Life Events Checklist for DSM-5*, le *Hopkins Symptom Checklist-25*, ainsi que le *World Health Organization-Quality of Life*. Des analyses bilatérales de covariance à trois niveaux et des tests de comparaison *post-hoc* ont été réalisés, le tout en utilisant un niveau d'alpha de .05. En somme, les résultats ont révélé une augmentation statistiquement significative de la sévérité des symptômes du TSPT à mesure que l'exposition à des traumatismes augmente, $F(2,471) = 17.93, p < 0.001$. Également,

une augmentation significative de la sévérité de la détresse psychologique a été signalée entre les avocats ne travaillant pas avec des dossiers liés à des traumatismes (c.-à-d. sans-exposition) et pour les avocats travaillant principalement avec des dossiers liés à des traumatismes (c.-à-d. exposition élevée), $F(2, 471) = 5.88, p = .003$. De plus, des différences significatives ont été notées au niveau des aspects physiques et environnementaux de la qualité de vie entre le groupe sans exposition à des traumatismes et celui dont l'exposition à des traumatismes est élevée. Cependant, aucune différence significative n'a été observée en ce qui a trait aux aspects psychologiques et sociaux de la qualité de vie. Bref, l'ensemble des résultats de la présente recherche permettent l'avancement des connaissances visant l'amélioration des conditions de travail pour les professionnels du droit. Les futures recherches devraient étudier les avantages apportés par l'utilisation de ressources actives et préventives en tant que moyens d'aborder la problématique de la pathologie liée aux traumatismes chez les avocats canadiens.

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Contribution of Authors

Dr. Alain Brunet and Dr. Jo-Anne Wemmers contributed their expertise in the conceptualization of this research project. Additionally, they have participated in the revision of the final draft of the presented document.

Michelle Lonergan and Dr. Daniel Saumier have also contributed to the revision of several integral documents required for the research project.

I, Marie-Eve Leclerc, contributed to the conceptualization of the project as well as the research design. I was responsible for the review of the relevant literature, writing of the research proposal, conducting the process of ethical approval, recruitment of participants, statistical analyses of the data, and the written thesis.

Chapter I: Introduction

The development of post-traumatic stress disorder (PTSD) symptomatology resulting from long-term cumulative indirect exposure to a trauma-exposed population or material has been an active topic of discussion for decades (Levin & Greisberg, 2003; American Psychiatric Association [APA], 2013). Nevertheless, “repeated indirect exposure to aversive details of an event(s) in the course of one’s professional duties” has only officially been recognized as a stressor criterion in the 5th edition of the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-5) published in 2013, consequently allowing a formal diagnosis of PTSD to be made among the helping professions. This speaks to the recent formal acknowledgements of the impacts of trauma-related work on the professional. Symptoms of PTSD resulting from one’s profession can be expressed as intrusive thoughts or re-experiencing of the primary victim's trauma, somatic symptoms (i.e., sleep disturbances, headaches), avoidance of reminders of the traumatic material, emotional numbing among others (Figley, 1995; Piwowarczyk et al., 2009). In addition, the cumulative process of working with trauma-exposed material can lead to negative changes in mood and cognition, where one's inner experience, including one's professional identity, worldview, spirituality, cognitive beliefs (feeling of safety, trust, intimacy, control) is negatively transformed and profoundly disrupted (Pearlman & Saakvitne, 1995; APA, 2013; Klaric, Kvesic, Mandic, Petrov & Franciskovic, 2013). Research investigating these symptoms among professionals has not only revealed their prevalence, but also their propensity to degrade one’s ability to perform their professional tasks and social functions (Levin, 2008; Levin et al., 2011; McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995).

Attorneys are particularly at risk for trauma and stressor-related symptoms stemming from their professional responsibilities. They can be confronted with pervasive levels of exposure to traumatic material such as testimonies or repeated review of morbid evidence, in the

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context of physical or sexual assault, homicide, child abuse, refugee claimants, civil disputes among others. A handful of studies have revealed that attorneys experience more PTSD symptoms relative to other professionals such as mental health workers (Follette, Polusny & Milbeck, 1994; Levin & Greisberg, 2003; Maguire & Byrne, 2016). Many suggest that this can be explained by the larger proportion of trauma-exposed cases in the attorneys' overall caseloads and their greater amount of hours worked in a week, consequentially leading to more hours spent working on trauma-related cases per week (Finklestein, Stein, Greene & Solomon, 2015; Levin & Greisberg, 2003; Maguire & Byrne, 2016; Piwowarczyk et al., 2009). Unlike mental health professionals, attorneys do not receive trauma-specific training at the educational or institutional levels in which a healthy management of psychological and emotional responses to their clients' trauma could be taught (Maguire & Byrne, 2016; Psychology Board of Australia, 2013; Trippany, Kress & Wilcoxon, 2004). Despite this, research on PTSD symptoms in attorneys is scant, inconsistent, and often suffers from questionable methodology, compromising its generalizability and validity. The large theoretical gap in knowledge pertaining to PTSD in attorneys is reflected in the scarcity of preventative and supportive resources available to detect and address pre-clinical psychological changes in response to trauma exposure resulting from their work (Adam & Rigs, 2008; Psychology Board of Australia, 2013). As a result, many attorneys are inappropriately equipped for certain aspects of their professions, undoubtedly making them an "at-risk population" for the development of work-related PTSD. The arguments above highlight the rationale and relevance of the presented project. This research aims to serve as a concrete starting point to actively address this problem. The following section presents a review of the literature pertaining to trauma, previous research conducted on trauma-exposure in attorneys, the factors involved in attorney's risks for the development of PTSD symptomatology, and finally the study's rationale, objectives and hypothesis.

Chapter II: Review of the Literature

Trauma & PTSD: Definition of Concepts & Terminology

Trauma and PTSD. The *Trauma and Stressor-Related Disorders*, a newly added section of the DSM-5 (APA, 2013), acknowledges that exposure to a stressful or traumatic event may lead to an array of trauma-related pathologies, including PTSD. The PTSD diagnosis includes the stressor criterion, known as criterion A, defined as an event involving exposure to actual or threatened death, serious injury, or sexual assault; it recognizes that an individual can experience the trauma either directly or indirectly (i.e., through a close friend or relative), or experience repeated indirect exposure to aversive details of an event(s) in the course of a professional duty. The PTSD diagnosis consist of four clusters in which symptoms can be classified: (1) intrusive thoughts or re-experiencing of the traumatic event (e.g., nightmares, flashbacks, mental images); (2) cognitive or behavioral avoidance of cues and reminders of the event; (3) physiological symptoms such as hyperarousal and hypervigilance (e.g., insomnia/ difficulty sleeping) and (4) negative alterations in cognitions and mood (e.g., “The world is a dangerous place” [APA, 2013]). This can lead to psychological distress, anger, irritability, feelings of detachment from others, and diminished interest in activities among others. Symptoms of traumatic stress that last less than one month describes an acute stress disorder, while symptoms that persist for more than one month describes a PTSD (APA, 2013).

Clarifying terminology. Prior to the addition of repeated indirect exposure to traumatic material in one’s work as a stressor criterion of the DSM-5, no diagnostic recognition was available for professionals expressing symptoms of PTSD in response to trauma-exposure in their workplace. As a result, several non-diagnostic terms were used to describe such symptoms, including: secondary traumatic stress, vicarious trauma or traumatization, compassion fatigue, burnout, cost of caring, occupational stress, indirect victimization, contact victimization, ect.

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Many of these terms conceptually overlap and were often used interchangeably, yet each construct possesses distinguishing features in their operational definition. The revisions made in the DSM-5 provided a much-needed formal and stable framework to describe the impacts of trauma-related work. It is nonetheless important to highlight the progression of the terminology as well as the differences between PTSD and the numerous terms previously used to describe these impacts. A brief explanation of a few key construct will clarify some of the terminology surrounding impacts of trauma-exposed work.

The concept of burnout is defined as a deterioration of idealism pertaining to one's profession, or a gradual accumulation of occupational stress (Farber & Heifetz 1982; Baird & Jenkins, 2003; Piwowarczyk et al., 2009). Occupational stress reflects ongoing work-related stress, which can result from a lack of support, high stress and low reward system, a work overload, responsibilities above one's abilities, and a hostile work environment amongst others (Hasnain et al., 2010). These constructs are not limited to trauma-exposed professions.

Compassion fatigue or the phenomenon referred to as *cost of caring*, are primarily used to designate an accumulation of fatigue in emotions of sympathy for others afflicted with suffering and misfortune (Figley, 1995; Joinson, 1992). Unlike all the terms described, which always designate gradual processes over time, work-related PTSD can arise abruptly and is always a result of a traumatic event experienced directly or indirectly (Hasnain et al., 2010; Klaric et al., 2013). Vicarious trauma (or traumatization) and secondary traumatic stress were two of the most up to date and commonly utilized concepts. While both terms conceptually overlap, and describe the long-term impact of working with a traumatized population, their focus differ. Vicarious trauma describes a profound disruption in cognitive schemas, including one's inner experience of the world and feelings of safety, now known as the construct of *altered mood and cognition*, one of the PTSD symptom cluster (APA, 2013; Pearlman & Saakvitne, 1995). Secondary traumatic

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stress is the non-diagnostic term previously used to describe PTSD symptomatology before the phenomenon was officially recognized as PTSD in the DSM-5 (Klaric et al., 2013; Jenkins & Baird, 2005; Piwowarczyk et al., 2009).

Attorneys: An ‘At-Risk’ Population

Roles and perceptions of attorneys. It is no secret that the justice system holds the reputation of being accusatory, hostile, cynical and aggressive (Allan, 1998). A survey conducted in the province of Quebec revealed that nearly half of the population holds negative opinions of the justice system (INFRA, 2016). Out of judges, notaries, police officers and court administrative staff, attorneys are the least trusted by civilians (Turenne, 2016; INFRA, 2016). Some experts suggest that the difference lies in the unique and often paradoxical social and professional roles held by attorneys (Turenne, 2016; Rothstein, 2008). Attorneys often find themselves in a role-paradox: they must simultaneously embody the role of a justice system officer, while also representing their clients, whoever they might be. In addition, they must do so in a context in which the slightest error may result in grievous consequences (Allan, 1998). Furthermore, as explained by Langford (2005), losing a case can not only erode the professional ego and impair reputation and professional success, but it also opens the door to reproaches from clients and superiors. From 1987 to 2008, the quantity of lawyers increased by 98% in the province of Quebec, while the overall population has only increased by 15% (Barreau-Metre 2015). This statistic goes to show that in addition to the high stakes, high pressure, and high expectations of the work, the increasing numbers of attorneys every year only adds to the already competitive nature of the profession (Allan, 1998; Barreau-Metre 2015). The fact that attorneys are under constant scrutiny and judgment from the court, their adversaries, superiors, colleagues, the public, and the media, could be one of many explanations as to why they express some of the highest levels of depression and anxiety symptoms across all professions (Langford 2005). The

cause for such inflated rates of psychological distress is likely an amalgamation of accumulated factors (Langford 2005; Levin et al., 2011; Vrkleviski & Franklin, 2008).

Attorneys are trained to develop and maintain emotionally withdrawn features for the success of their practice, such as the ability to constantly be judgmental, intellectual, critical and decisive, among others. Yet they are constantly confronted with emotionally distressed clients that informally expect their attorney to momentarily embody a counseling role – a role for which attorneys are not explicitly trained. Although it may be difficult for attorneys to not empathize with their clients, empathetic engagement is one of the key factors in the development of altered mood and cognitions, one of the four symptom clusters characterizing PTSD (McCann & Pearlman, 1990; APA, 2013). Mental health workers report that directly partaking in the client's healing process and following the client's emotional and psychological recovery makes their work meaningful and fulfilling (Sabin-Farrell & Turpin, 2003). In addition to trauma-informed training, debriefing among colleagues is common practice among mental health professionals and it is often incorporated in daily practices. Such factors, among others, potentially act as buffers for the negative psychological consequences of the more difficult aspects of their work, such as the trauma-exposure (Sabin-Farrell & Turpin, 2003). There is no evidence that attorneys engage with such buffers in their professional tasks, or they may not have access to such techniques to alleviate difficult aspects of their careers. One explanation for the lack of debriefing among attorneys could be the presence of stigma around the notion of mental health (Henningesen & Cionea, 2007).

Mental health stigmatization among attorneys. The practice of law is prestigious and powerful, and when power is involved, stigma is a threat. Bearing titles such as “*Mental Health is not a Sign of Weakness*” or “*Solving the Stigma of Lawyer Mental Health*”, a plethora of grey literature identifies mental health issues as stigmatized among attorneys (LAWPRO, 2016; Bruce

& Phelan, 2001; Cline, 2015; White, 2016; Silverthorn, 2015). According to Goffman (1963), stigma can be defined as a cognitive classification associated with certain stereotypes, and it usually results in a loss of power such as discrimination or prejudice. The public's perception and expectations of attorneys are to be competitive, argumentative, dominant, and most importantly, to win legal battles. Violating these expectations can be perceived as weakness (Langford, 2005). Compared to other professionals who may be more liberal in engaging in dialogues regarding mental health, attorneys are often perceived as stoic legal consultants and are expected to perform professional detachment from their clients or their stories (Langford, 2005; Murray & Royer, 2008). Deviating from this stringent role expectation could lead to lingering repercussions (Maguire & Byrne, 2016; Vrkleviski & Franklin, 2008). A research conducted by Henningsen and Cionea (2007) revealed that attorneys demonstrating sensitivity and comfort in response to their clients' emotional expressions are perceived as less competent. These same authors demonstrated that for many attorneys, word of mouth is one of the most powerful marketing techniques, making the client's perception of the attorney's competency a predictive factor of the attorneys' professional success (Henningsen & Cionea, 2007). In the professional culture of attorneys, signs of mental disorders can and will be perceived as a dysfunction preventing them from fulfilling their professional duties (LAWPRO, 2016; Lockwood, 2016; Bruce & Phelan, 2001; Cline, 2015; White, 2016; Silverthorn, 2015).

In other professions, reducing incidences of trauma-related pathologies has been achieved by implementing a trauma-informed approach at the educational, organizational and institutional level. This has been done through the implementation of psychoeducation, trauma-specific trainings, and providing supportive resources and self-care programs among others, to detect and address pre-clinical psychological changes in response to trauma exposure of their clients (Adam & Rigs, 2008; Bell, Kulkarni, & Dalton, 2003; Trippany et al., 2004; Australian Association of

Social Work, 2013; Psychology Board of Australia, 2013). In many disciplines, the incorporation of these measures has opened the dialogue on mental health and consequently decreased the adjacent stigmatization.

Impact of Work-Related Trauma-Exposure

Post-traumatic stress in the legal arena. One of the first studies conducted on trauma-related symptoms in the legal arena was conducted by Follette, Polusny, and Milbeck (1994) who compared PTSD symptoms severity amongst police officers and mental health professionals, both exposed to a population of child sexual abuse victims. This study revealed that police officers reported more trauma-related symptoms and psychological distress compared to the mental health professionals (Follette et al., 1994). This study played a relevant role in demonstrating the impact of working with a traumatized population on professionals other than mental health, community, or social workers. In the last decade, research has increasingly been directed at the impact of trauma-exposure in populations of court and legal professionals (Chamberlain & Miller, 2008; Chamberlain & Miller, 2009; Hafemerster & Ventis, 1992; Jaffe, Crooks, Dunford-Jackson & Town, 2003). For instance, a study conducted by Jaffe and colleagues (2003) determined that 63% of judges' experience at least one symptom of PTSD. Congruently, a review conducted in 2016 revealed that that up to 50% of criminal jurors can experience trauma-related symptoms following their involvement with the criminal court (Lonergan, Leclerc, Descamps, Pigeon, & Brunet, 2016). Nonetheless, little attention has been focused on attorneys as only a handful of empirical studies has focused on the impact of working with traumatic material in attorneys, and even less have narrowed their focus to PTSD symptomatology.

PTSD symptoms in attorneys. Despite the crucial role of attorneys as social advocates in societal functioning, the issue of trauma-related symptoms in attorneys is relatively recent.

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One of the first studies investigating PTSD symptoms in attorneys was conducted by Levin and Greisberg (2003). The authors conducted a survey comparing symptoms of PTSD and burnout in four groups: domestic abuse attorneys, criminal defendants, mental health providers, and social workers. The study revealed that both groups of attorneys experienced higher levels of PTSD symptoms and burnout relative to the mental health providers and social workers. It was suggested that these results are directly related to the attorney's heavier caseloads and the lack of education on trauma and its repercussion on the professionals' wellbeing (Levin & Greisberg, 2003). More recently, Maguire and Byrne (2016) evaluated both vicarious trauma and PTSD symptomatology in attorneys specializing in criminal and family law versus a diverse sample of mental health professionals. Congruent with Levin and Greisberg's (2003) study, attorneys scored higher on the severity of PTSD symptoms (mild range) compared to the mental health professionals (subclinical range). In addition, attorneys expressed more symptoms of anxiety and depression relative to the mental health workers (Maguire & Byrne, 2016). Vrklevski and Franklin (2008) investigated vicarious trauma in criminal attorneys and solicitors. Results revealed that criminal attorneys reported significantly higher levels of psychological distress, vicarious trauma symptoms, depression, stress, and changes in feelings of overall safety and intimacy (Vrklevski & Franklin, 2008). The research also demonstrated that a history of multiple traumas was associated with high scores on symptomatic distress. Although Levin and Greisberg and Vrklevski and Franklin's studies truly represents a milestone in uncovering the extent of the repercussions of trauma-exposed work in attorneys, a lack of formal statistical hypothesis testing, descriptive statistics, and the undefined nature of the trauma-exposed cases for all comparative groups leaves many questions unanswered. In 2011, Levin and colleagues followed up on their previous investigation and compared symptoms of PTSD between criminal defense attorneys and their administrative support staff using a large sample of 238 attorneys compared to 109

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assistants. Once again, research findings were congruent with the literature; PTSD symptoms, along with functional impairment and burnout symptoms, were more prevalent among the attorneys. The use of administrative assistants as the comparison group may reflect a study limitation as the sample characteristics between attorneys and their assistants contain considerable differences in the level of education, nature of the professional roles, and responsibilities among others. This study was followed by a longitudinal investigation of changes in PTSD symptom severity over time, which highlighted the stability in symptoms over a 10-month period among attorneys (Levin, Besser, Albert, Smith & Neria, 2012).

A research comparing stress levels and overall wellbeing between civil and criminal attorneys concluded that criminal attorneys experienced significantly more stress than their peers in civil law practice (Hasnain, Naz, & Bano, 2010). The authors of this study suggest that the additional stress may be due to the additional trauma-exposure experienced by the criminal attorneys. A significant effect of law typology on stress has been identified in several other studies which have establish that attorneys that practice domains of law in which trauma-exposure is more common express more symptoms of stress and psychological distress relative to legal domains in which attorneys are less likely to encounter trauma-related material (Hasnain et al., 2010; Vrklevski & Franklin, 2008). Comparing two groups of attorneys reflects an interesting perspective as the groups share many similarities in nature, leaving less variability due to reasons other than law typology practiced. Nonetheless, the studies discussed above did not assess the presence or quantity of trauma-exposure per domain of practice (e.g., civil, criminal) and the nature of the trauma involved was also not documented, leaving much space for assumptions. A study conducted on *pro-bono* asylum attorneys examined PTSD symptoms in a sample of 57 attorneys, and found that 87% of them had two or more symptoms of PTSD, and 9% scored in the mild to severe range for depression and anxiety symptoms (Piwowarczyk et al.,

2009). However, generalizability of these findings might be jeopardized by the specificity of the sample and the lack any formal hypothesis testing using statistical methods.

In summary, the review of the literature presented here indicates that attorneys express more symptoms of PTSD relative to other professionals, and suggests that research on psychological well-being of attorneys has been neglected compared to other professions. Secondly, attorneys who practice in legal domains in which trauma-exposure is more common (e.g., criminal) tend to express more symptoms of PTSD and psychological distress relative to attorneys that practice in legal domains in which trauma-exposure is less common (e.g., civil). This brings us to inquire which factors or set of factors can explain these findings.

Risk factors. A meta-analysis conducted on the risk factors involved in the development of PTSD in the general population reviewed 68 studies and identified seven global categories of significant predictors (Ozer, Best, Lipsey & Weiss, 2003). Five of those seven categories can be applied to indirect work-related trauma-exposure, including: a history of trauma, prior psychological adjustment, family history of psychopathology, post-trauma social support, and emotional responses to trauma exposure. However, factors operating during or after exposure to a traumatic event (e.g., emotional responses to trauma, social support) tend to represent stronger predictors of PTSD relative to distal factors established before exposure to the traumatic event (e.g., history of psychopathology, personality traits, prior trauma; Ozer, et al., 2003; see also Brewin, Andrews & Valentine, 2000).

Some of the studies discussed in the previous sections extended their investigation into possible contributing factors to PTSD symptomatology, specifically in the context of indirect work-related trauma exposure experienced by attorneys. Maguire and Byrne (2016) concluded that the higher rates of PTSD symptomatology in attorneys were not due to personality differences. Rather, the authors suggest that attorneys' vulnerability to developing such

symptoms lie in organizational and professional factors, including a lack of support within the work environment, absence of debriefing or supervision and inadequate formal trauma-specific training. Attorneys have subjectively identified several factors as contributors, including: harsh time constraints, burdensome overloads, constant economic competition, the high number of hours worked leaving little time for self-care and tension-relieving activities, the negative public perception, unjust promotions, and the lack of respect and courtesy from the superiors and adversaries, shortage of administrative support, scarcity of systematic education on trauma, and the dearth of resources for regular ventilation among others (Allan, 1998; Langford, 2005; Levin & Greisberg, 2003). Although many of these factors are not attorney-specific, their combination might be.

Some of the most empirically supported factors which have been identified as contributors to PTSD symptomatology are: the number of weekly hours of work and greater overall direct exposure with trauma-exposed clients such as the number of weeks or months working with the same case (Stamm, 1999; Levin & Greisberg, 2003; Levin et al., 2008; Levin et al., 2011, Piwowarczyk et al., 2009; Schauben & Frazier, 1995). Many additional factors were inconsistent across the literature, including: history of prior trauma (childhood or adulthood), influence of gender, age, and years of experience (Levin & Greisberg, 2003; LAWPRO, 2016; Vrklevski & Franklin, 2008; Hasnain et al., 2010; Levin et al., 2011). The inconsistencies among contributing factors and the numbers of factors that have yet to be supported empirically truly highlight the intricacy of this phenomenon and the need for further empirical exploration.

Limitations of previous literature. Although preliminary results depicting the trauma-related pathology symptoms in attorneys provide the basis of the present research, empirical investigations conducted so far are embedded with research limitations that mitigate a clear characterization of the problem. For example, in many studies the reporting of statistical results,

if even conducted, was lacking, including the inclusion of basic descriptive statistics of the group characteristics. In addition, with the exception of Piwowarczyk et al. (2009), no study has explicitly described the nature of the trauma-exposed cases; there has been very limited, if any, operational definition of trauma exposure. Comparing trauma-related symptoms between attorneys and the highly researched group of mental health professionals have truly served its purpose in bringing to light the extent to which attorneys reflect an at-risk population for trauma-pathology. However, the comparison is restrictive in nature, as several fundamental differences between the professions (i.e., social, professional roles and expectations, training) that may buffer or exacerbate impacts of trauma-exposed work, are not considered. Furthermore, research that focus on attorneys tends to predominantly target attorneys working in one or two legal disciplines at most, which limits generalizing results to attorneys practicing in various legal domains. Considering the extensive diversity of legal discipline in which an attorney can practice, this limitation considerably limits generalizability of findings. Also, the assumption that attorneys are trauma-exposed or not solely based on the legal domain in which they practice (e.g., criminal lawyers) can be problematic when interpreting results. For example, although criminal law tends to involve trauma, not all criminal attorneys work with trauma-exposed material. Another limitation can be found in the dictation of binary levels of trauma exposure (i.e., trauma or no trauma) may misrepresent some of the impacts of trauma-exposure as the amount of trauma-related cases in the attorney's overall caseload may drastically vary from one attorney to the next. From a psychosocial perspective, the arguments above highlight a need for further research in this area to determine if specialized psychological services would be needed for attorneys in Canada. The current research will seek to address these limitations.

Rationale, objectives and hypotheses

Study rationale. The present study aimed to assess the severity of PTSD symptomatology in Canadian attorneys while addressing a number of limitations found in previous research. This includes: providing detailed descriptive statistics of the researched sample, operational definitions of trauma exposure, the classification of attorneys based on their level of work-related trauma exposure rather than by legal typology practiced, a documentation regarding the nature of trauma-exposed cases, and inclusivity of attorneys practicing in all domains of law. Furthermore, the conceptualization and criteria of PTSD used in this study adheres to the newly revised 5th edition of the DSM.

Objectives and hypotheses. To our knowledge, research has yet to include attorneys practicing in over 23 different legal domains across Canada, use a multi-level representation of trauma-exposure based on each individual attorney's caseload, and examined the PTSD symptomatology among attorneys using the updated conceptualization of PTSD published in 2013 (APA, 2013). The primary objective of the study sought to identify statistically significant differences in PTSD symptom severity between three groups of attorneys working with varying levels of trauma-exposure. In light of previous research, we hypothesize that the PTSD symptoms severity will differ based on the level of trauma exposure experienced by the attorneys. More specifically, we hypothesized that (1) moderate trauma-exposure group score higher on average than the no trauma-exposure group on the PTSD measure, and that (2) the high trauma-exposure group score higher than the moderate trauma exposure group on that same measure. Secondary objectives of the study sought to evaluate differences among the three trauma-exposure groups in regards to levels of psychological distress, quality of life, and the type of traumatic events characterizing attorney caseloads. Overall, this would provide a more complete picture of the 'trauma-exposed caseload' of Canadian attorneys. This quantitative

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cross-sectional design utilized a convenience sample of attorneys residing and practicing in Canada.

Chapter III: Study

Participants

To meet the study's inclusion criteria, participants were required to be certified to practice at the time of the study, be working in their current legal domain for a minimum of one year, and read/understand either French or English. Participants who did not meet these inclusion criteria were excluded. We recruited participants from December 2016 to April 2017.

Recruitment was aided by collaborating with several agencies, associations, private firms and individual lawyers across various Canadian provinces and territories. Efforts were aimed at obtaining a fair representation of the legal professionals across disciplines and geographical spread. Three mutually exclusive categories of trauma exposure were created based on the reported proportion of trauma-related cases found in each attorneys' caseloads: (1) no trauma-exposure (0% of the caseload), (2) moderate trauma-exposure (1-50% of the caseload), and (3) high trauma-exposure (51-100%). These categories were created with the intent of depicting the relationship between trauma-exposure and PTSD symptomatology with more precision.

Operational definitions. In the context of this study, an attorney is an individual who is legally qualified and licensed to represent a person in a legal matter, such as a transaction or lawsuit (Merriam-Webster, 2016). In this research, we define trauma-exposed attorneys as those who work with clients who have requested their professional legal services in relation to a traumatic event that they have experienced directly or indirectly, as a victim or perpetrator in the last 12 months. Trauma-exposed attorneys were asked to indicate the approximate percentage of their overall caseload that qualified as trauma-exposed cases. Only participants who declared that none of their cases involved a traumatic event or traumatic material were classified as non-trauma exposed attorneys.

Participant consent, data handling, record keeping and confidentiality. This study was conducted in line with the ethical approval granted by the *McGill University's Institutional Review Board* of the Department of Medicine, and is in accordance with the Canadian Tri-Council Policy Statement of ethical conduct for research involving humans. Participation was provided on voluntary basis and each respondent had to agree to the terms and conditions of the consent form, informing them of the participant rights, risk and benefits of participation prior accessing the online survey. No compensation was offered for participation to the study. See appendix A to see participant consent forms.

Measures

Socio-demographic and work-related variables. The *Participant Sociodemographic Questionnaire* is a 26-item questionnaire that documented two main sets of information: (a) demographic information and (b) work-related information. The demographic questions included: sex, age-range, geographical location, ethnicity, level of education, marital status and family composition, income, use of sick-leaves, health professional service usage, and medication use. Work-related questions included: number of weekly hours a week working, number of years of work, legal domain practiced, composition and proportions of trauma-exposed cases. The information from this questionnaire was reported through descriptive analyses. To see the complete questionnaire, please refer to appendix D and E.

List of traumatic event. The *Life Event Checklist for DSM-5* (LEC-5; Weathers et al., 2013) is a 17-item self-report measure. The items assess exposure to 16 events known to potentially result in trauma symptoms or distress and include one additional item assessing any other extraordinarily stressful event not captured in the first 16 items. For each question, the participant must check the appropriate box, within a selection of the following responses: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about

it happening to a close family member or close friend; (d) you were exposed to it as part of your job; (e) it doesn't apply to you. The LEC-5 was included in order to document the exact types of trauma present in the trauma-related cases with which the attorneys work, which are reported with descriptive analyses. The checklist was also used to document the number of direct traumas experienced by the respondents in their personal life, to be used as covariates in the statistical analysis. In addition, the 16 items of the LEC-5 were utilized in the participant questionnaire to present the operational definition of what is considered a traumatic event in inform the attorneys of what would constitute a trauma-exposed case. See appendix D and E for the full measure.

PTSD symptomatology. The *PTSD Checklist for DSM-5* (PCL-5; Ashbaugh et al., 2016) is a 20-item self-report measure that assesses the DSM-5 symptoms of PTSD in the past 30 days. This measure is adapted from the original PCL-S so as to map directly onto the current DSM-5 PTSD's symptom criteria. Respondents were instructed to rate each item on a 5-point Likert scale to indicate the severity of a particular symptom during the past month, rating from 0 to 4 (0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, and 4 = Extremely). Respondents were instructed to direct the questionnaire to their overall work experience or in relation to a specific case. Scores are computed by summing all items (range: 0-80). Higher scores indicate higher severity of PTSD symptomatology. Participants were considered to meet the DSM-5 PTSD criteria if they reported at least: one symptom of intrusion, one of avoidance, two symptoms of altered mood and cognition and two symptoms of hyperarousal, all of which identified to at least moderate severity (i.e., a score of 2). See appendix D and E for the full measure.

Psychological distress. The *Hopkins Symptom Checklist-25* (HSCL-25; Winokur, Winokur, Rickels & Cox, 1984) the abbreviated version of the Symptom Checklist - 90 is a reliable and valid self-report questionnaire that measures distress. More precisely, the measures

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segregates into two clusters of symptoms: depression and anxiety. Participants are asked to rate on a 5-point Likert type scale the intensity with which they have experienced each symptom over the previous two weeks from 0 (Not at all) to 4 (Extremely). Scores are computed by averaging the scores of each subscale items. The total measure score ranges from 1.00 to 3.24. Individuals who score greater than 1.75 on the anxiety and/ or depression subscale demonstrate clinically problematic levels of distress and should be referred to a professional (Winokur *et al.*, 1984; (Kleijn, Hovens & Rodenburg, 2001). Higher scores indicate increased severity of distress (Halepota & Wasif, 2001). See appendix D and E for the full measure.

Quality of life. The World Health Organization - Quality of Life (WHOQOL-BREF; (Skevington, Lotfy, & O'Connell, 2004) is an international, cross-culturally comparable valid and reliable self-report measure of perceived quality of life developed in 1997 by the World Health Organization. The scale comprises of 26 items rated on a 5-point Likert scale that assess quality of life in 4 key domains: physical health, psychological health, social relationships, and environment. The physical domain refers to activities of daily living, levels of energy, fatigue, pain, quality of sleep and work capacity. The psychological components refer to the body imagine, positive and negative feelings, self-esteem, spirituality, memory, concentration and learning abilities. The social relations domains refer to personal relationships, social support and sexual activity. Lastly, environmental domain pertains to home environment, financial resources, opportunities for recreations and leisure among others. A total quality of life score is obtained via two individually scored items; one about the respondent's overall perception of quality of life and the second about the respondent's overall perception of their health. All domains are scaled in a positive direction, where higher scores indicate higher perceived quality of life. Only three items are reversed before scoring. Scores are computed by summing all items. Minimum and maximum of the raw scores differ for each of the four domains: physical health (7-35),

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psychological health (6-30), social relationships (3-15), and environment (8-40; World Health Organization, 2017). After transformation, the scores are converted into a 0-100 scale, in which a cut-off score of 60 and higher reflects the acceptable level of quality of life (Silva, Soares, Santos & Silva, 2014). See appendix D and E for the full measure.

Survey software. This survey application *Survey Monkey*, has implemented account-based access, data encryption and other tools to ensure safe usage of their services. The survey data collected is owned by the survey creator and does not sell this data to third parties or use it for purposes unrelated to the survey creator unless given permission by the creator or are required by law. Survey Monkey shares information with their service providers who are contractually bound to keep this information confidential. The survey data is stored in servers located in the United States. Users have little reason to be concerned about the U.S. Patriot Act which allows the US government to make data requests from Survey Monkey as this is mainly used for cases of suspected illegal activity. Once the survey creator terminates their contract with Survey Monkey, the data will be fully purged from their system within 14 - 90 days after deletion to allow for the possibility of data recovery. Some residual copies may remain as backup media for up to 12 months after the termination of a contract and disappears after this time frame.

Procedures

All participants were assessed using a web-based online survey. The online survey hyperlink was distributed in one of two ways: (a) an electronic invitation sent directly from the survey software to the attorney's e-mail, or (b) using a hyperlink that can be shared infinitely (e.g., posted on social media or sent to large groups via email). The electronic invitations sent from the survey software could only be completed by the participant who received the email. The invitation included a brief description of the research and provided the option of completing the

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survey in French or in English. Once the participations clicked on their language of preference, the online survey webpage would appear at the language appropriate consent form where terms and conditions had to be approved before accessing to the survey. This technique required the input the attorney's email address into the survey software, which also allowed tracking some information regarding the respondent's participation. The tracking feature of the survey was used to send reminders, up to three one week apart. Participants were provided the option to opt out and be removed from the list of participants, and thus not receive any reminders. Agencies that wished to collaborate but did not want to divulge their member's email information opted for the hyperlink method. In those circumstances, the hyperlink, along with a brief research description was distributed via a member or gatekeeper of the organization (e.g., resource directors, administrative assistant). Since the link can be shared indefinitely, no tracking feature and therefore no reminders accompanied this method of survey distribution. Once the respondent clicked on the hyperlink, they were provided with a choice of preferred language, which directed them to the language appropriate online consent form before accessing the survey. The choice of which method was used to reach the attorneys varied based on the collaborator's preferences, however the large majority preferred to use the direct electronic invitation in order to have the option of reminders. All surveys were completed electronically and all respondent information was kept on the survey software.

Statistical Analyses

All analyses were conducted using IBM SPSS Statistics (version 23). Descriptive statistics were calculated for the demographic and work-related variables found in the participant questionnaire. Considering the categorical nature of the variables, groups were compared on relevant baseline variables using two-tailed chi-square tests with alpha set at .05 (Table 1). Following those initial tests, the main hypothesis was tested utilizing a between-subject

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ANCOVA with three levels to evaluate the effect of the levels of trauma exposure on PTSD symptom severity. Based on previous literature discussed previously, covariates included hours of work a week, gender, years of experience, and history of prior trauma. A two-tailed test was set at an alpha of .05. Post-hoc Bonferroni contrast analyses were conducted between each levels of the group. In light of previous research, we hypothesize that the PTSD symptoms severity will differ based on the level of trauma exposure experienced by the attorneys. More specifically, we hypothesized that the moderate trauma-exposure group score higher on average relative to the no trauma-exposure group on the PTSD measure, and that the high trauma-exposure group score higher than the moderate trauma exposure group on that same measure.

Differences in the severity of psychological distress and quality of life among groups were explored using between-subject ANCOVAs with three levels (of trauma exposure). Covariates included hours of work a week, gender, years of experience and history of prior trauma. A two-tailed test with an alpha set at .05 was conducted. Post hoc Bonferroni contrast analyses were conducted between groups. It was anticipated that increased trauma-exposure would be associated with increased severity of psychological distress and decreased quality of life. The type of trauma found in the attorney's caseload was documented using the PTSD Checklist for the DSM-5 (Ashbaugh et al., 2016) and was analyzed using descriptive statistics, including: number of observations (frequency) and sample percentages.

Chapter IV: Results

Descriptive Characteristics of the Sample

A total of 868 respondents clicked on the link of the survey. From this total, 390 respondents had either not completed the full survey or did not meet the inclusion criteria and were thus removed from the analysis, resulting in a final sample of 478 eligible participants included in the research. The sample included attorneys practicing in over 23 types of legal domain, as listed in Table 2. Approximately 55 percent of the sample was French speaking and the remaining was English speaking. The large majority of the respondents were Caucasian (89%), born in Canada (85%), and residents of the province of Quebec (59%), leaving the remainder of the respondents spread across ten Canadian provinces and territories. Over half of the sample had been working in their current specialization for ten years or more, approximately 40% of the sample work between 46 and 55 hours a week and nearly 40% of the sample did not have children. The percentage of hours spent working on trauma-related cases was proportional to the percentage of trauma-exposed cases in the respondent's caseloads. A total of 52% had been on sick leave at least once in their life. All statistics relating to the demographic and work-related information are shown in Table 2 and 3.

Descriptive statistics depicting the differences in relevant demographic and work-related variables between the three groups of trauma-exposure revealed significant differences in gender, weekly hours of work, income, and history of prior trauma. The group differences pertaining to relevant demographic information and work related variables are available in Table 1.

Primary Objective Analyses

Effect of trauma-exposure on PTSD symptom severity. An ANCOVA was conducted to determine the effects of trauma-exposure on PTSD symptom severity. Prior trauma-exposure and increased weekly hours of work were both significant covariates in this model, $F(1, 471) =$

4.79, $p = .029$, partial $\eta^2 = .010$, and $F(1, 471) = 9.77$, $p = .002$, partial $\eta^2 = .02$ respectively. After adjustment of the covariates, there was a statistically significant difference in PTSD symptom severity between trauma-exposure groups, $F(2, 471) = 17.93$, $p = .001$, partial $\eta^2 = .071$. Post hoc analysis was performed using a Bonferroni adjustment. There was a statistically significant increase in PTSD symptom severity between all groups. See Table 4 for the pairwise comparison table, as well as Figure 1 for a graph of the data. It is also worthy of mention that 43 (29 females, 14 males) participants of the total sample (9.2%), expressed symptoms that were congruent with the DSM-5 diagnostic criteria for PTSD at the time of the study.

Secondary Objective Analyses

Effect of trauma-exposure on psychological distress. An ANCOVA was computed to determine the effects of trauma-exposure on the level of psychological distress, after controlling for weekly hours of work, gender, years of experience and history of prior trauma. Gender, $F(1, 471) = 10.43$, $p = .001$, partial $\eta^2 = .022$, history of prior trauma, $F(1, 471) = 7.95$, $p = .005$, partial $\eta^2 = .017$ and weekly hours of work, $F(1, 471) = 13.85$, $p = .001$, partial $\eta^2 = .029$ were all significant covariates in this model. After adjustment of the covariates, there was a statistically significant difference in levels of psychological distress between trauma-exposure groups, $F(2, 471) = 5.88$, $p = .003$, partial $\eta^2 = .024$. A post hoc analysis was performed using a Bonferroni adjustment, and revealed a statistically significant increase in levels of psychological distress between the no-exposure group ($M = 1.41$, $SE = .04$) and the high-exposure group ($M = 1.60$, $SE = .04$), with a mean difference of .193 and 95% CI $[-.33, .06]$, $p = .002$. No significant increase in levels of pathological distress was observed between the moderate and high exposure groups.

In addition, 110 participants (73 women, 35 males and 2 undisclosed genders), 23% of the sample, met or exceeded the cut-off score of 1.75 on the measure, representing clinically problematic levels of distress.

Effect of trauma-exposure on quality of life. One question of the questionnaire asked the respondents to rate their overall quality of life. A total of 79% of the sample rated their overall quality of life as good or very good, 16% as neither good nor poor and 5% as poor or very poor. Subsequently, ANCOVAs were computed to determine the effects of trauma-exposure on the four aspects of quality of life, including physical, psychological, social relation and environmental domains, after controlling for weekly hours of work, gender, years of experience and history of prior trauma.

Analyses on the physical domain of quality of life revealed that gender, $F(1, 467) = 5.04$, $p = .025$, partial $\eta^2 = .011$, and weekly hours of work, $F(1, 467) = 4.03$, $p = .045$, partial $\eta^2 = .009$ were both significant covariates. After adjustment of the covariates, there was a statistically significant difference in domain of physical quality of life between trauma-exposure groups, $F(2, 467) = 4.83$, $p = .008$, partial $\eta^2 = .020$. A post hoc analysis was performed using a Bonferroni adjustment, and revealed a statistically significant decrease in physical domain of quality of life between the no-exposure group ($M = 75.83$, $SE = 1.2$) and the high-exposure group ($M = 70.05$, $SE = 1.41$), with a mean difference of 5.78 and 95% CI [1.31, 10.25], $p = .006$.

Analyses on the environmental domain of quality of life revealed that weekly hours of work, $F(1, 470) = 6.79$, $p = .009$, partial $\eta^2 = .014$ and the number of years of work, $F(1, 470) = 21.31$, $p = .001$, partial $\eta^2 = .043$ were significant covariates in this model. After adjustment of the covariates, there was a statistically significant difference in the environmental domain of quality of life between trauma-exposure groups, $F(2, 470) = 4.75$, $p = .009$, partial $\eta^2 = .020$. A post hoc analysis was performed using a Bonferroni adjustment, and revealed a statistically significant decrease in environmental domain of quality of life between the no-exposure group ($M = 76.22$, $SE = 1.07$) and the high-exposure group ($M = 71.36$, $SE = 1.25$), with a mean difference of 4.86 and 95% CI [0.90, 8.83], $p = .010$. Regardless of demonstrating a similar

pattern in scores as on the physical and environmental domains, no statistically significant differences were observed in psychological and social relation domains of quality of life across trauma-exposure groups.

Types of trauma documented. The type of trauma found in the attorney's caseload was documented using the LEC-5 (Weathers et al., 2013) and was analyzed using descriptive statistics, including: number of observations (frequencies) and percentages. Interpersonal and conjugal violence, followed by physical abuse or assault were the most commonly encountered type of trauma identified by attorneys to describe the composition of their trauma-related cases. To see the complete list of documented type and frequency of trauma involved in the attorney's caseloads, see table 5.

Chapter V: Discussion

Main Findings

Data collected from 478 attorneys across the country indicate that there is a statistically significant increase in PTSD symptomatology as the attorney's proportion of trauma-related cases increases, meeting this study's main hypothesis. Although risk factors have been inconsistent across literature, this study has demonstrated that female gender and increased hours of work a week have a significant impact on PTSD and psychological distress symptoms. In addition, as hours of work increase, PTSD symptoms severity scores also significantly increase. Participants with a history of direct prior trauma in their personal life scored three points higher on average on the PTSD measure, relative to those with no antecedent of personal trauma. This suggest that in this sample, history of prior trauma represents a significant distal factor of psychopathology among trauma-exposed attorneys.

In 2008, the Canadian prevalence rate of lifetime PTSD, meaning individuals who had at some point in their life time expressed symptoms congruent with a PTSD diagnosis was estimated to be 9.2% (Van Ameringen, Mancini, Patterson & Boyle, 2008). The period prevalence estimate PTSD rate, individuals who had expressed symptoms congruent with a PTSD diagnosis in the last month, was estimated to be 2.4% (Van Ameringen et al., 2008). The presented research's respondents were asked to complete the PCL-5 measure in consideration of the last month, making the assessment a measure of the current rate in the research sample. From the sample, 43 participants (9.2%) reported symptoms that met or exceeded the DSM-5 diagnostic criteria for PTSD in the last month, a much higher number than the 2.4% of current estimated PTSD rate in the Canadian general population (Van Ameringen et al., 2008). Congruently to previous literature, more women ($n = 29$, 10% of the sample) met the DSM-5 PTSD diagnosis relative to men ($n = 14$, 7% of the sample), suggesting that women attorneys

may be more susceptible to the development of trauma-related pathology stemming from professional responsibilities (Jaffe et al., 2003; Piwowarczyk et al., 2009; Levin, 2008; Levin et al., 2012).

Furthermore, a statistically significant increase in severity of psychological distress was observable between attorneys that do not work with trauma and those whose caseload was predominantly composed of trauma-exposed cases (i.e., high-exposure group). Women, respondents who had previously experienced a direct trauma in their personal lives and those who worked more hours a week were at increased risk for symptoms of psychological distress. Individuals who meet a cut-off score of 1.75 on the measure of psychological distress are considered to have reached a point of clinical distress and should be referred to a professional (Winokur et al., 1984; Kleijn, Hovens & Rodenburg, 2001). A research conducted by Lee and colleagues (2008) investigated the level of psychological distress in a sample of special primary care population in Tanzania, and recorded that 4.1% of their sample scores above 1.70. The present research investigating psychological distress among a population of attorneys recorded a total of 24% of the sample to score above 1.70, 23% of which scored above the clinical cut-off score of 1.75. Congruent with the PTSD diagnostic cut-off, twice as many women ($n = 73$) met the clinical cut-off score for the measure of psychological distress relative to men ($n = 35$), in addition to the two individuals with unidentified genders ($n = 2$). In other words, 110 participants in the sample present psychological distress levels that would warrant being referred to a mental health professional.

Regardless of the rates of PTSD symptomatology and psychological distress, nearly 80% of the sample rated their overall quality of life as good or very good. Based on the analysis of the four domains of quality of life, attorneys who predominantly work with trauma (i.e., high-exposure group) report lower physical and environmental quality of life relative to attorneys who

do not work with trauma. In addition, women and those who work increased hours a week tend to report lower levels of physical quality of life while increased hours of work and increased years of work led to lower environmental quality of life. These results fall within common sense as physical domains of quality of life refers to presence of fatigue, energy levels, sleep quality, while the environmental domain includes opportunities for leisure and recreational activities among others. It is coherent that the number of weekly hours of work strongly impacts these factors as covariates. Interestingly, no differences in psychological and social relations domains of quality of life differed between the groups of trauma-exposure.

A noteworthy finding in the descriptive characteristics of the sample was the 52% rate of participants in the sample who has been on sick leave at least once in their life: 30% due to personal reasons and 16% due to work related reasons. Although these work leaves are not trauma-specific, this percentage is nonetheless elevated. This could reflect a generalized concern among Canadian attorneys regarding their well-being.

Strengths and Limitations of the Study

To our knowledge, the presented research is the largest study ever conducted on PTSD symptomatology in attorneys and is most inclusive in terms of attorney legal typology. Some of the strengths of the presented research include the utilization of up-to-date measures of PTSD symptomatology, congruent with the latest edition of the DSM. Furthermore, the use of operational definitions of trauma, the classification of trauma-exposure groups based on each attorney's individual caseloads, and the three-level trauma-exposure categorization all contribute to providing a more detailed depiction of the relationship between trauma-exposure and PTSD symptomatology in Canadian attorneys.

However, the present study is also subject to some limitations. The use of a convenience sample and online recruitment may have resulted in a voluntary response bias. The sample is also

unevenly distributed in terms of geographical spread as well as legal typology practiced, interfering with the ability to generalize to attorneys across Canada practicing in all legal domains. There is also an overrepresentation of Caucasian and Quebecers. The overrepresentation of Caucasian respondents may lead to potential bias leading to a misrepresentation of Canada's multi-ethnic population. An additional limitation is the use of the PCL to estimate PTSD diagnosis. While the PCL-5 is an excellent surrogate measure for the disorder, a formal diagnosis should be made on the basis of diagnostic measures such as the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5; Ashbaugh, 2016; Blake et al., 1995).

Implications & Future Directions

The next step in research pertaining to trauma-exposure in attorneys would be to evaluate the effectiveness of active and preventative practices aimed at decreasing symptoms of trauma and psychological distress. Attorneys function within a strict system, and self-care should be further viewed as a relay race rather than running a marathon. This analogy reflects the notion that self-care is a multi-level process, that should be initiated at the educational level, maintained by the attorneys and supported at the organizational level to maximize outcomes.

Further research should evaluate the impacts of targeting trauma-exposed work in attorneys in the school curriculum (Morgillo, 2015; Katz & Haldar, 2015). A pioneer in this battle is Santa Clara University Law School (SC Law), who has offered a course entitled "Trauma, Vicarious Trauma, and Legal Representation of Trauma Victims". The course reviews techniques for the efficient representation of a traumatized clientele, as well as psycho-education on trauma-exposure, and the appropriate self-care to manage pre-clinical symptoms. Empirical work examining the benefits of implementing such courses in Canada might represent the next cogent step to research in this field. Furthermore, future research could also focus on the evaluation of preventative trauma-specific programs for attorneys at the organizational level

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(Maguire & Bryne, 2016; Morgillo, 2015). In addition, future research is also needed to better illustrate the relationships between the high rates of sick-leaves and the attorney profession, including a focus on the composition of the sick leaves, operational definitions, and comparisons to other professions. Health-economic cost research on trauma symptomatology in attorneys could shed some light on such matter.

Chapter VI: Summary and Conclusion

Attorneys play a crucial role in the endorsement of our social system. Their ability to effectively address the needs of their clients and perform their professional tasks adequately is of undeniable relevance for societal well-being. Results from this research suggest that there is a strong relationship between the extent of the trauma exposure and the PTSD symptomatology and psychological distress experienced. These symptoms could represent a pervasive public health, social, and economic problem that can be greatly aided by addressing PTSD symptomatology in Canadian attorneys (Levin, 2008; Chamberlain & Miller, 2009). The presented research represents one more step in the process that ultimately aims to enhance the conveyance of legal services to trauma-victims, by the means of bettering the conditions and training attorneys in trauma-related disorders in professionals. Efforts to maintain integrity in our judicial system are of uttermost importance.

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Table 1

Baseline Demographic Characteristics Across Trauma-Exposed Groups

<u>Group (Level of Trauma Exposure)</u>	<u>None</u> <u>(n = 155)</u>	<u>Moderate</u> <u>(n =216)</u>	<u>High</u> <u>(n 108)</u>	<u>p-value</u>
Gender (%)				.002 *
Females	52.2	35.2	38	
Males	44.8	64.4	61.1	
Age range (%)				.200
20-29	10.4	16.7	12	
30-39	31.2	36.6	37	
40-49	33.1	19.4	23.1	
50-59	16.9	19	19.4	
60+	8.4	8.3	8.3	
Years working in current legal domain (%)				.325
1-3 years	14.3	18.1	11.1	
4-7 years	16.9	19.9	16.7	
8-10 years	10.4	13.4	10.2	
10 +	58.4	48.6	62	
Weekly hours of work (%)				.000 *
Less than 35	3.2	5.6	3.7	
36-45	21.4	44	40.7	
46-55	45.5	36.6	31.5	
56 +	29.9	13.9	24.1	
Weekly hours of work on trauma cases (%)				.000*
0%	98.7	1.4	0.9	
1-50%	0.6	93.5	4.6	
51-100%	1	5.1	94.4	
Individual income (%)				.000*
\$60,000 and less	4.5	8.3	6.4	
\$60,001 – 90,000	14.3	28.7	20.4	
\$90,001 - 120,000	14.3	19.9	16.7	
\$120,001 – 150,000	10.4	19.9	25.9	
\$1500,001-180,000	11	7.4	6.5	
\$180,001 and more	45.4	15.8	24.1	
Been on sickleave : Personal reasons (%)	27.3	28.2	38	.128
Been on sickleave : Work-Related (%)	14.9	15.3	17.6	.823
Taken medication in the last year (%)	68.6	70.4	54.6	.014*
With a history of prior trauma (%)	67.5	65.3	76.9	.100

Note. Total of 100% within columns. *= significant difference

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Table 2

Descriptive Work-Related Variables

<u>Work-Related Variables</u>	<u>N</u>	<u>%</u>
Years of work (current domain)		
1-3 years	74	15.4
4-7 years	87	18.2
8-10 years	56	11.7
10 years +	262	54.7
Weekly hours of work		
Less than 35 hours	21	4.4
36-45	172	35.9
46-55	184	38.4
56+	102	21.3
Percentage of caseload qualifying as trauma-exposed (last year)		
0%	154	32.2
1-50%	216	45.2
51-100%	108	22.6
Percentage of hours/ week spent on trauma-exposed cases (last year)		
0%	156	32.6
1-50%	209	43.6
51-100%	114	23.8
Primary legal domain practiced		
Securities	1	0.2
Educational	2	0.4
International	4	0.8
Environmental & Natural Resources	5	1
Tax	6	1.2
Intellectual Property	8	1.6
Bankruptcy	10	2
Real Estate	13	2.6
<u>Aboriginal</u>	15	3
Health	16	3.2
Immigration	18	3.6
Public, Administrative	22	4.4
Employment & Labour	27	5.4
Commercial, Business, Corporate	40	8
Criminal	79	15.8
Family and Juvenile	97	19.4
Civil	111	22.2
Other, Specify: 'Edition juridique', in-house lawyer, succession lawyer, research and management lawyer and human rights.	5	1
Been on sick leave for work related reasons	75	15.7
Been on sick leave for personal Reasons	144	30.1

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Table 3

Descriptive Demographic Variables

<u>Demographic Variables (General)</u>	<u>N</u>	<u>%</u>
Language of preference		
French	264	55.1
English	215	44.9
Gender		
Females	275	57.4
Males	202	42.2
Age range		
20-29	65	13.6
30-39	167	34.9
40-49	119	24.8
50-59	88	18.4
60+	40	8.4
Province of residence		
Quebec	281	58.7
Ontario	79	16.5
Alberta	29	6.1
Yukon	25	5.2
Manitoba	23	4.8
Saskatoon	18	3.8
British Columbia	10	2.1
Nova Scotia	8	1.7
Northwest Territories	4	0.8
Prince Edward Island	1	0.2
New Brunswick	1	0.2
Ethnicity		
Black	6	1.3
Asian	6	1.3
Hispanic	3	0.6
Native American/Aboriginal	2	.4
Caucasian	424	88.5
Mixed/Other	38	7.9
Years living in Canada		
Born in Canada	405	84.6
1-5 years	2	0.4
6-10 years	6	1.3
10-20 years	6	1.3
20 years +	60	12.5
Individual income (CAN dollars)		
\$90,000 and less	139	28.9
\$90,001 - \$120,000	83	17.3
\$120,001 - \$150,000	108	22.5
\$1500,001 - \$180,000	40	8.4

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\$180,001 and more	130	27.1
Household income (CAN dollars)		
\$90,000 and less	58	12.1
\$90,001 - \$120,000	55	11.5
\$120,001 - \$150,000	73	15.2
\$150,001 - \$180,000	58	12.1
\$180,001 and more	235	49.1
Highest level of education		
LL.B/J.D (Bachelor of Laws/Juris Doctor)	371	77.5
LLM (Masters of Law)	56	11.7
Master's Degree (other than law)	31	6.5
PhD in Law	2	0.4
PhD (other than law)	4	0.8
Other	15	3.1
Relationship status		
Single (never married)	77	16.1
Single (separated or divorced)	28	5.7
Non-marital relationship but living together	160	33.4
Married	213	44.5
Widow/Widower	1	0.2
Number of children		
None	190	39.7
1	90	18.8
2	127	26.5
3 +	72	15
Children under 18 years of age living in the household		
None	261	54.5
1	100	20.9
2	91	19
3+	27	5.6
Health professional / resource consultation (last 6 months)		
None	142	29.6
General Practitioner	186	38.8
Psychiatrist	15	3.1
Psychologist/ psychoanalyst/ psychotherapist	72	15
Social worker or counselor	17	3.5
Chiropractor/ kinesiology/ massage therapist/ physiotherapist	22	4.4
Other, Please Specify	39	8
Friends/Family, consulted bar/support group, looking for a psychiatrist, osteopath, homeopath, naturopath, psychological assistance was too expensive, member of my clergy and use online-support.		
Medication use (last 6 months)		
None	161	33.6
Anxiety medication or antidepressants	86	18
Mood stabilizers	11	2.3
Anti-inflammatory & Pain Relief	21	4.2
Other	128	25.5

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Table 4

Bonferroni Pairwise Comparison Test of Trauma-Exposure Groups and PTSD Scores

		<u>Mean Difference</u>	<u>SE</u>	<u>p-value</u>	<u>95% C.I</u>	
0% (<i>n</i> = 154)	1-50%	-5.11*	1.45	.001	-8.60	-1.63
	51-100%	-10.06*	1.69	.000	-14.12	-6.00
1-50% (<i>n</i> = 216)	0%	5.11*	1.45	.001	1.63	8.60
	51-100%	-4.95*	1.58	.005	-8.74	-1.156
51-100% (<i>n</i> = 108)	0%	10.06*	1.69	.000	6.00	14.12
	1-50%	4.95*	1.58	.005	1.16	8.74

Note: This table is based on estimated marginal means. *N* = number of participants, *SE* = Standard Error, * = the mean difference is significant Percentages reflect the percentage of trauma-exposure. Greater score reflect greater PTSD symptom severity.

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Table 5

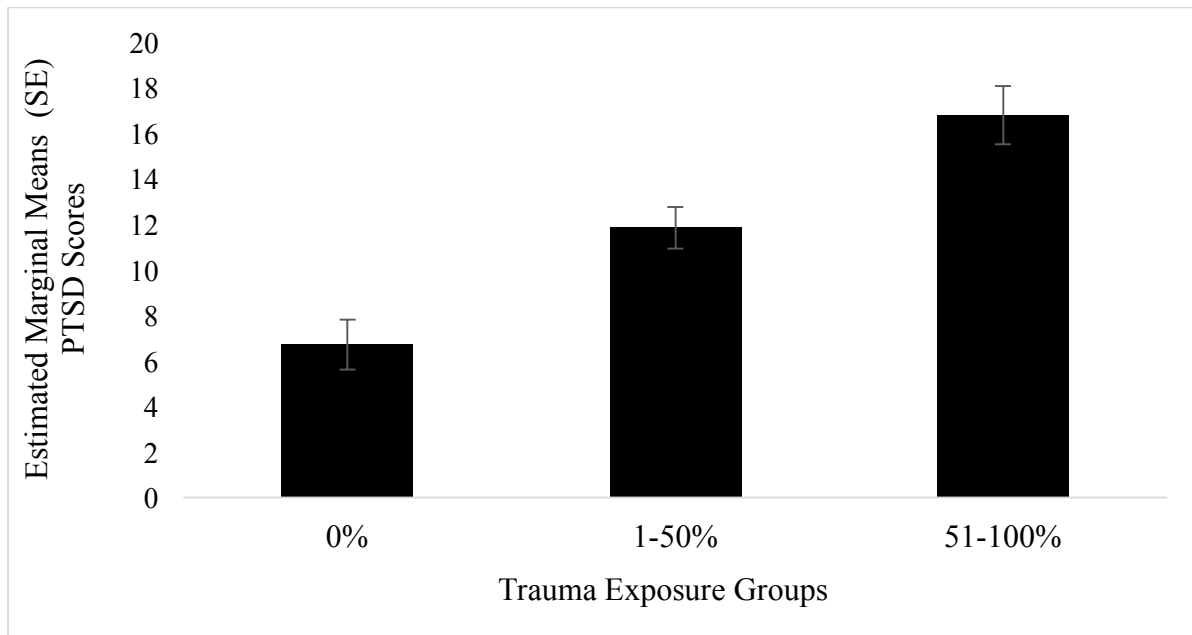
Composition of Trauma-Exposed Caseload

<u>Type of Trauma Cases Encountered in the Last Year</u>	<u>The Most Encountered</u>	<u>All Encountered</u>
Not Applicable/ No trauma-exposed work	151 (31.5%)	148 (30.9%)
Interpersonal/Conjugal Violence Specifically	66 (13.8%)	186 (38.8%)
Physical Abuse or Assault	48 (10%)	211 (44.1%)
Transportation Accident (car, plane, boat, bus etc)	45 (9.4%)	133 (27.8%)
Emotional Abuse, Psychological Maltreatment or Neglect	37 (7.7%)	206 (43%)
Captivity (held hostage, kidnapping, abduction)	31 (6.5%)	31 (6.5%)
Sexual Abuse or Assault	29 (6.1%)	192 (40.1%)
Serious Accident at Work / Home/ During Recreational Activity	16 (3.3%)	96 (20%)
Traumatic Grief or Separation	16 (3.3%)	118 (24.6%)
Severe injury or death of someone caused by the client	12 (2.5%)	87 (18.2%)
Life-Threatening Illness or Injury	7 (1.5%)	119 (24.8%)
Sudden violent death of a close one (homicide, suicide etc.)	7 (1.5%)	69 (14.4%)
Fire or Explosion	7 (1.5%)	54 (11.3%)
Other unwanted or uncomfortable sexual Experiences	5 (1%)	128 (26.7%)
Natural Disaster (flood, hurricane, tornado, earthquake)	3 (0.6%)	25 (5.2%)
Exposure to Toxic Substances (chemicals, radiation etc)	2 (0.4%)	15 (3.1%)
Assault with a Weapon	2 (0.4%)	105 (21.9%)
Combat or Exposure to War-Zone	2 (0.4%)	17 (3.5%)
Witness of Violence (interpersonal, community violence etc.)	2 (0.4%)	126 (26.3%)
Other Types of Event, Please Specify:	21 (4.4%)	25 (5.2%)
<i>Addictions, witnessing the development of mental health, history of mental health/psychiatric disorders, complex traumas (several traumas), injury/ death caused specifically by medical malpractice, fear of being deported due to illegal immigration status, families from missing and murdered women, communities suffering environmental damage/pollution, harassment, imprisonment in foreign prison under threat of extradition, indigenous clients' s recollection of institutional abuse and residential school survivor's development of pathologies resulting in homelessness/ incarceration, refugee claimants from Afghanistan/ Somalia/ Ethiopia, separation from romantic partner/ divorce, verbal/physical assault in the prison setting, abandonment/ neglect/ emotional rejection of a child, torture, abuse by authorities, separation from family, child kidnapping, household expulsion, death threats, bullying, being let go of employment, murder of a client's child, forced hospitalization, living in a native community, child pornography, taken hostage, community suicide, community overpopulation, death of client caused by someone else, fraud victims, health issues and work safety issues.</i>		

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Figure 1

Estimated Marginal Means (SE) of PTSD scores and Trauma-Exposure Groups.



APPENDIX A
Consent Forms /
Formulaire de Consentement

CONSENT FORM FOR RESEARCH PARTICIPATION

This research has been approved by McGill University's Institutional Review Board.

Introduction: You are being asked to participate in a study which examines the well-being of attorneys across Canada. This consent form provides information about the study, its risks and benefits, rights of participants, confidentiality as well as the researcher's contact information.

Study Procedures: Please read this consent form carefully before you choose to take part in this study. If you agree to take part in the study, you will be able to access the online survey. The survey will take around 15 minutes to complete. It will include questions about you, traumatic stress and health symptoms, quality of life, and work-family life and general psychological distress. The survey must be completed in one sitting.

Potential Benefits & Compensation: You may not directly benefit from taking part in this study. Your participation will help advance knowledge on the impact of trauma experienced by attorneys. You will receive no compensation for your participation in this study.

Potential Risks: You may experience some emotional distress while you complete this survey. A list of professional and supportive resources is provided at the end of the survey. If you wish to talk or debrief, you can contact Marie-Eve Leclerc (please see contact information).

Participant Rights: Your participation in this study is voluntary, you can thus withdraw at any time. To withdraw, simply close the survey window on your computer screen contact the researchers with your study ID number and your survey responses will be withdrawn and destroyed.

Confidentiality: Only the data required to meet the project scientific goals will be collected. All the information collected during the research project will remain strictly confidential to the extent prescribed by law. The research data will be only accessible to research personnel (primary investigator, research coordinator and research assistants which have signed confidentiality agreements). All collected data will be stored for a period of 5 years by the project researcher. The data may be published or shared during knowledge dissemination practices such as scientific meetings or conferences; however, it will not be possible to identify you. Members of the McGill Institutional Review Board (research ethics board), or persons designated by the McGill Institutional Review Board may access the study records to verify the ethical conduct of this study. All these individuals and organizations agree with the privacy policy.

Survey Software Company

This survey application has implemented account based access, data encryption and other tools to ensure safe usage of their services. The survey data collected is owned by the survey creator and does not sell this data to third parties or use it for purposes unrelated to the survey creator unless given permission by the creator or are required by law. Survey Monkey shares information with their service providers who are contractually bound to keep this information confidential. We will not track the participant's IP address. The survey data will be stored in servers located in the United States. Users have little reason to be concerned about the U.S. Patriot Act which allows the US government to make data requests from Survey Monkey as this

is mainly used for cases of suspected illegal activity. Once the survey creator terminates their contract with Survey Monkey, the data will be fully purged from their system within 14 - 90 days after deletion to allow for the possibility of data recovery. For more information concerning privacy, please visit <https://www.surveymonkey.com/mp/policy/privacy-policy/>.

Contact Information:

If you have questions concerning the research project or if you feel you have a problem related to your participation in the research project, you can communicate with the project researcher: Marie-Eve Leclerc, (514) 824-0552 or via email at marie-eve.leclerc@mail.mcgill.ca or the research supervisor and principal investigator, Dr. Alain Brunet, 514-761-6131 x. 4348 or via email at alain.brunet@mcgill.ca.

If you have any ethical concerns or complaints about your participation in this study, and want to speak with someone not on the research team, please contact the McGill Institutional Review Board, Ethics Officer, Ilde Lepore at 514-398-8302 or ilde.lepore@mcgill.ca

- ☐ **I have read the above information and I consent to participate in this study. My participation is voluntary and I know I can discontinue my participation at any time. Agreeing to participate in this study does not waive any of my rights or release the researchers from their responsibilities. The findings of this study can be published.**
- ☐ **I agree to be contacted in the future for follow-up studies or any other study that is coordinated by this team.**

FORMULAIRE DE CONSENTEMENT

Cette recherche universitaire a été approuvée par le Comité d'examen institutionnel de l'éthique de McGill.

Introduction: Vous êtes invité à participer à cette recherche examinant les impacts psychologiques sur le bien-être que peut avoir la profession d'avocat. Ce formulaire de consentement explique le but et le déroulement de cette recherche, les bénéfices et les risques potentiels ainsi que vos droits en tant que participant.

Procédure de recherche: Veuillez lire attentivement ce formulaire avant de prendre la décision de participer à cette étude. Si vous acceptez de prendre part à cette étude, vous serez en mesure d'accéder au questionnaire en ligne. Ce sondage prendra une **quinzaine de minutes à compléter**. Il inclut des questions d'informations démographiques, de conciliation travail-famille, de santé, ainsi que des questions sur des symptômes présents qui pourraient amener à une détresse psychologique ou un stress post traumatique. Le sondage doit être complété en une séance.

Bénéfices de la participation à la recherche et compensation: Il est possible qu'en prenant part à cette étude vous n'en bénéficiiez pas directement. Votre participation à cette recherche fera avancer la science sur le stress post traumatique chez les avocats. Vous ne recevrez aucune compensation monétaire.

Risques et inconvénients liés à cette recherche: Des risques minimes, tels qu'un inconfort émotionnel ou psychologique, peuvent survenir lorsque vous répondrez à certaines questions concernant des expériences de travail difficiles. Une liste de ressources de soutien est fournie à la fin du sondage. Si vous souhaitez discuter de vos préoccupations, vous pouvez contacter Marie-Eve Leclerc (veuillez vous référer à la section *Contacts*).

Droit de retrait: Si vous désirez mettre fin à votre participation, veuillez fermer la page du sondage sur votre écran d'ordinateur. Si vous décidez de vous retirer de l'étude, après avoir terminé le sondage, veuillez simplement prendre contact avec les chercheurs. Vos réponses au sondage seront alors retirées et détruites. Vous avez le droit de nous poser toutes questions concernant la recherche à n'importe quel moment.

Protection de la confidentialité: Seules les données nécessaires au projet seront recueillies. Toutes les informations recueillies resteront confidentielles dans la mesure prévue par la loi. Afin de protéger votre identité et la confidentialité, toute information reliée à votre participation à cette étude se trouvera sur le logiciel du sondage, qui n'est accessible qu'aux membres de l'équipe de recherche. Les données recueillies seront conservées pendant 7 ans par le chercheur principal du projet. Les données sont destinées à être publiées dans des revues spécialisées ou partagées avec d'autres personnes lors de rencontres scientifiques et conférences. Cependant, il ne sera pas possible de vous identifier. Il se pourrait que les dossiers soient examinés par une personne mandatée par le Comité d'éthique de *McGill Institutional Review Board*, si c'est le cas, cette personne ou l'organisme associé endossent la même politique de confidentialité.

Logiciel et compagnie du sondage: Cette étude utilisera un logiciel de sondage en ligne appelé Survey Monkey. Il s'agit d'un des logiciels d'enquête le plus utilisé et de confiance. Un cryptage des données et plusieurs autres outils sont mis en place pour assurer une utilisation en toute sécurité de leurs services. Les données d'enquête recueillies seront détenues par le créateur de l'enquête et ne seront pas vendues à de tierces personnes ou parties ou utilisées à des fins sans rapport avec le créateur de l'enquête, sauf avec l'autorisation donnée par le créateur ou par obligation légale. Survey Monkey partage des informations avec leurs fournisseurs de services qui sont liés, par contrat, de garder toutes informations confidentielles. Les données de l'enquête seront stockées dans des serveurs situés aux États-Unis. Les utilisateurs ont peu de raisons d'être préoccupés par le Patriot Act américain qui permet au gouvernement américain de faire des demandes de données de Survey Monkey, car cela est principalement utilisé pour les cas d'activités présumées illégales. Une fois que le créateur de l'enquête met fin à leur contrat avec Survey Monkey, les données sont entièrement retirées du système dans les 14-90 jours après la suppression, ce qui permet la possibilité de récupérer les données. Pour plus d'informations concernant la vie privée, s'il vous plaît visitez <https://www.surveymonkey.com/mp/policy/privacy-policy/>.

Contacts: Si vous avez des questions concernant cette étude ou si vous avez un problème lié à votre participation, communiquez avec Marie-Ève Leclerc, coordonnatrice de l'étude: marie-eve.leclerc@mail.mcgill.ca, ou Alain Brunet, Ph.D., investigateur principal du projet: alain.brunet@mcgill.ca. Si vous avez des questions concernant vos droits en tant que participant de recherche, veuillez contacter l'agente du comité d'examen institutionnel de l'éthique, Ilde Lepore au 514-398-8302 ou ilde.lepore@mcgill.ca

- ☐ **J'ai lu le formulaire ci-dessus et je consens à participer à cette étude. Ma participation est volontaire et je suis avisé que je peux mettre fin à ma participation à tout moment. Accepter de participer à cette étude ne m'oblige en aucun cas à renoncer à mes droits ou libère les chercheurs de leurs responsabilités. Les résultats de cette recherche peuvent être publiés.**
- ☐ **J'accepte d'être contacté dans le futur pour d'autres études qui feront suite à celle-ci ou toutes autres études coordonnées par cette équipe.**

APPENDIX B

Participant Recruitment Script /
Recrutement des participants

Hyperlink Scripts (English/French)

To whom this may concern,

You are being asked to consider participating in a **15-minute online survey** that examines the psychological implications of your career as an attorney on your well-being. We are interested in **attorneys of any discipline employed for a minimum of one year**. All the information collected will be kept **confidential**, as explained at the beginning of the survey.

Hyperlink: <https://www.surveymonkey.com/r/GNV2GSX>

Thank you very much for contributing to the advancement of research with your participation,

Marie-Ève Leclerc, B.A.,
Student MSc Psychiatry, McGill University
Marie-eve.leclerc@mail.mcgill.ca

Madame, Monsieur,

Vous êtes invité à participer à un sondage en ligne **d'une durée de 15 minutes** portant sur les impacts que peut avoir la profession d'avocat sur le bien-être psychologique. Ce sondage cible les **avocats de toutes les spécialités qui travaillent depuis minimalement un an**. Toutes les informations recueillies seront gardées **confidentielles**, tel qu'expliqué au début du sondage.

Lien web: <https://www.surveymonkey.com/r/GNV2GSX>

Nous vous remercions grandement pour votre contribution à l'avancement de la recherche scientifique,

Marie-Ève Leclerc, B.A.
Étudiante à la Maîtrise, Psychiatrie, Université McGill
Marie-eve.leclerc@mail.mcgill.ca

Electronic Invitation Script via Survey Software (English/French)

To whom this may Concern,

You are being asked to consider participating in a 15-minute **confidential** online survey offered in both French and English. The survey examines the psychological implications of your career as an attorney on your well-being. We are interested in **attorneys of all disciplines** that has been **employed for a minimum of one year**. Please make sure to complete the survey in one sitting.

If you do not wish to participate in the survey, please let us know by replying I DECLINE to this email. You will no longer be contacted.

Thank you very much for contributing to advancement of research with your participation,

Marie-Ève Leclerc, B.A.,
Student MSc Psychiatry, McGill University
Marie-eve.leclerc@mail.mcgill.ca

Madame, Monsieur,

Vous êtes invité à participer à un sondage en ligne d'une durée de 15 minutes portant sur les impacts que peut avoir la profession d'avocat sur le bien-être psychologique. Ce sondage cible les avocats de **toutes les spécialités qui travaillent à temps plein depuis minimalement un an**. Toutes les informations recueillies seront gardées confidentielles, tel qu'expliqué au début du sondage. Il est important de remplir le questionnaire en une seule étape.

Si vous ne souhaitez pas participer à cette recherche, veuillez nous le signifier en répondant à ce courriel « JE DÉCLINE ». Vous ne serez plus contacté par la suite.

Nous vous remercions grandement pour votre contribution à l'avancement dans la recherche scientifique.

Marie-Ève Leclerc, B.A.
Étudiante à la Maîtrise, Psychiatrie, Université McGill
Marie-eve.leclerc@mail.mcgill.ca

Electronic Invitation Reminders Script via Survey Software (English/French)

To whom this may Concern,

We recently contacted you about an online survey concerning the wellbeing of Canadian attorneys. We noticed you haven't completed it. We'd really appreciate your participation by completing the survey.

Respond below to start or continue the survey. Thank you for your time.

Marie-Ève Leclerc, B.A.,
Student MSc Psychiatry, McGill University
Marie-eve.leclerc@mail.mcgill.ca

Madame, Monsieur,

Nous vous avons récemment contacté concernant un sondage en ligne sur le bien-être chez les avocats canadiens. Nous avons noté que vous ne l'avez pas complété. Nous apprécierions grandement obtenir votre participation en complétant le questionnaire.

Vous pouvez répondre plus bas pour commencer ou continuer le questionnaire. Merci de votre temps.

Marie-Ève Leclerc, B.A.
Étudiante à la Maîtrise, Psychiatrie, Université McGill
Marie-eve.leclerc@mail.mcgill.ca

APPENDIX C

Media Avertissement / Publicité Média

Social Media

Facebook Announcement:

We are pleased to support the Psychological Trauma Research Laboratory from the Douglas Institute with their research examining the well-being of Canadian attorneys. This research is directed by Dr. Alain Brunet, director of the Psychological Trauma Research Laboratory at the Douglas Institute, Department of Psychiatry of McGill University.

We encourage you to participate to this research by completing a 15-minute online bilingual survey. **Attorneys from all legal specializations** who have been working for a minimum of **one year** can participate.

All data collected during this research are of course **confidential**. The results of this research will allow the identification, development and implementation of the appropriate resources for attorneys who need and/or seek support.

Hyperlink : <https://www.surveymonkey.com/r/GNV2GSX>

Nous sommes heureux de supporter le laboratoire de recherche sur les psycho-traumatismes de l'Institut Douglas dirigé par le Dr. Alain Brunet, directeur du laboratoire de recherche sur les psychotraumatismes de l'Institut Douglas, département de psychiatrie de l'Université McGill. Cette recherche concerne le bien-être chez les avocats à travers le Canada.

Nous vous encourageons de participer à cette recherche en complétant un questionnaire en ligne disponible en français et en anglais. **Les avocats de toutes spécialisations qui travaillent à temps pleins (35 heures/semaines) depuis au moins un an peuvent participer.**

Toutes les données collectées durant la recherche sont évidemment **confidentielles**. Les résultats de la recherche permettront d'identifier, développer et implémenter les ressources appropriées pour les avocats qui ont besoin et/ou veulent du support.

Lien Internet: <https://www.surveymonkey.com/r/GNV2GSX>

Twitter Announcement:

SUPPORT MCGILL RESEARCH: 15-minute online survey examining attorney's well-being who have been working for a minimum of 1 year.

Hyperlink: <https://www.surveymonkey.com/r/GNV2GSX>

SUPPORTEZ LA RECHERCHE : sondage en ligne d'environ 15 minutes sur le bien-être chez les avocats ayant travaillé depuis au moins 1 an.

Lien Internet: <https://www.surveymonkey.com/r/GNV2GSX>

APPENDIX D
Survey (English)

Participant Questionnaire

Please read each of the statements carefully and respond appropriately.

1. What is your preferred language? Quelle est votre langue de préférence?
☐ English
☐ French
2. Have you been working as an attorney for a minimum of 1-year:
☐ Yes
☐ No
☐ Other: Explain _____
3. What is your gender:
☐ Male
☐ Female
☐ Other/Undisclosed
4. In which city do you live in: _____
5. What is your age range:
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60 +
6. What is your main ethnicity:
☐ Black
☐ Asian
☐ Hispanic
☐ Native American/Aboriginal
☐ Caucasian
☐ Mixed/Other: Please specify _____
7. How long have you been living in Canada:
☐ I am born in Canada
☐ 1-5 years
☐ 6-10 years
☐ 10-20 years
☐ 20 years +
8. For how many years have you actively worked as an attorney (of your current specialization)
☐ 1-3 years
☐ 4-7 years
☐ 8-10 years
☐ 10 years +

POST-TRAUMATIC STRESS IN CANADIAN ATTORNEYS

9. Which type of law do you primarily specialize in:

- ☐ Bankruptcy
- ☐ Civil
- ☐ Corporate
- ☐ Securities
- ☐ Criminal
- ☐ Educational
- ☐ Employment & Labour
- ☐ Environmental & Natural Resources
- ☐ Family and Juvenile
- ☐ Health
- ☐ Immigration
- ☐ Intellectual Property
- ☐ International
- ☐ Real Estate
- ☐ Tax
- ☐ Other: Specify: _____

10. Which of the following best describes the type of position that you hold as an attorney?

- ☐ Crown Prosecutor
- ☐ Defense Attorney
- ☐ Personal Injury Attorney
- ☐ Medical Malpractice attorney
- ☐ None of the above
- ☐ Other (please specify) _____

The following questions will refer to aspects of your job which may be stressful or traumatic, please refer to the definitions below.

Trauma-Exposed clients/Trauma-Related cases: Clients who have requested your professional legal services in relation to a traumatic event which they have experienced directly or indirectly, as a victim or perpetrator. A traumatic event can be categorized as one of the following events which involved a direct threat to life:

- Physical abuse/assault
- Sexual abuse or assault
- Assault with a weapon
- Interpersonal violence
- Exposure to combat or war zone
- Held in captivity
- Emotional/psychological abuse or neglect
- Sudden violent death
- Trauma from grief or separation
- Life threatening illness or injury
- Natural disaster
- Fire or explosion
- Transportation/work/home/recreational activity accidents
- Exposure to toxic substances.

POST-TRAUMATIC STRESS IN CANADIAN ATTORNEYS

Non-Trauma Exposed clients: Clients who's reason of their implication with your legal services does not include a traumatic event found in the list above.

11. **In the last year:** Have you worked with trauma exposed clients or traumatic material:

- ☐ Yes
- ☐ No
- ☐ Other (please specify) _____

12. **In the last year:** What is the approximate percentage of your caseload that is qualified as trauma-related cases:

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%
- ☐ Other (please specify) _____

13. **In the last year:** What percentage of your hours per week is spent on trauma-related cases:

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

14. **In the last year:** Identify the most recurrent type of trauma-cases that you have worked with:

- ☐ Not Applicable/I did not work with any trauma-exposed clients in the last year
- ☐ Natural Disaster (flood, hurricane, tornado, earthquake)
- ☐ Fire or Explosion
- ☐ Transportation Accident (car, plane, boat, bus etc.)
- ☐ Serious Accident during Work, at Home or During Recreational Activity
- ☐ Exposure to Toxic Substances (chemicals, radiation etc)
- ☐ Physical Abuse or Assault
- ☐ Assault with a Weapon
- ☐ Sexual Abuse or Assault
- ☐ Other unwanted or uncomfortable sexual experiences
- ☐ Interpersonal/Conjugal Violence Specifically
- ☐ Combat or Exposure to War-Zone
- ☐ Captivity (held hostage, kidnapping, abduction)
- ☐ Emotional Abuse, Psychological Maltreatment or Neglect
- ☐ Witness of Violence (interpersonal, community violence etc.)
- ☐ Life-Threatening Illness or Injury
- ☐ Sudden violent death of a close one (homicide, suicide etc.)
- ☐ Traumatic Grief or Separation
- ☐ Severe injury or death of someone caused by the client
- ☐ Other: Please specify: _____

POST-TRAUMATIC STRESS IN CANADIAN ATTORNEYS

15. **In the last year**: Identify all types of trauma-related cases that you have worked with:

- ☐ Not Applicable/I did not work with any trauma-exposed clients in the last year
- ☐ Natural Disaster (flood, hurricane, tornado, earthquake)
- ☐ Fire or Explosion
- ☐ Transportation Accident (car, plane, boat, bus etc.)
- ☐ Serious Accident during Work, at Home or During Recreational Activity
- ☐ Exposure to Toxic Substances (chemicals, radiation etc)
- ☐ Physical Abuse or Assault
- ☐ Assault with a Weapon
- ☐ Sexual Abuse or Assault
- ☐ Other unwanted or uncomfortable sexual experiences
- ☐ Interpersonal/Conjugal Violence Specifically
- ☐ Combat or Exposure to War-Zone
- ☐ Captivity (held hostage, kidnapping, abduction)
- ☐ Emotional Abuse, Psychological Maltreatment or Neglect
- ☐ Witness of Violence (interpersonal, community violence etc.)
- ☐ Life-Threatening Illness or Injury
- ☐ Sudden violent death of a close one (homicide, suicide etc.)
- ☐ Traumatic Grief or Separation
- ☐ Severe injury or death of someone caused by the client
- ☐ Other: Please specify: _____

16. How many hours **a week** do you dedicate to your work:

- ☐ Less than 35 hours
- ☐ 36-45
- ☐ 46-55
- ☐ 56 hours +

17. What is your individual income (CAN dollars):

- ☐ 60, 000 and less
- ☐ \$60,001 - \$90,000
- ☐ \$90,001 - \$120,000
- ☐ \$120,001 - \$150,000
- ☐ \$150,001 - \$180,000
- ☐ \$180,001 or more

18. What is your family income (CAN dollars):

- ☐ \$60, 000 and less
- ☐ \$60,001 - \$90,000
- ☐ \$90,001 - \$120,000
- ☐ \$120,001 - \$150,000
- ☐ \$150,001 - \$180,000
- ☐ \$180,001 or more

19. What is your highest level of education:

- ☐ LL.B/J.D (Bachelor of Laws/Juris Doctor)
- ☐ LLM (Masters of Law)
- ☐ Master's Degree (other than law)

POST-TRAUMATIC STRESS IN CANADIAN ATTORNEYS

- ☐ PhD in Law
- ☐ PhD (other than law)
- ☐ Other: Specify: _____

20. What is your relationship status:

- ☐ Single (never married)
- ☐ Single (separated or divorced)
- ☐ Non-marital relationship but living together
- ☐ Married
- ☐ Widow/Widower

21. How many children do you have:

- ☐ I do not have children
- ☐ 1 child
- ☐ 2 children
- ☐ 3 children +

22. How many children under the age of 18 years old presently live in your household:

- ☐ I do not have children
- ☐ 1 child
- ☐ 2 children
- ☐ 3 children +

23. In your career as an attorney: Have you ever been on sick leave due to work-related reasons:

- ☐ Yes
- ☐ No

24. In your career as an attorney: Have you ever been on sick leave due to personal reasons:

- ☐ Yes
- ☐ No

25. **In the last 6 months**: Have you consulted with a health professional or health resource:

- ☐ No
- ☐ I have consulted a medical doctor
- ☐ I have consulted a psychiatrist
- ☐ I have consulted a psychologist, psychoanalyst or psychotherapist
- ☐ I have consulted with a social worker or counselor
- ☐ I have consulted with a naturopath
- ☐ Other, Please Specify: _____

26. **In the last 6 months**: Have you taken any medication:

- ☐ No
- ☐ Anxiety Medication and Antidepressants
- ☐ Mood Stabilizers
- ☐ Stimulants
- ☐ Other, Please Specify: _____

POST-TRAUMATIC STRESS IN CANADIAN ATTORNEYS

Life Event Checklist for DSM-5

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job; (e) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Events	Happened to me (in my personal life)	Witnessed it (in my personal life)	Learned about it	Part of my job	It doesn't apply to you
1. Natural disaster (flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (car accident, boat accident, train wreck, plane crash, etc.)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (dangerous chemicals, radiation, etc.)					
6. Physical assault (being attacked, hit, slapped, kicked, beaten up, etc.)					
7. Assault with a weapon (being shot, stabbed, threatened with a knife, gun, bomb, etc.)					
8. Sexual assault (rape, attempted rape, made to perform any sexual act through force or threat of harm)					

POST-TRAUMATIC STRESS IN CANADIAN ATTORNEYS

9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone (in the military or as a civilian)					
11. Captivity (being kidnapped, abducted, held hostage, prisoner of war, etc.)					
12. Life-threatening illness or injury					
13. Severe human suffering					
14. Sudden violent death (for example, homicide, suicide)					
15. Sudden accidental death					
16. Serious injury, harm, or death you caused to someone else					
17. Any other event or very stressful experience					

POST-TRAUMATIC STRESS IN CANADIAN ATTORNEYS

PCL-5

Below is a list of problems that people sometimes have in response to a very stressful experience. Answer this questionnaire in regard to your overall work experience instead of in relation with a specific case. Please indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	Not at all	Not at all	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4

POST-TRAUMATIC STRESS IN CANADIAN ATTORNEYS

10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “superalert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

If you have checked moderately, quite a bit or extremely to any of the questions above, please specify:

- ☐ I have not experienced any symptoms
- ☐ Only this month
- ☐ Between 1 and 3 months
- ☐ Between 3 and 6 months
- ☐ Between 6 months and 1 year
- ☐ Longer than one year

HOPKINS SYMPTOM CHECKLIST

Below is a List of problems and complaints that people sometimes have. Read each one carefully. After you have done so, please put a check (✓) in one of the four boxes that best describes **how much that problem has bothered you during the last week (7 days), including today** .

HOW MUCH ARE YOU BOTHERED BY:	Not at All	A Little bit	Quite a bit	Extremely
1. Headaches				
2. Nervousness or shakiness inside				
3. Faintness or dizziness				
4. Loss of sexual interest or pleasure				
5. Spells of terror or panic				
6. Feeling low in energy or slowed down				
7. Thoughts of ending your life				
8. Feeling restless				
9. Trembling				
10. Poor appetite				
11. Crying easily				
12. A feeling of being trapped or caught				
13. Suddenly scared for no reason				
14. Blaming yourself for things				
15. Feeling lonely				
16. Feeling blue				
17. Worrying too much about things				
18. Feeling no interest in things				
19. Feeling fearful				
20. Heart pounding or racing				
21. Trouble falling asleep or staying sleep				
22. Feelings of worthlessness				
23. Feeling hopeless about the future				
24. Feeling everything is an effort				
25. Feeling tense or keyed up				

WHOQOL-BREF

This assessment asks how you feel about your quality of life, health, and other areas of your life. If you are unsure about which response to give a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures, and concerns. We ask that you think about your life in the last two weeks. The following questions ask about how much you have experienced certain things in the last two weeks.

How would you rate your quality of life:

1	2	3	4	5
Very Poor	Poor	Neither poor nor good	Good	Very Good

How satisfied are you with your health?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

To what extent do you feel that physical pain prevents you from doing what you need to do?

1	2	3	4	5
Not at all	A Little	A Moderate Amount	Very Much	An extreme Amount

How much do you need any medical treatment to function in your daily life?

1	2	3	4	5
Not at all	A Little	A Moderate Amount	Very Much	An extreme Amount

How much do you enjoy life?

1	2	3	4	5
Not at all	A Little	A Moderate Amount	Very Much	An extreme Amount

To what extent do you feel your life to be meaningful?

1	2	3	4	5
Not at all	A Little	A Moderate Amount	Very Much	An extreme Amount

How well are you able to concentrate?

1	2	3	4	5
Not at all	A Little	A Moderate Amount	Very Much	An extreme Amount

How safe do you feel in your daily life?

1	2	3	4	5
Not at all	A Little	A Moderate Amount	Very Much	An extreme Amount

How healthy is your physical environment?

1	2	3	4	5
Not at all	A Little	A Moderate Amount	Very Much	An extreme Amount

The following questions ask about how completely you experience or were able to do certain things in the last two weeks.

Do you have enough energy for everyday life?

1	2	3	4	5
Not at all	A Little	Moderately	Mostly	Completely

Are you able to accept your bodily appearance?

1	2	3	4	5
Not at all	A Little	Moderately	Mostly	Completely

Have you enough money to meet your needs?

1	2	3	4	5
Not at all	A Little	Moderately	Mostly	Completely

How available to you is the information you need in your day to day life?

1	2	3	4	5
Not at all	A Little	Moderately	Mostly	Completely

To what extent do you have the opportunity for leisure activities?

1	2	3	4	5
Not at all	A Little	Moderately	Mostly	Completely

How well are you able to get around physically?

1	2	3	4	5
Very Poor	Poor	Neither poor nor good	Good	Very Good

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

How satisfied are you with your sleep?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with your ability to perform your daily living activities?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with your capacity for work?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with yourself?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with your personal relationships?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with your sex life?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with the support you get from your friends?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with the conditions of your living place?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with your access to health services?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

How satisfied are you with your transport?

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither satisfied Nor dissatisfied	Satisfied	Very Satisfied

The following question refers to how often you have felt or experienced certain things in the last two weeks.

How often do you have negative feelings such as blue mood, despair, anxiety, depression?

1	2	3	4	5
Never	Seldom	Quite Often	Very Often	Always

Be Informed and Seek Help

You have now completed the survey. Thank you for your participation!
Here is a list of resources that you may wish to consider.

- *Info trauma* is a first stop informative website that provides resources for help regarding trauma, offers a test to assess PTSD and training to educate yourself on PTSD, peritraumatic stress and peritraumatic dissociation.
 - <http://www.info-trauma.org/en/home/http://www.info-trauma.org/en/home/http://www.info-trauma.org/en/home/>
- *The Quebec Lawyer Assistance Program* strives to provide initial free counselling and referral services and other resources to lawyers with any mental health concerns.
 - <http://www.barreau.qc.ca/pamba/>
- *Support Groups* is an online discussion forum with boards on a variety of topics including PTSD. It allows you to seek support as well as comfort others in similar circumstances.
 - <http://ptsd.supportgroups.com/http://ptsd.supportgroups.com/http://ptsd.supportgroups.com/>
- *Ecoute Entraide* offers nonjudgmental and confidential listening services and provides other resources if needed. It also organizes free support groups in the Montreal area for those dealing with mental health problems.
 - <http://www.ecoute-entraide.org/http://www.ecoute-entraide.org/http://www.ecoute-entraide.org/>
- *Face à Face* is a Montreal based non-profit organization which offers listening, counseling, and referral services. It also organizes support groups to help people build a support network and break free of isolation.
 - <http://faceafacemontreal.org/http://faceafacemontreal.org/>
- *Phobies-zéro* is a non-profit organization which offers active listening services by telephone and through support groups for people suffering from anxiety disorders. The organization also organises conferences.
 - <http://www.phobies-zero.qc.ca/index.php>
 - 514 276-3105

APPENDIX E
Survey (French)

Stress traumatique secondaire chez les avocats Canadiens
Questionnaire du Participant

Veillez lire chaque questions attentivement et y répondre justement.

1-Occupez-vous un travail d'avocat à temps plein depuis un **minimum d'un an**?

- ☐ Oui
- ☐ Non
- ☐ Autre: expliquez:

2-Quel est votre sexe?

- ☐ Homme
- ☐ Femme
- ☐ Autre: non-révéle

3-Dans quelle ville habitez-vous?

Veillez préciser: _____

4-À quelle tranche d'âge appartenez-vous?

- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60 +

5-Quel est votre origine ethnique principale:

- ☐ Noir:
- ☐ Asiatique:
- ☐ Hispanique
- ☐ Autochtone
- ☐ Caucasien
- ☐ Mixte/Autre: Veuillez spécifier; _____

6-Depuis quand résidez-vous au canada

- ☐ Je suis née au Canada
- ☐ 1-5 ans
- ☐ 6-10 ans
- ☐ 10-20 ans
- ☐ 20 ans +

7-Depuis combien d'années travaillez-vous en tant qu'avocat (Votre spécialisation actuelle):

- ☐ 1-3 ans
- ☐ 4-7 ans
- ☐ 8-10 ans
- ☐ 10 ans +

8-Dans quels types de droit êtes-vous spécialisés:

- ☐ Droit de la faillite
- ☐ Droit civil
- ☐ Droit des société

- ☐ Droit des valeurs mobilières
- ☐ Droit criminel
- ☐ Droit sur l'éducation
- ☐ Droit du travail et à l'emploi
- ☐ Droit sur les ressources naturelles et environnementales
- ☐ Droit familiale et juvénile
- ☐ Droit de la santé
- ☐ Droit de l'immigration
- ☐ Droit de la propriété intellectuelle
- ☐ Droit international
- ☐ Droit immobilier
- ☐ Droit fiscal
- ☐ Autre: Veuillez spécifier: _____

9-Lequel des titres suivants vous décrivent le mieux en tant qu'avocat?

- ☐ Procureur de la couronne
- ☐ Avocat de la défense
- ☐ Avocat de faut professionnelle médicale
- ☐ Avocat spécialisé dans les blessures personnelles
- ☐ Aucun de ces énoncés
- ☐ Autre (veuillez spécifier): _____

Pour les questions suivantes , veuillez vous référer aux définitions ci-dessous.

Dossier à contenu traumatique :

Clients qui ont fait appel à des services juridique en lien avec un événement traumatique qu'ils auraient **directement ou indirectement** vécu, comme **victime ou agresseur**. Un événement traumatique implique un danger à la vie ou une atteinte à l'intégrité physique et/ou mentale d'une personne.

Clients n'ayant pas vécu un événement traumatique:

Clients qui n'ont pas vécu un événement traumatique cité dans la liste ci-dessus.

10- **Dans la dernière année:** Avez-vous travaillé avec des clients ayant vécu un événement traumatique ou tout dossier traumatique:

- ☐ Oui
- ☐ Non

11-**Dans la dernière année:** Quel est le pourcentage approximatif de vos dossier qui sont à contenu traumatique:

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

12-**Dans la dernière année:** Quel est le pourcentage approximatif d'heures où vous avez travaillé sur des dossiers à contenu traumatique:

- ☐ 0%
- ☐ 1-25%

- ___ 26-50%
- ___ 51-75%
- ___ 76-100%

13-**Dans la dernière année,** nommez le type le plus fréquent de traumatisme avec lequel vous avez travaillé (une option):

___ Je n'ai pas travaillé avec des clients ayant vécu un traumatisme dans la dernière année.

- ___ Désastre naturel (Inondation, ouragan, tornade, tremblement de terre)
- ___ Feu ou explosion
- ___ Accident de transport (Automobile, avion, bateau, autobus, etc.)
- ___ Accident grave au travail, maison ou durant une activité récréationnelle
- ___ Exposition à des substances toxiques (Produits chimiques, radiation, etc.)
- ___ Abus ou agression physique
- ___ Agression avec une arme
- ___ Abus ou agression sexuel
- ___ Autres expériences sexuel non-désiré ou inconfortable
- ___ Interpersonnelle/violence conjugal plus spécifiquement
- ___ Combat ou exposition à la guerre
- ___ Captivité (Pris en otage, enlèvement, kidnapping)
- ___ Abus, maltraitance ou négligence émotionnelle ou physique
- ___ Témoin de violence (interpersonnelle, communautaire, etc.)
- ___ Maladie ou blessure mortelle
- ___ Mort soudaine ou violence d'un proche (homicide, suicide, etc.)
- ___ Deuil ou séparation traumatisante
- ___ Toute autre expérience très stressante: Veuillez spécifier: _____

Cette section porte sur un aspect de votre travail qui pourrait être considéré comme un facteur de stress ou de traumatisme. Pour les questions suivantes, veuillez vous référer aux définitions ci-dessous.

Clients ayant vécu un traumatisme/dossier à contenu traumatique : Clients qui ont fait appel à des services d'aide juridique en lien avec un événement traumatique qu'ils auraient directement ou indirectement vécu, comme victime ou agresseur. Un événement peut être catégorisé comme étant traumatique si celui-ci implique un danger à la vie ou une atteinte à l'intégrité physique et/ou mentale d'une personne selon la liste d'événements suivants :

- Abus/agression physique
- Abus/agression sexuelle
- Attaque à main armée
- Abus/négligence/violence émotionnelle, psychologique et/ou interpersonnelle
- Tenue en captivité
- Maladie et/ou blessure mettant la vie en danger
- Accident de la route, accident grave au travail, à domicile ou en pratiquant une activité
- récréationnelle
- Exposition à des substances toxiques
- Traumatisme suite à un deuil et/ou une séparation
- Feu et/ou explosion
- Exposition à une mort subite et/ou violente

- Catastrophe naturelle
- Exposition à une zone de combat ou de guerre

14-**Dans la dernière année,** identifiez **TOUS** les types de traumatismes avec lesquels vous avez travaillé:

- ___ Je n'ai pas travaillé avec des clients ayant vécu un traumatisme dans la dernière année.
- ___ Désastre naturel (Inondation, ouragan, tornade, tremblement de terre)
- ___ Feu ou explosion
- ___ Accident de transport (Automobile, avion, bateau, autobus, etc.)
- ___ Accident grave au travail, maison ou durant une activité récréationnelle
- ___ Exposition à des substances toxiques (Produits chimiques, radiation, etc.)
- ___ Abus ou agression physique
- ___ Agression avec une arme
- ___ Abus ou agression sexuel
- ___ Autres expériences sexuel non-désiré ou inconfortable
- ___ Interpersonnelle/violence conjugal plus spécifiquement
- ___ Combat ou exposition à la guerre
- ___ Captivité (Pris en otage, enlèvement, kidnapping)
- ___ Abus, maltraitance ou négligence émotionnelle ou physique
- ___ Témoin de violence (interpersonnelle, communautaire, etc.)
- ___ Maladie ou blessure mortelle
- ___ Mort soudaine ou violence d'un proche (homicide, suicide, etc.)
- ___ Deuil ou séparation traumatisante
- ___ Toute autre expérience très stressante: Veuillez spécifier: _____

15-Combien d'heure **par semaine** dédiez-vous à votre travail?

- ___ Moins de 35 heures
- ___ 36-45 heures
- ___ 46-55 heures
- ___ 56 heures +

16-Quel est votre revenu individuel:

- ☐ \$60,000 et moins
- ☐ \$60,001 à \$90,000
- ☐ \$90,001 à \$120,000
- ☐ \$120,001 à \$150,000
- ☐ \$150,001 à \$180,000
- ☐ \$180,001 et plus

17-Quel est votre revenu familial:

- ☐ \$60,000 et moins
- ☐ \$60,001 à \$90,000
- ☐ \$90,001 à \$120,000
- ☐ \$120,001 à \$150,000
- ☐ \$150,001 à \$180,000
- ☐ \$180,001 et plus

18-Quel est le diplôme le plus élevé que vous avez obtenu?

- ___ Baccalauréat en droit (LL.B)
- ___ Maîtrise en droit (LL.M)

- ☐ Maîtrise (autre que le droit)
- ☐ Doctorat en droit
- ☐ Doctorat en droit (autre que le droit)
- ☐ Autre: Veuillez spécifier _____

19-Quelle est votre statut parmi les énoncés suivants:

- ☐ Célibataire (Jamais marié)
- ☐ Célibataire (Séparé ou divorcé)
- ☐ Conjoint de fait
- ☐ Marié
- ☐ Veuf/Veuve

20-Combien d'enfant avez-vous?

- ☐ Je n'ai aucun enfant
- ☐ 1 enfant
- ☐ 2 enfants
- ☐ 3 enfants +

21-Combien d'enfants mineurs vivent dans votre maison présentement?

- ☐ Je n'ai aucun enfant
- ☐ 1 enfant
- ☐ 2 enfants
- ☐ 3 enfants +

22-**Durant votre carrière d'avocat:** avez-vous déjà pris un congé de maladie dû à des raisons reliées au travail:

- ☐ Oui
- ☐ Non

23-**Durant votre carrière d'avocat:** avez-vous déjà pris un congé de maladie dû à des raisons personnelles:

- ☐ Oui
- ☐ Non

24-**Dans les 6 derniers mois:** avez-vous consulté un professionnel de la santé ou une autre ressource:

- ☐ Non
- ☐ J'ai consulté un médecin
- ☐ J'ai consulté un psychiatre
- ☐ J'ai consulté un psychologue, psychanalyste ou psychothérapeute
- ☐ J'ai consulté un travailleur social ou conseiller clinique
- ☐ J'ai consulté un naturopathe
- ☐ J'ai consulté un membre du clergé
- ☐ Autre: veuillez spécifier: _____

25-**Dans les 6 derniers mois:** avez-vous pris des médicaments:

- ☐ Médicament pour l'anxiété ou Antidépresseur
- ☐ Stabilisateur de l'humeur
- ☐ Non, je n'ai pas pris de médicament dans les 6 derniers mois
- ☐ Autre: Veuillez spécifier: _____

PCL-5

Voici une liste de situations difficiles ou stressantes qu'une personne peut avoir à traverser (vivre). Pour chaque situation, cocher une ou plusieurs cases pour indiquer que : (a) Vous avez vécu personnellement une telle situation ; (b) Une autre personne a vécu une telle situation et vous en avez été témoin ; (c) Vous avez appris qu'un de vos proches ou amis a vécu une telle situation ; (d) Vous avez été exposé à cette situation dans le cadre de vos fonctions professionnelles, (e) La situation ne s'applique pas à vous.

Assurez-vous de bien considérer la totalité de votre vie (de l'enfance à aujourd'hui), pour l'entièreté de la liste d'événements.

	Cela m'est arrivé	J'en ai été témoin	Je l'ai appris	Exposé dans le cadre de ma profession	Ne s'applique pas
1. Catastrophe naturelle (inondation, ouragan, tornade, tremblement de terre, etc.)					
2. Incendie ou explosion					
3. Accident de la route (accident de voiture/bateau, déraillement de train, écrasement d'avion, etc.)					
4. Accident grave au travail, à domicile ou pendant des occupations de loisirs					
5. Exposition à une substance toxique (produits chimiques, radiation, etc.)					
6. Agression physique (avoir été attaqué, frappé, poignardé, battu, reçu des coups de pieds, etc.)					
7. Attaque à main armée (avoir été blessé par arme à feu/arme tranchante, avoir été menacé avec un couteau, une arme à feu ou une bombe, etc.)					
8. Agression sexuelle (viol, tentative de viol, être obligé d'accomplir tout acte sexuel par la forme ou sous des menaces)					
9. Autres expériences sexuelles non-désirées et désagréable (abus sexuel dans l'enfance)					

10. Participation à un conflit armé ou présence dans une zone de guerre (dans l'armée ou comme civil)					
11. Captivité (avoir été kidnappé, enlevé, pris en otage, incarcéré comme prisonnier de guerre, etc.)					
12. Maladie ou blessure mettant la vie en danger					
13. Souffrances humaines intenses					
14. Mort et violence (homicide, suicide, etc.)					
15. Mort subite et accidentelle					
16. Blessure grave, dommage ou mort causé par vous à quelqu'un					
17. Toute autre expérience très stressante : Veuillez spécifier:					

Liste de contrôle d'événements pour le DSM-5

Voici une liste de problèmes que les gens éprouvent parfois suite à une expérience stressante. Répondez à ce questionnaire en ce qui concerne votre expérience de travail générale et non en relation avec un cas particulier. Veuillez lire chaque énoncé attentivement et indiquer dans quelle mesure ce problème vous a affecté dans le **dernier mois**.

Dans le dernier mois, dans quelle mesure avez-vous été affecté par :	<i>Pas du tout</i>	<i>Un Peu</i>	<i>Moyennement</i>	<i>Souvent</i>	<i>Extrêmement</i>
Des souvenirs répétés, pénibles et involontaires de l'expérience stressante ?	0	1	2	3	4
Des rêves répétés et pénibles de l'expérience stressante?	0	1	2	3	4
Se sentir soudainement comme si l'expérience stressante recommençait (<i>comme si vous la viviez de nouveau</i>)?	0	1	2	3	4
Être bouleversé lorsque quelque chose vous rappelle l'expérience stressante?	0	1	2	3	4
Réagir physiquement lorsque quelque chose vous rappelle l'expérience stressante (<i>p. ex., avoir le coeur qui bat très fort, du mal à respirer, ou avoir des sueurs</i>)?	0	1	2	3	4

Éviter souvenirs, pensées ou sentiments en lien avec l'expérience stressante?	0	1	2	3	4
Éviter les personnes et les choses qui vous rappellent l'expérience stressante (<i>p. ex., des gens, des lieux, des conversations, des activités, des objets, ou des situations</i>)?	0	1	2	3	4
Avoir du mal à vous rappeler d'éléments importants de l'expérience stressante?	0	1	2	3	4
Avoir des croyances négatives sur vous-même, les autres ou sur le monde (<i>p. ex., avoir des pensées telles que : je suis mauvais, il y a quelque chose qui cloche sérieusement chez moi, nul n'est digne de confiance, le monde est un endroit complètement dangereux</i>)?	0	1	2	3	4
Vous vous blâmez ou blâmez les autres pour la survenue de l'expérience stressante ou ce qui est arrivé par la suite?	0	1	2	3	4
Avoir des sentiments négatifs intenses tels que de la peur, de l'horreur, de la colère, de la culpabilité, ou de la honte?	0	1	2	3	4
Perte d'intérêt pour des activités que vous aimiez auparavant?	0	1	2	3	4
Sentiment de distance ou d'être coupé des autres?	0	1	2	3	4
Avoir du mal à éprouver des sentiments positifs (<i>p. ex., être incapable de ressentir de la joie ou ressentir de l'amour envers vos proches</i>)?	0	1	2	3	4
Être irritable, avoir des bouffées de colère, ou agir agressivement?	0	1	2	3	4
Prendre des risques inconsidérés ou encore avoir des conduites qui pourraient vous mettre en danger ?	0	1	2	3	4
Être 'super-alerte', vigilant ou sur vos gardes?	0	1	2	3	4
Sursauter facilement?	0	1	2	3	4
Avoir du mal à vous concentrer?	0	1	2	3	4
Avoir du mal à trouver ou garder le sommeil?	0	1	2	3	4

Si vous avez répondu à moyennement, souvent et extrêmement à une ou plus des questions précédentes, s'il vous plaît précisez:

- ☐ Je ne suis pas affecté par cette (ces) expérience(s)
- ☐ Ce mois-ci seulement
- ☐ Depuis 1 et 3 mois
- ☐ Depuis 3 et 6 mois
- ☐ Depuis 6 et 12 mois
- ☐ Plus de 12 mois

Hopkins Symptom Checklist (HSCL-25)

Voici une liste de problèmes dont se plaignent parfois les gens. Cochez une des cases indiquant à quel point vous avez ressenti chacun de ces problèmes au cours des sept derniers jours, y compris aujourd'hui.

Dans les 7 derniers jours : À quel point avez-vous été déranger par:	Pas du tout	Un peu	Beaucoup	Énormément
1. Maux de tête				
2. Nervosité ou impression de tremblements intérieurs				
3. Faiblesses, étourdissements				
4. Diminution du plaisir ou de l'intérêt sexuel				
5. Accès de terreur ou de panique				
6. Impression de manquer d'énergie ou de fonctionner au ralenti				
7. Idées d'en finir avec la vie				
8. Vous sentir tellement agité que vous ne pouvez rester en place				
9. Tremblements				
10. Manquer d'appétit				
11. Pleurer facilement				
12. Sentiment d'être coincé ou pris au piège				
13. Tendance à vous effrayer soudainement sans raison				
14. Vous culpabiliser pour certaines choses				
15. Sentiment de solitude				

16. Avoir le cafard				
17. Trop vous inquiéter				
18. Manque d'intérêt pour tout				
19. Vous sentir craintif				
20. Battements très forts ou très rapides du coeur				
21. Difficulté à vous endormir, à dormir d'un bon sommeil				
22. Sentiment que vous ne valez rien				
23. Vous sentir sans espoir face à l'avenir				
24. Impression que tout exige un effort				
25. Sentiments de tension ou de surexcitation				

WHOQOL-BREF

Cette évaluation porte sur vos sentiments à l'égard de votre qualité de vie, de votre santé et d'autres aspects de votre vie.

Veuillez garder à l'esprit vos valeurs, vos espoirs, vos plaisirs et vos préoccupations. Nous vous demandons de penser à votre vie au cours des deux dernières semaines.

Comment évaluez-vous votre qualité de vie ?

1	2	3	4	5
Très mauvaise	Mauvaise	Ni bonne, ni mauvaise	Bonne	Très bonne

Êtes-vous satisfait(e) de votre santé ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure croyez-vous que la douleur physique vous empêche de faire ce que vous avez à faire ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure avez-vous besoin de traitement médical pour fonctionner dans la vie de tous les jours ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure jouissez-vous de la vie ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure votre vie vous paraît-elle avoir un sens ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure arrivez-vous à vous concentrer ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure vous sentez-vous en sécurité dans votre vie de tous les jours ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure votre environnement physique est-il sain ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Avez-vous suffisamment d'énergie pour vos activités quotidiennes ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure acceptez-vous votre apparence physique ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Avez-vous suffisamment d'argent pour satisfaire à vos besoins ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure avez-vous accès à l'information dont vous avez besoin dans votre vie de tous les jours ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure avez-vous l'occasion d'avoir des loisirs ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure pouvez-vous vous déplacer physiquement ?

1	2	3	4	5
Pas du tout	Un peu	Modérément	Beaucoup	Totalement

Dans quelle mesure êtes-vous satisfait de votre sommeil ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait de votre capacité à exécuter vos activités quotidiennes ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait de votre capacité de travail ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait de vous-même ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait de vos relations personnelles ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait de votre vie sexuelle ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait du soutien que vous recevez de vos amis ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait des conditions de votre lieu de résidence ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait de votre accès aux services de santé ?

1	2	3	4	5
Très insatisfait	Plutôt insatisfait	Ni satisfait, ni insatisfait	Satisfait	Très satisfait

Dans quelle mesure êtes-vous satisfait de votre moyen de transport ?

1 Très insatisfait	2 Plutôt insatisfait	3 Ni satisfait, ni insatisfait	4 Satisfait	5 Très satisfait
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À quelle fréquence éprouvez-vous des sentiments négatifs, comme le cafard, le désespoir, l'anxiété, la dépression ?

1 Jamais	2 Rarement	3 Parfois	4 Souvent	5 Toujours
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Liste de ressources utiles

Ce sondage est terminé. Merci de votre participation !

Voici une liste de ressources.

- *Info trauma* est une ressource informatique qui offre de l'information sur le stress post-traumatique. Cette ressource offre aussi un test d'auto-évaluation.
 - <http://www.info-trauma.org/en/home/>
- *The Quebec Lawyer Assistance Program* travaille pour fournir des services et conseils gratuits ainsi qu'une panoplie de ressources aux avocats ayant des besoins concernant la santé mentale.
 - <http://www.barreau.qc.ca/pamba/>
- *Support Groups* est un forum de discussion en ligne regroupant des conseils sur une variété de sujets, y compris le stress post-traumatique.
 - <http://ptsd.supportgroups.com/>
- *Écoute Entraide* offre des services d'écoute neutres et confidentiels en plus de fournir d'autres ressources au besoin.
 - <http://www.ecoute-entraide.org/>
- *Face à Face* est une organisation à but non lucratif située à Montréal, qui offre de l'écoute, des conseils et services d'aiguillage. L'organisme organise également des groupes de support afin de développer un réseau de support et briser l'isolation, le tout de façon confidentielle.
 - <http://faceafacemontreal.org/>
- *Phobies-zéro* est un organisme à but non lucratif offrant un service d'écoute confidentiel par téléphone et des groupes de soutien et d'entraide pour les personnes souffrant de troubles anxieux. L'organisme organise également des conférences.
 - <http://www.phobies-zero.qc.ca/index.php>