"Horrible Slime Stories" When Serving Victims: The Labor of Role-taking and Secondary Trauma Exposure

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Abstract

The emotional and psychological consequences associated with providing services to traumatized others have been well established with extant scholarship highlighting these workers' susceptibility to vicarious trauma and secondary traumatic stress. But less is known about the underlying interactional processes by which symptoms of secondary trauma emerge. This research investigates the consequences of taking the role of a person who is victimized and experiencing emotional turmoil by analyzing interviews with workers who serve victims seeking legal services. Role-taking is the process of mentally and affectively placing the self in the position of another, understanding another's perspective. Workers described listening to victims' experiences or coworkers' accounts of difficult cases as being "slimed." Those engaging in both cognitive and empathic role-taking often struggled to "shake" this content and became susceptible to mirroring the distress of the traumatized clients and coworkers. In response to this exposure, workers often shared troubling intakes or cases with coworkers as a type of interpersonal emotion management. Workers who provided emotional support to colleagues often experienced indirect exposure to trauma on two fronts: in the service of clients who had experienced intimate partner violence and from coworkers. Thus, those best able to role-take with victims or coworkers are most likely to experience greater secondary trauma exposure and its potential toll.

Keywords Role-taking · Emotion management · Secondary trauma · Intimate partner violence · Justice system · Emotional labor

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Introduction

Workers within occupations that assist trauma victims or survivors, such as those of sexual assault and intimate partner violence (IPV), hear the details of clients' trauma or read through traumatic graphic material on a regular basis (Bride 2007; Weir et al. 2021). This secondary or indirect trauma exposure is a job-related stressor that leads workers to mirror the distress and symptoms of the primary victims (Figley 1995a; Figley et al. 2017). Although the consequences of trauma exposure in professions that assist traumatized clients are well-documented, less is known about the underlying interactional processes by which symptoms of secondary trauma emerge.

Using the concept of role-taking, as the ability to take the role of the other (Cast 2004; Love and Davis 2014; Mead 1934), I examine the pathway between trauma exposure and its psychological and emotional consequences among workers who assist. In the service of clients, workers may take the role of a person who is victimized and experiencing emotional turmoil. The propensity of counselors and social workers to experience secondary trauma is well established and as a result, these professions are trained to expect psychological reactions. In contrast, justice system professionals receive little training to prepare them for the emotional and psychological toll of their work (Silver et al. 2015). Yet, scholarship shows that indirect trauma exposure places attorney, judges, and jurors at risk for mimicking the symptoms of traumatized victims (Edwards and Miller 2019; Iversen and Robertson 2020; Jaffe et al. 2003; Lonergan et al. 2016; Silver et al. 2015).

This study examines workers' role-taking with traumatized others as they assist victims in applying for legal services, filing for protection orders, or representing victims in their hearings. While role-taking is often linked to prosocial outcomes such as stereotype reduction and helping behavior (Bailenson 2018; Penn et al. 2010), is there a darker side to understanding how another thinks and feels? What are the benefits or drawbacks of workers' role-taking when serving traumatized clients? Cognitively entering another's perspective and feeling with them may hold mental and emotional burdens, and those burdens may underlie secondary traumatic stress symptoms, especially among workers who are most attuned to clients and even coworkers in need. To explore these questions, I provide a theoretical snapshot of the potential consequences of workers' role-taking using 27 interviews with attorneys, victim advocates, volunteers, and paralegals who serve victims of intimate partner violence.

Workers in these sectors are exposed to the trauma of others by interacting with traumatized clients or processing trauma-laden materials (e.g. written documents, verbal accounts, videos, and graphic images) (Chamberlain and Miller 2008; Ludick and Figley 2017; Weir et al. 2021). This exposure accumulates over time, such that workers may regularly withstand the stressor of another's trauma. In this study, workers referred to this feeling—that clients' traumatic experiences or coworkers' accounts of graphic cases cover them with a film they struggle to remove—as being "slimed." Individuals who engage in both cognitive and

empathic role-taking struggle to "shake" this content and become susceptible to mirroring the distress of the individuals they assist. Variations in levels of role-taking correspond to workers' positions within their organizations, their social statuses relative to clients, their own personal backgrounds, and their organization's mission. Furthermore, to cope, workers often share these accounts with coworkers as a type of interpersonal emotion management (Lively 2000; Thoits 1996), unwittingly spreading trauma further. Individuals who engage in higher levels of cognitive and empathic role-taking open themselves up to an increased likelihood of being "slimed" after an encounter with a traumatized client. Outlining this process highlights how workers with higher levels of role-taking are more susceptible to the consequences of secondary trauma exposure.

Literature

Service workers, such as mental health counselors, social workers, and victim advocates, are exposed to the trauma of others by interacting directly with traumatized clients (Ludick and Figley 2017; Weir et al. 2021). Negative effects of such exposure have been referred to as "vicarious" or "secondary" trauma, indicating the transfer of others' trauma onto the self, with workers who empathetically engage with clients experiencing secondary trauma (Cummings et al. 2018; Figley 1995a; Michalopoulos and Aparicio 2012; Way et al. 2004). This suggests that workers who provide services to trauma survivors and victims often experience stressors as a result of this indirect or secondary trauma exposure. Negative emotional and psychological effects are common in occupations such as victim advocates (Bemiller and Williams 2011; Kolb 2014; Singer et al. 2020) and attorneys who practice family law or those with high numbers of sexually assaulted clients (Brobst 2014; Levin et al. 2012; Levin and Greisberg 2003).

The concept of vicarious traumatization highlights the psychological effects mental health professionals experience when exposed to clients' traumatic memories, thoughts, and feelings (McCann and Pearlman 1990). Similarly, secondary traumatic stress (STS) derives from helping others who have been traumatized (Devilly et al. 2009; Figley 1995b). Empathic engagement and past history of trauma are found to be significant factors in the development of "vicarious" or "secondary" traumatization (Hargrave et al. 2006; Wilson and Thomas 2004). While these terms have distinct definitions, some scholars soften such distinctions. Recent work has used the term secondary traumatization to describe symptoms including secondary traumatic stress disorder and vicarious trauma (Greinacher et al. 2019). Other work has grouped secondary traumatic stress and vicarious traumatization together through the concept of empathy-based stress as the process of trauma exposure combined with empathy that results in empathy-based strain, adverse occupational health reactions, and work-relevant outcomes (Rauvola et al. 2019). Furthermore, the American Psychiatric Association's definition of post-traumatic stress disorder was broadened to contain both direct traumatic experiences and indirect exposure, highlighting the merit of understanding the consequences of indirect exposure to trauma (2013).

This study speaks to a growing body of scholarship of the effects of secondary trauma exposure by focusing on secondary traumatic stress symptoms which echo the reactions of primary trauma: intrusive thoughts or feelings of re-experiencing an event, insomnia, fatigue, hyper-vigilance, increased stress response, anxiety, numbness, and depression (Bride 2007; Bride and Kintzle 2011; Cieslak et al. 2014; Owens 2014). Providing services to clients who had experienced IPV exposes advocates, counselors, and justice system professionals to emotional stressors (Kolb 2014; Wasco and Campbell 2002). This exposure may potentially lead to secondary traumatic stress, but the mechanisms of role-taking and emotional labor have not been fully considered as part of this process. I build upon insights from secondary traumatization research by placing it in conversation with role-taking and emotional labor scholarship.

Role-Taking

Mead (1934) viewed "taking the attitude of the other" as the ability to put oneself in the other's place through taking the other's point of view, allowing one to anticipate the other's behavior or state of mind and then act appropriately. Recent work outlines that role-taking has two components: cognitive role-taking discerning what others think and how they feel (perspective taking) and empathic role-taking as sharing in others' affective states (empathy) (Davis and Love 2017). To role-take, one must understand the social location and position of another which entails presenting, receiving, reading, and interpreting social cues (Schwalbe 1988). As a result of cognitive role-taking, workers interpret clients' body language or gestures to deduce when they should rephrase questions to make clients more comfortable. This helps workers to gather relevant details, since traumatized clients often struggle to align their narratives in a chronological or coherent form (Durfee 2009).

Beyond taking on the perspective of another, a subset of workers may also engage in empathic role-taking by sharing in others' emotions. Similarly, other work characterizes this process of empathic concern performed by intensive care unit nurses as consciously 'tuning in' to others' emotions (Bakker et al. 2005). Workers empathetically taking the role of their traumatized clients is consistent with sociologists' conceptions of empathy as a "role-taking emotion" (Shott 1979). Clark's foundational work notes that sympathy begins with empathizing or taking the role of another; with sympathy for another creating bridges at the experiential level, blending and merging one person's subjective experience with another's (p.63, 2007).

Other work uses concepts from Cooley (1992) to understand the interactional process where a worker, as an empathizer, imagines and shares the thoughts and feelings of another. Indeed, victim service providers may experience a blurred boundary between self and other (Ellis and Knight 2018). Ruiz-Junco (2017) discusses the therapeutic role-taking interpretive process by which the empathizer evokes in themselves similar thoughts and feelings to the recipient's in order to understand them. Recently, Groggel, Davis, and Love found that increased cognitive and empathic role-taking amplify the likelihood of burnout when individuals were exposed to a traumatic victim narrative from a court case (2022).

Some workers may be more susceptible to the boundary between oneself and others becoming blurred. Workers who share a key experience or identity with clients may be especially susceptible to this because individuals role-take more readily with others who are similar to themselves (Cast 2004; Cikara et al. 2011; Love and Davis 2014; Zaki and Cikara 2015). Moreover, the potential for these role-taking mechanisms to blur the line between self and other may be exacerbated by emotional labor performed for the benefit of coworkers in addition to their clients.

Emotional Labor

Emotional labor refers to emotion management, such as evoking, enhancing or suppressing private emotions, or modifying observable expressions to adhere to a job's implicit or explicit "feeling rules" in exchange for a salary or wage (Hochschild 1979; 1983; 2012). Traditional service workers are expected to create a facial and bodily display for the benefit of customers or clients (e.g. service with a smile) (Grandey 2000; Hochschild 2012). Studies of emotional labor have expanded to examine a range of professions such as lawyers being expected to suppress their emotions unless those emotions were used as a tool for the benefit of the lawyer–client relationship (Kadowaki 2015; Yakren 2008).

Workers hide their distress in front of clients, for example, by trying not to lose their composure or maintaining a demeanor of affective neutrality by focusing on their work tasks and by depersonalizing clients such as victims of intimate partner violence and patients. For instance, physicians and nurses are often taught to adopt a demeanor of detached concern that allows them to listen to their patients' problems and provide quality care without becoming emotionally involved. Emotional detachment functions as a self-protective strategy for workers but requires emotional labor to suppress feelings of anger or frustration, while still meeting requirements set by organizational or occupational feeling rules (Kadowaki 2015). Studies of emotional labor among professionals often focus on the professional socialization and less attention has been paid to workers' use of strategies for managing their emotions (Wharton 2009).

In addition to managing one's own emotions, workers may be expected to manage the emotions of customers and clients (Harris 2015; Meanwell et al. 2008). Emotional labor is not confined to worker-client contacts with paralegals expected to manage the emotions of the attorneys they work with (Pierce 1999). Workers engage in "reciprocal emotion management" with co-workers of similar occupational status to help display the calm and polite deference required by their jobs by venting frustrations about the excessive demands of attorneys and clients (Lively 2000; 2002; 2008). While emotional labor can be enjoyable and emotionally healthy (Shuler and Sypher 2000), it can lead to emotive dissonance (Bakker and Heuven 2006; Hochschild 1983). Emotional labor is difficult not necessarily because it contradicts a "real" self but because emotion work is connected to cultural discourses of power and organizational structures. For example, male correctional officers found emotional labor more difficult because it was associated with feminine traits or was for the benefit of individuals perceived as undeserving (Tracy 2005).

Emotional labor as a psychological good that benefits clients and organizations is often disproportionately supplied by and expected of women (Guy and Newman 2004; Taylor and Tyler 2000).

Lois (2003) draws a distinction between rescue workers' "loose" and "tight" emotion management, with male rescuers being more likely to employ "tight" emotion management such as asking victims to stop crying while female rescuers were tasked with "loose" emotion management that involved listening and sympathizing for the benefit of victims' families. Other work on police officers (Martin 1999) and attorneys (Pierce 1999) show how gender is embedded in the professional expectations for emotional labor; with male workers often adopting emotion management consistent with masculinity and displaying emotions that were less positive, more powerful, and slightly less active than the deference and caregiving expected of female workers (Heise 2007). Hochschild coined the term status shield to theorize how gender as a status can shield or protect men from negative expressions of others, which reduces the amount and intensity of emotional labor (1979). Often the emotions workers display denote their social position, with those with greater status or occupational prestige able to express anger and frustration (Clark 1990) but shielded from them by others. Work has expanded the discussion of status shields to encompass gender, race, and other statuses and how they intersect (Harris 2015).

Individual characteristics, their role within organizations, and occupational display rules establish expectations for managing emotions (Guy et al. 2014; Kinman 2009). These differences affect the extent to which clients are allowed to talk about their feelings and experiences, which in turn affects workers' exposure to traumatic narratives and the emotional labor workers perform in the face of these distressing narratives. Fulfilling the demands of this emotional labor takes a toll. Scholarship shows a clear connection between emotional labor and symptoms of burnout and emotional exhaustion (Grandey 2000; Grandey et al. 2005; Wagner et al. 2014). Efforts to maintain a calm demeanor while being exposed to trauma-laden materials or interactions, which may not always be successful, create stress that compounds the underlying distress from listening to and clarifying the details of clients' cases. By reaching out to coworkers for support and emotion-management assistance, workers may inadvertently expose their coworkers to additional trauma.

Methods

I conducted interviews designed to capture and understand participants' daily work tasks and job-related stressors. My sample included paralegals, attorneys, law school student volunteers, and victim advocates from three organizations in two Midwestern states, resulting in 27 interviews. Table 1 summarizes interviewees' demographics and job titles, showing that the sample was predominantly White, and the sample included eight men and nineteen women. My sample varied by job title, sex, age, their level of contact with clients who had experienced IPV, and the level of role-taking with clients, but all assisted victims (e.g., applying for legal services, filing for protection orders, or legal representation). In-depth interviews allowed for multiple accounts from volunteers, paralegals and attorneys to create a broader picture

Table 1 Respondent demographics (N=27)

	Number	Percent
Occupational Role		
Attorney	14	51.9%
Paralegals	7	25.9%
Volunteers	4	14.8%
Other	2	7.4%
Sex		
Male	8	29.6%
Female	19	
Race		
White	24	88.9%
Nonwhite	3	11.1%
Education		
High School	2	7.4%
Some college	1	3.7%
Bachelor's or Associate's degree	8	33.3%
Juris Doctor Degree	14	51.9%
Prefer not to answer	1	3.7%
Job Tenure (Length of time at organization)		
Less than 6 months	1	3.7%
6 months – 11 months	3	11.1%
1 year – 5 years	12	44.4%
6-years – 10 years	6	22.2%
Over 10 years	5	18.5%

Racial category groups and occupational roles were combined for anonymity

of social processes (Weiss 1995). In compliance with my institution's Institutional Review Board, participants were provided with an informed consent statement and respondents' names and other identifiable details were altered to ensure confidentiality. Additionally, some participant details that otherwise may have been relevant to the study are omitted from the analysis in order to protect the confidentiality of respondents.

Each organization is assigned a pseudonym: In State A, I interviewed respondents from the Courthouse Program and the Law School Clinic, and in State B, I interviewed workers at Legal Assistance Services (LAS). The Courthouse Program (CP) is a nonprofit agency run out of a single office in a local courthouse. Its three workers—a courthouse employee, a victim advocate, and a college intern—help people who had experienced IPV complete protection order petitions. The Law School Clinic is a student-run program overseen by a professor that provides clients with representation for hearings. The Law clinic had limited hours of operation, being open for two hours Monday through Friday and was housed within a room in the Law School building. Legal Assistance Services is a state-wide nonprofit agency that provides legal assistance to low-income residents, including intimate partner

violence victims. Legal Assistance Services operates out of six separate offices, where paralegals and attorneys process requests for assistance and represent clients in court. Both Law School Clinic volunteers and LAS paralegals worked with clients to assess whether or not their organization could offer legal representation. However, LAS intake paralegals experienced a greater volume of clients than those at the Law School Clinic because they worked at a call center and received requests for a variety of civil legal services.

Table 1 provides a summary of worker roles by organization. Interviews followed a loosely structured guide to solicit details about what a typical workday looks like. The interview questions focused on the procedures for assisting clients who had experienced IPV, from pre-screenings to trial or completion of service. The original aim of this study was to examine the role legal professionals play in helping clients provide well-organized petitions and prepare them for hearings (Durfee 2009). However, as I developed a relationship with respondents, the qualitative data answered a different question I had not intended to pose to these workers (Feldman, Bell, Berger 2004).

Most interviews lasted over an hour and were conducted face-to-face, with four interviews completed by phone. Interviews were digitally-recorded and transcribed and the transcriptions were entered into Atlas.ti for coding (Muhr and Friese 2004). Analyses employed both deductive and inductive techniques, beginning by coding interviews based on the initial topics covered in the interviews such as the duties of their typical day. Next, I reread the transcripts to inductively identify emerging themes that were not overtly included in the interview schedule topics. It became apparent that workers were often emotionally affected by this work. I then used a focused coding approach for workers' role-taking, emotional labor, and consequences of being exposed to others' trauma (feeling sluggish, anxious, physically ill, and emotionally numb) (Nah 2021).

In what follows, I identify how workers' empathic and cognitive role-taking shape the extent to which workers are exposed to and take on the trauma of others and the emotional labor required as a response. Workers routinely report getting slimed as they engage in role-taking behavior in order to elicit the necessary information from traumatized clients. Workers having statuses or experiences in common with clients, the culture and structure of the organization, and the provision of coworker support shape these role-taking processes and workers' susceptibility of developing symptoms of secondary traumatic stress.

Results

My interviews suggest that role-taking is the mechanism through which secondary trauma symptoms occur, indicated by such experiences as re-hearing, re-seeing, and re-experiencing clients' stories and feelings of emotional exhaustion. This study attempts to bring together insights from social psychology and sociology of emotion and existing scholarship on trauma and secondary exposure to trauma by highlighting role-taking as another relevant pathway. This social psychological pathway begins with workers' experiences interacting with IPV victims and coworkers and how the emotional labor from such efforts can spread trauma from the impacted person or situation to others.

Role-Taking in the Workplace

Intimate partner violence victims often seek legal assistance soon after experiencing actual or threatened injury and they are still deeply shaken by this experience. A courthouse victim advocate who had assisted clients in filing for protection orders said that traumatized clients struggle to stay focused in conversation: "They're all over the place, and then I'll stop trying to type [on the form] and I'll get out a pen and try to isolate the incidents… You recognize that this person is not going to be able to think linearly." As a result, victims often struggle to provide a clear, chronological account of their history of abuse or extract the necessary details for legal intervention from their larger personal narrative. This complicates and extends the process of assisting traumatized clients. While workers across the three organizations encounter this issue, their responses to traumatized clients' states of mind varied. Many workers often took on the perspective of their traumatized client to discern which strategy to use when assisting them whereas others adopted a more detached approach. These strategies varied within and across organizations and required differing levels of role-taking.

I identified strategies, often overlapping, used by respondents that reflect higher levels of cognitive role-taking: using encouragement, taking breaks to allow for recovery from distress, adapting questions, taking more time to elicit relevant details, and letting victims tell their stories in their own way. This required workers to understand clients' emotional state, anticipate how their distress might affect the clarity of their accounts, and apply a remedy. Some workers engaged in cognitive role-taking as a way to get the information they need. Others also engaged in empathetic or emotional role-taking. These workers often greatly valued making the victims feel heard, and opened themselves up to increased likelihood of being "slimed" after an encounter with a traumatized client. Higher levels of role-taking, especially empathic role-taking, deepened the pathway between 'self' and the 'other' which put workers at risk of taking on another's trauma as their own.

Cognitive Role-Taking

Personal background and organizational culture shaped the extent to which certain workers, and not others, cognitively took the perspective of a traumatized other for the benefit of clients. Some workers, such as those in the Courthouse Program, viewed understanding both the cognitive and emotional states of their clients as integral to their work and organizational mission. Workers' strategies to elicit information from traumatized clients were based on their understanding of what information is legally needed *and* what clients are emotionally prepared to supply. This required greater levels of cognitive role-taking. When describing a technique to help traumatized clients share sensitive information, a female court employee explicitly mentioned the importance of role-taking when noting that she attempted to put clients at ease by

> …*trying to see things from their point of view*. To validate the things that they say gets their trust...If they say, "I don't know if I can tell this," I tell them,

"You don't have to tell me. But if you feel like it would help the judge to know, I'm glad to put it in in a way that you'd feel comfortable." Then they'll usually say what it is.

As workers become more experienced and more easily cognitively understand the mindsets of traumatized clients, they became adept at understanding when to give traumatized clients a break and when to probe for more information. Understanding victims' fear and hesitation in sharing their stories, respondents noted the strategies they used to elicit information respectfully. Across organizations, workers referenced using encouragement probes (Gorden 1998) including questions such as "What happened next? Did you call anybody? What room were you in when this happened? Was it near a holiday?" to help traumatized clients recall details and establish timelines.

Most workers I interviewed used similar recall-enhancing strategies. However, one subset of workers further adapted their approaches in response to reading others' emotional state. Workers discussed the benefit of letting traumatized clients talk out their feelings. A male attorney who had worked for LAS for seven years explained:

If the person wants to tell a story and maybe wants to just tell me everything, I try to listen and indicate that I'm interested in what they're saying, which I hope puts them at ease or starts to develop some sort of trust between them and me. Whenever it's appropriate to, I ask specific questions that dive more directly into the information that I want—I will do that. But I'll probably give them a lot more room than maybe others might before I do that.

He understood when a client wanted to tell their story, and how being an engaged listener would establish a level of trust. Workers noted the value of encouraging traumatized clients by letting them know how courageous they were for sharing their story. As a Courthouse Program victim advocate summarized, "Sharing with someone that you think they're strong, and how 'that must have been horrible, that's not OK what happened to you,' sometimes they just need to hear that. And that's not something you can put in a cheat sheet."

Workers often learned to anticipate when to adapt their questions to elicit sensitive information. These workers noted the value of shifting away from standardized questions and viewed it as their responsibility, not the victim's, to prioritize and organize the narrative. A victim advocate described not using formal language to ask about sexual abuse:

If you ask someone [whether they've been sexually abused] they're probably going to say no. I'll say, "In a lot of relationships there's a lot of power and control. I find that those same people can be controlling in the bedroom, too. Do you feel like that's ever been an issue?" ... If you frame it that way, sometimes you'll definitely get a yes. Or sometimes I *can just see they're just teetering on telling you something…. I could just sort of sense by [their] body language that there was something else.*

In this instance, the worker discerned that her traumatized client was "teetering" or wavering about sharing sensitive information. By understanding the

emotional state of clients, workers understood the victim's feelings of reluctance and worked to make them feel comfortable enough to share details about their abusive relationships.

A female paralegal who had worked for LAS for less than five years said that she could anticipate when an intake would discuss traumatic events:

> I can hear it's really bad because they sigh, and I'm like, oh, no, here it comes. I'm getting myself ready for it. They start kind of dancing around the issue and don't really want to talk about it until I reassure them, "Look, it's important that you tell me because this might help out your situation." … Most of the time it's rape, incest, domestic violence in the home, the ones that really come to my mind is rape and incest… I can almost see them visualizing it and living it [while we're on the phone].

Likewise, a female victim advocate at the Courthouse Program told me that she had stopped an intake to give the traumatized client time to recover when describing his sexual abuse. It would not, she understood, be productive to continue in that moment. These workers had learned when to give clients time because it would, in the end, yield more complete information. As a LAS male attorney recounted, when clients were struggling to discuss their case:

> You offer a drink of water, to take a break, you just listen, and I say, "I understand this is difficult and I don't mean to upset you, but I do want this information and we can take some time." … I would rather have more details than less, because we can always get it a bit more organized, but I just want to make sure that I've got a complete picture.

In this instance, the attorney understood the perspective of the client and adapted his strategies to facilitate hearing her complete account. To prepare for whatever his adversary might say in court, this attorney emphasized not rushing the process and needing to fully understand details of each case. These tactics are emblematic of cognitive role-taking: understanding when to offer targeted encouragement such as telling a client that he/she is strong requires placing oneself in their perspective.

Workers also engaged in role-taking when anticipating the needs of coworkers. A male attorney at LAS was a supervisor for paralegals. When a paralegal had a horrible case, he told me, "It's on their face." Reading body language is one crucial element of role-taking, and this example illustrates how workers' cognitive role-taking allows them to interpret the body language of coworkers.

Empathic Role-Taking

Some workers engaged in both emotional and cognitive role-taking. Workers who identified with traumatized clients due to their own past experiences or sharing a social status with the victim appeared to have higher propensity to cognitively, and at times empathically, role-take with their clients. A Law School Clinic volunteer noted that she recalled some cases better after "forming a closer relationship with the clients… It's easier to identify [with someone] who is closer to your age than

it is [with] someone who is older or from a different socioeconomic background." Similarly, a female attorney who had been at LAS for 10 years and disclosed escaping an abusive husband said of relating to clients' abusive relationships: "I've been there, I understand that." A CP victim advocate felt that having suffered an emotional loss prepared her to assist clients, and she was concerned that many of organization's trainees were unprepared for their role:

> [M]aybe they [trainees] have never really suffered some huge emotional loss yet. And I'm happy for them if they haven't…I'm just comfortable sitting with people that are vulnerable. I've had to be in situations where I've had to be hugely vulnerable.

In this example, the victim advocate felt that experiencing her own type of trauma prepared her to better understand and feel vulnerability and assist clients seeking protection.

Similarly, a LAS male attorney spoke of growing up in a low-income household and its role in his work with clients: "I can put myself in the situations and experience what these people are going through. I can picture it, *I can feel it*. And it's just heartbreaking… 'Cause I've been in their shoes, and it sucks." This example reflects empathic role-taking with the attorney placing himself into the situation his clients are facing and feeling what they feel.

While many workers engaged in higher levels of cognitive role-taking for the benefit of clients, fewer clearly noted an empathetic approach. A CP volunteer detailed her client-approach with traumatized clients: "listening, *empathizing*, reflecting their feelings…letting them know that they're being heard, and we are here to help them." Empathizing with and reflecting traumatized clients' feelings during intakes can make clients feel heard but could be to workers' detriment as the boundary between oneself and a traumatized other is blurred. Workers also engaged in empathetic role-taking with coworkers.

Variations in Role-taking

The extent to which workers cognitively or empathically took the role of clients and coworkers varied by positions within their organizations, their social statuses relative to clients, their own personal backgrounds, and their organization's mission. All three organizations were committed to assisting victims of intimate partner violence, but workers with a more detached perspective did not view empathizing with the victim or understanding their perspective as an element of their jobs. A victim advocate at the Courthouse Program underscored the value of an approach that requires greater engagement with clients who had been victimized or traumatized:

> [S]ometimes they just need to talk. That's one reason [the intake] takes a long time… I'll direct them back to wherever we were on the protective order. I don't ever want them to feel like what they're saying is not important. Because it is.

As a result of this approach, Courthouse Program respondents often spoke with a victim for hours at a time. This client-centered approach contrasted from the Law

School Clinic's whose services and culture require less role-taking for the benefit of clients.

In contrast to the Courthouse Program, workers at the Law Clinic or Legal Assistance Services strove to find a balance between dimensions of role-taking and organizational constraints. A female volunteer at the Law School Clinic noted that during intakes: "In the more severe cases are when it's harder, because they're more emotional and they just want to talk about everything, and we just have to be diligent about locking down the dates." The focus is not on anticipating when clients need breaks but instead being diligent about pushing clients to provide only relevant information.

Sticking to an intake script, rather than pausing meetings in response to a victim's emotional distress, required less role-taking. An intake script, like a script used in fast food and service industries, provides a method by which interviews are routinized (Leidner 1993, 1999). This routinization can thus be a way of standardizing emotional labor (Lopez 2006). It also reflects a detached demeanor similar to the affective neutrality that medical students are socialized to develop in order to emotionally distance themselves from patients. A LAS male attorney said:

> You don't want to completely remove your emotions from it, because you need to listen to your clients and try to understand what they're feeling and empathize with it. But if you just have a process and you stick with the process and do each case in the same way, it's easier to maintain some objectivity.

This allows workers to gather the relevant details while reducing their secondary trauma exposure. In this way, workers sought to find a balance between a victim-centered approach and their own professional role expectations (Powell-Williams et al. 2013). To address clients' struggles with describing incidents in a chronological order, workers with a detached demeanor often used less time-consuming strategies than workers who cognitively took the role of clients by reading when to give the client breaks or rephrasing questions. A female law student volunteer emphasized the utility of switching topics:

> [T]hey're just thinking of everything horrible that this person has done to them and… Sometimes it's on the experienced volunteer to say, "Let's talk about X." And sometimes [experienced volunteers] they'll ask, "How do you spell your name?" I'll go back to basic things that they don't really have to get upset about.

These strategies placed the burden on clients to organize their narratives in a linear fashion rather than requiring the worker to extract the needed information and re-create a chronological narrative. It also required less role-taking with the client than workers who strove to help them feel seen, heard, and trusted. However, this detachment comes with its own potential consequences.

A male attorney who had been at LAS for a decade, took his detachment further:

> I'm not patient when I deal with people and they want to tell me stories... [I]f they're going to tell me a story that's going to last for 20 minutes about how the husband treated the ex-girlfriend…I'll just tell them, "Look, I

don't need to know that. I'm not going to sit here and listen to that. Don't tell all this stuff. This is what I really need to know."

This attorney's approach stood in contrast to those of most workers I interviewed. This example is also emblematic of interpersonal emotion management that is tightly directed (Lois 2003). Regardless of the emotional state of the client, this attorney cut them off. While this likely protected the attorney from distress, it also potentially hindered his relationship with traumatized clients and the information he could elicit from them.

In less extreme cases, Law school volunteers acknowledged that at times they cut clients off. As one female volunteer noted, she often stressed to clients that, "we only have so much time… You hate to cut them off, I usually say, 'I know this is really hard to talk about, but we do need to focus on a couple of other things. Time is really limited.'" Another law student stated, "we recognize that [clients are] probably in a trauma situation so we start with open-ended questions… and kind of let them go vent for as long as 10 min… then we go back and try to get specifics if we can." These volunteers emphasized that they only had so much time to give to clients, so they used strategies that quickened the process, ensuing intakes fit into the timeframes of their class schedules.

In a similar fashion, LAS workers often viewed their role as procedural when tasked with determining whether a legal intervention was feasible. A LAS female paralegal stated:

Sometimes it's so extreme that I have to say, "Okay, I think that's enough on that. Let's move on to this." You have to rein people in a little bit when you've gotten enough… We're just trying to get a baseline.

This seasoned paralegal asked clients to stop talking about their experiences by emphasizing that the intake is only one part of the process:

[I tell them,] "I'm sending the case on to an attorney and that they're gonna go over all of this with you, and you're gonna be able to give them a lot more information, and I won't need that right now." And, "the sooner we can get through this, the sooner I get your case on and you get help."

Since both Legal Assistance Services and the Law School Clinic could potentially provide legal representation, workers were less likely to use a client-centered approach but instead employed a more detached approach when determining eligibility for services. Their organizational cultures and the nature of the services they provided allowed for greater emotional distance between traumatized clients and workers.

Emotional Labor

Workers noted their efforts to manage their own emotions (Hochschild 1983; Smith and Kleinman 1989) and interpersonal emotion management when they attempted to manage the emotions of others (Lively 2000; Thoits 1996), such as caretaking for the benefit of coworkers. These efforts create an additional source

of trauma exposure. In the face of clients' distress, workers attempted to suppress or not display their own emotions after hearing or clarifying clients' accounts. A female victim advocate described hiding her distress from clients:

> I've welled up many times. And I feel like that's OK, because it just makes the person know you care… [But] if you start crying then they're worrying about you and it's not about you. And the last thing they need to do is worry about you.

Workers acknowledged that showing their own distress violates professional norms, such as knowing not to cry in front of clients. For example, a LAS female paralegal said:

> You always have to control your emotions... They think that I just don't care, that I'm just asking these questions and I'm not getting emotional about it. But the thing is, we're not supposed to. We're supposed to help you. We're not supposed to relate and not supposed to take it in and it's hard… [I]t's not that I don't care. I just have to continue the conversation.

This paralegal's efforts to hide her emotions, even when taking in horrific details was its own labor in two senses: she had to work to hide her feelings and work to accept that clients might think her unfeeling.

In an effort to hide their own frustrations or distress, participants spoke of emotionally "resetting" after distressing calls and meetings with traumatized clients. As one LAS paralegal put it: "These other people I have to call, they need my help. Wipe. Initiate wipe. That's it." Her colleague, a female paralegal agreed that resetting was an important skill but it became more difficult to do over time:

> That's not to say that there's no repercussions later on down the road, at the end of the day or the weekend. And I'm at the four-year mark, where people tell me that's when you start to really feel it. It's just something where I just take a breath and just put the thought out of my mind of that call and say, this is a brand new one, it's a clean slate.

Those who dealt with a high volume of clients understood that staying on the line with one client meant that someone else might be waiting on hold for an answer, with potentially dire consequences. "I really do feel that if I don't get their phone call, they might not have a chance to call again," a LAS paralegal told me. She continued, "They might be living in a really bad domestic violence situation where they need to get out and if they don't get out today, tomorrow might be too late." Another female paralegal said:

> For [the clients'] sake, I try to disengage and grab the next call. They might be working, this might be their only day off, they might have kids, and they might finally build up the courage, so I try to take as many phone calls back, to back, to back as I can.

The paralegal attempted to emotionally disengage in order to handle the volume of callers. Focusing on that next call "in front" of her helped to detach from the

stress of intakes she'd already completed. Another LAS paralegal discussed efforts to quickly move onto the next intake even after a distressing client because "We don't need to know every single detail. We just need to skim the surface to understand that there is domestic violence and get them the help they need, if we can." In this example, the workers attempted to reduce the time she took between distressing calls by reminding herself that her task was to establish a baseline and move the application onto the next stage of services.

Some workers attempted to emotionally distance themselves from clients' and coworkers' pain so they could continue their work. A male attorney at LAS said, "You don't take things home with you. You learn to compartmentalize, otherwise you aren't mentally healthy." Attorneys are often socialized to and lauded for distancing themselves from their emotional response to and empathy for their clients (Cartwright et al. 2020; Siemsen 2004). Some workers attempted to achieve this detachment by separating the trauma-laden interactions with clients from other areas of their lives. A female law school student volunteer emphasized keeping her class work separate from her intake work:

> Class is a different world than being in that room with a client where you experience these things. I just kind of switch gears, like [in] this gear I was playing that role. And then I turn that off for now and go back to class… just compartmentalize that, because the compassionate part of you is like, "this is so tough on her." But at the same time, I can't let that then affect going to class.

Despite intakes occurring in the basement of the law school, this volunteer focused on going to class in order to adhere to the expectations of the social role of law student with its own different sets of governing emotional norms (Heise 2007; Lively and Weed 2014).

Interpersonal Emotion Management

After suppressing their emotional distress when assisting their traumatized clients or resetting after a frustrating intake, some workers vented to coworkers. A volunteer at the Law School Clinic noted that it was helpful to talk about intakes with other volunteers "just to kind of realize that you know, if that stressed you out and they were stressed out about it, just like that's ok too." Many workers noted their ability to understand when coworkers were distressed and their efforts to act as an emotional resource for coworkers to help them cope with traumatic and tiring clients. A male attorney at Legal Assistance Services noted how, after tough appointments, his coworker would come to him to decompress:

> …her demeanor kind of changes. So if [coworker] has somebody who has endured some pretty severe violence she'll come in and talk about it…. Luckily, we have a small office, so we have the luxury where we talk to each other every day.

This example illustrates how workers learn to interpret the body language and cues of coworkers through cognitive role-taking. At both LAS and the courthouse program, workers credited their small offices with creating close ties among coworkers such that they learned to read each other and rely on one another for support.

A senior LAS paralegal who had worked at the nonprofit for over a decade noted that when she hears a colleague struggling and being "put through the ringer" on the phone with a client, she would take time to comfort them.

> I go over and say, "Look, it's okay. We've all been through this." I wanna be there for them and let them know, "This is not just happening to you. You didn't do anything." Sometimes, I have to be empathetic toward my coworkers, especially the newer ones.

Across organizations, more experienced and senior workers would assist their novice colleagues in processing clients' traumatic narratives. At LAS, several paralegals specified a particular male attorney as their regular sounding board for difficult intakes. The male attorney "gets the brunt of both of our horrible slime stories," said one paralegal. We would expect the male attorney to be shielded from the "displaced feelings of others" (Hochschild 1983). However, statuses intersect and this young male attorney was from a working class background (Harris 2015) who prided himself on his empathy for his clients. This young male attorney was a main source for consolation for paralegals.

In other instances, workers' emotion management occurred between similar others, with paralegals who were hired at the same time providing reciprocal emotion management by venting to one another after lunch before returning to intakes. Or with LAS volunteers debriefing with each other after an intake. But reaching out to coworkers for support and emotion management assistance exposed one's coworkers to additional trauma.

A female Courthouse Program employee summarized this consequence: "We try to decompress with each other without sliming each other. Because you can slime someone else, too, like, 'I just had the worse intake, blah, blah.' And then you're traumatizing them, too." Similarly, a female paralegal who had worked at LAS for less than a year commented:

> We gripe about whatever call we just had or some bad situation with work to a coworker…. We sat down at lunch after a hard series of calls, sat down and I was like, "I had the worst call just now," and started launching into it. And, [coworker] looked at me, and goes, "You just slimed us."

This concept of feeling "slimed" by the emotional-laden content of others was found across two groups of interviewees.

Workers acknowledged the danger of "sliming" coworkers by creating informal rules about when it was okay to vent to others. A female paralegal who had worked at LAS for three years noted, "at lunch, the girls will be talking about a case and I'm like, 'No. This is lunch time. Let's enjoy lunch, and then we'll go back to it and we'll talk about cases, but not right now.'" Workers at Legal Assistance Services and the Courthouse Program learned to warn each other before venting about particularly

bad cases. Their rules pointed to the problem: providing social support to coworkers is important, but listening to colleagues vent about distressing cases "slimes" them by exposing others to additional traumatic narratives and requires additional emotional management.

Workers' efforts to provide emotional support is a type of caretaking, as well as an informal type of coping assistance (McGuire 2007; Thoits 1986; Wharton 2009). Thus, workers were exposed to trauma from working with clients and by providing emotion management to coworkers. This cumulative exposure often required emotional labor to reset, compartmentalize, or "shower off" the trauma of the workday, and sometimes led to symptoms similar to those found in the clients they assist.

Secondary Traumatic Stress Symptoms

Interviewees across the organizations were exposed to traumatic victim narratives. They heard about clients being beaten with a hammer, hit by a car, and forced to wear a dog collar and crawl on the floor. Others felt haunted by the graphic images of abuse they examined when preparing for trial including a four-hour video of a beating. When I asked workers to describe a difficult case they had in the past six months, many instead supplied *many* traumatic narratives that stuck in their memory. Years later, a LAS male attorney recalled a case in which the abuser took the victim out to a cornfield where he'd dug a hole. The abuser told his victim that, if she ever took legal action against him, "I'll bury you right there, and nobody will ever find you." This secondary trauma exposure distressed workers. It, too, felt like "sliming." A female attorney at LAS had been there for over 16 years recalled wanting to shower to remove the trauma of a difficult case:

> I want to take a shower after I see this, even as an attorney I'd take a shower because I want to have their [made an audible expression of disgust] off. That you would rape your own biological daughter. I mean this is sick, sick, sick incestuous behavior.

Recalling one horrific intake or trial case seemed to unlock additional cases in their minds. After she told me about one disturbing case, a LAS female attorney commented that "other cases are flooding back to my mind." This recall is made more meaningful given that many workers attempted to compartmentalize such trauma-laden materials. A female attorney at LAS described compartmentalization as a learned skill.

A victim advocate at the Courthouse program noted that after an emotionally stressful intake she would go outside to smoke a cigarette because it provides some sort of transition. She explained that "…something about putting my coat on and going outside and just getting out of the building, it's almost like I can feel it lifting off of me." Some workers' attempts to compartmentalize their interactions with traumatized clients were unsuccessful. Another LAS female paralegal summarized trying not to recall difficult cases, sometime unsuccessfully:

> …almost every day I go home, and I try to have that disconnect. I'm like, OK, I'm not at work anymore.… But then, when there is that little bit of down

time, when you look at your kids and you stop and think, this other woman's kids are about the same age and they're going through that horrible situation [of abuse].

A volunteer at the Law School Clinic compartmentalized her emotional response to an intake by reminding herself of other tasks she needs to complete,

I just kind say like, 'okay that was awful but now let's try to do something about it.' So maybe for me just like starting on things is helpful. I don't know, maybe in a way it's a sort of overly normalizes which can be a bad thing. But for me at least that's sort of helpful in not being as like, I don't know, overwhelmed by it.

A female paralegal who had been working at LAS less than a year said:

It's going to eat me alive and just wreck me if I take it home... It's not just self-preservation, it's preservation of the service. Those folks aren't going to have me to rely on if I burn out. As soon as I walk out of the door, I'm not thinking about it anymore. But there are a couple that stick with you.

This suggests that exposure to traumatic graphic descriptions and images accumulated over time for workers and volunteers. With some cases sticking with them despite their efforts to compartmentalize, reset, or vent.

Some respondents described having experienced secondary traumatic stress symptoms such as intrusive recurring thoughts, fatigue, physical symptoms, hyperarousal, increased stress response, anxiety, and depression (Adriaenssens et al. 2012). Workers described struggling to avoid intrusive thoughts associated with client trauma after handling cases such as hearing the sobs of victims they had assisted months ago, just as those with posttraumatic stress disorder often re-experience moments of trauma (Ehlers et al. 2002). A CP victim advocate described a sound she could not forget—the sob of a client who was breastfeeding her infant when the advocate had to inform her that her abuser had hanged himself outside her house as a final act of abuse. The advocate said, "Those two sounds mixed together, [the sobs and the sound of the child suckling], I'll never forget that. EVER. I wish I could forget that. I can still hear it." She relived and re-experienced the emotional distress of the case.

In many contexts, workers discerning what their client and coworkers were thinking and feeling was beneficial. However, the distinction between self and other also blurred as workers' place themselves in the mind of the client, becoming a pathway of secondary trauma. A female volunteer at the Courthouse program said:

[T]he ones that typically stick with me are students… because I'm like, oh my God, that could happen to me. There was one girl who came in, she's my age. It's just being able to identify with the person… It's like my God, you could be ME! I could be you!

Sharing a social status or experiences with a client facilitates role-taking while potentially blurring the boundaries between the thoughts and feelings of the self and another (Ellis and Knight 2018; Goldblatt et al. 2009; Ruiz-Junco 2017). A LAS paralegal recalled a case in which the abuser had beaten a puppy in front of his

children. She imagined the scene, and it felt more horrific she told me because she had two children of her own.

A Courthouse Program victim advocate re-experienced the trauma of her daughter's sexual abuse when she assisted a mother filing for protection on behalf of her child. She said, "I just had to keep reminding myself that it was not me. But I could hear so much of my experience in her narrative." This pattern of blurring of distinction between client and service workers has been documented in other occupations. Therapists working with traumatized children must often remind themselves that's it's not happening to them and it's not their children (Lonergan et al. 2004). And detectives struggle to separate the sexual assault cases they investigate from thoughts of their own families, especially when the cases involves a child that same age as their own (Morabito et al. 2020).

For others, trauma manifested in overeating, trouble sleeping, developing feelings of distrust for strangers or potential romantic partners, and anxiety. A female attorney who had worked at LAS for nine years described, "As a young attorney I wasn't very kind to myself. I didn't know how to deal with it, and I ate a lot, which wasn't healthy." A female CP employee noted, "The only reason that I think I can do it [continue with this work] is that I have been taking anxiety medication." Another respondent, a female paralegal at LAS, said that she suffered anxiety and panic attacks. These quotes demonstrate how some workers developed symptoms similar to those of their traumatized clients.

Workers described becoming numb to victims' narratives over time. A female paralegal said that after working in the call center for a while, one "kind of gets used to it." And another, newer female paralegal said, "Every time I think, 'This is the worst thing I've ever heard. Oh! No, now this is the worst thing I've ever heard.' It's all relative." Meanwhile, a more senior female paralegal there reflected, "[Y]ou think you'll be okay with it, and for a long time I was. All of that just starts to build on you and you do normalize it for a while, but then it just all starts coming out." A female attorney who had worked at LAS for nine years commented, "Nothing is really that shocking anymore," while a second-year law student commented that doing a lot of intakes and hearing traumatic stories means "It flattens out, so that maybe you're not as responsive to people when you hear these things because you're used to hearing them."

Workers referenced normalizing exposure to traumatic materials and burn out. A female attorney who had worked at the LAS nonprofit for over 10 years said that most intake paralegals burn out in just three years. This was partially confirmed by a female paralegal who confessed that she and her coworkers took bets on how long new employees would last, but "felt bad" about doing it.

> But when you see so many people that just walk in [she snapped her fingers] and then walk out. There was one individual whose face I never even saw. I wonder, "Are they going to stay? Are they going to last through it?"

One male attorney who had been with LAS for two years noted that "the way my supervisors talk about it," burnout is "just an inevitability." This suggests that burnout may occur as an expected consequence of serving and role-taking with traumatized clients.

Discussion

Using a sociological perspective, with insights from role-taking and emotional labor scholarship, this builds upon secondary trauma literature by examining the risk of another's trauma becoming one's own. Providing services to victims of intimate partner violence exposes victim advocates, paralegals, and attorneys to graphic materials and traumatized clients on a regular basis. As a result, respondents described being covered or "slimed" by clients' traumatic narratives or by coworkers' accounts of difficult cases. More than one worker referenced trying to shower away or cleanse themselves of the memory. This study outlines role-taking with traumatized clients as a double-edged sword. When workers engaged in empathic role-taking, in addition to cognitive role-taking, they found it harder to shed these experiences of secondary trauma exposure.

This exposure affected workers—often requiring emotional labor. Dominant ideology of legal professionalism often devalues emotion in favor of cognition and reason (Kadowaki 2015; Lange 2002). This ideology overlooks the emotional labor of workers in the justice system to give the impression of impartiality (Anleu and Mack 2005), affective neutrality, and professionalism (Lively 2000). Moreover, it neglects to prepare and train workers serving traumatized clients (Silver et al. 2015).

Many workers in this study experience double exposure, one through heinous stories from traumatized clients and the other through the trauma in co-workers. This exposure sometimes led to symptoms similar to those found in the traumatized clients they assisted. Respondents referenced having intrusive thoughts of traumatic cases such as recalling the sobbing of a victim or reimagining a scene of abuse where a puppy was beaten in front of children when workers were spending time with their own children. For others, trauma exposure manifested in panic attacks, feelings of numbness and depression, and an expectation that most workers would eventually burnout.

I argue that role-taking may make workers susceptible to these consequences by blurring the boundary between oneself and others. Service providers may use role-taking to understand their victimized clients' perspective, even pulling from their own experiences of intimate partner violence as a type of "emotional capital" (Cahill 1999; Ellis and Knight 2018). This allowed them to understand and interpret emotional states and clients' body language to intuit when clients might be holding back sensitive details that are critical to their legal case. When assisting victims, workers adapted their strategies after they positioned themselves in the role of their client to varying degrees.

Respondents in this study may have greater role-taking abilities than the general population. Individuals may self-select into fields in which role-taking as a skill is valuable.

Role-taking and its consequences varied by workers' status within the organization, organizational characteristics (workloads, work culture), and their own personal backgrounds. The Courthouse program employed a client-centered approach and valued clients feeling heard. Workers and volunteers at this organization appeared more likely to cognitively place themselves in the role of their traumatized

clients and reported adapting questions and letting traumatized clients tell their stories in their own way rather than directing the conversation to follow a chronological structure.

Not only do organizational factors affect role-taking expectations, but also, individual characteristics. Some respondents attributed their ability to cognitively place themselves into the situation their clients are facing and feeling to their own past experiences or sharing a social status with the victim. This aligns with research showing that individuals role-take more readily with similar others (Cast 2004; Groggel et al. 2022; Love and Davis 2014). Workers may be more likely to role-take with traumatized clients because of their own experiences of abuse. However, respondents role-take while navigating institutional hierarchies linked to statuses of gender and occupation (Cardador et al. 2022). For instance, family law attorneys, paralegals, and victim advocates are female-dominated occupations embedded with unequal gendered expectations of empathy (Jacobs et al. 2018).

Workers' social status and status within organizations shape role-taking propensity. Prior work posits that higher status individuals engage in less role-taking or are required to be less accurate role-takers than lower status individuals (Forte 1998; Love and Davis 2014, 2021; Thomas 1972). Those who bore the brunt of intake work often cognitively took the perspective of traumatized clients to help them share sensitive information. Yet, role-taking didn't always follow status lines. While we would expect a male attorney to be shielded from these interpersonal expectations, his own experiences from a working-class background intersected with these other statuses. The complexities of these intersecting statuses (gender, occupation, and job tenure) make it difficult to disentangle the effects of status and shared experiences within the scope of this study.

Emotional Labor

Workers engaged in emotional labor by attempting to maintain their composure while interacting and role-taking with clients, maintaining a detached demeanor, or engaging in emotion management by verbally processing traumatic cases with co-workers. In some instances, workers engaged in reciprocal emotion management, with paralegals providing support to one another by venting during lunch. In other cases, novice workers would turn to senior coworkers to process clients' traumatic narratives. In organizations that had a large volume of cases or needed to determine eligibility for services because their organization had the capacity to provide legal presentation, many workers described using "tighter" emotion management strategies with clients. While respondents still labored to emotionally reset before assisting a client or moving forward with another case, a detached stance when assisting clients decreased their exposure to traumatic narratives.

Outside of the legal realm, other professionals, such as physicians, must become somewhat detached from patients to be able to perform certain procedures such as dissecting a cadaver (Lief and Fox 1963). Similarly, for legal professionals, the ability to remain emotionally detached while cognitively role-taking poses an alternative to the accumulation of secondary trauma. Medical and legal professionals are socialized to maintain this demeanor, in part, because one cannot practice if one feels for every

case. Trauma-related education and trainings prepare professions such as counselors to cope with the consequences of secondary trauma exposure (Schauben and Frazier 1995; Sommer and Cox 2005). However, occupations not associated with secondary trauma or carework, such as legal professionals, may lack trauma-related training. Recent research has examined the effects of secondary exposure on researchers studying the topics of gender based violence and suicide (Coles et al. 2014; Mckenzie et al. 2017; Smith et al. 2021). Future work should continue to examine the links between role-taking, emotional labor, and secondary trauma exposure in other fields outside of the service sector. Exploring how this strategy supports self-preservation, professional socialization, or both, is of great importance.

This is not to suggest that long-term workers should be insensitive or numb to the trauma that victims experience. Rather, it highlights the importance of understanding the pathways of secondary trauma, working to ensure that taking on another's perspective does not lead to taking on their traumatized emotional state. Importantly, too much detachment holds its own challenges. In one extreme case, a male attorney appeared to withdraw himself from the emotions of clients, that is, ceased to take the role of the other. By rigidly adhering to a "tight" emotion management with traumatized clients, he did little to make his clients feel heard or to establish trust to help them feel comfortable disclosing sensitive information. Workers need to strike a balance of engagement with clients who had experienced IPV and coworkers without exposure to traumatic material becoming a contagion.

Workers in all three organizations described engaging in emotional management by verbally processing traumatic cases with co-workers. While scholarship suggests social support between workers may lower rates of burnout (Barnard et al. 2006; Nissly et al. 2005), this practice requires emotional labor by coworkers performed to listen to one's distressing accounts of clients (Lively 2000). In this study, this type of emotion management "slimed" coworkers by exposing them to additional traumatic narratives. Secondary trauma is spread through the process of role-taking or what others view as "tuning in" to others' emotions and the emotion management of venting to coworkers. Thus, trauma is spread through two fronts with exposure coming directly from clients and indirectly by hearing coworkers' recount their latest distressing interaction.

Recommendations and Future Directions

These qualitative findings reveal new directions for research on susceptibility to secondary traumatic stress. Secondary traumatic stress is shaped by workers' emotional labor and role-taking variations corresponding to workers' positions within their organizational structures, their social statuses relative to clients, and their own personal backgrounds. More work is needed to fully examine the relationship of status and social similarity on workers' role-taking in the service of traumatized clients. Another element to address is the severity of case materials and client interactions. Intake paralegals at Legal Assistance Services processed requests for a variety of civil legal issues, while workers and volunteers at the Courthouse program were only tasked with helping victims file protection orders. Research is needed to further assess the effect of

testimony, evidence, and interactions with traumatized clients on legal professionals and other workers who assist them.

More work should be done in this area now that the definition of post-traumatic stress disorder was broadened to contain workers who encounter the consequences of traumatic events as part of their professional responsibilities (American Psychiatric Association 2013). Organizational training may help workers find a healthy balance between cognitive role-taking and maintaining emotional distance in order to prevent workers across domains from experiencing symptoms of secondary traumatic stress.

Conclusion

These results highlight the importance of understanding how trauma is transmitted from clients and coworkers to oneself. Workers who take the role of the other often adapted strategies when assisting traumatized clients or allowed coworkers to vent about cases, but it is exposure to traumatic experiences through role-taking that the poison is spread. Those who cognitively and empathically took on the role of traumatized others to better serve their clients were often exposed to more secondary trauma. When this occurs, workers described suffering secondary traumatic stress symptoms. Workers experienced and relived others' distress, especially when they connected it to their own identities or experiences. While some respondents attempted to maintain a level of detachment from their traumatized clients, others engaged in greater emotional labor maintaining their composure when role-taking with traumatized clients and coworkers. Workers also engaged in emotional labor by engaging in emotion management by verbally processing traumatic cases with co-workers. This inadvertently spreads the trauma further. Often those best able to role-take with victims or coworkers are also those most likely to experience the cumulative effects of secondary trauma exposure. Role-taking is simultaneously an antidote and poison—necessary for clients but potentially detrimental to workers' well-being. Over time, exposure to numerous distressing stories accumulates, producing workers' own symptoms of traumatic stress.

Data Availability The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

References

Adriaenssens, Jef, Veronique De Gucht, and Stan Maes. 2012. The impact of traumatic events on emergency room nurses: Findings from a questionnaire survey. *International Journal of Nursing Studies* 49 (11): 1411–1422. https://doi.org/10.1016/j.ijnurstu.2012.07.003.

American Psychiatric Association. 2013. Diagnostic and statistical manual of mental disorders. *Fifth Edition* 21 (21): 591–643.

Anleu, Sharyn Roach, and Kathy Mack. 2005. Magistrates' everyday work and emotional labour. *Journal of Law and Society* 32 (4): 590–614. https://doi.org/10.1111/j.1467-6478.2005.00339.x.

Bailenson, Jeremy. 2018. *Experience on demand: What virtual reality is, how it works, and what it can do*. New York: WW Norton & Company.

Bakker, Arnold B., and Ellen Heuven. 2006. Emotional dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress Management* 13 (4): 423. https://doi.org/10.1037/1072-5245.13.4.423.

Bakker, Arnold B., Pascale M. Le Blanc, and Wilmar B. Schaufeli. 2005. Burnout contagion among intensive care nurses. *Journal of Advanced Nursing* 51 (3): 276–287. https://doi.org/10.1111/j.1365-2648.2005.03494.x.

Barnard, Debbie, Annette Street, and Anthony W. Love. 2006. Relationships between stressors, work supports, and burnout among cancer nurses. *Cancer Nursing* 29 (4): 338–345. https://doi.org/10.1097/00002820-200607000-00013.

Bemiller, Michelle, and L. Susan Williams. 2011. The role of adaptation in advocate burnout: A case of good soldiering. *Violence against Women* 17 (1): 89–110. https://doi.org/10.1177/1077801210393923.

Bride, Brian E. 2007. Prevalence of secondary traumatic stress among social workers. *Social Work* 52 (1): 63–70. https://doi.org/10.1093/sw/52.1.63.

Bride, Brian E., and Sara Kintzle. 2011. Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology* 17 (1): 22–28. https://doi.org/10.1177/1534765610395617.

Brobst, Jennifer. 2014. The impact of secondary traumatic stress among family attorneys working with trauma-exposed clients: Implications for practice and professional responsibility. *Journal of Health & Biomedical Law* 10 (1): 27–54.

Cahill, Spencer E. 1999. Emotional capital and professional socialization: The case of mortuary science students (and Me). *Social Psychology Quarterly* 62 (2): 101–116. https://doi.org/10.2307/2695852.

Cardador, M. Teresa., Patrick L. Hill, and Arghavan Salles. 2022. Unpacking the status-leveling burden for women in male-dominated occupations. *Administrative Science Quarterly* 67 (1): 237–284. https://doi.org/10.1177/00018392211038505.

Cartwright, Hannah C., Lindsay M. Harris, Liana M. Montecinos, and Anam Rahman. 2020. Vicarious trauma and ethical obligations for attorneys representing immigrant clients: A call to build resilience among the immigration bar. *American Immigration Lawyers Association Law Journal* 2 (1): 23–40.

Cast, Alicia D. 2004. Role-taking and interaction. *Social Psychology Quarterly* 67 (3): 296–309. https://doi.org/10.1177/019027250406700305.

Chamberlain, Jared, and Monica K. Miller. 2008. Stress in the courtroom: Call for research. *Psychiatry, Psychology and Law* 15 (2): 237–250. https://doi.org/10.1080/13218710802014485.

Cieslak, Roman, Kotaro Shoji, Allison Douglas, Erin Melville, Aleksandra Luszczynska, and Charles C. Benight. 2014. A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services* 11 (1): 75. https://doi.org/10.1037/a0033798.

Cikara, Mina, Emile G. Bruneau, and Rebecca R. Saxe. 2011. Us and them: Intergroup failures of empathy. *Current Directions in Psychological Science* 20 (3): 149–153. https://doi.org/10.1177/0963721411408713.

Clark, Candace. 1990. Emotions and micropolitics in everyday life: Some patterns and paradoxes of 'place.' In *Research agendas in the sociology of emotions*, ed. T.D. Kemper, 305–33. New York: State University of New York Press.

Clark, Candace. 2007. *Misery and company sympathy in everyday life*. Chicago: University of Chicago Press.

Coles, Jan, Jill Astbury, Elizabeth Dartnall, and Shazneen Limjerwala. 2014. A qualitative explora-
    tion of researcher trauma and researchers' responses to investigating sexual violence. *Violence
    against Women* 20 (1): 95–117. https://doi.org/10.1177/1077801213520578.

Cooley, Charles Horton. 1992. *Human nature and the social order*. New Brunswick: Transaction
    Publishers.

Cummings, Caroline, Jonathan Singer, Ryan Hisaka, and Lorraine T. Benuto. 2018. Compassion satisfac-
    tion to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of
    Interpersonal Violence* 36 (9–10): NP5304-19. https://doi.org/10.1177/0886260518799502.

Davis, Jenny L., and Tony P. Love. 2017. Self-in-self, mind-in-mind, heart-in-heart: The future of role-
    taking, perspective taking, and empathy. *Advances in Group Processes* 34: 151–174. https://doi.
    org/10.1108/S0882-614520170000034007.

Devilly, Grant J., Renee Wright, and Tracey Varker. 2009. Vicarious trauma, secondary traumatic stress
    or simply burnout? Effect of trauma therapy on mental health professionals. *Australian & New
    Zealand Journal of Psychiatry* 43 (4): 373–385. https://doi.org/10.1080/00048670902721079.

Durfee, Alesha. 2009. Victim narratives, legal representation, and domestic violence civil protection
    orders. *Feminist Criminology* 4 (1): 7–31. https://doi.org/10.1177/1557085108324961.

Edwards, Charles P., and Monica K. Miller. 2019. An assessment of judges' self-reported experiences
    of secondary traumatic stress. *Juvenile and Family Court Journal* 70 (2): 7–29. https://doi.org/10.
    1111/jfcj.12134.

Ehlers, Anke, Ann Hackmann, Regina Steil, Sue Clohessy, Kerstin Wenninger, and Heike Winter. 2002.
    The nature of intrusive memories after trauma: The warning signal hypothesis. *Behaviour Research
    and Therapy* 40 (9): 995–1002. https://doi.org/10.1016/S0005-7967(01)00077-8.

Ellis, Colter, and Kelly E. Knight. 2018. Advancing a model of secondary trauma: Consequences for vic-
    tim service providers. *Journal of Interpersonal Violence* 36 (7–9): 3557–3583. https://doi.org/10.
    1177/0886260518775161.

Feldman, M.S., Bell, J., and Berger, MT. 2004. Gaining access: A practical and theoretical guide for
    qualitative researchers. Rowman Altamira.

Figley, Charles R. 1995a. *Compassion fatigue: Coping with secondary traumatic stress disorder in those
    who treat the traumatized*. New York: Routledge.

Figley, Charles R. 1995b. Compassion fatigue: Toward a new understanding of the costs of caring. In
    Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, ed. B.H.
    Stamm, 3–28. Lutherville, Maryland: Sidran Press.

Figley, Charles R., Amy E. Ellis, Bryan T. Reuther, and Steven N. Gold. 2017. The study of trauma: A
    historical overview. In *APA handbook of trauma psychology: Foundations in knowledge*, ed. S.N.
    Gold, 1–11. Washington: American Psychological Association.

Forte, James A. 1998. Power and role-taking: A review of theory, research, and practice. *Journal of
    Human Behavior in the Social Environment* 1 (4): 27–56. https://doi.org/10.1300/J137v01n04_03.

Goldblatt, Hadass, Eli Buchbinder, Zvi Eisikovits, and Ilana Arizon-Mesinger. 2009. Between the pro-
    fessional and the private: The meaning of working with intimate partner violence in social work-
    ers' private lives. *Violence against Women* 15 (3): 362–384. https://doi.org/10.1177/1077801208
    330436.

Gorden, Raymond L. 1998. *Basic interviewing skills*. Long Grove, Ilinois: Waveland Press Inc.

Grandey, Alicia A. 2000. Emotional regulation in the workplace: A new way to conceptualize emotional
    labor. *Journal of Occupational Health Psychology* 5 (1): 95–110. https://doi.org/10.1037/1076-
    8998.5.1.95.

Grandey, Alicia A., Glenda M. Fisk, and Dirk D. Steiner. 2005. Must" service with a smile" be stressful?
    The moderating role of personal control for American and French employees. *Journal of Applied
    Psychology* 90 (5): 893–904. https://doi.org/10.1037/0021-9010.90.5.893.

Greinacher, Anja, Alexander Nikendei, Renate Kottke, Jürgen. Wiesbeck, Wolfgang Herzog, and Chris-
    toph Nikendei. 2019. Secondary traumatization, psychological stress, and resilience in psycho-
    social emergency care personnel. *International Journal of Environmental Research and Public
    Health* 16 (17): 3213. https://doi.org/10.3390/ijerph16173213.

Groggel, Anne, Jenny L. Davis, and Tony Love. 2022. Facing others' trauma: A role-taking theory of
    burnout. *Social Psychology Quarterly* 85 (4): 386–408. https://doi.org/10.1177/019027252211283
    92.

Guy, Mary Ellen, and Meredith A. Newman. 2004. Women's jobs, men's jobs: Sex segregation and emo-
    tional labor. *Public Administration Review* 64 (3): 289–298. https://doi.org/10.1111/j.1540-6210.
    2004.00373.x.

Guy, Mary E., Meredith A. Newman, and Sharon H. Mastracci. 2014. *Emotional labor: Putting the service in public service*. New York: Routledge.

Hargrave, Petrina A., Kate M. Scott, and John McDowall. 2006. To resolve or not to resolve: Past trauma and secondary traumatic stress in volunteer crisis workers. *Journal of Trauma Practice* 5 (2): 37–55. https://doi.org/10.1300/J189v05n02_03.

Harris, Scott. 2015. *An invitation to the sociology of emotions*. New York: Routledge.

Heise, David R. 2007. *Expressive order: Confirming sentiments in social actions*. New York: Springer.

Hochschild, Arlie Russell. 1979. Emotion work, feeling rules, and social structure. *American Journal of Sociology* 85 (3): 551–575. https://doi.org/10.1086/227049.

Hochschild, Arlie R. 1983. *The managed heart*. Berkeley, CA: University of California Press.

Hochschild, Arlie R. 2012. *The managed heart: Commercialization of human feeling*. Oakland: University of California Press.

Iversen, Stine, and Noelle Robertson. 2020. Prevalence and predictors of secondary trauma in the legal profession: A systematic review. *Psychiatry, Psychology and Law*, 1–24. https://doi.org/10.1080/13218719.2020.1855270.

Jacobs, Jerry A., David B. Buller, and Szonja Szelényi. 2018. Detours on the road to equality: Women, work, and higher education. In *The inequality reader*, 405–11. New York: Routledge.

Jaffe, Peter G., Claire V. Crooks, Billie Lee Dunford-Jackson, and Judge Michael Town. 2003. Vicarious trauma in judges: The personal challenge of dispensing justice. *Juvenile and Family Court Journal* 54 (4): 1–9. https://doi.org/10.1111/j.1755-6988.2003.tb00083.x.

Kadowaki, Joy. 2015. Maintaining professionalism: Emotional labor among lawyers as client advisors. *International Journal of the Legal Profession* 22 (3): 323–345. https://doi.org/10.1080/09695958.2015.1071257.

Kinman, Gail. 2009. Emotional labour and strain in 'front-line' service employees: Does mode of delivery matter? *Journal of Managerial Psychology* 24 (2): 118–135. https://doi.org/10.1108/02683940910928847.

Kolb, Kenneth H. 2014. *Moral wages: The emotional dilemmas of victim advocacy and counseling*. Berkeley, CA: University of California Press.

Lange, Bettina. 2002. The emotional dimension in legal regulation. *Journal of Law and Society* 29 (1): 197–225. https://doi.org/10.1111/1467-6478.00216.

Leidner, Robin. 1993. *Fast food, fast talk: Service work and the routinization of everyday life*. Berkely: University of California Press.

Leidner, Robin. 1999. Emotional labor in service work. *The Annals of the American Academy of Political and Social Science* 561 (1): 81–95. https://doi.org/10.1177/000271629956100106.

Levin, Andrew P., and Scott Greisberg. 2003. Vicarious trauma in attorneys. *Pace Law Review* 24: 245–252.

Levin, Andrew, Avi Besser, Linda Albert, Deborah Smith, and Yuval Neria. 2012. The effect of attorneys' work with trauma-exposed clients on PTSD symptoms, depression, and functional impairment: A cross-lagged longitudinal study. *Law and Human Behavior* 36 (6): 538. https://doi.org/10.1037/h0093993.

Lief, Harold I., and Renée Fox. 1963. Training for 'detached concern' in medical students. In *The psychological basis of medical practice*, 12–35. New York, NY: Harper & Row.

Lively, Kathryn J. 2000. Reciprocal emotion management: Working together to maintain stratification in private law firms. *Work and Occupations* 27 (1): 32–63. https://doi.org/10.1177/0730888400027001003.

Lively, Kathryn J. 2002. Client contact and emotional labor: Upsetting the balance and evening the field. *Work and Occupations* 29 (2): 198–225. https://doi.org/10.1177/0730888402029002004.

Lively, Kathryn J. 2008. Status and emotional expression: The influence of 'others' in hierarchical work settings. In *Social structure and emotion*, ed. Jody Clay-Warner and Dawn T. Robinson, 287–305. Amsterdam: Academic Press.

Lively, Kathryn J., and Emi A. Weed. 2014. Emotion management: Sociological insight into what, how, why, and to what end? *Emotion Review* 6 (3): 202–207. https://doi.org/10.1177/1754073914522864.

Lois, Jennifer. 2003. *Heroic efforts: The emotional culture of search and rescue volunteers*. New York: NYU Press.

Lonergan, Beth A., M. Sean O'Halloran, and Susan Crane. 2004. The development of the trauma therapist: A qualitative study of the child therapist's perspectives and experiences. *Brief Treatment & Crisis Intervention* 4 (4): 353–366. https://doi.org/10.1093/brief-treatment/mhh027.

Lonergan, Michelle, Marie-Ève Leclerc, Mélanie. Descamps, Sereena Pigeon, and Alain Brunet. 2016. Prevalence and severity of trauma-and stressor-related symptoms among jurors: A review. *Journal of Criminal Justice* 47: 51–61. https://doi.org/10.1016/j.jcrimjus.2016.07.003.

Lopez, Steven H. 2006. Emotional labor and organized emotional care: Conceptualizing nursing home care work. *Work and Occupations* 33 (2): 133–160. https://doi.org/10.1177/0730888405284567.

Love, Tony P., and Jenny L. Davis. 2014. The effect of status on role-taking accuracy. *American Sociological Review* 79 (5): 848–865. https://doi.org/10.1177/0003122414543557.

Love, Tony P., and Jenny L. Davis. 2021. Racial differences in women's role-taking accuracy: How status matters. *Sociological Science* 8: 150–69. https://doi.org/10.15195/v8.a8.

Ludick, Marné, and Charles R. Figley. 2017. Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology* 23 (1): 112. https://doi.org/10.1037/trm0000096.

Martin, Susan Ehrlich. 1999. Police force or police service? Gender and emotional labor. *The Annals of the American Academy of Political and Social Science* 561 (1): 111–126. https://doi.org/10.1177/000271629956100108.

McCann, I Lisa, and Laurie Anne Pearlman. 1990. Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress* 3 (1): 131–149. https://doi.org/10.1007/BF00975140.

McGuire, Gail M. 2007. Intimate work: A typology of the social support that workers provide to their network members. *Work and Occupations* 34 (2): 125–147. https://doi.org/10.1177/0730888406629731.

Mckenzie, Sarah K., Cissy Li, Gabrielle Jenkin, and Sunny Collings. 2017. Ethical considerations in sensitive suicide research reliant on non-clinical researchers. *Research Ethics* 13 (3–4): 173–183. https://doi.org/10.1177/1747016116649996.

Mead, George Herbert. 1934. *Mind, self and society*, vol. 111. Chicago: University of Chicago Press.

Meanwell, Emily, Joseph D. Wolfe, and Tim Hallett. 2008. Old paths and new directions: Studying emotions in the workplace. *Sociology Compass* 2 (2): 537–559. https://doi.org/10.1111/j.1751-9020.2007.00077.x.

Michalopoulos, Lynn M., and Elizabeth Aparicio. 2012. Vicarious trauma in social workers: The role of trauma history, social support, and years of experience. *Journal of Aggression, Maltreatment & Trauma* 21 (6): 646–664. https://doi.org/10.1080/10926771.2012.689422.

Morabito, Melissa S., April Pattavina, and Linda M. Williams. 2020. Vicarious trauma, secondary traumatic stress or burnout?: An exploratory study of the effects of investigating sexual assault cases on detectives. *Policing: An International Journal* 44 (1): 77–92. https://doi.org/10.1108/PIJPSM-07-2020-0123.

Muhr, Thomas, and Susanne Friese. 2004. User's Manual for ATLAS. Ti 5.0. *Berlin: ATLAS. Ti Scientific Software Development GmbH*.

Nah, Alice M. 2021. Navigating mental and emotional wellbeing in risky forms of human rights activism. *Social Movement Studies* 20 (1): 20–35. https://doi.org/10.1080/14742837.2019.1709432.

Nissly, Jan A., Michàl E. Mor Barak, and Amy Levin. 2005. Stress, social support, and workers' intentions to leave their jobs in public child welfare. *Administration in Social Work* 29 (1): 79–100. https://doi.org/10.1300/J147v29n01_06.

Owens, Allessia P. 2014. *Risk and resilience factors associated with secondary traumatic stress among social workers assisting veterans*. Washington: Howard University.

Penn, David L., James D. Ivory, and Abigail Judge. 2010. The virtual doppelganger: Effects of a virtual reality simulator on perceptions of schizophrenia. *The Journal of Nervous and Mental Disease* 198 (6): 437–443. https://doi.org/10.1097/NMD.0b013e3181e07d66.

Pierce, Jennifer L. 1999. Emotional labor among paralegals. *The Annals of the American Academy of Political and Social Science* 561 (1): 127–142. https://doi.org/10.1177/000271629956100109.

Powell-Williams, Melissa, S. Dale White, and Todd Powell-Williams. 2013. 'I help the ones that want help': Emotion work and the victim advocate role. *Sociological Spectrum* 33 (3): 258–275. https://doi.org/10.1080/02732173.2013.732904.

Rauvola, Rachel S., Dulce M. Vega, and Kristi N. Lavigne. 2019. Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. *Occupational Health Science* 3 (3): 297–336. https://doi.org/10.1007/s41542-019-00045-1.

Ruiz-Junco, Natalia. 2017. Advancing the sociology of empathy: A proposal. *Symbolic Interaction* 40 (3): 414–435. https://doi.org/10.1002/symb.306.

Schauben, Laura J., and Patricia A. Frazier. 1995. Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*. https://doi.org/10.1111/j.1471-6402.1995.tb00278.x.

Schwalbe, Michael L. 1988. Role taking reconsidered: Linking competence and performance to social structure. *Journal for the Theory of Social Behaviour* 18 (4): 411–436. https://doi.org/10.1111/j.1468-5914.1988.tb00508.x.

Shott, Susan. 1979. Emotion and social life: A symbolic interactionist analysis. *American Journal of Sociology* 84 (6): 1317–1334. https://doi.org/10.1086/226936.

Shuler, Sherianne, and Beverly Davenport Sypher. 2000. Seeking emotional labor: When managing the heart enhances the work experience. *Management Communication Quarterly* 14 (1): 50–89. https://doi.org/10.1177/0893318900141003.

Siemsen, Cynthia. 2004. *Emotional trials: The moral dilemmas of women criminal defense attorneys*. Boston: Northeastern University Press.

Silver, Marjorie A., Sanford Portnoy, and Jean Koh Peters. 2015. Stress, burnout, vicarious trauma, and other emotional realities in the lawyer/client relationship. *Touro Law Review* 19 (4): 847–873.

Singer, Jonathan, Caroline Cummings, Danielle Boekankamp, Ryan Hisaka, and Lorraine T. Benuto. 2020. Compassion satisfaction, compassion fatigue, and burnout: A replication study with victim advocates. *Journal of Social Service Research* 46 (3): 313–319. https://doi.org/10.1080/01488376.2018.1561595.

Smith, Allen C., and Sherryl Kleinman. 1989. Managing Emotions in medical school: Students' contacts with the living and the dead. *Social Psychology Quarterly* 52 (1): 56–69. https://doi.org/10.2307/2786904.

Smith, Amber M., Alison B. Hamilton, Tamra Loeb, Jennifer Pemberton, and Gail E. Wyatt. 2021. Reactions of novice interviewers conducting trauma research with marginalized communities: A qualitative analysis. *Journal of Interpersonal Violence* 36 (21–22): NP12176-97. https://doi.org/10.1177/0886260519889925.

Sommer, Carol A., and Jane A. Cox. 2005. Elements of supervision in sexual violence counselors' narratives: A qualitative analysis. *Counselor Education and Supervision* 45 (2): 119–134. https://doi.org/10.1002/j.1556-6978.2005.tb00135.x.

Taylor, Steve, and Melissa Tyler. 2000. Emotional labour and sexual difference in the airline industry. *Work, Employment and Society* 14 (1): 77–95. https://doi.org/10.1177/09500170022118275.

Thoits, Peggy A. 1986. Social support as coping assistance. *Journal of Consulting and Clinical Psychology* 54 (4): 416. https://doi.org/10.1037/0022-006X.54.4.416.

Thoits, Peggy A. 1996. Managing the emotions of others. *Symbolic Interaction* 19 (2): 85–109. https://doi.org/10.1525/si.1996.19.2.85.

Thomas, Darwin L. 1972. Role-taking and power in social psychology. *American Sociological Review*, 605–14. https://doi.org/10.2307/2093455.

Tracy, Sarah J. 2005. Locking up emotion: Moving beyond dissonance for understanding emotion labor discomfort. *Communication Monographs* 72 (3): 261–283. https://doi.org/10.1080/03637750500206474.

Wagner, David T., Christopher M. Barnes, and Brent A. Scott. 2014. Driving it home: How workplace emotional labor harms employee home life. *Personnel Psychology* 67 (2): 487–516. https://doi.org/10.1111/peps.12044.

Wasco, Sharon M., and Rebecca Campbell. 2002. Emotional reactions of rape victim advocates: A multiple case study of anger and fear. *Psychology of Women Quarterly* 26 (2): 120–130. https://doi.org/10.1111/1471-6402.00050.

Way, Ineke, Karen M. VanDeusen, Gail Martin, Brooks Applegate, and Deborah Jandle. 2004. Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence* 19 (1): 49–71. https://doi.org/10.1177/0886260503259050.

Weir, Patricia, Liz Jones, Nicola Sheeran, and Mark Kebbell. 2021. A diary study of Australian lawyers working with traumatic material. *Psychiatry, Psychology and Law*, 1–21. https://doi.org/10.1080/13218719.2021.1956384.

Weiss, Robert S. 1995. *Learning from strangers: The art and method of qualitative interview studies*. New York: Free Press.

Wharton, Amy S. 2009. The sociology of emotional labor. *Annual Review of Sociology* 35: 147–165. https://doi.org/10.1146/annurev-soc-070308-115944.

Wilson, John P., and Rhiannon Brywnn Thomas. 2004. *Empathy in the treatment of trauma and PTSD*. London: Routledge.

Yakren, Sofia. 2008. Lawyer as emotional laborer. *University of Michigan Journal of Law Reform* 42: 141.

Zaki, Jamil, and Mina Cikara. 2015. Addressing empathic failures. *Current Directions in Psychological Science* 24 (6): 471–476. https://doi.org/10.1177/0963721415599978.

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