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Relationship of Years of Experience to Aggression, Empathy, and Alcohol Intake Among Attorneys

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Walden University

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Ashley Frantz

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2019

Abstract

Relationship of Years of Experience to Aggression, Empathy, and Alcohol Intake Among

Attorneys

by

Ashley Frantz

MS, Walden University, 2014

MA, Argosy University, 2011

BS, Kaplan University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Clinical Psychology

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Abstract

Attorneys are at an increased risk of negative psychological and physical effects due to stressors in their careers. The purpose of this study was to identify if sex crime attorneys and homicide attorneys identify with significant psychological changes throughout their careers. The framework for this study was theoretical in nature and utilized the social cognitive processing theory. This quantitative study (N = 28) included the use of the Alcohol Use Disorders Identification Test, the Buss-Perry Aggression Questionnaire, and the Multi-Dimensional Emotional Empathy Scale. A minimal significance was found correlating a decrease in aggression to years of experience as an attorney. There was no significance between alcohol intake, emotional empathy, and years of experience as an attorney. An insufficient number of participants may have affected any potential correlations. A correlation between career stressors and negative effects on a personal or professional degree would be cause for implementing techniques to improve professional and personal morale, limit life stressors, and improve overall health. Providing assistance to those who are at risk of negative behaviors due to their career would prevent future immediate and long-term treatments, increasing their quality of life.

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Chapter 1: Introduction to the Study

Problem Statement

Many attorneys work with populations with high percentages of criminal cases and criminal convictions (Brobst, 2014; Welkener, 2013). The focus on difficult case details, pressure to win the case, and additional stressors place significant strain on the defense attorney (Barnhizer, 2000; Klein, 1988). This stress, as well as the many disturbing details about cases, may harm the psychological well-being of the attorney, possibly leading to intense, significant, and even permanent changes in personality.

Attorneys experience increased difficulties in their personal lives including lack of trust, loss of social respect, financial difficulties, divorce, loss of child custody, anger issues, and health issues. Behaviors such as substance abuse, increased aggression, and decreased empathy can lead to mistrials, legal and disciplinary actions, failure to file court documents, neglect of correspondence with the courts or other legal officials, forgetfulness regarding court appointments, and missed deadlines (Bonifacio, 2013; Cohen & Collens, 2013; Gächter, Savage, & Torgler, 2011; Ghaddar, Ronda, & Nolasco, 2011). Health issues may include forgetfulness, liver disease, headaches, blackouts, high blood pressure, nerve damage, sexual problems, brain injury, ulcers, anxiety, depression, substance dependency, and breathing difficulties (Gächter et al., 2011; Ghaddar et al., 2011).

The stress involved in being an attorney often leads to alcohol and substance abuse, an increase in aggressive tendencies, and a decrease in emotional empathy (Dir, Karyadi, & Cyders, 2013). Attorneys work in a variety of specialization areas. Criminal-

case lawyers encounter individuals being tried for heinous crimes including, but not limited to, murder, attempted murder, manslaughter, sex trafficking, child molestation, child pornography, sexual battery, and rape. It is not known what psychological effects an attorney experiences across specialization areas (Bonifacio, 2013; Daicoff, 2008; Seamone, 2014).

According to the attorney's oath of office, the attorney has a duty and responsibility toward the client. Extreme stress may affect an attorney's behavior and decision making, thereby possibly compromising this oath of office. To assist attorneys in preserving the law and ensuring the quality of their own psychological capabilities, additional research is needed to determine if a career practice with a criminal population is a potential threat to psychological well-being. Any connection between this career practice and psychological well-being may provide evidence to support the use of psychological services for attorneys.

Background

Working with a criminal population may have serious effects on an individual's psychological well-being (Bedi, Courcy, Paquet, & Harvey, 2013; Cheeseman & Downey, 2012; Garland, Hogan, & Lambert, 2012; Lambert, Hogan, Dial, Jiang, & Khondaker, 2012; Skogstad et al., 2013; Skovholt & Trotter-Mathison, 2014). Prolonged exposure to criminal populations can increase psychological problems such as anxiety, depression, memory loss, aggression, irritability, and substance dependency. Certain career professionals, including police officers, probation and parole officers, social workers, lawyers, psychologists, and judges are at an increased risk of negative and

potentially harmful emotional and behavioral effects from working with criminality (Bonifacio, 2013; Cohen & Collens, 2013; Gächter et al., 2011; Ghaddar et al., 2011). Harmful effects can include but are not limited to marital problems, anxiety, depression, substance dependency, heart conditions, high blood pressure, aggressive behaviors, memory deficits, and chronic pain or fatigue. Emotional effects an individual may experience include posttraumatic stress disorder (PTSD), secondary PTSD, decrease in empathy, and an increase in aggressive tendencies (Parente, 2015; Seamone, 2014; Wai & Tiliopoulos, 2012).

Attorneys, in particular, are regularly exposed to heinous crimes and disturbed individuals, potentially leading to high levels of stress (Brobst, 2014; O'Boyle, Forsyth, Banks, & McDaniel, 2012; Parente, 2015; Rowden, Matthews, Watson, & Biggs, 2011; Scheibe, Stamoov-Roßnagel, & Zacher, 2015; Seamone, 2014; Shier & Graham, 2010; Welkener, 2013). Exposure to these populations can be brief or for extended periods of time. Attorneys may be working on cases individually or several cases at once, which would only compound the stresses involved (Parente, 2015). Exposure to such an environment, clientele, and data provides an environment that may be detrimental to the psychological well-being of the defense attorney (Brobst, 2014; Parente, 2015; Rowden et al., 2011; Seamone, 2014). Career demands, along with exposure to criminal populations and the nature of criminal cases, place a significant burden on attorneys and their psychological wellness.

Attorneys are often placed in scenarios where they encounter dangerous individuals and extreme situations including working with abusers, sexual predators, and

murderers. Such scenarios can cause anxiety, irritability, aggression, high blood pressure, liver disease, and family disruptions. These issues can lead to an increased use of alcohol intake in the legal profession as a coping mechanism for the stress associated with the job (Dir et al., 2013; Virtanen et al., 2014). Increased alcohol intake can lead to a decrease in emotional empathy, increase in aggression, and dependent behavior.

Evidence is growing to indicate a trend of increasing use of alcohol intake in the legal profession (Allan, 1997; Unützer et al., 2000). Alcohol use often begins with a drink or two per day and can increase toward excessive alcohol consumption (Dir et al., 2013; Virtanen et al., 2014). In one study, it was found that 10% of adults in the United States abused alcohol (Allen, 1997). In the legal profession, 9% of law students abuse alcohol and 11.7% of those started abusing alcohol after starting law school. An estimated 50% to 70% of all disciplinary actions in the legal profession are due to alcoholic causes (Allen, 1997).

Attempts at prostitution, commercial vice, forcible rape, and assaults to rape are included as sexual crimes (Federal Bureau of Investigation, 2015a). An attorney who defends individuals accused of sexual offenses may handle cases that include additional crimes of sex trafficking, child molestation, child pornography, sexual battery, rape, solicitation, solicitation of a minor, and sex with a mentally disabled or handicapped individual (HG.org Legal Resources, 2015).

The extended exposure to disturbed or mentally compromised individuals and heinous crimes could correlate with increased difficulties in the professional career and personal life of attorneys with regard to behaviors, psychological functioning, and overall

psychological well-being (O'Boyle et al., 2012; Welkener, 2013). The longer an attorney works with criminal cases, the more severe or intense the psychological changes may become, possibly leading to increasing difficulties in several areas of life, both personally and professionally (Barnhizer, 2000; Brobst, 2014; Daicoff, 2008; Seamone, 2014).

Although previous studies have been conducted to investigate psychological conditions among attorneys, the current study is the first in which the progress of these conditions over the course of the career has been investigated.

Purpose

The purpose of this quantitative, correlational study was to examine the relationship between the years of career experience and emotional empathy, aggression, and alcohol intake among criminal-case attorneys specializing in sex crimes and homicide charges. Emotional empathy was measured with the Multi-Dimensional Emotional Empathy Scale (MDEES; Faye et al., 2011; see Appendix A). Aggression was measured with the Buss-Perry Aggression Scale (Buss & Perry, 1992; Gerevich, Bácskai, Czobor, 2007; see Appendix B). Alcohol intake was measured with the Alcohol Use Disorders Identification Test (AUDIT; Barbor, Higgins-Biddle, Saunders, & Monteiro, 2001; see Appendix C). All surveys were obtained through public domains. Participants were asked how many years of experience they had as attorneys.

An opt-in sample of 28 attorneys was recruited to complete the survey. All participants practiced law in the United States and specialized in sex-crime and homicide cases. Participants were recruited from the American Law Board list of licensed attorneys, the list of licensed attorneys provided by the state in which the attorney was

practicing, list serves, the attorney registry, the public attorney registry, and the American Bar Association registry.

According to the results of a power analysis (Faul, Erdfelder, Buchner, & Lang, 2009), at least 89 participants were required to achieve 80% power, assuming parametric bivariate correlations with a medium effect size of $r = .30$ and an alpha error probability of .05. Because the sample size of 28 provided only 35% power, I used nonparametric statistics to analyze the results. I computed Spearman's *rho* correlation coefficients for each relationship. I used SPSS (Version 22) to compute the results.

Significance

Although previous studies have been conducted to investigate psychological conditions among attorneys, the current study is the first in which the progress of these conditions over the course of the career has been investigated. This information may be helpful in understanding the effect of career stress in the field on emotional empathy, aggression, and alcohol intake. Identifying possible factors that could increase the risk of psychological damage could lead to preventative measures for future psychological problems. Empirically supported treatment methods may be suggested or implemented to help preserve a clinically healthy, normative, and functional level of emotional empathy, aggression, and alcohol intake (Boettiger & Hastings, 2012; Ru Hsu, 2011; Shucard et al., 2012). Programs may be personalized as needed to include a variety of treatments such as cognitive behavior therapy, psychological assessment, individual therapy, group therapy, dream therapy, or integrative therapy, among others (Shucard et al., 2012).

Use assessments can be helpful in determining the functioning of the attorney's psychological well-being (Boettiger & Hastings, 2012; Ru Hsu, 2011; Scheibe et al., 2015; Shier & Graham, 2010; Shucard et al., 2012). Assessments can be used to determine the severity of any possible side effects. The results of these assessments can suggest the next possible steps for the individual to regain a healthy standard of living.

Theoretical Framework

The theoretical framework for this study was the social cognitive processing theory (SCPT). According to this theory, individuals continue to learn and therefore adjust their behaviors according to the situations and people they encounter (McLeod, 2010). In the current study, the SCPT provided some insight into why the behaviors of attorneys such as emotional empathy and aggression may be altered in a particular manner based on the client population or use of a particular coping mechanism such as alcohol intake. Some of these behaviors may be perceived as dangerous or difficult by others (Ru Hsu, 2011).

The SCPT therefore provided some perspective as to why attorneys may appear to become more hardened as they pursue their careers in these specific fields of specialization. The SCPT, applied to the issue of criminal-case attorneys (Zijlmans, Embregts, Bosman, & Willems, 2012), represents an individual's learning abilities and demonstrates how an individual learns according to various scenarios (McLeod, 2010).

Research Questions and Hypotheses

RQ: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy?

H₁₀: There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy.

H_{1a}: There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy.

RQ2: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression?

H₂₀: There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression.

H_{2a}: There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression.

RQ3: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake?

H₃₀: There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake.

H3_a: There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake.

Nature of Study

The current study was quantitative, nonexperimental, correlational, and cross-sectional. The purpose was to evaluate relationships between variables, not to compare groups. Cause and effect could not be determined.

Data were obtained through the use of three relatively short questionnaires and focused on the self-reported measurement of an individual's emotional empathy, aggression levels, and alcohol intake. The questionnaires implemented in this study were the MDEES, the Buss-Perry, and the AUDIT. All three self-reporting scales took 20 minutes or less to complete. Measurements were provided in a Likert-type scale format for easier administration and interpretation.

A sample of 28 attorneys was recruited to complete the survey. All participants practice law in the United States and specialized in sex-crime and homicide cases. Participants were recruited from the American Law Board list of licensed attorneys, the list of licensed attorneys provided by the state in which the attorney was practicing, list serves, the attorney registry, the public attorney registry, and the American Bar Association registry.

According to the results of the power analysis (Faul et al., 2009), at least 89 participants were required to achieve 80% power, assuming bivariate correlations with a medium effect size of $r = .30$ and an alpha error probability of .05. Because the sample

size of 28 provided only 35% power, I used nonparametric statistics to analyze the results. I computed Spearman's *rho* correlation coefficients for each relationship. I used SPSS (Version 22) to compute the results.

All participants were obtained from a nationwide sample in the United States. There was no discrimination in sample selection in terms of race, ethnicity, gender, age, language, sexuality, disability, or other demographic variables. The only requirement was that the participant be a professional attorney with experience in either homicide cases or sexual crime cases. All participants were required to be registered and licensed to practice law within the United States.

I provided the questionnaires to the participants online, although a handwritten format was available. I provided an e-mail address to each participant. The introductory letter and e-mail briefly described the study, its purpose, a statement of informed consent, information as to where the assessments could be retrieved, and an e-mail address where a copy of the research and the findings may be obtained. The first page of the questionnaires included the purpose of the study, a brief description of the surveys, what each survey was used to measure, and other relevant information. Questions were asked about the attorney's specialization (homicide or sexual crimes), the state of licensure and practice, years as an attorney, and the license to practice. The license number was requested and confirmed for the sole purpose of verifying that the participant was legally entitled to practice law within the United States.

I used the information gathered through the data collection to assist in creating a link between any psychological changes the attorney experienced and the length of time

the attorney had been practicing law. Participants were reassured that no identifying information would be shared and that all data collected could be used to help with the programs made available to defense attorneys in their careers. The participants were provided online copies of the MDEES, the Buss-Perry, and the AUDIT.

I analyzed the data to determine if aggression, emotional empathy, and alcohol intake levels of attorneys working with sexual crimes and homicide cases increased or decreased in relationship to years of experience in the field. The data provided through the assessments may be used to help identify treatment methods for attorneys experiencing negative behaviors while working with the criminal-case population. A copy of the data and results will be made accessible to individuals as well as to programs and foundations working with attorneys to assist them in their careers.

Types and Sources of Data

Participants were recruited from the American Law Board list of licensed attorneys, the list of licensed attorneys provided by the state of in which the attorney was practicing, list serves, the attorney registry, the public attorney registry, and the American Bar Association registry. Emotional empathy was measured with the MDEES (Faye et al., 2011; see Appendix A). Aggression was measured with the Buss-Perry (see Appendix B). Alcohol intake was measured with the AUDIT (Barbor et al., 2001; see Appendix C). Participants were asked how many years of experience they had as attorneys, along with other demographic questions (see Appendix D).

Summary

The purpose of this quantitative, correlational study was to examine the relationship between the years of career experience and emotional empathy, aggression, and alcohol intake among criminal-case attorneys specializing in sex crimes and homicide charges. Emotional empathy was measured with the MDEES (Faye et al., 2011; see Appendix A). Aggression was measured with the Buss-Perry (Gerevich et al., 2007; see Appendix B). Alcohol intake was measured with the AUDIT (Gerevich et al., 2007; see Appendix C). Participants were asked how many years of experience they had had as attorneys.

The theoretical framework for this study was the SCPT. According to this theory, individuals continue to learn and therefore adjust their behaviors according to the situations and people they encounter (McLeod, 2010). In the current study, the goal was to provide insight into if the behaviors of attorneys such as emotional empathy and aggression may be altered over time during the course of their careers. The data were analyzed to determine if aggression, emotional empathy, and alcohol intake levels of attorneys working with sexual crimes and homicide cases increased or decreased in relationship to years of experience in the field. The data provided through the assessments may be used to help identify treatment methods for attorneys experiencing negative behaviors while working with the criminal-case population.

Chapter 2: Literature Review

Introduction

Attorneys work with various cases ranging in severity. As the cases increase in severity, the attorney may experience an increase in stress (Barnhizer, 2000; Klein, 1988). An increase in stress may increase an individual's alcohol use and aggressive tendencies and may decrease an individual's emotional empathy (Allan, 1997; Dir et al., 2013; Silver, 1997; Unützer et al., 2000). These outcomes may lead to professional difficulties such as an increase in mistrials, legal and/or disciplinary actions, failure to file court documents, neglect of correspondence with courts or other legal officials, forgotten court appointments, missed deadlines, malpractice suits, and failure to uphold legal obligations to clients (Bonifacio, 2013; Cohen & Collens, 2013; Gächter et al., 2011; Ghaddar et al., 2011).

Attorneys under stress may also experience difficulties in their own personal lives, such as a lack of trust in relationship, loss of social support and/or network, loss of social respect, financial difficulties, divorce, loss of child custody, anger issues, and health issues (Bonifacio, 2013; Cohen & Collens, 2013). Health issues may include forgetfulness, liver disease, headaches, blackouts, high blood pressure, nerve damage, sexual difficulties, brain injury, ulcers, anxiety, depression, and substance dependency, which may expand past more than one substance (Gächter et al., 2011; Ghaddar et al., 2011).

The purpose of this quantitative, correlational study was to examine the relationship between the years of career experience and emotional empathy, aggression,

and alcohol intake among criminal-case attorneys specializing in sex crimes and homicide charges. By correlating years of career experience with measures of stress and emotional health, the intention was to determine if increased time in the legal profession led to higher levels of stress and lower levels of emotional health. Emotional empathy, aggression, and alcohol intake were assessed using validated measures. The focus on sex crimes and homicide cases was designed to enable an examination of career specializations in which levels of stress were particularly high.

To perform a comprehensive search on the topic, sources of data included search engines, libraries, and personal contacts. The primary years researched were from 2011 to 2019. I obtained information about attorneys using the key words *criminal case attorneys, attorneys, murder attorneys, attempted murder attorneys, and sex crimes attorneys*. I conducted additional searches on other professions that work closely with criminal case clients. These searches included probation officers, social workers, prison staff, police officers, psychiatrists, psychologists, and prosecuting lawyers. I obtained more in-depth data using the key phrases *defense attorneys and criminal clients, attorneys and emotional empathy, attorneys and hostility, attorneys and aggression, attorneys and the Buss Perry aggression scale, attorneys and the AUDIT, attorneys and substance abuse, attorneys and sexual offenses, attorneys and sexual offense clients, attorneys and alcohol intake, attorneys and clients convicted of murder or attempted murder, attorneys, impact of work on prosecuting lawyer, impact of work on psychiatrists, impact of work on prison guards, and impact of work on attorneys*.

I conducted research on anger definitions and scales using the key words *aggression, hostility, aggression scales, Buss Perry aggression scale, Buss Perry aggression scale validity, Buss Perry aggression scale reliability, behavioral warning signs, emotional demands, posttraumatic stress disorder, and behavioral changes*. I found information on emotional empathy definitions and scales using the key words *empathy, emotional empathy, empathy scale, emotional empathy scale, Multi-Dimensional Emotional Empathy Scale validity, Multi-Emotional Empathy Scale reliability, and Multi-Dimensional Emotional Empathy Scale*. I found substance abuse definitions and scales using the key words *substance abuse, alcohol use, alcohol intake, alcohol intake scale, substance abuse scales, Alcohol Use Disorder Identification Test (AUDIT), AUDIT reliability, and AUDIT validity*. I also conducted a search on the theories and methodologies used. The key words included *exploratory research, experimental research, experimental design, cross-sectional research, social cognitive processing theory, and attribution theory*.

Theoretical Framework

The theoretical framework for this study was the SCPT. The SCPT was proposed in 1941 by Miller and Dollard (as cited in McLeod, 2010). In 1963, Bandura and Walters added the principles of observational learning and vicarious reinforcement to the SCPT (as cited in McLeod, 2010).

According to the SCPT, individuals continue to learn and therefore adjust their behaviors according to the situations and people they encounter (McLeod, 2010). An individual's behavior is modified by environmental factors and personal factors

(Huesmann, 1998). Bandura (1991) showed that an individual's behaviors varied depending on determinants and effects. Self-regulation also affects an individual's thoughts, affect, motivations, and actions (Bandura, 1991).

Social cognitive processing can determine how an individual's behaviors can remain positive or negative (Benight & Bandura, 2004; Lepore, 2001; Resick & Schnicke, 1992). Determination, a positive support group, and other forms of assistance can result in a change of behaviors from negative to positive. Similarly, difficult individuals, negative thoughts, stress, and pessimism can make even a positive person feel extremely negative about a situation (Benight & Bandura, 2004; Lepore, 2001; Resick & Schnicke, 1992).

Social cognitive processing theory provides insight into why certain behaviors are more likely than others to be adopted during times of stress or in certain professions. This framework may help identify personality traits that may coincide with certain behaviors. For example, the theory may help clarify if some individuals experience an increase in aggression or alcohol intake with an increase of stress or if there is little to no correlation between the two. This information can provide important insights into coping skills and how certain professionals tend to cope with stress.

Description and Critique of Scholarly Literature

According to the attribution theory, an individual's behaviors and attitudes are affected by internal and external attributes (Dillenburg, 2007). Internal attributes such as personality traits, beliefs, and feelings help shape an individual's attitudes and behaviors, with the influence of external attributes. External attributes include the

environment, social connections, and financial situations (Dillenburg, 2007; McLeod, 2010). Internal and external attributes work together to help individuals guide their behaviors, motives, attitudes, and personal characteristics (McLeod, 2010).

Both internal and external attributes change over time, thereby altering the individual's behaviors and attitudes. The attribution theory refers to an individual's personal beliefs and attitudes that can be changed over time based on both internal and external attributes (Kraemer et al., 2000). These changes enable an individual to adapt gradually to suit the needs of the situation more effectively, such as with the development of coping skills.

Stress can cause a decrease in productivity, a decrease in employee turnover, an increase in absenteeism and sick leave, and a decrease in job satisfaction. Stress can also cause strains in personal relationships, premature aging, premature death, reduced immune response, mental illness, high blood pressure, and an increased risk of stroke and heart attack, among many other health issues (Cheeseman & Downey, 2012). Women tend to experience stress more than men do, leading to more severe medical issues (Cheeseman & Downey, 2012).

Criminal populations can be detrimental to the psychological well-being of the individuals who spend the most time with them (Garland et al., 2012). Extensive contact with criminal populations can harm physical, psychological, and social well-being. The more stress individuals experience and the more trauma the individuals encounter, the more likely they and their family are to suffer. Negative effects can include heart conditions, increased blood pressure, anxiety, depression, secondary trauma, increased

drinking, decreased social activities, increased spousal discord, and divorce (Garland et al., 2012).

The likelihood of burnout increases with the amount of contact between an attorney and the clients (Lambert et al., 2012). Burnout includes emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Emotional burnout is typically considered the most frequently experienced form of burnout and can create the most serious side effects. However, some steps can be taken to try to reduce the risk of burnout, such as taking “mental health days” and taking time from work to address any issues that may be bothersome. Not only can burnout affect an individual mentally, but it can also affect an individual’s professional work and family as well.

Posttraumatic stress disorder (PTSD) is a response to a stressful event or scenario (Skogstad et al., 2013). The likelihood that an individual will suffer from PTSD depends on an individual’s personality, the individual’s life history, the events that occur, social support systems, and other factors. If an individual does not have a good support system, has a traumatic life history, and/or has a personality type susceptible to emotional difficulties, then the individual is more likely to suffer from PTSD (Skogstad et al., 2013; Skovholt & Trotter-Mathison, 2014).

Certain professionals such as police officers, attorneys, psychologists, and medical professionals are also likely to suffer from PTSD because of the severity and frequency of traumatic events involved in their work. Individuals are less likely to suffer from PTSD if they have increased resilience, have good social support, and are provided with psychological treatment or other assistance after experiencing a traumatic event

(Skovholt & Trotter-Mathison, 2014). Information and self-care strategies regarding burnout are available for people to use (Skovholt & Trotter-Mathison, 2014). Although every individual experiences stress, professionals tend to experience different forms of work-related stress compared to others (Skovholt & Trotter-Mathison, 2014). Self-care strategies and burnout prevention methods can be used to help limit the severity and frequency of mental and physical difficulties due to severe stress.

Certain careers are at an increased risk of negative and potentially harmful emotional and behavioral effects (Bonifacio, 2013; Cohen & Collens, 2013). Certain professionals such as police officers, probation officers, parole officers, social workers, and attorneys are at an increased risk of negative and potentially harmful emotional and behavioral effects. These increased forms of stress are both psychological and physical and are based on the demands of the job and the individual's personal approach to the stress factors. Lower levels of support, as well as increased demands at work and home, lead to an increased likelihood of psychological and physical difficulties. More difficulties lead to more stress, resulting in recurring difficulties. Issues that may develop include secondary trauma, vicarious trauma, and personal difficulties that may occur for each individual. Each individual is unique and may require a variety of techniques to avoid or reduce the risk of vicarious or secondary trauma. Various methods should be attempted with the individual's uniqueness in mind (Cohen & Collens, 2013).

Different demographic groups have different levels of stress (Gächter et al., 2011). Among the general population, females experience more stress than males do. Caucasian males experience more stress than African American males do, but Caucasian

females experience the same level of stress as African American females do (Gächter et al., 2011). However, although females experience higher levels of stress than males do, males experience lower life expectancies, increased gender role strain, increased health difficulties, more drug and substance abuse, and higher aggression levels (Gächter et al., 2011). Females were reported to have fewer minor health issues, even accounting for the fact that males tend to underreport any health issues.

Many life factors, such as family satisfaction, job satisfaction, social support, and health issues, are believed to affect stress levels. Females were believed to be less able to cope with stress compared with males (Ghaddar et al., 2011). Some professionals, such as correctional officers and police officers, are considered to be at an increased risk of potentially harmful emotional and behavioral effects (Ghaddar et al., 2011). These professions carry an increased risk of harmful or negative behavioral effects because of the stress factors involved in the work requirements as well as the amount of exposure to the criminal population. An individual's emotional demands, family-work conflicts, work control, social support, lifestyle, and sociodemographic details can all affect the ability to manage stress and react to stress factors properly. As the stress factors increase and an individual has increased difficulties managing emotions, these stress factors may manifest as emotional and behavioral disruptions (Ghaddar et al., 2011).

Nonparametric statistics are used to analyze how data are distributed when data do not meet the assumptions of a parametric test (Corder & Foreman, 2014). Spearman's *rho* correlation coefficients are nonparametric indices used to measure the strength of a relationship between two variables as either a positive correlation or a negative

correlation (Corder & Foreman, 2014). There are two assumptions to this test. First, the outcome variable should be measured on an ordinal, interval, or ratio scale (Corder & Foreman, 2014). Second, the relationship between the two variables should be monotonic: that is, if a statistical relationship between the variables exists, the variables should either increase and decrease together or change inversely (Corder & Foreman, 2014).

Secondary traumatic stress (STS) is a condition in which individuals blame themselves for the victimization of another. Secondary traumatic stress can lead to avoidant behaviors, nightmares, and emotional issues similar to those the actual victim may experience. In a 2011 study, 39% of attorneys were found to have experienced signs of depression, a minimum of 75% experienced signs of STS, and 11% experienced significant signs of PTSD (Seamone, 2014). Depression, STS, and PTSD can result in defensive actions, such as downplaying the severity of a situation, rationalizing the destructive effects of a case, showing the need to “rescue” a client, excessive involvement with a client, and failing to maintain boundaries with a client. However, a failure to maintain boundaries can result in ethical issues, which may lead to disciplinary actions. Some individuals become hardened to certain cases or details as the exposure increases. However, with this hardening comes physical difficulties and emotional issues, especially if the individual has not had sufficient help (Seamone, 2014).

Attorneys are expected to put aside all their personal beliefs to focus zealously and completely on the client and on how best to serve the client (Barnhizer, 2000). There are core elements to being a good lawyer: advocating the truth, pecuniary pseudo-truth,

truth most abused in pretrial, truth most abused in nonlitigation phases, social system based on lies and misrepresentation, and an obligation to lie and deceive (Barnhizer, 2000). Attorneys are driven by several factors, including the oath to be competent and zealous with the client and the people they represent, competency in their skills, ensuring appropriate language to achieve their goals, and the effects of defending a client's past or intended actions (Barnhizer, 2000). As a result of burnout, attorneys may feel tired or underzealous, may begin to dehumanize the client, or may begin to experience an erosion of spirit (Barnhizer, 2000).

As the intensity or severity of the psychological changes increases, the attorney may experience growing difficulties in several areas of their life, both personally and professionally. If individuals are unable to cope with the stressors involved with their jobs and professional lives in a positive or productive manner, then the effects can become negative (Brobst, 2014). The individuals can begin to suffer physically, leading to decreased physical health. The individuals may also suffer psychological damage and become more prone to psychological difficulties, which can affect them throughout their professional and personal lives (Brobst, 2014).

One in five lawyers is identified as having a substance abuse disorder, anxiety, depression, or other form of psychopathology (Daicoff, 2008). Lawyers are two times more likely to experience some form of psychopathology compared to other populations. Attorneys are 20% more likely to experience anxiety and depression compared to the general population (Diacoff, 2008). Male attorneys are identified as more distressed than are female attorneys (Diacoff, 2008). This distress and these psychological issues are

often linked to an increase in anger, which can result in additional problems. Attorneys may be working on cases individually, but if they are working on several cases at once, the stresses involved would be compounded.

The sample size was based on a nonparametric statistics. Non parametric statistics are used to analyze how data are distributed when data do not meet the assumptions of a parametric test. The sample size was based on a nonparametric statistics. Non parametric statistics are used to analyze how data are distributed when data do not meet the assumptions of a parametric test (Corder & Foreman, 2014). Spearman's *rho* correlation coefficients are nonparametric indices used to measure the strength of a relationship between two variables as either a positive correlation or a negative correlation (Corder & Foreman, 2014). There are two assumptions to this test. First, the outcome variable should be measured on an ordinal, interval, or ratio scale (Corder & Foreman, 2014). Second, the relationship between the two variables should be monotonic: that is, if a statistical relationship between the variables exists, the variables should either increase and decrease together or change inversely (Corder & Foreman, 2014).

Spearman's *rho* correlation coefficients are nonparametric indices used to measure the strength of a relationship between two variables as either a positive correlation or a negative correlation (Corder & Foreman, 2014). There are two assumptions to this test. First, the outcome variable should be measured on an ordinal, interval, or ratio scale (Corder & Foreman, 2014). Second, the relationship between the two variables should be monotonic: that is, if a statistical relationship between the

variables exists, the variables should either increase and decrease together or change inversely (Corder & Foreman, 2014).

Certain professions are exposed to more traumatic events than are others, requiring special traits or behaviors. Careers such as police officers and attorneys require some level of resilience, decreased empathy, hostility, and aggression for the individual to complete the job and do so properly (O'Boyle et al., 2012). These traits may not always be helpful, such as when the individual is attempting to receive some social support or needs to talk to someone about a particularly difficult case. To some extent, however, these traits may help an individual decrease the chances of suffering from anxiety, depression, and posttraumatic stress, among other psychological difficulties (O'Boyle et al., 2012).

Individuals experience a variety of healthy stress levels. However, excessive stress, or driving issues that lead to constant stress, can cause physical or mental health problems. As stress increases and intensifies, physical ailments and mental health concerns can increase in severity and frequency, requiring interventions (Rowden et al., 2011). People can make changes to behaviors, relationships, physical health, and mental health by improving several areas of their lives (Rowden et al., 2011; Shier & Graham, 2010). Ensuring a productive work environment, finding support systems, maintaining physical wellness, and taking steps towards psychological wellness can help an individual to avoid numerous problems (Rowden et al., 2011; Shier & Graham, 2010).

Burnout can be avoided, professional and personal issues can be handled, and overall wellness can be preserved if the right steps are taken. Attorneys cope with

stressors that are uncommon to the general population, thereby increasing the individual's stress. This stress accumulates until it affects the individual's psychological well-being and physical wellness. As the individual's physical wellness decreases, mental health decreases as well, resulting in a negative cycle of deterioration and stress (Welkener, 2013).

An individual with an internal locus of control internalizes choices and consequences, making statements such as "it is my fault, it was my choice" (Ru Hsu, 2011). An individual with an external locus of control externalizes a choice and consequences through statements such as "it is destiny, it was chance" (Ru Hsu, 2011). Individuals who internalize their locus of control tend to be happier in both their professional and personal lives (Ru Hsu, 2011). People who internalize their locus of control are found to take more control of their lives, decisions, and consequences than do those who externalize the locus of control (Ru Hsu, 2011).

Attorneys are often exposed to heinous crimes and disturbed individuals, increasing the amount of stress they experience on the job. In some cases, an individual may be able to cope with the emotional or mental demands of a situation, but the physical demands may be too intense (Scheibe et al., 2015). In other scenarios, an individual may be able to cope with the physical requirements of an event but be unable to cope with the mental demands. Either situation can lead to psychological damage such as depression, anxiety, and PTSD, among other possibilities (Scheibe et al., 2015).

People can improve their behaviors, relationships, physical health, and mental health by improving several areas of their lives (Shier & Graham, 2010). Ensuring a

productive work environment, finding support systems, maintaining physical wellness, and taking steps towards psychological wellness can help a person avoid a variety of problems (Shier & Graham, 2010). Avoiding burnout, avoiding professional and personal problems, and preserving overall wellness can occur if the right steps are taken.

Some individuals who have undergone trauma exhibit signs of avoidance, hyperarousal, burnout, anxiety, depression, and other psychological signs of stress (Shucard et al., 2012). However, traumatic experiences can cause more than psychological harm, such as symptoms of PTSD, depression, anxiety, and secondary or vicarious trauma. Traumatic experiences can physically affect an individual's brain structure and alter the brain function substantially (Shucard et al., 2012). Steps need to be taken with each individual to reduce the chances and severity of any issues an individual may experience when performing as a police officer or attorney, especially when the individual has encountered traumatic events.

Aggression is defined as a behavior intended to harm another person (Abd-El-Fattah, 2007). Physical and verbal aggression can lead to problems in the professional and personal paths an individual chooses. Aggression can be caused by a variety of factors, including a lack of emotional empathy or the use of alcohol. Often individuals encounter situations in which they have difficulty expressing their emotions, resulting in the use of anger (Allen, 1997).

Workplace aggression has been linked to undesirable behaviors such as verbal arguments, psychological difficulties, physical harm to others, and harm to the organization. An increase in interpersonal aggression has been found to correlate with an

increase in emotional exhaustion, depression, and burnout. Burnout includes emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Lambert et al., 2012). An increase in burnout is related to emotional empathy and depersonalization (Bedi et al., 2013).

In one study (Denni, 2016), a group of individuals on trial for murder were reviewed regarding their aggression levels. The attorneys would consider the individual's aggression levels, what factors led up to the burst of aggression, and how the aggression decreased after the offense. Prosecuting attorneys reviewed the client's aggression levels and argued that future events could lead to increased aggression (Denni, 2016).

In another study, the aggression levels of attorneys themselves were reviewed. Attorneys were found to be more aggressive in situations where behaviors escalated, there was prior alcohol use, or they lacked empathy (Riebman, 2015). Alcohol may be used as a method of coping with aggression. Nevertheless, in some people, the intake of alcohol can increase aggression. Aggression and alcohol use thus become a cycle, with one providing opportunity for the other.

Aggression can be accurately measured using the Buss-Perry, a reliable and valid questionnaire that measures four areas of aggression (Abd-El-Fattah, 2007). The 29-item scale has four factors and is designed to measure physical aggression, verbal aggression, anger, and hostility (Abd-El-Fattah, 2007). The questionnaire is formatted as a Likert-type scale, with values ranging from 1 (*extremely uncharacteristic of me*) to 7 (*extremely characteristic of me*) (Abd-El-Fattah, 2007). The scale is based upon self-reporting measures (Coccaro, Lee, & McCloskey, 2014).

The four factors of the Buss-Perry have been used as a measurement in several countries, verifying that the measures are unbiased, valid, and reliable across a variety of cultures and settings (Abd-El-Fattah, 2007). The four-factor structure for the measure entails physical aggression, verbal aggression, anger, and hostility (Abd-El-Fattah, 2007). The literature indicates the Buss-Perry Aggression Scale provides a reliable and valid questionnaire through a 29-item Likert scale that measures four areas of aggression based upon self-reporting measures (Coccaro et al., 2014). Two separate studies have demonstrated the validity and reliability of the Buss-Perry Aggression Scale (Coccaro et al., 2014). Physical aggression is more apparent in males, stemming from childhood experiences (Gerevich et al., 2007). Verbal aggression was scaled to be higher in males, whereas hostility and anger tended to measure more equally among both genders (Gerevich et al., 2007). Examples of these behaviors were apparent in both genders, regardless of culture and ethnicity.

To create the Buss-Perry Aggression Scale, several areas of aggression and hostility were considered for evaluation (Gerevich et al., 2007). The areas that had a low indicator of reliability were ultimately omitted from the measure, enabling the scale to become more reliable as a measurement tool (Gerevich et al., 2007). Six independent studies were used to evaluate the scale for validity and reliability (Webster et al., 2014). Brief measures of aggression were tested in various settings to obtain an accurate measurement of physical aggression, verbal aggression, anger, and hostility (Webster et al., 2014). Across five different studies, the aggression scale has consistently been found

to be reliable and valid, along with the Brief Aggression Questionnaire (Webster et al., 2014).

When attorneys increase their use of alcohol intake as a coping mechanism, the result can be a decrease in emotional empathy and an increase in aggression (Allen, 1997; Dir et al., 2013). Growing evidence indicates a trend to the increasing use of alcohol intake in the legal profession (Allen, 1997). Alcohol is often used as a release or coping method for the stress associated with the job (Allen, 1997). This process often begins with a drink or two and often leads to excessive alcohol consumption or additional drug dependency. Lawyers are often faced with substantial stress in their careers and will turn towards alcohol as a method of coping and/or stress relief.

Ten percent of adults in the United States abuse alcohol, 30.9% of law student abuse alcohol, and 11.7% have abused alcohol since starting school (Allen, 1997). Increased alcohol use has been linked to dependency, blackouts, liver disease, hangovers, and Korsakoff's syndrome, as well as deficits with memory, learning, and short-term retention (Allen, 1997). Lawyer assistance programs are available in every state to help lawyers manage their alcohol dependency.

The AUDIT has a good test-retest liability, temporal liability, good construct, and criterion validity (Dir et al., 2013). It is not supposed to be used in cases of urgency but rather as a guide to help determine an individual's risk factors. Alcohol use has increased more among attorneys than in any other career or profession (Silver, 1997). In a 1990 study that included 2,600 defense attorneys, 801 (17%) drank between three and five alcoholic drinks a day (Silver, 1997). Approximately 18% of the 801 individuals were

problem drinkers (Silver, 1997). The defense attorneys who abused alcohol were two times more likely to abuse drugs as well (Silver, 1997). In the study, it was noted that of those defense attorneys who drank alcohol, between 40% and 70% were found to engage in malpractice; be subjected to disciplinary actions; or experience withdrawal symptoms, behavior difficulties, anxiety, depression, and psychological compulsions (Silver, 1997). At least 30% to 50% experienced state bar difficulties, involving substance abuse, personal loss, social costs, decreased sense of social responsibility, and impaired moral codes (Silver, 1997).

Alcohol use can lead to a decrease in emotional empathy and an increase in aggression, especially as alcohol intake increases (Unützer et al., 2000). Alcohol is often used as a release or coping method for the stress associated with the job. There is an increasing use of alcohol intake trend in the legal profession, beginning in college and extending into the career (Unützer et al., 2000).

A review of 61 studies from 14 different countries (Virtanen et al., 2014) was conducted to assess risky behaviors associated with alcohol use. The countries included were Japan, the United States, the United Kingdom, Spain, Sweden, Canada, Australia, New Zealand, Denmark, Taiwan, France, Germany, Belgium, and Finland (Virtanen et al., 2014). According to the results of the study, women who consumed 14 or more drinks per week and men who consumed 21 or more drinks per week were at risk for alcohol dependency (Virtanen et al., 2014). An increase in alcohol consumption has been linked to an increase in liver disease, cancer, coronary issues, heart disease, stroke, and mental disorders (Virtanen et al., 2014). Consequences from substantial alcohol intake may

result in injury, violence, family disruptions, traffic incidents, increase in healthcare costs, decrease in work productivity and work ethic, exclusion from the work market, anxiety, depression, and sleep deprivation (Virtanen et al., 2014).

Alcohol dependency refers to behavioral, cognitive, and physiological changes that may occur with alcohol use (Barbor et al., 2001). Changes can include a strong desire to drink alcohol, impaired control over the desire to drink, persistent drinking regardless of the circumstances and consequences, placing the desire to drink above all other obligations, increased tolerance, and withdrawal symptoms when attempting to stop drinking (Barbor et al., 2001). Physical problems from alcohol use may include cancers in the mouth, esophagus, and larynx; cirrhosis of the liver; and pancreatitis, hypertension, gastritis, diabetes, and strokes (Barbor et al., 2001). Psychological problems such as depression, irritability, nervousness, and anxiety can also develop with excessive alcohol consumption (Barbor et al., 2001). Symptoms of excessive alcohol use can also include trembling hands, ulcers, memory loss, heart failure, blood clots, malnutrition, painful nerves, tingling sensations, impaired sexual performance, fetal alcohol syndrome, low fetal birthweight, pregnancy complications, and reduced immune responses (Barbor et al., 2001).

Alcohol consumption was measured among men and women for comparison purposes (Johnson, Lee, Vinson, & Seale, 2012). The Alcohol Use Disorders Identification Test (AUDIT) identified an increase in alcohol consumption among students (Lindgren et al., 2013). Students in graduate-level courses tend to resort to alcohol to help themselves cope with the stresses and demands of schooling (Lindgren et

al., 2013). As these students enter the workforce, they may have a predisposition to turn to alcohol as a way of coping with the stresses around them (Lindgren et al., 2013). Often they then slide toward alcohol dependency while in the workforce.

The AUDIT consists of a 10-item Likert-type scale that assesses an individual's self-reported level of alcohol intake (Barbor et al., 2001). The AUDIT requires an individual to read a statement; rate the frequency of the statement from 0 (*never*) to 4 (*daily or almost daily*); indicate how many drinks were ingested daily, ranging from 0 (*1 or 2*) to 4 (*10 or more*); and indicate how often certain consequences occurred, choosing from 0 (*No*), 2 (*Yes, but not in the last year*), and 4 (*Yes, during the last year*) (Barbor et al., 2001). The statements provided in the AUDIT were developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems (Dawson et al., 2013). Because of changes made from the Diagnostic and Statistical Manual (DSM-IV) to the DSM-V, the validity of the AUDIT may be questionable (Dawson et al., 2013). There is no current information pertaining to the accuracy of the AUDIT since the changes to the DSM manual.

A chart was provided to clarify drinking levels and what is classified as “one” drink according to various drinks available (Johnson et al., 2012). The AUDIT was also examined in regard to its development and structure (Johnson et al., 2012). The AUDIT is not based on any hierarchy of dependency from the DSM to determine the severity of alcohol use. Instead, the instrument measures the continuum of alcohol use, with a cutoff point consistent with unhealthy alcohol consumption.

The AUDIT was used in China, Taiwan, and Hong Kong to determine the validity and reliability of the assessment across several cultures (Li, Babor, Hao, & Chen, 2011). The assessment upheld its validity and reliability even with the translations between languages (Li et al., 2011). The validity and reliability of the AUDIT was verified among 15 different cultures, including 27,478 participants who drank alcohol (Peng, Wilsnack, Kristjanson, Benson, & Wilsnack, 2013). The AUDIT maintained internal reliability, concurrent validity, and a gender-invariant structure (Peng et al., 2013).

There is limited information on gender differences regarding the AUDIT (Peng et al., 2013). Men tend to have higher mean drinking levels compared to women (Peng et al., 2013). The validity and reliability of the AUDIT has been demonstrated across genders, ethnicities, races, and cultures (Pradhan et al., 2012). Additional versions of the AUDIT have included the Nepali version, the Michigan Alcoholism Screening Test (MAST), the National Alcoholism Screening Test (NAST), and the Cutdown, Annoyed, Guilty, Eye-Opener (CAGE). These instruments all maintained internal consistency.

All versions of the AUDIT have been tested and found to be valid and reliable for reviewing possible signs of alcohol dependency and abuse (Pradhan et al., 2012). The AUDIT has been verified as a valid way to measure frequency of heavy drinking, impaired control over heavy drinking, increase in the salience of drinking, and alcohol-related injury (So & Sung, 2013). In Korea, the AUDIT, the NAST, and the MAST have been used to help identify issues with alcohol (So & Sung, 2013). The shortest version of the AUDIT is the CAGE. The CAGE also helps to identify who will benefit best from a decrease in alcohol use (So & Sung, 2013).

Empathy can include several constructs, including affective sharing, empathetic concern, and perspective taking (Decety & Yoder, 2016). Empathy is originally developed in early childhood and will intensify as the individual grows, unless something diminishes the ability for empathy to flourish. A traumatic brain injury (TBI) and certain psychological conditions are possible reasons why empathy would fail to mature or develop in an individual.

To determine the physical components of empathy, a functional MRI (fMRI) was performed on several individuals with and without TBI and any psychological conditions, such as Autism Spectrum Disorder (ASD) and psychopathy (Decety & Yoder, 2016; Mazza et al., 2015). The fMRI showed that individuals with a TBI, ASD, or psychopathy had a structural change to one or more parts of the brain, leading to a lack of empathy or an inability to increase their empathy (Decety & Yoder, 2016; Mazza et al., 2015). In some cases, an individual had little or no empathy because of a history of PTSD. Individuals with PTSD were found to relive their traumatic experiences and increase their chosen defense mechanisms, a process that decreased their empathy towards others (Mazza et al., 2015). Individuals with PTSD demonstrated lowered empathy levels because of their perceived need to protect themselves.

A meta-analysis was conducted to identify a relationship between empathy and aggression levels (Vachon, Lynam, & Johnson, 2014). The results of the study showed a strong relationship between a decrease in empathy and an increase in verbal aggression, physical aggression, and sexual aggression (Vachon et al., 2014). The population for the study included community adults, students, and criminal populations. The study showed

that a lack of empathy was a core component of aggression and aggressive people (Vachon et al., 2014).

The Multi-Dimensional Emotional Empathy Scale (MDEES) is a 30-item questionnaire in which a participant rates each item with values ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) (Bernhardt & Singer, 2012). The literature confirmed the validity and reliability of the MDEES and validated the use of this tool in concurrence with emotions, depersonalization, aggression, and burnout (Bernhardt & Singer, 2012). The questionnaire is a quick-scale reference that helps identify a deficit in an individual's ability to express emotional empathy (Bernhardt & Singer, 2012). Children aged 4 to 8 are best fitted for the MacArthur Assessment Battery, whereas the MDEES is best suited for adults, not for children (Kraemer et al., 2014). Among the adult population, the MDEES is considered valid and reliable among various settings and cultures (Kraemer et al., 2014).

A meta-analysis study was conducted to identify a relationship between empathy and aggression levels (Vachon et al., 2014). The results of the study found there was a strong relationship between a decrease in empathy and an increase in verbal aggression, physical aggression, and sexual aggression (Vachon et al., 2014). The population for the study included community adults, students, and criminal populations. The study found that empathy was a core component for aggression and aggressive people (Vachon et al., 2014). The full Maslach Burnout Inventory (MBI) was compared with the abbreviated version, which involved the use of only two scales for measuring depersonalization and emotional exhaustion (West, Dyrbye, Satele, Sloan, & Shanafelt, 2012). The MDEES has

been defined as the most reliable and valid tool for measuring an individual's levels of emotions, depersonalization, aggression, and burnout (West et al., 2012). The validity and reliability of the MDEES was demonstrated for providing a snapshot of an individual's emotional empathy (Zijlmans et al., 2012).

The validity and reliability of the MDEES was verified in a study of the relationship of attributes and behaviors that caused emotions among various cultures (Zijlmans et al., 2012). Potential emotional effects an individual may experience included PTSD, a decrease in empathy, and an increase in aggressive tendencies (Wai & Tiliopoulos, 2012). An underlying deficit in empathy can cause what is called a dark triad: psychopathy, narcissism, and Machiavellianism (Wai & Tiliopoulos, 2012). Although empathy can be a part of both the cognitive and affective systems, Wai and Tiliopoulos (2012) referred to the construct in its entirety. The MDEES is used to help identify a deficit in emotional empathy.

Exploratory research is the exploration of a topic or area of interest that has been researched little or not at all (Lerner & Callina, 2013). Exploratory research is used to obtain additional data or to create a theory. Exploratory research must address internal validity, external validity, and ecologically valid experiments to be considered valid research (Lerner & Callina, 2013). Key questions in developmental sciences include the fundamental attributes of individuals, status attributes of individuals, attributes in relation to what characteristics or context, and attributes likely to be associated with facets of adaptive functioning (Lerner & Callina, 2013).

Several issues may arise in the replication of cross-sectional research, including time, developmental trajectories, reliability of measurement, and clarity of definitions. To help counter these difficulties, each difficulty should be individually observed, and replication should be as accurate as possible to avoid any undue variations or changes to the results (Kraemer et al., 2000). For example, if the definitions vary, even slightly, then the results may be askew because a variable was changed.

Cross-sectional research is used to develop a theory that can provide a systematic view of a situation while creating concepts, definitions, and propositions to identify relationships between variables (Antonakis, 2012). Causality is met when y temporally follows x , y changes as x changes, or no other cases should eliminate the relation between x and y (Antonakis, 2012). Causality can be either explicit or implicit, depending on the relationship between x and y . If x is associated or related to y , the claim may be considered implicit; however, if x causes, predicts, influences, or explains y , then the claim is explicit (Antonakis, 2012).

Cross-sectional research is used to compare two or more sets of data to document any changes in data over an identified period of time (Van der Stede, 2014). The documented changes can be used to help clarify questions regarding variables and the increase or decrease in changes over a given period of time (Van der Stede, 2014). Cross-sectional research is a method of comparing two or more sets of data and providing insight into changes in data over an identified period of time (Wells, 1999).

Nonparametric statistics are used to analyze how data are distributed when data do not meet the assumptions of a parametric test (Corder & Foreman, 2014). Spearman's

rho correlation coefficients are nonparametric indices used to measure the strength of a relationship between two variables as either a positive correlation or a negative correlation (Corder & Foreman, 2014). There are two assumptions to this test. First, the outcome variable should be measured on an ordinal, interval, or ratio scale (Corder & Foreman, 2014). Second, the relationship between the two variables should be monotonic: that is, if a statistical relationship between the variables exists, the variables should either increase and decrease together or change inversely (Corder & Foreman, 2014).

Summary

Stress can cause a variety of problems. Psychological and physical symptoms can manifest or increase as stress increases. Attorneys experience many situations that can cause undue levels of increased stress. This stress places attorneys at an increased risk of psychological and physical ailments, possibly including a lack of empathy, increased aggressive tendencies, and an increase in alcohol use.

Several measures have been created to measure potential areas of difficulty such as empathy, aggression, and alcohol intake. This study may help demonstrate some of the difficulties defense attorneys may undergo as a consequence of their careers.

Chapter 3: Research Method

Research Design

The study entailed an investigation of the extent to which years of experience as a practicing attorney was related to the three dependent variables: emotional empathy, aggression, and alcohol use. All participants were attorneys whose careers have focused on sexual crimes and homicide cases. There were 28 attorneys recruited for the study from throughout the United States. Emotional empathy was measured with the MDEES, aggression was measured with the Buss-Perry, and alcohol use was measured with the AUDIT. Because the number of participants was too low for adequate power, I used nonparametric statistics to measure the bivariate relationships. I analyzed statistics using SPSS (Version 22) statistical software.

Following is a restatement of the research questions addressed in this study, together with the associated null and alternative hypotheses.

RQ1: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy?

*H*₁₀: There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy.

*H*_{1a}: There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy.

RQ2: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression?

H2₀: There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression.

H2_a: There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression.

RQ3: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake?

H3₀: There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake.

H3_a: There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake.

Population and Sample of Participants

The population in this study consisted of attorneys whose careers have focused on sexual crimes and homicide cases. Attorneys were recruited for the study from throughout the United States. Participants were recruited from the American Law Society list of licensed attorneys, the list of licensed attorneys provided by the state in which the attorney was practicing, listservs, the attorney registry, the public attorney registry, the American Bar Association registry, the American Law Association registry, and online phone books for each state. All participants were required to be registered and licensed to

practice law within the United States. No distinctions were made in participant selection in terms of race, ethnicity, gender, age, language, sexuality, disability, or other demographic variables. I also conducted internet searches to ensure a selection from a variety of states.

A comprehensive search including internet, phone books, phone numbers, professional connections, conferences, seminars, and personal visits, lasting roughly 2 years extended to more than three hundred attorneys in all fifty states. Despite the exhaustive nature of the search, including defense attorneys, prosecuting attorneys, private attorneys, state attorneys, and public defenders, only 28 participants were recruited for the study. According to the results of a power analysis (Faul et al., 2009), at least 89 participants were required to achieve 80% power, assuming parametric bivariate correlations with a medium effect size of $r = .30$ and an alpha error probability of .05. Because the sample size of 28 provided only 35% power, I used nonparametric statistics to analyze the results. I contacted individuals from these sources and sent a letter or e-mail requesting participation, explaining the purpose and nature of the study, providing an informed consent form, and offering ethical assurances.

Instrumentation

I provided a demographic form (see Appendix D) to obtain demographic data about the participants. The demographic form required the participant to indicate gender, area of legal specialization, and state of practice. Individuals recruited for the study had been selected from a law registry, which verifies the legal right to practice law within the United States. To reduce anxiety about sharing personal information, no personal

identifying information was required. In the final sample of 28 participants, all necessary demographic data were available to verify the legal right to practice law in the United States.

I obtained data through the use of three short questionnaires. The assessments were used to measure self-reported levels of emotional empathy, aggression levels, and alcohol intake. Emotional empathy was measured with the MDEES (Faye et al., 2011; see Appendix A). Aggression was measured with the Buss-Perry (Gerevich et al., 2007; see Appendix B). Alcohol intake was measured with the AUDIT (Barbor et al., 2001; Rubinsky, Dawson, Williams, Kivlahan, & Bradley, 2013; see Appendix C).

Multidimensional Emotional Empathy Scale. The MDEES is a 30-item, 5-point Likert-type scale with values ranging from 1 (*strongly disagree*) to 5 (*strongly agree*; Bernhardt & Singer, 2012; Kraemer et al., 2014). The scale has been shown to be reliable and valid in concurrence with emotions, depersonalization, aggression, and burnout (Bernhardt & Singer, 2012; Vachon et al., 2014; West et al., 2012). The MDEES is an abbreviated questionnaire that enables a quick review of the individual's emotional empathy in multiple dimensions (Vachon et al., 2014; Wai & Tiliopoulos, 2012; Zijlmans, Embregts, Bosman, & Willems, 2012). Many authors (Bernhardt & Singer, 2012; Kraemer et al., 2014; Vachon et al., 2014; Wai & Tiliopoulos, 2012; West et al., 2012; Zijlmans et al., 2012) have defended the validity and reliability of the MDEES, including concurrent validity and test-retest reliability. The MDEES is best suited as a quick scale reference to measure emotional empathy in adults.

The MDEES was devised by Caruso and Mayer in 1998 (as cited in Faye et al., 2011). The scale consists of 30 items covering suffering, positive sharing, responsive crying, emotional attention, feeling for others, and emotional contagion (Faye et al., 2011). The measure was scored as a composite total, with higher numbers reflecting a higher level of empathetic tendencies (Wai & Tiliopoulos, 2012). Among the adult population, the MDEES is considered valid and reliable among various settings and cultures (Zijlmans et al., 2012). The internal consistency reliability was confirmed through the use of the Cronbach's alpha, with values of .86 to .88 (Faye et al., 2011). All three assessments took between 5 and 10 minutes to complete.

Buss-Perry Aggression Scale. The Buss-Perry is a reliable and valid questionnaire that measures physical aggression, verbal aggression, anger, and hostility (Abd-El-Fattah, 2007; Coccaro et al., 2014; Gerevich et al., 2007; Webster et al., 2014). The scale has 29 items, with each item measured on a 5-point Likert-type scale with values ranging from 1 (*extremely uncharacteristic of me*) to 5 (*extremely characteristic of me*). The Buss-Perry was a revised version of the Buss and Durkee Hostility Inventory (BDHI) (Gerevich et al., 2007). The shorter, revised Buss-Perry was developed in 1992 and has become the "gold standard" for measuring aggression (Buss-Perry, 1992; Gerevich et al., 2007).

Nine items of the Buss-Perry measure physical aggression, five items measure verbal aggression, seven items measure anger, and eight items measure hostility (Abd-El-Fattah, 2007). The four factors can be scored individually to determine if one area of aggression is stronger than the others. The composite score is used to determine if the

individual is considered statistically more aggressive, with higher scores representing higher levels of aggression (Abd-El-Fattah, 2007).

According to the results of a Rasch analysis, there are no cultural, linguistic, or gender biases in the Buss-Perry. The four factors have been used as measurements in several countries and were found to be unbiased, valid, and reliable across a variety of cultures and settings (Gerevich et al., 2007; Webster et al., 2014). The four aggression scales have been positively correlated with fighting behaviors, impulsiveness, and competitiveness (Abd-El-Fattah, 2007; Gerevich et al., 2007). Demographic variables such as age and gender were used to determine external validity (Gerevich et al., 2007). The test-retest reliability for the Buss-Perry was reported to be moderately high to high ($r = 0.47$ to 0.88 ; Abd-El-Fattah, 2007).

Alcohol Use Disorders Identification Test. The AUDIT is a 10-item Likert-type scale measuring the individual's self-reported level of alcohol intake (Barbor et al., 2001; Rubinsky et al., 2013). The AUDIT requires an individual to read a statement; rate the frequency of the statement from 0 (*never*) to 4 (*daily or almost daily*); indicate how many drinks the individual ingested daily, with values ranging from 0 (*1 or 2 drinks*) to 4 (*10 or more drinks*); and indicate how often certain consequences occur, ranging from 0 (*No*), 2 (*Yes, but not in the last year*), and 4 (*Yes, during the last year*; Barbor et al., 2001; Johnson et al., 2012; Rubinsky et al., 2013). The first eight questions were scored from 0 to 4, with Questions 9 and 10 scored as 0, 2, or 4 (Pradhan et al., 2012).

A score of 16 to 19 on the AUDIT indicates a high level of alcohol problems, and a score of 20 or more indicates possible alcohol dependence (Peng et al., 2013). The

maximum score for the AUDIT is 40. A chart was provided to participants as part of the questionnaire to clarify drinking levels and to help the participant decide what is classified as “one” drink according to various drinks available. A single drink is measured as approximately 10 grams of ethanol (Peng et al., 2013). Ten grams of ethanol averages to one standard beer, one glass of wine, or one shot of spirits (Peng et al., 2013). The test-retest reliability of the AUDIT was reported to be high ($r = 0.86$). The reliability of the scale has been tested using construct and criterion validity, with a Cronbach’s alpha indicating an internal consistency reliability of .82 (Pradhan et al., 2012).

The AUDIT was originally published in 1989 and was updated in 1992 (Peng et al., 2013). The AUDIT was based on data from the Gender, Alcohol, and Culture (GENACIS) project, an international study designed to investigate dimensions of alcohol consumption (Peng et al., 2013). The GENACIS database currently includes data on an individual’s drinking behaviors, contexts, and consequences from a national and regional survey from more than 40 countries (Peng et al., 2013).

The statements provided in the AUDIT were developed by the World Health Organization to assess alcohol consumption, drinking behaviors, and alcohol-related problems (Barbor et al., 2001; Dawson et al., 2013; Lindgren et al., 2013). The scale has been shown to be reliable and valid across genders, ethnicities, races, and cultures as a way of measuring self-reported levels of alcohol intake (Li, Babor, Hao, & Chen, 2011; Peng et al., 2013; Pradhan et al., 2012; So & Sung, 2013). In a study among 27,478 individuals across 15 different countries, the AUDIT has maintained acceptable internal reliability and concurrent validity (Peng et al., 2013).

Procedures

The questionnaires were provided to the participants through an online format as well as an optional paper format. The online version was created and made available through SurveyPlanet, an online server. The online and printed versions were funded personally. An email was provided to each attorney, and a letter was forwarded to the attorney's office as well. The letter and email briefly described the study, its purpose, informed consent, where the assessments could be retrieved, an email address where a copy of the research and the findings could be obtained, and an email address and dedicated phone line where participants could contact me with questions or concerns.

The first page of the assessments included an informed consent form, which consisted of a brief description of the surveys, what each questionnaire was used to measure, the purpose of the study, and any other information pertaining to the study. When the individual completed the questionnaires online, there was a disclosure stating that a click of "accept" indicated informed consent and agreement to participate in the study. Participants who preferred the written format had to sign the informed consent form for their data to be included in the study.

Participants were asked to indicate the attorney's specialization (homicide or sexual crimes), the state of licensure and practice, years as an attorney, and the license to practice. The license number was requested for the sole purpose of verifying that the participant was legally able to practice law within the United States. Copies of the survey instruments were attached to the informed consent form and the demographic questions. After the participants granted informed consent, they were directed to complete the

demographic information and continue the survey. Data were downloaded into SPSS and cleaned before data analysis commenced.

Data Analysis

Only 28 participants completed the questionnaires for this study. Because the sample size provided only 35% power (Faul et al., 2009), nonparametric statistics were used to analyze the results. Spearman's *rho* correlation coefficients were computed for each relationship. SPSS (Version 22) was used for data analysis.

Summary

The purpose of this quantitative, correlational study was to examine the relationship between the years of career experience and emotional empathy, aggression, and alcohol intake among criminal-case attorneys specializing in sex crimes and homicide charges. Emotional empathy was measured with the MDEES (Faye et al., 2011; see Appendix A). Aggression was measured with the Buss-Perry (Gerevich et al., 2007; see Appendix B). Alcohol intake was measured with the AUDIT (Barbor et al., 2001; Rubinsky et al., 2013; see Appendix C). Participants were asked how many years of experience they had as attorneys.

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sign the informed consent form. Participants were asked to indicate the attorney's specialization (homicide or sexual crimes), the state of licensure and practice, years as an attorney, and the license number for the license to practice. Copies of the survey instruments were attached to the informed consent form and the demographic questions. After the participants granted informed consent, they were directed to complete the demographic information and continue the survey.

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Chapter 4: Findings

Introduction

The study entailed an investigation of the extent to which years of experience as a practicing attorney was related to three dependent variables: emotional empathy, aggression, and alcohol use. All participants were attorneys whose careers have focused on sexual crimes and homicide cases. In a comprehensive search lasting roughly 2 years I extended invitations to participate to more than three hundred attorneys in all 50 states. Despite the exhaustive nature of the search, only 28 participants were recruited for the study throughout the United States.

Emotional empathy was measured with the MDEES (Faye et al., 2011; see Appendix A). Aggression was measured with the Buss-Perry (Gerevich et al., 2007; see Appendix B). Alcohol intake was measured with the AUDIT (Barbor et al., 2001; Rubinsky et al., 2013; see Appendix C). Participants were asked how many years of experience they had as attorneys.

An opt-in sample of 28 attorneys was recruited to complete the survey. All participants practiced law in the United States and specialized in sex-crime and homicide cases. Participants were recruited from the American Law Society list of licensed attorneys, the list of licensed attorneys provided by the state in which the attorney was practicing, listservs, the attorney registry, the public attorney registry, and the American Law Association registry.

According to the results of a power analysis (Faul et al., 2009), at least 89 participants were required to achieve 80% power, assuming parametric bivariate

correlations with a medium effect size of $r = .30$ and an alpha error probability of $.05$.

Because the sample size of 28 provided only 35% power, I used nonparametric statistics to analyze the results. I computed Spearman's ρ correlation coefficients for each relationship. I used SPSS (Version 22) to compute the results.

Descriptive Data

I gathered data on gender, years of experience, specialization (sexual crimes or homicide), state of practice, and number of cases completed. Years of experience ranged from 5 to 47, with a mean value of 22.3 ($SD = 13.7$, median = 18.5). The data showed a moderate positive skew (see Figure 1), indicating a concentration of years of experience below the mean.

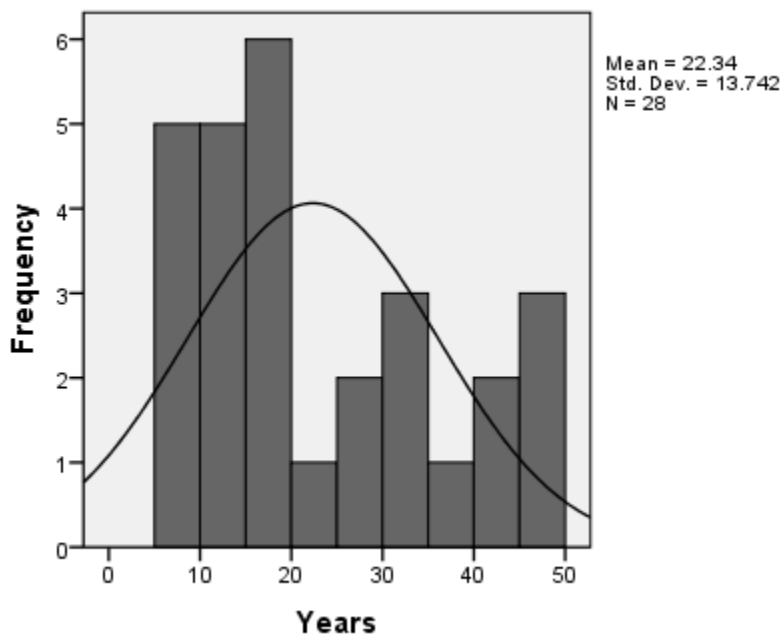


Figure 1. Years of attorney experience.

There were nine female participants (28.1%) and 19 male participants (59.4%). Participants came from 24 different states, including the District of Columbia. Most states were represented by only one or two participants, although five participants practiced in Virginia. Nine participants (28.1%) specialized in homicide, 17 (53.1%) specialized in sex crimes, and two (6.3%) specialized in both types of crimes. The number of cases completed ranged from a low of seven (for an attorney who had had six years of experience) to a high of 500 (for an attorney who had had 19 years of experience). The mean number of cases was 76.6 ($SD = 105.2$), and the median was 30.5, indicating a strong positive skew, with a large bulk number of cases under 100.

There were three outcome variables to the study: emotional empathy, aggression, and alcohol use. Emotional empathy scores ranged from 82 to 122 ($M = 102.0$, $SD = 9.7$). Aggression scores ranged from 46 to 95 ($M = 71.6$, $SD = 14.7$). Alcohol use scores ranged from 1 to 14 ($M = 4.6$, $SD = 3.6$). Table 1 shows the distributions of the outcome variables for this study.

Table 1

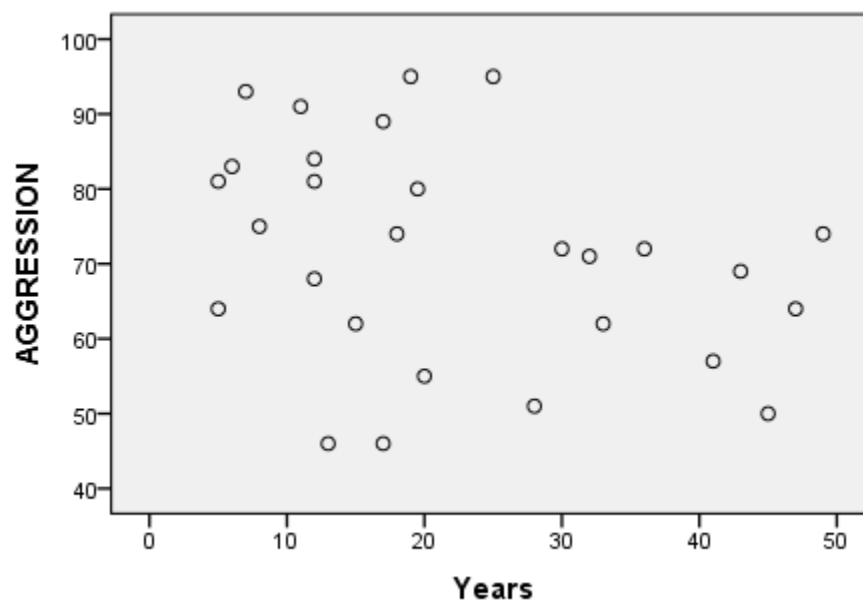
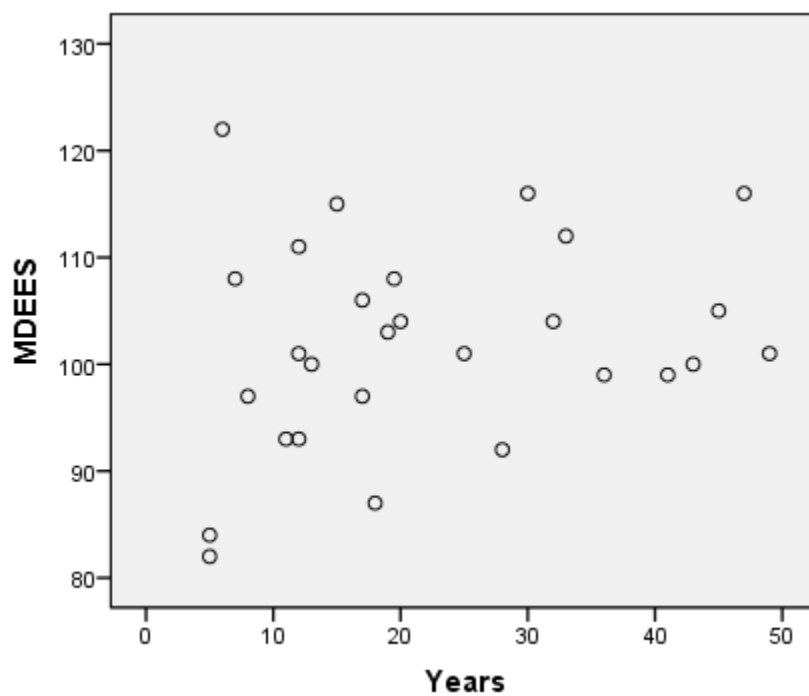
Distributions of Emotional Empathy, Aggression, and Alcohol Use Among Defense Attorneys

Variable	<i>M</i>	<i>SD</i>	Med.	Skew (<i>SE</i>)	Kurtosis (<i>SE</i>)	Min.	Max.
Emotional empathy	102.0	9.7	101.0	-0.09 (0.44)	-0.09 (0.86)	82	122
Aggression	71.6	14.7	72.0	-0.11 (0.44)	-0.85 (0.86)	46	95
Alcohol use	4.6	3.6	3.5	0.88 (0.44)	0.31 (0.86)	1	14

Note. $N = 28$. Med. = median; *SE* = standard error; Min. = minimum; Max. = maximum.

Assumptions

Because the power of the study was so low, I used nonparametric statistics to analyze the results. I computed Spearman's *rho* correlation coefficients for each relationship. There are two assumptions to this test. First, the outcome variable should be measured on an ordinal, interval, or ratio scale. In this study, alcohol use was measured on an ordinal scale, and emotional empathy and aggression were measured on interval scales. Second, the relationship between the two variables should be monotonic: that is, if a statistical relationship between the variables exists, the variables should either increase and decrease together or change inversely. Figure 2 shows the lack of a statistical relationship between the variables. Therefore, the data met the assumptions for a Spearman's rank correlation analysis.



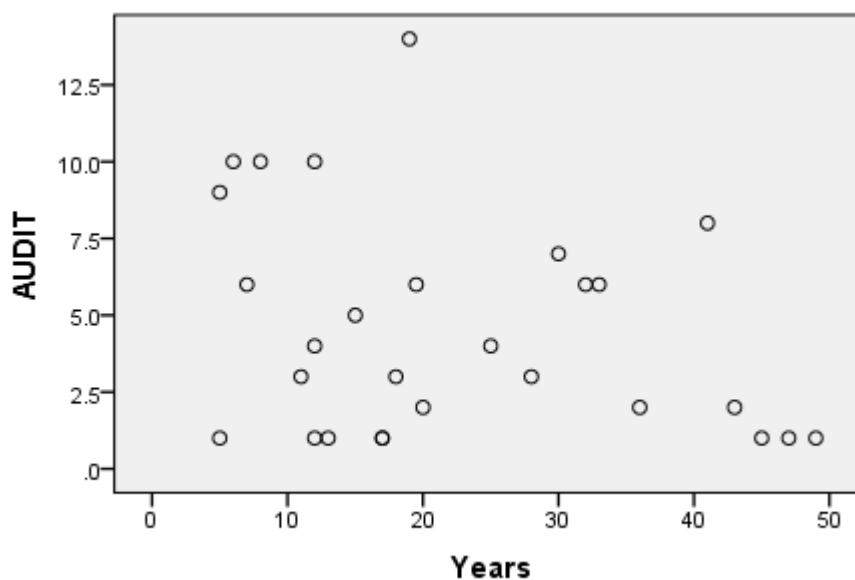


Figure 2. Scatterplots for emotional empathy, aggression, and alcohol use.

Results

I addressed three research questions in this study. I used an alpha significance level of .05 to test all hypotheses.

RQ1: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy?

H_{10} : There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy.

H_{1a} : There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy.

I analyzed 28 records for this research question. I computed Spearman's *rho* correlation coefficients to address the question. The relationship between years of experience and emotional empathy was not significant, $r_s(26) = .24, p = .21$.

I accepted the null hypothesis. I discovered no significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy.

Following is a restatement of Research Question 2, together with associated null and alternative hypotheses.

RQ2: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression?

H_{2_0} : There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression.

H_{2_a} : There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression.

I analyzed 28 records for this research question. I computed Spearman's *rho* correlation coefficients to address the question. The relationship between years of experience and aggression was marginally significant, $r_s(26) = -.37, p = .053$. I accepted the null hypothesis. There was a marginally significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression. However, to the extent that a significant relationship exists, that relationship

was inverse: that is, more years of experience was associated with lower levels of aggression.

Although I accepted the null hypothesis, the findings call for further research to determine the answer to this research question. An increased number of participants would give the study more power and perhaps enable a more definitive answer.

Following is a restatement of Research Question 3, together with associated null and alternative hypotheses.

RQ3: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake?

H_{3_0} : There is no relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake.

H_{3_a} : There is a significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake.

I analyzed 28 records for this research question. I computed Spearman's *rho* correlation coefficients to address the question. The relationship between years of experience and alcohol intake was not significant, $r_s(26) = -.27, p = .17$. I accepted the null hypothesis. I discovered no significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake.

Chapter 5: Conclusion

Introduction

Psychological and physical symptoms of stress can manifest or increase as stress increases. Attorneys experience many situations that can increase stress, thereby placing them at an increased risk of psychological and physical ailments. Potential areas of difficulty include a loss of empathy, increased aggression, and excessive alcohol intake. The issue investigated in this study was whether the harmful effects of stress on defense attorneys increased with time devoted to their careers.

The purpose of this quantitative, correlational study was to examine the relationship between the years of career experience and emotional empathy, aggression, and alcohol intake among criminal-case attorneys specializing in sex crimes and homicide charges. Emotional empathy was measured with the MDEES (Faye et al., 2011; see Appendix A). Aggression was measured with the Buss-Perry (Gerevich et al., 2007; see Appendix B). Alcohol intake was measured with the AUDIT (Barbor et al., 2001; Rubinsky et al., 2013; see Appendix C). Participants were asked how many years of experience they had as attorneys.

This study was a foundational study and has not been done before. The premise for this study was based solely on prior studies on attorneys, first responders, police officers, and other individuals who serve the community in high-stress careers. Prior studies on attorneys indicate that one in five lawyers is identified as having a substance abuse disorder, leading to a decrease in emotional empathy and an increase in aggression (Allen, 1997; Barnhizer, 2000; Dir et al., 2013; Lambert et al., 2012; Unützer et al.,

2000). This study did not reveal definitive results supporting this argument. Minimally significant results suggested that attorneys may become less aggressive during the progression of their careers; however, there were no indications of increased alcohol intake or decreased emotional empathy.

In an attempt to find an ample number of participants in a “high-stress” career status, the population was limited to attorneys who specialize in homicide and sex crime cases. There were no limitations on gender, race, culture, age, years of experience, family environment, work environment, personal complications, addiction or substance abuse history, location, number of cases, or other personal factors. Aggression levels, alcohol intake, and emotional empathy were measured in order to gain a broad insight into the emotional aspects of an individual’s personality that may be affected by the amount of stress encountered in the workplace. If a general correlation was be found, this could have created a premise for more detailed research in future studies. The data obtained in this study was collected in order to assist in creating a starting point for future studies.

Participants for the study were obtained through the use of several internet sources including: the American Law Society list of licensed attorneys, the list of licensed attorneys provided by the state in which the attorney was practicing, listservs, the attorney registry, the public attorney registry, and the American Law Association registry. I used phone books, both online and paper versions, were in addition to in-person searches in local neighborhoods. I also utilized colleagues and professional connections in order to obtain participants. A search for potential participants, both in person and via e-mail, was ongoing for roughly 2 years until no further participants were

obtained for a minimum of 6 consecutive months, even with an ongoing search for willing participants. Over four hundred attorneys were contacted over 2 years, with the actual number of attempts to reach attorneys being well over six hundred, excluding follow-ups. Some potential participants responded with a desire not to participate while others who did not respond were followed up with on at least one occasion, not exceeding three. Several hundred participants had indicated a desire to participate in the study with a failure to follow through. These individuals were provided with follow-up calls, not exceeding three, and then were dismissed as unwilling participants.

Interpretation of Findings

Despite an extensive search for participants over a period of almost two years, only 28 participants submitted usable data for this study. Data were gathered on each participant including gender, years of experience, specialization (sexual crimes or homicide), state of practice, and number of cases completed. Years of experience ranged from 5 to 47, with a mean value of 22.3 ($SD = 13.7$, median = 18.5). The data showed a moderate positive skew (see Figure 1), indicating a concentration of years of experience below the mean.

There were nine female participants and 19 male participants from 24 different states. Five participants practiced in Virginia; however, the other states were represented by either one or two individuals. Nine participants specialized in homicide, 17 specialized in sex crimes, and two indicated they specialized in both types of crimes. The number of cases completed ranged from seven to 500, with the amount of experience ranging from 6

years to 19 years. The mean number of cases was 76.6, with a median of 30.5, indicating a strong positive skew, with a large bulk in the number of cases under 100.

There were three outcome variables to the study: emotional empathy, aggression, and alcohol use

RQ1: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy?

The relationship between years of experience and emotional empathy was not significant, $r_s(26) = .24, p = .21$. I accepted the null hypothesis. I discovered no significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of emotional empathy.

RQ2: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression?

The relationship between years of experience and aggression was marginally significant, $r_s(26) = -.37, p = .053$. I accepted the null hypothesis. While I discovered no clearly significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of aggression, that relationship was inverse; that is, more years of experience was associated with lower levels of aggression.

RQ3: What is the relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake?

The relationship between years of experience and alcohol intake was not significant, $r_s(26) = -.27, p = .17$. I accepted the null hypothesis. I discovered no

significant relationship between the years of experience of attorneys working with homicide cases and sex crimes and the extent of alcohol intake.

Several studies have reviewed alcohol use among attorneys. The results of these studies suggested attorneys are twice as likely to have symptoms of or problems related to alcoholism (Allen, 1997; Diacoff, 2008; Silver, 1997). Additional claims of reduced emotional empathy and increased aggression have been reported among attorneys although primary research indicates the decrease in emotional empathy and increase in aggression is related to increased alcohol intake (Unützer et al., 2000; Vachon et al., 2014). The results of this study do not support such claims. An insufficient number of participants may be responsible for the lack of correlation between aggression, emotional empathy, and alcohol intake.

A marginally significant correlation was found suggesting that an attorney experiences lower levels of aggression as their years of experience increased. There was a lack of evidence to suggest that there was any correlation, even marginally, between emotional empathy, aggression, and alcohol intake. The individual attributes each attorney maintains may impact the manner in which they exhibit stress. The more positive internal and external attributes that an individual has as a form of support, the more resistant they will be to the negative factors of stress and burnout (Bandura, 1991; Dillenburger, 2007; Kraemer et al., 2000; McLeod, 2010). If an individual has a lack of positive attributes or possesses negative attributes, they may be more susceptible to the potential harmful effects of stress and burnout.

Limitations

This study was an original concept, based on the prior studies that focused on attorneys, first responders, police officers, and other individuals who serve the community in high-stress careers. Prior studies indicated that one in five lawyers may have difficulties with a substance abuse disorder, decrease in emotional empathy and an increase in aggression (Allen, 1997; Barnhizer, 2000; Dir et al., 2013; Lambert et al., 2012; Unützer et al., 2000). This study could not support this argument due to a lack of definitive results. This study found minimally significant results that suggested attorneys may become less aggressive during the progression of their careers. There were no concrete indications of increased alcohol intake or decreased emotional empathy.

The primary limitation of this study was the small number of participants. Although many steps were taken to recruit participants for the study, only 28 valid records could be used. With more participants, the interpretation of the findings could have been offered with more confidence. Because of the small number of participants, nonparametric statistics were used, further reducing the confidence level of the study. The large number of questions in the questionnaire may have discouraged some participants from completing the study. In order to obtain a sample population of “high stress” attorneys, the sample size was limited because only homicide and sex-crime attorneys were permitted to participate.

I assumed in this study that participants were truthful in their answers. There was a possibility that some answers may not have been truthful, but this risk was accepted in the interests of maintaining the anonymity of the study. The veracity of the responses

could not be confirmed. The self-report nature of the data was a limitation of this study. The validity of self-reported questionnaires depends on the honesty of the individual completing the assessment and on how the person is feeling on the day of the assessments.

This study was also limited by the nature of the questions asked. There was no qualitative, in-depth exploration of the reasons for answers given. Coping methods, support systems, and other internal or external attributes of the participant were not investigated. These attributes may determine how an individual reacts to a certain situation or stressor, which may affect the results of a questionnaire. There were no questions about an individual's personality beyond the issues of alcohol intake, emotional empathy, or aggression levels. I used only one assessment to measure the individual's emotional empathy, aggression, and alcohol intake. The individuals did not complete several assessments to measure each variable, they were only provided one time, and no verifying assessments were completed by any family, friends, or colleagues to support the answers provided. The study did not make it possible to know how individuals with different personality types responded to the stresses of the profession.

Aspects of stress, burnout, alcohol intake, aggression, and emotional empathy may also differ based on gender, race, or culture. Factors that could affect an individual's ability to cope with stressors include access to sports, pets, family support, household status, financial status or difficulties, children, after-school activities, and social activities. None of these factors were considered in the current study. The frequency of

these activities and the resulting mood (anger, happiness, anxiety) were not assessed for their part in an individual's emotional empathy, aggression, or alcohol intake.

Details pertaining to the participants and their practices such as various states in which they own licensure to practice, exact number of cases per focal area (homicide or sex crime), length of time on each case, length of time since their primary and most recent cases, and specific outcomes per each case were not considered. Obtaining an even number of participants from each state was not a requirement, nor was any information pertaining to the number of attorneys on each case. More details on the attorneys' participation, duties, and various other aspects of their cases were not considered.

Several studies have reviewed alcohol use among attorneys. The results of these studies suggest attorneys are twice as likely to have symptoms of or problems related to alcoholism (Allen, 1997; Diacoff, 2008; Silver, 1997). Additional claims of reduced emotional empathy and increased aggression are reported among attorneys although primary research indicates the decrease in emotional empathy and increase in aggression is related to increased alcohol intake (Unützer et al., 2000; Vachon et al., 2014). The results of this study do not support such claims. An insufficient number of participants may be responsible for the lack of correlation between aggression, emotional empathy, and alcohol intake.

In the case of the relationship between years of experience and aggression, a marginally significant correlation was found, suggesting that an attorney may experience lower levels of aggression as the years of experience increase. Research with more participants is needed before a clear answer can be given. However, the study showed no

association, even marginally, connecting years of experience with emotional empathy or alcohol intake.

The individual attributes of each attorney may be a factor in how the individual behaves under stress. The more positive internal and external attributes that an individual has as a form of support, the more resistant the individual will be to the negative pressures of stress and burnout (Bandura, 1991; Dillenburger, 2007; Kraemer et al., 2000; McLeod, 2010). If an individual has insufficient positive resources or is burdened by negative attributes, the risk of potentially harmful effects of stress and burnout is increased.

Results of this study furnished minimally significant results with levels of attorney experience associated with reported levels of aggression. Contrary to prior beliefs that aggression levels could be expected to increase as experience increased, aggression levels in this study appeared to decrease over time. These findings may suggest that as attorneys gain more experience, they find better ways to cope with stressors by adapting to the situation and overcoming the impediments to functioning.

For alcohol intake and emotional empathy, the results of the study were not significant. Again, because there were so few participants, results should be interpreted with the greatest caution. Further research may yield significant results. However, the results of the current study for these research questions were not definitive.

Recommendations

It is recommended that the study be repeated in the future with a broader range of participants, including attorneys who work with federal cases, civil cases, or other

individuals charged with crimes. In this way, the study sample can be expanded, and sufficient power would be possible to draw definitive conclusions. Age, gender, specialization or area of focus, years of training, marital and family status, number of cases or clients, and/or state of licensure could be included as control variables.

Psychological treatments and case outcomes may also be important factors influencing how attorneys respond in regard to their alcohol intake, emotional empathy, and aggression levels. The control variables may be important in predicting an attorney's risk of alcohol abuse, lack of emotional empathy, or increased aggression levels.

Baseline results, recorded before the individual entered the legal profession, would be helpful with a larger sample size. Prior alcohol difficulties, increased aggression levels, and lower emotional empathy toward others at baseline may be factors influencing the results. It is recommended that future researchers consider these factors. Focusing on one state at a time, or comparing results from different states, could help in identifying if attorneys in certain states require more assistance than do attorneys in other states.

Future researchers may want to ask family members, friends, or colleagues about an attorney's alcohol use, aggression levels, or empathy. Family members, friends, and colleagues may perceive the attorney differently compared to the findings in a self-reported assessment. Different assessments for similar constructs could also be considered in future research. Some individuals may appear to have a problem with another substance but deny any issues with alcohol. Substance abuse problems beyond alcohol may be more prevalent among attorneys than is currently known. A generalized

substance-abuse questionnaire would be provided in lieu of an alcohol intake questionnaire.

This research was exploratory in nature and could be expanded in many ways to demonstrate different relationships. Research is recommended in which attorneys claim more than one state of practice or provide an estimated number of cases. Having several attorneys who work with both homicide and sex crimes would also alter the outcome of the data. More specific data may lead to more reliable and accurate results, particularly with a larger sample. It is recommended that future researchers compare results or obtain the same number of male and female attorneys from each state or geographical area.

Assessments on coping methods, support systems, and other internal or external attributes of the participant should be investigated. Insight into an individual's personality beyond the issues of alcohol intake, emotional empathy, or aggression levels and how individuals with different personality types responded to the stresses of the profession should be obtained in future studies. Aspects of stress, burnout, alcohol intake, aggression, and emotional empathy and how they may differ based on gender, race, or culture should be explored. Factors that could affect an individual's ability to cope with stressors include access to sports, pets, family support, household status, financial status or difficulties, children, after-school activities, and social activities should be studied in the future. Details pertaining to the participants and their practices such as various states in which they own licensure to practice, exact number of cases per focal area (homicide or sex crime), length of time on each case, length of time since their primary and most recent cases, and specific outcomes per each case should be considered in future studies.

Repeating the same assessments for the same topic, such as aggression levels, could help reinforce the individual's answers and provide a more accurate idea of how the individual is coping with an emotion or response to stress. Repeating these assessments on two or three occasions over about a month could also offer better insight into what the individuals were feeling and how they responded to certain situations. Emotional status can change over time and may not be consistent over different testing days. It is understood that asking participants to complete the same questionnaires repeatedly would create challenges in ensuring the completion of the study.

Implications

Only 28 attorneys completed the survey for this study. An inability to recruit the recommended number of participants hindered the ability to obtain viable and concrete conclusions. There was no significant relationship of the years of work experience as an attorney to either emotional empathy or alcohol use. The relationship between years of experience and aggression was marginally significant and inverse, suggesting that increased years of experience may lead to lower levels of aggression. However, age and maturity may themselves explain this reduction. These findings may suggest that as an attorney gains more experience, they find better ways to cope and deal with stressors. No firm conclusions could be reached with the data obtained. The study was exploratory and calls for further research with more participants and a broader range of legal specializations.

Conclusion

An inability to meet the recommended number of participants for the study hindered the ability to obtain any viable and concrete conclusions. At first glance, there appears to be a drop in an attorney's emotional empathy over time however further research and more participants are necessary in order to confirm or deflect this conclusion. Current research on this study cannot provide any correlation between an attorney's length of practice and their emotional empathy, aggression levels, and alcohol intake. Due to the lack of concrete conclusions other than further research is recommended.

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Appendix A: Multi-Dimensional Emotional Empathy Scale

		Strongly Disagree			Strongly Agree	
		1	2	3	4	5
1	I feel like crying when watching a sad movie.	1	2	3	4	5
2	Certain pieces of music can really move me.	1	2	3	4	5
3	Seeing a hurt animal by the side of the road is very upsetting.	1	2	3	4	5
4	I don't give others' feelings much thought.	1	2	3	4	5
5	It makes me happy when I see people being nice to each other.	1	2	3	4	5
6	The suffering of others deeply disturbs me.	1	2	3	4	5
7	I always try to tune in to the feelings of those around me.	1	2	3	4	5
8	I get very upset when I see a young child who is being treated meanly.	1	2	3	4	5
9	Too much is made of the suffering of pets or animals.	1	2	3	4	5
10	If someone is upset, I get upset, too.	1	2	3	4	5
11	When I'm with other people who are laughing, I join in.	1	2	3	4	5
12	It makes me mad to see someone treated unjustly.	1	2	3	4	5
13	I rarely take notice when people treat each other warmly.	1	2	3	4	5
14	I feel happy when I see people laughing and enjoying themselves.	1	2	3	4	5
15	It's easy for me to get carried away by other people's emotions.	1	2	3	4	5
16	My feelings are my own and don't reflect how others feel.	1	2	3	4	5
17	If a crowd gets excited about something so, do I.	1	2	3	4	5
18	I feel good when I help someone out or do something nice for someone.	1	2	3	4	5
19	I feel deeply for others.	1	2	3	4	5
20	I don't cry easily.	1	2	3	4	5
21	I feel other people's pain.	1	2	3	4	5
22	Seeing other people smile makes me smile.	1	2	3	4	5
23	Being around happy people makes me feel happy, too.	1	2	3	4	5
24	TV or news stories about injured or sick children greatly upset me.	1	2	3	4	5
25	I cry at sad parts of the books I read.	1	2	3	4	5
26	Being around people who are depressed brings my mood down.	1	2	3	4	5
27	I find it annoying when people cry in public.	1	2	3	4	5
28	It hurts to see another person in pain.	1	2	3	4	5
29	I get a warm feeling for someone if I see them helping another person.	1	2	3	4	5
30	I feel other people's joy.	1	2	3	4	5

Appendix B: Buss-Perry Aggression Scale

1		Strongly Disagree			Strongly Agree	
		1	2	3	4	5
1	Once in a while I can't control the urge to strike another person.	1	2	3	4	5
2	Given enough provocation, I may hit another person.	1	2	3	4	5
3	If somebody hits me, I hit back.	1	2	3	4	5
4	I get into fights a little more than the average person.	1	2	3	4	5
5	If I have to resort to violence to protect my rights, I will.	1	2	3	4	5
6	There are people who pushed me so far that we came to blows.	1	2	3	4	5
7	I can think of no good reason for ever hitting a person.	1	2	3	4	5
8	I have threatened people I know.	1	2	3	4	5
9	I have become so mad that I have broken things.	1	2	3	4	5
10	I tell my friends openly when I disagree with them.	1	2	3	4	5
11	I often find myself disagreeing with people.	1	2	3	4	5
12	When people annoy me, I may tell them what I think of them.	1	2	3	4	5
13	I can't help getting into arguments when people disagree with me.	1	2	3	4	5
14	My friends say that I'm somewhat argumentative.	1	2	3	4	5
15	I flare up quickly but get over it quickly.	1	2	3	4	5
16	When frustrated, I let my irritation show.	1	2	3	4	5
17	I sometimes feel like a powder keg ready to explode.	1	2	3	4	5
18	I am an even-tempered person.	1	2	3	4	5
19	Some of my friends think I'm a hothead.	1	2	3	4	5
20	Sometimes I fly off the handle for no good reason.	1	2	3	4	5
21	I have trouble controlling my temper.	1	2	3	4	5
22	I am sometimes eaten up with jealousy.	1	2	3	4	5
23	At times I feel I have gotten a raw deal out of life.	1	2	3	4	5
24	Other people always seem to get the breaks.	1	2	3	4	5
25	I wonder why sometimes I feel so bitter about things.	1	2	3	4	5
26	I know that "friends" talk about me behind my back.	1	2	3	4	5
27	I am suspicious of overly friendly strangers.	1	2	3	4	5
28	I sometimes feel that people are laughing at me behind my back.	1	2	3	4	5
29	When people are especially nice, I wonder what they want.	1	2	3	4	5





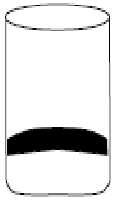
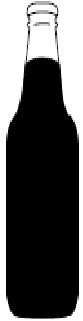
Appendix C: Alcohol Use Disorders Identification Test

<p>1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>
<p>3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<p>9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p>

<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<p>10. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p>
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Audit Screening Alcohol Reference

“ONE STANDARD DRINK”

Light Beer 425ml 2.9% Alcohol	Full Strength Beer 285ml 4.9% Alcohol	Wine 100ml 12% Alcohol	Fortified Wine 60ml 20% Alcohol	Spirits 30ml 40% Alcohol	Full Strength Can or Stubby 375ml 4.9% Alcohol
					

Appendix D: Demographic Criteria

PLEASE CIRCLE ONE ANSWER PER QUESTION

1. Gender:
 - a. Male
 - b. Female
2. Specialization :
 - a. Sexual Crimes
 - b. Homicide
3. Years in Practice: _____
4. State of Practice: _____
5. License (for verification purposes only) _____
6. How many cases would you estimate you have completed in either sexual crimes or homicide? _____