Common Indicators of Secondary Traumatization

Secondary traumatization can affect people who help others and/or when people are exposed over and over again to aversive details of traumatic events. There are three common risks for secondary traumatization: seeing or hearing traumatic stories or incidents, having empathic sensitivity to suffering of others, and having unresolved emotional issues that relate to the trauma exposure.¹

In general, there are four types of indicators of secondary traumatization: 1) intrusive, 2) avoidance, 3) negative changes in thoughts/moods, and 4) noticeable changes in arousal and reactivity. The signs and indicators of secondary traumatization are usually less severe than for the direct victims of trauma or disasters who may experience signs of Posttraumatic Stress Disorder (PTSD) or Acute Stress.²

Intrusive Indicators

- Distressing dreams
- Distressing memories
- Flashbacks

Avoidance Indicators

- Avoids reminders of traumatic events
- Avoids clients or personal relationships
- Withdrawal-isolating self
- Disconnects from other people
- Social withdrawal

Thoughts/Moods Indicators

- Apathy
- Blames self or others
- Changes in feelings/perceptions about safety, trust and independence
- Changes in self control
- Changes in memory and/or perception
- Cynicism
- Difficulty making decision
- Feelings of powerlessness, shame, fear and/or anger

- Inability to experience positive emotions (happiness, loving feelings, etc.)
- Loss of enthusiasm and/or interest in significant activities
- Loss of trust
- Negative beliefs and expectations about self, others, the world
- Sense of guilt

Arousal/Reactivity Indicators

- Angry outbursts
- Difficulty falling asleep
- Difficulty staying asleep or restless sleep
- Exaggerated startle response
- Hyper vigilance
- Irritable behaviors
- Less sensitive to violence
- Loss of patience
- Physical aggression
- Problems with concentration
- Reckless or self-destructive behavior
- Verbal aggression

¹Baldwin, David (2013). Primitive mechanism of trauma responses: An evolutionary perspective on trauma-related disorders. *Neuroscience & Biobehavioral Reviews*, 37(8), 1549-1566 (September 2013; article #10).

²Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5. American Psychiatric Association (May,2013)



P.O. Box 19454 Austin, TX 78760 (512) 482-0691 www.SafePlace.org