

# Trauma, Post-Traumatic Stress Disorder and Secondary Trauma<sup>1</sup>

by: Barbara Whitmer

Violence has harmful effects on those who experience it both directly and indirectly. Persons who experience violence may become traumatized and develop symptoms of post-traumatic stress disorder (PTSD). Those who associate with victims of violence may also become traumatized and experience what is called secondary, or vicarious trauma, and may develop symptoms of PTSD.

## Trauma

Traumatic experience may be defined as an event outside the range of usual human experiences that would be markedly distressing to almost anyone. This includes a serious threat to his or her life or physical integrity; a serious threat to harm his or her children, spouse or close relatives or friends; the sudden destruction of his or her home and community; or seeing another person seriously injured or killed in an accident or by physical violence (1).

Trauma destroys the trust relationship of the victim with themselves and the world. This creates an inordinate amount of stress on the mental, emotional and physical capacities of the victim whose coping behaviours and belief structures have been shattered by trauma. The victim no longer knows how to act or what to expect from the world in order to survive. The victim develops characteristic symptoms described as post-traumatic stress disorder.

## Post-Traumatic Stress Disorder

Four common characteristics of PTSD are: 1) visualization - the ability to revisualize a terrible event or series of events, often as flashbacks; 2) reenactment - the trauma event is acted out in subsequent relationships as the victim tries, unconsciously, to create an outcome that restores power and control to themselves instead of victimization; 3) fear - largely of intimacy and a terror of further pain, loss of control and victimization associated with relationships; and 4) a sense of futurelessness - that there is no point in creating plans, or expectations of satisfaction because trauma has shown that at any moment they could be destroyed.(2)

To re-integrate a self-understanding that allows them to effectively cope and eventually grow and thrive in the world, healing from trauma must occur. In order to heal, the victim must re-establish the trust relationship with themselves and the world in a meaningful way.(3)

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<sup>1</sup> From [http://www.womanabuseprevention.com/html/trauma\\_post-traumatic\\_stress\\_.html](http://www.womanabuseprevention.com/html/trauma_post-traumatic_stress_.html) on 09/09/10, recommended by [www.vawnet.com](http://www.vawnet.com).

## Secondary Trauma

Trauma affects those who experience it indirectly. Secondary, or vicarious trauma, refers to those people who care for, or are involved with, those who have been directly traumatized. For example,

- wives of Israeli veterans with PTSD suffered increased psychiatric symptoms, somatic complaints, and loneliness
- symptoms that appear in traumatized children appear in nontraumatized children who play with them
- in families of catastrophe there are deleterious effects on family members exposed to a traumatized member
- family members who had not been born when <sup>1</sup>the trauma events occurred develop PTSD symptoms: children of Vietnam veterans with PTSD exhibit impaired self-esteem, poor reality testing, hyperactivity, aggressive behaviour, and have problems coping with their own feelings, especially fear, rage guilt and mistrust. (4)

For the therapist or social worker counselling a victim of violence, her or his worldview may be challenged and trust undermined with the ensuing effects of secondary trauma.(5) Aspects of the trauma may be reenacted between the victim and the caregiver through engagement in patterns as trauma transference. The primary patterns of trauma engagement include: exploiter/exploited, allies/enemies, aggressor/aggressee, and rescuer/rescuee. This will produce an increase in affect in the therapist, with alternate periods of numbing and withdrawal. The therapist needs to have a support system, or team to process these symptoms of secondary trauma. The team serves to 1) validate the affect; 2) identify the trauma patterns; and 3) propose healthy patterns that restore trust.

Healthy patterns ensure cooperation, not exploitation, and restore trust and empowerment to both parties to effectively understand and cope with the world through strengthening social networks. These patterns include:

- nonexploitation that looks out for the best interests of both parties and including others
- ally/enemy dynamic is diffused by direct and open communication
- aggressor/aggressee intimidation and abuse is prevented by including others in the community who are not directly threatened
- rescuer/rescuee relation is replaced by prediction and planning

It is not uncommon for seasoned therapists, advocates, or caregivers to experience a sudden feeling of incompetence and hopelessness when dealing with a traumatized patient. The experience of vicarious symptoms of post-traumatic stress disorder may challenge the caregiver's basic faith, heighten a sense of personal vulnerability, distrust and cynicism about the human condition.(6) The therapist may experience profound grief and feel as though he or she were in

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mourning with the victim. As well, the caregiver may feel caught between identifying with the perpetrator and the victim. There may be moments of frank hate and contempt, and a wish to be rid of the victim. These may be indicative of the therapist's difficulty in coming to terms with the possibility of their own capacity for violent behaviour. For these reasons, those who work with traumatized people need an ongoing support system to deal with the intensity of their reactions in their relationship with the victim, or perpetrator. No survivor can recover alone, and no therapist can work with trauma alone.<sup>(7)</sup>

## References

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3. Herman, Judith. *Trauma and Recovery: the Aftermath of Violence from Domestic Abuse to Political Terror* (New York: BasicBooks, 1992), p. 70
4. Ibid., Figley, p. 210; Harkness, Laurie Leydie. "Transgenerational Transmission of War-Related Trauma" in *International Handbook of Traumatic Stress Syndrome*, eds. John P. Wilson and Beverley Raphael (New York: Plenum Press, 1993), p. 36.
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6. Herman, 141-145; 141
7. Ibid., Herman, pp. 141-145.<sup>12</sup>

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