

During the lifetime, most people confront, at least once, with extremely difficult situations, involving sense of danger, intense fear or helplessness. These so-called **traumatic experiences** may refer to various events, such as: traffic accidents, violence, catastrophes or natural disasters. Studies suggest that up to 90% of people admit facing some kind of traumatic event. Usually people spontaneously bounce back after such experiences, but sometimes trauma may lead to serious psychological consequences, such as Posttraumatic Stress Disorder (PTSD). The main symptoms of PTSD are persistent and disturbing thoughts of traumatic event, flashbacks, tendency to avoid everything which may relate to trauma (places, situations, people), being constantly on watch, as well as distancing from other people. It is estimated that approximately 8–10% of the general population suffer from PTSD. However, there are study-based evidences, that PTSD symptoms may develop not only as a consequence of direct involvement into traumatic events but also following the confrontation with aversive details of **other people's traumatic experiences** (e.g., in the form of spoken testimonies or disturbing images). **Indirect impact of trauma (or indirect exposure to trauma)** relates mainly to learning that someone close (family member, friend) has been directly traumatized or being exposed to the traumatic content because of the professional duties (e.g., mental health providers working with trauma survivors, rescue workers). Thus it might be assumed that at least one person per each direct trauma survivor may be at risk of indirect traumatization. According to research findings, the prevalence of PTSD symptoms associated with indirect trauma exposure vary a lot, from about 6% among disaster relief workers after 9/11 terrorist attack up to 60% among wives of war veterans with posttraumatic stress disorder. Considering the possible rates of secondary traumatization, it seems particularly important to identify, which aspects of indirect exposure (e.g., the source of exposure, volume, type of event) relate to the development and maintaining the PTSD symptoms. It is also crucial to understand the psychological mechanism involved in the process of traumatization triggered by other people's experiences, especially— do the processes of indirect and direct traumatization may be perceived as equal or at least similar?

The general aim of our research is to find out which of the main aspects of indirect exposure to trauma relate to the development of PTSD symptoms: diversity, volume, frequency, source, type of relationship with trauma survivor, elapsed time from exposure and appraisals of the exposure: perceived impact of exposure on individual functioning and perceived risk of direct involvement into particular event in the future. We will also test two theoretical models of trauma, originally related to the development of posttraumatic symptoms following personal trauma involvement: **Cognitive Model** and **Social Cognitive Model**. In other words, we will analyze for example is it enough to hear a traumatic story just once to be at risk of the PTSD symptoms, does the type of traumatic event matter, is the emotional closeness to trauma survivor essential for indirect traumatization, or which sources of exposure are most harmful—the loving relationship with trauma survivor, job-related exposure or media coverage of horrifying events. Next we will investigate, whether the *negative posttraumatic cognitions*, which may develop following trauma exposure (e.g., “I am a weak person” or “The world is a dangerous place”) and *secondary trauma self-efficacy* (appraisals of own ability to cope with traumatic experiences) play a role in the process of PTSD symptoms development following the indirect trauma exposure. The effect of these particular cognitions on posttraumatic symptoms has been found in a number of studies among people directly involved into traumatic situations.

We plan to conduct three studies introducing varied methodological solutions: summary of previous study results, cross-sectional study in a population of Polish adults, study in a longitudinal design during which we will collect data from participants at several time points to observe possible causal relationships between variables. We plan to carry out our studies in general population, thus we will be able to assess how many of Polish adults may be at risk of indirect involvement to traumatic events and its consequences. Our research project contributes to the explanation of how indirect exposure to trauma impact the development of PTSD symptoms which may be an important step toward the development of the comprehensive theory of secondary trauma. We will discuss whether indirect and direct traumatization are equal, similar or completely distinct processes. The results may found the basis for the future theory- and evidence-based interventions for people at risk of secondary traumatization.