

Content Moderators

What Mental Health Professionals Working with Current or Former Content Moderators Need to Know

6 CLINICAL TAKEAWAYS

- 1 Assess PTSD + common mental/physical effects
- 2 Consider cumulative and ongoing exposure
- 3 Clarify confidentiality early, including NDAs
- 4 Validate without assuming disorder
- 5 Attend to shame, disgust, sleep, somatic symptoms, moral injury
- 6 Stay current as research and guidance evolve

WHAT CONTENT MODERATORS WORK CAN LOOK LIKE



Not all moderation is the same. Some workers mostly review spam or nudity; others repeatedly review extreme violence, exploitation, hate-based content, or other traumatic material under productivity-driven systems.

WHY THIS MATTERS CLINICALLY

Emerging research has found elevated distress and trauma-related impacts among current and former content moderators.



34.6%

moderate–severe
distress



27.4%

low
well-being



25.9–26.3%

probable
PTSD



42.1–48.5%

probable
depression



68.7–89.5%

somatic
symptoms

HOW CONTENT MODERATORS MAY PRESENT IN PRACTICE

- Intrusive imagery
- Low mood
- Disgust
- Nightmares
- Sleep disruption
- Substance misuse
- Hypervigilance
- Somatic complaints
- Moral injury
- Anxiety
- Shame
- Relationship strain
- Emotional numbing
- Avoidance of children

Some workers may not connect symptoms to the job, especially when distress is normalized or disclosure is discouraged.

ASSESSMENT + CASE FORMULATION

Assess for:

- PTSD
- Depression
- Suicide risk
- Anxiety
- Somatic symptoms
- Moral injury
- Substance use
- Sleep disruption
- Burnout

Include in formulation:

cumulative exposure • NDA concerns • ongoing exposure • financial dependence • control over work • workplace supports/stressors

PRACTICAL THERAPY + TREATMENT CONSIDERATIONS

- 1 **Clarify confidentiality**
Make space to discuss work within normal legal/ethical limits; treatment does not require platform-specific details.
- 2 **Validate + psychoeducate**
Normalize reactions as understandable responses to repeated traumatic exposure under stressful conditions.
- 3 **Plan around ongoing exposure**
Explore workplace coping, exposure reduction, leave, redeployment, or job change where possible.
- 4 **Treat what is present**
Use guideline-recommended care for PTSD and other diagnosable conditions; build regulation, connection, meaning and adaptive coping.

LEARN MORE

Full briefing: [Mental Health & Health Systems | istss.org/content-moderators](https://istss.org/content-moderators)

Selected evidence summarized from DeMarco, Watson & Norman (2026), Spence et al. (2023, 2024), Spence & DeMarco (2025), Gauthier et al., and related digital trauma exposure literature.

