

REPORTING ON TRAUMA:
THE PSYCHOLOGICAL EFFECTS OF COVERING TRAGEDY AND VIOLENCE

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ABSTRACT

Natalee Seely: Reporting on Trauma:
The Psychological Effects of Covering Tragedy and Violence
(Under the direction of Francesca Dillman Carpentier)

The work of journalists and photographers often involves covering traumatic events, interviewing victims, and witnessing scenes of violence. Many journalists must report on trauma, but undergraduate journalism education and newsroom resources may not offer adequate trauma preparedness and support. This study used a mixed-method design. A survey (N=254) examined the relationship between frequency and intensity of trauma coverage traumatic stress symptoms, as well as the relationships between trauma education and workplace resources and trauma awareness and willingness to seek support in the newsroom. In-depth interviews (N=24) with journalists and photographers captured the thought processes, emotional responses and coping mechanisms used by journalists when covering traumatic assignment. Results indicate that as trauma coverage frequency and intensity go up, so does PTSD symptom severity. And while trauma coverage intensity did significantly predict secondary traumatic stress, trauma coverage frequency did not. Education regarding crisis reporting positively predicted trauma awareness, indicating that journalism programs may produce more prepared journalists if they include curriculum about crisis reporting. Participation in workplace resources also significantly predicted willingness to seek emotional support in the newsroom. Results from surveys also showed that crisis reporting education and trauma-related resources are lacking in journalism programs and newsrooms. In-depth interviews revealed a wide range of psychological effects

experienced by journalists, including PTSD indicators, anxiety, depression and guilt. Journalists utilized various coping mechanisms to deal with and alleviate on-the-job trauma coverage, including compartmentalizing, talking about their experiences, using empathetic interviewing strategies, exercise, substance use and engaging in cathartic activities. Attitudes about the supportiveness of newsrooms were mixed, with about a third reporting they would not feel comfortable talking to an editor about the emotional toll of their jobs, and another third said they worked in an open and safe newsroom environment. The remaining third had mixed feelings about seeking support in the newsroom. Overall, findings suggest that more comprehensive journalism education and more supportive newsroom environments would foster healthier journalists.

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CHAPTER 1

INTRODUCTION

“I was sent to cover a car crash on Valentine’s Day that killed three members of a family. The fourth, a little girl, survived. The scene was gruesome. I remember seeing the little girl sitting and crying in the snow next to the car, her entire family dead. It was absolutely the worst crash scene I had ever been to.”

Joanna, who has been a reporter for 10 years, experienced panic attacks and severe anxiety stemming from the traumatic story assignments she covered throughout her career. Years later, Joanna still remembers the way the crash scene looked and smelled, and the image of the girl crying in the snow. “It sticks with me; it still affects me,” Joanna said.

Journalists are often first responders to news events—sometimes arriving on the scene before police or paramedics. Shootings, natural disasters, wars, fatal accidents—reporters are often first-hand witnesses to these events. In the aftermath, they are responsible for retelling the stories of victims and grieving loved ones. Due to the nature of the job, journalists—like police officers, firefighters and soldiers—are a high-risk population for PTSD, job burnout, emotional distress and trauma-related guilt (Simpson & Boggs, 1999; Browne et al., 2012; Feinstein, Owen & Blair, 2002). Work-related trauma experienced by journalists has implications for their interview subjects, news consumers, and the mental health of journalists themselves.

The emotional toll of reporting on trauma and violence, or what McMahan (2010) calls “hidden injury (p. 40), has only recently entered into the mainstream discussion surrounding the journalism profession. The physical health of foreign correspondents and front-line war reporters

has been addressed with hostile environment training and critical incident debriefings offered by many major news organizations—such as the BBC—but psychological health awareness is so often an afterthought in newsroom culture, especially for reporters on the domestic beat working for smaller news outlets without the resources or awareness on work-related trauma (Jukes, 2015; Brown, Evangeli & Greenberg, 2012; Dworznik, 2006). Journalists are entering into a profession with little understanding of how to handle traumatic story coverage and a limited awareness of how they may be impacted psychologically by their work. This lack of “emotional literacy” (McMahon, 2010) compounded with a newsroom culture that promotes “suffering in silence” (Buchanan & Keats, 2011, p. 128) results in journalists who may be hesitant to seek treatment and support.

The hierarchy of influences framework (Shoemaker & Reese, 1996) describes micro and macro-level influences—such as organizational factors, routine news practices, and individual characteristics—on media content. Through a media sociology lens, this study uses an exploratory approach to the hierarchy of influences model to examine how certain organizational and routine practices unique to the news profession may make journalists particularly vulnerable to mental health effects of covering trauma. These routine practices—such as a strict adherence to objectivity and values that favor detachment—and organizational factors—such as journalism education—may make it harder for journalists to seek treatment, cope with stress, and prepare for traumatic assignments. As a result, it may not be just the mental health of the workforce that suffers, but the quality, breadth and depth of news.

Values of objectivity and detachment may create an environment where journalists fear being perceived as weak or professionally incompetent, since society in general has not typically viewed journalists as typical first responders who are susceptible to trauma-related stress

(Simpson & Boggs, 1999). Traditional journalistic values of objectivity and detachment—embodied by “the movie image of the hard-bitten reporter”—describe an occupation comprised of stoic and hardened news makers (Key et al., 2011, p. 450). Perhaps because of this image, journalists might not seek support for work-related mental health issues out of fear of being perceived as weak or incompetent (Simpson & Boggs, 1999). The hesitance of journalists to seek support or acknowledge work-related emotional distress is exacerbated by the “macho culture” of the newsroom, which favors denial and bravado (Cobbe, 2008; Greenberg et al., 2003). These

Many scholars and practitioners have advocated for the humanization of the newsroom and an increased awareness of the “affective labor” that is journalistic work (Willis, 2003; Rentschler, 2010). According to Rentschler (2010), news makers are “psychologically connected to their work, whether they want to be or not” (p. 448). Efforts have been made to bring mental health awareness to the forefront within the journalism profession. For example, CNN offers post-coverage intervention services for employees after traumatic coverage. The Dart Center for Journalism and Trauma offers training materials for educators, and other organizations such as the Committee to Protect Journalists offers assistance to journalists in peril. But in-house counseling and debriefings are typically found only in large newsrooms with ample resources, and the most common trauma-related training in newsrooms—such as hostile environment training—is reserved for foreign correspondents and focuses primarily on physical dangers of reporting in war zones and other dangerous locations (Masse, 2011). According to Keats (2009), this shift in consciousness about mental health awareness is a good step, but efforts to increase trauma literacy are far from standard practice. For example, in other high-risk professions, trauma-related training, debriefings and counseling are expected and often mandatory, but the journalism profession has been slow to adopt trauma trauma-related training, workplace

resources and education. In fact, only about 7 percent of journalism programs in universities include trauma-related courses (Weiss, 2011). Yet trauma experienced by journalists has consequences for the victims they interview, the news audience, and the mental health of journalists themselves. According to Feinstein (2015), good journalism depends on healthy journalists. News makers are often thought of as “caretakers of the public interest” (Kay et al., 2001, p. 440), but how are journalists taking care of themselves, and what factors contribute to negative psychological effects of bearing witness to other people’s suffering? This dissertation aims to answer these questions through a survey of U.S. journalists and supplemental interviews.

An abundance of research has examined the nature and effects of war reporting (Matloff, 2004; Markham, 2011; Feinstein, 2004) and the coverage of large-scale catastrophes, such as the terrorist attacks of 9/11 and Hurricane Katrina (Sylvester & Huffman, 2002; Bull & Newman, 2003). Fewer studies have explored the everyday traumas encountered by journalists on the domestic beat who witness violence and tragedy routinely and are tasked with interviewing victims of trauma and their grieving friends and family (Dworznic, 2006). Repeated reporting on routine traumatic news events, such as fatal car accidents, shootings, domestic violence and fires, can also result in emotional injury (Rentschler, 2009; Buchanan & Keats, 2011). Traumatic stress symptoms are not limited to reporting on war and other large-scale disasters, but few studies examine these effects on domestic reporters.

Based on the knowledge that journalism can be a high-risk profession when it comes to mental health, even for domestic beat reporters, this study asks if there is a relationship between the frequency and intensity of trauma coverage and symptoms of PTSD and secondary traumatic stress. This research will also examine how workplace perceptions, training, and education impact journalists’ trauma awareness and their willingness to seek support from supervisors and

colleagues. Supplemental interviews with reporters will identify how they cope with and experience work-related trauma.

CHAPTER 2

TRAUMA REPORTING

Traumatic News Assignments

As information gatherers, journalists often experience tragedy and violence, both directly and indirectly, in pursuit of stories (Rentschler, 2009; Beam & Spratt, 2009; Simpson & Boggs, 1999). Reporters have been compared to first-responders, such as firefighters and police officers, who arrive first to a crime or disaster scene and witness violence and destruction first-hand (Rentschler, 2009; Melki et al., 2013; Masse, 2011; Beam & Spratt, 2009). Reporters have been called “death touchers” because of their proximity to death (Marvin & Ingle, 1998). Like therapists—who through the process of “transference” can vicariously experience their patients’ emotional pain—reporters may also experience this type of indirect, secondary trauma through the trauma victims they interview and the graphic scenes they witness (Beam & Spratt, 2009; Lowery, 2002; McCann & Pearlman, 1990).

Journalists’ experiences with work-related trauma entered into the mainstream academic discourse fairly recently, starting with anecdotal evidence of the physical, and to a lesser extent, psychological dangers of reporting on the Vietnam and Gulf wars and large-scale disasters such as the Oklahoma City bombing in 1995, the Columbine school shootings in 1999 and the Sept. 11, 2001, terrorist attacks in New York City (Feinstein & Owen, 2013; Masse, 2011; Cote & Simpson, 2000; Dworznik, 2006). These events helped bring the topic of journalist safety to light.

The “mythical journalistic ideal” of the romanticized and calloused war reporter began to slowly break down with the publication of more studies on foreign correspondents and memoirs by journalists who reported in combat zones and war-torn countries. Research on the psychological trauma experienced by domestic reporters working on local beats, however, was largely ignored, except for large-scale catastrophes, such as Hurricane Katrina and 9/11, and mass shootings, such as Columbine, Sandy Hook, and the 2016 Orlando nightclub shootings (Rentschler, 2009; Simpson & Boggs, 1999). Unlike war reporters, local reporters do not often work under the assumption that trauma is a part of their job, and the trauma experienced on a local news beat may be less obvious than the trauma experienced in a war zone (Rentschler, 2009).

The past decade has seen more scholarly attention paid to domestic reporters’ experiences with trauma. One of the earliest studies to focus on local reporters found that nearly 86% of respondents had covered one or more violent events at the scene (Simpson & Boggs, 1999). Three-fourths of reporters surveyed had covered fires, 66% had covered automobile accidents, 56% had covered murders or murder trials, and nearly 30% had covered plane crashes and violent assaults. Others reported covering news events such as earthquakes, eruptions, drownings, train derailments, explosions, prison riots, executions and sexual assaults. When asked about their emotional experiences while covering a traumatic story, around 30 percent of journalists reported attempting to hide or suppress negative emotional states and reactions, such as disgust, fear, sadness, nervousness and crying. Several reporters described feeling “numb” on the scene, or gathering the facts and taking pictures “like a robot” (Simpson & Boggs, 1999, p. 15). Traumatic story assignments are not limited to war zones or international news events.

According to Simpson and Cote (2006), “Many journalists find violence on the doorstep of their local news beat” (p. 2).

Reporting on trauma often involves witnessing violent or tragic events as they unfold and in the aftermath, but interviewing victims of trauma and their family members is another component of this type of work. Interviews with trauma victims can be emotionally charged and involve listening to grim or violent details and witnessing another individual’s suffering. Journalists must negotiate boundaries between being sensitive and getting a good story. It is a reporter’s job to “bear witness” (Rentschler, 2009) to others’ pain and allow them to tell their stories, but for inexperienced or inadequately trained reporters especially, these interview experiences can cause emotional distress to the reporter or create internal ethical tensions within the journalist which could lead to guilt cognitions, marked by feelings of anxiety or shame. In journalists, guilt may be caused by something that was done—such as invading someone’s privacy by asking for an interview—or by something that was not done—such as failing to comfort a victim (Dworznik, 2007). Trauma victims may be important news commodities, but invading a grieving person’s privacy may cause conflict between a reporter’s professional duties and their moral responsibilities, leading to emotional distress felt by the journalist (Amend, 2012).

Photographers also witness their fair share of horrors. Jeff Wong, a writer with the Chicago Tribune, said he has known some crime beat photographers to transfer or quit because they were unable to cope with the nature of the work. “They see more criminal violence up close than anyone—except perhaps the county coroner,” he wrote (Wong, 1997). In the competitive world of photojournalists, there is an unspoken rule that no subject matter is too traumatic to shoot, and that suppressing emotional distress is necessary to continue gaining notable

assignments (Keats, 2010). The motivation to capture violent scenes is also fueled by competition for prestigious awards. For example, more than 65 percent of winning photos in reputable photography competitions, such as the Pulitzer and the Pictures of the Year International, depict conflicts, war, poverty and violence (Keats, 2010).

Prestige is not the only reason newsmakers are driven to cover traumatic stories more intensively and more frequently. Perceived pressure from news audiences is a significant motivating factor, and changes in the news industry make for increased workloads. First, the pressures journalists and photographers feel to report on and capture tragedy and violence is driven by perceived audience compassion fatigue (Moeller, 2002). According to Moeller, the prevalence of bad news in the media has de-sensitized and overwhelmed news consumers, which in turn drives journalists to find the ever more sensational and dramatic stories to satisfy consumers and make them care (Moeller, 2002). And finally, the changing landscape of the news industry has increased the demands put on journalists, making them more likely to cover traumatic stories and more likely to cover them more frequently. Staff cut-backs mean there is more work to be done for individual reporters, who are often tasked with covering more jurisdictions and becoming a “jack-of-all-trades” (Keats, 2009). Journalists are now covering multiple beats and are tasked with not just writing, but taking photographs and video. In other words, as staffs of newspapers are shrinking, journalists’ job duties and responsibilities are increasing; a reporter who once covered education exclusively may become more of a general assignment reporter, increasing the likelihood of covering crime, violence and tragedy (Santana & Russial, 2013).

In sum, both direct and secondary experiences with trauma and violence are part of the job for many journalists. According to Rentschler (2010, p.448), news makers are

“psychologically connected to their work, whether they want to be or not.” Thus, trauma coverage is a type of affective labor that can cause emotional injury, not just for war correspondents, but also for domestic reporters who routinely witness violence and human suffering. When it comes to mental health, the journalism profession can be a high-risk occupation when it involves reporting on traumatic assignments. The psychological effects of covering trauma may manifest in secondary traumatic stress or even symptoms of post-traumatic stress disorder.

CHAPTER 3

STRESS-RELATED DISORDERS

PTSD

Post-traumatic stress disorder is a psychiatric condition first codified by the American Psychiatric Association in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980. The diagnoses arose in part due to pressure from advocates for Vietnam War veterans, who wanted to eliminate stigma surrounding post-traumatic stress and link it directly with the war experience (Van der Kolk, 2013). Since its appearance in the DSM, the stressors that cause the disorder have been expanded to a variety of patients and occupations, including victims of sexual assault, war correspondents, victims of natural disasters, family members of victims of trauma, and high-risk occupations such as police work. Events that trigger PTSD are characterized as different from ordinary stresses, such as divorce and financial woes, because individuals are more likely to be overwhelmed and less likely to adapt to traumatic stressors. Results from a replication of the National Comorbidity Survey indicate that lifetime prevalence of PTSD is between around 4% to 10% for the general population (NCS, 2007).

One criterion that differentiates PTSD from everyday stress is the duration of symptoms. While it is normal to experience some symptoms of PTSD after a traumatic event, if symptoms persist more than one month, they may be diagnosed as PTSD. Symptoms usually occur within three months of experiencing the trigger, but occasionally the symptoms may be delayed. Symptoms of the disorder include intrusion symptoms, avoidance symptoms, negative cognitions and /or arousal symptoms. Intrusion symptoms may consist of recurrent and distressing

memories or dreams of the traumatic event or flashbacks. Avoidance symptoms include avoiding cues, reminders or memories of the event. Negative cognitions can consist of having a pessimistic worldview, persistent negative emotional states like guilt, horror or fear, or feelings of detachment or depressive moods. Arousal symptoms can manifest as reckless behavior, startled responses or concentration problems. The purpose of this study is not to medically diagnose PTSD, but to capture indicators of the disorder, which can manifest in the above-mentioned symptoms.

In the years since PTSD first appeared in the DSM-3, medical knowledge has increased and the definition of PTSD has expanded. For example, in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), symptoms have expanded to include negative mood states and negative cognitions, such as persisting feelings of guilt, horror or sadness. According to the DSM-5, one of the stressor criteria is exposure to actual or threatened death, injury or sexual violence. This would apply to a journalist's direct, first-hand exposure to violence and crime. For example, a foreign correspondent working in a combat zone might experience "actual or threatened death" while working in a dangerous environment. Journalists working in war-torn countries are exposed to danger and violence often. Many have experienced gunfire or been kidnapped or held hostage. The Committee to Protect Journalists reports that more than 1,200 journalists have been killed since 1992, the majority of whom were murdered, killed covering dangerous story assignments, or killed in crossfire or combat.

The stressor criteria of PTSD are not limited to direct exposure. Other diagnostic criteria include witnessing traumatic events as they occur to others or experiencing extreme and/or repeated exposure to aversive details of traumatic event. Thus, *secondary or indirect exposure* to trauma can also be considered a trigger of PTSD. The manual indicates that exposure to aversive

details through photos and other electronic media is not considered a diagnostic criterion, unless this exposure is work-related. Photographers who shoot crime scenes or video editors who routinely watch and edit social media postings of ISIS beheadings, for example, can be included in this criteria. It is these secondary stressors, also known in the trauma literature as “vicarious trauma” (McCann & Pearlman) and “secondary trauma” (Figley, 2003), which are more relevant to domestic beat journalists who routinely gather information about violent events, interview trauma victims, and cover criminal trials.

Vicarious and secondary trauma have been studied in the context of oncologists, therapists, social workers, and doctors (Simon et al., 2006; McCann & Pearlman, 1990; Salston & Figley, 2003; Sabin-Farrell & Turpin, 2003). For example, McCann & Pearlman (1990) studied vicarious traumatization in social workers, and described the condition as experiencing painful feelings, images and thoughts that accompany working with trauma victims. With regards to the journalism profession specifically, Keats and Buchanan (2009) characterized secondary traumatic stress as a response to graphic descriptions of violent events or the witnessing and involvement in the traumatic events experienced by others. They called this type of secondary traumatic stress “assignment stress injury.”

Other symptoms which characterize secondary traumatic stress are cynicism, headaches, exhaustion, decline in performance, boredom, interpersonal difficulties, feelings of hopelessness, and negative attitudes about the self or the world (McCann & Pearlman, 1990). Vicarious or secondary traumatic stress and burnout are often used interchangeably and are marked by similar symptoms of PTSD, but may not reach the full diagnostic criteria. To be clinically diagnosed with PTSD, a patient must show at least two symptoms each of the arousal criteria and negative cognitions criteria and the symptoms must persist more than a month.

Experiencing PTSD symptoms following traumatic events is not uncommon, but when these symptoms occur frequently, interfere with everyday life, and persist for longer than a month, they may signify PTSD. Not all stress disorders meet the full diagnostic criteria for PTSD, but they typically involve the same symptoms. For example, acute distress disorder occurs when symptoms last less than a month. Additionally, adjustment disorder occurs when the trigger causes similar symptoms of PTSD, but the trigger, or “stressor” event, may be of any type or severity (DSM-5, 2013).

In sum, there are a number of trauma and stress-related conditions which might occur as a result of covering traumatic story assignments. Not all journalists who experience work-related trauma have post-traumatic symptoms which reach the full diagnostic criteria of the conditions in DSM-5, but any stress-related symptoms or emotional distress should not be taken lightly. According to McMahon (2010), negative psychological health effects in any form are the “ingredients of PTSD.” Symptoms which go unacknowledged, build up over time, or become exacerbated due to the nature of newsroom culture, threaten the mental health of news professionals. What’s more, since the nature of emotional injury is often hidden and less openly addressed within the field, it can sometimes be even more dangerous than physical injury (Rentschler, 2009; McMahon, 2010).

Psychological Effects of Covering Trauma

In order to label journalism a high-risk profession when it comes to mental health, a relationship between trauma coverage and stress and trauma-related symptoms must be supported in the literature. Many studies have examined effects on war correspondents and journalists who cover large-scale catastrophes (Feinstein & Owen, 2013; DePalma, 2009; Feinstein & Nicolson, 2005; Feinstein, Owen & Blair, 2002;), and a few have measured effects

of routine trauma coverage on domestic reporters using surveys and interviews (Keats, 2009; Dworznik, 2006; Pyevich & Newman, 2003; McMahon, 2001; Simpson & Boggs, 1999).

Anthony Feinstein was one of the first social scientists to conduct empirical research on the psychological effects of war reporting in the 1990s and early 2000s. Feinstein was also credited with helping to dispel the myth that war journalists and foreign correspondents were immune to emotional injury in the form of PTSD (Masse, 2011). Feinstein and colleagues conducted several studies on PTSD in war correspondents, which were some of the first studies to address mental health in the journalism industry. A 2002 comparison of combat journalists and non-combat journalists found that the former group had significantly higher rates of PTSD symptoms, depression and alcohol consumption (Feinstein, Owen & Blair, 2002). Using a combination of interviews and measures from the Impact of Event Scale (a measure of PTSD) and the Beck Depression Index, the authors determined that the lifetime prevalence of PTSD in war reporters was around 28 percent, exceeding the 7 to 13 percent reported for police officers (NCS, 2007). When it came to depression, war correspondents had a lifetime prevalence of around 21 percent, exceeding the 17 percent depression rate in the general population. In interviews, respondents reported a number of social difficulties, troubled relationships, use of alcohol as a hypnotic, startled responses, and lower quality of their work (Feinstein, Owen & Blair, 2002).

Symptoms of PTSD were also common in Iraq War correspondents— a majority of whom witnessed death and experienced life-threatening situations. A 2015 study found that around 15 percent of Iraq War respondents reported experiencing intrusive symptoms of PTSD, 7 percent reported feeling depressed, and nearly one-third experienced psychological distress, according to their scores on the General Health Questionnaire (Feinstein & Nicolson, 2005).

Another study on foreign correspondents covering violence in Kenya found that reporters who covered election violence reported significantly more intrusion and hyper-arousal symptoms (such as flashbacks and startled responses) compared to their counterparts in Kenya who did not report on the election violence (Feinstein, Wanga, & Owen, 2015). On the other hand, the same study found that reporters who covered the 2013 terrorist attack at the Westgate Mall in Nairobi did not report higher levels of psychopathology compared to their counterparts not assigned to the story.

Coverage of international news events, such as large-scale catastrophes, has also been shown to result in traumatic stress symptoms. For example, Backholme and Bjorkqvist (2012) found no significant group differences regarding PTSD between reporters in Finland who covered a mass school shooting in Jokela, Finland, and those who did not; however, the proportion of total journalists who reported PTSD symptoms, depression and burnout was high enough to label the sample as belonging to an “at-risk” group.

Reporters who covered the 9/11 terrorist attacks reported more avoidance symptoms and hyper-arousal symptoms than the control group (Feinstein & Owen, 2013). Rates of hyper-vigilance in 9/11 reporters exceeded those reported by war correspondents. Journalists who covered another large-scale news event with many casualties—the Oklahoma City Bombing—reported feeling a loss of security, repressed emotions, friction between editors, and troubled personal relationships during and after coverage of the event (Cote & Simpson, 2000; Aiken, 1996).

A handful of studies have looked beyond large-scale disasters and have examined the mental health of domestic beat reporters who routinely cover car accidents, fires, domestic violence, and criminal trials. Despite this, scholars have pointed out that more attention should

be paid to routine news work (Dworznik, 2006). Most of this literature utilizes the Journalist Trauma Exposure Scale developed by Pyevich (2001) and the Impact of Event Scale (Horowitz et al., 1979) or the PTSD Checklist to determine relationships between PTSD symptoms and frequency and type of trauma coverage.

In one of the earliest studies on domestic beat reporters and mental health, Simpson and Boggs (1999) found that frequency of trauma coverage was positively correlated with self-reported PTSD symptoms of intrusion and avoidance. Additional studies also found positive relationships between trauma coverage and guilt cognitions and other negative mood states, such as sadness, helplessness, fear, and an overall negative worldview (Browne et al., 2012; Pyevich, Newman & Daleidan, 2003; McMahon, 2001; Teegen & Grotwinkel, 2001). Photographers as a subset of the journalist population are also susceptible to post-traumatic stress symptoms. The number of traumatic assignments a photographer shoots has been shown to predict PTSD symptoms (Newman, Simpson, & Handschuch, 2009). And while PTSD rates of photographers exceeded that of the general population in the study, the rate did not exceed that of emergency response workers.

A number of variables—including age, gender, type of traumatic event covered, and pre-existing personal trauma—may impact the severity or type of mental health effects (McMahon, 2001; Backholme & Bjorkqvist, 2012). For example, older reporters are more likely to experience intrusive thoughts and avoidance behaviors, while younger reporters are more likely to experience extreme anxiety and insomnia (McMahon, 2001). Additionally, female reporters reported more anxiety compared to men, while unmarried reporters experienced more depression symptoms (McMahon, 2001). Journalists with pre-existing personal trauma, those who had children, and those with stronger ties to the community also reported more emotional distress

when covering trauma (Backholme & Bjorkqvist, 2012). Those with pre-existing depression may also be more vulnerable to PTSD (Backholme & Bjorkqvist, 2012). Covering news stories involving child deaths in particular increased the likelihood of PTSD symptoms in journalists compared to covering other traumatic events (Norwood, Walsh & Owen, 2003).

In sum, many published studies on trauma coverage—of wars, large-scale international events, or routine events—lend some support for a significant relationship between trauma coverage and certain post-traumatic stress symptoms. Qualitative studies present more nuanced evidence that journalists can be deeply and emotionally affected by work-related trauma. Limitations of these studies include small sample sizes and the absence of factors that might explain why post-traumatic stress symptoms are exacerbated, such as trauma education and training and perceptions of newsroom support.

CHAPTER 4

NEWSROOM CULTURE & TRAUMA TRAINING, EDUCATION AND RESOURCES

Journalistic Values

In order to understand the state of journalistic training, education and workplace resources regarding trauma awareness, it is important to understand the traditional professional values that permeate newsroom culture. These shared norms and values—instilled through the routine practices of journalism—represent one of the factors in the hierarchy of influences model (Shoemaker & Reese, 1996). Routine practices affect how journalists do their jobs and what content they produce (Shoemaker & Reese, 1996). Objectivity, impartiality and detachment are the foundational norms of the journalism profession. The problem is, some scholars argue that the professional value of objectivity is defined and judged by unrealistic standards, resulting in a newsroom culture that promotes “suffering in silence” when it comes to mental health issues (Buchanan & Keats, 2011; Ward, 1999). Others have called objectivity a “myth of journalism” which is embedded in many routines and practices of newsroom culture. Rigid and traditional ideas of journalists as *dispassionate observers* have taken some blame for a newsroom industry lacking in trauma-literate reporters as well as a limited awareness about the psychological effects of covering trauma. The concern is that the act of “being objective” has come to mean that feeling emotional distress while covering traumatic events is not professional and does not align with journalistic values (Loyn, 2007).

Organizations establish and maintain group norms to increase group solidarity, exert control over the group, establish rules of social behavior, and set themselves apart from other

groups (Schudson, 2001). The objectivity norm became the emblem of American journalism in the early 1900s, just as the field was beginning to define itself as a legitimate profession (Reese, 1990). In the 1700s, newspaper printers thought of themselves as tradesmen, not professionals (Schudson, 2001). Newspapers mostly printed foreign news, interviews were not yet commonplace, and papers were almost always partisan. The field began to change in the late 1800s, as newspapers began publishing more domestic news and independent newspapers became more popular. Newsgathering behaviors became professional practices. For example, interviewing sources became customary (Schudson, 2001). Eventually, newspaper printers' allegiance to political parties and candidates was replaced by loyalty to audiences. The first national professional association of journalism was formed, schools were established dedicated to training journalists, and a code of ethics which promoted impartiality and objectivity was established. All of these changes helped to establish journalism as a profession, and along with it, the values of objectivity, neutrality and detachment were solidified as canons of the field.

The concept of objectivity is hard to define, and perhaps even harder to achieve (Dueze, 2005; Ward, 1999; Reese, 1990). Most scholars agree that objectivity is a reporting and editing practice which guides journalists to represent each side of an issue fairly without inserting value judgments (Tumber & Prentoulis, 2003). Reese (1990) posits that objectivity is guided by a positivist faith in empiricism, thus an objective reporter is often characterized as a dispassionate observer. A metaphor of a mirror reflecting reality, or a translucent window, is often used when describing objectivity (Smith, 1978). According to Schudson, objective reporting is often thought of as *cool* rather than *emotional* in tone. Tuchman (1972) makes the argument that objectivity is a strategic ritual, protecting journalists from the risks of the trade, such as demotion and libel accusations. By engaging in certain "objective" reporting behaviors—such as interviewing

sources, using quotation marks, presenting conflicting truth-claims, and structuring a story in the inverted pyramid style—the risks of the profession are minimized. Objectivity does not only describe what is on the page (or the screen), but rather a journalist’s demeanor. In Soloski’s (1989) research about news professionalism, he argued that objectivity does not reside in news content, but in the behavior of journalists themselves. Objectivity, then, is a way of being.

The act of being objective is part of the patterned practices of news routines—the “deeply naturalized” rules of behavior that characterize a profession and affect journalists and their work (Reese, 2001, p. 180; Shoemaker & Reese, 1996). Reese points out that while news routines can be beneficial to the structure and cohesiveness of a profession or field, they can also be constraining (Reese, 2001).

Professional norms are often enforced tacitly, through a system of rewards and punishment (Reese, 1990). This is why newsroom culture can be so hard to change—professional norms are ingrained and rarely called into question. Objectivity is so rooted in the public’s perception of journalism that it has become a cultural icon, conjuring images of the “hard-bitten war reporter” (Kay et al., 2011, p. 450; Beam & Spratt, 2009).

Tumber and Prentoulis (2003) argue that objectivity is itself a myth, because reality will always be socially-constructed to a certain extent. The fact that journalists are under constraints such as deadlines and editorial pressure, and because journalists have control over information selection, objective truth is difficult, if not impossible, to report. Yet these “myths” have become a part of newsroom culture and still contribute to newsroom practices that encourage a “check your feelings at the door” mentality (Beam & Spratt, 2009; Feinstein, Owen & Blair, 2002). It is when these values of objectivity and detachment are rigidly interpreted that they can be harmful for journalists who cover trauma and are susceptible to post-traumatic stress.

In Feinstein's research on the psychological health of war reporters, he called attention to the "macho culture" of the newsroom (Feinstein, Owen & Blair, 2002), which stemmed, in part, from the idea that the introduction of emotion into reporting resulted in a softening, or "feminization" of news (Tumber & Prentoulis, 2003). Bravado and denial were considered values, especially in the world of war reporting (Feinstein, 2006). Admitting weakness did not fit with the image of the detached reporter. In other words, there was no place for emotion in objective reporting, because emotion means involvement, and involvement gets in the way of truth-telling (Hammond, 2002). This idea created a culture that promotes silence and suppression rather than expression. In other words, "An admission of emotional distress in a macho world was feared as a sign of weakness and a career liability" (Feinstein, Own & Blair, 2002, p. 1574).

Acknowledging post-traumatic stress symptoms has been said to violate an "unwritten code" (Dworznik, 2006, p. 537) or a "newsroom ethos" (DePalma, 2009, p. 47) among journalists. As a result, there seems to be a fear of stigmatization—a fear that reaching out to a supervisor regarding a mental health issue would cast them as weak, incompetent, or not cut out for the job (Dworznik, 2006). According to Simpson and Boggs (1999), there is a prevailing belief that "no matter how brutal an assignment, a good journalist can complete a story and move on to the next without acknowledging or treating the emotional toll of the tragic event" (p. 1). This is especially true now—in a time when the news industry is rapidly changing. Staffs are shrinking and jobs are not as stable as they used to be. Journalists are more worried about keeping their jobs, advancing in their careers, and getting the scoop before the competition (Amend, 2012).

In sum, rigid organizational norms of detachment and objectivity, in combination with the "unwritten code" (Dworznik, 2006, p. 537) that stigmatizes emotional expression within

newsrooms, could be detrimental to reporters' mental health by encouraging silence, preventing reporters from seeking treatment or exacerbating work-related post-traumatic-stress symptoms. The Huffington Post went so far as to declare a "mental health epidemic" (Arana; 2015) in newsrooms, arguing that a change of culture was necessary to promote the well-being of journalists.

Newsroom Resources

Public safety workers such as firefighters and police officers are expected, and even required, to participate in trauma training, counseling and debriefings because of their first-hand experience in traumatic situations and because of their close work with trauma victims. Reporters do not have the same requirements. Certainly, there has been an increased awareness of mental health issues in newsrooms within the past two decades, especially for war correspondents and news outlets which cover large-scale international events, like hurricanes or terrorist attacks. But trauma training and resources are still largely an "afterthought" for most newsrooms and for reporters who routinely cover smaller-scale traumas routinely (Melki, 2013).

Workplace Perceptions

Organizational supports, such as mental health resources and more empathetic supervisors, are important in developing adaptive coping mechanisms (Dworznik, 2008; Newman, 2003; Osofsky, Holloway & Pickett, 2005; Brewin, 2000). Then when journalists perceive their managers and editors to be more empathetic and supportive, morale and job satisfaction are higher (Beam & Spratt, 2009). Keats and colleagues (2009) found that journalists would be more willing to seek support for emotional distress if more in-house counseling services were available. Despite this, nearly 25 percent of reporters said their organization demonstrated no concern for the psychological health of its employees (Poynter, 2005). Other

studies have found that reporters have low perceptions of social support by both editors and colleagues (Weidman et al., 2008). For domestic beat reporters especially, this lack of editorial awareness and empathy may be because many editors do not make the link between the stress experienced by journalists in times of war, and the stress experienced by journalists covering the local crime beat (Keats, 2009). Only a handful of studies in the journalism trauma literature explore how employees' perceptions of their organizational supports and workplace environment hinder or help when it comes to trauma awareness and emotional well-being.

Journalism Education

A trauma-literate journalist is aware of the potential impact of traumatic story assignments and understands how to be an ethical and respectful news gatherer. Similarly, an emotionally-literate journalist recognizes signs of distress in themselves and in the victims of trauma whom they interview (McMahon, 2010). Reporters who possess emotional-literacy and trauma-literacy will be better able to deal with and cope with the realities of reporting on trauma (McMahon, 2010). Despite this, McMahon (2010) has called trauma-literacy in journalism education “embryonic at best and non-existent at worst” (p. 41).

A 2013 survey of institutions accredited by the Association for Education in Journalism Education (AEJMC) found that 75 percent of institutions surveyed had no courses related to crisis or trauma reporting, and more than 50 percent of journalism educators said trauma reporting received little to no attention in the curriculum (Melki et al., 2013). The course syllabi that were submitted for the study showed that crisis reporting was rarely mentioned, and when it was, it was in the context of terrorist attacks and war (Melki et al., 2013). Interestingly, around 75 percent of the educators interviewed said they would like to see more attention paid to the topic, but that perceived barriers—including accreditation issues, lack of time and resources, and

lack of knowledge about the topic—stood in the way. Several mentioned that trauma education was a niche subject area, that it was too specialized, and that it was not appropriate subject matter for an introductory journalism course (Melki et al., 2013).

There are a few trauma-focused journalism programs—including the Victims and Media Program at Michigan State University and an advanced reporting course at University of Washington. The University of Washington and Columbia University also house bases for the Dart Center of Journalism and Trauma. Other than these few programs, however, trauma education is lacking in U.S. journalism programs, resulting in a “gap between classroom approaches and newsroom realities” (Amend, 2012, p. 236).

It is important to develop trauma literacy before the start of a career path in journalism, especially because it is novice reporters who are more likely to experience emotional distress on the job (Beam & Spratt, 2009). According to Simpson and Boggs (1999), “the paradox of newspaper work is that the youngest and least prepared reporters are often casually dispatched to the scene of fatal auto crashes” (p. 18). Additionally, young reporters and journalism students often have “romanticized notions” about the job of a reporter, without understanding the psychological toll of the work (Johnson, 1999, p. 204). Studies have supported this. In a survey of novice reporters, Beam and Spratt (2009) found that nearly one third reported feeling unprepared to interview victims of violence and trauma.

Most student reporters do not know how to approach or handle interviews with trauma victims (Maxson, 2000). But participation in a training program boosted students’ confidence and re-affirmed their career choices. In one case, participation in the training program caused a journalism student to re-evaluate his job choice and eventually he changed career paths (Maxson, 2000).

Trauma literacy also means using adaptive coping mechanisms. In response to the negative psychological effects that may result from on-the-job trauma, journalists often find a way to make meaning out of their experiences and develop coping mechanisms. Coping mechanisms can be either helpful or harmful to mental health, depending on organizational supports, awareness and training (Brewin, 2000; Dworznik, 2008). One of the goals regarding the interview data gathered in this study is to identify coping strategies that journalists employ to deal with work-related trauma.

Examples of coping include emotion-focused strategies, involving the expression of emotion and the seeking out of emotional support; avoidance strategies, which are marked by withdrawing, denying or disengaging; and problem-focused strategies, which involve seeking information and planning (Smith; 2009; Aldwin & Revenson, 1987; Antonovsky, 1979). As stated previously, levels of preparedness, former training, and level of emotional-literacy may determine whether those coping mechanisms are adaptive or maladaptive (Amend, 2012; Buchanan & Keats, 2011; Dworznik, 2006). For example, talking about a traumatic work experience with co-workers or a supervisors can be a valuable coping mechanism (Figley, 1995), but this is unlikely to occur if journalists are hesitant to acknowledge their emotional distress or fear being stigmatized by admitting their symptoms to supervisors.

In an ethnography of journalists while they covered traumatic story assignments, Buchanan and Keats (2011) found the most common coping mechanisms to be the use of black humor, the use of exercise, the use of substances such as alcohol, and control of one's emotions and suppression of traumatic memories. The suppression of emotions, also referred to as compartmentalization, is an often-cited coping mechanism of journalists (Masse et al., 2013; Buchanan & Keats, 2011; Cote & Simpson, 2000; Simpson & Boggs, 1999). This strategy of

detachment is thought of as a journalistic value; however, Jukes (2015) argues that this tendency for journalists to go on “autopilot” is a fragile one which can “break down under extreme stress” (p.5). Additionally, choosing to ignore symptoms could result in emotional damage (Buchanan & Keats, 2011).

Dworznik (2006) explored various meaning-making strategies of reporters after they covered a tragic or violent story. Several journalists turned the traumatic story or interview into a positive life lesson, such as living each day to the fullest. Others felt their ability to interview trauma victims and allow them to “testify” was cathartic and fostered individual and community healing after a tragedy. But other journalists adopted less positive points of view. For example, a few attributed the blame for their own emotional distress onto victims of trauma who they interviewed for a story (Dworznik, 2006). Others adopted a negative worldview or developed stereotypes about groups or places (Dworznik, 2006).

Preparedness, training and a supportive work environment foster the development of adaptive coping skills (Osofsky, Holloway & Pickett, 2005). Scholars and practitioners have argued that the journalism industry is lacking in all three (Masse, 2011; Rentschler, 2009; Feinstein, Owen & Blair, 2002; Simpson & Boggs, 1999).

In sum, scholars have touted the benefits of trauma or crisis reporting education as an important resource for budding journalists (Melki et al., 2013; Buchanan & Keats, 2011; Amend, 2012; Beam & Spratt, 2009; Maxson, 2000; Johnson, 1999). While no class can replace the real-life experience of covering a violent or tragic event, prior training helps “cushion” new reporters and “lessen the blow” of post-traumatic symptoms caused by on-the-job trauma (Maxson, 2000; Dworznik, 2007; p. 205). Education on trauma literacy also helps student reporters develop positive coping mechanisms early on (Melki et al., 2013). According to veteran journalist

Sharon Schmickle, “The time to care for yourself emotionally is before trauma gradually erodes your ability to think clearly and deliver your best work” (2007).

Humanizing the News Industry

The past twenty years have been marked by a movement to humanize the newsroom—an effort marked by what Masse (2011) calls a culture of caring. Organizations and advocacy groups have sprung up and more awareness has been brought to the issue of journalism and mental health (Masse, 2011). Unfortunately, the issue is typically most salient in the aftermath of international disasters and tragedies. Advocates and scholars argue that to fully address psychological health of journalists and bring trauma-literate workers into newsrooms, the culture must change, along with education programs (Amend, 2012; Masse, 2011; Rentschler, 2010; Beam & Spratt, 2009).

According to Buchanan and Keats (2009), this means “tangible organizational resources” should become commonplace in newsrooms, such as systematic training, a supportive attitude from supervisors, in-house counseling, and debriefings or group meetings after traumatic assignments. Newsroom managers should be knowledgeable about the signs of PTSD, allowing for shift adjustments or assignment changes as needed. One editor interviewed in a qualitative study (Buchanan & Keats, 2009) about newsroom practices said he implemented a “lessons-learned” group debriefing after traumatic story assignments, where reporters could talk about their experiences and what they learned. Journalists should also be encouraged to practice “self-care” after particularly challenging assignments.

Preparedness and training foster adaptive coping (Osofsky, Holloway & Pickett, 2005). Journalists need “an arsenal of coping methods” (Melki et al., 2013) to cover trauma, especially new graduates who are often assigned crime stories at their first jobs. There are some well-

known trauma reporting programs in U.S. universities: University of Washington's Dart Center initiative, Michigan State University's Victims in the Media program, and University of Oklahoma's Victims in the Media Course. Despite these programs, compared to other high-risk occupations, "journalism as a profession is far behind" when it comes to preparedness (Buchanan & Keats, 2011, p. 129). Specific curriculum and teaching strategies outlined by both scholars and practitioners include mock interviews with actors posing as trauma victims, trauma victims and journalists as guest speakers (Amend, 2012), simulations of trauma stories, case studies, teaching strategies for empathic interviewing and how to approach and speak to victims of trauma, and the implantation of materials and studies on trauma reporting and mental health (Kay et al., 2011).

CHAPTER 5

HYPOTHESES AND RESEARCH QUESTIONS

The psychological effect of trauma on war correspondents has been well documented in the literature (Feinstein, Owen & Blair, 2002), but few studies have explored traumatic stress-related symptoms in domestic reporters, who often cover violence and tragedy on a routine basis. The proposed study will use quantitative and qualitative research methods to understand how local journalists are affected by the traumatic nature of their work. Thus, I pose the following hypotheses and research question:

H1: A positive relationship will exist between (a) frequency of trauma coverage, and (b) intensity of trauma coverage and the severity of PTSD symptoms.

R1: Which of the four PTSD symptoms (hyper-arousal, intrusion, negative cognitions, avoidance) are experienced the most by journalists?

Not all stress-related disorders reach the full diagnostic criteria of PTSD, but they may still be detrimental to one's mental wellbeing. Vicarious trauma, also called secondary traumatic stress, has been known shown to cause emotional distress in those who work routinely with trauma victims (McCan & Pearlman; Keat, 2009). For this reason, post-traumatic stress symptoms and secondary traumatic stress (Stamm, 2005) will be measured to differentiate specific post-traumatic stress symptoms from secondary trauma effects, while also measuring and controlling for personal trauma that occurs outside of work and job satisfaction. Thus, I pose the following hypotheses:

H2: A positive relationship will exist between (a) frequency of trauma coverage, and (b) intensity of trauma coverage and the severity of secondary traumatic stress.

Few studies on trauma journalism and mental health have explored how certain characteristics may impact the prevalence of negative psychological effects. A handful of studies have looked at gender, years of experience, and whether or not the reporter has children or strong ties to the community as moderating variables between trauma coverage and mental health effects. Additionally, photographers may have a different experience with covering trauma compared to writers, especially because they are often pressured to get up close to gruesome and horrific crime scenes as part of their jobs (Keats, 2010). To further explore the role of these third variables, I pose the following research question:

R2: What personal and experiential factors moderate the relationship between trauma coverage and PTSD severity and between trauma coverage and secondary traumatic stress?

Journalism education is still catching up when it comes to teaching students about the consequences of and strategies for covering traumatic events (Melki et al., 2013; Maxson, 2000). Scholars argue that educating a workforce of trauma-literate and prepared journalists will foster healthier and more aware reporters who understand the emotional effects of their work (McMahon, 2010). Another goal of this research is to describe the state of the journalism workforce when it comes to trauma education. Therefore, I also want to know how common trauma education was among the sample. To explore this idea of the role of trauma education, I pose the following hypotheses and research question:

H3: Journalists who received more education about trauma/crisis-reporting will be (a) more willing to seek emotional support in the workplace, and (b) have higher levels of trauma awareness compared to journalists who received less trauma education.

R3: What proportion of journalists in the sample received formal education in trauma or crisis journalism?

R4: What proportion of journalists in the sample work in newsrooms that address mental health through debriefings, in-house counseling or other training/professional development opportunities?

Most previous studies on journalism and trauma have not measured education/training as factors that may impact how reporters experience and cope with mental health effects of work-related trauma. Access to and participation in newsroom trauma resources may impact the likelihood that reporters feel comfortable seeking emotional support or acknowledging their psychological symptoms within the workplace as well as the likelihood that reporters will be more aware of the consequences of on-the-job trauma. To further examine the impact of newsroom resources, I pose the following hypothesis:

H4: Journalists who participated in workplace trauma resources (training, debriefings and in-house counseling) will (a) be more likely to seek emotional support in the workplace, and (b) have higher levels of trauma awareness compared to those who did not participate.

The qualitative component of this research will consist of interviews with U.S. journalists about their experiences covering trauma, how they have coped with covering traumatic and violent assignments, and how they feel about talking about or acknowledging their experiences and/or emotional distress with their colleagues and supervisors. This exploratory component will add a human face to the statistics and possibly identify adaptive and maladaptive coping strategies. From interview data, will attempt to answer the following research questions:

R5: How do journalists communicate their experiences covering traumatic events and the ways they have been affected by this coverage?

R6: How do journalists articulate their coping mechanisms when covering violence and tragedy?

R7: Do journalists feel comfortable seeking social support and acknowledging emotional distress in their workplace? Why or why not?

CHAPTER 6 METHODOLOGY

Overview

Quantitative survey and qualitative interview methods were used to explore the proposed hypotheses and research questions. First, a survey of U.S. newspaper journalists and photographers was conducted to determine the relationships among several variables, including frequency and type of trauma coverage, training and education, newsroom perceptions and mental health. The qualitative component of this study consisted of interviews with a subset of survey participants, who communicated their personal narratives and emotional responses to traumatic assignments they covered throughout their careers and their perceptions about the supportiveness of their newsroom environment. An incentive was offered to participants—\$5 per completed survey would be donated anonymously by the researcher, up to \$5,000, to the Dart Center for Journalism and Trauma.

Survey Sample

The target population for the proposed study was U.S. newspaper journalists and photographers. To establish a sampling frame, the *Editor & Publisher* data book (2016) was used to identify all U.S. daily newspapers. Contact information for participants was gathered by visiting each news outlet website and locating staff contact information. Email addresses for any newspaper staff members labeled as a journalist, writer, staff writer, multi-media journalist, photographer, photo journalist or reporter were collected, along with the staff member's name and newspaper affiliation. This process yielded a total of 4,324 newspaper staff email addresses.

An initial email invitation containing a link to an electronic Qualtrics survey was sent to each participant. See Appendix A for the full questionnaire. As recommended by Dillman (2000), in order to maximize response rates, a second and third follow-up email was sent two weeks, and four weeks, respectively, after the initial email request (See Appendix B for recruitment emails).

Of the 277 surveys submitted, 23 cases were incomplete and had to be discarded. The final sample contained a total of 254, for a 6% response rate. The majority of respondents (78%) identified as reporters, while 22% identified as photojournalists. About a third (31%) of respondents had worked as a reporter or photojournalist for fewer than five years. Nearly 40% of the sample had between six and 20 years of experience, while 29% had more than 20 years of experience in their current role. Nearly half (47%) of respondents worked for mid-sized news outlets (circulation between 10,000-50,000), 11% were employed at smaller news outlets (circulation less than 10,000), and 42% were employed at larger outlets with a circulation size above 50,000. Nearly 80% of the sample had earned an undergraduate degree, while 14% earned a master's degree. Females comprised 57% of the sample. The mean age was 39.34 ($SD = 13.77$). Compared to the national survey of U.S. journalists carried out by Willnat and Weaver (2014), the sample for this study showed some differences in demographics. For example, the journalists in the 2014 survey were older, with the average age of about 47 (compared to this sample's average age of 40) (Willnat & Weaver, 2014). Additionally, female reporters were more represented in this study's sample, compared to the 2014 survey, in which females made up only 38 percent (Willnat & Weaver, 2014).

Survey Measures

Trauma Coverage. An adapted version of the Journalism Trauma Exposure Scale (Pyeovich, 2001) was used to measure both the frequency and intensity of trauma coverage by journalists. The JTES has been used in numerous studies about journalism and trauma (Pyeovich, Newman & Daleidan, 2003; Backholm & Bjorkqvist, 2012; Browne, Evangeli and Greenberg, 2012). Consistent with Browne, Evangeli and Greenberg (2012), the response items for frequency of trauma coverage were altered from dichotomous (*yes, no*) to a 5-point response scale (*1 = Never, 2 = Once or twice total, 3 = Every few months, 4 = Most months, 5 = Weekly*) in order to increase variability and be less burdensome on participants, who would be otherwise required to estimate the number of times in the past year they covered a specific event. Frequency of trauma coverage is measured with 15 items, asking how often participants covered certain types of events, such as natural disasters, murders or car accidents. Items were averaged into an overall measure of trauma coverage frequency, with higher scores indicating more trauma coverage ($M = 2.17$, $SD = .60$). Intensity of trauma coverage was measured with nine dichotomous items (*yes, no*) asking various questions about the nature of the respondent's experience covering trauma. For example, participants were asked how often they have covered traumatic events "on the scene," whether they were physically harmed during coverage, if they had to tell family members or friends about the death of a loved one...etc. Items with "yes" responses were summed for an overall measure of trauma coverage intensity, with higher scores indicating higher intensity ($M = 3.89$, $SD = 2.01$).

Personal Stressors. In order to distinguish effects of personal trauma from work-related trauma, personal life stressors were measured and used as a control variable. Items from the Traumatic Life Events Questionnaire (Kubany et al., 2000) measured non-work-related personal

trauma. Items include being robbed with a weapon, being injured in a car accident, and experiencing the sudden death of a family member. Wording on a few items was simplified for brevity. A total of seven items were used, with dichotomous (*Yes, No*) response items. “Yes” responses were summed into an overall measure of non-work-related trauma ($M = 1.91$, $SD = 1.41$).

PTSD Symptoms. Occurrence of post-traumatic stress symptoms was measured with the PTSD Checklist (PCL-5) developed by Weathers et al. (2013) to correspond with symptoms of PTSD according to the criteria in the most recent version of the DSM. Since the update of the Diagnostic Statistical Manual of Mental Disorders to the 5th edition, a fourth symptom (negative cognitions) has been added to the PTSD diagnostic criteria. This criterion has not been adequately captured by researchers due to its recent addition to the DSM. The PCL-5 captured symptoms of hyper-arousal ($M = 2.17$, $SD = .73$), avoidance ($M = 1.99$, $SD = .88$), negative cognitions ($M = 1.93$, $SD = .76$) and intrusion ($M = 1.76$, $SD = .68$). Responses were measured on a 5-point scale (1 = *Never* to 5 = *Most of the time*). Examples of items include “Loss of interest in things you used to enjoy,” “Feeling jumpy or easily startled,” and “Feeling distant or cut off from other people.” Five items measured intrusion symptoms, two items measured avoidance symptoms, seven items measured negative cognitions, and six items measured hyper-arousal. An overall PTSD symptom severity score was calculated by averaging all 20 items ($M = 1.96$, $SD = .65$). Symptom severity was calculated by averaging the scores for each symptom separately.

Secondary Traumatic Stress. Relevant items from a subscale of the Professional Quality of Life Scale (ProQoL) which measures secondary traumatic stress (also known in the literature as vicarious trauma) was measured with five items (Stamm, 2005) on a 7-point Likert scale (1 =

Strongly Agree, 7 = *Strongly Disagree*). Items included, “I find it difficult to separate my personal life from my life as a journalist,” and “I feel as though I experience the trauma of people I have interviewed.” This measure distinguishes job-related secondary traumatic stress from specific PTSD symptoms. High scores indicate higher levels of secondary traumatic stress ($M = 3.93$, $SD = 1.26$).

Trauma Awareness. Levels of trauma awareness were measured using seven items borrowed from a survey by Dworznik (2007) measuring trauma awareness in newly-hired reporters. The questions were designed to determine how comfortable and prepared journalists felt about covering violent or tragic story assignments and interviewing victims and their families. Item responses were measured on a 7-point scale (1 = *Strongly Agree*, 7 = *Strongly Disagree*). Statements included, “I am comfortable with the idea of interviewing victims of trauma,” and “I would feel prepared to interview family members of someone who was recently killed.” After reverse coding a few items, they were averaged to create an overall score of trauma awareness, with higher scores indicating higher trauma awareness ($M = 5.30$, $SD = 1.00$, $\alpha = .80$).

Job Satisfaction. Job satisfaction as a control variable was measured with two items from the Generic Job Satisfaction Scale (McDonald & McIntyre, 1997). The control variable was measured in order to differentiate traumatic symptoms resulting from disliking one’s job and trauma symptoms that result from traumatic assignment coverage. These items were measured on a 7-point Likert style scale (1 = *Strongly Agree*, 7 = *Strongly Disagree*). Measures were averaged into an overall score of job satisfaction with higher scores indicating a more job satisfaction ($M = 5.73$, $SD = 1.22$, $r = .72$). Items were, “Overall, I feel good about my job” and “Overall, I find my work satisfying.”

Trauma Education and Job Resources. The extent and type of trauma reporting education was measured with five items, asking whether the respondent took a class about trauma journalism, listened to a lecture, completed readings, heard a guest lecture, or had a class lesson about trauma reporting. Three items measured newsroom trauma resources, asking whether their workplace had ever held group/one-on-one meetings, offered trauma training or counseling during or after traumatic story assignments. Both of these measures had dichotomous response items (*Yes, No*), and in each measure, the *Yes* responses were summed to produce an overall score of trauma education ($M = 1.14$, $SD = 1.51$) and newsroom trauma resources ($M = .87$, $SD = 1.01$). Respondents were also asked (*Yes, No*) whether they actually participated, either previously or currently, in trauma training, meetings or counseling offered by their workplace ($M = .46$, $SD = .74$)

Willingness to seek workplace support. Willingness to seek emotional support in the workplace was measured with three items: “I would not seek support from my supervisor if a traumatic story assignment caused me emotional distress (reverse coded),” “If I ever experienced emotional distress as a result of a work assignment, I would ask my supervisor for advice,” and “I would let my supervisor know if I felt depressed about a particular distressing story assignment I covered.” Response items existed on a 7-point scale (1 = *Strongly Agree* to 7 = *Strongly Disagree*). Higher scores indicate more willingness to seek emotional support in the workplace ($M = 4.01$, $SD = 1.51$, $\alpha = .87$).

Perception of workplace support. Journalists’ perceptions of workplace support was measured with three items: “I believe my supervisors care about my well-being,” “My work environment is supportive of employees who experience work-related stress,” “I would feel uncomfortable talking to an editor or supervisor about emotional distress I felt after covering a

traumatic assignment” (Reverse-coded). Response items existed on a 7-point scale (1 = *Strongly Agree*, 7 = *Strongly Disagree*). Higher scores indicate stronger perceptions of workplace support ($M = 4.75$, $SD = 1.33$, $\alpha = .77$).

Interview Overview

There are various benefits of using a mixed-methods approach to study phenomena. Qualitative data allows researchers to situate statistics in context (McCracken, 1988) and allows for a more nuanced understanding of an issue (Robinson & Mendelson, 2012). Rentschler (2009) argues that supplementing quantitative data with qualitative data in research about journalists’ experiences helps to “authorize tales of journalistic witnessing” (Rentschler, 2009, p. 107). Semi-structured interviews allowed journalists to explain how they managed trauma in their unique circumstances, while recalling their emotional reactions and thought processes. Given the goals of this project, a quantitative methodological approach alone would have been inadequate.

To obtain a subset of participants for in-depth interviews, an item in the online questionnaire asked if the respondent was interested in participating in a phone interview to discuss his or her experiences covering traumatic stories. If a participant indicated interest, they were instructed to enter their email address in order to be contacted to discuss and schedule an interview. A total of 94 participants indicated interest in participating in a phone interview. Invitations to schedule a phone interview were emailed to interested participants between two and three weeks after the survey data was collected. A total of 24 journalists (9 males and 15 females) responded to the invitation and were interviewed by phone. Twenty-one were reporters and three were photographers. According to Crouch and McKenzie (2006), fewer than 20 participants would be appropriate for in-depth analysis. Polkinghorne (1989) recommends between 5 and 25 in-depth interviews. The saturation of qualitative data—the point at which a dataset becomes complete

due to the replication of themes—is also an important factor to consider when collecting qualitative data (Marshall et al., 2013). While the perspectives and communication styles of all 24 interview participants were unique, it was clear that many of the same themes were being communicated after the first 20 interviews. Journalists from 16 states were interviewed: Arizona, California, Delaware, Indiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, New York, Oklahoma, Oregon, South Dakota, Washington, Wisconsin and West Virginia. Each interview was recorded and transcribed. The average interview length was 23 minutes, with the shortest interview lasting 11 minutes and the longest interview lasting 47 minutes. Table 1 displays the pseudonyms, years of experience, role and the general area of their news outlet.

Interview Protocol

Before beginning each phone interview, participants were asked if they read the consent form and asked to give verbal consent to continue the interview. Participants were also reminded that the interview was confidential and that they would be assigned a pseudonym to keep responses anonymous. The names of participants' places of employment are not disclosed. The core interview questions included: *Can you tell me about a story assignment to which you had a strong emotional reaction, such as feeling scared or upset? Do you have any strategies for dealing with the emotional toll of certain story assignments? Would you feel comfortable talking to editors or colleagues if you felt emotionally impacted by an assignment? Can you remember ever learning about crisis reporting in school?* The interview protocol in Appendix C lists prepared interview questions; however, the questions were not necessarily asked in order, but rather used as a map. Interviews were semi-structured to allow for flexibility, should worthwhile topics arise.

Transcripts were created from audio recording of each of the 24 interviews, and detailed field notes were also made during each interview to specify time stamps of interest. The coding process consisted of identifying coding categories that emerged during initial readings of the transcripts, and then “revising the coding categories until they capture all” data relevant to the research questions (Baxter & Babbie, 2003, p. 367). Some trends and themes were apparent as they were based in the existing literature on trauma journalism, while other categories emerged organically from the data.

CHAPTER 7

SURVEY FINDINGS

Bivariate Pearson r correlations of continuous variables were calculated prior to the hypothesis testing to explore these concepts in greater depth (See Table 2). **H1a** and **H1b** predicted a positive relationship between trauma coverage frequency and post-traumatic stress severity, and trauma coverage intensity and post-traumatic stress severity. The most basic test of these relationships found significant positive correlations, with $r = .33$ and $r = .30$, respectively. **R2** asked if these relationships were moderated by gender, role (photographer, reporter), or years of experience. To test **R2**, and also to examine these relationships more thoroughly by controlling for job satisfaction and personal stress, a hierarchical multiple regression analysis was conducted. Multicollinearity diagnostics indicated no issues, with the lowest tolerance score a .56 and the highest Variance Inflation Factor score at 1.78. In Step 1, the control variables of job satisfaction and personal life stress, along with potential moderators of gender, role and years of experience, were entered. These predictors explained about 14.4% ($r^2 = .14$) of the variance in post-traumatic stress severity, $F(5, 248) = 8.37$. In Step 2, the primary predictors—trauma coverage frequency and trauma coverage intensity— were entered. After the addition of trauma coverage frequency and intensity in Step 2, the total variance explained was 23.2%, ($r^2 = .23$), $F(7, 246) = 10.62$. Both trauma coverage frequency ($\beta = .18, p < .01$) and trauma coverage intensity ($\beta = .18, p < .05$) emerged as significant predictors of post-traumatic stress severity. In other words, as traumatic news coverage increased, and as the intensity of that coverage increased, post-traumatic stress severity also significantly increased. To determine whether the

regression model would be improved upon by the addition of interaction terms, six interaction terms (gender, role and years of experience crossed with trauma coverage frequency and intensity) were added in Step 3. Results indicated that none of the interaction terms were significant, with p values ranging from .07 to .906. The addition of the interaction terms explained only an additional 1.9% of variance in post-traumatic stress severity, R squared change = 1.9, $F(13, 240) = 6.18$. Thus, the more parsimonious regression model was retained, indicating support for **H1a** and **H1b**. Table 3 displays statistics for the first two steps of the regression model predicting post-traumatic stress.

H2a and **H2b** predicted a positive relationship between both trauma coverage frequency and secondary traumatic stress severity and trauma coverage intensity and secondary traumatic stress severity. Pearson correlations between these variables showed a significant positive association between trauma coverage intensity and secondary traumatic stress ($r = .32$); however, the correlation between trauma coverage frequency and secondary traumatic stress was negative ($r = -.26$). **R2** asked if any of the three variables—gender, role, or years of experience—moderated these relationships. To further examine the role of moderators and to account for potential control variables, another hierarchical regression was conducted, again entering control variables of job satisfaction and personal life stress along with gender, role and years of experience in Step 1. The first model explained nearly 10% ($r^2 = .10$) of variance in secondary traumatic stress $F(5, 248) = 5.27$. In Step 2, the primary predictors of trauma coverage frequency and intensity were entered. The addition of these variables explained an additional variance of 8.9%, for a total explained variance of 18.5%, $F(7, 246) = 7.98$. No violation of the assumptions of multicollinearity was indicated, with the lowest tolerance score at .56 and the highest Variance Inflation Factor score at 1.80. Trauma coverage frequency was not a significant predictor of

secondary traumatic stress, but trauma coverage intensity was a significant predictor, ($\beta = .30$, $p < .001$). Thus, while **H2a** was not supported, **H2b** was supported. To determine whether there were significant interaction effects, six interaction terms (gender, role and years of experience crossed with trauma coverage frequency and intensity) were added in Step 3. None of the interaction terms were significant, with p values ranging from .08 to .86. The third model explained only an additional 2.3%, resulting in the second model retained as the most parsimonious. Table 4 displays the regression statistics for Step 1 and Step 2 of the model predicting secondary traumatic stress.

R1 asked about the severity of each of the four main symptom criteria for PTSD. Symptoms of hyper-arousal, marked by heightened anxiety, difficulty sleeping or concentrating, and irritability and outbursts, had the highest mean ($M = 2.17$) compared to the other symptoms. Avoidance symptoms, characterized by avoiding talking about, thinking about, or visiting places associated with negative emotions, were the second most severe symptoms reported. Negative cognition ($M = 1.93$) was the third most severe symptom category. These symptoms include hopelessness, detachment, loss of interest and sadness. Participants reported intrusion symptoms as the least severe of the four, with a mean of 1.76. Table 5 displays the means and standard deviations of all four symptom categories of PTSD.

R3 asked how many journalists in the sample received some kind of education in trauma reporting or crisis reporting during their undergraduate or graduate-level education. More than half (53%) of respondents indicated they had no classes, readings, lectures, guest speakers or class lessons about crisis reporting or covering trauma in the journalism industry. Class readings were the most common format of crisis reporting education, with about 29% reporting they had been assigned a class reading about the topic. Only 9% of respondents took a class about crisis

reporting. The mean score for trauma education was 1.14, with a minimum of 0 and a maximum of 5. Thus, those who scored 5 participated in all five of the educational activities related to crisis reporting, and those who scored 0 did not participate in any. Only 4% of the sample took part in all five educational activities. Table 6 displays all descriptive statistics for trauma education.

R4 asked about the proportion of journalists who worked in newsrooms that provided resources related to trauma training, counseling and mental health awareness. Nearly half (47%) of respondents reported that their current newsrooms did not offer counseling, one-on-one meetings/debriefings, group meetings/debriefings or trauma reporting training (in-house or referrals). The mean score for newsroom resources was .87. Only about 3% of respondents reported having all four resources available in their newsrooms, while about 30% reported the presence of at least one of the resources. Table 7 displays the descriptive statistics for the presence or absence of newsroom trauma resources.

H3a predicted that participants who reported more exposure to trauma education in school would be more willing to seek emotional support in the workplace. **H4a** predicted that participation in workplace trauma-related resources would also significantly predict willingness to seek emotional support in the workplace. To test both of these hypotheses, a multiple linear regression analysis was conducted, with both predictors (trauma education, workplace resource participation) entered along with two control variables, job satisfaction and personal life stress. A check of multicollinearity diagnostics found no violations, with the lowest tolerance statistic at .99, and the highest Variance Inflation Factor at 1.03. Trauma education did not significantly predict willingness to seek support, thus **H3a** was not supported. Results also indicated that, even while controlling for job satisfaction and personal life stress, participation in workplace trauma-related resources did significantly predict willingness to seek emotional support in the workplace

($\beta = .124, p < .05$). **H4a** was supported, indicating that those who participated more in their workplace's resources related to trauma coverage were significantly more willing to seek emotional support in their workplace. The total variance predicted by the model as a whole was 10%, $F(4, 246) = 6.83$. Table 8 displays statistics for the multiple regression analysis predicting willingness to seek support.

H3b predicted that trauma education would be a significant positive predictor of one's trauma awareness level. **H4b** predicted that participation in workplace trauma-related resources would also positively predict an individual's level of trauma awareness. To test these hypotheses, a multiple regression analysis was conducting with both of these predictors entered, along with job satisfaction and personal life stress entered as control variables. There were no violations of multicollinearity indicated, with the lowest tolerance score at .99 and the highest Variance Inflation Factor at 1.03. Total variance explained by the model was 11.6%, $F(4, 246) = 8.10$. Trauma education did significantly predict trauma awareness ($\beta = .152, p < .05$). Thus, **H3b** was supported. Participation in workplace resources was marginally significant ($\beta = .119, p = .051$). Thus, **H4b** was not supported, though results indicate a trend toward significance. Additionally, subsequent analysis found that participation in workplace resources does emerge as a significant predictor ($\beta = .124, p < .05$) when trauma education is taken out of the model. Trauma education and participation in workplace resources are not significantly correlated ($r = .04$), suggesting that the effect of participation is simply subsumed by that of trauma education when both are included in the model. Table 9 displays statistics for the multiple regression predicting trauma awareness.

CHAPTER 8

INTERVIEW FINDINGS

Semi-structured interviews with 21 reporters and three photographers revealed a wide range of experiences with covering traumatic events. **R5** asked how journalists communicated traumatic news stories and how they were emotionally or psychologically affected by them. To answer this, journalists were asked early on in the interviews to describe a story assignment they covered in their career that they would describe as traumatic in nature. They were then asked to expand upon their personal experience covering the story and how they felt during and after the assignment.

On-the-Job Trauma Experiences

Journalists described dozens of story assignments they remember as being particularly difficult to cover, and many reported emotional and psychological effects from these events which continued years after covering the story. These story assignments included acts of violence such as mass shootings, murder-homicides, executions, sexual assaults, domestic violence, kidnappings and hostage situations, as well as accidents, such as a drowning, fatal car wrecks, an earthquake, and a mudslide that killed 43 people. Covering stories involving harm or death of children were mentioned by nearly a dozen journalists as the toughest and most memorable assignments. While many of the assignments described were breaking news stories, others said they have been most affected by the more in-depth, investigated pieces, because of the nature of immersing oneself in the story for an extended period of time and getting to know the people and players involved. Richard, a photographer for 30 years at various Midwestern

newspapers, described covering protests in Ferguson for months at a time in 2014, after the fatal shooting of Michael Brown, a black teenager, by a white police officer:

We lived and breathed Ferguson for eight months nonstop. There were a lot of long nights working, and things got really heated, really intense. Emotions were high. It was emotionally draining, especially with social media constantly abuzz. Those are the stories where you really just take that stuff home with you. It's not an experience I'd want to revisit (Richard, photographer).

Other in-depth assignments mentioned during interviews included a profile on a terminally ill child, stories about refugee families fleeing violence in Mexico and being split up after deportation, an investigative piece on child sex trafficking, and a series of stories on a woman who was sexually assaulted by a family member. Nancy, a journalist for six years at a Midwest newspaper, described how she still keeps in touch with a woman who shared her experience with sexual abuse as a child. The story involved reading graphic police reports and interviewing the victim extensively.

This was not just a simple crime brief. This woman shared all the details of her childhood abuse, and I really came to care for her. I experienced actual rage after reading the police records about the case. I thought about the story a lot off the clock—in the shower, walking my dog. I carried it around with me for weeks. I immersed myself in it (Nancy, reporter).

Nearly half of those interviewed described witnessing first-hand violent crimes and accidents and their gruesome aftermaths, resulting in mental images that stuck with them for many months. Some said they could still remember the smells of accident scenes. Joe, a photo editor and photographer for a Midwest newspaper, said that when he first began his career as a news photographer, he was often allowed by police to step over the yellow caution tape to get a closer look. “I once photographed a girl who died in a wreck. Then I had to go back to the newsroom and make prints and copies of the photos, so I was reliving it again. I’ll always

remember that scene—what her body looked like, the smell of the wreck.” Howard, a veteran reporter working at Pacific coast newspaper, described how he witnessed a woman commit suicide with a gunshot to the head. “That was my first trip to the company psychologist,” he added after describing the memory.

While the physical aftermath of events was often described as “traumatic,” three-fourths of journalists also described the emotional aftermath of events as being the hardest to cover, including memorials and murder trials. Witnessing the grieving family members of a someone who was killed, and then approaching them for an interview, rarely gets easier. Cory, who has covered news in the northeast for 30 years, said he remembered a story he wrote nearly 25 years ago, about a high school girl diagnosed with a progressive, terminal illness. “She told me in an interview that she had picked out the dress she wanted to be buried in. That moment, it’s stuck with me for 25 years.” Pam, a reporter who has covered breaking news at a Midwest newspaper for about a year, said she has never looked forward to contacting a grieving family member. “I know this is my job, but it does bother me. I don’t want to talk to someone who is grieving. It’s not something I enjoy.”

Memories and mental images of people in pain were described by several journalists as “heavy” and like “carrying a burden” (Lisa, reporter; David, reporter). Lisa, a reporter at a Pacific Northwest newspaper, described the unforgettable image of the grieving family members of a woman who was found shot to death in her apartment. “The family was on their knees, bawling and screaming. It’s really heavy stuff.” Empathy and detachment strategies will be described in depth in a later section, but it is important to note that many journalists communicated that they often experienced the pain and “absorbed people’s feelings” (Nancy,

reporter) during interviews. David, a reporter for 30 years, described how he feels emotionally involved in the interview process:

It's hard to detach yourself; it affects me. When you interview someone who has been through an ordeal, you can choose to interview them superficially, but then you won't be able to describe what they are going through in a meaningful way. You need to take them through their own trauma. And afterwards, those emotions stay with you. It's hard to shake it off."

Although the majority of journalists said they liked or loved their job, a few mentioned their dislike of covering breaking news and crime, and four journalists said they had to switch beats because of emotional burnout. "Sometimes I have to remind myself that I like it," said Zach, a new reporter based in the Pacific Northwest. Nancy, a reporter in the Midwest, said her empathetic nature makes crime and breaking news coverage her least favorite part of the job. "I hate covering breaking news because of the get-up-and-go of it, and talk to people on their worst day imaginable." Another reporter from the Midwest, who has been a reporter for less than a year, said she had to switch from the crime beat to public health. Anna described why she asked to switch beats just a few months into her first job:

The crime beat is not my cup of tea. It wasn't so much one story that did it, but the combined effect of all the stories. I mean, one week you are writing about a family with a missing daughter, then the next week you're talking to a mom whose daughter committed suicide, and then the next week it's a murder sentencing in court. After a while, the cumulative effect really started to affect my mental health. And I felt like I couldn't say 'no' to an assignment.

Another difficult aspect of trauma reporting mentioned in interviews was the inescapable nature of the work, described by one reporter as "a barrage of crime stories, one after the other." Veteran reporter David, who specializes in immigration issues, said the job is not done after a reporter covers a breaking news event. "Journalists must respond to whatever is happening, every day, and continue to cover and write follow-ups on that crime for days, weeks or even

years. The level of exposure is very deep.” After a day at the office, or out on assignment, the emotional baggage of the work can follow journalists home.

It doesn’t really matter what the heck you do, you’re still going to be thinking about work. It’s the type of job you can’t ever leave completely. It’s hard to escape (Joanna, reporter).

Effects of Trauma Coverage

The second component of **R5** asked how journalists were psychologically and emotionally affected by the traumatic stories they have covered. These descriptions of mental health effects were typically revealed freely and openly, as journalists described their reporting experiences and various story assignments. For others, it took longer for them to open up about the ways they were impacted by their work. Effects of covering trauma were wide-ranging, including PTSD symptoms, depression, anxiety, guilt, sadness and general discomfort.

Post-traumatic stress, anxiety, depression. One reporter explicitly described her symptoms as “kind of like PTSD” (Samantha, reporter), while others described experiencing symptoms of avoidance, hyper-vigilance, intrusion and negative cognitions which are indicative of post-traumatic stress. For example, Samantha described re-experiencing negative emotions associated with a fatal wreck she covered several years prior. The wreck killed the family of a girl—the sole survivor—who was found crying next to the bodies of her family members.

It was absolutely the worst crash scene I’d ever scene. It still affects me. I have kids in college, and I am the most terrible worrier about their safety on the roads. When driving a few times, I have had some recurring panic attacks. And occasionally I used to have to take medication when my husband was driving me on longer trips. I’ve talked to a counselor about it—it’s kind of like PTSD in a way (Samantha, reporter).

A similar experience of associating places with negative feelings and memories was described at Howard, who is often reminded of the time he witnessed a women’s suicide

underneath a California bridge: “I pass this bridge all the time going to work. Every time I pass that bridge, I think about her. There is no way to avoid it.”

Five journalists reported having trouble sleeping during traumatic story assignments, including Evelyn (reporter, Midwest), who reported fitful sleep for several days after writing some follow-up stories about a serial killer. Two journalists—Anna and Sharon—who work at Midwestern newspapers, said they were clinically diagnosed with anxiety and depression. Sharon said she had experienced depression off and on for 17 years; her symptoms were sometimes triggered by traumatic stories she covered. Anna, who recently switched to the public health beat, said she was irritable and had trouble sleeping while working the crime beat: “I ended up going to therapy and was diagnosed with anxiety and depression. They identified my job as a major factor. Since switching beats, my symptoms have gone way down.” Ethan, a reporter with 30 years of experience, said he was also diagnosed with depression during the years he covered murders, drug crimes and shootings. “Was my depression directly related to the trauma related to my work? No. Has it been a factor? Yes.”

Guilt. Previous studies have found that guilt cognitions are common when journalists feel tensions between their duty as news gatherers and their moral responsibilities as human beings (Amend, 2012; Brown et al., 2012). Several journalists reported feeling guilt and shame when approaching victims, for fear that they were being insensitive, re-traumatizing victims or invading someone’s privacy. Joyce, who had covered breaking news for five years, recalled the drowning of a young boy in a local pond. It took days for divers to recover the body, and media from all over the state swarmed to the town.

I remember going into a coffee shop to grab a coffee, and there were a bunch of family members of the boy in there. They saw my press badge, and I could just see the looks on their faces. The media was really weighing on the family, and I didn’t want to add any more pain with my presence (Joyce, reporter).

Being criticized and denounced by the public was also reported by a few reporters. One journalist described a situation when she was yelled at by the parents of a 9-year-old girl who was killed after being dragged by a school bus and then struck by a car. Susan, who has been a reporter for almost a year, said she placed a phone call to the girl's family. "They yelled into the phone, 'Please don't call here anymore, have some respect.' I hate the feeling that I'm picking at people's wounds." For another story about a college girl who died, Susan said she stared at the phone for a half hour before working up the courage to call the parents.

Courts reporter Joyce said she sometimes fears she could be making the situation worse during an interview. For an in-depth story she covered about teen gang members, she said she often felt like she had the upper hand, and it made her uneasy:

You are asking someone who has been through something horrible to open up to you. And we get to walk away with this great story they have given us, but what have we given them? They still have the same pain and the same problems they did before (Joyce, reporter).

In an unusual circumstance, a photographer working at a Midwestern newspaper ended up being the person to notify a family of a loved one's death. Steve, who has been in the news business for six years, said he went to the victim's girlfriend's house to talk. "They had no idea he died. It was the worst feeling, and so highly unusual. I hope I never have to do that again."

Delayed reactions. A few reports discussed how their emotional reactions hit them the hardest after a traumatic story is completed. Adrenaline and the need to perform a job kick in during the news gathering and news writing processes, but a few hours later, they had the time to think about what they experienced. According to Tammy, a reporter for 15 years, the professional norms keep her composed during a story assignment, but her composure only masks what she really feels: "We are made to be so much tougher because we have to keep everything

on a surface level. But then eight days later, you are crying in your bed.” As another journalist reporter pointed out, it isn't until “afterward when the horror hits you and sinks in” (Samantha, reporter). Cory, a longtime reporter, explained a similar feeling:

You kind of get caught up in the action of all of it. You're busy observing, listening, writing, and these days, shooting video and photos. I guess it's a little bit like being a first-responder—you're so busy doing your job that you don't fully process the moment and all of its implications, which I guess could make reporters seem jaded or hard-hearted. But then later on, when you have the time, you reflect back on it, and then you feel it.

Lisa, a breaking news reporter for two years, described a similar experience with covering traumatic events.

I just have to remind myself that I have to get through this, and that later I can be a little more human. The writing process is pretty formulaic, weaving in facts and quotes and court documents. Then after that, I can take a step away from my computer and let it out if I need to.

Empathy. Some journalists said that their jobs actually made them more empathetic in their personal lives. Samantha, who spent several years covering crime, said this about her responses to violence: “I've taken in a lot of graphic testimony and seen a lot of pictures I wish I'd never seen. I can say, that I'm glad I never got totally numb to it. At least I can still feel.” Another female reporter based in the Pacific Northwest said that after 35 years in the industry, difficult assignments have made her a more “feeling” person: “I'm not doing this in a vacuum. Every experience I have and every interview I do makes me a better listener. I would say, they have helped me be a more empathetic person” (Sophie, reporter).

Another component of empathy is recognizing changes in others. A few journalists mentioned changes they had noticed in colleagues who cover crime. While these are second-hand observations, they are important to disclose, as they show that reporters recognize these symptoms in others and attribute them to the job. Nancy, who has covered public issues for six

years, said three of her female colleagues who cover the crime beat have all undergone different transformations during their time at the newspaper.

I've seen them all change. One woman was so sunny, and she really lost her sunny disposition. The current breaking news reporter...this is her first job out of college...she is having anxiety issues diagnosed for the first time. She's now in therapy and wants to change her beat. The third person has become quite hardened. Maybe that is what it takes. She really immerses herself. It changes a person.

Coping Mechanisms

R6 asked how journalists cope with traumatic news coverage. Interviews revealed the various ways journalists manage and alleviate the stress and emotional toll of reporting on traumatic events. Talking about their experiences, disconnecting from work, use of substances and engaging in risky behavior, and remembering the rewards of the job were primary themes that emerged. Journalists often cited empathetic interviewing and compartmentalizing as common strategies used to deal with traumatic story assignments and interviewing trauma victims, not just to shield themselves from emotional pain, but also to prevent re-traumatizing victims they were interviewing.

Talking about the trauma. More than half of journalists reported that talking, or “venting” to loved ones, co-workers or counselors was beneficial during and after traumatic work assignments. Pam, a reporter for just under a year, said, “If something is weighing heavy on my heart, talking about it helps, instead of keeping it all inside. I’ll talk to my boyfriend, my mom, or my therapist.”

The support of family members who listen and allow reporters to “unload on” (Joyce, reporter) was mentioned as vital to many of those interviewed. “My wife is always on my side,” said Joe, a veteran reporter. Ethan, another veteran reporter with 30 years of experience, is married to a psychologist, and commented that he and his spouse both deal with secondary

trauma: “We feed each other our emotional baggage from our incredibly taxing jobs.” Another female journalist commented that her “sensitive” and “patient” husband listens to her talk about many of the hard stories she covers (Nancy, reporter).

Three journalists mentioned that while support from loved ones is helpful, talking about work trauma with family and significant others is sometimes difficult, or more painful than beneficial. Sharon, a reporter for nearly 10 years, said this of her partner:

Some days I couldn’t even talk about work; I couldn’t even wrap my head around the depravity. Knowing that I had a partner who was willing to listen was good, but it was hard to talk about. At some point, it all just becomes brain vomit. It’s hard to communicate the high-level emotions that I was feeling (Sharon, reporter).

Another journalist mentioned that he did not want to burden his family by talking about work-related trauma: “My wife is very supportive, but after a while, you feel like you just keep talking about the same stuff. I don’t want to burden my family with my stories and experiences” (David, reporter).

Talking with colleagues, especially those who also cover similar stories, and the use of gallows humor with other journalists, was mentioned by about a third of journalists as a helpful activity. According to Richard, a veteran photographer, “talking about it with family is less helpful than talking about it with other journalists.” Fellow journalists who “get it” (Ashley, reporter) and have covered similar traumatic stories were seen as allies and confidants. Lisa, a breaking news reporter for two years, said this of her colleagues: “There is another crime reporter I work with, and we have this understanding. It helps. We sort of bonded over the horrible things we cover.” Samantha, a reporter with 10 years of experience, expressed a similar sentiment: “My colleagues were great. They understood, because we all worked weekends and covered breaking news at some point.” Two journalists mentioned the use of humor with colleagues to deal with the heaviness of their jobs.

It's all about finding the fellow journalists who you can tell the horrible stuff to. They can look at a situation, like a story assignment, clinically, but also use the gallows humor (Rachel, reporter).

Sophie, with 35 years in the news industry, echoed this: "Like in any profession, you make jokes about the hard stuff, and you try and make light of the serious things."

Seven journalists interviewed were currently seeing, or at some point in their careers, saw a counselor or psychiatrist. They called talking to counselors "helpful," "cathartic" and helpful in preventing "burnout." All but one said their experiences in therapy were positive. It is important to note that the journalist who reported having a negative experience in therapy also commented that, in hindsight, she wished she would have continued therapy and should have been more open to it. Howard, a veteran reporter, recalls the time he covered a story about two boys who were raped and murdered in the 1990s. He said the photos shown at trial of the boys' bodies were "seared into his head."

I stayed on the court beat a couple years after that case, but I had so much trouble. A psychologist helped me get through it. She told me to imagine that I was putting those horrible, sad feelings I had into a closet and locking the door, but that I had the key, and I could get to those memories whenever I needed to. She also encouraged me to go to the boys' graves and say goodbye. It helped me a lot, and I will always be grateful for that.

Disconnecting from work. The emotional labor of a journalist was often referred to as inescapable—"a 24/7 job" (Sophie, reporter). But as a way to decompress, about half of journalists mentioned they tried to find activities that kept their minds off work, or at least kept their minds off the emotional baggage of work. These activities included exercising, working on hobbies, watching television and listening to music, keeping the mind busy and taking breaks at work. Eight journalists said exercise, such as running, yoga, hiking, and swimming, was a crucial form of stress relief. "I'm a runner. For me, that helps a lot. After work I'd go home and run. During Ferguson, that was my go-to thing," said Richard, a photographer who covered the

Ferguson protests. Lisa, a reporter based in the Pacific Northwest, also credited exercise with helping her relieve stress.

After I wrap up a tough assignment, I try to work out. I go to the gym and go on the elliptical and blast music. I push myself and try to get some relief, because if I didn't, everything would just well up (Lisa, reporter).

“Therapeutic” hobbies, such as art, spending time with pets, camping, gardening, golf and horseback riding were also mentioned as forms of escape. “I have hobbies. I’ll do some artwork or work around the house. Any sort of activity you can do for an hour and not think about work” (Joanna, reporter). The phrase “getting away from work” was often used during interviews, as though work was always on the mind, even after leaving the office. One journalist mentioned making it a habit never to check work emails at home. Another said he tried to turn his “brain off.”

I come home and watch mindless sitcoms, just try to get away from the news, especially if I just covered something really hard. I try to turn my brain off. I like cars too, so I’ll read car magazines and just try to get away and unwind.

Samantha, who has reported on crime for 10 years, said this about her preferred ways to disconnect: “I used to do a lot of yoga. I spend time with my family and try to remember the important things in life. I find that I need to keep myself busy to keep from ruminating on all the things I’ve seen.”

Taking breaks from covering traumatic news, when possible, was also mentioned by four journalists as a coping mechanism. “I look for natural lulls in my reporting, where I can focus on other topics and stories that don’t necessarily deal with trauma victims,” said David, who has covered immigration issues for the past several years. Ashley, a reporter for four years, said she tries to focus on lighter story topics at least one day a week.

My boss tries to have me do happy stories on Saturdays. And on some days, I am glad I can do that. Like last week, I wrote a story about dogs, the new police canine unit.

Finding things that are a little more fun to cover is a good idea, so it kind of balances out the other kind of coverage (Ashley, reporter).

Veteran reporter Ethan said it was “absolutely key” to take a break from trauma coverage once in a while. “Write a food story, write a policy story, write any kind of story where nobody gets killed. I have no idea how reporters who only do the police beat keep their heads together.”

Purging emotions. Engaging in cathartic behaviors such as crying, journaling and writing were cited several times as ways they had purged negative emotions. Some acknowledged crying on the job or after covering a difficult assignment. Lisa, who has covered breaking news for two years, recalled one day at the office when she was interviewing a trauma victim on the phone and typing a story at her desk.

I finished the interview, got up, and took a step away from my computer. My editor approached me and asked if I was okay, and I started crying in the middle of the newsroom. I was trying to contain it, at least in the newsroom, because the last thing anyone wants is to be that person crying in the middle of the newsroom (Lisa, reporter).

Ashley, who works at a small newspaper in the Northwest, said she once covered the aftermath of a fire that destroyed a pet rescue facility and killed more than a dozen dogs. She said the facility smelled like burnt flesh, and the owner was sobbing during the interview. “By the time I got out of there, I was pretty worked up. I had to pull over to the side of the road, and I cried a little bit.”

A few journalists pointed to the news writing process as a cathartic activity, especially when the writing style is more narrative in style. Veteran journalist Cory said the process of writing a story can be “unburdening.”

The process of writing the story is therapeutic I think because it’s a kind of confession. If I were to go to a therapist, I would probably tell the therapist what I wrote in my story. The process of unburdening that emotional effect on myself is part of what writing is about. It’s something that we get to do that a lot of other folks who witness trauma don’t get to do. There is no real catharsis for them (Cory, reporter).

Substance use and risky behavior. Four reporters disclosed that they used to drink heavily when work assignments were emotionally taxing. One female journalist—who has covered a lethal injection execution, a murder-suicide, multiple fatal wrecks and a plane crash—said with a laugh, “There was a time when I drank a lot. But we’re reporters, we’re supposed to drink” (Tammy, reporter). Another female reporter, who wrote a series of stories about a woman who was sexually assaulted, admitted that she felt intense rage at the perpetrators and formed a close relationship to the victim. She recalled her coping strategies at the time: “Now that I think about it, I drank a lot at that time; I drank a glass of whiskey after work a lot” (Nancy). A handful of journalists admitted that when they first started out in the business, they did not have adaptive coping skills: “Several years ago, while doing an investigative piece, I didn’t have a whole lot of healthy coping strategies. I would self medicate”(Sharon, reporter).

Risky behavior was not a common coping mechanism cited in interviews, but one female reporter admitted to making bad decisions during a period of particularly tough story assignments. Tammy eventually joined a peer support group that helped her work through the emotional toll of her job.

I smoked. I drank. I was never good at getting enough sleep. I dated stupid people. I made some terrible decisions. I became a different person because of what I had seen.

Remembering job purpose. Several journalists remembered the importance of their role in order to get through a traumatic story assignment. “I go into those assignments with the idea that this is my job. This is ingrained in me. It's important work, it makes a difference” (Joe, veteran photographer). Journalists used phrases such as, “sticking to journalistic principles,” “doing my duty” and “doing this for the greater good.” Pam, a reporter for about a year, recalled “the most heart wrenching” story she covered about twin baby girls who were severely abused

by their parents. “It was one of the worst stories I’ve ever been involved in. I had to hear and see horrible things. But in the end, it was good that this was brought to the attention of law enforcement (Pam, reporter). Breaking news reporter Lisa said this about her role as a journalist: “There are always moments that are tough. But there is a reason why I am doing this. There is a reason why I have to ask these horrible questions. That is what I tell myself.”

Fulfilling a role, serving the public, and acting as a voice for victims and their families—these were recurrent themes throughout the interview process. Veteran reporter Cory spoke at length about the story being bigger than just one person:

The thing I’ve learned in my thirty years in journalism—everything has to serve the story. The story comes first, even if that means taking myself off the story if I am too affected by it. The story is the most important thing, always, in this job (Cory, reporter).

Strategies for Approaching Victims

Two themes emerged when discussing strategies when approaching and interviewing victims or their loved ones—empathy and compartmentalization. These strategies were used by journalists for a number of reasons: to protect themselves from emotional trauma, to prevent re-traumatizing their interview subjects, and to connect and build trust with interview subjects, both to serve the story and also to “be a good human.” Most journalists said empathy was the best way to connect with people, and even if they did try to separate their emotions from the situation, it would be impossible for them not to feel and sympathize. “I try to be objective, but I’m also human. I can’t help the fact that I feel empathy and sadness for a family who has lost a son. The important thing is not to let that get in the way of doing your job well” (Melanie, reporter).

A few reporters said they have cried with trauma victims during an interview. Longtime photographer Joe said this about a story he covered about the families whose homes were destroyed by a tornado: “I’ve cried with these people. I’ve cried while taking photographs of

their destroyed community. Empathy is about letting people know you care, and that you don't just want to dig into their lives. When you practice empathy when reporting, people will thank you" (Joe, photographer). For Joe, empathy was beneficial.

Many spoke at length about the importance of being a person, a human being, and not a robot, when newsgathering. Longtime reporter Sophie explained her take on empathy: "It [empathy] certainly helps in interviewing, and it doesn't make me write an unfair story. I need to be a person first."

The phrase "putting myself in their shoes" was used on more than one occasion. Veteran reporter Cory explained his approach to interviewing victims.

At first I didn't like doing it, but what I've found is that most people appreciate telling their story, as long as you are empathetic and sensitive. You put yourself in their shoes and ask yourself, 'how would I want to be interviewed by a reporter?' You give them all the time they need and let them take the lead. It never gets easier, but you learn how to approach them and not inflict more pain.

Two reporters said they used to be much more detached when covering trauma, but over the years, they have become more sensitive. "I used to be really good at compartmentalizing, but that's not always a good thing, is it? Now I often cry with victims, and I'm not faking anything. But it's definitely not something I used to do" (Tammy, reporter). Tammy added that even though she is now a more empathetic journalist, this approach can be "emotionally draining."

A handful of reporters said they try to turn off their emotions during traumatic assignments, in order to "get through it" and prevent their emotions from being "rubbed raw" to the point where it interferes with the job (Ethan, reporter). A few journalists said they employed this strategy of "turning emotions off" at work, but that they still tried to remain sensitive and respectful, by taking their time with the interview and using a soft tone of voice. Sharon explained her experience.

Perhaps it's not super healthy, but it works for me. I just compartmentalize. I get in the zone. I am a reporter, so I get into reporter mode. I am that neutral, objective person. But I take my time with it.

A few journalists expressed concern that they were becoming numb to the violence and conflict they reported on regularly, with one reporter saying she feels "more detached" after years of reporting on trauma.

Perceptions of Newsroom Support

Perceptions about the supportiveness of newsroom environments varied among journalists. **R7** asked about journalists' willingness to seek emotional or psychological support in the newsroom, particularly with managers and editors. Reactions were about evenly split. Seven journalists reported they would not feel comfortable seeking support from an editor, because of the overall culture, fear of losing an assignment, or personal characteristics of the editor. Seven journalists reported experiencing positive relationships with their supervisors, and indicated they either have in the past, or would seek support if they needed to. The remaining 10 journalists reported mixed feelings about their newsroom's culture, with several saying their likelihood of seeking editorial support would depend on the editor or the situation. Some light was shed on the types of editors who were easier to approach about emotional distress.

A culture of caring. A recurrent theme among those who reported working in a supportive newsroom environment was that they felt "lucky" or "fortunate" to have supportive editors. This was an interesting response, as it indicates that the default or the norm would be to work in a less supportive newsroom. Along the same line, one female reporter said she was "surprised" by the receptiveness of the managers when she asked to switch from the crime beat to public health:

I decided I just couldn't take it, and asked to be moved. I was surprised by their reaction. They were receptive, and open to coming up with some kind of solution. But I was told that if the previous editor was still around, that would have never happened (Anna, reporter).

Those who felt positively about their newsrooms used the phrases “super supportive,” “open door policy” and “intimate.” Associations were made between supportiveness and working at a small or independently-owned news outlets. “Being such a small paper, I feel like the reporters and editors are a little more intimate,” said Susan. Similar sentiments were expressed by Melanie, who has worked at a small paper in the northeast for three years:

It's a small, independently-owned paper. So we have a pretty open-door policy and a close relationship with the editors. If I need a break, or if I need to switch gears to work on something different for an hour or so, I can walk into my editor's office and say, 'This is really getting to me.' He is super supportive.

Veteran reporter Cory said he felt an “implicit understanding” among the staff at every newspaper he has worked in. “I could sit down with anyone and tell them how I felt about a story,” he said. Another journalist said her editor encouraged her to take up journaling as a way to cope with the emotional reactions to traumatic assignments: I sometimes joked that our editorial meetings were like therapy sessions” (Nancy, reporter).

One journalist stood out from the others with her description of her newsroom's culture, which incorporated guidelines from the Dart Center for Journalism and Trauma. Rachel, who has been a reporter in the Pacific Northwest for about 6 years, said every new hire at her newspaper gets a Dart Center booklet about the basics of covering crime. “We follow the practices of the Dart Center. And we watch out for each other. It helps prevent burnout.” No other journalists mentioned these resources in their newsroom. Although, two journalists did point out that their newsroom's healthcare policy allowed for a certain number of free trips to a psychologist,

though the services were never advertised. “It was in the fine print,” remarked Howard, a veteran reporter.

Supportive newsroom? Sometimes. For about 10 journalists, supportive editors were hit or miss. For example, Rachel said this about her editors: “My direct supervisor is good about it, because he has covered that stuff too. It is worse when you have editors who haven’t had crime reporting experience.” More than one journalists made an association between supportiveness and crime beat experience when describing the disposition of editors.

Newsrooms can be a mixed bag when it comes to that. I had one editor who had spent many years as a cops editor, and he was very empathetic. I had another one who was the complete opposite. But I’ve had some really great conversations with my current editor about this kind of stuff (Samantha, reporter).

Other kinds of life experience besides crime beat reporting were also related with to an editor’s supportiveness. For example, Sharon said her current editor is very supportive because he has a son who has experienced mental health issues, but not all newsrooms she has worked in have been this way: “It depends on the newsroom. At some papers I felt like a cog in the wheel—there was just too much going on. Now, I do feel comfortable. My editor is very open to talking about mental health; it’s the safest environment I’ve been in my career so far.”

One journalist who has been in the business for 15 years, pointed out that she has seen somewhat of a shift in editorial attitudes about trauma coverage:

At one time, editors told journalist, ‘You’re gonna see bad shit. Tough it out.’ Now I think the culture is a little different. Perceptions might be changing. But really it depends on how busy the newsroom is sometimes. Most of the time it’s crazy busy and editors are on autopilot. They expect you to just bang it out and get it done. When there is break though, sometimes the editors and reporters will all sit around and reflect on it.

Level of trust, friendship and general personality were also mentioned as predictors of seeking support from editors. “One editor of mine is just an ass; it’s as simple as that. I wouldn’t bother him,” remarked one journalist.

Unwillingness to seek editorial support. The level of activity in the newsroom, personality and gender of editors, and fear of losing an assignment were all cited as reasons journalists would either hesitate or decide not to seek support from an editor. For example, Lisa said most editors are so involved in their own work and forget about the at-times serious nature of the reporters' jobs. "To be honest, that [supportive] environment just isn't here. It could definitely be better. A lot of editors forget about the serious things we cover; it's easy to forget in this industry. I'm not sure what the resolution is, but there is room for improvement."

Traditional journalistic norms of behavior—norms that highlight strict objectivity and detachment—can also deter reporters from seeking editorial help. Veteran reporter Tammy recalled when a former editor told her, "If a guy goes to a bridge to jump, you take a picture, you don't try to save him."

Three individuals—veteran reporters David and Cory, and new reporter Zach— all said they would likely not talk to an editor about job-related trauma for fear that an assignment would be taken away from them, or that they would appear incompetent. "To be honest, I would get it to myself," said Zach. "I don't want to seem like I can't handle it. I wouldn't even bring it up." David, who covers immigration issues, talked at length about his reluctance to talk to editors.

There have been times when I've experienced strain. I've never actually discussed this with my editor. And for the most part, no editor has ever asked me, 'What was that like?' or 'Are you okay?', or 'Are you having any difficulty coping with this?' There is never any discussion about that. My biggest concern is that if I expressed any concerns, they would take me off my beat, and say, 'Oh, he can't handle this.' They might talk to HR. So I have never brought it up (David, reporter).

Veteran reporter Howard recalls a time when he worked long hours for months on a story about two missing girls in California. "I collapsed for a few days. I slept very little. I told them [editors] that I needed a day off, but they were demanding me to work. Management had no understanding of the emotional toll of that story."

And although a few journalists acknowledged that if they ever needed to talk to an editor, the editor would probably be receptive, journalists also pointed out that they had never been approached by an editor or “checked up” on by an editor after a traumatic story assignment. “I can’t recall a single time anyone at my paper has ever said, ‘We know this is disturbing, if you ever need help’...etcetera. But it was spelled out in the health plan, and I don’t think there would be a problem if I asked” (Howard, reporter).

CHAPTER 9

DISCUSSION AND CONCLUSIONS

Summary of Findings

Journalists are often front and center when it comes to witnessing and experiencing conflict, tragedy and violence. This study exposes how traumatic story assignments impact journalists' mental health, and how trauma education and training can foster a better prepared and more trauma-literate workforce. A combination of quantitative survey and qualitative interview data addressed the hypotheses and research questions about journalists' experiences with symptoms of post-traumatic stress and secondary traumatic stress, as well as their experiences with trauma support in the workplace. Survey results indicated that the mental health of journalists is indeed affected by work-related trauma. Specifically, as the frequency of traumatic story coverage increased, so did the severity of post-traumatic stress symptoms. The intensity of traumatic news coverage also positively predicted post-traumatic stress symptom severity. Many of the post-traumatic stress symptoms included in the survey measure were described anecdotally in interviews, from negative associations and panic attacks to trouble sleeping and depressed mood. The control variables of job satisfaction and personal life stress were significant predictors of both post-traumatic stress and secondary traumatic stress, indicating that these factors may also affect mental health. Not feeling fulfilled in one's career or experiencing a trauma in one's personal life may indeed lead to higher stress symptoms. Indeed, these are important variables that are deserving of study, particularly because journalism is known as a high-stress career (Reinardy, 2011) Nevertheless, trauma coverage still emerged as a

significant predictor of post-traumatic stress symptom severity, showing that the main independent variable had a unique contribution to the change in the dependent variables.

Secondary traumatic stress, a subscale of the Professional Quality of Life measure, was included in this survey to capture effects of trauma coverage that were perhaps less specific than the criteria used to meet a clinical diagnosis of PTSD, but still captured a type of compassion fatigue that can be detrimental to mental health. In contrast to the PTSD measurement, which focuses on personally experienced traumatic events, the secondary traumatic stress measure captures how individuals are affected by other people's trauma. Because it is a measure of whether the worker absorbs another person's pain, and whether the worker can emotionally handle that transfer, secondary traumatic stress is perhaps the more appropriate indicator of the type of stress experienced by a journalist covering traumatic events.

Findings indicated that, although trauma coverage intensity did positively predict secondary traumatic stress, trauma coverage frequency did not. Although the finding for trauma coverage frequency might be surprising on its face, this finding coupled with the finding about trauma coverage intensity suggests that it is the depth of trauma coverage, rather than the amount of coverage, that touches this particular manifestation of stress. In qualitative analysis, journalists described the intense emotions following a single story assignment. For example, journalist Nancy wrote an in-depth story about a woman who was sexually assaulted by family members. Nancy was privy to the details of the crimes, which were communicated by the victim herself, and gleaned from police reports. "I thought a lot about it off the clock. I carried it around with me for a few weeks."

To alleviate and manage the emotional toll of traumatic story coverage, a range of coping mechanisms—both unhealthy and healthy—were used by journalists, from exercise, therapy, and

engaging in cathartic activities, to compartmentalizing and using alcohol. Talking over difficult assignments with family members was also commonly reported. Interestingly, using an empathetic interviewing style allowed some journalists to get better interviews, connect with sources and feel more human. But other reporters said there were sometimes negative consequences of empathy, such as secondary traumatic stress or a fear that they were getting too close to the subject or story.

According to this study, it appears that newsroom resources related to trauma—such as training opportunities, debriefings and counseling—are lacking. Nearly half (46.9%) said their newsrooms did not offer any of these resources. Zach, a new reporter, said he was surprised that these resources were offered in any newsrooms: “Honestly, I had never once considered there would be any training for this type of thing. I certainly never did—never in the newsroom, never in classes, never in my internship. I wish I had something, because I didn't think it [the job] would be so hard.”

Trauma awareness and willingness to seek emotional support in the newsroom were other dependent variables of interest in this study. According to Loyn (2007) emotional literacy, also known as trauma awareness in this study, is just as important for journalists to possess as other reporting skills. Journalists are more likely to be authentic and impartial if they have “an understanding of their own psychology and blind spots” (p. 3). Findings indicated that, whereas trauma education did not significantly predict willingness to seek support, participation in newsroom trauma-related resources did. Perhaps those who have resources available to them in the workplace, and those who take advantage of those resources, feel more comfortable approaching and talking to their supervisors about their mental health as it relates to traumatic story assignments. Qualitative interviews found journalists split on their comfort level in

approaching editors. About a third said they would keep their feelings to themselves, because of discomfort, the hectic nature of the newsroom, and even out of fear of losing an assignment or being reassigned to another beat. Another third relayed stories of supportiveness and understanding among editors and staff, with one comparing her editorial meetings to “therapy sessions.” Another one-third of journalists were unsure if they would approach an editor, or said would depend on the situation and the editor.

Generally, most journalists reported feeling comfortable talking to other journalists about work-related emotional trauma, but most reported being unsure about, or uncomfortable with, the idea of talking to their bosses. Values of newsroom culture—characterized by detachment and insulation of emotion—certainly play a role in the hesitance on the part of reporters to seek support from supervisors. The other factors likely at play are the absence of a mental health support system in newsrooms and the lack of a strong foundation from which news professionals are taught about mental health, empathic strategies and secondary. The values that cultivate emotionally-supportive editors are not being taught to journalism students at universities in the first place.

More than half (53.5%) of those sampled never received trauma education—in the form of guest lectures, readings, courses or lessons—in their formal journalism education. Results also found that trauma education was a significant positive predictor of trauma awareness. In other words, journalists with more education about crisis reporting or trauma tend to have higher levels of trauma awareness. The same might be said about participating in their newsroom trauma-related resources, given that the quantitative analysis showed the measurement of participation in newsroom resources to approach statistical significance ($p = .051$) in predicting trauma

awareness. This finding indicates these behaviors may help foster more emotionally prepared journalists who are more psychologically equipped to cope with and recognize traumatic stress.

Implications

Nearly half of students are entering into the journalism profession having had no crisis reporting education. In interviews, journalists described their first jobs as “being thrown into the fire” (Lisa, reporter) and “like diving into the deep end” (Sharon, reporter). The lack of trauma-related education means new reporters are unprepared for the realities of the job, especially since many reporters tend to start their careers on the breaking news beat (Simpson & Boggs, 1999). In fact, several reporters acknowledged in interviews that they never wanted to be breaking news reporters. For example, veteran reporter Tammy wanted a job in sports journalism:

I wanted to be a sports reporter. My dream was to be on ESPN. I never dreamed there would be a time when I would have to stare at a dead little boy’s body. I don’t think we are at all prepared when we get out of school (Tammy, reporter).

Another journalist reportedly took a job as a breaking news reporter, not because she wanted to, but because it is considered a starting point in the profession. Lisa said she did not pursue a journalism career to cover crime: “I want to do reporting on minority groups and communities of color. I took this job because I needed the experience. I’m going to do my time, as they say, but it’s mentally exhausting. It’s heavy work. I don’t know many people who stay in this beat a long time.” Interestingly, Lisa described crime reporting as “doing time”—not a flattering characterization of this beat. Thus, students with hopes of finding a journalism job covering a niche topic, such as politics or science or health, may be surprised and disappointed when they must first “do their time” on the crime beat. According to Howard, a veteran journalist, most reporters cannot escape covering traumatic story assignments at some point:

“With all the news staff being cut so much, we all have to cover that stuff. Everyone gets sucked into it.”

Consequences of ill-equipped and emotionally-illiterate journalists are far-reaching, and include ethical violations, a lack of sensitivity when interviewing trauma victims, incomplete reporting, and negative effects on mental and emotional health (Muller, 2010; Dufresne, 2004; Simpson & Cote, 2006). Despite these consequences, only a handful of programs offer courses on crisis reporting, and most other programs gloss over the subject (Amend, 2012). In interviews, some reporters remember being taught basics of war reporting and physical dangers to reporters, but even this was “glossed over” (Pam, reporter). Others spoke at length about their feelings of unpreparedness when leaving college.

It [crisis reporting] was glossed over. No one prepared me for seeing the aftermath of a crash, and no one talked about how hard that might be. If I truly had comprehended what I was getting into, maybe I wouldn't have taken my first as a crime beat reporter. I think people need to be more aware of secondary trauma. I was so overwhelmed I didn't know how to deal with it (Anna, reporter).

Lessons, readings and even informal discussions about self-care and interviewing trauma victims were rare or non-existent in classrooms, according to more than half of those interviewed. Reporter Nancy said this about her journalism education:

I can't think of a single time in school that we talked about that. Crisis reporting was not even talked about. We didn't even talk about ethics or self care. It's a huge oversight. I was really prepared for the challenges of the digital transition of media and new technology; I was ready for that. But in terms of crisis reporting and the toll it can take on you, nope. I don't know if maybe that's something they thought you just had to learn on the job (Nancy, reporter).

Approaching grieving family members and victims of trauma seemed to be one of the most uncomfortable aspects of trauma reporting. Understanding the “right way” (Samantha, reporter) to approach victims for interviews was a skill many said they wish they had learned more about in school. One reporter noted that reporters “can't just apply normal journalistic rules

when interviewing a grieving family” (Rachel, reporter), indicating that reporters must learn more than just the basic principles of journalism to succeed at this.

Both the survey results and the interview data identify the problem and negative consequences of this gap between journalism education and the realities of the job. The positive relationship between trauma education and trauma literacy indicated by survey results, however, supports the idea that giving students a more comprehensive education can indeed result in better prepared and more trauma-literate journalists.

Once journalists are hired and face the realities of traumatic news, many still have limited resources with regard to trauma training, counseling and debriefings, as almost half (46.9%) had none of the listed resources available in their newsrooms. The literature suggests several reasons for this shortage of trauma-related resources, including traditional newsroom culture and professional norms that promote “suffering in silence,” as well as a lack of awareness and financial resources (Buchanan & Keats, 2011; Depalma, 2009; Ward, 1999). Interview data pointed to all of these root causes, as well as unsupportive editors.

Insensitive managers, the fear of being reassigned or the fear of being labeled “incompetent,” and the hectic newsroom atmosphere can discourage reporters to seek the help they need. Sometimes that help simply means unburdening oneself and talking about a story assignment with an editor or colleague. Sometimes that help comes in the form of a referral to a counselor, a personal day, or a break from the barrage of traumatic news assignments. Other times, all that is needed is the acknowledgement from an editor that a reporter is tackling a tough story. Veteran reporter David spoke and recalled a series of stories he covered after the shooting of U.S. House of Representatives member Gabby Giffords:

It was three months of very intense reporting and working really long hours while dealing with a really horrific situation. It was a horrible three to six months of reporting. No

editors ever said anything about it. No counseling was offered and no discussions offered. It's something a lot of journalists deal with on a regular basis, and in my experience, there hasn't been any acknowledgement of it (David, reporter).

Inadequate education, training, and newsroom resources may foster unhealthy coping mechanisms. Whether or not an individual develops resilience to hardship—manifested by adaptive coping mechanisms—or weakness to hardships—manifested by maladaptive coping mechanisms—can depend on one's preparedness and confidence. Both of these attributes can be strengthened by a comprehensive journalism education (Amend, 2012). Moreover, adaptive coping mechanisms are more likely to occur when journalists understand their reactions to stress (Fedler, 2004; Buchanan & Keats, 2011). Understanding emotions and psychological reactions is a big component of trauma-literacy, one of the variables of interest in this study. As mentioned previously, trauma education significantly predicted trauma awareness. Thus, more education about crisis reporting in journalism programs not only fosters trauma-literate journalists, but may also encourage healthy coping strategies.

Despite several anecdotes about experiencing a lack of support in newsrooms, a few personal stories offered a glimmer of optimism that some newsrooms are moving toward the “culture of caring” envisioned by Massé (2011). A prime example is the news outlet that employs Rachel—a crime beat reporter—which follows the practices of the Dart Center for Journalism and Trauma. Descriptions of the newsroom as a “safe place” and characterizations of the relationships between editors and reporters as marked by an “implicit understanding” were scattered throughout the personal narratives. Veteran reporter Joanna said, “There wasn't a lot of discussion about mental health back in the day, but times are changing. Now with the college interns coming in, you can tell they talk about and think about their feelings a little more. People are more into thinking about emotion.”

This study sheds light on the missing pieces in the journalism industry—trauma coverage education and newsroom resources. Additionally, this study identifies why these missing pieces matter—because journalists who cover trauma more frequently and intensely are at higher risk for post-traumatic stress and other secondary stress symptoms. The failure to work toward a solution puts the health of the journalism workforce at risk, and in doing so, the quality of the news may also suffer. The results of this study as well as existing literature on trauma in the workplace point to several ways to implement change.

Limitations

As this study carries important implications for the journalism profession, findings of this study should be considered in light of the limitations of its sample. Every effort was made to produce a representative sampling frame by including journalists from as many U.S. newspapers as possible. The websites of every newspaper in the most recent edition of the *Editor & Publisher* data book were visited to gather journalist and photographer email addresses, but some newspapers did not include staff contact information on their websites. Thus, some journalists were left out of the study. While the number of participants ($N = 254$) was more than adequate to conduct statistical analysis, the low response rate (6%) was concerning. Many journalists in the sample opted out of the survey. Also, although the survey was distributed to journalists of all beats and backgrounds, it is possible that the niche subject matter of the survey attracted a higher proportion of journalists who mostly cover crime and breaking news, as these journalists might be more interested in the topic of trauma reporting. This possibility does not automatically make the survey results biased, as long as those who did respond to the survey were not systematically different from those who did not. However, it is impossible to know the characteristics of journalists who did not respond.

Sample representativeness was not necessarily essential to explore the bivariate relationships between the variables of interest; however, representativeness is important when it comes to estimating frequencies and proportions in a given population (Pasek, 2015). Thus, the proportions of participants who reported trauma education and newsroom resources may not be generalizable to the full population of U.S. journalists. Even so, these descriptive statistics offer valuable general insights into the prevalence of education and resources.

The sample size ($N = 24$) for the interview component was suitable for an in-depth qualitative analysis (Polkinghorne, 1989). However, this sampling only encompassed three photojournalists, whereas the majority of participants were reporters. Thus, the limited number of photojournalists made it difficult, if not impossible, to make general comparisons between reporters and photojournalists during coding of qualitative data.

Finally, the quantitative measures of PTSD symptom severity (PTSD Checklist) and the secondary traumatic stress subscale (ProQol) may not have captured all the indicators of mental health issues related to trauma coverage. For example, the PTSD checklist captured the criteria of PTSD specifically. More subtle symptoms—such as general anxiety or sadness—may have been overlooked because of the specificity of the measures and because individuals react to and experience trauma in diverse ways. Secondary traumatic stress is marked by trauma that is experienced secondhand, and measuring this type of stress certainly increases the net used to capture causes and indicators of PTSD; however, it does not necessarily capture different manifestations of symptoms.

Recommendations for Future Research and Practice

Despite the limitations of this study, it illuminates the breadth and depth of the effects of traumatic assignments using the words of journalists who have covered them. There are many

avenues to take this research in different directions. Print journalists are only one side of this story. Television journalists need to be surveyed and interviewed to further explore the effects of work-related trauma on news professionals, especially because their jobs involve the more visual aspects of reporting, much like photographers. Additionally, while print journalists have the opportunity to engage in the cathartic activity of writing the story, many broadcast news professionals do not engage in the same level of narrative writing. Their jobs are more in-the-moment, and the jobs of editing and writing are often left to producers.

Another group of news professionals that are deserving of study include the film and social media editors behind broadcast news. With an influx in social media content and violent footage, such as beheadings carried out by terrorist groups, webmasters and tech professionals often bear the responsibility of repeatedly watching, editing and re-editing violent footage to make it suitable for television news (Jukes, 2015).

The findings of this study indicate that journalism programs at universities and the culture of newsrooms could benefit from change. With regard to education, these changes could take the form of updated journalism curriculums that reflect the realities of traumatic news assignments. Such changes would address the gap between theory and practice. Incorporating formal lessons and readings about crisis reporting, inviting guest speakers to talk about their own experiences covering trauma, and organizing simulations and mock interview scenarios could go a long way in introducing students to the world of breaking news coverage. Trauma victims who have had positive or negative interactions with news media would also make excellent guest speakers, allowing students to understand crisis reporting from different standpoints and perspectives. Simulations can prepare students for real-life situations in the field and they can also make lessons relevant and interesting, sparking discussion along the way (Hess, 1999; Veil,

2010). A few journalists communicated their suggestions for a more comprehensive education. “What would have been nice is a course or lecture series where journalists come in and share their stories about covering these types of stories,” said Lisa.

Another recurring theme that several journalists touched on was the benefit of having journalism professors who also had reporting experience. Instructors who talked about their personal experiences with covering traumatic assignments in class stood as memorable. “I had one professor who had covered some really horrific stuff in his career, and he became a kind of mentor to me. We still keep in touch after all these years” (Samantha, reporter). Formal lesson plans on crisis reporting are certainly a step in the right direction, but informal class discussions with an instructor who has a deeper perspective on trauma reporting may be just as beneficial.

A couple of journalists cited that while education about trauma reporting is probably constructive, there are some skills that can only be learned on the job. This may be true, but even a basic awareness of the potential effects of trauma can act as a wake-up call to student journalists who have “romanticized notions” about what it means to be a reporter (Johnson 1999, p. 204). In an interview, one reporter revealed that if she had a taste of what it meant to cover trauma in her journalism classes, she might have chosen a different career path. The survey findings support the idea that trauma education leads to more trauma-literate reporters. Additionally, more comprehensive education before students embark on their journalism careers can change newsroom culture by instilling certain values from the beginning. Ultimately, education about mental health, traumatic experiences of journalists, and empathetic strategies will result in better-prepared and more trauma-literate journalists entering the profession, which will result in more trauma-literate journalists becoming editors and supervisors. More trauma-

literate supervisors and editors can transform the newsroom landscape, making way for more formal mental health support systems and trauma-related resources in the workplace.

Newsroom culture has been slow to change—from the tough, every-man-for-himself workplace to a more supportive and stigma-free environment. That being said, research on the psychological effects of trauma on journalists is relatively new, dating back to the 1980s. Personal stories of supportive editors were revealed in interviews, but so were stories of anxiety and uneasiness about seeking support from management. A shift in newsroom culture means that journalists will be seen more as human beings who are vulnerable to psychological and emotional harm (Beam & Spratt, 2009). It will likely take time to see the full effect of the above-mentioned changes, and these changes will not occur unless editors, instructors, and journalists recognize the need for them. But how does a change in culture occur, especially when the field of journalism is rooted in norms of detachment and objectivity?

More publicized research on the mental health of journalists is a start. This can be done through the publication of both scholarly work and narrative work related to trauma reporting in mainstream outlets. For example, the 2015 article, “A mental health epidemic in the newsroom,” in *Huffington Post* is more visible and accessible to news professionals and society in general.

Mental health resources should be advertised in newsrooms, not cast off in fine print of the group insurance policy. Out of the few journalists who worked in newsrooms where such resources—such as free visits to a counselor—were available, most said they were not publicized or talked about. Additionally, activities such as group or individual debriefings during traumatic assignments should be the norm, not the exception. According to Melki (2013), counseling, training and debriefings—which are typically mandatory in most first-responder professions—are still largely “an afterthought” in newsrooms. Private discussions between supervisors and

new hires about the mental health resources available would set the tone for future conversations and foster and more open-door policy within newsrooms.

When reporters see their supervisors as more empathetic, job satisfaction and morale tend to be higher (Beam & Spratt, 2009). Journalists commented that small gestures, such as editors acknowledging the hardships of traumatic assignments, or simply asking, “Are you okay?” went a long way in making them feel safe and comfortable. These small gestures may also help break down the perceived stigma associated with admitting to or seeking help for emotional stress at work.

One reporter interviewed said that her newsroom followed the practices of the Dart Center for Journalism and Trauma. Every new reporter is given a booklet about the basics of covering crime. Rachel commented that these practices make for a more supportive environment, where reporters “watch out for each other.” Putting Dart Center guidelines into practice is a step in the direction toward a culture of caring. The Dart Center offers and advertises programs—including consultation services, online training, seminars, and workshops—led by news professionals and trauma experts. For example, a workshop in 2017 offered guidance on covering child neglect and family abuse cases. Tip sheets, newsroom guidelines and published scholarly research on mental health in newsrooms is also available on the Dart Center website. Putting these guidelines into practice, or simply directing new employees to this online resource, is one way for editors to draw attention to the topic of mental health while also signaling to employees that they care.

Are changes to newsroom culture and journalism education enough to foster a healthy, trauma-literate workforce? One veteran reporter pointed out that the root of the problem lies in

the model of journalism applied the United States, and that while improving education and training are beneficial, these steps only treat the symptoms, not the underlying cause.

Education and training helps. But the main problem has to do with the structure of journalism in this country. This model of journalism, especially in television news, makes it very hard to practice techniques that prevent re-traumatizing people. Trying to get the story first and get the best quote—that idea of competition runs counter to empathizing with people (Ethan, reporter).

Recording the best sound bite, getting the scoop before a competing news outlet, and posting a story online quickly—these hurried behaviors are part of journalistic routine practices and values that leave little time for reflection on mental health, empathy and victim sensitivity. Old-fashioned and rigid ideas of objectivity also contribute to this model of journalism which leaves both reporters and interview subjects vulnerable to traumatization, opening up the potential to not only negatively affect mental health, but also to trickle down to news content itself. Journalists who are unprepared, psychologically distressed, or confused about how to approach trauma victims empathetically while also writing a balanced story may not produce the best quality news content. Loyn (2007) and Ward (1999) argue that the traditional journalistic norm of objectivity, though flawed, is still valuable but in need of revision. A journalist can produce a balanced piece of news and still empathize, sympathize, and acknowledge the psychological impact of trauma. Trauma-literacy should become a news value that is taught in journalism schools and reinforced in newsrooms. Similarly, objectivity as a way of being should be understood more as “pragmatic objectivity”—allowing for a more relaxed approach to news gathering (Ward, 1999). Teaching and practicing “pragmatic objectivity” allows for the understanding that objectivity as a journalistic standard is fallible and often unreachable, but even so, this does not mean a journalist cannot be reliable and credible (Ward, 1999). Effective and responsible journalism involves being trauma literate and empathetic as well as

contextualizing news—and these behaviors do not have to run counter to fair, balanced reporting.

TABLES

Table 1.
Descriptive information about interview participants

Pseudonym	Role	Years Experience	Newspaper region
Samantha	Reporter	10	Midwest
Ashley	Reporter	4	Northwest
Tammy	Reporter	15	Southeast
Sophie	Reporter	35	Northwest
Sharon	Reporter	8	Midwest
Nancy	Reporter	6	Midwest
Rachel	Reporter	7	Northwest
Lisa	Reporter	2	Northwest
Anna	Reporter	Less than 1	Midwest
Joanna	Reporter	15	Northeast
Melanie	Reporter	3	Northeast
Pam	Reporter	1	Midwest
Susan	Reporter	1	Northeast
Evelyn	Reporter	4	Southeast
Joyce	Reporter	5	Northeast
Zach	Reporter	1	Northwest
Steve	Photojournalist	6	Midwest
Richard	Photojournalist	30	Midwest
Jason	Reporter	2	Midwest
Cory	Reporter	30	Northeast
David	Reporter	30+	Southeast
Joe	Photojournalist	20	Midwest
Howard	Reporter	31	Southwest
Ethan	Reporter	31	Northwest

Table 2.

Means and Bivariate Correlations (Pearson's r) for Continuous Variables (N=254)

			Pearson Correlation Coefficients									
		<i>M</i>	<i>SD</i>	1.	2.	3.	4.	5.	6.	7.	8.	9.
1.	Trauma Coverage Frequency	2.17	.60									
2.	Trauma Coverage Intensity	3.89	2.01	.51**								
3.	Trauma Awareness	5.29	1.00	.16	.08							
4.	Trauma Education	1.14	1.51	.04	-.16*	.17**						
5.	Participation Work Resources	.46	.74	-.01	.07	.17**	.04					
6.	Willingness to Seek Support	4.09	1.51	-.20**	-.20**	.05	.10	.19**				
7.	Secondary Traumatic Stress	3.93	1.26	-.26**	.32**	-.14*	.02	.05	-.22**			
8.	PTSD Severity	1.96	.65	.33**	.30**	-.10	.04	-.03	-.28**	.60**		
9.	Job Satisfaction (control)	5.73	1.22	-.10	-.08	.28**	.04	.16**	.26**	-.21**	-.31**	
10.	Personal Life Stress (control)	1.91	1.41	.15*	.31**	.01	-.08	-.02	-.10	.13*	.18**	.01

Note. Variable coding is as follows: Trauma coverage frequency (1 = never, 5 = weekly), Trauma coverage intensity (0 = no, 1 = yes), Trauma Awareness (1 = strongly agree, 7 = strongly disagree), Trauma Education (0 = none, 5 = all), Participation in workplace resources (0 = none, 3 = all), Willingness to seek emotional support (1 = strongly agree, 7 = strongly disagree), Secondary traumatic stress (1 = strongly agree, 7 = strongly disagree). PTSD (1 = never, 5 = most of the time), Job satisfaction (1 = strongly agree, 7 = strongly disagree), Personal Life Stress (0 = none, 7 = all)

* = $p < .05$

** = $p < .01$

Table 3.

Hierarchical Regression Analysis Predicting Post-Traumatic Stress Symptom Severity

	Model 1				Model 2			
Predictors	<i>B</i>	<i>SE</i>	β	<i>p</i>	<i>B</i>	<i>SE</i>	β	<i>p</i>
Job Satisfaction	-.16	.03	-.30	.000**	-.15	.03	-.27	<.001**
Personal Life Stress	.10	.03	.22	.000**	.06	.03	.14	.02*
Gender	-.08	.08	-.06	.33	-.02	.08	-.01	.83
Role	-.09	.09	-.06	.31	-.02	.09	-.01	.81
Years Experience	-.03	.02	-.10	.11	-.04	.02	-.13	.06
Trauma Coverage Frequency					.20	.07	.18	.009**
Trauma Coverage Intensity					.06	.02	.18	.015*
$R^2 = .14, F(5, 248) = 8.37, p < .001$ $\Delta R^2 = .09, \Delta F(7, 246) = 14.03, p < .001$								

* = $p < .05$ ** = $p < .01$

Table 4.

Hierarchical Regression Analysis Predicting Secondary Traumatic Stress

	Model 1				Model 2			
Predictors	<i>B</i>	<i>SE</i>	β	<i>p</i>	<i>B</i>	<i>SE</i>	β	<i>p</i>
Job Satisfaction	-.22	.06	-.30	.001**	-.19	.06	-.19	.002**
Personal Life Stress	.14	.06	.16	.01*	.07	.06	.08	.02*
Gender	-.45	.16	-.06	.005*	-.35	.15	-.14	.025*
Role	-.07	.19	-.02	.72	.11	.18	-.01	.55
Years Experience	-.02	.04	-.03	.61	-.07	.04	-.11	.11
Trauma Coverage Frequency					.12	.15	.06	.44
Trauma Coverage Intensity					.19	.05	.30	<.001**
$R^2 = .096, F(5, 248) = 5.27, p < .001$ $\Delta R^2 = .089, \Delta F(7, 246) = 13.41, p < .001$								

* = $p < .05$ ** = $p < .01$

Table 5.
Post-Traumatic Stress Disorder Symptom Severity (N=254)

	<i>M</i>	<i>SD</i>
Total Intrusion	1.76	.68
Repeated thoughts, memories	2.06	.93
Repeated disturbing dreams	1.74	.87
Reliving stressful event	1.45	.73
Feeling very upset at reminders of stressful event	1.92	.89
Having physical reaction when reminded of stressful event	1.61	.82
Total Avoidance	1.99	.86
Avoid thinking or talking about stressful event	2.29	1.14
Avoid activities or situations that remind you of event	1.68	.87
Total Negative Emotions	1.93	.76
Trouble remembering parts of stressful event	1.61	.88
Having strong negative beliefs about yourself	2.16	1.10
Blaming yourself or someone else for stressful event	1.63	.83
Having strong negative feelings, such as fear, anger or shame	2.15	.98
Loss of interest in things you once enjoyed	1.83	.94
Feeling distant or cut off from others	2.21	1.11
Trouble experiencing positive feelings	1.90	1.01
Total Hyper-Arousal	2.17	.73
Irritability, outburst or acting aggressively	1.95	.89
Risky behavior	1.65	.81
Trouble falling or staying asleep	2.61	1.19
Difficulty concentrating	2.37	1.00
Being super alert or watchful	2.43	1.13
Feeling jumpy or easily startled	2.03	.99

Note. Item responses ranged from 1 = *Never* to 5 = *Most of the time*.

Table 6.

Trauma Education Descriptive Statistics (N=254)

	Yes (%)	No (%)
Took a class	8.7	91.3
Had a class lesson	24.7	75.3
Had a lecture	24.6	75.4
Listened to a guest speaker	26.3	73.7
Had an assigned class reading	29.1	70.9

Note. Items were dichotomous (0 = no, 1 = yes)

Table 7.

Availability of Workplace Trauma Resources (N=274)

	Yes (%)	No (%)
Counseling for employees	31.9	68.1
One-on-One meeting or debriefing about traumatic assignment	19.7	80.3
Group meeting or debriefing about traumatic assignment	22.0	78.0
Referral or in-house training opportunities about trauma or crisis reporting	13.4	86.6

Note. Items were dichotomous (0 = no, 1 = yes)

Table 8.

Regression Predicting Willingness to Seek Emotional Support in the Workplace

Predictors	B	SE	β	<i>p</i>
Job satisfaction (control)	.289	.075	.235	<.001**
Personal Life stress (control)	-.109	.065	-.102	.093
Trauma Education	.076	.125	.076	.212
Participation in Workplace Resources	.252	.060	.124	.045*

$R^2 = .10$, $F(4,246) = 6.83$, $p < .001$

* = $p < .05$

** = $p < .001$

Table 9.
Regression Predicting Trauma Awareness

Predictors	B	SE	β	<i>p</i>
Job satisfaction (control)	.211	.050	.255	<.001*
Personal Life stress (control)	.014	.043	.020	.740
Trauma Education	.101	.040	.152	.012*
Participation in Workplace Resources	.163	.083	.119	.051
$R^2 = .12, F(4,246) = 8.10, p < .001$				

*= $p < .05$

**= $p < .001$

APPENDIX A

Online Questionnaire

Thank you for taking the time to complete this survey. All responses and identifying information will be confidential. First, please answer some questions about yourself and your job and education experience.

How many years have you worked as a journalist?

- ☐ Less than a year (1)
- ☐ 1-5 years (2)
- ☐ 6-10 years (3)
- ☐ 11-15 years (4)
- ☐ 16-20 years (5)
- ☐ 21-30 years (6)
- ☐ More than 30 years (7)

What is your gender?

- ☐ Male (1)
- ☐ Female (2)

What year were you born?

What is your news outlet's approximate circulation size (or readership, in the case of online news outlets.)

- ☐ Less than 10,000 (1)
- ☐ Between 10,000 and 50,000 (2)
- ☐ Between 50,000 and 100,000 (3)
- ☐ More than 100,000 (4)

What is the highest level of education you completed?

- ☐ High School Diploma (1)
- ☐ Some college, but never graduated (2)
- ☐ Technical school (3)
- ☐ Undergraduate Degree (4)
- ☐ Master's Degree (5)
- ☐ PhD (6)

How would you best describe your job title?

- ☐ Reporter/Journalist/Staff Writer (1)
- ☐ Photographer/Photojournalist (2)
- ☐ Both (Only select if your job involves equal parts photojournalism and news writing) (3)

In your formal education, did you ever take a class about crisis reporting or covering traumatic events?

- ☐ No (1)
- ☐ Yes (2)

In your formal education, did you ever learn about crisis reporting or covering traumatic events in the following ways?

	No (1)	Yes (2)
A class lesson (1)	<input type="radio"/>	<input type="radio"/>
A lecture (2)	<input type="radio"/>	<input type="radio"/>
A guest speaker (3)	<input type="radio"/>	<input type="radio"/>
Class readings (4)	<input type="radio"/>	<input type="radio"/>
A required internship at a news organization (5)	<input type="radio"/>	<input type="radio"/>

To the best of your knowledge, has your place of employment offered counseling services for employees, currently or in the past?

- ☐ No (1)
- ☐ Yes (2)

If No Is Selected, Then Skip To Has your supervisors(s) ever held one...

Have you ever participated in counseling services offered by your employer?

- ☐ No (1)
- ☐ Yes (2)

Has your supervisor(s) ever held one-on-one meetings with staff members about a traumatic story assignment, either before, during or after the assignment?

- ☐ No (1)
- ☐ Yes (2)

If No Is Selected, Then Skip To Have your supervisors ever held a gro...

Have you ever participated in one of these meetings?

- ☐ No (1)
- ☐ Yes (2)

Has your supervisor(s) ever held a group meeting (formal or informal) about preparing for a traumatic story assignment, either before, during or after the assignment?

- ☐ No (1)
- ☐ Yes (2)

If No Is Selected, Then Skip To To the best of your&nb...

Have you ever participated in one of these group meetings?

- ☐ No (1)
- ☐ Yes (2)

To the best of your knowledge, has your place of employment ever offered or referred employees to training opportunities or continuing education opportunities regarding crisis and/or trauma reporting, currently or in the past?

- ☐ No (1)
- ☐ Yes (2)

If No Is Selected, Then Skip To End of Block

Have you ever participated in one of these training opportunities or continuing education opportunities about trauma reporting?

- ☐ No (1)
- ☐ Yes (2)

Next, please answer a few questions about how you feel about your job.

Overall, I feel good about my job.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

Overall, I find my work satisfying.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I believe my supervisor cares about my well-being.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

My work environment is supportive of employees who experience work-related stress.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I would not feel comfortable talking to an editor or supervisor if I felt emotional distress due to a traumatic work assignment.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I would not seek support from my supervisor if a traumatic story assignment caused me emotional distress.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Agree (5)

If I ever experienced emotional distress as a result of a work assignment, I would ask my supervisor for advice.

- ☐ Strongly Disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Agree (5)

I would let my supervisor know if I felt depressed about a particularly distressing story assignment I covered.

- ☐ Strongly Disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Agree (5)

Next, please answer a few questions regarding your thoughts and feelings about certain work assignments.

I am comfortable with the idea of covering a news event in which someone has been seriously hurt or killed.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I am comfortable with the idea of interviewing victims of trauma.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I would feel prepared to interview family members of someone who was recently killed.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I don't really like the idea of interviewing trauma victims or their loved ones.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I think it is normal for news workers (journalists, photographers...etc.) to feel some sadness or distress after covering a particularly traumatic or violent news event.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I feel confident that I can interview trauma victims or their loved ones without causing them further emotional distress.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I would not feel prepared to cover a story involving a violent death of a person.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

Next, I would like to ask you about the nature of your job, including the types of events you cover and how often you cover them. Please indicate how often you have covered the following events in the course of your job in the past year. In other words, think about the time frame within the past year and estimate how often you covered the following events. It is okay if a single event fits into more than one category.

Injured or dead child

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3 - 12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Mass casualties

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Motor vehicle accident fatality

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Airplane accident

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

People hurt or killed in a fire

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

A war /war zone

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Someone's life threatening illness

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Murder/Homicide (Including murder trials)

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Domestic violence

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Sexual Assault

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

A kidnapping of a child or adult

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Natural disaster (hurricane, earthquake, flooding...)

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Other types of events not listed in which a person(s) is seriously injured or killed

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Interviewing grieving friends or family of a victim

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Interviewing victims of trauma (such as a car accident, act of violence, survivor of assault, survivor of natural disaster...etc)

- ☐ Never (1)
- ☐ Once or twice total (2)
- ☐ Every few months / 3-12 times (3)
- ☐ Most months / 12 or more times (4)
- ☐ Weekly / 50+ times (5)

Now, please answer a few questions about the events listed above that you have covered.

Did you ever cover any of the above assignments “at the scene?”

- ☐ No (1)
- ☐ Yes (2)

Did you ever cover multiple assignments listed above within the same week?

- ☐ No (1)
- ☐ Yes (2)

Were you ever physically attacked while covering an assignment?

- ☐ No (1)
- ☐ Yes (2)

Were you ever verbally threatened while covering an assignment?

- ☐ No (1)
- ☐ Yes (2)

Have you received injuries due to covering an assignment?

- ☐ No (1)
- ☐ Yes (2)

Did you ever witness someone hurt or killed while covering an assignment?

- ☐ No (1)
- ☐ Yes (2)

Have you ever personally announced news of death to relatives/friends of the victim while on assignment?

- ☐ No (1)
- ☐ Yes (2)

Did you ever witness a particularly gruesome scene while covering an assignment?

- ☐ No (1)
- ☐ Yes (2)

Have you responded to an assignment in which the victim/perpetrator was someone you knew?

- ☐ No (1)
- ☐ Yes (2)

Next, you will be asked questions about personal stressors or traumas you have experienced outside of work. Please indicate whether or not you have ever personally experienced the following non-work-related events. To clarify, only answer “yes,” if you experienced the event outside of work. Remember, your responses are anonymous.

	No (1)	Yes (2)
Natural disaster (1)	<input type="radio"/>	<input type="radio"/>
Injured in motor vehicle wreck (2)	<input type="radio"/>	<input type="radio"/>
Warfare or combat (3)	<input type="radio"/>	<input type="radio"/>
Sudden/Unexpected death of family member or close friend (4)	<input type="radio"/>	<input type="radio"/>
Robbery involving a weapon (5)	<input type="radio"/>	<input type="radio"/>
Threat of death or serious bodily harm (6)	<input type="radio"/>	<input type="radio"/>
Childhood abuse (7)	<input type="radio"/>	<input type="radio"/>

Below is a list of problems and complaints people sometimes have in response to stressful life events. Please indicate how much you have experienced each particular complaint in the past month.

Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Repeated, disturbing dreams of a stressful experience from the past?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Feeling very upset when something reminded you of a stressful experience from the past?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Avoid activities or situations because they remind you of a stressful experience from the past?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Having trouble remembering important parts of a stressful experience from the past?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am a bad person; there is something seriously wrong with me; no one can be trusted; the world is completely dangerous)?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Blaming yourself or someone else for a stressful experience or what happened after it?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Having strong negative feelings, such as fear, horror, anger, guilt or shame?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Loss of interest in things that you used to enjoy?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Feeling distant or cut off from other people?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Irritable behavior, angry outbursts, or acting aggressively?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Taking too many risks or doing things that could cause you harm?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Trouble falling or staying asleep?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Having difficulty concentrating?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Being “super alert” or watchful

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

Feeling jumpy or easily startled?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ About half the time (3)
- ☐ Most of the time (4)
- ☐ Always (5)

You are almost finished. For the last few questions, please indicate how much you agree or disagree with the following statements.

It is easy for me to separate my personal life from my life as a journalist.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I think I might have been affected by the traumatic stress of those I interviewed or reported on.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

Because of my reporting on traumatic stories, I have felt "on edge" about various things.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I feel as though I sometimes experience the trauma of people I have interviewed.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

I sometimes avoid certain activities or situations because they remind me of frightening experiences of the people I interview or report on.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neither agree nor disagree (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

If your job as a journalist involves or has involved reporting routinely on crime, trauma or tragedy, would you be interested in participating in a brief phone interview sometime within the next month to discuss your experiences? Your responses will be anonymous with the use of a pseudonym.

- ☐ Yes, I am interested in being contacted by email to discuss and possibly schedule a phone interview (1)
- ☐ No thank you (2)

If No thank you Is Selected, Then Skip To: "To show out appreciation.."

For those who Answer "Yes"

Thank you for your interest in participating in a phone interview. I look forward to speaking with you. In order to contact you to set up a time for this interview, please type an email address where you can be reached in the box below. Your email address will only be used to contact you to discuss an interview and will not be linked to your survey responses. _____

Thank you again for your participation. You may be contacted within the next few weeks to discuss the possibility of scheduling a phone interview at a time convenient for you.

To show our appreciation for your participation, the researchers would like to donate \$5 per completed survey (up to \$5,000 total) to the Dart Center for Journalism and Trauma. The Dart Center is a resource and global network of journalists and health professionals dedicated to bringing awareness to mental health and wellness in the journalism industry and the news consumers it serves. To learn more, visit <http://dartcenter.org>. Would you like the researchers to donate \$5 on your behalf to the Dart Center. This is at no cost to you.

YES, please donate \$5 for this completed survey

NO, I do wish you to donate \$5

This survey has touched a lot on your role as a journalist and the types of stories you cover, as well as your psychological wellness. I want to give you an opportunity to add anything else you would like the researcher to know, in the space provided.

This survey is complete. Thank you again for your participation! Feel free to email me at nseely@live.unc.edu if you would like to receive a summary of the research findings. If you would like to locate mental health resources in your area, you may contact the free and confidential Treatment Referral HelpLine at 1-877-726-4727.

APPENDIX B

Recruitment Emails

Initial Invitation Email

[Subject Line: Invitation to Participate in UNC Research –Survey on Covering Trauma]

“Good journalism depends on healthy journalists.”
—Anthony Feinstein, researcher

Greetings,

I am a former crime beat reporter and current Ph.D. student at UNC-Chapel Hill. I am writing to request your participation in a survey about the health effects of covering traumatic stories.

Good journalism depends on healthy journalists. War reporters are not the only journalists witness and report on tragedy and violence. Studies have found that more than 70 percent of local journalists and photographers cover one or more traumatic events within the first year of employment. The goal of this research is to determine how this type of coverage impacts journalists’ well-being.

This study is entitled “Journalism and Psychological Wellness” (IRB#16-2987) has been approved by the UNC Institutional Review Board (IRB). If you have questions or concerns about your rights as a research participant, you may contact the Institutional Review Board at 919-966-3113.

The hope is that this research can help bring awareness to the important issue of mental health in the journalism industry. To show appreciation for your time and participation, the researcher will be donating \$5 for every completed survey submitted (up to \$5,000) to the Dart Center, an organization which provides resources for journalists who cover violence, tragedy and conflict.

The success of this research depends on the participation of journalists and photojournalists who cover a variety of events and beats. Even if trauma coverage is not a part of your job, your responses are still vital to this study. This survey should take no more than 20 minutes to complete. Questions will ask about the nature of the news events you cover, your mental health, and your attitudes and perceptions about your work. All data will be kept confidential, and your responses will be anonymous. This means you will not be asked to give your name, and your responses will not be linked with identifying information.

To participate in this research, you may access the online survey by clicking the link below or copying and pasting it into your browser.

[LINK HERE]

Please do not hesitate to contact me with any questions or concerns. I can be reached at nseely@live.unc.edu.

I appreciate your consideration, and I hope you will take part in this important research opportunity.

Sincerely,
Natalee Seely
Roy H. Park Doctoral Fellow
School of Media and Journalism
UNC-Chapel Hill

Email Reminder 1

[Subject Line: Trauma Coverage and Mental Health – Survey Invitation Reminder]

Good morning,

About two weeks ago, you received an invitation to complete an online survey about how trauma coverage impacts the well-being of journalists. I wanted to send a friendly reminder that your participation in this research would be greatly appreciated. If you have not already done so, please consider taking 15-20 minutes to complete this survey,

The survey (IRB #16-2987) asks about the types of news events you cover, as well as your mental health and your attitudes and perceptions of your work environment. Your feedback is vital to the success of this project, and your responses will help shed light on the issue of mental health in U.S. newsrooms. The survey should take no longer than 20 minutes to complete.

As I stated in the initial email, even if trauma coverage is not a part of your job, your responses are still valuable to this study.

Your responses will be kept confidential, and your answers will never be associated with identifying information. If you have any questions about this study, please contact me via email at nseely@live.unc.edu.

To show appreciation for your time and participation, the researcher will be donating \$% for every completed survey submitted (up to \$5,000) to the Dart Center, an organization which provides resources for journalists who cover violence, tragedy and conflict.

You may click the link below to access the survey, or copy and paste the link into your browser.

[LINK HERE]

Sincerely,
Natalee Seely
Roy H. Park Doctoral Fellow
School of Media and Journalism

UNC-Chapel Hill

Email Reminder 2

[Subject Line: Trauma Coverage and Mental Health – Final Survey Reminder]

Good morning,

I am writing to extend a final invitation to participate in a survey about trauma coverage and mental health. Your input as a journalist, whether or not you cover traumatic stories, is vital to the success of this project.

I am a former crime beat reporter and current Ph.D. student at UNC-Chapel Hill's School of Media and Journalism. This study—which has been approved by the UNC Institutional Review Board (IRB)—can help bring awareness to this important issue.

The survey asks about the types of news events you cover, as well as your mental health and your attitudes and perceptions of your work environment. The survey should take no longer than 30 minutes to complete.

As I stated in the previous emails, your responses will be kept confidential, and your answers will never be associated with identifying information. If you have any questions about this study, please contact me via email at nseely@live.unc.edu.

To show appreciation for your time and participation, the researcher will be donating \$5 for every completed survey submitted (up to \$5,000) to the Dart Center, an organization which provides resources for journalists who cover violence, tragedy and conflict.

[LINK HERE]

Sincerely,

*Natalee Seely
Roy H. Park Doctoral Fellow
School of Media and Journalism
UNC-Chapel Hill*

APPENDIX C

Interview Protocol

Introduction: Thank respondent for agreeing to participate; make introductions; explain the purpose of study, the duration of the interview, the nature of the questions and have them give oral consent.

Interview: Break the ice. Ask biographical information first, saving more sensitive questions for later. Make an effort to build a rapport and establish trust. Using list of questions as a guide, ask respondents about experiences covering traumatic stories, using phrases such as, “Can you walk me through that...” and “How did you feel when you...” Ask “grand tour” questions (McCracken, 1988). Use non-directional probes and prompts as needed. For example, use floating prompts/indirect probes and phatic probes to indicate understanding and encouragement, such as a nod, or saying, “I see.” Use planned prompts and direct probes to encourage elaboration on things that have been said, or ideas that might not easily come to mind, being careful to only use the words and concepts mentioned by the interviewee and not insert concepts from the literature review. Avoid evaluative responses. Guide the respondent back on-point when they engage in topic-splicing. Be aware of body language and tone of voice. Understand that displays of emotion may occur, and know when it is appropriate to ask if they would like to pause, take a break, or simply allow them to have a moment to gather their thoughts. Just as journalists must often interview victims and loved ones of victims of trauma, the researcher must take steps minimize harm and re-traumatization during interviews about sensitive or potentially emotional topics.

Conclusion: Ask respondent if they have anything else to add; explain the next steps and offer to email them an executive summary of findings if they are interested

Tentative Interview Questions: Note that not all of the questions may be answered. These will serve as more of a guide, in order to allow the interview to develop naturally.

- How many years have you been a journalist?
- Tell me why you decided to be a reporter?
- What’s the most unexpected part of your job?
- What’s the hardest part of your job?
- How many years have you been working at this news outlet?
- Can you walk me through a typical day at your job?
- Have you ever covered any events where you felt uneasy, scared, or upset? If so, would you be willing to you walk me through one of your experiences?
- How did you feel during this event...how did you feel after?
- What other feelings did you have while covering this event?
- How did you cope with these feelings?
- Do you feel comfortable talking with co-workers or your editors/managers about any emotional distress you may have felt while on the job?
- Did you receive any education in college or other training programs about crisis reporting?

- Does, or has, your newsroom ever offered in-house counseling or debriefings following a particularly violent or difficult story assignment? If so, did you take part in them?
Is there anything else you would like me to know?

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