

# Covering disaster: a pilot study into secondary trauma for print media journalists reporting on disaster

## Introduction

'Vultures and piranhas' are just some of the names that journalists are called after reporting on stories of human tragedy. The wider community seems to become split during times of disaster—identifying with the victims of trauma and wanting to protect them from further harm whilst simultaneously indulging in curiosity and voyeurism. After all, newspaper sales *do* escalate after reports of disaster and traumatic events. Few people, however appear to concern themselves with the possible post-trauma impact journalists may suffer after reporting on disaster or tragedy.

In 1998 Michael Gawenda, senior journalist from *The Age* newspaper in Melbourne presented the opening address to the National Conference of *The Australian Society for Traumatic Stress Studies*. Mr. Gawenda referred to the responsibility that the media must take for the trivialisation of trauma in society. He also pointed out that the media is merely a mirror of what occurs in the wider community. Further, he raised the question of the potential impact on journalists who report on disaster, especially considering that such journalists are generally the youngest in the profession. They have no training in dealing with either grief or trauma, nor are they trained in interview techniques for distressed people.

According to Melbourne journalist, Nic Place (1992), journalists who report on traumatic incidents may well require counselling or debriefing after covering such events. Place proposed that these journalists possibly experience trauma or acute stress resulting from witnessing, and/or interviewing victims of disaster or catastrophe.

A television documentary by the Australian Broadcasting Commission's 'Four Corners' (1993) supported the view that journalists do have lasting emotional reactions after covering trauma. Journalist Barry Fox who was interviewed on this program stated, when talking about witnessing and reporting on war, 'it leaves its mark on you, and that mark stays'.

These narratives from journalists are supported by a report in *The American Journal of Psychiatry* by Freinkel,

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Koopman & Spiegel (1994) who found that 18 journalists present at an execution in San Quentin prison during 1976 subsequently experienced anxiety and dissociative symptoms following their viewing of the execution.

Despite these anecdotes there appears to be no Australian psychometric studies undertaken on the impact on journalists covering stories of disaster, trauma or human tragedy. The present study was undertaken as a pilot study for further research into this area of traumatology.

## Pilot Study

### Method

A mixed model paradigm was used (a synthesis of qualitative and quantitative research) using two variables 'Then' (experiences at the time of the traumatic event, retrospectively taken), and 'Now' (experiences at the time of completing the survey).

The psychometric instruments used were the General Health Questionnaire—28 (GHQ) & Impact of Events Scale (IES). These questionnaires measured somatic symptoms, anxiety/insomnia, social dysfunction, severe depression (GHQ) and intrusiveness and avoidance (IES).

The three hypotheses examined were:

- that journalists who cover trauma will have a decrease over time on each of the IES subscale scores, intrusion and avoidance

- that journalists who cover trauma will have a decrease over time on each of the four GHQ subscales, somatic, anxiety and insomnia, social dysfunction and severe depression

- that journalists who cover trauma will have a higher mean score on the GHQ subscales than non-trauma reporting journalists (contrast group).

No socio-economic, gender or age controls were applied to the initial sample of 279 subjects. The sample group came from journalists at both *The Herald-Sun* and *The Age* newspapers in Melbourne.

The survey was hand delivered to 32 journalists at *The Age* and 68 at *The Herald-Sun*. The remaining 131 surveys were sent through the internal mail systems. 21% of the surveys were returned and 57 of them were useable, with a gender breakdown of 27 women and 30 men. The age range was between 21 and 58 years old.

The two groups identified were: Trauma Group (32 n) (journalists reporting on traumatic stories in the last three years); and Contrast Group (25 n) (journalists who had not reported on trauma in the last three years).

## Results

### Types of incidents journalists reported on

Category	n
war	3
bank robberies	10
riots	11
natural disaster	13
domestic violence	15
child abuse	16
fire	16
vehicle accidents	17
rape	19
murder	23

Additional events identified by journalists were: chemical explosion, critical illness, child abductions, victimisation of disabled, false reporting of rape, police and government harassment (of journalist), and suicide attempts. However, no statistics were given as to the number of such events each journalist had witnessed.

### Description of Subjects

*Table 1* shows the composition of the Trauma and Contrast groups.

### Symptom levels on the impact of event scale

Results showed that journalists did indeed experience significant levels of intrusive images and thoughts at the time of reporting on a traumatic story. They also experienced significant levels of avoidance as a means of dealing with trauma stories. There was however a decrease in overall impact scores of the traumatic event as time distance from the trauma increased. This supported the hypothesis

Age	
Trauma Group	- women – average age of 27.8 years - men – average age of 32.1 years.
Contrast Group	- women – average age of 32.2 years - men – average age of 40.6 years
Marital status	
Trauma Group	- married/de facto 22.8 % of group - single 31.6% - unknown 1.7 %
Contrast Group	- married/de facto 29.9 % - single 12.3 % - unknown 1.7 %
Length of time employed as a journalist	
Trauma Group	average 9.09 years
Contrast Group	average 16.04 years

Table 1: description of subjects

that journalist's IES scores will decrease over time.

### Mean scores and Standard Deviations for journalists' scores on the IES for 'Then' and 'Now'

	Then		Now	
	M	S.D	M	S.D
<b>Intrusion</b>	19.9	9.4	4.7	6.9
<b>Avoidance</b>	15.7	9.6	5.5	8.0
<b>Total</b>	35.6	15.7	10.2	14.0

Table 2 shows three comparative studies using the IES for primary victims of trauma of bushfire, bereavement and shooting.

### Symptom levels on the general health questionnaire

The GHQ-28 subscales were defined as:

- somatic = physical reactions such as headaches, stomach upsets, etc.
- anxiety & insomnia = feelings of nervousness and tension; difficulty sleeping
- social dysfunction = difficulty coping with daily living tasks and decision-making
- severe depression = feelings of hopelessness, negativity, suicide.

Trauma reporting journalists scored highly at the time of the trauma (Then) on three of the four GHQ-28 subscales, with a score of 5 or more regarded as high. The 'Then' mean scores were:

- somatic: M – 7.7; S.D – 4.3
- anxiety & insomnia: M – 9.2; S.D – 4.9
- social dysfunction: M – 8.1; S.D – 3.6
- severe depression: M – 3.1; S.D – 2.5

Though all scores decreased over time, only the anxiety and insomnia score decreased at a significant level between 'Then' and 'Now'. This result supported in-part the hypothesis that journalists

who cover trauma will have a decrease over time on each of the four GHQ-28 subscales.

The comparison between the Contrast Group and the Trauma Group on the GHQ-28 indicated that trauma journalists scored slightly higher on all of the four subscales than the Contrast group. However, the t-tests indicated that only the somatic symptom on the GHQ-28 was significantly different between the two groups of journalists, thus again supporting in-part that journalists who cover trauma will have a higher mean score on the GHQ subscales than non-trauma reporting journalists (Contrast Group).

### Correlation between descriptions of subjects with symptom levels

Results showed that older and more experienced journalists experienced higher rates of intrusiveness and avoidance at the time of reporting on the traumatic event than their less experienced colleagues. However, this same group of older reporters tended to have less anxiety and insomnia than younger journalists. Results on the GHQ-28 indicated that trauma reporting journalists

can expect to experience more physical complaints than non-trauma reporting journalists.

It was further found that women journalists reported more anxiety and insomnia than men and single journalists reported more depression and social dysfunction at the time of covering trauma than did married journalists.

It was found that 35% of trauma reporting journalists who experienced intrusive thoughts or feelings about the traumatic incident at the time of covering the story continued to experience long term intrusiveness of the event. 24% of the trauma group experiencing avoidance symptoms at the time of the event continued to experience them long term. Up to 43% of the trauma-reporting group recounted depression symptoms at the time of the traumatic incident and continued to experience these symptoms on a long-term basis as well. A large majority of the journalists surveyed experienced the intrusiveness, avoidance and depression symptoms between one and three years following reporting on the traumatic story.

Journalists were asked to comment on the types of support they would use or like to use following covering a story on disaster or human tragedy. Table 3 (overleaf) is a summary of those comments. (N = 32).

### Coping strategies

Table 4 (overleaf) summarises the comments on coping strategies after covering trauma.

A number of respondents gave multiple answers.

### Discussion

When comparing the journalist's results with those IES scores presented by Creamer et al. (1989) it is interesting to note that journalists who encountered primary victims of trauma or traumatic events for professional reasons have

Mean scores and Standard Deviations of three trauma groups using the IES recently after a traumatic event						
	Ash Wednesday Bushfire		Recently Bereaved		Queen Street Shootings – stage 1	
	M	S.D	M	S.D	M	S.D
<b>Intrusion</b>	19.2	9.3	17.3	9.3	11.5	8.4
<b>Avoidance</b>	12.6	8.0	15.0	11.4	11.4	9.0
<b>Total</b>	32.7	14.3	32.3	-	22.9	16.0

Table 2: from Creamer, M., Burgess, P., Buckingham, W. & Pattison, P. (1989). 'The psychological aftermath of the Queen Street shootings'. Australia: Department of Psychology, University of Melbourne.

Personal support	n	Professional support	n	Organisational support	n
Would like someone to talk to	4	Would like someone professionally trained to talk to	5	Believe that there should be recognition from management of the extent of the trauma	4
Would talk to someone at home (family & friends)	4	Would appreciate some debriefing	4	Management should offer help (rather than having to request it)	1
Would like a shoulder to cry on	2	Believe that long term effects should be dealt with	1	A changed culture where you are not regarded as a wimp if traumatised	1
Would not require anything	2	Believe that journalists should open up about it	1	Would like colleague support	1
Would like a stiff drink	1	Would speak to the Chaplain	1		
Would like some understanding	1				

*Note:* Four journalists did not respond to the question and a number of people put more than one answer. The results indicated that the greatest number of comments referred to a preference for a professional, family or other person to talk to, as well as having some debriefing following covering such an event.

Table 3: Types of support journalists would use or like.

Summary of responses	n
Depersonalising / don't get emotionally involved / distancing / denial / suppress thoughts / avoid thinking about it	23
Talking about it to colleagues, family, friends, anybody / debriefing	12
Valuing the job / personal integrity / remain human / cry / sympathise	12
Alcohol and other drugs	12
Black humour	6
Harden up / become cynical	1
Reading / TV / parties	1

Table 4: Summarised comments on coping strategies after covering trauma

similar scores to individuals who have been physically involved in a specific trauma such as bushfire, shooting or bereavement. This result, that 'trauma workers' are significantly impacted in their own right is supported by the findings of Berab E.F.; Jones H.J. & Valent P. (1984); Talbot A., Manton M. & Dunn P.J. (1991); Levitov and Thompson (1981); Fullerton C.S., McCarroll J.E., Ursano R.J. & Wright K.M. (1992); Martin C.A., McKean H.E. & Veltkamp J. (1986); and Jones (1985), all of whom have researched the impact of professionals dealing with repeated exposure to trauma.

Whilst journalists may indeed experience significant impact from covering trauma, the high scores may also be due to the retrospective nature of the study. This may have the effect of distorting the trauma, making it more or less severe than it may have been if scored at the time of the actual incident. However Baker R.R. Menard S.W. & Johns L.A. (1989) in their study of nurses in Vietnam argued that

regardless of whether the memory accurately assessed the trauma or not is in many ways of no consequence. The recalled, or even reconstructed memory of the past trauma is relevant material for consideration and data analysis.

A further reason for the high scores on the intrusiveness subscale for the journalists may be due to the very nature of their profession. That is, journalists are required to think about and recall stories they have covered constantly, thus experiencing intrusive thoughts by nature of their work.

The fact that both intrusion and avoidance symptoms and anxiety and insomnia symptoms were the only ones that were significantly different over time may be due to these symptoms containing similar elements. That is, avoidance and intrusion are commonly used indicators of post-traumatic stress, which is classified as a psychiatric anxiety disorder (American Psychiatric Association 1987). The high scores on the IES along with the

high scores on the anxiety subscale of the GHQ indicate that anxiety is the predominant symptom experienced by many journalists after reporting on a traumatic event, to the point where further study of journalists susceptibility to post-traumatic stress disorder or acute stress disorder might be warranted.

The GHQ scores of three symptoms; somatic, anxiety and insomnia and social dysfunction over both time points for the trauma group were considerably high with each mean score above the threshold score of 5, which is regarded as a disturbingly high score (Parker 1977). This may be the influence of the traumatic incident, or it may also be attributed to other general health factors such as the lifestyle of journalists (long, erratic hours, deadline pressure), personality differences and a lack of training in trauma and stress management, or a combination of all of these. Support for multi-factorial causality may be gained by looking at the contrast group scores, which are considerably high scores in relation to Parker's (1977) threshold of 5. The somatic symptom for the contrast group is just below the threshold (at 4.2) with the anxiety and insomnia score on the threshold (at 5.2) and social dysfunction (at 6.3) just over. These scores indicate that even journalists who do not report on trauma have a notably high level of symptomology, which may support the notion that overall journalism is a highly stressful profession.

Further, the high scores of the contrast group may be due to journalist's lack of understanding of what constitutes 'trauma'. That is, the trauma and contrast groups were self-selecting, therefore it is possible that a journalist who considers themselves non-trauma reporting may actually report on trauma and be impacted without identifying it as such. A case example of this was a journalist apologising to me for not filling out the survey, as she did not think her work fitted the trauma category. This journalist reported on community issues and was often involved with refugee families who have experienced war, famine, torture, death of family members, harassment by bureaucracies, racism and deportation. In the author's opinion, these issues would indeed constitute reporting on trauma. This therefore raises a further possible discrepancy for the high scores of the contrast group.

The present research showed that there was a significant correlation between being an older and more experienced journalist and having a higher level of

intrusive and avoidant thoughts and behaviours both at the time of the traumatic event and following. This may be due to the accumulation of stress effects as noted by Singer and Davidson (1986) and Mitchell and Bray (1990). However, this same group of people in the study tended to have less anxiety and insomnia. This is an interesting relationship considering the previous suggestion that the subscales on the IES are regular indicators of elements of an anxiety disorder and one may therefore expect both symptoms to drop. The findings of the present study are supported by those of Wilkinson (1983). Wilkinson (1983) claimed that 40 year old victims of a collapsed hotel skywalk tended to acknowledge more stress symptoms than the younger people involved in the event. However the older survivors then also reported significantly lower levels of anxiety and depression.

The correlation test indicated a relationship between being a woman and experiencing more anxiety and insomnia than men. A further relationship was found between being single and experiencing more depression at the time of the trauma than married people. Whilst these results show a relationship, they cannot suggest causation. As with any correlational studies there may be unforeseen factors that may be impinging upon the variable

The reason for lack of significance regarding marital status on all but social dysfunction with any of the IES or GHQ scores is difficult to determine. Studies performed with the GHQ indeed show that marital status does impact upon these scores (Goldberg & Williams, 1988) and in the Australian study by Creamer et al. (1989) a weak relationship between these two variables was found.

However, the present findings could possibly be due to fact that trauma reporting journalists do not necessarily experience traumatic stress as a one off experience but may report on a number of traumatic incidents. Therefore those that are in permanent relationships may have partners who are used to listening to and dealing with the traumas of their journalist partners.

The open-ended questions asked of the trauma-reporting journalists regarding support following work on a traumatic story indicated that they would indeed use the opportunity to talk or debrief about the incident if it were offered. Levitov and Thompson (1981) showed through their research with police that if assistance were made available for police

to talk about their work they would also make use of it.

With respect to journalist's coping strategies following traumatic situations it was revealed that a considerably high proportion reported responses consistent with avoidant behaviour. These results were supported by the findings of McCarroll et al. (1993) of people handling bodies after violent death who reported similar strategies of those used by journalists.

### Limitations of the present study

The present paper is limited by the fact that journalists were asked to recall a traumatic story that they may have covered up to three years ago. This process may allow valuable information to be forgotten along with the individual's perception of the incident changing over time. Parloff, Waskow and Wolfe (1978) also suggested that retrospective studies may lead to various forms of response bias and should therefore be interpreted with caution.

Whilst valuable information was gathered from the information given by the journalists, the response rate of 21% certainly limited the reliability of the study.

The research instruments used ideally assess symptoms within a given time frame. The GHQ-28 measures general health and well being for up to a two-week time period and the IES measures symptoms up to seven days after a trauma. Using these measures as retrospective indicators may mean that inaccurate scores were given.

The study did not take into account other factors that may impact upon the traumatic experience of the journalists such as lifestyle and previous traumatic life experiences thus affecting the present results.

Self-report inventories give an opportunity for subjects to be untruthful or misleading in their responses. Therefore there was potential in the present study for misleading information to be given.

## Conclusion

### Profile and Symptomology

Given the limitations listed above, it may be suggested that:

- The profile of a typical journalist reporting on trauma is a single woman of approximately 27 years of age who has been employed as a journalist for about nine years. The three traumatic incidents likely to be reported on are murder, rape and vehicle accidents. This profile is contrasted with the non-

trauma reporting journalist who is typically a married man of 40 years who has been working as a journalist for approximately 16 years.

- Trauma-reporting journalists have a significantly higher rate of somatic symptoms than non-trauma covering journalists and are marginally more susceptible to depression, social dysfunction and anxiety and insomnia.
- Journalists experiencing symptoms will have a decrease in symptoms over time.
- A journalist who experienced anxiety and insomnia will be likely to recover reasonably quickly.
- The majority of journalists experiencing intrusiveness, avoidance and depression at the time of the survey may have been experiencing these symptoms for one to three years post the traumatic event (although it is not established that the event caused the symptoms).
- Older, experienced trauma journalists are more likely to suffer from intrusive thoughts and avoidant behaviours than their younger counterparts. Yet younger journalists tend to experience more anxiety and insomnia.
- Single journalists are more likely to experience social dysfunction following trauma.
- A journalist experiencing anxiety and insomnia at the time of the survey most likely recently covered a trauma story.
- A majority of journalists would like debriefing or an opportunity to talk about their traumatic experience following covering stories of trauma, tragedy and disaster.

Finally, it can be said that the proposition of journalist Nic Place (1992), that some journalists are impacted by the traumatic stories they cover, appear to be supported by the present study. Not only do some journalists report experiencing quite serious traumata at the time of covering stories of a critical nature, it also seems that they continue to experience residual effects afterwards. Some of the symptoms they tend to experience are within the realm of post-traumatic stress and acute stress disorders.

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**This article has been refereed**

## Conference Announcement

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