



Headlines Network
promoting mental health in the media

Covering traumatic breaking news stories

A guide for journalists and newsrooms

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Introduction

This guide is for journalists who are likely to cover potentially traumatic breaking news stories and for the newsrooms and people who deploy journalists to cover those stories.

For many of us, working in a highly challenging environment is what we do. We are often used to going towards stressful situations, and in this way, journalists are similar to many frontline workers. Reacting to difficult situations and challenging environments is a part of our job.

This resource explains how our brains and bodies respond to distressing events, and how developing an awareness of this can help normalise those responses. Fortunately, journalists are largely resilient, but they can find themselves at greater risk of developing post-traumatic stress disorder than the general population. This guide underlines the importance of preparing individually, and as a team, to understand the best support mechanisms to have in place before, during and after difficult deployments.

This document has been written for Headlines Network by Dr Sian Williams, a practising NHS psychologist, who helps emergency service workers recover from trauma. Dr Williams has been a journalist for 35 years, covering many challenging and difficult news stories, and she also helps her colleagues recover when needed.



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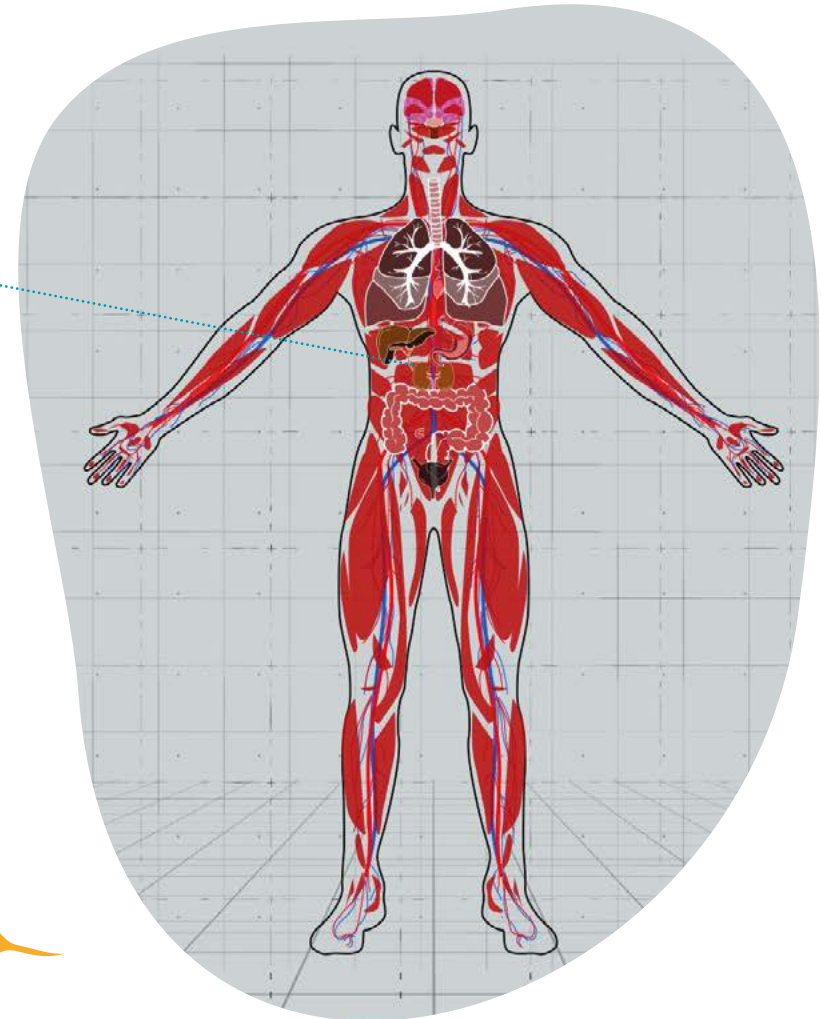
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1. What happens to our brain and body when we are exposed to trauma?

It's important that our brain is attuned to stress. It means we can respond to threats and dangers, and it triggers our fight/flight response.

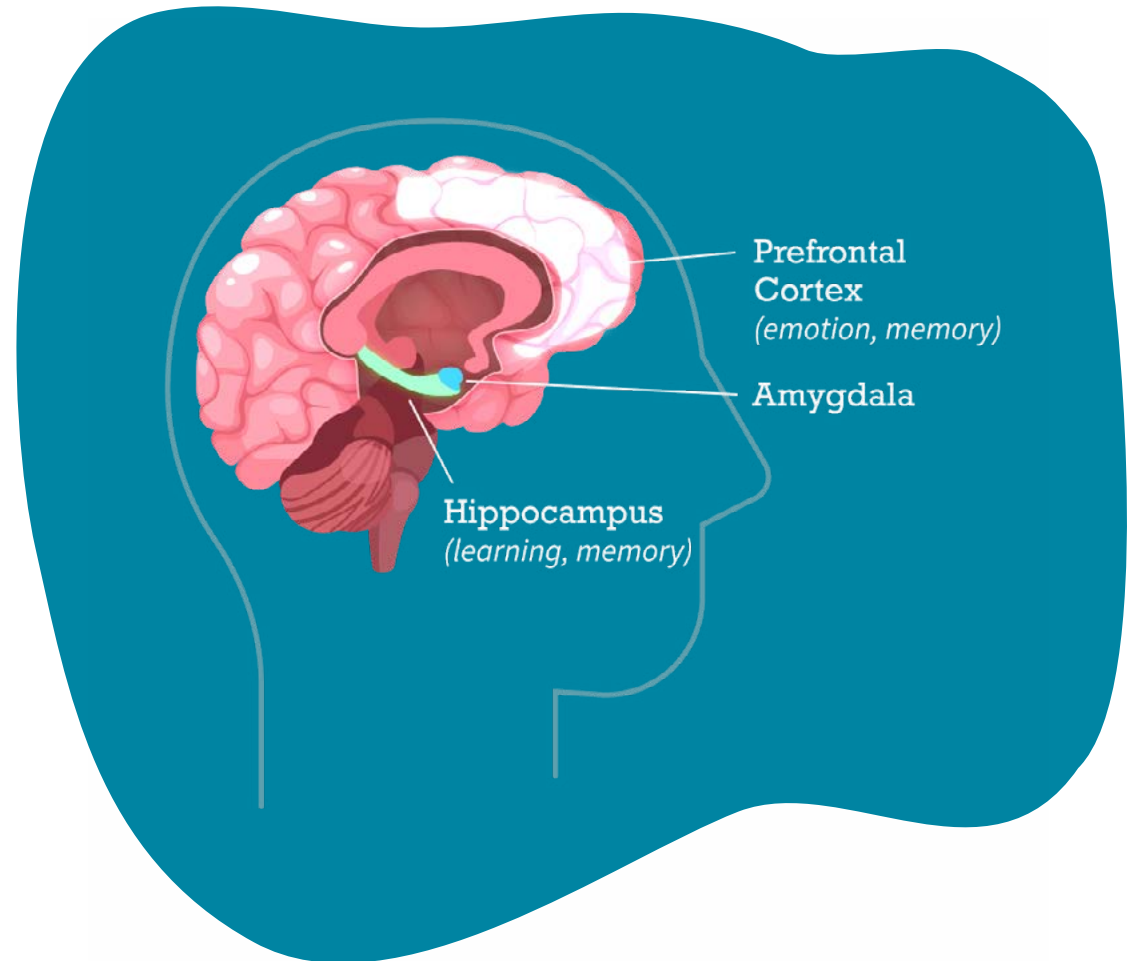
When we perceive a stressor, our brain sends signals to the **adrenal glands** located just above the kidneys – and that means we get a burst of adrenaline, which courses through our nervous system fast. Our **blood pressure** and **heart rate** go up, which means that blood is going to places where we need it, like our muscles and our organs. Additionally, a hormone called **cortisol**, which is responsible for elevating our blood sugar, is released, and this means we get **more energy to deal with the threat**. And these two pathways working together mean that we can respond really quickly when faced with an acute one-off stress.

Adrenal glands



2. How might this affect us in the longer term?

A part of the brain that senses danger is called the **amygdala**, and if this is over-activated, other brain structures responsible for planning, memory and emotion – the so-called rational part of our brain – can be bypassed. And that's important because our priority in that moment is **to survive**. But if there's a high and prolonged period of chronic stress, the amygdala might be constantly 'on', and it can be **hard to turn the alarm system off**. That's why we **can't think straight**, or sometimes we can't remember what happened in the event. If cortisol, our stress hormone, is also raised all the time, that can lead to a lot of difficulties. And overall if we are stressed constantly and faced with **chronic trauma, that can have an impact on our mood, our body, our brain and our behaviour**.



3. Why is exposure to trauma a particular issue for journalists?

As journalists, we are exposed to trauma regularly, as part of the job. Journalists are highly resilient, but their risks of post-traumatic stress disorder tend to be higher than the general population. That might be because journalists run towards danger, just like many first responders, and they might face personal risk themselves. But they are also facing somebody else's trauma, and that might lead to something called vicarious or secondary trauma. In other words, the closer you get to other people's trauma, the more you put yourself at risk.

Covering trauma, but still resilient

For many journalists, working in a highly challenging environment is what we do. Most people are resilient, even when exposed to violent or life changing events,¹ and journalists are no different. Many individuals will not experience any ill-effects from working on a breaking news story, even if it has the potential to be a difficult one.

However, an event is only traumatic if it's *perceived* as such by the individual. While there can be common reactions to challenging events, how we react and recover will be affected by our lived experience, what else we are going through (our emotional load) and who or what we can rely on (our support system).

If journalists are highly resilient, why are they more at risk of PTSD?

While journalists are highly resilient, their risk of post-traumatic stress disorder (PTSD) also tends to be higher than the general population. A significant minority of journalists, between 9.7% and 28.6%, are said to experience some symptoms of PTSD, with rates among war correspondents as high as that of veterans of military combat.²

Research suggests that between 4% and 13% of journalists from the United States and Europe who did not cover conflict reported post-traumatic stress severe enough to be considered probable PTSD.^{3,4} The risk of PTSD increased as the frequency or intensity of exposure to traumatic events rose⁵ (by way of comparison, according to 2014 figures from the UK's National Institute for Health and Care Excellence, some 3.7% of men and 5.1% of women screened positive for PTSD, but these percentages⁶ differ around the world).

4. How does developing an awareness of our responses help?

An awareness of our responses – normalising traumatic reactions

The nature of news means we may never know what we will encounter on a story. However, we can have an awareness of how we might respond when faced with difficult situations.

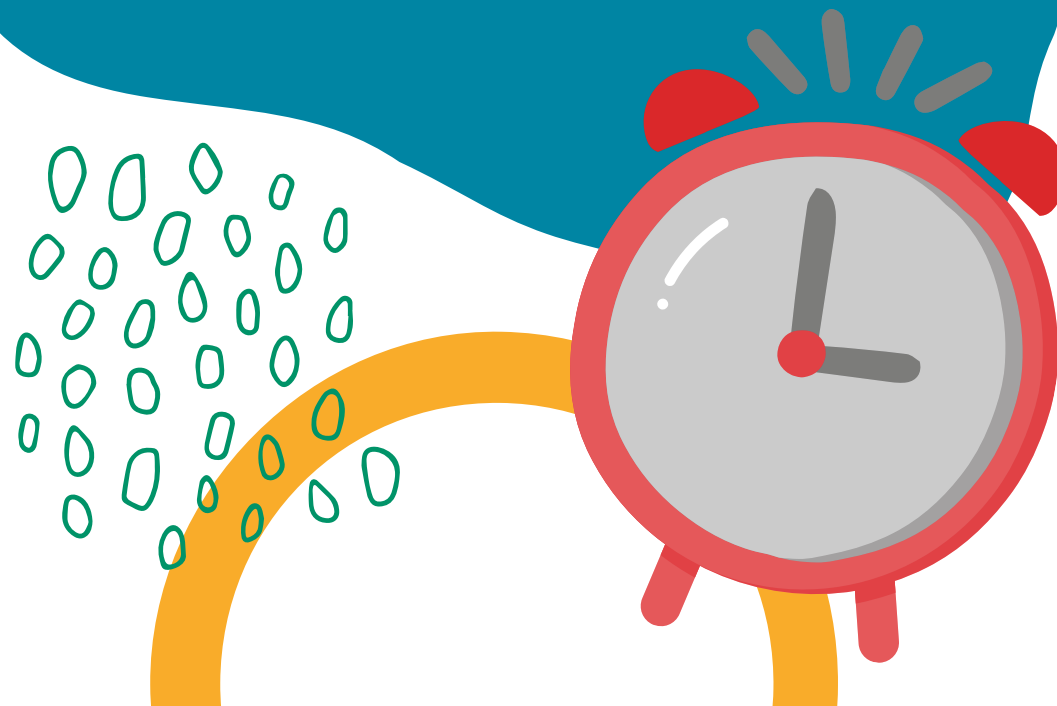
This awareness performs two functions: switching the brain away from a ‘threat’ mode and normalising our responses.

What are ‘normal’ stress reactions, how can we manage them, and when should we seek help?

Stress reactions are typical after a traumatic or challenging event. So, you might feel shock or sadness. You might feel anger, you might feel a sense of numbness. These are perfectly usual and they should settle after a couple of months. If they don’t, that’s when you might need to ask for professional help.

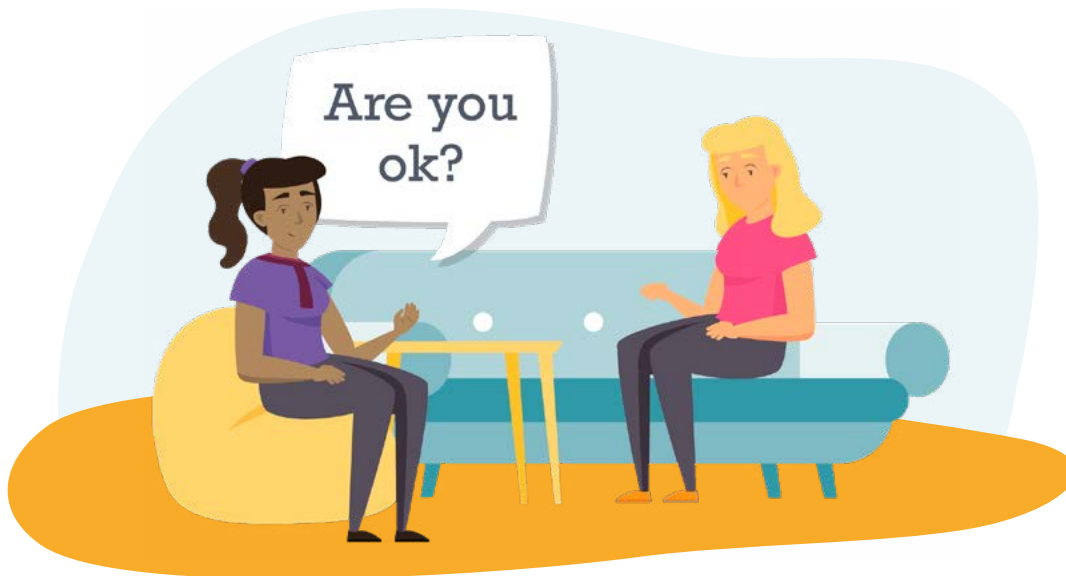
It’s always important to think about why you are a journalist in the first place as this can be quite protective. It’s known as ‘bearing witness’. If we think about *why* we’re doing this job, what we get out of it, and why it’s important to us, that can help lower our stress response.

Brain structures like the prefrontal cortex and hippocampus (see page 5), can help put threats in context by using memory and emotion. If you suddenly hear a lion’s roar, your brain’s alarm system may prime you to run. If you then remember you’re in the zoo, the brain’s context and memory systems will shut the alarm off. Sometimes though, the alarm is so loud and the danger so threatening, that these brain structures can take a back seat. It means that we may not remember the details of a traumatic event, and it can feel like we are still on high alert, even when the threat has passed.



5. How do you prepare for an uncertain situation without creating undue anxiety?

Worry has a function. It prepares us for the worst case scenario. Problems arise if we're catastrophising over the 'what ifs', or if we're ruminating, going over the same thoughts again, and again, and again. So look at what you can control and what you can't. What you can control might be something like planning the assignment. What you can't control is the unexpected. If you are a boss, think about how you are going to manage your staff in the days before the assignment, during the assignment, and then after, and ask them what they'd like and what would be most helpful for them. And if you're a member of staff and you notice that your colleagues have come back from a traumatic assignment, check in on them. Ask them if they're ok. Make sure, though, it's at the right time, in the right place and preferably with your phones off.



Why we worry

Worrying serves a critical function: it's our brain's way of letting us know we need to look at all eventualities and even get ready for the worst case scenario.

It's also a survival mechanism. Sometimes, we worry about a situation and can do something about it, resolving the anxiety.

Or we can postpone the worry until we can attend to it. But when the worry becomes rumination, where you are repeatedly having intrusive, negative thoughts, or you catastrophise about something where there's no real way of knowing the outcome, this can be problematic.

How, then, do we prepare for an uncertain situation, without creating undue anxiety and additional stress?

6. Is this something we get used to?

I'm a psychologist, but I've also been a journalist for 35 years, working in daily news, and of course as journalists we work on dangerous and threatening events all the time. I wonder if we get used to high levels of adrenaline and cortisol and whether we don't really notice what's going on for us in ways that other people might.

There's some interesting research into a potentially dangerous activity, skydiving, where the researchers tested the cortisol levels of novice skydivers – those who had never jumped out of a plane before – and skydivers who had done it more than a thousand times.

They tested the cortisol before they jumped and when they landed, and what they discovered was the cortisol levels of the experienced jumpers and the novices were the same, but the experienced jumpers hadn't noticed any change in their anxiety levels.⁷

And that makes me wonder whether, as journalists, we need to be even more attuned to our emotional responses, our behaviour, our thought patterns, than other people. Then we can spot when something has shifted and we can start to do something about it.



“

I wonder whether, as journalists, we need to be even more attuned to our emotional responses, our behaviour, our thought patterns, than other people.

7. When facing exposure to trauma, what are the key support and coping strategies that journalists can put in place as individuals?

The first thing to do is notice what's going on for you. Have your thoughts changed, your emotions, your behaviour?

Secondly, look at where your social support is. Who do you rely on? Those who have less social support tend to find their levels of stress and anxiety can be much higher than those who do have somebody to rely on. There's no doubt that a traumatic event can shake up our world, but if we can find some meaning from it, a way of shifting our perspective, that can help ease our suffering.

Knowing what we can and can't control

It's important to look at what you *can* control (before, during and after an event), such as planning for it and knowing who to contact in an emergency, and what you *can't* control, for example, the unpredictability of the event itself.

This means being prepared for an environment of safe uncertainty.⁹

- *Safe certainty* is like being mentally 'stuck' – and can be dangerous. No one can be certain about what to expect on a breaking news story and if they are, there's a risk of complacency and taking your eye off the ball.
- *Unsafe uncertainty* is also dangerous. Not preparing at all and feeling at risk can be equally damaging.
- *Safe uncertainty* is going into an environment which is challenging, and potentially unpredictable, where we prepare for and mitigate the possibility of risk, while having enough flex and fluidity to respond to a changing situation. **This is the ideal approach to take.**

Coping mechanisms: as individuals

Find out what your own coping strategies are. Use them regularly. Make them habit-forming. And then you know they're there when you need them.

Exercise

Any activity uses up excess adrenaline and can help make us feel better, allowing us to process thinking, and potentially disrupting rumination. But too much, or over-exercising, might be considered an avoidance/distraction. Exercise can be an additional stressor, so make sure it's nourishing, not depleting.

Social support

Look at where your social support is. Who do you rely on? Those who have less social support tend to find their levels of stress and anxiety can be much higher than those who do have somebody to rely on.

Meaning

Traumatic events are tough, but we may, eventually, find meaning from the suffering and this may help us recover faster. For example, witnessing the compassion of communities and individuals after a disaster.

Other things that can help

There are some grounding techniques – which bring you back into the present and away from the threat – that can help.

One is called the 5-4-3-2-1 technique.

Acknowledge

- 5: FIVE things you see around you...
- 4: FOUR things you can touch...
- 3: THREE things you can hear...
- 2: TWO things you can smell...
- 1: ONE thing you can taste.

Then there's 4-6-7 breathing.

Just close your mouth and inhale through the nose, mentally counting to four.

Hold that breath for 6 and then open your mouth and exhale for 7.

Repeat a few times and see how it works for you.

see how it works for you...you may want to extend the holding breath, or the exhalation, if it feels comfortable.

Do several rounds of this breathing and just focus on the breath itself.

Let any thoughts come and go without holding onto them.

Journaling validates your experience and is extremely helpful to those who find it difficult to share experiences they have found traumatic. You need never show it to anyone else, or indeed look at it again. Write it down, close the book, put it away.

The importance of managing sleep and exercise

Are your sleep patterns disrupted? If so:

- Limit caffeine intake, especially after midday
- Try not to exercise 2/3 hours before sleep
- Try not to nap during the day
- Make sure your bedroom is dark, not too hot or cold and free from mobiles!

Before, during and after

Before

It's important to know what the signs of 'normal' trauma are before you even leave the office. Some of these are the brain and body's typical responses to an extraordinary event and will pass in time. They might be:

- **Emotional (fear, anger, irritability)**
- **Behavioural (some level of avoidance, withdrawal)**
- **Psychological (reminders of the event, negative thinking, lack of concentration)**
- **Physical (a fast or slow heart rate, sweating, headaches, a change in breathing)**

These are common responses to the brain detecting a threat, creating a surge in adrenaline and cortisol, and getting the body ready to run, attack, or play dead. In effect, it's our survival response.

That's why a traumatised person may react instantly when they hear a car back-fire. The amygdala is sending out an alarm and telling them there's a threat, and the body responds instinctively and physiologically before the other brain mechanisms remind them they are on a high street, not in a war zone.

And overall, if we're stressed constantly and are faced with chronic trauma, that can have an impact on our mood, our body, our brain and our behaviour.

During

If we experience a traumatic or challenging event, simply noticing what's going on in our body and brain can create a space, or gap, for the brain to click into the contextualising, more rational way of thinking and being. This is about noticing what our reactions are, where we feel it in the body, and what thoughts are running through our head.

Research suggests that naming our emotional responses shifts the brain into a different state.¹⁰ This allows us to feel less threatened and makes us more attuned to recognising, tolerating and regulating distress.

Of course, we may actually be under threat or attack – in which case, we need to know how best to respond physically and mentally.

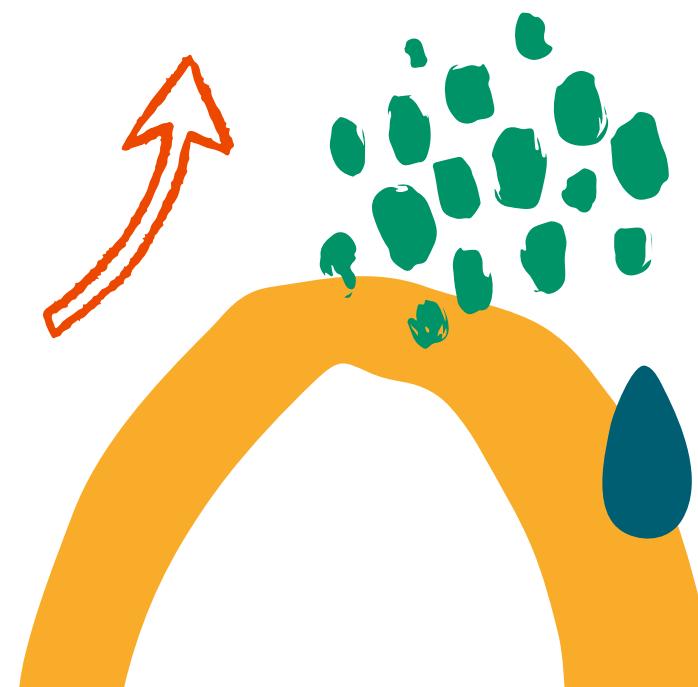
We may have good individual approaches that will allow us to manage our physical and mental health. These coping strategies are likely to include self-care and accessing support systems either at home, work or in our wider group of friends.

It's also important to identify and have access to the coping mechanisms that are in place organisationally, in other words, knowing what managers, news leaders and colleagues can do to support the resilience of journalists and media staff who might be covering difficult stories.

After

Keep an eye on yourself and others and notice any changes in the way you're thinking, feeling and behaving. Ask yourself, am I:

- **Blaming myself? Fearing I've let others down?**
- **Feeling I can't do the job? Believing I'm unsupported?**
- **Unable to stop thinking about the event?**
- **Avoiding people, places, talking about the event, potential triggers?**
- **Over-identifying with the event and unable to let it go, even when at home?**
- **Feeling the need to do everything and keep perpetually busy?**



Self-medication

Self-medication is when we are relying on things that feel satisfying in the short term, and which provide temporary relief.

This might mean alcohol, drugs, gambling or anything that we can withdraw into. These may end up being avoidance strategies and prevent us from dealing with difficult thoughts, feelings and emotions.

They can also lead to a sense of overwhelm and exhaustion and prevent the reflection that's needed to process the traumatic memory.

You can recover well, even if you've experienced a longer-term traumatic reaction, but this is often dependent on being supported, personally and organisationally, so you can reflect safely.



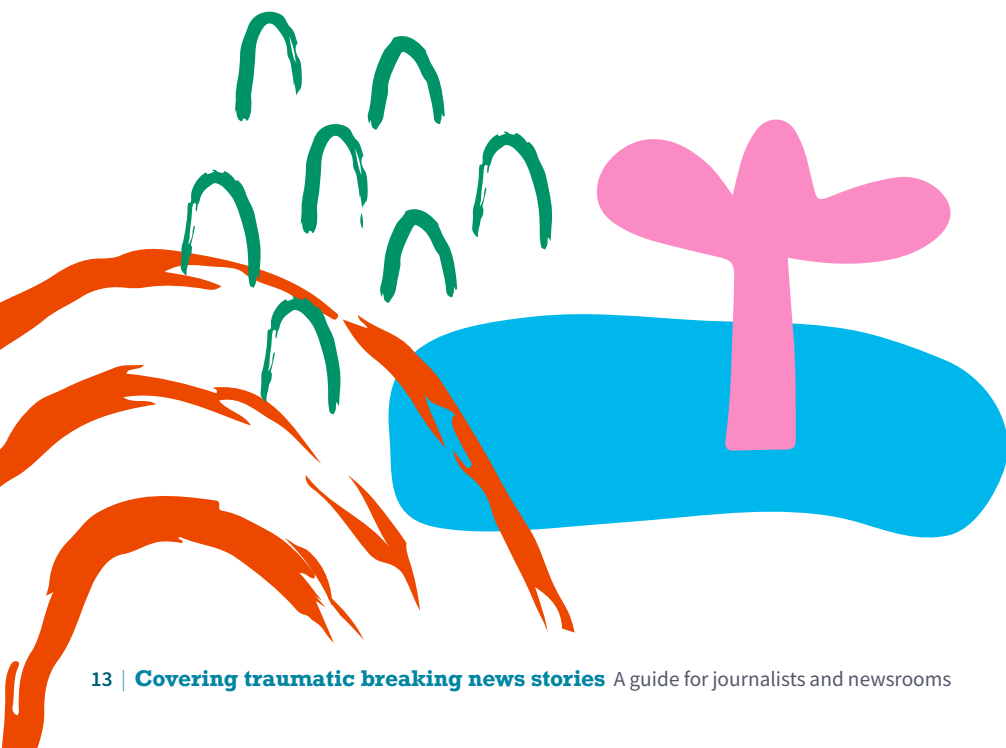
Coping mechanisms: what we should expect from our work

You may be able to start a conversation around mental health in your newsroom or network. But sometimes people experiencing mental health problems will need professional support as sensitive conversations may bring up difficult issues.

According to the Advisory, Conciliation and Arbitration Service (Acas), employers have a duty of care to do all they reasonably can to support their employees' health, safety and wellbeing.¹¹

This includes making sure the working environment is safe, protecting staff from discrimination and carrying out risk assessments.

So it's important to consider the support tools that your employer currently offers, such as employee assistance programmes (EAPs), but you may also wish to direct staff to some of the third-party support services available below, particularly if they work as a freelancer or are part of a smaller newsroom which doesn't have an EAP.



How newsroom managers and colleagues can be empathic and model good behaviour

If you're a manager or a newsroom leader, think about how you're going to manage your staff/freelancers in the days before, during and after the assignment. Ask them what they'd like and what will be most helpful for them.

Newsrooms can also develop journalists' resilience by:

- Encouraging short breaks, scheduled or unscheduled
- Enabling a change of focus (i.e. stories) when material becomes overwhelming
- Suggesting a change of the task itself, even temporarily, to give body and brain a break
- Encouraging conversations about social support and community connections.

What can newsroom managers do more broadly to help?

- They can give an individual/team a sense of agency or control over the assignment they're working on.
- They can encourage clear boundaries between work life and home life.
- They can also make sure they give enough feedback and support to make the journalist feel valued.
- And perhaps most vitally, the journalist needs to know that their organisation and their manager are supporting them from the very start.

Colleagues

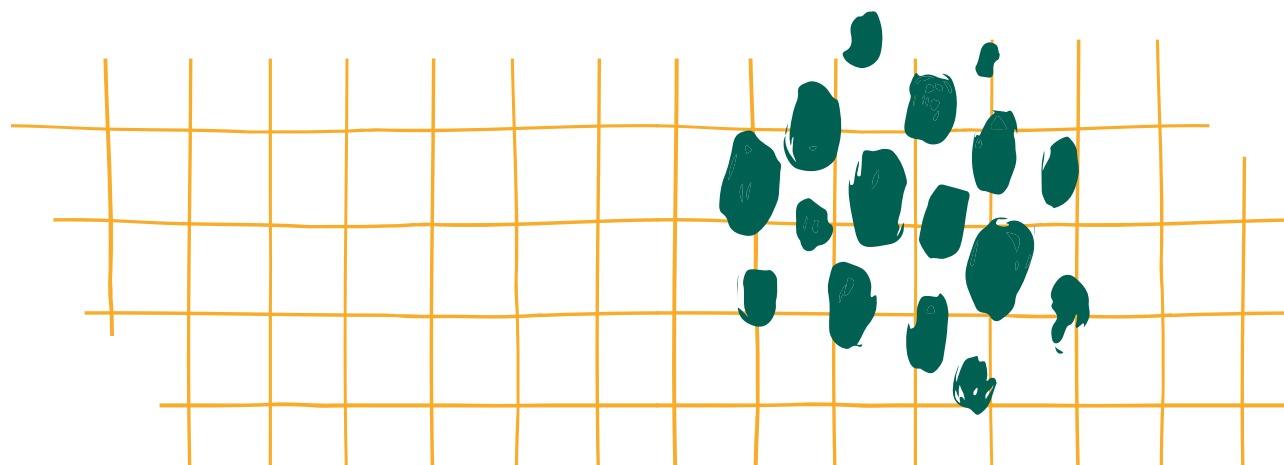
Notice how your colleagues are reacting after covering a traumatic event. If your colleagues have come back from a traumatic assignment, check in on them, ask them if they're okay.

- Make time to check in – preferably with your phone off, at the right time, in the right (safe and private) space.
- Don't attempt to problem solve or over-promise; just listening and asking open questions can help. These can include: 'How are you feeling?', 'What's the hardest part?', 'Have you been through anything like this before and if so, what helped?', 'Can I/others help and if so, how?'

Freelancers

Covering breaking news events can be different for stringers and freelancers than for staff journalists in newsrooms. Self-employed media workers may not have the same resources, staff, support structures and access to care that staff have. Freelancers, who largely work in remote settings, may also seek or need help but can experience challenges in accessing support.

Newsrooms who employ freelancers should consider a duty of care to them just as much as they do to their staff members.



Signposting to support/further resources

CALM helpline

Telephone: 0800 58 58 58

The CALM helpline is there for anyone who needs to talk confidentially about a tough time they are experiencing. Calls are taken by trained staff who are there to listen, support, inform and signpost you to further information. The helpline is open from 5pm to midnight every day, 365 days a year.

The Dart Center for Journalism and Trauma

<https://dartcenter.org>

A resource hub and global network of journalists, journalism educators and health professionals dedicated to improving media coverage of trauma, conflict and tragedy. It is a project of Columbia University Graduate School of Journalism in New York City, with international offices in London and Melbourne.

Journalist Trauma Support Network

<https://www.jtsn.org/>

The Journalist Trauma Support Network (JTSN) is a programme of the Dart Center. It is aiming to establish an international community of qualified therapists trained to care for trauma-impacted journalists. To best serve journalists, it provides therapists with cultural competence and data security training, peer support and referral pathways.

Mind Infoline

Telephone: 0300 123 3393

Mind, the mental health charity, provides confidential mental health information services. With support and understanding, Mind enables people to make informed choices. The Infoline gives information on types of mental distress, where to get help, drug treatments, alternative therapies and advocacy. Mind also has a network of nearly 200 local Mind associations providing local services.

Samaritans

Telephone: 116 123

Whatever you're going through, Samaritans are there to listen – 24 hours a day, 365 days a year. Samaritans offer a safe place for you to talk any time you like, in your own way about whatever's getting to you. They won't judge or tell you what to do: they'll listen to you.

Shout, text support

Text: SHOUT to 85258

Shout is a free, confidential 24/7 text-messaging support service in the UK for anyone who is struggling to cope. The service is anonymous and won't appear on any phone bill.

Trust for Trauma Journalism

<https://www.traumajournalism.org/>

The organisation works with journalists, before, during and after they go into harm's way, bolstering their resilience and ensuring much-needed services and support. Its mission is to provide funding to sustain global initiatives that prepare news professionals for the impact of covering traumatic events.

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¹¹ <https://www.acas.org.uk/supporting-mental-health-workplace>



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Dr Sian Williams

Dr Sian Williams is a Chartered Counselling Psychologist, registered with the HCPC (Health and Care Professions Council) and the BPS (British Psychological Society). She works in the NHS Centre for Anxiety, Stress and Trauma as a Senior Psychological Therapist for the emergency services, and has authored a book, *Rise: Surviving and Thriving after Trauma*, and writes articles and academic papers on recovery after adversity. Sian has spent 35 years in journalism, working as a producer, senior correspondent and news anchor for both the BBC and ITN. She also helps journalists returning from difficult assignments and has delivered workshops and lectures on mental wellbeing to the BBC, ITN, Sky, Amnesty International and others.



Headlines Network
promoting mental health in the media

Headlines Network comprises founder and director Hannah Storm and co-director John Crowley. Over the last two decades they have led newsrooms, journalism safety charities and run news sites. Both are qualified mental health first aiders and bring knowledge and lived experience around mental wellbeing.

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