



Psychological Safety Standards for Journalists

Dedicate to the Resilient Pakistani Media

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Key Terms

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Abuse	Excessive or improper use of dependence substances such as drugs, or non-dependence-producing substances such as caffeine. ¹
Agitation	Marked restlessness and motor activity, accompanied by anxiety. ²
Anxiety	The fearful anticipation of further danger or problems accompanied by an intense unpleasant feeling or physical symptoms. ³
Burnout	State of physical or emotional exhaustion in response to stress of unrelenting performance demands stemming from individual's occupation. ⁴
Crisis Reaction/ State	Response to unusual/ unforeseen demands on functioning capacity, such as threats to individual's body or life, changes in individual's role in community, changes in family organisation or status, or threats to their culture/ nation etc. ⁵

¹World Health Organisation (WHO) – Geneva 1994, Lexicon of Psychiatric and Mental Health Terms, Second Edition,

https://apps.who.int/iris/bitstream/handle/10665/39342/924154466X.pdf;jsessionid=9DFC08DB063C4A7EC8CA69D0C6D 74B97?sequence=1 Date of Access: August 1, 2019

³Glossary of Mental Health Terms, Retrieved from: https://www.bestselfwny.org/resources/glossary-of-mental-healthterms/Date of Access: August 1, 2019

⁴World Health Organisation (WHO) – Geneva 1994, Lexicon of Psychiatric and Mental Health Terms, Second Edition,

https://apps.who.int/iris/bitstream/handle/10665/39342/924154466X.pdf;jsessionid=9DFC08DB063C4A7EC8CA69D0C6D

⁷⁴B97?sequence=1 Date of Access: August 1, 2019

⁵Ibid.

Denial	A refusal to admit or acknowledge an apparent truth; it designates a psychological defence by which a painful experience or an aspect of life is denied. ⁶
Depression	A mental state dominated by lowering of mood and often accompanied by a variety of associated symptoms in particular anxiety, agitation, feeling of unworthiness, suicidal thoughts, psychological dysfunctions, etc. ⁷
Mental Illness	Disorder of thinking, feeling, and behaving.8
Post-Traumatic Stress Disorder (PTSD)	PTSD can occur when an individual experiences a shocking, unexpected event that is outside the range of usual human experience. The trauma is usually so extreme that it can overwhelm their coping mechanisms and create intense feelings of fear and helplessness. ⁹
Precipitating Cause	The particular factor, sometimes a traumatic or stressful experience that is the immediate cause of a mental or physical disorder. A single precipitating event may turn a latent condition into the manifest form of the disorder. 10
Psychosomatic	The term is used when a psychiatric problem, such as depression, anxiety, or another

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⁹Glossary of Mental Health Terms, Retrieved from: https://www.bestselfwny.org/resources/glossary-of-mental-health-terms/Date of Access: August 1, 2019

¹⁰ APA Dictionary of Psychology, Retrieved from: https://dictionary.apa.org/precipitating-cause Date of Access: August 22, 2019

	disturbance, manifests itself as seemingly unrelated physical symptoms. ¹¹ It originates from emotional stress or damaging thought patterns but has physical symptoms that are real and can harm you as much as symptoms that originate from other means. ¹²
Stress	The term is employed interchangeably, in current usage, to describe various aversive stimuli of extensive intensity; the psychological, behavioural, and subjective responses to them; the context mediating the encounter between the individual and the stressful stimuli; or all of the above as a system. ¹³
Trigger	A stimulus that elicits a reaction. For example, an event could be a trigger for a memory of a past experience and an accompanying state of emotional arousal. ¹⁴

¹¹https://www.verywellhealth.com/introduction-to-psychosomatic-illness-2488767

¹²How to handle psychosomatic illness, Very Well Mind, Retrieved from: https://www.verywellmind.com/how-to-handle-psychosomatic-illness-3145090 Date of Access: August 21, 2019

¹³World Health Organisation (WHO) – Geneva 1994, Lexicon of Psychiatric and Mental Health Terms, Second Edition, Retrieved from:

https://apps.who.int/iris/bitstream/handle/10665/39342/924154466X.pdf;jsessionid=9DFC08DB063C4A7EC8CA69D0C6D74B97?sequence=1 Date of Access: August 21, 2019

¹⁴ APA Dictionary of Psychology, Retrieved from: https://dictionary.apa.org/precipitating-cause Date of Access: August 22, 2019

What is Trauma?

Trauma is identified as an individual's experience relating to an incident that gives rise to fear, helplessness and dread. The incident may affect ones' personal space (involving actual death or death threats, serious injury, and threat to physical wellbeing) or the surrounding (i.e. direct or indirect exposure to bombings, violent assaults, rape, torture, natural calamities, accidents, etc.).

Symptoms of Trauma

The reaction to trauma depends on intensity, duration, and frequency of exposure of individuals to traumatic events. Post-Traumatic Stress Disorder (PTSD) has an insidious impact on the judgement and capacity of individuals and should be treated vigilantly. The first step to cope with trauma is to read the early signs¹⁵ of PTSD that may include, but are not limited to:

- Disruption of sleep routine
- Difficulty in concentration
- Heightened emotionality; overreaction to everyday instances (fight-flight-freeze is a normal reaction to danger; however, with PTSD these reactions are also stimulated in situations with less or no danger), constant unusual irritable mood, and short temperedness
- Flashbacks of trauma related images and thoughts; intrusive memories and nightmares
- Withdrawal from peer groups and loved ones resulting in social isolation and dissociation

These signs may develop before taking up an assignment, during the assignment or after the assignment. Symptoms may take a month or more to develop in the post-assignment period, probably triggered by a similar incident.

¹⁵Committee to Protect Journalists (CPJ), Safety Notes, "Psychological Safety", September 10, 2018, Retrieved from: https://cpi.org/2018/09/psychological-safety.php Date of Access: June 21, 2019

Is Trauma for the Weak?

While elaborating on trauma it is pertinent to mention that vulnerability to trauma varies from individual to individual depending on their emotional ability to cope with stress and trauma. Considering this, not all journalists develop severe distress following their experience of a trauma event in their job. However, the resilience of an individual is not a permanent immunity from traumatic experience. The risk factor of PTSD is such that it may manifest before, during, or after the actual exposure of the individual to a trauma event. Therefore, journalists are at high-risk for developing crisis-related psychological trauma even if they are emotionally strong and have coped well during similar previous situations.

Vulnerability to Trauma: Who is at risk of Trauma?

A recurrent exposure to the aforementioned traumatic events, directly or indirectly, pose risk for the individual to become vulnerable. In addition, it is essential to know that trauma is not limited to experiencing an incident with geographical proximity.

Journalists working on an assignment at the desk are as much vulnerable to trauma as those working on-field; the nature of the assignment contributes to trauma. For example, if the assignment requires journalist's exposure to graphical content, the journalist working on it is vulnerable to trauma; journalists working on field having exposure to incidents of death or injury, are vulnerable to trauma. In addition to the journalists being directly affected by trauma when working ondesk or field on an assignment of sensitive nature, trauma also has an indirect effect on the close associates of the journalists that have exposure to traumatic incidents. Moreover, the individual's personal, social or work life environment, as well as their self-esteem plays an important role in vulnerability to trauma.

According to an overview of research on occupational hazards for journalists covering traumatic events by the Dart Centre of Journalism and Trauma, the factors that may make journalists vulnerable and at risk of PTSD include¹⁶:

Personally experienced work-related stressors

- Frequent exposure to a greater number of traumatic assignments
- Exposure to a greater amount of user generated content on traumatic incidents
- Exposure to high intensity assignments/type of traumatic assignment
- Covering traumatic incidents e.g. war, violence, etc.
- Working in the field

Field Experience

- Novice journalists
- Journalists with more experience

Organisational Factors

- · High levels of perceived organizational stress
- Inconsistent leadership styles, conflicts with supervisors, and changes to organizational policy
- Any form of harassment and intimidation at workplace e.g. sexual, physical, systemic, etc.
- Working with user-generated content

¹⁶ DART Centre for Journalism and Trauma; a project of Columbia Journalism School, "Covering Trauma: Impact on Journalists", River Smith, Elena Newman, Susan Drevo, and Autumn Slaughter, July 1, 2015. Retrieved from: https://dartcenter.org/content/covering-trauma-impact-on-journalists Date of Retrieval: September 17, 2019

Personal History and Characteristics

- Threats to one's sense of professional ethics or moral compass
- Exposure to traumatic events in one's personal life
- Prior history of psychological problems
- Empathy
- Temperament
- Difficulty with emotional expression
- Avoidant styles of coping
- Peri-traumatic response

Social Support

- Low perceived social support
- Competition with colleagues

Cognitive Factors

- Negative beliefs about self, others and the world following a traumatic event
- •Feelings of guilt about the traumatic event

Why Journalists need to know about Coping Mechanisms and Psychological Safety Standards?

Journalists, especially those working on conflict-sensitive stories and on field at high-risk conflict-sensitive areas, are vulnerable to psychological trauma alongside the physical and digital threats they face in the line of duty. This high risk of psychological trauma is due to the nature of their assignment that may involve direct or indirect loss followed by grief. Reporters working on-field in conflict-sensitive areas are likely to witness incidents such as terrorism, violent extremism, mob violence, violent assaults, torture, target killings, natural disasters. and so forth. These incidents have an enduring impact on the psychological and mental health of journalists' alongside the perceived physical and digital threats. One of the most common psychological ailments precipitated among individuals with exposure to genuine traumatic experience, including survivors and witnesses, is Post-Traumatic Stress Disorder (PTSD). With every other assignment, journalists are exposed to life-threatening situations, making them vulnerable to PTSD.In addition to this, journalists face stress in professional life such as performance pressure, job insecurity, low pay. etc. These pressures add up affecting the mental and physical wellbeing of the journalists: making them vulnerable to deterioration of mental health. It is pertinent to mention that not dealing with inadequate mental health and not acknowledging the role of psychological factors (stresses, anxiety, and trauma) in affecting physical well-being, snowballs the frustrations. According frustration-aggression theory, "frustrations generate inclinations to the degree that they arouse negative affect"17; as explained below:



Frustration Aggression Theory

¹⁷https://psycnet.apa.org/record/1989-36458-001 Date of Access: August 22, 2019

Coping mechanisms vary for individuals depending on their coping capacity; i.e. the ability of an individual to adjust and adapt in stress-inducing environment/ situations, solve problems, and meet challenges. The coping mechanisms are the means and efforts that utilises the coping capacity of individuals to manage stress, conflict and change. For PTSD, it is essential to adopt coping mechanisms that positively deal with physical, mental, and social well-being; if the strategy to cope with PTSD undermines any of the three, it is only a short-term strategy and is deemed as an unhealthy coping mechanism. It is pertinent to mention that coping strategies are actions that are taken up by individuals consciously or unconsciously; hence, taking up an unhealthy or healthy coping strategy is mainly due to what its instant gratification is. Moreover, it is pertinent to highlight that coping mechanisms evolve, may strengthen or weaken, in a given environment and time period.

Some of the healthy and unhealthy coping mechanisms are listed²⁰ below:

Coping Mechanisms				
Healthy	Unhealthy			
 Exercise (physical and mental) 	 Substance abuse (drug abuse) 			
 Acknowledging and talking 	 Unhealthy eating habits 			
about problems	(stress eating, binge eating,			
 Maintaining healthy diet 	purging etc. leading to eating			
 Seeking professional help 	disorders)			
 Relaxation techniques (e.g. 	 Procrastination 			
deep breathing)	 Unhealthy sleeping habits (no 			

¹⁸ World Health Organisation (WHO) – Geneva 1994, Lexicon of Psychiatric and Mental Health Terms, Second Edition, Retrieved from:

https://apps.who.int/iris/bitstream/handle/10665/39342/924154466X.pdf;jsessionid=9DFC08DB063C4A7EC8CA69D0C6D 74897?sequence=1 Date of Access: August 1, 2019

²⁰TherapistAid, Therapy Worksheet, Unhealthy vs. Healthy Coping Strategies, 2018, Retrieved from: https://www.therapistaid.com/therapy-worksheet/healthy-unhealthy-coping-strategies Date of Access: August 2, 2019

- Using social support (primary support group)
- Problem solving techniques
- maintained sleep schedule)
- Social withdrawal (safety behaviour and dissociation)
- Aggression (anxious avoidance)
- Self-harm (physical or mental)

The mal-adaptive or unhealthy mechanisms only give a short-term relief; however, in the long-run they are harmful for physical, social, and mental well-being, which affects the performance of individuals. physical Sometimes manifests trauma into symptoms. psychosomatic, that may lead to adopting healthy or unhealthy coping mechanisms. The psychosomatic symptoms of PTSD usually occur as a result of a severe incident that cannot be recollected by the individual in an integrated form, rather its recollection is fragmented. In this case, the trauma is memorised by the body instead of the brain; therefore, the individual has a physical reaction to trauma without any physical cause.

It is pertinent to mention that in the process of therapy/healing from trauma, developing healthy and unhealthy coping mechanisms are survival tactics that differ from individual to individual. Considering this, forcing oneself to give up an unhealthy coping mechanism puts the therapy/healing process in jeopardy. Therefore, in the process of therapy/healing, it is essential to first adopt healthy coping mechanisms that minimizes the need of the unhealthy survival tactic; and as a result, one can completely replace the unhealthy coping mechanism with a healthy coping mechanism that works for them.

Do we have Psychological Safety Standards?

Considering the volatile security dynamics of Pakistan' the vulnerability of journalists to physical and mental trauma is high. Though media organisations are now acknowledging the vulnerability of journalists to physical and mental trauma, in particular PTSD, mechanisms to provide emotional and psychological support to journalists country-wide are not yet in place. Ethical standards that are followed by media personnel/ organisations do not entirely encompass psychological safety standards.

In November 2017, Individualland (IL) conducted an assessment with journalists from Baluchistan and Sindh, namely; Psychological and Mental Health of Working Journalists in Quetta and Karachi. The key findings of the assessment are:

- Journalists acknowledge the need for counselling centres catering to mental health well-being of media personnel; these centres are an important medium to provide stress management and counselling.
- Some causes of mental stress for journalists include job insecurity, and pressure from media managers to cover conflict-sensitive stories without willingness.
- Media personnel on field i.e. reporters, camerapersons, and technical team, are most vulnerable to mental trauma. Off the field, covering sensitive stories can be a trigger for mental trauma. Both, on and off the field jobs of media personnel (male or female) make them vulnerable to mental trauma.

Critical findings of this assessment that highlights the need of having psychological safety standards and coping mechanism in place are:

- Performance enhancing exercises for journalists do not cover the psychological aspect of covering conflict sensitive stories, on and off the field.
- Social stigmatisation of mental health well-being; journalists do not acknowledge that mental stress hinders performance.

Acknowledging that addressing the mental health needs of journalists is a longitudinal process and can be countered by not only putting forward the debate in public discussion discourse, but also through proper channels of literacy and counselling; IL set up a Well-Being Centre for Journalists in Quetta with the support of Deutsche Welle Academy, Germany (DW). IL, through its Well-Being Centre for Journalists, Quetta that is active since 2018, has been involved in psychological counselling of media personnel that have worked on conflict sensitive stories as well as have field experience in conflictsensitive areas. Through its experience, IL acknowledges how crucial it is to create awareness regarding the potential psychological impact of a traumatic experience that journalists are likely to be affected by on job. For this purpose, IL, with the support of DW Akademie, Germany conducted sensitization sessions on "Psychological Safety Standards Mechanisms" 2019. Coping in at Quetta. baseline and assessment done through engaging media personnel on the need to have psychological safety standards and coping mechanism in place for journalists, found:

• 71% media personnel acknowledge that psychological safety procedures assist in improving overall wellbeing of journalist.

- 79% media personnel deem it essential for media organisations to have psychological safety procedures for journalist in place.
- Only 25% media personnel were aware of the basic safety procedures for journalists.
- Only 17% media personnel mentioned their media organisations provided psychological safety training and support.
- 67% media personnel agreed upon considering to see psychological support and counselling based on different mental traumas.
- Only 25% percent media personnel were familiar with coping mechanisms for psychological issues.

In the light of the above, psychological safety standards for journalists need to be in place and they need to be followed with immediate effect.

What are the Essential Coping Mechanisms and Safety Standards for Journalists?

In order to cope with PTSD, it is essential for journalists to follow psychological safety standards in each phase of assignment, i.e. pre-assignment phase (preventive measures), during assignment (on-spot coping exercises), and post-assignment phase (counselling and therapy), especially when the assignment encompasses a sensitive story. The safety standards and coping mechanisms for each phase are elaborated below:

Preventive Measures

In the pre-assignment phase, the following safety standards need to be followed by journalists before going on-field/ starting assignment on desk:

- 1. Develop familiarity with the context of the story by conducting a comprehensive research to be aware of the cultural and issue-specific sensitivities. Coordinate with local counterparts that can assist in social and logistical support.
- 2. Take preparatory trainings for hostile environment including:
 - Physical defensive training
 - First-aid training
 - Trauma coping mechanisms (stress reducing exercises, breathing exercises) with trauma experts and therapists
- 3. Do a risk assessment of the assignment for desk and field research to prepare journalists beforehand with the probability of coming across:
 - Graphic content
 - Dead bodies
 - Injured persons
 - Survivors of trauma
- 4. If an individual has previously had a traumatic experience while covering a conflict-sensitive story, they should be sure that they are mentally and physically stable before considering themselves willing to take up another assignment of conflictsensitive nature.
- 5. Set time aside for your social and personal life; maintain connection with people from outside professional arena.

1. On-Spot Coping Exercises

Even if journalists are well-prepared, they might come across situations during the assignment that may make them vulnerable to trauma. Following safety standards should be followed for on-spot coping with traumatic situations:

1. Keep your physical strength; stay hydrated and eat well (avoid adrenaline boosting nutrition), do not disturb your sleep

- routine by over-working, and do regular physical/ breathing exercise.
- 2. Prioritise your emotional needs; continue with your routine socialising, personal time, hobbies, etc.
- 3. Acknowledge the situation at-hand (related to story) and how it can be controlled, and take necessary help if needed.
- 4. Support your team; be available to listen to their issues and give positive/ constructive response. Recommend professional help if signs of trauma are observed.
- 5. Respect how others deal with stress (others may include team members or sources i.e. survivors of traumatic incident).
- 6. If you face difficulty in continuing to work on the story:
 - Schedule debrief sessions with managers and colleagues
 - Volunteer to take up the lighter tasks
 - If it still distresses you, cease to work on the assignment and seek professional help.

2. Post-Assignment Coping Mechanisms

Once the hectic task is concluded, it is essential for journalists to prioritise their mental well-being. The following standards should be followed by journalists:

- 1. Take a break from work or take up lighter stories that are not mentally exhausting.
- 2. Seek professional help in case the symptoms of trauma are felt.
- 3. Develop connections with colleagues with similar experience; however, understand that everyone has different capacity to cope with stress.

Other Resources for Psychological Safety Standards for Journalists

- Dart Centre for Journalism and Trauma, A Project of Columbia Journalism School: https://dartcenter.org/resources
- Safety Advisories, Committee to Protect Journalists: https://cpj.org/safety-advisories
- Reporters without Borders for Freedom of Information: https://rsf.org/sites/default/files/2015-rsf-safety-guide-for-journalists.pdf



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