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Trauma exposure and post-traumatic stress disorder among regional journalists in Pakistan

Sayyed Fawad Ali Shah
Jacksonville State University, shah@jsu.edu

Faizullah Jan
University of Peshawar

Tamar Ginossar
University of New Mexico

J. Patrick McGrail
Jacksonville State University, jmcgrail@jsu.edu

Danish Baber
University of Peshawar

See next page for additional authors

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Authors

Sayyed Fawad Ali Shah, Faizullah Jan, Tamar Ginossar, J. Patrick McGrail, Danish Baber, and Rahman Ullah

Trauma exposure and post-traumatic stress disorder among regional journalists in Pakistan

Abstract

This study sought to examine work-related exposure to trauma and predictors of Post-Traumatic Stress Disorder (PTSD) symptoms among regional journalists in the Khyber Pakhtunkhwa (KP) province, a conflict-ridden area in northwest Pakistan. We recruited 216 KP journalists. Analysis of the surveys revealed a high prevalence of trauma exposure and PTSD symptoms. All of the participants had covered at least one trauma inducing event. Exposure to work-related trauma, active emotional coping and avoidant emotional coping were statistically significant factors associated with PTSD symptoms. This study is the first to highlight the severity of the impact of trauma on regional journalists in Pakistan.

Keywords: *Health/Mental Health, Journalism (profession), International/Transnational Journalism, Journalism, Local Journalism*

Introduction

Journalists are often exposed to incidents that involve physical or mental harm (Seely, 2019). While performing their duties they are likely to witness wars, crimes, accidents, and other potentially traumatic events. Even journalists who work in the newsroom and are not directly threatened experience frequent and repetitive exposure to traumatic news (Simpson and Coté, 2006; Feinstein et al., 2014; Simpson and Boggs, 1999). Past studies have shown that between 86% and 100% of journalists are exposed to potentially trauma-inducing events through their careers (Dworznic, 2011; Feinstein et al., 2002; Morales et al., 2014; Pyevich et al., 2003; Newman et al., 2003). Consequently, many journalists experience psychological distress. A subgroup of these journalists develop clinically significant symptoms of post-traumatic stress disorder (PTSD) and require medical or psychological interventions (Browne et al., 2012; Newman et al., 2003). Researchers have noted that there is a lack of adequate mental health resources available for these journalists (e.g., Feinstein, 2006), especially those reporting from the global South. A systematic literature review on journalists' exposure to trauma revealed that whereas the prevalence and severity of the psychological distress among journalists working in the metropolitan areas of the developed countries are well documented, researchers have overlooked trauma exposure and PTSD prevalence among regional journalists (MacDonald et al., 2017). To address this gap, our study aims to examine the prevalence, severity and underlying factors of work-related trauma among regional journalists in the Khyber Pakhtunkhwa (KP) province of Pakistan, one of the world's most conflict-ridden regions (Hussain, 2012).

Pakistan, a putative ally of the United States in the "war against terrorism," remains one of the most dangerous countries for journalists (Committee to Protect Journalists, 2018).

Pakistani journalists face threats from the government, state institutions, militants, terrorists and powerful political parties. They also face censorship from the government and state institutions. KP journalists are likely at increased risk for trauma exposure and consequently to experiencing PTSD. Bordering Afghanistan in the northwest Pakistan, KP has seen more violence than any other province of Pakistan. Most KP journalists work for regional media or as correspondents for the national and international media. Even though these journalists report from a volatile province, and face greater personal risks than their city counterparts, their experiences are typically ignored (Author, YYYY), and no previous studies explored their exposure to trauma and the consequences of this exposure to their mental health. Moreover, centers for support to Pakistani journalists experiencing trauma are located only in major urban areas such as Karachi, and are not available to the regional journalists in KP and other remote regions. Due to limited literacy and language barriers, these journalists also cannot benefit from the online resources and services offered by organizations such as the Dart Center for Journalism & Trauma. Understanding the prevalence of trauma exposure and PTSD among these journalists and their coping strategies is imperative for designing interventions in their communities (Ikizer et al., 2019; Buchanan and Keats, 2011).

In the following sections, we review the context in which KP journalists experience work-related trauma exposure and symptoms.

Journalism and Media in Pakistan

Pakistani media have seen mushrooming growth since 2002 (UDin, 2019). **Pakistan currently has around 2,000 daily, weekly, and monthly newspapers, more than 100 television channels, and approximately 200 radio stations (PEMRA, 2020; Siddiqi, 2016).** Even as worldwide print circulation decreases, Pakistan has seen an unprecedented increase in

the circulation of print papers, from three million in 2002 to six million in 2015 (Siddiqi, 2016). The media landscape is multi-linguistic and pluralistic, but most clearly marked by urban-rural disparities (UDin, 2019). More than 67% of the population lives in rural areas, while media are concentrated in metropolitan areas. However, news from across the country generally finds its way into the news media as newspapers have a widespread network of correspondents even in remote areas. At the same time, newspapers reach remote corners of the country. Despite a robust growth of the media, the government's and military's influence remains strong on media (Dickinson and Memon, 2012; Ricchiardi, 2012). The “war on terror” has brought pressure on media and journalists from new actors—militants and terrorists, who have made journalism a perilous profession, especially in rural Pakistan. In 12 of the last 15 years, the Committee to Protect Journalists (CPJ), an international media safety watchdog, has ranked Pakistan among 10 countries with the highest levels of impunity for perpetrators of crimes against journalists (Committee to Protect Journalists, 2019; Committee to Protect Journalists, 2018). Since 2002, as many as 72 journalists have been killed by state and non-state actors because of their professional work with an almost complete lack of repercussions for their killers (Pakistan Press Foundation, 2019).

The total number of journalists in Pakistan is estimated to be around 20,000, out of which 1,622 work in KP (Ashraf, 2018). Journalists in Pakistan can be divided into three groups: 1) journalists who operate out of metropolitan areas, such as Karachi, Lahore, and Islamabad; 2) journalists stationed in bureaus in smaller cities of the country including provincial capitals of small provinces, such as Peshawar and Quetta; and 3) journalists who report from remote districts (Khan, 2011). Overall, 70% of these journalists lack journalism degrees or proper training in journalism (Siddiqi, 2016). Journalists stationed in the urban centers have better

training, education, working conditions, and salaries (Dickinson and Memon, 2012). The rural district reporters remain the least educated, trained, and compensated (Siddiqi, 2016). The “war on terror” has exposed local journalists in KP to a far greater danger and threat than their counterparts in the big cities (Author, YYYY). In view of the sociopolitical context and work conditions of KP journalists, they are likely to be exposed to a significant number of traumatic events. Hence, this study focuses on regional journalists who work in the bureaus for national and regional media in Peshawar city and those who report from the smaller districts of KP province.

Journalism and PTSD

Journalists as a group are at risk for PTSD due to the nature of their jobs (Yang, 2018). They are constantly exposed to events that often have adverse psychological effects. For example, they cover events that involve killings, life-threatening illnesses, the aftermath of war, and natural disasters. They also interact with people affected by tragedies and disasters. Past studies have noted 80% to 100% trauma exposure among journalists (Ananthan, 2017; Dworznik, 2011; Dworznik, 2006; Feinstein et al., 2002; Newman et al., 2003). However, trauma exposure does not necessarily lead to PTSD. For example, Newman et al. (2003) reported that out of the 875 photojournalists who participated in their study, 98% had been exposed to traumatic events, but only 6% met the criteria for PTSD. As of 2019, past studies have reported a wide range of possible PTSD prevalence from 4.3% to 43.2% (overall, photographers were separately calculated at a high of 59%) among journalists in different settings (Newman et al., 2003; Morales et al., 2014; Morales et al., 2012; Feinstein et al., 2002; Smith et al., 2019; Lee et al., 2018). It is likely that these differences in prevalence of PTSD are due to the different contexts in which journalists live and work.

In some countries, harassment, threats, imprisonment, and torture of journalists are contributing to work-related trauma. In addition to their impact on the well-being of these journalists and their loved ones, such experiences have negative societal effects due to their impact on the quality of journalism coverage. Waisbord (2019) noted that such experiences lead in many instances to self-censorship. Similarly, Feinstein (2012) has reported that journalists who face intimidation and experience high levels of PTSD, depression and psychological stress are more likely to stop coverage of stress-inducing stories. For example, the journalists who had faced intimidation or threats to their lives from drug lords in Mexico had more symptoms of PTSD and had stopped covering drug-related stories (Morales et al., 2012).

In view of the precarious context of KP and the challenges that its journalists experience due to the long-lasting conflict and threats targeting media persons, it is important to examine their trauma exposure and consequent PTSD symptoms. We therefore posed the following research questions:

RQ1: What is the level of exposure among a sample of KP journalists to work-related traumatic events?

RQ2: What are the prevalence and severity levels of PTSD symptoms among a sample of KP journalists?

In the next section, we discuss research on predictors associated with PTSD among journalists.

Factors associated with PTSD among journalists

Some factors that predict prevalence and intensity of PTSD among journalists are well documented. These include the extent of exposure to traumatic events, coverage frequency and intensity (Newman et al., 2003; Marais and Stuart, 2005; Lee et al., 2018; Hatanaka et al., 2010;

Seely, 2019; Feinstein et al., 2014), organizational stressors (Dworznic-Hoak, 2019; Monteiro et al., 2016), and the content of coverage (Hatanaka et al., 2010; Newman et al., 2003; Pyevich et al., 2003; Simpson and Boggs, 1999). Journalists covering war have been reported to have a high prevalence of PTSD symptoms compared to journalists covering other beats (Dworznic, 2011; Feinstein, 2013; Feinstein et al., 2014; Feinstein et al., 2002). Journalists covering the drug war in Mexico, for example, have specifically shown higher levels of prevalence of PTSD symptoms compared to journalists working in the Western countries (Morales et al., 2014; Morales et al., 2012). Another study conducted in Iran also noted that arrest, torture and threats to family members resulted in higher levels of PTSD symptoms among journalists (Feinstein et al., 2016).

Thus, journalists covering war and conflict are at a relatively higher risk of getting PTSD and need special attention (Feinstein, 2006). They may suffer from psychological stress for years to come. For example, a study conducted in Kenya noted that the journalists who had covered ethnic violence during elections showed symptoms of PTSD after seven years of the coverage of the incident (Feinstein et al., 2015). Past studies have also associated trauma coping styles among journalists with prevalence and severity of PTSD symptoms.

Coping strategies among journalists

The ways in which individuals cope with stressful/traumatic situations impact their personal and professional lives (Sheerin et al., 2018). Research in other contexts documented that focusing on future action, being problem-focused, and seeking emotional support are called adaptive strategies (Agaibi and Wilson, 2005; Prati and Pietrantoni, 2009; Smith, 2008). Conversely, actions such as avoiding facing reality are maladaptive strategies and are associated with negative health outcomes (Baral and Bhagawati, 2019; Bragazzi et al., 2019).

Coping strategies and their impact on health have been examined in diverse cultural contexts (Baral and Bhagawati, 2019). The adaptive and maladaptive strategies remain similar in different cultural populations (Mohanraj et al., 2015). However, only a few studies have examined the ways in which journalists cope with stress, focusing on U.S. and Brazilian journalists (Dworznic, 2006; Heloani, 2005). Reinardy (2012) has found that control coping, a coping mechanism through which journalists take active measures to cope with the stress, was helpful in dealing with stress in a U.S. sample. Similarly, Smith et al. (2018) have noted that journalists in the U.S. who used avoidant emotional coping strategies reported higher PTSD symptoms, but problem-focused coping strategies were reportedly not related to PTSD symptoms.

In summary, although regional journalists, especially in the global South, face unique stressors, there is a lack of research on the factors associated with trauma among them. Specifically, KP where journalists face extreme exposure to ongoing conflict-related events, stressful organizational cultures, and personal loss of loved ones, the factors associated with the prevalence and severity of PTSD among them have not been assessed. This study attempts to fill this gap by answering the following research question:

RQ3: What factors are associated with the prevalence and severity of PTSD symptoms among Pakistani regional journalists?

Methods

Participants

To be eligible to participate in this study, individuals had to be over the age of 18, and working as journalists in KP. The recruitment took place using a convenience sample by contacting local press clubs in KP. In total, 550 journalists were invited to participate in

the study through personal contacts in press clubs and through social media platforms, such as WhatsApp. This represents about half of the overall population of KP journalists. A total of 236 journalists consented to participate and responded to the survey, for a response rate of 42.9%. After the initial data screen, 20 surveys were excluded due to substantial missing data.

Measures

The Journalist Trauma Exposure Scale (JTES)

We used the Journalist Trauma Exposure Scale (JTES) to assess the work-related trauma exposure among the participants (Pyeovich et al., 2003). The scale measures three domains, including: 1) frequency; 2) range; and 3) intensity of trauma exposure. The three subscales of the JTES have demonstrated acceptable to good internal consistency via Cronbach's alpha: frequency of exposure ($\alpha = .77$), range of exposure ($\alpha = .84$), and intensity of exposure ($\alpha = .63$; Pyeovich et al., 2003).

The scale contains a 14-item subscale to measure the frequency and range of the traumatic events encountered by the journalists during the preceding year. The traumatic events asked about were 1) car accidents; 2) assaults; 3) murder; 4) death or injury of a child; 5) domestic violence; 6) sexual assault; 7) life threatening illness; 8) events with multiple casualties; 9) fire; 10) torture/kidnapping; 11) natural disaster; 12) airplane accident; 13) war; and 14) others. The traumatic events contained in the subscale are grounded in literature and have been widely used and validated across cultures and nations at times with minor modifications (Backholm and Björkqvist, 2010; Backholm and Björkqvist, 2012; Browne et al., 2012; Lee et al., 2018; Pyeovich et al., 2003). After piloting the survey with regional journalists, two items (assault within family, and sexual harassment), were deleted

from the scale, and the coverage of people affected/displaced by war was added to the survey. The journalists believed that asking about sexual harassment and assaults within family were culturally incongruent and the respondents might not feel comfortable answering these questions. Therefore, the adapted version of the subscale included 13 items.

For the assessment of frequency, the answer choice was open-ended. The respondent journalists could write the number of times they encountered each traumatic event while on duty. The sum of the ratings for all the 13 items was used as the frequency score. For the assessment of range, the respondents could choose “1” or “0”. If the respondents choose “1”, it means they were exposed to that particular event type during the last 12 months, and if they choose “0”, they were not exposed at all to that particular event type. The participants’ answers for all the 13 items were added together and used as the sum value of range with a maximum value of 13 and minimum value of 0.

The second subscale measured the intensity or characteristics of the work-related traumatic experiences of journalists. The subscale lists nine items such as “at the scene of traumatic assignment”, and “received personal injury on an assignment”. The respondents were asked to answer yes (1) or no (0) for each of the items on the list. The total value of each participant’s answers to these questions was used as the sum value of the intensity subscale.

We calculated the standardized values for the three subscales, and the mean of those standardized values was used as the aggregate score for the total JTES.

The Brief Cope

To assess the type of coping, we utilized The Brief Cope, a 28-item self-reporting instrument (Carver, 1997). The Brief Cope has been applied and validated in many languages and diverse cultural settings (Yusoff et al., 2010; Carver, 1997), including in Pakistan (Basharat

et al., 2014; Imran et al., 2016; Sheikh et al., 2018). It allowed us to measure different adaptive and maladaptive coping strategies used by the journalists. It is comprised of 14 subscales, each assessing a coping strategy: denial, use of emotional support, self-distraction, substance abuse, coping, venting, behavioral disengagement, planning, humor, self-blame, religion, acceptance, positive reframing, and use of instrumental support. In order to assess specific adaptive and maladaptive coping strategies among our participants, we merged the 14- subscales of the Brief Cope into three larger subscales: 1) active emotional coping (venting, positive reframing, humor, acceptance, and emotional support), avoidant emotional coping (self-distraction, denial, behavioral disengagement, self-blame, and substance use), and problems-focused coping (active coping, planning, instrumental support, and religion scales); a technique used by other studies (Schnider et al., 2007; Smith et al., 2018). The three larger subscales have shown good internal consistency in the past ($\alpha = .80 - .88$; Schnider, Elhai and Gray, 2007).

PCL-C

To assess PTSD symptoms, we utilized the PTSD Checklist, or PCL (Blanchard, Jones-Alexander, Buckley & Forneris, 1996; Ruggiero, Del Ben, Scotti & Rabelais, 2003). The PCL-C, a 17-item self-report instrument that measures PTSD symptoms listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; (American Psychiatric Association, 1994; Weathers et al., 1993). The scale consists of items such as "How much have you been bothered in the last month by feeling distant or cut off from other people?" The participants responded on a 5-point scale ranging from 1 (not at all) to 5 (extremely). The PCL-C has demonstrated excellent internal consistency ($\alpha = .94$) and moderate to high test-retest reliability ($r = .68 - .92$; (Ruggiero et al., 2003). We summed the score of all

the items to arrive at a total score. The high score represented high distress among the participants. Past studies have used different cut-off scores for PCL-C depending on the setting, population, and purpose of the study. We used 44 as the cut-off score for the probable prevalence of PTSD among journalists, a cut-off score utilized by other studies (Browne et al., 2012). All measures were translated to Urdu and back translated into English by two researchers who were proficient in both languages. The participants were offered to answer in either English or Urdu.

RESULTS

This study measured self-reported symptoms of PTSD outside of a clinical setting. The overwhelming majority of the participants were male (n = 192, 88.9%). A majority were 26 to 45 years of age (n = 161, 74.6%) and were married (n = 124, 57.4%). A vast majority had received a post-secondary degree (i.e., a bachelor's degree or higher; n = 214, 99.1%). **A majority worked for print media (n=84, 38.9%), 48 (22.2%) worked for television, 40 (18.5%) were associated with multiple media outlets, 32 (14.8%) were digital journalists, and 12 (5.6%) were radio journalists. Around half of the participants (n = 109, 50.5%) were contractual employees, 29.6% (n = 64) were freelancers, and only 43 (19.9%) were full-time employees. Around half of the participants (n = 107, 49.5%) were working in bureau offices in Peshawar, whereas the remaining participants reported for news media organizations from districts (n = 98, 45.4%). A small number had no permanent work station (n = 11, 5.1%).** Only 10.6% (n = 23) participants indicated that they had health insurance and 9.7% (n = 21) of the participants had life insurance.

Exposure to work-related traumatic events

RQ1 focused on the level of exposure among a sample of KP journalists to work-related traumatic events. The results showed that in the previous one-year time span, participants were

exposed on average to 55.01 traumatic events ($SD = 73.62$) with a median of 29.50 times. The mean of the range was 5.30 ($SD = 3.41$) and the median was 6, indicating that on average a journalist was exposed to approximately five types of psychologically stressful events out of 13 listed types. The mean of the intensity was 4.04 ($SD = 2.71$) and the median was 4.00, which means that on average the participants experienced four potentially traumatic events while covering news (See Tables 1 and 2).

[Insert Tables 1 and 2 here]

The type of events that the participants were most often exposed to included coverage of people affected/displaced by war at 64.8% ($n = 140$), followed by natural disasters ($n = 128$, 59.3%), and murders ($n = 126$, 58.3%). The least covered traumatic event was airplane accidents ($n = 3.7\%$, $n = 8$). In addition, the most stressful event type was found to be a traumatic assignment covered multiple times in a week ($n = 136$, 63%), followed by being verbally threatened on an assignment ($n = 128$, 59.3%) and receiving personal injury on an assignment ($n = 61$, 31%).

Prevalence and PTSD symptoms

RQ2 related to the prevalence and severity levels of PTSD symptoms among a sample of KP journalists. A cutoff score of 44 was used to indicate prevalence of the symptoms of PTSD among the participants, a low base rate of PTSD among journalists identified and used by previous studies (Pyeovich et al., 2003; Smith et al., 2018). Just under half of the participants who completed PCL-C ($n = 105$, 48.61%) indicated that they were experiencing PTSD symptoms. The average score on PCL-C was 41.64 ($SD = 15.46$). This shows both a high prevalence of PTSD among the regional journalists of Pakistan as well as an average score not far below the PTSD cutoff among the participants.

Factors influencing journalists' PTSD symptoms

RQ3 asked what factors are associated with the prevalence and severity of PTSD symptoms among Pakistani regional journalists. A hierarchical multiple regression was conducted to determine the factors associated with prevalence of PTSD symptoms among the participants. The PCL-C score was entered as a dependent variable. The scores for JTES, active emotional coping, avoidant emotional coping, and problem-focused coping were used as independent variables. No additional variables (e.g., gender, beat, type of media organization, work station, education, insurance, or nature of job) were included in the model since they were not correlated with the PTSD symptoms. The JTES score was entered as the first step in the hierarchical regression model. The exposure to work-related trauma (JTES) explained a statistically significant variance in the PTSD symptoms, accounting for 44.6% of variance, $F(1, 214) = 53.28, p < .001; R^2 = .199, \Delta R^2 = .199$. Active emotional coping, avoidant emotional coping, and problem-focused coping were entered as step 2 in the regression model. The additions of these variables accounted for a statistically significant increase in variance in PTSD symptoms from 44.6% to 71.5%, $R^2_{adj} = .501, F(4, 211) = 55.04, p < .001$. In the second step, active emotional coping ($\beta = .269, p < .05$), avoidant emotional coping ($\beta = .309, p < .001$), and exposure of journalists to work-related trauma (JTES) ($\beta = .291, p < .001$) had statistically significant unique contributions to the prevalence of PTSD symptoms among the participants. It shows that the participants who used active emotional coping and avoidant emotional strategies showed higher symptoms of PTSD. However, problem-focused coping style was not a statistically significant predictor of PTSD symptoms (See table 03).

[Insert Table 03 Here]

Work-related trauma (JTES) contributed to the model significantly even when the other variables were accounted for in the model, indicating strong mediation. Avoidant emotional coping and active emotional coping showed independent statistically significant association with PTSD symptoms in the model.

Discussion

This study is the first to investigate exposure of Pakistani journalists in general, and regional KP journalists in particular, to work-related trauma, the prevalence of PTSD symptoms that they experience, and the factors associated with PTSD. Our findings show that participants were frequently exposed to trauma-inducing events and often experienced psychological distress. All the participants had been exposed to a potentially traumatic event at least once in the past year, and on average they were exposed to one such event every week. Whereas studies done in other countries reported the potentially traumatic events experienced by journalists as fires, car accidents, and railroad accidents (Newman et al., 2003; Pyevich et al., 2003; Smith et al., 2019; Lee et al., 2018), our participants reported coverage of people affected by war, natural disasters, and murders as the most frequently encountered traumatic events. The prevalence of PTSD symptoms was found to be very high (48.61 %) among these journalists. This is among the highest prevalence rates recorded among journalists in the literature. Two studies have recorded higher PTSD rates among photojournalists (59% and 54%) covering drug cartels/war in Mexico (Flores Morales et al., 2012; Morales et al., 2014). However, the PTSD symptoms among the overall sample was higher in our study. Additionally, our sample size was higher than that used in the Mexican studies (100 and 140) and might be more comprehensive. All other previous studies have recorded lower PTSD symptoms among their sample. For example, 43.2% among journalists in South Korea (Lee et al., 2018), and 19.7% among war correspondents (Feinstein et

al., 2002). These high PTSD symptoms among our participants may be explained by the ongoing conflict and intense risks facing the journalists and their communities in this part of the world. A majority of these journalists rely on low salaries from their media organizations and do not have permanent jobs. A majority of them also do not get insurance from their employers which render them vulnerable to any untoward incident. As Waisbord (2019) noted increasing financial burden and pressure and threats from state and non-state actors have rendered journalists in different parts of the world vulnerable. Pakistani journalists face threats from state and non-state actors while performing their duties (Mezzera and Sial, 2010). Pakistan Press Foundation (2019) reported that 72 journalists have been killed in Pakistan since 2002. Indeed, a majority of our participants noted that they had been verbally threatened because of their professional work. Past literature shows that along a continuum war and frequent terrorist attacks cause severe stress and domestic stressors cause the least stress (Osman, J., Dvorkin, J., Inbar, Y., Page-Gould, E., & Feinstein, A., 2020).

Especially, the journalists reporting from KP are more prone to violence than journalists in other parts of the countries since they are directly reporting from conflict zones. The news coverage they do is closely monitored by all the parties involved in the conflict, which further make them vulnerable to threats and even physical attacks. Thus, these journalists work in an environment of continuous mental stress. Feinstein (2012) noted that journalists who face intimidations and experience high levels of stress are more likely to stop coverage of stress-inducing events. However, journalists in KP are forced by their managers/editors to cover the breaking news that may be trauma-inducing (authors, 2019). They may lose their jobs if they refuse to cover a report assigned by the managers, or face trauma of the event or threats by the

parties involved. Therefore, the professional stressors may have contributed to the prevalence and severity of PTSD symptoms among this group of journalists.

Our sample is different than previous research in some ways. Past studies on trauma among journalists have distinguished between journalists who covered wars, and those who covered other topics (Feinstein, 2013; Feinstein et al., 2014; Feinstein et al., 2016; Feinstein et al., 2004; Newman et al., 2003; Pyevich et al., 2003; Smith et al., 2018; Hatanaka et al., 2010). These studies ignored the group of journalists who reported on regular issues from a conflict-hit or conflict-prone area such as the group of journalists in our study. Our participants were not designated “war reporters,” nor did they cover war as a beat specifically. But since they were living in areas that were affected by ongoing conflict, they ended up covering conflict-related stories even if they were not trained for conflict or war reporting. **For example, a majority of our respondents noted that the most frequently covered traumatic events for them involved the coverage of people displaced by war.**

As a consequence of the “war on terror,” the Pakistani military launched its own war (using a euphemism ‘military operation’) against extremists/terrorists inside the country in areas bordering Afghanistan. Thousands of people were forced to leave their homes and settle in other areas as Internally Displaced Persons, or IDPs. Our participants indicated that covering this displacement was particularly traumatic for them.

Another important finding of this study is the identification of the ways in which journalists’ styles of coping with stress contributed to the prevalence and severity of PTSD symptoms among them. Our findings showed that avoidant emotional coping and active emotional coping were the two coping styles that contributed significantly to participants’ PTSD symptoms. Avoidant emotional coping was the most significant contributing coping style in the

model. The participants who used avoidant emotional coping (e.g., denial and self-distraction) had a higher prevalence of PTSD. This finding is consistent with past literature that suggest that emotional coping generally, and avoidant emotional coping specifically, is maladaptive and may result in higher symptoms of PTSD (Smith et al., 2018; Sutker et al., 1995).

Among Pakhtun communities specifically and in Pakistan generally, mental health is not considered a serious health issue. Pakistan lacks adequate resources for the diagnosis and treatment of mental health issues such as PTSD. The journalism schools also do not provide any training or education on mental health. Therefore, a majority of these journalists may not even know that they have PTSD symptoms. So, the cultural insignificance of mental health issues, lack of literacy and adequate resources, could explain why these journalists use avoidant emotional strategies such as self-distraction, denial, behavioral disengagement, self-blame, and substance use.

Surprisingly, active emotional coping (e.g., venting, positive reframing, humor, acceptance, and emotional support) were also positively related to having PTSD symptoms. This finding is unique because this type of coping has been proven adaptive in Western contexts (Badour et al., 2012; Boden et al., 2012), including among journalists (Smith et al., 2018). It is possible that KP journalists use active coping strategies when the PTSD symptoms increase, or that this type of coping is not beneficial in their cultural setting. For example, the uniqueness of this finding could be explained by the cultural context of KP. Mental health is a taboo subject in KP. A majority of these journalists may not know that they are experiencing PTSD and those who know they may not express their problems directly in order to avoid shaming in their communities. So, when they go through a stressful phase in their lives caused by the PTSD,

instead of seeking active help they use coping strategies such as venting, positive reframing, humor, acceptance, and emotional support.

However, some of these strategies may not be helpful in the cultural setting of KP. For example, they may accept the fact that they are facing a problem that is causing them distress, but they may not know how to deal with that issue or where to go for help. They may reach out to their friends, colleagues or family members to seek emotional support but since the issue is considered taboo and the literacy rate about mental health is very low in that cultural context, they may not be able to express their feelings or emotions openly or the people they are talking to may not be able to provide any help or guidance. This may lead to further distress and increase in the severity of PTSD symptoms.

Future research should explore further this relationship. Moreover, problem-focused coping (e.g., active coping, planning, instrumental support, and religion) did not have any statistically significant individual contribution to the model. Overall, our findings show that journalists who use avoidant emotional and active emotional coping styles may experience more PTSD symptoms even if they are not exposed to work-related traumatic events very often.

Practical Implications

Our study makes significant contributions to the understanding of mental health issues among journalists, especially those reporting from the small towns of the global South. Our findings highlight the need for an intervention plan for the regional journalists of Pakistan. The findings also suggest possible ways that organizations that help journalists deal with the mental health issues may be able to use to improve journalists' mental well-being. First, these institutions could arrange tailored trainings for these journalists. Whereas journalists in major

cities of the countries have mental health resources available to them, regional journalists who are at a higher risk of PTSD due to living in and reporting from conflict areas, lack access to these resources. For example, while the Institute of Business Administration in Karachi's metropolitan area has established a trauma center for journalists, we recommend they reach out to the regional journalists who cannot take advantage of their services. Specifically, we suggest the organizations invite the regional journalists for group narrative therapy sessions (Khodayarifard and Sohrabpour, 2018), where they can share their news stories or arrange cognitive behavioral therapy sessions through video conferencing (Morland et al., 2011). Video conferencing can especially be useful for journalists in small towns who lack resources to approach mental health resources in general. The organizations can also create social media support pages for journalists where they can share the traumatic stories they went through and can provide social support to each other. Media owners and managers are an important part of the media production processes; they should be invited to take in-house steps to help the regional journalists deal with PTSD.

Limitations

It is important to note that this study has some limitations. First, using a cross-sectional design prevented us from determining causality of the relationships reported regarding coping strategies and PTSD symptoms. Moreover, although the variables reported in this study accounted for a 71.7 % change in the PTSD scores, future research should identify additional factors that are associated with changes in PTSD among regional journalists in Pakistan. A multi-faceted model is needed to comprehensively understand the factors that influence PTSD symptoms among KP journalists. Furthermore, while we were able to reach a large sample of journalists in a hard-to-reach part of the world, it is possible that journalists who participated in

our study were different from those who did not respond, or those who were not contacted.

Future studies should examine the possibility of seeking funding to compensate participants and potentially reach different participants. Similarly, our focus on regional journalists in Pakistan means that the sample is not representative of the overall population of journalists in the country.

Future studies should investigate PTSD among metropolitan-based Pakistani journalists.

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