

Mental hazards of reporting not just a danger for war correspondents

After covering shootings several days in a row, Chicago freelancer Evan Moore had to report from a press conference that featured mothers of gun violence victims. It was almost Memorial Day in 2016, and the mothers, now anti-violence advocates, were urging people to stop the violence ahead of what historically has been a very violent weekend in Chicago, a sort of kickoff to the summer shooting season, where homicides seem to go up with the temperature. On that day, one of the victim's mothers recognized the 1,000-yard stare on Moore's face. "Baby, you'll be okay" she told the 36-year-old reporter, trying to comfort him.

As a freelancer, he did not have medical insurance and even if he did, he said he didn't consider talking to anyone at the time. He handled it instead the way many reporters have long handled covering traumatic events – by self-medicating with alcohol.

Three years later, Moore now is a full-time staffer at the Chicago Sun-Times, where he is an audience engagement specialist and helps with copy editing, has medical insurance and sees a therapist, and has moderated his drinking.

Over the last few years journalism has come a long way in addressing mental health issues resulting from having to cover more mass shootings and the seemingly never-ending amount of urban gun violence in American cities. Freelancers like Moore still slip between the cracks, whether overseas or while covering violent domestic stories. But more journalists are being open about post traumatic stress and the impact not only on their work but also on their personal lives – and more are

getting positive responses.

“I did a Twitter thread about it earlier this year and a lot of people were like ‘Thanks for doing that, I needed to see that.’ A lot of people said if I need to talk to let them know,” Moore said.

For decades, groups like the Committee to Protect Journalists have offered safety classes to journalists, but until the last few years those classes focused on physical safety while covering war and conflict overseas. Since around 2016, more and more attention has been focused on dealing with mental hazards of domestic coverage, as well as digital security.



Photo by Victoria Pickering via Flickr

“We believe you cannot talk about safety without talking about those three things and thinking of them simultaneously,” said Maria Salazar Ferro, director the Emergencies Response Team from the Committee to Protect Journalists.

Columbia University professor Judith Matloff, who spent more

than two decades reporting in Europe, Africa and Moscow, is a pioneer in safety training for media around the world. She works closely with the Dart Center for Journalism & Trauma, which is headquartered at Columbia University in New York and believes taking a three-tiered approach to safety is essential.

“If you’re not in an emotionally good place, you’re more likely to do something dangerous. You’re more likely to make a bad decision...It’s not just a mental health issue, it ties into everything else.” Matloff said, adding that digital safety goes right along with it.

Digital safety is ensuring against digital attacks, including through hacking, phishing, and surveillance as well as doxing – the Internet-based practice of researching and broadcasting private or identifying information (especially personally identifying information) about an individual or organization.

“I was one of the first people to do digital safety train and it’s critical because it’s tied into the mental and physical as well,” Matloff said. For example, doxing is when someone takes your personal information and posts it publicly. This happens a lot to women. They get death threats or rape threats and somebody who wants to harm them will post their phone number, email, or physical address on a public forum or on social media,” she said, explaining the how digital safety can threaten both mental and physical safety. “They are all tied into each other.”

In June, WGN-TV reporter Marcella Raymond publicly disclosed on [Facebook](#) that she was diagnosed with PTSD, or post-traumatic-stress-disorder, from covering violence and crime both in Chicago and on national stories. She’s been covering news for more than 20 years and was recently diagnosed with PTSD for the second time. The first time was in 2009. In the post she writes “My “problem” is I get too involved in my stories. I want to do justice to every innocent person who’s

been shot and killed, to every person killed in a fire, to every person killed in a car crash or walking across the street or standing at a bus stop or on the EL. That's why I do it; to let the family know I care, to tell their story more than about just the horrible death of their child. I can't be a bystander looking in. I have to jump in with my whole body. But at what cost to me?"

Journalists who routinely cover traumatic incidents need to be aware of the signs that indicate that they may be more affected by what they cover than they previously thought.

"With PTSD, there are clearly defined symptoms and it's helpful for journalists to be aware of what they are," said Anthony Feinstein, professor of psychiatry at the University of Toronto who has written extensively about the psychological hazards journalists face. "It's important not to self diagnose, but to be familiar of what the condition is. In terms of the broader question, if you notice your behavior changing, you're becoming more irritable, your sleep is becoming disturbed, your colleagues are pointing out to you that you're not acting yourself, you might be using alcohol to excess to self-medicate, there are so many changes in behavior to indicate the journalist has developed a particular psychological difficulty that may be work related," Feinstein said.

Raymond said the story that put her over the edge in 2009 was having to interview the brother of a soldier killed in a mass shooting at Fort Hood in Texas, in which 13 died. Raymond believes her PTSD was the result of years of covering violence like this. After Fort Hood, she took 2 1/2 months of disability leave and although she told her bosses about her issues at the time, she returned to work. And while she did get off the station's morning shift which often focused on violence from the early morning hours, and continued to see a therapist, she also continued to work general assignment, which often included stories about violence.

In the decade since then, the violence in Chicago and beyond hasn't let up, adding to a problem Raymond thought she adequately addressed. Then on June 16, Father's Day, Raymond had to knock on the door of a Chicago firefighter whose son was stabbed to death and had his car set on fire. The mother of a 18-year-old son herself, that story set Raymond over the edge again, and she says this time it was worse for her than in 2009. She is now seeing a different therapist who specializes in PTSD and her station has allowed her to focus on more feature stories rather than stories that may be triggering.

Raymond's courage in recently going public has been met with messages of support, with many fellow reporters sharing with her their own issues related to their job. As more reporters find the courage to speak out, the stigma lessens and others will come forward, according to Joe Hight, a former reporter who covered traumatic events in Oklahoma City for years and who is the Edith Kinney Gaylord chair of journalism ethics at the University of Central Oklahoma and the co-author a 40-page report for the Dart Center on reporters and PTSD.

"I think it's becoming more prevalent as there are more diagnosed for it but also because there are more journalists coming forward as well," Hight said, adding that typically reporters were reluctant to reveal their feelings. "The past ways of dealing with things was usually a bottle or other means. I think today journalists are becoming much more aware of the potential effect and impact of their coverage, particularly coverage of trauma and traumatic events. I think in the age of more mass tragedies, journalists are being exposed to it more as well."

PTSD is not the only risk.

"PTSD is the poster-boy, but depression is more common. Anxiety is more common. Substance abuse is more common, so I think there needs to be a heightened awareness of mental

health issues in general,” Feinstein said.

Because news organizations have had to cut staff, fewer reporters are left to cover breaking news that is often about violence. That means the same pool of reporters end up getting repeatedly exposed.

“I think preparation is important. If you’re going to be covering a difficult assignment, be aware that you may have an emotional response and be aware that it’s totally normal,” Matloff said. “People have to take good care of themselves. Eat good, nutritious meals, try to get on a regular sleep schedule. In our profession we head for the bottle and that’s the worst thing to do. Moderate that, get exercise to work the emotional toxins out of the body. Spend some time in nature.”

Lilia Chacon, a former broadcast reporter who worked in Albuquerque and Chicago for more than 25 years, identified with Raymond’s recent public account. She said spending time in nature is her healthy outlet. “I covered a lot of the worst of the worst,” she said. “We all have our coping strategies...I really found solace in bird watching, long hikes, hard workouts, heart to heart talks with friends although friends usually don’t want to hear this kind of stuff, but sometimes you have to unburden yourself. And I also kept a diary for some of the rougher stuff.”

Chacon, who currently works as the communications director for the City of Santa Fe, New Mexico, added that “I often thought about this and wondered why more people in the newsroom didn’t discuss it, but you know what a newsroom is like. They develop that dark humor, the sick jokes and I think we laugh it off.”

Aamer Madhani heard a lot of jokes while covering the Iraq war from 2003 to 2008 for the Chicago Tribune and USA Today. He said few people talked about the mental cost of covering conflict.

“My bosses never brought it up and a lot of my bosses spent

time in conflict zones," said Madhani, a Chicago-based reporter for USA Today. "They never brought up their mental health experiences and whatever was brought up was brought up in a funny way. They made jest of how they handled their time in these places."

He recalled how his Chicago Tribune editor reacted when the sister of an Iraqi employed by his news organization was shot to death. The man was like a relative to staffers, and everyone was hit hard by the loss.

When he called his boss to tell him what had happened, he was reminded that there was nothing he could do and asked how his story was coming along. "We need the story," he remembers being told. "This is a Sunday story. You're going to have to set aside any concerns you have, any anxieties you have about our guy and work on the story."

Madhani said he's also covered domestic stories in the U.S. that rivaled the emotions that were stirred by the combat stories in Iraq, and that he has been able to deal with it by focusing on the good in people at the worst times.

"Virginia Tech, that was pretty awful. Hurricane Harvey and people's grace in the worst moments where there is no reason amongst all the grief and suffering and physical losses that they may be dealing with, whether it's losing a loved one or losing a home, you have these moments. I also saw that in Iraq."

Madhani said he never thought much at the time about the impact of covering the stories. He certainly wouldn't have brought it up with his editors. "It wasn't a tough-guy aspect, it was more the worry that they wouldn't send me back. It would be bad for my career if I admit any vulnerability," Madhani said.

Sometimes journalists in the midst of covering of a traumatic story only start to experience symptoms after they are out of

danger or after the story is filed. Like soldiers, once they have moved on from the big story, that's when PTSD hits.

"One of the things that we found in keeping people resilient is having a sense of purpose, which certainly journalists do. Their work is so important. And having a sense of ethics," said Elana Newman, Research Director at the Dart Center for Journalism & Trauma.

Matloff agreed, saying, "One thing we have found is a reporter who is covering tough issues and doesn't feel supported by their news organization, that could be a risk factor for more emotional distress...It's really important for the editors tell somebody who is having a tough time emotionally that their work really matters."

Journalists may have to cover more traumatic events as news organizations continue to shrink, but a common practice for most news organizations is to have young reporters on the police beat, which can be one of the most traumatic.

"Most of us who went into journalism, we covered the police beat as our first role, so you see a lot of young journalists exposed to trauma at a very young age and they're not adequately prepared for it," Hight said. He added that there is a cruel irony in the news business. "Usually it's your most sensitive reporters that you want covering these types of events and those who are most sensitive are going to be most exposed to issues that occur when you're exposed to everything that happens when there is a mass tragedy. Newsrooms and universities must become more aware of what we are sending our journalists into and how we prepare them for covering these types of events in the future."

Both journalism advocacy groups and news organizations are now incorporating mental health into safety classes, setting up anonymous hotlines and EAPs, and in some cases, setting up a buddy-system where reporters check on each other.

Danielle Rhoades Ha, spokeswoman for The New York Times, said the paper takes the safety of its reporters seriously. “We have expanded measures to protect our journalists against the overall backdrop of increased threats and verbal attacks,” she said in an email.

Reuters established a full-time head of Mental Health and Wellbeing Strategy in May of 2017. That person, Dean Yates, is a former Reuters bureau chief, manager and correspondent who has PTSD and has written about being hospitalized three times for it. He told GJR that Reuters has a number of programs in place to support the mental health of its 2,500 staff members around the world – including a 24/7 external trauma support and counseling service and preparing journalists for emotional and psychological challenges is a major component of its hostile environment training courses.

Newman said being proactive just makes sense for news organizations.

“Providing self-care and management along the way reduces cost and it also helps to reduce absenteeism. Journalists who are healthy do better work,” she said.

Now that more journalism advocacy groups and media companies are becoming more aware of mental health hazards, ignoring reporters may present legal issues down the road. There are no known cases in the U.S., but in March 2019 an Australian [court ruled in favor](#) of a reporter who sued his employer because he developed PTSD as a result of being continually exposed to traumatic events as a crime and court reporter. The paper failed to take steps to reduce his risk, the court found.

Salazar Ferro said there are often cultural issues that make some hesitant to speak up.

“In my personal experience working on this, journalists working in certain parts of the world are more comfortable talking about this than journalists from other parts. In the

Middle East and North Africa region it's a lot more complicated to talk about psychological issues for a lot of journalists. I've definitely also encountered resistance in the Latin American region."

For Moore, an African-American male, speaking out was viewed as something black men do not do.

"It's a thing, particular with men and black men, to hold stuff in and not to go see someone or a therapist...In my community, therapy or counseling was viewed as something for white people. Honestly that's bullshit. We are taught to hold things in, to deal with it," Moore said.

Moore said also did not have medical insurance when he was a freelancer, a common problem. Salazar Ferro said CPJ is working to address that.

CPJ's [Gene Roberts Fund for Emergency Assistance](#) gives support to journalists in distress situations, including emergency grants to people who need to seek therapy.

Matloff said typically journalists don't reach out for help because they may not know they need it, or they are scared of the impact on their career.

In years past, the stigma around mental health may very well have been detrimental to one's career—just as it has been for soldiers and first-responders. However, many journalists can actually continue working while dealing with mental health issues. PTSD and depression can be addressed and arrested, Newman said.

"There are incredibly effective treatments for PTSD. That doesn't mean that all people will benefit from all treatments. There are some people for whom it last for a long time."

Feinstein said the bottom line is that PTSD is treatable—if journalists seek help and if their news organizations support

them when they do.

“There is no danger to treatment,” Feinstein said. “Not to get treatment is the greater of two evils.”

Bob Chiarito is a freelance journalist based in Chicago . This story was first published in GJR's summer 2019 print issue.