
June 2019

Assessment Report

Fear, trauma and
local journalists:

Cross-border lessons in
psychosocial support for
journalists



A report by Michelle Betz and Paul Beighley, MD

**IMS Assessment Report –
Fear, trauma and local journalists: Cross-border lessons
in psychosocial support for journalists**

This report was written by
Michelle Betz and Paul Beighley, MD,
with support from International Media Support (IMS).

Published in Denmark by IMS in 2019

ISBN
978-87-92209-72-6

© 2019 IMS

The content of this publication is copyright protected. International Media Support is happy to share the text in the publication with you under the Creative Commons Attribution-ShareAlike 4.0 International License. To view a summary of this license, please visit <http://creativecommons.org/licenses/by-sa/4.0>.



*Join the global work for press freedom and stay up to date on
media issues worldwide*

 [forfreemedia](#)
 [InternationalMediaSupport](#)

IMS is a non-profit organisation working to support local
media in countries affected by armed conflict, human
insecurity and political transition.

www.mediasupport.org

Contents

Abstract	3
Introduction	4
Mental Health & Psychosocial Support (MHPSS) case studies	6
<i>Central African Republic</i>	6
<i>Afghanistan</i>	7
<i>Yemen</i>	8
<i>Indonesia</i>	10
The case for adapting trauma and psychosocial support to local contexts	11
Towards the development of locally adapted MHPSS approaches	12
Discussion	14
Notes	16
Works cited	16

Abstract

International reporting on conflicts, such as those in Yemen and Afghanistan, are increasingly the result of work done primarily by local journalists. Foreign news bureaus have been closed and fewer international correspondents report on these conflicts as they are deemed simply too dangerous to send in internationals. This comes at a price. 95 per cent of journalists killed in armed conflict are locally based journalists (UN News, 2015). While there has been increasing focus on the physical and digital safety issues these journalists face, there has been less attention towards the need for psychosocial support.

Addressing psychosocial needs of local journalists must become a higher priority to better provide for their well-being as they are impacted by psychologically traumatizing events happening around them. The context of local journalists in covering such events is very different from their international correspondent colleagues.

This paper will discuss the cross-country lessons, as well as the challenges, surrounding psychosocial issues as part of the holistic theme of safety of journalists. Researchers have shown how journalists, particularly war correspondents, are affected by the work they do (Feinstein et al., 2002). But there has been little examination of the effects on local journalists or fixers for international media who live and work covering violence, conflicts or disasters that impact them directly (for exceptions see Feinstein, 2012; Feinstein et al., 2015). This paper will look at how trauma support considered mainstream in Western countries might be adapted for local journalists, examples of psychosocial support that have been used in different contexts such as the Middle East, Asia and Latin America and offer considerations in conducting further research into this area moving forward.

Introduction

“There is no magic solution to the problem of dealing with the impact of extensive violence.”

(IDRC 2008, 3)

Globally, around 95 per cent of journalists killed in armed conflict are locally based journalists (UN News, 2015). In Syria, for example, 90 per cent of journalists killed have been local (Dlewati, 2016). Over the past decade issues surrounding the safety of journalists have gained increasing prominence in large part due to the awareness of the ever growing number of journalists killed and collateral advocacy of organizations such as the Organization for Security and Cooperation in Europe (OSCE)¹ and UNESCO and the UN Plan of Action on the Safety of Journalists and the Issue of Impunity.² As recently as 27 May 2015, the UN Security Council unanimously adopted a resolution condemning all violations and abuses committed against journalists.

Psychosocial elements of safety, such as the immediate effects of trauma and longer-term consequences of post-traumatic stress disorder (PTSD), are gaining attention and international media and media support organizations are beginning to focus on the issue. Most of the research conducted pertains to international war correspondents; much less discussed has been the situation of local journalists who live and work covering conflicts that impact them directly. For many local, or indigenous, journalists covering their country's conflicts there is little support available and media development organizations have only recently begun to integrate psychosocial support into their safety programs as part of a holistic approach (physical, digital, psychosocial) to safety of journalists.

While there has been increasing attention paid to the physical and digital safety issues these journalists face, less has been done with regards to psychosocial support. But addressing the psychosocial needs of local journalists, and the support available, are imperative for the well-being of local journalists who are impacted directly by psychologically traumatizing events happening around them. These needs also vary from context to context. Trauma affects the output of journalists: if they are traumatized they are more likely to self-censor which can also have a negative effect on peacebuilding (see Bar-Tal, 2015 and Betz and Beighley, 2018).

One way to consider trauma following or during political violence is within a so-called psychosocial framework which stresses the importance of thinking about political trauma from both the psychological and social perspectives. The term psychosocial “attempts to express the recognition that there is always a close, ongoing circular interaction between an individual's psychological state and his or her social environment” (Bergh and Jareg cited in Agger, 2001, p.307). In essence, the psychosocial approach demands that we think about how social conditions relate to mental health (IDRC 2008, 6-7).

Historical trauma refers to “complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance” (Mohatt et.al. 2014; see also Brave Heart and DeBruyn, 1998). Many of the countries that media development organizations have worked in have been subjected to decades of war such as Afghanistan, Rwanda, Iraq resulting in historical or generational trauma. There

has been little discussion of the impact of historical trauma in areas of protracted conflict or genocide and what effect this may have on local journalists in such contexts.

While there has started to be some research into understanding the effects that fear and psychological trauma have on journalists (see: Feinstein, 2012; Browne et. al. 2012 and Buchanan and Keats, 2011), less is known about what mental health or psychosocial support is provided to these local journalists and even less about the efficacy of this support.

Unlike their international colleagues, local journalists usually have no escape from the threats and intimidation or the traumatic environment and may be both witness and victim. Local resources for mental health support are likely to be scarce or non-existent. Cultural barriers and a lack of awareness on expected responses to psychological trauma and its aftermath complicate matters as does the existence of historical trauma in some instances.

Yet healing can be a lengthy and culturally bound process. There is a need for the development of methodologies for “dealing with trauma in developing contexts that can respond to multiple development and peacebuilding challenges, so-called collective traumas, cultural differences and socio-political realities” (IDRC 2008, 3).

This paper seeks to examine how trauma support, usually within the framework of a media safety intervention, might be adapted for indigenous journalists and presents examples of psychosocial support for journalists in Afghanistan, Yemen and Indonesia.

The paper is qualitative in method and included semi-structure interviews and a documentary review of grey material. Semi-structured interviews were conducted with program staff and local partners and a review of program and activity documentation was undertaken. A total of four interviews were conducted either via Skype or email based on participants’ preference and availability during the interview phase of the study. The interview questions drew inspiration from the IFRC Monitoring and Evaluation Framework for Psychosocial Support Interventions: Toolbox (2017) drawing questions from the survey of program standards for MHPSS programs specifically with regards to program design and planning.

“Humanitarian workers and service providers are often cited as key components in understanding what contributes to the successful delivery of programmes, both in relation to understanding the barriers they face during implementation and to how provider characteristics (e.g. age, gender, ethnicity) influence uptake and continued engagement with services.” (Bangpan et.al., 2017, 4). What is the relationship between indigenous understandings of wellbeing and their complex cultural and historical context particularly for journalists? How have MHPSS activities been developed to support local journalists in conflict or disaster affected contexts?

Specific research questions are:

- How are PS interventions designed at one media support organization and why are they designed in such a way?
- What are the key features of effective MHPSS interventions and how can they be successfully developed and implemented?
- What are the barriers to, and facilitators of, implementing and receiving MHPSS interventions delivered to populations affected by humanitarian emergencies or conflict?

Mental Health & Psychosocial Support (MHPSS) case studies

International Media Support (IMS) is a Danish NGO that supports journalists and media in countries affected by conflict or political transition and currently works in more than 30 countries. Issues of safety, primarily digital and physical, have been important to the organization for some time and it is only recently that IMS has ventured into the complex world of mental health and psychosocial support (MHPSS). This section presents four case studies of countries in which IMS has worked, the first, Central African Republic, serves as an example where there were no MHPSS activities specifically for journalists. The other three countries (Yemen, Indonesia and Afghanistan) had IMS standalone MHPSS activities or programs that included MHPSS activities.

Central African Republic

The current conflict in CAR began in 2012. By March 2013 rebels had seized the capital in a violent takeover of power. The aftermath saw widespread violence as armed militia fought each other and took revenge on the population. The March 2016 election of President Faustin-Archange Touadéra brought an initial lull but was followed by more fighting in late 2016 and early 2017 between armed groups including ex-Seleka factions and anti-balaka militias – both controlling vast areas of the country. Lasting peace is still some way off as neither the new government nor the large UN force have the means to force armed groups to negotiate and disarm.

In May 2014, the author met Elisabeth Blanche Olofio of Radio Be'oko in Bambari, a journalist who had been brutally beaten in January 2013 because of her reporting. After a workshop the author led, Olofio begged for some kind of assistance, asking what she could do to stop the violent images from replaying in her mind. At the time there were few, if any mental health resources available in the CAR. Elisabeth died in June 2014 as a result of her injuries, one month after the author met her.

Several years after meeting Olofio the author conducted research that looked at how journalists in CAR were affected by covering their country's ongoing conflict (Betz 2019). Interviews with a number of Central African journalists provided a counter-narrative to the idea of local journalist as victim: stories of renewed commitment and a sense of purpose in conducting their work in what the journalists described as "their noble profession". The sense of commitment to their work is astounding as is their belief that what they do as journalists is of paramount importance – particularly during the conflict. They will not quit. Nor will they be cowed. And that, say some experts, is possibly what keeps them going and mentally healthy (see for example Swart 2017 and Beighley 2017).

However, it is also clear that in cases such as Olofio's, psychological support would have been welcome. But what might such support or MHPSS initiatives look like?

Afghanistan

Afghanistan has been in conflict almost continually since the Soviet-Afghan war began in 1979 with millions killed and millions more displaced.³ Accurate data on depression and mental health is largely unavailable but the World Health Organization estimates that more than one million Afghans suffer from depressive disorders while over 1.2 million suffer from anxiety disorders although actual figures are likely to be much higher (World Health Organization 2017). Research conducted in 2002, shortly after the Taliban government fell in Kabul, found that “42 percent of Afghans suffered from post-traumatic stress disorder and 68 percent exhibited signs of major depression. In other words, up to 19 million of the country's 28 million people were suffering from psychological injuries” (Badkhen 2012). That was nearly two decades of war ago.

Combine 40 years of ongoing conflict with at least two generations knowing nothing but conflict and a traditional society that views mental health issues as taboo and it is likely that there are going to be challenges in delivering MHPSS. “Psychology is new to Afghanistan,” says Khetab Kakar, director of the Mental Health and Drug Addicts’ Hospital in Kabul. “If a person becomes sick, they will be advised against going to a doctor [but] rather to a shrine or a mullah” (O’Donnell and Sharifi 2016).

Within this mix are the Afghan journalists, who in recent years are deliberately targeted because of their work. In an effort to address issues of safety, the Afghan Journalists’ Safety Committee (AJSC) was set up in 2009. Two years later it became clear that journalists, like the rest of the population, were traumatized, their issues worsened due to the reliance of international news organizations asking them to cover the violence and daily attacks and constantly living in fear.

Initial discussions focused on providing peer to peer support for journalists but nothing systematic was put in place. Susanna Inkinen, advisor to AJSC, says “When we saw that a lot of journalists and photographers were stressed and psychosomatic symptoms concrete and visible we decided to see what could be done.” What was done had to be adapted to Afghan culture. “In Afghan culture people go to the mosque, talk to elderly leaders and family members. They talk a lot and use poetry and literature” as a way to deal with the stress of working as a journalist in Afghanistan.

Poetry, for example, is cherished by almost every group in Afghan society sometimes serving as catharsis. Poetry is commonly read and recited by men, women, modern-day progressives, as well as conservative Muslims – and poetry in both Persian (Dari) and Pashto – dates back thousands of years. The most famous Persian poet, born in what is today Afghanistan, is the 13th century Sufi poet Jalaluddin Rumi Balkhi. Rumi’s poetry is spiritual in nature and the themes of his poetry resonate with all sorts of people. Therefore, Rumi became a tool of AJSC’s trauma work by injecting: “What would Rumi say?”.

It was a long process to incorporate a systematic and culturally appropriate mental health psychosocial approach into the country-wide provincial committees that support a holistic approach to journalists’ safety. AJSC had already set up safety hotlines for journalists and these were expanded so that those who manned the hotlines (first responders) also received (and continue to receive) training on how to recognize if a journalist might require specialized MHPSS assistance. This peer to peer first responder model essentially serves to triage and then refer the journalist, if needed, to other sources and organizations that can provide direct assistance. But it wasn’t until 2017 when the organization developed a curriculum to train local safety coordinators in how to address psychosocial issues.

Journalists can call the hotline or can meet with provincial safety coordinators who are trained to identify stress factors and whether the journalist requires more qualified services. AJSC has partnered with another local organization that specializes in mental health issues but the first entry point for most journalists continues to be the provincial AJSC safety coordinators. “We don’t train psychosocial counsellors but rather peer to peer responders, first responders” who can triage and refer journalists to appropriate care, explained Inkinen. Journalists can

have group peer to peer sessions and if a safety coordinator sees that a journalist is heavily traumatized s/he will work with him/her to seek additional help.

The issue of language is also important. Journalists have access to support in their own language, be it Dari or Pashto. There is also a popular online assessment tool provided by the partner organization (psychosocial service provider) that allows journalists to assess their situation and have online sessions with counselors. The tool can be used anonymously, important in the Afghan context as it prevents people from potentially losing face.

There are substantial gender issues to be overcome in a country that in some parts is ultra-traditional. One Afghan woman recently wrote: “As an Afghan woman, I not only struggled with PTSD from a young age, but also with the stigma that surrounds mental disorders in our communities. ... I was worried about being labeled “insane”, as many dealing with emotional and mental issues are in Afghanistan” (Aminy 2017).

This is the case for female journalists across Afghanistan and, as a result, efforts were made to ensure a gender-sensitive approach to the AJSC psychosocial work. Women already play an important role in the provincial safety mechanisms and when a 2014 study showed the significant amount of domestic violence and harassment in the workplace women faced, the team looked at ways they could mitigate this. The result included advocacy groups of women journalists, peer to peer support groups with women trained to lead discussion groups and to identify women in trouble. Just these small steps have allowed women to share their stories and realize they are not alone, says Inkinen.

Finding the tools in a country where everyone is traumatized has been a challenge and that is why peer to peer support is particularly important. Different tools are needed to support journalists working in conflict zones. But, Inkinen adds, it is also critical to change the working culture so that people understand that everyone reacts to things differently. Institutional duty of care policies need to be developed in media houses because journalists cannot be expected to cover atrocities and remain healthy.

This is critical, says Inkinen, who shares the story of an Afghan photographer who has been documenting the Afghan conflict since 2004, including the attack that killed nine of his friends in 2018. “He stopped seeing the beauty and focused on the conflict. He partly lost his emotions because he was documenting the madness. These were the photos that were selling in international media.” When storytelling is weaponized or militarized you lose humanity; journalists lose hope and trust and are unable to work effectively. “If you can still see humanity then you can see the hope,” said Inkinen. The photographer has been relocated for trauma treatment and hopes to return to Afghanistan to support young photographers.

Yemen

The conflict in Yemen escalated in March 2015 between a Saudi-led coalition of Gulf countries and the Government of Yemen against the Ansar-Allah movement (also known as the Houthis). The conflict has so far led to more than 17,000 civilian deaths and injuries (some say the toll is upwards of 60,000). Over three million people have been forced to flee their homes due to the bombing and fighting. 24 million people – 80 percent of Yemen population – need emergency aid, the greatest number in any country in the world.

There is widespread social stigma around mental illness in Yemen and many Yemenis are “reluctant to discuss their concerns or seek professional services for conditions they may be suffering” (Al-Ammar et. al., 2017, 7). At least 16 journalists and media workers are currently being held by the Houthis, most of them since 2015, and one is being held by Al-Qaeda. One journalist who had been held by the Houthis died just days after his release in 2018. Journalists are also arrested arbitrarily and abused by militias in the part of the country controlled by the so-called legitimate government (RSF <https://rsf.org/en/yemen>). Nineteen Yemeni journalists have been killed since 2011 (cpj.org/data). The levels of stress are extremely high.

As part of its program in Yemen, IMS began a psychosocial component in August 2018 with its two country partners, Radio Lana and Almashahid.net, to implement a small (\$13,000) psychosocial component. This activity was added as part of a larger country program after journalists from the outlets expressed the need for such support. The objective was to ensure the well-being of the journalists so they were able to do their work effectively.

It was important for the project implementers to identify an Arabic-speaking psychologist who also had experience dealing with journalists in a conflict zone and ultimately a psychologist was identified in Lebanon. The MHPSS activities were designed using a participatory process in which the local partners met with the psychologist in Lebanon to discuss needs and possible approaches.

The component was composed of three activities. The first was a series of educational workshops for journalists to learn about trauma, how to identify it and to discuss tools to help cope with trauma. This activity, led remotely by a psychologist in Lebanon, also provided him with the opportunity to assess the journalists as to any possible MHPSS needs. The workshop also provided an opportunity to normalize the term trauma, something that is neither socially common nor is there any cultural orientation around the term in Yemen; it also has particularly negative connotations for men resulting in tremendous social pressure. “In Yemen, being traumatized means being a psychopath or something” according to project coordinator, Maha Assabalani. In one case, one man wanted to continue with the private online sessions but his family insisted he stop, said that he had evil in him and was taken to a religious man.

The second activity was based on the educational workshop and provided participating journalists the opportunity to receive one on one sessions with the psychologist.

The final element of the MHPSS component was the production of a radio program hosted by a Radio Lana presenter who prepared each week’s program together with the Lebanese psychologist. This is still ongoing. However, as the program is not aired live, it is essentially impossible to interact with listeners other than via Facebook and other social media sites.

Journalists were to have traveled outside Yemen for the workshop which would have also provided them with some respite from the conflict. Unfortunately, due to the prohibitive costs, it was decided to bring in the Lebanese psychologist to Yemen. When he was denied a visa, the decision was taken to conduct all activities online. However, connectivity issues created significant challenges and it was impossible to link up all participants at the same time and so activities were done individually. Assabalani also said that in future she would like to pursue such activities independently of the media houses or workplace so the journalists would enjoy more privacy and would feel freer to discuss their issues. She also said in future more efforts need to be made to include women.

Indonesia

On 28 September 2018 a powerful 7.5 magnitude earthquake struck central Sulawesi in Indonesia, with the provincial capital of Palu not only near the epicentre but also struck by a tsunami. Over 2,000 people were killed and more than 10,000 injured and tens of thousands without homes. Among the tsunami victims were members of the Alliance of Independent Journalists (AJI) Palu chapter. In October, 64 AJI Palu members (55 male and nine female journalists) were identified safe -- 41 of them lived in Palu, while the rest lived in Banggai, Sigi or Parigi regencies.

Although none of the journalists were physically injured, many were struggling with the grief of losing loved ones. Several of them were also pressed with issues of finding a new house—one journalist had his home completely destroyed by the earthquake, three journalists had their houses severely damaged, and 23 others needed to fix light damage.

According to Hesti Murti, the executive director of the Alliance of Independent Journalists (AJI), the local partner organization implementing the activity, AJI “developed this project together with Yayasan Puli [a local organization that does psychosocial work] because we heard from our colleagues in Palu that they needed psychological help after the disaster. This was the first time we had done anything like this”.

The project coordinator at IMS headquarters said that psychosocial support was “defined as an important need from the partner, plus also something we had funds for. Also, [we were] keen to get some hands-on experience in such interventions”.

While the journalists in Palu and the neighboring areas were affected by the disaster, they were also first responders and were expected to provide the latest information related to the disaster. According to Yayasan Pulih, the journalists in Palu were in constant anxiety and were worried about the aftershocks. These feelings made the journalists uneasy and made it difficult for them to concentrate and do their work.

The MHPSS response reached a total of 43 journalists in the region. Psychological assistance was provided in a group setting as it was felt the journalists suffered from similar problems and already had strong bonds. The journalists were expected to learn and share their experiences as well as to motivate and help one another and cultural aspects, such as breathing techniques, were included. Individual assistance was given to anyone who needed a more private intervention approach, explained Murti. During the group sessions the need to include family members surfaced. As a result, the activities were altered allowing family members to participate in the group sessions.

Murti says there were some clear lessons learned. First, the activity took place several months after the earthquake; Murti believes it should have been done right away. Second, there is a need for follow up to ensure the journalists continue to do well. Third, Murti acknowledged that gender aspects were not taken into consideration when holding the group sessions and as a result women likely did not feel comfortable to speak. She said she would do this differently in future and stressed the importance of gender aspects to be addressed. Finally, Murti says that “not many people understand that seeing a psychologist to discuss [their issues] is very important”. As a result, there were a number of journalists (about one-third) who did not participate in the sessions. Murti believes that a lot of education needs to be done and not just for journalists but also for the media organizations: “newsroom headquarters need to understand how those in the field might be affected”.

The case for adapting trauma and psychosocial support to local contexts

The literature is clear: mental health support must take into account cultural factors. Scholars have stressed that mental effects of trauma may be experienced and expressed in different ways depending on the cultural context and that survivors of different atrocities may formulate their experiences differently (see: Hinton, Hinton, Eng, & Choung, 2011; Hinton, Kredlow, Pich, Bui, & Hofmann, 2013; Van Schaack, B et.al. 2011). Another study described Cambodian and Vietnamese immigrants manifesting aspects of trauma and depression differently (Choi et. al. 2006). This suggests the need for exploring socially and culturally informed tools to address trauma as Western approaches may not be appropriate or culturally consonant with local populations.

The PTSD model, for example, may be one of these approaches that is not appropriate as it has “important limitations in capturing the complex ways in which individuals, communities, and larger groups experience massive trauma, socialize their grief, and reconstitute a meaningful existence” (Pedersen 2002). As a result, “it is likely that much of the psychological distress and social dysfunction resulting from war violence is poorly captured in the studies that examine the mental health pathology of post-conflict populations with the Western PTSD model” (Reicherter and Aylward 2011, pp. 24-25).

In working with Cambodian refugees it was found that common to all approaches to trauma healing is that it often arises from, and is worked out or resolved, in a social context (Boehnlein and Kinzie in Van Schaack et.al. 2011, p. 40). Also important in the Cambodian case is the legacy of historical trauma: “For any treatment approach to be optimally successful in Cambodian populations, there needs to be proper attention to these multigenerational legacies of trauma.” (Boehnlein and Kinzie in Van Schaack et.al. 2011, p. 40). Ultimately, “success in meeting the needs of those seeking help will correlate with providers of health and mental health services successfully bridging cultural beliefs and healing rituals that coexist in the acculturating group and the majority society.” (Boehnlein and Kinzie in Van Schaack et.al. 2011, p. 39)

In her work on trauma, Inger Agger (2015) suggests that “methods of assessment and treatment of distress cannot be transposed wholesale from one cultural setting to another but require considerable cultural adaptation. This kind of cultural interchange may give rise to innovative, hybrid discourses and methods that may have much to offer in the support of victims of organised violence”.

Towards the development of locally adapted MHPSS approaches

While it is important to discern local conceptualizations of psychological distress, “it is even more important to create treatment modalities and ways of managing psychological distress which are culturally and context specific” (Batchelder 2014). Indeed, current mainstream psychosocial efforts are by and large formulated for Western journalists with a “lack of work formulating best practices to assist journalists who are locally employed and live at the location of a large scale traumatic incident and whose experience of the event is different from an outsider whose primary trauma is vicarious in nature” (Beighley, 2017).

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V) describes the need for cultural sensitivity and gives more detailed and structured information about cultural concepts of distress. For example, the manual suggests that uncontrollable crying and headaches are symptoms of panic attacks in some cultures, while difficulty breathing may be the primary symptom in other cultures (APA, 2013).

As Beighley (2017) explains “a framework for assessing this context includes the cultural identity of the individual, cultural conceptualization of distress, psychosocial stressors and cultural features of vulnerability and resilience. The cultural features of the relationship between the individual and those who are attempting to provide support and training is also important to define to avoid impediments to a trusting and effective bond. Without sensitivity to these factors a trainer or mental health provider may be ineffective in providing support. Planners developing programs that will be in support of local journalists must be aware of the need for this cultural competency”.

Most experts in disaster psychiatry emphasize cultural awareness and competency in supporting individuals from low- and middle-income countries as particularly important (deJong 2007). Without consideration of culture, “efforts to provide psychosocial support may not be effective. For example, in many developing country cultures there is a different emphasis than in high income countries on the importance of collective support. Without taking this difference into account efforts may neglect important group and family dynamics. Western protocols and guidelines may need appropriate adaptation, testing and evidence-based modification.” Furthermore, “having trained mental health providers who share culture and language with their patients is considered crucial” (Beighley 2017).

Indeed, despite what may often be the contextual and culturally specific nature of trauma, standardized interventions are too often the mainstay of such work around the world substituted by volunteer mental health providers or those providing remote support.

Hobfoll et. al. (2007) conducted a thorough literature review to determine which interventions were most effective in the immediate and mid-term post-trauma phases. “They developed five intervention principals which are evidence-informed although the literature did not support specific interventions at the level of being evidence-based. Knowledge of these principals might potentially be helpful as organizations develop support strategies for local journalists they may be working with. These principals are; a sense of safety, calming, a sense of self-and-community efficacy, connectedness, and hope” (Beighley 2017). Beighley suggests that these recommendations can be considered in two clusters: those that work towards safety and calming which are passive in nature, and those which involve taking action which are to promote efficacy, connectedness and hope.

The first cluster of safety suggests the need for physical safety and advocacy efforts from outside actors while the second set of factors focus on “self-and-community efficacy, connectedness, and hope. Journalists have the potential to be involved in an active fashion in response to a traumatic event transforming their experience from

that of victim to one of altruistically serving a higher call. Being efficacious in their work – providing information that is published and seen by others, can be tremendously empowering” (Beighley 2017). This corresponds with the findings of the research focused on journalists in the Central African Republic, many of whom believed in their role as a journalist was critical and is what kept them going.

Beighley also suggests that any tools that improve the ability of journalists “to function professionally will therefore likely have the dual benefit of helping them cope psychologically. One caveat that external actors need to keep in mind, in their efforts to help local journalists if there are unrealistic expectations without adequate resources to follow, the end result can be demoralizing. Related to the value of community efficacy is the benefit of connectedness to a larger group in which resources are shared, common experiences discussed, and self-help encouraged. This connectedness might occur through the use of social media, mentoring, training, and conferences. One approach that might also be helpful is the development of peer support groups”.

Discussion

Examining the above examples of local journalists working in conflict or disaster affected communities describes the need for MHPSS for these journalists. However, international media support organizations and local partners are relatively new to such interventions and still experimenting and trying to find what is most effective. Furthermore, many of these interventions are often complicated by stigma associated with mental health issues.

There were several commonalities in the cases of Afghanistan, Yemen and Indonesia. First, all were locally driven in that local partners discerned a need and then sought to address it. Second, peer to peer work was a common approach utilized in all three cases though research is still required to ascertain efficacy and possible best practices of this approach. Third, in all three cases gender was identified as an aspect that needed particular attention due to cultural sensitivities. In two of the cases, it was only after the fact that this was recognized. Fourth, language is important – in Afghanistan having the ability to express one’s emotions in Dari or Pashto is as important as it is for Yemenis to have access to Arabic-speaking professionals.

At least two of these interventions were partner driven with those partners new to MHPSS. As such, it is critical for local partners, as well as international organizations such as IMS, to have a solid understanding of these issues in general and from a cultural and ethno-psychology background.

In addition to consideration of cultural issues, there can be logistical barriers to implementation of successful MHPSS activities in conflict or disaster affected communities: lack of or minimal connectivity; denial of visas to professionals who can assist or to journalists who need to leave the country to seek assistance; or lack of access to the target group. The Afghan case also suggests that MHPSS may end up as a lengthy process, one that requires ongoing evaluation and changes to adapt to specific circumstances.

There are also organizational issues surrounding the need for duty of care at the institutional level of media houses. This can ensure that staff are taken care of both during and after a crisis and that there is a deeper understanding of psychosocial issues in these contexts.

Similarly, those organizations that seek to provide MHPSS support should set the example with duty of care but also ensuring that there is adherence to the do no harm principle.

All of these aspects, cultural, logistical and institutional, suggest that participatory design of MHPSS activities is not only important but critical. Participatory models use methodologies which promote change even as data is gathered. “Participatory research methods are geared towards planning and conducting the research process *with* those people whose life-world and meaningful actions are under study. Consequently, this means that the aim of the inquiry and the research questions develop out of the convergence of two perspectives—that of science *and* of practice. In the best case, both sides benefit from the research process. The participatory research process enables co-researchers to step back cognitively from familiar routines, forms of interaction, and power

relationships in order to fundamentally question and rethink established interpretations of situations and strategies” (Bergold & Thomas, 2012).

An additional consideration in moving forward is to be mindful of ethical guidelines and sound practices which mitigate against traumatic re-experiencing, potentially retraumatizing individuals, during research or targeted interventions. Critical Incident Stress Debriefing (CISD) protocols which focus on individuals involved in traumatic events discussing, and re-experiencing, the event, for example, have likely led to a worse outcome for those who were involved in what might wrongly be thought, intuitively, to be a beneficial approach.

The Cochrane organization is internationally recognized as the benchmark for high-quality information about the effectiveness of healthcare and Cochrane reviews are considered among the best empirical evidence on healthcare interventions. In their review of single session psychological debriefings, which might be thought to have obvious benefit, it was found that such debriefings are “either equivalent to, or worse than, control or educational interventions in preventing or reducing the severity of PTSD, depression, anxiety and general psychological morbidity. There is some suggestion that it may increase the risk of PTSD and depression. The routine use of single session debriefing given to non-selected trauma victims is not supported. No evidence has been found that this procedure is effective” (Rose et.al 2002).

As such, caution is advisable in researching this area and there is a clear need for researchers to have available competent and experienced mental health consultants who are aware of the complex dynamics related to cultural issues, risks of possible re-traumatization and who understand the need to employ valid, ethical methodologies.

On a macro-level, it would be helpful to have a mapping of MHPSS efforts for local journalists which could provide the first point of entry and allow for additional research efforts to be undertaken based on this. This mapping, coupled with a participatory research design, can serve as a point of departure for a full research agenda allowing for evidence informed interventions and evaluations of the efficacy of such efforts thereby contributing to the growing field of global mental health.

Notes

- 1 See for example information on recent OSCE conference on safety of journalists: <http://www.osce.org/fom/151466>
- 2 See the UN Plan here: http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/CI/CI/pdf/WPFD/UN%20Plan%20of%20Action_Safety%20of%20Journalists.pdf
- 3 See for example Khan 2012 and <https://www.cato.org/publications/policy-analysis/war-state-trauma-state-why-afghanistan-remains-stuck-conflict#full>

Works cited

- Agger, I. (2015). Calming the mind: Healing after mass atrocity in Cambodia. *Transcultural Psychiatry*, 0(0), 1-18 doi: 10.1177/1363461514568336.
- Agger, I. (2001). "Psychosocial assistance during ethnopolitical warfare in the former Yugoslavia". In D. Chriot & M. Seligman (Eds.), *Ethno-political warfare: Causes, consequences and a possible solution* (pp. 305-318). Washington DC: American Psychological Association.
- Al-Ammar, F et.al (2017) *The Impact of War on Mental Health in Yemen: A neglected crisis*. Sana'a: Sana'a Center.
- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, fifth edition. Washington, DC: American Psychiatric Association; 2013.
- Aminy, T (2017) *PTSD is silently killing Afghanistan*. <https://www.freewomenwriters.org/2017/08/23/ptsd-killing-afghanistan-silently-afghan-women/> Accessed 3 June 2019.
- Badkhen, A (2012). *Afghanistan: PTSDland*. Pulitzer Center. <https://pulitzercenter.org/reporting/afghanistan-ptsdland> Accessed 3 June 2019.
- Bangpan, M, Dickson, K, Felix, L and Chiumento, A (2017). *The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies: A systematic review*. Humanitarian Evidence Programme. Oxford: Oxfam GB.
- Bar-Tal D (2015). *Self-censorship as a Socio-political-psychological Phenomenon: Nature, Antecedents, Consequences*. Available at: https://www.researchgate.net/publication/280732289_Self-censorship_as_a_Socio-political-psychological_Phenomenon_Nature_Antecedents_Consequences.
- Batchelder, G (2014). *Ethnopsychology: Creation of culturally specific treatments*. <https://anthropology.ua.edu/blogs/gregbatchelder/tag/ethnopsychology/> Accessed 3 June 2019.
- Beighley, P (2017). Considerations for providing emotional support to local journalists during and in the aftermath of psychologically traumatizing events in Friedrichsen, M and Kamalipour, Y (eds) *Digital Transformation in Journalism and News Media*. Springer. pp. 409-415.
- Bergold, J and Thomas, S (2012). Participatory Research Methods: A Methodological Approach in Motion. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 13 (1). Art. 30, <http://nbn-resolving.de/urn:nbn:de:0114-fqs1201302>.
- Betz, M (2019). Commitment amid Conflict: The experience of Central African journalists covering their war" in Thompson, A (ed). *Media and Mass Atrocity: The Rwanda genocide and beyond*. Centre for International Governance Innovation.
- Betz, M and Beighley, P (2018). *Fear, trauma and local journalists: Implications for media development and peacebuilding*. Presented at Safety of Journalists Conference, Oslo Met University, November 2018.
- Boehnlein, JK and Kinzie, JD (2011). The Effect of the Khmer Rouge on the Mental health of Cambodia and Cambodians in Van Schaack, B, Reicherter, D & Chhang, Y (eds) *Cambodia's Hidden Scars: Trauma Psychology in the Wake of the Khmer Rouge: An edited volume on Cambodia's mental health*. Documentation Center of Cambodia (CD-Cam).
- Brave Heart MYH, DeBruyn LM (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*. 1998;8(2):56-78.
- Browne, T, Evangeli, M, and Greenberg, N (2012). Trauma-Related Guilt and Posttraumatic Stress Among Journalists. *Journal of Traumatic Stress* Vol. 25 2012 p. 207-210.
- Buchanan, Marla and Keats, P (2011). Coping With Traumatic Stress in Journalism: A Critical Ethnographic Study, *International Journal of Psychology* Vol. 46. Psychology Press p. 127-135.
- Choi Y, Mericle A, Harachi TW (2006). Using Rasch analysis to test the cross-cultural item equivalence of the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist across Vietnamese and Cambodian immigrant mothers. *J Appl Meas*. 7(1):16-38.
- de Jong JT (2007). *Textbook of Disaster Psychiatry*. Cambridge, New York: Cambridge University Press.
- Dlewti H (2016). *Few journalist deaths in Syria – because there aren't many left*. Available at: <https://www.newsdeeply.com/syria/community/2016/08/31/fewer-journalist-deaths-in-syria-because-there-arent-many-left> (accessed 1 April 2019).
- Feinstein A, Owen J and Blair N (2002). A Hazardous Profession: War, journalists and psychopathology. *American Journal of Psychiatry* 159:1570-1575.
- Feinstein, A (2012). Mexican journalists: An investigation of their emotional health. Article first published online: 13 JUL 2012. DOI: 10.1002/jts.21715 International Society for Traumatic Stress Studies *Journal of Traumatic Stress* Volume 25, Issue 4, pages 480–483, August 2012.
- Feinstein, A and Starr, S (2015). Civil War in Syria: the psychological effects on journalists", *Journal of Aggression, Conflict and Peace Research*, Vol. 7 Issue: 1, pp.57-64, <https://doi.org/10.1108/JACPR-04-2014-0119>
- Hinton DE., Hinton A, Eng KT, Choung S (2011). PTSD severity and key idioms of distress among rural Cambodians: The results of a needs assessment survey in van Schaack B, Reicherter D, Chhang Y, (eds) *Cambodia's hidden scars: Trauma psychology in the wake of the Khmer Rouge*. Phnom Penh, Cambodia: Documentation Center of Cambodia (DC-Cam).
- Hinton DE, Kredlow MA, Pich V, Bui E, Hofmann SG (2013) The relationship of PTSD to key somatic complaints and cultural syndromes among Cambodian refugees attending a psychiatric clinic: The Cambodian Somatic Symptom and Syndrome Inventory (CSSI). *Transcultural Psychiatry* 50(3): 347–370.
- Hobfoll SE, Watson P, Bell CC, Bryant RA, Brymer MJ, Friedman MJ, Friedman M, Gersons BP, de Jong JT, Layne CM, Maguen S, Neria Y, Norwood AE, Pynoos RS, Reissman D, Ruzek JI, Shalev AY, Solomon Z, Steinberg AM, Ursano RJ. Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry: Interpersonal and Biological Processes* Vol. 70 (4), 2007, 283-315.
- International Development Research Centre (IDRC) (2008). *Trauma, development and peacebuilding: Towards an integrated psychosocial approach*. <http://www.incore.ulst.ac.uk/pdfs/IDRCoutline.pdf> Accessed 4 June 2019.
- International Federation of Red Cross and Red Crescent Societies (IFRC) (2017). *Monitoring and Evaluation Framework for Psychosocial Support Interventions: Toolbox*. Available at: <https://www.mhinnovation.net/resources/ifrc-psychosocial-monitoring-and-evaluation-framework> Accessed 4 June 2019.
- Khan, IG (2012). Afghanistan: Human cost of armed conflict since the Soviet invasion. *Perceptions Winter 2012 Vol. 17(4): 209-224*.
- Mohatt, NV, Thompson, AB, Thai, ND, and Tebes, JK (2014). Historical trauma as public narrative: a conceptual review of how history impacts present-day health. *Social science & medicine* (1982), 106, 128–136.
- O'Donnell, L & Sharifi, K (2016). *Trauma in Afghanistan*. <https://www.vnews.com/After-years-of-war-Afghans-wary-to-talk-of-mental-health-4208296> Accessed 3 June 2019.
- Pedersen, D. (2002). Political Violence, Ethnic Conflict, and Contemporary Wars: Broad Implications for Health and Social Well-being. *Social Science and Medicine* vol. 55 (2):175-190. July 2002.
- Reicherter, D & Aylward, A (2011). The Impact of War And Genocide On Psychiatry And Social Psychology in Van Schaack, B, Reicherter, D & Chhang, Y (eds) *Cambodia's Hidden Scars: Trauma Psychology in the Wake of the Khmer Rouge: An edited volume on Cambodia's mental health*. Documentation Center of Cambodia (CD-Cam).
- Rose, S., Bisson, J., Churchill, R., & Wessely, S. (2002). Psychological debriefing for preventing post-traumatic stress disorder (PTSD). *Cochrane Database Syst Rev*, 2(2).
- Swart, T (2017). *Study into the Mental Resilience of Journalists*. www.taraswart.com/wp-content/uploads/2017/05/Report-Study-into-the-mental-resilience-of-journalists-Dr-Tara-Swart.pdf. Accessed 3 June 2019.
- United Nations (2015). *Adopting resolution, Security Council condemns violence against journalist, urges end to impunity*. <http://www.un.org/apps/news/story.asp?NewsID=50980#.VWbAOPmqpBc> Accessed 3 June 2019.
- Van Schaack, B., Reicherter, D. & Chhang, Y (2011). *Cambodia's Hidden Scars: Trauma Psychology in the Wake of the Khmer Rouge: An edited volume on Cambodia's mental health*. Documentation Center of Cambodia (CD-Cam).
- World Health Organization (2017). *Depression a leading cause of ill health and disability among Afghans – fighting stigma is key to recovery*. <http://www.emro.who.int/afg/afghanistan-news/world-health-day-2017.html> Accessed 3 June 2019.

IMS (International Media Support) is an NGO working for global press freedom that supports local media in countries affected by armed conflict, human insecurity and political transition.



paving the way for good journalism


CONTACT

info@mediasupport.org

VISIT

www.mediasupport.org

CONNECT

 [forfreemedia](#)

 [InternationalMediaSupport](#)