

Not Just for the Military: A Study of PTSD and Student Journalists on the Trauma Beat

By

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requirements for the degree of Master of Science

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The Thesis Committee for Courtney Gartman certifies that this is the approved version of the following thesis:

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Abstract

This study examines student journalists from Virginia Tech and Northern Illinois who reported on each school's mass shooting during the time of the trauma. The researcher attempts to identify whether these student journalists exhibited signs and symptoms of Posttraumatic stress disorder, and if so how were such symptoms combated. To identify PTSD characteristics of avoidance, hyperarousal and intrusion I used the Impact of Event Scale-Revised coupled with participant in-depth interviews. Results indicated that several participants demonstrated symptoms congruent of PTSD such as: anxiety, feelings characteristic of depression, a heightened auditory response and withdrawal from friends and family. Recognizing how to routinize the news, and leaning on peers were key elements in these student journalists learning how to cope with their trauma exposure.

Approved by the Human Subjects Committee University of Kansas, Lawrence Campus (HSCL). Approval expires one year from 4/27/2010. HSCL #18520

UNIVERSITY OF KANSAS

RESEARCH PARTICIPANT INFORMED CONSENT

Study Title: *Student Journalists and Trauma Reporting: Is Post Traumatic Stress Present?*

Principal Investigator: Courtney Gartman, Graduate Student University of Kansas School of Journalism, (757) 617-7163 courtg84@ku.edu

Faculty Sponsor: Dr. Scott Reinardy, Assistant Professor of Journalism, (785) 864-7691 reinardy@ku.edu

1. What you should know about this study:

- You are being asked to join a research study
- This consent form explains the research study and your part in the study.
- Please read it carefully and take as much time as you need.
- Ask questions about anything you do not understand now, or when you think of them later.
- You are a volunteer. If you do join the study and change your mind later, you may quit at any time without fear of penalty or loss of benefits.

2. Why is this research being done?

This research is being done to determine whether student journalists who covered traumatic stories for their school newspapers exhibited symptoms of post traumatic stress while doing their job. If such symptoms were present, how did these student reporters deal with their symptoms? What coping devices were utilized? Research has been completed on war journalists and seasoned journalists who cover the trauma beat, but research is substantially lacking in identifying PTSD-like symptoms among student media members.

3. Who can take part in this study?

Subjects will be either current college students ages 18-22, or recent college graduates ages 22-25 who were reporters during the time of the traumatic incident being analyzed. Both male and female subjects will be issued a brief survey and participate in a follow-up telephone interview. All participants must have reported for their college newspaper during the time of the school shooting. All subjects names will be provided by each school newspaper's editor-in-chief upon each editor-in-chief's approval. The researcher will then look up such names on either Virginia Tech's or Northern Illinois student directory to obtain email addresses. The researcher will ask for phone numbers in email correspondence, however if students wish to not give out such information they need not have to.

4. What will happen if you join this study?

If you agree to be in this study, we will ask you to do the following things: take a brief online survey measuring post traumatic stress factors, and participate in a brief telephone interview answering 10 questions set up to gauge whether you experienced symptoms of post traumatic stress while on the job. Telephone interviews will be audio-recorded and names of participants will remain anonymous to all individuals other than the researchers.

5. What are the risks or discomforts of the study?

Participants may begin to remember past memories or thoughts relating to their respective school shootings. Some instances may be uncomfortable to talk about. You do not have to talk about anything you do not want to. Referral service information is being offered for your convenience. Please contact the Virginia Tech's Cook Counseling Center at 240 McComas Hall (540) 231-6557 or Northern Illinois' Counseling and Student Development Center in the Campus Life Building 200 (815) 753-1206. The University of Kansas' Counseling and Psychological Services inside Watkins Health Center at (785) 864-2277. There is a small fee for services.

6. Are there benefits to being in this study?

There is no direct benefit to you from being in this study.

7. Will it cost you anything to be in this study?

The study procedures will be provided at no cost to you.

8. Can you leave the study early?

You can agree to be in the study now and change your mind later. If you wish to stop at any time, please tell us right away. If you leave the study early, the investigator may use information already collected from you.

9. What information about you will be kept private and what information may be given out?

All participant information will remain strictly anonymous to individuals other than the researchers unless required by law or you give written permission. All email addresses, phone numbers and other contact information will be stored in a physical file folder in a locked office. It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response.

10. What other things should you know about this research study?

a. What is the Institutional Review Board (IRB) and how does it protect you? This study has been reviewed by the KU Human Subject Review Committee. HSRC is made up of faculty from many different departments, ethicists, scientists, non-scientists and people from the local community. The HSRC's purpose is to review human research studies and to protect the rights and welfare of the people participating in those studies. You may contact the HSRC if you have questions about your rights as a participant or if you think you have not been treated fairly. The HSRC office number is (785) 864-7429.

b. What do you do if you have questions about the study? Call the principal investigator, Courtney Gartman, at (757) 617-7163.

11. What does your signature on this consent form mean? By signing this consent form, you are not giving up any legal rights. Your signature means that you understand the study plan, have been able to ask questions about the information given to you in this form and have been provided a copy for your records, and you are willing to participate under the conditions we have described. **If you would please sign and mail or fax the consent form back to researcher Courtney Gartman at 1942 Stewart Avenue, Apt. D14, Lawrence, KS. 66046 or (785) 655-713.**

Participant's Name (print):

Participant's Signature:

Date:

Signature of Investigator:

Date:

(Person obtaining consent and providing copy to participant)

Introduction

Violence and disaster have traditionally been popular topics in media coverage. These assignments bring journalists to the forefront of interviewing victims and survivors of human cruelty and acts of nature (Maxon, 2000). Often this psychological impact manifests itself in terms of Posttraumatic stress disorder. Posttraumatic stress disorder (PTSD) was first designated as a diagnosis by the American Psychiatric Association in 1980 and is now a widely recognized diagnosis supported by decades of science (The Dart Center, 2009).

Topics and subject matter of media coverage have changed over time with both the media and public's interests veering toward violence and trauma. The penny press in the early 1890s focused on delivering a brash new kind of news content about police and criminal cases that were of interest to the lower and middle classes, a specific change from business and financial news heavily read by the upper class (Thompson, 2004). Allen (2001) argued that television news originated with a concentration on government and politics, but surveys in the late 1960s revealed a general public interest leaning toward crime and violence (as cited in Dworzniak, 2006, p. 535). Dworzniak (2006) notes that the focus on violence is due to competition for viewers from news stations. Thus, sensing that viewers wanted stories about conflict and crime, the media responded with such news. In order to cover disaster stories, journalists are forced to the forefront of the trauma.

Student Journalists' and PTSD

Journalists who report on traumatic stories, such as shootings, bombings and major disasters, often exhibit symptoms of Posttraumatic stress disorder (Ursano et al., 2009). The act of reporting and witnessing the aftermath of trauma means journalists are more apt to develop PTSD symptoms, much like that of other first responders. Although resilience is usually expected among journalists, for some, posttraumatic stress hinders the ability to recover (Ursano et al., 2009).

While some research has been conducted on journalists and PTSD, research is lacking on student journalists and how they are affected by trauma reporting. Student journalists lack the experience and knowledge of how to properly cope with reporting on trauma and, thus, these experiences could potentially increase the possibility of developing PTSD after reporting on human tragedy.

Using the Impact of Event Scale-Revised and interviews, this study will examine PTSD symptoms of college journalism students who have covered traumatic incidents on campus. The study will include student media members at Virginia Tech who covered the shootings on April 16, 2007, that left 33 people dead, and student journalists reporting for Northern Illinois University during the shootings on February 14, 2008, that left six people dead and 18 severely injured.

Literature Review

What is PTSD?

The National Institute of Mental Health (NIMH) has defined PTSD as “an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened” (“National Institute,” n.d). PTSD can potentially affect people involved in a traumatic event and is not limited to victims or emergency workers. The NIMH also recognizes that “the person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers” (“National Institute,” n.d.).

The American Psychiatric Association describes PTSD as having three components: recurrent and intrusive distressing recollections of an event; emotional numbing and constriction of normal activities; and a shift in the fear threshold, affecting sleep, concentration, and sense of security. As Cote and Simpson (2000) explain, “The sufferers are so haunted by a terrible event that they cannot forget it. They are not mentally ill, even though victims sometimes erroneously think, ‘I must be going crazy.’ They aren’t, but their lives are crippled.” (p. 25)

People with PTSD have most often experienced one or more of these five types of traumatic events: seeing someone being killed or badly injured; living

through a fire, flood or natural disaster; enduring assault or domestic abuse; living through a life-threatening accident; or having experienced war combat (Aprile, 2009). Ochberg (1996) writes, "PTSD should only be diagnosed when an event of major dimension—a searing, stunning, haunting event has clearly occurred and is relived, despite strenuous attempts to avoid the memory" (1). Thus, a severe trauma must be apparent and causally related to the cluster of symptoms associated with PTSD (The Dart Center, 2009).

Symptoms of PTSD fall into three main categories: repeated reliving of the event, which disturbs day-to-day activity, avoidance, and arousal (Ochberg, 1996). However, some people may experience guilt as a fourth category among itself. Intrusive recollections are one of the main features of PTSD, and are viewed as an unavoidable replaying of the event often so real that it is referred to as a flashback or hallucination (Ochberg, 1996). These flashbacks serve as a repeated reliving of the traumatic event. The Health and Resource Center (2009) notes that intrusive recollections often include nightmares or unwanted thoughts surrounding the trauma and experiencing repetitive disturbing images (1). The avoidance category depicts the emotional numbing or feeling as though one does not care about anything or a generalized feeling of detachment. Avoidance symptoms include: refraining from talking about the incident; avoiding activities, places or people that remind one of the traumatic event; a loss of interest in everyday life; an inability to remember important aspects of the trauma; and showing little or no emotion

(Health and Wellness, 2009). Ochberg (1996) writes, "the numbing may protect a person from overwhelming distress between memories, but it also robs a person of joy and love and hope" (2). Arousal symptoms include: sudden feelings of sadness, fear or anger; feeling extra jumpy, panicky or irritable; sleeping problems and a general difficulty paying attention (Health and Wellness, 2009). Ochberg (1996) states that arousal symptoms are purely physiological. An unexpected noise can cause the person to shudder or jump automatically and this response is not necessarily related to stimuli associated with the original trauma.

Matloff (2004) writes that science shows that a terrifying experience produces and changes one's brain chemistry. Matloff's (2004) research included identifying how the amygdala, a piece of the brain tied to memory, releases stress hormones such as adrenaline. Those hormones change the way the mind processes information during stress, thus contributing to PTSD when vivid recollections return long after the initial introduction of trauma.

The Mayo Clinic explains that posttraumatic stress disorder may occur soon after a major trauma, or it can be delayed for more than six months after the event ("Mayo Clinic," 2009). When the symptoms develop quickly after the witnessed trauma, those symptoms usually improve after three months. However, some people exhibit forms of long-term PTSD, which can last for many years ("Mayo Clinic," 2009). The Diagnostic and Statistical Manual IV recognizes that the cause of PTSD is still unknown, but psychological, genetic, physical and social factors are

Student Journalists' and PTSD

major contributors. PTSD changes the body's response to stress. It affects the stress hormones and chemicals that carry information between the nerves. Having been exposed or witness to trauma in the past increases one's risk of PTSD (American Psychiatric Association [*DSM-IV-TR*], 2000). Meyer (2009) indicates that if PTSD symptoms are not treated, they can increase the patient's risk for suicide, vehicular collisions, job loss, divorce, social isolation, and illness. Meyer (2009) explains that recent evidence suggests trauma causes genuine neurophysiologic changes in the body. The person exhibiting such symptoms is physiologically "frozen" in a state of high arousal. This aroused state is the body's response to threat (the traumatic event) and is thought to consist of undischarged energy that produces physical symptoms or PTSD (Meyer, 2009).

The National Center for Posttraumatic Stress estimates that lifetime prevalence of PTSD in the general adult population is 6.8 percent; additionally, women are twice as likely as men to have PTSD at some time during their lives based on their genetic makeup. However, not everyone exposed to trauma develops PTSD. Approximately 50 to 70 percent of the U.S. population is exposed to a traumatic event sometime during their lifetime (Ursano et al., 2009). Sixty-one percent of men and fifty-one percent of women have experienced at least one traumatic event in their lives, and approximately 10 percent of men and 6 percent of women reported being exposed to four or more types of significant trauma during their lifetime.

The Mayo Clinic explains that in its acute form, PTSD is like the common cold, perhaps experienced at some time in one's life by nearly all. Some colds progress to pneumonia and may create substantial illness, impairment of function and be debilitating. Similarly, PTSD when it becomes chronic, requires psychotherapeutic and/or pharmaceutical intervention. (p. 3).

Characteristics of the environment appear to predict or determine PTSD symptoms. Paton, Burke and Huddleston (2006) found that organizational stressors are being shown as risk factors that ultimately may develop into work-related PTSD (as cited in Smith, 2008). As Smith (2008) states, "Exposure to work-related stressors among high-risk occupations, including journalists appears to be a unique predictor of PTSD and general psychological distress that warrants attention" (43).

Combat Veterans and Journalists

Reporters covering war often are exposed to the highest levels of work-related stressors (Smith, 2008). Members of the media who are war correspondents are required to report on substantial violence for long periods of time. Being immersed into the continual death and destruction can take its toll on a journalist, as studies have shown war journalists carry the highest rates of PTSD (Osofsky, Holloway & Pickett, 2005). Osofsky et al. (2005) writes:

They are often embedded with or work near the military. While they generally respect the military with whom they work, they also feel a

commitment to convey the horrors of war, the human suffering, and loss. Members of the media, many of whom are young, at times naïve, and relatively unprepared can easily deny or underestimate risks, downplay dangers, or not fully understand the nature of their stresses and the reactions to the trauma they witness. (284)

War reporters face a high demand for immediate coverage stemming from the midst of conflict (Osofsky et al., 2005). The simple act of war correspondence alone can result in death. Osofsky et al. (2005) state that reports from the Committee to Protect Journalists in 2004 suggested that 54 journalists were killed in 2004. Many of those fatalities occurred in Iraq. That figure is the highest in a decade (Osofsky et al., 2005). Building on the possibility of death and the high PTSD rates among war reporters, Feinstein et al. (2002) note that nearly 28.6% of war correspondents show a lifetime prevalence of PTSD.

A main component of PTSD, the flashback, is most often attributed to combat veterans (Cote & Simpson, 2000). Cote and Simpson (2000) write:

A soldier wounded in combat may again see the shell exploding in front of him and hear the screams of a buddy killed at his side. In other types of trauma a woman may feel a rapist grabbing her; a man nearly killed by a drunken driver may “see” the car careening toward him again. In young children, psychiatrists say, the reoccurrence may take the form of playing out

a frightening scene over and over-a boy repeatedly struck by his father may, in turn, pummel his Teddy Bear. (p. 26)

One theory is that the closer to death, the more severe the PTSD (Meyer, 47). War reporters are continually viewing carnage and must remain within the confines of battle, sometimes up to several months without a break. Several studies have indicated that war correspondents are significantly more likely to demonstrate the signs of posttraumatic stress and depression versus journalists who have never been on the battlefield (Feinstein, Owen & Blair, 2002; Matloff, 2004; Strupp & Bartholomew, 2003). Interestingly, eighty-six percent of the 131 newspaper reporters surveyed in a study by Simpson and Boggs (1999) had covered one or more violent events.

Feinstein et al. (2002) looked at self-report questionnaires from 140 war journalists, and compared those findings with 107 journalists who had never covered war. Feinstein et al. (2002) learned that as time went on and more coverage was needed, war correspondents would carry heavy emotional burdens from previous reporting into later battle coverage. The PTSD rate was similar to that of combat veterans however; the journalists were not likely to receive treatment for their traumatic injuries. Some people cope better with trauma than others, and it has been documented that the longer a traumatic event is, the more likely to cause symptoms of PTSD. Perhaps this explains why war journalists and war veterans often exhibit high levels of PTSD. Reporting on war and fighting in

combat takes time and a continued exposure to violent and traumatic situations. Reporters and combat fighters cannot immediately retreat from the violence and instead must remain on the trauma scene for long periods of time, thus increasing the risk for PTSD.

Journalists who report on war are more likely to experience trauma on a continual basis than any other journalism beat. These journalists' stories are based upon death, destruction and tragedy. Thus, war correspondents are often the members of the media who exhibit the highest rates of PTSD (Osofsky, 2005). In order to inform the public, war correspondents are often placed in the midst of extreme violence. These reporters witness mass bombings, numerous deaths and children suffering over long periods of time because they have been relocated to where the war is taking place. Matloff (2004) states that there are common warning signs to recognize when a reporter returns from war: loneliness and feelings of guilt. Matloff (2004) recognizes that war correspondents may have difficulty conveying to others the situations they saw on a daily basis, much like actual soldiers returning home from combat. Feinstein and Nicolson (2005) conducted a study on 100 journalists covering the beginning of the Iraq war. Their findings indicated that nearly 15 percent of the group reported intrusive symptoms of PTSD that were moderately distressing, 7 percent were found to be moderately depressed, and one third of respondents scored above the mark indicating overall psychological stress. Feinstein et al., (2002) found that in a study of 140 war

journalists, higher rates of psychopathology existed than in a demographically matched comparison of 107 nonwar journalists. Feinsten et al. (2002) writes, "Specifically, the war journalists drank more heavily and showed higher rates of PTSD and major depression" (p. 1572).

The Dart Center for Journalism and Trauma notes that war reporting becomes the correspondent's identity. Between struggling with grief over fallen colleagues and the deadly scenery surrounding these reporters on a daily basis, confronting trauma and danger for war correspondents is an everyday task.

Greenberg, Thomas, Murphy and Dandeker (2007) completed a study comparing perceived stressors of 31 embedded and 23 unilateral war journalists before, during, and after an assignment to Iraq and found specific similarities in perceived sources of stress (as cited in Smith, 2008). During the assignment journalists continued to report safety concerns. Some journalists were involved directly in friendly fire incidents and several reported emotional difficulties while reporting at war.

Early research in the field of traumatic stress focused on combat veterans and victims of assault (Kilpatrick, Resnick, Best & Kramer 1992; King, King, Foy, Keane & Fairbank, 1999); however, more recent research has included the effects of work-related trauma exposure among first responders who deal with human tragedy (Ford & Smith, 2008). People facing trauma exposure often exhibit

intrusive recollections, emotional anesthesia that inhibits life activity and a lowered physiological threshold (Ochberg, 1996).

Dworznik (2006) notes that several articles in industry publications, such as the *News Photographer*, and *Broadcasting and Cable*, have featured anecdotes from reporters and photographers examining how covering trauma has adversely affected them. This evidence has helped bolster support for the idea that journalists can indeed suffer from posttraumatic stress disorder much like that of rescue workers and surviving victims.

Journalists Jobs Put Them at Risk

Reporters do not have to witness an event to suffer some sort of distress. The mere nature of their work lends its hand to psychological and physical anguish. Simply by listening and observing victims' stories journalists may exhibit emotions associated with fear, sadness and distress (Figley, 1995). Dwornik (2006) states, "Even though they have not experienced the trauma directly, those who listen to victims often feel as though they have" (p. 536). Cote and Simpson (2000) claim that the majority of a news reporters or photographers work enforces interviewing and interacting with sufferers of trauma. Cote and Simpson (2002) state:

Reporters and photographers often are first responders or among the first to arrive at an auto accident, house fire, shooting, or other violent event. Someone may be dead. Survivors may be bleeding, unconscious, or in shock. At other times reporters knock on doors weeks, months, or even years after

an event. They may be covering a court action or following up on, say, the 9/11 anniversary. (p. 19)

Exposure to a traumatic event is the main ingredient in the development of acute stress disorder and posttraumatic stress disorder (Ursano et al., 2009).

Ursano et al. (2009) go on to show that nearly 50 to 70 percent of the population is exposed to a traumatic event sometime during life. However, only 5 to 12 percent actually develop PTSD. Osofsky et al. (2005) acknowledges that reporters can suffer from their compassionate reactions, burnout and vicarious traumatization simply from doing their job. Ochberg (1996) writes:

Whenever a reporter meets a survivor of traumatic events there is a chance that the journalist will witness and may even precipitate posttraumatic stress disorder. Therefore it is important that working journalists anticipate PTSD, recognize it and report it, while earning the respect of the public and those interviewed. (p. 1)

Journalists often are privy to such traumatic situations simply based upon the nature of their careers. Aiken (1996) argues that more often than before journalists and photojournalists are detailing the adverse affects their work places on their physical, emotional and family life (as cited in Dworznik, 2006), more noticeably when covering violent events (Ricchiardi, 1999; Ochberg, 1996). Deppa (1994) explains that in a number of cases, journalists had been exposed to the worst trauma of a disaster through interviews with witnesses and survivors, or people

who are grieving. The simple nature of a journalist's occupation involves arriving to a crime scene immediately after the crime, which can allow the journalist to see murdered victims, un-tampered crime scenes and the victim's relatives who are just finding out about the crime.

Freinkel et al. (1994) provided the first study on the effects of witnessing violence on journalists, which examined dissociation and anxiety among 15 journalists who witnessed an execution 10 weeks before assessment (as cited in Smith, 2008). The journalists in the study did not experience long-term psychological distress, however several participants reported a high rate of dissociative symptoms, such as feeling detached from others. Simpson and Boggs (1999) noted that a similar study looked at 131 newspaper journalists in the Washington and Michigan areas to identify the types of events journalists witness and the effects of such exposure (as cited in Smith, 2008). This study found that 86 percent of journalists in the sample reported covering one or more violent events.

The public generally does not think of journalists as first responders to a tragic event (Alvis-Banks, 2008). However, this is not true. Covering the story often requires journalists to be at the same events as emergency personnel, exposing the journalist to a variety of disasters and atrocities (Newman et al., 2003). Cote and Simpson (2000) write:

Reporters and photographers often are first responders, the first or among the first to arrive at an auto accident, house fire, shooting, or other violent

event. Someone may be dead. Survivors may be bleeding, unconscious, or in shock. (p. 19)

Newman et al. (2003) completed a study that examined 875 photojournalists and found that 98 percent reported they had been exposed to events that mental health professionals would deem traumatic--automobile accidents, fires and murders were typically the most common assignments. At least half the respondents covered assignments involving dead children or family members of injured children, gory scenes, and rescues that took a long time. Nearly 6 percent met the criteria for a diagnosis of posttraumatic stress disorder (Newman et al., 2003). Newman et al. (2003) found that the longer a person worked as a photographer or reporter, the more likely he or she was to report a higher intensity of PTSD symptoms. Newman et al.'s (2003) findings are relative since the longer a journalist or photojournalist works in their occupation, the more exposure to traumatic scenery they potentially incur.

Reporting on violence is one of the most problematic and emotionally draining features of journalistic practice (Cote & Simpson, 2000). Osofsky, Holloway & Pickett (2005) note that reporters witness death, destruction, and suffering, and their job-related pressures can place them in physical and emotional danger. Manware (2008) notes that crime reporting is tough, emotional work. Manware (2008) writes:

Writing about an infant left alone in a home with her dead mother for two

days is just harder than writing about a city council meeting, no matter how stubborn the politicians. But I believe crime reporting is also the most important work a reporter can do. So often it's telling the stories of people who had their voices, and their lives stripped away. (p. 20)

Walters, Wilkins & Walters (1989) state that journalists must report from the epicenter of crises, sometimes daily (as cited in Dworzniak, 2006). A specific type of journalist, the photojournalist, must physically view the events that provide for an audience member's understanding (Kim, 2008). Some of those very events may be disasters bringing with them death and devastation. Kim (2008) writes, "With their own eyes, photojournalists see battles which claim their victims and come to know through first-hand experience what it is to hunger, to thirst, to suffer, and even to starve" (p. 2). Reporters and photographers go the actual scene of violence or disaster, view the immediate effects and report instantaneously to the public (Cote & Simpson, 2000). Reporters are the documenters of tragedy; thus, they must be actively on the trauma scene. Continual encounters with trauma and violence can obviously wreak havoc on a person's psyche. Sibbald (2002) writes, "Since the Sept. 11, 2001 attacks there has been more recognition of this stress. "Dan Rather was crying that day,"(1).

Osofsky et al. (2005) explain that recent terrorism, acts of mass violence and warfare have indeed raised concern of the mental health of first responders. Osofsky et al. (2005) write, "Members of the media are frequently overlooked, but

are special responders who often witness traumatic events and are responsible for conveying them to the public” (p. 283). Journalists often arrive along with rescue workers and law enforcement simultaneously. Occasionally, journalists may arrive before emergency response workers, thus, increasing the possibility that they will witness shocking scenes that could include death, injury or a threat to the physical integrity of others all in the name of covering the latest news (Smith, 2008). Cote and Simpson (2000) argue that journalists suffer the same psychological problems as those of rescue personnel and victims because their job requires them to visit the same scenery. “Journalists can become trauma victims simply by doing their work by visiting scenes of destruction, talking to and photographing people who have been injured or traumatized” (Cote & Simpson, 2000 p. 42). Research shows that the rate of exposure to traumatic events in occupational categories, such as firefighters (Corneil, Beaton, Murphy, Johnson & Pike, 1999), police officers (Gilaberte & Baca, 2000), and war correspondents (Feinstein et al., 2002) may be higher than the estimated 50% prevalence rate of exposure to trauma among the general U.S. population.

Journalists reporting on the trauma beat bear witness to occupational stressors. Newman et al. (2008) writes, “Occupational stressors can be conceptualized as situations or events encountered on the job that involve a perceived threat to one’s personal integrity, which require the use of resources or coping skills to prevent long term physical and emotion health consequences.” (7).

Exposure to life threatening events or severe trauma place journalists in the midst of job stressors. Thus, reporting on the trauma beat is a high-risk occupation similar to that of other first responders, which can allow for exposure to job stressors.

Giles (1983) conducted a survey on 544 newsroom editors from two major U.S. media organizations and found that 39 percent reported health problems as a result of exposure to work-related stressors, such as ulcers, hypertension, alcoholism, and drug abuse (as cited in Smith, 2008).

Ochberg (1996) suggested that journalists are candidates for a form of PTSD known as secondary traumatic stress, otherwise known as “compassion fatigue.” The Compassion Fatigue Awareness Project explains that symptoms are normal displays of chronic stress resulting from care giving work. Compassion fatigue symptoms are very similar to PTSD symptoms and include: excessive blaming, bottled-up emotions, isolation from others, substance abuse, poor self-care, reoccurrence of nightmares and flashbacks to traumatic events, difficulty concentrating and denial. Bull and Newman (2003) state that symptoms of secondary traumatic stress reported by news workers also include: fear, shock, and social disconnection (as cited in Dworznik, 2006). Some of these symptoms can occur immediately after the first traumatic assignment in a journalist’s career (Cote & Simpson, 2000). One pair of researchers has renamed compassion fatigue as “vicarious traumatization” (McCann & Pearlman, 1990). Vicarious traumatization is a term used to describe the unexpected reactions depicted as specifically applying to

journalists with limited direct exposure to the actual event and its victim or victims (Deppa, 1994).

Other studies have noted that journalists' stress levels increase after having witnessed major disasters, such as the Oklahoma City bombing (Cote & Simpson, 2000) and the demise of the World Trade Centers in New York City (Feinstein, 2004; Strupp & Cospers, 2001). Resilience is the expected response to traumatic events; however, some journalists suffer psychological stress from the trauma exposure and further develop distress and psychiatric illness and display health risk behaviors. For most people after having been exposed to a traumatic event, an altered sense of safety, increased fear and arousal and concern for the future can affect not only those who witnessed a violent event, but also those who continue to work and care for their families and loved ones (Ursano et al., 2007). The factors that increased the risk of PTSD among journalists included the number of traumatic events covered, personal trauma history and the degree of social support present (Newman, Simpson & Handschuh, 2003).

A journalists' job description entails that deadlines are always looming and the chaos of disaster and tragedy forces journalists to adapt to a new way of working (Berrington & Jemphrey, 2003). Deppa (1994) notes how in a number of cases journalists had been exposed to the worst trauma of the disaster through interviews with witnesses, survivors or the grieving. Often when arriving onto the scene of a disaster along with rescue workers, journalists have no time to prepare

for what they will inevitably see. Berrington and Jemphrey (2003) acknowledge that upon arrival to a tragic scene journalists must react to events as they unfold, sometimes right before their eyes. Berrington and Jemphrey's (2003) study of the tragedy at Dunblane primary school showed how journalists recognized the magnitude of the event they were covering, however preparedness was not part of the package. The Dunblane tragedy was a multiple murder-suicide, which occurred at Dunblane Primary School in the Scottish town of Dunblane on March 13, 1996. Sixteen children and one adult were killed at the hands of Thomas Watt Hamilton before he committed suicide. The journalists covering Dunblane were driven by commercial needs to produce a copy; a pressure that the researchers recognize may have overshadowed sensitivity (Berrington & Jemphrey, 2003). Covering a story may involve direct harm because of the close proximity to life threatening events, such as war, natural disasters and shootings (Smith, 2008). Chongkittavorn (2005) studied reporters who covered the recent tsunami in Thailand. Chongkittavorn (2005) writes:

Thai journalists covering the tsunami's aftermath shared many similar moments, and their psychological reactions to what they saw and heard were much the same. Witnessing so much death and grieving-and doing so in such a close way can be extremely difficult for reporters. Two journalists from *The Nation*, after two weeks of coverage, were hospitalized for two days upon their return from reporting because they had breathed too much formaldehyde into their lungs. (74)

Figley (1995) noted that journalists must listen and retell victims' stories, which allows for the absorption of emotions from the victim (as cited in Dworznik, 2006). Merely listening to a victim talk about their experience can unleash stress symptoms among reporters covering a traumatic story. Even though the journalist has not directly experienced the violence or trauma as the victim has, listening to the victim re-tell their story invokes similar emotions. As a result, journalists suffer the same emotional exhaustion as a counselor would, especially when a victim's story is painful to relay (Cote & Simpson, 2000).

Journalists Expectations

The nature and basic premises of a journalist's work can aid in the development of PTSD while covering trauma stories. The Dart Center for Journalism and Trauma states, "Journalists are tempted to tough it out emotionally because that's been an expectation in journalism" (Reporting war, 10). Journalism is an intensely competitive profession and reporters are often severely reluctant to show any vulnerability for fear of termination. Also, news stories are continually breaking. With this fast-paced workplace, reporters do not have time to sit back and recount the events they just witnessed. Editors immediately request police reports, but often there is no discussion of the actual incident (Johnson, 1995).

Ricchiardi (1999) noted that journalists often internalize violent images they may have seen on the job. The Society of Professional Journalists states that

journalists are valued as being unbiased, consistent and available at all times to get the job done regardless of what situations they may encounter. Ricchiardi (1999) points out that this “journalistic ideal” to uphold objectivity and remain unaffected may prevent news personnel from dealing with or admitting to distress caused by work-related trauma exposure. Cote and Simpson (2000) mention that journalists are required to detach, desensitize and report the story. Journalists must compartmentalize and move forward. An interesting point made by Deppa (1994) is that none of the news people he interviewed in a 1990 study said they enjoyed covering grieving people or trauma. All respondents in Deppa’s (1994) research indicated that they dreaded approaching a family member who has just been bereaved more than any other part of reporting, however it is a necessary part of the job in order to relay details about the tragedy to the public.

In maintaining the public’s “right to know,” journalists encounter tragedy and destruction. After trauma exposure, an altered sense of safety often occurs, fear and arousal increase, and concern for the future heightens (Ursano, et al, 2007). As Pinsky (1993) notes, journalists however, either by habit or culture refuse to feel grief, sadness, and anxiety thinking that their detached professional position can protect them from the impact of having witnessed the trauma (as cited in Gutowska, 2005). Owen (2001) notes that the risk journalists face while on the job is evident with natural disasters and tragedies occurring daily, however journalists typically receive little support after they file their stories (as cited in Gutowska, 2005). Crisis

workers are offered debriefings and counseling sessions, whereas reporters are expected to quickly turn in their story and move onto the next.

Berrington and Jemphrey (2003) recognize that much journalistic practice is habitual. News stories are sought out and reported in accordance with pre-constructed templates; the only changes are names, dates and locations (Berrington & Jemphrey, 2003). However, in the midst of reporting upon a tragedy, pressures are magnified among journalists (Berrington & Jemphrey, 2003). The researchers acknowledge that within journalism there seems little stipulation for or recognition of the potential emotional effects of covering traumatic stories. Berrington and Jemphrey (2003) write:

There is an expectation that journalists will react professionally to events as they happen, amid chaotic and emotionally charged circumstances.

Reporters are under scrutiny: have they “got the guts” for the job? Some feel a need or expectation to overcome sensitivity or reservations. (p. 66)

Journalists are expected to recount the story, deliver the news and move on to the next breaking story quickly and effortlessly. However, when violence occurs, three groups of people are most likely to be affected in the aftermath: the victims, rescue workers and journalists (Johnson, 1999). Victims and rescue workers are often treated or counseled after dealing with a traumatic event, whereas most journalists are left to fend for themselves (Johnson, 1999). The contemporary job description of a journalist is built upon the underlying notion that reporters remain

unbiased, unaffected and stoic when delivering the news. This belief became the standard after WWI and remains the basic journalism code present today.

Journalists are required to act as witnesses or mediators of information and, thus, stoicism is an underlying expectation in which reporters must adhere.

Adding to this often overlooked phenomenon is the notion that journalists are supposed to remain methodical, deliver the news at hand and ultimately push their feelings aside. Cote and Simpson (2000) write:

Journalists, more than ever, express personal anguish about delivering the news of violence. Today, journalists candidly voice the pains of news work, which once were disguised by a code of professionalism and a macho style that even some women in the newsroom felt compelled to adopt. (p. 3)

Journalists pride themselves on being able to cover any story without strong emotion or personal concern (Strupp & Cosper, 2001; Cohen, 1987)). Simpson and Boggs (1999) write, "An unwritten code among journalists holds that no assignment, no matter how brutal, can defy one's capacity to take a photograph, gather facts, and produce a story" (p. 1). If a journalist refuses to do the job they may lose their job.

Deppa (1994) makes mention of how many reporters do not want to show editors or colleagues how they were affected by a story when he writes:

You'd be looked at as somebody who couldn't stand the heat. You're unreliable to go on another story. You're going to let your emotions figure into the story. There's an unspoken code of machismo among everybody that's probably a defense mechanism. (p. 311)

Deppa (1994) found that the news reporters involved with the Pan Am 103 flight who did not exhibit emotional distress later rose through the ranks to become editors. Matloff (2004) notes that journalists who are suffering from job-related trauma fear they will destroy their careers if they ask for help. Underlying this idea is the fact that the Dart Center for Journalism and Trauma says there has been little progress in combating trauma within newsrooms (Matloff, 2004). Berrington and Jemphrey (2009) noted that signs of an adverse reaction to reporting tragedy were viewed by peers and editors as weakness. This so-called effect from reporting trauma was seen as an inability to cope with situations necessary to the job. Sibbald (2002) noted that journalists are reluctant to admit vulnerability for fear of being thought of as weak and ultimately a career liability. Gutowska (2005) recognizes that when starting out on their careers, journalists have a tendency to accept every conflict story based on the competitive nature of the job. There is a generalized thought that only seasoned reporters can pick and choose their stories (Gutowska, 2005). Young reporters who fear repercussions if they chose not to cover a trauma story must also deal with America's obsession with violence and trauma stories in the media.

Crime News

Television news originally began as having an emphasis on politics and government; however, a general shift dating back to the 1890s penny press news has resulted in crime and violence infiltrating all news outlets (Allen, 2001). News stations nowadays are quick to capitalize upon crime coverage and influence the public's opinion that our nation is overrun with violence. Klite, Bardwell and Salzman (1997) found that crime stories made up about a third of the total time devoted to the news. Weitzer and Kubrin (2004) argue that behind the competition for viewers is the idea that news outlets face competition from other stations and newspapers allowing for an over-abundance of crime coverage (as cited in Dworzniak, 2006, p. 535). The idea is the more sensational a story appears, the more viewers and readers that news outlet will attract (Dworznic, 2006). In order to get these stories out to the public the journalists must position themselves at the front lines of the breaking stories.

Crime news is a staple of journalism. Burns and Crawford (1999) found that after the public demonstrates a concern, the media continuously covers that issue. As the public reveals an interest in crime and trauma news, journalists are expected to cover such stories to satisfy public interest. This increase in crime and disaster coverage exposes reporters to situations that place them at higher risk of PTSD.

Building off of the immense amount of crime news overtaking the media is the notion of sensationalism. The idea of sensationalism focuses on news outlets

that more heavily tend to feature stories with shock value and attention-grabbing details. Grabe, Zhou & Barnett (2001) define sensationalism in terms of its capability to provoke attention or arousal responses in viewers. Competition among news stations poses the question of how to attract the most viewers and sensationalism offers the best solution (Vettehen, Nuijten & Peeters, 2008; Bird, 2000; McManus, 2008). Vettehen et al. (2008) found that sensationalist features in new stories had a positive effect on emotional arousal elicited by the stories. With this increase in sensationalism, again reporters are now more exposed than ever to situations that put them at risk for PTSD.

Kitch (2009) explains that the notion of sensationalism in journalism poses an ethics concern. Kitch (2009) writes:

Conventional wisdom tells us that displays of raw emotion, from sorrow to outrage, are to be avoided by journalists and, if expressed by news subjects, not to be exploited by journalists. And yet current journalism is saturated with tears and trauma. Whether the news is about a natural disaster with mass casualties, a local police officer killed in the line of duty, a young woman murdered on a college campus, or a child struck and killed by a drunk driver, it will be reported and produced in news media as a story of the living who grieve, a story about public ritual. The focus will be on mourners who erect shrines, who stand outdoors holding candles or American flags, and who very publicly pay tribute to the dead. (p. 29)

Such sensationalist news coverage has escalated along with the casualties of the war in Iraq (Kitch, 2009). Kitch (2009) mentions a story published in May of 2007 in *The New York Times* as a distinct representation of horror and grief. The *New York Times* article marks Memorial Day with a front-page photograph of a young woman weeping amid the grave of her fiancée who had been killed in Iraq three months earlier. Similarly, the coverage of the September 11 terrorist attacks highlighted public emotions through photographs of people crying, shocked witnesses and survivors, and mass destruction in the midst of New York City (Kitch, 2009). Comparable to coverage of the September 11 attacks, media coverage of the Oklahoma City bombing heavily utilized the use of adjectives designed to capture and keep the audience's attention (Cummings, 2003). Cummings (2003) noted that following the bombing of the Murrah Building news stations showed pictures of the frame of the building and rescue efforts. Cummings (2003) writes, "The lines between news and entertainment are blurred together and the stories are crafted for maximum emotional effect" (p. 230). Thus, with the rise of sensationalism and violence, journalists are now having to report on trauma more so than ever before to satisfy the public's hunger.

Theory: Routinizing the Unexpected

Tuchman's (1973) theory of "routinizing the unexpected" is the original study relevant to examining how journalists cope and deal with unexpected events. Tuchman (1973) explains that the most unexpected news events come under a

“what-a-story” category. Journalists adapt and manage to cover a “what-a-story” by relying on previous knowledge from the field gained from covering unexpected trauma stories. Tuchman (1973) advocated for journalists to use their history of reporting for determining how to cover a “what-a-story” event.

Tuchman (1973) also recognizes that journalists categorize their new stories into hard news stories and spot news stories. Spot news stories are unscheduled and appear quickly, unfolding in front of the reporter. Tuchman (1973) recognizes that as “what-a-story” stories unfold, reporters and newsrooms must adapt to cover the information at the scene. This could entail bringing more staff onto the scene, working longer hours to get all the details out to the public or openly discussing the topic with one’s peers. When a tragedy unfolds, some newsroom routines must be altered in order to get the story out. Tuchman (1973) writes, “Handling a ‘what-a-story’ requires a substantive amount of revision and readjustment of the allocation of resources” (128). Tragedies unfold quickly and without warning, thus reporters must adjust their routines accordingly. Routinizing the coverage of unexpected tragedies may be easier for seasoned professionals, but much more difficult for new-to-the-field journalists who lack experience.

Student Journalists on the Trauma Beat

Research demonstrates that professional journalists who have been in the field covering trauma for long periods of time can exhibit signs and symptoms of PTSD. The research indicates that the longer a journalist is exposed to trauma the

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more likely they will express PTSD-like symptoms. However, research is lacking in studying journalists who are brand new to the field or are still in school. In fact, no research has been completed on studying journalism school students and how they adapt and respond to trauma reporting. The Dart Center has identified the need for students to prepare for trauma reporting by knowing when to seek out counseling or removing themselves from a story they feel is too tough to report emotionally. Dufresne (2004) notes that journalism classes throughout the United States are teaching students that they may experience changes both emotionally and physically as a result of trauma reporting. These classes are looking to inform journalism students how to minimize the impact of potential PTSD as they go about reporting on human tragedy (Dufresne, 2004). These classes also teach students to cope with the amount of stress trauma reporting inflicts upon its reporters. However, there is a big difference between the classroom and the field.

Journalism school students reporting on trauma lack the experience most trauma reporters possess from covering numerous devastating and tragic stories. This lack of experience could increase a student's ability to develop PTSD-like symptoms. Without the know-how of how to methodically and professionally cover a tragedy learned through practice, J-school students are faced with not knowing how they will react at a scene of devastation. Dufresne (2004) writes, "Faced with such assignments for the first time, the young journalist must confront a flood of powerful emotions, those of the people they cover and their own-resulting in

conflicting instincts and unexpected reactions” (p. 26). Often times little training or preparation for trauma reporting is given. The young journalist knows their editor is waiting for the story and so encountering a situation involving grief and devastation may prove confusing and overwhelming. Pinsky (1993) and Ricciardi (1999) note that “The young and often inexperienced reporters frequently work on the police beat, car crashes, or cover cases in court involving violent crimes that are considered the most stressful assignments” (as cited in Gutkowska, 2005). As Dufresne (2004) explains, sometimes the only clear direction coming from an editor is to “get the story,” and many of these young reporters lack the proper training and preparation necessary for the trauma field.

Methodology

This study will look to examine how journalism students covered tragic shootings at their schools and simultaneously dealt with their personal experiences of reporting on the trauma beat. Specifically this study asks:

RQ1: Did any Virginia Tech and Northern Illinois student reporters exhibit symptoms of posttraumatic stress while covering their respective campus shootings?

RQ2: If such indications were present, how did these student journalists cope with their PTSD symptoms?

Virginia Tech witnessed an unprecedented mass shooting on Monday, April 16, 2007 that ultimately killed 32 people and wounded many others. Two separate attacks were orchestrated nearly two hours apart from each other on campus by Seung-Hui Cho, a senior English major at the school. To this day the Virginia Tech massacre is the deadliest shooting incident by a single gunman in United States History. The Virginia Tech massacre ultimately sparked nationwide media coverage and instigated debates about gun violence and the responsibility placed on college administrators.

The school shooting that took place on February 14, 2008 at Northern Illinois University killed six people and wounded eighteen. At approximately 3:06 p.m. Steven Kazmierczak entered an auditorium-style classroom in Cole Hall and opened fire on its occupants. During the ordeal, the university advised students and faculty

to take cover and avoid all buildings near Cole Hall. The shooting at NIU remains the fourth deadliest university shooting in U.S. history.

Both these incidents were selected for this study based on timeliness and convenience. Both incidents occurred within a three-year timeline from this study, which allowed for a better sample selection, although still presenting a significant time lapse between trauma exposure and the actual study.

This study interviewed student journalists who covered the Virginia Tech shootings and student reporters who reported on the Northern Illinois shootings. Both traumas involved shootings responsible for six or more deaths. Both traumatic incidences were at the hands of another human being.

Multiple methods were utilized with the combination of survey responses coupled with in-depth interview responses. Using multiple methods proved helpful because some people are more apt to open up on paper (survey), while others may provide more information via interpersonal context (in-depth interviews). Combining the two allowed for a better response rate, as those who wished to divulge more information interpersonally could do so that way, and those who wished to provide more details on paper could do so that way as well. For a complete list of the in-depth interview questions please see Appendices F.

In order to identify whether PTSD symptoms were present in journalism students covering trauma stories, this study utilized the Impact of Event Scale-

Revised. The revised edition builds on the original Impact of Event Scale (IES), which was developed to assess the subjective distress caused by a specific traumatic event (Gargurevich, Luyten, Fils & Corveleyn, 2009). Specifically the IES was developed before the inclusion of posttraumatic stress disorder in the DSM-III. Weiss, Marmar, Metzler and Delucchi (1996) revised the scale to include items to represent all of the DSM-IV symptom clusters of PTSD (Gargurevich et al., 2009). The most prominent modification is the inclusion of a set of six items developed to capture hyperarousal symptoms. Other changes included the adaptation of instructions, focusing on the degree of distress common with each symptom instead of the frequency of symptoms coupled with a changed response format (Gargurevich et al., 2009).

The IES-Revised (Weiss et al., 1996) is a 22 item self-report scale of subjective stress used to assess PTSD symptomatology (Shapinsky, Rapport, Henderson & Axelrod, 2005). Each item asks participants to rate the frequency of feelings and symptoms related to the traumatic event.

In this study the traumatic events were denoted as: the Virginia Tech campus shootings, and the Northern Illinois campus shooting. Frequency of feelings and symptoms are indicated on a 4-point Likert-type scale. Three subscales measure PTSD specific indicators: intrusion (repetitive thoughts about the traumatic experience, nightmares), avoidance (not talking about the experience, emotional numbing) and hyper arousal (feeling as though one is threatened by the

trauma: irritability, lack of concentration, insomnia) symptoms. The subscale of intrusion includes seven items, avoidance features eight items and hyperarousal again seven items. Subscales 'Intrusion' and 'Hyperarousal' range between 0-35, while 'Avoidance' ranges between 0-40 (Weiss et al., 1996).

The measuring properties of the IES-R were first used in a sample of emergency personnel exposed to the I-880 freeway collapse as a result of the Loma Prieta earthquake in California, 1989, and a sample of workers who experienced the 1994 Northridge earthquake in Los Angeles, 1994 (Gargurevich et al., 2009). This example proved the IES-R showed strong reliability, with internal consistency coefficients ranging from .87 to .92 for Intrusion, .84 to .85 for Avoidance, and .79 to .90 for Hyper arousal in both representatives (Gargurevich et al., 2009)

Using the Impact of Event Scale-Revised, and conducting interviews, this study will examine PTSD symptoms among college journalism students who have covered traumatic incidents on campus. The study will include student media members at Virginia Tech reporting during the time of the shootings on April 16, 2007, and student journalists present at Northern Illinois University during the shootings, which occurred on February 14, 2008.

The Impact of Event Scale-Revised surveys were e-mailed to student reporters who reported at Virginia Tech and Northern Illinois during the campus shootings. Both school newspapers were contacted prior to surveys being distributed in order to gather reporter names and contact information. Both

editors-in-chief for Virginia Tech's *The Collegiate Times* and Northern Illinois' *Northern Star* provided a list of reporters who covered these stories during the time of the shootings. Both editors provided contact information for each student reporter present during the traumatic incident. Originally between both schools I had a list of 22 potential participants. However, that sample size diminished as several of the provided contacts never agreed to participate. Eventually 10 out of the original 22 contacts agreed to participate. Three out of the 10 agreed upon contacts also provided me with another four potential participants. Those four referral participants agreed to participate and the data began to shift into a convenience sample. Eight participants were from Northern Illinois and six were from Virginia Tech. The reporters were contacted and asked to participate in the study.

In examining how student reporters for both *The Collegiate Times* and *The Northern Star* dealt with distress after the school shootings, the Impact of Event Scale-Revised was utilized to determine anguish and grief. The Impact of Event Scale-Revised edition is a scale utilized entirely to measure the difficulties people sometimes have after witnessing stressful life events. More specifically the Impact of Event Scale-Revised gauges post traumatic stress symptoms among its participants. The scale is composed of twenty-two questions with five different response choices the participant may choose from. Responses range from the "not at all" choice categorized as a zero on the scale, to the "extremely" choice

categorized as a four on the scale. Some questions are similar to each other in that they initiate comparable responses. Several questions deal with sleeping issues, while several other questions focus on isolation themes, etc. For this study, the Impact of Event Scale-Revised edition was an apparatus upon which comparisons and connections could be made about different participants who reported on similar traumatic events.

Each Impact of Event Scale-Revised edition survey was e-mailed to the pre-set list of journalists given by each school's newspaper editor. Since the scale asks participants to indicate how distressing each difficulty was only up to seven days after the event, my e-mail that contained the survey explained to the respondents that they must think back to immediately following the event in order to complete the survey. The Impact of Event Scale-Revised edition survey relies on each participants memory of their trauma exposure, thus results may be affected.

Utilizing SurveyMonkey for this study proved cost-effective and timely. Schonlau, Fricker & Elliot (2002) recognize that using a survey distributed via the Internet is effective when the researcher has a list of e-mail addresses for the target population at hand. Having a list of student journalists provided by each school's newspaper editor allowed for a quicker distribution rate of e-mail surveys. The pre-set list of respondents also eliminated the need for mail or phone invitations to potential respondents to participate in the survey. The Internet survey also allowed for a faster transmission time since respondents immediately received the

survey in their web mail inbox. Lastly, research has shown that respondents often answer more honestly with electronic surveys than with paper surveys (Schonlau et al., 2002). Please see Appendices E for a link to the SurveyMonkey survey.

Following the survey, telephone interviews were conducted with all survey respondents. The original e-mail sent to participants asking for their participation in the survey stated that telephone interviews would be conducted after the return of all surveys. All survey participants were then contacted via telephone and briefly asked 10 questions. Some interviews lasted upwards of forty-five minutes, whereas others remained around twenty minutes.

The telephone interview questions were developed to further examine why participants had responded in a certain way to specific questions on the previously administered survey. The telephone interviews further probed previously given responses. For example, if several respondents had indicated that they had trouble sleeping, a follow-up question during the telephone interview asked what reoccurring dreams or disruption did they face while trying to sleep? The answers provided by respondents in the survey allowed for a more in-depth telephone interview based upon the previously administered survey.

Interviews provide in-depth information about a research question. Since this particular research is not quantifiable, the use of telephone interviews provided an apparatus upon which to further examine previous survey findings. As King (1994) states, "The interview remains the most common method of data gathering

in qualitative research" (11). Interviews are perfect for examining topics in which different levels of meaning need to be explored (King, need date). Thus, for this particular study utilizing interviews allowed for group identities and categories to be formulated.

Findings

Survey Results

Many researchers believe anxiety to be the direct result of a threat, incident or situation that was or is entirely uncontrollable and unavoidable (Cote & Simpson, 2000). The student reporters who covered these shootings had no idea that that day when they woke up to report for their newsroom shifts their schools would later become the scene for mass tragedy. These student reporters experienced and witnessed the aftermath of the shooting and were confronted with an event that involved actual deaths and serious injuries resulting in accompanied feelings of fear, helplessness and horror.

The survey results provided a brief look into the PTSD of the student journalists. Fourteen college journalists completed the study. Nine were men and five were women. Eight were journalists at Northern Illinois during the shootings, which occurred more than two years ago and six were at Virginia Tech during the shooting three years ago. The survey, which was based upon the Impact of Event Scale Revised, measured feelings of intrusion (I), avoidance (A), and hyperarousal

(H). Participants were examined in the late stage of PTSD, two to three years after the traumatic event. Participants had to rely on their memory so the results are likely different if the study had been completed immediately following the trauma exposure. Items on the scale are measured on a four-point scale ranging from 0 (not at all) to 4 (extremely).

RQ1 asks “Did any Virginia Tech and Northern Illinois student reporters exhibit symptoms of posttraumatic stress while covering their respective campus shootings?” Six of the 14 respondents showed symptoms that would be congruent with the major categories that makeup PTSD. Journalists from both Northern Illinois and Virginia Tech experienced signs of anxiety, a need to refrain from talking about the incident and slight withdrawal from friends and family.

Intrusion feelings were measured by questions or statements such as: 1) Have any reminders brought back feelings about the incident? 2) Did you have trouble staying asleep? 3) Other things kept me thinking about the incident. 4) I thought about the incident when I didn't mean to. 5) Pictures about it popped into my mind. 6) I found myself acting or feeling like I was back at that time. 7) I had waves of strong feelings about it. 8) I had dreams about the incident. Please see Appendices B.

Avoidance feelings were measured by questions or statements such as: 1) I avoided letting myself get upset when I thought about the incident or was reminded of it. 2) I felt as if it hadn't happened or wasn't real. 3) I stayed away from

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reminders about it. 4) I tried not to think about it. 5) I was aware that I still had a lot of feelings about the incident, but I didn't deal with them. 6) My feelings towards the incident were kind of numb. 7) I tried to remove the incident from my memory. 8) I tried not to talk about it. 9) Did you attempt to hide any distress you were feeling from others? Please see Appendices C.

Hyperarousal feelings were measured by questions or statements such as: 1) I felt irritable and angry. 2) I was jumpy and easily startled. 3) I had trouble falling asleep. 4) I had trouble concentrating in school or during extracurricular activities. 5) Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea or a pounding heart. 6) I felt watchful and on guard. Please see Appendices D.

The survey offered respondents a chance to provide short answers to several questions. These short answer responses coupled with the Likert scale answers showed no difference between sexes of reporters. Also, there were no differences between members of the two schools. Both schools offered counseling services for their students. One student from NIU wrote in his short response section:

NIU offered widespread counseling availability. NIU offered private counseling and assistance with university and volunteer counseling professionals the day of the shooting and for the weeks following the shootings. Additionally, during the week students returned to class, there was a volunteer or university counselor available at the

beginning of and during the class period for private or public discussion of feelings and thoughts on the shootings.

Interesting to note, however, is that of the 14 respondents, only one student participated in the available therapy. That participant was a female from NIU who wrote, "Yes, I sought treatment. I had a personal one-on-one session followed by group therapy for about a month. It was mainly discussion and preparation for the next semester." This same female also demonstrated consistently higher numeric responses for all three sub-categories of avoidance, intrusion and hyperarousal. This female participant indicated her highest numeric responses in the category of hyperarousal, with a selection of fours across the board. This female participant reported feelings of irritability, had difficulty concentrating and was easily startled after the incident, all key symptoms that she pointed out aided in her decision to seek treatment.

The sub-category of avoidance garnered the highest response numbers across the board. Three of the five female participants indicated that they attempted to hide their distress from others "quite a bit." This particular question on the survey elicited the highest ratings for both males and females. Three of the five females circled a three (quite a bit) response, and two males also circled a three as their desired selection. One male respondent from NIU indicated a 4, that it was extremely hard to hide his distress from others. Perhaps these higher numbers can be attributed to the fact that since all participants were journalists whose careers are based upon being methodical, un-emotional and resilient, hiding emotions was

something that most respondents felt necessary to do in order to continue work in the newsroom.

The avoidance sub-category demonstrated its higher numeric responses again with question number five, which asked if any participants avoided letting themselves get upset when they thought about the incident or were reminded of it. Four out of the nine male respondents answered with a three or higher numeric response. Two males chose a three (quite a bit) and two other chose a two (moderately). Differing from that male response, only one out of five female participants chose a three, with the remaining females choosing a one (a little bit) or zero (not at all) as their preferred choice.

Another interesting point to note is that one male from NIU had consistently lower scores than all other participants across all three sub-categories of avoidance, intrusion and hyperarousal. Supporting these low numeric responses is the fact that this particular student found affirmation in covering his school's shootings that this profession was the right choice for his career after college. His low scores correlate with his satisfaction toward choosing a career in journalism. This student's lowest scores in terms of measuring PTSD are congruent with his thoughts as he later wrote in a short answer response. The participant wrote:

I still find it odd that I never really had too difficult a time dealing with the aspects that came along with our shootings. I do not believe the experience left any emotional scars or significant impressions, and

this has only further convinced me that journalism is the appropriate industry for my personality and tendencies.

In-Depth Interview Results

RQ1 asks “Did any Virginia Tech and Northern Illinois student reporters exhibit symptoms of post traumatic stress while covering their respective campus shootings?” Ten out of the 14 respondents showed symptoms that would be congruent with the major properties that makeup PTSD. Journalists from both Northern Illinois and Virginia Tech experienced bouts with anxiety, feelings characteristic of depression, a heightened auditory startle response, and some showed signs of withdrawal from friends and family members all key qualities utilized to explain and diagnose PTSD.

A major sign of PTSD-like behavior is the sudden influx of anxiety-ridden conduct or an overall feeling of increased arousal. The National Center for PTSD cites difficulty falling asleep, hyper-vigilant watchfulness and an exaggerated startle response among many others as key characteristics of anxiety related PTSD. The anxiety is present only after having undergone a life-changing event. These journalists witnessed and then interviewed, intermingled, and repetitively reconstructed the scene of events where fellow students and loved ones were killed. Thus, several of the reporters felt as though their nerves were on edge or had unusually heightened feelings of unease and unrest in places that they once felt

entirely comfortable and normal. Student D, a woman from Northern Illinois University, said:

I can tell you that I definitely experienced anxiety afterwards, and I Mean, you know, being in an open area and two weeks later on spring break you're out in a park and what if someone there has a gun or what if someone just starts shooting you know you definitely have that anything could happen sort of feeling.....I had more anxiety (after the shootings) and I just worried that anything like that shooting could happen anywhere.

As is evident from her statement, this participant felt an increased threat of harm to herself after having been witness to the NIU shootings. In situations that she usually would not worry about the safety of her surroundings, she now approached such situations with concern and unease post trauma exposure. Student H, a male from NIU, stated:

Just being in classes, especially in my larger lecture hall I think everyone kind of felt a little bit uneasy. A little more on your toes when someone would come into the room. You could tell people would look towards the door and then others would follow suit. Even today I still feel a little bit of that. I mean if someone's kind of following you around, or if someone briskly walks into a room I'm in....it's definitely a tad different than before.

Fears were heightened involving normal everyday activities. New, nervous thoughts and feelings had now overtaken previously normal feelings. The physical

effects of anxiety may include heart palpitations, muscle weakness and tension, fatigue, nausea, chest pain, shortness of breath, stomachaches or headaches. Seven of the 14 participants duly noted at least one of the above-mentioned physical changes. Student E, a woman from Virginia Tech, said:

I would have very visual reactions like I know whenever I heard a door slam or whatever, you start getting a little bit paranoid. I remember not letting people into buildings when usually you would. I remember not, for a while after the shooting, you couldn't even get close to Norris Hall without just like, my heart would start racing and I would hear the sounds of ambulances. Up until last semester, whenever I would hear an ambulance siren my throat would tighten and my heart would pound. It's just a very different reaction now to those things. My thought process has changed forever towards those things.

Not only were some respondents reporting that they felt a sharpened sense of anxiety on campus where the shootings took place, but many also stated that those feelings of trepidation extended out into other places not associated with the shootings. The heightened sense of arousal brought on by the trauma on campus transferred over into other places and situations. Student D, a woman from Northern Illinois University, stated:

Sitting in a friend's backyard and it's nighttime and I would be like, "what if someone's out in the woods or something like that." Two or

three weeks afterward, it was scary because if something like that (the shooting) could happen at school and in the middle of a college class it could happen anywhere, so that was kind of my rationality. Rationalizing the situations I was in when I still worried thinking about my safety and thinking you know in open parks someone could start shooting, or being in a movie theater, it makes you a little more aware, it's quite nerve-wracking. After the incident there was a definite difference in myself. Like I said that one time we were out in my friends Jacuzzi at night and I was scared that someone could be in the woods and could shoot us, and so I went inside I was so scared. I just didn't want to have to worry about it; it definitely affected me.

Anxiety can also affect the human auditory response. Participants noted how certain sounds affected their startle responses, ultimately making them hyper-aware of specific noises that reminded them of the shootings. Such noises could produce feelings of apprehension, dread, anticipation and loss of concentration. Other noises such as a door slamming or a loud pop sound immediately brought back feelings of the shooter firing his weapon. Both males and females cited helicopters and police sirens as major startle noises post trauma exposure. Both sexes reported sirens and helicopters as evoking feelings of dread, uneasiness and fear post trauma. Student H, a male from Northern Illinois, said:

When we got back to school the sound of any police sirens, it kind of like took you right back there (the day of the incident). Especially the

first couple of days back at school. Helicopters, police sirens, those things made you think what's going on? Because I mean that's all you heard when it was happening, I was standing outside trying to call people and it was all you could hear was news helicopters flying overhead. The same thing with loud popping noises, you're like what was that? I was kind of on edge when something or some sound like that happens.

An interesting point to note is that four of the five female participants experienced a heightened sense of arousal. These four women cited symptoms of pervasive thoughts about a shooter entering their classroom, thoughts about being followed while on campus, discomfort while situated in large, open spaces and an exaggerated startle response to specific noises. Only four of the nine male participants provided examples of increased arousal/anxiety. Although four of the nine male participants did report suffering from hyperarousal following the trauma exposure, the male documented symptoms were slightly different from the females. While the females documented symptoms representing thoughts about being nervous after the trauma in previously calm situations, the male participants reported having reoccurring thoughts about how they could have changed or prevented the trauma. Student C, a male from Virginia Tech writes, "And the thing that I'm always thinking about and coming back to is walking around Norris Hall and thinking like what would you have done or what could you have done if you would've been in that room." Perhaps this is a gender difference. Several male

respondents reported memories of wanting to be able to stop the violence or thoughts about how they could have possibly inhibited the attacker. These attitudes reported by the male respondents demonstrate a traditionally masculine role of wanting to protect others from harm.

Many of the participants exhibited symptoms of wanting to avoid talking about the incident, trying to remain busy to keep their minds off of the trauma, an inability to remember specific details about the scene, and several demonstrated a lack of expression in their mood. Six out of the 14 participants explained that they felt an inability or want to explain details surrounding the trauma to people who did not attend their school or who were not present at the scene during the trauma (i.e.- family members at home, friends at other schools, etc.) Student D, a woman from NIU, said:

I think it's much easier to talk to the people who were there and who were going through the same thing...it was such a tight-knit group of people at the newspaper because we were all feeling the same thing. It's easier to do that with people that have all been there. With my family I have to explain everything and its not that I withdrew from them but I didn't go into such detail as I did with my boyfriend (a student at NIU) or everyone else at the paper or my advisor. I guess I didn't withdrawal, but definitely didn't turn to them (non NIU students) as easily as the others.

Although most of the women in the study admitted to a generalized feeling of slight detachment from people who did not attend their school and only minor shifts in mood expression, one woman in particular experienced such a strong change in her mood that her friend thought she should seek counseling. This particular participant had completely closed herself off from others. She no longer expressed an interest in normal activities and had a strong sense of detachment from society post trauma. Her detachment and altered mood is detailed when student B, a woman from NIU, said:

I actually had to go into therapy. It was a group, about six of us and we sat around and talked about how we were going to deal with it, and what the best course of action would be for us together as a group. I ended up having to go to therapy because my friend said I had changed so much. She actually pulled me aside and asked if I would seek treatment to deal with what was going on in my head. I knew I was not dealing with it well and she was able to try to hit me over the head with it. She jolted me into taking action.

An interesting point to note in terms of avoidance-based PTSD symptoms is that participants explained that they either felt closed off from their peers and family, or the trauma brought them closer to others. There was no in-between, just two complete opposite sides of the spectrum. Furthering this divide was the difference in response between sexes. Many of the men explained that the act of reporting coupled with being in the newsroom with fellow reporters covering the

same story allowed for a sense of togetherness or understanding about the incident. The shootings, for most male participants brought a resurgence of care and need for others in order to get through post-trauma emotions. Student F, a male from Virginia Tech, stated:

I was asked about it pretty frequently. I was open to give up information and provide any answers I could. I think because I was a reporter it came naturally to want to give out information. I was able to you know fill out the rumors and separate the false information from the actual facts. I felt like it kind of brought everyone closer together.

By talking about the incident and discussing facts and information with peers, most male participants found solace and were able to come to grips with what had happened on campus. Knowing that they were not alone, seeing fellow reporters cover the same story, watching students and the rest of the nation come together and mourn, brought about feelings of acceptance and a sense of closure. Several male participants reported that their friends at other colleges were so forthcoming with support that it made it easier to talk about what they saw and incurred as either NIU or Virginia Tech students during the trauma.

Lastly, the in-depth interview portion of this research offered participants to explain their feelings toward intrusion-like symptoms of PTSD. Participants in this study indicated that they did indeed experience recurrent images about the trauma scene. Some participants had frequent dreams involving the incident, and several

people noted that they experienced physical reactions when faced with situations that reminded them of the trauma. For most participants these intrusion-like feelings were most prominent immediately following the shootings, however, several respondents reported still having to face these symptoms nearly two to three years later. For both sexes it appeared easiest for participants to recall their dreams about the shootings as examples of intrusion-like symptoms. Student F, a male from Virginia Tech, said:

I had only one dream that was directly involving the shooting...I was in my classroom and the shooter came in and I started chasing him but I never found him. I wanted to prevent more, but nothing ever happened I always woke up whenever I was getting close to him.

Student B, a female from NIU, said:

My dream was myself in the newsroom and when the shooting just happened for some reason the fire alarm went off in our building. I guess they were trying to evacuate and maybe they thought that's the best way to get everyone out. So what happens is I'm in the newsroom, the lights are off and the alarm is flashing while students are running. It's just the noise and the sound and I usually wake up afterward.

When describing recurrent dreams about the shootings participants repetitively mentioned how they either saw the shooter enter the classroom, they tried to stop the violence, or the scene was just complete chaos with people scattering everywhere. All dreams were nightmare-like replicas of the trauma each reporter

endured having been witness to the aftermath of the shootings and having covered the story as a part of their journalistic obligation. Both sexes recounted nightmares about the trauma in similar scenarios. An interesting point to note in terms of sleep intrusion is that on the survey 50 percent of participants mentioned having trouble staying asleep, whereas in the in-depth interviews only four participants mentioned they had trouble sleeping.

Several participants cited frequent memories or images that transferred them right back to the scene of the trauma. There was a sex difference in terms of recalling such memories. Female participants were more specific in describing gory details and vivid recollections of how people at the scene generally appeared, whereas the male participants were more apt to describe a general consensus of mass confusion and chaos. Female participants provided very specific details of what victims looked like, how bystanders were reacting and how emergency response workers and police quickly roped off the crime scene. One female participant could even remember specific words people said at the scene. Most male participants just briefly stated seeing students running away from buildings as a main image, coupled with the influx of emergency vehicles. The females recounted their memories and images with much more detail than their male counterparts.

Student B, a female from NIU, said:

The first image that I saw was a man sitting on the ground and he had blood pouring out of his head. I remember seeing that and having to

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take a step back and regroup, and a female campus police officer rushed onto the scene and she was trying to block everything off and she just kept saying he's not okay he's not okay....so that just stuck in my head and I still see the kids running out of the building.

Although female participants provided greater detail than the men, both sexes had the same images that stayed with them post trauma. Most images were of emergency workers, crime scene tape, news helicopters, students fleeing the scene and blood from the victims.

In terms of intrusion, images and memories elicited different responses from different participants. Several female participants noted that the constant thoughts of stretchers being loaded with bodies, ambulances leaving the campus and police roping off the scene were hard to deal with, and most of these participants wanted these thoughts to vanish. Contrary to how the women felt regarding their memories, several male participants garnered feelings of career affirmation and excitement stemming from the adrenaline rush they felt while at the scene. Instead of associating such images with fear and sadness over what transpired, several male said these images were reaffirming that journalism was the right path for them. Demonstrating this affirmation and exhilaration student G, a male from NIU, said:

Students were running out of the building with blood on their clothes and on their hands and kids who were outside on the ground were being tended to by fellow students with blood all over. It reminds me

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of the excitement I felt when it was happening. You can only explain that kind of thing to journalism people. Those images really take me back to the beginning of a process that I look at and then it gives me a complete affirmation of the industry that I chose for myself.

Student F, a male from Virginia Tech, said:

After being witness to such a huge tragedy and the excitement that came with it, I knew I wanted to be a reporter after graduation. I can only hope that one day I may cover another story as huge as this one.

Females associated their recurrent images with sadness and grief, whereas the majority of male respondents connected those same images with feelings of excitement and adrenaline rushes.

RQ2 asks, "If such indications were present, how did these student journalists cope with their PTSD-like symptoms?" In reviewing the participants interview responses, it is clear that many respondents exhibited signs of PTSD-like behavior; however, these participants may never have been professionally diagnosed with PTSD. Participants of both sexes demonstrated by providing specific examples in their own words feelings of intrusion, hyperarousal and avoidance-the key ingredients used to properly diagnose someone with PTSD.

Treating PTSD often involves talking with others about the traumatic experience. Sharing one's thoughts and feelings surrounding the trauma helps to

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release built-up unease and repressed emotions for the person who was witness to the distress. Nearly all 14 participants stated that being in the newsroom surrounded by their peers covering the same story allowed for discussion about the shootings. The newsroom itself provided the backdrop for a release of thoughts, feelings and questions about the trauma everyone on campus had just endured. The student journalists had to discuss their approach to each story with editors, could talk to their fellow reporters about how they would approach a victim, and could discuss what they saw when arriving to the scene. Thus, the student reporters found solace in being able to lean on their peer journalists since everyone was covering the same story. Student D, a woman from NIU, said:

I mean several of us are really close anyway but I think what we went through together kind of solidified that bond because I had to make a phone call to a victim's family member and after that call I started bawling. All of my peers started to come in and give me a big hug and I mean we like banded together. Everyone was really responding emotionally in different ways but I think definitely that support system through the paper helped immensely.

Several participants found talking about the incident within their newsrooms easier than talking about it with people who were not fellow students on campus at the time. Participants noted there was a sense of camaraderie found only within the newsroom. Only one student journalist actually sought professional treatment in a counseling service.

Although these student journalists found support within the confines of their respective newsrooms, several participants mentioned how the act of reporting itself allowed for emotions and feelings to be subdued in order to get the necessary coverage to accurately report the story. Several other respondents reported that they subconsciously channeled their feelings and emotions through their journalism work. Five of the 14 participants cited a sense of purpose as the key motivator in continuing coverage of the story. The public needed information about how and why the trauma unfolded and these journalists were the avenue in which the public could receive such information.

The simple act of reporting the trauma buried many of the journalists' feelings toward the trauma at the time. The reporters had a job to do. They had to get the story out to the public in a timely and respectable fashion. In order to do that properly, many journalists did not have time to process what they had seen at the crime scene. Deadlines loomed and people were hungry for information, thus feeding into the participants' minds that they would have to push their own feelings onto the backburner until the story was accurately delivered. Student F, a male from Virginia Tech, said:

You never really had time to digest any of the information you were writing, only to put it into story form for your readers. When you're writing 32 people have died today on campus in what is believed to be the worst mass shooting in history you don't really have time to think about it. Thirty-two at that time was still just a

number, there were no profiles yet to correspond with it.

Although both sexes agreed that the act of reporting was a distraction for the participants own emotions, women more so than men had a tougher time pushing their feelings aside in order to get the story out. While the majority of male respondents explained that reporting allowed them to not have to digest the trauma right away, several women responded that reporting forced them to confront issues and feelings about the shootings that they were not ready to face. Being thrust into the unfolding trauma scene, coming face-to-face with victims and victims family members, watching emergency responders arrive and having to accurately acquire all of the information in order to formulate a newspaper story brought about grief and sadness some female reporters were not ready to deal with. Student E, a woman from Virginia Tech, stated:

I definitely remember while reporting I remember not liking it because it forced me to confront a lot of issues about the shooting and things I wasn't really ready to think about just yet. I kept asking myself why do bad things happen to good people and why this person and not someone else?

Many student journalists felt they had a responsibility to relay the facts to an anxiously awaiting public. Participants described it as basic "business as usual" feeling. These journalists worked for their school newspapers, had covered other stories before the tragedy and knew how to get the job done in a timely fashion. It

was still a story that needed to be covered in the same way as previous stories had been reported, however the scale of these particular stories were just much larger. The need to get the facts out to the public is similar to Tuchman's "what a story" idea which began in the early 1980s. These students were suddenly confronted with a non routine occurrence, a story in which everyday journalistic practices just do not fit. These students had to figure out new ways of how to cover such an unusual event. They had to develop new routine ways of news coverage. Student I, a male from Virginia Tech, said:

You need to get to the bottom of the story so it was almost business as usual when this happened. We whipped out our cell phones and called our police contacts and immediately started making our assignments and getting our photographers ready to go so there wasn't a whole lot of time to think about the who's and why's when it first started happening.

In another way of coping, several participants stated that when they went home after working in the newsroom it allowed them to decompress mentally. Being away from the newsroom, and away from work allowed for some participants to organize and review their feelings surrounding the trauma on their own terms. The hasty nature of the newsroom and the constant talking about the incident were absent when not at work for most student journalists. Some participants reported that once at home they turned on the national news to watch more coverage of the

story, whereas others explained that once at home they desired quiet and alone time. The act of reporting and the frenetic nature of journalism work can become overwhelming at times, especially when covering such an immensely tragic incident. The safety and comfort of one's home allowed several respondents to sit down and think about what they incurred more gravely than while being on the job and out in the field. For some, it was a necessary physical and emotional removal in order to process their trauma exposure. For three participants the release of emotions while at home did not come until several weeks after the initial coverage. However, for these three participants it was still a very necessary release in order to cope with their trauma exposure. Student C, a male from Virginia Tech, said:

Two or three weeks after it you wakeup in the morning and you're crying your eyes out because that was your time to sort of for me at least to let the air out of the balloon. You went to sleep and you were exhausted, you didn't have any time to think about it. You saw it (the incident) and then you walked over to the newsroom across campus and got it down on paper. It shifted around your emotional introspective time and so you had these bursts of intense emotion and then its okay ... get it under control because you've got to go do your job.

Many participants at both NIU and Virginia Tech stated that both newspaper editors offered mental and emotional support to their staffs. In a profession built upon being unbiased and professional, working under a boss who openly expressed concern over their staff's well-being eased the pressure to remain completely

emotionless. Not only did these student reporters find comfort in their fellow journalists, but also from their newspaper editors. Since the story was so traumatic, editors at both papers told their staffs that if they did not feel comfortable covering or reporting on a specific aspect of the story, they did not have to continue. The editors at both papers made the student journalists feel as comfortable as possible during such a traumatic situation. Regular, stiff and methodical newsroom conduct was replaced by an understanding that it was ok to show emotions and to not cover something if you did not feel comfortable doing so.

Several participants mentioned how interviewing the victims' family members provided a feeling of worth and honor. The student journalists had the job of relaying to the public who had deceased. In doing so, interviewing family members enabled the public to learn more about the victim and about who they really were as a person. These journalists were the constructs family members could use in order to inform the public about their deceased loved one. Female participants cited good listening skills and being empathetic to the family members as key qualities in allowing the family members to divulge information and to cope with what was being relayed simultaneously. One participant, when writing a memorial piece, admitted that she kept a list of questions ready before each interview in order to help her remain focused and keep her personal emotions in check.

Conclusion

A reporter's work invites trauma suffering. All participants in this study were witness to mass shootings resulting in death, destruction and turmoil for many months following the trauma. Both school's shootings caught their campuses entirely off guard and resulted in mass mourning nationwide.

Professional journalists can rely on previously gained knowledge from reporting in the field on how to cope with covering trauma stories. However, student journalists lack such field experience. Most student-run newspapers cover school events, local stories and general news relevant to campus and the surrounding city. The student journalists at Virginia Tech and Northern Illinois faced an entirely new type of story, the "what-a-story," in which both schools underwent mass trauma that rattled each campus.

Journalists from both Virginia Tech and Northern Illinois lacked trauma training but ultimately adapted to the situation by leaning on peers and through their journalism work. Participant in-depth interviews detailed how the support of their fellow newsroom reporters and editors provided comfort in a time of emotional distress. The ability to speak openly and with fellow reporters witnessing the same scenery acted as a sort of newsroom therapy. These student reporters could talk freely about images they saw and what the scene looked like with other reporters who had witnessed the same things.

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Both stories were so big they required all reporters to cover the same topic. Thus, each reporter had several other fellow reporters in close proximity who were reporting on the exact same story. The trauma they endured allowed these student journalists' to lean on each other while covering such highly unusual and unexpected stories. Being a journalist, when out on the scene, the act of reporting requires concentration, professionalism, speed and perseverance. These student journalists could exhibit these qualities while out in the field and then decompress with their peers once back in the newsroom. Their peers had just done the same thing while trying to cover the same story. The newsrooms at both Northern Illinois and Virginia Tech provided makeshift "therapy" sessions where the journalists could openly divulge what they had just seen and how they felt toward the unfolding trauma. The newsroom discussions allowed for students to voice their feelings of PTSD-like symptoms, whether they were suffering from nightmares (intrusion), were nervous about going back to class (hyperarousal), or did not want to discuss the trauma with anyone other than their fellow peers (avoidance).

Journalists are valued as being stoic, consistent and available at all times to get the job done regardless of what situations they may encounter. However, with tragedies as large as the Virginia Tech massacre and the NIU shooting, those pre-fabricated ideals of stoicism and pure professionalism were loosened because of the emotional impact both stories carried. These student journalists had to learn new ways to "routinize the news." Leaning on peers, talking openly with editors,

expressing emotions usually held within all proved new ways in which to cope with the trauma exposure. Editors at both papers encouraged students not to cover the story if they did not feel comfortable, a quite unusual order for people asked to gather the news as it breaks, whatever that may entail. Reporters for each paper knew it was impossible to remain completely methodical because of the tragic impact each shooting had on the community. Lives were lost, and people were wounded. The reporters acknowledged that in covering such loss, remaining completely emotionless was next to impossible.

There were several sex differences among participant responses for both the survey portion of research and the in-depth interviews. Women more often than men demonstrated greater feelings of grief and strong memories relating to their trauma exposure. Kessler, Sonnega, Bromet, Hughes and Nelson (1995) explain that women are more likely to develop PTSD than men and this study supports that finding in the subcategory of hyperarousal symptoms. Four of the five women participants noted being somewhat nervous to return back to class after the incident, and were hyper-aware of certain noises that projected them right back to the scene of the trauma. Women are known to be more emotional than their male counterparts and this study certainly supports that theory. One weakness of this study was that it only studied a small sample size of participants. It would provide greater context to examine the differences in emotion among sexes if there were more people to study, both male and female.

There were several disconnects among responses for similar feelings between the survey and in-depth interviews. The influx of anxiety-ridden behavior as reported by both male and female participants in the in-depth interviews differed significantly from previously recorded survey responses. The subcategory of hyperarousal on the survey elicited the lowest numeric scores for both sexes, lower than scores on both the avoidance and intrusion categories. However, as recorded in this study's in-depth interview portion, most participants (both male and female) explained that their most noticeable behavior changes post-trauma were anxiety related. The in-depth interviews provided participants with a chance to detail specifically how their behavior changed and to describe in what situations did they notice such changes. Instead of just rating how much they noticed a behavior adjustment, participants had the opportunity to explain how, when and why such conduct was altered. The opportunity to explain behavior changes in their own words may be reason for the dissociation between hyperarousal being ranked lowest on the survey, but conjuring up the highest noticeable behavioral modification in the in-depth interviews.

Lastly, participants cited their journalism work as a key factor in aiding with being able to come to terms with the trauma. Gathering the facts, separating fact from fiction, interviewing bystanders and victims, shooting video and going back to the newsroom to write and edit kept the student journalists busy and focused on the task at hand. The act of reporting kept the students busy, focused and consumed

with getting their stories out to the public, thus, emotions were side swept in order to get the work done. Also, honoring the victims remained a major influence on how these student reporters coped with each tragedy. Being able to convey what family members had wanted the public to know about their lost loved ones was both a necessity and honor for the student journalists to carry out.

Again, another sex difference arose in that males listed their reporting duties as helpful in processing the trauma they endured, whereas three out of five females concluded that being thrust onto the scene of trauma forced them to process information they may have not been ready for. The general consensus among female respondents was that if they had not been journalists and had not been required to go to the scene and gather the necessary information to formulate their stories, their emotions surrounding the trauma would have been suppressed for a little longer. Having to cover the stories forced these female participants to see and handle things they may have not been ready to process. Males felt a general suppression of emotions because they were entirely focused on their journalistic duties, whereas females noted that being thrown onto the trauma scene made them process their emotions faster than usual.

Several respondents noted that by covering such a traumatic event as the shooting, their work solidified in their mind that journalism was the correct career path. One male in particular mentioned the adrenaline rush he felt at the time of the Virginia Tech massacre as a key indicator that covering stories like this was

something he wanted to do for the rest of his life. Another male recognized that the scale of this story was so large and he was extremely excited to be in the midst of the all the confusion and breaking news. The excitement of being at the forefront of major news provided the affirmation needed to decide both career paths.

Building upon the notion that several students garnered career affirmation after covering these traumatic incidences is the idea that journalism programs across the country should take into consideration that trauma training is a necessary tool for journalism professionals. Journalists new to the field are more apt to be thrown onto different beats everyday. The trauma beat is certainly one that occurs often and can take the heaviest effect on a journalist's emotions. Implementing in the classroom a simulated trauma curriculum would aid in familiarizing students with trauma reporting. The curriculum should include mock interviews with victim's family members in which students could hone their interviewing skills and simultaneously these interpersonal communication skills would aid students for what they may come into contact with once out in the field. Learning how to treat victims with dignity and respect, learning how to clearly identify oneself, learning how to apologize for another person's loss and learning how to begin an interview with specific questions are all key ingredients student reporters should familiarize themselves with in preparation for graduation (Dart Center, 2009).

Students also need to be aware that their coverage of a traumatic event will impact readership. The Dart Center's section on tragedies and journalists states, "Remember that the tone of your coverage may reflect the tone of the community's reaction to it. Thus, you should establish policies that affect your coverage" ("tragedies and journalists," 5). Possibly bringing in guest lecturers and offering co-teaching workshops would help familiarize students with how their reporting impacts readers. Dramatic interactions and simulated trauma scenes in the classroom can further aid students in how to correctly and compassionately cover tragedies.

Classroom exposure and guidance on trauma reporting can also help students begin to understand that some journalistic expectations are off limits while reporting on the trauma beat. Professors should demonstrate to students that it is okay for journalists to express concern over covering certain assignments. Professors should also inform students that they must learn how to cope with their stress levels. Trauma reporting takes an emotional toll on many who encounter the scene and learning how to deal with those emotions will help these journalists remain physically and psychologically well.

Lastly, this study faced several limitations. The sample size was small and did not allow for a wealth of information regarding trauma and student reporters. Future research could build off of this small sample size and incorporate other schools and other tragedies besides just shootings. The PTSD symptoms of anxiety,

withdrawal and slight avoidance-related issues demonstrated by participants in this study may prove far different from student responses regarding tragedies such as fires, natural disasters, suicides, etc. Only two events, both being the same type of trauma were examined, which ultimately may have hindered the results.

There was also a time lapse between the time of the study and the trauma being examined. Nearly three years had passed since the Virginia Tech tragedy and those student journalists' responses for this study. Similarly a little over two years had passed between the Northern Illinois student responses and the time of the study. Since the study was completed two to three years after both trauma's, participant responses were entirely based off of memory, which could be different from what they originally felt immediately following the trauma.

Another limitation was the concept of selection bias. Student participants chose to partake in this study. The selection bias occurred since I was given a list of names of potential participants to contact and then those potential contacts could either choose to participate or not. The data sample was non-random since it involved only two schools and their respective newspaper employees. Those who chose to participate may have been more apt to reveal specific details as opposed to those who chose not to participate. Adding to the bias is the fact that one of the school's I looked at, Virginia Tech, is in my hometown state of Virginia, and when calling to begin the in-depth interviews, some participants may have felt more apt to divulge information based upon my Virginia-based phone number.

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This study focuses entirely on whether PTSD symptoms were present within both Virginia Tech's and Northern Illinois' student reporters. However, this study does not mention how resiliency is actually a much more common response to trauma than developing symptoms of PTSD. Many people do cope effectively, and effective coping is much more common than developing PTSD from trauma exposure.

The student journalists who participated in this study relied on peers for comfort during their trauma exposure. Both Virginia Tech and Northern Illinois' newsrooms provided safe havens for reporters to openly discuss what they incurred at the trauma scene, thus, allowing for a decompression and sense that they were not alone in their feelings of grief. The act of reporting acted as a distraction for some reporters, temporarily allowing the journalists to focus on getting their stories completed and not process their own emotions; whereas for some student journalists reporting brought their emotions to the foreground faster than usual. Many participants described feelings and emotions characteristic of PTSD, however no one was professionally diagnosed. Being witness to the aftermath of such horrific trauma, these student journalists may very well have exhibited symptoms of PTSD without a professional diagnosis. The mere scale of the trauma, the proximity of their workplace and the continual coverage only added to the likelihood that these journalists did encounter PTSD-like symptoms after both school's respective shootings.

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Appendix A

Impact of Event Scale-Revised

Instructions: The following is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you *during the past 7 days* with respect to the disaster. How much were you distressed or bothered by these difficulties?

	Not at all	A little bit	Mode- rate- ly	Quite a bit	Ex- treme- ly
1 Any reminder brought back feelings about it.	0	1	2	3	4
2 I had trouble staying asleep.	0	1	2	3	4
3 Other things kept making me think about it.	0	1	2	3	4
4 I felt irritable and angry.	0	1	2	3	4
5 I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
6 I thought about it when I didn't mean to.	0	1	2	3	4
7 I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8 I stayed away from reminders about it.	0	1	2	3	4
9 Pictures about it popped into my mind.	0	1	2	3	4
10 I was jumpy and easily startled.	0	1	2	3	4

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11	I tried not to think about it.	0	1	2	3	4
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13	My feelings about it were kind of numb.	0	1	2	3	4
14	I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15	I had trouble falling asleep.	0	1	2	3	4
16	I had waves of strong feelings about it.	0	1	2	3	4
17	I tried to remove it from my memory.	0	1	2	3	4
18	I had trouble concentrating.	0	1	2	3	4
19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20	I had dreams about it.	0	1	2	3	4
21	I felt watchful and on guard.	0	1	2	3	4
22	I tried not to talk about it.	0	1	2	3	4

Appendix B

Table 1. Student Journalists' Intrusion Symptoms

	Quite a bit	Extremely
1. Reminders brought back feelings about the incident.	28.6%	28.6%
	Moderately	Not at all
2. Had trouble staying asleep.	50%	28.6%
	Quite a bit	Extremely
3. Have other things kept you thinking about the incident?	57.1%	21.4%
	Quite a bit	
4. Do you think about the incident when you don't mean to?	57.1%	
	Moderately	Extremely
5. Do pictures about the incident pop into your mind?	35.7%	35.7%
	Not at all	Quite a bit
6. Do you ever feel back in the midst of the trauma?	42.9%	28.6%
	A little bit	Moderately
7. I had waves of strong feelings about the incident.	28.6%	28.6%
	Not at all	A little bit
8. I had dreams about the incident.	57.1%	42.9%

Appendix C

Table 2. Student Journalists' Avoidance Symptoms

	Moderately	Quite a bit
1. Did you avoid getting upset when reminded of the incident?	42.9%	21.4%
	Quite a bit	A little bit
2. Did you feel as if the incident hadn't happened or wasn't real?	35.7%	28.6%
	Not at all	Moderately
3. Did you stay away from reminders of the shooting?	64.3%	28.6%
	Moderately	Not at all
4. Did you try not to think about the shootings?	42.9%	28.6%
	A little bit	Moderately
5. I was aware I had a lot of feelings but did not deal with them.	35.7%	21.4%
	Quite a bit	Extremely
6. My feelings were numb.	35.7%	21.4%
	Not at all	A little bit
7. Did you try to remove any memories of the incident?	71.4%	28.6%
	Not at all	Quite a bit
8. Did you try to not talk about the incident?	42.9%	21.4%
	A little bit	Quite a bit
9. Did you attempt to hide any distress from others?	50%	28.6%

Appendix D

Table 3. Student Journalists' Hyperarousal Symptoms

	Not at all	A little bit
1. Did you feel irritable or angry?	35.7%	28.6%
	Not at all	Extremely
2. Reminders caused me to have physical reactions.	35.7%	21.4%
	Moderately	Not at all
3. Did you have trouble falling asleep?	35.7%	28.6%
	Moderately	Not at all
4. Did you have trouble concentrating in school or during extracurricular activities?	35.7%	21.4%
	Not at all	Quite a bit
5. Did you have any physical reactions?	42.9%	14.3%
	A little bit	Extremely
6. Did you feel watchful or on guard after the incident?	57.1%	14.3%

Appendix E

<http://www.surveymonkey.com/s/NZ9XR27>

Appendix F

PARTICIPANT INTERVIEW QUESTIONS:

1. Were you one of the first media responders? What was your reaction when you arrived at the scene?
2. Did your reporting add to your distress surrounding the shooting or aid in your recovery?
3. It was obviously an emotional situation but you had a job to do. How did you deal with your emotions while doing your job?
4. Did you have any recurrent memories or thoughts about the scene? If so what images kept coming back?
5. How did the incident affect you socially? Did you become withdrawn from friends/family?
6. Can you describe any recurring dreams about the incident?
7. Did you avoid talking about the incident, particularly with those who were not on campus?
8. Where there any noises that startled you? Was there a heightened sense to some noises?
9. When you were interviewing people at the scene were they in shock? How did you attempt to gather a statement from them?
10. Did you feel threatened? How concerned were you about your safety?