

Research Article

# GENDER AS A RISK FACTOR IN RELATIONSHIP BETWEEN TRAUMA EXPOSURE AND MENTAL HEALTH SYMPTOMS AMONG JOURNALISTS

Sara Fatima Malik<sup>#</sup>, Jamil A. Malik<sup>\*</sup>, Rubina Hanif<sup>\*</sup>

<sup>\*</sup>National Institute of Psychology (NIP), Quaid-i-Azam University, Islamabad, Pakistan.

## Abstract

Mental health symptoms are more likely to develop among professionals providing services to traumatized populations. Persistent exposure of tragedies and life-threatening events would presumably have a negative impact on psychological health. The present study investigates the role of gender as a risk factor among professionals that may influence the ontogeny of stress symptoms. It is hypothesized that females working in journalism are at higher risk to develop depression, anxiety, and PTSS. The Sample included media professionals from Lahore and the capital territory of Islamabad, age ranging from 20 to 61 years. The mean age of media professionals was 34.21 (SD=8.21) years. Data was collected from both male (n=440) and females (n=185) participants from different media houses and press clubs. Along with a detailed demographic sheet, data was collected on the Journalist Traumatic Exposure Scale and Depression, Anxiety, Stress Scale. T-values showed significant gender differences on depression ( $t=-2.54$ ,  $p<.01$ ) and females scored higher than male counterparts on depression. Moderation result illustrated that gender positively moderated the effect of trauma exposure on stress, anxiety, depression of journalists (B interaction=0.12, 0.11, 0.16 respectively;  $p<0.01$ ) explaining 21% variance ( $R^2=0.21$ ). Though an increase in trauma exposure increases stress, anxiety, and depression of both male and female journalists; however, females are at a higher risk to develop mental health symptoms due to exposure to traumatic events. Coping strategies (e.g., offering trainings, professional development on trauma reporting, etc.) are recommended to promote the well-being of journalists. *ASEAN Journal of Psychiatry, Vol. 23(3) March, 2022; 1-7.*

**Keywords:** Gender, Trauma Exposure, Mental Health Symptoms, Journalists, Risk Factor

## Introduction

Mental health symptoms are more likely to develop among professionals providing services to traumatized population. Professionals working with traumatized populations are at risk to develop post-traumatic stress symptoms as they are more vulnerable to exposure trauma-related events. Figley ascribes vulnerability to the fact that professionals working with traumatized populations are persistently surrounded by factors that instigate trauma resulting in secondary traumatized stress. Mental health

symptoms have been documented in numerous professionals working as first responders in a variety of fields having persistent exposure to traumatic events, including ambulance personnel, nursing mental health, firefighters, and health care personals [1,2].

Journalists are more frequently exposed to events that involve mental or physical harm. Journalists are akin to first responders who respond to a disaster or crime scene and witness destruction and violence firsthand [3]. Media professionals respond to events including natural disasters,

sexual assaults, fatal accidents, murders, street crimes, and other potentially traumatic events. They may experience secondary trauma through graphic scenes and victims they interview [4]. Thus, repeatedly/persistent exposure to tragedies and life-threatening events would presumably have a negative impact on physical and psychological health. Additionally, journalists working in the newsroom are indirectly exposed to repetitive and frequent traumatic news while trying to meet the demand for updated and direct coverage of crises, violence, and disaster. Numerous studies have reported that 86% to 100% of journalists are exposed to trauma persuade events throughout their whole career. Consequently, a number of media professionals experience psychological distress. Journalists may also develop clinically significant symptoms of PTSD and require psychological or medical interventions. Furthermore, studies have suggested that due to the job nature of journalists, like firefighters, soldiers, and police officers, is a high-risk population for emotional distress, mental health symptoms, traumatic stress, and post-traumatic stress disorder [5,6].

Trauma and mental health have been recently entered the mainstream discussion of media professional practices. Stress symptoms are not limited to journalists who cover large-scale disasters and war zone areas, but studies on domestic beats have also been conducted that shifted the focus from war journalists to domestic beat journalists [7]. Numerous studies on domestic beat journalists illustrated that 86% of the journalist covered one or more trauma-inducing events including, assaults, execution, murders, plane crashes, and other potentially traumatic events. An abundance of studies suggested that there is a positive relationship between trauma exposure and negative mood states, such as sadness, guilt, fear, helplessness, and an overall negative worldview. Another study reported that persistent trauma exposure/coverage was correlated positively with post-traumatic stress symptoms of avoidance and intrusion. Furthermore, earlier studies on war journalists also reported higher rates of depression, alcohol consumption, and stress symptoms [8].

Exposure to trauma instigating events is common in high-risk professions, whether those events result in persistent and problematic stress symptoms is dependent on the constellation of many other factors. Factors that render an individual more vulnerable to the effects of traumatic events than others are referred to as risk factors. Understanding risk factors may influence the ontogeny of stress symptoms and the number of pathways through which they have an impact, which are significant in conceptualizing the maintenance and acquisition of stress symptoms. Thus, mapping out risk factor pathways is an essential element to understanding the trajectory of stress symptoms. Among many risk factors, gender is a common risk factor among professionals working in high-risk job demand. A study investigated 218 war journalists to find out whether females working in journalism are at higher risk to develop depression, anxiety, and post-traumatic stress symptoms. No significant differences were found the basis of gender which suggested that females working in war zone are not troubled by psychological distress or PTSD than their male colleagues. On the other hand, Backholm conducted a study on 407 Finnish media professionals who had covered one or several assignments related to trauma during their career. Findings indicated that males stated a history of more exposure to trauma; however, females had significantly higher scores on post-traumatic stress symptoms [9].

## **Materials and Methods**

### *Sample and Procedure*

The sample of the present study included media professionals from Lahore and the capital territory of Islamabad, age ranging from 20 to 61 years. The mean age of media professionals was 34.21 (SD=8.21) years. Data was collected from both male (n=440) and females (n=185) participants from different media houses and press clubs. A total of 14.9% of media professionals were undergraduates, 33.5% of media professionals were graduates, and 51.6% of media professionals had postgraduate qualifications. The average monthly income of participants was 58.38 thousand Pakistani

rupees. A total of 232 (37.1%) participants were single and 393 (62.9%) were married. Job experience of the media professionals ranged from 1 to 43 years (Mean=10.32, S.D=7.29). Media professionals with less than one year of experience and those working with the fashion industry and mainly covering fashion-oriented news were not included in the study. Journalists working on the desk constituted 349 (55.8%) of the sample followed by participants who were working in the field 153 (24.5%). Additionally, numerous participants *i.e.*, 123 (19.7%) were those who had to cover assignments both on the desk and in the field [10,11].

For data collection, in 1st step manager HR, admin of media houses, and secretaries of press clubs were approached to take permission for visiting their media houses *via* email. They were requested to facilitate to obtain necessary data/information of officials of their estimated channel as per provided data forms. A copy of the formal request from the institute was also attached. In 2nd step, the researcher conducted the fieldwork in those media houses where permission was granted in 1st step. After a brief introduction about the study, the researcher obtains informed consent from the participants, ensuring the confidentiality of the data, and guided them about the right of withdrawal from the study at any point [12,13].

### *Measures*

Journalist Traumatic Exposure Scale (JTES). The JTES is a self-report measure consisting of 27-items and assesses potential traumatic events journalists may experience while covering their assignment over a period of the last three months. The first 18 items measure the range and frequency of work-related trauma exposure (frequency scale) such as exposure to mass casualties, accidents, war zone, murder, torture, kidnapping, natural disasters, physical, sexual assault, and blasphemy. The original open-ended response options were replaced with Likert type response options with 0="Never", 1="1-2 times", 2="3-4 times" and 3="More than six times". The remaining 9 items measure if specific traumatic events have occurred (dichotomous) at work such as physical attack,

verbal threat, and facing injuries while covering several types of assignments. The composite score on JTES is calculated by adding the scores on the frequency scale and event occurrence scale. The instructions of the JTES were also modified and participants were given the following instructions: "Please indicate how often you have experienced the following events in the course of your job during the last three months. In other words, think about the time frame within the last three months and estimate the number of times you covered the following events on the desk or in the field". The original scale has shown good internal consistency which is 0.83 [14,15].

### *Depression Anxiety and Stress Scale (DASS21)*

In the present study, mental health symptoms were assessed by using DASS-21, a self-report measure that assesses the negative emotional state of stress, anxiety, and depression. The 7 items of the depression scale measure hopelessness, self-deprecation, lack of involvement/interest, devaluation of life, and anhedonia. The 7 items of the anxiety scale measure situational anxiety, skeletal muscle effects, autonomic arousal, and subjective experience of anxious affect. Furthermore, 7 items of the stress scale measure chronic arousal. It measures nervous arousal, being easily agitated/upset, and difficulty relaxing, impatient, and over I reactive/irritable. Participants were asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Several studies have shown good estimates of alpha reliability ranging from 0.82 to 0.97 in nonclinical and clinical samples [16].

### *Data analysis*

Data was analysed by using IBM-SPSS version 25. Reliability, descriptive, and Pearson Product Bivariate Correlation between all study variables *i.e.*, demographic variables and study variables, were computed as preliminary analysis. To investigate the gender differences among study variables, t-tests were used. Furthermore, moderation analysis was conducted to test the moderation hypothesis by using Process Macro [17].

**Results**

Cronbach’s alpha was computed to check the reliabilities of the Journalist Traumatic Exposure Scale (JTES) and Depression, Anxiety, Stress

Scale (DASS-21). The results (Table 1, 2, 3) showed good estimates of internal consistency with  $\alpha=0.94$  for the JTES,  $\alpha=0.89$  for Stress,  $\alpha=0.90$  for anxiety and 0.89 for depression.

**Table 1. Internal consistency and Pearson product bivariate correlation among study variables and demographics (N=625).**

S. No.	Variables	a	1	2	3	4	5	6	7
1	Age (in years)	-	-	-0.37**	0.18**	-0.04	-0.07	-0.05	-0.06
2	Gender	-		-	-0.01	0.7	0.06	0.07	0.11**
3	Monthly income (in 10000)	-			-	0.09*	0.16**	0.13**	-0.14**
4	Trauma exposure	0.94				-	0.44**	0.44**	0.42**
5	Stress	0.89					-	0.84**	0.85**
6	Anxiety	0.9						-	0.89**
7	Depression	0.89							-

\*:  $p < 0.05$ , \*\*:  $p < 0.01$ .

**Table 2. Mean, Standard deviation, and t-values for male and female journalists across demographics and study variables (N=625).**

Variables	Male (n=440)		Female (n=185)		t	p	95%CI		COHEN'S d
	M	SD	M	SD			LL	UL	
Age	36.16	8.43	29.56	5.3	11.79	0.01	5.5	7.7	0.86
Monthly income	58.58	27.37	57.92	26.27	0.28	0.78	-4.05	5.37	0.02
Trauma exposure	41.02	15.71	43.48	14.15	-1.84	0.07	-5.08	0.17	-0.16
Stress	13.44	9.87	14.75	10.87	-1.41	0.16	-3.13	0.52	-0.13
Anxiety	11.3	10.31	12.94	10.87	-1.79	0.07	-3.44	0.16	-0.16
Depression	11.12	9.91	13.47	10.85	-2.54	0.01	-4.18	-0.53	-0.23

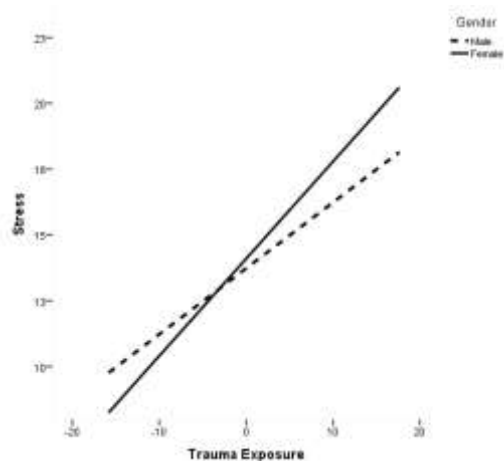
**Table 3. Moderating effect of gender for trauma exposure in predicting mental health symptoms (N=625).**

Predictors	Stress		Anxiety		Depression	
	B	(LL, UL)	B	(LL, UL)	B	(LL, UL)
Constant	16.85**	(12.21, 21.50)	13.20**	(8.38, 18.01)	11.97**	(7.25, 16.78)
Age	-0.03	(-.13, .07)	-0.01	(-0.11, .09)	.01	(-.10, .11)
Monthly income	-.04**	(-.07, -.02)	-0.03*	(-0.06, -.01)	-.04**	(-.06, -.01)
Trauma exposure	0.13	(-.01, .28)	0.16*	(0.01, .31)	.07	(-.08, -.22)
Gender	0.37	(-1.34, 2.08)	0.81	(-0.96, 2.57)	1.48	(-.25, 3.21)
Male	0.25**	(.20, .31)	0.27**	(0.21, .32)	.23**	(.18, .29)
Female	0.37**	(.28, .46)	0.37**	(.28, .47)	.40**	(.30, .49)
Trauma exposure*gender	0.12*	(.01, .23)	0.11*	(-0.01, -.22)	.16**	(.05, .27)
R <sup>2</sup>	0.21		0.21		.21	
F	31.72		31.83		31.49	
ΔR <sup>2</sup>	0.01		0.01		.01	

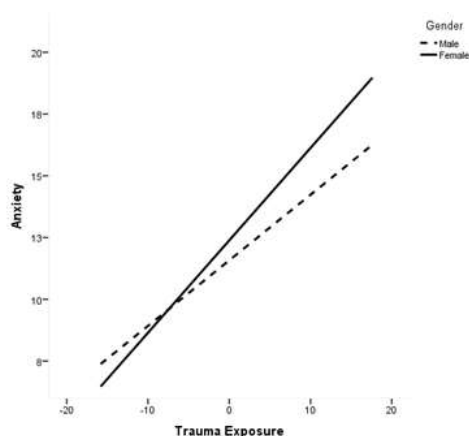
Results of Pearson product bivariate correlation between demographic and study variables indicate that there is a significant positive relationship between trauma exposure, stress, anxiety and depression ( $r=0.42$ ,  $p<0.01$  for depression,  $r=0.44$ ,  $p<0.01$  for stress and anxiety). For demographic variables, monthly income is negatively correlated with trauma exposure, stress, anxiety, and depression ( $r=-0.09$ ,  $p<0.05$  for trauma exposure,  $r=-0.16$ ,  $p<0.01$  for stress,  $r=-0.13$ ,  $p<0.01$  for anxiety,  $r=-0.14$ ,  $p<0.01$  for depression) and positively correlated with age ( $r=0.18$ ,  $p<0.01$ ). Gender is found to be positively significantly correlated with depression ( $r=0.11$ ,  $p<0.01$ ) and found to be negatively significantly correlated with age ( $r=-0.37$ ,  $p<0.01$ ). To eliminate the effect of age and

monthly income, these variables were controlled in moderation analysis.

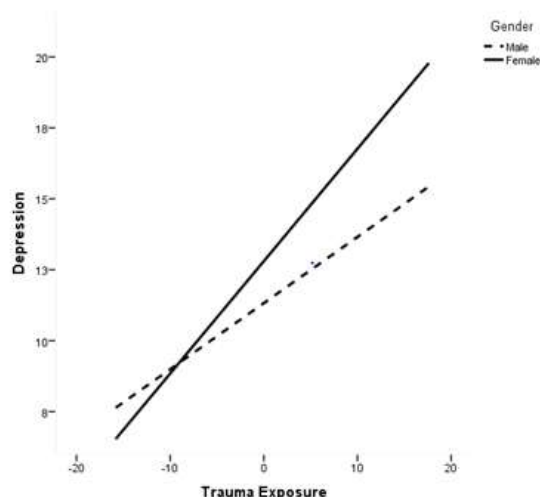
The result of t-tests shows that there are significant gender differences on age ( $t=11.79$ ,  $p<0.01$ ) and depression ( $t=-2.54$ ,  $p<0.01$ ) while no gender differences are found on stress and anxiety. Furthermore, result indicates that females scored higher than male counterparts on depression. Moderation analysis was conducted by controlling age and monthly income, results illustrate that gender positively moderated the effect of trauma exposure on stress, anxiety, depression of journalists (B interaction=0.12, 0.11, 0.16 respectively;  $p<0.01$ ). The model of moderation explains a total of 21% variance ( $R^2=0.21$ ) in stress, anxiety, and depression.



**Figure 1. Role of gender as moderator on association between trauma exposure and stress.**



**Figure 2. Role of gender as moderator on association between trauma exposure and anxiety.**



**Figure 3. Role of gender as moderator on association between trauma exposure and depression.**

The moderation graph (Figure 1, 2 and 3) indicates that the slopes for male sample ( $B=0.25$ ,  $p<0.01$  for stress,  $B=0.27$ ,  $p<0.01$  for anxiety, and  $B=0.23$ ,  $p<0.01$  for depression) and for female sample ( $B=0.27$ ,  $p<0.01$  for stress,  $B=0.37$ ,  $p<0.01$  for anxiety, and  $B=0.40$ ,  $p<0.01$  for depression) are positive significant. Though increase in trauma exposure increases stress, anxiety, and depression of both male and female journalists; however, females are at a higher risk to develop mental health symptoms due to exposure to traumatic events [18].

### Discussion

Journalists frequently experience violence and tragedy, both indirectly and directly, in pursuit of the news reports. Journalists are compared to first respondents to an emergency, such as police officers and firefighters, who arrive first to disaster or crime scene and witness destruction and violence first-hand. Journalists have been called “death touches” because of contiguity to death [19,20]. To label journalism as a high-risk occupation, a relationship between trauma exposure, stress, and post-traumatic symptoms must be supported in the literature. Reporting of international traumatic news events, including large-scale tragedies, has been shown to result in PTSS. Backholme et al. reported no significant group differences on stress symptoms among group of journalists who have covered a mass shooting in Jokela and those who did not cover the event. However, the proportion of journalists

who reported depression, burnout, and stress symptoms was high enough to label journalists as “at-risk” group [21].

Journalists who work in dangerous or hostile environments, specifically those who report in domestic or war fields may experience a high level of stress symptoms as compared to individuals who face traumatic events in general, due to intensive and repeated trauma exposure. Research conducted in the US reported that between of 9.7% to 28.6% journalist’s experienced post-traumatic symptomology, similar rates to war correspondents and combat veterans [22]. A number of studies conducted on Americans and European domestic journalists illustrated that 4.3% to 13% reported mental health symptoms and studies also suggested that the risk of post-traumatic symptoms increases as the intensity or frequency of trauma exposure rises. In the present study, results of both correlation and moderation analysis illustrated that there was a positive association between exposure to trauma and mental health symptoms (including stress, anxiety, and depression) which indicated that journalists who had more exposure to trauma reported more mental health symptoms and vice versa [23]. Previous literature on domestic beat journalists and mental health reported that frequency of trauma exposure was positively correlated with post-traumatic symptoms of avoidance and intrusion. Further, the abundance of researches also reported a positive relationship between exposure to

trauma, guilt, and negative mood states (e.g., fear, helplessness, sadness, etc.) (T-values of the present study indicated that there is a significant gender difference on depression ( $t=-2.54$ ,  $p<0.01$ ). Mean values illustrated that female journalists score higher on depression than male journalists [24,25]. The number of studies illustrated consistent results that male journalists reported a significant history of more exposure to trauma, whereas females reported significantly higher scores on stress symptoms [26,27]. On the contrary, research conducted on war reporters to investigate whether female reporters are at high risk to develop anxiety disorders, depression, and PTSD. Statistically, no significant differences were found which indicated that female war reporters are not troubled by psychological distress or PTSD than male war reporters [27-32].

Understanding risk factors including gender, age, type of covered events and may influence the trajectory of stress symptoms. Results of correlation analysis indicated that gender is significantly positively correlated with depression. Further, moderation analysis reported that gender significantly moderated the positive association between journalists' trauma exposure and mental health symptoms (e.g., stress, anxiety, and depression). Mod graph indicated that there was a significant positive slope for both genders [33-38].

### **Conclusion**

Though an increase in trauma exposure increases stress, anxiety, and depression of both male and female journalists. However, increases in the steepness of the slope of females indicated that females are at a higher risk to develop mental health symptoms due to exposure to traumatic events .

### **Limitation and Recommendations**

The sample is not representative of the overall population of journalists as convenience sampling was used and the majority of the sample was from metropolitan areas of Pakistan (Capital Territory Islamabad and Lahore). Thus, the results of the present study may not be generalized to conflict-ridden regions where

press freedom is not upheld. The study may have been risk of recall bias and non-response bias due to self-report measures. Future studies should explore other risk factors including direct victimization, individual level, and work-related factors. A multi-faceted model is needed to extensively understand various factors that influence mental health symptoms among Pakistani journalists. A longitudinal study would allow examining other moderating and mediating variables with the advantage to determine temporal precedence.

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**Corresponding author: Sara Fatima Malik, National Institute of Psychology (NIP), Quaid-i-Azam University, Islamabad, Pakistan**

**Email:** sara.fatima@nip.edu.pk

**Received:** 08 March 2022, Manuscript No. AJOPY-22- 53318; **Editor assigned:** 10 March 2022, PreQC No. AJOPY-22- 53318 (PQ); **Reviewed:** 22 March 2022, QC No AJOPY-22- 53318; **Revised:** 31 March 2022, Manuscript No. AJOPY-22-53318(R); **Published:** 08 April 2022, DOI: 10.54615/2231-7805.47330.