

Emotions, Trauma and Good Journalism

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A Time for Change

In the coverage of extreme human distress and psychological trauma, there is room for change in the culture of 21st century journalism.

When news organisations send reporters to cover the City of London or the financial markets in Frankfurt, they are expected to know the difference between the FTSE and Nasdaq. Sports journalists covering a football match are expected to have a good knowledge of the Offside rule. By contrast, journalists sent to cover stories of trauma do not, generally, have the first idea of what might be considered the ‘rules’ of trauma.

All too often, journalists covering tragedies such as a shooting, a community tragedy or a court case involving sexual violence, will stand before the camera and intone solemnly how this village or this school or this family will never recover. ¹

They report that “trained counsellors” are on hand, but few have any real understanding of what that means.²

Immediately after a plane crash or a bus bombing, journalists will thrust their microphones and questions in the faces of distressed survivors or grieving relatives and unthinkingly ask: “How are you feeling?” And all too often they lack an appreciation of just how inappropriate or damaging this is.

Not surprisingly, the answer they get is often a volley of anger or pain or tears.

Television reports of a plane crash might show hysterical relatives at the airport convulsed with grief as they hear the news that a delayed plane has crashed with loss of everyone on board.

As well as showing those lamenting the loss of their loved ones, the footage behind them reveals ranks of furiously snapping and filming cameramen and reporters. The small group of relatives is literally surrounded by news people whose only real interest is the spectacle of pain to illustrate their new big story.

Another example. The mother of a girl just murdered in a gangland shooting is interviewed on radio.

"How do you feel?" the reporter asks. With breathtaking insensitivity and attempted pathos in her voice, the questioner continues: "What do you think should be done to the killers of *your little girl*? Do you think that gun crime is out of control?"

The mother answers with dignity. But one can almost hear her wanting to reply, "What on earth do you THINK I'm feeling?"³

Another example. A reporter on a local newspaper is asked by her supervisor to visit a grieving family. Their teenage son has just died alongside his drunken friends in a car pile-up on a nearby motorway.

"Get me a good photograph and a good quote," says the supervisor, "and make sure you get the mother to cry."

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The Death Knock

In England, this is called the "Death Knock", traditionally seen as a rite of passage for young journalists setting out on their career. The misguided reasoning - are they tough enough to take the knocks of the trade? It can often be a deeply distressing and harrowing experience for the reporter; the memory remaining etched for the rest of his or her life - not to speak of the impact on the bereaved relative.

Journalists determined to secure a quote and a picture of a public figure caught in a terrorist bombing attack have been known⁴ to dress up as doctors, or present themselves as relatives with flowers - all in an attempt to trick their way into the injured man's hospital ward.

They are discovered and thrown out - but not before they have secured 'exclusive' pictures and the sensational quote that will lead tomorrow's front page.

Many editors, especially of the more popular press, love this. They believe that pictures of weeping mothers, angry fathers or bewildered school friends, is exactly what readers and viewers crave.

Trauma is, after all, good for the business of news. It boosts ratings and sales. Tales of violence, armed conflict and tragedy - the immediate experience, the preparation, the consequences - probably account for 60%-70% of all news reporting. As American journalism puts it; "If it bleeds, it leads."

Of course, this is a one-sided portrayal of contemporary journalism. Alongside the insensitive reporting of trauma, there is much outstanding and compassionate coverage from reporters and commentators who value the need for kindness, insight and understanding for those in extreme distress.

Whatever the broader public often thinks, by no means all journalists are animals or vultures.

However, it is no longer defensible for journalists to claim that reporting the facts is 'just a job' and that they are justified in ignoring the wider impact of that reporting. Journalism can change the world, for better or for worse - just as science can be used for good or for bad. ⁵

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Whose Responsibility

It is an uncomfortable argument, but as they obsess about violence and tragedy, journalists might usefully think of the scientists who created 'Agent Orange' for the Americans in Vietnam, or the German scientists who developed the V2 rockets, or those who designed the atomic bombs used on Hiroshima and Nagasaki.

Those who generate abusive narrative or agents of mass destruction *do*, at some level, need to consider their responsibility for how their creations are eventually used. Journalism does, after all, construct more than just the first draft of history. It creates in its consumers a 'first draft awareness' of consciousness, of the kind of world they live in, beyond their immediate experience and environment.

Especially on an interconnected planet with 24-hour news on every device and street corner, journalism has an enormous responsibility for how mankind relates to itself and the Earth. And at the beginning of a new century, it is imperative that journalists grasp how much their profession matters, and how it needs to rethink itself.

This critique of contemporary journalism is not blindly to condemn individuals or organisations who pursue a news agenda of violence, fear and blame. Until recently at least, it can be argued that news organisations deserve forgiveness for not knowing what they do. Trauma awareness and a true understanding of the psychological consequences of violence and tragedy are very new indeed.

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The Dart Centre in Europe

But now the knowledge is out there, journalists and journalism must engage with its implications, and this is what underlies the mission of the Dart Centre for Journalism and Trauma (<http://www.dartcentre.org>).

The Centre's aims in Europe are:

- To provide a forum and resource for promoting the ethical, sensitive and informed reporting of tragedy and violence;
- To support the education of working journalists and journalism students in the science and psychology of trauma and its impact;
- To develop and promote the organisational, peer-led and individual support of journalists and teams who cover trauma;
- And to support and disseminate research and best practice in the field of journalism and trauma.

This is an agenda, in other words, which involves both the *Journalism* of trauma and the *Journalists* who cover trauma.

On the one hand, journalists now need to understand what it is they are reporting; how they interview and how they frame their narrative. There is a great need for compassion and insight, for education and training.

On the other hand, it is also imperative that journalists and their organisations understand the impact which covering trauma can have on those who "merely" report, or deal with the material of reporting – what in other helping and rescue professions is termed "vicarious" or "secondary" traumatisation – and the need to be prepared and supported for this experience. ^{6 7}.

When we talk of stories of trauma, we do not mean just war and foreign disasters such as the Iraq invasion, a Tsunami, war in Afghanistan or a school massacre in Beslan.

We mean also the much more ordinary, the day-to-day and mundane - the stories of extreme distress that occur closer to home. The road traffic accidents; the child abuse; the sexual violence and rape; the murder trials; the social deprivation; civil disturbances; undercover reporting and personal assault.

We encourage journalists to be aware of the impact of psychological trauma and how this can ripple out from the victims and survivors to relatives, friends, communities and nations – ultimately to the reporters themselves and those who provide them with technical and editorial support. Eventually the friends, colleagues and family of the reporter may feel the far-reaching effects of those ripples.

We will return below to what might be termed the “Duty of Care” dimension of the Dart Centre’s work below, but first some words of history – both of the understandings of trauma itself and the discourse of how that relates to journalism.

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A Brief History of Trauma

On journalism training courses in trauma in the UK, we often ask students when they believe the symptoms of ‘Post-Traumatic Stress Disorder’ (PTSD) were first described in Western literature.

The answers usually begin with “Shell Shock” and the English poets of the First World War. Encouraged to think a little further back, students mention Dickens; Samuel Pepys perhaps – whose diaries recorded his distress and confusion after the Great Fire of London. Maybe Shakespeare? Or the Bible?

In fact, we tell them, as long ago as ancient Greece, Homer’s Iliad gives an extraordinarily accurate depiction of PTSD-style symptoms, when the hero Achilles suffers terrible psychological torment over the death of his friend, Patroclus and his subsequent betrayal at the hands of King Agamemnon.⁸

Trauma and its impact are, in other words, of course as old as humanity itself. If human beings were not exceptionally good at dealing with and recovering from trauma, we never would have survived and flourished as a species.

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Journalists can hurt too

Trauma responses are built into our genetic and biological make-up – and in that, journalists are no different from other, ‘ordinary’ mortals.

The journalist’s traditional fantasy of invulnerability and objective detachment is just that – a fantasy. Journalists get hurt by trauma - and need to understand how their reporting of trauma can compound the hurt of others.

PTSD, it must be said, is by no means the most likely outcome of experiencing trauma. Depression, anxiety, relationship problems and substance misuse are much more likely consequences of profound trauma. As is the opposite of such distress. For the experience of trauma can also lead to longer-term enhanced personal growth and robust recovery, whence the term ‘Post Traumatic Growth’.

But the diagnosis of PTSD⁹ remains a useful diagnostic tool in persuading society of the reality of post-traumatic stress responses to tragedy and disaster; and the importance of treating victims and survivors with support, compassion and understanding.

As we explain to journalists, the genesis of the PTSD definition and its relationship to the agenda of trauma and journalism illustrates how trauma is not just about ‘big stories’, but also about much more intimate, personal experiences.

The late 1960s and early 70s saw women - especially in the United States - speak openly for the first time about their experiences of sexual violence, demanding both justice and change in the social understanding and treatment of survivors of rape or sexual abuse.

At the same time, American society was beginning to recognise the devastating psychological consequences of Vietnam on young men conscripted to fight a 'futile' war.

To begin with, psychiatrists and psychologists tried to fit the witnessed distress into existing diagnoses, such as anxiety, personality disorder, war neurosis, depression or other categories.

But inspired both by anti-war psychiatrists such as Robert Jay Lifton and by an increasingly vocal feminist movement, the American mental health community began to realise there was much in common between the two sets of experiences.

Perhaps, in fact, there was one single, comprehensive diagnosis, which could define and encapsulate distress experienced by survivors of many different kinds of trauma – and open evidence-based pathways to treatment with the potential to benefit both rape survivors and distressed veterans of war.

The result was the inclusion in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 of the first definition of Post-Traumatic Stress Disorder.

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PTSD Symptoms

The three main symptom categories were defined as:

- Intrusive re-experiencing (for example flashbacks, nightmares, involuntary conscious distress)
- Numbing/avoidance (which might include an inability to feel pleasure, a foreshortened sense of future, a withdrawal from intimacy)
- Persistent physiological "Fight/Flight/Freeze" arousal of the autonomic nervous system (often involving sensations of nausea, racing heartbeat, perspiration and excessive startle response)

Since then, the concept of PTSD has evolved, transforming trauma response and treatment throughout Western societies. That awareness is now beginning to bring change to journalism.

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A Brief History of the Dart Centre

As it happens, the roots of the Dart Centre itself can be found in the same overlap between the American soldier's wartime legacy and the rape survivor's experience of sexual violence.

One of the American psychiatrists influential in the consultations leading to the PTSD diagnosis was Dr Frank Ochberg, a mental health practitioner, administrator and academic in the State of Michigan with a passion for change in the portrayal of sexual and armed violence in the US media.

At a time when rape victims in America were universally named in newspaper reporting of court proceedings, and where journalists and society still portrayed rape and sexual abuse as something the victim often brought upon her-, or sometimes also himself, journalists and society had no concept of what rape was really about.

Fortunately for those who shared his hopes for changing that, Frank Ochberg was also close to a leading industrial family – the Darts – in Michigan. The Dart family had a generously-endowed charitable foundation built on the wealth generated since the 1950s by the production of food packaging and, of all things, polystyrene coffee cups.

In the early 1990s, Ochberg persuaded the Dart Foundation to invest some seed money to establish a journalism award for excellence in the coverage of victims of violence. He hoped this would serve as a tool to change newspaper understandings of the portrayal of violence.

Dart therefore is not an acronym for the *Dark Arts of Reporting Trauma* or somesuch, but is a name that acknowledges rather the vision and generosity of the family that has made the Centre's work possible.

The first Dart newspaper Award for Excellence in the Coverage of Victims of Violence was granted in 1994 and the vision was born. The award is now being extended to radio and television in the United States, with plans to make it international in the coming years.

In 1999, the Dart Center itself was established at the University of Washington in Seattle on the American West Coast, a very modest operation with the primary aim of educating journalism students in trauma coverage.

Subsequently, in 2002, the Dart Centre supported a conference in London entitled 'Emotions, Trauma and Good Journalism' – the first of its kind in Europe. This led to Britain's BBC becoming the world's first news organisation to implement a formal programme of trauma awareness and to support training later that year.¹⁰

Dart's ideas are now being taken out to news and journalist organisations around the world, from Newsweek and the Washington Post in the United States, to the Russian Journalists' Union in Moscow; from the new Arabic television news channel Al Jazeera in the Middle East, to African journalists exiled in London and to Indonesian journalists trained in Australia.

In January 2006, a first Dart conference on journalism and trauma was held in Germany.¹¹ In June 2006, in partnership with the United Nations Population Fund (UNFPA), the Centre held a workshop in Brussels on gender-based and sexual violence in war.

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Journalism Education

So, with clarity about the need for change in journalism culture in the 21st century, how can and might this be brought about?

Journalists at all levels need training in the practice of trauma journalism – in journalism-schools, in entry-level training at news organisations, in the kind of continuing professional development which other professions such as law or medicine and psychotherapy take for granted.

Sadly, Anglo-Saxon journalism has not so far seen this kind of continued personal development as necessary once journalists are established in their careers.

Journalists need training in how to present stories of psychological trauma – and in how to understand the impact trauma can have on individuals, communities and nations.

They need training in how to interview and deal with survivors and victims of trauma – to ask open and compassionate questions, with appropriate preparation and care, showing respect afterwards for the narratives they have heard.

Journalists need training in how to write and construct the reporting of trauma, using basic but often ignored journalistic responsibilities not to embellish or exaggerate, and even more than usual to be concerned for accuracy and authenticity in details and quotes – not always characteristic of at least European mainstream journalism.

News organisations need encouragement to report and explore what in the Dart Centre we call the "Act II" of trauma – the story of what happened next, following on from the "Act I" immediacy of violence and disruption, of blood, injury and acute pain. Sometimes the Act II story continues with blame and distress, but can also be a narrative of gradual recovery and resilience.

In journalism schools in the United States, and more recently in Europe, training courses are being pioneered with the involvement of actors to give students a truly *lived* and *felt* experience of what it means to cover a major trauma, such as a terrorist bomb attack or an air crash.¹²

In Britain, the BBC has pioneered courses covering the 'Emotionally Aware Interview' – which is not about pumping interviewees for a 'tear-jerker' but about using the reporter's own emotional

awareness and skill to connect with the individual's trauma story, then to relate that experience with authenticity and respect to readers and audiences.

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Duty of Care

The second leg of culture change involves 'Duty-of-Care' training – enabling and empowering organisations to look after individuals who are put in emotional harm's way in their line of journalistic work; the prerequisite being an appropriate, grounded knowledge of trauma and its impact.

The Dart Centre has learned much from a decade's experience of Britain's armed forces, and specifically the Royal Marines *Trauma Risk Management*, or TRiM programme.¹³

This approach recognises that individuals who develop PTSD or other trauma-related psychological distress have access to proper medical treatment, including counselling and psychotherapy.

But even more importantly, it recognises that the culture in which journalists and other 'First Responders' to trauma are working is one of support, understanding and compassion, and that taboos and stigma are removed from the extreme distress incurred from the reporting of trauma.

To give just a few real -life examples – names and details have been changed to protect the identities of those involved:

- John was a photographer covering months of violent protests against the construction of a new power plant on the edge of his hometown. On one assignment, police opened fire on demonstrators with rubber bullets and John was hit in the face. Some months later, he started suffering insomnia and lost interest in his job. He became short-tempered with his wife and children. He acted aggressive with colleagues. He felt trapped.
- Alice was a talented young journalist who excelled at covering action stories. She was a star reporter during the war in Bosnia and later was sent to Afghanistan to cover the deployment of peacekeepers. After a string of further short-term assignments over the following year, she became unable to concentrate or take decisions. She and her managers recognised that she had developed full-blown Post-Traumatic Stress Disorder. It took her three months off work to get back on her feet.
- Matthew was a part-time editor on a news intake desk. On duty one evening, Matthew had to review and edit videotape showing the beheading of a foreign hostage held by kidnappers in Iraq. For weeks afterwards, he could not get the images out of his mind and grew nervous each time he had to take in video from Iraq, fearing it would show another beheading. He hesitated to discuss it with colleagues, worried that they would see him as squeamish. He thought he might lose his job if he raised it with his manager.
- For Renate, it was reporting on the trial of a man who had sexually abused his own daughter 10 years previously which almost destroyed her career. She produced much excellent journalism on the court case, in the course of which she listen to intensely distressing evidence. She realised this echoed some of her own childhood experience at the hands of her stepfather. In the following months, she was plagued with terrible dreams, and physical symptoms of nausea and anxiety. She felt confused and frightened, but was unable to confide.
- David, Klara and Melissa were television producers who spent several months preparing a documentary on the work of a police vice squad in Amsterdam. As they collected their material, they joined police on raids around The Netherlands, uncovering evidence and videos of the most appalling sexual abuse. They saw recordings of new-born babies being raped, of young girls being imprisoned and repeatedly gang-raped before the camera. It was horrific. The police had become hardened to it, and so, the journalists

thought, were they. By the end of the project, however, the three producers were in a sore need of reassurance and education about the distress they were experiencing.

All of those individuals needed, but did not always get, collegial and organisational support and understanding.

In most cases, they recovered after a few weeks or months of reconnection with families, friends and colleagues. However, with education and support from the outset, including during training and regular work, their experiences of distress could have been much reduced. What is more, their journalism could also have benefited from basic education about psychological trauma.

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Culture Change

So how can this culture change be brought about?

Drawing on the Marines' experience, the BBC and other news organisations in Britain and America, with support from the Dart Centre, have begun to implement trauma training for managers and editors, which introduces them to the basics of trauma and its effects; and how best to prepare and support those who are sent to cover stories of psychological distress.

Managers and editors are given basic tools to brief their teams and reporters before assignment – whether in Afghanistan or Iraq; covering a murder trial or making a documentary about cancer. They are taught how to support them during the project or the trip, and, most importantly, how to talk to them afterwards about their experience

Equipped with an awareness of trauma distress symptoms, managers and colleagues can gradually normalise the experience of trauma in the newsroom or programme-making department, and ensure that the minority who do need more detailed professional support are encouraged to access that help without fear for their reputation or their career.

In this, the Dart Centre has also learned from much new trauma research which clearly illustrates how most people, most of the time - and that includes journalists – will cope reasonably well with trauma, especially if they have social support and a simple understanding of what it is they are dealing with. ¹⁴

A minority – although sometimes, as in the case of war reporters, a significant minority of perhaps 25-30% - will go on to develop more serious and longer-term symptoms of psychological distress. ¹⁵

It's important that they get the help they need and that this help is in line with current best evidence. Therefore the provision of confidential counselling, while valuable and important in its own right, should not be in the centre of a news organisation's trauma-response policy.

Indeed, the routine use of Psychological Debriefing – in which trauma survivors or victims are very soon brought together to re-experience and emotionally work through their experience – is no longer recommended. Evidence suggests that it can sometimes make people worse rather than better. ¹⁶

The focus in news organisations therefore needs to be on mutual and peer support, with counselling and mental health professionals certainly advising and supporting, but only in the background and when needed.

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Journalism and Therapy – some concluding thoughts

Against this background of practical recommendations, it can be argued that psychotherapy has more in common with journalism than with many other professions that might otherwise first come to mind, such as nursing, medicine, religious ministry, education or social work.

Therapists and journalists have at heart a very similar calling – that of story-telling and the construction of narrative – and have more to learn from each other than either might be comfortable to admit.

The therapist, for example, listens to his or her client struggling to piece together fragmented parts of narrative, to make sense of the “story so far”. The therapist takes those pieces of narrative into him or herself, allowing them to play consciously and unconsciously with his or her own experience, training, ideas, and especially informed intuitions.

The therapist then struggles to reflect back a felt sense of the client’s reality, making connections and sense, helping gradually to put experiences in context. A good journalist does something very similar with the story he or she is pursuing. The journalist listens to a story and its players struggling to create their own narrative; integrating fragmented voices, creating a drama with beginning, middle and end.

Bad journalism - like bad therapy - is about leaping to conclusions, blurting out half-truths and distortions, and being *disrespectful* to the story’s or the client’s lived reality. A thorough knowledge of trauma can help prevent such journalism being practiced.

Trauma and its experience are a core element of the human condition. As the World Council of Churches noted in a recent report for a Decade to Overcome Violence:¹⁷

‘Violence repels us but violence also attracts us;
Violence alarms us but violence also entertains us;
Violence destroys us but violence also protects us.’

Journalists and the media face a dilemma in this new century; how to reflect the seductive attractions as well as the reality of violence without trivialising or sensationalising it, or gratuitously compounding the hurt already incurred by victims of trauma.

More than ever before, journalism has a profound responsibility to understand violence and trauma, and to help humanity appreciate and address its causes and consequences.

It is time for change. A beginning has been made.

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Further Suggested Reading:

Vicarious Traumatization

Vicarious traumatization: an empirical study of the effects of trauma work on trauma therapists. Laurie Anne Pearlman and Paula S. Mac Ian.

Professional Psychology, Research and Practice v26.n6 (Dec 1995): pp558(8).

Secondary Traumatization in Mental Health Care Providers. Rose Zimering.

Psychiatric Times (April 1, 2003): p43.

Compassion fatigue : coping with secondary traumatic stress disorder in those who treat the traumatized / edited by Charles R. Figley, New York : Brunner/Mazel, c1995

Traumatization of journalists:

- Among 131 journalists in the Washington and Michigan areas, 86% reported experiencing a work-related traumatic event. In addition, exposure to traumatic work related events was related to self-reported PTSD symptoms (Simpson & Boggs, 1999)

- Among 875 photojournalists, 98% were exposed to a traumatic event as part of their routine work (Newman, Simpson & Handschuh 2003). Automobile accidents, fire and murder were the most common
- Among 906 American print journalists, 96% reported exposure to a traumatic work related event. (Pyevich, Newman, & Daleiden, 2003).
- Among 61 journalists in the U.S. and Europe, all participants reported experiencing a traumatic work related event and 92% reported reactions including intense fear, horror, or helplessness in response to these events (Teegen & Grotwinkel, 2001).
- Events involving death, violence, and human suffering can be particularly disturbing (Newman et al., 2003; Pyevich et al., 2003).

Rape and sexual assault

Benedict, H. *Virgin or Vamp: How the Press Covers Sex Crimes*. New York: Oxford University Press, 1992.

Meyers, M. *News Coverage of Violence Against Women: Engendering Blame*. London: Sage Publications. 1997

Combat journalism and PTSD

- Among career war correspondents, 28% met criteria for PTSD, 21% for depression, and 14% for substance abuse (Feinsten, Owen & Blair, 2003). This rate is higher than most estimates reported among first responders (i.e.; Regehr, Goldberg & Hughes, 2002).
- Similarly, Simpson & Boggs (1999) found that self reported PTSD symptoms were higher among war correspondents than journalists who did not cover war.
- However, Feinstein & Nicholson (2005) found that journalists embedded with the armed forces in the Iraqi war did not differ significantly on measures of PTSD compared to journalists who were not embedded.
- Among 61 journalists, 13% met probable criteria for PTSD based on a self-report form (Teegen & Grotwinkel, 2001)

Journalism education

Maxson, Jan. "Training journalism students to deal with trauma." *Journalism and Mass Communication Educator* 55.1 (Spring 2000): 79(8).

References

¹ Cf Daily Telegraph London, 25.08.06, on release of a teenager held for eight years in Austria against her will, reporting the following day that her father "wept as he said he had not yet come to terms with his daughter's release."

² See for example The Independent, London, 23.08.06 on a Russian air crash, reporting that "Relatives of the victims gathered at St Petersburg's Pulkovo airport last night and were being offered counselling by psychologists."

³ BBC Radio 4, PM Programme, 09.10.2004

⁴ See Dart Centre for Journalism and Trauma, 15.07.2005
http://www.dartcenter.org/articles/headlines/2005/2005_07_15.html

⁵ See Lynch, Jake and McGoldrick, Annabel (2005) *Peace Journalism*, Hawthorne Press

⁶ Pearlman, Laurie Anne and Maclan, Paula S. (Dec 1995) Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology, Research and Practice* v26.n6 pp558(8). On secondary traumatization in Mental Health Care Providers, see Zimering, Rose. *Psychiatric Times* (April 1, 2003): p43. On compassion fatigue, see Coping with secondary traumatic stress disorder in those who treat the traumatized. Edited by Figley, Charles R., New York : Brunner/Mazel, c1995

⁷ Palm KM, Polushy MA & Follette VM, 2004. 'Vicarious traumatization: potential hazards & interventions for disaster & trauma workers.' *Prehospital & Disaster*, 19 (1): 73-8.

⁸ Shay, Jonathan (1994). Achilles in Vietnam. Combat Trauma and the Undoing of Character. Simon & Schuster

⁹ American Psychiatric Association (2003) Diagnostic and Statistical Manual of Mental Disorders, v. IV-TR

¹⁰ Brayne, Mark. (2004). In *Counselling at Work Journal*. Tackling the Macho Culture.

¹¹ See *A Call for Emotional Literacy*.

http://www.dartcenter.org/articles/dart_center_events/hannover_english.html

¹² See Bournemouth University News and Events,

http://www.media.bournemouth.ac.uk/about/news/feb6/news_trauma.html

¹³ See Langston, Vicky (Summer 2005), *Counselling at Work Journal* Putting the Psychological Aspects of Trauma Management into an organisational context, a standardised approach.

www.counsellingatwork.org.uk/journal_pdf/acw_summer05_h.pdf

¹⁴ See NICE guidelines March 2005 on the treatment of PTSD,

<http://www.nice.org.uk/page.aspx?o=57890>

¹⁵ Feinstein, A., Owen, J., & Blair, N. (2002), A Hazardous Profession: War, Journalists, and Psychopathology. *American Journal of Psychiatry*, 159(9), 1570-1575.

<http://ajp.psychiatryonline.org/cgi/content/full/159/9/1570>

¹⁶ Ehlers A & Clark D, 2003. 'Early psychological intervention for adult survivors of trauma – a review.' *Biological Psychiatry*, 53 (9): 817-26. Also Rose S, Bisson J, Churchill R & Wessely S, 2002. 'Psychological debriefing for preventing post traumatic stress disorder (PTSD)'. *The Cochrane database of systematic reviews*, (2)

¹⁷ Mavunduse, Diana and Oxley, Simon. (2002). *Why Violence? Why Not Peace?* World

Council of Churches. See also [http://www2.wcc-](http://www2.wcc-coe.org/dov.nsf/f2b3c6f6c91ade2ec1256bea002bc786/131b499cba70026ec1256c4600432af1?OpenDocument)

[coe.org/dov.nsf/f2b3c6f6c91ade2ec1256bea002bc786/131b499cba70026ec1256c4600432af1?OpenDocument](http://www2.wcc-coe.org/dov.nsf/f2b3c6f6c91ade2ec1256bea002bc786/131b499cba70026ec1256c4600432af1?OpenDocument)