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PRIMARY AND SECONDARY TRAUMATIZATION OF JOURNALISTS.....	4
TRAUMA, DEPRESSION AND PROFESSIONAL QUALITY OF LIFE.....	6
PTSD.....	6
CPTSD	6
<i>Depression</i>	6
PRIMARY AND SECONDARY TRAUMA	7
VICARIOUS TRAUMATIZATION.....	7
PROFESSIONAL QUALITY OF LIFE.....	8
<i>Secondary Traumatic Stress.</i>	8
<i>Burnout</i>	9
<i>Compassion satisfaction.</i>	10
TRAUMA REPORTING	10
JOB-SPECIFIC RISK FACTORS	10
FREQUENCY, INTENSITY AND TYPE OF OCCUPATIONAL TRAUMA EXPOSURE	11
PERSONAL AND ORGANIZATIONAL FACTORS.....	13
GENERAL RISK FACTORS	15
COMORBIDITY	15
PERSONAL FACTORS.....	16
PROTECTIVE FACTORS.....	17
AIMS AND RESEARCH QUESTIONS.....	20
METHODS.....	22
STUDY DESIGN	22
PARTICIPANTS	23
OPERATIONALIZATION	23
<i>Journalist Traumatic Exposure Scale (JTES)</i>	24
<i>International Trauma Exposure Measure (ITEM)</i>	25
<i>International Trauma Questionnaire (ITQ)</i>	25
<i>The Professional Quality of Life Scale (ProQOL R-IV)</i>	26
<i>Patient Health Questionnaire-9 (PHQ-9)</i>	26
STATISTICAL ANALYSES	26
RESULTS	28
STATISTICAL ASSUMPTIONS CHECK	28
DESCRIPTIVE STATISTICS.....	29

H1.1 FREQUENCY AND PTSD	31
H1.1 FREQUENCY AND DSO	32
H1.1 FREQUENCY AND CPTSD	33
H1.2 FREQUENCY AND STS	33
H1.3 INTENSITY AND PTSD	34
H1.3 – INTENSITY & DSO	35
H1.3 – INTENSITY & CPTSD	35
H1.4 – INTENSITY & STS	36
H1.5 – MOSTLY INDEX & STS	37
H2.1 – EXPOSURE, CS & PTSD	37
H2.1 – EXPOSURE, CS & DSO	38
H2.1 – EXPOSURE, CS & CPTSD	38
H2.2 – EXPOSURE, CS & STS	39
DISCUSSION	39
OCCUPATIONAL TRAUMA EXPOSURE AND CPTSD	40
OCCUPATIONAL TRAUMA EXPOSURE AND STS	44
TYPE OF OCCUPATIONAL TRAUMA EXPOSURE AND STS	46
CS AS A MODERATOR	47
STRENGTHS & LIMITATIONS	49
PRACTICAL IMPLICATIONS	51
FUTURE RESEARCH DIRECTIONS	53
CONCLUSION	54
REFERENCES	56
LIST OF FIGURES	72
LIST OF TABLES	72
APPENDIX	73
APPENDIX A1	73
APPENDIX A2	74
ABSTRACT (GERMAN VERSION)	74
APPENDIX B: POWER ANALYSIS	75
APPENDIX C: ASSUMPTION CHECKS MODERATION ANALYSES	76
APPENDIX D: RESULTS TABLES	85

Primary and secondary traumatization of journalists

In the context of today's increasingly polarized and atomized societies, journalists fulfill a critical societal function by promoting transparency and holding decision makers accountable. While many journalists consider their work as a calling, their profession is associated with inherent occupational risks, including physical danger, psychological injury and financial insecurity (Slavtcheva-Petkova et al., 2023). Consequently, they have long been recognized as a high-risk population for work-related exposure to traumatic material (Smith et al., 2015). This exposure is not limited to those reporting on war conflicts, as journalists frequently experience accidents, mass casualty events, natural disasters, and murders even within the confines of their office jobs (Dworznik, 2011; Feinstein & Osmann, 2024; Smith et al., 2015). Journalists face stressors similar to those experienced by firefighters, police officers or paramedics (Seely, 2019). Like these groups, journalists may become victims of primary trauma by being the explicit target of violence or they may experience trauma indirectly, witnessing accidents themselves, interviewing victims or examining images and videos of said events (Seely, 2019).

The technological advancements of the last decades, particularly the improvements in image and video quality and the rise of social media have significantly altered media consumption and production (Dubberley et al., 2015; Seely, 2019; Sutrisno, 2023). These developments have intensified journalists' "frequent, repeated and prolonged exposure" (Smith et al., 2015, p. 4) to potentially traumatic user-generated content (UGC) or eyewitness media (Dubberley et al., 2015; Lee, 2024). As a result, work-related trauma exposure has increased for journalists, even for those not on the scene (Backholm & Björkqvist, 2010, 2012a; Dubberley et al., 2015; Feinstein et al., 2014; Lee, 2024; Seely, 2019; Weidmann et al., 2008). Researchers have termed this routine indirect exposure to secondary stressors the "digital frontlines" (Dubberley et al., 2015, p. 1). For instance, the Covid-19 pandemic resulted in an increase in online harassment of journalists (Relly & Waisbord, 2022). Simultaneously, journalists face the risk of primary traumatization through threats, attacks or detainment (Drevo, 2017; Monteiro et al., 2016; Reporters Without Borders [RSF], 2023; Slavtcheva-Petkova et al., 2023). The current conflict in Gaza serves as a stark example of the immediate and potentially deadly dangers journalists face (RSF, 2024). While journalists working in conflict zones may be particularly vulnerable, current findings from Germany suggest a general trend of increased risk for journalists (Europäisches Zentrum für Presse- und Medienfreiheit, 2022).

Critics have highlighted that researchers, educators and employers alike, have a problematic “expectation of automatic resilience” (Molnar et al., 2017, p. 130) that is becoming increasingly untenable for journalists, due to growing evidence of the pervasive and harmful impact of work-related trauma exposure. Frequent exposure to potentially traumatic experiences has been shown to contribute to a wide array of negative outcomes, not limited to heightened anxiety, depression, post-traumatic stress disorder (PTSD), complex PTSD (CPTSD) and related consequences like negative changes in worldview and feelings of isolation (Charles, 2022; Dubberley et al., 2015; MacDonald et al., 2017; S. Monteiro et al., 2016; Morales et al., 2014; Seely, 2019). Additionally, conditions such as secondary traumatic stress (STS) are considered common and natural consequences of routine exposure to traumatic material (Dworznik, 2011; Molnar et al., 2017; Palm et al., 2004). These physical, psychological and material risk factors do not only represent dangers to individual journalists and their profession. By endangering freedom of expression and hindering thorough journalistic work to be done, these developments are a threat to democratic societies as a whole (Høiby & Ottosen, 2019a).

While there is extensive research on the challenges journalists face on the frontlines, the threats to their psychological and physical well-being in their everyday working lives have received less attention (Seely, 2019; Smith et al., 2018). This research gap in the research may be partly due to a reluctance of universities and journalistic organizations to recognize that journalists not only report on traumatic events, but also experience them firsthand (Brayne, 2008). Additionally, it has been suggested that compassion satisfaction – the fulfillment derived from the perceived importance of one’s own job – may protect workers from the negative consequences of their profession (Cummings et al., 2021; Shi et al., 2023). In response, news organizations and journalism schools have been working to address these challenges by fostering organizational or social support networks, and improving training, potentially improving risk assessment and personal coping strategies (Dubberley et al., 2015; Novak & Davidson, 2013; Šimunjak & Menke, 2023).

Given that an estimated 80%-100% of journalists will cover and report on traumatic events during their careers, either directly or indirectly, it is clear that this topic needs sustained and consistently updated research (Dworznik, 2011; Smith et al., 2015, 2018). While this exposure does not necessarily involve a single traumatic experience that is severe enough to trigger PTSD symptoms, it does indicate that most journalists will repeatedly encounter smaller traumatic experiences while reporting on accidents or interviewing victims (Barnes, 2013; Buchanan & Keats, 2011; Dworznik, 2011; Smith et al., 2015, 2018).

Additionally, most journalists won't cover an assignment harrowing enough to develop CPTSD, but they very well might repeatedly experience smaller doses of traumatic material on a day-to-day basis (Barnes, 2013; Buchanan & Keats, 2011; Dworznik, 2018; Smith et al., 2018).

Trauma, Depression and Professional Quality of Life

The following section will introduce the constructs underlying the relevant study variables.

PTSD

In the 11th Edition of the International Classification of Diseases (ICD-11), the World Health Organization ([WHO], 2019b) defines *PTSD* as a psychiatric condition that may develop after exposure to an extremely harrowing or horrible event or series of events. Symptoms are categorized into three clusters: re-experiencing aversive details of the event in an intrusive manner, avoidance of stimuli related to the traumatic experience and a persistent sense of threat through hypervigilance. These symptoms “persist for at least several weeks and cause significant impairment in personal family, social, educational, occupational or other important areas of functioning (World Health Organization, 2019b, para. 1)

CPTSD

With the publication of the ICD-11, *CPTSD* was introduced as an official diagnosis (WHO, 2019c). CPTSD typically emerges after “an event or series of events of an extremely threatening or horrific nature, most commonly prolonged and repetitive events from which escape is difficult or impossible” (WHO, 2019c) – like torture, genocide or repeated childhood abuse. In addition to the three symptom clusters present in PTSD, CPTSD is characterized by disturbances of self-organization (DSO), which are further divided into three symptom clusters: problems in affect or emotion regulation, feelings of worthlessness, guilt, and shame as well as difficulties with sustaining social relationships and closeness to others. A CPTSD requires the fulfillment of the PTSD diagnosis as well as the DSO criteria. However, PTSD or CPTSD are considered mutually exclusive, meaning people cannot be diagnosed with both disorders at the same time (WHO 2019c).

Depression

Research focusing on the psychological effects of trauma consistently show depression to be a common comorbidity with PTSD, while also occurring independently (Shih et al., 2010). Depression is characterized by a prolonged period of loss of interest and depressed mood often including additional symptoms such as concentration problems,

feelings of worthlessness, hopelessness, and excessive guilt, suicidal ideation or thoughts of death, disturbances in appetite or sleep as well as psychomotor changes, fatigue or loss of energy (WHO, 2019a).

Primary and Secondary Trauma

As previously noted, journalists are a high-risk population to experience direct and indirect exposure to potentially traumatic events, increasing susceptibility for both primary and secondary traumatization. *Primary traumatization* can occur, when journalists themselves are victims or active witnesses of a traumatic event, whereas *secondary traumatization* can develop through indirect exposure to trauma through victims, or aversive and graphic details of traumatic experiences (Seely, 2019; Slavtcheva-Petkova et al., 2023).

There are important distinctions between the trauma criterium used for PTSD and the one researchers have proposed for STS. Unlike PTSD, trauma exposure is generally not required to be extreme or repeated to lead to STS, even if the quantity and quality of exposure is expected to be closely correlated with the quality and severity of the developing symptoms. While there has been a lot of criticism about definitions and conceptualizations of STS, most literature regarding the concept is built upon two distinct but overlapping frameworks.

Vicarious Traumatization

The concept of *vicarious traumatization* (VT) originates from the *constructivist self-developmental theory*, which contends that individuals construct subjective realities, using cognitive structures known as schemas (McCann & Pearlman, 1990). *Schemas* encompass a wide array of cognitive frameworks such as expectations, beliefs, and assumptions about the world, the future, and the self, used to interpret and understand the subjective constructed reality.

The concept of VT was originally established to describe the specific, profound, and accumulative negative changes in therapists' worldviews which would result from the process of an empathetic therapeutic relationship. Within this theoretical framework, VT arises because therapists are frequently confronted with violent and detailed descriptions of their clients' traumatic experiences (McCann & Pearlman, 1990). This theoretical foundation overlaps with certain aspects of journalistic practice in which journalists may also be exposed to vivid and distressing details, when interviewing victims or conducting extensive research of assignments. VT manifests itself through physical, neurological and emotional changes that tend to be cumulative, pervasive and potentially permanent (Branson, 2019; McCann &

Pearlman, 1990). Symptomatically, VT shares a strong resemblance with PTSD, manifesting itself through symptoms including intrusive imagery, nightmares, hyperarousal, avoidance, negative coping skills and social isolation (Branson, 2019).

Professional Quality of Life

The concept of *professional quality of life* (ProQOL) was established to describe the impact of persistent occupational stress in service-oriented and helping professions (Figley, 1995b; Kelty et al., 2023; Stamm, 2010). Within this framework, ProQOL is composed of two distinct dimensions: a negative aspect, Compassion Fatigue (CF) and a positive aspect, Compassion Satisfaction (CS; Stamm, 2010). Together these two concepts jointly define the ProQOL of a person – “the quality one feels in relation to their work as a helper” (Stamm, 2010, p. 8). The notion of CF stems from the expectation that “there is a cost to caring” (Figley, 1995a, p.19) about the suffering of others. The construct can be further subdivided into STS and Burnout, reflecting the multifaceted nature of stress responses in work contexts (Stamm, 2010).

Secondary Traumatic Stress

STS is defined “as the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995a, p. 23). In Figley’s theory (1995a), STS shares symptoms that are nearly identical to those of CPTSD. Both are characterized by symptoms of intrusion, avoidance, negative alterations in cognitions and mood, as well as arousal and reactivity. The primary distinction lies in the source of the symptoms, with STS being linked to a traumatic stressor experienced by someone else, while CPTSD symptoms are directly connected to the primary traumatic experiences of the victim.

Furthermore, these symptoms can range from clinically relevant functional impairment to subclinical or minor issues and would only fulfill the diagnosis of CPTSD according to ICD-11 if the exposure is repeated or extreme (Figley, 1995a; World Health Organization, 2019c). Sprang and colleagues (2019) have argued that it is this “flying under the radar quality”, which exacerbates the negative consequences of STS and highlights the importance of its prevention, assessment and treatment.

Since then, multiple studies have demonstrated that STS does not just present itself for trauma workers, but a wide range of professions. Among the workers at risk are attorneys

(Levin et al., 2011), as well as journalists (Backholm & Björkqvist, 2010; Dworznik, 2011; Keats & Buchanan, 2013; Simpson & Boggs, 1999).

In summary, both STS and VT posit that the symptoms experienced are natural outcomes of engagement with traumatized individuals or the study of human suffering caused by trauma. However, research into VT and STS has encountered continuous challenges in defining and conceptualizing these constructs (Cieslak et al., 2014). Due to their large overlap, both VT and STS are often used synonymously in the field of trauma and journalism research (Backholm & Björkqvist, 2010; Lee, 2024; Sabin-Farrell & Turpin, 2003). For the purposes of this study, STS will be employed as an overarching term.

Burnout

Similarly to STS, *burnout* was originally conceptualized to describe the impact of persistent occupational stress, specifically in human service professions (Cieslak et al., 2014; Maslach & Leiter, 2016). Burnout is categorized by three dimensions.

Firstly, *exhaustion* represents the stress dimension, which results from chronic pressures and demands placed upon the worker. It occurs when an individual's coping resources have been depleted (Kelty et al., 2023; Maslach & Leiter, 2016).

Secondly, *cynicism* or *dehumanization* make up the interpersonal dimension. This manifests itself as a negative and detached attitude towards the workplace and a diminished sense of empathy towards potential clients and colleagues (Maslach & Leiter, 2016).

Lastly, a persistent feeling of professional inefficiency makes up the occupational dimension. People affected by burnout often lose the sense of purpose typically derived from their work and, as a result, may feel incompetent and inefficient. Not only do they lose job satisfaction, but their productivity also tends to decline (Maslach & Leiter, 2016).

In line with the models in Stamm's (2010) theory, burnout and STS share a close relationship. Two longitudinal studies from the US and Poland revealed that human service workers suffering from burnout were likely to develop STS six months later, while the inverse was not the case (Shoji et al., 2015). They argued that, while STS might develop independently, burnout appears to act as a contributing factor. Although both burnout and STS are connected to a repeated exposure to secondary traumatization, these two constructs are not synonymous (Adams et al., 2006; Dworznik, 2018). Figley (1995a) posited that the clear distinction was that STS can have an abrupt onset, while burnout develops gradually over time. So, even though burnout and STS are both conceptualized as components of CF in the theoretical model, they should be considered distinct and researched as such.

Compassion satisfaction

CS represents the opposite of CF. Specifically, CS reflects the positive emotions – such as a sense of worth and purpose or a gratification – that arise from completing one’s work effectively (Ludick & Figley, 2017). Thereby, CS is contributing to the personal growth of workers and thereby improving professional interest and motivation (Wagaman et al., 2015). CS is often associated with self-efficacy, life satisfaction, as well as happiness (Nas, 2021). Empowering people and making them feel like their work is important and impactful could potentially mitigate the negative consequences of CF (Cummings et al., 2021).

Trauma reporting

There is a wide range of risk factors influencing the development of post-traumatic stress symptoms, many of which are prevalent in journalistic occupations. Journalists’ safety has been conceptualized as “the extent to which journalists can perform their work-related tasks without facing threats to their physical, psychological, digital and financial integrity and well-being” (Slavtcheva-Petkova et al., 2023, p. 1214). The dynamics influencing journalists’ safety were categorized into risk factors, occupational safety, and coping mechanisms. *Risk factors* specifically refer to threats affecting the different aspects of safety outlined in the conceptualization (Slavtcheva-Petkova et al., 2023).

As the current study does not have the scope to explore societal risk factors in depth, risk factors will be limited to job-specific factors (e.g., frequency, intensity, and type of work-related trauma exposure, as well as organizational influences) and general risk factors (e.g., previous lifetime trauma exposure, gender, and age).

Job-specific risk factors

Journalists frequently encounter traumatic events, resulting in high levels of trauma exposure (Newman et al., 2003; Pyevich et al., 2003; Weidmann et al., 2008; Weidmann & Papsdorf, 2010). Earlier studies established a link between work-related trauma exposure and PTSD in journalists (Feinstein et al., 2002; Marais, 2005), prompting further investigation over the past two decades into the impact of occupational stressors on journalists’ mental well-being.

Traditionally, studies have focused on journalists’ exposure to graphic details experienced while covering assignments on site, as well as the distressing accounts they hear when interviewing victims and witnesses. However, the advent of the “digital frontline” (Dubberley et al., 2015, p. 16), has led to increasing exposure to disturbing imagery, even when journalists work remotely from their offices (Dubberley et al., 2015). A driving force

behind this shift is the integration of UGC or eyewitness media as a standardized source of real time information for news outlets. Feinstein and colleagues (2014) found that frequent exposure to UGC significantly predicts higher PTSD and depression scores. Furthermore, Novak and Davidson (2013) argued that the rise of *citizen journalism* has altered how journalists engage with the stories they cover, introducing personal aspects into the professional sphere. Expressing personal opinions or perspectives may increase journalists' risk of becoming targets of violence themselves. Given that 2024 marked the deadliest year for journalists since the Committee to Protect Journalists (CPJ) started their tracking, this topic is more relevant than ever (CPJ, 2025).

Research on journalists covering conflict zones indicates that they are especially vulnerable to threats and actual acts of violence (Charles, 2022; Feinstein et al., 2002; Koster et al., 2022). The high death toll among journalists last year was largely due to the ongoing conflicts in Israel, Gaza, and the West Bank. However, even in countries where journalists face fewer physical threats, they still encounter numerous psychological stressors that have worsened over the past years (Posetti et al., 2024). Among these are hate speech and sexual harassment, often stemming from journalists' presence online (Adams, 2018; Ferrier & Garud-Patkar, 2018; Idås et al., 2020; Obermaier et al., 2018). While this study does not focus on threats to journalists' safety, acknowledging their existence is essential to understanding the physical, psychological and societal stressors influencing journalists.

Frequency, Intensity and type of occupational trauma exposure

These changes in the journalistic profession have influenced both how journalists are exposed to potentially traumatic material, and how it is studied. The development of the Journalistic Trauma Exposure Scale (JTES) has shaped trauma research in journalism by categorizing work-related trauma exposure into different subscales – most notably, the frequency and intensity subscales (Pyeovich et al., 2003).

For example, researchers have found that higher exposure frequencies correlate with elevated PTSD symptomatology (Browne et al., 2012). A multimethod study further reinforced this connection by combining quantitative findings with qualitative interviews, illustrating how deeply journalists are affected by the stories they cover (Seely, 2019). Journalists reported anxiety and depression symptoms, feelings of guilt, that lead them to disconnect emotionally and cope by using or even abusing substances (Seely, 2019). Koster et al., (2022) reported that journalists who covered natural disasters more frequently exhibited higher levels of PTSD.

Additional studies have examined the connection between the frequency of work-related trauma exposure and PTSD symptoms (Dadouch & Lilly, 2020). For example, journalists who covered the Covid-19 pandemic, were repeatedly exposed to stories detailing illness, suffering, and loss, which has been shown to increase psychological distress, like leading to higher PTSD scores (Tyson & Wild, 2021). Similarly, Dworznik (2011) reported that journalists who were threatened or hurt, or witnessed others being harmed, experienced significantly higher levels of PTSD, than those who did not experience these events.

Following this logic, researchers have also investigated the intensity of work-related trauma exposure as a potential risk factor for PTSD symptoms in journalist samples. Studies indicate that covering highly intense assignments is associated with more severe PTSD symptoms (Dworznik, 2011; Smith et al., 2018). Journalists who cover traumatic conflicts such as war (Feinstein et al., 2002, 2020), drug trade (Feinstein, 2013a; Morales et al., 2014) or traumatic incidents like school shootings (Backholm & Björkqvist, 2010) are often the most harshly affected. The general JTES score – combining the frequency and intensity of exposure scores – has also been shown to significantly predict PTSD symptoms (Lee et al., 2018).

Furthermore, these connections have also been explored in relation to STS symptoms. Ludick and Figley (2016) found that a prolonged and repeated – or frequent – exposure to traumatic material increases the likelihood of STS development. They refer to this as being exposed to a higher “dosage of evocative reality” (Ludick & Figley, 2016, p. 2), meaning an indirect exposure to trauma through spoken or written accounts of other peoples’ suffering.

In general, research linked higher frequencies of exposure to traumatic material with worse psychological outcomes. For example, studies examining nurses (Alshammari et al., 2024), forensic science professionals (Levin et al., 2021) and mental health care workers (Hensel et al., 2015) have observed this connection. Similarly, extensive work-related trauma exposure has also been linked to worse mental health outcomes in journalists (Dubberley et al., 2015; Seely, 2019; Xiong & Liao, 2024). Assignments involving intense trauma exposure have been shown to contribute to both primary and secondary post-traumatic stress (Backholm & Björkqvist, 2010; Dworznik, 2011; Seely, 2019; Smith et al., 2018).

To the author’s knowledge however, few studies have specifically examined the connection between work-related trauma exposure and STS. A higher frequency of exposure to traumatic imagery and experiences significantly predicted higher STS scores in one sample of journalists (Dworznik, 2018). Additionally, Backholm and Björkqvist (2010) found that

the intensity – which they called magnitude – of the worst event journalists covered was positively correlated with STS scores in their study.

The prevalence rates of PTSD and other related psychiatric disorders vary notably with the intensity of the assignment. Feinstein (2013b) found that, because of the sustained dangers of reporting on drug cartels, Mexican journalists actually exhibited more psychopathology – including PTSD symptoms – than war correspondents. In general, journalists covering high-risk assignments – like war or drug cartels – have reported prevalence rates above 20%, sometimes reaching 40% (Feinstein et al., 2002; Morales et al., 2014). On the other hand, research on the routine everyday work of journalists, found PTSD prevalence rates typically ranging from 4.3% to 13% (Pyeovich et al., 2003; Smith et al., 2018; Teegen & Grotwinkel, 2001; Weidmann et al., 2008). A meta-analysis comparing eleven studies of trauma exposure in journalists, reported an average rate of 7.2% (Aoki et al., 2013). However, similar investigations into STS symptoms remain limited.

Along with the frequency and intensity, the type of work-related trauma exposure has been hypothesized to affect mental health outcomes in workers confronted with trauma. Traumatic experiences can vary widely in duration, severity, and impact, whether they involve physical threats, psychological distress, or direct harm. For journalists, both direct and indirect trauma exposure may contribute to post-traumatic stress (Palm et al., 2004). However, few studies have clearly distinguished between the effects of direct and indirect trauma exposure on journalists. Backholm & Björkqvist (2010, 2012) conducted two studies examining this distinction but were unable to find significant group differences between those exposed to direct and indirect trauma.

Personal and organizational factors

Another relevant factor influencing the development of PTSD symptoms in journalists is their work experience. However, the direction of this influence remains unclear. A study looking at mental health professionals in the aftermath of 9/11 found that extensive working experience functioned as a risk factor (Quitangon et al., 2016). Earlier research from Teegen and Grotwinkel (2001) suggested the contrary, meaning that novice journalists presented a higher risk for PTSD development than their more experienced colleagues. At the same time, an analysis reviewing journalist samples reported that more years of working experience might be linked to greater PTSD vulnerability, because of the cumulative effects of ongoing trauma exposure (MacDonald et al., 2022). Therefore, working experience is generally

included in studies examining risk factors for PTSD and STS, although results remain ambiguous (Backholm & Björkqvist, 2010; Dworznik, 2011, 2018; Smith et al., 2018).

Organizational policy, internal and external support, as well as training may also influence the psychological consequences of journalists' professional trauma exposure (Dubberley et al., 2015; Lee, 2024; Monteiro et al., 2016; Smith et al., 2015). These factors can represent both risk and protective factors. Inadequate policies can exacerbate the psychological impact on journalists by failing to shelter workers from or adding to prolonged workplace stress, which have been shown to increase the risk of journalists developing PTSD symptoms (Dadouch & Lilly, 2020; Dubberley et al., 2015; Smith et al., 2018). Furthermore, journalists in the UK have attributed psychological distress to a dysfunctional newsroom culture and a lack of supervisor (Šimunjak & Menke, 2023). In missing these protective opportunities, organizations may be reinforcing the so-called "macho culture" defined by a "toughen up or get out" mentality, that remains commonplace in newsrooms today (Obermaier et al., 2023; Relly & Waisbord, 2022; Seely, 2019). Multiple interview studies indicate that journalists identify this sexist, macho working culture –defined by a strong ethos of competition – as a key reason why they may avoid seeking support or addressing emotional stressors. Instead, many journalists report turning to colleagues and more experienced supervisors for informal support (Keats & Buchanan, 2013; Obermaier et al., 2023; Šimunjak & Menke, 2023). Consequently, peer and supervisor support itself become crucial factors in mitigating or exacerbating trauma-related stress. Lower levels of perceived peer and supervisor support have been associated with higher STS scores in journalist samples (Dworznik, 2018), mirroring broader findings which indicate that unsupportive and frustrating workplaces contribute to elevated STS scores (Knight, 2013; Shoji et al., 2015).

Furthermore, shortages in staff, limited support and a lacking recognition for psychological influence of reporting have been shown to be risk factors for stress injury in social workers (Badger et al., 2008). These factors are exacerbated by ever worsening material conditions and job security within journalistic job markets. This can be especially impactful for freelance journalists, who might be more willing to take on worse assignments with less support, because of their inherent economic vulnerability (Høiby & Ottosen, 2019b). Additionally, media companies are struggling with political influence, a lack of advertisement and struggles to profit off of digital content (Hayes & Silke, 2019; Matthews & Onyemaobi, 2020; Slavtcheva-Petkova et al., 2023). These factors interact with each other to influence journalists' life within news organizations. Dubberley et al., (2015) found that individuals suffering from STS were less likely to seek managerial support, possibly due to

the lack of trauma-related training taking place in both workplaces and academic institutions (Dubberley et al., 2015; Dworznik & Garvey, 2019; Seely, 2020).

These risk factors combine in making journalism a high-risk profession for negative mental health outcomes.

General risk factors

Apart from the job-specific risk factors journalists face, personal factors also contribute to the potential development of post-traumatic stress.

Comorbidity

A prior history of mental illness as well as psychological comorbidity, were both shown to be significant risk factors prevalent in journalist samples (Backholm & Björkqvist, 2012a; MacDonald et al., 2023; Maercker, 2019). Repeated crisis reporting has been hypothesized to likely be the reason for these elevated rates (Weidmann et al., 2008). Dworznik and Hoak (2020) found that 40% of journalists covering Hurricane Havey, reported elevated levels of depression symptoms. Koster et al., (2022) showed that being exposed to threats and traumatic experiences resulted in elevated symptoms of depression and PTSD in a sample of Pakistani journalists. Newsroom workers also reported higher scores of depression, combined with PTSD symptoms if they worked with images of extreme violence (Feinstein et al., 2014). Moreover, depression has also been found to mediate the relationship between traumatic work assignments and traumatic life experiences (Backholm & Björkqvist, 2012b). Additionally, ITQ validation studies have reported a unique link between depression scores and the ITQ DSO subscales (Fresno et al., 2023; Ho et al., 2020; Hyland et al., 2017; Vang et al., 2021). Additionally, similar findings have been produced for the relationship between depression and STS scores in journalists, showing a significant correlation between the two (Backholm & Björkqvist, 2012a)

Burnout, caused by chronic work-related stress, can also appear comorbidly with symptoms of CPTSD in journalists. For example, Jackson et al., (2019) designated overwhelming responsibilities, workplace culture and a lack of organizational support as risk factors for both burnout and PTSD in trauma surgeons (Jackson et al., 2019). Few studies have reported positive correlation between burnout and PTSD in journalists (Backholm & Björkqvist, 2012b), showing a connection between burnout and the intensity of occupational trauma exposure (Backholm & Björkqvist, 2010). Mostly, literature reviews have shown both to co-occur in journalist samples (MacDonald et al., 2022, 2023). Earlier research has reported symptoms of burnout – like a negative world view and reduced professional self-

efficacy – in journalist samples (Charles, 2022; Obermaier et al., 2023), not only arising through high stress assignments like war or conflict reporting but also day-to-day work (Reinardy, 2009, 2011, 2013). Furthermore, these studies reported that journalists with higher levels of emotional exhaustion and cynicism and lower levels of professional efficacy were more likely to indicate a wish to terminate their employment (Reinardy, 2011, 2012).

Given the foundation of the ProQOL theory, studies of STS must also account for burnout as a variable (Stamm, 2010). Not only do these two factors constitute the components of compassion fatigue, but they may also be directly linked. Shoji et al., (2015) reported that workers confronted with traumatic experiences – directly and indirectly – presented an increased risk of burnout, which in turn could contribute to the development of STS (Shoji et al., 2015). These findings propose that burnout may be both a consequence of trauma exposure as well as a potential precursor to STS, which is further underlined by significant correlations found between burnout and STS in journalist samples (Backholm & Björkqvist, 2012a).

Personal factors

Previous traumatic experiences have been shown to increase the likelihood that work-related trauma exposure will result in PTSD (Feinstein & Osmann, 2024; Newman et al., 2003; Smith et al., 2018). In one study, journalists specifically said that important life events, like the death of a close friend could aggravate the emotional response to their work (Novak & Davidson, 2013). Further, there might be combined exacerbating effects. Backholm and Björkqvist (2010) found that personal trauma history interacts with work-related trauma exposure, leading to higher PTSD scores, without influencing STS scores in their sample. In line with Dworznik (2006), they therefore argued that both PTSD and STS scores should be measured in studies focusing on the influence of work-related trauma exposure.

Demographic variables such as age and gender have long been examined in relation to PTSD, often producing ambiguous findings that lack clear and consistent explanations (Backholm & Björkqvist, 2012a; Smith et al., 2018). On the one hand, a systematic review reported that both female gender and older age might be positively associated with an elevated risk of developing PTSD symptoms (MacDonald et al., 2022). Several studies found gender differences, generally reporting that female journalists exhibit higher PTSD scores (Backholm & Björkqvist, 2012b; Feinstein et al., 2020) as well as higher levels of stress (Hoak, 2021). On the other hand, many studies found no correlation between gender and PTSD in journalist samples (Aoki et al., 2013; Koster et al., 2022; Sinyor & Feinstein, 2012).

Similarly, female gender has also been shown to be a risk factor for higher frequency of STS in journalists (Dworznik, 2018), while earlier research has not shown clear qualitative differences in the symptoms in journalist and other populations (Craig & Sprang, 2010; Thompson et al., 2014).

There may also be an interaction between age and experience. While older journalists are assumed to have more professional experience, younger journalists may be disproportionately affected by trauma exposure due to ineffective coping mechanisms or their hesitation to seek support (Feinstein, 2013b; Relly & Waisbord, 2022). This highlights the vulnerability that comes with a lack of experience together with younger age. However, there is variability in these findings as older journalists have been shown to report lower psychopathological outcomes in general (Aoki et al., 2013; Koster et al., 2022). At the same time, a literature review pointed to both older age and more years of working experience as relevant risk factors for PTSD in journalists (MacDonald et al., 2022). Similarly, multiple studies have found no connection between years of working experience and STS (Dworznik, 2018; Lev et al., 2022), while this connection has been shown to exist in health care workers (Orrù et al., 2021)

Protective factors

The risk factors described illustrate different dangers to journalists' safety. However, conversely to the potentially damaging influence of risk factors, protective factors might be able to attenuate some of the impact of the aforementioned stressors.

Ludick and Figley (2016) suggested in their model, that experiencing CS could mitigate the effects of STS. Feelings of pride, empowerment or the sense of contributing to societally meaningful work, may protect workers from the detrimental consequences of work-related trauma exposure. In journalists, the relationship between CS and CPTSD has not been extensively studied. The same goes for the relationship between CS and STS. Studies from different professions, however, show that fostering higher levels of CS might serve as a protective factor against the development in STS and CPTSD in journalists (Cummings et al., 2021; Losung et al., 2021; Shi et al., 2023). Further, CS was reported to reduce STS scores in Chinese hospice care nurses (Shi et al., 2023) and hypothesized to shield psychologists from the negative consequences of STS (Samios et al., 2013). However, a different study also found, that CF and CS may co-occur in clinicians, potentially culminating in a point where CF cancels out the positive impact of CS (Bride et al., 2007). This finding is in line with a recent meta-analysis reporting that contrary to expectations, high

levels of STS and CS can coexist, underlining the importance of including both constructs in order to produce informed knowledge and potentially constructive interventions (Sprang et al., 2024). Further analyses on this topic could contribute to a more thorough understanding of these relationships.

Similarly, Novak and Davidson (2013) found that journalists often utilized the perceived social significance of their work as a coping strategy against its negative consequences. Journalists identifying strongly with their professional role may just consider trauma exposure to be part of their jobs, which could in turn help them in using training or previous experiences as resources and keep a professional distance to the events they cover. Beyond that, many journalists considered the production of impactful stories and raising public awareness to be cathartic experiences (Obermaier et al., 2023). Some journalists even describe the act of writing about the harrowing stories they cover as “therapy” (Obermaier et al., 2023, p. 1410). In contrast, journalists reported finding traumatic content particularly difficult to process if their work ended up being discarded (Dubberley et al., 2015). Thus, while a strong sense of purpose can be a protective factor, lacking one may intensify negative reactions (Dubberley et al., 2015).

Some researchers have proposed that higher levels of resilience may explain the lower prevalence rates of psychiatric disorders such as PTSD among journalists compared to trauma workers (Smith et al., 2015). However, there may be other influential factors at play. One of which might be an attrition bias, referring to individuals who experience the harshest consequences from exposure. Leading them to leave the profession prematurely and therefore be inadvertently excluded from research (Sprang et al., 2024). Dworznik (2008) considered a different explanation, arguing that news workers are often reluctant to accept and acknowledge any adverse psychological impacts of their profession. That is not to say that resilience might not play a role in mitigating work-related stressors, but this reluctance to recognize psychological hardships may stem from the aforementioned macho culture as well as the related ideal of objectivity and detachment that continues to shape newsroom environments (Relly & Waisbord, 2022; Seely, 2019; Smith et al., 2018). However, this could lead to a normalization of psychological distress that may perpetuate a vicious cycle.

Organizational support is another important factor in mitigating work-related stressors and improving trauma processing among journalists (Dworznik, 2018). *Organizational support theory* proposes that workers trade their work and dedication to it, against both tangible (salary) and intangible incentives (support, encouragement, approval; Baran et al., 2012; Hoak, 2021). Support can be understood as consisting of three main categories: 1)

logistic/bureaucratic assistance, where firms help with visas and medical record, 2) psychological support, and 3) training (Monteiro & Marques Pinto, 2017). For instance, organizations may shelter journalists from the negative consequences of trauma exposure, by promoting a strong sense of occupational purpose, providing adequate and trauma-informed training, or supporting affected employees (Beam & Spratt, 2009; Dubberley et al., 2015; Novak & Davidson, 2013). Higher levels of organizational support are associated with reduced post-traumatic stress symptoms and lower work-related stress (Backholm & Idås, 2020; Hoak, 2021). Effective support structures, such as reducing additional stressors during crises, improving knowledge, and aiding novice journalists, contribute to a resilient and psychologically healthy workplace. Journalists specifically value psychological support in the workplace, both in daily reporting and crisis situations (Monteiro & Marques Pinto, 2017).

Additionally, training programs play a crucial role in preparing journalists for potentially traumatic assignments, informing them about self-protection strategies, and how to recognize early warning signs of PTSD. Given that news organizations share responsibility for both support measures and trauma-focused training, they are vitally important in safeguarding journalists' mental health (Beam & Spratt, 2009; Novak & Davidson, 2013; Smith et al., 2018). Educational seminars held by the military or non-governmental organizations (NGO) are one example of professional training organizations can offer to prepare and protect their workers from the natural distress of their profession (Levaot et al., 2013; Obermaier et al., 2023).

Furthermore, interviews with journalists suggest that empathy and support from friends and family play a crucial role in helping them cope with challenging assignments (Novak & Davidson, 2013). Likewise, exchanging sympathy, encouragement and pieces of advice with peers as well as communicating challenging experiences have been shown to alleviate negative psychological consequences (Backholm & Idås, 2020; Hoak, 2021; Novak & Davidson, 2013).

A similar impact may result from personal attributes and coping styles. Adaptive coping strategies as well as traits of resilience might help in mitigating work-related stress, whereas an avoidant coping style, employing strategies like distraction or disengagement, has been linked to greater psychological injury (Smith et al., 2018). However, researchers have argued that a certain amount of denial could further protect journalists, considering that personal connections to the covered event have been shown to exacerbate the impact (Novak & Davidson, 2013). Denial may help in managing immediate stress; however, problem-focused coping is expected to yield preferable psychological outcomes in the long run (Smith

et al., 2018; Williams-Wynn & MacDonald, 2023). In general, while differentiating between different styles of coping is important to improve outcomes, they should not be broadly considered as either adaptive or maladaptive (Novak & Davidson, 2013), given that they cannot be understood independently from individual and societal influences (Slavtcheva-Petkova et al., 2023).

Aims and Research Questions

Employers must remain vigilant about the debilitating influence of these stressors on job performance, as they might hinder productivity, quality of work, turnover rates and organizational profits (Beam & Spratt, 2009; Dubberley et al., 2015; Lynott, 2006). Additionally, the ongoing changes in news production and dissemination – namely digitalization as well as material and economic pressures – will continue to shape journalists' lives.

This study therefore plans on filling some gaps in the research while adding to existing research on other factors influencing trauma responses in journalists. While prior research has often focused on war and crisis reporting, some researchers have been adamant about the impact routine exposure can have on symptoms of post-traumatic stress in journalists (Dworznik, 2011; Seely, 2019; Simpson & Boggs, 1999). Additionally, to the best of the authors' knowledge, only one study has yet investigated the specific influence of repeated, work-related trauma exposure on the development of CPTSD symptom clusters in journalists (Wood, 2020). This study's goal is to examine the influence of the frequency and intensity of work-related trauma exposure on the psychological well-being of journalists, specifically focusing on its impact on CPTSD and expanding on the limited prior research on measures of occupational stress like STS and burnout. Additionally, this study will explore whether the type of trauma exposure – directly or indirectly – affects these measures of psychological distress. Furthermore, it will investigate whether compassion satisfaction moderates the relationship between occupational trauma exposure and symptoms of post-traumatic stress. Age, gender, and years of working experience, will be included in these analyses to expand on the currently ambiguous findings regarding demographic variables (Smith et al., 2018). Due to the scope of this thesis however, controlling for organizational factors, emotional coping and trauma-specific training is beyond feasibility.

This lack of investigation raises critical points of interest, summarized in the following research questions:

RQ1: How are the frequency, intensity, and type of work-related trauma exposure associated with symptoms of post-traumatic stress?

H1.1: Greater frequency of work-related trauma exposure is associated with increased CPTSD symptoms

H1.2: Greater frequency of work-related trauma exposure is associated with increased STS symptoms

H1.3: Greater intensity of work-related trauma exposure is associated with increased CPTSD symptoms

H1.4: Greater intensity of work-related trauma exposure is associated with increased STS symptoms

H1.5: Mainly experiencing a combination of both direct and indirect work-related trauma exposure is associated with higher symptoms of STS.

Due to the lack of existing research on the influence of CS in journalist samples in general, as well as the relationship between work-related trauma exposure and symptoms of post-traumatic stress, the second research question represents an exploratory analysis:

RQ2: Does CS moderate the relationship between work-related trauma exposure and the development of post-traumatic stress symptoms?

H2.1: CS moderates the relationship between work-related trauma exposure and CPTSD symptoms, such that higher levels of CS weaken the association between trauma exposure and CPTSD scores.

H2.2: CS moderates the relationship between work-related trauma exposure and STS symptoms, such that higher levels of CS weaken the association between trauma exposure and STS scores.

Methods

The following section is meant to provide an extensive overview of the methodological aspects of this study, describing study design, procedure, as well as the included measurement instruments.

Study design

This study was conducted as part of a master's thesis at the University of Vienna and was approved by the university's ethics committee on October 8, 2024, in accordance with all ethical guidelines (Ethics vote number 01217). Furthermore, this thesis followed ethical research guidelines and trauma work best practices from the International Society for Traumatic Stress Studies (ISTSS, 2025) and the Dart Center for Journalism (Thompson & Shapiro, 2025).

Data collection took place between November 3rd and December 15th, 2024, using a web-based questionnaire designed with the SoSci Survey software (Leiner, 2024). Prior to recruiting, the questionnaire was pretested by participants of the author's master's seminar to identify and rectify any mistakes and presenting issues.

Organizational contact information was compiled into a database, in an attempt to obtain a representative sample. The sample included professionals such as news journalists, photographers, and camera operators employed at newspapers, radio, television, and internet-based media organizations. Participants were recruited using three different sources: (1) publicly available contact information from news organizations, (2) direct outreach via email or phone calls to news organizations and research networks, and (3) the author's personal contacts. Artificial intelligence models like ChatGPT were used to facilitate the collection of contact information.

On the first page of the survey, participants were required to provide their informed consent. The consent form detailed the study's goals and objectives, methodology, as well as any distress participation could entail. Therefore, contact information for mental health helplines and service providers was presented to mitigate any of these adverse consequences. Participants were explicitly informed that all data collection was completely anonymous, participation was voluntary, and that they could quit the survey at any time without consequences, and that all data would be collected anonymously.

Before completing a series of topic-related questionnaires, participants filled out questions regarding demographic information, including age, gender identity, years of professional experience, and job title.

Participants were required to be at least 18 years old, currently employed in a journalistic profession (e.g., journalist, news reporter, or news photographer/camera operator), and proficient in English to be eligible to participate. Additionally, access to an internet-capable device was a prerequisite for participation, given the survey was only accessible online.

Participants

An a priori power analysis was conducted using G*Power 3.1.9.6 for Mac (Faul et al., 2007) to determine the required sample size. Based on a significance level of $\alpha = .05$, a power of .80, and an estimated medium effect size of $f^2 = .15$, the analysis indicated that a minimum sample size of $N = 77$ was required for linear multiple regression models with a fixed model, examining the increase in R^2 , given three tested predictors and six total predictors (see Appendix Figure B1).

A total of 82 participants completed at least 80% of the survey items. A time frame check was conducted to assess whether the allocated time needed to complete the questionnaire was realistic. According to SoSci Survey's time frame check, any value above zwei on the computed variable indicates that participants completed the questionnaire too quickly relative to other respondents. One participant exceeded this threshold (value = 2.54) and was therefore excluded from further analysis, resulting in a final sample size of $N = 81$.

Of the 81 participants, 54 (66.7%) identified as female, and 27 (33.3%) identified as male. The mean age of the sample was 38.43 years ($SD = 10.67$). Regarding professional roles, 72 participants (88.9%) identified as journalists, 2 (2.5%) as camera operators, and 7 (8.6%) reported other occupational titles, including international correspondent, news producer, photojournalist, freelancer, sports reporter, or a combination of multiple roles.

Regarding the country of employment, 31 participants (38.8%) primarily worked in Germany, 17 (21.0%) in Austria, 11 (13.6%) in the United States, 7 (8.6%) in Luxembourg, 3 (3.7%) in Switzerland, and 12 (14.8%) in other countries, including the Democratic Republic of the Congo, Somalia, Mali, various regions in Southeastern and Eastern Europe, Brazil, Burkina Faso, Denmark, Australia, Thailand, Africa (general), France, Italy, Ivory Coast, Romania, Belgium, and South Africa.

Operationalization

The following subsections contain information about the operationalization of the variables used in the statistical analyses.

Journalist Traumatic Exposure Scale (JTES)

Work-related exposure to potentially traumatic material was measured with a modified version of the JTES (Pyeovich et al., 2003). The JTES is a 23-item self-report questionnaire that assesses journalists' experiences of specific trauma-related events over the past 12 months. In accordance with Browne et al. (2012), two modifications were made to the JTES.

First, the response choices for the subscales measuring frequency and range of trauma exposure were changed from 14 open-ended items to a 5-point categorical response scale (0 = *Never*, 1 = *Once or twice*, 2 = *Every few months*, 3 = *Most months*, 4 = *Monthly*, 5 = *Weekly*). Second, an additional item was added to assess exposure to events involving child abuse and cruelty. The subscales for frequency and range of trauma exposure is therefore consists of 15 items (e.g., “Number of times responding to an assignment involving murder”; Pyevich et al., 2003).

Responses were summed to generate a measure of exposure frequency, with higher scores indicating greater exposure. Additionally, for every response greater than 0, one point was added to the range subscale. The third subscale assessed the characteristics of experienced events to determine the intensity of exposure. This subscale comprised nine dichotomous items (*Yes/No*; e.g., “Have you received injuries due to covering an assignment?”). The sum of ‘Yes’ responses formed an overall measure of trauma coverage intensity, with higher scores indicating greater intensity. The frequency and intensity items were summed to calculate an overall score of work-related trauma exposure – called JTES SUM.

The 15 items comprising the frequency and range subscales were presented twice in the questionnaire. The second time, the phrasing of the items was adjusted to distinguish between work-related trauma exposure experienced *on the scene* versus *indirectly* (Backholm & Björkqvist, 2010, 2012). The responses were then summed to compute the number of times journalists experienced work-related trauma exposure either *indirectly*, *on the scene*, or *both*. Additionally, a dichotomous *mostly-index* was calculated to determine whether participants primarily experienced work-related trauma exposure in one mode (either *indirectly* or *on the scene*) or in both modes.

The internal consistency of each subscale was calculated and compared to the values reported by Pyevich et al. (2003). Cronbach’s alpha values were $\alpha = .95$ (previously $\alpha = .77$) for the frequency subscale, $\alpha = .93$ (previously $\alpha = .84$) for the range subscale, and $\alpha = .66$ (previously $\alpha = .63$) for the intensity subscale.

International Trauma Exposure Measure (ITEM)

Lifetime traumatic exposure was assessed using the International Trauma Exposure Measure (Hyland et al., 2021). The ITEM is a freely available self-report checklist that includes 21 potentially traumatic life experiences (e.g., “Someone close to you died in an awful manner”; Hyland et al., 2021).

Respondents were asked to identify their most distressing experience – referred to as their index trauma – as well as report how many times and how long ago this event first occurred. Instead of using the original ITEM response options (a) *before or during primary school* (up to age 12), b) *during secondary school* (ages 13–18), or c) *after secondary school* (age 18 and older), this study simplified the response format to a binary *yes/no* scale to measure lifetime trauma exposure.

International Trauma Questionnaire (ITQ)

The International Trauma Questionnaire (Cloitre et al., 2018) is a self-report measure used to assess symptoms of complex post-traumatic stress disorder. The index trauma event identified in the ITEM serves as a reference point for all questions. Participants indicate how distressing this event has been in the past month.

The ITQ assesses three PTSD symptom clusters: re-experiencing in the present, avoidance, and a sense of threat, with each cluster measured by two items (e.g., “Feeling jumpy or easily startled?”; Cloitre et al., 2018). In addition, to account for CPTSD-specific symptoms, the ITQ includes two items for each of the three Disturbances in Self-Organization (DSO) domains: affective dysregulation, negative self-concept, and disturbed relationships. Participants are instructed to report how they typically feel, think about themselves, and relate to others (e.g., “I feel distant or cut off from people”; Cloitre et al., 2018).

Both symptom domains are supplemented by three items measuring functional impairment in social, occupational, or other areas of life due to the symptoms. Responses are recorded using a five-point Likert scale, ranging from 0 (*Not at all*) to 4 (*Extremely*).

The internal consistency was compared to a study using the 6 item PTSD/DSO ITQ like this study does (Frost et al., 2022). The internal reliability for the PTSD items in this study was acceptable $\alpha = .84$ ($\alpha = 0.81$), same goes for the internal consistencies of the Re-experiencing $\alpha = 0.75$ ($\alpha = 0.89$), Avoidance $\alpha = 0.82$ ($\alpha = 0.82$) and Sense of Threat $\alpha = 0.79$ ($\alpha = 0.85$) clusters. In this sample the internal consistency of the DSO items was acceptable as well, $\alpha = 0.82$ ($\alpha = 0.84$). While the Affective Dysregulation, $\alpha = 0.52$ ($\alpha =$

0.56) subscale showed questionable reliability, the disturbances in relationship, $\alpha = 0.70$ ($\alpha = 0.90$), and negative self-concept subscales showed acceptable reliability, $\alpha = 0.91$ ($\alpha = 0.90$)

The Professional Quality of Life Scale (ProQOL R-IV)

The ProQOL R-IV (Stamm, 2010) assesses STS, CS, and burnout. Each subscale consists of 10 items, rated on a 5-point Likert scale ranging from 1 (*Never*) to 5 (*Very Often*). Minor modifications were made to the wording to improve item alignment with the target population (e.g., “I feel invigorated after working as a journalist”)

The STS subscale showed good internal consistency scores, $\alpha = .86$ (Stamm, 2010: $\alpha = .87$), as did the CS subscale, $\alpha = .87$ (Stamm, 2010: $\alpha = .80$), but the burnout subscale exhibited lower reliability, $\alpha = .63$ (Stamm, 2010: $\alpha = .72$).

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 (Kroenke et al., 2001) is a validated 9-item self-report measure widely used to screen for and assess the severity of depression in both clinical, sub-clinical and research settings. The items follow the DSM diagnostic criteria for major depressive disorder. Participants rate the frequency of depressive symptoms experienced over the past two weeks on a 4-point Likert scale ranging from 0 (*Not at all*) to 3 (*Nearly every day*), yielding a total score between 0 and 27. Depression severity is categorized as *no* or *minimal* (0–4), *mild* (5–9), *moderate* (10–14), *moderately severe* (15–19), and *severe* (20–27).

Consistent with the approach used for other measures, internal consistency was compared to findings from a non-clinical sample in a separate study. In the present sample, internal consistency was satisfactory, $\alpha = .85$, aligning with prior findings ($\alpha = .82$; Rahman et al., 2022).

Statistical Analyses

All analyses were conducted using IBM SPSS Statistics for Mac (Version 29; (IBM Corp., 2023)). The general work-related trauma exposure score from the JTES was calculated as a sum score due to differences in the two scales combined; consequently, all other subscales were also computed as sum scores. A table presenting the means and standard deviations of the various subscales is included to facilitate interpretation (Table 2).

To examine RQ1, hierarchical multiple regression analyses were performed. In the first step, control variables—including age, gender, years of working experience, personal lifetime trauma exposure, and burnout—were entered into the regression model. These variables have previously been identified as relevant factors influencing the development and severity of CPTSD and STS symptoms in journalist samples. In a second step, the key

predictor variable—frequency, intensity, or the mostly index of work-related trauma exposure—was added to assess its unique contribution to CPTSD and STS symptoms. This approach allowed for an evaluation of the variance explained by these predictors.

H1.1 proposed that a higher frequency of work-related trauma exposure would be associated with increased CPTSD and STS symptoms in this sample of journalists. Separate multivariate hierarchical regression analyses were conducted for all combinations of independent and dependent variables (PTSD, DSO, CPTSD, and STS scores). Analogously, H1.2 posited that a higher intensity of work-related trauma exposure would be associated with increased CPTSD and STS symptoms. Therefore, the same approach was used to examine this hypothesis, conducting separate analyses for the different combinations of dependent and independent variables. H1.3 proposed that a combination of direct and indirect work-related trauma exposure would be associated with increased symptoms of STS. To test this, the dichotomous mostly index was included in the second step of the regression model.

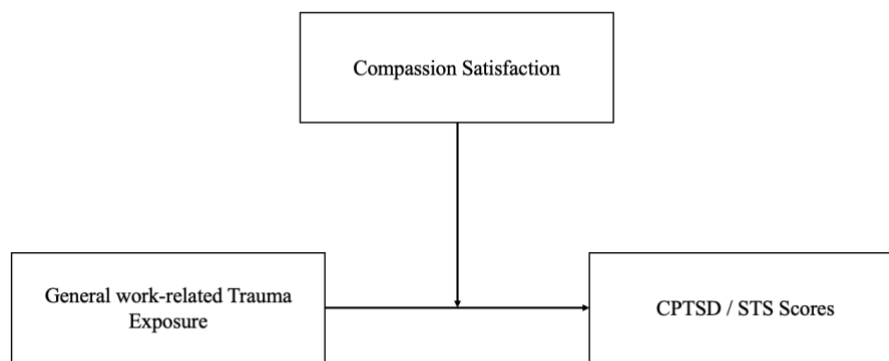
To examine RQ2, moderation analyses were conducted using Model 1 of the PROCESS macro for SPSS (Version 22; (Hayes, 2018)). This approach employs ordinary least squares regression to estimate unstandardized coefficients for direct and interaction effects. The analyses were conducted using 5,000 bootstrapped samples in combination with a Davidson-MacKinnon heteroscedasticity-consistent inference procedure to derive confidence intervals and effect estimates. These analyses aimed to determine whether CS moderated the relationship between general work-related trauma exposure and CPTSD or STS symptoms. Given the different independent and dependent variable combinations, multiple moderation models were computed, each following a two-step structure. In the first step, the independent variable – general work-related trauma exposure - and the moderator – CS – were included to assess direct and interactive effects. In the second step, covariates were added. Since including all potential covariates would have risked overfitting – particularly given the limited sample size – only covariates demonstrating significant associations with the independent variables in the RQ1 regression analyses were retained.

H2.1 posited that CS moderates the relationship between overall work-related trauma exposure and CPTSD scores, so that elevated CS scores are associated with lower CPTSD symptoms. Analogously to RQ1, unique moderation models were conducted for each dependent variable, while only controlling for relevant covariates. To mitigate the risk of overfitting, the moderation analyses only included covariates that significantly influenced the outcomes in the hierarchical multivariate regression models. For PTSD scores, those included age and years of working experience. For DSO scores, it was gender and PHQ-9 scores, and

for CPTSD, PHQ-9 scores were included as the only covariate. H2.2 proposed that CS moderates the relationship between general work-related trauma exposure and STS scores expecting higher CS scores to be associated with lower STS scores. This hypothesis was tested using a moderation analysis, including gender and burnout as covariates.

Figure 1

Model of the moderation analyses conducted for RQ2



Note. CPTSD = ITQ Complex Post-Traumatic Stress Disorder Scores; STS = ProQOL Secondary Traumatic Stress Scores

Results

The following subchapters present the results of the statistical analyses performed. First, the assumptions checked for the performed models will be explained, then descriptive statistics are presented before both research questions are examined in order.

Statistical Assumptions Check

Prior to conducting the multivariate regression analyses and the moderation analyses, the assumptions required for the validity of the statistical model were examined. Scatterplots of each predictor variable against the dependent variables were used to assess linearity for all predictors used in the model. The normality of residuals was tested using histograms and probability-probability plots, visually confirming that residuals were approximately normally distributed. For some of these models however, the standardized residuals exceeded the generally accepted threshold of ± 2.5 , which might be indicative of outliers or extreme cases. In spite of that, the calculated Cook's Distance values were below the critical value of 1, suggesting that no singular data entry excessively impacted the performed statistical

models. Multicollinearity was evaluated using variance inflation factor and tolerance values, which were well below the threshold of 10 and above the threshold of 0.1 respectively. The observed values indicate that predictor variables in this sample did not exhibit multicollinearity. Visual inspection of residual vs. predicted value plots, confirmed homoscedasticity, as the spread of residuals remained relatively constant across predicted values. Durbin-Watson test results fell inside the range of 1.5 to 2.5, indicating no concerning autocorrelation pattern. These diagnostic assumption checks confirmed that the data set satisfied the necessary assumptions for valid and reliable multivariate regression analyses.

Descriptive statistics

The ITQ diagnostic criteria specify that a PTSD diagnosis requires the presence of at least one of the two symptoms in each symptom cluster (re-experiencing in the here and now, avoidance, and sense of threat), as well as the endorsement of at least one functional impairment indicator related to these PTSD clusters. Similarly, a CPTSD diagnosis requires that an individual meets these PTSD diagnostic criteria and endorses at least one item from each of the three DSO symptom clusters (Affective Dysregulation, Negative Self-Concept, and Disturbances in Relationships), along with at least one functional impairment indicator associated with these clusters. Items are classified as endorsed with a score of ≥ 2 . Overall, in this sample four participants (4.9%) in this study met the diagnostic criteria for PTSD, two of whom (2.5%) further met the criteria for CPTSD, excluding them from a potential PTSD diagnostic.

88.9% of participants reported having been exposed to at least one of the events described in the JTES (Dworznic, 2011; Smith et al., 2018).

In this sample, 67 participants (82.7%) reported experiencing trauma primarily through one mode, while 14 participants (17.3%) reported experiencing both modes equally.

One third (33.3%) of participants reported no or minimal depressive symptoms, while an additional 33.3% exhibited mild symptoms. Moderate symptoms were observed in 21.8% of participants, 7.7% experienced moderately severe symptoms, and 3.7% met the criteria for severe depression.

The ITEM was used to assess lifetime trauma exposure, revealing that 88.9% of participants had experienced at least one of the listed traumatic events. (see Table 1).

Table 1*Sample characteristics*

Variable	<i>M (SD) / n (%)</i>
Age (years)	<i>M</i> = 38.43 (10.67)
Female Gender Identiy	54 (66.7%)
PTSD	4 (4.9%)
CPTSD	2 (2.5%)
Lifetime Trauma Exposure	72 (88.9%)
Occupational Trauma Exposure	72 (88.9%)

Note. According to ICD-11, the PTSD and CPTSD diagnoses are mutually exclusive, meaning a person can only receive one of them, not both

The three different ProQOL subscales – CS, CF/STS, and Burnout – were relatively normally distributed in this study. Since the ProQOL is a screening tool rather than a diagnostic instrument, it does not provide definite cut-off scores. However, the author has introduced threshold scores to improve identification of risk and protective factors. Interpreting the subscale scores in connection with one another may offer further insights into potentially underlying psychopathology.

The study variables were organized into six independent variables: (1) frequency of work-related trauma exposure (JTES FREQ), (2) intensity of work-related trauma exposure (JTES INT), (3) general work-related trauma exposure (JTES SUM), (4) primary type of trauma experienced (mostly index), (5) ProQOL Burnout (Burnout), and (6) depression severity (PHQ-9). The dependent variables included are (1) ITQ PTSD, (2) ITQ DSO, (3) total ITQ scores, and (4) ProQOL Secondary Traumatic Stress (STS). Table 2 presents the means, standard deviations, and correlations between these study variables.

Furthermore, the third ProQOL subscale – CS – is included in the moderation analysis as a moderator variable.

Table 2*Means, Standard Deviations and Correlations of study variables*

Variable	<i>M(SD)</i>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. PTSD	7.84 (5.64)	-									
2. DSO	8.90 (5.16)	.392**	-								
3. CPTSD	16.53 (9.13)	.852**	.816**	-							
4. JTES FREQ	17.95 (15.81)	.033	-.029	-.009	-						
5. JTES INT	2.20 (1.9)	.070	.029	.062	.340**	-					
6. JTES SUM	20.15 (16.55)	.538	-.025	-.001	.994**	.440**	-				
7. mostly index	33.18 (7.98)	-.016	-.113	-.063	.080	.419**	.125	-			
8.. PROQOL STS	18.08 (8.99)	.367**	.291**	.389**	.414**	.550**	.459**	.132	-		
9.. PROQOL Burnout	24.80 (6.52)	.320**	.375**	.402**	.250*	.407**	.285*	.167	.596**	-	
10. PHQ- 9	7.92(5.18)	.349**	.545**	.521**	.113	.217	.133	.033	.392**	.521**	-

Note. $N=70$; PTSD = ITQ Post-Traumatic Stress Disorder; DSO = ITQ Disturbances of Self-Organisation; CPTSD = ITQ Total Sum Score; JTES FREQ = Journalist Traumatic Exposure Scale Frequency Scale; JTES INT = Journalist Traumatic Exposure Scale Intensity Scale; JTES SUM = Journalist Traumatic Exposure Scale General Score; * $p < .05$; ** $p < .01$

H1.1 Frequency and PTSD

A multivariate hierarchical regression analysis was conducted to examine the predictors of PTSD symptoms as measured by the ITQ PTSD sum score. Two models were tested: the first model included PHQ-9, lifetime trauma exposure (LTE), gender, years of work experience (YWE), burnout, and age as predictors. In the second model JTES FREQ was added as an additional predictor.

The first model was significant, $F(6, 63) = 2.92, p = .014$, explaining 21.8% of the variance in PTSD symptoms ($R^2 = .218$). Adding JTES FREQ in the second model accounted for a non-significant increase in explained variance, $\Delta R^2 = .003, F(1, 62) = 0.28, p = .600$. The total variance explained by model two was 22.1% ($R^2 = .221$).

In the first model, age ($\beta = 0.61, p = .028$) and YWE ($\beta = -.61, p = .028$) were significant predictors, indicating that older individuals reported higher PTSD symptoms, while longer work experience was associated with lower PTSD symptoms. LTE ($\beta = -.03, p = .848$), burnout ($\beta = .15, p = .234$), PHQ-9 ($\beta = .24, p = .079$), and gender identity ($\beta = .12, p = .340$) did not significantly predict PTSD symptoms (see Appendix Table 1).

In the second model, the inclusion of JTES FREQ did not significantly predict PTSD symptoms ($\beta = .02, p = .600$). The previously significant predictors age and YWE retained their significance ($p = .025$ and $p = .025$, respectively), while the other predictors remained non-significant.

H1.1 Frequency and DSO

A multivariate hierarchical regression analysis was conducted to examine the predictors of DSO symptoms as measured by the ITQ DSO sum score. Two models were tested: The first included PHQ-9, LTE, gender, YWE, burnout, and age as predictors. In the second model JTES FREQ was added as an additional predictor.

The first model was significant, $F(6, 63) = 6.114, p < .001$, explaining 30.8% of the variance in DSO symptoms ($R^2 = .308$). The addition of JTES FREQ in the second model accounted for a non-significant increase in explained variance, $\Delta R^2 = .024, F(1, 62) = 2.471, p = .121$. The total variance explained by the second model was 32.4% ($R^2 = .324$).

In the first model, gender identity ($\beta = .29, p = .013$) and PHQ-9 ($\beta = .48, p < .001$) were significant predictors, indicating that female participants and those with higher PHQ-9 scores reported higher DSO symptoms. LTE ($\beta = -.17, p = .148$), burnout ($\beta = .16, p = .177$), YWE ($\beta = .19, p = .457$), and age ($\beta = .03, p = .913$) did not significantly predict DSO symptoms (see Appendix Table 2).

In the second model, the inclusion of JTES FREQ did not significantly predict DSO symptoms ($\beta = -.18, p = .121$). The previously significant predictors gender and PHQ-9 retained their significance ($p = .006$ and $p < .001$, respectively), while other predictors remained non-significant.

The results indicate that gender identity and depression symptoms were significant predictors of DSO symptoms, while LTE, burnout, age, YWE and JTES FREQ were not significant in predicting DSO symptoms.

H1.1 Frequency and CPTSD

Another multivariate hierarchical regression analysis was conducted to examine the predictors of ITQ CPTSD symptoms as measured by the ITQ sum score. Again, two models were tested following the same procedure: The first model included the aforementioned predictors. In the second model JTES FREQ was added as an additional predictor.

The first model was significant, $F(6, 64) = 5.11, p < .001$, explaining 32.4% of the variance in CPTSD symptoms ($R^2 = .324$). The addition of JTES FREQ in the second model accounted for a non-significant increase in explained variance, $\Delta R^2 = .003, F(1, 63) = .283, p = .596$. The total variance explained by the second model was 32.7% ($R^2 = .327$).

In the first model only PHQ-9 ($\beta = .41, p = .002$) was a significant predictor, indicating that higher depression scores were associated with elevated CPTSD symptoms. LTE ($\beta = -.03, p = .818$), burnout ($\beta = .18, p = .137$), gender identity ($\beta = .20, p = .084$), YWE ($\beta = -.26, p = .315$), and age ($\beta = .36, p = .160$) did not significantly predict CPTSD symptoms (see Appendix Table 3).

In the second model, the inclusion of JTES FREQ did not significantly predict CPTSD symptoms ($\beta = -.06, p = .596$). The previously significant predictor PHQ-9 retained its significance ($p = .002$), while other predictors remained non-significant.

The results indicate that depression symptoms are significant predictors of CPTSD symptoms, while LTE, burnout, age, YWE and JTES FREQ were not significant in predicting CPTSD symptoms.

H1.2 Frequency and STS

The same procedure was followed to examine the predictors of STS symptoms as measured by the PROQOL STS/CF sum score. Two models were tested: The first model included PHQ-9, LTE, gender identity, YWE, burnout, and age as predictors. In the second model JTES FREQ was added as an additional predictor.

The first model was significant, $F(6, 64) = 6.701, p < .001$, explaining 38.6% of the variance in STS symptoms ($R^2 = .386$). The addition of JTES FREQ in the second model accounted for a significant increase in explained variance, $\Delta R^2 = .109, F(1, 63) = 13.561, p < .001$. The total variance explained by the second model was 49.5% ($R^2 = .495$).

In the first model, gender ($\beta = .24, p = .030$) and burnout ($\beta = .48, p < .001$) were significant predictors, indicating that female participants reported higher STS symptoms, while higher burnout scores were associated with higher STS symptoms. LTE ($\beta = .34, p = .763$), PHQ-9 ($\beta = .10, p = .416$), YWE ($\beta = .09, p = .708$), and age ($\beta = -.11, p = .650$) did not significantly predict STS symptoms (see Appendix Table 4).

In the second model, the inclusion of JTES frequency of exposure significantly predicted STS symptoms ($\beta = .37, p < .001$). The previously significant predictor burnout retained significance ($p < .001$), gender lost its significance, the other predictors remained non-significant.

The findings indicate that burnout and JTES FREQ are significant predictors of STS symptoms. Gender identity, while initially significant in model 1, lost its predictive power when JTES FREQ was included. Demographic factors, such as LTE, age, and YWE, did not significantly contribute to explaining variance in STS symptoms in this analysis.

H1.3 Intensity and PTSD

A multivariate hierarchical regression analysis was conducted to examine the predictors of PTSD symptoms as measured by the ITQ PTSD score. Two models were tested: the first model included PHQ-9, LTE, gender identity, YWE, burnout, and age as predictors. In the second model JTES INT was added as an additional predictor.

The first model was significant, $F(6, 63) = 2.921, p = .014$, explaining 21.8% of the variance in PTSD symptoms ($R^2 = .218$). The addition of JTES INT in the second model accounted for a non-significant increase in explained variance, $\Delta R^2 = .003, R(1, 62) = .28, p = .600$. The total variance explained by the second model was 22.1% ($R^2 = .221$).

In the first model, age ($\beta = .61, p = .028$) and YWE ($\beta = -.61, p = .028$) were significant predictors, indicating that older participants reported higher PTSD symptoms, while longer work experience was associated with lower PTSD symptoms. LTE ($\beta = -.03, p = .848$), burnout ($\beta = .15, p = .177$), gender identity ($\beta = .12, p = .340$), and PHQ-9 ($\beta = .24, p = .079$) did not significantly predict PTSD symptoms (see Appendix Table 5).

In the second model, the inclusion of JTES INT did not significantly predict PTSD symptoms ($\beta = -.07, p = .600$). The previously significant predictors, age and YWE, retained their significance ($p = .027$ and $p = .025$, respectively), while other predictors remained non-significant.

The results indicate that age and work experience were significant predictors of PTSD symptoms, while LTE, burnout, age, PHQ-9 and JTES INT were not significant in predicting PTSD symptoms.

H1.3 – Intensity & DSO

Another multivariate hierarchical regression analysis was conducted to examine the predictors of DSO symptoms as measured by the ITQ DSO sum score. Following the same procedure, two models were tested: the first model included the same predictors as before. In the second model JTES INT was added as an additional predictor.

The first model was significant, $F(6, 63) = 6.11, p < .001$, explaining 36.8% of the variance in DSO symptoms ($R^2 = .368$). The addition of JTES INT in the second model accounted for a non-significant increase in explained variance, $\Delta R^2 = .006, F(1, 62) = .594, p = .444$. The total variance explained by the second model was 37.4% ($R^2 = .374$).

In the first model, gender identity ($\beta = .29, p = .013$) and PHQ-9 ($\beta = .48, p < .001$) were significant predictors, indicating that female participants reported higher DSO symptoms, while higher depression scores were associated with higher DSO symptoms. LTE ($\beta = -.17, p = .148$), burnout ($\beta = .16, p = .177$), YWE ($\beta = .19, p = .457$), and age ($\beta = .03, p = .913$) did not significantly predict DSO symptoms (see Appendix Table 6).

In the second model, the inclusion of JTES INT did not significantly predict DSO symptoms ($\beta = -.09, p = .444$). The previously significant predictors gender identity and PHQ-9 retained their significance ($p = .013$ and $p < .001$, respectively), while other predictors remained non-significant.

The results indicate that gender identity and depression symptoms were significant predictors of DSO symptoms, while LTE, burnout, age, YWE and JTES INT were not significant in predicting DSO symptoms.

H1.3 – Intensity & CPTSD

The same procedure was repeated to examine the predictors of ITQ CPTSD symptoms as measured by the ITQ sum score. Two models were tested: the first model included PHQ-9, LTE, gender identity, YWE, burnout, and age as predictors. In the second model JTES INT was added as an additional predictor.

The first model was significant, $F(6, 64) = 5.11, p < .001$, explaining 32.4% of the variance in CPTSD symptoms ($R^2 = .324$). The addition of JTES INT in the second model accounted for a non-significant increase in explained variance, $\Delta R^2 = .006, F(1, 63) = .586, p = .447$. The total variance explained by the second model was 33.0% ($R^2 = .330$).

In the first model, only PHQ-9 scores ($\beta = .41, p = .002$) was a significant predictor, indicating that a higher PHQ-9 scores was associated with higher CPTSD symptoms. LTE ($\beta = -.03, p = .818$), burnout ($\beta = .18, p = .137$), gender identity ($\beta = .20, p = .084$), YWE ($\beta = -.26, p = .457$), and age ($\beta = .36, p = .160$) did not significantly predict CPTSD symptoms (see Appendix Table 7).

In the second model, the inclusion of JTES INT did not significantly predict CPTSD symptoms ($\beta = -.09, p = .447$). The previously significant predictor PHQ-9 scores retained its significance ($p = .002$), while other predictors remained non-significant.

The results indicate that PHQ-9 scores were a significant predictor of CPTSD symptoms, while LTE, burnout, age, YWE and JTES INT were not significant in predicting CPTSD symptoms.

H1.4 – Intensity & STS

A hierarchical multiple regression was conducted to examine the predictors of STS symptoms as measured by the PROQOL STS/CF sum score. Two models were tested: the first model included PHQ-9, LTE, gender identity, YWE, burnout, and age as predictors. In the second model JTES INT was added as an additional predictor.

The first model was significant, $F(6, 64) = 6.701, p < .001$, explaining 38.6% of the variance in STS symptoms ($R^2 = .386$). The addition of JTES INT in the second model accounted for a significant increase in explained variance, $\Delta R^2 = .162, F(1, 63) = 22.480, p < .001$. The total variance explained by the second model was 54.7% ($R^2 = .547$).

In the first model, gender identity ($\beta = .24, p = .030$) and burnout scores ($\beta = .48, p < .001$) were significant predictors, indicating that a female gender and higher burnout scores were associated with higher STS symptoms. LTE ($\beta = .34, p = .763$), PHQ-9 ($\beta = .10, p = .416$), YWE ($\beta = .09, p = .708$), and age ($\beta = -.11, p = .650$) did not significantly predict STS symptoms (see Appendix Table 8).

In the second model, the inclusion of JTES INT significantly predicted STS symptoms ($\beta = .44, p < .001$). The previously significant predictors gender identity and burnout retained significance ($p = .012$ and $p = .004$, respectively), while other predictors remained non-significant.

The findings indicate that gender identity, burnout and JTES INT were significant predictors of STS symptoms. Lifetime trauma exposure, age, and years of work experience did not significantly contribute to explaining variance in STS symptoms in this analysis.

H1.5 – Mostly Index & STS

A hierarchical multiple regression was conducted to examine the predictors of STS symptoms as measured by the PROQOL STS sum score. Two models were tested: the first model included PHQ-9, LTE, gender identity, YWE, burnout, and age as predictors. In the second model the “mostly-index” was added as an additional predictor.

The first model was significant, $F(6, 64) = 6.701, p < .001$, explaining 38.6% of the variance in PTSD symptoms ($R^2 = .386$). The addition of the “mostly-index” in the second model accounted for a non-significant increase in explained variance, $\Delta R^2 = .003, F(1, 63) = .348, p = .557$. The total variance explained by the second model was 38.9% ($R^2 = .389$).

In the first model, gender ($\beta = .24, p = .030$) and burnout ($\beta = .48, p < .001$) were significant predictors, indicating that female participants reported higher STS symptoms, while higher burnout scores were associated with higher STS symptoms. LTE ($\beta = .34, p = .763$), PHQ-9 scores ($\beta = .10, p = .416$), YWE ($\beta = .09, p = .708$), and age ($\beta = -.11, p = .650$) did not significantly predict STS symptoms (see Appendix Table 9).

In the second model, the inclusion of mostly index did not significantly predict STS symptoms ($\beta = .06, p = .557$). The previously significant predictors (gender identity and Burnout) retained significance ($p = .026$ and $p < .001$, respectively), while other predictors remained non-significant.

The findings indicate that gender identity and burnout symptoms and are significant predictors of STS symptoms. Demographic factors, such as lifetime trauma exposure, age, and years of work experience, did not significantly contribute to explaining variance in STS symptoms in this analysis.

H2.1 – Exposure, CS & PTSD

A moderation analysis was conducted to examine whether CS moderates the relationship between JTES SUM and PTSD scores. The initial model without covariates explained 6.32% of the variance, $R^2 = .632, F(3, 75) = 1.68, p = .18$. The interaction term was significant ($B = -0.01, SE = 0.01, t = -2.18, p = .03, 95\% CI [-0.02, -0.01]$), indicating that CS significantly moderated the relationship between JTES SUM and PTSD in this model.

To further investigate this moderation effect, a simple slopes analysis was conducted at low (-1 SD), mean, and high (+1 SD) levels of CS. The results suggest that the relationship between JTES SUM and PTSD did not reach statistical significance at these levels of CS. Therefore, the Johnson-Neyman technique was used to identify regions of statistical

significance for the relationship between JTES SUM and PTSD across different levels of CS. Here, the results indicate that the association between JTES SUM and PTSD was only statistically significant for cases where CS was below -11.06. At this threshold, approximately 10.13% of the sample fell below the significance region, while 89.87% fell above it, indicating that for the majority of the sample, the interaction did not have a significant effect.

Next, the moderation model was re-run including the covariates age and YWE. The model including covariates explained 13% of the variance, $R^2 = .13$, $F(5, 66) = 1.66$, $p = .157$, while the interaction term lost its significance ($B = -0.01$, $SE = 0.01$, $t = -1.29$, $p = .20$, 95% CI [-0.02, 0.01]). The covariates, age ($B = .31$, $SE = .21$, $t = 1.53$, $p = .13$, 95% CI [-.10, .72]) and YWE ($B = -.37$, $SE = .23$, $t = -1.57$, $p = .12$, 95% CI [-.83, .10]) did not significantly predict PTSD (see Appendix Table 10).

Taken together, the results indicate that CS did not significantly moderate the relationship between JTES SUM and PTSD, when covariates were included.

H2.1 – Exposure, CS & DSO

A moderation analysis was conducted to examine whether CS moderates the relationship between JTES SUM and DSO. The initial model without covariates explained 4.84% of the variance, $R^2 = .484$, $F(3, 75) = 1.16$, $p = .332$. The interaction term did not reach significance ($B = .00$, $SE = .00$, $t = .001$, $p = .999$, 95% CI [-.01, .09]), indicating that CS did not significantly moderate the relationship between JTES SUM and DSO in this model. Due to the insignificant interaction, no simple slope analysis was conducted.

Next, the moderation model was re-run including the covariates gender identity and PHQ. The model including covariates explained 35.4% of the variance, $R^2 = .354$, $F(5, 71) = 7.35$, $p < .001$. The interaction term remained non-significant ($B = .00$, $SE = .00$, $t = .22$, $p = .026$, 95% CI [-.01, .01]). The covariates, gender ($B = 2.43$, $SE = 1.07$, $t = 2.27$, $p = .026$, 95% CI [.30, 4.55]) and PHQ ($B = .50$, $SE = .11$, $t = 4.50$, $p < .001$, 95% CI [.28, .73]) did however, significantly predict of DSO (see Appendix Table 11).

Taken together, the results indicate that CS did not significantly moderate the relationship between JTES SUM and DSO, regardless of whether covariates were included.

H2.1 – Exposure, CS & CPTSD

A moderation analysis was conducted to examine whether CS moderates the relationship between JTESUM and ITS CPTSD. The initial model without covariates explained 2% of the variance, $R^2 = .02$, $F(3, 76) = 0.42$, $p = .74$. The interaction term was not

significant ($B = -0.01$, $SE = 0.01$, $t = -0.69$, $p = .49$, 95% CI $[-0.02, 0.01]$), indicating that CS did not significantly moderate the relationship between JTESUM and CPTSD symptoms in this model. Given the non-significant interaction term no simple slopes analysis was conducted.

Next, the moderation model was re-run including the covariate PHQ-9. The model including covariates explained 29% of the variance $R^2 = .289$, $F(4, 73) = 8.65$, $p < .001$. The interaction term remained non-significant ($B = -0.01$, $SE = 0.01$, $t = -0.87$, $p = .39$, 95% CI $[-0.02, 0.01]$). Notably, PHQ-9 was a significant predictor of CPTSD ($B = 0.99$, $SE = 0.18$, $t = 5.38$, $p < .001$, 95% CI $[0.62, 1.35]$) (Appendix Table 12).

Taken together, the results indicate that CS did not significantly moderate the relationship between JTESUM and CPTSD, regardless of whether covariates were included.

H2.2 – Exposure, CS & STS

A moderation analysis was conducted to examine whether CS moderates the relationship between JTESUM and STS. The initial model without covariates explained 24.1% of the variance, $R^2 = .241$, $F(3, 76) = 6.55$, $p < .001$. The interaction term did not reach significance ($B = -.01$, $SE = .01$, $t = -.68$, $p = .497$, 95% CI $[-.03, .01]$), indicating that CS did not significantly moderate the relationship between JTESUM and STS in this model. Due to the insignificant interaction, no simple slope analysis was conducted.

Next, the moderation model was re-run including the covariates gender and burnout. The model including covariates explained 61.6% of the variance, $R^2 = .616$, $F(5, 74) = 21.42$, $p < .001$, while the interaction term remained non-significant ($B = .00$, $SE = .01$, $t = .08$, $p = .939$, 95% CI $[-.01, .02]$). The covariates, gender ($B = 4.59$, $SE = 1.48$, $t = 3.1$, $p = .002$, 95% CI $[1.64, 7.54]$) and burnout ($B = .83$, $SE = .12$, $t = 6.81$, $p < .001$, 95% CI $[.59, 1.07]$) did however, significantly predict of STS. Both JTESUM ($B = .10$, $SE = .05$, $t = 2.1$, $p = .039$, 95% CI $[.01, .19]$), as well as CS ($B = .41$, $SE = .12$, $t = 3.41$, $p = .001$, 95% CI $[.17, .65]$) significantly influenced STS independently (see Appendix Table 13).

Taken together, the results indicate that CS did not significantly moderate the relationship between JTESUM and STS, regardless of whether covariates were included.

Discussion

The first research question of this study attempted to investigate the relationship between the frequency, intensity and type of work-related trauma exposure and symptoms of post-traumatic stress. This part of the discussion will follow the different measures of post-

traumatic stress used, namely the ITQ CPTSD – as well as its PTSD and DSO subscales – and ProQOL STS.

Occupational trauma exposure and CPTSD

Contradicting expectations derived from the literature, this study did not find a significant relationship between the frequency or intensity of trauma and CPTSD symptoms of any kind. While the total models were successful in explaining significant variance in the outcomes, the frequency and intensity of work-related trauma exposure did not account for a significant increase in explained variance. Previous studies have consistently found that both the frequency and intensity of work-related trauma exposure are associated with PTSD symptoms (Dadouch & Lilly, 2020; Seely, 2019). However, research has been mixed in this regard (Koster et al., 2022).

A myriad of possible explanations exist for why this study produced results inconsistent with expectations from prior research. One key factor lies within the general understanding of how work-related trauma exposure can influence the development of PTSD symptoms in those affected by it. While the PTSD prevalence rate in this sample was at 4.9% – which is a bit lower than previous research on high risk populations (Aoki et al., 2013; MacDonald et al., 2022; Smith et al., 2018) – most journalists never develop clinically relevant levels of PTSD symptoms (Smith et al., 2015). Evidently, only a small percentage of journalists actually fail to fully recover from their work-related trauma exposure (MacDonald et al., 2022; Smith et al., 2018), indicating that additional protective factors may mitigate the impact of trauma exposure in most journalists. Novak and Davidson, (2013) proposed that journalists are “in the business of meaning making” (p.2), concluding that journalists’ personal psychological reaction to traumatic experiences might be influenced by their professional involvement in processing, communicating and framing said events. This follows findings from research suggesting that factors extending beyond trauma exposure itself – like social, and organizational support or personal coping – are vital in understanding mental health outcomes.

An interview study reported that receiving support and empathy from friends and family were vital factors for journalists coping with challenging assignments. Furthermore, gathering advice or receiving encouragement and sympathy from more experienced peers helped reduce the fear of future challenges (Backholm & Idås, 2020; Hoak, 2021; Novak & Davidson, 2013).

Beyond social support, organizational factors play a crucial role in stress mitigation, thereby potentially influencing trauma processing. Accordingly, stronger perceived organizational support has been linked to lower levels work-related stress (Hoak, 2021). These support structures are especially effective in helping journalists process work-related trauma exposure, provided they are well established within organizations and easily accessible. For example, measures reducing additional stressors during crisis events, promoting an improved understanding of risk factors and supporting inexperienced journalists are organizational structures that can help foster a resilient and psychologically healthy workplace (Backholm & Idås, 2020). Importantly for this study's objectives, journalists have identified psychological support at the workplace as especially valuable at reducing stress both in daily reporting and in crisis situations (Monteiro & Marques Pinto, 2017). This underlines the necessity of implementing safety structures within news organizations to protect journalists from cumulative trauma exposure effects. CS represents another potentially mitigating factor, that will be discussed with the results of the second research question.

To guarantee a functioning support network, however, journalists have emphasized the importance of training programs – not only to prepare them for the events they might cover but to also teach them self-protection strategies and help them recognize the warning signs of PTSD (Monteiro & Marques Pinto, 2017). A study found that, compared to human rights organizations, newsrooms were more proactive in mitigating the impact of work-related trauma exposure and in fostering resilience within their workforce (Dubberley et al., 2015). Since organizations are responsible for providing both organizational support measures and trauma-focused training interventions, their role should not be underestimated (Beam & Spratt, 2009; Novak & Davidson, 2013; Smith et al., 2018).

Apart from social and organizational support structures, personal attributes and coping styles have also been shown to contribute to journalists' resilience. Emotionally adaptive coping strategies and resilient personality traits have been shown to mitigate work-related stress. Smith et al., (2018) found that avoidant coping styles like distraction or behavioral disengagement strongly predict psychological injury. However, other research findings suggest that a certain level of denial – such as mentally distancing yourself from work or expecting disasters to affect others but not oneself – may serve as a strong and adaptive factor that protects journalists from the inherent professional risks (Novak & Davidson, 2013). However, these factors may not be mutually exclusive, as denial may be an effective coping strategy in the short-term, while problem-focused coping might lead to better long-term

psychological outcomes (Smith et al., 2018; Williams-Wynn & MacDonald, 2023). For example, numbing emotions in response to re-experiencing unwanted memories has been shown to exacerbate PTSD symptoms (Tyson & Wild, 2021). Interestingly, those symptoms of re-experiencing were more prominent in journalists with contextually dysfunctional appraisal strategies. It is important to note that coping strategies do not function independently but are shaped by social and organizational support networks and informed by larger systemic and societal influences (Slavtcheva-Petkova et al., 2023).

There are further methodological explanations and limitations that might have influenced these findings. For one, the sample size, while not uncommonly small for journalist studies, barely met the goal calculated in the power analysis meaning some analyses did not include the necessary number of participants. Further the sample was not split evenly in terms of gender, as two thirds of participants identified as female. Some authors have argued, that this might lead to skewed or missing significance in results (Koster et al., 2022). Further, limitations of statistical power, as well as a potential selection bias – which will be discussed in the limitations section – might have influenced these results as well.

In essence, while the harms associated with the journalistic profession can produce physical and psychological symptoms, these symptoms may not reach the severity of PTSD/CPTSD (Slavtcheva-Petkova et al., 2023). This suggests that protective factors within individuals and organizations identified in previous research may explain why this sample did not find the expected relationship between trauma exposure and CPTSD symptoms. This sample might be especially protected from an organizational standpoint, as most journalists who participated work in Germany, where support structures have been found to be improved (Šimunjak & Menke, 2023). Furthermore, to the knowledge of the author, this is the first study examining the influence of the frequency and intensity of work-related trauma exposure in journalists on ICD-11 CPTSD, making it difficult to draw comparisons.

Instead, the models suggest that demographic factors such as age and work experience play a more substantial role in explaining variance in PTSD symptoms than exposure-related variables. Age and YWE were found to significantly predict PTSD scores both in models without and in models including the frequency or intensity of exposure variables. In this sample, age was positively related to PTSD scores, while YWE was negatively related – meaning that older participants reported higher PTSD scores, while participants with longer work experience reported lower scores. The age findings align with prior research, although findings in the literature have been described as ambiguous (Backholm & Björkqvist, 2012a; Smith et al., 2018). While some studies have indicated that younger and less experienced

journalists are susceptible to overall stress (Hoak, 2021), a literature review found that older journalists were at higher risk of developing PTSD symptoms (MacDonald et al., 2022). While those findings mirror the ones from this study, that same review also reported a link between greater work experience and elevated PTSD risk among journalists, directly contradicting the results of this study.

This additionally underscores the ongoing debate about the interaction between work experience and age – regarding vulnerability to work-related trauma exposure. Some researchers have argued for an increased vulnerability among novice journalists, because they are more hesitant than their older counterparts to seek the necessary support (Feinstein, 2013b; Relly & Waisbord, 2022). This study's findings align with this reasoning, as longer work experience was linked to lower PTSD scores, potentially due to better support networks and improved coping capabilities.

Further covariates included in the analysis – burnout, lifetime trauma exposure, gender and depression – did not significantly predict PTSD scores specifically in this sample. While some studies have been able to show a relationship between burnout and PTSD in healthcare workers (Ham et al., 2022), most journalism studies, only point out that journalists are at heightened risk for both conditions (MacDonald et al., 2022, 2023). This missing direct link might be due to a few different factors. For one, there are clear conceptual distinctions between burnout and CPTSD. While there is overlap in the symptoms – detachment or emotional exhaustion – CPTSD is a trauma-related disorder, while burnout is the consequence of prolonged occupational stress (Kelty et al., 2023; Maslach & Leiter, 2016). Again, protective factors might play a role in buffering the negative aspects of work-related stressors and trauma exposure. The type of stressor or exposure might also have played a role in the underlying sample. High work-related stress might not necessarily be connected or might develop simultaneously to work-related trauma exposure.

Other research has reported gender to be an influential variable in predicting PTSD scores in journalists, with women showing an elevated vulnerability (MacDonald et al., 2022). Similarly to this thesis however, prior studies on CPTSD reported inconsistent or missing evidence for clear gender differences as well (Giarratano et al., 2020; Lonnen & Paskell, 2024; McGinty et al., 2021). In this sample, gender only significantly predicted DSO scores, directly contradicting earlier research (Thoma et al., 2025). Further studies researching the relationship of work-related trauma exposure and CPTSD are needed in journalist samples to produce consistent results. Depression scores have been shown to positively interact with PTSD scores in journalist (MacDonald et al., 2022) and other samples (Shih et al., 2010),

contradicting this study's findings when it comes to PTSD scores. This might be a factor of the described support networks working in tandem buffering against PTSD and depressive symptoms.

Contradicting the expected results, lifetime trauma exposure did not significantly impact any of the included measures of posttraumatic stress. Previous research has shown that work-related trauma exposure increased the likelihood for PTSD symptoms to develop within journalists (Backholm & Björkqvist, 2010; Backholm & Idås, 2020; Smith et al., 2018). This however falls in line with the other exposure-related findings within this specific sample. Work-related trauma exposure did not predict any of the ITQ subscales and neither did lifetime trauma exposure. The mitigating organizational, social and individual protective factors might explain this lack of influence.

On the other hand, both depression scores and gender significantly predicted DSO symptoms. The findings from this sample not only align with the theoretical underpinnings of CPTSD but also reflect results from other studies using self-report measures of depression (Fung et al., 2022). Validation studies suggested, that ITQ PTSD symptoms are specifically linked to anxiety scores, whereas DSO symptoms are distinctly connected to depression symptoms, reinforcing the structural differences between ICD-11 PTSD and CPTSD (Fresno et al., 2023; Ho et al., 2020; Hyland et al., 2017; Vang et al., 2021). This distinction is especially relevant, because analyses conducted with the combined ITQ CPTSD score as the dependent variable revealed that depression remained the only significant predictor of CPTSD scores. This further supports the findings about CPTSD and comorbid and connected depression (Hyland, Vallières, et al., 2021). While female gender was a predictor of higher DSO scores in this study, prior research has not been able to show clear results in this regard, with some studies finding gender differences (Giarratano et al., 2020), while others did not report any (Lonnen & Paskell, 2024; McGinty et al., 2021).

Occupational trauma exposure and STS

Furthermore, the same models were also tested with STS as the dependent variable. Consistent with the expectations outlined in hypotheses 1 and 2, both the frequency and intensity of work-related trauma exposure, significantly influenced STS symptoms in this sample. This finding is in line with theoretical underpinnings (Ludick & Figley, 2016) and previous research on journalists, demonstrating that greater exposure to work-related trauma led to higher psychological distress in general (Backholm & Idås, 2020). Additionally, repeated or frequent exposure to work-related trauma has been directly associated with

increased symptoms of STS (Dworznik, 2018). These findings fall in line with further evidence indicating that journalists report repeated exposure as an important contributor to psychological distress (Dubberley et al., 2015; Seely, 2019; Xiong & Liao, 2024). Overall, these results reinforce and extend the limited research that exists on work-related trauma exposure and symptoms of STS.

While numerous studies have examined the relationship between the intensity of trauma exposure and PTSD scores (Backholm & Björkqvist, 2010; Seely, 2019; Smith et al., 2018), fewer have explored its link to STS in journalists. The present findings align with the results from Backholm and Björkqvist (2010), who found that the magnitude – i.e. the intensity – of the worst event covered significantly predicted both scores of STS and burnout in their sample.

Burnout significantly predicted STS scores in both models, which followed expectations given its established link to STS in both theoretical and empirical research. The ProQOL model recognizes STS and burnout as connected but distinct components of compassion fatigue (Stamm, 2010). Empirical studies further suggest a temporal connection between the two, with burnout acting as a potential precursor for the development of STS (Dworznik, 2018; Shoji et al., 2015). Supporting this, Backholm and Björkqvist (2012a) found a significant correlation between STS and burnout in Finnish journalists covering a school shooting.

Burnout has long been recognized to be highly prevalent in journalists (MacDonald et al., 2016; Monteiro et al., 2016; Reinardy, 2011), emphasizing the importance of including it in these analyses. Failure to address burnout could exacerbate psychological distress and contribute to worsening health outcomes for journalists, highlighting the need for targeted future interventions.

While gender significantly predicted STS scores in the first step of both models, it only retained its significance in the model including the intensity of work-related trauma exposure. This follows earlier research indicating gender differences in CF and STS scores, with female journalists reporting CF and STS scores more often (Dworznik, 2011, 2018). Other studies however, have included and controlled for gender in their analyses and not found significant influences on symptoms of CF (Backholm & Björkqvist, 2012a).

The remaining included variables did not significantly influence STS scores. While YWE has been identified as a risk factor for STS in other populations (Quitangon et al., 2016), its impact on journalists remains unclear (Backholm & Björkqvist, 2010; Dworznik, 2011, 2018; Smith et al., 2018). Similarly, age was not a significant predictor in this sample, mirroring the

uncertainty observed in the PTSD results from this study. This aligns with previous findings that did not establish a significant connection between age and STS scores (Dworznik, 2011).

Consistent with the CPTSD findings, LTE did not significantly predict STS scores in this sample either. This result is not necessarily unexpected as multiple studies have reported this relationship to exist between LTE and PTSD, without extending to STS scores (Backholm & Björkqvist, 2010; Dworznik, 2006). However, the lack of a significant connection between STS and depression scores warrants further examination. Research on STS in journalist samples is scarce, and even fewer studies control for depression scores at the same time. Backholm & Björkqvist (2012b) did find a significant correlation between STS and depression scores, highlighting the necessity for further research into this topic, particularly because this relationship has been found in other occupational groups (Ariapooran et al., 2022). STS symptoms have been described as a weaker form of PTSD symptoms (Ben-Zur et al., 2012), which may explain why STS scores were influenced by work-related trauma exposure but CPTSD scores were not.

Type of occupational trauma exposure and STS

Hypothesis 1.5 posited, that the type of trauma exposure – whether journalists experienced potentially traumatic material on the scene or indirectly – influenced STS scores, expecting that a mix of both direct and indirect exposure leads to higher STS scores. Two earlier studies by Backholm and Björkqvist (2010, 2012b) expected, but were unable to find group differences between journalists working on the scene versus those working indirectly. This study took a different approach, calculating a categorical index, representing journalists who primarily experienced work-related trauma exposure directly or indirectly, or both combined. Apart from the significant influence of burnout and gender on STS scores already discussed above, the “mostly-index” did not significantly influence STS scores in this sample. This aligns with the findings from earlier studies (Backholm & Björkqvist, 2010, 2012a), but might also be partially due to methodological issues. Results should be cautiously interpreted due to the small sample sizes the “mostly-index” created. Further, this usage of the JTES, while previously attempted, was still somewhat exploratory, especially due to the calculation of the “mostly-index”. Further calculation methods might produce different results.

In conclusion, the regression analyses demonstrated that the included predictors, when considered together, explained a significant amount of variance in the outcome variables. However, the expected relationships between the key predictors and outcome variables could

not be observed. While various reasons for these findings – or the lack thereof – were discussed, it is important to note that the analyses incorporated multiple influential factors, supporting the soundness of their theoretical foundation.

CS as a moderator

As stated above, to mitigate the risk of overfitting, the moderation analyses included only the predictor and moderator variables, along with covariates that significantly influenced the outcomes in the hierarchical multivariate regression models. These were exploratory analyses, due to the limited prior research into the specific questions, particularly regarding the potential influence of CS on CPTSD symptoms.

For CPTSD scores, only PHQ-9 was included in the analysis and remained a significant predictor of CPTSD scores as expected and previously discussed. No significant main or moderation effects emerged. CS did not significantly moderate the relationship between work-related trauma exposure and CPTSD symptoms. These findings were reflected in the analyses performed, assessing PTSD scores. While CS initially moderated the relationship between work-related trauma exposure and PTSD scores, this effect turned insignificant when age and YWE were included as covariates. Interestingly, even though age and YWE were included because they significantly predicted PTSD scores before, they lost their significance in this model. This might serve as an indication that age, YWE and CS are connected. While MacDonald et al., (2022) report age and YWE to be risk factors, their impact might be mitigated by CS. Older and more experienced journalists may experience prolonged occupational trauma exposure, but might also cope better due to an improved feeling of professional pride. While gender and PHQ-9 remained significant predictors, the model including DSO scores as the dependent variable did not reveal significant main or moderation effects either.

Furthermore, CS did not to moderate the relationship between work-related trauma exposure and STS scores in this sample. However, this model did find significant relationships between JTES SUM, burnout, and gender with STS scores, aligning with prior analyses. Additionally, a significant positive connection emerged between CS and STS scores, indicating that higher CS levels were associated with elevated STS scores in this sample.

Contrary to the hypotheses, CS did not moderate the relationship between work-related trauma exposure and CPTSD or STS scores. Given the exploratory nature of these analyses, all results should be interpreted with caution. While some research has explored the influence

of CS on STS in journalist samples, no comparable analyses exist for PTSD, let alone CPTSD.

Interestingly, these analyses resulted in a positive correlation between CS and STS scores, suggesting that higher CS levels were linked to greater STS in this sample. While these findings contradict the established expectations, they might not disprove previous research. Even though theoretical frameworks and early empirical studies suggest that, CS can serve as a protective factor against symptoms of STS (Cummings et al., 2021; Ludick & Figley, 2016; Shi et al., 2023), recent findings indicate that high levels of CS and STS may co-occur and could even be interconnected (Sprang et al., 2024). These findings align with the original model of ProQOL (Stamm, 2010).

Stamm (2010) suggested that although CS may mitigate the effects of exposure, clinicians will experience high amounts of work-related trauma exposure to traumatic material anyway, remaining effective and proficient workers. One possible explanation for this paradox is that CS may be but a small part of larger protective mechanisms. Frequent or intense exposure to work-related trauma might elevate STS scores, which might in turn foster a stronger sense of professional satisfaction. These feelings of gratification, purpose and fulfillment may in turn lead to higher CS (Sprang et al., 2024). In the relevant population this effect could be reinforced by the competitive and macho newsroom culture, as well as journalists' emotional coping strategies – some of whom refer to their writing as “therapy” (Obermaier et al., 2023, p. 1410). Further, some journalists state that the sense of achievement and agency that accompanies the occupational challenges even feels like a positive consequence (Novak & Davidson, 2013).

However, researchers have argued for the existence of a “saturation point” (Sprang et al., 2024, p. 2290) at which STS eclipses all professional satisfaction. This argumentation could provide clearer insights into why CS did not moderate this relationship in this study, as trauma exposure severe enough to trigger CPTSD may already have exceeded this saturation point, leaving little room for CS to mitigate its effects.

Moreover, studies examining the relationship between CS and STS have reported considerable variability. Although many of them report a robust bivariate connection, expectedly this association often changes with the inclusion of covariates (Sprang et al., 2024). The range of observed variance spans from a completely disappearing relationship (Ratzon et al., 2022), to the expected inverse relationship (Reichert Schimpff, 2019), or even the dynamic with high CS and STS observed in this study (Bridger et al., 2020; Cummings et al., 2021). Sprang et al., (2024) argued, that this variability must inform future research,

emphasizing the need to clarify whether CS moderates these relationships, or whether other analytical approaches might produce more fruitful results.

In a similar vein, the role CS plays in mitigating STS and other types of post-traumatic stress may have been overestimated. For example, Cummings et al., (2021) reported that while CS explained a significant amount of STS variance, burnout was a stronger predictor when included in the analysis. Studies examining coping styles have produced similar findings (Losung et al., 2021; Ogińska-Bulik et al., 2021). Enhancing CS – through fostering positive work perspectives or support structures, could reduce STS indirectly by mitigating against burnout, which has been suggested as a precursor to STS (Shoji et al., 2015).

The non-significant results in this study, may also stem from sampling biases. Research on work-related trauma exposure has been argued to suffer from an inherent attrition bias, as those most severely impacted, are likely to leave the profession because of it, before partaking in a study (Sprang et al., 2024).

Additionally, methodological concerns have been raised regarding the measurement tools used in these studies. The STS subscale of the ProQOL has been criticized for failing to incorporate a broader range of PTSD symptoms (Sprang et al., 2024), which could enhance cross-study comparability. While the exploratory analyses in this study did not yield significant results, using distinct measures for STS and CPTSD contributes to addressing research gaps and improving our understanding of the relationship between work-related trauma exposure and CPTSD symptoms.

Strengths & Limitations

This study is subjected to several limitations that warrant discussion. Primarily, although the sample size was analogous to many other studies on journalists, the final analyses were often executed with a lower number of participants than what the preliminary power analysis had indicated. Consequently, this study was underpowered, which might have reduced its ability to detect meaningful effects. Certain effects may have been too small to be identified, for example, certain covariates had to be removed from the moderation to prevent overfitting. Additionally, on dichotomous variables such as the “mostly-index”, some of the groups included very few participants, leading to variability in sample sizes across analyses.

Secondly, the recruitment process might have introduced a selection bias. Journalists with a greater personal interest in trauma-focused topics may be more open to participate in such a study and disclose personal information and experiences. Journalists regularly receive large numbers of study requests, leading to rather low response rates, even with extensive

recruitment efforts by the author. The sample was made up of more women than men, raising questions about the study's generalizability. Earlier research has proposed the existence of an attrition bias in this profession, meaning that those affected harshest by work-related trauma may quit their jobs or refuse to participate due to these mental health struggles (Sprang et al., 2024). Moreover, the author used personal connections during the recruitment process, meaning some participants might share similar educational backgrounds, limiting generalizability even more.

One participant personally reached out to the author, wondering why the broader impact of climate change was not included in the JTES, since frequent and repeated exposure to climate-related crises can negatively affect journalists' mental health (Stanley et al., 2021). This suggests that a preliminary survey – conducted to gather information on journalists' perceptions of salient work-related stressors – could have helped to inform the study's choice of measurement instruments, as well as their composition.

This highlights, that the study is subject to limitations concerning its operationalization. The ITEM was used to assess lifetime trauma exposure, but the study did not account for duration or intensity. A binary categorization differentiated between those who had experienced trauma and those who had not. This approach may have resulted in a diluted lifetime trauma exposure group, given there might have been large qualitative differences between the participants included. Similarly, the “mostly-index” was an experimental measure informed by earlier studies (Backholm & Björkqvist, 2010, 2012a), but developed independently by the author, and may represent an imperfect solution in this sample. Using an ANOVA, MANOVA, or even a moderation analysis, might have been a more appropriate analytical approach. Furthermore, post-hoc analyses may have provided an improved understanding of the data but had to be omitted due to space constraints.

Another challenge inherent to researching trauma in journalism is the complexity of impacting factors. This study controlled for numerous relevant covariates, but many additional factors – namely individual coping, organizational and personal support – could not be accounted for. Therefore, some critical factors influencing journalists' well-being may have been omitted. A mixed-method design with qualitative interviews, may have provided a more personal and encompassing perspective.

Its cross-sectional nature limits this study in its ability to establish causal interpretations. Longitudinal research may help gain clearer insights into the direct impact and temporal effects of work-related trauma exposure support structures on journalists' mental health. Further, the study exclusively employed self-report measures, making it vulnerable to a

retrospective bias, given that participants can misremember or reinterpret past life experiences.

Finally, given that the second research question was exploratory in nature, any discussed findings should be interpreted with caution, limited prior research exists for the examined hypotheses.

However, this study also presents several strengths. Not only did the exploratory analyses shed light on a complex interplay between CS and STS, which may enhance our understanding of how ProQOL impacts workers' overall well-being. But the study at hand also provided renewed insight into the relationship between occupational trauma exposure and STS, contributing to a relatively underexplored area of research.

Practical Implications

The findings of this study highlight several practical implications for newsroom policies and support structures aimed at mitigating the impact of primary and secondary trauma in this profession while improving journalists' well-being.

Firstly, effective and targeted support systems should be developed within and across organizations to reduce preventable risk factors and provide journalists with better access to mental health resources (Dubberley et al., 2015; Dworznik, 2018; Monteiro & Marques Pinto, 2017; Obermaier et al., 2023). Enhancing organizational support involves improving access to counseling services and facilitating peer support structures. Given the significant role organizations play in mitigating risk factors (Beam & Spratt, 2009; Novak & Davidson, 2013; Smith et al., 2018), they should also take proactive steps to facilitate professional mental health support for their employees. This could involve implementing regular mental health screenings to identify potential issues early or offering subsidized access to therapy through organizational partnerships. This would, of course, require specialized therapists with expertise in work-related trauma exposure. Moreover, support strategies must account for the distinct needs of journalists working in-office versus those in the field. This specificity should also address unique challenges – such as loneliness, lack of support and limited physical interaction – arising from the increasing prevalence of remote work since the Covid-19 pandemic. Studies indicate that organizations are making progress in supporting journalists facing mental health struggles (Idås et al., 2019). However, these advancements remain slow and asymmetrical. While Scandinavian and German journalists may already benefit from these improvements, other countries lag behind (Šimunjak & Menke, 2023). This disparity may be linked to broader societal factors (Slavtcheva-Petkova et al., 2023),

such as the perception of journalism as a profit-driven industry, leading to cost-cutting, layoffs and weakened labor rights. Socialized models like those of many western European states could help sustain news organizations financially, indirectly alleviating work-related stress.

Another critical gap in interorganizational support structures is a lack of contemporary and evidence-based training regimen. Although trauma-informed training has been incorporated into many journalism curricula, significant gaps remain (Markovikj & Serafimovska, 2023). Despite the growing recognition of its importance, the quality of implementation often falls short. Many educators lack access to scientific research, teaching materials, time or other resources needed to effectively convey this information in a pedagogically sound manner (Ogunyemi & Price, 2023). Collaborating with journalists across different experience and age ranges could develop more practical training strategies (Newman et al., 2023). Additionally, stronger collaboration between academic institutions and professional organizations is essential for designing training programs that address contemporary challenges.

Journalists today face an increasing volume and diversity of threats (Slavtcheva-Petkova et al., 2023). Thus, it is crucial to educate them not only on the risks associated with their profession but also on strategies for coping with these challenges in a healthy way. This includes addressing how demographic variables, such as age and gender, influence these risks. One attempt to produce structured intervention is “The Secondary Traumatic Stress Informed Organizational Assessment” (Sprang et al., 2017), an organizational assessment tool used to evaluate how well-informed members of an organization are about STS. A journalism-specific adaption of this tool could provide valuable insights to inform schools, news organizations, and researchers. The presented challenges need to be addressed head on, ideally by a cooperating force of educational and professional organizations. Journalism schools must equip their students with the necessary tools to navigate psychological hardships, while organizations should foster strategies to support the mental health of their workers. In doing so, they can increase resilience and maintain the integrity of the journalistic occupation within society. An important aspect to recognize on a broader societal level, as the absence of journalistic structures can contribute to misinformation and polarization. Therefore, prioritizing journalists’ mental health is a social necessity.

Future research directions

This study addressed two specific research questions while uncovering many additional avenues for future investigation.

Longitudinal research should take precedence over cross-sectional models, to monitor the relationship between work-related trauma exposure and its related symptoms over time. This approach may clarify causal relationships between stressors and outcomes, including their directionality. These studies could help researchers understand chronic effects of work-related trauma exposure as well as the long-term efficacy of support measures.

Ecological momentary assessment (EMA) studies, for example, could produce a broader understanding of journalists' coping strategies, by identifying stressors arising in conflict assignments, or routine work, while gathering further insight into the use and success of coping mechanisms.

Future research should work on standardizing the use of measurement tools to enhance comparability across studies and fields of research. Current research – this study included – often employs different combinations of instruments, varying definitions or terminology, exacerbating comparison issues. Although the JTES is publicly available, along with studies citing it, improving transparency regarding modifications of the JTES and analyses performed would benefit cooperation within the field. This, in turn, could improve future research questions and improve comparability.

Following research should investigate how different types of assignments affect journalists, determining the most distressing experiences and effective support or coping strategies. Moreover, comparing freelance journalists to those with stable employment could produce necessary insights for each group, considering the disparities in workplace or peer support, mental health resources or even financial stability.

This study found that work-related trauma exposure significantly predicted STS – but not CPTSD scores – underscoring the need for a distinct operationalization of STS, PTSD and CPTSD. These methodological issues are exacerbated by a notable gap of systematic reviews on risk and protective factors for STS scores in journalists. While Sprang et al., (2024) proposed using STS measurements including more symptoms of PTSD, future studies may explicitly control for PTSD – as this study did. This would allow for an expanded understanding of both primary and secondary trauma exposure.

Considering that the exploratory analyses renounced expectations, different predictor combinations and analytical methodology should be tested. For example, CS might be mediator not a moderator, and burnout may explain more variance in STS than CS. Testing

these mediational effects might clarify insights. Demographic factors – such as age and gender – require further examination, as findings remain inconsistent, while indicating important influences. Integrating findings from qualitative studies into quantitative analyses may produce valuable revelations regarding the influence of organizational and external support factors as well as resilience or coping strategies. In general, working in cooperation with journalists – through pretests etc. – might improve understanding of real-world challenges facing this heavily exposed population.

The significant link between depression and CPTSD/DSO scores implies that news organizations should consider offering broader mental health support, going beyond trauma-specific care. Journalism schools and news organization could leverage their collective resources, cooperating with researchers to establish evidence-based and standardized training programs.

Conclusion

This study had the goal of improving researchers' understanding of the relationship between work-related trauma exposure and symptoms of primary or secondary post-traumatic stress in journalists. In general, this thesis aimed to contribute to research gaps while reproducing earlier established findings, and although not all proposed hypotheses could be supported, this study's findings may still inform the broader research area intersecting journalism and trauma.

Firstly, the finding that 88.9% of participants reported having been exposed to work-related trauma supports the established understanding that such exposure is an almost universal experience in the journalistic profession. This further underscores the necessity of generating additional insights into the mechanisms of work-related trauma exposure, as well as developing interventions that can effectively counter its negative effects.

The conducted analyses suggest that neither the frequency, nor the intensity of work-related trauma exposure significantly predicted CPTSD scores, but they did provide insight into the influence of other variables on CPTSD symptoms. Specifically, these findings help in clarifying the ambiguous role of demographic factors such as age and gender, while also highlighting the protective influence of work experience. Moreover, the observed link between depression and DSO scores supports the theoretical foundation of the ITQ and extends it to a sample of journalists.

In contrast, both the frequency and intensity of trauma exposure were shown to significantly impact symptoms of STS, in line with the expectation that such exposure negatively impacts journalists' well-being. The additional impact of burnout may offer

further insight for future studies into harm mitigation mechanisms for this population. Combined with the findings on depression, these results underscore the importance of general psychological well-being and advocate for a deeper understanding of comorbidity in occupational contexts.

The type of trauma exposure did not significantly predict STS scores in this sample, most likely due to small size of the relevant subsamples. However, this area should be further investigated to enhance our understanding of particularly harmful assignments.

While the expected results were not observed in the exploratory analyses, they still provided an interesting insight into the coexistence of high CS and high STS. Although no moderating influence of CS was found, this outcome may still inform future research, as it suggests that other influencing factors – like burnout – could be at play. It also contributes to a shifting understanding of relationship between CS and STS.

Future studies should cooperate with journalists and incorporate qualitative methods to improve our understanding of support networks and contextual factors. This would also help clarify how work experience influences the relationship between trauma exposure and post-traumatic stress symptoms.

This study aimed to explore these relationships from an individual perspective. Despite the limitation of not including qualitative data, it identified several interesting connections that may guide future research. However, research on journalism must recognize – as this study suggests – that individual-level studies alone cannot capture the complex interplay of individual, societal and governmental impact factors that today's journalists face (Slavtcheva-Petkova et al., 2023).

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List of Figures

Figure 1

Model of the moderation analyses conducted for RQ2 27

List of Tables

Table 1

Sample characteristics: age, gender identity, diagnostic indices and exposure29

Table 2

Mean, Standard Deviations and Correlations of study variables 30

Appendix

Appendix A1

Abstract

This study examines the impact of work-related trauma exposure on journalists' psychological well-being as such exposure has been linked to negative mental health outcomes. Given that an estimated 80-100% of journalists will experience this exposure in their career, ongoing research is essential. A total of 82 journalism professionals completed an online survey, which included questionnaires assessing occupational trauma exposure, post-traumatic stress, professional quality of life, and depression. The frequency and intensity of exposure did not significantly affect symptoms of complex post-traumatic stress disorder (CPTSD), whereas depression scores and demographic variables showed significant impacts. Conversely both frequency and intensity predicted scores of secondary traumatic stress (STS), as did burnout. Journalists who experienced both direct and indirect trauma exposure did not exhibit higher STS scores. While compassion satisfaction (CS) did not moderate the relationship between exposure and measures of CPTSD and STS, the findings do suggest that journalists may maintain professional effectiveness despite high levels of stress. These findings build on prior research regarding the influence of occupational trauma exposure in journalist samples – particularly addressing the limited research on STS – and expanding our understanding of demographic variables. This study demonstrates that the frequency and intensity of occupational trauma exposure affect journalists' mental health, and that professional quality of life may impact this relationship. These findings underscore the need for qualitative approaches in future research to better understand the experiences of exposed journalists. Furthermore, they emphasize the importance of targeted training and support by journalism schools and news organizations to address journalists' needs.

Keywords: occupational trauma, journalism, secondary traumatic stress, compassion satisfaction, complex PTSD, mental health

Appendix A1

Abstract (German Version)

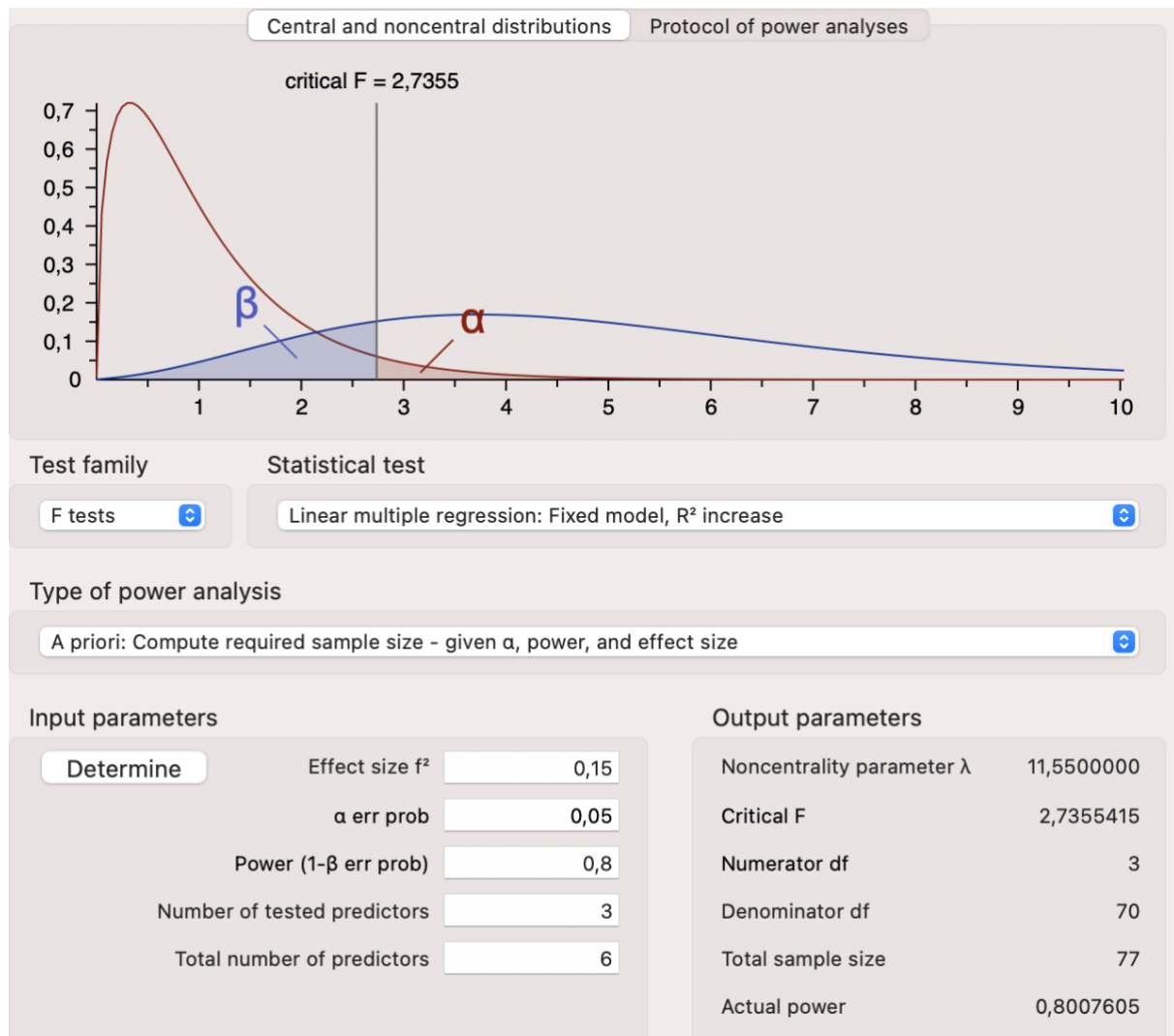
Diese Studie untersucht den Einfluss arbeitsbedingter Traumaexposition auf das psychische Wohlbefinden von Journalistinnen. Da schätzungsweise 80–100 % von Journalist*innen im Laufe ihrer Karriere solcher Exposition ausgesetzt sind, ist kontinuierliche Forschung essenziell. 82 im Journalismus arbeitende Fachkräfte nahmen an einer Online-Umfrage teil, die Fragebögen zu Traumaexposition, posttraumatischer Belastung, arbeitsbezogener Lebensqualität und Depression enthielt. Die Häufigkeit und Intensität der Exposition beeinflussten die Symptome komplexer posttraumatischer Belastungsstörung (kPTBS) nicht signifikant, während Depressionswerte und demografische Variablen signifikante Effekte zeigten. Umgekehrt sagten sowohl die Häufigkeit als auch die Intensität die Werte sekundärer traumatischer Belastung (STS) sowie Burnout voraus. Journalist*innen, die sowohl direkte als auch indirekte Exposition erlebten, wiesen keine höheren STS-Werte auf. *Compassion satisfaction* (CS) moderierte den Zusammenhang zwischen Exposition und kPTBS- bzw. STS-Symptomen nicht. Die Ergebnisse jedoch darauf hin, dass Journalist*innen auch bei hoher Belastung beruflich effektiv bleiben können. Die Befunde erweitern bestehende Forschung zu arbeitsbedingter Traumaexposition – insbesondere im Bereich STS – und vertiefen das Verständnis demografischer Einflüsse wie Alter und Geschlecht. Die Studie zeigt, dass die Häufigkeit und Intensität berufsbedingter Traumaerfahrungen die psychische Gesundheit von Journalist*innen beeinflussen und, dass die arbeitsbezogene Lebensqualität diesen Zusammenhang beeinflussen kann. Die Ergebnisse unterstreichen die Notwendigkeit qualitativer Ansätze, um die Erfahrungen betroffener Journalist*innen besser zu erfassen, sowie die Bedeutung gezielter Trainings- und Unterstützungsangebote durch Journalist*innenschulen und Medienorganisationen.

Schlüsselwörter: arbeitsbedingte Traumaexposition, Journalismus, sekundäre traumatische Belastung, *compassion satisfaction*, komplexe PTBS, psychische Gesundheit

Appendix B: Power analysis

Figure B1

Results of the power analysis using the G*Power program



Appendix C: Assumption Checks Moderation Analyses

Figure C1

Illustration of the normal distribution of the standardized residuals of ITQ PTSD Mean in the analysis with JTES Frequency of exposure

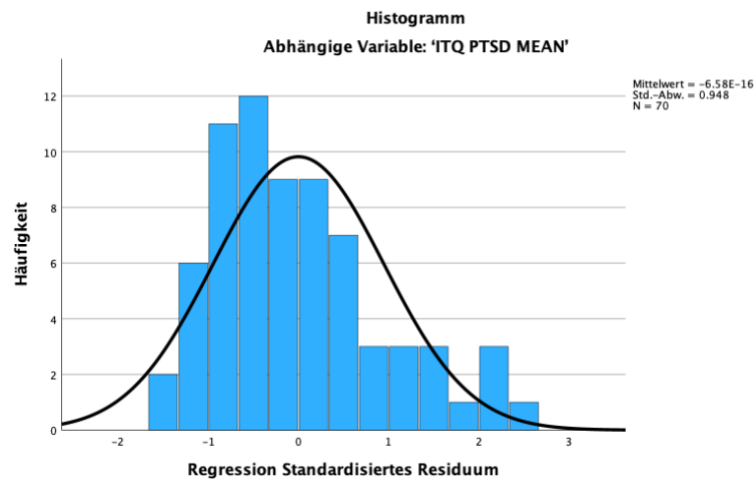


Figure C2

P-P Diagram of the standardized residuals of ITQ PTSD Mean in the analysis with JTES frequency of exposure

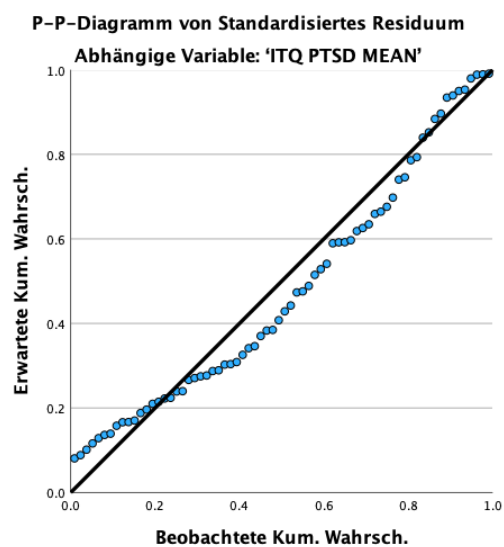


Figure C4

Scatter plot of the standardized residuals of ITQ PTSD Mean testing for homoscedasticity and linearity in the analysis with JTES Frequency of Exposure

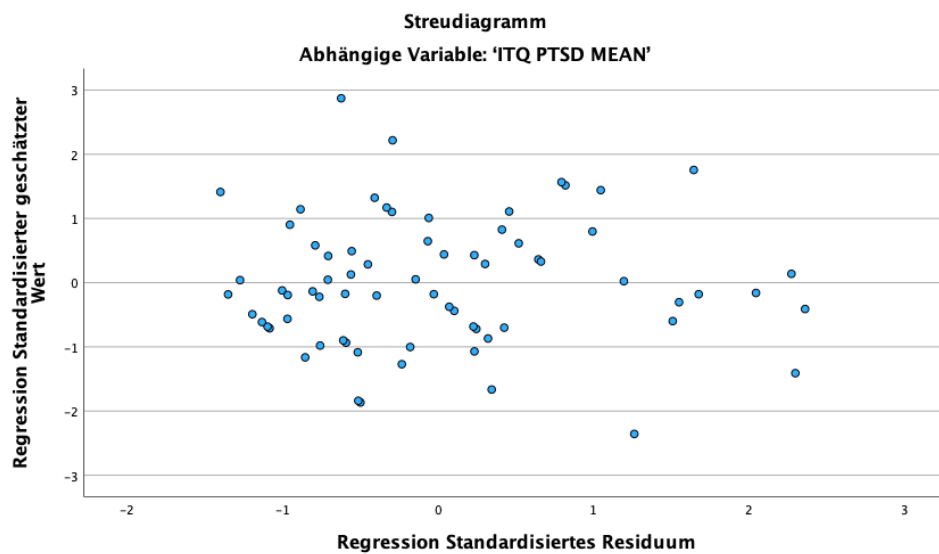
**Figure C4**

Illustration of the normal distribution of the standardized residuals of PTSD Mean in the analysis with JTES Intensity of Exposure

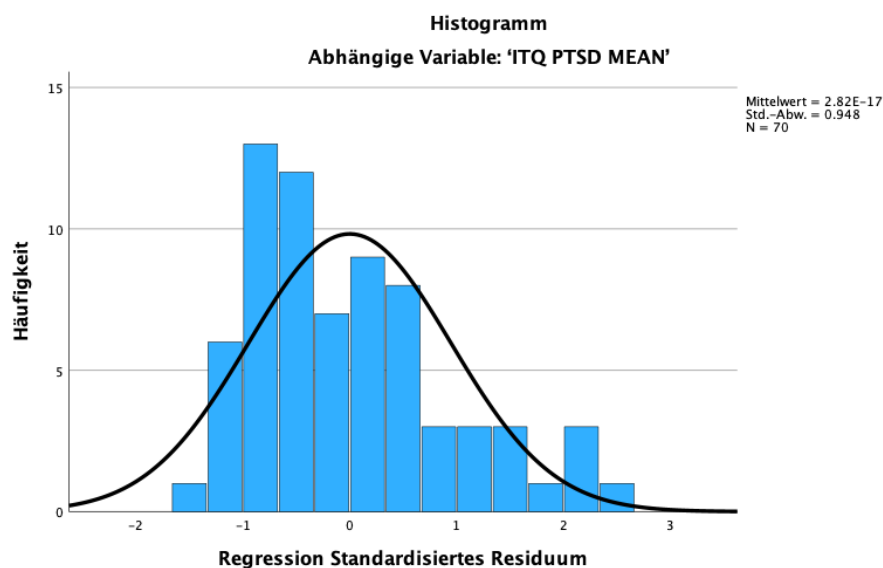
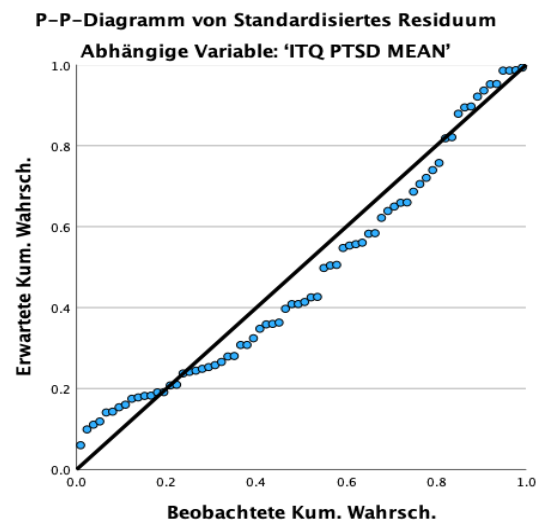


Figure C5

P-P Diagram of the standardized residuals of ITQ PTSD Mean in the analysis with JTES Intensity of Exposure

**Figure C6**

Scatter plot of the standardized residuals of ITQ PTSD Mean testing for homoscedasticity and linearity in the analysis with JTES Intensity of Exposure

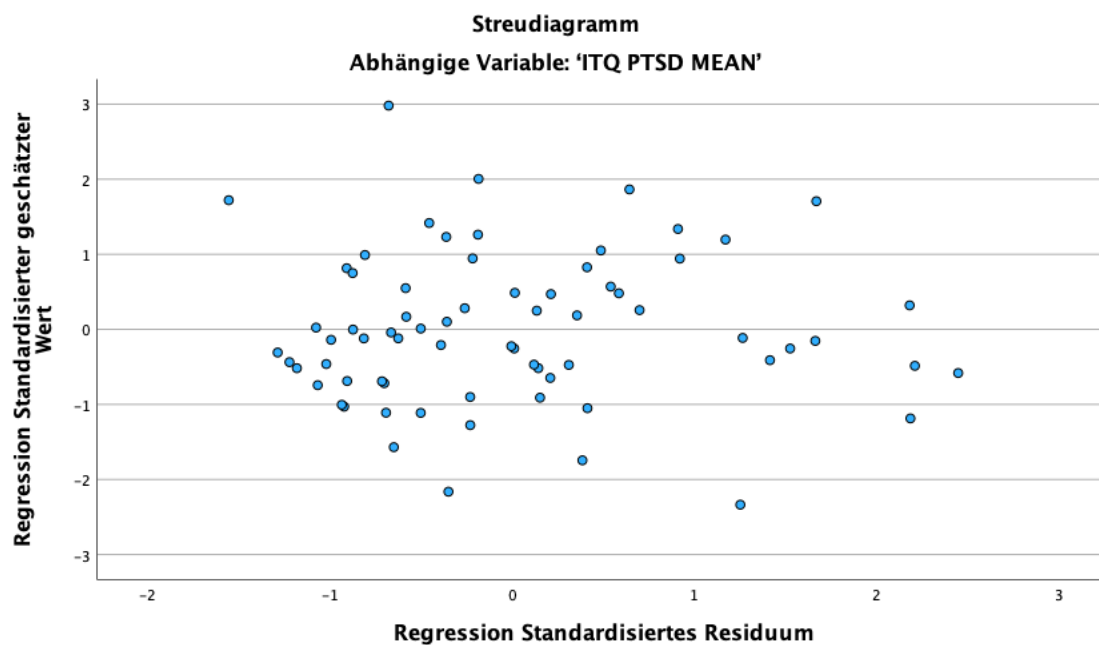
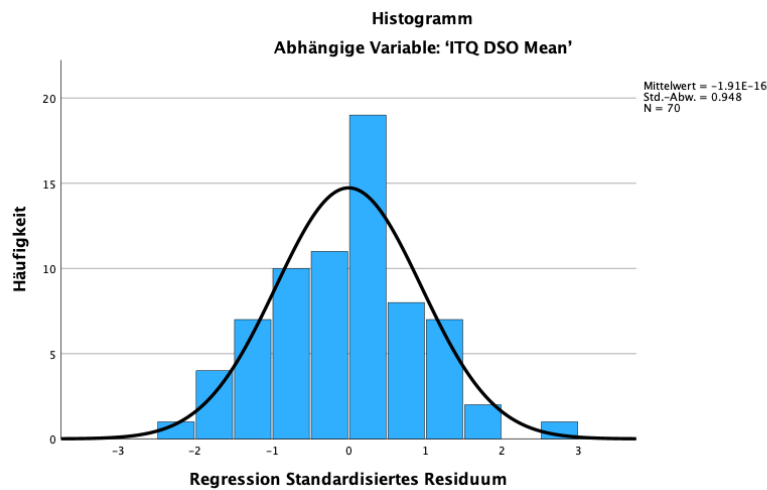


Figure C7

Illustration of the normal distribution of the standardized residuals of ITQ DSO Mean in the analysis with JTES Frequency of Exposure

**Figure C8**

P-P Diagram of the standardized residuals of ITQ DSO Mean in the analysis with JTES Frequency of Exposure

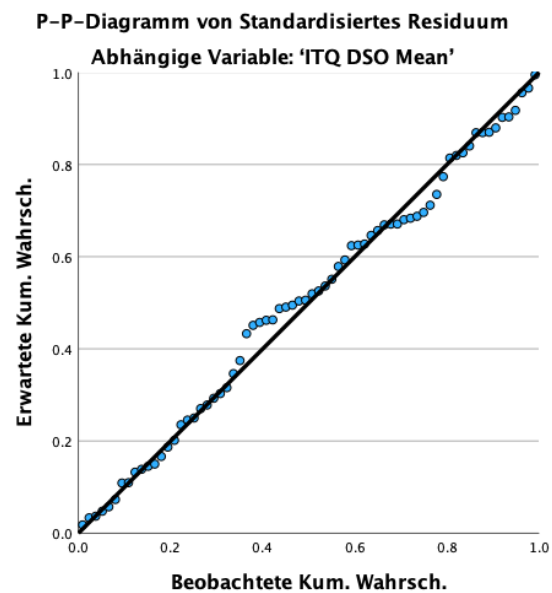


Figure C9

Scatter plot of the standardized residuals of ITQ DSO Mean testing for homoscedasticity and linearity in the analysis with JTES Frequency of Exposure

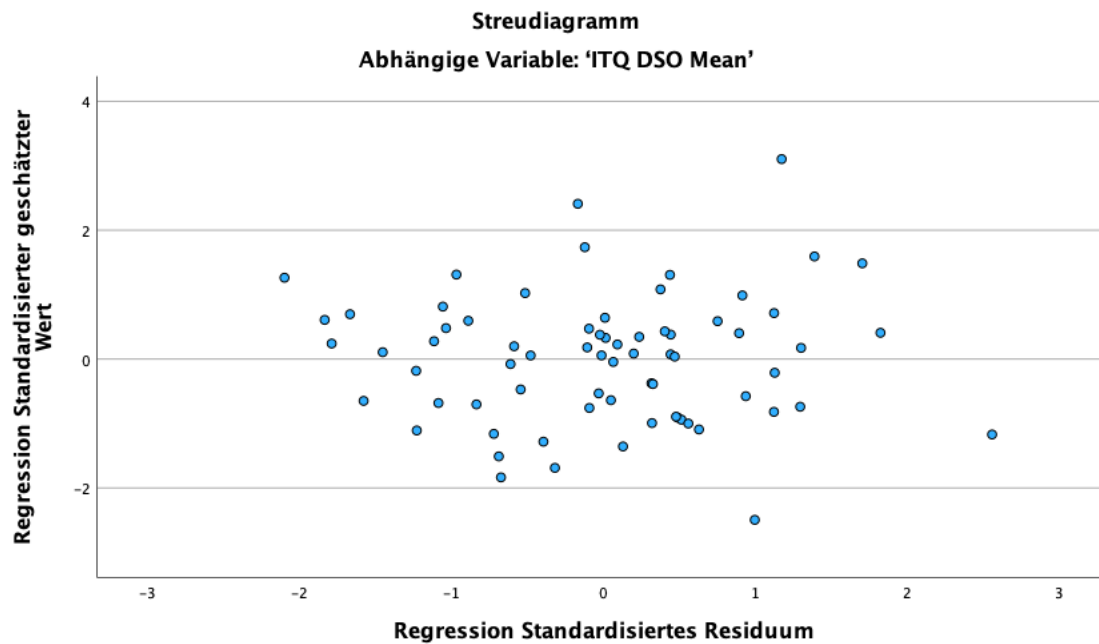
**Figure C10**

Illustration of the normal distribution of the standardized residuals of ITQ DSO Mean in the analysis with JTES Intensity of Exposure

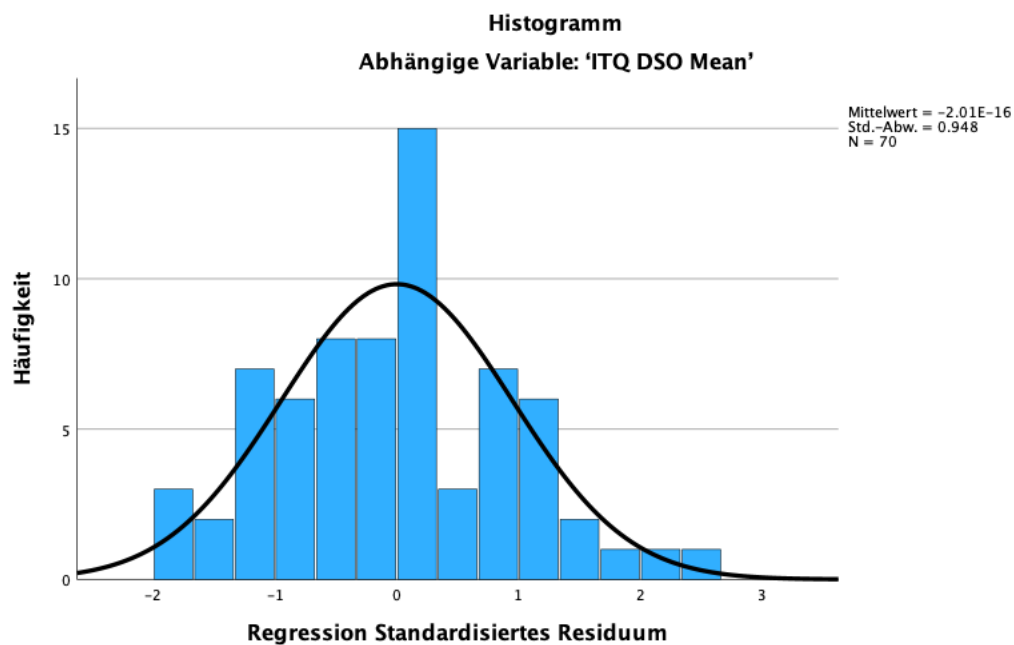
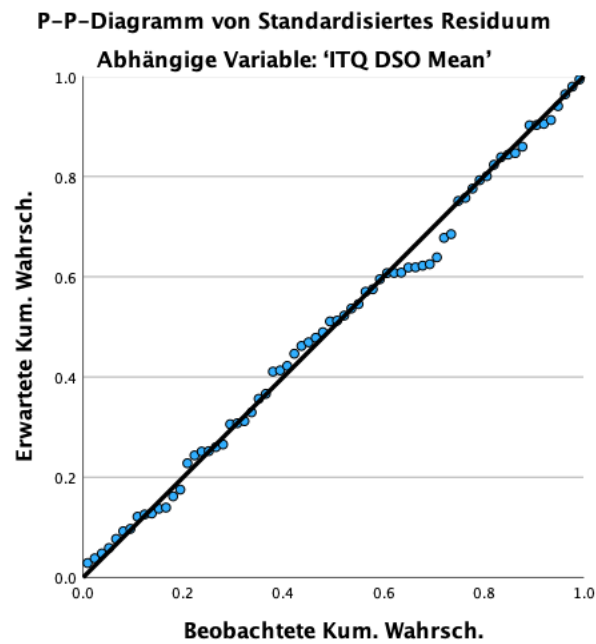


Figure C11

P-P Diagram of the standardized residuals of ITQ DSO Mean in the analysis with JTES Intensity of Exposure

**Figure C12**

Scatter plot of the standardized residuals of ITQ DSO Mean testing for homoscedasticity and linearity in the analysis with JTES Frequency of Exposure

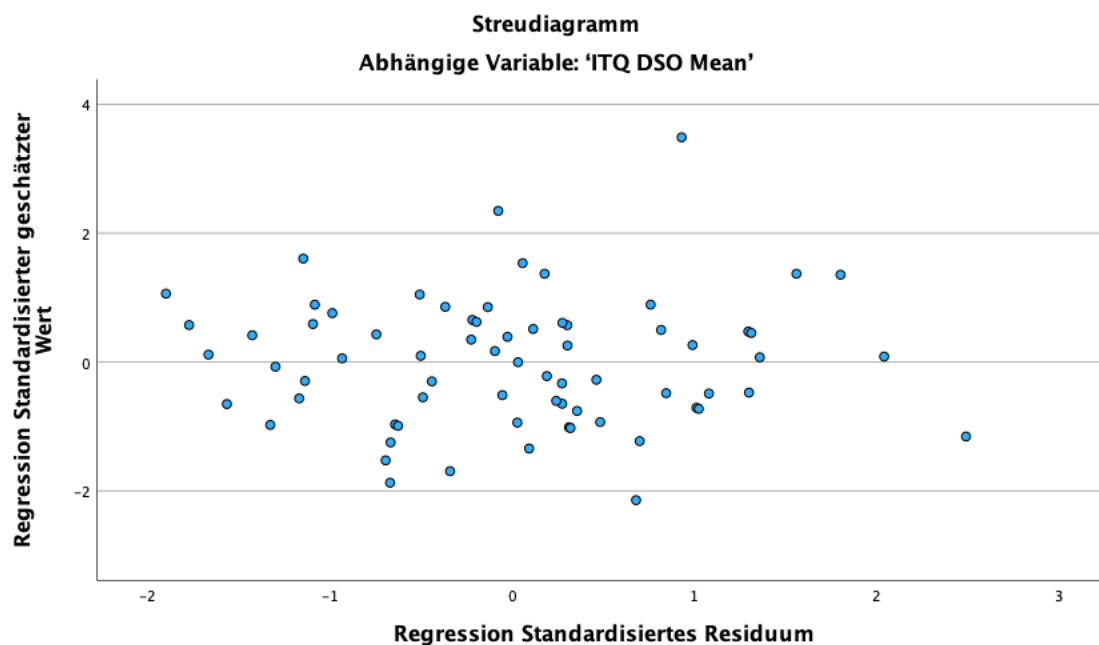
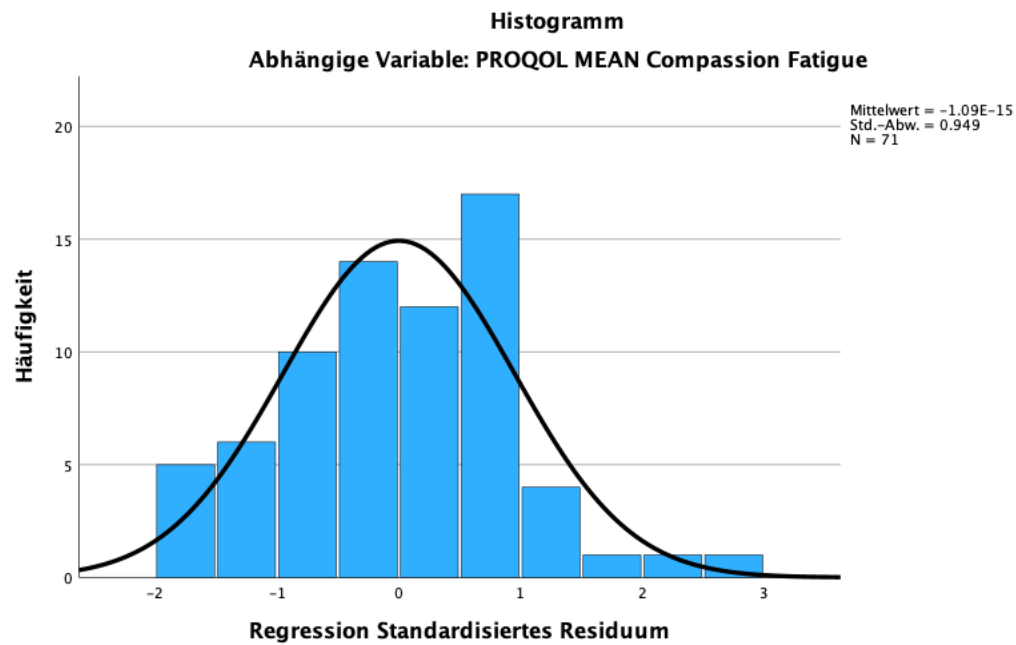


Figure C13

Illustration of the normal distribution of the standardized residuals of ProQOL STS in the analysis with JTES Frequency of Exposure

**Figure C14**

P-P Diagram of the standardized residuals of ProQOL STS in the analysis with JTES Frequency of Exposure

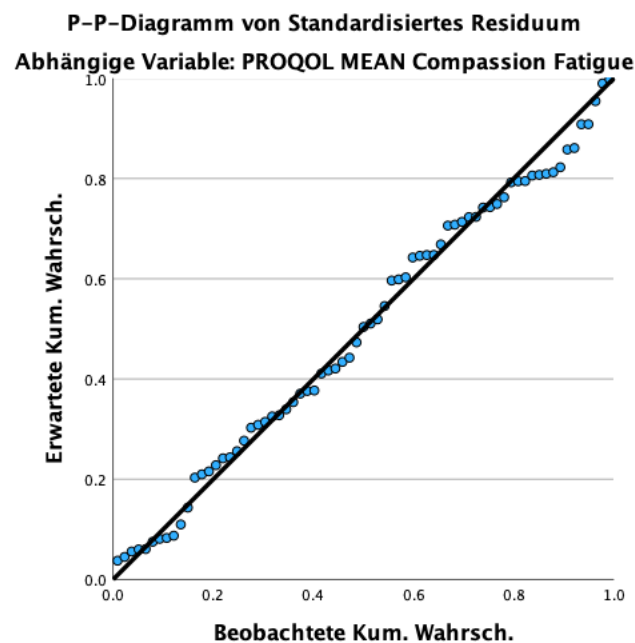


Figure C15

Scatter plot of the standardized residuals of ProQOL STS testing for homoscedasticity and linearity in the analysis with JTES Frequency of Exposure

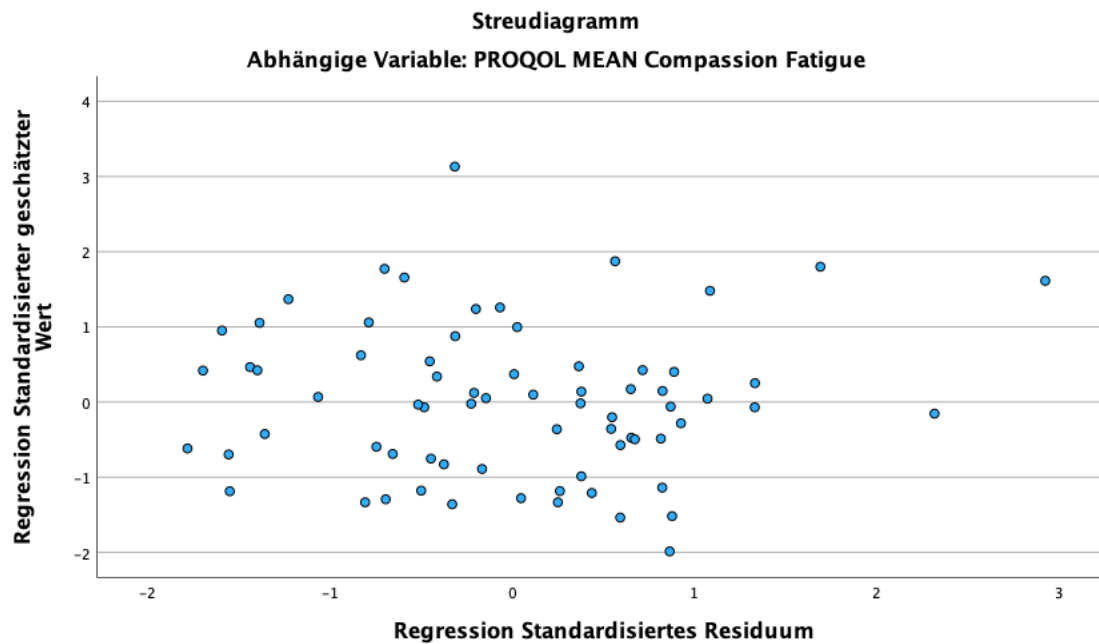
**Figure C16**

Illustration of the normal distribution of the standardized residuals of ProQOL STS in the analysis with JTES Intensity of Exposure

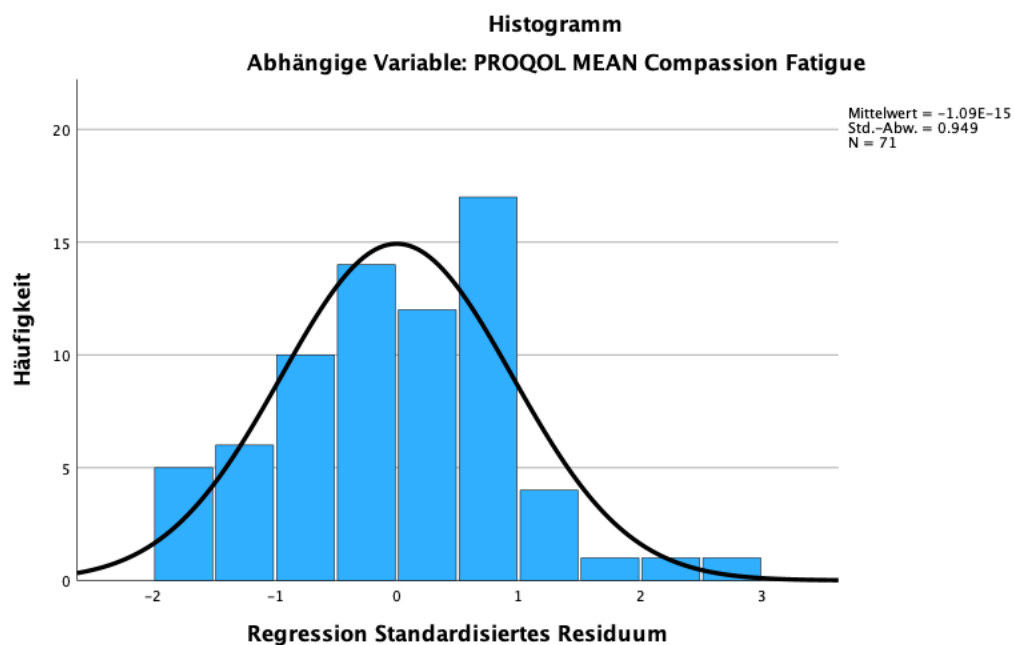
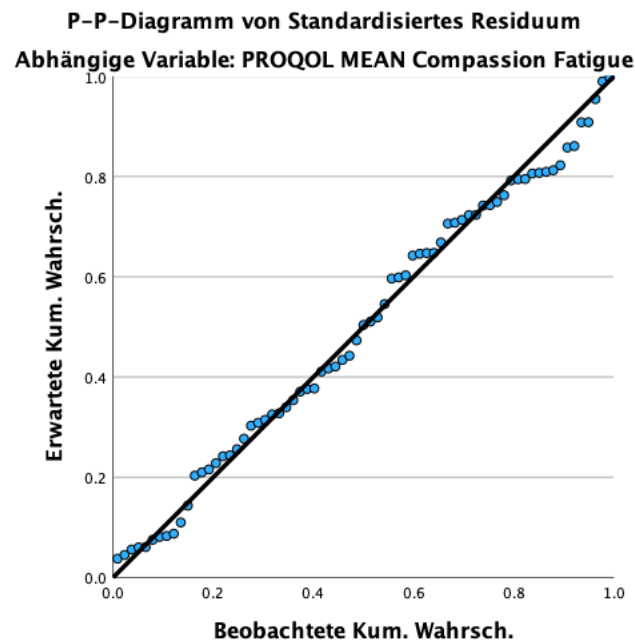
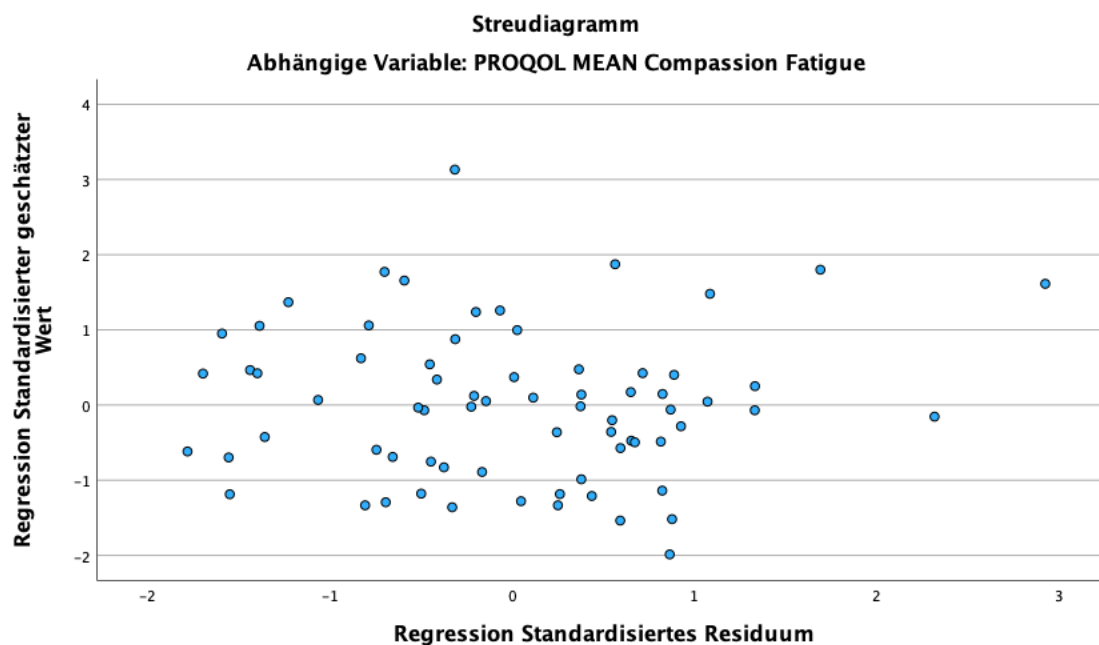


Figure C17

P-P Diagram of the standardized residuals of ProQOL STS in the analysis with JTES Intensity of Exposure

**Figure C18**

Scatter plot of the standardized residuals of ProQOL STS testing for homoscedasticity and linearity in the analysis with JTES Intensity of Exposure



Appendix D: Results Tables

Appendix Table 1

Hierarchical Regression Results for PTSD including JTES Frequency

Variable	<i>B</i>	95% CI		<i>SE</i>	β	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.22	.22*
Constant	-5.62	-15.41	4.159	4.90			
Age	.33	.04	.62	.15	.61*		
Gender	1.43	-1.54	4.41	1.49	.12		
YWE	-.36	-.674	-.04	1.58	-.61*		
LTE	-.47	-5.38	4.43	2.45	-.03		
Burnout	.14	-.09	.363	.11	.15		
PHQ-9	.28	-.03	.58	.15	.24		
Step2						.22	.01
Constant	-6.43	-16.74	3.88	5.157			
Age	.34	.04	.64	.15	.64*		
Gender	1.30	-1.74	4.34	1.52	.11		
YWE	-.37	-.69	-.05	.16	-.63*		
LTE	-.28	-5.258	4.75	2.50	-.01		
Burnout	.13	-.10	.36	.12	.14		
PHQ-9	.28	-.03	.59	.16	.24		
JTES FREQ	.02	-.067	.12	.05	.05		

Note. *N*=70. CI = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; JTES FREQ = Journalist Traumatic Exposure Scale Frequency

p* < .05. *p* < .01. ****p* < .001

Appendix Table 2*Hierarchical Regression Results for DSO including JTES Frequency*

Variable	<i>B</i>	95% CI		<i>SE</i>	β	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.37	.37**
Constant	.536	-7.52	8.59	4.03			
Age	.01	-.23	.26	.12	.03		
Gender	3.07	.68	5.46	1.19	.29*		
YWE	.10	-.16	.36	.13	.19		
LTE	-2.89	-6.84	1.06	1.98	-.17		
Burnout	.13	-.06	.32	.09	.16		
PHQ-9	.51	.25	.76	.13	.48***		
Step2						.39	.02
Constant	2.686	-5.74	11.11	4.21			
Age	-.02	-.27	.22	.12	-.05		
Gender	3.47	1.06	5.88	1.21	.32**		
YWE	.12	-.14	.39	.13	.24		
LTE	-3.81	-7.88	.27	2.04	-.22		
Burnout	.15	-.04	.34	.09	.18		
PHQ-9	.51	.26	.76	.13	.48***		
JTES FREQ	-.06	-.13	-.13	.04	-.18		

Note. *N*=70. *CI* = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; JTES FREQ = Journalist Traumatic Exposure Scale Frequency

p* < .05. *p* < .01. ****p* < .001.

Appendix Table 3*Hierarchical Regression Results for CPTSD including JTES Frequency*

Variable	<i>B</i>	95% CI		<i>SE</i>	β	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.32	.32**
Constant	-6.31	-21.193	8.57	7.45			
Age	.32	-.13	.76	.22	.36		
Gender	3.89	-.54	8.31	2.21	.20		
YWE	-.25	-.73	.24	.24	-.26		
LTE	-.80	-7.71	6.11	3.46	-.03		
Burnout	.26	-.09	.61	.17	.18		
PHQ-9	.77	.30	1.24	.24	.41**		
Step2						.33	.003
Constant	-5.03	-20.76	10.70	7.87			
Age	.289	-.17	.75	.23	.33		
Gender	4.13	-.41	8.68	2.28	.22		
YWE	-.226	-.72	.27	.25	-.24		
LTE	-1.26	-8.42	5.91	3.59	-.04		
Burnout	.28	-.08	.63	.18	.19		
PHQ-9	.77	.30	1.25	.24	.41**		
JTES FREQ	-.04	-.17	.10	.07	-.06		

Note. N=70. *CI* = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; JTES FREQ = Journalist Traumatic Exposure Scale Frequency

p* < .05. *p* < .01. ****p* < .001.

Appendix Table 4*Hierarchical Regression Results for STS including JTES Frequency*

Variable	<i>B</i>	95% CI		SE	β	R^2	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.39	.39**
Constant	-.73	-14.15	12.69	6.72			
Age	-.09	-.49	.31	.20	-.11		
Gender	4.43	.442	8.42	1.997	.24*		
YWE	.08	-.354	.52	.21	.09		
LTE	.95	-5.29	7.18	3.121	.34		
Burnout	.65	.33	.96	.16	.48**		
PHQ-9	.17	-.25	.60	.21	.10		
Step2						.50	.11**
Constant	-8.03	-20.93	4.87	6.46			
Age	.06	-.32	.43	.19	.67		
Gender	3.02	-.71	6.75	1.87	.17		
YWE	-.03	-.43	.39	.20	-.03		
LTE	3.55	-2.33	9.42	2.94	.13		
Burnout	.57	.277	.85	.14	.41**		
PHQ-9	.17	-.22	.56	.19	.10		
JTES FREQ	.21	.10	.32	.06	.37**		

Note. N=70. CI = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; JTES FREQ = Journalist Traumatic Exposure Scale Frequency

* $p < .05$. ** $p < .01$. *** $p < .001$.

Appendix Table 5*Hierarchical Regression Results for PTSD including JTES Intensity*

Variable	<i>B</i>	95% CI		<i>SE</i>	β	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.22	.22*
Constant	-5.62	-15.41	4.159	4.90			
Age	.33	.04	.62	.15	.61*		
Gender	1.43	-1.54	4.41	1.49	.12		
YWE	-.36	-.674	-.04	1.58	-.61*		
LTE	-.47	-5.38	4.43	2.45	-.03		
Burnout	.14	-.09	.363	.11	.15		
PHQ-9	.28	-.03	.58	.15	.24		
Step2						.22	.003
Constant	-5.81	-15.68	4.06	4.94			
Age	.33	.04	.62	.15	.62*		
Gender	1.42	-1.57	4.42	1.50	.12		
YWE	-.37	-.69	-.05	.16	-.63*		
LTE	-.36	-5.33	4.56	2.47	-.02		
Burnout	.16	-.08	.40	.12	.18		
PHQ-9	.27	-.04	.58	.16	.24		
JTES INT	-.20	-.93	.54	.37	-.07		

Note. *N*=70. CI = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; JTES INT = Journalist Traumatic Exposure Scale Intensity

p* < .05. *p* < .01. ****p* < .001.

Appendix Table 6*Hierarchical Regression Results for DSO including JTES Intensity*

Variable	<i>B</i>	95% CI		<i>SE</i>	β	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.37	.37**
Constant	.536	-7.52	8.59	4.03			
Age	.01	-.23	.26	.12	.03		
Gender	3.07	.68	5.46	1.19	.29*		
YWE	.10	-.16	.36	.13	.19		
LTE	-2.89	-6.84	1.06	1.98	-.17		
Burnout	.13	-.06	.32	.09	.16		
PHQ-9	.51	.25	.76	.13	.48***		
Step2						.37	.006
Constant	.321	-7.79	8.43	4.06			
Age	.02	-.22	.26	.12	.04		
Gender	3.06	.69	5.46	1.2	.28*		
YWE	.09	-.18	.35	.13	.16		
LTE	-2.81	-6.78	1.16	1.96	-.16		
Burnout	.15	-.05	.35	.10	.19		
PHQ-9	.51	.25	.76	.13	.49***		
JTES INT	-.23	-.84	.37	.30	-.09		

Note. N=70. CI = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; JTES INT = Journalist Traumatic Exposure Scale Intensity

* $p < .05$. ** $p < .01$. *** $p < .001$.

Appendix Table 7*Hierarchical Regression Results for CPTSD including JTES Intensity*

Variable	<i>B</i>	95% CI		<i>SE</i>	β	R^2	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.32	.32**
Constant	-6.31	-21.193	8.57	7.45			
Age	.32	-.13	.76	.22	.36		
Gender	3.89	-.54	8.31	2.21	.20		
YWE	-.25	-.73	.24	.24	-.26		
LTE	-.80	-7.71	6.11	3.46	-.03		
Burnout	.26	-.09	.61	.17	.18		
PHQ-9	.77	.30	1.24	.24	.41**		
Step2						.33	.006
Constant	-6.72	-21.69	8.25	7.49			
Age	.33	-.12	.77	.22	.37		
Gender	3.87	-.57	8.31	2.22	.20		
YWE	-.27	-.76	.22	.25	-.28		
LTE	-.63	-7.58	6.33	3.48	-.02		
Burnout	.31	-.06	.67	.18	.21		
PHQ-9	.77	.30	1.24	.24	.41**		
JTES Int	-.43	-1.55	.69	.56	-.09		

Note. N=70. CI = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; JTES INT = Journalist Traumatic Exposure Scale Intensity

* $p < .05$. ** $p < .01$. *** $p < .001$.

Appendix Table 8*Hierarchical Regression Results for STS including JTES Intensity*

Variable	<i>B</i>	95% CI		<i>SE</i>	β	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.39	.39**
Constant	-.73	-14.15	12.69	6.72			
Age	-.09	-.49	.31	.20	-.11		
Gender	4.43	.442	8.42	1.997	.24*		
YWE	.08	-.354	.52	.21	.09		
LTE	.95	-5.29	7.18	3.121	.34		
Burnout	.65	.33	.96	.16	.48***		
PHQ-9	.17	-.25	.60	.21	.10		
Step2						.50	.16**
Constant	1.24	-10.41	12.88	5.83			
Age	-.15	-.49	.20	.17	-.18		
Gender	4.49	1.04	7.95	1.73	.25*		
YWE	.20	-.18	.58	.19	.22		
LTE	.11	-5.30	5.52	2.71	.004		
Burnout	.43	.15	.72	.14	.31**		
PHQ-9	.19	-.18	.56	.18	.11		
JTES INT	2.01	1.20	2.95	.44	.44***		

Note. N=70. CI = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; JTES INT = Journalist Traumatic Exposure Scale Intensity

* $p < .05$. ** $p < .01$. *** $p < .001$.

Appendix Table 9*Hierarchical Regression Results for ProQOL STS including JTES mostly index*

Variable	<i>B</i>	95% CI		<i>SE</i>	β	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step1						.39	.39**
Constant	-.73	-14.15	12.69	6.72			
Age	-.09	-.49	.31	.20	-.11		
Gender	4.43	.442	8.42	1.997	.24*		
YWE	.08	-.354	.52	.21	.09		
LTE	.95	-5.29	7.18	3.121	.34		
Burnout	.65	.33	.96	.16	.48***		
PHQ-9	.17	-.25	.60	.21	.10		
Step2						.39	.003
Constant	-1.06	-14.60	12.48	6.78			
Age	-.08	-.48	.32	.20	-.10		
Gender	4.62	.56	8.68	2.03	.25*		
YWE	.08	-.36	.51	.22	.08		
LTE	.75	-5.55	7.05	3.16	.03		
Burnout	.64	.32	.95	.16	.46***		
PHQ-9	.18	-.24	.61	.21	.10		
mostly index	1.50	-3.57	6.56	2.54	.06		

Note. *N*=70. CI = confidence interval; *LL*= lower limit; *UL*= upper limit; Gender = Male 0; Female 1; Age = Age in Years; YWE = Years of Working Experience; LTE = Lifetime Trauma Exposure; Burnout = PROQOL Burnout; PHQ-9 = PHQ-9 Depression Score; mostly index = Journalist Traumatic Exposure Scale – OTS/ID Index

p* < .05. *p* < .01. ****p* < .001.

Appendix Table 10*Moderation Analysis predicting PTSD by JTES SUM, CS, and their Interaction*

Predictors	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Constant	8.239	0.687	11.99	<.001***	6.87	9.61
JTESUM	0.039	0.053	0.74	.459	-0.07	0.14
CS	-0.068	0.089	-0.76	.449	-0.24	0.11
JTESUM × CS	-0.011	0.005	-2.18	.033*	-0.021	-0.001
Covariate Inclusion						
Constant	1.28	4.85	.26	.79	-8.41	10.69
JTESUM	.07	.06	1.21	.23	-.05	.18
CS	-.09	.09	-1.01	.32	-.27	.09
JTESUM X CS	-.01	.01	-1.29	.20	-.02	.00
Age	.31	.21	1.533	.13	-.10	.72
YWE	-.37	.23	-1.57	.12	-.83	.10

Note. *B* = unstandardized regression coefficient, *SE* = standard error, *CI* = confidence interval, LL = lower limit, UL = upper limit. CS = Compassion Satisfaction; Age = Age in years; YWE = Years of working experience; JTESUM = Journalist Traumatic Exposure Scale Sum Score

* $p < .05$. ** $p < .01$. *** $p < .001$.

Appendix Table 11*Moderation Analysis Predicting DSO from JTESUM, CS, and Their Interaction*

Predictors	B	SE	t	p	95% CI (LL, UL)	
					LL	UL
Constant	8.84	.64	13.87	<.001***	7.57	10.10
JTESUM	.01	.04	.28	.780	-.07	.09
CS	-.14	.08	-1.72	.089	-.31	.02
JTESUM × CS	.00	.00	.001	.999	-.01	.01
Covariate Inclusion						
Constant	3.24	1.24	2.62	.011	.77	5.71
JTESUM	-.03	.03	-1.05	.299	-.09	.03
CS	-.02	.06	-.36	.717	-.13	.09
JTESUM X CS	.01	.00	.22	.826	-.01	.01
Gender	2.43	1.07	2.27	.026*	.30	4.55
PHQ-9	.50	.11	4.50	.000***	.28	.73

Note. *B* = unstandardized regression coefficient, *SE* = standard error, *CI* = confidence

interval, LL = lower limit, UL = upper limit. CS = Compassion Satisfaction; Gender = Male 0, Female 1; PHQ-9 = PHQ-9 Depression Score; JTESUM = Journalist Traumatic Exposure Scale Sum Score

* $p < .05$. ** $p < .01$. *** $p < .001$

Appendix Table 12*Moderation Analysis Predicting ITQ CPTSD from JTES SUM, CS, and Their Interaction*

Predictors	B	SE	t	p	95% CI (LL, UL)	
					LL	UL
Constant	16.66	1.16	14.32	<.001***	14.34	18.98
JTESUM	.02	.09	.27	.79	-.15	.19
CS	-.15	.15	-.98	.33	-.46	.16
JTESUM × CS	-.01	.01	-.69	.49	-.02	.01
Covariate Inclusion						
Constant	8.72	1.90	4.59	<.001	4.93	12.51
JTES SUM	-.04	.07	-.62	.54	-.18	.10
CS	.07	.13	.49	.62	-.20	.33
JTES SUM X CS	-.01	.01	-.87	.39	-.02	.01
PHQ-9	.99	.18	5.38	<.001***	.62	1.35

Note. *B* = unstandardized regression coefficient, *SE* = standard error, *CI* = confidence interval, LL = lower limit, UL = upper limit. CS = Compassion Satisfaction; PHQ-9 = PHQ-9 Depression Score; JTES SUM = Journalist Traumatic Exposure Scale Sum Score

p* < .05. *p* < .01. ****p* < .001

Appendix Table 13*Moderation Analysis Predicting STS from JTES SUM, CS, and Their Interaction*

Predictors	B	SE	t	p	95% CI (LL, UL)	
					LL	UL
Constant	18.28	.92	19.90	<.001	16.45	20.11
JTESUM	.24	.07	3.45	<.001	.10	.38
CS	.13	.15	.84	.403	-.17	.43
JTESUM × CS	-.01	.01	-.68	.497	-.03	.01
Covariate Inclusion						
Constant	-5.55	3.14	-1.77	.081	-11.80	.71
JTESUM	.10	.05	2.10	.039*	.01	.19
CS	.41	.12	3.41	.001**	.17	.65
JTESUM X CS	.00	.01	.08	.939	-.01	.02
Gender	4.59	1.48	3.1	.002**	1.64	7.54
Burnout	.83	.12	6.81	.000**	.59	1.07

Note. *B* = unstandardized regression coefficient, *SE* = standard error, *CI* = confidence

interval, LL = lower limit, UL = upper limit. CS = Compassion Satisfaction; Gender = Male 0, Female 1; Burnout = ProQOL Burnout; JTESUM = Journalist Traumatic Exposure Scale Sum Score

* $p < .05$. ** $p < .01$. *** $p < .001$