DART CENTER
FOR JOURNALISM & TRAUMA
A PROJECT OF COLUMBIA JOURNALISM SCHOOL



# Dart Center Style Guide for Trauma-Informed Journalism

June 22, 2021 by Isobel Thompson

*This Dart Center style guide is designed as a quick, authoritative reference for reporters, editors and producers working on tight deadlines. It includes brief evidence-informed guidance on news choices, language usage and ethics in reporting on the impact of trauma on individuals, families and communities; recommendations for appropriate use of relevant psychological and scientific terminology; and special considerations when reporting on consequential trauma-laden issues such as racism and sexual violence.*

**Clarence Williams, commissioned by LACMTA (Metro)**
Timothy keeps watch for submerged cars aboard a boat navigating through Hollygrove, New Orleans after Hurricane Katrina made landfall in the city in August 2005.

## INTRODUCTION

By Bruce Shapiro, Executive Director, Dart Center

Reporting on trauma is central to news. If you are a journalist reading these words, you already know it in your bones. Whether in breaking news or investigative reporting, local beats or international coverage, features or photographs: Knowledgeable and ethical reporting on violence, crisis and tragedy poses a profound daily challenge to craft and to the personal capacity of news professionals.

In recent years, journalists have forged significant innovations in how trauma is reported: fresh approaches to interviewing and source development, investigative method, storytelling, ethics and the news agenda itself. Many of these innovations are shaped by rapidly-evolving scientific understanding of the many ways violence, abuse, conflict and chronic threat affect brains, bodies and communities over time. Others are driven by evolving awareness of historic violence and the experiences of marginalized or vulnerable communities. The public itself is now talking about trauma more frequently, with deeper engagement. As a result, responsible reporting and newsroom decision-making now demand baseline literacy in trauma concepts and emerging reporting standards.

This concise style guide, compiled by Columbia University's Dart Center for Journalism and Trauma with input from leading news professionals, clinicians and academic researchers, is designed as a quick, authoritative reference for reporters, editors and producers working on tight deadlines. It includes brief evidence-informed guidance on news choices, language usage and ethics in reporting on the impact of trauma on individuals, families and communities; recommendations for appropriate use of relevant psychological and scientific terminology; and special considerations when reporting on consequential trauma-laden issues such as racism and sexual violence.

All entries in this style guide reflect the Dart Center's baseline recommendations for best practice. Entries rooted in trauma science are grounded in evidence-based consensus among experts, or define fundamental conceptual arguments and other areas of unresolved knowledge. Entries on reporting practices reflect the accumulated recommendations and expertise of Dart Center fellows, Dart Award winners and other journalists who have placed the careful, evidence-informed consideration of trauma at the center of their work.

While in some areas of usage our guidance is stringent (for instance, the limited circumstances in which it is accurate to refer to Post Traumatic Stress Disorder), in most cases we have emphasized guidelines and recommendations over rigid commandments, recognizing the fluid, complex and assignment-specific nature of journalistic decision-making. We aim for trauma-informed critical thinking in journalists, not inflexible adherence.

The Dart Center Style Guide is a living document, designed to be regularly expanded and updated to reflect evolving best practices, innovations in news coverage and growing scientific understanding. It is also a gateway to additional resources for journalists seeking to explore trauma journalism in greater depth. Entries link to the Dart Center's extensive online library of tip sheets, backgrounders and journalist-to-journalist guidance, and as well as other authoritative resources.

Any journalism stylebook is necessarily a reflection of time, place and culture. Trauma study, too, is a field in which culture and identity are never neutral. Though this style guide attempts wherever possible to reflect global, cross-cultural and intersectional perspectives, its authors are Anglophone journalists and researchers affiliated with a U.S. university, steeped in the norms and perspectives of American and English-language news professionals and clinicians. We welcome any feedback, suggestions and criticism that can enrich the Dart style guide's relevance to the global community of journalists.

The Dart Style Guide was originally compiled in 2020-2021 by Resources Editor Isobel Thompson. Initial entries were vetted, expanded and edited by the Dart Center's executive director, research director and global staff. Entries were reviewed with a wider advisory group of journalists and clinicians. Please let us

know what guidance you find useful, what you disagree with and what's missing. Send comments to styleguide@dartcenter.org.

## USING THIS GUIDE

The Dart Center Style Guide is organized in four thematic sections:

**Trauma Science and Psychology**, which provides guidance on terms and issues such as PTSD, Moral Injury and Vicarious Trauma.

**Violence and Aftermath,** which includes entries on themes such as gun violence, conflict and sexual violence.

**Identity,** which focuses on themes such as age, disability and gender identity.

**Community and Social Issues,** which offers guidance on topics such as migration, death and human trafficking.

Entries within each section are alphabetical. Entries also include links to related in-depth resources.

For convenience in searching, the Style Guide is posted as a single document. For rapid reference on a particular term (i.e. Complex PTSD) or issue (i.e. childhood trauma) use your browser's FIND function.

## TRAUMA SCIENCE AND PSYCHOLOGY

*Although the language of trauma is now in widespread casual use, news coverage should accurately reflect accepted scientific frameworks and usage. Rich depiction of the nature of trauma and resilience, and the accurate use of terminology, are important to public understanding.*

*The entries in this section define and contextualize some fundamental concepts in the spheres of trauma science and psychology. These entries also provide guidance as to how journalists can think about these concepts in relation to their own craft, ethics and self-care.*

**Acute Stress Disorder:** Acute Stress Disorder (ASD) is an immediate or short-term psychological response to a traumatic event. While ASD holds similarities with Post Traumatic Stress Disorder (PTSD), there is a clear distinction in diagnostic timeframe: ASD requires symptoms to manifest within the first four weeks after the traumatic event. These symptoms fall within categories such as intrusive thoughts, negative mood, arousal, avoidance, reexperiencing and disassociation.

If symptoms persist for longer than a month, clinicians would consider a diagnosis such as PTSD. However, not everyone who experiences trauma will develop ASD, and ASD does not necessarily predict PTSD. Many of those who exhibit ASD reactions will recover naturally without treatment. Note that for this reason, in describing individuals' reactions to traumatic events, PTSD is never an accurate term within the first month of a single experience.

Use Acute Stress Disorder at first mention, and then ASD after that. Only refer to a person as having ASD if this diagnosis has been professionally determined. If possible, find out who made the diagnosis and when

they made it. In general, reporting should favor descriptions of specific reactions and symptoms over diagnostic jargon.

**Allostatic Load:** Allostatic Load is the physiological "wear and tear on the body" caused by chronic exposure to all types of stress, activating a variety of neuroendocrine and immune responses. When environmental challenges exceed a person's ability to cope, allostatic overload occurs.

Forms of exposure may include ordinary daily stress (e.g., work-related stress, major life events both traumatic and non-traumatic); environmental factors (e.g., poverty, racial discrimination); adverse childhood experiences; and health behaviors.

Research has linked allostatic overload to poorer health outcomes.

**Adverse Childhood Experiences:** Adverse Childhood Experiences (ACEs) are negative childhood circumstances (occurring before the age of 18) that include household dysfunction, or psychological, physical or sexual abuse. Examples of household dysfunction include substance abuse, mental illness or suicidal attempts by caregivers, or domestic violence of caregivers.

The concept of ACEs grew out of a pioneering 1995 study by the Centers for Disease Control and the Kaiser Permanente health care system in California. Originally ACEs referred to only seven types of events, but some scholars and agencies have since included other categories such as physical neglect (e.g., food insecurity or insufficient clothing), divorce if it leads to separation of family, homelessness and witnessing violence in the community. In the scientific literature, events not included in the definition of ACEs are exposure to mass disaster and mass violence. The narrowest definitions of ACEs focus on immediate family/household dysfunction and familial abuse.

ACEs are hypothesized to impair the foundational architecture upon which the brain develops and were originally identified as those events that might be associated with risk factors and diseases leading to mortality. These ACEs are now used in studies as predictors of wellbeing, life choices, circumstances or outcomes over the course of an individual's lifetime.

When interviewing someone who refers to ACEs or using the term in your story, provide some specificity about the working definition being used. Understanding the impact of ACEs may help you consider storytelling choices when reporting on a child or adult who was exposed to ACEs.

Children from low-income backgrounds and communities affected by racism, discrimination or marginalization are more likely to be exposed to ACEs, which pose significant social and economic costs.

For further guidance on how to interview children who have experienced ACEs, consult the entry on Childhood Trauma.

**Burnout:** While burnout is sometimes referred to casually as a synonym for fatigue, it is also a clinical term referring specifically to the consequences of protracted and uncontrolled workplace stress. The World Health Organization defines burnout as a "syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativity or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life."

Burnout can generally be addressed by changing the professional environment — for example, increasing decisions or control over work; enhancing opportunities to rest and recover; improving employee

relationships; changing duties. It can also be addressed by altering personal habits — improving nutrition; getting more sleep and exercise; and/or developing coping strategies.

In stories, journalists should refer to burnout only in an occupational-health context.

In the newsroom and professional life, journalists and managers should be aware that while they might be at risk of burnout, the impact of unremitting stress can often be managed and mitigated. For further information, consult the Dart Center website.

**Compassion Fatigue:** When speaking about trauma exposure, this common phrase has two very different meanings.

Among *clinicians, medical personnel, first responders and other professionals who care for sick or traumatized people*, compassion fatigue is defined by psychologist Charles Figley as "a state of exhaustion and dysfunction, biologically, physiologically and emotionally, as a result of prolonged exposure to compassion stress." Originally, compassion fatigue focused on reduced empathetic capacity and any emotional reaction as a result of close contact with a survivor.

In this context, compassion fatigue is a close relative of vicarious trauma, secondary trauma and burnout. The exact similarities and differences have been debated within the mental-health profession. Professionals vary in how they define and measure compassion fatigue, sometimes simply focusing on secondary traumatic stress (STS) (e.g. PTSD-like symptoms in those not exposed directly to traumatic stress), while others refer to compassion fatigue as including STS symptoms, other symptoms and burnout.

The significance of compassion fatigue for medical and frontline workers is disputed by some researchers, who contend that chronic workplace functional stress rather than emotional identification with patients and clients is the crucial factor.

In the very different context of *media studies*, compassion fatigue usually refers to the idea of news consumers' desensitization: diminished empathy and engagement in the face of distressing news stories and images, in particular resistance to charitable appeals for the victims of war, famine or disaster. Drawing on critic Susan Sontag's 1977 assertion that "photographs anesthetize" (a view Sontag herself later largely retracted), some media-effects scholars argue that compassion fatigue is not just a byproduct of trauma-drenched news cycles but reflects a fundamental abuse by media corporations. "It's the media that are at fault. How they typically cover crises helps us to feel overstimulated and bored all at once" (Susan Moeller, 1999).

When referring to compassion fatigue, be attentive to context, and accurately reflect which definition is being invoked. Regardless of the definitional issues, compassion fatigue is relevant for journalists for several reasons: news professionals may experience these reactions; knowledge about this response may help journalists anticipate and prepare for interviewing and covering first responders or caregivers for trauma-exposed groups; and understanding the definitional issues may help journalists ask better questions when compassion fatigue is a probable factor.

**Complex PTSD:** Complex PTSD (CPTSD) refers to a profound pattern of psychological injury resulting from repeated or chronic interpersonal victimization and powerlessness over an extended period. CPTSD most commonly refers to consequences of protracted physical or sexual victimization such as long-term intimate-partner violence, torture or human trafficking.

The Complex PTSD diagnosis was first proposed by Judith Lewis Herman, M.D. in 1992. Herman observed that survivors of chronic trauma and coercive control often display a cluster of emotional and relational

difficulties which go beyond PTSD criteria and defy standard treatment, leading to misleading, gender-biased or pejorative diagnostic labels such as Borderline Personality Disorder.

As identified by Herman and subsequent researchers, the distinct consequences of protracted victimization or total control by another, compared with one-time or limited trauma, can include, among others, profound difficulties in regulating anger or other emotions; pervasive shame, helplessness or guilt; changes in consciousness (e.g., dissociation, depersonalization, memory of events), distorted perceptions of an abuser or perpetrator; and difficulties in trust and relationships.

As of 2021, CPTSD is a debated diagnosis among trauma health care professionals. While most professionals agree that CP reactions and phenomenology exist, the debate centers around the strength of current evidence and views about conceptual purposes of diagnosis — should disorders prioritize clinical description, treatment implications or parsimony? At this time, there isn't conclusive evidence to make CPTSD a distinct disorder or specific form of PTSD. CPTSD is included in the World Health Organization's International Disease Classification manual (ICD-11). However, the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5) does not recognize a separate CPTSD diagnosis, instead incorporating some of its features under Post Traumatic Stress Disorder.

When reporting on survivors of chronic violence, abuse or captivity, reporters should be aware that the kinds of psychological injury described by CPTSD may require special care in building and maintaining trust. Stories involving pervasive abuse and trauma should educate readers about the complicated impact of these experiences, rather than rely excessively on diagnostic labels. In reporting on individuals, journalists should refer to CPTSD only when survivors indicate that a health professional has categorized their reactions as CPTSD.

**Childhood Trauma:** The U.S. National Institute of Mental Health defines childhood trauma as "the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects."

Childhood responses to trauma are generally related to age. For example, children under five may experience developmental regression, while young adolescents may isolate themselves or engage in risky behaviors. Childhood trauma contributes to Adverse Childhood Experiences.

If you're interviewing children who have experienced trauma, be careful to avoid using language that might upset them during the interview process. *Washington Post* reporter John Woodrow Cox devotes considerable time to pre-reporting and having conversations with caregivers to understand what questions and words to avoid. With all vulnerable people, but especially with children, considerations around language and style aren't just pertinent to the finished story — they matter throughout the entire reporting process.

For further guidance, consult the Children & Youth section of the Dart Center website.

**Collective Trauma:** Collective trauma refers to a catastrophic event that impacts a large group of people. Examples of such events include mass disasters, civil wars, genocides and slavery. The Covid-19 pandemic represents collective trauma on a global scale.

Large-scale collective trauma can have economic, political and social effects, changing the fabric of communities. When collective trauma is caused or worsened by governments or other human action, social trust and cohesion can be undermined and accountability may prove elusive.

Healing can be hard in the aftermath of a collective trauma because so many people share pain and anxiety, and behaviors may be changed on a mass scale. Mental health interventions in collective trauma emphasize community-based, culturally-specific approaches. Collective acts, such as community creative arts, shared

testimony, theatre and memorialization are fundamental to helping communities process their grief, reflect upon events and find meaning and solidarity.

**Depression**: The U.S. National Institute of Mental Health defines depression as a common but serious mood disorder with severe symptoms that affect how one feels, thinks, and handles daily activities. Common symptoms include persistent sadness, listlessness, disturbed sleep and poor concentration.

To be diagnosed with depression (now officially termed Major Depressive Disorder) specific symptoms must have been present for at least two weeks. Treatments that can help those with depression include psychotherapy and antidepressant medication. PTSD and depression are commonly co-occurring.

Alongside understanding the definition of depression and its biological and physical symptoms, be aware of its different forms, for example persistent depressive disorder (dysthymia), substance/medication induced depressive disorders and postpartum depression.

Do not draw general links between suicide and depression in a story unless this connection has been established by a clinician and this information is relevant to the piece's context. Most people who are clinically depressed do not attempt suicide.

**Disaster:** Disasters are generally split into two categories: natural disasters such as tsunamis, and human-created disasters such as terror attacks and industrial accidents. Both categories describe unexpected or uncontrolled events that expose a group to injury and suffering. Human-created disasters are in general associated with higher rates of PTSD.

Disasters disrupt or overwhelm the community's response capabilities. Mass disaster specifically refers to a disaster where a large number of victims require external assistance. In the healthcare field, a mass casualty incident is one in which the healthcare system is overwhelmed.

All disasters can take a grave toll on physical, emotional and mental health, but most people do recover and heal without psychological intervention. However, a small minority of direct victims who have experienced substantial loss (of person or property) ) or have pre-existing physical or mental health conditions and vulnerabilities may experience long-lasting adverse mental health outcomes requiring mental health assistance. Similarly, a proportion of first responders may experience long-lasting adverse mental health outcomes requiring mental health assistance.

When covering a disaster, be aware that its impact will generally correlate to pre-existing environments. Factors such as poverty, poor building construction or badly-managed public services will likely worsen in the aftermath. Consequently, community resilience (the ability of a community to withstand and recover from adversity) has become a priority for some charities, organizations and government agencies in preparing for disasters. While there is no agreed-upon consensus as to the set of factors that constitute community resilience, they tend to include elements such as social cohesion, strong local governance, economic robustness and detailed planning.

For further reference, consult the National Center for Disaster Preparedness or the National Center for PTSD. For information specific to mass violent crimes, see The National Mass Violence Victimization Resource Center.

**Gender-based violence:** Gender-based violence is an umbrella term used by the United Nations, the Council of Europe and other inter-governmental agencies to refer to violence that is directed to an individual based on their biological sex or gender identity. It includes categories such as psychological and physical violence, sexual assault and harassment, forced marriages, female genital mutilation, forced abortion and

sterilization, economic or educational deprivation and attacks on transgender people. Note that gender-based violence is a more broadly inclusive term than violence against women.

For further reference, see this Guide to Interviewing Survivors of Sexual and Gender-Based Violence.

**Intergenerational Trauma**: Intergenerational Trauma, sometimes called transgenerational trauma, is the impact of violence, abuse or threat on those who are descended from trauma survivors. The concept is attributed to the Canadian psychiatrist Vivian Rakoff who, in 1966, first documented high levels of psychological distress among children of Holocaust survivors. Historical trauma is a specific form of intergenerational trauma within a cultural group that has a history of systematic oppression.

Today there is a body of research focusing on discovering the mechanisms for intergenerational transmission of individual and collective trauma across generations. While evidence strongly indicates that trauma can be passed through communities and families, there is less of a consensus around how this happens. Some theories postulate that reactions to trauma are transmitted primarily through cultural and environmental factors. The developing field of epigenetics, meanwhile, suggests that overwhelming violence, threat or abuse may alter gene expression, reshaping individuals' structural or biochemical responses to threat and stress in ways that can be passed onto offspring.

Note that these theories are not mutually exclusive: "intergenerational trauma" is perhaps best understood as a shorthand for a complex interplay of epigenetic, developmental and cultural factors.

If you are referring to intergenerational trauma, try to contextualize it within the leading theories in the field. Consider the possible factors that could shape the legacy of personal and communal trauma, and be aware that these factors will likely vary across culture and countries.

For further reference, consult the International Center for MultiGenerational Legacies of Trauma.

**Institutional Betrayal:** Institutional betrayal refers to wrongdoings perpetrated by an institution upon those who depend on that institution for basic safety and protection. It can refer both to abuses directly inflicted by those with institutional authority — for instance, abuse of children by teachers or clergy — and the broader complicity of a bureaucracy in such acts, such as covering up for an abuser or failing to support a survivor who reports a sexual assault.

The term was introduced in 2008 by Jennifer Freyd, a psychology professor at the University of Oregon, whose research has linked Institutional Betrayal to exacerbating traumatic reactions among individuals who have been sexually assaulted.

Freyd purports that perpetrators sometimes deny accountability by using so-called "DARVO" strategies: deny, attack, and reverse victim and offender roles. Institutional DARVO, she argues, is a harmful form of institutional betrayal: for example, charging victims with false accusations rather than pursuing accountability or protecting its members. When covering abuse in agencies and institutions, journalists may want to consider whether DARVO dynamics play a role in the situation, and avoid asking questions that might reinforce such tactics.

In 2014, Freyd introduced the concept of Institutional Courage as an antidote to Institutional Betrayal. Institutional Courage has been defined as "an institution's commitment to seek the truth and engage in moral action, despite unpleasantness, risk, and short-term cost."

**Moral Distress:** In 1984, researcher Andrew Jameton defined moral distress in medical settings as the outcome of a situation where a nurse "knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action".

Increasingly, the impact of moral distress upon mental health outcomes is studied in other health care professionals, therapists, and first responders.

**Moral Injury:** The National Center for PTSD states that “moral injury can occur in response to acting or witnessing behaviors that go against an individual's values and moral beliefs.” Moral injury is not a diagnosis, and trauma researchers are divided over its precise definition. Moral injury was first identified in the 1990s by the psychiatrist Jonathan Shay in his work with American combat veterans of the Vietnam War. Shay defined moral injury as a condition resulting from soldiers in high-stakes situations violating their own values, under improper orders from their leaders. In Shay’s model, moral injury is associated exclusively with atrocities resulting from leadership betrayal. More recently, psychologist Brett Litz and others have broadened the definition to also include soldiers’ reactions to similarly high-stakes ethical violations resulting from their own acts or failures to act. Others conceptualize moral injury as maladaptive responses to moral pain or specific reactions to acknowledging ethical transgressions. While definitions vary, all definitions depict symptoms emerging from experiencing, perpetrating or witnessing moral violations.

Moral injury is generally associated with socially-isolating emotions, such as guilt and shame. Moral injury may be a psychological, behavioral, or spiritual condition.

In reporting, moral injury can be distinguished from ordinary guilt by high stakes situations; the commingling of ethical violation or abuse by frontline professionals with profoundly traumatic events; and a sense of individual or institutional complicity.

Research indicates that some journalists might be vulnerable to experiencing moral injury. “Journalists bring deep ethical commitments to covering profoundly challenging traumatic events that violate the social contract, such as mass shootings, forced migration or institutional racism. Sometimes, whether through pressure from their employers or through their own judgments, journalists may make a call that violates their own standards, or may, in a broader sense, feel that their reporting or their employer are part of the problem,” says Bruce Shapiro, executive director of the Dart Center. “There's growing evidence that this leads to long term emotional distress.”

For further reference, consult this piece on the Dart Center website.

**Post Traumatic Stress Disorder:** First defined by the American Psychiatric Association in 1980, Post Traumatic Stress Disorder (PTSD) is a psychological injury that results from exposure to an extreme traumatic stressor in which the person experienced or witnessed an event or multiple events that involved actual harm or a threat to the physical integrity of self or others.

For a diagnosis, a certain number of symptoms across four areas must last for more than a month and interfere with functioning. These areas include re-experiencing, avoidance, negative changes in thinking and mood, and hyperarousal or reactivity. Some of these traumatic stress reactions may also be present without meeting the criteria for a PTSD diagnosis.

PTSD should not be used interchangeably with more general descriptions of trauma-related reactions. Be aware that most people who experience trauma recover naturally and do not develop PTSD. Only refer to PTSD if it’s relevant and has been formally diagnosed. Use Post Traumatic Stress Disorder on the first mention, then PTSD after that.

When interviewing someone who may be affected by PTSD, give them time to ask you any questions before the interview begins. If you plan to ask them about a traumatic incident, let them know ahead of time, obtain consent and inform them that they can pause or withdraw from the conversation at any time. t. Always respect a decision to withdraw. Be prepared to interview slowly or repeat yourself, as concentration difficulties may occur in some individuals with PTSD.

For further reference, consult this tip sheet on the Dart Center website.

**Post Traumatic Growth:** In the mid-1990s, Richard Tedeschi and Lawrence Cohen first used this term to describe positive transformation following struggling with trauma reactions. Post traumatic growth describes positive change that can occur in the aftermath of coping with trauma or adversity. Those who have experienced post traumatic growth undergo a shift in the way they perceive themselves and the world. They often report greater creative growth, compassion, spiritual development, enhanced connectedness with others, increased sense of one's own stress and appreciation for the value of life.

Post Traumatic growth often occurs in parallel with PTSD and other psychological injury. Do not describe Post Traumatic Growth as "the opposite of PTSD." Further, although people may experience growth it does not imply suffering is not present, nor that traumatic events are destined or positive.

**Race and Trauma:** Institutional racism is rooted in violence and the violation of social equity, which means it is necessarily linked to trauma. Because the study of the relationship between race and trauma is evolving, there are several frameworks and uses of language for journalists to be aware of.

*Race-based traumatic stress* can occur when a person experiences first-hand or witnesses a dangerous racist event or racial discrimination against their own community. As a consequence of this event, they may develop symptoms that are similar to PTSD, such as hyper-vigilance, depression and fatigue.

Some researchers and scholars use the term *race-based traumatic stress* interchangeably with *racial trauma.* Others believe that race-based traumatic stress refers to a specific incident, whereas racial trauma is the cumulative effect of ongoing, continual racism that may occur in the absence of direct life threatening events. As a result, racial trauma can span multiple generations.

The Diagnostic Statistical Manual of Mental Disorders does not at this writing (2021) recognize racism in the etiology of PTSD.

Journalists who report on the relationship between race and trauma might consider focusing on community approaches and political interventions that aim to reduce and prevent racism, as well as addressing historic violence, and identify clinicians with an explicit interest or training in race-informed therapy.

Leading theorists in this developing field include Robert T. Carter, Lilian Comas-Díaz, Thema Bryant-Davis and Monnica Williams.

See the National Center for PTSD Research Quarterly.

**Resilience:** The American Psychological Association defines resilience as the "process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress."

Resilience doesn't mean that people aren't affected by adversity, but that they are able to successfully cope with e the effects of trauma and stress and return to functioning.

Many factors have been identified by research that can render some people more resilient than others, including physical fitness, genetics, cognitive and emotional flexibility, social connectedness, a strong moral compass and others.

Well-rounded reporting of trauma acknowledges both the negative and challenging aspects of traumatic exposure and the ways in which individuals, families and communities cope, grow and adapt in the face of adversity. Remember not to define people by the worst things that have happened to them.

**Retraumatization:** Retraumatization is not the same as a trigger. Triggers bring back painful memories, and sometimes flashbacks. Retraumatization is more powerful and consuming: It happens when a conscious or unconscious reminder causes a person to vividly and comprehensively re-experience the feelings, thoughts and occasionally memories of a past trauma as if it is occurring in the present.

For example, if a journalist interviews a trauma survivor, and the journalist's facial hair and smell reminds the survivor of the perpetrator of a traumatic event, and they experience feelings of terror, this is a trigger. But if a journalist pressures a survivor to give an interview and persists after the survivor asks to stop, this transgression may lead to the person experiencing the same feelings and reactions of helplessness and exploitation at the time of the traumatic event — this is a retraumatization.

**Trauma:** Trauma is a complex and ambiguous noun, both in casual and clinical usage. Trauma can refer to a physical wound or a psychological injury; the violent or injurious event itself; the ongoing psychological aftermath of such events; or a shared communal sense of loss or victimization. It can refer to a one-time experience or aftermath of overwhelming fear, or the cumulative, complex impact of ongoing abuse and threat, or both.

Adding to the confusion, science tells us that the same event will have wildly varying biopsychosocial impacts on different individuals. The same car accident may be a transient event for one person, yet in another evoke ongoing PTSD or other psychological injury.

For this reason, use trauma as a noun (and its verb and adjective forms: traumatize and traumatic) with care, always making the meaning and context clear. Avoid generalized use of “trauma” as a shorthand that may pathologize ordinary grief or distress, or which fails to account for resilience alongside emotional challenges.

When possible, use more specific language that conveys the particular flavor of an event, response or condition (i.e., choose “she had difficulty sleeping or concentrating” over “she was traumatized”). Avoid overuse of “trauma” or “traumatized” in ways that suggest a uniform response to distressing events, and be careful to distinguish short-term distress from long term traumatic stress reactions.

**Potentially Traumatic Event (PTE):** A potentially traumatic event is any event to which a person is connected that involves some form of severe loss, injury or threat of injury, whether actual or perceived. “Potentially” is an important modifier since human responses to threat and violence are so varied, and many people recover without intervention. When describing an event as traumatic, journalists should consider whether the incident they are referring to was actually overwhelming and consequential, or more transient in its impact despite evoking short-term distress. For further reference, consult the Dart Center’s Trauma and Journalism handbook.

**Trigger Warning:** Reminders of specific, significant trauma may at times evoke or “trigger” memories, distress reactions or PTSD symptoms. The point of a trigger warning, therefore, is to mitigate such reactions by labelling content.

As of 2021, no research consensus supports the efficacy of trigger warnings. Some researchers argue that no scientific evidence supports trigger warnings as a way of mitigating distress, and suggest that trigger warnings might even be harmful for some survivors. Others believe that regardless of their direct therapeutic benefit, trigger warnings underscore the values of care and transparency and give survivors agency over exposure to distressing content.

No single journalistic principle guides which news content is most appropriate for trigger warnings. Be aware that over-use of trigger warnings may diminish their value in cautioning news consumers about the most

profoundly distressing content. Equally, consider the difference between a trigger and information that someone could find objectionable, distasteful or simply challenging.

For further reference, consult this *New York Times* article.

**Vicarious Trauma:** Vicarious trauma refers to psychological changes resulting from cumulative, empathetic engagement with trauma survivors in a professional context. The term was originally coined to reflect both the positive and negative experience of therapists working with trauma survivors but has been expanded to others such as social workers, humanitarian workers and journalists.

Vicarious traumatization, when negative, can be a pathway to psychological injury, including social withdrawal, anxiety and PTSD.

## VIOLENCE AND AFTERMATH

*Journalists routinely report on violence at every level of society, and public understanding depends on accurate and meaningful language. These entries aim to clarify terms related to violence and its aftermath. This section also provides brief guidance on how to report on such themes with sensitivity, accuracy and nuance.*

**Closure:** Closure is a term used to describe a person's feeling that a traumatic or unsettling event in their life has been resolved. It is often used synonymously with healing. Closure is not a clinical outcome, and is not supported by research.

Although some people might experience closure — in the sense of a distressing event being integrated in the past — the concept can indicate a false binary: the end of a chapter, life before and after closure. Research indicates that this framework doesn't capture the reality of lived experience and the variety of ways that reactions to traumatic events can manifest themselves over time. Often, use of "closure" may unintentionally reassure news consumers that a survivor's experience and distress no longer demand attention, or impede public understanding of the long-term impact of violence and abuse.

Journalists sometimes wish to describe a trauma survivor's sense of healing over time, or satisfaction at the conclusion of a trial, memorial service or other marker. In such instances don't frame the outcome as "closure" (or "healing" or "justice") unless those feelings are specifically articulated by survivors or family members.

Unless a source uses the term, avoid using the word "closure" in your stories or when interviewing.

**Conflict:** When reporting on wars and international conflict — even those long past — take care to avoid generalizations, euphemisms for the human toll or mythology that obscures the responsibility of key actors. Identify the countries or groups involved, the time period covered by the conflict, and the key contextual factors. Accurately enumerate deaths and other impact using the most rigorous and independent data available, and identify potential crimes of war or other violations of international law on all sides.

Avoid using unnecessary graphic language or imagery that could dehumanize an individual or group of people. At the same time, don't sanitize reality or oversimplify the catalysts for violence. "Journalists should stay cognizant that there are human beings behind these expansive terms, and that thinking about people or groups solely in terms of good or bad, and innocent or guilty, prevents understanding the whole story," says *New Yorker* journalist Alexis Okeowo.

“There is a tendency to define places, and people, by the worst things that have ever happened to them, instead of placing extreme events within the context of nuanced histories and lives,” Okeowo says. “Journalists should be curious about the context of conflict and terrorism in a place, and do the work of digging out — through reporting and research — and including that context in order to tell the truths of their subjects' lives.”

**Genocide:** The second article of the United Nations Convention on Genocide (1948) defines genocide as “any of the following acts committed with the intent to destroy, in whole or in part, a national, ethnic, racial or religious group, as such: Killing members of the group; Causing serious bodily or mental harm to members of the group; Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; Imposing measures intended to prevent births within the group; Forcibly transferring children of the group to another group.”

Under international law, liability for genocide extends to those who instigate, plan, order, carry out or otherwise abet genocidal acts. Leaders in government and the private sector are responsible for genocidal acts of their subordinates if they knew or should have known about the intent.

The term “genocide” should only be used when a specific group of people are targeted due to a mutual characteristic or trait. Genocide is not defined by the number of people who have been killed, or are at risk of being killed.

It’s important to contextualize the particular local or regional events that have led to genocidal acts, but make sure that you do not use history, however fraught, to normalize a present-day atrocity. Challenge official accounts of events and do not present a genocide as civil war. Avoid the language of chaos (or “the fog of war”) to describe genocide, which by definition is deliberate and organized.

For further reference, consult these reflections on how the Western media failed to report the 1994 Rwandan genocide.

**Gun Violence:** Gun violence is any kind of violence committed with a firearm, whether it is considered criminal under the law or not. It includes both armed assault directed at another individual or group of people, and self-harm or suicide with a firearm. Gun violence also includes the public health consequences of injuries and deaths through firearms, which vary widely around the world depending on local law, culture and gun-use norms.

If you’re covering guns and gun violence, ensure you know the vocabulary of firearms. Accurately describe the weapons used in incidents, and the specific mechanisms, calibers etc. associated with higher public health risks.

In emotionally-charged debates on gun violence, take care to accurately describe the specific motivations or goals of activists. For example, make sure to distinguish between gun control advocates (who support policy initiatives and legislation to curb gun violence) and those who campaign for gun violence prevention (and who may be more focused on community revitalization and renewal). Similarly, note the differences between gun-rights organizations which support limited but significant regulation and those opposing virtually any measures.

Bias often shapes the language used to describe gun violence, especially in the context of low-income communities and communities of color. Avoid anonymous, clinical language that dehumanizes victims, subtly shifts blame onto them or implies a sense of inevitability — for example, “in the wrong place at the wrong time.” This type of language is especially problematic if journalists use a more sympathetic framing in the context of whiter or wealthier neighborhoods where gun violence is likely less to be a problem. Empathetic, accurate language will help to avoid creating a hierarchy of victims.

Reporting on gun violence may reflect public health priorities. A public health approach to gun violence is a preventative stance, identifying and tackling the complex web of underlying factors behind the problem. Journalists who use a public health approach, therefore, should build trust in communities most impacted by gun violence, and ask their opinions on harm caused and possible solutions. Fact-check official reports on shootings with members of these communities and seek their descriptions of victims and perpetrators. Be aware that "victim" and "perpetrator" are blurred terms that are often intertwined.

For further reference, consult the Initiative for Better Gun Violence Reporting or these Dart Centre resources on covering gun violence.

**Mass Shootings:** While official definitions vary, mass shootings are murders of multiple people with a firearm in the same location and timeframe. According to the FBI, a mass murder is an incident in which four or more people are killed with no distinctive temporal space between the murders.

In the breaking phase of a mass shooting, take extraordinary care to verify facts and avoid repeating unverified rumors, body counts or identifications circulating on social media. In reporting on an active-shooter scenario, avoid reporting strategies which might endanger individuals in the vicinity, such as calling the cell phones of people known to be on scene. In interviewing witnesses in the immediate aftermath, stick to establishing basic facts and events rather than delving into feelings, and be sure to carefully identify yourself to survivors who may be confused or disoriented.

When reporting on the victims of a mass shooting, try to find details about their life and personality — emphasize how they lived rather than how they died. Alongside considering language, think deeply about imagery. For example, if you are sharing photos from the scene, make sure that you consider race and class. Ask yourself whether images would be used differently if the victims were affluent rather than if they were low-income or Black.

When interviewing survivors of or witnesses to a mass shooting, try to approach through a trusted intermediary. Even if you are working to a tight deadline, be as sensitive as possible and try to actively hand over control during the interview process — for example, offer to read back quotes.

A primary challenge when covering mass shootings is how to accurately portray the motivations of the perpetrator (when known) without glamorizing their actions or ideas.

In the U.S., some mass-shooting survivor families have advocated a "No Notoriety" policy, calling on media organizations to avoid using the name or image of a perpetrator. This approach has been adopted by some journalists, while others argue that it obstructs the public's right to know.

There are ways to balance these differing viewpoints. For example, only use the perpetrator's name when it's related to legal proceedings; don't use it in headlines or on social media. Or, if there is legitimate public interest in sharing part of a manifesto or similar materials, only publish the most pertinent material rather than something in its entirety. . Avoid descriptions of mass shootings which convey detailed information about methods and logistics, which might be adopted by future perpetrators.

Take caution in relating the role of mental health in a mass shooting: most people with a mental health diagnosis are not violent.

For further reference, consult the National Mass Violence Victimization Resource Center or the Dart Center's resources on Covering Mass Shootings.

**Sexual Violence:** Sexual violence refers to all types of coercive sexual acts or activity. While some forms of sexual violence are physical, others use emotional or psychological tactics.. Rape and sexual assault should

be always understood and framed as violence, not sex.

It's important to give agency to those who have experienced sexual violence. This can be done through the reporting process (for example, by letting a source set the terms for an interview). It can also be done through language.

*ProPublica's* Adriana Gallardo worked on Unheard, a series about sexual assault in Alaska. She advises against using the word victim. But she also cautions against assuming the word survivor is the best alternative. Her approach is to listen to the language interviewees use to define themselves and follow suit. The same applies to the term perpetrator. Many people are abused by a relative or acquaintance and therefore refer to their perpetrator by the term they've always known them as — their father, their uncle, their acquaintance. For example, following a source's lead on language will help you avoid categorizing them. It will result in a more accurate, nuanced story. And it will lead your reporting away from an abstract victim-perpetrator binary, allowing you to interrogate the complex realities that are often inherent to sexual violence and its aftermath.

Investigative journalist Kristen Lombardi has significant experience covering sexual assault stories. She advises against using words such as "alleged" or "claimed" in interviews. However, she notes that sometimes in a piece you have to use this language, particularly when an assault did not end in a criminal conviction. If a source interprets these terms as a lack of belief in their story, explain clearly that this is not the case, and that they will protect both you and them upon publication.

Be sensitive to cultural norms if you're covering sexual violence in a region that you aren't from. Research words and phrases that might be deemed offensive or inappropriate and understand that sources could experience ramifications that you haven't predicted or don't understand.

Don't use the term "historical" to describe sexual violence that occurred in the past: this does not capture the long-lasting impact of abuse. Instead, try to be specific by dating when the crime happened.

For further reference, consult this Dart Center resource or this guide which focuses on reporting on sexual violence in Canada. The Chicago Task Force Style Guide may also be useful.

**Sexual Violence and Conflict:** When sexual violence occurs within conflict, it is often downplayed as a private act, or an inevitable collateral damage of war. It is neither. Rather, it's a war crime, sometimes with a defined strategic purpose. For example, during the Bosnian war, rape was used as part of a program of ethnic cleansing. Sexual violence in conflict is defined as a war crime by the International Criminal Court, and in 2008 the UN Security Council declared that "rape and other forms of sexual violence can constitute war crimes, crimes against humanity, or a constitutive act with respect to genocide."

As such, reporters should develop an understanding of how sexual violence relates to the specific context of the conflict that you are covering, and also the context of the community you are covering.

When setting up interviews, be aware that there could be situations where sources have ostensibly given consent, but feel pressured by NGOs or community leaders to talk to reporters. Equally, they might not be clear on what it means to be part of your report. It's important to gain meaningful consent: take the time and care to detail who you are and where the story will run. Consider explaining that your job as a reporter is to tell stories, rather than enact change.

If you're using a translator, make sure that they are briefed on trauma-sensitive interviewing techniques, and appropriate uses of language.

For further reference, consult these guidelines from Dart Centre Europe on covering sexual violence in conflict zones.

**Violence Against Women:** The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

**Terrorism, Terrorist:** Definitions vary, but terrorism is generally premeditated, politically-motivated violence perpetrated against non-combatant targets that is intended to cause harm and send a message. A key component of terrorism is the generation of widespread panic and fear.

Journalists are often the vehicle for spreading such fear, so caution is warranted. Be aware that the words terror and terrorism are tangled with complex, subjective questions around politics, morality, perspective and ideology. Who is described as a terrorist and who a freedom fighter is often a matter of political alliances, particularly in situations of civil conflict, colonization or violently-maintained autocratic rule. Think deeply about usage of these terms, and focus on imparting necessary information in language that is as neutral as possible.

The terms "terror attack" or "act of terror" can be used, but should be treated with caution.

When reporting on an ongoing incident, use specific terms like "bomb" or "kidnapper". Ensure that you always verify information that is crowdsourced or drawn from social media.

Be upfront with audiences if there are holes in your reporting or if you are operating under government restrictions. Do not publish overly graphic imagery or information that impinges on the dignity of victims.

Longer-term coverage should place terror attacks within broader context and history. Only use terms such as "war on terror" in quotations and clearly indicate that this approach was part of a political strategy. Avoid connecting acts of terror with race and religion. Such representations can have a negative impact on the lives of groups seen to be related to an attack.

For further reference, consult this report by the Tow Center for Digital Journalism, *Terrorism and the Media: A Handbook for Journalists* or the Dart Center's self-study unit on covering terrorism.

## IDENTITY

*Issues of individual and community identity are central to reporting on trauma, whether in covering identity-based violence, community-based sources of resilience or the public health dimensions of trauma. This section is intended to help journalists report on individuals, or groups, with accuracy and respect.*

**Aboriginal, Indigenous:** The Native American Journalist Association (NAJA) encourages newsrooms to capitalize the words Indigenous and Aboriginal because they are identities, not adjectives. NAJA also advises against referring to people as possessions of states or countries. For example, "the Indigenous people of Arizona" is preferable to "Arizona's Indigenous people."

In guidelines written for Australian Broadcasting Corporation, Allan Clarke, a Muruwari man and award-winning investigative journalist, notes that careful consideration should be given to avoiding language and images which reinforces negative stereotypes of Indigenous people and their culture.

Clarke also offers specific tips as to reporting in Indigenous communities. These include:

- Research the community you're going into — the country, the people and appropriate protocols. If you don't have a relationship with a community yourself, try to find someone who does have a connection and can help introduce you.
- Don't expect communities will just come out and tell you all you need to know. Make time for this, it may take several visits.
- Approach community leaders and all others with respect. Put time aside to get to know people and let them know you.
- Communicate honestly and clearly about the content you want, how it will be gathered, and how and where it will be distributed.
- Permission is often required to access Indigenous lands and communities and to record and capture images of sacred sites, cultural objects and ceremonies.
- When obtaining permissions to access locations and communities, wherever it is possible and appropriate, ensure Elders and other community leaders have been properly introduced to you and know why you are there.

Clarke works in Australia, but his points can be applied widely.

**Ageism:** This term was coined in 1969 by Robert N. Butler, the first director of the National Institute of Ageing. Butler believed ageism operates at both an individual and institutional level, and defined it as "[a] process of systematic stereotyping or discrimination against people because they are old, just as racism and sexism accomplish with skin color and gender. Ageism allows the younger generations to see older people as different than themselves; thus they subtly cease to identify with their elders as human beings." The social-change activist Maggie Kuhn, founder of the Gray Panthers, described ageism as a fundamental engine of inequity, as potent as racism, sexism or homophobia.

Avoid generalizations when covering topics around aging, as well as stereotypical language and imagery. Never patronize a source, or presume they are disconnected from the complex physical and emotional life experienced by younger generations.

Coverage of aging should always be centered on the fact that aging is a natural process and begins at conception. Consider the difference between chronological age and biological age as well as the heterogeneity of human aging which unfolds at different rates in different contexts. Increased longevity is an opportunity for individuals as well as societies who benefit from the social capital of older adults, something often overlooked in reporting that dwells on dependency ratios and chronic illness in older ages. As lifespans increase, the perception of what constitutes old age is changing.

Avoid the use of "seniors" and "elderly" to describe individuals or groups.

Use medical terminology to describe common age-related medical conditions such as cognitive changes only when supported by a diagnosis. Check with an individual, or their caregiver if appropriate, to learn how they would like you to refer to their condition.

**Autism, Autistic**: Autism spectrum disorder is a group of complex neurological conditions related to brain development. Symptoms vary, and may include difficulties in communication and repetitive patterns of behaviour.

The National Center on Disability and Journalism advises that reporters only refer to someone as having autistic spectrum disorder if they have a formal diagnosis and the information is relevant to the story. Additionally, ask people how they would like to be described. Some might want to be described as autistic, while others might rather be described as a person with autism, or neuroatypical.

**Deadname:** A deadname is a name that a trans person no longer uses. Don't publish deadnames in a story unless specifically relevant, and don't ask for this information unless it's necessary for background checks. If you do have to ask, ensure sensitivity — explain why you need to ask, how the information will be used, and reassure the source that you will not publish it.

For further information, consult the Trans Journalists Association's Style Guide.

**Disabled, Disability:** Eschew outmoded terms that perpetuate negative stereotypes or evoke pity. For example, don't describe an individual as "suffering from" a condition, and avoid terms like "handicapped" or "the disabled" .

Instead, give precise references to specific conditions. People-first language will help avoid defining a person by their disability (eg "a person living with a disability"). Be mindful, however, that some people with disabilities, such as members of the Deaf community, prefer identity-first language. If possible, check with a source what is preferred.

Only refer to someone's disability if it's relevant to the story. If you aren't sure whether it's relevant, ask.

Kristin Gilger, the executive director of the National Center On Disability and Journalism, urges reporters to ensure they are including the voices of those living with disabilities in their work: "You're missing the true expert if you don't talk to people who are experiencing the disability or situation that you're reporting on."

For further reference, consult this guide by the National Center On Disability and Journalism.

**Gender Identity:** Gender identity refers to how people feel or present themselves, and can correlate or differ from the sex they were assigned at birth. Only refer to an individual's gender if it's pertinent to a story. Seek permission from sources when publishing details about gender if doing so could result in repercussions for that person.

**Native American:** Native Americans are the Indigenous people of North America. The term should only be used to describe groups of two or more people who come from different tribal affiliations. If you're interviewing individuals, or reporting on individual tribes, then identify them by their preferred tribal affiliation.

Headlines should refer to tribes by their proper names, and journalists reporting from outside the community should take the time to do extensive research.

Tristan Ahtone, editor of the *Texas Observer* and the former president of the Native American Journalists Association, emphasizes the importance of understanding the governance, law, structure, culture, treaty history and economic make-up of a tribe before starting to report.

For further reference, consult the Tribal Nations Media Guide.

**Ghetto:** A ghetto is a geographic area inhabited by members of a minority group, who live there due to social, political or financial pressures. The term can be traced back to Venice, where, in 1516, the city's Jewish inhabitants were forcibly segregated. During the Holocaust, the Nazi's established over 1,000 ghettos to house Jewish and also Romany populations.

Today, the term holds particular resonance in the U.S., where it has referred to largely segregated inner-city neighborhoods that are home to large, low-income communities of color.

In general, do not use “ghetto”, or related adjectives such as “notorious”, “urban” and “gritty,” to describe a geographic area. These cliches are often euphemisms for race. Avoid perpetuating negative stereotypes by describing a neighborhood or other area with precision, with attention to community institutions as well as socioeconomic conditions. This means interrogating the structural reasons that might cause crime or poverty, as well as identifying sources of cohesion and resilience such as the work of community groups.

“Be careful. We all have prejudices — that’s not up for grabs,” says journalist Gary Younge, author of *Another Day in the Death of America*. “A good reporter is trying to mitigate them.”

**Gang, Gang-related:** The United States Department of Justice defines Violent Gangs as three or more individuals who adopt a group identity and engage in criminal activity with the intent to enhance or preserve their power, reputation and economic resources.

Reporting on the nexus between gangs, violence and organized crime is necessary and important, but be aware that the term is often misused.

“The word gang is mostly a nonsense word. Usually it is a term for black, inner-city kids who hang around together,” says journalist Gary Younge. “Gang-related: what does that mean? That could just mean ‘lived in a block that was run by a gang leader’... Similarly, things like “drugs-related”, “housing-related” — these are words that are heavy and so should be used softly.”

**Race and Ethnicity:** Include references to an individual’s race or ethnicity only when it’s relevant to the story. Examples of necessity could include covering a significant event (such as a Black Lives Matter protest), or an incident where an individual has been discriminated against because of their race.

When someone’s race or ethnicity is relevant, avoid broad terms such as “minority”. Instead, ask your source how they would prefer to be identified and always try to be as specific as possible. For example, describe someone as Honduran rather than Latino or Latinx. Or, if someone is of African descent, check whether they would like to be referred to as Black or African American.

In general, treat race and ethnicity as proper nouns to be capitalized whenever they are identities rather than adjectives: in that context Black, Latinx and Indigenous are subject to the same usage as terms such as Irish American or Ashkenazi Jewish. Do not hyphenate when referring to heritage.

For further reference, consult the NABJ Style Guide.

**Racist, Racism:** Avoid euphemistic language such as “racially-charged”. If an attitude or action is racist, it can be described as racist. However, think deeply and consult a spectrum of colleagues when considering the usage of this term; make sure to accompany it with relevant context.

For further reference, consult this guidance from Poynter.

**Transgender, Trans:** Transgender is an umbrella term that describes people whose gender identity doesn’t match the sex they were assigned at birth.

Be careful not to out a source without their consent, and be conscious that some trans people may be out in certain areas of their lives and not others. Walk trans sources through the implications of being included in your reporting, and clarify whether sensitive information is on or off the record. Do not use the birth name of a trans person unless it has been discussed with the source and editors and is directly relevant to the story.

When writing about a trans person, don't describe them as "identifying" with a specific gender. Just say "is" instead, as you would with a cisgender person whose gender identity matches the sex they were assigned at birth.

Use the pronoun preferred by the individual. If you don't have the opportunity to find this out, use the pronoun that reflects how they live publicly.

For further reference, consult the Trans Journalists Association's Style Guide.

## COMMUNITY AND SOCIAL ISSUES

*Trauma intersects with a wide range of social issues, and is inextricably tied to inequity and injustice. This section offers specialized guidance on covering diverse social-justice issues through a trauma lens, incorporating the complex and varied impact that traumatic circumstances can have on the lives of individuals and communities into investigative journalism and in-depth reporting.*

**Child Abuse, Neglect:** Neglect is the failure to meet a child's basic needs. Although neglect can take multiple forms, there are four basic categories: physical, educational, medical and emotional. Be mindful that a child can show signs of neglect (such as basic clothing needs) without being neglected. Neglect generally stems from inaction, whereas abuse is when a child is intentionally harmed in a physical, sexual or emotional way. Child maltreatment refers to all types of abuse and neglect of a child under 18 by someone in a custodial role.

When reporting on these issues, be careful not to identify a minor, and take special care to not include details that would reveal a child's identity. Equally, make sure your reporting doesn't inadvertently imply consent or shift blame. Reporting on child abuse and neglect should take into account the developmental differences between adults and children — even mature-seeming youth — and the consequent differences in power. For example, children (who should not be described as "underage") cannot consent to "sexual relationships" or "consensual affairs" with adults —this is abuse.

Avoid euphemistic language. Instead, use clear, accurate descriptions while avoiding gratuitous detail. For example, it is more accurate to use "raped" rather than "non-consensual sex".

For further reference, consult the Journalist's Guide to Reporting on Child Abuse, produced by the Utah Department of Human Services.

**Disease:** A disease is an illness or sickness characterized by specific signs or symptoms. Don't use language that reinforces stigma, or implies helplessness or victimhood. For example, describe "people living with AIDS" rather than people "suffering from AIDS."

Terms such as "addict" or "drug abuser" should generally not be used as nouns. Avoid identifying individuals with their disease. "She had a heroin addiction" is preferable to "she was a heroin addict".

**Death**: Covering death requires both precision and sensitivity. Use clear, factual language and avoid euphemisms such as "passed on" or "will rest in peace." Equally, be conscious of listing the cause of death, especially in sensitive areas such as suicide or a stigmatized disease. Many news organizations make a point of including a suicide hotline number in stories about suicide. In the case of a murder, make it a practice to mention the name of the victim first and then the killer.

In all stories about death, it is important to emphasize the person's life and not just their death. What did the person do? What family does he or she leave behind?

Death is universal but the ways that people respond to death are culturally-specific. If you're reporting in a community that is new to you or you are not from, research norms around bereavement and traditional ways of marking death — for example, do they hold funerals, memorial services, going-home ceremonies? Do families view grieving as intensely private, or a process to be shared publicly?

Take care with the imagery that accompanies your report. If you are concerned that an image violates the dignity of the deceased but has a legitimate public interest, speak to your editors to discuss whether publication is appropriate.

**Human Trafficking:** Human trafficking is the improper acquisition of people, with the aim of exploiting them for profit. The acquisition can be through force, fraud or deception, for the purposes of either forced labor or sex trafficking. Human trafficking is often linked to organized crime. People can be trafficked within countries and across borders.

Don't conflate trafficking with people smuggling — smuggling is the provision of a service in which people consent to and usually pay to be transported across international borders.

In general, avoid terms like "save" or "rescue" in the context of human trafficking. They replicate power imbalances, disempower the survivor and blunt the complexity of their experience. Equally, don't use images that are graphic, stereotypical, or frame the survivor as a passive victim.

For further reference, consult this resource from The Irina Project.

**Migration:** The UN defines a migrant as a person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.

Migration is an umbrella term, and there are multiple definitions that fall beneath it, for example:

- Asylum Seeker: Someone who is seeking international protection but whose claim for refugee status has not been decided.
- Refugee: a person who has been recognized as a refugee under the 1951 Convention Relating to the Status of Refugees. This defines a refugee as a person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.
- Internally Displaced People: those who are displaced within their own countries.

It is important to understand the differences between these terms, as they define the rights of people, and specify the responsibilities of states. Equally, however, journalists should seek to convey the humanity of those who have been displaced beyond the legal definition of their status.

This requires weaving a respect for cultural differences with an emphasis on a universal sense of dignity. Illuminating suffering and hardship is important. But avoid simplifying the lives of migrants, framing them solely as victims or heroes, or focusing only on the extremity of their experiences. Capture the spectrum of reality by telling stories of resilience, hope and survival too. Focus as much as possible on the unique details of someone's life and story. This will help audiences see them as a whole person, rather than as a refugee or asylum seeker.

Ensure this approach extends to headlines and visuals. Headlines should not be sensational. Try not to use stock or archival images when you've interviewed individuals for a piece — the effect can be to minimize agency and individuality.

Hannah Dreier, a Pulitzer-prize winning reporter who focuses on migration, notes that journalists should take the time to consider their approach to translation. Don't assume that translating a quote word-for-word into your own language is the most ethical approach if this ultimately makes a person sound less articulate than they are.

Avoid terms like illegal immigration, and instead use irregular or undocumented migration, which refers to the movement of people outside laws and international agreements.

**Mental Illness:** The American Psychiatric Association defines mental illnesses as health conditions involving changes in emotion, thinking or behavior (or a combination of these). Under this definition, mental illnesses are associated with distress and/or problems functioning in social, work or family activities.

However, the National Institute of Mental Health (NIMH) does not require any impairment at all. NIMH instead distinguishes between any mental illness (AMI) and serious mental illness (SMI). An SMI is a mental, behavioral or emotional disorder resulting in serious functional impairment that interferes with one or more major life activities.

For this reason, be careful when referring broadly to mental illness or "serious mental illness" in reporting. In general, refer to a specific condition where possible. Do not refer to a particular condition unless it's relevant and has been formally diagnosed. When possible, find out who issued the diagnosis, when, and what the symptoms of an individual's condition are. If this is not possible, consider terminology such as individuals currently receiving mental health services until more is known.

Use clear, people-first language when describing a condition and its symptoms. For example, "she is living with schizophrenia" rather than "she is schizophrenic."

Don't conflate mental health with violence and dangerous behaviors: such claims are often inaccurate. For example, links are often drawn between mass shootings and mental illness. But statistics show that people with mental illnesses are more likely to be the victims of shootings rather than the perpetrator.

**Prisons and Incarcerated People:** It's important to give dignity to individuals who are incarcerated, but there are different perspectives as to the language that affords that dignity.

"The issue of naming the people who are behind bars is a sensitive one," says Bill Drummond, journalism professor at UC Berkeley and author of *Prison Truth: The Story of San Quentin News*. "Are they prisoners, inmates, convicts, or incarcerated people? In my book I declined to use the politically correct term, 'incarcerated people.' It would have sounded forced and strange...I purposely avoided 'convict.' That term is right out of Humphrey Bogart movies and carries a lot of baggage. Similarly, ex-convict or ex-con...Prison is full of euphemisms...As a rule, I try to keep it as real as possible."

Others believe that the term prisoner is dehumanizing, and might prefer terms such as incarcerated person, incarcerated individual, youth in the justice system, or individual impacted by the criminal justice system.

Try to find out if an individual/individuals favor a specific term; if you cannot do this directly, consider reaching out to their family or a leader in their community.

In the US context, prisons are state or federal facilities where people convicted of a crime are held for longer than a year whereas jails are administered by local law enforcement and typically house people who are

either awaiting trial or serving sentences shorter than one year. Hence the term prisoner is not appropriate for people that are housed in a jail. The US Department of Justice uses the umbrella term “institutional corrections facilities” to refer to both, stemming from the 1960s and 1970s when rehabilitation was a greater focus.

Additionally, discuss the issue with a diverse spectrum of colleagues and friends to see what they believe to be the appropriate term for the context in which you are working.

Try not to perpetuate stereotypes when covering prisons, jails and other settings where a person may be living involuntarily, and think about the broader cultural context in which crimes are committed and incarceration occurs.

It is also important to use appropriate language to describe individuals involuntarily confined or restricted by the criminal justice system but who are not incarcerated in prisons or jails. These include individuals confined to halfway houses, diversion programs, coercive treatment programs, home monitoring and other court-ordered circumstances.

**Sex Work:** The World Health Organization defines sex workers as adults who receive money or goods in exchange for consensual sexual services or erotic performances, either regularly or occasionally. The term “prostitute” should not be used unless you are making a specific historic or legal reference.

Ensure that you include the voices and views of sex workers in your work rather than solely the views of those who have no direct experience of the industry. Confirm with sources that it’s safe to use their name and grant anonymity if there is a chance that identifying them by name would place them in harm's way. Equally, if you want to use an image of an individual, be sure to gain consent and be willing to disguise their identity if asked. Avoid using cliched images that perpetuate negative stereotypes about sex work and fail to convey complexity.

Do not use the terms “sex worker” or “prostitute” when a minor is involved. This is abuse.

For further reference, consult this resource from the nonprofit Stella, and this guide for journalists from a coalition of South African advocacy groups.

**Suicide:** Whether as an individual cause of death or a public health issue, suicide raises sensitive questions of language and ethics.

In reporting, choose accurate, neutral terms such as “died by suicide.” The familiar usage “committed suicide” is stigmatizing because it is rooted in a time when suicide was illegal, and because its implies that suicide is a choice rather than a public health issue. Avoid “committed suicide” except in direct quotes. Equally, when the cause of death is known to be suicide, avoid euphemistic language like “passed away” which may imply shame.

Psychologists view suicide as a complex phenomenon, most often tied to an accumulation of overwhelming factors, rather than one single event. For this reason, avoid attributing a death by suicide to a single, simplistic cause; and avoid speculation about “why” a person chose suicide. Be cautious in reporting the contents of letters left by people who die by suicide, which may reflect a disordered mental state or attempt to justify their decision or blame others.

Public health research shows that exposure to suicide through a social group or the media can, in some circumstances, result in an increase in suicides and suicidal behaviors, especially amongst young people. This is referred to as *suicide contagion*. Journalists, therefore, can minimize the risk of contagion with short, factual coverage. For example, don’t sensationalize suicide, or use imprecise, overly dramatic language to

describe associated trends and data. Avoid “suicide epidemic” and use terms like “increasing rates” instead.

When reporting on a death by suicide, consider how much detail is really necessary to convey the substance of the story. In particular, avoid revealing details of a suicide, particularly which a vulnerable individual might use as a roadmap for their own suicide attempt; this information might include, for instance, details of the method or the exact location of a fatal jump.

Suicide contagion is sometimes associated with celebrity deaths. That may be because a person considering suicide sees the emotional public outpouring after a celebrity’s death and envisions a similar public response to their own.

News coverage of suicide can also achieve the opposite of contagion: prevention. Stories on deaths by suicide should always offer information about where to seek help for those who need it, whether placed in the story or in a sidebar or at the end of a broadcast strip. Reporting on suicide as a public health issue can raises awareness, educate individuals at risk or their families, and encourage people to seek out mental health resources.

When covering suicide, be cognisant of where to place a story within a publication or news segment. Consider whether the death warrants front-page coverage or whether it should be the lead story in a newscast. Even if it deserves prominent coverage, keep in mind that the images that accompany the story also evoke strong emotions. Consider whether the story can run without a photo of the deceased and be especially mindful that photos of memorials or grieving loved ones can strongly affect anyone who might consider being a copycat. Think of two words when assessing this: "Tone and Frequency.” Is the tone of your coverage factual or is it sensational and grieving?

These cautionary guidelines should not discourage journalists from reporting about suicide. They should, instead, encourage you to report responsibly about suicide. Reporting on suicide should also be accompanied, where appropriate, by reporting on prevention. Tell the stories of people who considered ending their own life but made a different choice, and public health strategies that make a difference.

For further reference, consult the Reporting on Suicide resource.

## ADDITIONAL RESOURCES

**Below are some of the resources that we consulted in researching this document, which might be useful for further reading:**

- Media Takes: On Aging (International Longevity Center)
- NABJ Style Guide (The National Association of Black Journalists)
- Reporting and Indigenous Terminology (Native American Journalists Association)
- Reporting the Rwanda Genocide: Reflections from journalist Catherine Bond (Open Canada)
- How Do You Define Genocide? (BBC)
- Disability Language Style Guide (National Center on Disability and Journalism)
- Cultural Competence Handbook (National Association of Hispanic Journalists)

- BBC News Style Guide (BBC)
- Conscious Style Guide
- Paying Attention to Work Choice When Writing About Addiction (Nieman Reports)
- A High Stakes Beat: Tips for Balanced and Informed Crime Coverage (Center for Journalism Ethics)
- Journalist's Guide to Reporting on Child Abuse (Utah Department of Human Services)
- Media Contagion and Suicide Among the Young (Madelyn Gould, Patrick Jamieson and Daniel Romer)
- Racial Trauma: Theory, Research and Healing (Lillian Comaz-Díaz, Gordon Nagayama Hall, Helen A. Neville)

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*The Dart Style Guide is a living document that will be updated as language evolves and additional guidance is needed. If you think something is missing from this guide or have feedback on an entry, please contact us at styleguide@dartcenter.org*.

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Aftermath & Anniversaries Children & Youth Classroom Resources Disaster Homicide & Mass Shooting Immigrants & Refugees Interviewing Intimate Partner Violence PTSD & Mental Health Self-Care & Peer Support Sexual Violence Suicide Terrorism War & Civil Conflict Dart Featured Featured Articles Tip Sheets Style Guide journalism trauma The Dart Center Style Guide interviewing reporting journalist Columbia Journalism School PTSD Burnout disaster community journalism and trauma

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Columbia Journalism School

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