DART CENTER
FOR JOURNALISM & TRAUMA
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Story Ideas: Trauma Journalism in the Time of Coronavirus

May 13, 2020 by Rachel Dissell

How can journalists start thinking about aftermath when there is no end in sight?

Josh Edelson / AFP / Getty Images
A man walks his dog past a homeless man sleeping under a message painted on a boarded up shop in San Francisco on April, 1, 2020.

The churn of rapidly evolving information and daily updates propels news coverage of the COVID-19 pandemic. It is a lot to keep up with, and there's no clear end in sight.

Local journalists have a tough but vital role in reporting on the recovery from this unprecedented trauma, often doing so amid staff cuts and furloughs, while balancing family needs and the health risks that come with on-the-ground reporting.

Like all recoveries, this one won't be a straight line. It will be messy. The aftermath should be conveyed through the experiences of individuals as much as possible, rather than only through the lens of systems and officials.

Below are some jumping-off points for local reporters.

A return to normal?

The conversation has started to shift from hospital capacity and daily death tolls to a "return to normal." In some states, protesters have demanded it. Journalists who live in the communities they cover know "normal" was not necessarily good. It often amounted to low-wage jobs, high levels of stress, poor health outcomes and a barrage of bureaucratic burdens that come with living in poverty.

The sweep of the novel coronavirus through this country meant that in many places, court evictions were temporarily paused. *If people didn't have homes, how could they quarantine or isolate?* Utility shut-offs were halted. *How could people adhere to hand washing protocols without water?*

But what will happen when these temporary moratoriums lift?

- Will those who lost jobs or were forced to stay home with children be evicted en masse? Will there be a bailout for local landlords? Another housing crisis?
- Will water and electricity be cut for poor families? Will utilities raise rates to make up for the losses?

In many communities, social service safety-net providers scrambled to feed vulnerable seniors and children, and to get mental health medications and services to clients and those experiencing homelessness – often from a distance.

- What can we learn about these safety nets from those delivering the services? Will their budgets – temporarily propped up by emergency infusions of funding – collapse?
- From those who received help, did bureaucratic barriers stand in the way of getting aid? How did they cope?
- For those without homes, in shelters or on the streets, what did the shuttering of businesses and community spaces mean for them? Their ability to charge a phone, or use a bathroom?

In many places jail and prison populations were reduced, sometimes drastically, in order to prevent the spread of infection.

- Are there lessons from those releases that might change post-coronavirus decision making on bail or pretrial services?
- How did incarcerated people cope with the additional stresses of threats to life?
- Did people who were released access services they might need to stay safe and healthy?
- What effect did the releases have on victims of crime?

Beyond the numbers

In some ways, we've become obsessed with numbers: hospital beds, masks, unemployment claims, infections and deaths.

There are, and will continue to be, so many stories beyond those numbers.

It will be the duty of journalists, at least in the near term, to begin to chronicle the fall out of the life-saving, life-altering health and economic decisions related to this crisis.

- Overall state and local death or mortality data will help show whether more people died from drug overdoses or by suicide, and whether fewer people died in vehicle or pedestrian accidents. Did chronic or stress-related disease deaths worsen?
- Did “stay-at-home” orders save lives by limiting COVID-19 infections, but have other cost to health and wellbeing? Or even unintentional benefits?
- Examine violence and abuse carefully. In many places, calls to police about domestic violence have gone up. But what don’t we know? Are those cases related to relationship abuse, or other family violence?
- Child abuse reports have dropped in many places, sometimes drastically. What does that tell us about the role teachers and others were playing in keeping children safe? How will we know what children are experiencing at home? Or will the pause from system intervention teach us other lessons about the harm the system can cause families?
- How did families make choices about returning to lower-wage jobs when unemployment in many places paid more and daycare options evaporated? How did they weigh financial and health risks?

Public health

The core role of public health has been relatively unchanged in the last century. The COVID-19 pandemic has laid bare how underfunded and fractured this work is at every level.

What can we learn from public health nurses and epidemiologists who have spent weeks as “contact tracers” calling, counseling and working to fill the basic needs of people instructed to quarantine or isolate.

- Did that work reveal unmet needs within a community?
- Did it result in new or better ways to share public health information, and build trust with communities and individuals?

In many places, public health practitioners have worked to acknowledge and, in some cases, take steps to mend trust between minority communities and healthcare systems. That includes taking steps to acknowledge past mistakes and address gaps in access, and environmental factors that create increased rates of chronic diseases and stress within marginalized communities.

COVID-19 has dredged up those structural health issues: the chronic health issues related to environment and stress that leave the body more vulnerable to the virus. In many places, this has led to higher levels of hospitalization and death from virus-related complications.

- What impact will this have on minority communities grappling with long-term recovery?
- What have health systems done, or what can they do in the future, to build trust with underserved communities?
- Will research on vaccines and treatments for this new coronavirus reflect the communities disproportionately affected?

Deeper divides, barriers to overcome

As large swaths of the country shut down, adjustments were made often quickly and out of necessity. Who benefitted? And who was left out?

For instance, mental and behavioral health care transitioned largely to a telemedicine model.

- Did that lead to more people accessing mental health resources from their homes? Or were people who lacked access to internet connections, cell phones or charging stations left out?
- Did mental and behavioral health providers find ways to get smartphones, tablets and internet connections or Wifi hotspots to clients who needed them? If so, who paid for that? Is the model sustainable?
- Check in with mobile crisis hotlines. In many places, calls for help decreased at the outset of coronavirus restrictions. Has the need mounted since then, as people have been at home?

School districts, especially in poor rural or urban areas, rushed to bridge technology gaps by providing devices and internet hotspots to children so they could learn from home.

- Will the knowledge loss for some children be reversible? If so, how will that happen?
- Can some of the lessons from distance learning help children who struggled in traditional school settings?
- What has been the experience for families with children who have intellectual or behavioral disabilities?
- What can we learn from how arts and enrichment programs innovated to stay connected with children?

Accounting for loss and examining resilience

How will large collective and individual losses change us moving forward?

The societal pause instituted to mitigate the spread of coronavirus led us to forfeit or significantly alter major life experiences, like graduations, weddings and births.

It has stolen goodbyes from families who have lost loved ones, and forced us to change our mourning rituals.

In many ways, it has left things unresolved.

- How will we process these types of losses long term?
- What can we learn from past generations who have had their lives similarly altered?

We've seen glimmers of resilience through the lens of this pandemic in the form of birthday car parades, Facebook Live weddings and Zoom memorial services. And through collective community efforts to provide mutual aid for basic needs, make protective masks and deliver food.

- What can we do to show resilience among individuals, communities and systems beyond a one-time event?

- What does recovery look like for healthcare workers, emergency responders and other frontline workers, like janitors, grocery, transportation and correctional officers? Will resources exist to deal with lingering fears or PTSD that might result from their exposures and experiences?

- What long-term efforts might grow out of the collective experience and relationships formed?

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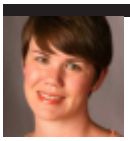

Rachel Dissell

Rachel Dissell was a reporter for *The Plain Dealer* from 2002 until 2020. Her investigative pieces have changed laws, policies, hearts and minds.

Reinvestigating Rape, a series with reporter Leila Atassi, led to the testing of nearly 14,000 rape kits and investigations that resulted in indictments in nearly 800 cold cases in Cleveland. Researchers built on the project's early discoveries to redefine the understanding of serial rape in Ohio and beyond. *Toxic Neglect*, a series with colleague Brie Zeltner, exposed Cleveland's poor track record for investigating when children were lead poisoned. The series sparked a communitywide effort to proactively protect children from the toxin, including a grassroots citizen petition drive and the formation of a coalition of more than 300 public, private and philanthropic partners who worked to pass a law that requires all rental homes in the city to be inspected for lead hazards.

In 2019, *Case Closed,* a series with Andrea Simakis, explored the systemic failures of Cleveland police through the experience of a woman who had to solve her own rape. Dissell was a 2016 Dart Center for Journalism and Trauma Ochberg Fellow and has received training in the neurobiology of trauma and trauma-informed interviewing and storytelling techniques and ethics. Her series, *Johanna: Facing Forward,* won the 2008 Dart Award, and her story, *Case Closed*, won the 2020 Dart Award.

Dissell also has trained law enforcement, nurses and advocates and community groups for End Violence Against Women International and the National Center for Victims of Crime. She also has taught emerging journalists at her alma mater, Kent State University.

Columbia Journalism School

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