

Mental Health and Coping Among Bangladeshi Field Journalists: A Mixed-Methods Study of Trauma and Resilience

Dr. Muhammad Anwarus Salam

Associate Professor

Department of Mass Communication and Journalism,
Jagannath University, Dhaka-1100, Bangladesh

Email: Email: salam.anwar@yahoo.com

Contact no: +880-1970077799

Md. Raisul Islam

PhD researcher and Associate Professor

Department of Mass Communication and Journalism,
Jagannath University, Dhaka-1100, Bangladesh

Email: raisulislam@mcj.jnu.ac.bd (Corresponding Author)

Contact no: +880-1911111016

Abstract

The research offers insight into news outlets to explain how traumatic incidents are presented in Bangladeshi field journalism, and it, therefore, fills a significant gap in the media studies of Global South. It is one of the earliest attempts of its sort to embrace a mixed-methods approach to such a study. In a bid to expose themselves to psychological harm, journalists usually play first responder during situations involving pandemics, protests, and disasters. Even though there has been a report of high prevalence of PTSD, depression and burnout internationally, there has been sparse systematic data on the same in South Asia. It is a mixed-methods study that will investigate findings on how reporting of traumatic events, such as the COVID-19 epidemic, political instability, and industrial accidents, affected the Bangladeshi field journalists in their mental health in the period 2020-2025. Consecutive survey of 100 reporters and 15 interview qualitative interviews showed that 10% respondents fit the PTSD aspects ($PCL-5 \geq 33$) to 15% moderate to severe depression ($PHQ-9 \geq 10$), 20% with anxiety disorder ($GAD-7 \geq 10$) and 30% with burnouts ($MBI \geq 27$). It was also discovered that two-thirds of journalists were accompanied by symptoms of great depressive level, and a significant percentage of journalists took maladaptive coping measures such as using substances (30%), and avoidance (55%). The institutional help, nonetheless, is little, indicating the dire necessity of introducing trauma-aware mental health services to the media sector. It did not have any institutional backing up till 2025 when programs such as Khola Janala counseling and gender-based para-counselor were established but still very few. The evidence suggests that Bangladeshi journalists are at risk with mental health equivalent to war correspondents, but with no systemic coverage and PRISM has not been established, counseling services, trauma-related newsroom changes, and stigma reduction initiatives are urgently needed to maintain the freedom of the press.

Keywords : Mental Health, Coping, Trauma; Resilience, Occupational Stress, PTSD, Depression, Burnout, Journalists, Bangladesh

Introduction

Journalists are frequently at the receiving end of crisis stories: pandemic, protests, calamities and violent conflicts, and they risk personal injuries and emotional devastation. Studies indicate that 80-100 percent of journalists experience professional traumatic events in their work and they develop post-traumatic stress disorder (PTSD), anxiety, depression or burnout (Dart Center for Journalism & Trauma, 2019; Flannery, 2022; Hadley-Burke and Saxena, 2021). Although such risks are thoroughly documented in the Western context, works by Global South also raise likewise essential issues. The reports on terrorism and political unrest in Pakistan show that journalists experience greater rates of PTSD and anxiety (Shah et al., 2022). In India, studies indicate that women journalists are exposed to other forms of stress including harassment, poor working conditions, and efforts to combine work and family life which are the causes of burnout (Sundar & Varadarajan, 2022). Journalists who report on the ethnic violence after the war in Sri Lanka have had the long-term trauma and the fear of being punished (Fernando, 2021). Such regional discoveries demonstrate the relevance of placing journalism and trauma studies within a politically volatile, resource-deprived and stratified context.

One of the key and under-researched cases is Bangladesh. With fluctuating political environment, frequent industrial catastrophes and weak media economic base, reporters are subjected to traumatic experience. They went through consecutive crises between 2020 and 2025, including the COVID-19 pandemic that not only infected 1,000 journalists but also killed 35 people (Mondol & Paul, 2021); the violent "July Uprising" of 2024 that killed more than 35 people, including four journalists (Sarwat, 2024); the Sitakunda container depot explosion of 2022 which killed 49 people, four of them being journalists (Al Jazeera Frontline reporting has a heavy human cost that was informively described by reporters who covered such events on intrusive memories, insomnia, and extended psychological distress (Sohel, 2025).

The media in Bangladesh does not have an institutional support to the journalists. Professional counseling, trauma-sensitivity training and protective newsroom policies are rare and the reporters have to find their way to informal peer support or unhealthy coping strategies. The given research fills a critical gap since the exposure to high risks is common, yet no systematic studies have been designed to compare how Bangladeshi field journalists are affected by trauma, cope with anxiety, and which enables systemic assistance should be provided to them during a series of national crises.

Problem Statement

The issue of journalists being susceptible to psychological distress can be explained, in particular, by their being frequently exposed to traumatic events, including acts of violence, disasters, and pandemics. Whereas literature in the world research has linked trauma coverage to post-traumatic stress disorder (PTSD), depression, anxiety, and burnout (Flannery, 2022; Dart Center for Journalism and Trauma, 2019), most of these studies are based on western contexts. Experiences of journalists in third world countries are less researched, even though they can work under politically volatile, disaster-prone, and resource-restrained conditions (Islam et al., 2021).

This article is among one of the pioneer mixed-methodology systematic studies that explored the mental health effect of the trauma coverage on the group of field reporters in Bangladesh, that is, PTSD, anxiety, depression, and burnout. Previous research on the psychological health of journalists who are focused on the Western cultures revealed significant gap in the Global South particularly in Bangladesh where the reporters are primarily introduced to the lack of political stability, and scarce resources. The fact that the intensities of trauma exposure and the absence of any systemic mental health support are not being fiten between Bangladeshi field journalists illustrates a severe issue: the psychological health of the journalists in the country is not adequately examined, investigated, or assisted. This is a fundamentally important issue that needs to be solved to benefit not only the welfare of journalists, but also the quality journalism and, lastly, the issue of democratic accountability.

Research Objectives

Based on this identified gap, the proposed study is expected to contribute to systematic knowledge on the issue of the effects of trauma reporting on field journalists in Bangladesh. The specific objectives are:

- To investigate the psychological effects of the news of covering traumatic events like pandemics, political upheavals, industrial disasters, and accidents by field journalists in Bangladesh.
- To determine the prevalence of PTSD, anxiety, depression, and burnout among the field journalists in Bangladesh in 2020-25.
- To investigate the coping packages journalists use to deal with work related trauma and stress, both the adaptive and maladaptive strategies.
- To assess the accessibility and sufficiency as well as the perceived performance of institutional mental health in the Bangladesh media industry.
- To find out the demographic and professional differences in the effects and support requirement of mental health.

Research Questions

In respect of these purposes, the research questions which guide the study are the following:

- RQ1: What are the psychological impacts of writing on traumatic incidents (e.g. COVID-19, the 2024 student uprising, the Sitakunda explosion, the 2025 Milestone School crash) on Bangladeshi field journalists?
- RQ2: What is the rate of PTSD, depression, anxiety, and burnout of these journalists, and how it relates to the international statistics?
- RQ3: What are the adaptive and maladaptive coping mechanisms used by the Bangladeshi journalists in their coping with stress associated with trauma?
- RQ4: What are the institutional or organizational resources to mental health that field journalists hold in Bangladesh and how well or underwhelmingly they are thought to have them?
- RQ5 (Exploratory): What are the differences in the level of mental health effects/support needs by subgroups of journalists, e.g. by gender, medium (print, TV, photojournalism) or level of exposure to traumatic events?

Contribution of the Research

Theoretical Contribution: It applies Trauma Theory and Stress and Coping Theory to a journalism case in South Asia and proves that journalists may be psychologically vulnerable as they face domestic crisis frequently, just as workers of war journalists do. Its implications are the cumulative effects of trauma, gender disparities in psychological burden, and culturally elaborated coping mechanisms, which increases the applicability of these frameworks to studies with a western-centered focus.

Empirical Contribution: The empirical evidence presented through the combination of the survey and in-depth interviews demonstrates the original systematic evidence on the prevalence and experience of PTSD, depression, anxiety, and burnout among Bangladeshi field journalists. This qualitative-quantitative design will provide statistical information and also qualitative information on coping strategies and resilience.

Practical Contribution: The paper substantiates that the Bangladeshi media industry requires institutional changes as soon as possible. It demonstrates that proficiency of trauma support is damaging to journalists and their work, and focuses on recent efforts as a prospective source of development. These results provide useful information to the policy makers, journalists organizations and media companies to come up with sustainable support systems.

Significance of the Study

It is significant because the research was timely, given that there is a very weak concentration on the topic of the vulnerable professional population. To academia, it extends the knowledge of journalism and studies in trauma by bringing in evidence based on a developing-country scenario, therefore filling the existing gap in the literature. In the case of the media industry, it highlights the aspect of urgency to establish mental health support. It provides the evidence base in the development of specific interventions, including counseling, debriefing guides and workloads management.

At a cultural level, the report underscores that the mental health of the journalists is not only a working welfare issue, but also a democratic one. As the reporters exposed to trauma retreat, self-censored or exited the profession, it affects the quality and sustainability of journalism, and, thus, the flow of reliable information to the audience. This research focuses on journalists' mental health as a problem that requires immediate attention of people and policy makers by showing how few and early support efforts have emerged to address the issue.

Literature Review

Trauma and Mental Health in Journalism: Global Findings

Regional Perspectives: South Asia

Although the global research is not that fresh, the empirical studies in South Asia are merely starting to develop, but they also tend to raise no less serious threats. Shah et al. (2022) reported high levels of PTSD, depression, and anxiety among terrorism and political unrest reporters in Pakistan that were aggravated by the threats, censorship and neglect of the institutions. In Sri Lanka, the issues of political repression combined with trauma exposure were reported by Fernando (2021), who stated that journalists who covered ethnic violence after the war developed seemingly relentless symptoms of the trauma, exacerbated by fear of repercussions. In India, Tamil Nadu, Sundar and Varadararajan (2022) highlighted the gendered vulnerability: female journalists reported being in a disproportionately greater amount of stress caused by the workplace harassment, unsafe working conditions, and the combined work-family life, which resulted in higher burnout levels. Combined, these South Asian studies demonstrate that political instability, repression, and gender inequality elevate mental health risks of journalists in a different manner than those occurring in a Western setting

The Bangladesh Context

In Bangladesh, the available studies in the field of journalist mental health have exclusively concerned more general job stress and dissatisfaction instead of issues related to trauma. Ninety-one journalists participated in Dhaka and reports by Islam et al. (2021) surveyed 191 journalists in Dhaka and revealed that 79 percent of them were very unhappy with their lives, and over fifty percent of journalists experienced at least some depression symptoms. Nevertheless, this research has not evaluated trauma exposure or applied standardized measures of PTSD and so, it is not easy to reach out to conclusions pertaining to the psychological impacts of trauma reporting. What is more, although the study has emphasized job dissatisfaction, it has not researched the possibility of the relationship between job stress and mental health outcomes in terms of trauma.

In the same vein, Huda and Azad (2015) conducted a study that examined the professional stress among journalists working in the private TV channels in Bangladesh. Their conclusion identified long working hours, job insecurity, and lack of support of the management to be among the stressors. Nonetheless, similar to the article by Islam et al. (2021), research was not the focus of the study regarding the outcomes of trauma to mental health, and the tools to measure stress were not stress-specific. Hence, the two researches do not represent the entire range of psychological effects that trauma exposure can have on journalists in Bangladesh.

The awareness of mental health concerns among journalists in Bangladesh has been brought to the fore by recent efforts by the media houses in Bangladesh, through the Bangladeshi Journalists in International Media (BJIM) and the Dhaka Reporters Unity (DRU). As an example, in 2025, the DRU initiated the Khola Janala program of

counseling journalists (Sohel, 2025). Though such initiatives are encouraging, there is a tendency that they have mostly remained anecdotal and have not had empirical research to prove the magnitude of mental health problems

encountered by journalists. The BJIM and Mindshaper workshops in 2025 also bring to light the newly realized appreciation of the psychological needs of journalists but put primarily on policy and advocacy without empirical evidence or para-counselor training programs by MRDI indicate an awareness of the trauma starting to build. However, these initiatives are still Dhaka-based and not accessible to the rural or freelance journalists.

Synthesis and Gap

Although these researches are useful in understanding the work-related stress of the Bangladeshi journalists, they appear to be wanting in several aspects. To start with, all the current studies do not employ the trauma-specific measures, like Posttraumatic Stress Disorder Checklist (PCL-5), PHQ-9 (depression), GAD-7 (anxiety), as they are all validated instruments to measure the consequences of exposure to traumatic events on the mental health of people. Second, these studies relied on different designs, because the mixed-methods ones were absent, and hence, the mixed-methods did not cover the entire spectrum of experience held by journalists, especially in how they cope with the pressures in the field and how they would bounce back. The current body of research on qualitative data on the processing and coping with trauma by journalists is very sparse. Finally, the previous research did not adequately examine the possible differences in exposure to trauma as related to the media type or the place of residence, which undermined the possibility to make generalizable conclusions.

Positioning the Current Study

The following research intends to fill these gaps by applying a mixed-methods research design to combine quantitative (PCL-5, PHQ-9, GAD-7, MBI) and qualitative (interviews) research. The paper shall evaluate the prevalence of a PTSD, depression, anxiety, and burnout in Bangladeshi field journalists who are aware of traumatic events, including the COVID-19 pandemic, Sitakunda explosion, and political unrest. Moreover, the paper will focus on how these journalists cope and the institutional assistance provided to them and this will give a deeper insight into the mental health problems that journalists encounter in Bangladesh.

Through the application of validated trauma-specific measures and a mixed-methods approach, the present study will provide additional knowledge on the topic of psychological risk factors and resilience of the Bangladeshi journalists. It will also add to the emerging literature about the mental health of journalists in the Global South where it will provide a more detailed insight into the special issues that journalists in Bangladesh experience. In addition, the paper will offer empirical evidence that can be used to make policy recommendations to help to better accommodate mental health support programs to journalists in Bangladesh and other regions.

Theoretical Framework

The paper will be informed by “two complementary theories the Trauma Theory and the Stress and Coping Theory” that place in a multidimensional perspective through which to understand the mental health of Bangladeshi field journalists.

Trauma Theory

Trauma Theory is one of the theories that gives a background of the psychological impact of recurring exposure to traumatic events. The theory, initially created in the field of clinical psychology to define the effects of war, disaster, and violence, lays emphasis on the manifestation of trauma in forms of intrusive memories, avoidance, hyperarousal, and emotional numbness. In journalism, the Trauma Theory attracts attention by noting that journalists who are exposed to death, violence, and human suffering are at the risk of developing PTSD-like symptoms (Feinstein et al., 2002). Significantly, the theory prioritizes the accumulative dynamics of exposure to traumatic situations, in which the more consecutive exposure to traumatic situations in the case of violent protests, industrial disasters, or outbreak of a disease, the more vulnerable one becomes. These episodes, along with the Trauma Theory, manifested the dose-response principle of Trauma Theory in the case of Bangladeshi journalists reporting on the COVID-19 pandemic, the 2024 student uprising, and the school plane crash in the Maestas school, put under traumatic conditions comparable to combat reporting.

Stress & Coping Theory

Correspondingly, Stress & Coping Theory (Lazarus & Folkman, 1984) does not emphasize on exposure but rather on response. It describes the way of how people are assessing the stressors and mobilizing coping resources as to how people are differentiating between:

- Problem-centered coping (e.g., attending to technical reporting projects, pursuing counseling, or asking to be assigned different duties).
- Emotion-oriented coping (e.g., peer discussions, prayer, avoidance or harmful dependence with alcohol or tranquilizers).

Empirical studies have always indicated that avoidant coping increases the symptoms of the trauma and that distress can be minimized through social and institutional support. In Bangladesh, though, there is vehement stigma of mental illness and little institutional resources available such that journalists usually fall back on informal means of coping such as peer support or informal rituals. Stress & Coping Theory is thus useful in explaining why, despite the fact that people may have similar exposure, the results may vary greatly.

Integrating the Frameworks

Combined, the two theories provide two explanations. Trauma Theory describes the psychological damage that happens due to exposure to violence, calamity, and suffering of the masses. Stress & Coping Theory refers to the diversity of results, indicating the risk variation with the support systems and strategies of coping. The amalgamated views make this study, on the one hand, point out the danger posed by repeated exposure to trauma, on the other hand, determine the resources, or the lack of them, that influence the mental course of the journalists.

By so doing the two frameworks are elaborated into a Global South situation with institutional neglect, cultural stigma, and political repression forming their own twists. Such a dual-theoretical approach, therefore, enables a deeper explanation of the way that Bangladeshi field journalists experience, process and make some efforts to cope with trauma.

Methodology

Research Design

The design of the study was converted parallel mixed-methods, as quantitative (survey) and qualitative (interviews) were collected in parallel. Nevertheless, these data were assessed independently and then combined to bring more comprehensive data of the research questions. The quantitative data collected were done by the survey at first, then the qualitative interviews. The survey covered PTSD, depression, anxiety and burnout using PCL- 5, PHQ-9, GAD-7 and MBI respectively with the cut-off scores of 33, 10, 10 and 27 respectively that were considered clinically relevant. In order to make this study methodologically transparent, this sequential process will be clearly outlined in the manuscript. After undertaking analysis of the data individually, integration was done by joint displays or meta-inferences where the qualitative data were employed to clarify and generalize the quantitative outcome and qualitative in-depth interviews provided a narrative picture of coping mechanisms and reality on the ground. The mixture of these approaches offered both the breadth and depth, which conforms to the research questions and is supported by the Trauma Theory and Stress & Coping Theory.

Sampling and Participants

The sampling approach adopted in this research was purposive sampling where the focus was on journalists with personal experience of traumatic events i.e., COVID-19 pandemic, Sitakunda explosion, and political turmoil. Snowball sampling was also applied in order to overcome the sensitivity of the issue under examination because more respondents representing different media organizations could be recruited.

The sample was taken using the press clubs, media lists, and professional contacts of journalists. The involved specific press clubs and channels through which they were recruited such as online recruitment, referral, and media organization will be clearly mentioned in the manuscript, to give a complete disclosure.

The sample was further divided along the geographical (e.g., Dhaka vs rural), media (e.g., print, TV, online journalism), and exposure levels to traumatic events (e.g., high exposure to traumatic events e.g. Sitakunda explosion). Furthermore, such demographic data as gender, age, years working, type of media, and the area as well will be covered to characterize the external validity and represent the picture of the sample population in the whole.

The manuscript will also discuss response rate, which is 70.4 per cent (100/142) and an explanation of the eligibility criteria to be included in the study, that the necessary required respondents to be able to respond of at least one traumatic event within a period of 2020 to 2025. Where feasible, a non-response analysis will be done and partial responses there will be addressed so that incomplete responses are not left out in the analysis. The sample used included journalists in the print (40%), television (35%), online journalism (15%), and photojournalism (10%).

Out of this population, 15 respondents were chosen to follow-up interviews, based on maximum variation, to have all groups of journalists, who work in different types of media, and have been exposed to various types of trauma.

Instruments and Measures

The instruments of measurement of psychological outcomes used in the study were found to be validated: PCL-5, PHQ-9, GAD-7, and MBI. To make sure that these instruments are valid in this scenario, reliability statistics such as the alpha (α) of Cronbach will be given to each of these instruments depending on the Bangladeshi sample.

Bilingual experts translated the instruments into the Bangla language in order to make them accurate and culturally appropriate. A procedure of back-translation was observed to ensure that the translation was accurate. There was also cognitive pretesting done on a small sample size of journalists to ensure that the instruments were culturally appropriate and easily comprehensible by the respondents.

These steps guaranteed consistency, believability, and agreement with other global studies and compatibility with the construct of the Trauma Theory and minor impacts of Stress and Coping Theory.

Data Collection Procedures

The online questionnaire was taken on a coded and secured server between March and July 2025, which was anonymous, and data could not be reported to the individuals. Every participant got a special code; no personal data, including IP addresses and names, was gathered and kept. Informed digital consent was obtained by the participants and they proceeded.

Bangali semi-structured interviews were carried out face to face or via safe video conferencing depending on the choice of the participant. In all interviews, an open-ended guide was applied focused on exposure to traumas, and coping responses and organizational support. These were recorded with the express permission and are verbatim as transcribed and a few of the transcripts were translated into English and verified.

Data Analysis

To identify the differences within subgroups, quantitative data were evaluated by the descriptive statistics (which reveal whether PTSD, depression, anxiety, and burnout were prevalent or not) and inferential statistics (chi-square, correlation test) to analyze the data according to gender, medium of journalism, and exposure to trauma.

The analysis of qualitative data was conducted in thematic nature according to the six-step theory of Braun and Clarke (2006). Two researchers were used to code transcripts independently and arguably resolve any disagreements

by discussing them. Themes appearing were consistent with theory: Trauma Theory (e.g., intrusive memories, avoidance, hyperarousal) and Stress & Coping Theory (e.g., adaptive versus maladaptive coping).

Ethical Considerations

This research was in line with Declaration of Helsinki and research ethics with sensitive groups. Likewise, all participants were informed consent where, it was also indicated that the study guaranteed confidentiality as well as informed consent that they were free to withdraw without repercussion. Due to the possibility of suffering, contact information about the local mental health services was given to the participants.

Findings

RQ1: Psychological Consequences of Trauma Reporting

The results of the study have shown that the field journalists in Bangladesh undergoes great psychological pressures in the course of covering traumatic events. One-fourth of participants (27-percent) took part in the survey saying that they had significant, clinical, or subclinical PTSD-related symptoms after covering such events like the July 2024 protests, the Sitakunda depot explosion and the Milestone School plane crash of 2025. In particular, 1 out of 10 respondents qualified as per the PCL-5 criteria of probable PTSD and 17 out of 100 demonstrated the subclinical symptoms of PTSD. Among the frontline reporters who had reported most brutality and graphic cases, probable PTSD was reported to be as high as 20 percent. This is in line with the results of MacMillian (2007) that point out the augmented weight of PTSD in those journalists who were more exposed to trauma.

These quantitative results were also augmented with the help of qualitative data that provided insights into the way journalists process the emotional issue of trauma. Most of the journalists were quoted saying that they were forced to work in autopilot mode to curb their fear and deliver as expected to their profession. According to one TV reporter, she was doing her show when the shooting burst out [in 2024]. I was afraid, yet I packed it in a box so that I could be able to proceed with reporting. On the same notes, there are cases of journalists giving emotional breakdown following significant reporting process. One of the print reporters told me, that night, having reported on Sitakunda, I embraced my wife and continued to sob. All those bodies-- I just picked up the stuff together till the deadline, after which it struck me."

Thematic analysis of the qualitative interview identified four emotional reactions experienced by journalists who were exposed to trauma:

- Fear and Helplessness: This is mostly experienced in cases of violent clashes. One of the journalists admitted that he had felt that he may not get home that day.
- Horror and Shock: This came to the fore especially after the Milestone crash in which photojournalists said they saw intrusive images of child victims.
- Guilt: Survivor guilt and moral guilt. Because one of the reporters was asked to explain what even bothered him, he said that he was taking photos instead of giving aid to the injured.
- Anger: This was caused by perceived negligence or injustice and to some of them this strengthened their professional obligation. One of the journalists mentioned that it was my task to get the story, but how I could not feel anger about the way the situation was conducted.

These results are consistent with Trauma Theory that focuses on the psychological harm resulting out of recurring trauma events. This is because key signs of PTSD such as intrusive memories, avoidance, hyperarousal, and emotional numbness are common, which depict how the psychological conditions of journalists are influenced by accumulating trauma. The disproportionate rates of depression (65%), anxiety (20%), and burnout (30) also substantiate the notion that the cumulative risk factor due to the exposure to trauma and institutional lack of support also contributes to worsening the mental health of journalists. These findings elaborate on the immediate need to address such predicaments by systemic mental health backing and intervention in the media industry.

RQ2: Prevalence of PTSD, Depression, Anxiety, and Burnout

When determining the prevalence of PTSD, depression, anxiety, and burnout, the study took the well-established and validated tools: PCL-5 used to evaluate the presence of PTSD, PHQ-9 used to evaluate the presence of the depression, GAD-7 used to evaluate the presence of the anxiety, and MBI-GS used to evaluate the presence of the burnout. These tools are well known to be reliable and valid in determining the psychological effects of trauma. Each instrument had cut-off and scoring conventions that were presented well:

- **PCL-5:** A score of ≥ 33 was used to identify probable PTSD.
- **PHQ-9:** A score of ≥ 10 was used to identify moderate to severe depression.
- **GAD-7:** A score of ≥ 10 was used to identify moderate anxiety.
- **MBI:** A score of ≥ 27 was used to identify high burnout.

These instruments enabled the full and inflexible study of the prevalence of these conditions so that the results are comparable with the international standards in psychological distress of journalists.

Survey data show that Bangladeshi journalists experience higher levels of psychological distress than the general population. Prevalence rates are summarized in Table 1.

Condition	Prevalence	Key Subgroup Findings
PTSD	10% probable; 17% subclinical; 27% significant symptoms	20% in frontline/high-exposure reporters
Depression	15% moderate-severe; 50% mild (total 65%)	Severe depression higher among women (11% vs. 1% of men)
Anxiety	20% moderate-severe	Journalists who received threats (n=15) had higher mean GAD-7 (9.5 vs. 6.2)
Burnout	30% high burnout	Correlated with years of experience ($r = +0.45, p < .01$); 22% reported stress-related physical illness; 3% suicidal ideation

Table 1. Prevalence of Mental Health Outcomes among Field Journalists (N=100)

The information also exposed that cumulative trauma exposure was one of the major contributors to increased prevalence of mental health diagnosis among journalists. In particular, of all journalists who covered more than one significant traumatic situation (e.g., several protests, explosions or disasters), half of them all qualified at least one clinical condition (PTSD, depression, or anxiety). Conversely, 20 percent (as opposed to 100 percent) of those who had covered one event had a similar amount of psychological distress ($kh^2(1) = 6.5, p = 0.011$).

This observation has been congruent with dose-response principle of Trauma Theory that indicates that the higher a person is exposed to traumatic experiences the greater the chance of failure to develop mental disorders. The significant difference of significant statistical significance between those journalists who covered several occurrences and those who covered one occurrence makes the case stronger that the cumulative aspect of exposure to traumatizing events contributes to the psychological weight.

This study shows that systemic mental health assistance should be provided to journalists in Bangladesh urgently. The results are in line with the principle of dose response described by Trauma Theory stating that repeated and sustained exposure to trauma correlates with PTSD, depression, anxiety, and burnout. Since these conditions are very common, especially among journalists who have experienced various traumatic incidents, there is a need to have specific psychological health programs and support systems within the media organizations to help curb the psychological impact of journalists.

RQ3: Coping Strategies of Journalists

These results highlight the ambivalent character of the reactions of journalists to trauma, in which both resilience and vulnerability can co-exist. On the one hand, the adaptive coping strategies including peer support, religious coping and personal resilience practices were reported as effective coping strategies to cope with the stress linked with traumatic reporting. Conversely, counterproductive coping strategies such as avoidance and drug abuse were common and could be detrimental in the long run on the mental health of journalists. Notably, the results echo the principle of dose-response of Trauma Theory which states that the higher one is exposed to traumatic experiences, the more they feel psychologically distressed. These data may be exemplified by the fact that out of the number of journalists who reported various large events, half have met the criteria of at least one of the clinical conditions (e.g., PTSD, depression, anxiety), and only a quarter of those who reported just one event expressed the same distress. This significant difference is statistically important to highlight the accumulative effects of exposed trauma.

The results highlight the urgency of the changes at the systemic level in media industry to allow journalists to identify their mental health needs. Though adaptive coping strategies, including peer support and religious coping, make some difference, extensive use of maladaptive coping strategies, including avoidance and substance use, indicates that journalists need the services of the mental professionals more thoroughly and professionally. The absence of professional counseling or formal training shows structural factors that make one more vulnerable.

Coping Strategy	Prevalence	Illustrative Examples
Peer Support	70%	Informal debriefing: <i>"We are all in this together."</i> Often occurred over drinks, blurring into maladaptive use.
Avoidance	55%	"I drown myself in other assignments or binge-watch movies to forget."
Substance Use	30%	"After July 2024, I started drinking daily. It was the only way I could sleep."
Religious/Spiritual Coping	40%	Prayer and reflection: <i>"Praying for victims helps me carry the weight."</i> Younger reporters were more ambivalent.
Professional Counseling	2%	Only two had ever consulted a mental health professional, neither for work-related trauma.
Workshop/Training	5%	Mostly through international exposure; almost no local training.
Individual Resilience Practices	<10%	Rituals (playing with children, journaling) used as self-designed healing strategies.

Table 2. Coping Strategies Reported by Field Journalists (N=100)

RQ4: Institutional and Organizational Support

The current state of institutional responses to trauma in journalists in Bangladesh remains poor, and new projects demonstrate signs of potential success.

Absence of systemic support

- 0% of the respondents gave newsroom-based counseling or mental health programs.
- Only 8% recalled supervisors checking on their well-being, and 10% noted occasional supportive gestures, none formalized.

- Interviews emphasized a culture of silence: “*Here, it is ‘Get the story and move on.’ There is no crying in the newsroom.*” This highlights a very strong stigma of mental health in the media sector where feelings of distress are largely ignored in favour of professionalism.

Emerging initiatives (2024-2025)

- Khola Janala (2025): DRU’s partnership with Moner Bondhu provided biweekly counseling. One participant reflected: “*For the first time, I felt heard.*”
- MRDI Para-Counselor Program (2024): Trained five senior female journalists to act as peer counselors, creating safe spaces for 71 women.
- BJIM/Mindshaper Workshop (2025): Focused on PTSD after the Milestone crash; ~20 journalists attended.

Unmet demand

- Eighty-five percent requested posttraumatic coverage debriefing.
- Three-quarters of them (78%) desired trauma literacy training.
- The demands were made by journalists to be assigned to a rotation of assignments and insurance of a mental character.

Despite these efforts, they are still Dhaka based and do not relate to the newsroom setups leaving out the rural and freelance reporters. The results established that institutional negligence is one of the contributing factors that aggravate trauma

RQ5: Variations Across Demographics and Professional Roles

The impact of trauma reporting varied significantly across gender, medium, and experience level, rather than being the same for all.

Subgroup	Distinctive Findings	Illustrative Quotes
Gender	Women reported higher depression (mean PHQ-9 = 12.3 vs. 9.1 for men); severe depression 11% of women vs. 1% of men.	“I cover violence outside, then face a second battle at home.”
Media Type	Photojournalists showed highest PTSD (27%), due to intrusive imagery. Broadcast reporters reported greater burnout linked to live coverage and time pressure.	“Through the lens, you cannot look away. Those images stay forever.”
Experience Level	Early-career journalists (<5 years) reported higher anxiety (mean GAD-7 = 11.2 vs. 7.4 for senior journalists). Veterans (>10 years) displayed more burnout and emotional detachment.	“ <i>The first time I saw a body, I froze.</i> ” / “ <i>After 20 years, nothing shocks me anymore—but I feel empty.</i> ”

Table 3. Variations in Mental Health Outcomes by Subgroup

These discerning results highlight how the impacts of trauma are different. Female journalists, photojournalists, and female correspondents have a high risk of severe psychological consequences, whereas older journalists face burnout. This is demonstrated by the fact that customized interventions are better rather than general solutions.

Discussion

The results of this article demonstrate that there is a severe mental health crisis among field journalists in Bangladesh, the situation exacerbated by the unusual events of 2020-2025. Through Trauma Theory and Stress and Coping Theory, the findings demonstrate that a sequence of traumas, structural neglect, and cultures of stigmatized

Mental Health and Coping Among Bangladeshi Field Journalists: A Mixed-Methods Study of Trauma and Resilience (Dr. Muhammad Anwarus Salam, Md. Raisul Islam) newsrooms has been merged to form the equivalence of psychological vulnerability. In the meantime, the study generalizes these frameworks by situating them within an institutional setting of the Global South, where unpredictability of institutional security, gender asymmetry and state violence create specific stressful dynamics.

Trauma Exposure and PTSD: Domestic “War Zone” Conditions

Results indicate that the rates of traumas among Bangladeshi journalists are similar to the ones of a war correspondent. Approximately 1 out of 10 stated they had crossed PTSD limits and up to 17 percent had subclinical results, or crisis related results, including the 2024 student uprising, and the 2025 Milestone crash. These trends affirm the dose-response principle of Trauma Theory: reporters who experienced various crises had over two times the tendency to get clinical symptoms. The secondary traumatic stress is also demonstrated in the accounts of fear, guilt and horror, as the act of witnessing pain, particularly that of children has got its own psychological costs.

Burnout and Chronic Stress

One out of five journalists were experiencing burnout, which was strongly related to the years of experience. Veterans were found to be emotionally detached, whereas younger reporters were found to be acutely anxious. This is indicative of Stress & Coping Theory: problem-centered coping also alleviates stress but sustained exposure to problems with no support leads to cynicism, withdrawal, or substance dependence. These results highlight the importance of journalism being a long-term pressure cooker and not just the crisis-oriented profession, in Bangladesh.

Coping: Resilience vs. Risk

The coping techniques were a two-sided swab. Peer support (70%), spiritual practices (40%), and emotional anchoring represented (55-30) counterproductive responses of avoidance and substance use, respectively. Concerningly, only one out of five took professional counseling. These two results demonstrate the idea that in the circumstances where institutional support and stigmatization of mental health is minimal, journalists must resort to informal ways that can provide immediate assistance but increase their susceptibility to future problems.

Institutional Support: Emerging but Unequal

The NEWSROOM cultures that supported the culture of silence through allowing the story to have it and forget it until 2024. New programs, such as Khola Janala counseling, MRDI para-counselor training and PTSD workshops, are indicators of culture change, although they are small, urban-focused, and have no connection with newsroom operations. There is extremely high demand against availability in that 85 percent of journalists have demanded debriefings, and 78 percent have requested trauma literacy training. Such loopholes demonstrate how institutions fail to be institutionally alert to vulnerability.

Unequal Vulnerabilities Across Groups

Effects of trauma were not evenly spread. Females registered greater severe depression prevalence, which was indicative of cumulative stresses of harassment and home pressures. Photojournalists suffered the greatest PTSD as their imaginations kept on obstructing them and broadcast reporters face difficulties with live-reporting burnover. Journalists in the early stages of their career were in acute anxiety; veterans were plagued by the exhaustion. These results underline the fact that the interventions cannot be applied universally; gender, medium, and career stage must be approached differently.

Implications for Journalism and Democracy

The facts put the Bangladeshi journalists in the psychological first-responder role, who lack systemwide coverage. Unattended, trauma may lead to self-censorship, attrition, and diminished accountability, which are self-destructive to the freedom of the press. Therefore, mental health assistance is not a matter of occupation, but a democratic obligation.

Conclusion and Recommendations

It is possible to note in this paper that the Bangladeshi field journalists of the time 2020-2025 bear a great psychological load: the0 PTSD (about 10 percent), 65 percent of the respondents experienced the symptoms of depression, and 20 percent anxiety and 30 percent burnout were not much lower than those of enemy reporters. The coping measures mediated the ratios between the resilience (peer solidarity, spirituality) and threat (avoidance, substance use) and the institutional support was largely missing, except that the small-scale programs were launched in 2024-25. Such findings bring one to the conclusion that the lack of systemic considerations place journalists in an even more problematic state related to the psychological health of more and more serious threats to the physical and constitutional health of the information streams, as well as the personal well-being.

Tiered Recommendations

1. Newsroom-Level

- Institute post assignment debriefings and assignment rotations.
- Provide counseling services by partnering with mental health providers.
- Discriminate abnormality to normalize discourse of mental health.

2. Industry-Level

- Launch scale campaigns nationwide by means of press clubs.
- Gather trauma literacy into journalist school training and practice.
- Establish peer-support systems, including gender-sensitive areas of women journalists.

3. Policy-Level

- Guarantee insurance or hazard cover of mental treatment.
- Tele-coordination of funds among rural and freelance journalists.
- Incorporate a national policy of journalist health into work and media liberty.

The preferential treatment of the mental health of journalists is not a bonus, but a pre-condition in the continuation of press freedom in weak democracies. Healthy journalists act on a healthy press. The trick is now to turn the small pilot actions into nationwide systems that can be resilient and protect both journalism and democracy in Bangladesh.

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