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Keeping children and families in mind: Guidelines for media professionals reporting on disaster or community trauma events

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The following guidelines for journalists and media professionals highlight the need to keep children and families in mind when reporting on traumatic events. They are intended to showcase best practice and to help protect not only the children, families, and communities who have experienced disaster and/or trauma, but also media staff and their families who may experience secondary traumatic stress from exposure to these events. They are designed to sit alongside existing Australian media ethics guidelines such as the [Media, Entertainment and Arts Alliance \(MEAA\) Code of Ethics](#) and resources from the [DART Center for Journalism and Trauma](#).

Disasters and community traumas often involve large-scale destruction to life and/or property. They include natural events (such as earthquakes, bushfires, and cyclones) and events caused by human action (such as acts of mass violence or terrorist attacks). It is typically through media coverage that most people learn a traumatic event has occurred.

In the immediate aftermath of a disaster, the media acts as a crucial source of up-to-date factual information. They also work with local officials to communicate sites of coordination (e.g. emergency rally points) 'next steps' and/or public warnings. However, accessing this

information often means journalists and media staff need to enter communities where people are vulnerable, hurt, or traumatised. While most responsible reporters enter a situation with the intent to 'do no harm', the many pressures on everyone involved can result in harm being caused regardless.

Research into journalistic behaviour during the 2009 'Black Saturday' Victorian bushfires found little evidence of deliberate bad faith by journalists. However, serious lapses of judgment occurred because media staff were left to make ethical decisions under pressure and without adequate support (Muller, 2011).

Practical training for media staff on ways to report ethically during disaster can be difficult to develop and implement, due to the lack of ethical consensus among media organisations and the many potential ethical dilemmas that can exist without a clear-cut answer. Staff may find themselves caught between two 'right' decisions, such as whether to interview survivors or respect their privacy. In situations where there is no clear 'right' decision, staff members are often left to decide for themselves what the right thing to do is (Amend, Kay & Reilly, 2012; Muller & Gawenda, 2011). The following guidelines will assist in filling this gap by keeping children and families in mind.

These guidelines are divided into three parts:

1. Keeping children and families in mind when covering disaster and community trauma events.
2. Conducting interviews whilst keeping children and families' wellbeing in mind.
3. Journalists and media staff as parents and carers: Self-care and caring for children and family members.



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Part 1. Keeping children and families in mind when reporting on disaster and community trauma events

According to the 2016 Red Cross World Disaster Report (Sanderson & Sharma, 2016), between 2006 and 2015 there were 528,154 Australians affected by natural disasters, with 947 reportedly killed.

A traumatic event is an event that is subjectively experienced as overwhelming (too frightening or too painful) and beyond an individual's normal capacity for coping. Natural disasters (e.g. floods, bushfires, storms, etc.) and community traumas (e.g. mass shootings, vehicle accidents, terror attacks, etc.) can be particularly traumatic for children as they often affect entire communities, can involve significant damage and destruction and can result in loss of life and/or property. Unfortunately, some children experience a number of traumas and adversities. The cumulative effects of these traumas can make those children more vulnerable to stress.

Many children and families experience extended periods of adverse financial, social and emotional and living circumstances following a disaster. Media exposure can act as an additional source of stress during this time. Exposure to the media can involve direct interactions with reporters or watching/reading media coverage about the event. Research has shown that as media exposure increases, children's post-disaster trauma reactions also tend to increase (Houston, First & Danforth, 2018). Therefore, it is important to keep children and families' wellbeing in mind when reporting from or about a disaster-affected community, by carefully navigating interactions and reporting from an approach of 'do no harm'.

Keeping children's wellbeing in mind when reporting has the potential to support and enhance the recovery process for many of these families. Although children are very resilient, they are also one of the most vulnerable groups during and after a disaster. They can become 'invisible' as the adults around them are forced to deal with the immediacy of a stressful and sometimes dangerous situation. In all interactions with adults, it is important for journalists and media professionals to keep in mind the children who may be impacted. This includes children who have witnessed the event, or who may be within earshot or watching the interaction between adult and reporter.

How can traumatic events affect children and families?

The influx of media and emergency response management teams during and after a traumatic event can be overwhelming for communities. Being asked for their story or a statement can also be very stressful for individuals who've recently experienced or witnessed destruction or tragedy.

Children can and often do react to trauma in very different ways to adults. Adults may exhibit signs of trauma which include hyperactive behaviours such as crying, laughing, or running around; or shock and dissociation, where people shut down to try and cope with what has happened. They may appear frozen or in a trance and may not respond if you speak to them.

Children can also demonstrate these reactions but may move through responses quicker than adults (i.e. from fear to curiosity and back to fear within minutes). Responses to the events will vary depending on the child's developmental stage, age, personality, pre-trauma functioning and previous life events. **The child's reactions will also depend on how their parents, carers and other adults respond during and after a traumatic event.** Some reactions might be adaptive and positive, whereas others may cause the child (and those around them) some difficulty and persist over time. Trauma reactions are often dynamic and can present differently at any point in time. **For some children, witnessing the trauma or hearing about it will have as much of an impact as being directly involved in the event.**

When confronted with an overwhelming or frightening event, children, babies and toddlers in distress may shake, babble, scream, cling, cry and/or be completely inconsolable. They may be completely silent, non-responsive and seem zoned out or frozen. They may swing rapidly between different behaviours and moods. Sometimes, during a disaster or traumatic event, the scariest thing for children to discover is that their parents and/or other adults in charge can't prevent or protect them from bad things.

Although most children will recover over time, some will experience significant ongoing difficulties. It is important to be aware that symptoms may continue for years. If trauma symptoms or emotional and behavioural difficulties are left untreated or do not resolve on their own, they can have a significant adverse impact on children's social, emotional, behavioural and physical development. For further information about the impact of trauma and disaster on children visit the [Emerging Minds Community Trauma Toolkit](#).

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How media can prepare to report about a disaster or traumatic event

There are different stages within a disaster or community trauma event and the role and responsibilities of journalists and media staff change accordingly. The stages are:

1. Preparation
2. Immediate response
3. Short-term
4. Long-term
5. Ongoing recovery.

In the preparation stage, the responsibilities of the media can involve:

- **refreshing your knowledge** of these and other ethical guidelines
- **familiarising yourself** with information about the potential event and the community at risk
- **coordinating** a response with colleagues and emergency management officials
- **understanding** the basic signs of trauma
- **preparing** food, water, and emergency/first-aid provisions so you are not using supplies meant for emergency relief
- **taking** a supply of business cards. These can be given to people who may want to contact you later to provide further comments or to retract consent.

Interacting with children and families in the immediate stage of a disaster or traumatic event

The chaotic nature of a traumatic event or disaster may see journalists and media staff interacting with children and families. **Children are often overlooked in these situations** and the role of adults as parents may not be in the forefront of journalists' minds. **Even if they are not conducting an interview, interactions between media staff and children and their families can support recovery.**

When interacting with adults

Children rely on the adults around them to manage and make sense of the world. Adults may be parents or significant carers in children's lives. They play a vital role in children's recovery following a disaster or trauma.

Take the time to look for any signs of trauma in people's behaviour before you approach them. This will reduce any sense of intrusion while they are trying to come to grips with the reality of their loss, and can minimise the

chances of causing further harm. If you are in doubt, seek advice from a colleague or an official or medical professional at the scene who may be able to assist.

In the immediate stage, children are likely to be deeply afraid and highly anxious. They will have an overwhelming need to feel the protection, safety and comfort of the most important and familiar people in their lives, such as their parents, extended family and other caregivers. Your supportive treatment of adults in the community will leave them more available to help the children in their care.

REMEMBER

- **Parents are the best providers of physical and emotional comfort for their children during and immediately after a disaster or traumatic event. Parent/carer support is key for children to regain a sense of safety and to begin making sense of what has occurred. Any interaction you have with parents should not involve removing them from their children or cause further stress or anguish. Stressful interactions can impede the level of emotional support a parent can offer their children.**
- **Children are constantly looking to parents and other adults for guidance. Even if they don't seem to be paying attention to what is going on, children are looking for cues as to how they should feel and behave in unknown situations. If you are alarmed, afraid, or forceful in your interactions with parents or other adults (such as Emergency Services personnel or first responders), children can interpret your behaviour as instruction that they need to be afraid of something.**
- **Children are highly sensitive to how others (especially their parents) are feeling. If children perceive your interactions with parents as being intrusive, aggressive or confrontational it may add to their distress.**

When interacting with children

While journalists and media staff may not plan to interview or even interact with children, the chaotic nature of disaster events means you may come into contact with children regardless. Positive interactions can help children regain a sense of emotional and physical safety, comfort, calmness and security, and greatly assist with resilience, recovery and wellbeing.

The following five strategies of Psychological First Aid for children (based on the work of Wraith, 2014) provide a practical and clear guide for supportive and empathetic interactions with children.

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Psychological First Aid for Children

Ensure safety	Keep calm	Connect with others	Encourage self-efficacy	Have hope
				
Remove the child from, or reduce exposure to the threat of harm.	Provide a calm environment, away from stressful situations or exposure to sights, sounds and smells of the trauma event.	Keep families together and keep children with their parents or other close relatives whenever possible.	Help families to identify their own strengths and abilities to cope.	Reassure the child that their feelings are normal, but assure them that things will be ok.

- 1. Ensure safety** – Make children as physically safe as possible and do not leave them unattended. Look for a quiet place where there are other people who are calm. Protect them from people (including other journalists and media staff) who want to talk to them and who are not part of the emergency response.
- 2. Keep calm** – Speak in a low, calm voice and try to manage your own responses. Quiet conversation will help a child to settle and feel safe. Explain what has happened using clear facts and, if possible, what will happen next. Answer questions and concerns with honesty, but without details that may be graphic or frightening for younger children. Tell children they are safe (when this is the case). Tell them that they have you and other adults looking out for them and that they will be with their families soon. Where possible, protect children from being witness to any gruesome scenes (e.g. death, injury, mass destruction). Try to keep them away from other distressed adults and people who are talking about what happened.
- 3. Connect with others** – As soon as possible, connect children with something familiar – a person, a place, an object. Familiarity and routine help children to establish and maintain recovery. Babies and children have an overwhelming need to feel safe in frightening situations, so it is **important to reunite children with their families and loved ones as soon as possible** following a disaster or traumatic event. If this is not possible, try to keep in regular touch by any means available (e.g. phone, text, private message, email).
- 4. Encourage self-efficacy** – Where practical, encourage children to meet their own needs. For example, if children are agitated consider redirecting their attention to any calming strategies you've used before. An effective approach may be to ask them to help you.

'Hey, I'm feeling a little bit anxious. What do you think could help me to calm down?' (Prompt children to help access a strategy and then ask them to practise it with you.) 'Slow breath – what an excellent idea! Lets try it together.'

Alternatively, consider giving children small tasks they can assist with (e.g. filling water bottles, carrying equipment) and acknowledge/praise their assistance. *'Thanks, that's great helping. I wouldn't have been able to carry all this without your help!'*
- 5. Have hope** – Be mindful of children's needs and reactions and be responsive to them. Reassure the child that their reactions are normal and will pass in time. Be gentle and accept all responses. Don't tell them to 'be good', 'stop being silly' or to 'be brave'. Remember that most children will need time for their natural resilience to emerge and develop, and will need additional support, care and sensitivity from adults to help this process along. If passing time with children, try to involve them in play activities (e.g. singing, drawing, slow breathing) or simple conversation about their interests, according to their age. Some children may require physical touch for reassurance such as hugs, holding hands or leaning on you. Quiet conversation and singing can also help to reassure them that they will be ok.

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Part 2. Conducting interviews while keeping children and families' wellbeing in mind

The more recent the event, the greater the care needed from journalists when approaching interviewees. During or immediately after an event, people who are in shock may appear to be fine or unaffected. It is often not until later, when the adrenaline wears off that the impact of the event is felt. Research from the 2009 Victorian bushfires showed that survivors' moods and behaviour changed over the immediate post-event period (Muller, 2011).

For the first 48 hours, people tend to be in shock (which is expressed in different ways depending on the person) but willing to talk to media personnel. Some even find it cathartic to do so. Some community members have told researchers they don't even remember talking to media in the first 48 hours after a disaster (Muller & Gawenda, 2011).

After 48 hours, people tend to move from shock to grief. They will often withdraw so they can start processing the impact of the event. At this point, a more careful approach is needed, and you may find people are less willing to talk to you. You may need to adjust your approach and interview questions after the high emotions of the event die down.

Even if interviewees appear to be fine and are willing to be interviewed, they may remember the interview as insensitive or an intrusion on their privacy if it is not conducted with care; especially if they have personally experienced loss of any kind. Grief and loss do not have a timeline. If journalists are unsure if they should be conducting an interview, it may be best to leave contact details with the interviewee so that contact can be made at a later date.

Providing space and choice to the interviewee may result in a better story. In the meantime, journalists can try speaking with others who are slightly more removed from the scene (e.g. emergency officials).



When conducting interviews with parents or carers:

- **Remember that children feel the need to be with their parents and carers after frightening events.** Do not separate an interviewee from their children unless another family member or carer is available to take the children for a moment. You will need to navigate the scene with caution and respect to others.
- **Be aware of any children within listening distance** while you are conducting an interview as you may be asking potentially frightening questions that the child should not hear. If someone begins to discuss violent or graphic details with you (i.e. descriptions of bodies, deaths, injuries, etc.) and children are within earshot, it is best to respectfully interrupt them or change the direction of the interview. Remember that in the immediate aftermath of a traumatic event, some people can feel a strong urge to unload what they have seen and experienced. They may blurt out details to you and/or ignore any polite attempts to interrupt them. This is because a traumatic event can cause an adrenaline high, where people speak about things or express emotion without processing the impact of the event. It may take a couple of days before they slow down and begin to feel the impact of what they have experienced.

Disasters and community trauma events are stressful for everyone. Much of the tension between media and community in disaster comes not from media staff purposefully being insensitive, but from a struggle to balance the demands of the newsroom with ethical decision-making. However, you have an ethical duty to minimise harm to others. If you are faced with challenging circumstances or a situation without a clear answer, and you are unsure of specific guidelines, be guided by a 'harm minimisation' approach.

The following interview techniques are based on resources from the *DART Center for Journalism and Trauma* and research by Ewart & McLean (2018):

- **Approach interviews and information-gathering from a foundation of 'harm minimisation'.** Make sure interviewees understand that they do not have to speak to you and can stop or withdraw their consent at any time. Prioritise people's wellbeing before a story and make it clear to them that you are doing so. Do not assume that people will know this; tell them they don't have to give comment but if they are feeling up to it, you would appreciate it.
- **Maintain a calm, non-threatening demeanour at all times.** Do not aggressively pursue interviews or rush through conversations. Give individuals time to think about their answers and invite questions at any opportunity.

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- **Introduce yourself and where you are from before you ask anything else.** It can be hard for survivors and witnesses to process information after a shocking or traumatic event, so take your time in explaining who you are and what you are asking for. You can also explain the types of questions you'll be asking so they have a chance to give you feedback or think about their answers.
- **Ask people if it is a good time for them to be interviewed or give comment.** You should never have to persuade people to give their story. If they are unsure, it means no. Ask people once only.
- **Give interviewees autonomy in the interviewing process.** Let them select a suitable time and location for the interview. Be flexible and patient. Remember that this is their story.
- **Do not interview anyone who is highly distressed, in shock, scared, injured, or under the age of 16.**
- **Don't say things like 'At least everything is fine now', 'At least you survived', or 'It could have been worse'.** You might be trying to make them feel better, but it is insensitive and minimises their experience. Do not give your opinion, ask leading or sensational questions, comment on anyone's experience, probe for information, ask 'devil's advocate' questions, or imply anyone could have done more in their situation.
- **Do not interrupt their story, but stop the interview if they become distressed or upset.** Ask if they are willing to continue after a few minutes. If they seem too distressed to answer, stop the interview and thank them for their time.
- **Don't be alarmed if the interview does not go as planned, if people's minds wander, or if they become upset or angry.** Traumatic events can affect people's ability to think and understand. They may tell long stories or say things that don't appear to be relevant. Be patient, and if the interviewee becomes distressed, stop the interview and thank them for their time.
- **Do not feign compassion or sadness or tell them you know how they're feeling.** Off-camera, you can offer sincere condolences to survivors such as, 'I'm sorry this happened'. You are there to bear witness, relay their story, and not get personally involved.
- **Be committed to accuracy.** Don't be afraid to ask for clarification of names, dates and times once the person has finished speaking. Even small errors can cause great distress.

A note on media intervention

Sometimes, it is not always possible to remain an impartial observer in a disaster situation. It can be hard

to draw the line between 'stepping back' and 'pitching in', especially if you are in a position to **safely** help others.

If you do end up assisting others, it is your responsibility to make sure they understand that they are not obliged to return the favour by giving a statement or interview. Do not put pressure on anyone to provide a statement and do not surprise them with sudden questions, because any stress you place on them can increase the stress on their children and families as well. If people want to share their story at a later time, you can leave a business card so they can get in contact with you.

Similarly, you should use the same processes for people with whom you have an existing relationship as you would those you don't know. Explain that you are acting in a reporting role; gain their consent to question them; explain the process of the interview; and do not chase them for a statement. If you put pressure on adults to give a statement or interview, this can increase the existing stress on their families and children.

Further reading

For more information about this, Roger Simpson (founding director of the DART Center for Journalism and Trauma) has written an op-ed explaining when journalists should and shouldn't get involved: https://greatergood.berkeley.edu/article/item/the_rules_of_engagement

After the event: Interacting with children and families in the different stages of recovery

In the short-term (weeks to months after the event)

In the weeks and months following a traumatic event or disaster, reporting can emphasise rebuilding and recovery instead of the destruction. There is a continuing need to be sensitive to people's experiences and losses, informing the public about wider structural causes (i.e. weather, climate change, government policy, etc.) that may have influenced the event, and informing how the public can assist or donate towards recovery efforts. Remember that inconsiderate timing and/or language can negatively impact the recovering community.

As time goes on, people affected by trauma try to look forward to rebuilding their communities and lives. **Media reports that repeatedly re-use footage of destruction or death can be extremely distressing and prevent families from moving forward.** You can help create more positive and balanced coverage by covering some of the post-disaster rebuilding and recovery stories.

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Long-term recovery (months to years after the event) and anniversaries

In the months and years after the event, journalists may return to the community for special commemorations or anniversaries. If you are (re)interviewing people who experienced the event, try to ask questions that focus on their strengths and process of moving on, rather than asking them to re-tell the story of the event or what they lost.

Showing older file footage featuring survivors can emotionally 'ambush' those depicted and potentially harm their recovery, as it is likely they have spent the past months and/or years trying to move on from what has happened. Ask yourself if the footage of survivors is absolutely necessary to tell the story, and if the answer is yes, do everything you can to warn the people featured that the footage will be shown during this time.

In the months and years afterwards, all reports should remind the public in some way that physical and psychological recovery from disaster and trauma is a long and ongoing process.

Ongoing disaster (such as in cases of severe drought)

The guidelines above are equally relevant when working in communities experiencing ongoing disaster. Ongoing or sustained disaster such as drought may leave a community struggling for a long time before it reaches a crisis point. In this stage there are less likely to be clear time periods, but rather an ongoing cycle where the situation may get better and worse. This type of disaster can be just as destructive as a single-event disaster and requires ongoing status updates for people to be informed of the situation.

How the media is received by an affected community and whether the impact is positive or negative will largely depend on how you report. The approach taken in reporting before, during and after a disaster can make a significant difference to affected communities and individuals. Being aware of this and using best practice reporting strategies can help minimise negative impact on others and can support recovery.



Part 3. Journalists and media staff as parents and carers: Self-care and care for children and family members

Media staff regularly experience potentially traumatic events, either directly as a witness, or by proxy through the media process (e.g. reading about, discussing, watching or editing footage of the event, etc.). It can be very challenging to bear witness to these events and can leave you emotionally and physically 'worn out', which is known as 'compassion fatigue'. Over time, compassion fatigue may combine with other traumatic symptoms to create 'secondary traumatic stress', which can lead to negative outcomes for not only you, but for your family and loved ones.

Evidence shows that workers who look after themselves and manage their stress levels are not only better equipped to do their job, but are more effective in the work they do (Sartor, 2012). The following section focuses on the self-care of media personnel with an additional focus on those who are parents or carers of children.

Self-care

Self-care for journalists and media staff reporting on disaster and community trauma events involves:

- **Monitoring your own reactions, emotions and needs**, both during and outside of your work.
- **Avoiding over-identifying with people** who you are interviewing, or who have experienced disaster or trauma. Be aware of unhelpful thoughts such as, 'What if that happened to me/my partner/my child' etc.
- **Identifying and engaging with your emotional support system**. These may be friends or colleagues. It is important to connect with others in order to establish and maintain your support structure.
- **Seeking help for any trauma-related distress**. Just because you may not live in the community, or did not experience it personally, does not mean you can't also be affected by a tragic event. If feelings of unease or distress persist for more than two or three weeks, it may be helpful to discuss these with someone or visit a health professional. If you are uncomfortable seeking assistance from your employer, you can ask your GP or health professional to recommend alternative options.
- **Maintaining a healthy lifestyle** and using positive

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coping strategies to manage stress. Practice good nutrition, exercise, relaxation and mindfulness, and healthy sleeping habits.

- **Maintaining a work/life balance** with a focus on self-care for you and your family.

Journalists and media staff as parents and carers

While children are often full of pride for the role their loved ones play in reporting on a disaster or community trauma event, they are usually also very aware of the dangers involved. It is important to give children information and support so that they don't have to deal with their feelings about this on their own.

Returning to family life after covering a distressing situation can be very difficult. Day-to-day challenges and issues at home may seem irrelevant or inconsequential compared to the trauma and destruction you witnessed at work. However, when parents are preoccupied or emotionally 'unavailable', children's behaviour can escalate and become increasingly demanding as they seek attention and try to get their needs met. This can mean more challenging behaviours, defiance or emotional outbursts. In turn, parents may respond by feeling frustrated and seeing this as inappropriate, 'attention-seeking' behaviour. This stand-off is unhelpful and can be misread as children acting up and driving their parents away, when often what children are seeking is parental closeness, support, comfort and help in managing their own feelings.

Tips for talking with your children about your work and what they can expect

On departure

When you are called upon to report a disaster or community trauma event, give your children age-appropriate information about:

- care arrangements (who will be caring for them, where that will be, and when you expect to return)
- your role – answer any questions they have and reassure them that the adults involved (including yourself and other media staff) are trained to respond to these situations
- ways of coping with anxiety during your absence. This may include reminding children of things they like to do when they are feeling worried or overwhelmed (e.g. calming activities such as deep breathing, listening to music, colouring in, etc.).

On return

When you return from covering a disaster or community trauma event, you should:

- check in with your children and try to take some time to answer any questions they have
- help them if they are feeling worried or overwhelmed, using age-appropriate 'calming' activities (e.g. deep breathing, listening to music, reading a story together, colouring in, playing with blocks)
- be aware of your own emotional state and how it might affect your children. You don't have to pretend everything is fine; just be mindful that children can often pick up on underlying tension and may need extra reassurance.

As the stages of covering a disaster or community trauma event tend to require ongoing work, you may need to repeat these steps with your children every time you depart and return, and regularly check in with them during longer periods at home together.

REMEMBER

It is very important for journalists and media staff who are parents to be aware of their children when discussing the disaster with their partner or other adults. Children can be traumatised by an event even if they have not witnessed it. Avoid discussing incidents of death, destruction or loss within their hearing. If children do hear or see any information that may be distressing, take time to check in with them, clarify the context, and reassure them they are safe.



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References

Amend, E., Kay, L., & Reilly, R. (2012). Journalism on the spot: Ethical dilemmas when covering trauma and the implications for journalism education. *Journal of Mass Media Ethics*, 27(4), 235–247. doi: 10.1080/08900523.2012.746113

DART Center for Journalism & Trauma. (2019). Working with Victims and Survivors: Minimise Further Harm. Retrieved from <https://dartcenter.org/content/working-with-victims-and-survivors-minimise-further-harm>

Ewart, J., & McLean, H. (2018). Best practice approaches for reporting disasters. *Journalism: Theory, Practice & Criticism*, 146488491875713. doi: 10.1177/1464884918757130

Houston, J. B., First, J., & Danforth, L.M. (2018). Student coping with the effects of disaster media coverage: A qualitative study of school staff perceptions. *School Mental Health*. DOI: 10.1007/s12310-018-9295-y

Media, Entertainment & Arts Alliance. (2019). MEAA Journalist Code of Ethics. Retrieved from <https://www.meaa.org/meaa-media/code-of-ethics/>

Muller, D. (2011). *Media Ethics and Disasters: Lessons from the Black Saturday Bushfires*. Melbourne: MUP.

Muller, D., & Gawenda M. (2011). *Black Saturday: In the Media Spotlight*. Melbourne: Cussonia Press.

Sanderson, D. & Sharma, A. (2016, eds.) World Disasters Report 2016. *International Federation of Red Cross and Red Crescent Societies*. Retrieved from <https://www.redcross.org.au/getmedia/b58eOdbb-bf48-4204-906e-9660a33653fa/IFRC-World-Disasters-Report-2016.pdf.aspx>

Sartor, T. (2012). The relationship between vicarious trauma and self-efficacy among mental health professionals. Texas A&M University – Commerce, ProQuest Dissertations Publishing. 3511655.

Wraith, R. (2014). Psychological First Aid for Children and Adolescents. Retrieved from <https://emergingminds.com.au/resources/psychological-first-aid-children-adolescents/>

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