IBN HALDUN UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF COUNSELING PSYCHOLOGY

MASTER'S THESIS

NAVIGATING THROUGH SOCIAL MEDIA-INDUCED VICARIOUS TRAUMA AND COMPASSION FATIGUE: THE ROLE OF HOPE AND RESILIENCE

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ISTANBUL, 2025

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by
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A thesis submitted to the School of Graduate Studies in partial fulfillment of the requirements for the degree of Master of Arts in Guidance and Psychological Counselling

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ÖZ

SOSYAL MEDYA KAYNAKLI VİKARYÖZ TRAVMA VE MERHAMET YORGUNLUĞU İLE BAŞA ÇIKMAK: UMUT VE PSİKOLOJİK DAYANIKLILIĞIN ROLÜ

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Maruz kalma yoluyla sosyal öğrenmeye dair anlayışımız, Bandura'nın gözlemlerinin çok ötesine geçmiş durumda — özellikle de günümüzün aşırı dijital çağında, şiddete maruz kalma yalnızca bir filmi izleme eylemiyle sınırlı değil. Bilginin birincil kaynağı haline gelen dijital platformlar aracılığıyla travmatik içeriklere maruz kalmak artık sürekli ve çoğu zaman öngörülemez bir hale geldi. Bireyler, hızlı ve grafiksel görüntülerle dolup taşan, algoritmalar tarafından yönlendirilen içerik akışlarına maruz kalmakta ve bu durum, sağlık çalışanlarıyla özdeşleştirilen ikincil travma da dahil olmak üzere derin psikolojik etkilere yol açabilmektedir. Bu çalışma, sosyal medya kaynaklı dolaylı (vikaryöz) travmanın psikolojik etkilerini ve bunun özellikle çevrimiçi ortamda siyasi ve insani meselelere yoğun ilgi duyan genç yetişkinlerde merhamet yorgunluğu ile olan ilişkisini incelemektedir. Gazze gibi çatışmaların Instagram ve Twitter gibi platformlarda eşzamanlı olarak yaşandığı bir çağda, bireyler doğrudan bir müdahil olmasalar bile derin bir duygusal sıkıntı yaşayabilmektedir. Bu araştırma, umut ve psikolojik dayanıklılık gibi içsel güçlerin bu tür duygusal sıkıntıların şiddetini azaltıp azaltamayacağını sorgulamaktadır. Kesitsel nicel bir tasarım kullanılarak yürütülen bu çalışmada, standart ölçüm araçlarıyla hazırlanmış çevrimiçi bir anket aracılığıyla veri toplanmıştır. Ankete üniversite öğrencilerinden oluşan bir örneklem (n=211) katılmış, katılımcılar son bir buçuk yıl içindeki medya tüketimleri ve duygusal tepkilerini öz bildirim yoluyla paylaşmıştır. Veriler, IBM

SPSS programı ile analiz edilerek dolaylı travma ile merhamet yorgunluğu arasındaki ilişki ve umut ile dayanıklılığın bu ilişkideki düzenleyici rolleri incelenmiştir. Bu çalışmadan elde edilen bulgular, toplumsal duyarlılığı yüksek bireylerin sıklıkla göz ardı edilen psikolojik yükünü ortaya koymayı ve içsel psikolojik güçlerin sürekli medya maruziyetinin ruh sağlığı üzerindeki etkisini nasıl azaltabileceğine dair bir bakış sunmayı amaçlamaktadır.

Anahtar Kelimeler: Medya Maruziyeti, Merhamet Yorgunluğu, Psikolojik Dayanıklılık, Sosyal Medya, Umut, Vikaryöz Travma.

ABSTRACT

NAVIGATING THROUGH SOCIAL MEDIA-INDUCED VICARIOUS TRAUMA AND COMPASSION FATIGUE: THE ROLE OF HOPE AND RESILIENCE

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Our understanding of social learning through exposure has evolved far beyond Bandura's Bobo Doll observations, especially in today's hyper-digital era, where exposure to violence extends far beyond the deliberate act of watching a film. In a world where digital platforms serve as primary sources of information, exposure to traumatic content is constant and often unpredictable. Individuals are inundated with rapid, graphic imagery and algorithm-driven content streams that can have profound psychological effects, including secondary trauma, a phenomenon traditionally linked to healthcare professionals. This study explores the psychological effects of social media-induced Vicarious Trauma and its link to Compassion Fatigue, particularly among young adults who are highly engaged in political and humanitarian issues online. In an era where conflicts—such as those in Gaza — unfold in real time on platforms like Instagram and Twitter, individuals may experience deep emotional distress, despite having no direct involvement. This research also examines whether psychological buffers such as Hope and Resilience can mitigate the intensity of such distress. Using a cross-sectional quantitative design, this study collected data through an online survey employing standardized instruments. The survey sampled university students (n=211), who self-reported their media consumption and emotional responses over the past 21 months. Data were analyzed through IBM SPSS to examine the relationship between Vicarious Trauma and Compassion Fatigue, while testing the moderating roles of Hope and Resilience. Findings aim to highlight the often-

overlooked psychological burden carried by socially conscious individuals, and to offer insight into how internal strengths can help reduce the mental health impact of continuous media exposure.

Keywords: Compassion Fatigue, Hope, Media Exposure, Resilience, Social Media, Vicarious Trauma.

DEDICATION

To the warriors outside Palestine, for our efforts will never be enough for those enduring within…

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I am truly grateful for the countless lessons learned, for the realizations I have come to throughout the course of this thesis and beyond, for the unwavering support I received and continue to receive, and, of course, the *caffeine*. I believe it was not within my power to put a single word down on paper had it not been for God's will. He blessed me with guidance and perseverance, and continues to do so.

As I have completely exhausted my words by the end of this thesis, I cannot miss the chance to mention my parents, for how truly lucky I am to be checked up on by them every step of the way; my sisters by blood, for being the human form of a lifeboat; and my sisters at heart, who fed me, listened to my endless rants and tears, yet never let me fall. I owe you all more than words can convey.

Last but not least, I thank my supervisor, Dr. Thseen. Thank you, sir, for your patience, your efforts, and for guiding me with kindness throughout this process.

To the old ones and the new additions in my life—I am endlessly fortunate for you all!

Nirmal SHAH

İSTANBUL, 2025

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LIST OF SYMBOLS AND ABBREVIATIONS

DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
VT	Vicarious Trauma
CF	Compassion Fatigue
PTSD	Post-Traumatic Stress Disorder
IV	Independent Variable
DV	Dependent Variable

CHAPTER I

INTRODUCTION

1.1. Background

Given the significance of current atrocities unfolding in places such as Gaza and Sudan, it is pertinent to ask: what psychological burden do these distant yet deeply distressing events have on those watching from afar? While the immediate victims of such atrocities face unimaginable horrors, there is a distinctly different psychological impact on passive observers, those constantly exposed to images and narratives of war, systematic oppression, and genocide.

In the contemporary media landscape, unprecedented technological capabilities enable the instant transmission of events from sites of conflict to a global audience. Such immediacy minimize both spatial and emotional distance between the observer and the atrocity, heightening the psychological resonance of distant suffering. For those navigating a continuous influx of unfiltered, graphic material, responses may be shaped less by physical proximity and more by the frequency, intensity, and emotional quality of these digital encounters.

To better understand the psychological experience of passive observers, it is essential to examine the nature of trauma in such circumstances. According to the American Psychological Association (APA, n.d.), Post-Traumatic Stress Disorder (PTSD) can develop from intense feelings of helplessness, fear, or terror resulting from either direct exposure to, or witnessing a threat to one's physical integrity or life. In addition to flashbacks and avoidance of reminders of the traumatic event, individuals with PTSD may experience physiological arousal, which manifests in symptoms such as an amplified startle response, disturbed sleep, difficulty in concentration, memory impairment, and survivor's guilt. Traditionally, this understanding of PTSD applied to individuals who directly experienced traumatic events. However, in recent years,

especially in the context of digital activism, research suggests that exposure to such events can elicit similar psychological responses, even from a distance. For example, studies examining the psychological aftermath of World War I across countries, including France, Britain, Germany, Sweden, and the United States of America, documented widespread social disruptions, family strain, and symptoms of psychological and behavioral disorders (Singer, 2018).

Although historical evidence demonstrates the impact of social conflicts on mental health, modern trauma exposure is distinct in its nature, scale, and intensity. In contrast to today's graphic news portrayals, World War II media coverage largely focused on non-combat and optimistic aspects of the war, with adverse events often presented in a cheerful disposition. More serious announcements of atomic bombs were disclosed to the public once the war had ended. Less than two decades later, the Vietnam War brought about a stark shift, with daily battlefield footage being broadcast to the public, leading to significant public distress and disillusionment (Kartz, 2018). The Vietnam War, spanning from 1955 to 1975, became known as the first 'television war', where visual news coverage brought the horrors of the conflict into living rooms, influencing both public perception as well as mental health (Gautam et al., 2021).

Recent conditions have far worsened with instantaneous connectivity over social media platforms (such as Instagram, Twitter, TikTok, etc). With the advent of social media comes rapid, raw, and unregulated information in the form of videos of bombing raids, massacres, mutilated bodies, forced starvation, and mass displacement straight to personal screens. This contributes to an unprecedented level of media-induced distress, hypervigilance, and intrusive thoughts (Wyatt, 2024). Some might argue that this is merely a passive experience; however, this experience is politically and morally charged.

For instance, Palestinians in diaspora have reported experiencing severe anxiety, survivor’s guilt, and an overwhelming sense of helplessness as they witness the ongoing genocide in Gaza through media coverage (Abdelhadi, 2024). Abdelhadi further describes this condition as ‘psychological terrorism’, where secondary exposure to violence provokes intense emotional distress as well as mental breakdown in individuals who are not physically present at the scene of terror. Yet, despite the

distress, in an attempt to regulate itself, the body often develops coping strategies such as relying on community support, religious faith, and humor to maintain resilience (Abdelhadi, 2024).

Additionally, the psychological impact of such exposure is not uniform. Individuals with repeated exposure to content related to state-sponsored violence, genocide, and similar atrocities, develop compassion fatigue and erosion of empathy. For others, it may trigger moral injury, a profound sense of guilt or helplessness resulting from witnessing ongoing suffering without the power to intervene. This phenomenon is particularly pronounced in students, both adolescents and adults, who are highly active on social media platforms, are politically aware, and hold strong opinions, making them more susceptible to experiencing intense emotional responses.

This thesis aims to explore the emotional weight borne by adult individuals exposed to political atrocities through social media and examine the role of psychological buffers, such as hope and resilience, in mitigating the adverse effects of such exposure. Understanding this experience is critical in an era where digital connectivity has transformed distant suffering into an intimate aspect of everyday life.

1.2. Problem Statement

In an increasingly interconnected world, exposure to trauma is no longer limited to firsthand lived experiences. Traumatic content now travels rapidly across global platforms, permeating communities and shaping the psychological experiences of those immersed in social media. Platforms such as Twitter, Instagram, and TikTok have become continuous streams of distressing narratives and graphic imagery from wars, genocides, and humanitarian crises. With smartphones and internet access becoming nearly universal, individuals, particularly young adults, are frequently exposed to extreme sufferings, often without actively seeking it. Such repeated and unfiltered exposure may lead to heightened anxiety and stress responses that carry long-term effects on mental health and help-seeking behaviors, (Garfin, Silver, & Holman, 2020) while also fueling a cycle of psychological distress (Thompson et al., 2019).

While research on trauma has traditionally focused on direct victims, in recent years, there has been a growing recognition of Vicarious Trauma (VT). VT is the psychological distress experienced indirectly through witnessing or learning about the suffering of others, which may also result in profound mental health consequences (McCann & Pearlman, 1990). However, most research on VT is focused on healthcare professionals (e.g., therapists and nurses), journalists, humanitarian workers, corporate managers, human rights advocates, solicitors, and educators (Vrklevski & Franklin, 2008; Dubberley, Griffin & Bal, 2015; Molnar et al., 2017). A small but emerging body of literature has examined secondary or media-induced trauma, particularly during the COVID-19 pandemic (Liu & Liu, 2020). However, significantly less attention has been paid to the psychological effects of conflict-related media exposure on the general population, particularly university students, who are avid consumers of global news through social media platforms.

This study addresses the growing concern that pervasive access to global conflict-related content via social media platforms renders individuals increasingly vulnerable to the development of VT, compassion fatigue (CF), as well as emotional desensitization, despite the lack of direct personal involvement. Increased exposure to such content may lead to increased emotional distress and heightened anxiety, and impaired daily functioning (Garfin et. al., 2018).

Failure to adequately address this concern underestimates and risks the psychological and physiological harm associated with digital media consumption related to global violence. Without appropriate public health discourse or institutional responses, there is a risk of rising rates of affective distress, anxiety disorders, and potential somatic consequences such as cardiovascular or autoimmune dysfunctions, particularly among chronically exposed populations (Thompson et al., 2019). Therefore, this research studies the psychological effects of social media-induced vicarious trauma on compassion fatigue among university students. It further explores the potential buffering role of hope and resilience as protective psychological factors against the adverse impact of repeated traumatic exposure.

1.3. Hypothesis

The hypotheses of this study are:

H1 – Vicarious trauma will positively predict compassion fatigue.
H2 – Higher exposure to traumatic content on social media is more likely to lead to greater vicarious trauma and compassion fatigue.
H3 – Individuals with higher levels of hope will experience less vicarious trauma and compassion fatigue.
H4—Higher resilience moderates the relationship between vicarious trauma and compassion fatigue; that is, higher resilience is associated with lower compassion fatigue.

1.4. Purpose of Study

The purpose of this research is to examine the psychological ramifications of social media-induced VT and CF among university students from diverse cultural backgrounds. Specifically, the study aims to investigate how repeated exposure to conflict-related media content, such as images and videos from highly tense zones like Palestine, Syria, and Sudan, negatively affects psychological well-being. It also seeks to assess whether, hope and resilience have any function as protective psychological factors in this context. By addressing these issues, the study seeks a deeper understanding of how trauma manifests in digital environments, predominantly within a well-informed crowd, and to highlight the potential of psychological buffers in shaping future mental health awareness initiatives and intervention designs.

1.5. Significance

The extensive reach of social media has rendered traumatic narratives and imagery an inescapable part of daily life, thereby increasing the risk of secondary trauma. The constant coverage of global crises, often amplified by vivid storytelling and graphic imagery, can evoke a range of emotional and cognitive responses contributing to Compassion Fatigue and Vicarious Trauma. While existing research has predominantly focused on healthcare providers and first responders, a significant gap remains in

understanding how media-induced vicarious trauma affects the general population. Few studies, if any, have examined this phenomenon in conjunction with Compassion Fatigue, particularly through the lens of psychological buffers such as Hope and Resilience. This study aims to address this gap by exploring strategies to safeguard the mental health of individuals amid relentless media exposure and pushing for a proactive approach to fostering emotional resilience.

By adopting a holistic approach, this study plans to contribute to both trauma awareness as well as responsible media consumption, ensuring that individuals engaging with distressing content are equipped with psychological tools to mitigate its adverse effects. By examining the roles of Hope and Resilience, the research offers practical implications for mental health interventions, media literacy initiatives, and support systems designed to help individuals manage trauma exposure within the digital landscape. By shifting the focus towards psychological strengths such as resilience and hope, this study hopes to illuminate pathways for sustaining psychological well-being in an era increasingly dominated by crisis-driven narratives.

1.6. Definitions

Previous literature has identified multiple definitions for the key variables in this study. Below are the traditional (conceptual) definitions of these variables, followed by the operational definitions applied within the scope of this research. Since certain variables, such as Compassion Fatigue, have not been extensively examined in the context of social media usage, the operational definition provided is considered appropriate for this study.

1.6.1. Conceptual Definitions

Vicarious Trauma: Although Vicarious Trauma is not a commonly defined term, it is broadly understood as the psychological impact of witnessing another individual's traumatic experience, leading to emotional and cognitive effects akin to direct trauma. Various terms are used interchangeably with VT, including secondary traumatic stress, burnout, compassion fatigue, countertransference, Post Traumatic Stress Disorder, traumatic countertransference, emotional contagion, and shared trauma (Branson,

2019). Since VT is predominantly discussed in the context of professional healthcare workers (e.g., doctors, nurses), definitions specific to media-induced VT remain limited.

Compassion Fatigue: Roughly defined as the condition of psychological and physical distress that a person providing care might experience when unable to provide for their patient's needs (Sinclair et al., 2017).

Hope: It can be understood as the expectation that one will have positive experiences or that a potentially threatening or harmful situation will not materialize or will ultimately result in a favorable state of affairs. Hope has been characterized in the psychological literature in various ways, such as, a character strength; an emotion; a component of motivation that is critical to goal attainment; a mechanism that facilitates coping with loss, illness, and other significant stresses; or an integrated combination of these features (American Psychological Association, 2018).

Resilience: According to the Oxford dictionary (n.d.), resilience refers to the action or act of springing back or rebounding, the elasticity of returning to the original shape and position. According to Masten (2001, as cited in Wyatt, 2024), Resilience is a dynamic process that acknowledges difficult emotions and uses both internal and external resources to navigate adversity, rather than simply being the absence of vulnerability or unwavering positivity. This entails adaptability, finding meaning in adversity, in addition to developing coping mechanisms that enable individuals to rise above and move forward.

1.6.2. Operational Definitions

Vicarious Trauma: The physiological and psychological changes an individual experiences due to the indirect exposure to others' trauma typically through media sources. This could mean the individual indirectly involved will feel the symptoms similar to those of the person directly exposed, for instance, burnout, depressive symptoms, distress and anxiety, as a cause of being exposed to traumatic content repeatedly (Liu and Liu, 2020).

Compassion Fatigue: The physical and mental exhaustion as well as the emotional withdrawal that an individual experiences when caring for a traumatized individual (Eng, Nordström, and Schad, 2021), or being exposed to graphic conflict-related content via digital media for a prolonged time.

Hope: The perceived capability to derive routes towards preferred goals and to motivate oneself through agentic thinking in order to initiate and maintain efforts. This cognitive process consists of two main factors: effective agency (the drive to move towards ones' goals) and pathways (the ability to plan how to reach the set goals) (Snyder, 2000).

Resilience: The ability to bounce back, to return to the initial state of functioning, thriving following a stressful encounter/event and also adapting to a changing environment (Smith et al., 2008).

While developing a precise operational definition of key variables, this study is, in fact, a means to attain the accurate measurement and interpretation of such variables in the context of social media use. Given the evolving nature of digital interactions and their psychological effects, the appropriate definition of these variables would allow for a more nuanced analysis of their implications. This clarity at the ground level not only lends strength to the analytical construct of the study but also serves as a foundation for future research focusing on the convergence of social media and psychological well-being.

1.7. Frameworks

In exploring the psychological ramifications of social media-induced Vicarious trauma, it is pertinent to anchor the discussion within a theoretical framework. The study mainly relies on the Constructivist Self-Development Theory and the Conservation of Resources Theory. These two theories provide a well-rounded framework explaining how secondary trauma exposure via social media may cause Compassion Fatigue in highly empathic individuals. To further clarify how these theoretical concepts are operationalized in the current study, a conceptual framework is presented following this section, offering a visual representation of the proposed relationships. This

conceptual framework maps the hypothesized relationships of these variables and illustrates the mechanisms through which the theories are applied in practice.

1.7.1. Theoretical Framework

The Bobo doll experiment has had significant reverberations in our understanding of socially learned behavior, particularly violence. Our understanding of social learning through exposure has evolved far beyond Bandura's observations, especially in today's hyper-digital era, where exposure to violence extends far beyond the deliberate act of watching a film. Instead, individuals are inundated with rapid, graphic imagery and algorithm-driven content streams, which can trigger profound psychological effects, including secondary trauma, a phenomenon traditionally associated with healthcare professionals but now increasingly relevant to passive observers exposed to distressing events online. While trauma has long been acknowledged as burdensome for survivors and frontline responders, less attention has been given to the indirect pathways through which it permeates the general public, particularly via social media's constant and immersive exposure.

This study investigates the emotional and psychological consequences of such exposure, specifically to content related to war, genocide, systematic oppression, injustice, and political violence. It aims to highlight the often-invisible mental health toll carried by globally connected, digitally literate adults. These individuals may experience frustration, emotional exhaustion, moral injury, and confusion (Bokovets, 2024; Koenig, & Al-Zaben, 2020). Many, if not most, are highly empathetic and find themselves feeling helpless in the face of such widespread suffering.

In such scenarios, when life must go on despite ongoing global atrocities, the brain may attempt to normalize distress as a protective mechanism. Initially, individuals may feel emotionally paralyzed in response to the content they consume. However, over time, and much like the delayed effect of painkillers, psychological buffers such as Hope and Resilience begin to activate. The very presence of these emotional responses suggests their role as internal coping mechanisms, offering protective value for certain individuals more readily than others.

In cases like those of survivors of the Gaza genocide or the Darfur conflict, resistance appears to be the central force enabling persistence. When individuals enter a prolonged survival mode, the body seeks psychological regulation, as maintaining such a heightened state becomes unsustainable over time. This intense distress creates a fundamental human need to locate meaning, purpose, and the hope of better future prospects. Here, Hope plays a critical role. Faith, community support systems, and future-oriented thinking serve as anchors amid the chaos. Sustained hope, in turn, fuels adaptive coping mechanisms, which are central components of Resilience.

Constructivist Self Development Theory (CSDT) provides an appropriate explanation for understanding media-induced Vicarious Trauma. According to this theory, an individual's life journey, their prior experiences, belief systems, and identity structures is how they react and adapt to a traumatic experience (McCann & Pearlman, 1990). As for the media exposure to genocide, conflict, war, and human suffering, individuals internalize these faraway events as personal threats, especially when this exposure is repetitive and emotionally intense. Over time, this can disrupt the cognition of an individual and create, for instance, an altered worldview, moral dissonance, and emotional dysregulation, which are part and parcel of Vicarious Trauma. This is especially appropriate for digital spaces where traumatic content is algorithmically curated and frequently confronted (Li, et. al., 2024).

Furthermore, observers with strong empathetic skills or those who identify with the victims (share religious or cultural backgrounds) could be more susceptible to internalizing the trauma in their cognitive schemas, as Piaget would call them, leading to possible burnout or moral injury (Griffin et al., 2019). This theory, therefore, posits that trauma is not merely an external but an internal psychological process shaped by an individual's effort to retain coherence within themselves.

Another theory deemed appropriate to this study is the *Conservation of Resources (COR) theory*. According to Hobfoll (2002), stress arises from the actual loss or a threatened loss of psychological and emotional resources. This theory provides a concrete lens for understanding how individuals may experience distress from extended periods of exposure to traumatic media content. In the case of media-induced vicarious trauma, individuals exposed to gruesome imagery or narratives of genocide, war, or

oppression through social media platforms can possibly experience an erosion in their emotional stability, hope, and perceived safety. Such trauma effects are more intense in highly empathetic individuals who feel emotionally connected to the victims or feel morally responsible for them (Turnbull et al., 2023).

As individuals repeatedly process intense and disturbing content (emotional labor), they gradually exhaust their emotional and mental fuel (psychological resources), leaving them vulnerable to symptoms like compassion fatigue (empathy burnout), desensitization (emotional numbing), and moral injury (internal conflict by witnessing injustice at the hands of authorities without the ability to act). Buffer factors such as hope and resilience work as fundamental resources that help individuals cope with and protect against any loss, which aligns well with COR's framework of resource preservation and recovery. This theory, therefore, helps in understanding the cumulative psychological burden borne by social media consumers, watching distressing content in a hyperconnected world.

1.7.2. Conceptual Framework

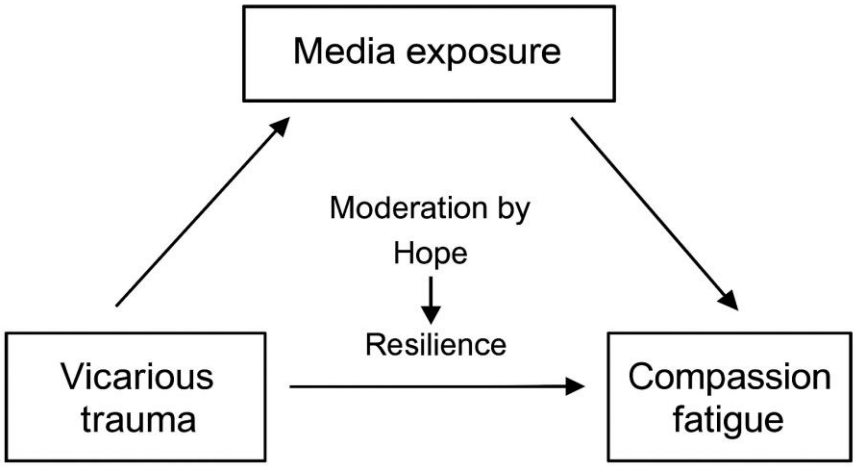


Figure 1.1. Conceptual Framework

The conceptual framework for this study hypothesizes a relationship among the core variables: Media-Induced Vicarious Trauma, Compassion Fatigue, Hope, and Resilience. The independent variable (IV), Media-Induced Vicarious Trauma, refers to the psychological distress an individual may experience due to prolonged or intense

exposure to graphic and upsetting content on social media. In this context, Media Exposure is introduced as an antecedent factor that can intensify the risk of vicarious trauma by increasing the frequency and depth of encounters with such material. Together, Media Exposure and Vicarious Trauma are posited to have a direct impact on the dependent variable (DV), Compassion Fatigue, a condition characterized by both somatic and emotional exhaustion resulting from the stress of caring for or empathizing with the suffering of others.

However, this relationship is not uniform across individuals. Rather, it is influenced by two moderating variables: Hope and Resilience. These factors are proposed to moderate the relationship between the IV and DV in terms of both strength and direction. In other words, higher levels of Hope and Resilience may buffer or mitigate the impact of trauma exposure on the development of Compassion Fatigue. Within this framework, hope is defined as a positive motivational state arising from a dynamically constructed perception of personal agency and feasible pathways. Likewise, Resilience refers to an individual's ability to recover quickly from difficulties or adapt to adversity. This study not only highlights the potential negative effects of vicarious trauma but also examines the positive psychological factors that may shape an individual's response to trauma. By focusing on individual strengths, it aims to assess whether these factors help prevent or reduce the harms associated with vicarious trauma.

CHAPTER II

LITERATURE REVIEW

2.1. From Traditional Censorship to Participatory Media

The Second World War was the first truly global media-documented war, although not with the real-time immediacy we might imagine today. The advent and widespread adoption of mediums such as radio, newsreels screened in cinemas, and photography brought the stark realities of war to civilians on an unprecedented scale. Such a constant influx of information and imagery inevitably had profound effects that carried on for years after the war ended. Nations held full authority over molding and spinning narratives, whether by undermining opponents' position in the war or through sensationalized broadcasting, all part of what can be called a radio war (Salata, 2020). These voluntary or compulsory censorships were put in place to curate content that would support morale, avoid panic, and present the war in a favorable light amidst the destruction (Ruiz, 2015). Watching these newsreels at cinemas became a public ritual, where the shared experience fostered communal and emotionally charged events, famously known as ‘Nickelodeon Spectatorship’ (Stamm, 2024).

This often created a utopian vision of a bright and renewed future (Somogyvári, 2022). These newsreels employed personal stories, dramatic visuals, and narrative techniques to evoke a range of emotional responses, from pride and hope, to fear and anxiety (Rabiński, 2019), not very different from what is experienced now. Such fear and anxiety, especially for individuals who had never experienced anything like this before, likely caused trauma. Evidence suggests that trauma can be inherited through narratives and family stories, shaping the identity and psychological well-being of individuals born after the war (Kiełpińska, 2024).

2.1.1. Rise of Social Media as a Source of Global News

Social media platforms have remarkably reshaped how people consume, share, and respond to news and occurrences around the globe. While providing unprecedented access to information, these platforms also expose consumers to real-time crisis-related content, potentially leading to vicarious trauma and compassion fatigue, two fundamentally different phenomena. However, these terms (vicarious trauma and compassion fatigue) has been used interchangeably in academia for the same idea. Nonetheless, understanding the role of social media in this process is crucial, especially for young adults, who increasingly turn to these platforms as their primary source of information about the world. Against this backdrop, the following literature reviews the shifts in media consumption habits of young people, influence of opinion leaders and algorithms, emotionally charged news and it's psychological affects.

2.1.2. Shifts in Media Consumption Habits Among Young People

As of February 2025, 5.56 billion individuals worldwide were reported to be internet users, amounting to 67.9 percent of the global population. Of this total, 5.24 billion, or 63.9 percent of the world's population, were social media users (Petrosyan, 2025). More incidental than intentional, an increasing number of young people are consuming more and more news through social media. This trend has brought a significant shift in consumption and sharing habits, and even raises concerns about the credibility of the news being shared. News consumption patterns are shaped by factors such as the type of news, the consumer's age, with a key role played by opinion leaders in the news gathering process. Incidental news consumption during leisure times is often passive in nature and frequently facilitated by trusted, knowledgeable individuals within the group who not only highlight but also interpret news (Bergström & Belfrage, 2018), often causing polarization and an increasing divide in ideologies (Levy, 2020). Such polarization for political views may result in a positive-self and negative-other divergence, ultimately shaping one's opinions on the news event (Rutechura, 2019).

2.1.3. Influence of Opinion Leaders and Algorithms

Opinion leaders such as journalists, celebrities, or peers often engage audiences directly through social media platforms, prompting individuals to interact actively with the news they consume. As a result, many come to rely on social media as a primary news source (Bergström & Belfrage, 2018). Once this reliance is established, algorithmic influence can further drive polarization by limiting exposure to counter-attitudinal or ideologically diverse content and creating echo chambers. This selective exposure reinforces current ideologies, often amplifying distressing content aligned with the user's beliefs (Levy, 2020).

Accessibility and convenience of such digital platforms have made social media the primary form of news for the young and middle-aged, almost replacing traditional media (Yanardağoğlu, 2020). This experience is further enhanced when traditional news hierarchies are ignored and news is consumed in fragments through editorial, algorithmic, and social filters (Boczkowski et al., 2018). Ironically, youth often show a low level of trust in the news despite their growing engagement with it, and rarely engage in fact-checking or critical evaluation (Farias-Batlle. et al, 2023). This skepticism of the credibility is caused due to the mix of personal opinions and facts (Park et al., 2020).

2.1.4. Contemporary Examples of Emotionally Charged News

In the 21st century, advances have been made in the media landscape with regard to the portrayal of conflicts and genocides. The issue of censorship, however debated, is less of a concern compared to where it started, with an increasing amount of news being broadcast and the public now able to form opinions and engage online with emotionally charged issues. The Gaza conflict serves as a potent example. Beyond traditional news outlets, social media platforms have become primary conduits for disseminating information about the crisis. Journalists, activists, and even involved parties directly communicate and document their experiences on platforms like Instagram, X (formerly Twitter), and TikTok, often bypassing conventional media gatekeepers to provide raw, firsthand accounts filled with visceral details. In this environment, the influence of opinion leaders and spin doctors, amplified by social media algorithms, can profoundly

impact individual perceptions, particularly among pre-existing sympathizers. Whether airing genocide, oppression, armed brutality, or refugee crises, real-time social media possesses a unique capacity to foreground personal narratives and individual opinions, frequently eliciting intense emotional responses from viewers. This sharing behavior is often fueled by moral frameworks, a dynamic that research suggests significantly boosts news dissemination across social media platforms (Valenzuela et al., 2017).

Although the nature and visibility of such global issues have drastically changed and soared due to globalization and digital communication, core societal challenges, such as political and social unrest, wars, oppression, poverty, and environmental concern, have existed throughout history. The real change appears in the accessibility of news regarding these issues and in our collective awareness of them. This is not to disregard the fact that many climate, health, and security concerns have intensified over the years (Kliuchnyk, 2024). With the increase in exposure to global issues, what was once a local or regional concern has now become a global concern, creating a sense of ubiquity and immediacy (Usmanov, 2024). Furthermore, to make it worse, certain problems are elevated as part of agenda setting to gain global prominence and international response (Sachs, 2019).

2.1.5. Psychological Impact of Constant Exposure

In a longitudinal study exploring the psychological and social effects of exposure to war news on collective mental health, three dominating themes were found: spread of collective anxiety and fear, strategies for maintaining spiritual resilience, and methods of navigating intense media coverage (Günday & Güler, 2024). Aside from anxiety and fear, participants reported stress, depression, sleep disorders, and physiological symptoms like headaches, nausea, and fatigue. Aside from these waves of anxiety and psychological storms leading to negative symptoms, these experiences can also increase social empathy and solidarity, as people feel more connected to and supportive of each other during such times.

2.1.6. Effects of Humanitarian Crisis Content

The images surfacing on social media depicting humanitarian crises, such as the civil war in Sudan or the attacks in Lebanon, have caused global distress. According to research, mildly adverse news causes feelings of fatigue, sleep loss, and even anxiety (Markham Heid, 2020), which can be worsened to mood swings and early signs of PTSD with overexposure to negative news (Jose et al., 2021). However, readily available graphic content on social media may lead to PTSD, especially in individuals with prior trauma or high levels of media consumption (Pe'er et al., 2022).

The simple act of consuming graphic and gruesome content on social media can also fall under the category of mindless scrolling, facilitated by the human ability of emotional desensitization. However, such harrowing content and distressing information can lead to rumination on conflict news, which has been shown to mediate the relationship between PTSD symptoms and news exposure (Li et al., 2024). These symptoms tend to be exacerbated in areas where similar experiences and conflicts have occurred. Over time, such feelings of anxiety are mediated by sensitization, which implies that repeated exposure to certain situations and triggers may intensify the feelings of anxiety (Hopwood & Schutte, 2017).

Moreover, research examining the impact of the Palestine-Israel conflict on the sleep patterns among Tunisian people revealed that all respondents of the survey (n=1091) closely followed the conflict. Most of them relied on social media for their content (98.6%), and out of those, 55% closely followed the news for at least 3 hours a day. This was said to have caused major insomnia in 75.2% of the total population, which is a significant amount (Messedi et al., 2024).

Social media content and news are accessible 24/7, often containing upsetting content, causing hyperarousal, compassion fatigue, and emotional numbing (Wyatt, 2024). Whether part of a political propaganda or not, this study highlights that media framing, emotive language, and graphic imagery intensify the emotional responses, to the point of distorting one's perceptions of reality, a phenomenon referred to as the 'mean world syndrome'. High profile events such as the Russo-Ukraine conflict and the Palestine-

Israel conflict have been linked to increased anxiety, depression, PTSD, and insomnia among the consumers of content, who are not directly involved.

In a research on doomscrolling and mental health, Taskin et al. (2024) discussed the several symptoms and effects associated with exposure to negative and disturbing news, particularly through the act of doomscrolling. Doomscrolling is associated with a loss of self-control and a decrease in mindfulness. Individuals who are involved in doomscrolling reported high psychological distress and lower psychological well-being. With the differing emotional states experienced through the process, individuals tend to feel longstanding sadness, despair, and depression as well as stress. Such stress is called secondary traumatic stress, which may cause a series of distressing emotions and symptoms similar to those who experience direct trauma. Taskin et al. (2024) also mentioned that high time spent scrolling through negative news can cause distractions from the present moment and a fixation on negative news.

Another study revealed that the consumption of negative news, especially during mass traumas, can have unfortunate psychological effects, primarily on individuals with a prior history of trauma (Ohry et al., 2021). It highlighted that increased news consumption with mass traumatic events is associated with heightened distress, may exacerbate PTSD symptoms, and secondary traumatization. With regard to prior trauma, such news may trigger prior PTSD, worsening the symptoms.

2.1.7. Negative News, Engagement, and Personal Relevance

When negative news is viewed as personally relevant, its emotional impact on an individual can be significantly different, even stronger negative feelings and greater engagement. According to a study from the British Journal of Psychology (Verboon & Hoong, 2019) on news consumption, the emotional effects of negative news are amplified, particularly when individuals feel that the news is personally relatable. People who see a direct connection between the news and their personal lives experience less positive and more negative emotions after exposure. In such a case, personality traits such as neuroticism or extraversion were not seen as relevant, but rather personal perceived relevance to the content they consume (Verboon & Hoong, 2019).

Negative news and headlines catch more attention and clicks, especially when the content is emotionally and personally significant (Schwarzenegger et al., 2023). With each additional negative word in the headline, the likelihood of engagement increases, indicating that personal relatability could drive higher consumption, turning it into a vicious cycle. Such news also physiologically activates individuals, and in the case of personal relatability and relevance to one's own experience, tends to elicit stronger reactions (Soroka & McAdams, 2015). Overall, relatability to negative news can cause mental (stress and anxiety) and physical ill-being (Mclaughlin, Gotlieb & Mills, 2022), especially if the individuals find themselves preoccupied with or transported by negative news, due to personal relatability.

2.1.8. Vulnerability and Risk Factors

With 81% of Gen Z spending time on social media for at least an hour a day and preferring short-form videos for their daily news consumption (Rand, 2025), certain risks are associated with this media engagement. According to Wyatt (2024), individual susceptibility to trauma varies, with personal trauma history, professionals' exposure to trauma, and young age being significant risk factors, compounded by a lack of social support. Similarly, Pearlman & Mac Ian's (1995) research highlighted personal trauma history as a risk factor for therapists. Expanding on these vulnerabilities, Greinacher et al. (2019) mentioned that vicarious trauma can also be associated with emotional exhaustion, denial, and self-blame. Moreover, a lack of social support, as well as the use of alcohol and tobacco (Bourke & Craun, as cited in Greinacher et al., 2019) as coping mechanisms, can increase an individual's risk. Notably, females have been found to experience higher levels of secondary traumatic stress than males (Greinacher et al., 2019). When considering the spectrum of these risk factors, young people emerge as a particularly susceptible demographic (Wyatt, 2024). Understanding these vulnerabilities is essential, as they shape the experiences of young people and how they internalize the trauma and distress they encounter online, a phenomenon central to the concept of vicarious trauma.

2.2. Vicarious Trauma

The echoes of major traumatic events in history have extended far beyond those directly affected, negatively impacting the broader community. This reach is arguably intensified in our modern global village, where the constant stream of information through smart devices could bring the suffering of others into our focus. This phenomenon of experiencing secondhand effects of trauma is known as vicarious trauma. According to Oxford University Press (n.d.), the term 'vicarious' refers to something "performed or achieved by means of another, or by one person, etc., on behalf of another." When combined with trauma, this definition helps us understand the phenomenon as a psychological distress or symptoms that arise from another individual's traumatic experience —an emotional and psychological impact caused by indirect exposure and empathy towards another's suffering. For this reason, it can also be referred to as secondary trauma, where the effects of trauma are experienced secondhand, on behalf of someone who directly endured the event.

Trauma can lead to lasting changes in an individual's worldview and inner experiences, sometimes manifesting as physical and emotional distress (Kennedy & Booth, 2022). However, professionals who engage empathetically with trauma survivors may experience vicarious trauma, a secondary form of distress that alters their cognitive schemas and perspectives on the world (McCann & Pearlman, 1990, as cited in Kennedy & Booth, 2022). Such trauma can occur not only among healthcare professionals, such as nurses and doctors, but also in journalists, prison guards, shelter staff, attorneys, clergy (Pearlman & Mac Ian, 1995, as cited in Mishori, Mujawar & Ravi, 2014), mental health staff and police officers (Stamm, 1997, as noted in Liu & Liu, 2020). There have been other closely related terms that have been used alongside vicarious trauma, namely, secondary traumatic stress, compassion fatigue, burnout, countertransference, traumatic countertransference, posttraumatic stress disorder, emotional contagion, and shared trauma (Kennedy & Booth, 2022).

Another study on VT indicated a direct relationship between the development of VT and clients' disclosures of often detailed and graphic traumatic experiences within a therapeutic relationship (Branson, 2019). Such traumatic events vicariously lived by the therapist may cause permanent changes to their mental frameworks and worldview,

as mentioned earlier. According to Branson (2019), the subsequent changes are unique and negative, with the potential to manifest across physical, sexual, emotional, neurological, mental, cognitive, and spiritual domains. On the contrary, a cross-sectional study on Australian mental health professionals by Devilly, Wright, and Varker (2009) suggested that exposure to traumatic material of the patients did not result in VT, STS, or burnout; rather, it was work-related stressors that caused therapist distress. This contradicted the original theory about VT and STS.

In a situation where there is a social disruption, the media dependency theory suggests that there is an unusually high demand for information and understanding, with mass media widely regarded as the most effective means to fulfil these needs (Lowrey, 2004, as cited in Liu & Liu, 2020). The high demand arises because people need more information about the crisis in order to reduce their anxiety about the uncertainty. According to Liu and Liu (2020), during COVID-19, the amount of information available online far exceeded public demand. Based on previous research mentioned previously, such increased access to information about the unknown would be expected to reduce anxiety. However, on the contrary, research indicates that repeated exposure to media is more likely to trigger anxious feelings due to the impact of vicarious traumatization.

In an earlier study by McCann & Pearlman (1990) on vicarious trauma, they wrote that vicarious traumatization can cause profound psychological changes in therapists, affecting their beliefs, memories, and emotions. Such effects can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons. These disruptions in the cognitive schemas like beliefs, expectations, and assumptions about the world and themselves, can travel across several areas such as safety, power, trust, independence, esteem, frame of reference, and intimacy. According to McCann and Pearlman (1990), such disruptions can lead to increased suspicion, cynicism, anxiety, feelings of helplessness, alienation, and a loss of idealism. Therapists are likely to internalize their clients' traumatic memories, depending on their personal salient needs and schemas, ultimately leading to intrusive thoughts, flashbacks, or nightmares, and possibly powerful emotional states such as anxiety, anger, and sadness.

2.2.1. Media Exposure and Vicarious Trauma

Following the previous study, Liu & Liu (2020) suggested that accounts of extreme suffering from trauma survivors play a significant role in the emergence of VT among trauma workers. As technological advancements are on the rise, consumers of online content are similarly exposed to intense self-reports and vivid visual depictions of survivors' experiences through their social media accounts. Research shows that exposure to media during significant public events can worsen psychological distress and anxiety, which is a strong indicator of the effect of vicarious trauma.

Another paper by Wyatt (2024) on the pervasive reach of digital media highlighted the general public's exposure to traumatic events. The paper examined the neurobiological elements, especially mirror neurons and empathy, with the relentless global coverage of humanitarian crises. Interestingly, the paper states that exposure to traumatic content on the web can lead to Secondary Traumatic Stress or Compassion Fatigue through different neurological ways. The first one mentioned are mirroring neurons, which activate both when witnessing and experiencing trauma, making mediated exposure (for example, through screens) neurologically cogent. Empathy, an essential emotion for connectivity, was seen as a catalyst for VT. Moreover, Wyatt (2024) also pointed out that chronic exposure may dysregulate hormones like cortisol and oxytocin, contributing to stress and compassion fatigue.

2.2.2. Symptoms of Vicarious Trauma

Similar to the diverse nature of symptoms of primary trauma, VT symptomology can manifest itself into the lives of a healthcare professionals and trauma workers and can be categorized in four ways: arousal, intrusive imagery, negative changes to cognition and avoidance behavior (Aparicio et al., 2013; Mishori, Mujawar, & Ravi, 2014, as cited in Branson, 2019). In a study dealing with child welfare workers, symptoms such as disconnectedness from loved ones, heightened skepticism, lack of trust in others, and profound hopelessness, were observed. These professionals experienced similar symptoms of PTSD, for instance, startled responses, intrusive imagery, and avoiding specific locations, which led to some resigning from their jobs (Jankoski, 2010).

Numerous studies have looked at the symptoms of VT, with a few emphasizing the cognitive shift affecting a person's perception of themselves, others, and the world around them. Such a shift may lead to avoidant behavior and intrusive thoughts similar to those of PTSD (Benuto et al., 2018; McNeillie & Rose, 2020). To add on, Tabor (2011) in a study on nurses mentioned negative symptoms of vicarious trauma, including burnout, secondary traumatic stress, and compassion fatigue. Among other symptoms are chronic fatigue, physical ailments, emotional numbing, intrusive thoughts, hypervigilance, sleep disturbances, social withdrawal, and a loss of interest in day-to-day activities (Wyatt, 2024).

Another study involving criminal lawyers (Vrklevski & Franklin, 2008) found higher levels of vicarious trauma, stress, depression, and cognitive changes regarding safety, trust, esteem, intimacy, and control compared to non-criminal law solicitors. Among other cognitive and emotional symptoms, VT may lead to a changed worldview, self-identity, and beliefs about trust and safety. On the contrary, there are chances to experience growth and development through witnessing others' resilience and growth (McNeillie & Rose, 2020)

2.2.3. Neurological Changes During Vicarious Trauma

Similar to PTSD, VT can also cause certain measurable neurological changes within the brain. Direct trauma can cause changes to the gray matter, altered emotional responses, memory concerns, and other chemical changes in different brain regions. Research has shown that (Siehl et al., 2023), PTSD causes gray matter reduction in the prefrontal cortex as well as the hippocampus and amygdala among other areas. This reduced gray matter volume in certain brain regions can meddle with context processing, threat detection, and emotional regulation. Such changes and the severity of these changes depend on the trauma type, whether, for instance, the incident was a one-time occurrence or a prolonged trauma exhibiting different patterns of loss (Siehl et al., 2023). Individuals developing PTSD show a heightened prefrontal and insular activation when they process a fearful stimulus, which correlated with the severity of the symptoms (Wang et al., 2016). Not only direct victims, but individuals without PTSD who are simply exposed to trauma also show an altered brain function,

particularly in regions concerned with emotional regulation and resilience (Kennis et al., 2015; Stark et al., 2015).

Although less intense, VT in the absence of PTSD can have some detectable changes in the brain too. These changes occur with regard to the brain structure and connectivity, especially in regions concerned with self-processing and emotional regulation. Research revealed that (Liu et al., 2024), there is an increase in the gray matter of the prefrontal cortex, associated with emotional regulation and executive functioning, in individuals experiencing vicarious trauma Moreover, the study also highlighted a lower resting-state functional connectivity between the right prefrontal cortex and the right precuneus which disrupts the connectivity and effects self-referential thought and emotional processing. Such neural alterations are closely linked to psychological symptoms and distress, highlighting the profound impact of VT on the brain and mental health of an individual.

2.2.4. Secondary Traumatic Stress (STS), Vicarious Trauma (VT), and PTSD

Some scholars assume that secondary traumatic stress (STS), vicarious trauma (VT), and post-traumatic stress disorder (PTSD) are closely aligned—believing that VT mirrors PTSD across all dimensions and that VT and STS are essentially equivalent. However, according to Eslinger et al. (2023), secondary traumatic stress and vicarious trauma are both phenomena caused by indirect trauma exposure, with STS being more about acute stress symptoms, while VT is about long-term cognitive changes, preventing one from struggling and moving ahead to regain their former sense of self (Khalily, Ashfaq & Saleem, 2017). As for PTSD, it is a clinical diagnosis that can result from direct or indirect exposure to trauma and includes a broader set of symptoms. The table below outlines the distinct symptoms associated with each psychological construct:

Table 2.1. Secondary Trauma Stress, Vicarious Trauma, and PTSD

Construct	Exposure Type	Main Features/Symptoms	Focus/Domain
Secondary Traumatic Stress (STS)	Indirect	PTSD-like symptoms (intrusion, avoidance, arousal, negative mood/cognition)	Acute and ongoing stress reactions
Vicarious Trauma	Indirect	Negative changes in beliefs about self, others, and the world	Cognitive schemas, trust, and safety
Post-Traumatic Stress Disorder	Direct or indirect	Intrusion, avoidance, negative alterations in mood/cognition, arousal	Full clinical syndrome per DSM-5 TR

As per Eslinger et al. (2023), STS and indirect trauma exposure were common among the 613 professionals they studied. A high dose of indirect trauma, paired with lesser professional experience, was associated with increased STS and VT. The study mentioned that although STS and VT are related, they remain unique constructs with overlapping but unique symptom clusters. Moreover, the negative mood/cognition symptoms in STS do not fully encompass the cognitive impact noticed in VT. Therefore, current STS measures may fail to capture all cognitive changes resulting from indirect trauma exposure.

According to an article by the Ending Violence Association of BC (EVA BC, 2020), secondary traumatic stress, compassion fatigue, vicarious trauma, post-traumatic stress, and burnout are interchangeably used as these terms have become blurred, confusing research and practice. The risk factors for vicarious trauma on an individual level were marked as gender, personal trauma history, age (younger workers at higher risk), and social isolation. Environmental risk factors included working in small or culturally homogeneous communities, longer tenure in the field, cumulative exposure to trauma, and systematic failures to protect survivors. Work risk factors included high direct contact hours with survivors, lack of control over caseload, inadequate workplace support, poor supervision, and inadequate training. Lastly, organizational culture that promotes self-sacrifice, discourages disclosure of trauma impacts, and fosters isolation increases the risk of VT.

This comprehensive article (EVA BC, 2020) mentioned the impacts of vicarious trauma in detail. Vicarious trauma affects emotional, cognitive, physical, interpersonal, meaning-making, and spiritual domains. Such changes manifest through mood changes, physical symptoms like tension, headaches, exhaustion, impaired memory, cynicism, intrusive thoughts, nightmares, boundary issues, absenteeism, and reduced service quality. In the longer run, such exposures may erode self-esteem, sense of safety, and worldview, leading to disillusionment and moral distress. Although the article discussed such impact on healthcare workers in various fields and legal workers, there are studies discussed further that also apply to social media-induced vicarious trauma.

2.2.5. Personality Traits and Media Vicarious Trauma

A key debate in trauma research examines how individual personality traits influence the perception and processing of traumatic experiences. Certain combinations of personality traits, especially those involving high neuroticism, extraversion, conscientiousness, and agreeableness, can possibly increase the vulnerability to vicarious trauma. The impact is shaped by a range of demographic factors and coping strategies, underscoring its complexity. Gao et al. (2022) investigated how combinations of personality traits affected susceptibility to vicarious trauma arising from mediated exposure to distressing events, examining university students' responses to coverage of the MU5735 airplane crash in China in March 2022.The study identified five distinct personality traits that increase the vulnerability to media vicarious traumatization. The study also underscored the sociodemographic factors, such as gender, age, and education that affect the susceptibility of VT. The research concluded that one of the configurations leading to media-related vicarious trauma (VT) includes the Big Five personality traits—openness, conscientiousness, extraversion, agreeableness, and neuroticism. VT does not stem from any single trait but from specific combinations of them.

Another study confirmed that low emotional stability (high neuroticism) is consistently associated with greater vulnerability to vicarious trauma symptoms (Turliuc & Măirean, 2013). A positive reinterpretation and problem-focused coping strategies can buffer the negative impacts of personality traits on vicarious trauma, such as planning,

suppression of competing activities, restraint coping, and seeking social support for instrumental (practical) reasons. Nonetheless, focusing on the positives of one's profession has beneficial effects provided that one's conscientiousness is high (Turliuc & Măirean, 2013). As for emotional coping, seeking social support for emotional reasons, denial, acceptance, and religion were seen as significant.

2.2.6. Vicarious Trauma in Non-Professionals

A significant mental health concern in this digital age is VT among non-professionals, although not much research is present within the field. An interesting research examining the risks of Researcher Vicarious Trauma (Lee, 2024), particularly in the social sciences domain, highlighted that researchers tend to be exposed to traumatic material such as first-person testimonies, photos, and videos from conflict zones. Using the case study of Myanmar, Lee argued that such exposure extends the emotional impact of being in the field far beyond traditional fieldwork. Such cumulative exposure puts the researchers at the risk of developing symptoms similar to PTSD and burnout, among other negative health outcomes. A similar concern highlighted in previous research of professional healthcare workers is that such risks are particularly high for junior researchers and those with less professional support (Lee, 2024).

This research not only highlights the urgency of recognizing and addressing such a form of vicarious trauma but also recommends acknowledging the issue, removing taboos around discussing researcher mental health, providing self-care and institutional support, revising research ethics, and encouraging academic associations to facilitate peer support. Such proactive measures, as Lee (2024) stressed, protect the well-being of researchers and sustain engaged scholarship in challenging fields.

Liu & Liu (2020) in another research investigating the relationship between media exposure and anxiety during the COVID-19 pandemic in the general population, deduced that all forms of media, including social media, can cause vicarious trauma to some extent. Commercial media (apart from government official media) caused the highest level of vicarious trauma and anxiety compared to official media, social media, and overseas media. The study cautioned media practitioners to consider the potential for causing secondary trauma through their reporting, especially when reporting on

major crises. Regarding social media, despite the negatively charged emotions displayed, it played an essential role in providing social support and emotional catharsis, making its impact more complex than just spreading negative emotions. Social media served both as a channel for exchanging negative emotions and as a means for tension release and emotional coping (Liu & Liu, 2020).

2.2.7. Prior Trauma

Prior trauma can make the psychological impact of a new traumatic event worse. There is consistent evidence that reveals that individuals with earlier trauma, especially those that led to significant distress or even PTSD, could possibly be at a higher risk for more severe symptoms and dysfunction after subsequent trauma. People with a prior history of trauma experience greater severity of PTSD, depression, and anxiety (Silver, Garfin & Holman, 2020; Jones et al., 2023; McBain & Cordova, 2024). Moreover, some studies suggest that prior trauma may sensitize individuals, lowering their threshold for stress and putting them at risk of negative psychological responses when faced with new trauma (Silver, Garfin & Holman, 2015; Silver, Garfin & Holman, 2020). Individuals with a prior diagnosis of PTSD, as well as those with histories of childhood trauma and interpersonal violence, face a heightened risk compared to those without such experiences (Breslau, Peterson & Schultz, 2008; Borges et al., 2017).

In case of secondary trauma, Van der Merwe & Hunt (2019) discussed the negative effects experienced by trauma researchers and interviewers exposed to others' trauma. The paper underscored several factors that can potentially make secondary trauma worse, such as individual factors (personal trauma history and high empathy), organizational and community factors (lack of organizational support and nature and frequency of exposure), heavier caseloads, negative appraisals, and lack of emotional regulation. Particularly, if personal trauma is not resolved and high empathy levels are present without emotional regulation, the risk of deeper emotional strain increases (Van der Merwe & Hunt, 2019). These effects highlight a closely related phenomenon, compassion fatigue, which similarly emerges from prolonged exposure to others' suffering, especially when combined with the pressures of providing care and support.

2.3. Compassion Fatigue

The concept of compassion fatigue emerged from the study of burnout in emergency service staff in 1992 and was explicitly described as 'the loss of the ability to nurture' (Sinclair et al., 2017). The causes were complicated patient needs and intense workload, which led to feelings of depression, anger, tiredness, detachment, and physiological symptoms, for instance, insomnia and headaches. Compassion fatigue is a widely accepted clinical concern that has garnered attention over the years. Research has indicated that although compassion is a key factor in healthcare, less experienced healthcare professionals are more susceptible to CF than their older counterparts.

Originally coined by Joinson, there was little to no empirical evidence or explicit rationale for this research. Charles Figley (1995) connected the symptoms of CF to those of PTSD (intrusive thoughts and difficulty sleeping), associating it with the 'cost of caring' among psychotherapists. CF is a negative consequence of empathy, which is an essential role of caregivers. According to Figley's model (as cited in Sinclair et al., 2017), being empathetic is one's capacity to recognize pain in others and be open to the emotional weight of caregiving. Traumatic narrations by clients can trigger empathetic understanding and response from the professional. The act of projection into a client's view can generate vicarious emotional stress, possibly leading to CF if the stress is not addressed correctly. While achievements or emotionally disengaging can lessen compassion fatigue, prolonged exposure to trauma can worsen it (Sinclair et al., 2017). This approach was criticized for ignoring the positive outcomes resulting from therapeutic relationships.

2.3.1. Symptoms of Compassion Fatigue

Symptoms of CF can significantly affect the well-being of healthcare providers as well as their professional identity. Moreover, these symptoms can travel through generations and societies. Symptoms of CF (Sinclair, 2017) include:

- Physiological: anger, absenteeism, increased alcohol intake, and strained relationships
- Behavioral: avoiding patients, making poor decisions, and providing inadequate patient care

- Psychological: reduced empathy, cynicism, negative self-image, depression and emotional exhaustion
- Spiritual Symptoms: reduced enjoyment, increased fear and anxiety, and intimacy issues

According to another study on social workers and nurses (Shanthi & Bernard, 2024), it was realized that CF manifests in an individual through different symptoms, like lower sensitivity, less empathy, difficulty caring for clients, possibly jeopardizing therapeutic relationships by making clients feel emotionally disconnected and impeding recovery.

2.3.2. Compassion Fatigue and Similar Terminology

Certain interconnected terms within psychology are often used interchangeably when describing the impact of exposure to others' trauma. VT and CF are commonly conflated, though they differ in significant ways. Although, both are stress responses of individuals exposed to the trauma of others, they differ in their core features, causes, and psychological impacts. While CF is primarily emotional exhaustion from caring for others, VT involves more profound and lasting changes in an individual's worldview and belief system due to their exposure to trauma. Bruno et al. (2020) mentioned that VT is about lasting cognitive changes, whereas CF has more to do with emotional depletion. They highlighted these differences in three categories: their main focus, duration, and symptoms.

Table 2.2. Compassion Fatigue Symptoms

Aspect	Compassion Fatigue	Vicarious Trauma
Main focus	Emotional exhaustion, reduced empathy	Cognitive shifts, worldview changes
Duration	Often temporary, can improve with resting	More enduring with lasting effects, can be permanent
Symptoms	Apathy, numbness, decreased satisfaction	Disrupted beliefs, emotional distress

Building on the distinction between vicarious trauma and compassion fatigue, it is also essential to clarify how compassion fatigue relates to other similar stress responses, namely burnout and secondary traumatic stress (Check Table 2). Although CF, burnout, and secondary trauma are related, they are distinct forms of stress that have an effect on individuals exposed to others' suffering, especially in healthcare settings. However, there are differences between them: Compassion Fatigue is, namely, the emotional exhaustion and reduced capacity to empathize due to prolonged exposure to the suffering of others (Kelly, 2020). As mentioned earlier, the symptoms are apathy, social withdrawal, and decreased compassion for others (Ketterer et al., 2022). In the context of burnout, it is mainly associated with workplaces, due to the chronic stress, not necessarily trauma exposure. It is characterized by emotional exhaustion, depersonalization from one's work or clients, and a reduced sense of personal accomplishment (Moriana et al., 2025). Such exhaustion is rooted in organizational factors like workload, lack of support, and poor work environment, rather than being exposed to trauma (Kelly, 2020). Secondary trauma, as discussed in the previous section, displays PTSD-like symptoms due to being directly exposed to trauma survivors or their stories (Moriana et al., 2025). In another research, it was clarified that secondary trauma is considered a component of compassion fatigue but can be measured separately (White et al., 2010).

Another term that shares similar components with CF is empathetic distress. According to Kennedy et. al. (2020), empathetic distress (ED) is a self-oriented emotional response where a person feels overwhelmed by another's suffering, causing distress and discomfort within an individual. The symptoms associated with such ED are anxiety, withdrawal, emotional exhaustion, and a desire to escape the distressing situation. CF, on the contrary, is a condition developed if the empathetic distress is not managed, impacting quality of life and withdrawal from caregiving roles (Kennedy, Taylor & Hofmeyer, 2020).

2.3.3. Compassion Fatigue and Social Media

On the account of experiencing CF through social media, a study (Aldamen, 2023) conducted on the negative representation of Syrian refugees on social media, sheds light on the intricate relationship between empathy, media representation, and

humanitarian responses. The study suggested that repeated portrayal of distressed refugees often gives the impression that they are a burden on the host countries, leading to a negative perception and compassion fatigue. According to Aldamen (2023), CF is a psychological condition that may develop through long-term exposure to trauma victims, mainly in the healthcare sector; however, there is limited information about its impact on the general population. Social media has a huge impact on shaping perceptions as public attention rapidly shifts from one issue to another. On the contrary, as the study points out, a positive representation of refugees on social media platforms like Humans of New York has a counter-effect. Moreover, emotionally charged content often fuels media hype, creating initial bursts of empathy and compassion which eventually fade away with time (Aldamen, 2023), reducing positive reactions. This results mainly from repeated exposure to distressing news.

Humans possess a fundamental drive to preserve internal equilibrium—both physiological and psychological—drawing on principles of allostatic regulation (Sterling & Eyer, 1988, as discussed in Romero et al., 2017). To restore a sense of normalcy, individuals engage in diverse emotion-regulation strategies—cognitive, behavioral, social, and physiological—designed to modulate their emotional experiences (Gross, 2015; Webb et al., 2018). Appraising these heightened states as threatening or negative (Moors et al., 2017) further strengthens the motivation to return to balance. However, the effectiveness of such strategies, and the individual's tolerance for heightened states, can vary considerably.

Drifting away from this perceived baseline, particularly into what might be called a heightened state of uneasiness or dysregulation, triggers a motivation to get rid of this discomfort. This concept aligns with contemporary understandings of the hedonic principle in motivation (Berridge & Kringelbach, 2015), where individuals desire to avoid undesirable states. Therefore, to achieve a sense of normalcy, they adopt different strategies for emotional regulation (Gross, 2015; Webb et al., 2018) such as social, cognitive, behavioral, and physiological, which work to modulate their emotional experiences.

2.3.4. Continuous Media Consumption Leading to Desensitization

Moving from the first televised war to the first major digital war, the Russian-Ukrainian conflict marked a turning point in how social media shapes public opinion and contributes to compassion fatigue (Zhan, 2022). With extensive media coverage, the Russo-Ukrainian War attracted significant global attention. This form of digital warfare has ushered in a new era of compassion fatigue, in which emotional responses to war-related content are increasingly formed, molded, and, in some cases, blunted by the overwhelming volume of information and the emotionally charged presentation styles prevalent on social media.

Zhan (2022)'s analysis of compassion fatigue in digital warfare highlighted how political and cultural contexts shape distinct online realities for audiences, influencing their emotional responses. Despite these differences, personal storytelling is used to sustain engagement, though excessive exposure to traumatic news can lead to desensitization, the marginal effect. The paper challenged the idea that more compassion is always beneficial, suggesting that rational thinking and humanistic concern should guide responses to war-related news rather than purely emotional reactions due to their repercussions.

Furthermore, a phenomenon known as social media overload is strongly linked to emotional exhaustion in consumers over time, with the constant exposure to social demands and information. This may lead to knowledge withholding and can be more noticeable among women who may feel a higher emotional fatigue due to the overload (Wu & Zheng, 2021). This continued connected behavior can create a cycle of excitement, anxiety, reassurance, and eventually fatigue, contributing to emotional exhaustion in everyday life (Lupinacci, 2020). Another study suggests that as an individual passively consumes content on social media, they tend to develop negative emotions, which, if persistent, may have an impact on their mental health and contribute to emotional fatigue (Gebhardt et al., 2024).

As far as desensitization is concerned, repeated exposure to violence on social media leads to desensitization, which results in reduced sympathy over time, as well as an increase in enjoyment of violent content (Fanti et al., 2009). Wyatt (2024) adds that

the relentless exposure to news related to tragedies and catastrophes can lead to chronic hyperarousal as well as compassion fatigue. Whereas overconsumption of low-quality or emotionally charged digital content can cause consumers to become emotionally numbed, which means they react less strongly to emotional stimuli over time, have a cognitive overload, and a negative self-concept (Yousef et al., 2025). This study also highlights concepts like doomscrolling and zombie scrolling, referring to passive forms of scrolling that are also associated with psychological distress and blunted emotional responses, further contributing to desensitization.

2.3.5. Protective Factors

The human body and mind are equipped with adaptive regulatory mechanisms that work to mitigate negative psychological distress, known as buffers/moderators/protective factors. Such factors serve in the form of social support, effective coping strategies, and physiological resilience. They assist the body to maintain equilibrium within, by modulating stress responses, reducing emotional overload, and fostering recovery. Research highlights the importance of protective factors, such as when exposed to graphic imagery and traumatizing news for a prolonged period, leading to CF and VT, affecting emotional resilience and well-being. Understanding these protective mechanisms is crucial for fostering long-term well-being in those who engage with such content.

In a study on the impact of emotional regulation on CF and VT (Azam, Rehman & Rehman, 2023), the results showed that higher emotional regulation significantly reduced the levels of burnout, CF, and VT in social workers. Emotional regulation is referred to as the ability to effectively manage and respond to one's emotional experiences, involving both conscious (active efforts to control emotions) as well as non-conscious (automatic) responses. These processes can include active thought processes or behaviors (coping mechanisms) and automatic responses like temperament. This builds the adaptability for different situations through the use of different strategies to manage positive and negative emotions. Azam et. al. (2023), concluded that emotional regulation is essential for managing job-related stressors and preventing negative consequences such as burnout, CF, and vicariously traumatic experiences. Effective emotional regulation helps workers maintain empathy while

avoiding detrimental outcomes like emotional overload, burnout, CF, and VT. Apart from this, social support and self-care practices were also noticed to help mitigate vicarious trauma symptoms significantly.

Other protective factors that came to attention during this research are regular supervision, peer support, balanced caseloads, organizational validation (Rowe et al., 2022), compassion satisfaction (fulfilment and meaning achieved from helping others) (Hiska et al., 2018), mindfulness/coping skills (problem solving and positive reframing) (Turgoose & Maddox, 2018), and professional and government support in resources and recognition (Shields et al., 2023).

Additionally, hope and resilience play a crucial role in fostering emotional recovery, positive adaptation, and sustained well-being. By fostering posttraumatic growth and compassion satisfaction—particularly through hope and the recognition of positive outcomes—protective psychological resources can serve as powerful counterforces to compassion fatigue and secondary trauma, which are common in caregiving and media-saturated environments (Hernández-Wolfe et al., 2017). Resilience, as a complementary buffer, is further reinforced through coping strategies, self-care practices, and social support systems (Bhagwagar, 2022), collectively contributing to sustained well-being in high-stress contexts.

2.4. Hope

Hope is a motivational construct or protective factor that plays a significant role in the psychological resilience and mental well-being of an individual. It is defined by Charles Richard Snyder as a positive mental framework that motivates individuals to move towards their desired goals with strategic planning (Snyder et al., 1991, p.571, as cited in Satici, 2016). The three main components involved in achieving these goals are the goals themselves, pathway thinking, and agency thinking. While pathway thinking refers to the ability to identify the route to reaching goals, agency thinking speaks of the motivation used to get there. Snyder's theory shifted the understanding of hope from a mere emotion to a cognitive-motivational system—comprising agency and pathway thinking—that jointly facilitate goal attainment and significantly influence an individual's well-being and behavior (Snyder, 2002, as cited in Senger, 2023).

According to Snyder, hope in the initial phase of a hardship, may play a crucial role in fostering stability amid significant uncertainty, as it is understood to be an iterative process.

Senger (2023) highlighted that hope has previously been recognized as a buffer against adverse mental health outcomes, including depression, anxiety, and stress, a pattern that held true during the COVID-19 pandemic. In addition to mitigating negative effects, hope was also associated with positive outcomes such as enhanced mental well-being, post-traumatic growth, and adaptive health behaviors, including increased attention to nutrition. These findings underscore hope's role as a resilience factor that supports both psychological and physical wellness during periods of crisis.

2.4.1. Mechanisms for Hope

A review study by Long (2022) on hope as a psychological resource, highlighted that hope holds the power to not only buffer against the development of PTSD but also promote resilience as well as recovery post-trauma. Described as a cognitive-motivational model consisting of both agency and pathways (goal-directed determination and strategic planning to reach goals, respectively), hope has, without doubt, been associated with lowering PTSD symptoms and promoting post-traumatic growth. In the initial aftermath of trauma, hope may be severely compromised, as the individual's sense of safety and perception of threat are profoundly disrupted. However, research suggests that eventually, hope can be restored in the presence of stable employment, financial security, and social support. Additionally, longitudinal researches show that hope, especially the agency aspect, has been successfully predicting positive outcomes, for instance, functional health and increased life satisfaction in populations as serious as war refugees and natural disaster survivors. These results suggest that hope is not merely a psychological trait but also a dynamic protective factor that may contribute to adaptive functioning in the aftermath of trauma.

According to Long (2022), hope serves both as a moderator and an apparatus for change within trauma recovery and PTSD treatments. Hopeful people are more likely to have a positive overview of stressful events, maintain control, get involved in adaptive

coping strategies like problem-solving, instead of maladaptive behaviors like avoidance or rumination.

Hope has been the most effective form of medicine for a long time throughout different religious teachings before it was picked up by contemporary psychologists in the West, which eventually led to the development of Snyder's theory (Foroozanfar, 2020). This two-stage model, outlined by Foroozanfar, consists of i) instilling hope, and ii) increasing hope. In the first stage, a therapist assists the client in rediscovering already lived hopeful experiences and sharing optimistic thoughts and behaviors, while the second stage is more of a booster shot, where hopeful thinking and behaviors are reinforced.

Although Snyder's theory of hope was considered fundamental in positive psychology, it lacked consideration for spirituality and religion. Foroozanfar (2020) then goes on to suggest a fresh perspective on hope from the Quran, suggesting that the Quran underscores two main types of hope, true and false. True hope, which is concerned with gaining the pleasure of the Divine, revolves around being hopeful of life after death, the mercy of the Divine, or meeting the Divine. False hope, however, is the desire of the world over the hereafter; this is when an individual chooses to give in to worldly temptations, satanic influences, and their own personal desires.

Not only does the Quran, considered the word of the Divine, view hope through the lens of belief, but also action, providing practical solutions for how it may be fostered. One of the key elements of hope mentioned, that works as a motivational factor as well as provides mental strength, is agency thinking. This idea is to achieve spiritual goals, for instance, aiming for heaven and the blessings of the Divine. For this, one needs to have the utmost sincerity and devotion while on this journey of hope (Foroozanfar, 2020).

2.4.2. New Hope

In a recent study examining hope (Colla et al., 2022), Snyder's theory was critically reviewed, highlighting its strong individualistic and positivist foundations. It argued that recent research often overlooks contextual, dynamic, and interpersonal factors

influencing hope, particularly among the youth. A new system reconceptualization was suggested that would expand on Snyder's original theory; firstly, the WhyPower (interpersonal factor in regards to meaning and purpose in goals) and secondly, WePower (interpersonal factor representing social connectedness and access to resources). In this expanded version, hope is viewed as an emergent property arising from the dynamic interplay of WayPower (planning to meet goals), WillPower (motivation to succeed), WhyPower, and WePower, rather than a linear accumulation of separate elements (Colla et al., 2022).

2.4.3. Hope Moderating Trauma Response

The moderating role of hope in trauma response has been explored in several studies, particularly in the context of childhood trauma. Munoz, Hanks, and Hellman (2020) identified hope and resilience as critical factors not only in coping with early traumatic experiences but also in fostering psychological well-being among adult survivors. Empirical evidence differentiated hope from resilience, giving hope the position of a more robust predictor of psychological flourishing among survivors. Drawing from Snyder's theory, this study aimed to test a structural equation model consisting of two independent samples to explore how hope and resilience contribute to the well-being of adults who experienced trauma as children. Results consistently showed that although hope and resilience were positively linked to well-being, hope seemed to have a stronger influence on the psychological aspects. Both the independent samples suggested that hope's power surpassed that of resilience with the second sample suggesting resilience as a completely nonsignificant predictor. Munoz et. al., (2020) supported Snyder's theory, arguing that, unlike resilience, hope is a practical and appropriate construct that could be empirically measured.

Previously, resilience has been focused on in regard to trauma recovery; Munoz et al., (2020) underscores the limitations of the vague definitions and limitations of the term. When it comes to optimal functioning of an individual, hope was seen to hold more weight, while resilience seemed less impactful and distinct. The results from this study suggest that when mitigating the effect of trauma, as well as vicarious trauma induced by distressing media content, cultivating hope might be more beneficial than fostering resilience (Munoz et. al., 2020). This is due to the goal-directed nature of hope, which

can help serve as a cognitive and motivational buffer in times of adversity, providing a structured psychological guideline to steer through trauma more efficiently. Therefore, this research does not see hope as a mere emotional strength but as a crucial means for resilience and beneficial for post-traumatic growth.

2.4.4. Hope Among Youth in Conflict Zones

The power of young people is often celebrated for good reason—their hope, resilience, and drive for change—as exemplified by the student-led uprising in Bangladesh in August 2024, widely referred to as the "second independence," which vividly demonstrated the transformative potential of youth activism. Aspirations for a better future, access to education, dreams of justice, and the pursuit of a purposeful life are commonly associated with young populations. However, these ideals are profoundly undermined when access to education is denied. Such is the case in Gaza, where, as of April 2024, according to Save the Children, nearly 90% of school buildings had been damaged or destroyed (Ashing, Sherif, & Egeland, 2024). According to Berte and Mahamid (2020), youth in conflict zones, including Palestinian refugee children, often articulate hope through aspirations for education, peace, freedom, and family life. Such visions of the future enable them to maintain psychological resilience despite persistent hardship.

Peer connections, participation in youth-oriented activities, and the presence of supportive caregivers further serve as crucial sources of hope and emotional well-being, even in adverse environments (Ruppel & Steinbach, 2023). Rather than being viewed solely as passive victims, young people possess the potential to act as agents of change. Their engagement in civil society and peacebuilding initiatives not only cultivates hope but also instills a sense of purpose, both essential for fostering sustainable peace (Ruppel & Steinbach, 2023). However, chronic exposure to violence, displacement, deprivation, and limited resources threatens this hope, often resulting in sadness, despair, or social withdrawal (Berte & Mahamid, 2020). In such contexts, there is an urgent need for psychological and community-based interventions to help youth process trauma, strengthen resilience, and preserve hope amid ongoing atrocities (Dulay et al., 2024).

2.5. Resilience

Resilience encompasses both the course and result of effectively navigating adversity through an individual's ability to adapt to challenging life experiences. This is done through mental, emotional, and behavioral flexibility, equipping individuals to respond dynamically to both internal and external stressors (American Psychological Association, 2018). The degree to which individuals manage adversity is influenced by numerous key factors, including their perceptions and interactions with their environment, the presence and effectiveness of social support systems, as well as specific coping mechanisms. According to the American Psychological Association (2018), psychological research indicates that resilience is not merely an innate trait, but rather a capacity that can be worked on and refined through intentional practice and cultivation of relevant psychological and social resources.

Delaney (2018) stated that psychological Resilience is the capacity to uphold and recuperate mental health despite experiencing stress, adversity, or trauma. The Oxford University Press (n.d.), however, defines it as springing back, to recoil, or having elasticity. Such bouncing back capabilities are crucial in mitigating the negative effects of working with trauma survivors as they are studied to positively correlate with compassion satisfaction and negatively correlate with compassion fatigue (Atay, Sahin & Buzlu, 2021). Another concept found in literature is called Vicarious Resilience, which is unique in nature, distinct from burnout and compassion fatigue, indicating a positive transformation in therapists as a result of witnessing the resilience of their clients (Killian et al., 2017). It involves a shift in a person's outlook on life, an increased sense of hope, and a deeper understanding of oneself.

On the brighter side, although studies suggest that while working with trauma victims, one can develop vicarious trauma and compassion fatigue, it can also hold the power to foster altruism, resilience, and post-traumatic growth (Hernández, Engstrom & Gangsei, 2010). Such qualities are essential for professional healthcare providers to counteract the fatigue. Moreover, research also suggests that through interventions and training, improving psychological resilience can improve professional quality of life for such healthcare workers (Atay, Sahin & Buzlu, 2021).

2.5.1. Resilience vs Recovery

While often discussed together, resilience and recovery are distinct yet interrelated constructs within the context of mental health. While resilience is the ability to quickly regain positive functioning in the face of adversity as well as overcoming the psychological trauma and disorder (Echezarraga et al., 2024), minimizing the dysfunctionality in everyday life by adapting to stressors more easily (Mancini & Bonanno, 2006), recovery, is considered a journey that encompasses aspects of resilience (Echezarraga et al., 2024). Nonetheless, both concepts have been criticized for individualizing social problems and relying on deficit models (Harper & Speed, 2014)

2.5.2. Protective Role of Resilience

Powerful emotions such as resilience almost always have a mitigating effect over strong negative psychological emotions and are known to aid recovery processes. Resilience is known to act as a protective factor against depression and anxiety, with greater resilience leading to lowered levels of anxiety and depression, in the presence of vicarious trauma exposure (Leys et al.,2021). This test-retest study was conducted after a bombing attack in Brussels, and the results after three months yielded that the people with higher resilience showed greater recovery for the symptoms mentioned above, whereas less resilient individuals did not show noticeable improvement. Such studies emphasize the role of resilience as a buffering variable not only immediately but also as aiding faster recovery over time (Leys et al., 2021).

Another study by Marquez et. al. (2023), on the protective factors for resilience, particularly among adolescents, suggested that resilience can be predicted by both personal strengths and behaviors. Precisely, higher emotion regulation, self-esteem, and optimism became evident as the strongest protective factors, whereas healthy behaviors such as regular exercise and good sleep, and peer friendship (social support) also significantly boosted resilience. In terms of gender and ethnic minorities, girls and white youth exhibited lower resilience compared to their counterparts.

2.5.3. Factors Influencing Resilience

Across diverse ecological levels, resilience is influenced by various social and individual factors. At an individual level, coping strategies, beliefs, and values (Alamdari, Bishop, Alamdari, 2022), demographic characteristics, as well as previous trauma history, can play a significant role (Lowe et al., 2015). In a separate study on survivors of traumatic brain injury (TBI), Bannon et al. (2022) identified a range of factors influencing resilience. These included individual-level challenges such as physical and cognitive impairments, coping behaviors, interpersonal dynamics like stigma and social isolation, and systemic influences such as access to rehabilitation services and support resources. Regarding trauma history, previous trauma history and demographic characteristics such as race, age, ethnicity, marital status, parenthood, education level and employment status, have been shown to influence resilience. In some cases, they tend to increase vulnerability, while in others they may foster adaptive growth (Lowe et al., 2015).

However, at the social level, support from family and friends is important as interpersonal factors (Alamdari, Bishop, Alamdari, 2022), and for community-level factors, economic development and social capital can help out for post-disaster mental health outcomes (Lowe et al., 2015). In cases of state oppression, shared community experiences, traditions, and values determine how an individual deals with adversity.

2.5.4. Resilience, Vicarious Trauma, and Compassion Fatigue

Persistent media exposure has been shown to elicit trauma-related symptoms and compassion fatigue in many individuals, a finding further substantiated by Wyatt's (2024) study. This comprehensive review sheds more light on the nature of resilience, calling it more than an act of bouncing back from an inconvenience. This dynamic process recognizes difficult emotions while using external and internal resources to navigate the setback. Wyatt (2024) claimed that amidst the widespread exposure to human rights violations, abuse, and war exacerbated by media coverage, resilience serves as a protective shield. This enables individuals to safeguard their mental and emotional well-being while remaining engaged with suffering and striving for meaningful change.

Not only that, resilience is the single most essential element in preserving well-being amidst relentless media exposure. The paper advocates for preventive measures and psychological support systems to mitigate the impact of vicarious trauma and compassion fatigue, and to build resilience. In order to develop resilience, a multifaceted approach is required that incorporates awareness and mindfulness, prioritizing self-care, fostering supportive connections, managing media consumption, and actively engaging with society in a proactive manner (Wyatt, 2024). In short, resilience is a proactive adaptation mechanism that helps not just individuals alone, but whole communities to withstand and recover from the trauma and fatigue caused in the digital age.

2.5.5. Trauma Responses as a Form of Resilience?

Certain studies view trauma as a form of psychological resilience, suggesting that human capacity might be underestimated to thrive after extremely aversive events. While some individuals develop disorders like PTSD after a traumatic experience, many naturally exhibit resilience, facing only minor disturbances with no new psychological symptoms (Bonanno, 2008; Southwick & Charney, 2012). Bonanno (2008) goes on to suggest that this form of resilience follows a unique path distinct from recovery and occurs more frequently than previously recognized. For example, psychological resilience to trauma is associated with better health (mental and physical), including a lowered risk of infectious symptoms of COVID-19 and fewer somatic symptoms in the midst of the pandemic (Nishimi et al., 2023).

There are ongoing questions about whether resilience operates independently or whether there are certain factors that aid in fostering resilience following a traumatic experience. Research shows that emotional stability and social skills play a crucial role in allowing resilience to thrive (Thaddeus, 2024). Aside from this, cultural factors, as mentioned earlier, also play a significant role. For instance, in a research on the Asian population, it was noticed that their resilience was higher and they use more spiritually focused coping strategies compared to their counterparts (Raghavan & Sandanapitchai, 2019). This study further suggested that recognizing cultural differences in resilience can enhance the development of targeted interventions and foster a strength-based framework for trauma recovery.

2.5.6. Too Much Resilience: A Dead-End?

Although resilience can improve the quality of life, it can fluctuate over a course of one's life and should not be considered a fixed trait (Happer et. al., 2017). Moreover, in another study, resilience was noticed to show no significant difference in treating depressive and neuropsychiatric symptoms in various populations, especially in the individuals experiencing neurocognitive disorders (Wang et al., 2021). In other studies, there are certain factors that are known to lead to potentially negative outcomes, although resilience is overwhelmingly linked to positive outcomes, such as, stigma and self-blame leading to increased PTSD, anxiety and depression while low self-compassion leading to reduced resilience and more negative outcomes (Strickland et al., 2022).

2.5.7. Hope and Resilience Based on Faith

Faith, whether spiritual, moral, or in humanity, holds the power to foster hope and strengthen resilience, especially in the face of adversity. Faith provides a profound sense of meaning and purpose, which encourages individuals to endure hardships even when their circumstances seem bleak. This can come from their trust in humanity, their moral convictions, or be rooted in their religious beliefs (Agaibi, 2018; Stockdale, 2021; McKaughan & Howard-Snyder, 2022; Odia, 2023). Interestingly enough, Metry (2024) found that hope and resilience are intertwined constructs, with hope often acting as a bridge between faith and resilience. Faith instills hope, which in turn boosts the ability to recover from or adapt to hardships. Not only that, faith holds the power to unite people in solidarity, creating a shared sense of hope and collective resilience, particularly in struggles against injustice or oppression (Stockdale, 2021).

A study on Australian students (Metry, 2024) showed that greater hope, stronger resilience, and better mental health outcomes (less depression, anxiety, and stress) are associated with one's faith in God. The sense of meaning and hope derived from faith mediated these positive responses. Therefore, whether secular or religious, faith can serve as a powerful source of hope and resilience. When grounded in meaning and purpose, individuals and communities are better equipped to foster hope and effectively confront and overcome adversity. This association is apparent across diverse groups and circumstances, emphasizing the central role faith plays in supporting mental and social well-being.

CHAPTER III

METHODOLOGY

3.1. Research Design

This study employed a quantitative, cross-sectional research design to investigate the relationship between media-induced Vicarious Trauma and Compassion Fatigue, with the buffering role of Hope and Resilience. The aim was to understand how university-going individuals exposed to distressing content on social media experience psychological trauma while noting the internal mechanisms that may help mitigate it. The independent variable was Vicarious Trauma, while the dependent variable was Compassion Fatigue, with the moderating factors being Hope and Resilience.

Online surveys were circulated via Google Forms to collect data consisting of standardized instruments. These included adapted versions of the Media Exposure Scale and the Media Vicarious Traumatization Scale (Liu & Liu, 2020), an adapted version of the Compassion Fatigue Inventory (Eng, Nordström, & Schad, 2021), the Hope Scale (Snyder et al., 1991), and the Brief Resilience Scale (Smith et al., 2008). Several items within the Compassion Fatigue scale and Vicarious Trauma were adapted better to represent the population beyond just the professional caregiving settings. Responses were noted on a Likert-type scale, allowing the collection of quantifiable data.

Multiple regression analysis was conducted on IBM SPSS to determine the direction and strength of the relationships among the variables. PROCESS macro (Hayes, 2012) was conducted to investigate the moderating effect of Hope and Resilience. Additionally, the internal consistency (Cronbach's Alpha) was evaluated for each adapted or original scale to ensure reliability. This ensured a comprehensive understanding of the subjective psychological experiences in the digital age, while ensuring a methodological approach through systematic data analysis. The scope of

the research will be met with the use of adapted scales and appropriate statistical techniques.

3.2. Participants

The participants in this study were university-going adults, from undergraduate to doctoral programs, who used social media platforms in their daily lives. Participants completed an online survey, presenting a diverse international population, predominantly Muslims. Participants were recruited using convenience sampling and snowball methods, chosen for their cost-effectiveness and efficiency. The final sample comprised 211 students, including 147 females and 62 males.

Most participants were undergraduate students, ranging in age from 18 to 49, with the mean age being 25. Since the focus was on participants in an academic setting with access to the internet and smartphones, presumably aware of the current situation around the world, the differing age groups helped to make more connections. The country of origin was used as a criterion to minimize disparity and ensure balanced data collection.

The sample size (n = 211) aligns with recent methodological guidance emphasizing that studies in social-personality psychology should recruit sufficient participants to ensure replicability and precision, typically exceeding 200 cases for medium-sized effects (Giner-Sorolla et. al., 2024). Moreover, in line with established survey research standards for university student populations, a sample of over 200 respondents provides acceptable accuracy and generalizability for multivariate analyses (Sathyanarayana et al., 2024). Accordingly, 200+ students were recruited for the present study.

Table 3.1. Descriptive Analysis

	N	Min	Max	Mean	SD
Age	211	18	49	25.29	
Country	211	1	38	7.48	9.732
Education	211	0	2	.57	.729
Income	211	0	6	2.81	2.277
Gender	211	0	1	.70	.461

3.3. Data Collection Tools

Data was collected via Google Forms within the scope of the research. The form comprises seven sections: informed consent, demographic data collection, Media Exposure Scale, Media Vicarious Trauma Scale, Compassion Fatigue Scale, Hope Scale, and Brief Resilience Scale, with 49 items including the consent.

3.3.1. Consent Form

At the beginning of the survey, the participants received a written briefing. They were made aware of the purpose of the study, their voluntary participation, the estimated time required to complete the survey, and their right to withdraw at any stage.

3.3.2. Demographic Data

A demographic section was included within the survey to collect basic information about the participants. This information encompassed gender, age, country of origin, education level, and gross monthly household income. Participants' names were not collected to maintain anonymity.

3.4. Tools Used

This study utilized openly accessible tools available online. The following instruments were employed:

3.4.1. Media Exposure Scale

Adapted from Liu & Liu (2020), this set of items enquired about the participants' usage of social media platforms over the past year and a half since the humanitarian crisis occurred in Palestine, Syria, Sudan, etc. All participants were required to answer questions on a 5-point Likert scale regarding their time spent on social media daily and on various platforms, such as traditional news channels (TRT, Al Jazeera, and BBC) and social media platforms such as Twitter, Instagram, etc. An additional question was added to note how often the individual posts content regarding these conflicts on their

social media accounts (i.e. 1=several times a day, 2=once a day, 3=a couple of times a week, 4=once a week, 5=a few times a month, 6=once a month, 7=occasionally/rarely, and 8=never) (See appendix B).

3.4.2. Media Vicarious Trauma

The Media Vicarious Trauma scale by Liu & Liu (2020), which had previously been adapted to reflect media exposure during COVID-19, was re-adapted to align with the current context of this study. The scale assesses symptoms such as emotional distress, anxiety, and intrusive thoughts resulting from repeated exposure to traumatic media content. In the current research, participants were asked to reflect on the past year and a half of social media usage, with particular reference to the conflict news, to answer questions. The responses were noted on a 5-point Likert scale with 1= strongly disagree to 5= strongly agree, with 7 being the lowest and 35 being the highest. The scale consisted of seven items. Cronbach's alpha of the current scale in use was 0.833 (See Appendix C).

3.4.3. Compassion Fatigue Inventory

The adapted Compassion Fatigue Inventory (Eng, Nordström, & Schad, 2021) was initially developed to assess Compassion Fatigue among psychologists but is applicable across caregiving professions. For the purposes of the current research, only two sub-factors, Reduced Compassion and Social Life, were utilized, excluding the Workplace subscale, to fit a general population sample better. Items were reworded to reflect interpersonal dynamics beyond a clinical setting (e.g., “patients” replaced with “close ones” or “people”). Respondents rated their agreement on a 5-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. The scale consisted of 13 items, such as “My will to help has declined”, “I have started to withdraw from social interactions”, “I have started to feel a growing reluctance towards seeing close ones who need me”, and “I feel irritated when people complain”. The Cronbach’s alpha for the current sample was 0.840, indicating good internal consistency (See appendix).

3.4.4. Hope Scale

The Hope Scale (Snyder et al., 1991) was employed to assess participants' dispositional hope, defined as a cognitive set involving agency (goal-directed determination) and pathways (planning to meet goals). The scale consists of 12 items rated on a 4-point Likert scale ranging from 1 = Definitely false to 4 = Definitely true. Sample items include “I energetically pursue my goals” and “Even when others get discouraged, I know I can find a way to solve the problem.” Four items were fillers and were not included in scoring. The scale includes agency and pathways subcomponents, reflecting individuals’ beliefs in their capacity to initiate and sustain actions toward goals. The Cronbach’s alpha for the present sample was 0.768, indicating acceptable internal consistency (See appendix E).

3.4.5. Brief Resistance Scale

The Brief Resilience Scale (Smith et al., 2008) was used to gauge individuals’ ability to recover from stress and adversity. The scale comprises six items rated on a 5-point Likert scale ranging from 1= Strongly Disagree to 5 = Strongly Agree. Both positively and negatively worded items (e.g., “I tend to bounce back quickly after hard times” and “It is hard for me to snap back when something bad happens”) are used. Negatively worded items were reverse-coded before computing a mean resilience score, with higher scores indicating greater resilience. The Cronbach’s alpha for the present sample was 0.750, indicating acceptable internal consistency (See appendix F).

3.5. Ethical Considerations

The prime purpose of this research was to carry out a safe and informative study without harming anyone in the process while maintaining full anonymity. Thus, permission was first sought from the ethics committee at Ibn Haldun University before further advancement. Ethical approval for this study was obtained under the reference number E-71395021-050.04-57032 (Appendix A). For ethical considerations, free scales readily available over the internet were used. Informed consent was provided at the beginning of the questionnaire, which stated sufficient information regarding the study and course of research. The participation was voluntary, and withdrawal was

made easy at any time if the respondent did not wish to continue. Furthermore, the language used was appropriate to the measured subject without being discriminatory or offensive. Efforts were made to maintain the highest level of objectivity during the course of the study, with no deception or forging of participants, and the data collected is in its raw form and has been shared with the department only. Lastly, all the citations mentioned by the authors have been acknowledged according to the APA referencing system.

3.6. Data Collection Procedures

Over a period of three weeks, data were collected through online surveys via Google Forms. The survey link was disseminated through different social media platforms, including WhatsApp, LinkedIn, and university emails, to reach a diverse group of university students. The inclusion criteria were limited to university-going individuals (undergraduate, master's, and PhD programs) within Istanbul, Türkiye. Furthermore, participation was entirely voluntary and anonymous. Informed consent was to be signed at the beginning of the survey, which clearly outlined the purpose of the research, the participants' right to withdraw at any given point without consequences, and the confidentiality of the responses. Following the completion of data collection, the Excel sheet containing participant responses was obtained and reviewed and corrected prior to conducting the analysis. Open-ended responses were carefully reviewed, and after removing extraneous information, the qualitative answers were interpreted and systematically converted into numerical form for analysis.

3.7. Data Analysis

IBM SPSS was used to run Descriptive Analysis, Multiple Regression, and the PROCESS macro (Hayes, 2012) to test the hypotheses. Additionally, an independent samples T-test was run to see the scales' results. All data was taken from Google Forms, transferred to a Microsoft Office Excel sheet, and recorded in the SPSS data file.

CHAPTER IV

RESULTS

4.1. Results

This study employed a quantitative, cross-sectional research design to investigate the impact of media-induced Vicarious Trauma on Compassion Fatigue and to examine the moderating roles of Hope and Resilience in this relationship. Data were collected through a structured self-report survey administered to a non-clinical sample of adult participants. The survey instrument included validated psychometric scales measuring Compassion Fatigue, Vicarious Trauma, Hope, and Resilience, alongside demographic variables and indices of media exposure behavior. 211 samples were collected. The survey questionnaire is provided in the appendix.

The choice of a cross-sectional survey method was appropriate for capturing correlational patterns among psychological constructs and media interaction behaviors in a real-world population. Multiple linear regression analysis was conducted to assess the predictive power of vicarious trauma and media exposure on compassion fatigue, while using also evaluating the moderating effects of hope and resilience. This approach allowed for statistical control of relevant control variables such as age, gender, income, and educational level of the individuals.

The following hypothesis has been tested in this section:

H1 – Vicarious trauma will positively predict compassion fatigue.
H2 – Higher exposure to traumatic content on social media is more likely to lead to greater vicarious trauma and compassion fatigue.
H3 – Individuals with higher levels of hope will experience less vicarious trauma and compassion fatigue.

H4—Higher resilience moderates the relationship between vicarious trauma and compassion fatigue; higher resilience is associated with lower compassion fatigue.

Table 4.1. Descriptive Statistics for Key Demographic Variable

	N	Min	Max	M	SD
Age	211	18	49	25.29	-
Country	211	1	38	7.48	9.732
Education	211	0	2	.57	.729
Income	211	0	6	2.81	2.277
Gender	211	0	1	.70	.461

Descriptive analysis was conducted to provide an overview of the dataset, allowing for the exploration of key characteristics such as central tendencies, variability, and demographic distribution. This foundational step helped identify trends and informed subsequent statistical procedures. A total of 211 participants took part in this study. The sample was diverse in terms of country of residence, with participants representing 38 different countries (M = 7.48, SD = 9.73). Most participants were from Türkiye (N= 84) (See Table 2).

4.1.1. Gender

The sample was gender-coded as 0 = male and 1 = female, with females comprising most of the sample, N = 147 (69.7%), and males were N = 64 (30.3%). See table 3 and Figure 1.

Table 4.2. Gender Distribution of Participants

Gender	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Male (0)	64	30.3%	30.3%	30.3%
Female (1)	147	69.7%	69.7%	100.0%

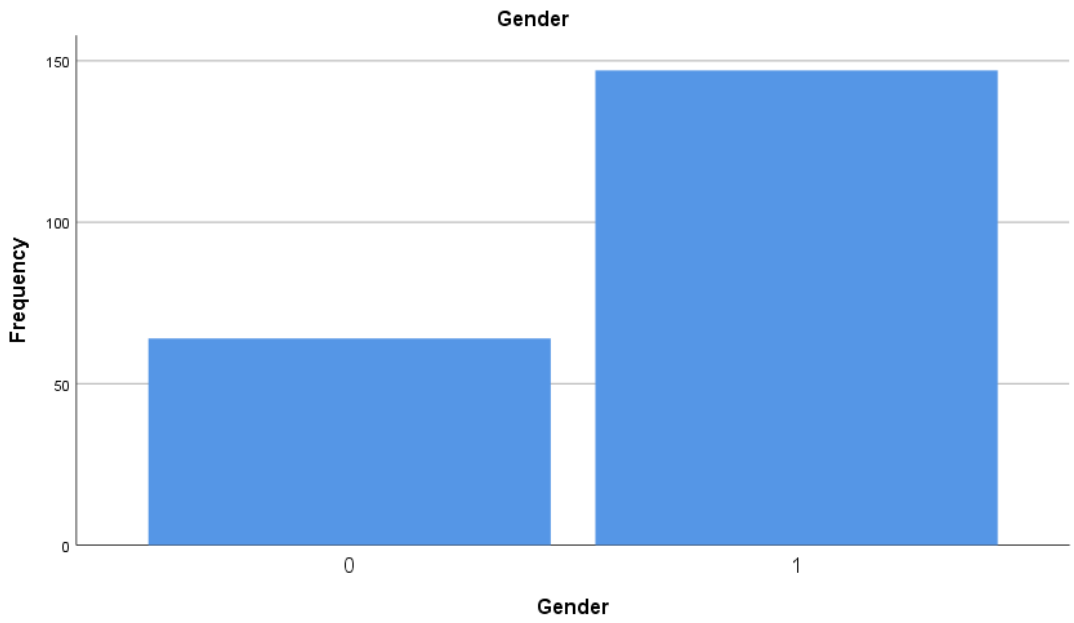


Figure 4.1. Gender Distribution Among Participants. Female Participants Made Up 69.7% of the Sample

4.1.2. Age

The participants ranged in age from 18 to 49, with the majority being between the ages of 20 and 26. The mean age was 25 (see table 4 and figure 2).

Table 4.3. Age Distribution of Participants

	Age	Frequency	Percent	Valid Percent	Cumulative Percent
	18	3	1.4	1.4	1.4
	19	9	4.3	4.3	5.7
	20	20	9.5	9.5	15.2
	21	25	11.8	11.8	27.0
	22	24	11.4	11.4	38.4
	23	17	8.1	8.1	46.4
	24	18	8.5	8.5	55.0
	25	18	8.5	8.5	63.5
	26	13	6.2	6.2	69.7
	27	8	3.8	3.8	73.5

Table 4.3. (cont.)

	28	7	3.3	3.3	76.8
	29	7	3.3	3.3	80.1
	30	6	2.8	2.8	82.9
	31	4	1.9	1.9	84.8
	32	7	3.3	3.3	88.2
	33	8	3.8	3.8	91.9
	34	5	2.4	2.4	94.3
	35	2	.9	.9	95.3
	36	1	.5	.5	95.7
	37	4	1.9	1.9	97.6
	38	1	.5	.5	98.1
	40	1	.5	.5	98.6
	42	1	.5	.5	99.1
	48	1	.5	.5	99.5
	49	1	.5	.5	100

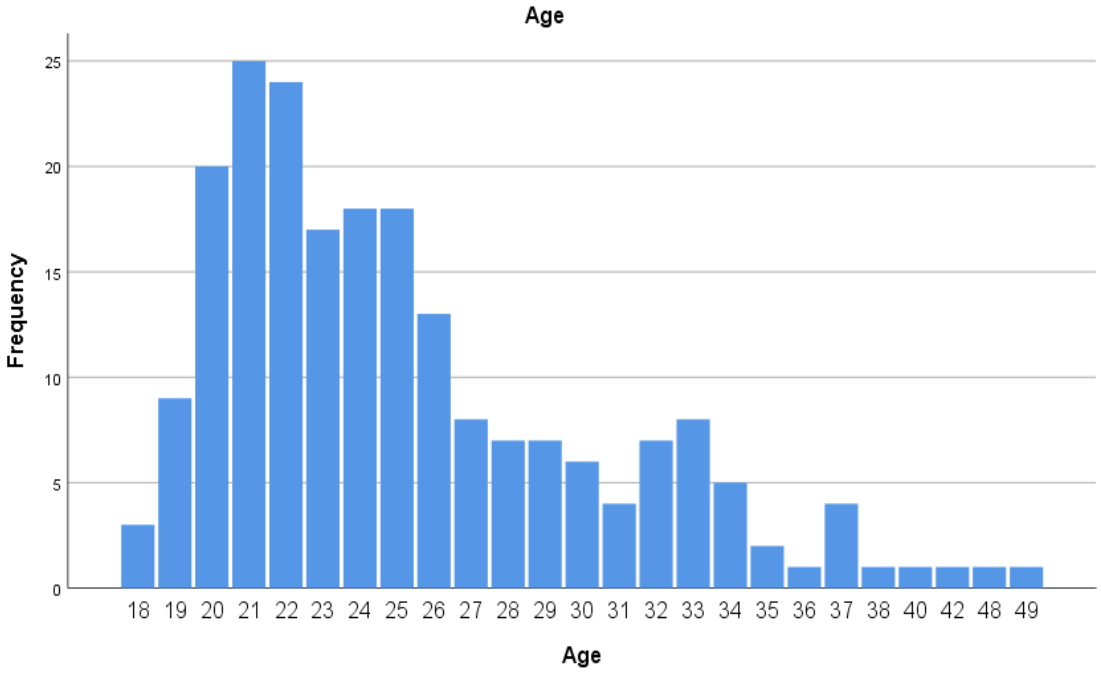


Figure 4.2. Age Distribution of Participants in Year

4.1.3. Country

Participants in the study were from 38 different countries, reflecting significant cultural and regional diversity. The largest proportion of participants was from Türkiye (n = 84), followed by Pakistan (n = 18), India (n = 19), Syria (n = 12), and lastly Palestine (n = 4). In terms of regional distribution, there was Middle East and North Africa (n= 41) (e.g., Iraq, Iran, Lebanon, Morocco, Tunisia, Libya, Jordan, Egypt,

Yemen), South and Southeast Asia (n= 51) (e.g., Sri Lanka, Pakistan, India, Bangladesh, Afghanistan, Indonesia, Singapore), Sub-Saharan Africa (n=27) (e.g., Ghana, Nigeria, Senegal, Somalia, Sudan, Ethiopia, Gambia, Tanzania, Liberia, Eswatini), and Western countries (n= 6) (e.g., United States, United Kingdom, Canada). Most of the other countries contributed between one and three participants each (See Table 4 and Figure 3).

Table 4.4. Country Distribution of Participants

Country Code		Frequency	Percent	Valid Percent	Cumulative Percent
	1	84	39.8	39.8	39.8
	2	18	8.5	8.5	48.3
	3	19	9.0	9.0	57.3
	4	9	4.3	4.3	61.6
	5	12	5.7	5.7	67.3
	6	4	1.9	1.9	69.2
	7	3	1.4	1.4	70.6
	8	6	2.8	2.8	73.5
	9	1	.5	.5	73.9
	10	2	.9	.9	74.9
	11	1	.5	.5	75.4
	12	2	.9	.9	76.3
	13	9	4.3	4.3	80.6
	14	3	1.4	1.4	82.0
	15	1	.5	.5	82.5
	16	2	.9	.9	83.4
	17	1	.5	.5	83.9
	18	3	1.4	1.4	85.3
	19	1	.5	.5	85.8
	20	2	.9	.9	86.7
	21	2	.9	.9	87.7
	22	2	.9	.9	88.6
	23	1	.5	.5	89.1
	24	2	.9	.9	90.0
	25	1	.5	.5	90.5
	26	1	.5	.5	91.0
	27	1	.5	.5	91.5
	28	3	1.4	1.4	92.9
	29	2	.9	.9	93.8
	30	1	.5	.5	94.3
	31	3	1.4	1.4	95.7
	32	2	.9	.9	96.7
	33	1	.5	.5	97.2
	34	1	.5	.5	97.6
	35	1	.5	.5	98.1
	36	2	.9	.9	99.1
	37	1	.5	.5	99.5
	38	1	.5	.5	100.0

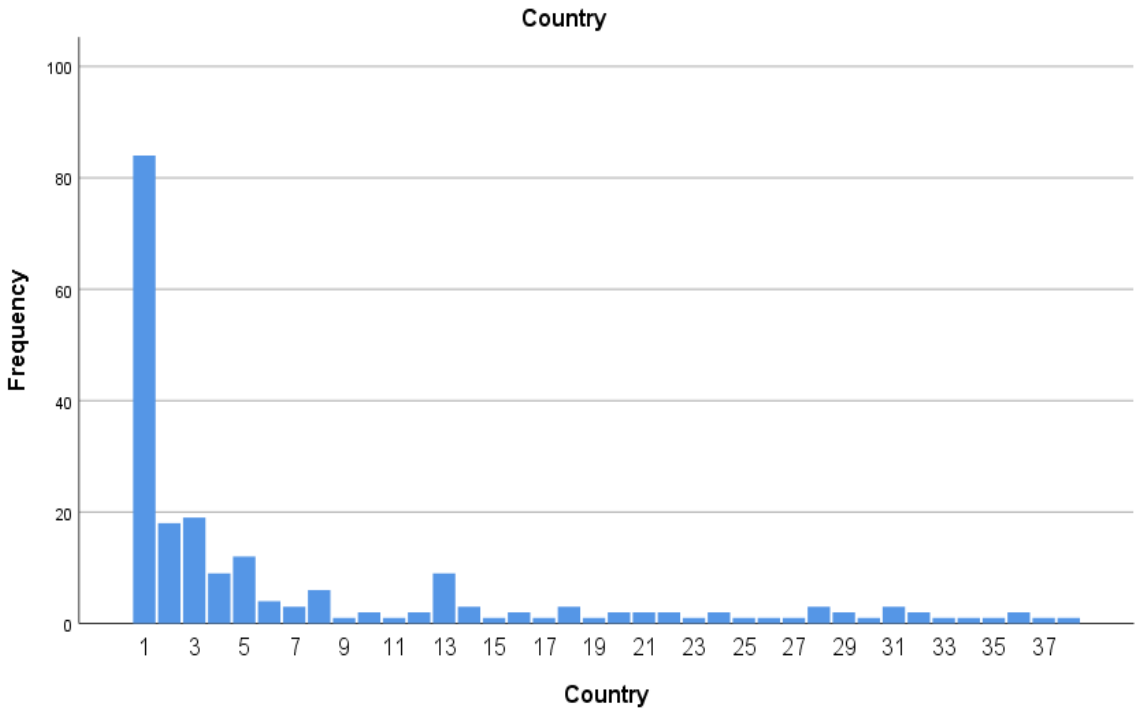


Figure 4.3. Country Distribution of Participants

4.1.4. Education

Table 5 shows the educational levels of the participants, 57.3% were undergraduate students (coded as 0), 28.4% were master's students (coded as 1), and 14.2% were Ph.D. students (coded as 2). Income levels varied across the sample, ranging from 0 to 6 on a categorical scale (M = 2.81, SD = 2.28).

Table 4.5. Educational Distribution of Participants

Edu	Frequency	Percent	Valid Percent	Cumulative Percent
0	121	57.3	57.3	57.3
1	60	28.4	28.4	85.8
2	30	14.2	14.2	100.0

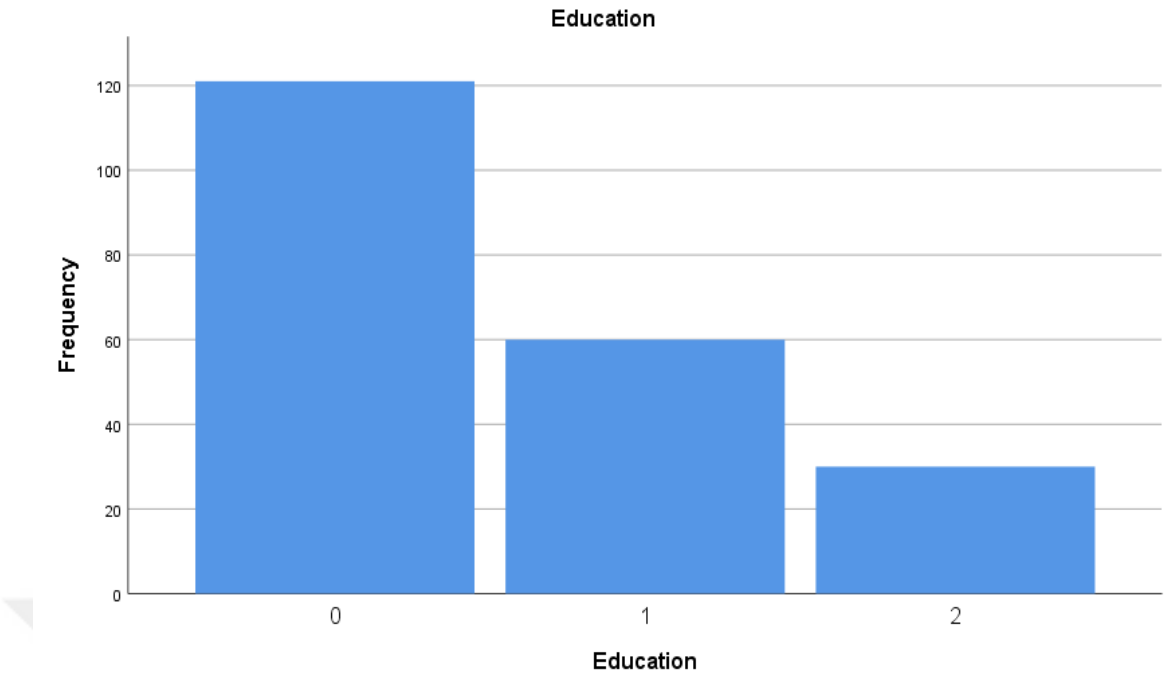


Figure 4.4. Educational Distribution of Participants

4.1.5. Income

Income levels varied across the sample, ranging from 0 to 6 on a categorical scale (M = 2.81, SD = 2.28), where 0 represented earnings below 20,000 Turkish Lira, 5 indicated 'Above 100,000 TL', and 6 indicated 'Prefer not to say'. The most frequently reported category was 6 'prefer not to say' (n= 51), followed by 0 'below 20,000 TL' (n=45) and then 1 '20,000–35,000 TL' (n=36). This distribution suggests that a substantial portion of participants either had lower income levels or chose not to disclose their financial information, with a smaller group (n=11) reporting higher income levels of 100,000 TL or more. See table 6.

Table 4.6. Income Levels

Income	Frequency	Percent	Valid Percent	Cumulative Percent
0	45	21.3	21.3	21.3
1	36	17.1	17.1	38.4
2	26	12.3	12.3	50.7
3	24	11.4	11.4	62.1
4	18	8.5	8.5	70.6
5	11	5.2	5.2	75.8
6	51	24.2	24.2	100.0

4.2. Media Exposure and Media Usage

Descriptive statistics were analyzed to explore participants' levels of media exposure and usage regarding the ongoing humanitarian crises worldwide (e.g., Palestine, Syria, Sudan).

As for Media Usage (MU), participants were asked how often they shared crisis-related content on social media. The most frequently selected response was 6 (once a month), reported by 29.9% of the sample, followed by 2 (a couple of times a week) by 21.8%. The responses for individuals sharing content related to the crisis several times a day were 10.4%, once a day were 4.7%, and never were 29.9%. This indicates a bimodal distribution in media-sharing behavior: a sizable group of participants actively engages in sharing humanitarian content, whether it is several times a day or once a week, while another substantial group shares only occasionally or not at all. This division may reflect differences in personal engagement, perceived efficacy, or digital activism preferences (See table 7).

Table 4.7. Media Usage Question

MU	Frequency	Percent	V. Percent	Cum. Percent
0	22	10.4	10.4	10.4
1	10	4.7	4.7	15.2
2	46	21.8	21.8	37.0
3	6	2.8	2.8	39.8
4	38	18.0	18.0	57.8
5	5	2.4	2.4	60.2
6	63	29.9	29.9	90.0
7	21	10.0	10.0	100.0

For Media Exposure, participants reported varying daily engagement levels across four dimensions. On average, participants spent a moderate amount of time engaging with crisis-related content (ME1), with 41.7% selecting 2 on a 5-point Likert scale, indicating a few hours of daily engagement. Conversely, when asked about time spent

on unrelated media content (ME2), responses were more evenly distributed across the scale. However, 30.8% selected the mid-point (3), suggesting a moderate daily engagement with non-crisis related information (See tables 8 and 9).

Table 4.8. Media Exposure Question 1

ME1	Frequency	Percent	V. Percent	C. Percent
1	48	22.7	22.7	22.7
2	88	41.7	41.7	64.5
3	48	22.7	22.7	87.2
4	19	9.0	9.0	96.2
5	8	3.8	3.8	100.0

Table 4.9. Media Exposure Question 2

ME2	Freq.	Percent	V. Percent	C. Percent
1	28	13.3	13.3	13.3
2	45	21.3	21.3	34.6
3	65	30.8	30.8	65.4
4	45	21.3	21.3	86.7
5	28	13.3	13.3	100.0

Regarding media sources, responses showed a more substantial reliance on official media (ME3) and social media (ME4). For ME3, nearly 60% of participants selected values between 1 and 2, indicating some, but not high, engagement with traditional news outlets such as TRT, Al Jazeera, or BBC. In contrast, ME4 responses were more evenly spread, with approximately 25.1% selecting the midpoint (3) and similar proportions reporting low and high usage. This pattern suggests that participants rely somewhat equally on both formal news sources and social media platforms to gather information about humanitarian crises (See tables 10 and 11).

Table 4.10. Media Exposure Question 3

ME3	Frequency	Percent	V. Percent	Cum. Percent
1	63	29.9	29.9	29.9
2	61	28.9	28.9	58.8
3	55	26.1	26.1	84.8
4	22	10.4	10.4	95.3
5	10	4.7	4.7	100.0

Table 4.11. Media Exposure Question 4

ME4	Frequency	Percent	V. Percent	Cum. Percent
1	40	19.0	19.0	19.0
2	38	18.0	18.0	37.0
3	53	25.1	25.1	62.1
4	39	18.5	18.5	80.6
5	41	19.4	19.4	100.0

4.3. Variables

Descriptive analysis was run on the primary variables in the study (see Table 12). The total mean of vicarious trauma was M = 27.63, SD = 5.18 (range: 7 to 35), media exposure scores (sum of four items) averaged M = 10.62, SD = 3.21 (range: 4 to 19), and media usage had a mean of M = 3.93, SD = 2.15 and compassion fatigue was M = 33.61, SD = 9.39 (range: 13 to 56). Hope scores ranged from 13 to 32 (M = 23.39, SD = 3.80), while resilience had a mean of M = 3.05, SD = 0.70 on a 5-point scale. All variables demonstrated acceptable variability, with no extreme outliers.

Spearman's rank-order correlation (Spearman's rho) was conducted to examine the associations among the main study variables due to the ordinal nature and non-normal distribution of several variables, including media usage and media exposure components. This non-parametric test is appropriate when data do not meet the assumptions of parametric tests, such as Pearson's correlation, particularly regarding normality and linearity.

The analysis revealed several statistically significant associations. Media usage (MU) was negatively correlated with media exposure item 1 (ME1), $r = –.30$, $p < .001$, and media exposure item 3 (ME3), $r = –.17$, $p = .013$, indicating that higher overall media usage was associated with lower scores on certain exposure items. Media exposure components were significantly interrelated; for example, ME1 and ME3 were positively correlated, $r = .50$, $p < .001$. ME4 was also significantly associated with ME2 ($r = .38$, $p < .001$) and ME3 ($r = .26$, $p < .001$), suggesting coherence within the media exposure construct.

Vicarious trauma did not show significant correlations with media usage or media exposure variables. Likewise, compassion fatigue was not significantly correlated with any exposure or usage variables, with the highest observed correlation being nonsignificant ($r = –.11$, $p = .104$) between CF and ME3 (See Tables 12, 13, and 14).

Table 4.12. Descriptive Statistics for Variables

Variables	N	Min	Max	M	SD
VT	211	7.00	35.00	27.6303	5.17649
ME	211	4.00	19.00	10.6209	3.21430
Hope	211	13.00	32.00	23.3934	3.80122
CF	211	13.00	56.00	33.6114	9.38543
Resilience	211	1.00	5.00	3.0521	.70273

Table 4.13. Correlation Between the Media Exposure and Compassion Fatigue Items

			MU	ME1	ME2	ME3	ME4	CF
	MU	Correlation Coefficient	1.000	-.302**	.172*	-.170*	-.056	-.022
		Sig. (2-tailed)	.	.000	.012	.013	.417	.753
		N	211	211	211	211	211	211
	ME1	Correlation Coefficient	-.302**	1.000	.058	.501**	.308**	.023
		Sig. (2-tailed)	.000	.	.402	.000	.000	.743
		N	211	211	211	211	211	211
	ME2	Correlation Coefficient	.172*	.058	1.000	.075	.377**	.062
		Sig. (2-tailed)	.012	.402	.	.279	.000	.370
		N	211	211	211	211	211	211
	ME3	Correlation Coefficient	-.170*	.501**	.075	1.000	.261**	-.112
		Sig. (2-tailed)	.013	.000	.279	.	.000	.104
		N	211	211	211	211	211	211
	ME4	Correlation Coefficient	-.056	.308**	.377**	.261**	1.000	.056
		Sig. (2-tailed)	.417	.000	.000	.000	.	.420
		N	211	211	211	211	211	211
	CF	Correlation Coefficient	-.022	.023	.062	-.112	.056	1.000
		Sig. (2-tailed)	.753	.743	.370	.104	.420	.
		N	211	211	211	211	211	211

Table 4.14. Correlation Between Media Exposure, Usage, and Vicarious Trauma

			VT	MU	ME1	ME2	ME3	ME4
Spearman's rho	VT	Correlation Coefficient	1.000	-.090	.056	-.104	-.059	.055
		Sig. (2-tailed)	.	.195	.421	.132	.397	.431
		N	211	211	211	211	211	211
	MU	Correlation Coefficient	-.090	1.000	-.302**	.172*	-.170*	-.056
		Sig. (2-tailed)	.195	.	.000	.012	.013	.417
		N	211	211	211	211	211	211
	ME1	Correlation Coefficient	.056	-.302**	1.000	.058	.501**	.308**
		Sig. (2-tailed)	.421	.000	.	.402	.000	.000
		N	211	211	211	211	211	211
	ME2	Correlation Coefficient	-.104	.172*	.058	1.000	.075	.377**
		Sig. (2-tailed)	.132	.012	.402	.	.279	.000
		N	211	211	211	211	211	211
	ME3	Correlation Coefficient	-.059	-.170*	.501**	.075	1.000	.261**
		Sig. (2-tailed)	.397	.013	.000	.279	.	.000
		N	211	211	211	211	211	211
	ME4	Correlation Coefficient	.055	-.056	.308**	.377**	.261**	1.000
		Sig. (2-tailed)	.431	.417	.000	.000	.000	.
		N	211	211	211	211	211	211

4.4. Gender and Variables

An independent samples t-test examined gender differences across the different psychological variables. Results indicated no significant gender difference in trauma scores, t (209) = -1.17, p = .244, with males (M = 27.00, SD = 5.85) and females (M = 27.90, SD = 4.85) reporting similar levels. Although the difference in Hope scores was not statistically significant. It approached significance, t (209) = 1.94, p = .054, with males (M = 24.16, SD = 3.70) reporting slightly higher Hope than females (M = 23.06, SD = 3.81). No significant gender differences were observed in Compassion Fatigue, t (209) = -0.72, p = .473. However, males (M = 3.27, SD = 0.73) scored significantly higher in Resilience than females (M = 2.96, SD = 0.67), t (209) = 3.04, p = .003. These results suggest that while gender does not influence most variables like Vicarious Trauma, Hope, and Compassion Fatigue, differences exist in certain aspects of media exposure and resilience (See tables 15 and 16).

Table 4.15. Gender and Variables

Variable	Gender	N	Mean	SD	SE
Hope	0	64	24.16	3.70	0.46
	1	147	23.06	3.81	0.31
MU	0	64	4.23	2.44	0.30
	1	147	3.75	2.18	0.18
ME1	0	64	2.09	1.05	0.13
	1	147	2.38	1.02	0.08
ME2	0	64	2.66	1.22	0.15
	1	147	3.15	1.20	0.10
ME3	0	64	2.20	1.04	0.13
	1	147	2.36	1.19	0.10
ME4	0	64	2.73	1.32	0.17
	1	147	3.14	1.39	0.12
CF	0	64	32.91	8.96	1.12
	1	147	33.92	9.58	0.79
Resilience	0	64	3.2708	.72588	.09073
	1	147	2.9569	.67294	.05550
VT	0	64	27.0000	5.85269	.73159
	1	147	27.9048	4.84886	.39993

Table 4.16. Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	SE Difference	Lower	Upper
Hope	Equal variances assumed	.059	.809	1.936	209	.054	1.09503	.56558	-.01994	2.20999
VT	Equal variances assumed	2.033	.155	-1.168	209	.244	-.90476	.77455	-2.43170	.62218
MU	Equal variances assumed	1.356	.246	1.438	209	.152	.486	.338	-.180	1.153
ME1	Equal variances assumed	.732	.393	-1.860	209	.064	-.287	.154	-.592	.017
ME2	Equal variances assumed	.249	.618	-2.736	209	.007	-.493	.180	-.849	-.138
ME3	Equal variances assumed	3.171	.076	-.918	209	.360	-.157	.172	-.496	.181
ME4	Equal variances assumed	.927	.337	-1.954	209	.052	-.402	.206	-.807	.004
CF	Equal variances assumed	1.144	.286	-.719	209	.473	-1.01212	1.40717	-3.78618	1.76195
Resilience	Equal variances assumed	.374	.541	3.041	209	.003	.31392	.10323	.11041	.51743

4.5. Linear Regression

Multiple linear regression was conducted to examine whether Media Exposure, Vicarious Trauma, Hope, and Resilience predicted levels of Compassion Fatigue. The model was statistically significant, $F = 4.75$, $p < .001$, and explained approximately 15.8% of the variance in compassion fatigue scores ($R^2 = .158$, Adjusted $R^2 = .125$).

Hypothesis 1 (H1): *Vicarious trauma will positively predict compassion fatigue – Partially Supported*

A multiple linear regression analysis was conducted to test whether vicarious trauma significantly predicts compassion fatigue. In the full regression model, which included several covariates (media exposure, hope, resilience, age, gender, income, and education), vicarious trauma showed a marginal association with compassion fatigue, with a coefficient of $B = 0.234$, $p = .056$. Although not significant at the conventional $\alpha = .05$ level, this effect approached significance.

To further examine this relationship, a moderation analysis was conducted using Hayes' PROCESS Macro (Model 1) (Hayes, 2022) with hope as a moderator, where vicarious trauma served as the independent variable and compassion fatigue as the dependent variable. In this model, the direct effect of vicarious trauma on compassion fatigue was statistically significant with hope as a moderator, $B = 0.286$, $p = .017$, 95% CI [0.052, 0.521], indicating a positive association.

Hypothesis 2 (H2): *Higher exposure to traumatic content on social media is more likely to lead to greater vicarious trauma and compassion fatigue - Not Supported*

Contrary to expectations, media exposure ($B = –0.024$, $p = .901$) was not a significant predictor of vicarious trauma or compassion fatigue. Additionally, vicarious trauma showed only a marginal association with compassion fatigue ($B = 0.234$, $p = .056$), failing to reach conventional significance. Therefore, H1 was not supported.

Hypothesis 3 (H3): *Individuals with higher levels of hope will experience less vicarious trauma and compassion fatigue - Supported*

Consistent with the hypothesis, higher levels of hope were associated with significantly lower compassion fatigue, B = –0.478, p = .008. This supports H2, indicating that hope may serve as a protective factor. A moderation analysis using PROCESS Model 1 (Hayes, 2022) was conducted to examine whether hope moderated the relationship between vicarious trauma and compassion fatigue. The overall model was significant, $F(3, 207) = 8.25$, $p < .001$, accounting for approximately 10.7% of the variance in compassion fatigue ($R^2 = .107$).

Vicarious trauma significantly predicted compassion fatigue, $b = 0.29$, $SE = 0.12$, $t = 2.40$, $p = .017$, 95% CI [0.05, 0.52]. Hope was also a significant negative predictor, $b = –0.68$, $SE = 0.16$, $t = –4.18$, $p < .001$, 95% CI [–1.00, –0.36]. However, the interaction term between vicarious trauma and hope was not statistically significant, $b = 0.03$, $SE = 0.03$, $t = 1.05$, $p = .295$, 95% CI [–0.025, 0.081], indicating that hope did not significantly moderate the relationship between vicarious trauma and compassion fatigue.

Although non-significant, the pattern of conditional effects suggested that at higher levels of hope, the positive association between vicarious trauma and compassion fatigue was weakened, hinting at hope's potential but statistically inconclusive buffering role.

Table 4.17. Summary of Regression Model

R	R-sq	MSE	f	Df1	Df2	p
.3267	.1067	79.8245	8.2450	3.0000	207.0000	.0000

Table 4.18. Regression Coefficients for the Moderation Model

Predictor	B	SE	t	p	95% CI LL	95% CI UL
Constant	33.6143	0.6151	54.6504	< .001	32.4017	34.8270
VT	0.2863	0.1191	2.4036	.0171	0.0515	0.5211
Hope	-0.6783	0.1623	-4.1802	< .001	-0.9982	-0.3584
Int_1	0.0281	0.0267	1.0507	.2946	-0.0246	0.0808

Table 4.19. Change in R^2 for the Moderation Model

R^2 Change	F	df_1	df_2	*p*
0.0048	1.1039	1.0000	207.0000	0.2946

Table 4.20. Means of CF at Specific Values of VT and Resilience

	VT	Hope	CF
1	-5.1765	-3.8012	35.2636
2	0.0000	-3.8012	36.1927
3	5.1765	-3.8012	37.1218
4	-5.1765	0.0000	32.1324
5	0.0000	0.0000	33.6143
6	5.1765	0.0000	35.0963
7	-5.1765	3.8012	29.0012
8	0.0000	3.8012	31.0360
9	5.1765	3.8012	33.0707

Hypothesis 4 (H4): *Higher resilience will moderate the relationship between vicarious trauma and compassion fatigue, i.e., higher resilience is associated with lower compassion fatigue – Partially supported*

Although resilience was a significant negative predictor of compassion fatigue (B = –2.92, p = .003), the linear regression alone does not directly test moderation. Moderation analysis using the PROCESS macro found that the interaction between vicarious trauma and resilience was not statistically significant (B = 0.033, p = .834). Thus, resilience was independently associated with lower compassion fatigue but did not significantly moderate the relationship between vicarious trauma and compassion fatigue. Therefore, H3 was only partially supported.

A second moderation analysis examined whether resilience moderated the relationship between vicarious trauma and compassion fatigue. The overall model was also significant, $F(3, 207) = 8.74$, $p < .001$, with $R^2 = .112$, indicating that the predictors accounted for 11.2% of the variance in compassion fatigue. Resilience was a significant negative predictor of compassion fatigue, $b = –4.00$, $SE = 0.89$, $t = –4.50$, $p < .001$, 95% CI [–5.76, –2.25], while vicarious trauma was not a significant predictor in this model, $b = 0.19$, $SE = 0.12$, $t = 1.52$, $p = .131$.

The interaction term between Vicarious Trauma and Resilience was not significant, *b* = 0.03, *SE* = 0.16, *t* = 0.21, *p* = .834, 95% CI [–0.27, 0.34], indicating that Resilience did not significantly moderate the relationship between Vicarious Trauma and Compassion Fatigue (See Table 22). While no moderation was found, the strong main effect of Resilience suggests that individuals with higher resilience consistently reported lower Compassion Fatigue, regardless of trauma levels.

Table 4.21. Summary of Regression Model

Model	R	R^2	MSE	F	df1	df2	p
1	.34	.11	79.32	8.74	3	207	< .001

Table 4.22. Regression Coefficients for the Model Predicting Compassion Fatigue

Predictor	B	SE	t	p	95% CI LL	95% CI UL
Constant	33.63	0.62	54.14	< .001	32.41	34.86
VT	0.19	0.12	1.52	.131	–0.06	0.43
Resilience	–4.00	0.89	–4.50	< .001	–5.76	–2.25
Int_1	0.03	0.16	0.21	.834	–0.27	0.34

Table 4.23. Change in R^2 for the Moderation Model

R^2 Change	F	df1	df2	p
.0002	0.04	1	207	.834

Table 4.24. Means of CF at Specific Values of VT and Resilience

Observation	Vicarious Trauma	Resilience	Compassion Fatigue
1	-5.1765	-0.7027	35.5973
2	0.0000	-0.7027	36.4453
3	5.1765	-0.7027	37.2933
4	-5.1765	0.0000	32.6660

Table 4.24. (cont.)

5	0.0000	0.0000	33.6324
6	5.1765	0.0000	34.5989
7	-5.1765	0.7027	29.7348
8	0.0000	0.7027	30.8196
9	5.1765	0.7027	31.9044

4.6. Effect on Dependent Variable

Table 4.25. Model Summary for the Regression Analysis

Model	R	R^2	Adjusted R^2	SE of the Estimate
1	.398	.158	.125	8.7796

Table 4.26. ANOVA for the Regression Model

Model	Sum of Squares	df	Mean²	F	p
Regression	2,927.670	8	365.959	4.748	< .001
Residual	15,570.462	202	77.081		
Total	18,498.133	210			

Table 4.27. Variables Effect on Compassion Fatigue

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	B			Lower Bound	Upper Bound
1	(Constant)	50.662	6.907		7.334	.000	37.042	64.282
	VT	.234	.122	.129	1.920	.056	-.006	.474
	ME	-.024	.194	-.008	-.125	.901	-.407	.358
	Hope	-.478	.178	-.194	-2.682	.008	-.830	-.127
	Resilience	-2.920	.965	-.219	-3.027	.003	-4.822	-1.018
	Age	-.039	.160	-.023	-.247	.805	-.355	.276
	Gender	-.964	1.406	-.047	-.686	.494	-3.737	1.808
	Education	-.501	1.212	-.039	-.413	.680	-2.890	1.888
	Income	-.425	.271	-.103	-1.572	.118	-.958	.108

Table 4.28. Collinearity Diagnostics

	Dimension	Eigen value	Con. Index	Variance Proportions								
				Constant	VT	ME	Hope	Resi	Age	G	Edu	Income
	1	7.578	1.000	.00	.00	.00	.00	.00	.00	.00	.00	.00
	2	.646	3.425	.00	.00	.00	.00	.00	.00	.06	.36	.01
	3	.389	4.415	.00	.00	.00	.00	.00	.00	.09	.00	.81
	4	.220	5.870	.00	.00	.01	.00	.02	.00	.72	.15	.11
	5	.075	10.032	.00	.00	.80	.02	.07	.01	.06	.01	.02
	6	.045	12.953	.00	.35	.09	.00	.34	.02	.05	.03	.00
	7	.023	18.255	.00	.38	.00	.01	.23	.52	.00	.20	.00
	8	.018	20.337	.00	.03	.00	.75	.30	.19	.00	.04	.01
	9	.006	35.149	.99	.24	.09	.21	.05	.27	.01	.21	.03

A multiple linear regression was conducted to examine the extent to which demographic and psychological variables predicted levels of compassion fatigue. The model included gender, age, education, income, trauma exposure, media exposure, hope, and resilience as predictors. The overall model was statistically significant, $F(8, 202) = 4.75$, $p < .001$, and explained approximately 16% of the variance in compassion fatigue, $R^2 = .158$, adjusted $R^2 = .125$.

Among the predictors, hope and resilience emerged as significant contributors. Hope was negatively associated with compassion fatigue, $\beta = -.194$, $t = -2.68$, $p = .008$, indicating that higher hope is linked with lower levels of compassion fatigue. Similarly, resilience was a significant negative predictor, $\beta = -.219$, $t = -3.03$, $p = .003$, suggesting that individuals with greater resilience reported less compassion fatigue.

Trauma exposure showed a marginal effect, $\beta = .129$, $t = 1.92$, $p = .056$, indicating a possible positive relationship with compassion fatigue, but it did not reach conventional significance levels. Other variables, including gender, age, education, income, and media exposure, were not significant predictors (ps > .05), suggesting that these factors did not independently explain compassion fatigue levels in the sample when controlling for others.

CHAPTER V

DISCUSSION AND CONCLUSION

5.1. Discussion

The primary aim of this study was to examine the impact of media-induced vicarious trauma on compassion fatigue and to explore the potential protective roles of hope and resilience. Specifically, it was hypothesized that vicarious trauma would positively predict compassion fatigue, and higher exposure to traumatic content on social media would be associated with increased levels of vicarious trauma and compassion fatigue. Additionally, it was proposed that individuals with higher levels of hope and resilience would mitigate the effects of vicarious trauma and compassion fatigue, making hope and resilience moderators in the relationship. To test these hypotheses, a cross-sectional survey was conducted using validated psychometric instruments, and descriptive, multiple linear regression, and PROCESS macro analysis were employed to investigate the relationships among the key variables, while monitoring the demographic factors side by side. In this chapter, the findings are interpreted in light of existing literature, emphasizing theoretical implications, practical significance for media consumers and mental health professionals, and directions for future research.

The findings of this research provide nuanced results. Overall, participants reported moderate to high levels of compassion fatigue (M= 33.6), relatively high vicarious trauma exposure (M=27.6), and a moderate to high media exposure (M= 10.6), suggesting that secondary exposure to others' suffering through media was common, as was the time spent online. Hope was reported as high while resilience was in the moderate range (M=23.4 and M=3.1, respectively), indicating a noticeable but minor presence. Below, the results are discussed thematically in light of current literature, focusing on:

i. Demographic influences such as age, gender, and education, while looking closely at gender differences in vicarious trauma, hope, and resilience
ii. The relationship between media exposure, vicarious trauma, and compassion fatigue, as well as the unexpectedly direct trauma-to-fatigue pathway
iii. The protective roles of hope and resilience in mitigating compassion fatigue
iv. Practical suggestions for media consumers in managing their exposure and for mental health professionals for prevention, intervention, and psychoeducation.

- ***Theme 1:***

Demographic Influences Such As Age, Gender, and Education, While Looking Closely At Gender Differences in Vicarious Trauma, Hope, and Resilience

There was no significant difference seen in the gender and vicarious trauma, hope, and compassion fatigue scores despite the expectation that females might experience significantly higher trauma due to their empathetic sensitivity. There can be several reasons for such a result. Firstly, the significant difference in the female (N=147) and male (N=64) participants may have influenced the results, especially when comparing psychological outcomes between genders. With females cumulatively making up 70% of the sample, the statistical power to detect differences within the male pool is lowered. This could lead to non-significant results even if a small difference exists. Therefore, the lack of significant gender differences in variables like vicarious trauma and compassion fatigue may partly be due to uneven group sizes, not necessarily the absence of actual differences. Moreover, since the entire sample size being studied was university students, with the majority being undergraduate students with a mean age of 25, their shared academic environment and similar developmental stage could be reflected in their results. According to Matud et al. (2020), emerging university-going adults, including both genders, experience similar academic stressors, coping styles, social environments, and psychosocial challenges during their transitional years to adulthood.

Secondly, the intensity of both genders' exposure to the content on social media is the same. This means that everyone is exposed to the overwhelming stories, videos, and news about the crisis. As a result, their reactions could be more similar than different. This challenges the commonly held belief that women are more affected by traumatizing content, suggesting that, in the face of the severity of the atrocities, gender differences in impact may be diminished. According to a study on the Rwandan genocide, both males and females exposed to severe atrocities (genocide, war, or mass violence) showed high scores on Post Traumatic Stress Symptoms (PTSS) and other mental health concerns. Post genocide, although both genders experienced heightened PTSS, the specific triggers varied, as men were more affected by witnessing killings while women were affected more when they witnessed violence against their close ones (Platt et al., 2021). According to another study, high levels of fear and threat perception were reported by women more than men. However, the difference in overall trauma response wasn't necessarily statistically significant when the intensity of atrocities is extreme (Glick, Romem, & Zalcman, 2024).

Lastly, it is highly likely that although both genders deal with trauma differently, they end up reporting similar levels of distress. A substantial contributing factor to such a bias is that gender roles and expectations about how people should express emotions are changing. Research shows that men might feel distress but tend to keep it to themselves or may show it in less obvious ways (Seidler et al., 2016). This could be a reason that the differences between the trauma levels among men and women are not easily seen in the data. Our understanding of gender categories is more flexible now, and it is more crucial to look at emotional responses with more nuance instead of assuming that gender will always lead to different outcomes.

On the contrary, higher resilience scores in males (M=3.27) were recorded as compared to females (M=2.96), = p=.003. The significantly higher resilience scores among male students could reflect social expectations and internal coping differences. In many cultures, mainly patriarchal societies, resilience is characterized by independence, emotional control, and perseverance, which align with the typical masculine roles. This could be a reason for men reporting higher resilience, either because they adopt problem-focused coping strategies or because they are socially conditioned to downplay distress (Seidler et al., 2016). While females might be more

self-critical or more open about their emotional challenges, resulting in lower self-reporting on resilience, men may feel societal pressure to appear strong or unaffected by adversity.

Overall, the findings suggest that demographic factors such as age, education, and income had minimal impact on the psychological variables examined in this study, including vicarious trauma, compassion fatigue, hope, and resilience. Gender was the only demographic variable with a significant score, with males reporting higher resilience than females. This can possibly reflect broader societal norms, coping expectations, and emotional expression. The lack of significant differences across most of the demographic categories reveals that internal psychological factors such as hope and resilience may play a more central role in shaping individuals' emotional responses to trauma-related content on social media than mere demographics. These results underscore the importance of focusing on psychological factors when understanding vulnerability or resilience to secondary trauma.

Youth, Activism, and Social Media Activism

Youth today are constantly exposed to belief-shaking developments—from the black swan event of COVID-19 to the looming threat of global conflict. Such information can trigger a profound paradigm shift by unsettling existing worldviews. This cognitive disruption arises partly because young people often lack well-formed mental schemas for unprecedented events, requiring them to construct interpretive frameworks from scratch (Chen et al., 2018). The brain typically relies on prior schemas to efficiently categorize and retrieve information via working memory and the prefrontal cortex. When novel, distressing information emerges, it may provoke cognitive dissonance—a psychological discomfort resulting from conflicting beliefs—as individuals gradually revise their mental models (Seitz, 2022). Youth who shift their attitudes towards a cause tend to show moderate initial views. However, once committed, their support can become deeply rooted and sustained, especially when reinforced by social networks and community engagements (Kazakov, 2024). Moreover, when they perceive themselves capable of effecting change, their support tends to become more active and resilient (Setiawan, Ardyan & Kasim, 2022).

Despite these challenges, youth activism surrounding the Gaza genocide has remarkably demonstrated the capacity of young people to adapt, resist, and sustain optimism for social change. For instance, college-led movements such as the Gaza Solidarity Encampments in the U.S. are rooted in visions of justice and liberation, reflecting hope for a better future and a belief in the power of collective action (Haddad et al., 2024). Even in the face of institutional repression, youths persist, indicating that hope is not just an emotion but more of a driving force for sustained engagement and change. This kind of activism exemplifies the multifaceted structure of hope described in both Snyder's original theory and the revised New Hope framework. Within Snyder's model, agency is reflected in youth persistence, while pathways thinking is reflected through their continued persistence despite adversity.

Building on this, the New Hope theory discussed earlier in the literature reframes hope as a dynamic, relational system composed of WillPower, WayPower, WePower, and WhyPower. Through this lens, young people not only demonstrate personal determination and strategic actions but also draw strength from collective solidarity (WePower) and sustain their engagement through a deep-rooted sense of purpose (WhyPower). This broader framework reveals how hope functions as an individual trait and a powerful driver of sustained sociopolitical engagement.

Steering towards social media exposure, global crises, or societal unrest can similarly trigger emotional and cognitive disruption, contributing to cognitive dissonance. Young adults, actively forming their worldviews, may experience instability, oscillating between frustration, skepticism (Sarathchandra & Haltinner, 2018), or activism (Roser-Renouf et al., 2019). In this study, such activism was evident, with 70.1% of participants actively engaging on social media to share information about the Gaza genocide. Importantly, research shows that not all doubt leads to disengagement. Constructive doubt, recognizing the seriousness of a problem while believing that action is possible, can fuel activism and policy support. Combined with hope, it increases the likelihood of political engagement and collective action (Roser-Renouf et al., 2019). Moreover, in the case of college activism, social support and community were deemed vital for maintaining resilience and hope among university students, helping to buffer the psychological impact of conflict (Mozaffar & Khan, 2024). In addition to that, students tend to draw on faith as well to cope with the anguish of

witnessing destruction in Gaza, further emphasizing the role of faith-based hope and resilience.

Conversely, individuals who claimed never to share content regarding the humanitarian crisis over social media still were 29.9%; however, 84.4% of the sample agreed or strongly agreed with feeling helpless that they could not provide help to people in need. In such cases, there are a number of psychological, social, and technical reasons why individuals do not engage online. Aside from compassion fatigue and emotional exhaustion (Galletta, 2021), other reasons are conflict framing, causing discomfort or appearing confrontational (Valenzuela, Piña, & Ramírez, 2017), perceived incivility and credibility (Scacco & Muddiman, 2023), fear of disagreement (Segesten et al., 2020), and lack of pre-existing attitude alignment (Mourão & Kilgo, 2021).

- ***Theme 2:***

The Relationship Between Media Exposure, Vicarious Trauma, and Compassion Fatigue, as Well as the Unexpectedly Direct Trauma-to-Fatigue Pathway

Under this theme, by looking at each variable and its significance in the population studied, the mean for vicarious trauma is 27.63/35, which is high, suggesting participants were frequently affected by indirect exposure to trauma (through social media or stories), supporting the idea that trauma is present in the population. Media Exposure scores were reported at 10.62/20; higher scores indicate more hours spent consuming crisis-related information. Therefore, the results suggest a moderate to high level of exposure, with many participants spending a substantial portion of their daily media use on humanitarian crises. However, despite this relatively high exposure, no significant associations were found between media exposure and either vicarious trauma or compassion fatigue, indicating that exposure alone may not directly lead to psychological strain in the absence of other mediating or moderating factors.

As for media usage, 70.1% of participants showed that they actively shared crisis-related content, and 29.9% never did. This division may reflect differences in personal preference, emotional engagement, perceived risks, social recognition, privacy concerns, or beliefs about the impact of digital activism. Research on the behavioral

effects of framing on social media (Valenzuela, Piña & Ramírez, 2017) revealed that morality framing in news or posts increases sharing as people are motivated to spread content they see as morally significant. Moreover, nationalistic sentiments or a sense of collective threat, in this case, can increase willingness to share certain types of content, as seen in contexts of international conflict (Larsen, Wu & Lee, 2025). On the contrary, conflict framing decreases sharing, possibly because it evokes negative emotions or fear of backlash (Valenzuela, Piña & Ramírez, 2017).

While this might not be the case in this situation, as the backlash received for sharing content supporting the Gaza cause while opposing the genocide or atrocities might have been less likely in a predominantly Muslim population. It is highly probable that the fear of negative consequences (such as authoritarian contexts) (Standing et al., 2018) and privacy concerns like the risk of identity leakage, unwanted exposure (Ahmad & Muhammad, 2021) and future travelling prospects, can strongly discourage sharing, especially when sensitive and controversial topics are involved. People share or withhold posts during a conflict based on how content is framed, their personal motivations, perceived risks, privacy concerns, and the broader social and political context. Emotional and moral appeals can drive sharing, while fear and privacy worries, and negative framing can suppress it.

As for compassion fatigue, mean scores of 33.61/56 signify a moderate to high score. While not extreme, it shows that emotional exhaustion or empathetic overload affects a sizable portion of participants. The moderators, hope and resilience, showed moderately high to moderate level scores, respectively. Hope scores were 23.39/32, signifying moderately high levels of hope, suggesting that many still maintain a positive outlook or sense of agency despite exposure to distressing content. Lastly, resilience levels were moderate, 3.05/5, which indicated that although participants are coping, there is room for support or growth in adaptive functioning.

Frequent consumption of traumatic content and images through media can act as a digital conduit for trauma, provoking not just distress but even PTSD-like symptoms in the general population (Trnka & Lorencova, 2020; Abdalla et al., 2021). However, in this study, the relationship between vicarious trauma and compassion fatigue was not as direct as hypothesized. While many participants did report significant secondary

trauma (e.g., engaging with distressing news about genocide, violence, or oppression), those higher in vicarious trauma did not necessarily exhibit higher compassion fatigue levels, with a coefficient of B = 0.234, p = .056.

The results under this theme can be summarized as follows: rather than media exposure and VT and CF as hypothesized initially, there was a more robust and significant pathway between VT and CF. Although this relationship was not strong in the initial regression results, the moderation model showed a marginally significant result with hope as a moderator (B = 0.286, p = .017). Regardless of initial expectations, media exposure did not significantly predict either vicarious trauma or compassion fatigue. This could signify that merely being exposed to distressing content, such as crisis-related news or social media posts, may not be enough to trigger psychological distress on its own.

One possible justification is that participants may have developed emotional coping strategies (reflecting the role of hope and resilience) or become desensitized to frequently consumed content in this highly digitalized world. A study on social media activity during the Mexican drug war found that as the violence persisted, users showed a decline in negative emotional expression and a rise in emotional arousal and dominance in their daily social media posts over Twitter, which are psychological markers of desensitization (Monroy, Mark & Choudhury, 2014). This suggests that people become emotionally reactive to ongoing conflict and violence when repeatedly exposed to it online. In another study by Wozniak (2025) on the Russo-Ukraine strife, it was observed that a reduced emotional response among users was noticed in ongoing exposure to violent and conflict-related content on social media platforms. This social desensitization was linked to increased polarization and radicalization within online communities.

Moreover, referring back to the study's theoretical framework, these results align with the Conservation of Resources theory (Hobfoll, 1989), which proposes that psychological tensions occur when individuals experience a threat to, or loss of, valuable resources such as resilience and hope. In this study, participants displayed moderately high levels of hope and moderate resilience, suggesting that despite considerable media exposure and usage and vicarious trauma, many retained key

psychological resources. This preservation of resources may have acted as a protective factor, buffering them from developing higher levels of vicarious trauma or compassion fatigue. Therefore, high media exposure alone did not necessarily translate into greater psychological strain, as individual coping resources appeared to mitigate its impact.

- ***Theme 3:***

The Protective Roles of Hope and Resilience in Mitigating Compassion Fatigue

In exploring the buffering roles of hope and resilience in the context of VT and CF, findings partially support the proposed model that hope and resilience emerged as significant negative predictors of CF, yet their hypothesized moderating effects were not statistically significant. Individuals with higher levels of hope tend to experience less CF ($b = –0.68$, $p < .001$), which aligns with previous research suggesting that hope, as a future-oriented cognitive process, enables individuals to maintain motivation and find practical pathways through trials and turbulence. The moderation effect of hope on the relationship between VT and CF did not reach statistical significance ($p = .295$), with conditional effects showing that at higher levels of hope, the relationship between VT and CF was attenuated. In other words, hope acted as a shield, since people with low hope who experienced VT tended to show more CF. However, people with high hopes who experienced the same amount of VT tended to show less CF.

Nonetheless, hope may offer a psychological buffer, although the interaction was not strong enough to reach statistical significance. A possible explanation for the non-significance could be the sample characteristics (for instance, limited variance in trauma exposure or hope levels), measurement sensitivity (tools not capturing the subtle differences and sensitivities), or the complex nature of the trauma recovery. A recent study (Aydın & Süslü, 2023), revealed that resilience moderated the stress and depression link for specific symptom dimensions but not others. Another study found that resilience acted both as a mediator and moderator alongside attachment styles in trauma-psychosis relationships (Rossi et al., 2023). This illustrates that trauma recovery is complex, and moderation may work in certain contexts and for specific outcomes.

Resilience also significantly predicted lower CF (b = –4.00, $p < .001$), reinforcing its role as a psychological strength that allows individuals to recover from stress while maintaining emotional equilibrium in high-stress environments. Similar to the case of hope, the moderation analysis revealed no significant interaction between VT and resilience ($p = .834$). Yet, the consistent main effect of resilience suggested that, regardless of trauma exposure levels, those with higher levels of resilience reported lower CF. This result resonates with the resilience theory that resilience is not just a buffer against adversity, but also a direct enhancer of psychological well-being. Recent research demonstrates that resilience actively contributes to positive mental health outcomes, supporting growth, emotional stability, positive attitudes, and well-being (Harms et al., 2018; Niyazova & Madaliyeva, 2022). Nonetheless, the lack of significant moderation may be due to methodological constraints or that resilience independently works as a general protective trait rather than as a moderator of specific trauma-fatigue pathways.

Constructivist Self-Development Theory and Media-Induced Trauma

Through the lens of the previously discussed Constructivist Self Development Theory (CSDT), trauma is conceptualized not merely as an external event but as an internal process shaped by personal identity, prior experiences, and belief systems. This underscores CSDT's emphasis on individual differences as central to understanding trauma (McCann & Pearlman, 1990). The sample in this study comprised participants from 38 culturally diverse countries, the majority of whom were Muslim and from regions affected by humanitarian conflicts (e.g., Türkiye and the Middle East and North Africa). These background factors may influence how individuals internalize distressing content. Some may be particularly vulnerable due to shared cultural and religious identities or histories of personal trauma, even when exposed to comparable levels of media content. The absence of a significant correlation between media exposure (ME) and either vicarious trauma (VT) or compassion fatigue (CF), despite moderately high trauma and fatigue scores, suggests that ME alone does not determine trauma outcomes. CSDT accounts for this by foregrounding the role of internal schemas rather than external triggers.

Building on this, CSDT also supports the notion that empathy and identification with victims increase susceptibility to VT. As highlighted in Griffin et al. (2019), observers with strong empathetic skills, particularly those who share cultural or religious backgrounds with the victims, may be more prone to internalizing trauma. Even in the absence of strong statistical associations, patterns of emotional distress and moderate-to-high trauma and fatigue levels imply that some participants were deeply affected, likely due to personal resonances rather than media exposure alone. This interpretation is further supported by observed gender differences in resilience and nearly significant hope scores, both of which reflect psychological coping mechanisms influenced by internal processes.

With regard to hope and resilience as adaptive constructs, CSDT emphasizes the 'self' as an evolving system, proposing that these traits are shaped by psychological development and the individual's responses to adversity. This aligns with findings from the present study, where hope and resilience significantly predicted reduced CF. CSDT helps interpret this by suggesting that elements of the self, such as future-oriented thinking and belief in one's coping ability, play a mediating role in shaping trauma outcomes.

CSDT thus frames trauma not as a mere reaction to external stimuli but as the product of an individual's interpretative processes and how experiences are integrated into internal self-systems (McCann & Pearlman, 1990). This theoretical lens offers insight into why exposure to the same distressing content may lead to varied trauma responses: individuals whose core cognitive schemas are more profoundly challenged by the content may experience greater psychological strain. This may explain why media exposure in the current study was not a significant predictor of VT or CF, whereas internal factors such as hope and resilience emerged as more reliable indicators. These findings reinforce the idea that internal cognitive and emotional resources are more consequential in shaping trauma responses than exposure itself.

Although CSDT predates the advent of digital media, its relevance persists in interpreting trauma reactions within today's online environments. Its emphasis on subjective meaning-making resonates with how individuals engage with algorithmically curated content. Repeated exposure to distressing or graphic material,

particularly through personalized media feeds, can destabilize cognitive schemas and disrupt one's sense of safety or worldview, even when such events unfold far beyond the individual's immediate surroundings (McCann & Pearlman, 1990). The global reach and immersive nature of digital platforms are lessening emotional and geographical boundaries, making such content feel intensely personal and threatening. CSDT thus provides a valuable framework for understanding the study's key finding: that media exposure alone does not predict VT or CF. Rather, trauma outcomes appear to be more deeply shaped by identity, empathy, and meaning-making—internal dimensions at the heart of CSDT.

- ***Theme 4:***

Author's Viewpoint, Broader Implications, and Future Directions

Research indicates that the absence of content warnings on social media can result in traumatic experiences, often triggering intense emotional responses and psychological distress among viewers (Fiorentino et al., 2020). While graphic content warnings are occasionally provided and consent obtained, it is not only images of amputated bodies or blood-stained scenes that have the potential to traumatize; subtle yet disturbing depictions can be equally impactful. This raises ongoing ethical debates about whether such explicit content and unvarnished realities should be restricted due to their emotional toll on the audience. Yet, a counterargument emerges: if we shield the world from these brutal truths, how can we evoke empathy, stir the desire to act, mobilize support, and demand accountability for such barbarity?

We are nearing the brink of a major global crisis, one with repercussions that could far exceed those witnessed during the last world war. This looming threat stems in large part from the shift toward biochemical warfare, where the scale and subtlety of destruction are growing at an alarming rate. Modern wars are no longer defined by armed combat on the ground; instead, they inflict more widespread and psychologically penetrating damage. Trauma today is not only born of sudden, explosive events, such as a bomb explosion or a car accident, but often manifests more subtly, especially through vicarious exposure. Vicarious trauma is not merely extreme stress; it reshapes an individual's belief system. Mental health professionals are

increasingly confronted with the consequences of this large-scale, complex phenomenon, which is now extending far beyond, with social media.

As we witness these events unfold in real time on our screens, questions multiply. With nervous systems on high alert and psychological resilience waning, many individuals find themselves afloat, left with no clear framework to answer the whys, whats, and hows of the trauma they encounter. This prompts they need to recalibrate belief systems and begin a process of meaning-making again to work through the effects of the trauma (Prideaux, 2021). Given that the meaning-making process is inherently non-uniform, so too is trauma: it manifests differently for each person. There is, therefore, a growing imperative to study 'collective vicarious trauma' in the general population to inform targeted and effective interventions.

Vicarious trauma is expected to rise at an alarming rate as global conditions deteriorate, potentially triggering an unprecedented trauma epidemic. The shift towards biochemical warfare has escalated the scale and nature of trauma, making its effects more pervasive and long-lasting. The aftermath of events like the genocide in Gaza and other ongoing global conflicts will require extensive support for a generation grappling with fractured resilience and depleted hope. We must not wait until it is too late; healthier ways of consuming social media, combined with psychoeducation, can help foster resilience in the youth we can still reach. Following are more specific recommendations for future implementation.

5.2. Limitations

This research was subject to several limitations. Firstly, the use of convenience and snowball sampling techniques may limit the generalizability of the findings. While the targeted population—individuals in academic settings—was purposeful, the sample does not guarantee accurate representation within this group. Participants were mainly recruited through personal and academic networks, which could lead to homogeneity in values, perceptions, and exposure levels. Additionally, the predominance of Muslim participants could influence how trauma and compassion fatigue are perceived and managed. Islamic teachings emphasize community support, patience, and hope, which may shape emotional responses differently than in non-religious or other religious

groups. Gendered cultural expectations could also affect how male and female participants cope with trauma and report emotional responses, impacting the generalizability of the findings. Secondly, reliance on self-report surveys introduces potential biases, such as social desirability or inaccurate recollection of feelings and behaviors. The study did not address prior trauma histories or pre-existing mental conditions, which could influence emotional responses. Thirdly, external factors such as varying life experiences, professional responsibilities, and social support networks, could influence how vicarious trauma and compassion fatigue manifest. Also, the study primarily focused on hope and resilience as buffering factors, excluding other potential moderators, such as social support or personality traits. Fourthly, the cross-sectional design limits the ability to examine the evolving emotional effects of prolonged exposure to distressing content. Given that conflicts in Gaza, Sudan, and Syria have been ongoing for over a year, participants may have developed emotional detachment, desensitization, or resistance by now. A longitudinal design would have been more suitable to track these changes over time. Lastly, this study focused on news related to conflicts, war, and genocide, limiting the applicability of the findings to other types of online trauma, such as personal violence or accidents. Further studies should consider broader categories of trauma exposure to enhance ecological validity.

5.3. Recommendations

Future studies should investigate which forms of media exposure (e.g., traditional news vs. social media, videos vs. text) have the strongest links to vicarious trauma and compassion fatigue. Understanding these relationships can guide targeted media literacy and self-care interventions. Additionally, researchers should explore the role of prior trauma experiences, social support, emotional intelligence, religious faith, religiosity, and coping strategies as potential buffers or mediators.

Furthermore, Longitudinal research is necessary for tracking changes in vicarious trauma and compassion fatigue over time, providing deeper insights into their long-term impacts and the durability of protective factors like hope and resilience. Expanding the scope of research to diverse populations across varied religious, cultural, and occupational contexts can further shed light on these dynamics.

Developing and evaluating interventions is a priority. Digital literacy training for the general public (especially youth), psychoeducation about vicarious trauma, resilience training, and guided reflection exercises can help mitigate the adverse effects of unsupervised media exposure. Emotional regulation interventions should be introduced within educational institutions, addressing the feelings of helplessness that can arise after engaging with traumatic content. When helplessness is left unchecked, it can manifest as intrusive thoughts, panic, nightmares, avoidance (Garcia et al., 2024), PTSD, depression (McHugh et al., 2018; Stewart et al., 2019), learned helplessness (Xu, Liu & Jin, 2024), and motivational deficits despite awareness (Arieli & Ataria, 2018).

Schools and universities must foster environments that support emotional well-being. Creative outlets for mindfulness and relaxation, open dialogues, peer support networks, and routine counseling services can build resilience. Free access to counseling and regular, proactive check-ins should be available for students to discuss both daily and larger complex concerns. Together, these efforts can help us better navigate the growing crisis of vicarious trauma and compassion fatigue, bolstering resilience and preserving the hopeful threads within ourselves and future generations.

Thus, given the tenfold increase in the severity of global conflicts, it has become evident that, the repercussions will be nothing short of a trauma epidemic, and we must be prepared to respond collectively, for it is the mental health professionals of today and tomorrow who will bear witness to its profound and far reaching impacts.

5.4. Conclusion

In an increasingly digital and globalized world, exposure to trauma is no longer confined to firsthand experience. Social media platforms such as Twitter, Instagram, and TikTok have become uninterrupted sources of blatant narratives and imagery from global crises, making Vicarious Trauma and Compassion Fatigue pressing issues, especially among the youth. While the literature has extensively examined these phenomena within clinical and professional settings, much less attention has been paid to their impact on the general population, a gap this study aims to fill.

This research investigates the psychological effects of social media-induced Vicarious Trauma on Compassion Fatigue in university students, exploring the buffering roles of hope and Resilience. A quantitative, cross-sectional design was used, with data collected via online questionnaires administered through Google Forms. Instruments included adapted versions of the Media Exposure and Media Vicarious Traumatization Scales, the Compassion Fatigue Inventory, the Hope Scale, and the Brief Resilience Scale. Multiple regression analyses were performed to test direct and indirect relationships, and the PROCESS macro (Hayes, 2022) was used to assess moderation effects.

Results indicated that vicarious trauma had a marginally significant direct effect on Compassion Fatigue (B = 0.234, p = .056), which became significant when accounting for hope as a covariate (B = 0.286, p = .017). Contrary to expectations, media exposure itself did not significantly predict Vicarious Trauma or Compassion Fatigue. Hope emerged as a significant negative predictor of Compassion Fatigue (B = –0.478, p = .008), suggesting its role as a protective psychological resource. However, moderation analyses revealed that neither hope nor Resilience significantly moderated the link between Vicarious Trauma and Compassion Fatigue. Nonetheless, both variables demonstrated strong direct effects: Resilience significantly and robustly predicted lower Compassion Fatigue (B = –2.92, p = .003), highlighting its role as a vital protective factor.

Therefore, this study highlights the psychological toll of continuous exposure to distressing social media content and emphasizes the urgent need for youth health discourse and intervention strategies. By focusing on the buffering role of internal strengths like Hope and Resilience, this research offers insights into sustaining psychological well-being through strength in an era dominated by crisis-driven narratives. The findings have practical implications for mental health interventions, media literacy, and Resilience training, supporting a more hands-on approach to fostering emotional regulation and managing trauma exposure within digital spaces.

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APPENDIXES

APPENDIX A

ETHICS COMMITTEE PERMISSION

Evrak Tarih ve Sayısı: 07.05.2025-57032

İBN HALDUN ÜNİVERSİTESİ

T.C.
İBN HALDUN ÜNİVERSİTESİ
Sosyal ve Beşeri Bilimler Bilimsel Araştırma ve Yayın Etiği Kurulu Başkanlığı

2025 AİLE YILI

Sayı : E-71395021-050.04-57032 07.05.2025
Konu : Etik Kurul Kararı - Nirmal SHAH

İLGİLİ MAKAMA

Kurulumuza başvuran Nirmal SHAH'ın, "Navigating Through Media Induced Vicarious Trauma and Compassion Fatigue: The Role of Hope and Resilience" isimli projesi; amaç, araştırma türü, veri toplama araçları, süreç ve işlemler, veri analizleri dikkate alınmak suretiyle 25.04.2025 tarihinde değerlendirilerek 2025/05-35 karar numarası ile etik açıdan uygun bulunmaktadır.

Bilgilerini ve gereğini arz/rica ederim.

Prof. Dr. Alev ERKİLET
Başkan

Bu belge, güvenli elektronik imza ile imzalanmıştır.

Belge Doğrulama Kodu :BS4P8CNAV Belge Doğrulama Adresi: https://www.turkiye.gov.tr/ibn-haldun-universitesi-ebys

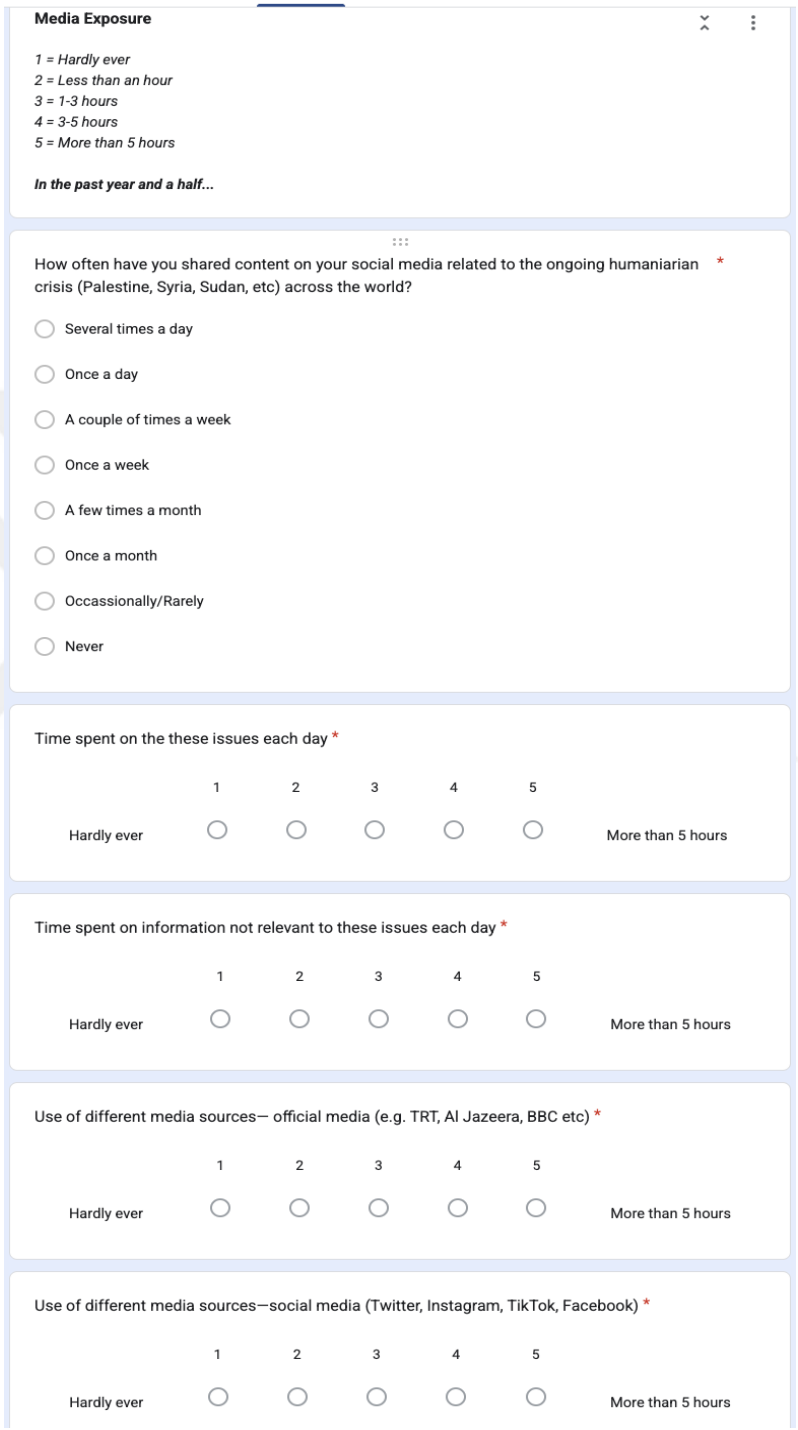
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APPENDIX B

MEDIA EXPOSURE SCALE



Media Exposure

1 = Hardly ever
2 = Less than an hour
3 = 1-3 hours
4 = 3-5 hours
5 = More than 5 hours

In the past year and a half...

How often have you shared content on your social media related to the ongoing humaniarian crisis (Palestine, Syria, Sudan, etc) across the world? *

- Several times a day
- Once a day
- A couple of times a week
- Once a week
- A few times a month
- Once a month
- Occassionally/Rarely
- Never

Time spent on the these issues each day *

	1	2	3	4	5	
Hardly ever	○	○	○	○	○	More than 5 hours

Time spent on information not relevant to these issues each day *

	1	2	3	4	5	
Hardly ever	○	○	○	○	○	More than 5 hours

Use of different media sources— official media (e.g. TRT, Al Jazeera, BBC etc) *

	1	2	3	4	5	
Hardly ever	○	○	○	○	○	More than 5 hours

Use of different media sources—social media (Twitter, Instagram, TikTok, Facebook) *

	1	2	3	4	5	
Hardly ever	○	○	○	○	○	More than 5 hours

APPENDIX C

MEDIA VICARIOUS TRAUMATIZATION SCALE

Media Vicarious Traumatization	
1. I was exposed to distressing news and experiences via media.	1 = strongly disagree 5 = strongly agree
2. I find myself distressed by reading the stories and situations on media.	1 = strongly disagree 5 = strongly agree
3. It is hard to stay positive and optimistic given some of the information I get from the media.	1 = strongly disagree 5 = strongly agree
4. I find myself thinking about distressing news on media.	1 = strongly disagree 5 = strongly agree
5. Sometimes I feel helpless because I cannot give help to people in need.	1 = strongly disagree 5 = strongly agree
6. Sometimes I feel overwhelmed by reading the media reports.	1 = strongly disagree 5 = strongly agree
7. I find it difficult to deal with the media content.	1 = strongly disagree 5 = strongly agree

APPENDIX D

COMPASSION FATIGUE SCALE

The following questions assess how you feel when interacting with people around you (e.g., friends, family, colleagues) or when engaging with content on social media related to distressing events (e.g., news about conflicts, natural disasters, or tragedies). Please respond using the scale below:

1 = Does not fit at all
2 = Fits poorly
3 = Fits partially
4 = Fits fairly well
5 = Fits perfectly

Close one's – Friends or family in your life you care about.

Section 1: Reduced Compassion

1. My will to help has declined.
2. I have started to judge people in a way I would not want to
3. I have started to feel a growing reluctance towards seeing close ones who need me.
4. I find it more difficult to respond to those who need emotional support in a way I would want to.
5. I feel irritated when people complain
6. It is becoming increasingly harder for me to handle the complexity of other's challeneges.
7. I have noticed that I distance myself from other's pain more often than before
8. My work bores me more often than before
9. I have noticed that I try to stay engaged with my close one's problems even though I do not have the energy for it.

Section 2: Social Life

10. I have noticed that my patience in my personal relationships has dwindled (decreased).
11. I have started to withdraw from social interactions
12. I feel that I do not have the same energy to engage in the problems of my close ones.
13. I have started to avoid spare time activities that are intellectually challenging.

APPENDIX E

HOPE SCALE

Hope Scale

Directions: Read each item carefully. Using the scale shown below, please enter the number that best describes you in the blank provided.

1 = definitely false

2 = mostly false

3 = mostly true

4 = definitely true

1. I can think of many ways to get out of a jam.
2. I energetically pursue my goals.
3. I feel tired most of the time.
4. There are lots of ways around any problem.
5. I am easily downed in an argument.
6. I can think of many ways to get the things in life that are most important to me.
7. I worry about my health.
8. Even when others get discouraged, I know I can find a way to solve the problem.
9. My past experiences have prepared me well for my future.
10. I've been pretty successful in life.
11. I usually find myself worrying about something.
12. I meet the goals that I set for myself.

APPENDIX F

BRIEF RESILIENCE SCALE

1. I tend to bounce back quickly after hard times.
2. I have a hard time making through stressful events.
3. It does not take me long to recover from a stressful event.
4. It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble.
6. I tend to take a long time to get over set-backs in my life.

CURRICULUM VITAE

Full Name:

Nirmal Shah

Education:

2017 – 2020	BA in Human Sciences (Psychology) (Honors), International Islamic University Malaysia, Malaysia
2022 – 2025	MA in Guidance and Psychological Counselling, Ibn Haldun University, Türkiye

Work Experience:

2020	United Nations High Commissioner for Refugees, Malaysia
2023- 2025	Teaching Fellow, Ibn Haldun University