



Addressing Media-Induced War Trauma: A Call for Public Health Action

Esmaeil Fattahi  ¹, Mohamad Barati  ², Hadis Barati  ^{3,*}

¹Department of Health Education and Promotion, School of Health, Guilan University of Medical Sciences, Rasht, Iran

²Infectious Diseases Research Center, AJA University of Medical Sciences, Tehran, Iran

³Guilan Road Trauma Research Center, Trauma Institute, Guilan University of Medical Sciences, Rasht, Iran

*Corresponding Author: Guilan Road Trauma Research Center, Trauma Institute, Guilan University of Medical Sciences, Rasht, Iran. Email: hbarati7@gmail.com

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Dear Editor,

Public health systems globally are increasingly confronted with complex emergencies, among which war remains a persistent and deeply disruptive force (1). Beyond the physical consequences, the psychological impact, particularly war-related trauma, extends far beyond immediate conflict zones. With rapid technological advancements, media now transmits war-related content in real-time, often through graphic high-definition visuals and continuous live coverage. Recent psychiatric research suggests that individuals who regularly consume such media content, irrespective of their geographical proximity to the conflict, may develop symptoms associated with what is termed war trauma (2, 3). The amplification of trauma through media exposure remains an under-recognized facet of disaster medicine (4).

On the other hand, media, if harnessed correctly, can serve therapeutic functions in crises. It has the potential to rebuild social cohesion through positive storytelling, foster resilience by encouraging shared cultural practices, and support psychological recovery. Encouraging community members to actively produce culturally grounded content can promote empathy and reinforce communal bonds (5).

Our intention is to underscore the role of media in either mitigating or exacerbating this form of trauma and to advocate for its inclusion in emergency preparedness strategies. Health policymakers, media organizations, and mental health professionals must

collaboratively develop interventions that address this growing concern. Several strategic interventions are proposed to reduce the psychological burden of media-induced trauma during wartime.

1. Media literacy programs: Educating the public to critically evaluate media content enables individuals to recognize and manage distressing material more effectively.

2. Content regulation and warnings: War-related visuals and reports must be accompanied by clear content warnings. Dissemination of unverified, misleading, or distress-inducing information should be strictly curtailed.

3. Trauma prevention guidelines: Developing accessible, care-focused guidelines addressing media-related trauma is essential. These resources should recognize and explain media's role in trauma induction.

4. Spiritual and cultural resilience: Media can support spiritual well-being and community morale by showcasing humanitarian efforts and encouraging engagement with religious or cultural rituals, which can enhance psychological resilience.

5. Controlled media consumption: Regulating exposure to war-related media, while promoting information from reliable sources, is crucial for maintaining mental well-being during crises.

In conclusion, we urge researchers, clinicians, media experts, and policymakers to prioritize the development of evidence-based frameworks that protect community mental health in times of conflict. Recognizing and

mitigating media-induced trauma must become a standard component of public health emergency preparedness.

Footnotes

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