

The Role of Perceived Social Support on Secondary Traumatic Stress Due to War-content on Social Media

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Abstract

The present mixed-methods study examined the role of perceived social support in moderating the relationship between exposure to war-related content on social media and secondary traumatic stress among young adults in India. As social media continues to provide civilians with unrestricted access to imagery of conflict, there is growing concern about the psychological impacts of witnessing such events at a distance. Participants were young adults between the ages of 18 to 25 who were regular social media users and had encountered war-related content online in the past eight months. Quantitative data were collected through self-report measures assessing war media exposure, secondary traumatic stress, and perceived social support, while qualitative data were gathered through semi-structured interviews analyzed thematically. Results indicated that greater war media exposure was significantly associated with higher secondary traumatic stress, while higher perceived social support was associated with lower secondary traumatic stress. Furthermore, perceived social support emerged as a significant moderator which weakened the link between war media exposure and secondary traumatic stress. Qualitative findings further revealed emotional, physiological, and cognitive impact of exposure, with emotionally validating social interactions facilitating recovery and the absence of such support prolonging distress. The study concludes that exposure to war-related content on social media carries a meaningful psychological cost for young adults, and that perceived social support plays a critical buffering role in determining the severity of that impact.

Keywords: distress, war-media exposure, social media, secondary traumatic stress, social support

In recent years, the psychological impact of trauma has extended beyond direct exposure to indirect experiences through digital media. Secondary Traumatic Stress (STS), a term first coined by Charles Figley in the 1980s, refers to the emotional and behavioral symptoms that arise from empathic engagement with others' traumatic experiences (Figley, 1995). Traditionally studied among caregivers, combat veterans, and refugees, STS has increasingly been recognized in broader populations exposed to trauma vicariously. In today's hyper-connected world, social media platforms such as Instagram, Facebook, and Twitter serve as primary factors for real-time, unfiltered exposure to graphic war-related content. Unlike traditional trauma-exposed groups, the general adult population frequently encounters distressing images and narratives without psychological preparedness or trauma literacy, raising critical questions about the mental health consequences of digital war consumption.

Understanding the psychological effects of war content exposure through social media is both globally urgent and theoretically significant. The pervasiveness of digital media has transformed how individuals experience distant conflicts, creating new pathways for secondary trauma that challenge existing mental health frameworks which predominantly focus on direct trauma exposure. Theoretically, this phenomenon expands the scope of trauma theory by integrating empathetic processes in parasocial interactions influenced by digital platforms. This view focuses on a deeper exploration of how repeated exposure to distressing war content influences psychological well-being, particularly in populations not traditionally considered at risk. Furthermore, perceived social support (PSS), a well-documented protective factor in trauma and stress literature, remains insufficiently studied as a moderator in the context of digital war exposure. Investigating these dynamics among general adult populations can inform culturally relevant mental health interventions in an increasingly digitized world.

Conceptually, this study centers on three primary variables: Secondary Traumatic Stress, War Related Media Exposure, and Perceived Social Support. Secondary Traumatic Stress (STS) is defined here as the psychological distress resulting from indirect exposure to traumatic war content via social media, consistent with Figley's (1995) framework of trauma through empathic engagement. Social media platforms function as interactive digital spaces where users encounter and share multimedia content including distressing war imagery (Kayyali et al., 2016; Rony et al., 2018). Perceived Social Support reflects an individual's belief in the availability of emotional support from family, friends, or significant others during distress (Barrera, 1986). These variables provides a clear framework to investigate the impact of digital war exposure and the potential buffering effects of social support on secondary traumatic stress.

The theoretical foundation for this study draws primarily on Figley's Secondary Traumatic Stress Theory, which states that trauma symptoms can emerge through empathic connection to others suffering without direct trauma involvement. This theory is particularly applicable to social media contexts, where parasocial empathy creates emotional bonds with distant victims, rendering viewers vulnerable to trauma-like symptoms (intrusion, avoidance, hyperarousal). Furthermore, Emotional Contagion Theory explains how individuals unconsciously absorb and internalize the intense emotions displayed in war-related media, such as fear and panic, which may exacerbate distress. However, social support networks can facilitate emotional counter-regulation, alleviate the adverse effects of emotional contagion. Together, these theories offer a robust framework to examine the complex interplay between digital war exposure, psychological distress, and social support.

Empirical research has increasingly documented trauma-like reactions resulting from media exposure, particularly through social media, manifesting primarily as post-traumatic stress disorder (PTSD), anxiety and depression. However, the extant literature predominantly focuses on direct trauma-exposed or clinical populations within Western contexts, with limited attention to general adult populations and diverse cultural settings such as India. Moreover, research tends to emphasize long-term mental health outcomes, often neglecting acute stress and anxiety as immediate consequences of vicarious traumatization. Critically, the role of perceived social support as a moderator in the relationship between war content exposure and STS remains underexplored, especially among digitally native young adults who are highly engaged with social media. Additionally, most studies mainly use quantitative, cross-sectional designs, and only limited studies include qualitative methods that can capture people's lived experiences and coping strategies. This study aims to address these significant gaps by focusing on Indian young adults,

employing a mixed-methods approach to provide a nuanced understanding of secondary traumatic stress and the protective role of social support in the digital age.

To this end, the present research has five key objectives: first, to assess the extent of exposure to war-related content on social media and its association with secondary traumatic stress among young adults; second, to evaluate the relationship between perceived social support and secondary traumatic stress in this population; third, to test whether perceived social support moderates the impact of war content exposure on STS, consistent with the stress-buffering hypothesis; fourth, to explore whether individuals with high exposure to graphic war content experience reduced secondary traumatic stress when they report stronger perceived social support; and finally, to qualitatively explore young adults' subjective emotional experiences and coping processes when engaging with war-related social media content, with particular emphasis on the role of social support. By addressing these objectives, this study contributes to a critical and timely understanding of how modern digital environments shape psychological well-being in the context of global conflict.

Review of Literature

In the contemporary digital era, individuals are increasingly exposed to distressing and traumatic events not through direct experience but through media representations on television or social media. Social media has transformed local disasters into global psychological events, allowing millions of individuals to witness violence, war, and tragedy indirectly. Research suggests that such mediated exposure can generate psychological consequences similar to those experienced by individuals directly exposed to traumatic events.

Media Exposure to Traumatic Events

Early research examining the psychological effects of media exposure gained importance following the September 11 terrorist attacks. Silver et al. (2013) conducted a longitudinal study examining the impact of extended media exposure to the attacks and the Iraq War. Their findings showed that individuals who were exposed to large amounts of traumatic media coverage were more likely to develop post-traumatic stress symptoms (PTSS) and long-term physical health problems, even when they were geographically distant from the event. These findings showed that indirect exposure through media can act as a significant psychological stressor.

Similarly, research conducted after the Boston Marathon bombings found that increased exposure to media coverage was associated with heightened acute stress responses. Silver and Holman et al. (2013) studied the psychological impact of media exposure following the Boston Marathon bombing, with a particular focus on acute stress responses. Using a large, nationally representative sample, the study compared the effects of direct exposure to the event with indirect exposure through traditional and social media. The results of the study indicated that higher levels of engagement with trauma-related media content were significantly related to acute stress levels, with individuals who were exposed to six or more hours of daily media coverage on the bombing experiencing higher levels of acute stress than individuals who were directly exposed to the event. This contradicts the traditional assumption that direct exposure to a traumatic event is the best predictor of trauma-related responses.

In more recent contexts, the role of media has expanded further with the rise of real-time and continuous crisis coverage. Dana Rose Garfin, Roxane Cohen Silver, and E. Alison Holman (2020) examined the impact of media exposure during the COVID-19 crisis and argued that repeated exposure to crisis-related

content can increase levels of psychological distress, including anxiety and stress responses. Based on prior public health crises, the study highlighted that such indirect exposure can also lead to maladaptive behavioral outcomes, such as excessive healthcare seeking, even among individuals at low direct risk. The findings suggest that media exposure functions as a significant pathway through which large-scale crises can influence both psychological and behavioral responses.

Extending this perspective, According to an article by Su et al. (2022), individuals all around the world can now experience what they refer to as "media-induced war trauma" since digital media has expanded the psychological effects of warfare beyond actual battlegrounds. Even for individuals are geographically distant from the violence, the authors contend that continuous exposure to distressing war-related content can have a detrimental effect on mental health.

While most research has focused on immediate psychological responses to media exposure, recent studies state its long-term impact on well-being. Rinat Cohen et al. (2025) conducted a study on the longitudinal effects of media exposure to political violence and discovered that higher exposure to traumatic media was a predictor of secondary traumatic stress. This suggests that the impact of media exposure uncovers over time through psychological processes, leading to unmet psychological needs and reduced well-being and resilience, and suggesting secondary traumatic stress as a key link between media exposure and psychological outcomes.

Palgi et al. (2026) further examined different forms of traumatic exposure during the Israel– Hamas war, including direct exposure, indirect exposure, and media exposure among Israeli citizens following the October 7 attack. Their findings indicated that exposure to disturbing war-related media content significantly increased the likelihood of developing PTSD and complex PTSD symptoms, highlighting that indirect media exposure can produce trauma responses comparable to direct experiences.

Additional evidence of the emotional impact of mediated war exposure comes from cross-national research. Raccanello et al. (2024) examined emotional responses to the Ukraine war among university students across sixteen countries. The study found that even individuals geographically distant from the conflict experienced strong emotional reactions such as anxiety, anger, and hopelessness when exposed to war-related media content. These findings demonstrate the global psychological reach of mediated war exposure.

Secondary Traumatic Stress from Indirect Exposure

The psychological consequences of indirect exposure to traumatic events are conceptualized through the framework of Secondary Traumatic Stress (STS). Secondary Traumatic Stress Theory, proposed by Figley (1995), suggests that individuals can develop trauma-related symptoms through empathic engagement with the suffering of others. Even without direct exposure, individuals may experience symptoms such as intrusive thoughts, avoidance, emotional distress, and physiological arousal.

With regard to social media, it is possible that repeated exposure to graphic content of war could increase empathetic engagement with victims of war, potentially leading to an emotional identification with those who suffer as a result of war. Such an emotional involvement could potentially increase psychological vulnerability over time, thereby leading to secondary traumatic stress.

To better assess this phenomenon within digital environments, Mancini (2019) developed the Secondary Traumatic Stress Scale for Social Media Users (STSS-SM), a psychometric instrument designed to measure intrusion, avoidance, and arousal symptoms associated with indirect exposure to traumatic events or graphic content through social media. The development of this scale provided empirical evidence that

trauma-related symptoms can occur among individuals whose primary exposure to traumatic events occurs through online media environments.

Moreover, this phenomenon has also been further supported by Al-Maghairah et al. (2024) examined the psychological impact of exposure to Gaza war-related news footage on social media among adolescents in Jordan. Using a mixed-methods study, they found that 70% of adolescents who were exposed to news media about the Gaza wars exhibited high levels of acute stress. Qualitative findings revealed intense emotional reactions such as shock, sadness, helplessness, along with physiological consequences of exposure. Thus, this phenomenon has been supported in terms of the exposure-harm relationship in populations previously underrepresented in the Western-dominated trauma literature.

Empirical evidence supports this theoretical perspective. Exposure to images of trauma in the media has been associated with increased levels of psychological distress and post-traumatic stress. As was discussed in the earlier section, Silver and Holman's study is also highly significant in understanding secondary traumatic stress as a result of media exposure. Their study shows that there is a significant association between psychological distress and traumatic media content exposure, even among those who were not directly exposed to such traumatic events. As mentioned in their study, high levels of media exposure were found to even predict acute stress levels in events such as the September 11 attack and the Boston Marathon Bombings, particularly in those who were exposed to graphic content. This highlights the powerful role of media as a factor for indirect trauma.

Similarly, Liu et al. (2024) conducted a study among 1151 Chinese college students and aimed to examine the factors associated with social media-induced secondary traumatic stress (STS). The study found that there was a positive correlation between childhood trauma and STS. This association was mediated by both self-compassion and resilience, which showed negative correlations with childhood trauma and STS. The results remained significant even after controlling for sociodemographic factors, this emphasizes the role of psychological vulnerability and protective factors in shaping responses to trauma-related social media content.

Compassion fatigue, which is secondary traumatic stress (STS) along with burnout, diminished empathic resources, and vicarious trauma, which focuses on how an individual's cognitive schema and worldview change after repeatedly being exposed to other people's traumatic material, are related but conceptually different constructs (Dubberley, Griffin, & Bal, 2015). Because STS has many symptoms with PTSD and can be applied to non-clinical people that are exposed to upsetting content via digital media, this study primarily focuses on STS as the main outcome variable.

Theoretical Frameworks Explaining Media-Related Trauma

Several theoretical models help explain how exposure to traumatic media content may produce psychological distress.

Figley's (1995) Secondary Traumatic Stress Theory provides the main theoretical foundation for the present study. The theory suggests that individuals can develop trauma-related symptoms through continued empathic engagement with the suffering of others, a process Figley described as the cost of caring. Within the context of social media, graphic war-related content can create a kind of parasocial empathic connection between viewers and the victims shown in the media. Continuous exposure may keep this empathic response active over time, potentially increasing psychological vulnerability in ways that may resemble what is observed in caregiving roles where individuals are repeatedly exposed to the trauma of others. Importantly, the theory helps explain the study's dependent variable, Secondary

Traumatic Stress (STS), by stating it as a result of empathy-driven indirect exposure to trauma. This theory is relevant for audiences whose exposure to traumatic events occurs through social media rather than through direct personal experience.

The Fear Network Model (Foa & Kozak, 1986) is a cognitive-behavioral model for trauma responses. It explains the development and maintenance of PTSD and gives another explanation for how repeated media exposure can lead to trauma-like symptoms. According to the model, traumatic experiences activate fear structures in memory, where threatening stimuli, bodily reactions, and meanings related to danger become linked together within a single fear network. The exposure to threatening images even in the absence of a personal threat can cause these memory networks to become activated and strengthen with time. As these fear associations become stronger, the threshold for triggering fear responses becomes lower. In the context of social media, graphic war-related content can act as a repeated threatening stimulus that activates these fear networks, reinforcing feelings of anxiety and hyperarousal.

Another important framework is Emotional Contagion Theory, which suggests that individuals often unconsciously identify with other people's emotional states and internalising their emotional expressions. War-related content on social media is frequently filled with different emotions such as fear, grief, panic, and despair. According to this theory, constant exposure to such content can lead viewers to internalize these emotions, resulting in increased physiological arousal, intrusive emotional experiences, and sometimes emotional numbing as a way of coping with intense emotions. Importantly, this theory also provides an explanation for the potential protective role of social support. Individuals who socially supported may receive reassurance, validation, and emotional normalisation from others, which can help regulate their emotional responses and reduce the intensity of emotionally contagious experiences.

Cohen and Wills (1985) Stress-Buffering Model provides the theoretical basis for understanding the moderating role of perceived social support in the present study. The model suggests that social support does not simply improve overall well-being rather, it acts as a buffer that reduces the psychological impact of stress. This buffering effect occurs by influencing how individuals interpret stressful situations and how they cope with them. When individuals believe that support is available, they may view stressful or threatening events as less personally overwhelming, use more adaptive coping strategies, and can easily from stress. In the context of the present study, individuals with higher perceived social support who are exposed to war-related content on social media may perceive such content as less personally threatening and may regulate their emotional responses more effectively, leading to lower levels of Secondary Traumatic Stress (STS).

Shattered Assumptions Theory, developed by Ronnie Janoff-Bulman in 1992, provides a theoretical basis for understanding how traumatic experiences impact an individual's core belief system. According to the theory, individuals hold fundamental beliefs that the universe is benevolent, meaningful, and fair, and that the self is valuable. These beliefs help people maintain a sense of safety, predictability, and psychological stability in their daily lives. When confronted with traumatic or highly upsetting situations, a person's adaptive beliefs may be shattered, resulting in emotions of helplessness, anxiety, uncertainty, and emotional distress. The theory expands on to suggest that rebuilding involves reclaiming these shattered assumptions and rebuilding a feeling of significance, trust, and safety in the world.

Brett T. Litz et al.'s (2009) Moral Injury Theory presents a theoretical framework for understanding how distress might be caused by perceived violations of strongly held moral beliefs and expectations. The theory proposes that individuals have core moral principles about what is good, humane, and just, which are shaped by personal, societal, and cultural beliefs. When a person witnesses, experiences, or feels

connected to activities that violate these moral norms, it can cause significant psychological distress. This distress is frequently characterized by feelings of guilt, humiliation, rage, disgust, betrayal, and a loss of trust in humanity. According to the theory, such morally damaging experiences can undermine one's sense of meaning, self-worth, and faith in others, resulting in long-term emotional and cognitive implications. Together, these frameworks suggest that repeated exposure to war-related media content may influence mental health through mechanisms involving empathic engagement, fear conditioning, and emotional transmission.

Perceived Social Support as a Protective Factor

Although exposure to distressing media content can produce psychological distress, individuals do not respond uniformly to such experiences. Several personal and environmental factors may influence psychological outcomes. One important protective factor identified in the literature is perceived social support (PSS).

Similarly, Solomon, Mikulincer, and Avitzur (1988) studied the relationship between coping strategies, locus of control, and social support in predicting PTSD in Israeli soldiers. Their longitudinal findings indicated that higher perceived social support was consistently associated with low levels of PTSD. In addition, those who lacked social support and used emotion-focused coping experienced more severe PTSD symptoms. This demonstrates that social support is a key factor in preventing the risk of developing PTSD.

Research among war-affected populations has been particularly insightful in demonstrating the protective role of social support in trauma outcomes. A study conducted among postwar Kosovo survivors found that individuals with higher social support reported lower posttraumatic stress symptoms, indicating its buffering effect against trauma. Notably, this protective effect was stronger among females as compared to males, with females experiencing higher distress particularly when social support was low (Ahern et al., 2004). These findings suggest that gender plays a moderating role in the relationship between traumatic experiences, social support, and other psychological outcomes.

Research among Bosnian war survivors and refugees has also demonstrated that individuals with stronger perceived social support report lower levels of post-traumatic distress and better long-term psychological adaptation (Klaric et al., 2008). In addition to buffering distress, social support has been associated to post-traumatic growth (PTG), implying that supportive social networks may assist positive psychological change following trauma by facilitating emotional processing, meaning-making, and adaptive coping. Furthermore, the results of a meta-analytic study revealed that social support is moderately associated with PTG, along with personal resources including optimism and coping skills, which can help explain the process by which PTG occurs (Tedeschi & Calhoun, 2004; Prati & Pietrantonio, 2009).

Research also suggests that social support may interact with cognitive vulnerability factors. He et al. (2021) found that intolerance of uncertainty mediated the relationship between media exposure to COVID-19 and acute stress, while perceived social support moderated this relationship. Individuals with lower perceived social support showed stronger stress responses to equivalent levels of media exposure, indicating that social support may buffer the psychological impact of traumatic media exposure.

However, findings regarding the role of social support in secondary traumatic stress are not entirely consistent. Some studies have reported non-significant associations between perceived social support and secondary traumatic stress in occupational groups such as police technicians (Khalaf et al., 2023). These

findings suggest that the protective effects of social support may vary depending on factors such as context, type of support, and population characteristics.

Additional research also suggests that social support may influence coping processes strategies. Luo et al. (2023) conducted a longitudinal study among Chinese college students during the COVID-19 pandemic and identified distinct trajectories of vicarious traumatization over time. Their findings suggest that individuals' initial mental health status and gender played an important role in determining their trauma responses over time, showing that pre-existing psychological vulnerabilities can shape how people react to prolonged distressing media exposure. Similarly, Liu et al. (2024) found that among college students exposed to distressing content on social media, childhood trauma history influenced the development of secondary traumatic stress (STS) through pathways involving self-compassion and resilience. Their results suggest that the protective effects of personal and social resources operate within a broader framework of vulnerability and resilience, indicating that individual psychological history plays a crucial role in determining how individuals respond to indirect exposure to traumatic media.

While media exposure increases vulnerability to trauma, individuals do not respond uniformly, highlighting the importance of protective factors such as social support. A research on civilians during the Israel-Hamas war found that the level of social support was negatively correlated with PTSD symptoms, but only support received from friends buffered the effect of cumulative trauma exposure through the media. People with low support from their friends increased their symptoms with increasing trauma exposure, whereas people with high support from their friends maintained stable and low levels of symptoms (Porat-Butman et al., 2024). These findings suggest that the effectiveness of social support depends on its source, with peer support playing a particularly important role in mitigating the psychological impact of repeated media exposure to traumatic events.

Integrated Model

The literature reviewed in its most broad sense confirms that mediated exposure to traumatic events, particularly via digital and social media, can cause significant psychological harm in geographically distant, uninvolved individuals, with indirect exposure in some cases eliciting stress responses comparable to direct exposure. This finding, which has been presented across numerous crises and cultural contexts, radically reframes trauma as a phenomenon that is not limited by physical proximity.

Within this larger context, war-related content holds a particularly powerful role. The continual, unfiltered, and algorithmically amplified nature of social media conflict exposure drives what the literature refers to as chronic, low-threshold activation of fear and empathic distress are processes defined by three complementary frameworks. Figley's (1995) Secondary Traumatic Stress Theory defines empathetic engagement as the primary factor by which indirect observers absorb the suffering of others. The Fear Network Model (Edna Foa & Michael Kozak, 1986) suggests that repeated exposure to threatening or distressing stimuli gradually strengthens fear-related memory networks, making individuals more easily and quickly triggered into states of anxiety and heightened arousal over time. Emotional Contagion Theory explains how viewers automatically internalize the emotional content that is involved war-related media – fear, grief, and despair. When taken as a whole, these frameworks connect on Secondary Traumatic Stress, which is an empirically expected outcome in this context. Its distinct symptom profile of intrusion, avoidance, and arousal sets it apart from related constructs, and it is becoming more and more validated in non-clinical populations interacting with distressing digital content.

Simultaneously, the literature demonstrates that exposure fails to deliver consistent results. According to Cohen and Wills (1985) Stress-Buffering Model, psychological vulnerability and protective factors influence how people react. Among these, perceived social support emerges as a buffer and not just an additional resource for well-being, but an important factor that specifically shifts the psychological impact of stressful experiences by enabling more adaptive coping.

Examining social media war exposure, secondary traumatic stress, and perceived social support as a moderator in a general non-clinical young adult population outside of Western or conflict-affected contexts represents a work that the literature has not yet done. In isolation, each element is theoretically sound and empirically validated, and its interplay in the daily digital lives of typical young adults has not been examined. The goal of the current study is to specifically close this gap.

Changing Geopolitical Context of War Exposure

The importance of examining media-induced secondary traumatic stress has grown significantly in the modern digital era as the global information environment has shifted. Recent violence, such as the Russia-Ukraine war, the Israel-Gaza conflict, Operation Sindoor, and other recent global conflicts, have been extensively documented and shared via smartphones, live streams, and social media channels. As a result, graphic pictures and real-time updates spread quickly across digital networks, making conflict-related content broadly available to worldwide audiences.

In contrast to earlier periods, when exposure to war imagery was largely restricted to journalists, military personnel, or individuals residing in conflict zones, contemporary media environments expose large civilian populations to distressing war-related content during routine online engagement. Consequently, individuals who are geographically and socially distant from conflict may still experience repeated indirect exposure to violence and human suffering through their everyday digital interactions.

This shift represents an important development for trauma research. Secondary traumatic stress has traditionally been studied among professionals who work directly with trauma survivors, such as healthcare workers, therapists, and journalists. However, the widespread circulation of graphic war-related content through social media suggests that indirect exposure to trauma may increasingly affect ordinary civilians who repeatedly encounter such material online.

Research Gap and Rationale

Although prior research have shown that exposure to stressful media content might cause psychological distress, there are still significant gaps in the literature. The majority of the available research focuses on direct trauma exposure, professional populations such as journalists, medical professionals, combat veterans, and humanitarian workers, as well as large-scale disaster population. Fewer research have looked into how ordinary social media users and young adults suffer psychological distress when they come across war-related content while browsing the internet. In today's digital age, young adults are increasingly exposed to live graphic content of conflicts through social media coverage, exacerbating the psychological effects of war far beyond the event itself. Existing research suggests that frequent exposure to traumatic media images can raise traumatic stress, intrusive distress, and impairment in everyday functioning, even among individuals who are geographically away from the incident.

Furthermore, whereas perceived social support has long been acknowledged as a protective factor in trauma research, its moderating effect in the connection between war-related social media exposure and secondary traumatic stress remains unexplored. Although perceived social support is a key protective

factor in psychological suffering in general, its significance as a buffer to secondary trauma caused by war-related social media exposure has not been fully researched. Therefore, the current study aims to investigate the relationship between exposure to war-related content on social media and secondary traumatic stress among young adults, as well as the moderating influence of perceived social support.

Methodology

Problem

To investigate the role of perceived social support as a buffer against secondary traumatic stress from social media war exposure.

Hypotheses

Null Hypothesis

H0₁: There is no significant relationship between war content exposure on social media and secondary traumatic stress.

H0₂: Perceived social support does not significantly moderate the relationship between war content exposure on social media and secondary traumatic stress. In other words, the strength or direction of the relationship between war content exposure and secondary traumatic stress does not differ across different levels of perceived social support.

Alternative Directional Hypothesis

H1₁: There is a significant positive relationship between war content exposure on social media and secondary traumatic stress. Higher exposure is associated with greater secondary traumatic stress symptoms.

H1₂: Perceived social support significantly moderates the relationship between war content exposure on social media and secondary traumatic stress. Specifically, the association between war content exposure and secondary traumatic stress is weaker for individuals with high perceived social support compared to those with low perceived social support (i.e., perceived social support buffers the effect of war content exposure on secondary trauma).

Independent Variable

War Content Exposure on Social Media

Operational Definition of IV

War Content Exposure on Social Media is operationally defined as the total score obtained on the 5-item War-Media Exposure Scale (WMES), measuring frequency of exposure to war-related content (graphic casualties/injuries, combat footage, civilian suffering/displacement/death, live streams/reels of violence/atrocities) on social media platforms over the past 8 months.

Dependent Variable

Secondary Traumatic Stress

Operational Definition of DV

Secondary Traumatic Stress is operationally defined as the total score obtained on the Secondary Traumatic Stress Scale - Social Media (STSS-SM), which quantifies the level of traumatic stress symptoms experienced by participants as a result of exposure to war-related content on social media platforms. Higher total scores on the STSS-SM indicate greater levels of secondary traumatic stress.

Moderator Variable

Perceived Social Support

Three levels: Low, moderate, and high.

Operational Definition of moderator.

Measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), a 12-item Likert scale (1-7) assessing confidence in emotional support from family, friends, and significant others when distressed by social media war content.

Design

The current study used a mixed research methodology, combining quantitative and qualitative methods to get a comprehensive understanding of the psychological effects of war-related social media exposure among young adults.

Sample

A combination of convenience and purposive sampling methods was used to recruit participants. All participants met the inclusion criteria of being young adults aged between 18 and 25 years, reporting regular social media use (at least three times per week), and having experienced exposure to war-related content online on social media within the past eight months (Approximately between May 2025 to February 2026).

Procedure

A mixed-method process was used to perform the study in two consecutive phases. In phase 1, a Google Forms-based online survey was used to gather quantitative data. Three psychological scales were used in the survey to examine the main study variables using standardized self-report measures. At the end of the survey, participants were also provided with a voluntary option to indicate their willingness to participate in a follow-up interview which is phase 2, ensuring that participation in the qualitative component remained entirely optional.

Participants who had indicated interest in extending to participate during Phase 1 were interviewed in a semi-structured manner during the second phase. The purpose of these interviews was to learn more about the participants' subjective experiences with the phenomenon being studied.

Phase 1

For the quantitative phase, data was collected through an online survey administered via Google Forms. A total of 150 valid responses were obtained. The sample consisted of 99 females (66%), 47 males (31.3%), and 4 participants who preferred not to disclose their gender (2.7%). The survey included measures assessing War-Related Media Exposure, Secondary Traumatic Stress Scale for Social Media Users (STSS-SM), and Multidimensional Scale for Perceived Social Support (MSPSS).

Measures**War-Media Exposure Scale**

War Content Exposure on Social Media involves of 5-item War-Media Exposure Scale (WMES), measuring frequency of exposure to war-related content (graphic casualties/injuries, combat footage,

civilian suffering/displacement/death, live streams/reels of violence/atrocities) on digital platforms over the past 8 months (since May 2025 - January 2026)(Fekih-Romdhane et al., 2025)(Silver et al., 2013)(den Hamer et al., 2017). The scores of the scale range from 0 to 16, with mean of 7.91 and standard deviation of 3.39.

Secondary Traumatic Scale for Social Media Users (STSS-SM)

Mancini (2019) developed the Secondary Traumatic Stress Scale for Social Media Users (STSS-SM), a psychometric instrument designed to measure intrusion, avoidance, and arousal symptoms associated with indirect exposure to traumatic events through social media. Higher total scores on the STSS-SM indicate greater levels of secondary traumatic stress. The scores of the scale range from 17 to 77, with mean of 42.38 and standard deviation of 14.31.

Multidimensional Scale for Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) developed by Gregory D. Zimet and colleagues in 1988. The scale consists of 12 items measuring perceived support from family, friends, and a significant other. Responses are rated on a 7-point Likert scale ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree), with higher scores indicating greater perceived social support. The scores of the scale range from 12 to 84, with mean of 60.47 and standard deviation of 14.72.

Data Analysis Plan

Data was analyzed with JASP software. Descriptive statistics such as mean, and standard deviation were evaluated. Pearson's correlation analysis and scatter plots were used to determine the bivariate connection between war-related media exposure, perceived social support, and secondary traumatic stress. To examine the moderating impact of perceived social support, a moderation analysis of mean-centered variables was performed using Hayes PROCESS Model 1 for moderation regression with interaction term.

Results

A moderation regression analysis with interaction term was conducted to examine whether war-related media exposure and perceived social support predict secondary traumatic stress (STS), and whether perceived social support moderates this relationship.

This section contains the quantitative findings of a study that investigated how perceived social support moderates the association between war media exposure on social media and secondary traumatic stress (STS). The analysis includes 150 participants who provided valid data. The data was analyzed using JASP software, which included descriptive statistics, correlation analysis, and moderation regression modeling (Hayes Process Model 1).

Descriptive Statistics

Before exploring relationships between variables, it is important to understand how the data are distributed. The table below summarises the basic statistical properties of all three variables.

Table 1

Descriptive Statistics for All Study Variables

Statistic	War Media Exposure	Perceived Social Support	Secondary Traumatic Stress
N (Valid)	150	150	150

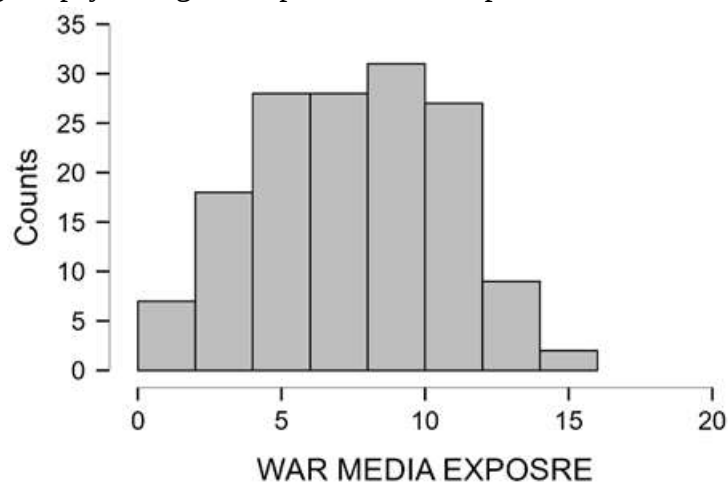
Mean	7.91	60.47	42.38
Std. Deviation	3.39	14.72	14.31
Skewness	-0.169	-0.565	0.300
Kurtosis	-0.513	-0.125	-0.587
Range	16.00	72.00	60.00
Minimum	0.00	12.00	17.00
Maximum	16.00	84.00	77.00

Note. Statistics based on N = 150 valid responses. PSS = Perceived Social Support; STS = Secondary Traumatic Stress.

War Media Exposure

The mean score for participants exposure to war media was 7.91 (SD = 3.39), with scores ranging from 0 to 16. Due to the distribution's very minor negative skewness (skewness = -0.169), a significantly higher proportion of participants fell above the midpoint, indicating that moderate-to-high exposure was prevalent in this sample. The slightly flat kurtosis (-0.513) suggests that responses are more spread out, indicating that participants differ meaningfully in how often they engage with such information.

In other terms, the typical participant was in a middle ground of moderate, continuous exposure, neither overburdened with war content nor totally protected from it. Because of this, the sample is especially suitable for researching the psychological impacts of such exposure.



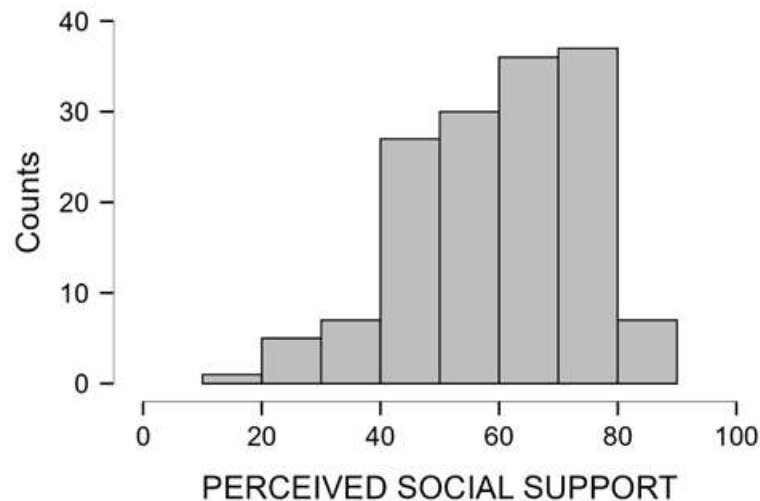
Graph 1: Descriptive Statistics of War Media Exposure

Perceived Social Support

The mean score for perceived social support was 60.47 (SD = 14.72), with scores ranging from 12 to 84. This suggests that participants felt moderately to well supported by others in their lives on average. A finding in young adults samples is that somewhat more participants reported higher-than-average support, as indicated by the minor negative skew (-0.565).

The majority of participants did have access to emotional support, which is beneficial from the standpoint

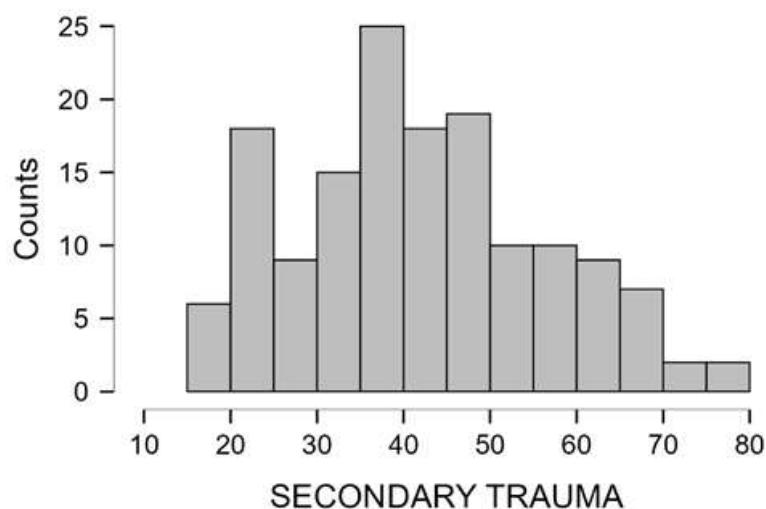
of well-being. However, the broad range (72) indicates that some people felt very strongly supported, while others felt rather isolated. Because of this heterogeneity, PSS is an important moderator to study.



Graph 2: Descriptive Statistics of Perceived Social Support

Secondary Traumatic Stress

The average secondary traumatic stress was 42.38, with a standard deviation of 14.31. The range was from 17 to 77. The slight positive skewing, at 0.300, reflects that while most participants were clustered in a range of moderate levels of secondary traumatic stress, a smaller proportion were significantly elevated. This is consistent and often expected in a general population study. While also highlighting not everyone exposed to war content will experience secondary traumatic stress, a significant proportion will. The range of 60 reflects that secondary traumatic stress was certainly not a uniform experience. Some participants were at one end of the scale, appearing to be either resilient or unaffected, while others showed scores approaching the higher end of the scale, signaling clinically relevant distress.



Graph 3: Descriptive Statistics of Secondary Traumatic Stress

Applying the general rule of thumb that if skewness and kurtosis fall between -2 and +2, data are considered normal and acceptable for parametric analyses (George & Mallery, 2010), it is clear that all three variables are well within acceptable limits for normality.

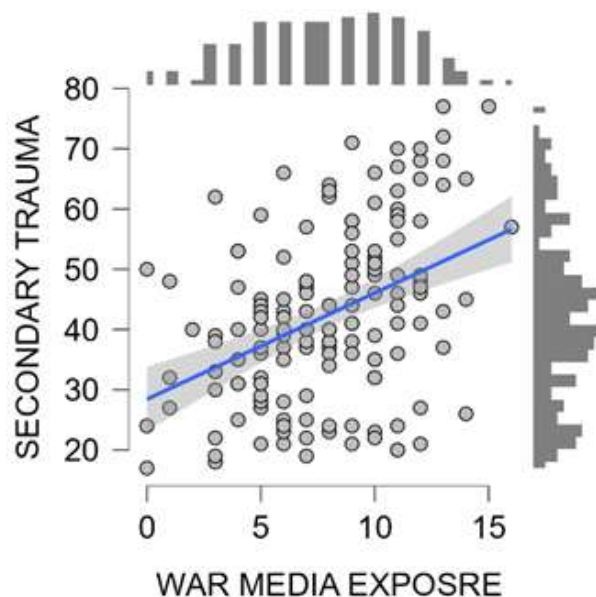
- War Media Exposure: skewness = -0.169, kurtosis = -0.513
- Perceived Social Support: skewness = -0.565, kurtosis = -0.125
- Secondary Traumatic Stress: skewness = 0.300, kurtosis = -0.587

The data, therefore, is consistent with normality and acceptable for parametric analyses, such as moderation regression applied in this study. This is further supported by visual inspection of the data distribution, where a histogram and violin plot in JASP show that all three variables have a normal distribution, with no extreme outliers in the data to skew normality.

Bivariate Relationships: Scatter Plots and Correlation Patterns

War Media Exposure and Secondary Traumatic Stress

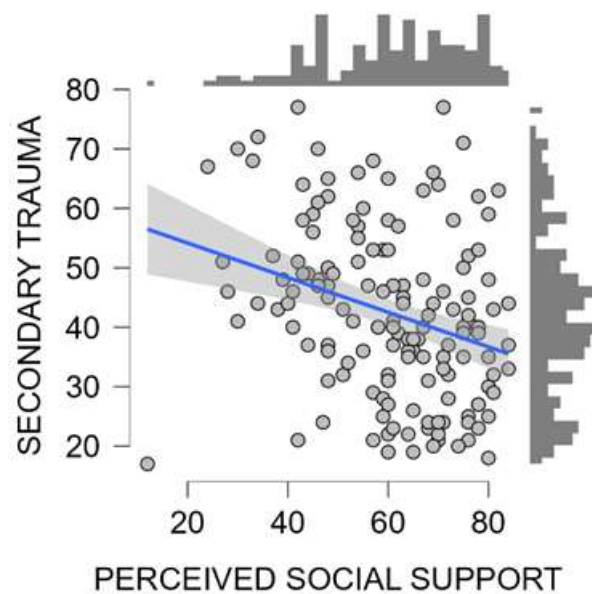
The scatter plot for the relationship between war media exposure and secondary traumatic stress appears to show a positive correlation. This explains that the more an individual is exposed to war media, the higher their levels of secondary traumatic stress. The more an individual immerses themselves in war and disturbing images, the higher the likelihood that they are affected by these images, even if not physically present in the actual war zone.



Graph 4 : Scatter Plot of War Media Exposure and Secondary Traumatic Stress Scores

Perceived Social Support and Secondary Traumatic Stress

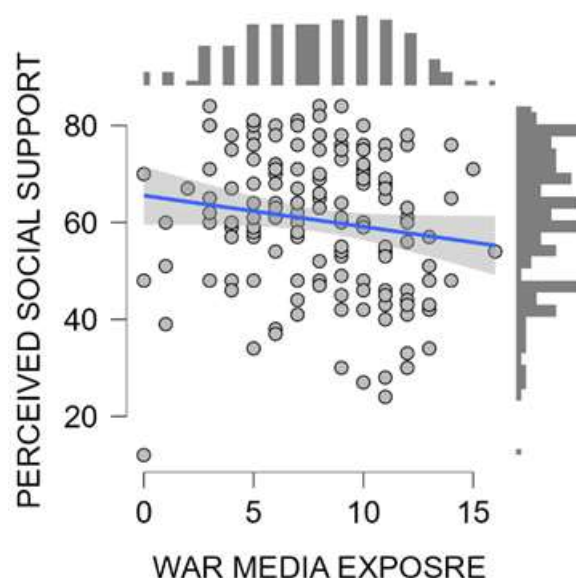
On the other hand, the scatter plot for the relationship between perceived social support and secondary traumatic stress appears to show a negative correlation. This also makes sense as the higher an individual's levels of perceived social support, the lower their levels of secondary traumatic stress. This relates to the stress buffering hypothesis, which states that having supportive relationships can help protect or destress an individual from negative psychological outcomes.



Graph 5 : Scatter Plot of Perceived Social Support and Secondary Traumatic Stress Scores

War Media Exposure and Perceived Social Support

The scatter plot for these two predictor variables shows a relatively flat trend, which indicates independence between the two variables. This is important from a statistical standpoint, as it shows us that social support does not depend on war media exposure. This gives us an opportunity to analyze these two variables independently.



Graph 6 : Scatter Plot of War Media Exposure and Perceived Social Support

Moderation Analysis

Model Fit and Explained Variance

The moderation model was analyzed using Hayes PROCESS Model 1 in JASP to determine if perceived social support moderates war media exposure's effect on secondary traumatic stress. The model fit was

significant with an R^2 of 0.252, indicating that war media exposure, perceived social support, and their interaction together explain 25.2% of the variance in secondary traumatic stress.

This is a meaningful effect size in psychological research, particularly given the significance of trauma responses and the many uncontrollable factors (such as personality traits, prior trauma history, and coping mechanisms). This indicates that 25.2%, approximately one quarter, of why some people feel more secondary trauma than others can be explained by these three predictors alone.

Parameter Estimates

The table below presents the full parameter estimates from the moderation model, including the direct effects of each predictor and the critical interaction term.

Table 2:
Parameter Estimates from Moderation Regression (Model 1)

Path	B	SE	z	p	95% CI	β	Result
War Media Exposure → Secondary Traumatic Stress	1.472	0.309	4.759	< .001	0.866 – 2.078	0.349	Significant
Perceived Social Support → Secondary Traumatic Stress	-0.242	0.070	-3.486	< .001	-0.378 – -0.106	-0.249	Significant
War Media Exposure × PSS → Secondary Traumatic Stress	-0.037	0.019	-1.983	.047	-0.074 – -0.000	-0.130	Significant

Note. Moderation effect estimates are based on mean-centred variables. β = standardised estimate. CI = Confidence Interval.

Direct Effect of War Media Exposure (Path A)

War media exposure was a significant positive predictor of secondary traumatic stress. This was evidenced by a positive regression weight of 1.472, a standard error of 0.309, a z-score of 4.759, a p-value of <.001, a standardized regression weight of 0.349, and a 95% confidence interval ranging from 0.866 to 2.078. This indicates that an increase in war media exposure by one unit results in an increase of 1.47 points in secondary traumatic stress even when controlling for social support and the interaction term.

Direct Effect of Perceived Social Support (Path B)

Perceived social support was evidenced as a significant negative predictor of secondary traumatic stress by a negative regression weight of -0.242, a standard error of 0.070, a z-score of -3.486, a p-value of <.001, a standardized regression weight of -0.249, and a 95% confidence interval ranging from -0.378 to -0.106. This indicates that an increase in perceived social support by one unit results in a decrease of 0.24

points in secondary traumatic stress, even when controlling for war media exposure and the interaction term.

This result supports the core factor that the study was based upon: that social support does indeed provide a real sense of support for the individual. People who feel like they have a strong support system around them (whether it be family, friends, or the larger community) tend to feel a lighter impact of secondary trauma, even when they are exposed to the same distressing content.

The Interaction Effect: Moderation Confirmed

The interaction effect between war media exposure and perceived social support was evidenced as a statistically significant negative predictor of secondary traumatic stress by a regression weight of -0.037, a standard error of 0.019, a z-score of -1.983, a p-value of .047, a standardized regression weight of -0.130, and a 95% confidence interval ranging from -0.074 to -0.000. This indicates that as perceived social support increases, the positive relationship between war media exposure and secondary traumatic stress becomes weaker, confirming the moderating role of perceived social support in buffering the psychological impact of war media exposure.

The negative interaction coefficient means that as perceived social support increases, the relationship between war media exposure and secondary traumatic stress weakens. In other word, social support does not merely help individuals cope better in general, but it specifically reduces how much war media exposure influences them psychologically.

This is a significant and important finding. It helps to convey understanding that the same content can affect people differently depending on the quality and availability of their support networks.

Integrated Interpretation of Quantitative Findings

Collectively, the quantitative results provide a clear and clinically significant picture. War media content is not a benign activity. While an individual may not be directly impacted by conflict, engaging with disturbing and upsetting content on social media carries a huge psychological cost, as indicated by elevated levels of secondary traumatic stress.

However, this relationship is not fixed or uniform. Because Perceived Social Support is a moderator and is known to buffer stress, this study examined whether it changes how individuals respond to war-related media exposure. People with high social support appear to be more resilient to the negative effects of war content, while people with low social support appear to be more vulnerable.

The moderation model accounted for 25.2% of the variance in secondary trauma and thus emphasizes the role of social context in the process of trauma from media exposure. The moderation model supports three claims simultaneously: (1) war media exposure causes harm; (2) perceived social support reduces harm; and (3) perceived social support specifically buffers the effect of war media exposure on trauma in a targeted and statistically demonstrable manner.

These findings have direct implications for both individual mental health interventions and public health. Rather than simply advising people to "use social media less", which is unrealistic in today's world, it might be more effective to focus on social support and provide a space for people to process difficult events and target those who are socially isolated and thus most vulnerable to trauma.

Phase 2

For the qualitative phase, semi-structured interviews were conducted to gain an in-depth understanding of participants experiences. Participation in the interview phase was voluntary, and not all survey

respondents consented to be interviewed. A total of 30 interviews were completed, comprising 18 females (60%) and 12 males (40%).

Data Analysis Plan

Semi-structured interviews were used to collect data for the qualitative component, here Thematic Analysis was used to identify recurring patterns, subjective emotional experiences, coping mechanisms, and meaning-making processes connected with war-related social media content. Before each interview, participants were informed about the study's objective and given the option to skip any questions or withdraw from the interview at any time. With informed consent, interviews were audio-recorded, verbatim transcribed, and conducted in person or online. All procedures followed ethical norms, ensuring participant anonymity, autonomy, and data protection.

Results

The qualitative component of this mixed-methods design helped to explore the experiences of young adults in relation to war-related content on social media. Thematic analysis of the semi-structured interviews provided a rich description of the psychological, physiological, and social effects of the phenomenon under investigation. The findings are organized under four superordinate themes: (1) Immediate Reactions to War-Related Content, (2) Intrusive Thoughts, (3) Moral Distress, Worldview Disruption, and Existential Reflection, and (4) Perceived Social Support. The four themes provide an understanding of the multi-layered nature of secondary traumatic stress experienced by young adults in their daily digital lives in the context of the Indian subcontinent.

It is important to note that these results should be understood in the context of the overall framework of the mixed methods study. In the quantitative findings, the focus was on quantifiable relationships between social support and secondary traumatic stress symptom severity, whereas in the qualitative results, the focus was on subjective meaning-making, contextualization, and phenomenological depth. Quotes from participants are used in the original form, even where these are multilingual, in Hindi, Marathi, and English, in order to maintain authenticity and cultural specificity.

Theme 1: Immediate Reactions to War-Related Content

Participants uniformly described their initial reactions to war-related social media content as a sudden, unintended interruption of their usual routine online behavior. The unintended nature of the exposure to graphic, disturbing, and upsetting war-related content during casual scrolling was noted as a key factor that intensified emotional impact. The immediate participant reaction to the war-related social media content was divided into four general domains: emotional reaction, physiological reaction, dissociative reaction, and anticipatory anxiety.

1.1 Emotional Responses (Internal Symptoms)

Emotional responses that were reported by participants were varied in texture, but the intensity of these was consistent. Distress, sadness, anger, helplessness, and fear were most frequently described affective states reported by participants. The most important aspect of the research was that participants did not say that the emotions were fleeting, rather, the participants were emotionally seized by the content in ways that persisted even after the viewing experience had ended.

For instance, P3 (F23) shared, *"I guess I was a little afraid and felt powerless even though I'm like not even there."* Similarly, P2 (F22) expressed, *"mala khup asa stress pan aala ki itke chote chote babies"*

died in the war,” indicating the emotional toll experienced by the participants upon encountering vulnerable victims. On the same lines, P11 (F22) reported, *“I was very shocked, disturbed, and very anxious”*, while P13 (M24) described, *“I think very empathetic and sad”*.

Other participants emphasized discomfort and distress in response to violent content. P14 (M21) noted, *“It does feel disturbing hearing such brutality”*, and P24 (F22) stated, *“mujhe bahut uncomfortable aur disgusted feel hota hai... dekhna bhi difficult lagta hai”*.

Another emotion that was also prevalent was that of anger. The participants were outraged by the injustice that was portrayed, both by the perpetrators of the violence and the world systems that were allowing this to happen, where *“I remember feeling a mix of shock and frustration because the destruction was happening to ordinary people who had no control over the political decisions causing it”* (P16, M22), and P27 (M22) stated, *“Mujhe bahut jyada ghussa ek jhatka jaise aur itna distressing it was. Aisa laga ki jo ho raha hai woh clearly wrong hai, innocent log suffer kar rahe hain, lekin phir bhi duniya bas dekh rahi hai aur kuch change nahi ho raha”*.

Helplessness was also found to be an important emotional concept, not just as a lack of control but also as an extremely uncomfortable awareness of one's own helplessness in the face of suffering that was witnessed. As one participant described it, *“main yahan hoon aur main kuch kar bhi nahi sakti”* (P2, F22).

1.2 Physiological Responses (External Symptoms)

Apart from the affective domain, participants were consistent in describing a variety of somatic responses to the content of war, which points out that secondary traumatic stress, aside from being cognitive and emotional, also affects the physical domains. According to the literature on vicarious traumatization, these physiological symptoms can be understood as an expression of a danger response system in the absence of physical harm (Pearlman & Caringi, 2009).

Among the most frequently reported physical symptoms were stomach and abdominal distress, such as *“Potat asa kal yete na”* (P1, F21), *“Something happens in my stomach what we call kasatarich hote but in a bad way”* (P14, M21), additionally, *“A sinking feeling in my stomach”* (P25, F20) and *“I felt very shaky aur ulta jaisa and I felt I also lost my appetite.”* (P24, F22).

Changes in chest sensations and breathing were also commonly reported. Participants described a sense of heaviness in the chest, rapid heartbeat, and difficulty in breathing, often accompanied by feelings of tension or discomfort. These sensations appeared suddenly during exposure, and this change was overwhelming and beyond their control. For instance, P4 (M20) stated, *“My chest felt bahot heavy.”* (P4, M20). Similarly, P11 (F22), *“My chest felt heavy, my heart started beating faster, and I felt tense and uncomfortable while watching it.”* and by P15 (F22) stated, *“One second I was relaxed, the next I felt this heaviness in my chest as I kept watching”* and lastly, by P20 (F22) stated, *“My chest hurt jaise heart fell down wala feeling swash gheyla jara tras and my hands were getting sweaty.”*

Full-body sensations were also prominently reported, caused due to distress. Participants described reactions such as trembling, shivering, goosebumps, restlessness, and an overall sense of bodily tension. These responses appeared to emerge suddenly and were often described as difficult to control, indicating that the body was reacting almost automatically to the visual content. For instance, P3 (F22), *“Asa trembling ani shivering hota mala kivha goosebumps yetat he sagle war violence bagun”* while, P9 (F21) stated, *“I was so shocked, anga var asa goosebumps, and I felt frozen for a minute”*. Similarly by P27 (M22), *“Tension, restless jaisa feel hota hai, heart rate fast lagta hai, aur mind heavy lagta hai.”*

The simultaneous presence of physiological arousal (e.g., increased heart rate, restlessness) and immobilising sensations (e.g., freezing, heaviness) indicates a complex bodily response, where activation and inhibition co-occur. Notably, these reactions were often described in immediate, sensory terms rather than reflective language, suggesting that participants experienced them as instinctive rather than consciously mediated responses.

1.3 Dissociative Reactions

Another significant finding was the occurrence of dissociative reactions or “freezing” responses during exposure to war content. A number of participants reported an inability to look away from content not because of interest, but because of a psychological “freeze” in which their natural scrolling behavior was affected. As one participant explained, *“I think I was very panicky anxiety as a and couldn't stop watching”* (P22, F20).

Similarly, others described feeling momentarily immobilised while viewing the content. This was evident by one participant where they stated, *“As I kept watching, I felt stuck. I didn't want to see it, but I couldn't immediately scroll away either”* (P15, F22). Another participant described this experience in detail as, *“I was so shocked, feeling froze for a minute.”* (P9, F21).

In some cases, this experience extended into a sense of numbness or detachment, with one participant stating, *“My body feels numb for a while because of the extent of such horrors.”* (P14, M21). These narratives suggest a momentary disruption of normal emotional and behavioral reactions.

Taken together, these narratives reflect a pattern in which the content simultaneously provoked distress while also holding the viewer's attention. The participants were seemingly conflicted between their desire to look away and their inability to do so.

1.4 Anticipatory Anxiety and Fearfulness

Anticipatory anxiety is another kind of instantaneous reaction that lies between present exposure and future-focused thought. A number of participants also reported experiencing anticipatory anxiety, which was characterized by a feeling of concern about both the events occurring in the real world and their future interactions with the negative content they were exposed to. For instance, P14 (M21), stated, *“I no longer scroll as innocently as I used to. There's always an anticipation that something painful might appear. That subtle alertness has become normal”*, and P2 (F22) similarly stated, *“What if it escalates like what if the country is stupid and won't settle it down and then you're like again in the war kind of”*.

These reports suggest that the psychological impact of war-related content on social media goes beyond the immediate moment of exposure. Instead, such exposure seems to alter the emotional perspectives with which individuals engage with the digital world afterward, creating a persistent, low-level sense of threat. This aligns with the anxiety sensitization model, which proposes that repeated exposure to distressing stimuli decreases the threshold for future emotional arousal, rather than leading to habituation (LeDoux, 1998).

Theme 2: Intrusive Thought Patterns

The persistence of upsetting war-related content, particularly after exposure, was a noticeable and clinically significant pattern in participant narratives. Instead of being restricted to watching, the influence of such information interrupted participant's ongoing emotional and cognitive experiences, manifesting as intrusive thoughts, involuntary mental replay, sleep disturbances, and disruptions in everyday functioning. According to the literature on PTSD and secondary traumatic stress disorder (DSM-5; Figley, 1995), these experiences are consistent with intrusive symptom patterns resulting from indirect exposure,

indicating that exposure to war-related social media information may function as a type of secondary traumatic stressor.

2.1 Involuntary Cognitive Replay

The involuntary and repetitive mental replay of distressing images was one of the most consistently reported post-exposure experiences. Participants described specific images often involving children, dead bodies, or expressions of acute suffering continuing to resurface in their minds as intrusive mental images. These images were characterized as unintentional, they often spontaneously occurred during unrelated activities and were experienced as psychologically disruptive.

As one participant described, *“Even if I’m not paying attention to my thinking, it keeps going in my mind if I saw it.”* (P1, F21), indicating a lack of control over these recurring thoughts. Similarly, others noted the sudden and unpredictable nature of these intrusions: *“Yes, they return. Not dramatically. Just quietly. While eating. While trying to focus on work. While lying down at night. The images replay in fragments”* (P11, F22) and *“The thoughts keep returning so randomly”* (P23, F21).

In several cases, participants highlighted that certain types of content were more likely to persist in their minds, particularly those with heightened emotional intensity, where P20 (F22) stated, *“It kept replaying at sudden times in my head especially if the video had children or women in it”*, and *“Certain images replayed in my mind especially the more graphic or emotionally intense ones.”* (P6, F22).

Importantly, these intrusive recollections were not experienced as neutral recollections but often carried the same emotional charge as the initial exposure. Participants suggested that when these images resurfaced, they re-evoked feelings such as distress, discomfort, or unease, thereby recreating aspects of their initial reaction. In this way, the impact of exposure was not confined to a singular moment but extended over time, with participants repeatedly re-experiencing the emotional intensity associated with the original content.

This pattern reflects a form of ongoing psychological engagement with the content, whereby the mind continues to process and re-present the distressing image even in the absence of direct exposure. It is also noteworthy that images with stronger emotional or moral significance appeared more likely to persist, indicating that the intensity of the initial response may shape the likelihood of future cognitive replay.

2.2 Sleep Intrusions

Participants reported that intrusive thoughts became particularly noticeable during quiet and unstructured times, especially at night. In the absence of distractions, distressing images and scenes seemed to resurface more frequently, making it difficult to resist them.

For some, this took the form of repeated mental replay before sleep: *“I’d replay the scenes mentally at night because it was hard to just let go for me”* (P7, M23). Others described difficulty falling asleep when exposed to such content prior to bedtime: *“Tar mag mala te zopet pan full time rahat if mi zopnyacha adhi baghitla asel tar mala neat zop yet nahi”* (P3, F22). Similarly, one participant noted, *“Bahot baar those images remain in my mind if I saw it just before sleep”* (P14, M21).

These intrusions were not limited to active thinking but also appeared in more passive states. As one participant described, *“They return not dramatically but just quietly, like they replay in fragments while lying down at night”* (P15, F22), indicating a subtle but persistent presence of these images.

In some cases, participants reported that these experiences extended into dreams, blurring the boundary between media exposure and personal experience: *“It just came in my dream mala vatla ki mech ahe tikde”* (P1, F21).

Overall, participant's narratives suggest that the impact of exposure continued beyond waking moments, with nighttime becoming a period where previously viewed content resurfaced more vividly and was harder to regulate.

Theme 3: Moral Distress, Worldview Disruption, and Existential Reflection

Beyond the immediate emotional and cognitive responses described in earlier themes, participants also described deeper, more reflective reactions that extended into moral, existential, and socio-political contexts. Many engaged in active evaluation of the violence they witnessed, questioned previously held beliefs about the world, and reflected on broader issues of justice, power, and human nature.

3.1 Moral Distress and Guilt

Exposure to images of violence, civilian suffering, and destruction elicited intense moral reactions. Participants frequently questioned the continuation of such violence and emphasized a perceived disconnect between political narratives and the lived realities of those affected. As one participant noted, *"Why does such violence continue? People see wars only from a politics or ideology perspective, but the suffering on the ground gets so little focus"* (P5, M20). Others expressed distress not only at the events themselves but also at the reactions of people they encountered online, with one participant stating, *"People were so cruel in the comment section insulting them on their caste, cursing with casteist slurs it just made us show how low people can fall just to show off their pride"* (P19, F23). These responses extended into more broader reflections on humanity, as another participant shared, *"I found myself questioning humanity because such cruelty on innocent people is just straight up messed up"* (P8, M23). Alongside moral outrage, participants described sense of guilt arising from their role as distant observers. The guilt was closely tied to the awareness that while they could disengage from the content, those depicted in it could not. As one participant expressed, *"I felt guilty for continuing my normal life"* (P8, M23), while P15 (F22) stated more explicitly, *"There was guilt in looking away, but pain in looking at it, felt like witnessing something I had no power to change"*. Similar narratives were reflected in statements such as, *"Mujhe kaafi guilt hai for not helping but me myself am helpless"* (P26, F24). Participants also noted how this contrast between their own routine lives and the suffering they witnessed contributed to their discomfort, as reflected in, *"We go on with our lives normally as if nothing happened... it really puts things into perspective."* (P30, F22). Another described how the normalization of such content on social media itself contributed to distress, *"That silence was louder than anything else it made the suffering feel ordinary... the world continues scrolling."* (P19, F23).

P15 (F22) expressed another perspective, stating, *"You get to log out. They don't"*. This realization appeared to linger beyond the moment of exposure, making even avoidance feel emotionally complex rather than relieving. As the same participant further reflected, *"So even avoidance doesn't feel completely light. It feels necessary, but heavy in its own way"*.

3.2 Altered Sense of Safety and Existential Reflection

Participants described deeper shifts in how they perceived the safety of the world, its predictability, and the nature of humanity.

Several participants described developing a sense that the world was fundamentally unsafe, where P27 (M22) stated, *"Aise events aisa belief banata hai the world is unsafe. After some time, I also became fearful of the world"*. Others stated a broader disruption in perspective, with one participant stating, *"It has changed me more in terms of how I look at the world. My perspective has been shattered like a gazillion times by now. It is a messed-up world."* (P30, F22).

For instance, one participant described how exposure to war updates led to a heightened sense of fear about their own safety, particularly in relation to their geographical context. As P6 (F22) explained, *"I was genuinely scared... mujhe laga that already Mumbai earlier has been a place jahan pe attack ho chuka hai... there is a high chance... wo kuch bhi kar sakte hai."*

P15 (F22) offered a slightly different emotional response, highlighting a sense of awareness of personal safety as a privilege, where they stated, *"I start thinking about how fragile everything is. How safety is such a privilege"*.

This fear extended beyond the immediate moment and led to deeper existential concerns about safety and the future. Reflecting this, the participant (P6, F22) further stated, *"mujhe suddenly bahut meri life regarding anxiety aa gayi that am I going to survive and will I be able to see the next ten years of my life?"*. The same participant further added, *"life is very unpredictable...this entire experience has made me understand that I have to sit with the uncertainty and try to live my day,"* indicating a movement from immediate fear toward existential processing.

Repeated exposure also appeared to contribute to a sense of emotional numbing and normalisation. As one participant noted, *"Exposure ki wajah se main thodi emotionally ya socially numb ho gayi hoon... itni common ho gayi hai ki lagta hai log isko normalize karne lage hain."* (P24, F22). This suggests that over time, distressing content may lose its immediate emotional impact while still shaping perception. Overall, these accounts suggest that exposure influenced not only how participants felt, but also how they understood the world, others, and themselves.

3.3 Political Disillusionment and Reflections on Power

For some participants, moral and existential concerns extended into reflections on political systems and structures of power. These responses were less focused on immediate emotional reactions and more on making sense of the broader forces underlying the violence.

Participants expressed disillusionment with political systems and their ability to prevent or respond to such events. One participant noted, *"It printed a negative image of the world political system in my mind. I don't think the system will support in this type of situation for some other country."* (P13, M24). Others highlighted perceived inequalities in power, stating, *"Powerful log apna fayda nikaal lete hain... aur jo powerless log hote hain, woh sabse zyada suffer karte hain"* (P24, F22).

Some participants also observed how discussions around war often shift away from human suffering toward ideological debate: *"Conversations about war quickly become political arguments, and in those moments, it feels like the human suffering gets pushed into the background."* (P29, M22). This reflects a sense that the lived realities of those affected are overshadowed by abstract political discourse.

Additionally, participants expressed a sense of limited agency in relation to these systems, questioning the power of individuals in influencing such large-scale events. As one participant reflected, *"It sparks a lot of thoughts about politics, power and you keep wondering if anything in this world really is in our power?"* (P30, F22).

These accounts suggest that exposure to war-related content not only elicited emotional and cognitive responses but also prompted broader reflections on political structures, power dynamics, and the perceived limitations of individual influence.

Theme 4: Social Support

A large proportion of participants reported that, despite experiencing significant distress in response to war-related content, they did not feel that they were able to communicate or process these experiences

with others. This perceived lack of understanding and validation contributed to a sense of isolation, which appeared to intensify the impact of the original exposure. For instance, P9 (F21) stated, *"I usually don't talk to anyone about it I don't feel truly understood"* and P10 (M20) also added, *"People change the topic."* On similar lines, P23 (F21) also added, *"Others might just say 'it's just news'"*, also further by P15 (F22) stated, *"Support is technically available, but I don't really talk about it no one seems to give much thought, you know."*

In addition to perceived lack of validation, several participants described hesitation in sharing their distress due to concerns about burdening others. This reluctance was often linked to the belief that others were already dealing with their own difficulties, making their own distress feel less legitimate or "shareable." For instance, P30 (F22) stated, *"I hesitate because everyone has their own thing going on... I think I'll only burden others with my things."*

These narratives suggest that distress was not only shaped by the content itself but also by the perceived inability to socially process it. When participants felt that their experiences would not be understood or meaningfully responded to, they were more likely to internalise their reactions, allowing the distress to persist without resolution.

In contrast, a smaller group of participants described actively seeking and receiving support in response to distress caused by war-related content. For these individuals, interactions with trusted others such as friends or siblings played a role in reducing emotional intensity and making sense of their reactions. Here, P11 (F22) stated, *"I prefer to talk to a close friend or sibling... They can listen without judging and understand how I feel"*, and similarly by P6 (F22) added *"Others are willing to listen without judgment"*. Additionally, P3 (F22) further contributed, *"We discuss geopolitics and such discussions help us process the content we have seen"*.

Support appeared to operate through multiple pathways. Emotional validation helped reduce feelings of isolation by normalizing participant's reactions, while discussion and shared interpretation allowed individuals to process distressing content rather than remain overwhelmed by it. In this way, social interactions provided a space for both emotional expression and meaning-making.

These accounts indicate that the effectiveness of social support depends not only on its availability but also on its quality and relevance to the individual's needs. When support lacked emotional attunement, participants continued to experience a sense of helplessness despite not being socially isolated.

Thematic Map

The table shows a thematic analysis of qualitative data based on participants narratives about their exposure to war-related social media content. Four main themes emerged: immediate reactions, intrusive thought patterns, moral and existential reflections, and perceived social support. These themes describe the process from initial emotional and physiological pain to persistent intrusive cognitions, then deeper moral questioning and worldview disruption, and lastly the function of social support as both a barrier and a protective factor.

THEMATIC PRESENTATION OF QUALITATIVE FINDINGS				
Core Theme		Subtheme	Key Findings	n of Participants Contributing
1. Immediate Reactions	→	Emotional Responses (Internal)	→ High-Intensity Affect: Distress, sadness, fear, and "powerless" anger	20
	→		→ Persistent Impact: Emotions are "seized" and not fleeting	
	→		→ Empathy & Disgust: Deep discomfort seeing vulnerable victims (babies/civilians)	
	→	Physiological Responses (External)	→ Somatic Distress: Stomach "kal" (cramps), sinking feelings, loss of appetite	14
	→		→ Chest related Disturbance: Chest heaviness, rapid heartbeat, "heart fell down" sensation	
	→		→ Automatic Arousal: Trembling, shivering, "goosebumps," and cold sweats	
	→	Dissociative & Anticipatory Anxiety	→ The "Freeze" Response: Psychological immobilisation; inability to scroll away	16
	→		→ Numbness: Momentary but distressing	
	→		→ Anxiety Sensitisation: Loss of "innocent scrolling"; constant alertness for future triggers	
2. Intrusive Thought Patterns	→	Involuntary Cognitive Replay	→ Visual Persistence: Random, sudden resurfacing of graphic images	10
	→		→ Emotional Re-evocation: Replays carry the same intensity as the initial viewing	
	→		→ Targeted Content: Images of children and women persist longer or events like Pahalgam Attack	
	→	Sleep Intrusions	→ Nighttime Vulnerability: Intrusions peak during unawareness/quiet times	6
	→		→ Dream Interruption: Blurring boundaries between media and personal reality ("like I was there")	
	→		→	
3. Moral & Existential Reflections	→	Moral Distress & Guilt	→ Witness Guilt: Feeling "heavy" for living a normal life while others suffer	13
	→		→ The Observation Paradox: "You get to log out. They don't."	
	→		→ Humanity Questioned: Outrage at online cruelty (casteist slurs) and global silence	
	→	Worldview Disruption	→ Shattered Safety: Belief that the world is "fundamentally unsafe" or "messed-up"	9
	→		→ Contextual Fear: Specific anxiety about local safety (e.g., Mumbai attacks Or Operation Sindoor)	
	→		→ Fragility Awareness: Realisation that safety is a privileged, fragile state	
	→	Power & Disillusionment	→ Systemic Failures: Lack of faith in political systems to protect the powerless	8
	→		→ Dehumanisation: Human suffering being pushed back by "ideological debate"	
	→		→	
4. Perceived Social Support	→	Barriers to Processing	→ Invalidity: Others dismissing distress as "just news"	6
	→		→ The Burden of Sharing: Hesitation to transfer distress to others with "their own things"	
	→		→ Internalisation: Lack of validation leads to unresolved, persistent distress	
	→	Pathways to Resilience	→ Emotional Validation: Non-judgmental listening from close friends/siblings	9
	→		→ Meaning-Making: Using geopolitical discussions to intellectually process content	
	→		→	

Discussion

The current mixed-methods study looked at how perceived social support affected the association between exposure to war-related content on social media and secondary traumatic stress (STS) among young adults in India. The findings of both the quantitative moderation analysis and the qualitative thematic analysis add up to provide a comprehensive picture of how digital war consumption affects psychological well-being and how social support influences that experience. The discussion integrates both qualitative and quantitative data, allowing reflection on their theoretical and practical relevance.

For the quantitative phase, the study recruited 150 young persons aged 18 to 25, with an additional 30 taking part in semi-structured interviews. The quantitative sample was predominantly female (66%), reflecting common patterns seen in psychological research with student and young adult populations in India, where female participants are more likely to participate in survey-based studies on mental health topics. The sample reported moderate-to-high levels of exposure to war-related content on social media ($M = 7.91$, $SD = 3.39$), which reflects the wider reality of today's digital environment where graphic war-related imagery from conflicts circulates freely on platforms such as Instagram, Twitter, Reddit and Facebook. The mean STS score of 42.38 ($SD = 14.31$) further suggests that a significant proportion of the group was experiencing clinically relevant levels of secondary traumatic stress, despite no direct involvement in war.

This particular sample is also important since it has so far been an underrepresented group in the research on trauma. Most of the research has focused on those whose work directly involves dealing with traumatic events, such as nurses, therapists, and journalists. This research fills a gap in the body of knowledge since it focuses on young adults who are active social media users and confirms that secondary traumatic stress is not limited to "at-risk" groups.

War-Related Media Exposure and Secondary Traumatic Stress

This study's first key finding was that war-related media exposure was a significant positive predictor of secondary traumatic stress ($B = 1.472$, $p < .001$, $\beta = 0.349$). This means that for every one unit increase in war media exposure, participants secondary traumatic stress levels went by about 1.47, even after controlling for perceived social support and the interaction term. This result is consistent with a large and expanding body of research showing that indirect exposure to traumatic events via social media might result in clinical symptoms similar to those reported in direct trauma survivors.

These findings are consistent with the fundamental work of Figley (1995), who hypothesized that trauma symptoms can arise through empathetic engagement with those in distress without direct involvement. This empathetic process increases in the digital age since social media platforms expose users to graphic material on a regular, unexpected, and often involuntary basis. Several participants in the qualitative phase stated how they were merely scrolling through their feeds when they came upon unsettling war content. The unexpected nature of this exposure appeared to increase its psychological impact, since individuals were not psychologically prepared for what they were about to see.

The qualitative results added to the quantitative relationship by offering information into the actual effect of war content on participants. Theme 1 revealed that the immediate responses included a broad range of emotional responses such as fear, sad feelings, helplessness, and anger. Some participants also reported physiological symptoms such as heaviness in the chest, a racing heartbeat, stomach problems, trembling, and goosebumps. This pattern is consistent with the concept of emotional contagion, as defined by Hatfield et al. (1993), in which people unknowingly absorb and physically reflect the emotional states

represented in the content they are seeing. Like catching a flu from a crowded room, users 'catch' distress from algorithmic feeds. The occurrence of physiological symptoms with emotional ones indicates that the impact of war media exposure extends beyond a cognitive or intellectual reaction as it registers in the body as a danger signal, even when the individual is physically safe.

Theme 2 expanded on this by finding that intrusive thoughts and cognitive replay were quite common post-exposure experiences. Participants stated that images, particularly of children or expressions of great distress, continued to repeat in their minds spontaneously, sometimes during quiet moments at night or in unrelated situations during the day. Others claimed that these occurrences impacted their dreams, blurring the distinction between media consumption and personal experience. These patterns closely resemble the intrusive symptom cluster in PTSD as defined in the DSM-5, giving qualitative validation that war-related social media content might act as a secondary traumatic stressor, causing trauma-like symptoms in the general population.

These findings confirm and expand on previous research. Holman et al. (2013) found that people who watched six hours or more of news coverage after the Boston Marathon bombings suffered more acute stress than those who were personally present at the incident. The current study replicates this general pattern in a social media setting, showing that even mild, incidental exposure to war-related content while casually browsing is associated with significant psychological distress. This is an especially significant finding given that social media consumption differs qualitatively from traditional news consumption: it is continuous, algorithmically curated to maximize emotional engagement, and built into a platform context that combines entertainment and graphic reality.

Perceived Social Support

The second important finding was that perceived social support was a significant negative predictor of secondary traumatic stress ($B = -2.907$, $p < .001$, $\beta = -0.249$). Participants who reported feeling more supported by family, friends, or significant others had significantly lower levels of secondary traumatic stress, even after controlling for their amount of war media exposure. This result is in line with the stress-buffering hypothesis (Cohen & Wills, 1985), which suggests that social support acts as a specific buffer against the impact of identifiable stressors in addition to improving overall well-being to lessen the negative psychological effects of stressful experiences. When applied it to the digital media context, this shows that the presence of social support can act as a buffer, lowering the psychological impact of viewing disturbing content online.

The qualitative data added significant and subtle detail to this relationship. Theme 4 on perceived social support presented a more complicated picture than just the presence or absence of support. A significant majority of participants stated that, despite having people around them, they did not feel truly understood when they attempted to express their despair about war-related information. Others common narratives included dismissals like "it's just news" or quick shifts in subject, leaving participants feeling invalidated and, in some circumstances, more alienated than before they reached out.

This qualitative pattern has major implications for interpreting the quantitative results, showing that simply having a sense of support may not be enough to reduce the effects of media-induced trauma. What appears to be more important is the perceived quality of the support, such as whether the individual feels heard, validated, and emotionally supported in their distress. This is consistent with Barrera's (1986) distinction between received and perceived support, in which the subjective sense of feeling supported is more psychologically relevant than the objective presence of supporting individuals. In this study, the

Multidimensional Scale of Perceived Social Support (MSPSS) measured perceived support, therefore even those with effective perceived support may have scored lower if those networks lacked the necessary emotional sense of connection.

Simultaneously, the qualitative data showed that social support can serve as an active and genuine protective resource. Participants who had close friends or siblings with whom they could openly talk geopolitics, process tough topics, or feel emotionally heard reported improved emotional regulation and faster return to a stable state. This process could be explained through two mechanisms: emotional focused, which reduced isolation by normalizing suffering, and problem focused, which assisted individuals in making sense of what they had experienced rather than being overwhelmed. This dual role aligns with Richard Lazarus and Susan Folkman's (1984) emotion-focused and problem-focused coping models, explaining the buffering effect reported in the regression model.

Moderating Role of Perceived Social Support

The study's most significant finding was confirmation of the moderation hypothesis. The study found a significant interaction between war media exposure and perceived social support ($B = -0.448$, $p = .047$, $\beta = -0.130$). The total model explained 25.2% of the variation in secondary traumatic stress ($R^2 = 0.252$). Perceived social support influenced the extent of the connection between war media exposure and secondary traumatic stress, rather than merely reducing secondary traumatic stress scores in general, i.e., higher levels of perceived social support gradually decreased the relationship between exposure and secondary traumatic stress, while lower levels of perceived support made individuals significantly more vulnerable to the psychological impacts of the same content. In other words, two people watching the same distressing war footage may experience very different levels of secondary traumatic stress depending on whether they feel supported, understood, and emotionally connected in their lives beyond the screen.

The conditional effects analysis helps to make the moderating effect apparent. At low levels of perceived social support ($PSS = 16$), war media exposure was significantly linked to secondary traumatic stress ($B = 2.051$, $p < .001$, $\beta = 0.486$). At average support levels ($PSS = 50$), the connection remained significant, but was significantly weaker ($B = 1.433$, $p < .001$, $\beta = 0.340$). At high levels of perceived social support ($PSS = 84$), the relationship was no longer statistically significant ($B = 0.893$, $p = .058$, $\beta = 0.212$). This suggests that for individuals who feel strongly supported, the harmful effect of war media exposure on secondary trauma is significantly diminished.

The qualitative data provides a solid and reliable explanation for why the moderating effect exists. According to Theme 4 narratives, participants who were able to speak openly about what they had seen, felt their emotional reactions were validated, and had someone sit with them in their discomfort demonstrated a pattern of more successful emotional processing and faster recovery from distress. Participants who kept their reactions to themselves, felt dismissed by others, or were internally reluctant to share exhibited a pattern of prolonged distress internalisation such as replaying images, lying awake, and carrying a diffuse sense of unease that they struggled to articulate or resolve.

Only limited number of participants reported muting or restricting war-related content or accounts, indicating that active preventive digital coping methods were not frequently used. This may indicate that many individuals dealt with distress by emotionally reacting in the moment rather than proactively avoiding exposure. One possible explanation is a lack of awareness that repeated exposure can lead to secondary traumatic stress, which may prevent individuals from identifying content-muting as a form of

self-protective approach. In this perspective, the absence of such preventive media-boundary behaviors may represent not avoidance, but rather a knowledge gap about a risk of secondary trauma from cumulative social media exposure.

Theoretical Implications

Aside from their practical significance, the findings of this study contribute to existing theoretical frameworks in trauma psychology and social media research.

First, the study applies Figley's (1995) Secondary Traumatic Stress Theory to digital and social media contexts, providing empirical support for the claim that empathic engagement with war-related content on social media can cause secondary traumatic symptoms in the general population. The parasocial emotional relationships built through social media, particularly the first-person and immersive quality of short video footage, appear to serve as pathways for trauma to move from people directly affected by violence to others who witness their suffering online.

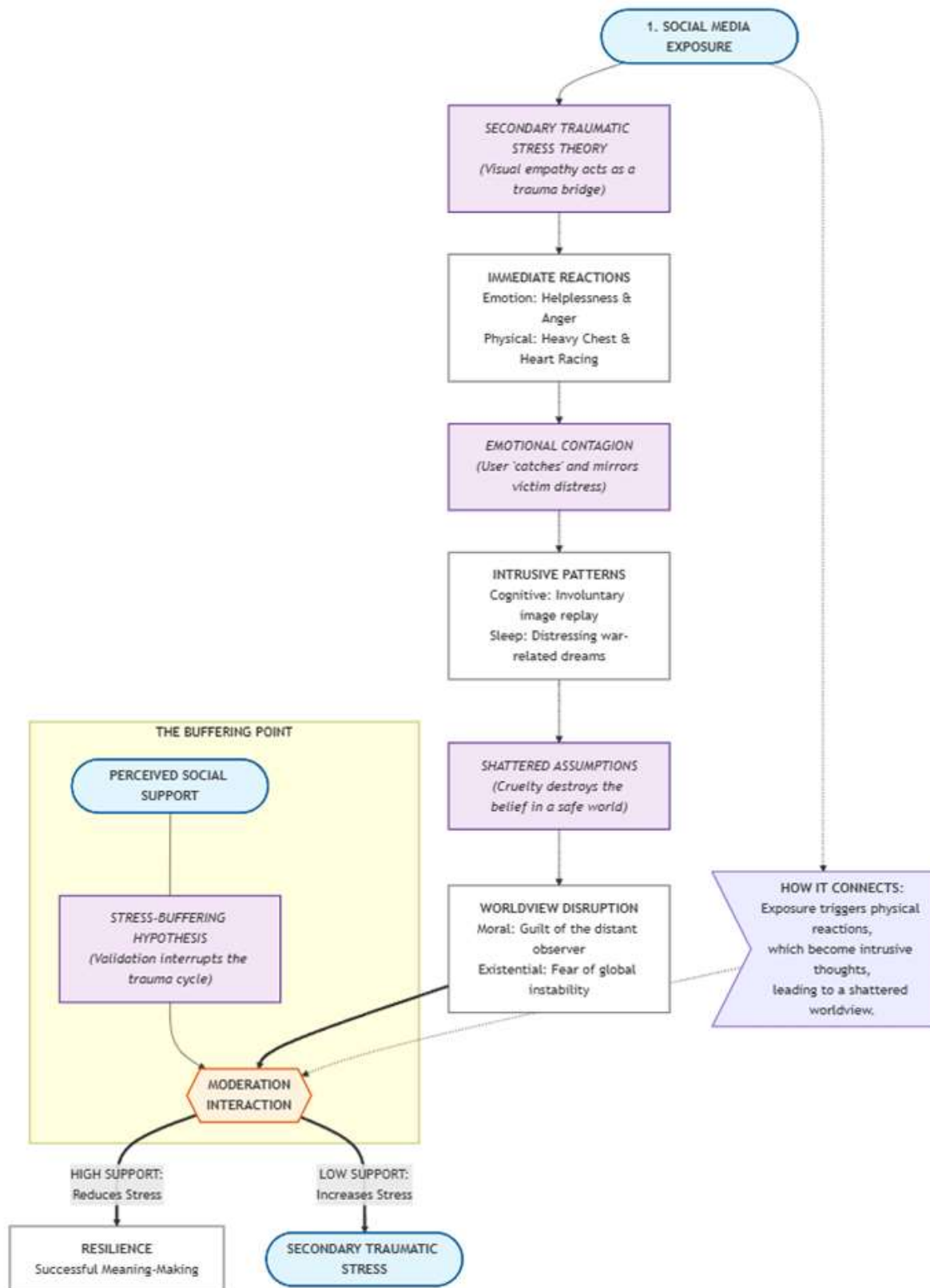
Second, the moderation finding lends support to and expands Cohen and Wills (1985) stress-buffering hypothesis in the context of digital media. This is an important theoretical contribution because the stress-buffering theory was primarily developed in response to physical health consequences and firsthand social stresses. The current study shows that the buffering effect of perceived social support extends to psychologically harmful digital media exposure, implying that the mechanisms by which social support works, such as emotional validation, cognitive reappraisal, and reduction of perceived threat, are not limited to traditional stressors but also apply to the unusual stressors of the digital age.

Third, the qualitative findings identify moral distress and worldview disruption as significant themes. Participants expressed not only emotional and bodily distress, but also a more profound change in their worldview, including emotions of injustice, moral anger, guilt, and disillusionment with global institutions. Ronnie Janoff-Bulman's Shattered Assumptions Theory (1992) claims that people have underlying beliefs that the universe is benevolent, meaningful, and fair. Exposure to traumatic war-related content appears to call into question fundamental assumptions, notably ideas about justice and safety, resulting in psychological and existential chaos. At the same time, these experiences are consistent with Brett T. Litz et al. (2009) idea of moral injury, which states that discomfort originates from perceived violations of deeply held moral values, resulting in guilt, anger, and a loss of trust in humanity. These findings imply that media-induced secondary traumatic stress is more than just obvious symptoms, it also includes deeper cognitive and moral impact that traditional STS measures can not fully capture. Future models should include categories like worldview disruption and moral harm, in addition to symptom-level markers.

Fourth, the cultural background of the Indian sample adds significant depth that is insufficient in much of the previous digital trauma literature. Participants demonstrated personal identification with the geopolitical content they consumed, with some making explicit references to historical events such as the Operation Sindoor, 2008 Mumbai attacks and expressing fears about their own or their family's safety. This shows that the psychological impact of war-related media content varies between populations and is influenced by cultural memory, local historical experience, and perceived personal connection to the violence presented. Future theoretical models of media-induced stress would benefit from including cultural context as a structural variable rather than just a background feature.

Conceptual Map

The conceptual map that emerged from the discussion and integrated mixed-method findings represents the pathway via which repeated exposure to war-related content on social media contributes to secondary traumatic stress in young adults. The model begins with daily exposure to graphic war visuals while using social media, which was shown to elicit immediate emotional, physiological, and cognitive reactions such as fear, helplessness, body arousal, intrusive thoughts, and anticipatory anxiety. As previously discussed, frequent and unresolved exposure appears to continue these reactions over time, resulting in chronic symptoms such as intrusive replay, avoidance of media signals, hyperarousal, and emotional discomfort. The model also takes into account the moderating role of perceived social support, as the discussion revealed that emotional validation, supportive conversations, and shared meaning-making reduced distress intensity, whereas low validation and hesitation in expressing oneself increased distress internalization. Thus, the conceptual map reflects the view that media-induced secondary trauma is influenced not only by exposure, but also by cognitive meaning-making and the availability of social support.



Practical Implications

Most important implication was through the moderation finding which shows that interventions aiming at minimizing the psychological distress caused by war-related media exposure should not be limited to

just limiting exposure. While digital detox and mindful media use are frequently recommended solutions, they may not always be practical or sufficient in today's digital environment. Instead, a more effective strategy could be to build perceived social support networks, especially among young adults who appear to be socially isolated or lack support systems.

On a broader level, the findings indicate that communities, educational institutions, and mental health organizations should invest in creating spaces where young adults can openly discuss their emotional reactions to disturbing news events. Peer support groups, planned debriefings, and even classroom talks (in a college setting) that address the psychological impact of what is viewed online could be useful kinds of social support that mitigate the effects of digital war exposure.

The findings have implications for social media platforms in terms of content warning design, algorithmic exposure to graphic information, and the involvement of mental health resources in the aftermath of major conflict events. Platforms that offer contextualised support choices when users interact with graphic war-related content may help lessen the psychological harm caused by such exposure.

The findings also imply the need for a moral injury-informed interventions approach for those exposed to war-related content via social media, based on theories developed by Brett T. Litz et al. (2009) and Ronnie Janoff-Bulman (1992). In such circumstances, distress may result not only from fear-based responses, but also from moral conflict, anger, and a shift in core beliefs about justice and meaning. This suggests that typical PTSD-focused therapies, particularly those based purely on exposure, may not adequately address the existential aspect of distress in digital audiences. Instead, clinicians may benefit from adding value-based meaning-making interventions, in which emotional responses like moral anger or guilt are projected into other forms of agency like community service or advocacy.

Strengths

The current study has a number of significant advantages. The research's use of a mixed methods research approach, which went beyond simply discovering statistical associations and offered a deeper understanding of the actual psychological experience of war-related social media exposure, is one of its main strengths. The qualitative thematic analysis added rich experiential depth by capturing emotional, cognitive, physiological, and coping-related responses, while the quantitative moderation analysis established the relationship between exposure to war media, perceived social support, and Secondary Traumatic Stress (STS). The findings overall validity and interpretive richness improved by this integration.

Third, a significant methodological strength of the study is its analysis of Perceived Social Support as a moderating variable. Rather than focusing solely on direct connections, the moderation model allowed for a deeper grasp of when war-related content becomes more or less psychologically stressful. The stress-buffering hypothesis is substantially supported by this conditional approach, which also adds conceptual depth.

The integration of culturally relevant viewpoints is another important asset. The study was able to capture how responses to global conflict-related content may be influenced by local historical memory, sociopolitical awareness, and culturally formed beliefs of safety by using a sample of young adults from India. This provides contextual relevance that is frequently lacking in research on digital trauma that is dominated by the Western world.

Lastly, the qualitative results revealed more extensive psychological processes that go beyond stress at the symptom level, such as moral distress, worldview disruption, emotional invalidation, and social

support-based meaning-making. These themes extend the understanding of media-induced trauma beyond conventional STS frameworks and provide strong directions for future theory development and intervention design.

Limitations and Future Directions

Several limitations to this study should be noted. First, the sample was drawn using convenience and purposeful sampling methods, limiting the generalizability of the results. The sample was largely female and from a certain age group (18-25) in India, therefore the findings may not be applicable to older adults, men, or people from different cultural backgrounds. Future study should strive to use more representative samples and cross-cultural designs to see whether the patterns observed here are consistent across populations.

Second, the study used self-report measures, which are subject to recall bias and social desirability effects. Participants may have underreported or overreported their exposure to war information, or they may have been influenced by social norms regarding expressing emotions when completing the secondary traumatic stress scale. Objective measurements of media exposure, such as screen time data, can add to self-report in future studies.

Third, because the quantitative phase employed a cross-sectional design, it is unable to make definitive cause-and-effect findings. Although the moderation analysis demonstrates that perceived social support influences the link between exposure and STS, it does not reveal which factor comes first or causes the other. It also cannot rule out the possibility of other factors, such as emotional regulation, past trauma, or preexisting anxiety. A longitudinal method would help clarify how these variables interact over time.

Fourth, the qualitative phase, while detailed, was limited to 30 participants. While thematic analysis was attempted, a larger qualitative sample may have revealed additional themes or subthemes, particularly those concerning gender differences in coping or the importance of cultural and religious frameworks in making meaning of seen suffering. Future research might potentially use diary methods or ecological momentary assessment to record real-time emotional reactions to war media exposure as they occur, rather than relying on retrospective perspectives.

Fifth, the study did not look at specific types of war-related content or the formats in which they were found, such as films versus images or live streams versus edited news segments. Future research could look into whether different types of war content provide varied levels of psychological distress, which would have significant consequences for platform design and content warning policies.

Conclusion

This mixed-methods study found that exposure to war-related content on social media is a substantial psychological stressor for young adults in India, frequently resulting in clinically meaningful levels of Secondary Traumatic Stress (STS). The findings reveal that such content has an influence beyond acute psychological distress, extending to physiological reactions, intrusive thoughts, and deeper modifications in worldview, such as moral anger and disillusionment.

The study makes an important contribution by identifying perceived social support as a moderating factor. Higher levels of perceived support reduce the link between media exposure and STS, whereas lower levels increase vulnerability to distress. Importantly, the data underline that the quality of emotional validation and understanding defines the protective impact of social support, rather than their mere existence.

Overall, the study concludes that digital exposure to war is not a passive or harmless experience, but rat-

her has a psychological "cost of caring." As a result, mental health interventions should go beyond basic suggestions like limiting screen usage and instead focus on creating emotionally supportive environments and promoting shared processing of painful content. In an increasingly linked digital world, making meaningful and validating social connections is critical to reducing the psychological burden of indirect trauma.

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