

# A Qualitative Exploration of Researcher Trauma and Researchers' Responses to Investigating Sexual Violence

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## Abstract

Vicarious trauma can be a problem for those who work and research in areas where clients or participants are survivors of sexual violence. The aim of this study was to explore the trauma experiences of sexual violence researchers from different countries, identifying the issues that traumatized them and the protective strategies they found effective. This article reports on a moderated electronic discussion board run for 4 weeks from September to October 2009 and four purposeful interviews. A total of 15 researchers participated, 4 males and 11 females. Institutions and organizations researching in this area should consider researcher safety in project design.

## Keywords

research, secondary traumatic stress, sexual violence, vicarious trauma

## Introduction

Sexual violence is a violation of human rights and a major public health issue, the impact of which extends far beyond the victim (Campbell, 2002; Morrison, 2007). There is increasing recognition within health and crime prevention services of the

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emotional hardship associated with working with survivors of rape and violence (Baird & Jenkins, 2003; Slattery & Goodman, 2009; VanDeusen & Way, 2006; Way, VanDeusen, Martin, Applegate, & Jandle, 2004); however, this understanding does not always extend to researchers of sexual violence (Coles, Dartnall, Limjerwala, & Astbury, 2010). Researching with victims of sexual violence can be particularly difficult (Campbell, 2002; Coles & Mudaly, 2010; Fontes, 2004; Schauben & Frazier, 1995; Stoler, 2002). The Sexual Violence Research Initiative (SVRI) aims to promote quality, priority driven research on sexual violence, particularly in emerging and resource-poor countries (SVRI, 2006). To build a skilled research base, it recognizes the importance of retaining skilled researchers and consequently, the importance of preventing trauma to researchers undertaking sexual violence research.

Sexual violence researchers, who have extended contact with trauma victims are, perhaps, especially likely to be at increased risk of experiencing vicarious traumatization (Wasco & Campbell, 2002), but very little research attention has been paid to them (Campbell, 2002). The role of a researcher is different from that of a clinician or counselor and potentially more traumatizing because of an inability to “help” the victim. Researchers identify problems and needs, but may feel unable to provide any assistance that helps survivors cope with their experience of sexual violence (Connolly & Reilly, 2007; Etherington, 2004, 2007). As Connolly and Reilly (2007) comment, “Within our general cultural framework, ‘only getting without giving,’ smacks of exploitation” (p. 536). The following sentiments expressed by researchers in a workshop on the impact of researching sexual violence highlight this point:

Researchers open up people and then go home,” and “Being a researcher your hands are tied—you can’t make people go to counseling; you can’t provide them with counseling and you know little about the quality of services they will receive. (SVRI, 2010, p. 9).

Research with perpetrators of violence can pose particular challenges for the researcher. Hearing stories of abuse and violence and managing risks of colluding with the interviewee are difficult tasks even for the most experienced researcher. Researchers working with perpetrators may be traumatized by their exposure to the accounts of violence and abuse that they hear from perpetrators or feel distressed when their interview interactions are interpreted by some perpetrators as support for their abusive behaviors.

Interviewing men on sexual violence involves close attention, careful listening, and empathy, but also critical distance and critical awareness. It is clear that simple notions of easy interviewer-interviewee empathy and emotional closeness are, at least partly, challenged in this work, as are ideals or naïve possibilities of power symmetry in interviewing. (Hearn, 1998, pp. 53-55, cited in Hearn, Anderson, & Cowburn, 2007)

It is not only the qualitative interview that can be problematic for researchers; working with the data generated can be difficult, too. “Researcher saturation” is described when triangulating qualitative data by doing observational studies, in-depth

interviews, transcription, and coding with women who had gynecological cancer and health professionals (Wray, Markovic, & Manderson, 2007). Repeated exposure to text describing traumatic events such as coroners files can be distressing, as can listening to and transcribing research interviews, coding data, and writing up reports (Chaitin, 2003; Etherington, 2007; Fincham, Scourfield, & Langer, 2008; Woodby, Williams, Wittich, & Burgio, 2011).

Rape and sexual violence are profound violations. Research and service provision may be combined, particularly in developing and resource-poor nations, potentially adding to the traumatic material individual researchers encounter and increasing the need for organizations to build the capacity to support researchers' safety, in addition to participant safety. Understanding the setting in which the research is to be undertaken is essential and may include a risk assessment, communication aids and plans, working in pairs, the development of safe interviewing spaces, safe accommodation and transport services, the establishment of health and counseling services, or upskilling local people to provide appropriate services before the project begins (Social Research Association, 2006; Watts, Heise, Ellsberg, & Garcia-Moreno, 1999).

War rape is recognized by the UN Security Council as a profound violation of human rights and weapon of war. It is used by warring factions as a cheap and potent instrument to humiliate, shame, and denigrate an enemy. It is a brutal expression of patriarchy. Increasingly, agencies working in conflict and post-conflict settings are undertaking research on sexual violence to inform and strengthen their responses in these fragile settings (Ford, Mills, Zachariah, & Upshur, 2009). Researching sexual violence in war zones and post-conflict settings multiplies the challenges by embedding the research in "an atmosphere of hate" (Chaitin, 2003 p. 1153). Research can be extremely difficult and poses many potential risks, physical and psychological, to both researcher and participant (Ford et al., 2009).

In any setting, researching sexual violence is, by its very nature, a highly emotional experience, involving repeated exposure to painful experiences of sexual violence, humiliation, and abuse (Campbell, 2002; Dickson-Swift, James, & Liamputtong, 2008; Lee, 1995). The effects of being direct and indirect witnesses of trauma and abuse can result in secondary traumatic stress or vicarious trauma.

Vicarious trauma is defined as "the transformation of the therapist's or helper's inner experience as a result of empathetic engagement with survivor clients and their trauma material" (Pearlman & Saakvitne, 1995) and is based on constructivist self-development theory (CSDT). CSDT frames the interaction between trauma and the individual as an interplay between the individual's personality, personal history, social and cultural contexts, and the traumatic experience (Pearlman & Saakvitne, 1995). The result of vicarious trauma can potentially include the disruption of the sexual violence researchers' view of themselves, others, and the world in general (McCann & Pearlman, 1990). Campbell (2002), for example, discusses how researching rape requires a level of empathy and identification with research subjects and repeated exposure to stories of violence may not be commonplace for all social scientists. Campbell notes, "through repeated exposure to empathizing with victims, the very nature of our work puts us at psychological risk" (p. 103).

Vicarious trauma influences different people in different ways. The impact on researchers is related to the trauma they are exposed to, their own characteristics and history, the research methods they use, their support systems, and the context in which they do their research (Coles, 2004; Garcia-Moreno & Watts, 2004). It is a pervasive feature of working with traumatized people and a cumulative response to traumatic material. It can be triggered by either a one-off exposure to a significant issue, or repeated exposure to a range of issues and incidents. It can have a profound impact on individuals and be no less debilitating than the primary trauma (Pearlman & Saakvitne, 1995). Other contributing factors originally proposed by Pearlman and Saakvitne (1995) that apply to sexual violence research include the chronicity of the trauma work involved in sexual violence research, and its association with service provision and/or war and conflict in some countries, the individual researchers' capacity for empathy, and his or her personal history of trauma.

Secondary traumatic stress is a similar concept to vicarious trauma, but there are differences as it is based on a set of clinical symptoms. Secondary traumatic stress closely parallels posttraumatic stress disorder (PTSD) in its symptomatology (Bober & Regehr, 2006) and is a normal response to exposure to trauma when working with survivors of traumatic events (Figley & Kleber, 1995). Symptoms of secondary traumatic stress in researchers could include intrusive symptoms such as re-experiencing the survivors' trauma through thoughts, feelings, and images; avoidance symptoms such as avoiding working in areas that recall the trauma (undertaking interviews or working with interview data); and symptoms of hyperarousal such as palpitations and sweating, nightmares, and sleep disturbances (Deville, Wright, & Varker, 2009; Slattery & Goodman, 2009).

Coping strategies have been identified for work-related trauma when working with violence and sexual violence survivors. These include formal support through organizations, professional counseling, supervision by consultation with and support from colleagues, training, and informal support through family and friends (Bober & Regehr, 2006; Smith, Kleijn, Trijsburg, & Hutschemaekers, 2007; Ullman & Townsend, 2007; Wasco, Campbell, & Clark, 2002). Slattery and Goodman's (2009) recent study reported that shared power within an organization that valued mutuality, respect, and shared decision making provided greater protection against secondary traumatic stress than individual factors.

Self-care strategies have been advocated to improve well-being and to reduce vicarious trauma (Hesse, 2002; Krasner et al., 2009). Research using the Coping Strategies Inventory (Bober, Regehr, & Zhou, 2006) found no association between self-care activities, supervision, and traumatic stress scores on the Impact of Events Scale (IES) (Bober & Regehr, 2006). These results run counter to evidence from other areas of professional practice using scales that measure mental and physical well-being in greater detail than the IES (Hassed, de Lisle, Sullivan, & Pier, 2009; Krasner et al., 2009). Further research is required in this area.

Vicarious trauma and secondary stress have provided the conceptual framework for much of the literature that underpins current understandings of the impact on those who work with survivors of trauma. More recent work has highlighted methodological

issues with the measurement of burnout, vicarious trauma and secondary traumatic stress (Devilly et al., 2009), the differences in scales used between studies, and the scarcity of studies which measure all of these areas (Devilly et al., 2009), rather than treating them as independent constructs.

Organizations that support sexual violence research need to develop strategies that safeguard not only participants, but also the research team members so as to identify, manage and, where possible, prevent vicarious trauma. Early planning for researcher safety is an important part of occupational health and safety (Bloor, Fincham, & Sampson, 2010). The World Health Organization (WHO) Guidelines for undertaking domestic violence research (Watts et al., 1999) and the Social Research Association (United Kingdom) Code of Practice for the Safety of Social Researchers (Social Research Association, 2006) will be considered for their applicability to sexual violence research as possible models to guide sexual violence researcher safety.

This article seeks to identify potential risks to researchers by exploring the experiences of sexual violence researchers from different countries, identifying issues that traumatized them, and the coping strategies they found effective.

## Method

The impetus for this article arose at the SVRI Forum in 2009. The Forum was a global event at which sexual violence researchers from diverse settings around the world met and presented their work. Researchers identified their own trauma as an area of concern in discussions on priority areas for research on sexual violence, citing a lack of support as a critical issue (Coles et al., 2010). In response to researchers, the SVRI ran a moderated discussion board for 4 weeks from September to October 2009. It aimed to provide a forum for researchers to discuss their traumatic experiences while undertaking sexual violence research, share strategies they used to protect themselves, and to assist their recovery. The discussion board was advertised electronically through the SVRI Listserv.

The SVRI Discussion Board is a public forum and the terms and conditions of use are quoted at the source (<http://www.svri.org/forums/>) and include permission to copy, display, and distribute de-identified content posted on the SVRI Online Discussion Forum. Participants were informed that their discussions would be used as the “basis for a researcher safety briefing paper, an online questionnaire, and journal articles” and an “opt out” provision was provided so that researchers could participate but choose not to have their discussions used. Identifying data, such as name, age, experience, role and area of research, were not collected because of the public nature of the discussion board and the need to protect the privacy of respondents. Ethics approval was not required by the SVRI.

After a brief introduction to vicarious trauma, including Pearlman and Saakvitne’s (1995) definition, three questions were asked on the discussion board and in the interviews:

1. Have you ever been traumatized by your sexual violence research-related work? Please tell us about your experiences.

2. How did you try to protect and to take care of yourself during your sexual violence research (or that of your staff and students)? Please tell us about your experiences.
3. What worked well for you?

Over 4 weeks, the discussion board was viewed a total of 392 times and received 49 postings. One posting contained no text and could not be analyzed; another was received after the discussion closed, but was included due to its relevance to physical safety. As noted, the terms and conditions of the discussion board state that postings may be copied. In addition, participants were asked to contact the SVRI staff if they did not want their postings copied. No postings were withdrawn. All postings were copied and de-identified. In addition, 4 people were interviewed using the same questions to include South American and South African perspectives. A total of 15 people participated (4 males and 11 females), 11 via the discussion board, including the 2 moderators, and 4 by face-to-face interview.

Forty-nine postings and four interviews were analyzed, using a thematic analysis by one of the moderators (J.C.). As the discussion board was moderated, issues and interpretations were clarified by the moderators (J.C., S.L.) directly with participants. Symbolic interactionism was selected as the methodology to frame how individuals understood and constructed their perceptions and meanings in their complex research settings (Liamputtong, 2009). The thematic analysis grouped the data into like themes, coding the emerging themes, comparing these themes between participants, and refining ideas and concepts that explain the themes. This method allowed themes to emerge from the data with the added advantage of allowing some of the coding to be informed by the literature on vicarious trauma (Boyatzis, 1998; Liamputtong & Ezzy, 2005). Data management was assisted by NVivo 8 software (QSR International Pty Ltd, 2008).

Issues of trustworthiness were addressed by checking interpretations and meaning directly with participants for the duration of the discussion board, discussion of emerging themes and concepts between the authors, discussion of themes and concepts with other researchers in workshops on researcher safety, and by comparing and contrasting the findings with the existing literature on the experience of undertaking qualitative research.

## Results

Researchers described the risks and consequences of undertaking sexual violence research; they discussed physical risk but focused more on emotional risk and organizational issues. The coping strategies that worked for participants will be explored later in this section.

### *Physical and Emotional Consequences*

Physical symptoms and emotional distress were reported as consequences of undertaking sexual violence research. The most common emotional responses described were anger, guilt and shame, fear, crying, and feeling sad and depressed. Some

symptoms described by researchers are more suggestive of secondary traumatic stress, for example, nightmares, fear, anger, irritability, intrusive thoughts, and difficulty concentrating, whereas others describe a changed worldview more in keeping with vicarious trauma. For instance,

Having to dedicate energies on such issues has, at times, created a critical event for me, placing me under such stress that I have suffered insomnia and sleep deprivation, urinary nocturnal frequency, migraines, lack of time to attend to exercise, etc. (SVRI discussion board 2009, Female Researcher 1, North America)

After interviewing a woman who had been repeatedly raped and tortured as a young girl, I found myself feeling like I would vomit. Interestingly, I found that my reaction after the interview was worse than it was during the interview. I think that during the interview, I was so busy listening and responding that my reaction was delayed. I was also conscious of not wanting her to see how deeply her story had impacted on me and making sure that my distress didn't stop her speaking of her experience. (SVRI discussion board, Female Researcher 1, Asia and South Pacific)

I remember well the initial physical sensation I experienced. It was deep bone-chilling coldness, which came whenever the women told me about the depths of their horror, terror, and torture . . . Whenever I am writing from that emotional place of horror, I still experience deep-seated coldness, and my ears feel congested, and I feel flu-like. This lasts for the length of time that I am immersed in such [emotionally] deep writing. (SVRI discussion board 2009, Female Researcher 1, North America)

Researchers reported physical symptoms and effects on their physical and mental health; feelings of tiredness, exhaustion, headaches, nocturia, pain, congestion, flu-like symptoms, nausea, and vomiting. These symptoms were associated with feelings of stress, depression, anxiety, insomnia, nightmares, and sleep disturbance.

Researchers felt ill-equipped to do the work they were doing; in particular, they found its emotional impact difficult to manage:

I did not realize how vitally important it was to protect myself . . . Our support came from each other as colleagues and friends, and to an extent this enabled me to survive mentally, but it did not help me eradicate the root causes. I became adept at burying the emotional stress but, of course, it continues to surface in a number of guises. (SVRI discussion board, Female Researcher 1, Europe)

The first time, I interviewed raped women for a project to evaluate PTSD. I did it without any knowledge of the possible impact of the interviews in myself. I developed and did this research more than 10 years ago and I still cannot finish analyzing this material. (SVRI discussion board, Female Researcher 1, Latin America and the Caribbean)

I have been assigned to a project on sexual offences for over 10 years and have researched this area widely. Sometimes I have felt physically ill at the accounts, experienced feelings

of extreme anger at the perpetrators, and even fear for young family members, becoming extremely protective of them to avoid any possibility of them coming into harm's way. (SVRI discussion board, Female Researcher 2, Africa)

This [research] resulted in scenarios such as travelling on the London Underground crammed in a carriage thinking about the statistic that one in ten men have bought sex in the UK and calculating how many men on the train were abusers, and becoming increasingly agitated and angry. (SVRI discussion board, Female Researcher 1, Europe)

As a man it's even crazier, and I have at times felt very guilty as a man for what my fellow men have done. I have experienced cases of depression at times as I interact with the survivor I often wonder if as they look at me they see a perpetrator . . . (SVRI discussion board, Male Researcher 1, Africa)

I still cry [researcher starts to cry] . . . when I remember this girl's story. I still feel a small pain in the middle of my chest. I was meant to be writing the report in a week between country trips, but I could not write—my mind was all over the place, I had no energy to write, but was anxious about not being able to write. (SVRI interview Cuba 2009, Female Researcher 3, Latin America and the Caribbean)

There are many ethical issues involved when doing research on men and the perpetration of sexual violence—you have a number of choices—I chose to be neutral, which at times was very difficult for me. I had too many emotions and feelings that I couldn't show or share during the interviews. I have often cried. (SVRI interview Cuba 2009, Male Researcher 1, Latin America and the Caribbean)

The quotes above highlight the emotional work associated with conducting sexual violence research and the extra time that may be required to process the material in order to conduct research effectively.

Researchers described their view of the world as being changed by knowing the extent of harm and suffering inflicted by the perpetrators of sexual violence:

It was not until I was "introduced" to sexualized torture in the private sphere, in 1993, that I became intimately aware of acts of human evil. The awareness that there are perpetrators who live, work, and "play" among us who are capable of inflicting such atrocities for pleasure, for power and control, and/or for profit if they are engaged in pedophilic/adult pornographic crime scene exploitation created a deep change in me, physically, psychologically, and cognitively. (SVRI discussion board, Female Researcher 1, North America)

### *Risk Factors*

*Personal risks.* Individual factors that predisposed researchers to trauma were not widely discussed on the discussion board; only two researchers discussed this issue.

The personal safety risks they identified related to both individual factors such as gender, stature, and clothing, and to organizational and environmental factors such as the place where the fieldwork was undertaken:

To protect myself while on this project, I had to get a written permission from the dean's office to enable me to visit hostels, dressed like a typical undergraduate to avoid attracting unnecessary attention to myself. (SVRI discussion board, Female Researcher 1, Africa)

Working with survivors was part of my "process of awakening," which came from my own experience as a survivor of sexual violence. This very personal process encouraged me to examine my own role as survivor and the role I could play in the field of sexual violence research. (SVRI interview Cuba 2009, Female Researcher 2, Latin America and the Caribbean)

The environment in which the fieldwork was conducted is important when considering physical risk to researchers. One respondent experienced an attempted abduction and, as a consequence, requires all researchers to work in pairs to ensure their physical safety:

After these experiences [attempted abduction] I am now very aware of the implications of working with sexual violence. I always consider how to take care of those that are going to do fieldwork with me and always consider decisions on the basis of the well-being of the group. (SVRI discussion board, Female Researcher 1, Latin America and the Caribbean)

*Organizational and cultural risks.* Many issues that were raised related to the lack of support in the organizations responsible for the research. These were government, nongovernment organizations (NGOs), legal, policing and health services, and universities. Other areas of concern were related to environments where participants lived and their lack of access to appropriate services. The final area focused on the researchers being pressured and/or discredited to remain silent about their sexual violence research and the impact of sexual violence on women and children for political reasons, by government or professional organizations, or other powerful bodies in the community. This was particularly difficult and traumatic for researchers when colleagues or professional organizations expected to advocate for the women and children who were involved.

Many organizations failed to recognize the potential impact of undertaking sexual violence research on the researchers, providing little or no support at best:

I found myself in an unsupportive, controlling, and almost cruel environment where this unhealthy dynamic made the research team fall apart. It is important to be attentive to who is overseeing teams in order to create the space for staff to be sufficiently supported. If not, I have seen the extent of psychological and spiritual damage that can be done to research teams. During this time, I was excluded and not supported, which generated

feelings of self-doubt, and I thought I may not be contributing to the field at all. (SVRI interview Cuba 2009, Female Researcher 2, Latin America and the Caribbean)

Systematic neglect of victims within their communities and by governments was especially distressing to researchers. Part of being involved with sexual violence research included recognizing that participants required services that they were unable to access. Researchers found the lack of interest by organizations and governments in providing services to the sexual violence victims who were the research participants particularly distressing:

In context of HIV research [I have seen] evidence of physical abuse and abuse by neglect (as well as sexual abuse). [I have] bouts of anger, usually because of inaction or lack of interest by relevant officials and even NGOs in particular contexts. Despite pockets of service to deal with abuse by government officials in localities and by NGOs, I often witness a lack of interest—particularly in South Africa. (SVRI interview Cuba 2009, Male Researcher 2, Africa)

This story [of a young girl's rape and blame by her family] affected me a lot . . . I was susceptible to everything, emotionally vulnerable—I realized how hard it was to be indigenous in Guatemala and how the government continues to ignore their needs. I cried a lot that week. (SVRI interview Cuba 2009, Female Researcher 3, Latin America and the Caribbean)

Indeed some of the trauma experienced is due to the fact that I knew I needed to act but I do not know what to do or where to refer. I have often gone home feeling really down and at times guilty. (SVRI discussion board, Male Researcher 1, Africa)

### *Coping Strategies That Helped*

Researchers have used a number of coping strategies successfully. Specific strategies described by sexual violence researchers in this study were preparation, regular debriefing, support and supervision, psychotherapy, research management, education and dissemination, and self-care, which included creativity and spirituality. Researchers practiced particular strategies that were meaningful for them and, as a consequence, there is considerable diversity in the strategies represented.

**Preparation.** Preparation is generally recommended for researchers before entering the field:

I think preparation, before the engagement, in terms of being sensitized on sexual violence and regular and mandatory debriefing inculcated in the methodology enables [researchers to] deal with the issues. (SVRI discussion board, Male Researcher 1, Africa)

Even a simple tool for researchers, such as information pamphlets to be handed to survivors outlining available services, providing information on sexual assault and the

usual responses to it, was seen as a mechanism to support both the researcher and the survivor, particularly in resource-poor settings where such information may not be readily available through existing services.

Finally as an organization supporting/working with survivors, we need to provide [researchers and workers] with resources in form of booklets which advise where they can refer difficult cases for specialized or for ongoing management. (SVRI discussion board, Male Researcher 1, Africa)

One researcher reported that preparation for sexual violence research in a conflict area was difficult:

I spent many hours preparing for my research by reading various pieces on war and its consequences. I tried to understand what was happening within this context by extensively studying literature on disappearances, death squads, and reading personal testimonies from women . . . I had already experienced trauma through reading the testimonies. I often asked myself, “Can I do this?” (SVRI interview Cuba 2009, Female Researcher 2, Latin America and the Caribbean)

Preparation did allow her the opportunity to reflect on the reality of undertaking research in a conflict zone and reconsider her participation. Self-reflection and allowing researchers to change to a “safer” area during preparation should be an option, sometimes guided by supervisors and managers. A researcher and supervisor discussed the reflective and nonjudgmental process she used with her staff in the following passage:

We discuss [vicarious trauma]. I have then read some of the excellent works on the topic but I also understand when some decide to pursue “safer,” and by this I mean, less potentially upsetting topics. (SVRI discussion board, Female Researcher 1, North America)

Other comments included,

I transformed my world into connection with only a select few so that the opportunity for others to continue to harm me was reduced. I learned to cope with isolation. I increased my knowledge of oppression, oppressed group behavior; vicarious trauma etc., to understand that all that I was feeling was a normal process. (SVRI discussion board, Female Researcher 2, North America)

To help cope with the emotional stress, I divided data collection into segments, say 10 questionnaires a day. This way, I could rest and interact with the victims and chat about other campus issues not related to sexual violence. This chats were refreshing and helped open more ideas and avenues to improve my work. (SVRI discussion board, Female Researcher 1, Africa)

*Debriefing, support, and supervision.* Researchers used formal and informal support systems, such as supervisors, colleagues, friends, and family members. Some needed formal counseling and psychotherapy to effectively manage ongoing work in the area of sexual violence.

What makes the work easier and maintains my resilience is that my colleague and I always work together. Therefore, we were/are constantly debriefing and focused on how to plan interventions that are effectively caring when helping women exit relationships where the torture was continuing . . . (SVRI discussion board, Female Researcher 1, North America)

At the time, I did not realize how vitally important it was to protect myself. The organization I worked for did not provide an embedded support system for its staff. Our support came from each other as colleagues and friends, and to an extent, this enabled me to survive mentally, but it did not help me eradicate the root causes. I became adept at burying the emotional stress but, of course, it continues to surface in a number of guises. (SVRI discussion board, Female Researcher 1, Europe)

Daily meetings with a colleague and talking with him over a drink [helped]. (SVRI interview Cuba 2009, Male Researcher 1, Latin America and the Caribbean)

. . . debriefing for researchers and research assistants (in recognition that they are facing burnout) is standard. This includes counselors (for survey/focus group and research work). It is important to recognize that what has become “standard” doesn’t necessarily keep up with the challenges and is frequently not adequate. (SVRI interview Cuba 2009, Male Research supervisor 2, Africa)

Personally, the most powerful tool I can use to address vicarious trauma is through counseling/therapy. Everything else is a temporary distraction and does not provide a lasting solution. (SVRI discussion board, Female Researcher 1, Europe)

Researchers reported that some institutions and organizations with which they were associated provided little or no formal support for the researchers themselves. Furthermore, the wealth and relative power of the institution was particularly confronting for researchers who had worked in the field with victims of sexual violence who were still experiencing violence, but were poor, powerless, and without services.

I returned to university after my interviews were finalized. I recall walking into a computer room and being overwhelmed by the expensive technology I saw around me. This was a defining and very traumatic moment in my life. I thought of the women I had left behind in a country in South America, who were living in poverty and often experienced violence. (SVRI interview Cuba 2009, Female Researcher 2, Latin America and the Caribbean)

She goes on to report that

I was excluded and not supported, which generated feelings of self-doubt. I thought I was not contributing to the field at all. I found ways to collaborate with other organizations and became very creative in trying to support myself in this environment. Organizations should be attentive and creative in supporting staff.

Regular, scheduled supportive supervision by managers and supervisors is recommended and should be an integral part of the research protocol.

*Research management, education, and dissemination.* Time management, which included breaks to reduce exposure to traumatic material, was an important tool for all stages of research—fieldwork, data entry and analysis, and report writing. Researchers also limited exposure to the media, such as news, films, and television that involved “bad things”:

Sometimes during my research, I had to stop reading and writing—I took long walks—other times I would drive around the city until I calmed down—especially after interviewing men talking about their abuse of women. (SVRI interview Cuba 2009, Male Researcher 1, Latin America and the Caribbean)

We need to make sure we have time to do the research and to allow time for researchers to recover in between interviews . . . Yes, we need to space our interviews and have researchers who are able to deal with the high emotions involved in this research. (SVRI interview Cuba 2009, Female Researcher 3, Latin America and the Caribbean)

When I felt particularly overwhelmed I stopped listening to the radio, watching news, and reading the papers for a while, just to cut out additional “bad news.” (SVRI discussion board, Female Researcher 2, Africa)

“Making a difference” was a key strategy for researchers to reduce vicarious trauma. This took a number of forms, the most common of these included breaking the silence around sexual abuse, assisting research participants in accessing services, working with participants and communities for safer environments, holding workshops and exhibitions, speaking out, developing policy and programs, and writing.

I must mention the sad and heart wrenching experiences of the victims and their untold stories inspired a member of the data collection team. At the end of each day, she would tell me that she was more determined to interview more people to help shed light on the existence of sexual violence in the universities of my country. (SVRI discussion board, Female Researcher 1, Africa)

I held a photo exhibit with a colleague where together we presented readings of women’s testimonies as if it was the women themselves telling their stories. This was the single most powerful experience of my life in terms of dealing with trauma from the field and my own healing. I felt an intense connection with the women and, for that moment, felt that I did justice to them. I feel that the way in which we tell our stories can be powerful in dealing with the trauma we experience in the field. (SVRI interview Cuba 2009, Female Researcher 2, Latin America and the Caribbean)

My colleague and I turned our attention to writing and have been successful at getting articles published which helps us to know that we are breaking the silence! By always including, with consent, victimized person's stories we appreciate that we give them a voice they were unable to do have for themselves. (SVRI discussion board, Female Researcher 1, North America)

Our research usually includes practical as well as scientific aims; thus, projects require and involve researchers in doing advocacy, which is one indirect means for "resolving" tensions and trauma because, in various ways, evidence of abuse can be voiced and used by researchers in the course of their work to achieve a project's practical aims. This is an indirect way of releasing tensions while ensuring that such evidence does not remain hidden. (SVRI interview Cuba 2009, Male Research Supervisor 2, Africa)

*Self-care.* Researchers' self-care strategies were many and varied. They included creative, physical, and spiritual pursuits and time spent with family and community members. Creative pursuits included cooking, writing, gardening, and painting. Physical activities included walking, jogging, gardening, cycling, and massages. Driving, taking trips, traveling to new places, cycling, and shopping were of help to some others. Time spent with families, friends, and communities in an accepting and caring environment also helped researchers manage their stress. Practicing their faith and spirituality assisted other researchers in feeling supported. For example,

I watched lots of movies and documentaries. I went for long walks, dreamed about better days, slept in on Saturday mornings, had wonderful reality talks with my young children at the time, cooked healthy homemade food, looked for beauty in the everyday things and planned short and long trips to see places of interest. (SVRI discussion board, Female Researcher 2, North America)

Most important was going to church for prayer. My faith kept me on the go through thick and thin and the knowledge that the outcome of the research would make a difference to the lives of victims of abuse.

This researcher went on to report,

On a practical note, I closed my office door over lunchtimes (forced myself to take a break) and painted. I brought my paint and materials to the office and stored it there for use for a couple of months—when I was in the throes of the most intense research—I purposefully used bright happy colors. (SVRI discussion board, Female Researcher 2, Africa)

## Discussion

The strategies for conducting sexual violence research safely need to be considered at three levels; by the individual researcher, by their supervisors, and by the organizations that support sexual violence research.

The WHO's Ethical and Safety Recommendations (WHO Safety Recommendations; Watts et al., 1999) and the Code of Practice for the Safety of Social Researchers (SRA Code) (Social Research Association, 2006) provide guidance for the physical safety of researchers. Researchers aim to bring the evidence of sexual violence and its effects on victim/survivors to light, and to the attention of the community, agencies, professional organizations, and governments. Identifying sexual violence may be unwanted and unacceptable politically and socially, placing researchers at greater risk of occupational violence than health professionals or service providers working in similar areas (Chaitin, 2003; International Labor Office, International Council of Nurses, World Health Organization, & Public Services International, 2002).

A number of factors may contribute to researcher risk. Their gender may place them at greater risk. Women may be more vulnerable to interpersonal, occupational, and/or collective violence, particularly physical and/or sexual attack (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Sexual violence may be used as a deliberate strategy to silence ongoing resistance or protests by communities, families, or individuals. The strategy used is to shame the victim, her family, and her community by sexual attack because the sexuality of a woman is a repository of family honor (Amnesty International, 1997; Drakulic, 1994; Gingerich & Leaning, 2004; Harvard Humanitarian Initiative, 2009). Against this backdrop, it is in the best interests of the perpetrators that the truth about sexual violence remains hidden. Sexual violence researchers violate the perpetrators' agenda, and this may place them at further risk (Collis, 2005).

In preparing for this type of study, researchers should consider their risks of verbal abuse, physical assault, intimidation, sexual harassment and assault, and where appropriate, make contingency plans (Ellsberg & Heise, 2005). In sexual violence literature, long-term physical and mental health outcomes for victims are worse when associated with other factors, such as physical violence (Leserman, 2005). The same may apply to vicarious trauma, where experiencing occupational violence while conducting research may act to increase the risk of vicarious trauma from collecting and working with the data. Discussion board participants highlighted their distressing, hostile research and work environments. The SRA code advocates researcher training in techniques for handling threats, abuse, and compromising situations, which may assist researchers to work more safely (Social Research Association, 2006). Although this may be helpful in managing external threat, it does not necessarily address the problems sexual violence researchers face when they work in unsupportive or hostile organizations or professional groups.

It may be necessary for researchers in some environments to work in pairs, use an escort, wear certain clothes, or only conduct their research at certain times or in certain safe places (Ellsberg & Heise, 2005; Hearn, Raws, & Barford, 1993). A full fieldwork risk assessment is detailed in the SRA code, but some of the recommendations will need modification in resource-poor settings. Limiting researcher risk has methodological and data quality implications, and these should be acknowledged—for example deciding not to conduct interviews in a certain township because of escalating violence. Travel and accommodation while undertaking fieldwork should be considered. Sometimes NGO's offered accommodation in their offices or local hotels as a safe

place for researchers, but staying alone in a room, particularly in an area of tension/conflict, may be unsafe. Some researchers felt safer staying with local families with similar backgrounds to themselves.

The WHO Safety Recommendations (Watts et al., 1999) suggest that “all research team members should be carefully selected and receive specialized training and ongoing support” (p. 11). Although the document suggests that the selection process should address blaming and judgmental attitudes toward survivors, it is unclear whether selection processes should exclude researchers most at risk of vicarious trauma, for example, those who are young and inexperienced, who have past history of abuse, or who have a high cumulative exposure to traumatic material. There is the potential that such a process would exclude skilled and empathetic researchers. It highlights the need for these possibilities to be carefully considered—for clarity about where the ethical weight should fall in making a decision and with whom this decision should rest.

Lack of preparation and training for undertaking sexual violence research was raised as an area in need of improvement for both qualitative and quantitative researchers who participated in the discussion. Dickson-Swift et al. (2008) suggest that it is the exploratory nature and unpredictability of qualitative interviews that makes preparation difficult. However, sexual violence researchers involved in this research highlighted the importance of preparation because observing and listening to victims’ or perpetrators’ stories and working with the data generated in sexual violence research was difficult (Campbell, 2002). Similar experiences have been reported by researchers in other sensitive areas (Ellsberg & Heise, 2005; Hearn et al., 2007; Liamputtong, 2007; Renzetti & Lee, 1993).

As part of preparing to undertake a project, researcher training can include basic counseling and debriefing skills to allow researchers to undertake interviews in a sensitive and empathetic manner and to better respond to research participants should they become distressed. An upfront acknowledgment that doing this type of work can be difficult and is not necessarily for everyone is recommended. Developing researchers’ skills in basic counseling can strengthen data collection as well as better support participants. Training should incorporate a session on managing the research interview and appropriate referral systems to support services so that the research interview does not become a therapy session. Potential victim support services can be identified and engaged to assist participants where possible. In areas where specialized services are not available, strategies to support victims should be in place before undertaking the research. Strategies may include up-skilling and/or training of local community health workers in basic counseling techniques, or the commitment of government or private counseling services to support researchers and participants (Garcia-Moreno & Watts, 2004).

Working with qualitative data from sexual violence research can be challenging because of the need to analyze large amounts of complex text and the intellectual and emotional work associated with this task (Dickson-Swift, James, Kippen, & Liamputtong, 2009; Gilbert, 2001b). Qualitative methods training and textbooks have outlined the processes involved in conducting research (Liamputtong & Ezzy, 2005;

Miles & Huberman, 1994; Minichello, Aroni, Timewell, & Alexander, 1995; Strauss & Corbin, 1998). However, a discussion of how repeated exposure to traumatic material impacts researchers and its consequences for the analysis and reporting of findings is more recent (Dickson-Swift et al., 2008; Gilbert, 2001a, 2001b). Specific guidelines have been written for researching violence against women (Ellsberg & Heise, 2005) and should be considered to assist researchers identify the challenges they may face in undertaking sexual violence research. In particular, the emotional challenges for sexual violence researchers should be included in research methods training for this research topic, particularly for researchers using qualitative methods.

One respondent's traumatic preparation for research in a conflict zone was raised earlier. This raises a dilemma in how best to prepare researchers for their work in different cultures and contexts, particularly in areas such as conflict zones, where victims are particularly vulnerable to atrocities. As advised by the respondent, researchers entering these difficult areas must reflect on their capacity to undertake such research, particularly if they are inexperienced, young, and have a past history of sexual abuse or violence and be prepared to opt for a less confronting area of research.

Individual vulnerabilities for those working in the area of sexual abuse include inexperience, age, gender, past trauma or violence in their own lives, cumulative exposure to trauma, exposure to childhood trauma, and high levels of empathy with clients and/or participants (Claramunt, 1999; Coles, 2004; Garcia-Moreno & Watts, 2004; Ghahramanlou & Brodbeck, 2000). As the evidence in this area with counselors and therapists builds, it appears that a supportive work environment is more important than individual risk factors (Bober & Regehr, 2006). It is likely that those working for service organizations while undertaking research may have higher cumulative exposure to trauma. This increased burden should be considered by managers and supervisors and weighed against the benefits of seeing research translated into services on the ground.

The research team should be carefully selected and trained with opportunities for researchers to opt out of sexual violence research supported by supervisors, managers, and their organizations without risk to the researchers' future career or job opportunities. Campbell (2002) suggests that emotional maturity and self-awareness far outweigh academic status when selecting a research team. Training, which includes ethical issues, safety, methods, legal issues, and confidentiality, along with the promotion and provision of opportunities to reflect and examine personal vulnerabilities and experiences of violence, in a safe, nonjudgmental environment that supports consensual decision making is empowering and associated with less trauma (Slattery & Goodman, 2009). In such an environment, opting out by researchers who feel "at risk" would be seen as appropriate research practice. Organizations that undertake sexual violence research have a duty of care to their workers and researchers and should respond to researcher trauma by offering psychological support and treatment from the beginning to the end of a project.

Supervisors are a key support for researchers and need to be able to respond effectively to research-related trauma and its effects. To achieve this, supervisors need to discuss the safety protocols with the whole research team. Researchers who took part

in the discussion board received varying support from supervisors. One discussed the traumatic effect of researching in an environment where she felt marginalized, excluded, and unsupported. Other literature confirms the importance of research team-building to create a safe environment for research (Campbell, 2002; Dickson-Swift et al., 2008; Garcia-Moreno & Watts, 2004). An important element in creating a safe environment is to enable discussion of challenging issues and physical and psychological well-being of the research team and to have a safe emancipatory space for such discussions. Scheduled regular meetings help, as do supervisors who are prepared for these issues. This may involve training supervisors to recognize and respond to trauma, both in themselves and their research team, and fostering the ability to support and assist staff/researchers to access required services, such as counseling or psychotherapy. Given the power dynamics at play between supervisor and supervisee, it may be useful for the researcher to access additional support outside the supervisory relationship, if such a resource is available. It is essential for this person to have the relevant skills to assist the researcher through his or her experience.

Peers and colleagues are an important support network. The importance of being able to discuss and share experiences was highlighted by the discussion board participants. Like supervision, regular meetings helped. Dickson-Swift et al. (2008) suggest the scheduling of regular peer support meetings for researchers.

Researchers described the importance of the support they received from friends and family members. Family and friends provided support by being there, providing a safe place for researchers to return to, talking about or listening to distressing issues, bearing witness to the sadness of researchers, and caring for them. Researchers described that being with small children provided them with "hope" for the future.

Researchers in this study described positive gains when they saw their work "making a difference." These findings are similar to the positive gains of engagement that Campbell (2002) described in her work with rape victims. Researchers' ethical obligations to ensure that their findings are used for advocacy, policy, and designing and implementing appropriate interventions for sexual violence survivors (Watts et al., 1999) may be in the researchers' best interest as well as the participants.

## **Limitations**

The responses described in this article were framed by three questions specifically aimed at exploring researchers' experiences of trauma. The respondents were a group of sexual violence researchers able to engage in a public discussion board. Further qualitative and quantitative research is indicated to explore vicarious trauma with sexual violence researchers and the potential benefits from the strategies outlined in this article.

In addition, the discussions occurred in a public forum and this may have limited the material respondents felt able to discuss, such as occupational violence (physical and sexual assault) associated with undertaking sexual violence research. This is another area that warrants further exploration. The moderators were not known to the researchers/participants and although the anonymity afforded may have increased the

possibility of responding, the lack of personal contact may have also acted to reduce it.

Levels of trauma may have influenced participation. For example, those severely distressed or not distressed at all may have elected not to participate. Further work is needed to develop a deeper understanding of the factors that make sexual violence researchers vulnerable to vicarious trauma to ensure effective interventions.

## Conclusion

Researchers should prepare and plan their research, including personal safety and support. Strategies for support from the beginning to the end of a project should be included and used by researchers and the organizations that support them.

Research used in positive and effective ways to develop interventions, to inform policy, to improve knowledge and services, and to better support survivors during the research process and in the community also improved the experiences of researchers. Using research as a tool for positive change was viewed as a very important way of coping with the trauma associated with undertaking sexual violence research.

The recommendations developed in this article are guidelines rather than rules. They represent the experiences of a small number of researchers from particular countries. The work contexts of sexual violence researchers vary widely, depending on their location. Of particular importance are the social, physical, and material conditions in which they work, and the resources (or lack of resources) available. In resource-poor countries, or those with different social environments, researchers may need to be supported differently. These differences need to be factored into the research design and considerations of researcher safety.

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