Vicarious Trauma:
Understanding and Managing the Impact of Doing Research on Sensitive Topics

We do research on sensitive topics because we care. We want to use our research findings to influence how society responds to an issue; to advocate for legislative change or policy improvements, or to strengthen prevention efforts through achieving a better understanding of why something occurs. We also do it because we enjoy learning about our world, and sharing experiences with like minded colleagues. Doing this work can be immensely rewarding. It can also be emotionally challenging. Listening to, reading about and analysing data on some of the most awful things human beings do to themselves and others can cause psychological distress and even physical health problems. By reading a particularly harrowing story; or after a long day in the field being an active empathic witness of trauma, or by analysing and re-analysing traumatic data, traumatic stories can gather in our mind, evoke strong feelings and result in distress and trauma related symptoms. Continuous exposure can result in vicarious trauma.

What is Vicarious Trauma?

Vicarious trauma is the negative change in our thoughts, perceptions and interpretations as a result of repeated engagement with traumatic research related materials and experiences. [1] Experiencing vicarious trauma is not a sign of weakness but a normal response to doing research on traumatic issues. [2]

Who is at Risk?

All of us working on sensitive issues are at risk of developing vicarious trauma. There are, however, some additional personal factors that may increase our risk for experiencing work related vicarious trauma, including personal trauma history, level of experience and influences within a workplace, such as workload, working with victims of sexual abuse and personal coping styles. [3]

Impact of Vicarious Trauma

Vicarious trauma challenges our understanding of the world in five key areas[4]:

- Safety (feeling safe from harm at the hands of oneself or others);
- Trust / dependency (being able to depend on, or trust others and oneself);

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[1] Pearlman and Saakvitne (1995) defines vicarious trauma as:*"The inner transformation that occurs in the inner experiences of the therapist that comes about as a result of empathic engagement with clients' trauma material" (p.31)*
[2] (McCann & Pearlman, 2006)
[3] (Cunningham, 2003; Dunkley & Whelan, 2006; Morrison, 2007)
[4] (McCann & Pearlman, 1990)

- Esteem (to feel valued by others as well as oneself and to value others);
- Control (the need to be able to manage one's own feelings and behaviours, as well as to manage others);
- Intimacy (feeling connected to others or to oneself).

Vicarious Trauma will impact us all in different ways, and is often difficult to recognise. Symptoms of vicarious trauma may include feelings of anger, anxiety, depression, sadness, exhaustion, difficulty concentrating and making decisions, headaches and body aches, sleeplessness, an increase in drug and alcohol use and social isolation.

We all have these feelings from time to time and it is easy to attribute them to other things that may be going on in our lives. It can secretly creep up on us. We believe we need to retain a professional façade, making it difficult sometimes to admit when things aren't going well. As a researcher working on sensitive issues, it is important to learn to recognise the symptoms and routinely check how we are doing.

Responding to Vicarious Trauma

Research protocols and training do not normally address the possibility that your work may result in you experiencing vicarious trauma. Acknowledgement of how emotionally difficult sensitive research can be; being aware that it will affect you and may distress you, recognising the importance of self care and learning how to self identify vicarious trauma symptoms early are key starting points in the management of vicarious trauma.

For Researchers:

- Share your experiences with colleagues
- Plan your workload, allowing space and time in between exposure to traumatic materials
- Learn about the topic of your research; your attitudes towards victims and perpetrators and reflect on your own personal experiences with the topic
- Engage with and inculcate humour and fun into your work
- Know that this work will affect you and learn how to identify early warning signs of vicarious trauma and emotional distress
- Know that this is a normal reaction to doing work on traumatic material
- Develop and employ self care strategies (see box)

Five common self care strategies identified in the literature:
1. Cognitive: mental activities that influence our perceptions eg self talk / attitudes
2. Physical: physical and sensory activities eg music, exercise, driving, and going on vacation
3. Spiritually / philosophical: faith or value systems that provide an outlook on life or guidance / rules for living life
4. Social / Recreational: all forms of creative expression or recreational diversion eg spending time with friends, volunteer work, shopping etc.
5. Verbal: using language to identify and express feelings/or stress eg talking, writing, naming the problem or feeling.
(Source: Wasco, Campbell & Clark, 2002)

For Supervisors:

- As for researchers with the addition of the following:
    - o   Normalise the effects of working with trauma within the workplace [5]
    - o   Provide effective supervision: create opportunities for staff and peer support, ensure safety and comfort particularly during times of intensive data gathering and analysis
    - o   Provide opportunities for group debriefing [6] – see Box for steps involved in a debriefing.
    - o   Recognise and acknowledge potential personal risks for vicarious trauma
    - o   Learn to recognise early warning signs of vicarious trauma
    - o   Allow researchers to have a flexible schedule – focus on outputs
    - o   Know that this work is not for everyone and provide vocational training if needed

7 Phases for a Group Debriefing Session:

1. Introductions: Facilitator introduces the session, aims, rules e.g. opportunity to talk about the stresses of working in this field, do not need to talk, everyone has different experiences – this is an opportunity to listen, share experiences and not to be critical, respect others and everything is confidential.

2. Fact Phase: Each participant in turn describes a traumatic event related to their research. e.g. tell me who you are, your role in the research and just what you saw/heard take place.

3. Thought Phase: Each participant shares their cognitive reactions to the event e.g. what were your first thoughts in response to the event?

4. Reaction Phase: Each participant expresses their feelings about the event. E.g. What was the worse part of the experience for you personally? How did you feel then? How do you feel now?

5. Symptom Phase: This phase provides opportunity to identify any possible physical or psychological symptoms participants may be experiencing. E.g. what physical or psychological experiences have you noticed, if any, as a result of this incident.

6. Teaching Phase: In this phase the facilitator tries to normalise the participants stress reactions and provides tips for management of these reactions.

7. Re-entry Phase: The facilitator summarises what has been covered in the session, answers any questions and assesses if any participant needs follow-up or a referral. In this phase it is important to provide information on referral services.

(Source: Mitchell 1983, cited in McNally, Bryant & Ehlers, 2003)

Finally, believing that our work will make a difference and giving back to those that have spent time sharing their painful stories with us is essential for managing vicarious trauma. It is therefore important to ensure our research is scientifically rigorous, ethically sound and that our findings reach those who can use the findings for advocacy and positive change.

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[5] (Morrison, 2007)

[6] Debriefing has come under much criticism. In particular, one off individual debriefing sessions have been found to be at most ineffective and at worst potentially harmful and re-traumatising (McNally et al 2007). It is important that debriefings are done in-groups, sensitively and form part of an overall workplace support system that provides opportunities for education, social support and referral to more formal therapy if required.