Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence

Acknowledgments:

This document has been developed by a group of passionate researchers who care greatly about this work, and recognise how important it is to acknowledge the toll this work can take on us. We hope that these guidelines will help encourage and support others to respond to, and even prevent vicarious trauma in their research on sexual and intimate partner violence.

Contents

Introduction to the Guidelines

These guidelines outline recommendations for the prevention of, and response to, vicarious trauma in researchers working in the field of sexual and intimate partner violence but can also be of use and relevance to those researching other sensitive topics including other forms of gender based violence. The Guidelines serve several important functions.

They:

- Provide a framework for understanding vicarious trauma among researchers of sexual and intimate partner violence.

- Assist and encourage organisations in developing guidelines for, and committing resources to prevent and respond to vicarious trauma.

- Highlight the importance of addressing vicarious trauma as an ethical and institutional imperative for teams working in the field.

- Provide ethics review boards with guidance needed to ensure that research proposals address the issue of vicarious trauma throughout the research process.

Who are the Guidelines for?

These guidelines are for everyone seeking a better understanding of sexual and intimate partner violence through research, including:

- All members of a research team[1], including, data collectors, capturers and data analysts

- Independent researchers

- Research managers

- Research supervisors and students

- Field coordinators

- Research assistants

- Institutions

- Donors

- Ethics review boards

- Data coders

- Interpreters, translators and transcribers

[1]The term 'researcher' (or 'research team') is used throughout the document to refer to all members listed in this section.

Development of the Guidelines

A number of activities have informed the development of these guidelines including: a series of workshops on vicarious trauma and research on sexual and intimate partner violence, held at the Medical Research Council South Africa in 2010, workshops at SVRI Forums in 2011 and 2013, a moderated SVRI online discussion forum held in 2009, an online survey conducted in 2011, a number of resultant publications and a set of guidelines for researchers on the topic. More information on the online discussion and survey can be found at: http://www.svri.org/trauma.html.

What do the Guidelines cover?

The Guidelines make recommendations for preventing and responding to trauma that impacts researchers and staff conducting research on sexual and intimate partner violence. They describe vicarious trauma in the context of undertaking research on sexual and intimate partner violence; discuss its' impact; and consider organisational, project and individual factors that mitigate potential adverse consequences of doing this type of research. They also provide recommendations for ethics boards and researchers for ensuring that researcher well-being is considered and interventions to prevent and address vicarious trauma are incorporated into research protocols.

What is Vicarious Trauma?

'Trauma does not have to occur by abuse alone...' (Brown, 2011)

Researchers and others involved in the area of sexual and intimate partner violence are often required to listen to, or are exposed to, deeply personal accounts of participants' experiences of violence. Working with, and listening to traumatic accounts of sexual violence can carry a significant emotional cost (Figley 1995; Morrison 2007; Theidon 2014). As researchers, we aim to understand the impact of sexual and interpersonal violence on the lives of participants, and we want to know more about participants' thoughts, feelings and behaviors. Emotional engagement is a tool we use to gather such information. Listening to explicit accounts of a traumatic event or having explicit knowledge of an event may cause stress, to varying degrees (American Psychiatric Association 2000).

Bearing witness to survivors' stories, and engaging with their stories emotionally and with empathy - whilst essential skills for researchers - can create similar responses in researchers as have previously been reported by trauma workers such as counsellors, therapists and other caregivers (Coles, Astbury et al. 2014). These responses may place researchers at risk of vicarious trauma. Pearlman and Saakvitne describes 'vicarious traumatisation' (Pearlman and Saakvitne 1995) as, 'a transformation in the therapist's (or other trauma worker's) inner experience resulting from empathic engagement with the client's trauma material.'

Vicarious trauma is the result of being exposed and empathically listening to stories of trauma, suffering and violence, caused by humans to other humans (Pearlman and Saakvitne 1995). The trauma response may worsen with repeated exposure to traumatic material. Repeated exposure to traumatic interview material is an unavoidable part of the research process, and vicarious trauma is thought to be a normal process[2] resulting from exposure to such traumatic materials (Campbell 2002; Morrison 2007).

The concept of vicarious trauma has often been used interchangeably in the literature with secondary traumatic stress, compassion fatigue and burn-out (Sexton 1999; Hernandez, Gangsei et al. 2007). Although the terms overlap with vicarious trauma, these are viewed as distinct concepts in this document and are not addressed within the scope of these Guidelines (definitions of these different concepts are provided in the section Key Terms and Concepts).

> *'Even those who study rape can become emotionally affected by bearing witness to the devastating impact of this crime'*
> *Campbell and Wasco 2005*

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[2]Repeated exposure to traumatic interview material is a particular issue for those doing qualitative research. Such researchers have to read and reread interviews many times as they seek to analyse their data and is more emotionally onerous than analysing quantitative data where individual accounts of trauma are not apparent (i.e. data is summed and grouped).

Impact of Vicarious Trauma

'Experiencing some of the worst aspects of human nature on a daily basis and over time can have a variety of effects on a professional, including low self-esteem, emotional numbing, cynicism, and loss of confidence.' (NSPCC 2013).

Vicarious trauma can have a range of effects on professionals, many of which are similar to those experienced by trauma survivors (Morrison, Quadara et al. 2007). Those working closely with survivors of trauma, particularly survivors of human perpetrated trauma, can be affected in significant ways, including (CME 2011):

- Post-Traumatic Stress Disorder (PTSD) symptoms (nightmares, intrusive images and thoughts, emotional numbing) and / or depression (hopelessness, depressed mood, despair);

- Alterations in views of themselves, their identity, their society, and the larger world;

- Loss of a sense of personal safety and control;

- Feelings of fear, anger, and being overwhelmed;

- Feelings of guilt and/or diminished confidence in capacities and frustration with the limits of what one can do to improve a situation;

- Increased sensitivity to violence;

- Altered sensory experiences, such as symptoms of dissociation;

- Loss of ability to trust other individuals and institutions;

- Inability to empathise with others;

- Social withdrawal;

- Disconnection from loved ones;

- Inability to be emotionally and / or sexually intimate with others;

- Lack of time or energy for oneself;

- Changes in spirituality and belief systems;

- Cynicism;

- Loss of self-esteem and sense of independence; and

- Minimising the experience of vicarious trauma as trivial compared to the problems of respondents.

> *'Whenever I am writing from that emotional place of horror I do still experience deep-seated coldness and my ears feel congested and I feel flu-like.'*
> *SVRI Discussion Forum participant, 2009*

Positive outcomes may also arise from working with or researching trauma survivors. Concepts such as vicarious resilience and post-traumatic growth have been widely used in clinical work to describe positive transformation and empowerment in clinicians through their empathy for, and interaction with, clients (Hernandez, Gangsei et al. 2007). These concepts need to be explored in the context of undertaking research on sexual and intimate partner violence. Unlike clinicians, researchers are not always involved in interventions leading to the improved health and well-being of survivors, and positive transformation may look different for researchers.

There is limited available research on the number of researchers that are affected by vicarious trauma (Coles and Mudaly 2010). Whilst there is potential for positive effects, the negative impact of vicarious trauma can be profound for the field, including loss of skilled researchers; diminished empathy and listening skills, reducing the quality of the research output; harsh and potentially harmful treatment of respondents; and of course, the impact on the quality of life of researchers, their families, their colleagues and their communities (Bloom 2003, Morrison 2007). When the roots of vicarious trauma are understood, it can be prevented; when the signs and symptoms are well understood and given the appropriate attention, vicarious trauma can be well-managed.

Vicarious Trauma and the Socio-Ecological Model

The Guidelines apply an adapted version of the socio-ecological model for violence against women (Heise 1998) to help explore potential risk and protective factors related to vicarious trauma. This model allows us to address factors at multiple levels, which determine and reinforce each other, and that place researchers at risk of experiencing vicarious trauma. The model also discusses strategies for its prevention and timely response.

Table 1: Applying the Socio-Ecological Model to Vicarious Trauma and Conducting Research on Sexual and Intimate Partner Violence[3].

Level	Risk Factors	Protective Factors
Organisational	• Institutions that tolerate or fail to respond to vicarious trauma (Rosenbloom, Pratt et al. 1995). • Stigma associated with experiencing trauma as a result of a workplace /research-related experience (Urquiza, Wyatt et al. 1997, Richardson 2001). • Lack of 'space' or support for self-care (Yassen 1995).	• Institutions recognise and actively put in place strategies for vicarious trauma. • Self-care valued and included in organisational policies and training. • Organisational culture that fosters team work and provides space and time for debriefing and self-care (Rosenbloom, Pratt et al. 1995, Regehr and Cadell 1999, Richardson 2001).
Project	• Exposure to research-related violence directed at the researcher while undertaking field or project work (Coles, Astbury et al. 2014). • No safety planning or recognition of the need to address vicarious trauma in project plans and research protocols. • Working in places with limited services and support for survivors (Social Research Association 2006, Coles, Dartnall et al. 2010). • Working in isolation (Ellsberg and Heise 2005, Pearlman and McKay 2008).	• Researcher safety is built into project design (Social Research Association 2006). Researchers trained to recognise stress, how to manage it, and how to access supportive supervision and trauma counselling (Coles, Astbury et al. 2014). • Team approach to debriefing and consistent check-ins with managers and colleagues (Hatcher, Porter et al. 2015). • Connection to other projects working on violence-related issues (Hatcher, Porter et al. 2015).
Individual	• Young age and inexperience. • Personal coping styles . • Lack of support (family / friends / colleagues). • Personal history and exposure to violence (Bloom 2003). • Previous exposure to research-related vicarious trauma that was unaddressed or stigmatised (Hatcher, Porter et al. 2015).	• Recognition of importance of self-care. • Recognition and understanding of the impact of researching sexual and intimate partner violence on health and well-being. • Knowledge of what to do and where to access support if needed. • Belief that research will be used for positive change (Coles, Astbury et al. 2014).

[3]There is little available published literature on risk and protective factors for vicarious trauma and doing research on sexual and intimate partner violence. More work is needed to better understand the root causes of vicarious trauma across the different levels of the socio-ecological model. Many of the risk and protective factors overlap between organisational, project, and individual levels.

Risk and Protective Factors

Risk Factors

At the organisational level

'The values and culture of an organization set the expectations about work' (Bell, Kulkarni et al. 2003).

Risk of vicarious trauma is minimised if organisational culture recognises that this research can impact the health and well-being of researchers, and organisations have strategies in place to respond to vicarious trauma. Institutions that tolerate and / or do not respond to vicarious trauma at a policy level increase the risk of vicarious trauma occurring among their staff (Rosenbloom, Pratt et al. 1995). By not acknowledging vicarious trauma as a potential outcome of this work, organisations can stigmatise the emotional impact of researching sexual and intimate partner violence, which then create barriers for accessing help and support (Urquiza, Wyatt et al. 1997; Richardson 2001) as well as promoting the importance of self-care (Yassen 1995).

At the project level

Risks at project level are situated in the physical, social, and cultural settings in which researchers conduct their studies, such as:

- Insecurity: Researchers working in post-conflict, conflict areas, or emergency settings, will face severe insecurity for themselves as well as for their research participants (Ford, Mills et al. 2009). These experiences are not limited to war zones. In countries or areas with extremely high crime rates and/or over-populated areas, it is researchers may experienced victimisation or are at risk. This risk needs to be addressed appropriately in order for them to work in optimal ways (World Health Organization and Public Services International 2002; Coles, Astbury et al. 2014).

- Lack of services: In many countries, especially in low and middle income countries, health care, and justice services for survivors are limited or even non-existent. Lack of services can be emotionally challenging for the research team, who know that survivors are unlikely to receive adequate assistance and support they require (Social Research Association 2006; Coles, Dartnall et al. 2010).

- Working in isolation: Working alone, sometimes in difficult circumstances, in isolated or even insecure areas, and in unfamiliar cultures can increase the risk of vicarious trauma (Ellsberg and Heise 2005; Pearlman and McKay 2008).

'Exposure to violence directed at the researcher while collecting data or undertaking project work was the most significant predictor of high levels of stress after controlling for individual factors such as age, gender and research method'.
Coles, Astbury et al. 2014

At the individual level

Whether interviewing participants or reading transcripts of experiences of sexual and intimate partner violence, all researchers are potentially at risk of experiencing vicarious trauma (Rager 2005). Individual factors may, however, increase an individual's vicarious trauma risk.

These include:

- **Empathy:** Having a high level of interpersonal empathy or caring deeply about the work.

- **Age and experience.** Listening for the first time to stories of abuse and violence can affect researchers' opinions and attitudes about humanity, life and their worldview (Jenkins and Baird 2002; Baird and Kracen 2006). Being young and inexperienced may expose the researcher to greater personal distress because she/he has not yet developed mechanisms to cope with these new world views in their own life (Pearlman and Maclan 1995; Bell, Kulkarni et al. 2003).

- **Lack of training:** Responding to, and knowing how to manage the emotions of respondents may be difficult without training or skills in counselling techniques (Coles, Dartnall et al. 2010). However, through proactive training to strengthen skills like emotional containment and responding to clients in crisis, researchers can develop successful methods or protecting the well-being of themselves and their respondents (Hatcher, Porter et al. 2015)

- **Gender:** Females are more likely to experience a greater number of trauma like symptoms than males (Tolin & Foa 2006)

- **Own personal history of violence and mental health problems:** Traumatic past life events and mental health conditions such as a pre-existing anxiety disorder or depression may impair an individual's capacity for coping and increase post-traumatic stress symptoms (Lerias and Byrne 2003; Newell and MacNeil 2010). A personal history of trauma, and in particular child abuse and neglect, places individuals at greater risk as they may find it difficult to adjust to current traumatic events, and/or experience more anxiety than those without such histories (Pearlman and Mac Ian 1995; Brewin, Andrews et al. 2000, Cunningham 2003; Lerias and Byrne 2003).

- **Wanting research to make a difference:** The extent to which research findings are taken up by policy makers or make a difference to survivors are often out of the control of an individual researcher. Further, the long time lag between the completion of a research project and the potential implementation and use of research findings can be a source of frustration and stress for researchers.

- **Researcher guilt and discomfort:** Researchers may feel guilty that they are not able to directly assist research participants in spite of their many needs, whilst at the same time researchers personally and professionally benefit from the research data and participants' personal stories of trauma. This conflict and unresolved feelings of guilt can increase researcher stress and may contribute to trauma. (SVRI 2010)

- **Individual coping styles:** How an individual reacts to stress can also influence a person's sense of well-being. For example, active coping styles such as seeking emotional support, and preparation for projects have been associated with lower symptom levels of vicarious trauma, whereas substance misuse, avoidance and disengagement may lead to higher symptom levels (Dunkley and Whelan 2006; Pearlman and McKay 2008).

Protective Factors

At the organisational level

Creating an organisational culture which accepts vicarious trauma as a 'normal' outcome of conducting sexual and intimate partner violence research and offering ways to address it in their work and everyday lives is needed (Bloom 2003). Such education should begin as early as the job interview during which applicants' own resilience and experience with research on sexual and intimate partner violence and related research is assessed (Urquiza, Wyatt et al. 1997). Coordinators also need to orient, train and supervise research teams on vicarious trauma recognition, risk identification and mitigation (Richardson 2001; Pearlman and McKay 2009). An organisational environment that fosters team interaction and celebration, as well as spaces for debriefing may also lessen the risk of vicarious trauma. (Rosenbloom, Pratt et al. 1995; Regehr and Cadell 1999; Richardson 2001; Hatcher, Porter et al. 2015).

Other organisational strategies to minimise the impact of stress on researchers could include providing access to a trauma-trained counsellor who can offer pre-project, as well as ongoing counselling to interviewers and other research staff (Ellsberg and Heise 2005). In practice, this can be led by a social worker within the organisation or a psychologist external to the organisation. Post-project counselling is ideal to settle researchers back into 'normal' life, however, this may not always be feasible as such expenses may not be covered by organisations after a projects end.

At the project level

Project level planning should start with incorporating researcher safety into the project design (Social Research Association 2006). This involves considering the benefits and risk of various research methods for gathering data and alternative methods of data collection should researcher risk outweigh the scientific merit of the methodology. It may also involve limiting exposure to traumatic material by varying and balancing the workload (Social Research Association 2006). Examples may include: rotating job responsibilities so interviewers have a break from listening to victim or perpetrator stories; researchers working in teams, so team members can temporarily shift from field interviews to quality control, driving, data entry, clerical and/or administrative tasks.

Preparation and training on the impact of sexual and intimate partner violence research and exploring ways in which to reduce stress should be undertaken before fieldwork starts, in addition to standard methods training (Abraham 1998; World Health Organization 2001). Researchers should be trained to recognise when they are stressed, and how to cope with these stressors, including how to access supportive supervision and trauma counselling when needed (Coles, Astbury et al. 2014).

Other researcher trauma mitigation strategies may include: capping the number of interviews researchers undertake per day; making sure researchers take adequate breaks between interviews; devising brief strategies for returning to balance (such as progressive muscle relaxation or deep breathing); balancing trauma research workload with other activities; limiting exposure to traumatic experiences and recognising the increased risk of vicarious trauma of doing research in one's own communities. These are important precautions to minimise personal risk of experiencing trauma-like symptoms (Chrestman 1995; Pearlman and Saakvitne 1995; SVRI 2010).

Confidential team meetings to specifically address the emotional impact of undertaking research should also form part of a researcher safety strategy. These meetings, similar to a 'self-help group', should be separate from meetings for reviewing technical aspects of the research. The goal is to reduce the stress of the fieldwork and prevent any negative consequences that may arise from it. Scheduling weekly sessions are particularly encouraged to meet the needs of most research teams (Ellsberg and Heise 2005).

It is important for research managers to be aware of signs of 'burnout', and where indicated, to take immediate steps to address this.

At the individual level

Key components to a vicarious trauma prevention strategy include: ensuring current and prospective staff members researching sexual and intimate partner violence are aware of individual factors that may increase the risk of vicarious trauma; and are aware of early warning signs of stress and the importance of maintaining emotional and psychological well-being (Rager 2005' ; Coles, Dartnall et al. 2010).

> *'Hearing about the horror of what goes on in my community brought it closer to home, and made me more susceptible to feeling traumatised due to the realisation that it could happen to me, my family and friends and the likelihood that members of my own community are also perpetrators.'*
> *Researcher, SVRI Workshop, 2010*

It is also important to highlight that not everyone can or should do this work. Selecting and recruiting the right staff and research team is important. Some possible questions to use during the recruitment process to explore if the individual is a good fit include (Urquiza, Wyatt et al. 1997; Fontes 2004; IASC 2007):

- What are their perceptions / understanding of violence against women?
- Do they have a previous history working with the topic?
- How do they tolerate emotionally stressful situations?
- Do they display the ability to adapt to and respect local culture?

Coping styles among researchers differ, and it important that researchers are aware of their stress responses to avoid negative coping styles such as excessive alcohol intake (Resick 2000). Ensuring that research is used for change and positive transformation in the lives of survivors can positively contribute to researcher resilience and well-being (Coles, Astbury et al. 2014).

Recommendations

Organisations undertaking sexual and intimate partner violence research should include researcher safety and wellbeing in the planning and design of the research project. Recommendations for addressing vicarious trauma risk and protective factors include:

- Plan for safety at multiple levels (ie. organisational, project and individual) and should not be the sole responsibility of individual researchers.
- Create an organisational atmosphere that recognises that sexual and intimate partner violence research will have an impact on researchers.
- Develop policies and a mission statement that recognise the need for self-care and the importance of researcher safety (including funding for prevention).
- Provide researchers with training on self-awareness, and include values clarification exercises focused on the purpose of research and the role of the researcher.
- Create opportunities to debrief and discuss field experiences with researchers individually and in teams.
- Ensure that researchers understand the risks of vicarious trauma through the work as well as what the organisation offers to mitigate such trauma.

Strategies for Responding to and Prevention of Vicarious Trauma among Researchers

At the organisational level

Policies and protocols should be in place and readily available to support the needs of research managers, individual researchers and research teams. The role of the supervisor and/or manager in terms of management of vicarious trauma should be clear, and all research managers should have a good understanding of the issue, including knowledge and understanding of trauma theory (Pearlman and Saakvitne 1995; Etherington 2009); be able to recognise vicarious trauma in staff members and themselves; have referral services in place and know when to seek referral. Further, supervisors and managers should not be tasked with project team / researcher debriefing unless trained to do so.

At the project level

Managers, at the project level have an important role to play in responding to and prevention of vicarious trauma among their research teams. Particular strategies managers may adopt can include:

- Normalise the effects of working with trauma among all members of the research team.
- Recognise and acknowledge own potential personal risks for vicarious trauma.
- Provide effective supervision: create opportunities for staff and peer support, ensure safety and comfort particularly during times of intensive data gathering and analysis.
- Learn to recognise early warning signs of vicarious trauma and have referral mechanisms in place.
- Allow researchers to have a flexible schedule.
- Know that this work is not for everyone and provide alternative work recommendations, if possible.
- Provide opportunities for both individual and group debriefing sessions.
- Ensure that all research is properly prepared for and undertaken according to good practices (See Box 1 for good research preparation practice).

Box 1: Good Research Preparation:

- Ensuring policies are in place to support flexibility in scheduling research interviews to allow time for rest and to regain energy, and set limits for interviewing time.

- Preparing a detailed budget for equipment, salaries, transport, and contingencies.

- Timing of fieldwork to ensure successful participation (e.g. seasonal labour migration).

- Transportation to access target destinations.

- Food and lodging need to be prepared well in advance and teams should be aware of what they need to pack on their trips.

- Data collection preparation, such as printing questionnaires, manuals, pamphlets, and other materials needed, should be done in advance.

- Computers and data processing equipment should be tested and available in advance.

- Where possible, a field office can be beneficial in terms of storing data, keeping supplies, and having team meetings.

- Problem with payments may dishearten field teams and disrupt fieldwork. Financial systems should be in place well in advance.
(Source: Ellsberg and Heise, 2005)

At the individual level

Researchers working individually can also benefit from the recommendations made for project level responses. It is important for those working alone to be aware of the potential negative and damaging effects of vicarious trauma in order to maintain a healthy balance in their work and personal lives (Richardson 2001).

Some individual strategies for responding and prevention of vicarious trauma include:

- Maximise collegiality and support from colleagues to avoid isolation.

- Plan workload, allowing space and time in between exposure to traumatic materials.

- Adopt a healthy lifestyle to ensure physical wellness (diet and exercise).

- Learn about the topic of the research and explore one's own personal attitudes towards victims and perpetrators.

- Reflect on personal experiences with the topic.

- Find the 'humour' in situations to alleviate stress and tension[4].

- Know that this work will affect researchers 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, including personal debriefing and safety plans (For additional self-care strategies see Box 2).

Box 2: Five Common Self-Care Strategies:

1. Cognitive: mental activities that influence our perceptions e.g. self talk / attitudes.

2. Physical: physical and sensory activities e.g. 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 e.g. spending time with friends, volunteer work, shopping etc.

5. Verbal: using language to identify and express feelings/or stress e.g. talking, writing, naming the problem or feeling (Source: Wasco, Campbell & Clark, 2002).

Recommendations

- Provide supportive and effective supervision during intensive data collection / analysis, and create opportunities for balancing workload and rotating responsibilities.

- Supervisors and project managers should have referral mechanisms in place and understand the nature and manifestations of vicarious trauma in order to recognise symptoms in team members and refer if and when necessary.

- In research projects where fieldwork requires teams of researchers to directly interact with victims or perpetrators of sexual and intimate partner violence, team dynamics must be monitored to address and manage possible conflict within teams.

- Individuals and research teams must be well prepared before initiating data collection. This includes preparation in terms of materials, food, lodging, payment, transportation and other logistics to carry out the research project efficiently and effectively.

- Planning of field research should take into account the safety and security of researcher teams (e.g. Driving at night in rural areas where there are animals on the roads, violent reactions from abusive partners of participants aimed at researchers; working in institutions such as prisons which may render researchers vulnerable). Planning could include training on dealing with potential violent responses while conducting research.

- Provision for ongoing emotional support and workload management for researchers must be made within the research protocol. This may include regular debriefing sessions, in groups and individually by an external professional, defining how many interviews to be done per day, and providing an option for referral to professional support to those who may need it.

- Provision of a referrals contact list or a map of referral mechanisms post-project.

[4]Humour is described by Bloom (2003) as the most under-appreciated and yet one of the most important factors in creating a stress-reducing environment. Through debriefing, groups can be asked to describe humorous and inspiring experiences in the field to lift their spirits and reduce stress.

Ethics and Vicarious Trauma

As mentioned throughout these Guidelines, vicarious trauma must be anticipated as a potential consequence of undertaking research on sexual and intimate partner violence (Campbell 2002; Coles, Astbury et al. 2014). This trauma response has the potential to compromise the ability of researchers and other members of the research team to effectively carry out data collection, analysis and dissemination in a reflective and holistic manner. Researchers therefore have an ethical duty to make every reasonable effort to protect themselves and others involved in the research process, including data collectors, data transcribers, interpreters, translators and others, from vicarious trauma. Researchers' institutions, in turn, where necessary should support the allocation of time and resources within research protocols to minimise the risk of vicarious trauma where it can occur (Dickson-Swift, James et al. 2009).

The primary function of ethical review boards is to protect the rights and welfare of research participants. Ensuring the well-being of researchers and their team should be included in this mandate to ensure that quality research is conducted. Given that vicarious trauma can negatively impact the well-being of those involved (research team and respondents), both directly and indirectly in research on sexual violence, ethical review boards should consider the need for strategies to minimise the risk of vicarious trauma and emotional harm in such research protocols. For research protocols to pass ethical review by ethics boards, it should be an essential requirement that researchers reflect on how they will protect themselves and the research team from or mitigate the risk of vicarious trauma. They should also outline measures and/or strategies that they will implement to ensure this, and budget accordingly.

Such strategies may include: recognising in the protocol the potential harm that conducting research on sexual and intimate partner violence may have on the well-being of researchers and other members of the research team; providing of information to all members of the research team on the impact of trauma exposure and related risks; strategies for the prevention of and responses to vicarious trauma including ensuring researchers work in pairs; providing debriefing sessions, counseling and support if necessary; and the importance of overall self-care especially when conducting research on sexual and intimate partner violence.

Ensuring researchers are supported emotionally when conducting research on sexual and intimate partner violence has both time and financial implications. For example, a key strategy for preventing vicarious trauma among researchers is to incorporate time for self-care into the research process (see section on responding to and preventing vicarious trauma), and to reduce the number of interviews a researcher undertakes per day. Research may therefore take longer. Donors funding this work should be encouraged to support research that incorporates strategies for preventing vicarious trauma among members of the research team.

Recommendations

- Researchers have an ethical duty to make every reasonable effort to protect themselves and others involved in the research process from vicarious trauma.

- Research institutions should support the allocation of resources within research protocols to minimise the risk of vicarious trauma and respond to it when it does occur.

- Ethics review boards should consider the need for strategies and resources to minimise the risk of vicarious trauma and emotional harm in sexual violence research protocols.

- Donors supporting research on sexual violence should encourage and be supportive of research that incorporates strategies for the prevention of vicarious trauma.

Epilogue

Although much has been written about vicarious trauma and related concepts over the years, there is a gap in the research measuring the effectiveness of interventions to prevent its negative consequences and its impact on researchers specifically (Coles and Mudaly 2010; Nimmo and Huggard 2013). These Guidelines are aimed at educating and sensitising sexual and intimate partner violence researchers on the potential for vicarious trauma and its probable risk as a consequence of conducting this work. We hope that the Guidelines will assist research organisations and researchers to develop effective programmes and strategies at every level of the ecological model to respond to and, where possible, prevent vicarious trauma from happening in the first place. If we fail to do this, the risks to the field could be great. Managing and preventing vicarious trauma among researchers of sexual and intimate partner violence, will serve to improve the well-being and resilience of research teams. It will strengthen the quality of the data collected and ensure that this area of work continues to produce research that improves the lives of survivors, and, help us to develop tools and interventions for preventing sexual and intimate partner violence.

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Key Terms and Concepts

Burnout: Burnout refers to a collection of symptoms including feelings of hopelessness, failure, apathy, having an alienated and uncaring, cynical attitude toward clients; exhaustion; and feeling overburdened by workload (Pross 2006).

Compassion Fatigue: Compassion fatigue can be operationalised as STS and is described as 'the convergence of traumatic stress, secondary traumatic stress and cumulative stress/burnout in the lives of helping professionals and other care providers' (Figley 2002; Dunkley and Whelan 2006).

Intimate Partner Violence: Intimate partner violence is defined as 'behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours' (Heise and Garcia-Moreno 2002).

Post-Traumatic Stress Disorder (PTSD): PTSD is described as 'a common reaction to traumatic events such as assault, disaster or severe accidents. The symptoms include repeated and unwanted re-experiencing of the event, hyper-arousal, emotional numbing and avoidance of stimuli (including thoughts) which could serve as reminders for the event' (Ehlers and Clark 2000).

Secondary Traumatic Stress (STS): STS, is described as the emotional distress experienced by persons who have direct contact with those who show symptoms of post-traumatic stress disorder (PTSD). This may refer to family members and others directly involved in the care of persons with PTSD (Jenkins and Baird 2002; Nelson 2003; Salston and Figley 2003).

Sexual Violence: Sexual violence refers to 'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work' (Jewkes, Sen et al. 2002).

Vicarious Resilience: This concept is described by Hernandez-Wolfe, Killian, Engstrom and Gangsei (2014) as 'overcoming adversity from witnessing and participating in trauma survivors' own recovery process.' Vicarious resilience is viewed as a similarly unique and common consequence of trauma work and may coexist with vicarious trauma (Hernandez-Wolfe, Killian et al. 2014). It refers to positive meaning-making, growth and transformation when addressing trauma recovery (Hernandez, Engstrom et al. 2010).

Vicarious Trauma: Using a constructivist self-development theory, Pearlman and Saakvitne (1995) described vicarious trauma as the cumulative effects of working with traumatised clients that may transform and interfere with the therapist's feelings, cognitive schemas ('world view'), memories, sense of safety and self-esteem (McCann and Pearlman 1990; Pearlman and Saakvitne 1995; Hernandez, Gangsei et al. 2007). The definition of vicarious trauma is discussed further in the Guidelines.

Further Reading and Materials

- **SVRI Researcher Trauma resource page:** http://www.svri.org/trauma.htm

- **The Code of Practice for the Safety of Social Researchers** (Social Research Association 2006) http://the-sra.org.uk/sra_resources/safety-code

- **Researching Violence Against Women:** A practical guide for researchers and activists (Ellsberg and Heise 2005) http://www.who.int/reproductivehealth/publicationsviolence/9241546476/en

- **Putting Women First:** Ethical and safety guidelines for research on domestic violence against women (World Health Organization 2001) http://www.who.int/gender/documentsviolence/who_fch_gwh_01.1/en

- **Hartmann M, Krishnan S. (2014). Ethical and Safety Recommendations for Intervention Research on Violence Against Women:** Building on lessons from WHO's Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. RTI International Global Gender Center. http:/preventgbvafrica.org/wp-contentuploads/2014/10/VAW_Research_Ethics_Safety_9_3_14.pdf

- **When Compassion Hurts:** Burnout, Vicarious Trauma and Secondary Trauma in Prenatal and Early Childhood Service Providers. (Best Start Resource Centre 2012) http://www.beststartorg/resources/howto/pdf/Compassion_14MY01_Final.pdf

- **National Sexual Violence Resource Center and International Association of Forensic Nurses.** (2014). Resources for vicarious trauma. Recruitment and retention. http://www nsvrc.org/sites/default/files/nsvrc-publications_sane-mobile-app_resources-vicarioustrauma.pdf

- **Headington Institute:** CA, USA. http://www.headington-institute.org/files/vtmoduletemplate2_ready_v2_85791.pdf

- **Using Reflective Supervision to Support Trauma-Informed Systems for Children** by Anje Van Berckelaer for Multiplying Connections (2009) http://www.vawnet.org/summary php?doc_id=3459&find_type=web_sum_GC

- **Transforming the Pain** by Karen Saakvitne and Laurie Anne Pearlman (1996): http://www.amazon.com/Transforming-Pain-Vicarious-Traumatization-Professional/dp/0393702332

- **The Compassion Fatigue Workbook:** Creative tools for transforming compassion fatigue and vicarious traumatization. (2012). Matheiu F. Tailor and Francis Group, LLC: New York. https://compassionfatigue.ca/store/the-compassion-fatigue-workbook-new-revised-andexpanded-edition-2/

Sexual Violence Research Initiative
Gender and Health Research Unit
Medical Research Council
South Africa

svri@mrc.ac.za
www.svri.org