BRIEFING PAPER

Researcher Trauma, Safety and Sexual Violence Research[1]

INTRODUCTION

"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, North America)

"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." (Interview Cuba 2009, male researcher, Latin America and the Caribbean)

Sexual violence is a violation of human rights and a major public health issue. The Sexual Violence Research Initiative (SVRI) is working towards eliminating sexual violence by strengthening the evidence base to inform policy and service development and prevention programmes through the promotion of and building capacity for research on sexual violence, with particular emphasis on research in resource poor countries (Sexual Violence Research Initiative, 2006).

In 2009 the SVRI held their first international conference, the SVRI Forum 2009. This global event allowed researchers from around the world to meet and present their work. The work presented at the Forum encapsulated a diverse range of research settings, including research in conflict zones and refugee camps, in countries where sexual violence was condoned and in countries where it was not, but was endemic none the less. During discussions held on priorities for research on sexual violence, researchers identified their own trauma as an area of concern, citing a lack of support as a critical issue in undertaking sexual violence research.

Working and researching with victims of sexual violence can be particularly difficult (Campbell, 2002; Coles & Mudaly, 2010; Fontes, 2004; Moulden & Firestone, 2007; Schauben & Frazier, 1995; Steed & Downing, 1998; Stoler, 2002; Way, Van Deusen, Martin, Applegate, & Jandle, 2004). The introductory quotes highlight how collecting evidence and researching survivors and perpetrators of sexual violence affects researchers in different countries and contexts. Researchers working with sexual violence are exposed to painful experiences of violence, humiliation and abuse throughout the process of collecting, analysing and reporting on their data (Dickson-Swift, James, & Liamputtong, 2008; Fontes, 2004; Lee, 1995). Researching with sexual violence survivors can be traumatic to the researcher and can result in secondary traumatic stress or vicarious traumatisation.

1 Authors: Jan Coles,[a] Elizabeth Dartnall,[b] Shazneen Limjerwala,[c] Jill Astbury,[b, d]

a. Monash University
b. Sexual Violence Research Initiative
c. Independent consultant
d. Victoria University

The terms and definitions used to define vicarious trauma are discussed in detail elsewhere (Dickson-Swift, James, Kippen, & Liamputtong, 2008; Renzetti & Lee, 1993).

> Vicarious trauma in this discussion is defined as the transformation of the researcher's inner experience as a result of empathetic and/or repeated engagement with sexual violence survivors and their trauma material (Pearlman & Saakvitne, 1995).

Pearlman and Saakvitne's definition of vicarious trauma for therapists (1995) is expanded in this discussion paper to include the researcher's experience. Vicarious trauma is a process which impacts on 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. It is a pervasive feature of working with traumatised people and is 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).

In addition to participant safety, the Sexual Violence Research Initiative recognises the potential impact of investigating sexual violence topics on researchers. Organisations involved with sexual violence research need to develop strategies that not only support participants but also support the research team members to identify, manage and where possible, prevent vicarious trauma.

Researchers need to prepare for the work they are undertaking, recognising the potential risk to themselves, physically and emotionally, and the potential impact on the quality of research that they do. To assist researchers with the process, this paper explores the experiences of sexual violence researchers from different countries, identifying the issues that traumatized them and the protective strategies they found effective. In response to researcher experiences, this paper is a major step in the development of safety guidelines for sexual violence researchers and their supervisors.

METHOD

In response to a need identified by researchers at the Sexual Violence Research Initiative Forum 2009 in Johannesburg, the SVRI ran a moderated discussion board for four weeks in September-October 2009 to provide a forum for researchers to discuss their traumatic experiences undertaking sexual violence research, share strategies they used to protect themselves and what worked for them in responding to and / or preventing trauma. The discussion board is hosted by the SVRI website (www.svri.org/forums), and the discussion was advertised electronically through the SVRI Listserv (svri@mrc.ac.za).

The discussions were moderated by Dr Shazneen Limjerwala and Dr Jan Coles. Shazneen is an independent consultant based in Mumbai, India and a trained psychotherapist. Jan is an academic family medicine practitioner from Melbourne, Australia.

Three questions were asked to start the discussion.

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 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 four weeks the discussion board was viewed a total of 392 times and received 49 postings. One posting contained no text and could not be analysed, another was received after the discussion closed but was included due to its relevance to physical safety. 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. None of the postings were withdrawn. The postings were copied and de-identified. In addition, 4 people were interviewed using the same questions to include perspectives from Latin America and South Africa. A total of 15 people participated (4 males and 11 females), 11 via the discussion board including the 2 moderators and 4 by interview.

Forty nine postings and 4 interviews were analysed using a thematic analysis by one of the moderators (JC). Thematic analysis involves grouping 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 directly 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).

RESULTS

Individual and environmental factors for vicarious trauma were important to the discussion board participants. Researchers discussed physical risk but focused more on emotional risk and organisational issues. The individual and environmental risks will be described first and then safety strategies that worked for participants will be explored.

INDIVIDUAL FACTORS

Physical Risk

Personal safety and risks to researcher health were identified as the major physical risks. Personal safety risk is related to both individual factors: such as gender, stature and clothing; and environmental factors such as where the fieldwork is undertaken.

The other physical risk identified was a more indirect one, related to stress, physical symptoms and physical health. Researchers reported both mental and physical health effects; feelings of stress, depression, anxiety, insomnia, nightmares and sleep disturbance, tiredness and physical exhaustion, headaches, nocturia, pain, congestion, flu like symptoms, nausea and vomiting.

Emotional Risk

Individual factors that predisposed researchers to trauma were not widely discussed on the discussion board; one researcher who was interviewed mentioned her age and past history of sexual abuse as potentially increasing her risks of trauma undertaking research, while another identified his sex (or being male) as significant.

Preparation for collecting and working with sexual violence data was identified as an area that needed improvement to reduce the emotional risk to researchers. Researchers felt ill prepared for the work they were doing, particularly its emotional impact on themselves. Preparation was not without its challenges; for one researcher what began as a means of preparing to work in the field, through reading war related testimonies, resulted in unexpected traumatic nightmares.

The most common emotional responses described were anger, guilt and shame, fear, sadness, crying and feeling depressed. Many of the symptoms that researchers described may be explained by vicarious trauma: nightmares, fear, anger, irritability, intrusive thoughts, and difficulty concentrating. Researchers also described a changed world view where the world was an unsafe and dangerous place, due to their painful awareness of the extent of harm and suffering inflicted by the perpetrators of sexual violence.

Researchers identified debriefing with friends and family as generally supportive, however concern was expressed for the emotional well being and potential vicarious traumatisation of family members and friends.

ENVIRONMENTAL ISSUES IN SEXUAL VIOLENCE RESEARCH

Environmental issues in the social and cultural context surrounding researchers were identified as a source of significant stress.

Physical Risk

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 ensures all researchers work in pairs to ensure their physical safety.

Emotional Risk

A number of environmental factors that related to the organisations supporting the research put researchers at risk of traumatic experiences. Organisations mentioned in the discussions were Government and Non Government Organisations (NGOs), Legal, Policing and Health Services and Universities. Other areas of concern for researchers related to participant access to appropriate services. The final area related to 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 organisations or other powerful bodies in the community (Collis, 2005). This was particularly difficult when colleagues or professional organisations expected to advocate for women and children were complicit in discrediting sexual violence researchers and/or their findings.

Many organisations failed to recognise the potential impact of undertaking sexual violence research on the researchers involved, providing no support or little support at best.

"Indeed some of the trauma I have felt is due to the fact that I know I need to act yet 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 2009, Male Researcher, North America)

Systematic neglect of victims was particularly distressing to researchers. Part of being involved with sexual violence research included recognising that participants required services that they were unable to access or simply did not exist. Researchers found the lack of resources for and/or interest by organisations and governments in providing services to the sexual violence victims who were the research participants particularly distressing.

SAFETY STRATEGIES THAT WORKED

Researchers have used a number of safety strategies successfully, these include: emotional as well as cognitive preparation, setting up support networks, managing the interview, data collection and analysis and ensuring the research made a difference (Coles & Mudaly, 2010; Connolly & Reilly, 2007; Dickson-Swift, James, Kippen, et al., 2008). Specific strategies described by researchers in this study were: preparation, regular debriefing[2] (Bisson, McFarlane, & Rose, 2000), support and supervision, psychotherapy, research management, education and dissemination and self-care, which included creativity and spirituality.

1. Preparation

Preparation was generally recommended for researchers entering the field, but preparation may be difficult in itself as was reported by one researcher who felt traumatized and had nightmares after reading about death squads and the personal stories of women in a war zone. The importance of self reflection was emphasised, where researchers may opt to change to a "safer" area during preparation, sometimes guided by supervisors and managers.

2. Debriefing, support and supervision

Researchers used a variety of debriefing support systems; supervisors, colleagues, friends and family members. Some needed psychotherapy to effectively manage ongoing work in the area of sexual violence.

Researchers reported that some institutions and organisations, 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 challenging for researchers who had worked in the field with victims of sexual violence who were still experiencing

---

[2] A **debriefing** or *psychological debriefing* is a one-time, semi-structured conversation with an individual who has just experienced a stressful or traumatic event. In most cases, the purpose of debriefing is to reduce any possibility of psychological harm by informing people about their experience or allowing them to talk about it (Bisson, McFarlane, & Rose, 2006)

extreme poverty, violence, powerlessness and a lack of services.

Regular, scheduled supportive supervision by managers and supervisors is recommended.

3. Research management, education, advocacy 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".

"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 to access services, working with participants and communities for safer environments, holding workshops and exhibitions, speaking out, developing policy and writing.

4. Self care

Researchers' self care strategies were many and varied. They included creative and physical activities, faith and spirituality. Creative pursuits included cooking, writing, gardening and painting. Physical activities described included walking, jogging, gardening, cycling and massages. Driving and travelling to new places, shopping and bargain hunting assisted others. Time spent with their families in an accepting and caring environment and particularly the enjoyment of being with young children helped researchers to manage their stress. Faith and spirituality assisted other researchers to feel cared for and supported.

DISCUSSION

Safety strategies for conducting sexual violence research need to be considered at three levels; by the researchers, by their supervisors and by the organisations that support sexual violence research.

Physical risk was not strongly emphasised by the discussion board participants but given the global environments in which researchers work, it is a core consideration in researcher safety. Researchers, since their core aim is to unearth the 'truth' about sexual violence, are susceptible to occupational violence and may be more at risk than those of health professionals or service providers working in similar areas (International Labour Office, International Council of Nurses, World Health Organization, & Public Services International, 2002; Koritsas, Coles, & Boyle, 2008; Koritsas, Coles, Boyle, & Stanley, 2007).

A number of factors could contribute to researcher risk. Firstly, it is more likely that researchers of sexual violence are women. In some settings, women may be socially and physically more vulnerable and less able to defend themselves in the event of a verbal or physical attack. Another point in consideration is that sexual violence is often used as a strategy to silence ongoing community protests, individuals or families. The strategy employed here is to shame the victim, her family and community, since the sexuality of a woman is seen as the repository of family honour (Amnesty International, 1997; Drakulic, 1994; Gingerich & Leaning, 2004; Harvard Humanitarian Initiative, 2009). Given 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 may be at risk themselves.

In preparing for this type or 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 the sexual violence literature, health outcomes for victims are worse when associated with other factors such as multiple

incidents of 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 associated with collecting and working with the data. Discussion board participants highlighted their distress in hostile research and work environments.

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). This is likely to have methodological and data quality implications.

Lack of preparation for undertaking sexual violence research was raised as an area which needed improving for both qualitative and quantitative researchers. Dickson-Swift, James and Liamputtong (2008) suggest that adequately preparing for the qualitative interview makes it difficult because interviews are exploratory and therefore unpredictable. However, sexual violence researchers highlight preparation as important because observing and listening to the content of victims' or perpetrators' stories and working with the data is difficult. Similar experiences have been reported by researchers in other sensitive areas (Ellsberg & Heise, 2005; Hearn, Anderson, & Cowburn, 2007; Liamputtong, 2007; Renzetti & Lee, 1993).

Working with qualitative data from sexual violence research can be challenging because of the need to analyse large amounts of complex text and the intellectual and emotional work associated with this task. Many texts on qualitative methods outline the process involved (Liamputtong & Ezzy, 2005; Miles & Huberman, 1994; Minichello, Aroni, Timewell, & Alexander, 1995; Strauss & Corbin, 1998), and specific guidelines are available for researching violence against women (Ellsberg & Heise, 2005 chapter 13). There is far less discussion of the impact of the researcher process on researchers (Dickson-Swift, James, Kippen, & Liamputtong, 2009; Gilbert, 2001) or the potential implications for the analysis and reporting of findings (Dickson-Swift, James, & Liamputtong, 2008 p52). Therefore the potential challenges

for researchers should be identified and included as part of methodology training, particularly for researchers using qualitative methods.

One respondent's traumatic preparation for research in a conflict zone was described earlier. This raises the question of how best to prepare researchers for their work in different cultures and contexts, particularly in areas such as conflict zones and areas of conflict 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 disturbing area of research. Vulnerabilities for those working in the area of sexual abuse reported include: inexperience, age, sex, past trauma or violence in their own lives, cumulative exposure to trauma, exposure to child trauma, and high levels of empathy with clients and/or participants (Claramunt, 1999; Coles, 2004; Garcia-Moreno & Watts, 2004; Ghahramanlou & Brodbeck, 2000). The research team needs to be carefully selected and trained. Training can include issues relating to ethics, safety, methods, legal issues and confidentiality along with an examination of personal vulnerabilities and experiences of sexual violence. Thus opting out by researchers who feel "at risk" should be seen as appropriate research practice and be advised and supported by supervisors, managers and their organisations. Organisations supporting sexual violence research have a duty of care and should respond to unprocessed researcher trauma by offering psychological support and treatment from the beginning to the end of the project.

Support networks were identified by researchers as important. Support can be structured into a research project in a number of ways. As part of preparing to undertake a project, researcher training can include basic counseling and debriefing skills to allow researchers to respond better to research participants. Developing researchers' skills in basic counselling can strengthen data collection; however training should include a session on how to manage the interview so it doesn't develop into a formal therapy session and referral to and involvement of support

services. 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 or training local community health workers in basic counseling techniques, or the commitment of government or private counseling services to support researchers and the participants (Garcia-Moreno & Watts, 2004).

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 safety protocols with all members of the research team. Researchers who took part in this discussion 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 (Campbell, 2002; Dickson-Swift, James, & Liamputtong, 2008; Garcia-Moreno & Watts, 2004) to create a safe environment for research. 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 discussion. Scheduled regular meetings help, as do supervisors who are prepared for these issues. This may involve training supervisors in recognising and responding to trauma and fostering the ability to support and assist staff to access the required services, such as counseling or psychotherapy. Given the power relationship between supervisor and supervisee it may be important for the researcher to access additional support outside the supervisor relationship, if such a resource is available. This person must have the relevant skills to assist the researcher through their experiences.

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, James and Liamputtong (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 the researcher to return to, talking about distressing issues, bearing witness to the sadness of researchers and caring for them and researchers described being with small children as providing "hope" for the future.

Watts et al (1999) discuss the ethical obligation for researchers to ensure that their findings are used in advocacy, policy and in designing and implementing interventions. Campbell's (2002) work with rape victims outlines how positive gains from engagement in research helped balance the potential for trauma. This was reinforced by participants on the SVRI discussion board. Using research as a tool for positive change was viewed as a means of coping with the trauma associated with undertaking research on sexual violence. Research was used in this way to develop interventions and services, inform policy, to improve knowledge and better support survivors in the community.

Finally, although not highlighted by the researchers themselves, both ethics committees and funders deserve mention in a discussion on vicarious trauma and researching sexual violence. There is a debate in the literature on the role, if any, that ethics committees have in protecting researchers from harm when doing research on sensitive topics (Dickson-Swift, James, & Kippen, 2005a, 2005b; Gillam, 2005). The debate focuses on whether the ethical duty for the protection of the research team lies with the research team supervisor or the ethic committee or both. This is not an either / or situation, and all members of the research team and ethical approval process have a part to play. More simply put, the research team must be encouraged to think of ways to protect themselves from harm throughout the entire research process, from preparation, data collection, analysis, write-up and dissemination. It is therefore important that the ethics protocol includes a dedicated section that asks about researcher safety (Dickson-Swift, et al., 2005a). Additionally, as key partners in the advancement of this field, donors can also play an indirect role in working with researchers to address vicarious trauma,

by encouraging and supporting research on sexual violence that addresses researcher risk; providing researchers with a platform to share research findings and advocate for improved services and programmes for rape survivors and to help ensure that sexual violence is viewed globally as a priority public health issue and profound human rights violation.

WHERE TO NEXT

We suggest that a set of resources be developed by the SVRI to support researchers which includes draft researcher safety guidelines, pending a more detailed investigation of researcher trauma and its prevention.

SUGGESTED RESEARCHER RESOURCES

List of accessible services available to support participants and researchers:

- Where no local services exist upskilling or training local health or community workers in basic trauma counseling should be considered;
- Consider telephone and/or internet support services;
- Professional counselors and psychotherapists.
  (Coles, 2004; Garcia-Moreno & Watts, 2004)

RESEARCHER CARE PLAN

Prepare:

- Reflect - is undertaking sexual violence research safe for you taking into account your own life experiences and personality? You may elect to opt out;
- Consider entry level skill required for research on sexual violence?
- Examine the literature relating to the topic of research, including the literature on the impact on researchers;
- Undertake methodology training which includes discussing and managing the impacts on the researcher;
- Consider your physical safety in the field;
- Develop local supports before entering the field; this may require training of local workers in basic trauma counseling;

- Plan your approach to your fieldwork, such as: developing rapport with or distancing yourself from participants, the level of self-disclosure that is comfortable for you, how you will respond to displays of emotion and distress and/or your own distress, how you can assist participants to access required services, how you will end your research relationship with the research participants;
- Consider supports that protect you from professional or political pressure.

Setting up support networks for researchers:

- Arrange regular supervision with someone who is aware of and can respond effectively to research related trauma and its effects;
- Engage with a peer support group and meet regularly;
- Structure supports to enable you to counteract political and/or professional pressure;
- Prepare family and friends;
- Plan for engaging with specialist counseling or psychotherapy services should you require them;
- Ensure crisis counseling is available.

Strategies for researchers while undertaking fieldwork:

- Keep workloads manageable, e.g. timetable interviews, limit the number of interviews per day and have time to recover between interviews;
- Don't be afraid to manage the emotional impact, e.g. complete the interview at a later date rather than attempting to push on with a particularly traumatic encounter, this may benefit both the participant and researcher;
- Make field notes, including recording the impact on the researcher;
- Consciously use communication skills to reduce trauma;
- Recognise and respond to the early vicarious trauma.

Strategies for researchers during data collection and analysis:

- Limit exposure;
- Allow recovery time;
- Have regular debriefing;
- Ensure regular ongoing formal supervision;
- Engage with regular peer support;
- Presentations in various forms may assist this process;
- Record thoughts and feelings in field notes, or analysis memos;
- Take time for self care.

Ensuring the research has a positive outcome can be done in many ways, examples include:

- Working with survivors;
- Community work;
- Political action;
- Working to change attitudes and practice;
- Building knowledge;
- Exhibitions and presentations;
- Writing at all levels;
- Time to enjoy life, family and friends.

(Bell, Kilkarni, & Dalton, 2003; Claramunt, 1999; Coles & Mudaly, 2010; Connolly & Reilly, 2007; Dickson-Swift, James, & Liamputtong, 2008; Pearlman & Saakvitne, 1995; Rothschild & Rand, 2006).

STRATEGIES FOR MANAGERS AND SUPERVISORS OF RESEARCHERS

- Develop safety plans for your team appropriate to the environment in which they will work;
- Create an organizational culture where researchers can talk freely about the challenges they face and feel valued and supported;
- Prepare and train staff for the research work they will do, including the potential impact of vicarious trauma and its management;
- Include managing physical and psychological well being of researchers in researcher training;
- Assess if the researchers are adequately prepared before their fieldwork begins;
- Provide trauma sensitive support and supervision at all stages of the research process, including scheduling time for debriefing, group relaxation and other exercises to help researchers share their experiences and unwind;
- Provide the opportunity to access professional counselors and psychotherapy should the need arise;
- Consider your own support and emotional safety.

(Dickson-Swift, James, & Liamputtong, 2008; Gilbert, 2001; Social Research Association, 2006)

STRATEGIES FOR FUNDERS

- Promote and support research that considers researcher risk and has strategies in place to address this;
- Provide researchers with opportunities to share research findings among global partners.

STRATEGIES FOR ETHICS BOARDS

- Be familiar with the WHO Ethical and Safety Recommendations for Researching Violence against Women (WHO, 1999);
- Has the researcher considered their individual risk in undertaking sexual violence research and had the opportunity to opt out?
- Has the researcher developed a plan for recognising and preventing vicarious trauma?
- Consideration needs to be given to the potential political implications to organisations, professional bodies and governments and how this will be managed;
- Are there individual and organizational support systems in place, including supervision and trauma sensitive counselling services?
- Are there positive outcomes for the researcher? How can the research be applied to make a difference?

REFERENCES

Amnesty International. (1997). India: Submission to the Human Rights Committee concerning implementation of articles of the International Covenant on Civil and Political Rights.

Bell, H., Kilkarni, S., & Dalton, L. (2003). Organizational prevention of Vicarious trauma. Families in Society: The Journal of Contemporary Human Services, 84(4), 463-470.

Bisson, J., McFarlane, S., & Rose, S. (2000). Psychological Debriefing. In E. Foa, T. Keane & M. Friedman (Eds.), Effective Treatments for PTSD ISTSS Treatment Guidelines. New York: Guilford Press.

Boyatzis, R. (1998). Transforming Qualitative Information: Thematic Analysis and Code Development. London: Sage Publications.

Campbell, R. (2002). Emotionally Involved. London: Routledge.

Claramunt, M. (1999). Helping ourselves to help others: Self-care guide for those who work in the field of family violence. San Jose, Costa Rica: Pan-American Health Organisation.

Coles, J. (2004). Doing retrospective child sexual abuse research safely and ethically with women: is it possible? Monash Bioethics Review, 23(2), 50-55.

Coles, J., & Mudaly, N. (2010). Staying Safe: Strategies for qualitative child abuse researchers. Child Abuse Review, 19(1), 56-69.

Collis, V. (2005). Report on the International Consultation on Women Human Rights Defenders. Colombo, Sri Lanka.

Connolly, K., & Reilly, R. (2007). Emergent issues when researching trauma: A confessional tale. Qualitative Inquiry, 13, 522-540.

Dickson-Swift, V., James, E., & Kippen, S. (2005a). Do university ethics committees adequately protect public health researchers? Australian and New Zealand Journal of Public Health, 29(6), 576-579.

Dickson-Swift, V., James, E., & Kippen, S. (2005b). HRECs have an important role to play in researcher safety. Australian and New Zealand Journal of Public Health, 29(6), 581-582.

Dickson-Swift, V., James, E., Kippen, S., & Liamputtong, P. (2008). Risk to researchers in qualitative research in sensitive topics: Issues and strategies. Qualitative Health Research, 18(1), 133-144.

Dickson-Swift, V., James, E., Kippen, S., & Liamputtong, P. (2009). Researching sensitive topics: qualitative research as emotional work. Qualitative Research, 9(1), 61-79.

Dickson-Swift, V., James, E., & Liamputtong, P. (2008). Undertaking Sensitive Research in the Health and Social Sciences: Managing Boundaries, Emotions and Risks. Cambridge: Cambridge University Press.

Drakulic, S. (1994). The Rape of Women is Bosnia. In M. Davies (Ed.), Women and Peace (pp. 176-181). London: Zed.

Ellsberg, M., & Heise, L. (2005). Researching violence against women: A practical guide for researchers and activists. Washington DC, United States: World Health Organization, PATH.

Fontes, L. (2004). Ethics in violence against women research: the sensitive, the dangerous and the overlooked. Ethics and Behaviour, 14(2), 141-174.

Garcia-Moreno, C., & Watts, C. (2004). Doing retrospective child sexual abuse research safely and ethically with women: is it possible? Monash Bioethics Review, 23(2), 56-59.

Ghahramanlou, M., & Brodbeck, C. (2000). Predictors of secondary trauma in sexual assault counselors. International Journal of Emergency Mental Health, 2(4), 229-240.

Gilbert, K. (2001). Collateral damage? Indirect exposure of staff members to the emotions of qualitative research. In K. Gilbert (Ed.), The emotional nature of qualitative research (pp. 147-161). New York: CRC Press.

Gillam, L. (2005). Protecting researchers is not the role of HRECs. Australian and New Zealand Journal of Public Health, 29(6), 580-581.

Gingerich, T., & Leaning, J. (2004). The use of rape as a weapon of war in the conflict in Darfur, Sudan.: US Agency for International Development/OTI under the auspices of Harvard School of Public Health and the Francois-Xavier Bagnoud Center for Health and Human Rights.

Harvard Humanitarian Initiative. (2009). Characterizing Sexual Violence in the Democratic Republic of Congo: Harvard School of Public Health.

Hearn, J., Anderson, K., & Cowburn, M. (2007). Background paper on guidelines for researchers doing research with perpetrators of sexual violence. Pretoria, South Africa: Sexual Violence Research Initiative.

Hearn, J., Raws, P., & Barford, R. (1993). Working guidelines: Men interviewing Men. In J. Hearn (Ed.), Researching Men and Researching Men's Violences, Violence, Abuse and Gender

Relations Research. (pp. 33-55): Unit Research Paper 4, University of Bradford.

International Labour Office, International Council of Nurses, World Health Organization, & Public Services International. (2002). Framework guidelines for addressing workplace violence in the health sector. Geneva: International Labour Office.

Koritsas, S., Coles, J., & Boyle, M. (2008). Workplace violence towards social workers: The Australian experience. British Journal of Social Work, Advance publication, 1-15.

Koritsas, S., Coles, J., Boyle, M., & Stanley, J. (2007). Prevalence and predictors of occupational violence and aggression towards general practitioners: A cross-sectional study. British Journal of General Practice, 57, 967-970.

Lee, R. (1995). Dangerous Fieldwork. London: Sage Publications.

Leserman, J. (2005). Sexual abuse history: Prevalence, health effects, mediators and psychological treatment. Psychosomatic Medicine, 67, 906-915.

Liamputtong, P. (2007). The sensitive and vulnerable researcher. Researching the Vulnerable (pp. 71-94). London: Sage Publications.

Liamputtong, P., & Ezzy, D. (2005). Qualitative Research Methods (second edition ed.). Oxford: Oxford University Press.

Miles, M., & Huberman, A. (1994). Qualitative Data Analysis. London: Sage Publications.

Minichello, V., Aroni, R., Timewell, E., & Alexander, L. (1995). In-depth Interviewing. Sydney: Longman.

Moulden, H., & Firestone, P. (2007). Vicarious traumatization: the impact for therapists who work with sexual offenders. Trauma, Violence and Abuse, 8(1), 67-83.

Pearlman, L., & Saakvitne, K. (Eds.). (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: Norton and Company Inc.

QSR International Pty Ltd. (2008). NVivo 8 (Version 8.0.148.0): QSR International.

Renzetti, C., & Lee, R. (Eds.). (1993). Researching sensitive topics. London: Sage Publications.

Rothschild, B., & Rand, M. (Eds.). (2006). Help the Helper. New York: Norton and Company Inc.

Schauben, L., & Frazier, P. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. Psychology of Women Quarterly, 19, 49-64.

Sexual Violence Research Initiative. (2006). Sexual Violence Research Initiative. Retrieved 2nd December 2009, from http://www.svri.org/

Social Research Association. (2006). A Code of Practice for the Safety of Social Researchers.

Steed, L., & Downing, R. (1998). A phenomenological study of vicarious traumatisation among psychologists and professional counsellors working on the field of sexual abuse/assault. The Australasian Journal of Disaster and Trauma Studies, 2, 1-9.

Stoler, L. (2002). Researching childhood sexual abuse: Anticipating effects on the researcher. Feminism and Psychology, 12(2), 269-274.

Strauss, A., & Corbin, J. (1998). Basics of Qualitative Research. Techniques and Procedures for Developing Grounded Theory. Thousand Oaks: Sage.

Watts, C., Heise, L., Ellsberg, M., & Garcia-Moreno, C. (1999). Putting women first: Ethical and safety recommendations for research on domestic violence against women (No. WHO/EIP/GPE/99.2). Geneva: World Health Organization.

Way, I., VanDeusen, K., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. Journal of Interpersonal Violence, 19, 49-71.

WHO (1999) Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women, Department of Gender and Women's Health Family and Community Health. World Health Organization. Available online at: http://www.who.int/gender/violence/womenf irtseng.pdf Accessed online at: 19 April 2010.

SOUTH
AFRICAN
MEDICAL
RESEARCH
COUNCIL

GlobalForum
FOR HEALTH RESEARCH

HELPING CORRECT THE 10|90 GAP

MONASH University
Medicine, Nursing and Health Sciences

May 2010