Secondary Trauma: The impact of researching sensitive subjects

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This guidance highlights some of the issues facing researchers, both staff and doctoral students, who conduct research on what might be deemed ‘sensitive’ or ‘difficult’ topics. It recognises the ways this work can impact on the emotional and relational well-being of researchers and outlines potential ways to address these.

This guidance provides some advice and also signposting links to additional resources and information. The guidance also has a wider purpose; to contribute to current discussions about how the emotional well-being of researchers is considered in relation to researcher safety, line management responsibilities, PGR student well-being, research funding, and occupational health.

**Why is this an issue?**

From our experiences of conducting research in the area of Gender Based Violence, we are aware of the different ways that conducting sensitive and difficult research can impact on researcher’s well-being. This is not unique to our area of research, others conducting research on abuse, suicide, mental health issues, security, international development etc. may also recognise the issues we highlight here.

This is also an issue as there are individual and institutional costs of not addressing the ways research can impact staff and students. These include: staff being off sick; highly trained staff leaving academia; PGR students not completing their studies; and the personal impact (including vicarious or secondary trauma, which can lead to Post-Traumatic Stress Disorder PTSD) on those who don’t have the support to deal with the emotional impacts and/or have the space to come to a realisation that this type of work may not be emotionally safe for everyone.

**Types of research.**

We recognise that potentially negative impacts can take place in all types of research. Qualitative research interviews are perhaps most likely to be seen as potential sites of impacts, but coding and analysing quantitative data, case files, reviewing literature, transcribing interviews, and interview data analysis can all be spaces where the impact of engaging with the trauma of others or the horror of events can have negative effects.

Additional negative impacts can also occur beyond the academic research itself, through public engagement activities and dissemination, particularly when there are areas of contention in the issues discussed. Specifically, the increasing emphasis on engaging with social media to communicate findings, has resulted in some researchers receiving negative comments, attention and feedback (including trolling and stalking behaviours). Unsurprisingly, this can have detrimental impacts on researchers’ emotional well-being and their sense of safety in the world.

**Trigger points.**

Similar to trying to identify the potential risks in research for participants, it can be difficult to anticipate what might trigger a negative reaction within the research process for researchers themselves. Trigger points may include the explicit mention of detailed accounts of abuse and other harrowing experiences, and/or the witnessing of trauma symptoms displayed by participants. Trigger points can also be linked to feelings of helplessness and hopelessness when hearing or reading about accounts of injustice. Triggers may come from a variety of sources. They can come from interactions with participants, from the actions or inaction by relevant professionals or by people informally supporting participants, or internally, connected to the researcher’s own personal experiences. Having an understanding of previous trigger points, and anticipating future ones is difficult, but is necessary in attempts to ameliorate the negative impacts of conducting difficult research. The normal institutional line-management structures, including PGR student supervision, may not be a safe space for these reflections.

**Coping strategies.**

The literature on coping strategies, both healthy and unhealthy, tends to be individual in nature. Whilst these strategies are crucial to consider in order to enhance the well-being of individual researchers, broader structural constraints may determine whether such coping strategies and self-care are possible. For example, excessive workloads, unrealistic expectations by other staff members or supervisors, and challenging relationships with colleagues and peers can make reflection and de-briefing more difficult to achieve.

**Conflicts of interest.**

The academic sphere is one of intense competition for both temporary and permanent posts. Where posts are temporary and short-term, researchers, particularly early career researchers, can feel that academic institutions view them as somewhat expendable. Thus, researchers frequently feel that they need to continually ‘prove their worth’, and they may be concerned that experiencing any distress about their work will be viewed negatively. As a result, some researchers may be reluctant to speak about any impacts with their line manager, supervisor, or within a broader research team. To address this, we recommend external independent clinical supervision where possible.

**Proactive and reactive approaches.**

Most approaches to researcher safety, in terms of emotional well-being, are reactive in nature. Researchers may be referred to staff or student counselling services, but this happens predominantly after fieldwork has begun or when it is already taking place. We recommend a more proactive approach where researchers engage with support prior to the commencement of research in order to identify and discuss potential impacts, coping strategies and trigger points.

**What is clinical supervision?**

Clinical Supervision is neither counselling nor general supervision. It is a specific type of supervision that a psychologist or counsellor would get as standard practice in their professional work to ensure that they are able to process any issues raised in sessions with clients, to prevent the internalisation of issues and the potential for vicarious or secondary trauma. A clinical supervisor would provide an independent, proactive space for individual researchers to consider how working in a difficult area can impact them, and to explore appropriate coping strategies.

**Counselling and well-being services**

Standard counselling and wellbeing services are not designed to offer clinical supervision, even for people who have had previous experiences of their own trauma. Wellbeing Services within university settings are *reactive*: aiming to catering for primarily milder and existing mental health issues experienced by students (e.g. stress and anxiety associated with exams). External services that are commissioned by universities’ Wellbeing Services to work with more complex cases are also usually focused on addressing existing mental health issues. They are not preventative services; a service user is already at the point of struggling, and often has a mental health diagnosis to access these services. The aim of Clinical Supervision in research is largely pre-emptive; it recognises the ‘damage’ and emotional toll that particular types of research can have on the researcher, particularly where the research exposes the person to potentially traumatising information (e.g. details of rape cases). This assists the researcher to process the research experiences, the information they have encountered, and any consequent feelings they may have.

**Covid specific issues.**

During the recent lockdown and the consequent shift to working from home, we recognise that, for many, doing sensitive research has raised additional concerns. This includes eroding the boundaries researchers have put in place to differentiate between work and home life – particularly when their work involves dealing with trauma as an issue. Second, when working at home, it is not always appropriate to have difficult conversations about abuse and trauma if others (including children) are present in that environment. Again, there is a need for open conversations about what is and isn’t possible from a home-working environment, and for institutions to be flexible to accommodate the coping strategies researchers find helpful.

**Additional resources.**

Some of the authors of this guidance conducted a webinar as part of the SWTDP in July 2020. This webinar can be accessed here:

<https://www.swdtp.ac.uk/swdtp-webinar-the-impact-of-conducting-sensitive-research-online-before-during-and-after-covid-19/>

Emma Williamson also took part in an on-line conference addressing issues of researcher well-being in research on gender-based violence which can be found here: <https://www.play.mdx.ac.uk/media/VAWGRN+Webinar+2.7.20+-+The+Emotional+Cost+of+Ending+VAWG.mp4/1_b70mdx36>

Both these on-line resources include discussion with participant delegates about specific concerns which are included in the themes described below.

The issues discussed in this guidance also form part of an academic paper which explores this issue in greater detail:

Williamson, E., Gregory, A., Abrahams, H. *et al.* Secondary Trauma: Emotional Safety in Sensitive Research. *J Acad Ethics* **18,** 55–70 (2020). This paper can be found here: <https://doi.org/10.1007/s10805-019-09348-y>​

In light of this academic article we also produced a blog to highlight the need for research funders and institutions to address how researcher safety when conducting sensitive or difficult research is maintained in terms of emotional well-being:

<https://policystudies.blogs.bristol.ac.uk/>

And finally, given that the COVID-19 pandemic has increased some of the challenges regarding conducting all research, but more particularly research which was already likely to have an impact on researchers, we wrote an additional blog, which is available here: http://www.transformingsociety.co.uk/2020/06/23/conducting-research-on-sensitive-and-traumatic-topics-during-a-pandemic/