



# **Taking Care of Ourselves: A Workshop for Sexual Violence Researchers**

**20-21<sup>st</sup> July 2010**

**Sexual Violence Research Initiative  
Medical Research Council,  
Pretoria, South Africa**

**Workshop Report**



# Contents

Acknowledgements	3
1. Introduction	4
2. Workshop Background	4
3. Workshop Aims	5
4. Participants	5
5. Facilitators and Organisers	5
6. The Workshop	6
6.1 What Makes Us Vulnerable?	6
6.2 Post Traumatic Stress Disorder and Vicarious Trauma	7
6.3 Exploring the Personal: Experiences of Vicarious Trauma	8
6.3.1 Types of Research	8
6.3.2 Emotions and Experiences	8
6.3.3 Strategies and Responses	11
6.4 Changes in Your World View	12
6.5 Workplace Culture	13
6.5.1 Support systems	13
6.5.2 Needs	14
6.5.3 Solutions	14
6.6 Projects and Researcher Safety	14
6.6.1 Preparation	15
6.6.2 Fieldwork	17
6.6.3 Data Analysis	18
6.6.4 Reporting Back	19
7. The Future	19
Appendices	20

## Acknowledgements

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## 1. Introduction

The Sexual Violence Research Initiative (SVRI) is working to build an evidence-base for research on various aspects of sexual violence. Researching and working with sexual violence survivors can be difficult (Campbell 2002; Coles & Mudaly 2009). The most effective way to support and encourage more research on sexual violence is to develop and retain a skilled research workforce. Literature and models on how best to support sexual violence researchers in different countries and contexts is limited.

Listening to stories of pain and trauma can impact researchers both physically and emotionally (San Jose, 1999). The effects of being indirect witnesses of trauma and abuse can result in secondary traumatic stress or vicarious trauma. Vicarious trauma is defined as “the transformation of the therapist’s or helper’s inner experience as a result of empathetic engagement with survivor clients and their trauma material” (Pearlman & Saakvitne 1995).

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 clients. 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, no less debilitating than the primary trauma (Pearlman & Saakvitne 1995).

In recognition of the need to respond to the impact of researching sensitive topics and develop strategies to support the research team to identify, manage and where possible prevent vicarious trauma, the Sexual Violence Research Initiative in partnership with the Medical Research Council, South Africa and Monash University, recently hosted a workshop on vicarious trauma and doing research on sexual violence. This report outlines the key discussions and recommendations arising from this workshop.

## 2. Workshop Background

A number of activities took place in the build up to the hosting of this workshop. The idea of needing to address vicarious trauma and doing research on sexual violence was first raised by a participant at the SVRI Forum 2009 who commented on the general lack of attention we give to the impact of doing sexual violence research on our emotional selves. In response, and in recognition of the importance of self care when doing research on sexual violence, the SVRI hosted an online discussion on vicarious trauma and doing research on sexual violence. The discussion ran for 4 weeks and was moderated by two SVRI members, Dr Shazneen Commissariat Limjerwala and Dr Jan Coles. Based on these discussions, a briefing paper on vicarious trauma and doing research on sexual violence was published. Guided by learnings from these research outputs, a workshop was conceived. Its aims were to provide a space where researchers could share their experiences; acknowledge the difficult but essential work they do and initiate the development of guidelines for supporting researchers doing research on sensitive topics.

### 3. Workshop Aims

Key aims of the workshop were to:

- develop awareness of and responsiveness to researcher trauma;
- model protective behaviours;
- share personal strategies and assist with the development of self-care strategies;
- facilitate discussion of this issue, and
- inform the development of guidelines for the care and support of researchers working on sexual violence.

### 4. Participants

A total of 16 people attended the workshop. Participants brought a wealth of experience to the table on doing research on sensitive topics either as field workers, PhD students; research managers and unit directors; lecturers and counsellors. The majority of participants were actively engaged in doing research on sexual violence or were undertaking research on another sensitive topic. For a complete list of workshop participants see Appendix A.



### 5. Facilitators and Organisers

The workshop was facilitated and organized by the following people: Jan Coles is an academic family medicine practitioner from Melbourne, Australia. Her PhD research focused on young mothers who had experienced sexual violence. Jill Astbury is a psychologist with over 20 years experience in researching violence against women. Jill is an international authority on women's mental health. She is currently the co-chair of the SVRI. Shazneen Limjerwala is a Psychotherapist from Mumbai, India. She combined her therapist and researcher skills in her PhD study with rape victims in Gujarat. Liz Dartnall is the day to day manager of the Sexual Violence Research Initiative. Liz is a health specialist with over 15 years' research, public health policy and project management experience. For the past four years, Liz has managed the day to day activities of the Sexual Violence Research Initiative.

## 6. The Workshop

### 6.1 What Makes Us Vulnerable?

*“We are not sponges that don’t think or feel” (workshop participant)*

As a starting point to the workshop, Jan Coles facilitated a presentation and discussion on what might make us vulnerable to secondary / vicarious trauma. The following were identified as key to vulnerability and vicarious trauma:

- **Empathy:** Participants highlighted how having a high level of interpersonal empathy or caring deeply about our work makes us vulnerable to vicarious trauma. Participants reported that this caring conflicted deeply with having to adopt a professional persona during interviews. They felt that they had to suppress their emotions during interviews. They experienced feelings of helplessness / powerlessness after an interview. They reported feeling guilty following an interview about not being able to meet the perceived needs of interviewees and experiencing role conflict between needing to remain in the role of researcher and wanting to provide counselling, emotional and practical support to the interviewee.
- **Age and Experience:** Age and experience can play a role in vicarious trauma. Participants spoke about how a lack of expertise and experience had at times increased their vulnerability, particularly when faced with first time disclosure of violence by an interviewee. Participants noted that we are all human, and no matter how experienced we are there will be something that will catch us off guard.
- **Gender:** Females are more likely to experience a greater number of trauma like symptoms than males (Tolin & Foa 2006)
- **Own personal history of violence:** Personal histories may also increase our vulnerability to experiencing trauma, particularly if we have personal experience of violence either as perpetrators or victims (Cunningham 2003; Pearlman & Saakvtine 1995).
- **Workload:** Workload was also identified as a risk factor for vicarious trauma. Capping the number of interviews researchers did per day; making sure that researchers took adequate breaks between interviews; balancing trauma research workload with other activities; and limiting exposure to traumatic experience were all seen as important precautions to minimise personal risk of experiencing trauma like symptoms.
- **Researching in Our Own Communities:** Doing research on sexual violence in researchers’ own communities was also viewed as a risk factor for vicarious trauma. As one researcher noted, *“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.”*

- **Wanting Research to Make a Difference:** The long time lag between the completion of a research project and the potential implementation and use of research findings was seen as an additional risk factor for vicarious trauma. We care about what happens to our research findings but the extent to which our findings can be implemented is often out of our control.
- **Researcher Guilt and Discomfort:** Sometimes when sharing research stories with colleagues, the more awful the story the more interest it generates. Researchers expressed discomfort and feelings of guilt over this. Moreover, researchers sometimes felt guilty that they often were not able to assist their research participants in spite of their many needs, whilst at the same time they benefited professionally from the research data and participants' personal stories of trauma. This conflict and unresolved feelings of guilt were seen as risk factors.

## 6.2 Post Traumatic Stress Disorder and Vicarious Trauma

Sexual violence leads to high rates of PTSD (Stevens 2001; Kessler, et al 1995). It is not surprising that doing research on sexual violence can result in secondary trauma. The empathy we feel as researchers, and the intimacy we experience with our research subject creates a permeable link between ourselves and the interviewee, through which the trauma experience can be transferred to the researcher. As researchers we need to learn to recognize that we too can experience trauma through researching it. Developing secondary trauma is not a sign of weakness. The symptoms of secondary trauma are similar as those for PTSD. See table below. For more detail on PTSD criteria see Appendix B.

<b>Some of the major symptoms of Post-traumatic Stress Disorder (PTSD):</b>	<b>Vicarious Trauma:</b>
<ul style="list-style-type: none"> <li>• Repeated and intrusive distressing memories of the event, including 'flashbacks' or nightmares</li> <li>• Physical reactions, such as shaking and sweating</li> <li>• Avoidance of social interactions and or situations that remind them of the trauma;</li> <li>• Memory loss</li> <li>• Persistent thoughts about the event</li> <li>• Feelings of guilt or shame</li> <li>• Anxiety</li> <li>• Anger</li> <li>• Irritability</li> <li>• Difficulty with concentration</li> <li>• Sleeplessness</li> <li>• Depression</li> <li>• Drug or alcohol abuse</li> </ul> <p>(Source: NICE Guidelines:  <a href="http://www.nice.org.uk/nicemedia/pdf/CG026publicinfo.pdf">http://www.nice.org.uk/nicemedia/pdf/CG026publicinfo.pdf</a>)</p>	<ul style="list-style-type: none"> <li>• Irritability</li> <li>• Anger</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Low self-esteem</li> <li>• Sadness</li> <li>• Concentration problems</li> <li>• Memory loss</li> <li>• Tiredness</li> <li>• Changes in sleeping and eating habits</li> <li>• Develop or increase in addictive behaviors</li> <li>• Social isolation</li> <li>• Physical symptoms: head aches / body aches</li> </ul>

Secondary traumatisation is often difficult to recognise. It can include feelings of anger, anxiety, depression, sadness, exhaustion, difficulty concentrating and making decisions, head aches and body aches, sleeplessness, an increase in drug and alcohol use and social isolation. We all have these feelings from time to time and it is easy to attribute them to other things that may be going on in our lives. It can secretly creep in on us, developing over time.

We believe we need to retain a professional façade, making it difficult sometimes to admit when things aren't going well. As a researcher working on sensitive issues, it is important to learn to recognise these symptoms and routinely check how we are doing.

## 6.3 Exploring the Personal: Experiences of Vicarious Trauma

This session, led by Dr. Shazneen Limjerwala, facilitated an exploration of participants' experiences during their research. In pairs, and later as a group, participants were asked to talk about their own research, the emotions that their research evoked and how they dealt with these experiences and emotions.

### 6.3.1 Types of Research

The types of research participants were engaged in are summarised in the table below.

<b>Research</b>	<ul style="list-style-type: none"> <li>• Child Sexual Abuse: Interviews with survivors &amp; parents</li> <li>• Femicide: review of mortuary docket/10 year comparison study</li> <li>• HIV Study: interviews with HIV and men / women</li> <li>• CSA: Interviewing perpetrators who are in prison for having abused children under the age of 6</li> <li>• Forensic Nurse: examined survivors</li> <li>• Men's Study: Interviewing men on experiences of perpetration</li> <li>• Truth Commission<sup>1</sup>: investigator</li> <li>• Teenage Pregnancy: risk factors, interviewing young pregnant teenagers</li> <li>• Tracking Justice: review of rape docket<sup>2</sup></li> </ul>
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### 6.3.2 Emotions and Experiences

Participants spoke about the following emotions and experiences that were evoked as a result of researching these sensitive topics:

- **Anger at Service Providers:**

*"I wish the judge could be raped so he can understand what it feels like and experience the trauma that these people have gone through."*

<sup>1</sup> The **Truth and Reconciliation Commission** was a court-like restorative justice body assembled in **South Africa** after the abolition of apartheid.

<sup>2</sup> Full report available online: [http://www.tlac.org.za/images/documents/tracking%20justice\\_web.pdf](http://www.tlac.org.za/images/documents/tracking%20justice_web.pdf)

One participant spoke about her anger towards a judge who had released a convicted child rapist back to the home of the child he had raped. Another, trained as a nurse, shared her frustration and disappointment with nurses' behaviour towards survivors. Anger at how those in the criminal justice system or health service providers responded or didn't respond to survivors was a consistent theme that emerged from this discussion.

- **Powerlessness and Guilt:**

*"Researchers open up people and then go home."*

*"I had arranged to interview a sex worker before she started her shift. I began to ask her questions and she almost immediately started crying. I felt responsible for her tears. I felt as though I had intruded on her and was guilty that I would just walk away. Research is good for one personally; you rise as a professional as a result of other people's trauma".*

Many participants talked about their powerlessness to help the research participants, and their helplessness to provide support to them post disclosure. A researcher shared a story of a young child who had been raped by her mother's boyfriend. She was now being looked after by her grandmother. The child was having sex with many boys. The grandmother was angry at the child and did not understand her behaviour. She didn't know what to do. The researcher referred them to a support service, but was concerned that they would not be adequately assisted in the complex problems they were experiencing. She was worried that the child, in particular, would not get the help that she needed.

Not knowing what happened to participants post interviews was very distressing for a number of participants, as the following quote highlights:

*"Being a researcher your hands are tied – you can't make people go to counselling; you can't provide them with counselling and you know little about the quality of the services they will receive."*

Researchers also spoke about how some participants expressed how cathartic and helpful sharing during the interview was for them. For some, it had been the first time that they had shared their rape/trauma or for the first time had experienced a listening ear.

- **Gender:**

Gender manifested itself in a number of ways in participants' stories. For example, some of the male participants expressed shame at being male and the horror that men could be capable of such grotesque violence.

- **Ubiquitous Generalisations:**

The horror of stories heard began to creep into every facet of the researchers' lives. Some generalisations that participants felt were true while knowing intellectually they

were not included: *'Every man is a perpetrator; every child was at risk; South Africa is a violent and unsafe place; service providers don't care, they should experience rape; perpetrators should be executed; there was no hope'.*

- **Personal Safety:**

Personal safety was a key concern, and the resultant anxiety of researching sensitive topics in various settings. For example, doing research in community settings where angry community members attack researchers with stones; researching violent offenders in prison and not being able to see a warder, and having no panic button or any other safety plan available for an immediate response should something happen.

- **Fear and Foreboding:**

One researcher spoke of a sense of foreboding after interviewing perpetrators in prisons. Her experiences highlighted the immense lack of resources to deal with offenders. One of the prisoners interviewed mentioned his own fear of re-offending if he were to be released. The researcher spoke to prison officials about referrals for interviewees to rehabilitation programmes, but such services are only available to prisoners about to go on parole. For her, the timing of this intervention was much too late.

- **Distancing from Friends and Family:**

This work can distance us from our families and loved ones. Due to the traumatic nature of the work we feel we can't talk to our families about our work and if we do, it may impact negatively on our relationships. We want to protect our families from hearing painful stories, particularly stories that may result in them feeling unsafe and their security threatened.

Hearing stories about the worst things people can do to each other impacted negatively on participants' personal relationships in a variety of ways. One researcher spoke about his fear of feeling like a potential perpetrator, and having to go through intense, deep, hard reflection on this fear. He said it had enormous negative implications for himself and his family, particularly on his relationship with his son.

Another spoke about how she partitioned her work from family life. *"I chose to take this on. My family didn't. I feel I need to protect them. I don't share this with my family"*.

Other colleagues talked about how relationships had come undone either during or linked to particularly difficult times of a research process. The causality could not be established, but the link was observed.

- **Effects of Researching Your Own Community:**

*"I don't think any amount of training could prepare you for this work. This work was really painful for me. I had been taught that gender based violence was wrong. But through my work I was being made aware of what was going on in the township and*

*how streamlining<sup>3</sup> girls and violence against women was cool. And as I was growing up, although I didn't perpetrate, I didn't think it was wrong. After training, I felt like I had condoned it; I felt like I was a perpetrator, myself, by my silence. Interviewees (perpetrators) wanted me to agree with them and as a researcher I knew I had to listen so they would continue talking – I knew they thought I agreed with them – I was really shocked at how men in my community behaved – the extent of their violence. I felt alone when I tried to share my new learning with them. It distanced me from my peers. I lost a lot of friends, and my experience has resulted in my detachment from my community.”*

*“I started questioning all the men around me. Were they perpetrators? This work raises questions about all the people around you. What did they do about it? If they did nothing, why not?”*

These quotes highlight the painful reality of researching sensitive topics in your own communities, how new knowledge can challenge long standing community values and beliefs; and your own understandings of the people around you. It also highlights how hard it can be to challenge core values of friends and families and the resultant grief, sadness, and sense of isolation that can ensue.

- **Memory Loss and Forgetting:**

*“What do I do with these things I hear? I forget”*

Another researcher spoke about how he cannot recall much of what went on in the field in some of his more intense data collection experiences.

### **6.3.3 Strategies and Responses**

The discussion about participants' strategies to cope with emotionally challenging experiences encompassed a variety of strategies to manage and respond to these emotions.

- Formal talk therapy and counselling outside of work
- Debriefing and support from managers
- Reflection and being grateful - *“I was lucky that I didn't have to go through this”*
- Sharing with colleagues / talking it through at work – *“a certain degree of intimacy develops among colleagues working in this area”*
- Writing and reading about the topic to try to come to grips with the topic and the behaviour of the perpetrators.
- Try to create positivity in work and dealing with issues
- Physical exercise: Going to a soccer field; Dancing and singing (diski dance; Bike riding
- Therapy through activities such as horse riding, dog-walking; going out with friends
- Putting up partitions between work and family / friends
- Cooking
- Listening to / playing music

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<sup>3</sup> local term for gang rape

Through this session, we realized that doing research on sexual violence can be tough. It is important to acknowledge that it is a difficult area to work in. We all share many common responses and experiences. It goes to show that as individuals, we are not odd or strange. We do not engage in this work simply as research for publication and career. We do it because we care and want to propel social change that will prevent violence and improve the responses to and services for victim/survivors.

## 6.4 Changes in Your World View

*“Researching sensitive topics can fracture your world view. It’s as if a trap door opens and you fall into this other dark world that you never knew existed” (Jill Astbury)*

Jill Astbury presented on worldview and what that means. Worldview is a concept postulated by Janoff-Bulman (1992), Epstein (1991), Parkes (1975), and Bowlby (1969). It is a cognitive structure that helps us organise our experiences, and gives us a sense of competency and the confidence to function in everyday life. It serves as lens through which we perceive reality. Disruption of worldview is likely to happen when we are constantly exposed to traumatic materials (Pearlman & Saakvitne, 1995).

When our world view comes under pressure, our sense of existential security, our trust in self and others can shatter. Our values are threatened – eg that people are fundamentally good, and our fears for self and others increase. Trauma undermines our beliefs in self-efficacy, control and agency. Critical negative schemas can emerge, involving feelings of incompetence, loss of control and danger. These can significantly alter our appraisal and perception of threats, leading to the possible development of non-adaptive coping behaviours and increased distress. Our understanding of the world can become distorted, we can begin to view it using generalities and all or nothing thinking. For instance, the violent, degrading intentions and behaviours of the rapist are attributed to all men. We start thinking ‘*All men are rapists*’ and ‘*I am not safe anywhere*’.

Making sense of a world in which sexual abuse is perpetrated on children and adults can be an immense struggle. For example, after being exposed to detailed accounts of child sexual abuse, the belief that family members and adults will protect, nurture and never sexually harm children is no longer tenable. An intense reordering of one’s worldview is unavoidable, although initial disbelief can persist and prevent the full internalization of the traumatic material/events to which one has been exposed. Existentially, we have to try to make sense of the fundamental and unforgivable betrayal of trust inherent in the perpetration by an adult of child sexual abuse.

What do we do with our sense of anger and impotence at the gross violation of human rights we hear about? How do we reforge a sense of purpose and meaning in life AFTER our worldview has come under siege? As researchers, what can we do?

Being faced with the reality of sexual violence, especially child sexual abuse, often makes researchers feel as if they have been metaphorically cut off at the feet and are no longer capable of standing on solid ground.

Erik Erikson's theory of development gives a clue as to why this might be the case. The first and most important developmental challenge, and the one that lays the foundation for all future psychological development, is: Establishing a sense of TRUST versus MISTRUST. Confronting and attempting to understand sexual violence recapitulates this task. Many of the beliefs/assumptions about the world and other people that underpin a sense of basic trust are shown to be unreliable. Mistrust can overrun trust and be accompanied by other painful emotions.

What Judith Herman (1992) wrote about the abused child is also relevant to us:

'The child...is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness...' (p. 96)

Re-establishing our sense of safety and security in the face of trauma is deeply challenging. However, unlike the child we are not alone or helpless. We can confide in and gain support from friends, partners and family members. We can act to take precautions and protect ourselves. We have agency and autonomy. We can problem solve and contest our own thoughts, work to understand our experiences and begin to make some sense of the suffering we witness and document. We also know where to find help if we need it as well as understand stress and how to alleviate it.

As researchers we need to search for things that help us to act in good faith with our own values and in good faith towards our research participants who trust us to do justice to their painful narratives of violation. In this way, we can begin to make new meaning in our lives.

## 6.5 Workplace Culture

A workplace culture can be central to helping us manage and deal with the trauma of working / researching sensitive issues. Participants were asked to work in groups to discuss the role of their workplace in supporting them to do their work and to manage the emotions evoked as a result of their work; to identify what they needed and what possible solutions could be introduced into their workplaces to help them manage better. The following summarises the key outcomes of this discussion:

### 6.5.1 What was there to support you?

- Formal counselling service provided by the organisation
- Peer Support - talking and sharing the research experience with colleagues. *le "Listening to what other researchers go through helped me realise I am not crazy, I am not alone"*
- Having a supportive and sensitive supervisor
- Partnership between research organisation and a local trauma centre
- Belief in research, knowing that the research was ethical and rigorous, that the findings could make a difference

- Ability to compartmentalise and partition research from other aspects of life

### 6.5.2 What did you need?

- More regular breaks
- More up front acknowledgement of the difficulties of doing this type of research. As one participant noted, *“As researchers we do not want to complain to our managers and we try to be brave and handle the workload on our own, but it is hard”*.
- Relevant and culturally appropriate counselling services. Participants that were referred to counselling services felt that they needed to talk to someone *“who knows what you are made up of”* rather than someone from a different culture
- Having a safe place to stay during fieldwork
- Having constructive outlets such as support groups with people doing similar research and workshops.
- Unwinding outside the workplace with colleagues (eg a day to go to the local game farm for a drive...)
- At an organisational level, people felt it would be beneficial to get to know other departments within their organisations so as to know what other resources they can tap into and draw from

### 6.5.3 What are possible solutions?

- Time management – participants suggested that 4 days/week is the maximum amount of time that should be spent doing interviews, with no more than 3 interviews per day. Day 5 should be spent in the office to allow time for the completion of follow-up activities and administrative duties.
- Uplifting activities
- Make time for self care
- Slot in mandatory debriefing sessions
- Making work fun- the research topic is always serious but the researcher can have some down time and fun
- Rotation of researchers/fieldworkers
- More opportunities to debrief with peers
- Ensure safety of researchers when embarking on studies (making sure they are able to sleep in safety, having phones etc)
- Thorough knowledge of the project and identifying how this could impact researchers in the short and long run
- Creation of a workplace culture that normalises vicarious trauma and recognises it as normal response to researching sensitive issues
- Learning how to recognise vicarious trauma symptoms

## 6.6 Projects and Researcher Safety

Participants were asked to think about a project they are currently doing or would like to do and outline steps that would need to be taken in these projects to address researcher safety. Researcher safety was discussed in relation to the following project stages:

Preparation; Fieldwork; Analysis; Reporting; Making a difference and Responding to disempowerment, personal discrediting or suppression of your findings.

## 6.6.1 Preparation

The following were seen as key to the preparation stage for the protection of researcher safety:

- **Guidelines:**

Guidelines for doing research on sensitive topics, and research on violence against women exist, and it is important that any organisation embarking on this area of work should have these guidelines, consider how sexual violence fits into them and, of course, use them. E.g.

- Inter-Agency Standing Committee: Guidelines on Gender-Based Violence Interventions in Humanitarian Settings:  
[http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf\\_gender-gbv](http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv)
- WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies, 2007:  
[http://whqlibdoc.who.int/publications/2007/9789241595681\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595681_eng.pdf)
- Researching Violence against Women: A Practical Guide for Researchers and Activists. World Health Organization and Program for Appropriate Technology in Health, 2005:  
[http://www.path.org/files/GBV\\_rvaw\\_complete.pdf](http://www.path.org/files/GBV_rvaw_complete.pdf)
- 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. 1999:  
<http://www.who.int/gender/violence/womenfirtseng.pdf>

- **Research Team Selection:**

During the training of fieldworkers, managers need to get to know the field workers before they go into the field; monitor them and where possible identify field workers at possible risk of developing trauma related symptoms. Managers should consider the possibility of not employing field workers who have not processed their own experiences of violence – if and where this is possible.

- **Knowledgeing Up:**

Reading about the topic that you are about to research was seen as a good way to plan for the research and possibly prepare you for what you may be “letting yourself into”.

- **Training:**

Training researchers and field workers on both the research protocol, as well as the issue/topic to be researched was seen as very important. Although it is difficult to prepare researchers for all possible eventualities in the field, being trained by a seasoned researcher and role playing various “what if...” scenarios were possible suggestions for preparing researchers for field work. Researchers also need to know that it is Ok to slow down or even stop an interview to seek advice of a supervisor if they are feeling in any way uncomfortable, feeling threatened or just don’t know how to handle a certain situation or disclosure. Training on doing research on sensitive issues should also include a values clarification module in order to manage any possible prejudice that may arise before going into the field. Learning how to and preparation for dealing with possible confrontation was also seen as important. Finally, creating meaning and excitement around the study, making sure field workers have a thorough understanding of the research and its potential impact on policy and practice was viewed as important so that they could share this with research participants during the consent process, and during / after an interview should any questions arise.

- **Management Issues:**

A number of management issues were raised.

- **Workload Management:** Managing workload was identified as critical for protecting researchers’ safety. Participants suggested, a 4 day week for data collection; proper planning and timing of interviews, capping the number of interviews that can be done in one day, ensuring researchers have breaks in between interviews to give researchers time to reflect on the interview and leaving it up to the field workers to pace their own interviews.
- **Clear Lines of Reporting:** Knowing who to report to, how and about what was viewed as important.
- **Regular Debriefing and Peer Support Systems:** Similarly, providing researchers with opportunity for regular debriefing and having accessible support systems in place was proposed as an important safety tool. Researchers highlighted that peer support was really helpful in managing work place stress.
- **Involvement of Researchers in Protocol Development:** Junior researchers requested more involvement in the development of the research protocol to enable them to both input into the process and to gain a deeper understanding of the research and its possible impact.

- **Physical Safety:**

Physical safety was a particularly pertinent issue for researchers. Developing plans for physical safety that are informed by the location in which the research is to be undertaken was seen as central for researcher protection. Researcher safety issues

are context specific – different sites will have different safety concerns. For example, if the research is to be done in a community setting, researchers should link up with community leaders / gatekeepers to discuss the research and any possible safety issues. In prisons, meeting with and developing plans with warders about safety prior to doing research in prisons was another suggestion. Such plans could include ensuring warders are in visible sight during an interview, but not in the room; or having a back up telephone / panic button should a situation arise in which the researcher's safety might be compromised.

It was also suggested that entering into a memorandum of understanding with institutions regarding interview schedules and researcher safety was important to ensure any agreements made prior to field work would be implemented. Other suggestions included: encourage researchers to work in pairs; discuss issues like researcher rape – something that can occur but is generally not talked about, so the extent to which it does occur remains unknown; and the possibility of and how to prevent robbery and theft of research materials in the field. (e.g. not leaving laptops or other materials in cars or unattended).

- **Managing Researcher Guilt and Ethical Research:**

Knowing that the research is ethical and that research participants were protected was very important to the researchers. We also want to know that the research will make a difference. This is linked to learning more about the purpose of the research and its potential impact in terms of policy and practice. Where possible, a priority should be placed on being involved in all aspects of the research process and gaining a good understanding of the settings in which the research is to be undertaken, both in terms of personal safety plans and in learning about referral services and networks for research participants should they need them.

## 6.6.2 Field Work

- **Raising Concerns and Being Prepared:**

Field work can be unpredictable. Researchers in the field need to be encouraged to raise any concerns they may have with any aspect of the research process, be it a team member, a research process, an interview, as soon as it arises, rather than letting it fester and compound over time.

- **Learn How to Self Identify Vicarious Trauma:**

Teaching researchers about and having regular briefings on vicarious trauma, and its symptoms during the field work process can help identify it in its earlier stages where preventive action can be very effective.

- **Know Your Research Setting and Your Research:**

Knowing your research setting is essential. Central to feeling secure is being well acquainted with referral systems for research participants, knowing who to approach if you need help or assistance; and knowing the impact your research may have on

you if you are researching something that will go against community values, your own values or that may evoke painful memories of previous personal experiences.

- **Conflict Management:**

Research can be stressful, and conflicts within research teams will most likely arise. It is therefore important to have a supervisor available to manage and help resolve conflict within the research team.

- **Caring Managerial Environment:**

It is essential that managers and supervisors understand the difficulties inherent in field work, particularly when researching sensitive and emotionally fraught issues such as sexual violence, so they can provide appropriate support and referrals to their research team and / or research students. It is also important to ensure that managers are properly supported and supervised in order to minimise their risk of experiencing secondary trauma. Finally, managers should be seen as checking *in* on the research team rather than checking *up* on them.

- **Talk Therapy / Group Debriefing Sessions:**

Some researchers recommended writing as a way of offloading and managing the emotions evoked from doing this type of research, whilst others felt it was better to talk to a person rather than try to manage issues alone. Where possible, talk therapy and / or group debriefings were preferred over writing on its own.

- **Safe car, safe accommodation, safe food:**

In addition to personal safety in the field, it was vital to feel safe in all aspects of the research process, including having a reliable car, secure and clean accommodation and healthy food to eat at the end of a hard day in the field. It was also suggested that researchers should have something pleasant to do in the evenings (e.g. read a book; take a bath) and to take a break, mentally and physically from the research.

### 6.6.3 Data Analysis

- **Qualitative:**

Analysis of qualitative data was identified as being emotionally fraught, and in some instances very difficult to manage. The re-reading and transcribing of traumatic stories stirred up strong emotions. One researcher shared how she transcribed stories of child sexual abuse (CSA) in the same room as the interviews with CSA victims had been conducted, including the same toys, decorations and children's furniture. The researcher reported experiencing flashbacks, and said that the experience had been an incredibly lonely and difficult process. As a result the analysis had taken much longer to complete than it should.

- **Regular Breaks and Debriefing:**

Taking regular breaks from data analysis and having a supervisor or colleague to debrief with were seen as important for maintaining balance whilst being constantly exposed to traumatic material during the data analysis process.

#### **6.6.4 Reporting Back**

Belief that our work makes a difference and doing justice to the time and stories given to us by our research participants is essential, and one of the key ways of achieving this was through reporting back and ensuring our work makes it to those people who can make a difference. The following were identified as ways to do this:

- Press releases
- Workshops
- Policy Reports
- Linking up with advocacy organisations
- Establishing relationships with journalists

Maintaining a relationship with service providers was suggested as a way of ensuring that we see the implementation of our research findings. Of course, we must never forget to *celebrate* the end of a project.

There is a word of warning. Researching sensitive topics can be controversial, and our dissemination efforts may not always be received positively. To protect against detractors our research methods must be rigorous, and ethical and we must make sure we know and understand our research findings very well.

It was highlighted that the purpose of this exercise is to support and facilitate sexual violence research. Its outcome, the report, has indicative value and needs to be used as a guide. It does not reflect the experiences of researchers in various settings, and therefore, cannot be considered exhaustive in its findings. Approached in this spirit, it would not be an additional bureaucratic barrier to researching sensitive issues.

Finally, one manager highlighted that she found satisfaction in her work from building capacity and developing the next generation of researchers. Seeing researchers develop in their skills and confidence made her work worthwhile.

## **7. The Future**

To take this work forward, participants suggested that we should undertake the following activities and develop the following outputs:

- Guidelines for Managing Secondary Trauma and Doing Research on Sensitive Topics
- Develop a Discussion Document on Practical Solutions for Managing and Responding to Researcher Trauma Responses
- Develop a Model to Run this Workshop elsewhere e.g. SVRI Forum 2011
- Develop 1-2 paper on coping and running a debriefing session

## Appendix A: Workshop Participants

Name	Organisation
Chandre Gould	Institute for Security Studies, South Africa
Shazneen Limjerwala Commissariat	Independent Researcher, India
Jan Coles	Associate Professor General Practice, Monash University, Australia
Dashen Reddy	Counsellor, Monash University, South Africa
Mohau Makhosane	Chief Research Technologist, SVRI/ Gender and Health Research Unit, Medical Research Council, South Africa
Natasha Hendricks	Researcher, Gender and Health Research Unit, Medical Research Council, South Africa
Bongwekazi Rapiya	Researcher, Gender and Health Research Unit, Medical Research Council, South Africa
Thomas Callender	Researcher, Medical Research Council, South Africa
Naeemah Abrahams	Gender and Health Research Unit, Medical Research Council, South Africa
Yandisa Sikweyiya	Researcher, Gender and Health Research Unit, Medical Research Council, South Africa
Lizle Loots	Researcher, SVRI, Medical Research Council, South Africa
Liz Dartnall	SVRI, Medical Research Council, South Africa
Jill Astbury	Co-Chair SVRI Coordinating Group, Researcher, Monash University, Australia
Kgauhelo Lekalakala	PhD Candidate, South Africa
Nwabisa Shai	Research Manager, Gender Links, South Africa
Rachel Jewkes	Director, Gender and Health Research Unit, Medical Research Council, South Africa
Nomazizi Cishe	University of Cape Town

## Appendix B: PTSD Criteria

To meet criteria for a diagnosis of PTSD according to the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV-TR, 2004) a person must have been exposed to a traumatic event that involved actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others and to have resulted in intense fear, helplessness, or horror. Three different sets of symptoms define PTSD including:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions, recurrent distressing dreams of the event, acting or feeling as if the traumatic event were recurring such as illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated, intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event and physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
2. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by efforts to avoid thoughts, feelings, or conversations associated with the trauma as well as activities, places, or people that arouse recollections of the trauma; an inability to recall an important aspect of the trauma; markedly diminished interest or participation in significant activities; feelings of detachment or estrangement from others, a restricted range of affect such as being unable to have loving feelings and a sense of foreshortened future such as not expecting to have a career, marriage, children, or a normal life span and
3. Persistent symptoms of increasing arousal that were not present before the trauma as indicated by difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance or an exaggerated startle response. Symptoms in all of these categories need to have been present for more than one month and to have caused clinically significant distress or impairment in social, occupational, or other important areas of functioning before a diagnosis of PTSD can be made.

## Appendix C: Workshop Schedule

### Day 1

Time	Item	Presenter
<b>8:30-09:00</b>	Registration and Tea	
<b>9:00-9:15</b>	Welcome and Introductions	Rachel Jewkes
<b>9:15-9:45</b>	Setting the Scene <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Why researcher safety is important: Personal stories from the discussion board</li> <li>• What is vicarious trauma</li> <li>• What are the risks</li> </ul>	Jan Coles / Jill Astbury
<b>9:45-10:00</b>	<b>Tea Break</b>	
<b>10:00-12:15</b>	The personal: Shared experiences with group facilitator Group Summary	Shazneen Limjerwala
<b>12:15-1:00</b>	<b>Lunch</b>	
<b>1:00-1:45</b>	Changes in World View	Jill Astbury
<b>1:45-3:00</b>	The workplace culture: What was there, what did you need? Divide into researchers/supervisors/organisations or groups <ul style="list-style-type: none"> <li>• Discussing your experiences (that you can share) What did you need/what did you get</li> <li>• Solutions for your environment</li> </ul> Group reports	Jan Coles / Jill Astbury
<b>3:00-3:15</b>	<b>Break</b>	
<b>3:15-4:30</b>	Experiences of self care: group activity Painting/Meditation/Craft work	Jan Coles / Liz Dartnall
<b>4:30-5:00</b>	Groups prepare 15m self care activity	

## Day 2

<b>Time</b>	<b>Item</b>	<b>Presenter</b>
<b>9:00-10:45</b>	Planning a project with researcher safety in mind (group work) <ul style="list-style-type: none"> <li>• Preparation</li> <li>• Fieldwork</li> <li>• Analysis</li> <li>• Reporting</li> <li>• Responding to discrimination/disempowerment</li> <li>• Identifying resources in your community</li> </ul>	Jan Coles / Liz Dartnall
<b>10:45-11:00</b>	<b>Break</b>	
<b>11:00-11:30</b>	Planning a project with researcher safety in mind (group work) continues	
<b>11:30-12:00</b>	Group Reports on project planning	
<b>12:00-12:15</b>	Report on Discussion Paper	Jan Coles
<b>12:15-1:00</b>	Group 1 & 2 Self Care Activity	
<b>1:00-1:45</b>	<b>Lunch</b>	
<b>1:45-2:30</b>	Group 3 & 4 Self Care Activity	
<b>2:30-3:45</b>	Weaving it all together <ul style="list-style-type: none"> <li>• What did we learn, summaries from groups</li> <li>• Challenges and solutions</li> <li>• Needs</li> <li>• Training and education</li> <li>• Where to now (support, research, passing on knowledge, enlarging our networks)</li> <li>• Conclusions</li> </ul>	Jan Coles
<b>3:45-4:00</b>	<b>Break</b>	
<b>4:00-4:30</b>	“Lightness show” a collection of images, videos, music contributed by participants	

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