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SPECIAL ISSUE: Vicarious trauma prevention for gender-based violence researchers

research article

Moving beyond the physical: how higher education institute ethics processes do and should address the emotional risks of gender-based violence research

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Emotional impacts on researchers doing gender-based violence (GBV) research are well-documented. Risks to emotional safety arise from different research methods, and researchers report a range of coping strategies to mitigate effects. Emotional safety is especially resonant for GBV research, in which feminist methods often involve the researcher not in the traditional role of 'neutral observer' but in that of an active, engaged respondent. An emergent body of literature calls on higher education institutions (HEIs) to recognise risks to researchers' emotional as well as physical safety. Yet to date there has been little appraisal of how HEI ethics panels and processes are responding to these calls.

This empirical article presents findings from a new survey of 74 GBV researchers applying to, and reviewing for, UK HEI ethics panels. It dissects how the emotional safety of GBV researchers is currently assessed and identifies promising practice. Addressing traditional research norms and the dominant biomedical approach to ethics which privileges physical over emotional safety, the authors argue for a shift to reflexive, feminist, trauma-informed ethics practices which meaningfully engage with researcher emotional wellbeing. Recommendations which have application in the UK and internationally are made to strengthen ethics processes in a proportionate and non-tokenistic way.

Keywords researcher emotional wellbeing • secondary trauma • ethics • trauma-informed research • feminist ethics

Key messages

- Higher education institute (HEI) ethics panels do not adequately address researcher emotional wellbeing (REW), or they do so in a tokenistic or risk-averse manner.
- We argue for a shift towards dynamic, feminist ethics approaches which validate REW as an integral part of good research.
- Greater responsibility should sit at institutional level, and not left to individual researchers or research team leaders.

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Introduction and background

Emotional impacts of gender-based violence research

Documenting the emotional labour of gender-based violence (GBV) research, and the need to proactively attend to this, is not a new endeavour (Ellsberg and Heise, 2005; Coles et al, 2014). However recent years have seen a growing body of studies exploring the impacts of researching both GBV specifically (Fenge et al, 2019; Kaul et al, 2023), and potentially distressing topics more broadly (see, for example, van der Merwe and Hunt, 2019; Skinner et al, 2023a).

This emerging evidence base highlights a myriad of ways in which (GBV) researchers' health and wellbeing can be negatively impacted by their work. Kaul et al's (2023) study with sexual and domestic violence researchers, for example, found that all participants reported experiencing symptoms of secondary trauma at some point in their careers. These included: feelings of anxiety or stress; cognitive disturbances such as dissociations or memory impairments; physical impacts such as lethargy, exhaustion and burnout; compassion fatigue; negative interpersonal impacts; and altered beliefs, of themselves, others (particularly men) and/or the world. These impacts closely align with those reported in other studies (Coles et al, 2014; Williamson et al, 2020; Skinner et al, 2023a). Such documented impacts also resonate with those noted in a growing body of individual/team-based reflective accounts of the wellbeing impacts of researching GBV (Nikischer, 2019; Beckett, 2020; Schulz et al, 2023; Taylor-Dunn et al, 2023; Skinner, 2024).

Although such impacts may be particularly acutely experienced by certain categories of researchers (those with lived experience of their topic, for example), they are reported across a range of personal and professional biographies (Kaul et al, 2023; Skinner et al, 2023a). This includes experienced GBV researchers who may experience the negative effects of cumulative and prolonged exposure to trauma (Williamson et al, 2020). Negative impacts are also reported across a range of both qualitative and quantitative methodologies and at all stages of the research process, including analysis and reporting (Williamson et al, 2020; Skinner et al, 2023a; Taylor-Dunn et al, 2023).

While the literature demonstrates general consensus around the normalcy of being impacted by exposure to the pain of others, we as GBV researchers do not believe this need equate to an acceptance that the significant wellbeing impacts noted across the literature are inevitable. We do not believe that it should be solely the responsibility of individual researchers to avoid or manage these impacts, although many studies report this currently to be the lived reality of GBV researchers who frequently encounter an absence of any formalised institutional preparation or support (Fenge et al, 2019; Williamson et al, 2020; Schulz et al, 2023; Skinner et al, 2023a).

One potential avenue of formalised institutional support mentioned in the literature is via higher education institute (HEI) ethics committees and processes, where consideration of researcher wellbeing can be encouraged.

Do higher education institute ethics processes address researcher emotional wellbeing?

Many authors have raised concerns about HEI ethics processes not recognising or addressing the emotional risks posed to researchers outlined earlier. Shaw (2011), for example, identified problems with ethics approval processes when engaging with vulnerable groups, in this case, organ donor families and transplant recipients. She explains that while ethics processes put the emphasis on researchers to be prepared, this does not protect researchers from emotional distress. Similarly, Bosworth and Kellezi (2017) who carried out research in a detention centre with asylum seekers, commented that ethical guidelines did little to advise them on how to manage emotional distress or how to make safe decisions in the field. These issues are not new. For nearly 20 years, authors have highlighted a lack of recognition and support for researchers' emotional safety in ethics processes. Dickson-Swift et al (2005), reviewing Australian ethics policies, found that in over three-quarters of cases there was no reference to risk to researchers; and Bahn (2012) found that university ethics procedures focused on participant safety to the exclusion of researcher safety. In more recent research, Kaplan et al (2023) and Olson (2023) both comment on the fact that the emotional wellbeing of researchers is hardly addressed in existing guidelines in both the UK and internationally.

In the context of GBV, there is little published research exploring the role of HEI research ethics committees (RECs) in addressing the emotional safety of researchers. The exception to this is Skinner et al (2023a), who commented on the fact scant attention was paid to researcher care in their review of UK HEI ethics guidelines. Yet as far back as 2015, organisations such as the Sexual Violence Research Initiative in South Africa have been calling for HEIs to require researchers to plan for the potential of vicarious trauma.

Why is researcher emotional safety often overlooked by ethics panels and processes?

HEI ethics panels follow the same principle-based approach as medical ethics, where individuals are seen as rational decision-makers (Olson, 2023). HEI ethics processes aim to protect the rights and safety of research participants by weighing up risks and benefits (Mulla and Hlavka, 2011). Yet many describe these risk-based approaches as at odds with the realities of researching emotionally sensitive topics (Mulla and Hvlaka, 2011; Shaw, 2011; Bosworth and Kellezi, 2017). In seeking to explain this, some argue that knowledge creation is gendered, with the dominant 'scientific, objective' approach creating an environment in which researchers are discouraged from recognising the role of emotion in their work (Dickson-Swift et al, 2009). In many fields, researchers are advised to remain 'neutral observers' in interview settings (Shaw, 2011).

Analysis of the extent to which gendered ways of knowing have influenced HEI ethics processes is articulated most clearly in Olson's (2023) discourse analysis of REC guidelines from the UK, United States, Australia and Singapore. Olson concludes that emotions are largely pathologised by HEI ethics guidelines and that researcher vulnerabilities are rarely acknowledged.

This issue is particularly evident when we consider the application of feminist research methods which evolved specifically because male-dominated traditional research was unable (or unwilling) to reflect the lived experiences of women. While there is no single definition of feminist methodologies, they often involve rejection of the traditional researcher/researched hierarchical relationship (Campbell et al, 2010). Feminist researchers design studies to build a reciprocal relationship with participants and be active, engaged respondents; they provide comfort to participants during interviews, crying with them, validating their experiences, and offering physical comfort (Campbell et al, 2010; Baird and Mitchell, 2013; Williamson et al, 2020). This approach is in direct contrast to the 'neutral observer' that so often characterises 'scientific' research and helps to explain why HEI RECs have been criticised for failing to acknowledge emotional risks to researchers.

Beyond feminists, others have proposed alternative ethics approaches which position researchers as more equal partners in the ethics process, allowing for better consideration of researcher wellbeing. Amundsen and Msoroka (2019) propose a model of 'responsive ethics', balancing the ethical principles and needs of participants, researchers and institutions. O'Reilly et al (2009) argue for a dialogic approach which treats researchers themselves as sites of expertise. Beckett and Warrington (2024) propose a trauma-informed and rights-respecting approach to assessing risk and harm, which assesses the benefits as well as the risks of conducting research with sensitive subjects.

What should ethics panels and processes be doing to support researcher emotional wellbeing?

In the UK, under the Health and Safety at Work etc Act 1974, it is a legal requirement for employers to conduct a risk assessment if a job could be harmful to the employee (Skinner et al, 2023a). Fenge et al (2019) argue that HEI RECs should have a role in considering the prevention of harm to researchers engaged in sensitive topics, in the same way they have a duty of care to participants.

Recently, increased focus on researcher emotional wellbeing (REW) has generated useful practical recommendations for how HEIs can support researcher wellbeing (Williamson et al, 2020; Skinner et al, 2023b; Taylor-Dunn et al, 2023; Zschomler et al, 2023). Recommendations have tended to focus more on researchers themselves (individual researchers and project leaders), wider research institutions and funders. However, these authors do make some specific proposals relating to ethics processes. Dickson-Swift (2022) and the University of Bath (2024) Researcher Wellbeing Toolkit recommend consideration of researcher trauma and wellbeing in ethics applications. Others have described how this can be operationalised. Zschomler et al (2023) propose that a researcher wellbeing/safety protocol be included in documentation required by ethics panels; as do Williamson et al (2020) and Skinner et al (2023b). Zschomler et al (2023) recommend that ethics reviewers be given training to identify potential harms and give feedback on mitigation strategies to Principal Investigators (PIs) as part of ethics review processes.

Two notes of caution around the proportionality of ethics processes: that is, ensuring that any additional requirements around REW are not overly onerous or time-consuming but are meaningful and achievable. Firstly, these authors agree that ethics support for REW must not become simply about adding more checkboxes for researchers to tick. Secondly, it is important to avoid scaring HEIs and ethics panels into judging sensitive research to be too hard to do (Zschomler et al, 2023; Beckett and Warrington, 2024).

Summary of the gap in knowledge

In summary, there is growing consensus that HEIs, including ethics panels, need to do more to consider REW, and that a shift is needed away from placing responsibility for REW onto individual researchers and PIs, and towards institutions taking greater responsibility. In this context, however, no literature was found that empirically and systematically examined the current practices of UK HEI ethics panels on REW.

To address this gap, the authors – all GBV researchers with experience submitting to and reviewing for HEI ethics panels – designed a survey with GBV researchers across UK HEIs. The survey sought to capture current experiences, perceptions, positive and negative practice by HEI ethics processes and panels on REW.

Methodology

The survey

The data presented in this article was collated through an online Qualtrics survey, open for a six-week period in 2024. The survey was open to any researchers (including doctoral students) who (a) had submitted an ethics application for GBV research to a UK HEI ethics panel in the last two years and/or (b) reviewed a GBV ethics application for a UK HEI in the last two years. GBV was broadly defined (incorporating GBV against both children and adults) and the study was open to those researching any aspect of GBV (victim/survivor experiences, perpetration of harm or professional responses to GBV, for example).

The survey contained a mix of closed and open questions. Closed questions were used to gain straightforward factual data (about whether ethics forms asked about researcher wellbeing, for example) and to elicit respondents' assessment of the HEI ethics processes they had experience of. These were accompanied by follow-up free text questions that offered participants the opportunity to explain the basis of their choices and offer any further information on the specifics of the processes in place.

Respondents were asked at the start of the survey if they were completing as an applicant, a reviewer or in both capacities and directed to the relevant pathway. Though approaching them from a different perspective, common themes were explored across the applicant and reviewer sections, including: whether ethics committees prompted or required consideration of REW in ethics applications; any training, guidance or feedback provided on this; and respondents' perspectives on the sufficiency of attention afforded to the issue in HEI ethics policies and procedures.

The survey asked all respondents to answer the main body of questions in relation to their current/most recent HEI, but also offered the opportunity to reflect on processes/experiences in other HEIs. All questions were optional, with the exception of consent questions, to which all 73 respondents agreed.

The survey was distributed through the authors' professional networks, the Researcher Wellbeing Strategic Change Group (run by one of the authors) and advertised via X (formerly Twitter) and LinkedIn.

Ethics

Ethical approval was obtained from the BAHSS2 Ethics Panel at the University of Lancashire, where two of the authors are employed. No additional ethical approval was required from the other author's organisation.

A participant information sheet was distributed with the survey call and embedded in the survey entry page. This provided information about the survey, research project and authors, alongside information about intended use of data, withdrawal of data, anonymity and confidentiality, potential pros and cons of taking part, complaints procedures and how to contact the authors in the event of any questions or concerns. This information sheet also noted an optional request to link responses to individual institutions, to allow us to check if any notable data (good or bad) was institution-specific, and assured participants that we would not use any identifiable institution data in any project reporting.

Information about potential sources of support was also provided and, recognising that this may be the first time respondents had thought about researcher wellbeing, we also provided links to researcher wellbeing resources and a researcher wellbeing group.

The research team implemented self and peer support strategies during the fieldwork, including check-ins and debriefs with one another on upsetting material, and pacing strategies on analysis and write-up.

Analysis

Closed survey questions were analysed quantitatively in Excel, to give the number and proportion of respondents giving each answer. Responses to open questions were descriptively thematically analysed under each question, firstly to group them by positive and negative feedback to each question; and then at a more granular level, to summarise themes arising from the responses under each question.

Findings

Survey sample

In total, 74 people completed our survey: 58 answered the applicant questions and 22 the reviewer questions. Most survey questions were optional, so not all respondents answered all questions – we give the number who answered each question throughout reporting findings.[1]

Geographic and institutional spread

Table 1 shows that 29 different HEIs were named by respondents: 28 by applicants and ten by reviewers. Eight HEIs were named by more than one applicant respondent and three by more than one reviewer respondent.

Table 1: Anonymised HEI (country/region)

	Applicant	Reviewer
HEI 1	1	0
HEI 2	1	0
HEI 3	3	2
HEI 4	1	0
HEI 5	1	0
HEI 6	2	0
HEI 7	1	1
HEI 8	6	0
HEI 9	1	0
HEI 10	3	1
HEI 11	5	2
HEI 12	1	0
HEI 13	1	0
HEI 14	1	0
HEI 15	1	0
HEI 16	1	0
HEI 17	2	0
HEI 18	1	0
HEI 19	1	0
HEI 20	2	1
HEI 21	1	1
HEI 22	1	0
HEI 23	1	1
HEI 24	0	1
HEI 25	1	1
HEI 26	9	3
HEI 27	1	0
HEI 28	1	0
HEI 29	1	0

Most frequently HEIs were in North-West England (n=13) or South-West England (n=12), but there was representation from across all four UK nations and all English regions (Figure 1).

Applicants

Eighty-one per cent had applied for ethics for GBV research within the past two years. The focus was most commonly domestic violence/abuse (57 per cent, n=31), followed by child sexual abuse (26 per cent, n=14), then adult sexual violence (19 per cent, n=10) (Figure 2).

Figure 1: What UK region is your HEI in?

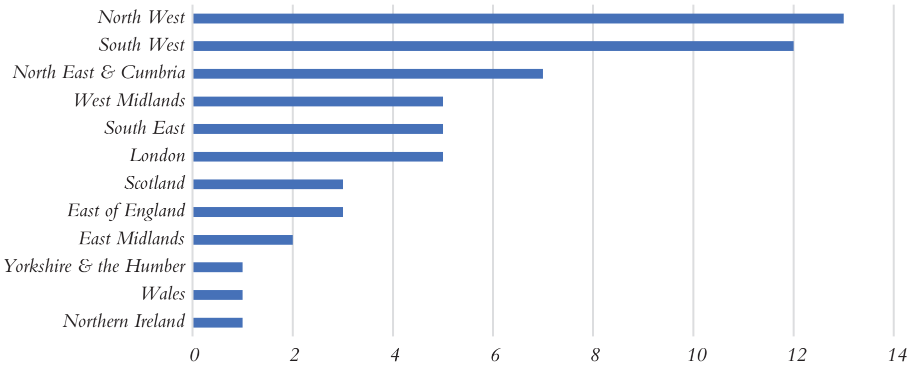
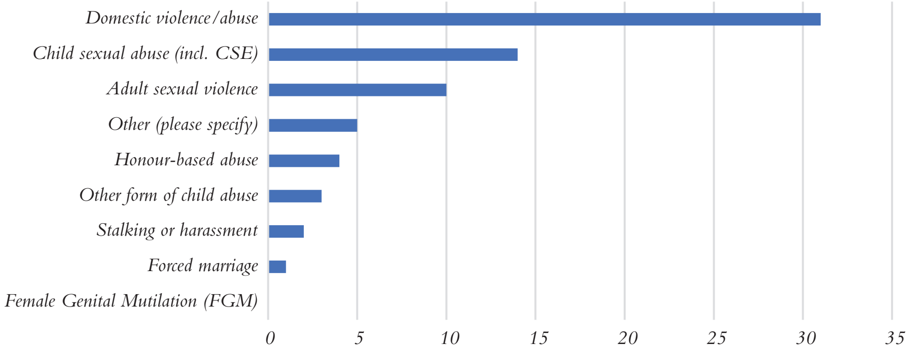


Figure 2: Subject focus of applicant research



Most common research methods were interviews (78 per cent, n=42), followed by focus groups (41 per cent, n=22), surveys/questionnaires (33 per cent, n=18), case file or administrative data (30 per cent, n=16), then participatory research (28 per cent, n=15). Smaller numbers specified systematic literature review (n=5), other (n=5) and analysis of online content (for example, social media) (n=1). In total, 41 per cent of projects (n=22) only involved a single researcher (including 15 PhD candidates), 48 per cent (n=26) involved 2–5 researchers and 11 per cent (n=6) involved 6–10 researchers.

Reviewers

All 22 reviewer respondents had reviewed an ethics application for GBV research within the past two years. Seventeen respondents specified their committee's focus: seven were social science-based; four were 'all human research', four had a wider scope covering business, education arts, social sciences and humanities; one was 'life and medical sciences'; and one was specific to postgraduate research applications. Fifteen reviewers specified their research discipline: most came from social work or social policy (n=10), followed by criminology (n=3) and psychology (n=2). Of the ten respondents who knew their Chair's discipline, most were from social work (n=5), with two from sociology, one from disability studies, one from international relations and one from bioethics.

Experiences of applying to ethics panels

Addressing emotional wellbeing in ethics applications

Ninety per cent (n=47) of applicants said they included strategies to address REW in their ethics application (Table 2). These included:

- personal strategies (paying attention to own self-care, making individual researcher wellbeing plans, reflexive practice including fieldwork notes or journalling, use of a self-care app);
- team strategies (debriefs with colleagues or supervisors, 'buddy' check-ins after interviews, team meetings, PIs building fieldwork spacing into project plans – for example, maximum of two interviews per week, 'pacing strategy', resources within project plan to cover work if individual researchers needed time out);
- supervisory/organisational strategies (writing a Researcher Wellbeing Protocol, writing a Distress Protocol, access to clinical supervision or counselling, access to university wellbeing services, departmental awaydays on 'researching emotive topics').

Table 2: Applicant questions: ethics panel requirements and support

	Yes		No		Don't know	
	n	%	*n*	%	*n*	%
Were any strategies to address researcher emotional wellbeing included in your ethics application? (n=52)	47	90	5	10	-	-
Does your HEI's ethics application form ask you to consider the emotional safety/wellbeing of researchers? (n=52)	30	58	17	33	5	10
Does your HEI's ethics application form ask you to consider the physical safety/wellbeing of researchers? (n=52)	41	78	6	12	5	10
Does your HEI's ethics committee offer any guidance on considering and planning for researcher emotional safety/wellbeing? (n=51)	5	10	27	53	19	37
Did the ethics committee give you any feedback on your ethics application relating to emotional safety/wellbeing? (n=47)	6	13	41	87	-	-

What ethics processes required and engaged with

Two-thirds of applicants (58 per cent, n=30) reported that their HEI's ethics application form asked them to consider researcher emotional safety (Table 2). This is encouragingly quite high, although less than the 78 per cent (n=41) who were asked to consider researcher physical safety (Table 2). Considering that 90 per cent said they'd included researcher wellbeing strategies in their ethics application, substantially more addressed REW than were required to by application forms. An important point was raised about ethics forms potentially missing researcher wellbeing for non-qualitative methodologies: 'As this was a secondary data analysis project, the ethics application form bypassed questions which would have been asked for a mixed-methods or qualitative study.'

Yet, only 13 per cent (n=6) said they were given feedback on researcher wellbeing by ethics panels (Table 2). Where feedback was given, it was almost always limited to commending the applicant for considering researcher wellbeing, but not making further suggestions.

Guidance to applicants

Only 10 per cent (n=5) of applicants said that their ethics panel offered guidance on REW (Table 2). Where guidance was given, this mainly took the form of advice to project leads, including to: put in place team or line management support, access to staff support, and debriefing; consider where and when to undertake fieldwork, notify others of location and times of interviews so they knew when to raise concerns; limit duration of time spent accessing traumatising content; and encourage regular breaks. One respondent said, 'although responsibility is on research supervisors to ensure protocols and strategies are in place, [guidance] also emphasises individual responsibility to reflect on own vulnerabilities'.

Applicants' views on ethics panels and processes

Whether ethics processes do enough

Fifty-eight per cent of applicants said they did *not* believe their ethics panel gave sufficient consideration to researcher emotional safety/wellbeing (Table 3, strongly no or somewhat no), compared with 34 per cent who felt they did (Table 3, strongly yes or somewhat yes).

Positive responses described ethics processes where the application form meaningfully asked about REW, the reviewing panel addressing this meaningfully in a nuanced way in feedback and, crucially, focused on mitigating measures (for example, a researcher wellbeing plan):

> [I]t is there in the guidance and in the application forms, it is a core part of what we ask students to consider when thinking about ethics, and it is always something flagged if this has not been given sufficient attention.

Table 3: Applicants' views on adequacy of ethics processes

	Strongly yes		Somewhat yes		Neither yes nor no		Somewhat no		Strongly no	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
In your experience, does your HEI ethics committee give sufficient consideration to researcher emotional safety/wellbeing? (n=50)	5	10	12	24	4	8	21	42	8	16
In your experience, are your HEI's ethics processes on researcher emotional safety/wellbeing proportionate? (for example, do they adequately assess risks and support wellbeing without preventing GBV research taking place) (n=48)	5	10	16	33	18	38	5	10	4	8
Do you feel supported by your HEI in addressing researcher emotional safety/wellbeing in GBV research? (n=49)	7	14	17	35	11	22	10	20	4	8

> The application form requires you to consider researcher well-being at multiple stages which indicates to me that this is one of the key elements they look out for when reviewing applications.
>
> The staff ethics committee generally provide nuanced and helpful feedback and are responsive to researcher wellbeing needs (e.g. flexibility during the application process itself and support).

Negative experiences included ethics applications which did not ask about researcher wellbeing, and panels which did not consider it in feedback:

> There is no question relating to researcher wellbeing on the Application form, so no opportunity or encouragement for applicants to think about what mitigation or support to put in place for any harms identified.
>
> It is troubling that no one cared to volunteer feedback on the fact that the research topic was emotionally challenging. Duty of care would suggest advice to plan (or budget for) routes for support in advance would have been valuable feedback.

Several respondents highlighted that ethics processes were a good first step, but could become tick-box exercises:

> It's a required part of the application so researchers need to show that they have at least considered the risks and put some form of mitigation in place to be allowed to move forward with their project. However, I think it can be a 'box-ticking' exercise.
>
> Where wellbeing is flagged, it is often fairly superficial/tokenistic without thought to the wider structural changes that might be needed to support researchers.

This was particularly flagged by PhD candidates, with one reporting that they included in their ethics application 'debriefing with my supervisors (it's only for show though because my supervisors have never followed through with this in real life)'.

Others felt that whether REW was addressed in ethics panel feedback was dependent on the expertise of individual reviewers:

> It depends on who is reviewing the application in terms of their expertise and experience of working on sensitive topics and the extent to which they have considered it in their own practice.
>
> My supervisors are very proactive about this for me and other PGRs [postgraduate researchers] they supervise. I don't have confidence that it would be picked up on if another academic reviewed these.
>
> Whether the reviewers on Ethics panel look at RWB [researcher wellbeing]/ emotional safety seems to be subjective e.g. a sensitive researcher, perhaps working in similar field, might pick this up, but not others (e.g. from different disciplines, and especially reviewers from quantitative research backgrounds).

Several respondents identified that ethics panels were more focused on researcher physical than emotional harm, perhaps arising from insurance considerations:

> There is a whole section on the researcher team which is positive but the main emphasis/guidance is on physical safety.
>
> There are a large amount of risk assessments for physical safety but no concrete safety planning for researcher wellbeing. I believe this is part of a risk-averse culture and a fear of blame/complaint.
>
> My impression is that, for insurance purposes, there is a focus on physical risk/safety around lone working, for example, and travel to sites etc. There is nothing around less 'tangible' impacts such as secondary trauma from listening to distressing interviews.

Proportionality of ethics processes

Most applicants were neutral on whether their HEI's ethics processes around researcher emotional safety/wellbeing were proportionate – that is, that any additional requirements around REW were meaningful and appropriate in terms of the time required to complete them, and avoided being overly onerous, time-consuming or simply tick-box exercises (Table 3, 38 per cent answered neither yes nor no), although 43 per cent answered strongly or somewhat yes to proportionality, compared with 18 per cent who said strongly or somewhat no.

Positive responses about proportionality highlighted panels achieving a good balance between risk and importance of the research:

> There is an increased understanding about the importance of conducting research in this area … reviewers want to see how the researcher and their team are best equipped to handle the ethical issues arising from the work rather than looking for ways to stop the research from taking place.
>
> It is acknowledged that there will be an impact due to the nature of the work – so you are not prevented from doing the work due to the risk. At the same time, you must demonstrate that you have support and systems in place to cope with the potential impact.

One noted that applicants might be treated differently depending on their experience: '[A]pplications will often be considered in the context of the reputation and track record of delivering similar work. Most applicants are somewhat known to ethics committees and will have demonstrated the ability to undertake research with vulnerable groups on sensitive topics successfully.' Others reported that an overly risk-averse approach had led to their institution stymying GBV research:

> They consider it almost too much, to the point where they discourage research on sensitive topics. I believe this is due to their general inexperience in research, or almost fear of, sensitive research in particular.

> My worry is that ethics panels come to presume that there is always harm in this field of research and that ethical considerations should direct to mitigating these effects, and if not done sufficiently then the project is deemed unethical.
>
> I would like them to understand that simply because research is sensitive, it doesn't mean it cannot be done in a way that ensures researcher and participant wellbeing and safety.

Feeling supported by higher education institutes more broadly

Since ethics review bodies do not operate in isolation, we also asked applicants whether they felt, overall, supported by their HEI in addressing researcher emotional safety/wellbeing. Encouragingly, more applicants said they did feel supported than not (Table 3, 49 per cent strongly or somewhat yes compared with 28 per cent strongly or somewhat no). Interestingly, what seemed to make the greatest difference – for positive or negative – was whether or not research team leads and senior leadership demonstrated interest in researcher wellbeing, and not related to wider institutional commitment:

> The research institute I work in has an incredibly supportive director and associate director, and they foster a warm and supportive environment for researchers investigating GBV.
>
> There isn't a culture of reflection/psychological mindedness/trauma-informedness. … Unless the individual PI is a clinician or aware, I don't think researcher wellbeing is considered at study level and certainly not at an institutional level.
>
> I know that I have senior leadership support and understanding in this area and if required could draw upon them for extra support or resources to fill any gaps.
>
> I feel like I am a donkey carrying so much emotional burden … not one senior research leader has checked in to ask firstly if I am safe, and secondly how I am feeling about it all.

Conversely, individual GBV researchers in their HEI rather than part of a larger GBV research group found it particularly challenging: 'GBV research is a minority area in my university and very fragmented. There isn't a critical mass to demand to support for researchers and PhD students.' Thirteen respondents said they included clinical supervision or counselling for researchers. Of these, eight said access to this was built into the research plan, including one who 'budgeted for 1:1 support (up to 3 per researcher) from an individual counsellor'; four said the university counselling service could be accessed 'if needed'; and one that it was unfunded by the university so amounted to lip-service only. This latter point, that clinical supervision was inaccessible and an area where more institutional support was needed, was a strong theme in qualitative feedback, for instance:

> My supervisors and fellow GBV PGRs are very supportive of each other, but there is no funding for external support, counselling and wellbeing sessions from the wider university are very limited.
>
> [T]here is a need for immediate access to counselling services etc which unless this is included in the bid we cannot get due to long waiting times.
>
> If the institution really supported this, there would be easily accessible and open access to the necessary support in place – rather than researchers having to scrabble around to find funding and/or suitable external support.

Reviewer experiences

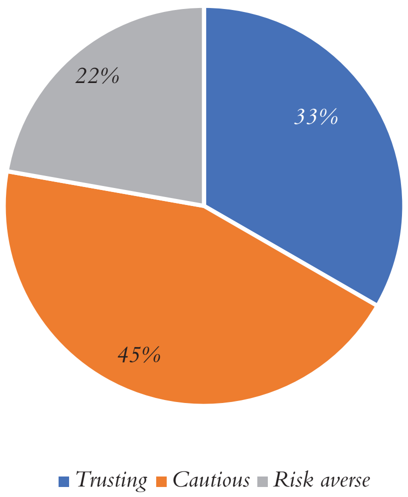
Most reviewer respondents also answered as applicants; only four answered solely as reviewers. Most reviewer respondents described their ethics panel's approach as 'cautious', followed by 'trusting', then 'risk-averse' (Figure 3).

Risk-averse practices were described as:

> Very procedural. Requirements for applicants appear based on covering the institution, rather than on what is appropriate for that research study.
>
> The PGR committee is very exacting (which is good) but to an extent that can almost be obstructive when it comes to research on sensitive topics.
>
> There's a lot of protectionism – i.e. preventing/not trusting skilled researchers to do sensitive research.

More flexible or trusting practices were enabled by having panel members with relevant experience:

Figure 3: How would you describe your REC's overall approach to ethics reviews?



> The structure of reviewing (internal officers, then 3/4 academic, then full committee discussion) enables multiple perspectives. They try and ensure at least one reviewer has experience of violence-related research.
>
> Those on the panel and reviewing are all people who work with issues relating to vulnerability, if not gender-based, and all have experience involving people with lived experience and conducting participatory work etc. … So the knowledge and experience of the ethics committee are essential to providing trusting and helpful ethical support and guidance.

Trust was described by two reviewers as being given more often to senior staff than students or early career staff:

> [T]hey are cautious particularly for [early career researchers] and potentially more trusting of those more established researchers, but this poses issues as those more established have not necessarily considered researcher wellbeing as much as one might expect.
>
> [S]taff applications are trusted more than student applications.

Like applicants, few reviewers (29 per cent, n=5) reported receiving training or guidance on reviewing applications for GBV research, and only 25 per cent (n=4) on how to consider REW in review (Table 4). Marginally more (35 per cent, n=6), but still a minority, said they had received training or guidance about reviewing applications for physical safety of researchers.

Where guidance or training was given around REW, reviewers said it covered:

- the importance of researcher and participant wellbeing;
- fundamentals around trauma-informed principles, for example, empowerment, choice, and so on;
- the potential for vicarious trauma and risk to researchers (especially if doing public-facing research as a female researcher);
- considering not just risks but at mitigation strategies, that is, not about nullifying possible harms but putting robust plans in place to minimise them.

Table 4: Reviewer questions

	Yes		No	
	n	%	*n*	%
Have you received any specific guidance about how to review ethics applications for GBV research? (n=17)	5	29	12	71
Have you received training or guidance from your ethics committee on how to consider researcher emotional wellbeing in reviewing ethics applications? (n=16)	4	25	12	75
Have you received any training or guidance from your ethics committee about expected standards/processes for physical safety of researchers when reviewing applications? (n=17)	6	35	11	65

Discussion

How ethics processes do address researcher emotional wellbeing

The survey reveals a mixed current picture on whether and how ethics processes at UK HEIs consider REW, with some great practice, some poor and some partial. Although this survey was conducted in the UK, much of the learning resonates back to the international literature, and findings have applicability across international contexts.

Our findings show that ethics panels focus on participant harm and safety more than researcher harm and wellbeing. If the latter is included, it is still too often as an add-on to participant wellbeing, when it should be considered in its own right (Dickson-Swift et al, 2005; Bahn, 2012).

We also find that ethics panels emphasise physical over emotional risk and safety, an issue identified by both applicants and reviewers. This may flow from the neutral observer, as risk-averse ethics approaches identified by Shaw (2011), Mulla and Hvlaka (2011) and Bosworth and Kellezi (2017) are at odds with the realities of researching emotionally sensitive topics and still followed by many ethics panels. Over half of our reviewer respondents characterised their ethics panel as either 'risk averse' or 'cautious', with examples including focus on lone working and insurance requirements rather than dynamic risk. Applicants similarly described panels primarily focused on physical harm and worried about triggering risk to the institution.

Positively, a majority of applicants reported that their ethics application forms asked about REW in some way (although one-third said it did not). The rigour with which this was done ranged considerably, with some forms asking for specific measures to be included (for example, researcher wellbeing plans, as suggested by University of Bath [2014] and Zschomler et al [2023]), while others lumped it into a single question together with physical risk and risk to participants. Quite a number of respondents felt this risked becoming a tick-box exercise and adding to the burden of paperwork; this was especially true of PhD candidate respondents. Williamson et al (2020) talk about the importance of inclusion of REW in ethics application forms as a first step, but emphasise the need to go beyond simple inclusion to deeper engagement and mitigation strategies: our findings show that in many cases this is still needed. This conclusion is further supported by the finding that applicants reported that ethics panel feedback infrequently addressed REW, other than to praise applicants for including it. Reviewer respondents showed that guidance and training for panel members on these issues remains extremely limited.

While more applicants said they felt their ethics panel's focus on REW was proportionate, than did not, quite a few concerns were expressed about the potential for risk-averse ethics processes to have a 'chilling effect' on preventing important GBV research, echoing Beckett and Warrington (2024). By contrast, there were excellent examples of ethics panels doing it really well, striking a balance between allowing sensitive research and putting in place appropriate support measures for researchers. The difference between poor and strong practice in terms of proportionality of ethics panel requirements seemed to hinge often on whether panel members had knowledge of GBV research, and consequent confidence in appropriately managing risk, rather than trying to swerve risk altogether.

An over-reliance on individuals to drive good practice extends to applicants and PIs as well as reviewers. A strong message coming through the findings is that individual

GBV researchers/ethics applicants, supported in many cases by strong GBV research leads at institutions where there are clusters of such researchers, are driving the good practice. We see this for instance in the 90 per cent who included REW in their ethics application, far more than the 58 per cent who said the application form required them to address it. It does seem that institutions, including ethics processes, are often placing this responsibility back onto applicants and PIs, for instance by asking them to include wellbeing plans and address wellbeing through supervision, rather than offering concrete institutional support such as funding clinical supervision.

How ethics processes should address researcher emotional wellbeing

Institutional responsibility, not individual

Zschomler et al (2023: 1) talk about 'solidarity, strategies and institutional support' to improve REW. Individual researchers and groups can achieve a lot through supporting one another (solidarity) and implementing self- and peer-care strategies, but such actions still place the burden of dealing with REW firmly with the individual researchers themselves. But a cornerstone must be placing responsibility with institutions (and their processes) themselves, especially considering their legal duty to safeguard the health and wellbeing of their employees. Along with Zschomler et al (2023), Fenge et al (2019) and Skinner et al (2023a) we argue that responsibility needs to be rebalanced towards HEIs taking greater responsibility and being more proactive on REW, and not relying on individual GBV researchers or reviewers.

Proportionate, balanced consideration

Good practice among ethics panels involved engaging with the topic of REW in a proportionate, responsive and meaningful way, for instance supporting applicants to put mitigation strategies in place rather than just inviting them to list potential harms. A core condition was having GBV expertise (lived or research experience) on the ethics panel. Yet, most applicants reported not receiving any feedback on the issue from their ethics panel, so, in addition to addressing it in application forms, and having knowledgeable reviewers on the panel, a key first step is for panels specifically to consider REW and provide feedback on it.

It is important, however, that panels avoid risk-averse approaches. Considering REW must not become paternalistic or prevent research happening. Instead, ethics processes should seek to implement more dynamic ethics assessment processes which capture the importance and value of sensitive research and put in place proportionate ethics assessments of REW (Zschomler et al, 2023; Beckett and Warrington, 2024).

Identification and mitigation of risks should be balanced by recognition of the positive 'rewards' of emotionally challenging research, to researchers as well as participants. Williamson et al (2020) describe some of these concrete 'rewards', including: the potential of research to bring about change, getting positive feedback from victim-survivor interviewees, and gaining a sense of contributing to a bigger mission of social justice.

A more dynamic approach to risk

The literature on different ethics approaches uses varying language or 'models of ethics' (for example, responsive, dynamic, ethics of care, ethics in practice), but converge on agreeing there is a need to move beyond traditional, medical-model, risk-averse, checklist approaches to ethics which are male-dominated and privilege a 'neutral detached observer' stance (Dickson-Swift et al, 2009; O'Reilly et al, 2009; Shaw, 2011; Amundsen and Msoroka, 2019; Williamson et al, 2020; Olson, 2023; Beckett and Warrington, 2024). We agree, and argue for a shift towards a more dynamic, feminist, reflexive, trauma-informed approach which is able to validate researcher emotion and REW as an integral part of good research, sees ethics as a dialogue, and facilitates good research on sensitive topics by appropriately identifying emotional risks and putting in place supportive mitigation strategies.

Recommendations for ethics panels and processes

- Ensure ethics forms ask for specific consideration of REW, including (where appropriate) asking for a researcher wellbeing/safety protocol, and mitigation strategies.
- Provide a 'good practice toolkit' with template examples for applicants of how to complete these sections well.
- Ensure that consideration of REW on ethics forms extends to secondary data analysis and quantitative methods, not only qualitative.
- Seek to include at least one panel member with subject expertise when considering GBV research applications and match the topic to the reviewer.
- In giving feedback on REW, ensure that it is (a) meaningful (for example, supportive suggestions on mitigation measures, not just vague praise for considering it; opportunities for dialogue about any challenging issues) and (b) proportionate (avoid being risk-averse and seeking to prevent sensitive research).
- Balanced consideration should look for the benefits or 'rewards' of this research as well as the risks.
- Underpin this with appropriate training – for researchers, including in postgraduate research training; and for reviewers.
- Scrutinise whether HEIs have funded proactive access to clinical supervision/counselling, and advocate for this as part of mitigation measures. For PhD candidates, ensure this is external to their supervisors.
- Promote good practice from research leads, for example, team debriefs, buddy system, flexibility in allocating research tasks and timing, allowing time out after interaction with difficult material, pacing strategy, promoting access to wellbeing groups, and so on.
- Promote good practice from individual researchers, for example, drawing up own personal wellbeing plans, supporting peers, engaging with debriefing and reflexive practice.

Limitations

The principal limitation of this work is the self-selecting sample of survey reviewer respondents: most were GBV research applicants as well as reviewers. While this sample likely gives an accurate picture of applicant experiences, it limits generalisation more broadly to ethics reviewers because it suggests that reviewers who are interested in and already advocating for REW change on their respective panels may be over-represented.

Conclusion

Overall, we find a more positive current situation than that described by much of the literature (Dickson-Swift et al, 2005; Kaplan et al, 2023; Olson, 2023), which found no attention paid to REW by HEI ethics processes. Some of this likely reflects the impact of a flurry of good, recent guidance on the subject in the UK (for example, Skinner et al, 2023b; Zschomler et al, 2023); but also the fact that individual GBV researchers are driving good practice.

We conclude that there is a greater role for HEIs in general, and ethics processes in particular, to address REW and make recommendations as to how. As Williamson et al (2020) show, although having ethics panels scrutinise REW is an important first step in identifying potential harms, in itself that does not go far enough – HEIs must also provide wider support for researchers and support mitigations strategies.

This article has contributed new empirical knowledge by systematically documenting the current state of REW within ethics processes and panels in UK HEIs. It has highlighted positive and poor practice and given a concrete set of recommendations for HEI ethics panels about how to improve consideration of REW and bolster institutional support for GBV researchers.

Though a UK study, many of these findings resonate with emerging evidence in other jurisdictions and offer helpful learning for other international contexts.

Note

[1] For some questions respondents could select more than one answer, so total can sum to more than 100 per cent.

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Research ethics statement

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Conflict of interest

The authors declare that there is no conflict of interest.

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