

policy and practice

Supporting researcher resilience in emotionally demanding research work: building and sustaining an international community of practice

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Researching emotionally demanding topics, like gender-based violence, can have potential personal impacts, including poor mental health and vicarious trauma. Researchers need support when working on such topics. The purpose of this article is to describe how an international Community of Practice (CoP) for researchers exploring sensitive topics was established to support resilience building practices. The Researcher Resilience Community of Practice (RRCoP) was initiated by three leaders from international universities with a shared interest in researcher resilience and wellbeing. Virtual meetings, held every other month, centre on relationship building, developing resilience skills, and connecting with researchers in the field of supporting graduate student wellbeing. The RRCoP is open to anyone involved in research and provides a space for emotional debriefing, promoting a sense of belonging, understanding, and reduced isolation among members. Workshops and presentations contribute to members' personal resources for resilience/wellbeing. Meanwhile, working groups within the RRCoP actively pursue tangible changes in the field of supporting researcher wellbeing. This article presents member reflections on personal impact of CoP engagement and recommendations for future growth. The RRCoP continues to foster researcher resilience and wellbeing in sensitive research. This peer support network serves an important role in mitigating negative impacts of research work.

Keywords emotional wellbeing • vicarious trauma • community of practice • sensitive research • emotionally demanding research

Key messages

- Researching sensitive or distressing topics such as gender-based violence can lead to emotional distress and/or vicarious trauma among researchers.
- Formalised peer support can mitigate the potential impact of emotionally demanding research on mental health and wellbeing.
- The Research Resilience Community of Practice (RRCoP) contributes to connection, learning, innovation and support among researchers across disciplinary and geographical divides.

- We call on the research community to use the frameworks presented in this article to fill the need for localised peer support networks.

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Introduction and background

There is growing recognition that researching sensitive or distressing topics, like gender-based violence (GBV), can lead to emotional distress and vicarious trauma in researchers (Dickson-Swift et al, 2007; Dickson-Swift, 2022; Jackson et al, 2013). Increasing evidence shows that researchers can be significantly negatively affected – mentally, emotionally and physically – by conducting sensitive research (Dickson-Swift et al, 2007; Jackson et al, 2013). The resulting emotion work can lead to emotional exhaustion, being overwhelmed and vicarious trauma (Dickson-Swift et al, 2006). This is a particular issue for graduate, early career or lone researchers, who may not have established networks to support them through emotional challenges (Orr et al, 2021; Watts, 2008). However, anecdotal evidence also shows that veteran researchers are not exempt from experiencing vicarious trauma over their established careers. The issue was aptly encompassed by Campbell, a rape victim advocate and researcher who was asked by a rape survivor participant: ‘how can you think straight in all that pain?’ (2013: 8).

With a growing recognition of researcher distress comes a growing demand for support to ‘think straight through the pain’. Previously, conversations about the impact of emotionally demanding work have been peripheral to the research itself (Jackson et al, 2013), aligning with the purist positivist paradigm that research is the production of objective evidence (Watts, 2008). This has led to a culture that has not prioritised researcher wellbeing in its pursuit of discovery (Dickson-Swift et al, 2009) and that considers emotions as a disrupter of research integrity, rather than a powerful engagement tool (Campbell, 2022). Campbell (2022) expressed frustration over the lack of conversation in academic literature about conducting sensitive research, as reflected in a scoping review of 230 dissertations which found that less than 5 per cent included a plan to mitigate the risk of researcher distress (Orr et al, 2021).

The movement to recognise the importance of researcher wellbeing has highlighted researchers’ existing strategies to manage emotional distress. One such strategy commonly used by researchers is seeking support from informal networks of colleagues, peers, friends or family (Dickson-Swift et al, 2007; 2009). While valuable, accessing informal support networks should not be the only form of support expected to respond to researcher distress (Dickson-Swift et al, 2007). To supplement these networks, calls have been made for more formalised peer support programmes and reflective spaces in academia (Campbell and Fehler-Cabral, 2017; Campbell, 2022) to bring together researchers from similar topic areas for sessional debriefing opportunities (Dickson-Swift et al, 2007; 2009). Thus, the idea of a community of practice supporting researcher wellbeing was born.

A community of practice supporting researcher wellbeing

What is a community of practice (CoP)?

Communities of practice are commonly defined as groups of people who share a concern or passion for something they do and learn how to do it better through regular interaction (Wenger-Trainer et al, 2023). CoPs have a defining structure that includes three elements: the domain; the community; and the practice. The domain of a CoP is the shared interest, concern, passion, and/or expertise that members identify with and care about. The community is established through relationships that develop over time and depend on trust, support and commitment. The practice aspect of a CoP involves learning both from and with community members and then applying this to understanding the challenges that the group face and generating solutions. CoPs can be distinguished from other familiar structures (for example, a team, task force, or training group/class) by the focus on the value of the interactions between members versus a focus on a specific task; continual engagement versus membership that is time or task bound; and both voluntary and individualised levels of engagement versus obligatory membership.

Since the concept was popularised by Wenger in the 1990s, there has been a proliferation of CoPs across various domains including social sciences, business, computer science, health care and education (Nicolini et al, 2022). Comparing 31 primary studies on CoPs in the health and business sectors, Li et al (2009a) found four common characteristics across all groups: social interaction, knowledge sharing, knowledge creation and identity building. While commonalities in CoPs exist, there can be significant diversity in how CoPs are organised, utilised and evaluated (Li et al, 2009b; Nicolini et al, 2022). Notably, as internet use and mobile device technology has advanced, technology based or virtual CoPs have become more prevalent, capitalising on the ability to learn, collaborate and exchange information without the constraints of geography and organisational boundaries (Shaw et al, 2022). It is with this understanding of how a CoP could contribute to cross-disciplinary connection, learning, and support for those in emotionally demanding research across geographical divides that the idea of the Researcher Resilience Community of Practice was conceived.

The International Researcher Resilience Community of Practice

The vision of the International Researcher Resilience Community of Practice (RRCoP) was to connect graduate student and early career researchers (ECRs) engaged in emotionally demanding work and/or sensitive research topics with one another. Connection with the CoP could serve to reduce isolation associated with graduate studies as well as provide peer support for the mental health and wellbeing challenges faced by researchers engaged in emotionally demanding work. This more formalised support had been highlighted in the growing literature surrounding risk for emotional distress among researchers (Silverio et al, 2022; Velardo and Elliott, 2018), however, examples of groups or networks remained scarce.

The inception of the RRCoP was made possible through seed funding from the U21 Researcher Resilience grant (<https://universitas21.com/researcherresiliencefund>), which aimed to foster connections between graduate students and ECRs through

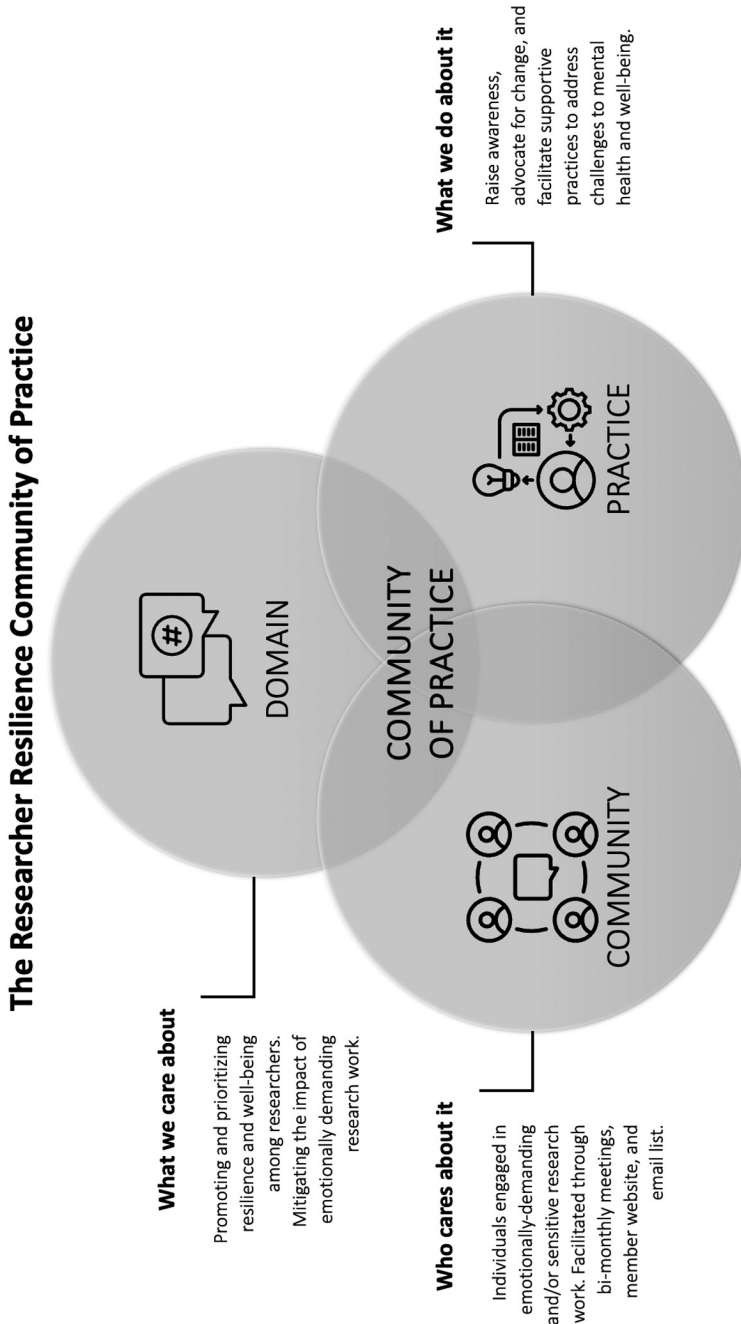
innovative approaches and the establishment of supportive networks. Leaders on the U21 grant (Elizabeth Orr, Jacqueline Kuruppu and Sarah Rockowitz), representing different academic institutions, disciplinary perspectives and continents – but united in a shared interest of promoting and prioritising researcher resilience and wellbeing – formed the leadership team and in September 2020, planning for the CoP was underway. The RRCoP launched in February 2021 and at the time over 80 individuals had expressed interest in the newly formed group. Membership has grown steadily since this time with current count over 200 individuals.

Shortly after the launch of the RRCoP, the primary purpose of the group was established – to promote and prioritise resilience and wellbeing among researchers conducting emotionally demanding work and research on sensitive topics (for example, GBV, death, abuse). While the target population during the planning phase of the RRCoP was graduate students and ECRs, membership was not exclusive and left open to anyone who felt they could contribute to and benefit from group membership. The RRCoP was organised around Wegner's structural elements of CoPs: domain, community and practice (see [Figure 1](#)). The domain focuses on conducting emotionally demanding and/or sensitive research work and its potential impact on those involved. This includes understanding how the content, context, and/or methods of research work can influence mental health and wellbeing and that strategies are needed to mitigate possible negative effects. The community aspect includes anyone involved in research and identifies a need for support related to this domain. Community is facilitated through bi-monthly virtual meetings and supported by a website and email list, where members can share experiences and resources, seek advice and provide mutual support. The practice dimension is centred on raising awareness of researcher vulnerabilities, advocating for supportive practices, and providing peer support. In recent years this is achieved most often without a structured agenda. Instead, an informal check-in often leads to robust group discussion about a relevant topic or concern for the group (for example, the emotional toll that 'pseudo-participants' or 'bots' can have on researchers trying to establish rapport and create a psychologically safe environment for participants). It is worth noting that this flexible structure likely succeeds because of the safe and trusting space created over years of connection, which enables members to be bravely vulnerable about any issues. Occasionally, more formal activities guided by members or external experts contribute to the practice dimension of the CoP (for example, a wellbeing workshop focused on self-care strategies for graduate students, a panel discussion with established GBV researchers with advice on wellbeing over a career, a session with a music therapist guiding the group through grounding techniques using sound and music).

Processes that have sustained the RRCoP since 2021 include monthly meetings of the leadership team and regular communication with the membership to ensure the group is continuing to fulfill its purpose. Additionally, in June 2024 an anonymous survey was conducted among the RRCoP membership to help the leadership team understand group demographics, factors related to engagement, and member's experiences of the CoP. The survey was based on the Community of Practice evaluation questionnaire (CoPeval) that aims to evaluate and improve communities of practice in partnership with their membership ([Hamzeh et al, 2019](#)). Questions were a mix of five-point Likert scale (for example, 'I make time to attend CoP activities'), open text responses (for example, 'How has your involvement with the CoP impacted your wellbeing as a researcher?'), and contextual variables (for example,

area of research, stage of research career). The survey was conducted using Qualtrics online survey software via an anonymous link distributed to the entire RRCoP membership email list. A reminder email was sent in July 2024 and the survey closed on 31 August 2024. A total of 28 members responded to the survey which represents

Figure 1: Elements of the Researcher Resilience CoP



an approximately 14 per cent response rate (however with rolling membership in the RRCoP the denominator is an estimate at 200); see Table 1 for a brief summary of respondents' demographics). The survey provided valuable feedback to the leadership team for future planning and direction for the RRCoP that will be used to shape future meeting topics, resource offerings, and guest speakers to account for the wants and needs of our members. Any topics that were suggested by our members have been taken into consideration when planning future group activities and offerings. Additionally, the survey provided insight into how the group is meeting its purpose of facilitating connection and supporting mental health and emotional wellbeing among researchers engaged in emotionally demanding work. A summary of our team's learnings are presented in the following section.

Table 1: Description of survey respondents

Demographic description of RRCoP survey respondents				
Area of study (N=21)				
Death and dying	GBV			Other
19% (4)	33% (7)			48% (10)
Current location (N=21)				
Australia	Canada	UK	New Zealand	USA
43% (9)	5% (1)	24% (5)	4% (1)	24% (5)
Membership time in CoP (N=23)				
<6 months	6 months–1 year	1–2 years		Since beginning of CoP
30% (7)	10% (2)	17% (4)		43% (10)

How the CoP is supporting VT prevention among GBV researchers

Since the group launched in February of 2021, RRCoP membership has grown from approximately 80 registered members to more than 200. Our members come from all around the world, although the majority of meeting attendees are from Canada, the United States, Australia or the United Kingdom. To become a member of the CoP, members sign up on our website (www.researcherresilience.com), where they will get access to information from previous meetings, lists of resources that other members have found helpful, and information about future group meetings or events that are relevant to the CoP. There is no participation requirement to be a member of the CoP, and members are able to attend as many or as few meetings as they would like. Some members chose to come to every bimonthly meeting. Those looking to contribute further have attended additional smaller working groups to work on specific projects of interest to the members such as an environmental scan of university practices and policies to support researcher wellbeing. Other members attended meetings only when there was a guest speaker of particular interest to them. While our members focus on many different research topics, the disciplines tend to be social sciences based. As the social sciences tend to be dominated by women, so too is our community of practice. The majority of our participants are either graduate students or early career researchers, although a few others are either mid-career or established academics.

We are continuously gaining new members to our CoP and many of our members have been attending meetings regularly since we began. In asking members to explain how frequently they attend the bimonthly meetings, nearly a third of the 28 respondents to the June 2024 survey replied that they attend all or most meetings, another third replied that they attend meetings when the topic or timing suits them, and the others who said they rarely attend meetings or have not yet attended. Many cited either family commitments or being new to the group but intending to attend meetings in the future as reasons for not attending meetings. Time zones are also a significant barrier for many people attending the meetings regularly. Between April and October, the meetings are at 9pm for some Australian members, 7am for some Canadian members, and 1pm for the UK. Between November and March, the meetings are held in the afternoon for some Canadians, very late for the UK, and early the next morning for parts of Australia. Due to the international membership of the participants, as well as the fact that one of the leaders is in Birmingham, one is in Toronto, and the other is in Melbourne, there is little that can be done to change the timing of our meetings to suit other time zones. Additionally, the international orientation of the group is one of its strengths as it supports networking and collaboration and can offer a diversity of perspectives on issues.

Our website, which serves as a means for new people to join the CoP as well as for existing members to access resources, is used primarily either to access online resources or for members to stay informed about meetings. Others have mentioned using the website as a referral tool if they think their colleagues may want to join the CoP, while a small percentage of members do not use the website at all.

Of utmost importance to us as the leaders is how participating in our meetings may be affecting, and hopefully benefiting, our members. Of those who participated in our survey, the majority (55%) of participants either strongly agreed or agreed that their points of view were respected within the CoP (45% were neutral), that they see a long-term value of being a part of the CoP (77% strongly agreed or agreed, 18% were neutral, and 5% disagreed), and that the CoP provides them with a space to discuss their own experiences of researcher wellbeing (67% strongly agreed or agreed, 33% neutral). Furthermore, the majority (71%) of respondents also noted that knowledge they had gained in the CoP could be turned into new perspectives and methods of approaching sensitive research and that belonging to this group reduced their feelings of isolation (71% strongly agreed or agreed, 24% were neutral, and 5% disagreed). One survey respondent noted that the CoP 'has facilitated helpful connections and given me a unique space for sharing and learning from others' experiences. It makes the intense work of research feel less isolating.' Another noted that they had 'learned about approaches to handling unexpected disclosures...and I've learned a lot about how to configure research from the start to include resources to protect and support researcher wellbeing.' The members who completed the survey encouraged continuing the RRCoP, with many expressing gratitude for its existence and the need for more events and more accessible meeting times. The RRCoP plans to continue evaluating members' experience and adjusting our practice and delivery accordingly.

Discussion

To the authors' knowledge and at the inception of the initiative, the Researcher Resilience CoP was the first international group aimed at addressing researcher

wellbeing for those working on sensitive or emotionally demanding topics such as GBV. Establishing the RRCoP has had several positive impacts. First and foremost has been the nurturing environment and peer support offered through engaging with the community membership. As seen through survey responses, the positive impact on researchers ranges from reassurance knowing that such a network exists, to the perceived benefit of feeling less isolated. Second is raising awareness of researcher wellbeing and the risk of vicarious trauma as an important issue. The RRCoP is an international platform where members can workshop ideas and strategies to address this issue. The existence of the RRCoP itself lends validation to the fact that risk of vicarious trauma is a serious issue requiring action. Of particular importance is the action-oriented nature of having a shared ‘practice’ within the RR CoP that makes it unique compared to other research support groups or wellness initiatives. The third positive impact of the RRCoP, is the development of a framework for building a community of practice with a researcher wellbeing focus. The elements of the RRCoP often exist independently, however it is the combination of addressing emotionally demanding research with action and through community that is unique and – we believe – part of the group’s success. The RRCoP leaders have met with several others looking to create their own CoPs, passing on the knowledge gained in establishing and sustaining the RRCoP to build capacity in this area.

In fact, the momentum of the issue of vicarious trauma among researchers has inspired other peer-support groups to form, changing the landscape of this issue in research. In the early days of the RRCoP, we were aware of a similar local group forming for researchers working with emotionally demanding research in Scotland. Since then, the number of groups focused on this issue has only grown. Some examples of these groups include: the UK based group ‘Researcher Wellbeing Strategic Change Group’ focused on strategic measures to support researcher wellbeing (Skinner et al, 2023); Emotionally Demanding Research Network Scotland; and an Australian-based group focused on advocacy, the Australian Advocacy for Safe and Ethical Research in Sensitive Topics (AASERT). These networks are driving change at the organisational level through activities such as lobbying ethics boards for mental health support for researchers as standard practice. These localised complements to the RRCoP each have different focuses, different strengths, and approach the issue from different angles but are united in the aim to address the emotional burden of researching sensitive topics. It also emphasises that the RRCoP is only one type of peer support initiative that can be part of a broader suite of strategies to support researcher wellbeing. The existence of one group alone is not enough to address the problem. This is a problem that needs to be addressed across multiple levels, beginning with funders and institutions recognising and providing the financial and practical support to establish, implement and promote interventions like the RRCoP and other groups that prioritise researcher wellbeing.

Interventions aimed at preventing and reducing experiences of vicarious trauma among professionals exposed to traumatic events show promise. However, there is still a need for further development of tailored approaches, that include activities beyond self-care, and that are monitored and evaluated over time (Kim et al, 2022; Molnar et al, 2017). Additionally, with the more recent recognition of risk of vicarious trauma extending beyond those who witness traumatic events directly (including researchers), there is a paucity of intervention development and evaluation of mitigating strategies for these individuals and groups (Dickson-Swift, 2022; Skinner et al, 2023; van der

Merwe and Hunt, 2019; Williamson et al, 2020). Despite this need for more exploration and innovation in vicarious trauma intervention – especially among researchers engaged in trauma-focused areas of study like GBV – promise still exists. Specifically for the RRCoP, the literature points to peer support as a strategy for reducing vicarious trauma among both professionals exposed to trauma directly (Kim et al, 2022; Wahl et al, 2018) and researchers (AbiNader et al, 2023), with policy recommendations including investment in groups providing this type of support (Mannel et al, 2023; Skinner et al, 2023; SVRI, 2015).

Investment in the RRCoP, specifically in the form of dedicated funds, has been a significant challenge to its operation. Universitas 21 provided the initial project funding to establish the CoP, though the structure of the funding did not include salary support to run the initiative. Thus, the RRCoP has been primarily run during the leaders' spare time, making it difficult to fully meet the needs of its members. We would encourage groups looking to establish their own peer-support initiative to, where possible, secure funding for publications, project support staff and salary support for initiative leaders/facilitators. Having this deliberate funding structure from the outset provides scaffolding that can contribute to the group's success. There have also been several other learnings from establishing and continuing an international CoP. As evident in the feedback from our membership, the biggest challenge has been managing time zones across several countries. We initially overcame this difficulty for a large proportion of members by setting up meetings that rotated time zones, especially when daylight savings was a factor. The COVID-19 climate also aided attendance as people seemed to be looking for more support and the online nature of the work environment seemed to make the meeting times more acceptable to attend. With the initial COVID-19 crisis over, there are new challenges to consider. The return to in-person working has resulted in less engagement across time zones for meetings held outside of work hours on an online platform. We see this as a positive as researchers should be able to connect with support during their work hours. Thus, the drop in attendance seen since the COVID-19 crisis has abated speaks to the urgent need for local networks that are more easily accessible.

Conclusion

So, where to from here? In response to the need for local networks, the RRCoP leaders have been moving towards opening 'local/regional chapters' in their home countries as an extension of the RRCoP. These local chapters are based on our existing model and are then tailored to the individual group's needs. The groups meet parallel to the International RRCoP. Local group members are welcome at international meetings and both levels of groups are kept informed about what is happening internationally and locally by the leaders who work across both levels. While this positive step has been met with relief and encouragement by our members, there are many researchers who do not reside in the leaders' home countries and will not have access to these local chapters. Our vision is one where every researcher has access and opportunity to be part of a peer support group to assist in maintaining their wellbeing. Thus, we encourage others to follow suit in their local area and establish their own formalised researcher wellbeing peer support groups using the frameworks discussed in this article. As a group we also recognise peer support as part of a broader response to the issue of researcher wellbeing. Individual-level strategies should be supported by supervisors,

managers, institutions and funders. For CoPs, this could look like institutions and funders providing financial support, including salary support for group administration and facilitation, to ensure such initiatives are available to their researchers. With such support in place, we see the International RRCoP acting as a connection point or 'hub' for these local networks, where members can find a local group, as well as interact on an international platform, and leaders of local groups can collaborate to create an international network to raise awareness and support researchers worldwide.

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Conflict of interest

The authors declare that there is no conflict of interest.

References

- AbiNader, M.A., Messing, J.T., Pizarro, J., Kappas Mazzio, A., Turner, B.G. and Tomlinson, L. (2023) Attending to our own trauma: promoting vicarious resilience and preventing vicarious traumatization among researchers, *Social Work Research*, 47(4): 237–49, doi: [10.1093/swr/svad016](https://doi.org/10.1093/swr/svad016)
- Campbell, R. (2013) *Emotionally Involved: The Impact of Researching Rape*, Routledge.
- Campbell, R. (2022) Revisiting emotionally involved: the impact of researching rape. Twenty years (and thousands of stories) later, in M.A.H. Horvath and J.M. Brown (eds) *Rape: Challenging Contemporary Thinking – 10 Years On*, 2nd edn, Routledge, pp 12–27.
- Campbell, R. and Fehler-Cabral, G. (2017) Accountability, collaboration, and social change: ethical tensions in an action research project to address untested sexual assault kits (SAKs), *American Journal of Community Psychology*, 60(3–4): 476–82. doi: [10.1002/ajcp.12176](https://doi.org/10.1002/ajcp.12176)
- Dickson-Swift, V. (2022) Undertaking qualitative research on trauma: impacts on researchers and guidelines for risk management, *Qualitative Research in Organizations and Management: An International Journal*, 17(4): 469–86, doi: [10.1108/qrom-11-2021-2248](https://doi.org/10.1108/qrom-11-2021-2248)
- Dickson-Swift, V., James, E.L., Kippen, S. and Liamputtong, P. (2006) Blurring boundaries in qualitative health research on sensitive topics, *Qualitative Health Research*, 16(6): 853–71, doi: [10.1177/1049732306287526](https://doi.org/10.1177/1049732306287526)
- Dickson-Swift, V., James, E.L., Kippen, S. and Liamputtong, P. (2007) Doing sensitive research: what challenges do qualitative researchers face?, *Qualitative Research*, 7(3): 327–53, doi: [10.1177/1468794107078515](https://doi.org/10.1177/1468794107078515)
- Dickson-Swift, V., James, E.L., Kippen, S. and Liamputtong, P. (2009) Researching sensitive topics: qualitative research as emotion work, *Qualitative Research*, 9(1): 61–79, doi: [10.1177/1468794108098031](https://doi.org/10.1177/1468794108098031)

- Hamzeh, J., Johnson-Lafleur, J., Ouellet, C., Granikov, V., Pluye, P. and Nadeau, L. (2019) The community of practice evaluation questionnaire (CoPeval): origin and development, *McGill Family Medicine Studies Online*, 14: e01, <https://ssaquebec.ca/en/news/community-of-practice-evaluation/>.
- Jackson, S., Backett-Milburn, K. and Newall, E. (2013) Researching distressing topics: emotional reflexivity and emotional labor in the secondary analysis of children and young people's narratives of abuse, *Sage Open*, 3(2), doi: [10.1177/2158244013490705](https://doi.org/10.1177/2158244013490705)
- Kim, J., Chesworth, B., Franchino-Olsen, H. and Macy, R.J. (2022) A scoping review of vicarious trauma interventions for service providers working with people who have experienced traumatic events, *Trauma, Violence, & Abuse*, 23(5): 1437–60, doi: [10.1177/1524838021991310](https://doi.org/10.1177/1524838021991310)
- Li, L.C., Grimshaw, J.M., Nielsen, C., Judd, M., Coyte, P.C. and Graham, I.D. (2009a) Evolution of Wenger's concept of community of practice, *Implementation Science*, 4(1): 11, doi: [10.1186/1748-5908-4-11](https://doi.org/10.1186/1748-5908-4-11)
- Li, L.C., Grimshaw, J.M., Nielsen, C., Judd, M., Coyte, P.C. and Graham, I.D. (2009b) Use of communities of practice in business and health care sectors: a systematic review, *Implementation Science*, 4(1): 27, doi: [10.1186/1748-5908-4-27](https://doi.org/10.1186/1748-5908-4-27)
- Mannel, J., Bridger, E., McQuiad, K. and Zschomler, S. (2023) A toolkit to support researcher wellbeing (RES-WELL): practical strategies for UK research institutions, funders, and researchers in the context of emotionally or ethically challenging research, https://www.ucl.ac.uk/global-health/sites/global_health/files/res-well_toolkit_0.pdf.
- van der Merwe, A. and Hunt, X. (2019) Secondary trauma among trauma researchers: lessons from the field, *Psychological Trauma: Theory, Research, Practice and Policy*, 11(1): 10–8, doi: [10.1037/tra0000414](https://doi.org/10.1037/tra0000414)
- Molnar, B.E., Sprang, G., Killian, K.D., Gottfried, R., Emery, V. and Bride, B.E. (2017) Advancing science and practice for vicarious traumatization/secondary traumatic stress: a research agenda, *Traumatology*, 23(2): 129–42, doi: [10.1037/trm0000122](https://doi.org/10.1037/trm0000122)
- Nicolini, D., Pyrko, I., Omidvar, O. and Spanellis, A. (2022) Understanding communities of practice: taking stock and moving forward, *Academy of Management Annals*, 16(2): 680–718, doi: [10.5465/annals.2020.0330](https://doi.org/10.5465/annals.2020.0330)
- Orr, E., Durepos, P., Jones, V. and Jack, S.M. (2021) Risk of secondary distress for graduate students conducting qualitative research on sensitive subjects: a scoping review of Canadian dissertations and theses, *Global Qualitative Nursing Research*, 8: 1–14, doi: [10.1177/2333393621993803](https://doi.org/10.1177/2333393621993803)
- Shaw, L., Jazayeri, D., Kiegaldie, D. and Morris, M.E. (2022) Implementation of virtual communities of practice in healthcare to improve capability and capacity: a 10-Year scoping review, *International Journal of Environmental Research and Public Health*, 19(13): 7994, doi: [10.3390/ijerph19137994](https://doi.org/10.3390/ijerph19137994)
- Silverio, S.A., Sheen, K.S., Bramante, A., Knighting, K., Koops, T.U., Montgomery, E., et al (2022) Sensitive, challenging, and difficult topics: experiences and practical considerations for qualitative researchers, *International Journal of Qualitative Methods*, 21: 16094069221124739, doi: [10.1177/16094069221124739](https://doi.org/10.1177/16094069221124739)
- Skinner, T., Brance, K., Halligan, S., Girling, H., Chadwick, P. and Tsang, E. (2023) *The Researcher Wellbeing Project Report*, University of Bath, https://researchportal.bath.ac.uk/files/308427562/Final_Researcher_Wellbeing_Project_Report_released_11_12_23_1_.pdf.

- SVRI (Sexual Violence Research Initiative) (2015) Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence, Pretoria, South Africa, <https://www.svri.org/sites/default/files/attachments/2016-06-02/SVRIVTguidelines.pdf>.
- University of Bath (2024) *The Researcher Wellbeing Project (RWP): Addressing Researcher Distress, Trauma and Secondary Trauma*, bath.ac.uk.
- Velardo, S. and Elliott, S. (2018) Prioritising doctoral students' wellbeing in qualitative research, *The Qualitative Report*, 23(2): 311–8, doi: [10.46743/2160-3715/2018.3074](https://doi.org/10.46743/2160-3715/2018.3074)
- Wahl, C., Hultquist, T.B., Struwe, L. and Moore, J. (2018) Implementing a peer support network to promote compassion without fatigue, *JONA: The Journal of Nursing Administration*, 48(12): 615–21, doi: [10.1097/NNA.0000000000000691](https://doi.org/10.1097/NNA.0000000000000691)
- Watts, J.H. (2008) Emotion, empathy and exit: reflections on doing ethnographic qualitative research on sensitive topics, *Medical Sociology Online*, 3(2): 3–14.
- Wenger-Trayner, E., Wenger-Trayner, B., Reid, P. and Bruderlein, C. (2023) *Communities of Practice Within and Across Organizations: A Guidebook*, 2nd edn, The Social Learning Lab.
- Williamson, E., Gregory, A., Abrahams, H., Aghtaie, N., Walker, S.J. and Hester, M. (2020) Secondary trauma: emotional safety in sensitive research, *Journal of Academic Ethics*, 18(1): 55–70, doi: [10.1007/s10805-019-09348-y](https://doi.org/10.1007/s10805-019-09348-y)