

## research article

# The wellbeing of researchers of sensitive and emotionally challenging topics

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The impact of researching sexual violence on researcher wellbeing has largely been overlooked in academia. Acknowledgement that researchers may experience secondary distress, such as vicarious and secondary trauma, is growing. A small-scale pilot survey was conducted at a UK university to gain insight into how conducting sensitive and emotionally challenging research affects the wellbeing of researchers, how researchers accessed and received support, and their support needs. Forty-five staff and students self-selected to complete the survey. Quantitative data were analysed using descriptive statistics, and qualitative responses were thematically analysed. Findings revealed negative and positive outcomes associated with conducting sensitive and emotionally challenging research. The fieldwork and analysis phases were particularly difficult for researchers. Findings suggest that universities need to do more to prepare staff and students to conduct emotionally challenging research. Barriers to seeking help included the lack of specialist support and concerns about being negatively judged. The findings illustrate the need to create an open and supportive culture and recognise researcher wellbeing as an emotional and psychological health and safety concern. The findings can help institutions develop preventative policies and responses, proactively mitigating potential harms and supporting researchers in this important work.

**Keywords** researcher wellbeing • sensitive and emotionally challenging research  
• sexual violence • gender-based violence

### Key messages

- Improve the culture and approach to researcher wellbeing through education to increase awareness of the potential impacts of emotionally challenging and sensitive research.
- Recognise that researcher wellbeing is not a capability issue. It is a subjective experience. Adverse effects from sensitive research can be unpredictable in terms of when and how they affect the researcher.
- Develop a flexible researcher wellbeing support system tailored to the needs of researchers, which offers specialist support at all stages of the research process.
- Promote and provide training and reflective practice.
- Support line/project managers and supervisors to recognise symptoms of distress in others.

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## Introduction<sup>1,2</sup>

Conducting research in the gender-based violence space is often emotional and challenging for researchers. This work requires awareness of potential harms and the development of strategies to mitigate them throughout the research process. From a researcher's perspective, this often involves working with people at their most vulnerable, as they recount some of the most traumatic experiences of their lives (Campbell, 2001; Dickson-Swift et al, 2009).

The predominant ethical emphasis has, quite rightly, been to ensure that participants are protected from potential harm during the research process (Webber and Brunger, 2018). However, the emotional safety and wellbeing of researchers and the impact of researching sensitive and emotionally challenging topics, such as sexual and gender-based violence, on researcher wellbeing have largely been overlooked. The creation of specific support pathways for sensitive research remains limited (Stoler, 2002; Dickson-Swift et al, 2009; Coles et al, 2014; Millan et al, 2023; Skinner et al, 2023). As a result, the higher education sector is generally not as advanced in supporting these researchers – their workforce – as some other sectors are (Baird and Jenkins, 2003; Sansbury et al, 2015; Nikischer, 2019; Williamson et al, 2020).

### *Researcher wellbeing in academia*

Recognition of the importance of supporting student and staff wellbeing in higher education institutions has increased in recent years. For example, the Higher Education Policy Institute (2019) advocates supporting the sector to measure mental health and wellbeing; Universities UK (2017) has developed its Stepchange programme to support universities to adopt mental health as a priority; and the Healthy Universities initiative (see Newton et al, 2016) promotes higher education institutions' role in creating an environment that supports and promotes mental health and wellbeing. This shift towards explicitly valuing mental health and wellbeing has developed against a backdrop of poor levels of mental health (Morrish, 2019) and elevated levels of stress and burnout within this workforce (Watts and Roberston, 2011). However, although these initiatives can be perceived positively, they tend to relate to wellbeing more generally and do not focus specifically on the wellbeing of researchers working on sensitive and emotionally challenging topics. Consequently, there is a significant gap in institutional policies that specifically address their wellbeing and emotional safety (Nikischer, 2019). This absence can lead to increased emotional and psychological strain (Millan et al, 2023), particularly as researchers often work in isolation, which can exacerbate feelings of stress and emotional fatigue (Dickson-Swift et al, 2009). The lack of a supportive work environment further compounds these issues, which can lead to researchers feeling misunderstood or unsupported (Nikischer, 2019).

Stoler (2002: 269) suggests this is, at least in part, a result of the view that ‘the very concept of a researcher with emotions was an anathema to the true scientist’, and Gilbert (2001: 3) reminds us of the ‘suspicion and, in some cases, outright contempt’ with which qualitative research methods have been viewed. Consequently, it is only in the last 30 years or so (Gleeson, 2022) that research into the potential impacts of conducting sensitive and emotionally challenging research began (see World Health Organization, 1999; Campbell, 2001; Dickson-Swift et al, 2006; 2007; 2008; 2009; Stoler, 2002; Ellsberg and Heise, 2005; Coles et al, 2014; Nikischer, 2019; Rauvola et al, 2019; Skinner et al, 2023; Smillie and Riddell, 2023). Furthermore, this area of research is very often conducted by those researchers working on sensitive and emotionally challenging topics and experiencing some of the negative impacts (Campbell, 2001; Dickson-Swift et al, 2006; Coles et al, 2014; Nikischer, 2019; Gleeson, 2022; Burrell et al, 2023; Skinner et al, 2023), because as Stoler (2002: 270) points out, ‘emotional reactions and personal needs do not just vanish because one is a researcher’.

### *The growing recognition of researcher wellbeing among researchers*

There is growing recognition that a significant part of research on gender-based violence is ‘emotion work’ (Hochschild, 1983; Dickson-Swift et al, 2009). Awareness that indirect exposure to trauma through research can be as impactful as exposure to trauma in a clinical setting is also increasing (Nikischer, 2019). This relates to interacting and dealing with other people’s emotions, usually involving proximal contact (that is, face-to-face or voice-to-voice) (James, 1989; Dickson-Swift et al, 2007; 2009), which is common in qualitative research. Heightened emotional vulnerability can be a by-product of conducting this research. It can be considered a ‘cost’ of doing this work, which is not always acknowledged, recognised or planned for. Empathy is related to emotional vulnerability and is recognised as a feature of some qualitative research. Empathy plays an important role in developing connections and building rapport and trust with research participants who are being asked to share intimate experiences (Taylor and Bogdan, 1998; Dickson-Swift et al, 2006; Brown, 2012; Rauvola et al, 2019; Williamson et al, 2020; Smillie and Riddell, 2023). However, empathy for participants can also have adverse effects on researchers, who may feel anger, outrage or disgust on their behalf. This emotional burden can be difficult to manage without support (Hansen et al, 2018). Researchers’ emotional safety is not given the same value or attention as physical safety (Williamson et al, 2020). Accordingly, there is a need to advocate for systemic support for researcher wellbeing in academic institutions (Nikischer, 2019).

### *Impact of studying sensitive and emotionally challenging topics*

Research has identified several outcomes from researching sensitive and emotionally challenging topics like sexual violence. Campbell (2001) found that researchers who interviewed rape survivors experienced a sense of loss, fear and anger as a result of a shift in their worldview, resulting from listening to research participants’ traumatic experiences. Stoler (2002) highlights the physical impacts, particularly fatigue, and the negative emotional impacts on close relationships that researching child sexual abuse can have.

Dickson-Swift et al (2007) also highlight physical and emotional exhaustion, as well as researchers becoming desensitised, feeling vulnerable regarding their own emotions and experiences, and guilty for exploiting participants' experiences as research data. Feeling conflicted about maintaining clear roles and boundaries within an intimate research setting, as well as issues regarding reciprocity, have also been identified as concerns for researchers in this space (Johnson and Clarke, 2003; Dickson-Swift et al, 2006).

Furthermore, there is the potential for researchers to re-experience or even discover their own traumatic experiences as a result of doing this work (Stoler, 2002). Campbell (2001) explains why this work can be potentially harmful to researchers, recognising that those who interview participants about sensitive and emotionally challenging topics are 'entrusted ... with their stories, which [are] indeed devastating to hear, over and over again' (p 65) and, as a result, researchers can 'bear witness to the survivor's pain' (p 70). To some extent, researchers can empathise with the survivors' feelings, such as a sense of loss in their prior belief that the world is safe.

Concepts such as vicarious trauma (McCann and Pearlman, 1990; Pearlman, 1999), secondary trauma (Figley, 1995; Williamson et al, 2020), burnout (Williamson et al, 2020; Silverio et al, 2022) and compassion fatigue (Figley, 1995; Campbell, 2001) have recently been extended to researchers (Kiyimba and O'Reilly, 2015; Nikischer, 2019; Rauvola et al, 2019; Last, 2020; Skinner et al, 2023). Drawing on results from a consultation with 12 researchers on their experiences conducting emotionally challenging research, Smillie and Riddell (2023) identify short-term (occurring during or soon after the research task, for example, interviewing or transcribing), medium-term (occurring after the research task) and longer-term (secondary or delayed) impacts. Short-term impacts included negative emotions towards certain participants or views (that is, bigotry), feeling distressed or unprofessional, struggling to manage boundaries, roles or workload, and worrying about aspects of the project. Medium-term impacts included anxiety relating to the topic, feeling burdened and struggling to compartmentalise the research, a sense of guilt about the effects on the participants, concerns about exploiting participants for their 'data', and intrusive thoughts. The longer-term effects included general mood changes, vicarious trauma, guilt, and a sense of not always coping with the content and volume of the work, isolation, feelings of inadequacy, desensitisation towards the topic and avoiding further emotionally demanding tasks or taking longer to complete such tasks. Considering the impact of secondary distress in this way is beneficial because it highlights the potential longevity of its effects and illustrates that these impacts can change over time. The authors emphasise that this is not a linear process where specific impacts are felt at particular points. Instead, they recognise that the effects of conducting sensitive and emotionally challenging research are highly subjective.

There has been comparatively less research focused on the positive emotional implications of conducting sensitive research, such as feeling honoured to be trusted with survivors' narratives or finding purpose in contributing to change (Dickson-Swift et al, 2007). Campbell (2001) discusses how some of her participants felt hopeful that the survivors they had interviewed would be empowered by having their stories heard and validated. These examples highlight the impact of researchers' proximity to other people's traumatic experiences. A certain level of intimacy is common when listening to their narratives. Being in the same space as research participants, hearing the emotion in their voices, and seeing their visible distress brings the fact and horror of sexual violence to the fore, and it stops being something 'abstract' and becomes something tangible and close (Campbell, 2001).

## Method

An anonymous online survey was administered to staff and postgraduate student researchers at a UK university using the Jisc survey platform ([Jisc Online Survey, 2023](#)). The survey was designed to answer the following research questions:

- How does sensitive and emotionally challenging research affect the emotional and/or physical health and wellbeing of researchers?
- What are the experiences of researchers accessing and receiving support specific to managing the impact of sensitive and emotionally challenging research and findings?
- What are the support needs, and what support is perceived as helpful for researchers conducting sensitive and emotionally challenging research?

### *The survey*

The survey consisted of 29 questions. Twenty-one were closed, fixed response questions, three used a Likert scale of 1 to 7, and eight asked for open-ended free text responses. Questions related to three topic areas: the impact of researching sensitive and emotionally challenging topics; recognising the importance of researcher wellbeing; and researchers' experiences of accessing and seeking support within the university's current support provision. The full survey instrument is available in [Appendix A](#).

### *Procedure*

Ethical approval for this pilot study was granted in April 2023 (ETH2223-7114). Information and a link to the online survey were advertised to university staff and students on the university intranet and in internal bulletins and newsletters. The use of an online survey platform provided a convenient, cost-effective and efficient way to collect and analyse data on researcher wellbeing from a range of respondents across the institution.

Participants were self-selecting. To be eligible to participate, respondents had to be university staff or postgraduate students currently undertaking, or who had previously undertaken, research in sensitive and emotionally challenging topics at their current university or other institutions. Informed consent was secured and integrated into the survey from the outset. At the conclusion, participants were directed to support services to ensure they prioritised their wellbeing, should they feel it necessary after taking part in this survey. The survey was open for four weeks in November 2023, and reminders were publicised on the university platforms throughout this period to encourage responses.

### *A note about terminology*

Throughout the literature, the language describing this kind of research is varied, including terms like 'sensitive' ([Campbell, 2001](#)), 'emotionally demanding' ([Burrell](#)

et al, 2023; Smillie and Riddell, 2023) and ‘emotional and ethically challenging’ (Zschomler et al, 2023). Lee’s (1993: 4) definition of sensitive research as ‘research which potentially poses a substantial threat to those who are or have been involved in it’ is useful because it acknowledges the potential impact on both researchers and participants. Lee’s definition is further developed by Kumar and Cavallaro (2018), who identify four main types of sensitive and emotionally challenging research: research related to sensitive issues; a topic similar to the researcher’s personal traumatic experience; a traumatic event the researcher experiences while conducting the research; and an unexpected event that occurs during the research in what had *not* been identified as a sensitive issue previously. Building on these definitions, Smillie and Riddell (2023) further extend the conceptualisation of sensitive and emotionally challenging by suggesting the following are important considerations: the context (the research topic, level of exposure and the researcher’s personal context), the setting (the type and level of safety in the environment), and concerns about the wellbeing of the participant. We have adopted the term ‘sensitive and emotionally challenging research’ in this article as an umbrella term to encapsulate these issues.

For this research, we developed a broad, inclusive working definition of sensitive and emotionally challenging topics, which was shared with the participants:

Some examples of sensitive and emotionally challenging research areas that may impact on researcher wellbeing: sexual and gender based violence, domestic/familial/child abuse/child sexual abuse and exploitation, discrimination/harms to marginalised groups, mental health, child safeguarding, adult safeguarding, online harms and abuse, medical or nursing research, animal cruelty, war crimes/conflict research, terrorism and extremism, violence and exploitation, death/bereavement/grief, offending and imprisonment.

Researcher wellbeing refers to the holistic state of a researcher’s mental, emotional and physical health. Wellbeing is crucial as it influences the productivity, creativity and ethical conduct of researchers. Maintaining wellbeing ensures that researchers can sustain engagement in their work without suffering from negative consequences.

As this was a small-scale pilot study and did not employ clinical measures to assess levels of vicarious trauma, the term *secondary distress* (Grundlingh et al, 2017) is used throughout this article as an umbrella concept to encapsulate a range of emotional impacts, including vicarious trauma, secondary traumatic stress, burnout and compassion fatigue.

### *Data analysis*

Qualitative data was analysed using descriptive statistics through tools in Jisc survey and Microsoft Excel, which provided frequencies and percentages to summarise participant responses accordingly. These summaries were produced separately for staff and student responses to allow, where possible, for a comparison of their experiences and perspectives.

This study was grounded in a constructionist epistemology, as described by Lincoln and Guba (1985), which posits that knowledge is socially co-constructed

and emerges through interactions rather than being objectively discovered. Braun and Clarke (2006; 2012; 2022) argue that a constructionist approach acknowledges both the reality of participants and the interpretive role of the researcher. The free-text responses from participants reflect genuine experiences of conducting sensitive or emotionally challenging research. However, the approach to thematic analysis adopted in this study is rooted in the understanding that individual researcher interpretation may also impact what themes emerge from the data. Therefore, by cross-checking with another member of the research team, the interpretations are more transparent and reliable.

The free-text responses underwent thematic analysis as outlined by Braun and Clarke (2006; 2012; 2022). Following Braun and Clarke’s six-stage approach, a member of the research team began with data familiarisation, to form a comprehensive understanding of the responses. From this, initial codes were generated manually and then grouped into potential themes. This grouping of codes was conducted using an iterative approach that involved comparing, clustering and refining the themes. A second member of the research team then reviewed the data, including the codes and themes that had been previously identified. This cross-checking occurred after the initial coding and theme development phase and enhanced the credibility and transparency. Cross-checking also offered a critical discourse around coding and thematic interpretations during the analysis phase. This analysis was inductive, and themes emerged from the dataset itself rather than being shaped by a pre-determined coding or thematic framework.

## Findings

This article contributes to the growing body of work on the impact of studying sensitive and emotionally challenging topics on researchers. It provides insight into the experiences of scholars conducting sensitive and emotionally challenging researchers in one university.

It suggests supportive strategies and mechanisms to minimise potential adverse outcomes of such research.

## Participants

Forty-five people completed the survey. Thirty-one (69 per cent) were staff or faculty. Fourteen (31 per cent) were students (93 per cent postgraduate – master’s or doctoral – and 7 per cent undergraduate). Table 1 shows the breakdown of respondents by

**Table 1: Faculties/disciplinary area to which respondents belong**

Discipline	Total n (%)	Staff n (%)	Student n (%)
Arts, Humanities and Social Science (AHSS)	25 (56)	17 (68)	8 (32)
Health, Education and Medicine Science (HEMS)	13 (29)	11 (85)	2 (15)
Science and Engineering	5 (11)	2 (40)	3 (60)
Business and Law	1 (2)	(0)	1 (100)
Professional Services	1 (2)	1 (100)	(0)

disciplinary area. The higher number of respondents from Arts, Humanities and Social Science (AHSS) and Health, Education and Medicine Science (HEMS) likely reflects the concentration of sensitive and emotionally challenging research in these disciplines.

Table 2 shows the length of time respondents reported having spent researching sensitive and emotionally challenging topics. Unsurprisingly, staff reported studying sensitive and emotionally challenging topics for longer durations than students.

Respondents identified 20 sensitive and emotionally challenging topics they had studied. Gender-based violence issues were prevalent. Table 3 shows the five most common topics researched by staff and students.

Respondents were provided a free-text option to name their research topic if it was not included on the provided list. Topics reported by respondents (in low numbers) included substance misuse, military veterans, physical health and disability, rape, racism faced by children of black GIs, crime scene attendance, police wellbeing, death, torture, refugee experiences, prison inmate and prison staff wellbeing, punishment in the community, sentencing, the trial process for sexual or otherwise sensitive crimes, and life sentence parole processes.

Survey findings indicate that most of the respondents (70 per cent) had been involved in all aspects of sensitive and emotionally challenging research, from design to dissemination activities. More respondents were engaged in manual qualitative analysis (74 per cent staff; 86 per cent students) or qualitative analysis using computer-assisted qualitative data analysis software (52 per cent staff; 77 per cent students) than quantitative analysis (45 per cent staff; 43 per cent students). It is important to note that as the university does not provide public information on the number of individuals who engage in sensitive or emotionally challenging research, contextualising this

**Table 2: Length of time researching sensitive and emotionally challenging topics**

	Total n (%)	Staff n (%)	Students n (%)
1–2 years	4 (17)	1 (13)	3 (22)
2–5 years	14 (26)	5 (23)	9 (64)
6–10 years	11 (26)	9 (29)	2 (14)
11–15 years	5 (14)	5 (16)	(0)
16–20 years	11 (17)	11 (19)	(0)

**Table 3: The five most common sensitive and emotionally challenging topics researched**

Staff – five most common topics n (%)		Students – five most common topics n (%)	
Violence against women and girls	15 (48)	Child sexual abuse and exploitation	8 (57)
Marginalised communities	14 (45)	Child safeguarding	5 (36)
Mental health/suicide	12 (39)	Domestic violence	4 (29)
Domestic violence	10 (32)	Violence against women and girls	4 (29)
Child sexual abuse and exploitation; medical and nursing research	9 (29)	Marginalised communities	4 (29)

sample is difficult. However, a series of workshops on conducting sensitive and emotionally challenging research at the same university that year was attended by 103 staff and students. The actual number of those involved in this research is likely higher, but this allows us a benchmark for situating the sample.

### *Key themes*

The two primary themes identified in the data were ‘The impact of researching sensitive and emotionally challenging topics’ and ‘Knowledge and behaviour relating to wellbeing support’. Discussion of each theme draws on a combination of quantitative and qualitative data from staff and student respondents. Responses are presented in a way that shows staff and student experiences and the differences between them where possible.

#### *The impact of researching sensitive and emotionally challenging topics*

Respondents were asked to indicate the extent to which conducting sensitive and emotionally challenging research negatively affected their emotional wellbeing and mental health. Forty per cent of participants (42 per cent of staff and 35 per cent of students) reported experiencing adverse impacts on their emotional wellbeing and mental health due to participating in sensitive and emotionally challenging research. More than a third (38 per cent) of respondents reported feeling upset and/or anxious when conducting sensitive and emotionally challenging research.

Twenty-six per cent of staff and 57 per cent of students indicated that they had taken time away from their sensitive and emotionally challenging work to prioritise their mental health. Of those who reported taking time away, 37 per cent of staff and 50 per cent of students reported taking less than a week and 25 per cent of staff and 38 per cent of students reported taking up to two weeks. Twelve per cent of students took up to four weeks away, with more staff reporting taking more time away (25 per cent took over six months away).

Thematic analysis revealed that there were certain points in the research process that respondents found particularly emotionally challenging, such as fieldwork and transcription:

I had times when I was unable to listen to/read transcripts, analysis and write up results. I had to stop researching in the area for several months. (Staff 28)

I would say that the fieldwork was the most stressful part, because it was the unexpected traumatic stories which I could never fully prepare for but was always in anticipation of. During the fieldwork period, I felt really tired. I became more distant and less engaged in other activities. I don't think I fully realised how it had impacted me, until after I finished the interviews. (Student 5)

Some respondents noted that they were not able to predict at what point during a research project emotional distress might occur, describing the unpredictability of being triggered by research:

It is also so hard to predict what will feel really distressing and this is sometimes surprisingly mundane compared to other content. (Staff 11)

It wasn't the subject matter of the research per se, but the unexpected responses I received regarding people's stories, which were in some instances hard to process. (Student 5)

This sentiment was echoed by a staff respondent who also indicated that it is sometimes only after the research has been finished that the impacts of sensitive and emotionally challenging research are felt:

I found that the content of the research began to take its toll on my energy during the day. After an interview I would feel very tired and find it hard to concentrate. I would also not look forward to conducting interviews during times we were particularly busy with data collection as it became quite overwhelming. (Staff 9)

Some student responses indicated that they often felt unprepared for conducting research of this nature, for example: 'I often feel unprepared for conducting sensitive interviews, I also sometimes find reading sensitive material triggering' (Student 6).

All respondents were asked to select three words from a selection of options<sup>3</sup> that best described how they felt when conducting sensitive and emotionally challenging research. The three most common words selected by staff were motivated (68 per cent), drained (36 per cent) and angry (29 per cent). The three most common words for students were drained (57 per cent), motivated (57 per cent) and anxious (36 per cent). While predominantly selecting negative words, both groups also reported feeling motivated by their research. Furthermore, 91 per cent of staff and 93 per cent of students reported that they valued their work in this space, which could act as a protective factor.

One student, for example, expressed how their motivation to do this kind of research kept them going when things became difficult: 'This gives purpose to my work, and it is motivating' (Student 3). Respondents also spoke of their determination to continue with the work due to the potential impact and importance it holds: 'Despite this, I was determined throughout to continue with the work as it was important to me' (Staff 3). The positive impact of this work was also acknowledged, with one respondent describing how they feel about being a part of their research: 'Encouraged, fulfilled, proud, positive and grateful that I can play my part in improving the environment' (Student 8).

### *Knowledge and behaviour relating to wellbeing support*

The university provides a range of wellbeing support for staff<sup>4</sup> and students.<sup>5</sup> Respondents were asked about their knowledge and experience of this work-based support, barriers to accessing such support, and their desired support services.

Thirty-nine per cent of staff and 35 per cent of students reported feeling supported by the university in relation to their wellbeing. When asked about their knowledge of existing wellbeing support services, the three most well-known to staff were the counselling service (89 per cent), the chaplaincy (64 per cent) and the Staff Inclusivity Networks (61 per cent). For student respondents, the three most well-known were the student counselling service (42 per cent), wellbeing workshops (33 per cent) and the Health and Wellbeing Hub (33 per cent). Staff had accessed six of the ten services available to them. Specifically, 24 per cent had

accessed counselling, 9 per cent the Employee Assistance Programme (EAP), 11 per cent accessed Occupational Health, 9 per cent the Staff Inclusivity Network and 15 per cent the Physical Health Wellbeing services. When asked to rate the helpfulness of each service they had used, the service ranked as most helpful was Physical Wellbeing Support (80 per cent), followed by Counselling, the EAP, the Inclusivity Network, the Health and Wellbeing Hub (all 50 per cent) and Occupational Health (33 per cent). However, several respondents commented that although good mental health support was available, it was not specific to those conducting sensitive and emotionally challenging research:

Although there is general mental health support there is no direct support when conducting distressing research. (Staff 26)

I don't feel the institution as a whole is supportive of researcher wellbeing, but my research institute and supervisor is immensely supportive and encouraging. I wish there were some kind of counselling which could be specific to conducting sensitive research in [this university]. (Student 6)

Respondents were also asked to provide further information about any other sources of support they found effective in an open-ended question. Thematic analysis identified three main areas: team support (for example, colleagues, line managers, supervisors); university support; and external support (for example, private counselling, external colleagues/friends). Sixty-eight per cent of comments referred to team sources of support, 13 per cent to additional university sources and 9 per cent to external sources of support.

Respondents were asked to identify what further support (in addition to that currently provided by the university) they believed would be useful from a list of ten options.<sup>6</sup> For staff respondents, 55 per cent indicated that 'debriefing with a trained colleague', followed by 'social activities with colleagues' (52 per cent) and 'access to therapy/counselling' (49 per cent) were desired forms of support. For students, 86 per cent identified 'training on reflective practice' as the most desired type of support, followed by 'training on preparing for conducting sensitive interviews/focus groups' (79 per cent) and 'training on preparing for analysis of sensitive data' (79 per cent).

In addition to work-based wellbeing support, respondents were asked about self-help measures they had used. Seventy-five per cent gave examples (47 per cent of staff and 28 per cent of students) of both in-work and outside-work strategies. In-work strategies included talking things through with colleagues and peers 'to share concerns and problems to lighten the load' (Staff 14). Practical strategies identified were 'spacing out interviews' (Staff 29), using a reflective log, being compartmentalised to ensure 'strong lines between work and home life' (Staff 31) and 'utilising supervisors and knowing it is okay to take a break' (Student 11). Outside the workplace, respondents talked about the importance of exercise, spending time with their family and friends, counselling and mindfulness, as well as 'treats' like spa days:

Taking a break from work has helped, therapy is also very effective. And just talking to someone, even about something completely different, can be very grounding. (Student 3)

Allowing myself to feel upset. (Staff 23)

I do something that completely takes me out of myself. (Staff 17)

Creating a routine of regular exercise, time outdoors, yoga, early nights, eating and sleeping well, and avoiding any alcohol. These things seem to make it easier to create a healthy distance between other people's emotions and my own. (Student 5)

Respondents were asked to reflect on potential barriers to seeking work-based support using a list of 13 factors.<sup>7</sup> For staff, the most frequently endorsed barrier was 'feeling like you should be able to cope' (55 per cent), followed by 'wanting to seem capable of handling stress/performing well' (45 per cent) and 'a lack of confidence in the support offered' (45 per cent). Students also endorsed 'feeling like you should be able to cope' most frequently (75 per cent), followed by 'asking for support and not receiving it' (50 per cent) and 'concerns about confidentiality' (42 per cent).

These responses speak to individuals' concerns about how they might be perceived by their colleagues, peers and supervisors, perhaps reflecting negative attitudes about mental ill-health in society. This stigma can create a lack of trust and may lead people to fear that they will be perceived as incapable of performing sensitive and emotionally challenging research, which is part of their job. Respondents were also provided with an open-ended item to describe any additional thoughts and experiences about barriers to accessing and seeking support. Responses (six staff, five students) suggested that other reasons for not accessing or seeking support were lack of time, only in-person support available, and a lack of support specific to the needs of researchers conducting sensitive and emotionally challenging research because this is 'too specialist for them [counsellors] to really understand' (Staff 23). For example:

Time constraints with anything additional in the week adding to time pressures. (Student 2)

Many are difficult to access, or on campus only, which if struggling to get into work due to costs, then this doesn't help. (Staff 20)

Not knowing who would understand – sometimes the things that we hear are so horrific that I would not want to traumatise someone else (vicarious trauma). (Staff 26)

## Discussion

The purpose of this small-scale research project was to explore and understand the experiences of researchers conducting sensitive and emotionally challenging research in a UK higher education setting. The findings presented here build on previous research in this space and offer meaningful insights into researcher wellbeing from the perspectives of staff and students. Study findings promote understanding of the challenges, impacts and experiences faced by these researchers. They also provide information about what existing work-based support is helpful and what other types of support are desired.

### *Impacts of sensitive and emotionally challenging research on researchers*

Sensitive and emotionally challenging research often involves qualitative methods, with the majority of respondents participating in all phases of the qualitative research process. Gilbert (2001: 10) argues that part of, indeed, the value of being a qualitative researcher is to enter ‘the world of others in such a way as to allow the researcher to see life through their eyes ... a process of exploration and discovery that is felt deeply ... both intellectually and emotionally’. The findings of this research support Gilbert’s statement, revealing a landscape of emotional challenges and outcomes associated with secondary distress, such as fatigue, lapses in concentration, increased anxiety, overwhelm, stepping away from sensitive and emotionally challenging research, and managing unpredictable responses. All of these echo previous research findings (Campbell, 2001; Stoler, 2002; Johnson and Clarke, 2003; Dickson-Swift et al, 2006; 2007; Smillie and Riddell, 2023). This is unsurprising, as this and other research demonstrate that sensitive and emotionally challenging research involves ‘emotion work’ (Hochschild, 1983). Dickson-Swift et al (2009: 61) suggest that ‘emotions are a central part of social research’, but there is also a cost to researchers who work in this space. This was illustrated by our thematic analysis, finding the fieldwork and analysis phases of research are especially difficult, as is transcribing sensitive and emotionally challenging data. This indicates that emotion work is more intense during these phases of research. Previous research has highlighted the impact of transcribing sensitive and emotionally challenging data, noting that this is often overlooked (Dickson-Swift et al, 2007; Bahn and Weatherill, 2013). Kiyimba and O’Reilly (2015: 1) recognise that the transcription phase is ‘not merely a neutral and mechanical process, but is active and requires careful engagement with the qualitative data’. This is an area in need of further research as well as better risk assessment and management.

Explicitly recognising the role, impact and importance of emotions and feelings in the sensitive and emotionally challenging research process is important (James, 1989; Behar, 1996; Gilbert, 2001; Dickson-Swift et al, 2009). Gilbert (2001: 9) argues that emotions offer a positive contribution to research, noting that if these are used ‘intelligently, we can be better researchers, and our research output can be more truthful’. This echoes the work of feminist scholars (Hochschild, 1983; Haraway, 1988; Smith, 1990) on the importance of reflexivity, introspection, personal responsibility and reciprocity (Daly, 1992; England, 1994; Huisman, 2008; Sampson et al, 2008). All of these help balance emotional engagement and mitigate potentially harmful effects in the research process (Gilbert, 2001; Borgstrom and Ellis, 2021) and beyond (Smillie and Riddell, 2023). Our respondents indicated that elevating and normalising reflective practice should be common practice for individual researchers, research teams and supervision sessions (James, 1989; England, 1994).

It is important to recognise and accept that conducting sensitive and emotionally challenging research can elicit adverse reactions. However, it is equally important not to focus solely on the negative implications of this research. Participants also discussed the value and importance of sensitive and emotionally challenging research, which is often on key social issues with significant implications. While less research has been conducted to date on the benefits of, and motivations for, conducting sensitive and emotionally challenging research (Gilbert, 2000; Campbell, 2001; Dickson-Swift et al, 2007), our findings highlight that researchers *are* motivated to do this work and believe it is important. Similar to the previous research in this area, our findings emphasise the

value of sensitive and emotionally challenging research in making a positive difference to society, which can be considered a protective factor for researcher resilience.

### *Knowledge and behaviour relating to wellbeing support*

Most higher education institutions offer wellbeing support to staff and students. However, many lack comprehensive guidelines around the emotional and psychological risks associated with sensitive and emotionally challenging research (Dickson-Swift et al, 2008; Millan et al, 2023) and do not offer support tailored to scholars conducting such research. This lack of specialist resources can lead to researchers feeling misunderstood or unsupported (Nikischer, 2019). Our findings highlight the need for specialist support as some respondents shared that, given the nature and potentially traumatic content of their work, they feel reluctant to talk about it to friends, family and non-specialist services. Thus, specialised support is needed to encourage these researchers to seek assistance without concerns about causing harm to others.

A further consequence of sensitive and emotionally challenging research is that scholars may step away in order to cope and deal with some of the impacts. Our findings show that a quarter of staff and over half of the student respondents reported taking time away from their work to prioritise their mental health. This suggests that a more open and supportive approach and culture around researcher wellbeing could be a protective factor, preventing researchers from reaching this point.

Although most respondents were aware of the general work-based support services available to them, and approximately one-third felt supported by the university, our thematic analysis found that more than two-thirds of respondents initially looked to their immediate team for support. Only 13 per cent sought work-based support in the first instance, suggesting that immediate team members were perceived as having some 'specialist' understanding. Prior research shows that seeking work-based support for wellbeing can be challenging in any sector as a result of social stigma and negative judgements around poor mental health (Corrigan, 2004; Edwards and Kotera, 2021). Our findings support this, as respondents reported that the barriers inhibiting them from seeking work-based support were related to their concerns about other people's expectations and negative perceptions of them and their ability to do their job. This suggests that a more understanding and informed approach and response to researcher wellbeing is needed.

There is also an academia-specific context that is relevant to this discussion. Although there have been great advances in recognising the value of qualitative research and the role of emotions in research (see earlier discussion), there still exists a hangover from 'traditional' views that research should be impersonal and objective (Stoler, 2002). Behar (1996: 16) commented that 'emotion has only recently gotten a foot inside the academy, and we still don't know whether we want to give it a seminar room or a lecture hall, or just a closet we can air out now & then'. This has resulted in a lack of recognition of the emotional labour and distress that can be involved in research on sensitive and emotionally challenging topics like gender-based violence. Consequently, our findings align with the existing research (Campbell, 2001; Gilbert, 2001; Dickson-Swift et al, 2009; Smillie and Riddell, 2023), indicating that institutions should provide support tailored to the needs of scholars conducting sensitive and emotionally challenging research, in addition to generic wellbeing support.

Taking personal responsibility for one's own wellbeing was also evident in our findings. Three-quarters of our participants sample shared practical strategies they used to care for themselves within and beyond the work environment. In line with previous research (Williamson et al, 2020; Skinner et al, 2023), respondents reported engaging in regular physical exercise, practising mindfulness, and pursuing hobbies to help maintain their emotional and physical wellbeing. While individual researchers can do their best to take care of themselves, organisational support is crucial to creating an open and supportive research culture (Skinner et al, 2023).

Higher education institutions could improve their approaches to the emotional safety and wellbeing of researchers by developing guidelines, managing and mitigating risk, and creating specific support pathways for these researchers without compromising the integrity and value of the research (Dickson-Swift et al, 2009; Coles et al, 2014; Burrell et al, 2023; Skinner et al, 2023). The World Health Organization (2020) advises organisations to have health and wellbeing strategies geared towards prevention, identification and support. Guidance is increasingly available to support the higher education sector's research communities to do this. Skinner and colleagues (2023) are developing a comprehensive protocol to support researcher wellbeing when studying sensitive and emotionally challenging topics. A key tenet of this initiative is to normalise the potential impact of such work on researchers and proactively provide dynamic and varied support pathways throughout all stages of the research process at all levels of research. In addition, Zschomler et al (2023) designed a toolkit to support researcher wellbeing at the institutional, funding and individual levels. Burrell et al (2023) have also shared practical recommendations based on their lived experience conducting sensitive and emotionally challenging research.

Prior research has argued that institutions should provide training on trauma and its effects (Coles et al, 2014; Burgess et al, 2022), offer supervision and debriefing sessions (Dickson-Swift et al, 2008), and cultivate a culture that prioritises mental health and open communication. Many of these were identified as desired forms of support in this study. Access to mental health resources, including counselling and peer support groups, can help researchers process their experiences, develop clear boundaries, and set realistic workload expectations, which can prevent the emotional exhaustion often associated with secondary distress (Williamson et al, 2020). Support strategies like these would also help student and early career researchers fully understand the nature of sensitive and emotionally challenging work and its potential impacts associated with secondary distress and increase their sense of preparedness and resilience (Smillie and Riddell, 2023), which most student respondents in our study wanted.

All of these support strategies are underpinned by principles of a trauma-informed approach drawn from health and social work settings. Trauma-informed approaches prioritise the protection of autonomy, choice and control to promote safety and recovery (Elliott et al, 2005). Implementing trauma-informed strategies can help create a resilient workforce capable of managing the emotional demands of working with sensitive and emotionally challenging topics (Sexual Violence Research Initiative, 2015). Campbell et al (2019) provide a useful adaptation of Elliott et al's (2005) ten principles of trauma-informed practice for conducting sensitive and emotionally challenging research. This resource provides a useful guide and starting point to re-envision support for these researchers.

Being trauma-informed means putting people with lived experience at the heart of organisational policy and practices. In this study, 45 members of one university's

research community have illuminated the need for a more open and proactively preventative support system. They identified key priorities, including recognising researcher wellbeing as an issue of emotional and psychological health and safety, acknowledging potential harms from conducting sensitive and emotionally challenging research, and proactively implementing supportive strategies to mitigate adverse outcomes. Responding to these needs can create and maintain a healthy, open research environment that fosters resilience in academic and research communities.

## Limitations

This research was a small-scale pilot, and as such, it has limitations. We have interpreted the data with these in mind. Firstly, the small sample size may impact the generalisability of the findings, and the data may not accurately capture diverse experiences within the broader researcher community at the university. A further limitation pertains to the similarity of specific questions presented in the survey, particularly the terms ‘anxious’ and ‘upset’, which may have been too closely aligned. These similarities raise potential concerns about the survey’s potential to generate nuanced distinctions in respondents’ emotional experiences while undertaking sensitive and emotionally challenging research, and it is possible that these factors may have affected the accuracy and granularity of the data obtained. Furthermore, the absence of additional demographic information, such as respondents’ gender, reduces the scope of understanding potential variations in wellbeing experiences among different groups of researchers who conduct sensitive and emotionally challenging research.

## Notes

- <sup>1</sup> Corresponding author: Abbie Lake.
- <sup>2</sup> All authors are recognised as co-first authors based on the significant contributions made to this article.
- <sup>3</sup> Anxious, positive, disheartened, encouraged, defeated, pleased, drained, motivated, scared, grateful, distressed, proud, angry, satisfied, traumatised, fulfilled, upset.
- <sup>4</sup> Staff Counselling; Employee Assistance Programme; Mental health 1st Aiders; Occupational Health; Chaplaincy; Staff Inclusivity Networks; Feeling Good NHS App; SilverCloud App; Health & Wellbeing Hub; Physical Wellbeing.
- <sup>5</sup> One-to-one support; Wellbeing workshops; Online Calm Spaces; Good Mood cafes; SilverCloud app; Student Sexual Violence Advocacy Service; Health & Wellbeing Hub; Safezone App; Peer Wellbeing Mentors; Unsilenced.
- <sup>6</sup> Clinical supervision; Peer support networks/groups; Access to therapy/counselling; One-to-one mentor; De-briefing sessions with a trained colleague; Wellbeing sessions/days; Social activities with colleagues; Training on preparing for and conducting sensitive interviews/focus groups; Training on preparing for analysis of sensitive data; Training on reflective practice in sensitive research.
- <sup>7</sup> Embarrassment; Feeling that you should be able to cope; Wanting to seem capable of handling stress and performing well; Concerns about confidentiality; Concerns that you may be perceived as not being very good at research; Concerns that your job prospects might be damaged; Feeling that other people seem able to cope; Not knowing where to go or who to ask for support; Asking for support and not receiving it; Working in an environment that minimises mental health struggles and wellbeing; Long waiting list; Non-specialist support staff; Lack of confidence in the services offered.

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## Conflict of interest

The authors declare that there is no conflict of interest.

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