

policy and practice

Applying trauma-informed care principles to assist gender-based violence researchers and students

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Trauma-informed care is well-established as best practice for working with victims of crime and any other group experiencing trauma. Practitioners and researchers often use principles of trauma-informed care to minimise revictimising individuals or triggering trauma responses. At the same time, research on the vicarious trauma of professionals who work in particular fields is growing, including health workers, police and victim services. Researchers, however, are less often the subject of this focus. This manuscript applies the principles of trauma-informed care as a prevention technique for vicarious trauma to the work of gender-based violence researchers. The principles of trauma-informed care each suggest a framework and practices that reduce vicarious trauma and develop responses while creating a safe research experience for participants. Different practices for principal investigators and supervising student researchers will be discussed to better assist those who research in this area. Trauma-informed research practices can best protect all parties involved, researchers, students and participants, while also leading to higher-quality research.

Keywords vicarious trauma • trauma-informed care • prevention • research practices

Key messages

- Those who research gender-based violence have a high risk of developing vicarious trauma which has negative consequences both for the researcher and their research outcomes.
- Utilising principles of trauma-informed care can help reduce vicarious trauma in researchers.
- The strategies of trauma-informed care principles must be applied at all levels in order to be the most effective at preventing and responding to vicarious trauma.

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Introduction

Vicarious trauma (VT) is defined as the negative effects and distress that come from indirect exposure to trauma. Researchers have examined a multitude of situations that cause secondhand exposure to trauma, including friends and family of those going through trauma, viewing violent acts via the 24-hours news cycle or social

media, and professionals' exposure to others' trauma as a part of their job (Branson, 2019; Liu and Liu, 2020; Kim et al, 2022). The fields where VT is common include healthcare, the criminal-legal field and social work, among others. Scholars have made strides in recognising the high rates of VT from these careers, its detrimental impacts, and suggestions for prevention, however rates of turnover in these fields remain high, suggesting much room for improvement. One group of professionals rarely discussed is researchers and academics, resulting in few protections in place. This article, after briefly discussing how VT impacts researchers, suggests adoption trauma-informed care (TIC) strategies to create a framework for prevention and treating VT among researchers who study gender-based violence.

Vicarious trauma, secondary traumatic stress and compassion fatigue, oh my!

VT is often used interchangeably with secondary traumatic stress (STS) and compassion fatigue (CF), despite a call from researchers to further distinguish these concepts (Kim et al, 2022). There are those who have sought to further differentiate these concepts through the development of separate models that outline differences in symptomology. For example, models of STS focus largely on outward presenting symptoms, similar to post-traumatic stress disorder symptomology (Figley, 1995; Lee, 2024). Compassion fatigue often includes STS but has the distinction of being focused on work-related burnout (Figley, 1995). VT stands out from these other concepts in that it requires a change in cognitive schema, meaning that an individual experiencing VT has a change in their worldview, such as viewing places or people as dangerous when before they did not (McCann and Pearlman, 1990). It is also noted that unaddressed STS and CF may lead to developing VT, suggesting a need to intervene in these earlier stages to prevent development of VT.

Out of these various situations that may lead to VT, those whose careers expose them to secondary trauma are perhaps the best researched. Careers with a high chance of experiencing VT include healthcare (Taylor et al, 2016), counselling and therapy (Leung et al, 2023), social work (Michalopoulos and Aparicio, 2012), victim services (Ellis and Knight, 2021) and jobs in the criminal legal system (Ko and Memon, 2023), among others. These jobs are at high risk for VT, as well as STS and CF, due to the high exposure to individuals experiencing trauma. These careers also happen to be those who may encounter gender-based violence survivors in their job duties. The high rates of VT in these populations leads not only to the negative symptomology discussed earlier, but also high turnover rates in the field, which in turn results in a loss of trained individuals and a legacy to build upon.

Researchers and vicarious trauma

One career that scholarship discuss far less is academics and researchers. Researchers from a multitude of disciplines work on topics primed for VT, from genocide and war, to natural disasters. While any researcher has the chance to develop VT, the risk is higher for qualitative researchers and for those who conduct community-based research. These individuals are more likely to encounter the full details of the trauma, interact directly with the traumatised individual and witness its aftermath compared to those only using large datasets (Smith et al, 2023; Lee, 2024; Wallace and County, 2024). This in-depth

exposure to trauma puts researchers at risk for STS, compassion fatigue, burnout and VT, while also potentially impacting the quality of research. [Smith et al \(2023\)](#) note an additional risk factor researchers have for developing VT compared to others who work with traumatised populations, which is the inability to know the ultimate outcome and healing trajectory of their participants. The interview, case study or field work is one slice of time and is often hyper-focused on the traumatic incident.

One field of research we argue is particularly primed for VT is gender-based violence. Scholars who work on issues of gender-based violence are often accused of conducting me-search, research focused on experiences they have faced, and thus are non-objective. This claim is often reserved for topics that deal with identity and marginalised groups ([Cook et al, 2024](#)). This also means that a fair number of scholars in this field do have personal experience with the subject matter of their studies. While this does not rule out the ability to be non-biased and ethical in research, it can increase the risk for VT, as it may compound upon the similar traumas they have experienced.

While there is a growing amount of scholarship that documents VT among researchers and provides some suggestions for battling VT, we argue that organising these strategies under a trauma-informed framework can help ensure that the prevention approach is robust and rooted in research.

Trauma-informed care principles

TIC was first developed in the healthcare sector to acknowledge that prior traumas can impact current ailments and treatment plans. At its core, TIC is an approach that incorporates how trauma impacts individuals and responds accordingly to prevent any future retraumatisation. Many scholars have identified a number of principles that represent the elements necessary for TIC, ranging from four ([Wathen et al, 2023](#)) to six principles ([SAMHSA, 2014](#)). The four principles are a condensed version and will be used within this article (see [Wathen et al, 2023](#)). The four integrated principles are: (1) acknowledge the existence and impact of trauma; (2) create safe spaces for clients and providers, including physical, emotional and cultural elements of safety; (3) provide choice and collaboration; and (4) work towards empowerment with a strength-based and capacity-building focus. Each of these principles combined creates an environment where retraumatisation is minimised and future treatment is possible. While originally developed for healthcare, TIC strategies have been applied to any field where trauma is likely, particularly any working with crime victims. Studies have found that use of TIC methods can reduce retraumatisation and increase desired outcomes for victims ([Sullivan et al, 2018](#); [Serrata et al, 2020](#)). However, TIC has largely been discussed as principles for the practitioner to implement to protect the person experiencing the primary trauma, not those experiencing vicarious or secondary trauma. Yet, these same principles can be used to discuss the safety and wellbeing of both parties, and particularly extended for researchers of gender-based violence.

Suggestions to translating trauma-informed care to prevent vicarious trauma

While a few prior authors ([Isobel, 2021](#); [Edelman, 2023](#)) have provided some recommendations for TIC as a guide for researchers, we believe that by specifically utilising the principles of TIC, researchers can create a more holistic plan to reduce

risk for VT and respond quickly should it occur. We additionally expand upon this work through giving specific recommendations for gender-based violence research. Below, we offer our suggestions under each principle to help researchers of gender-based violence prevent VT from occurring in the research process.

Understand structural and interpersonal experiences of trauma and violence and their impacts on peoples' lives and behaviours

While ostensibly gender-based violence researchers should have knowledge of how trauma works and manifests, they may not be familiar with VT as a concept or be accustomed to applying those concepts to themselves. Discussion of VT risk should be incorporated into methods courses at all levels (undergraduate, graduate, professional, and so on).

When planning a research project that will include topics related to trauma and violence, organisations, research teams and individuals should plan for VT and have protective factors in place before the research begins. This involves training researchers and students on how VT manifests itself and having discussions before the research begins on how to identify the signs in yourself and others. This training could come from multiple areas, such as training in graduate school, but one prime location is within institutional review board (IRB) training modules. Training at this level would reach the broadest number of researchers. IRB could also require that all research proposals that focus on traumatised populations include a section about researcher safety and prevention of VT. IRB already has additional requirements for students that focus on vulnerable populations, and could add these additional requirements as well. Supervisors of student researchers focused on gender-based violence should also plan to discuss VT and conduct regular check-ins with advisees to ensure student safety. The multi-level (individual, community, institutional) focus of education and planning for protective factors is likely to have the largest impact by reducing gaps in education. Strategies:

- Include discussion of VT for researchers and participants in all methods courses.
- IRB trainings include module on VT for researchers.
- IRB require additional sections in research proposals for researcher protection from VT.
- Faculty supervisors discuss VT with students and conduct regular check-ins.

Create emotionally, culturally and physically safe spaces for service users and providers

To create a space that feels safe, a plan for safety should be created at multiple levels within the project, and the institution or partner organisation. The sole responsibility for the feeling of safety should not fall onto an individual. Regular supervision of those involved in the research and checking in with team members can allow for assessment of safety at various times during the project. Boundaries are also important for feelings of safety and reducing VT. Researchers can establish work-based emails and phone numbers that are given out and used for the study.

Refraining from using personal contact information can help protect researchers. Some researchers may also use a separate cell phone just for a research study, or only take calls on their work phone. In order to facilitate the availability of this option, university and departments should provide funds or have cell phones available for faculty and students to use for research. Students in particular are unlikely to have their own offices, university-provided laptops or afford an additional cell phone. This should be considered as a valid research expense and either provided at the university, graduate school or departmental level, and considered a valid inclusion in research funding applications. Social support can also be important to create a safe space and feelings of safety. This can include a buddy system in which members of the team tell each other where they are if they are conducting research solo or travelling together to sites. This allows for physical safety, but also for someone to talk with about the research and can play into the self-care needs of researchers as having a research buddy allows for a person to debrief with. Conducting research in a place that allows the researcher to feel safe is also important. This can involve collaboration with agencies like local rape crisis centres to provide a space for an interview. Or if that is not possible based upon the research, establishing a safe place for research, such as a public place like a library, can work.

Having all members of the research team create a self-care plan before beginning the research can help them prepare for VT and issues associated with it. This can include what an individual will do on days when they are struggling with the material and subject matter in the research, but also planning to take regular breaks from interviews or the research process. This self-care plan can include overall wellness strategies to implement during the research such as getting enough sleep, planning to eat nourishing foods and exercise, as well as intentionally planning time for hobbies and to spend with family and friends to decompress. This can help prevent individuals from experiencing burnout and suffering physical effects of VT that can be detrimental to one's physical wellbeing and health.

Strategies:

- Faculty supervisors help students develop a safety plan.
- Develop self-care plans for before and after interviews and field work.
- Debrief sessions should focus not just on the research, but also on researcher wellbeing.
- Have separate phone and emails for designated research purposes.
- Work with local agencies to provide locations for interviews.
- Develop buddy system for researcher safety.

Foster opportunities for choice, collaboration and connection

To prevent VT in researchers, creating choice and agency within the project can be beneficial. Allowing researchers to choose how many interviews they do in a span of time, the type of interview they do (subject matter, face to face versus phone or online) and giving the space for an individual to take a break can reduce the risk. Methods courses for students should not only discuss methodological decisions from a theory and research perspective, but also from a wellbeing perspective. Planning workload ahead of time can reduce VT as it allows researchers to prepare themselves

for interviews and schedule self-care in advance. If a research team is working with an organisation like a rape crisis centre that provides services to the participants in the study, they may also be able to give assistance to the research team if they experience VT. Researchers on college campuses or students should be encouraged to reach out to their counselling centres on campus.

We can also work to develop more opportunities for collaboration and connection between researchers on different projects through creating working groups at universities and organisations. These groups can be safe spaces to debrief, reflect on strategies, brainstorm solutions and celebrate successes. These spaces should be created for researchers at all levels, to be inclusive of students and beyond. It may also help researchers to have others to hold them accountable to their self-care and safety plans, as without that outside support and check system many may create the plan and tools but not implement them regularly. These groups can span disciplines on campus, but may also be more subject-specific. For subject-specific, like gender-based violence research, these groups may be better hosted by associations, such as at academic conferences or state-run agencies that focus on these topics.

Strategies:

- Partner with local agencies in research to provide services to both participants and researchers.
- Develop working groups at universities for cross-research support, brainstorming, and accountability.
- Collaborate with gender-based violence associations and divisions to create working groups for researchers to develop support, brainstorming, and accountability.
- Encourage agency in methods decisions.
- Include discussion of wellbeing and agency in methods courses.
- Conduct only one interview or field work destination in a day.

Provide strengths-based and capacity-building ways to support service users

A first step to build these capacities is creating an atmosphere within the research team or project and/or in collaboration with agencies that recognises the impact of gender-based violence research on researchers, including the risk of VT. This allows for individuals and the group to understand and recognise what they need to achieve their goals and the goals of the team. By focusing on the strengths of individuals rather than focusing on their weaknesses, it provides ways for members of the research team to further develop their strengths, achieve their goals and engage in a positive way as part of a team. The team can reflect, encourage and obtain feedback while working together with everyone's strengths to move forward. This can involve sharing best practices, pooling resources or skills and learning from each other's experiences in a collaborative way. Encouraging field notes and debriefings that discuss both research findings and the impact on the research can help document strengths and strategies. This can be conducted within research teams, between faculty advisors and students, and in the working groups suggested earlier. Researchers should also make sure to engage in situations that display post-traumatic growth, even if this occurs outside of the research project. Witnessing the healing and growth beyond the trauma can

help to reduce VT risk, and reintroduce hope and healing even when the research may solely focus on harm.

Strategies:

- Groups, agencies and courses discussed earlier should include strength-based assessments.
- Debriefs and field notes that focus also on the researcher and their strengths.
- Engage in events and spaces where post-traumatic growth is displayed.
- Host events and sessions on campus, in organisations, and at conferences that help capacity-building and focus on strengths.

Conclusions and future directions

As more attention is paid to TIC and VT within the field of gender-based violence, the hope is that the principles that are used for survivors and practitioners or those who work in direct services within the field will begin to be applied to researchers and students. VT can have a tremendous impact on researchers and students and often become overwhelming and too burdensome, leading some individuals to cease their study or research in this area. However, with TIC principles utilised by researchers to prevent and reduce VT, the hope is that things that may have been harmful to individuals in the past will not be as much of a factor as we become more aware of potential harm and actively work to protect ourselves and each other from VT in researching gender-based violence. Preventing and responding to VT is not just beneficial for the researcher, but also for the participants and the research outcomes. Organising responses to VT for researchers under the TIC principles helps to ensure a well-rounded and comprehensive approach at a multitude of levels.

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