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Strategies for facilitating support, self-care, and well-being of research team members studying sexual assault: 30 years of lessons learned

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This article covers the author's experiences conducting sexual assault research for 30 years using both quantitative and qualitative methods. Lessons learned while doing this research and strategies for self-care, including processing one's experience in the research context and managing research teams with undergraduate and graduate research assistants are described. I draw on experiences of other researchers and clinical research findings in the area of vicarious trauma, secondary traumatic stress and ways of coping and seeking/providing support. Topics include selecting research team members, training and mentoring activities, providing relevant research and self-help reading materials, setting boundaries and role modelling self-care, checking in with team members regularly to see whether they need changes in work tasks, breaks, and/or other support including talking about experiences of working on gender-based violence (GBV) research. Normalising these impacts and providing spaces for student researchers and faculty to support each other and talk about their experiences and seek outside help from campus and community centres and agencies are also discussed. Career and life stage issues are addressed regarding how one's research life is impacted by one's personal life and vice versa. The need for research on sexual assault researchers and survivor researchers in particular is also mentioned.

Keywords sexual assault • self-care • support • vicarious trauma • researchers

Key messages

- Provide training to student collaborators engaged in GBV research, including information about self-care and communal care via one's research team and/or other available campus resources/supports.
- Model good self-care and encourage students to talk about their lives, including their own GBV experiences, if they prefer, but do not require it.
- Provide flexibility regarding research tasks to support as healthy a work–life balance as possible for all research team members and conduct regular check-ins in team meetings and/or individually to see how students are doing and solicit feedback about their experiences.

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Introduction

This article presents suggestions for providing support, self-care, and communal care of GBV research teams in a university environment. I address several topics related to: trauma history and coping in conducting sexual assault research, team member selection, self-care, training and mentoring, boundaries, trauma disclosures, communal care and help-seeking, life stage/career issues, and sexual assault researchers' experiences.

Trauma and coping in conducting sexual assault research

Research shows that there are various psychological impacts including secondary traumatic stress, vicarious trauma, burnout, and compassion fatigue for those engaging in sensitive research, as well as ways to cope with various aspects of engaging trauma research (Dickson-Swift et al, 2008; Fenge et al, 2019; Williamson et al, 2020). To mitigate such impacts, Williamson et al (2020) suggested that researchers attempt to curtail time pressure on how quickly interviews need to be completed. They argued that having to do too many interviews too quickly can impede researchers' emotional processing of interviews and their reactions to them. They discuss various coping strategies, including: distraction, standing still, counselling, exercise, and avoiding triggers where possible and/or dealing with them as they arise in daily life. I warn students to be careful about consuming violent media as it can compound the vicarious trauma of doing this research. Last, they contend that researchers need clinical supervision and grant funders should support such costs (see Campbell, 2002; Ullman, 2023).

Schulz et al (2023) contend that communities of care are needed for GBV researchers to enable taking care of ourselves and each other. By focusing on centring 'caring' instead of 'the self', these authors assume that researchers have the time, space and support networks needed to do so. However, this may be difficult for many with little time and resources, particularly in academic settings with teaching, service, community engagement, and for some, administrative responsibilities. The collective research community more broadly may wish to develop closed online or face-to-face groups for researchers studying similar issues to enable sharing and support. Such groups can utilise resources such as the Sexual Violence Research Initiative's (2015) guidelines for preventing and managing vicarious trauma for GBV researchers (see also the website on researcher well-being, Skinner et al, 2023).

Training ourselves, if not already trained during graduate school, in feminist, culturally sensitive research practices (see Aroussi, 2020a; Burgess-Proctor, 2015) is critically important. This might include allowing participants to have control over interview circumstances (for example, camera on or off), or modality (for example, face to face or virtual) wherever possible, which is critical given the loss of control survivors experience due to sexual assault and confidentiality concerns. Providing referrals and other information as needed by survivors is also important. The same considerations we give to participants, we also need to provide to student researchers in training. Aroussi (2020b) contends that we need to consider the motivation and impact of being a survivor-researcher, given that many GBV researchers may in fact also be survivors. She provides her own personal example of engaging in fieldwork regarding rape victims in the Congo during wartime, explaining how it impacted

her. Relating how we cope as senior researchers and the impacts that doing this work has on our lives can also help students and junior colleagues (see [Ullman, 2023](#) for my account of my experience interviewing survivors, how I dealt with it, and the impacts it had on my life). I know this matters, as this particular chapter of my book has had the most downloads and quite a few research colleagues reached out thanking me for writing it, and saying it was helpful.

In terms of positionality, I am situated in a Research I public university in a large urban area in the United States with many students from diverse backgrounds, including first-generation students, who are linguistically and culturally diverse. This circumscribes my focus to that particular context in this piece. Because I am situated in a department with graduate programmes, I have doctoral students and undergraduate students as research assistants (RAs) from two departments (Criminology and Psychology), with which I am affiliated.

Selecting research team members

Generally, it helps to select students who have background and familiarity with trauma populations and sexual assault if at all possible. However, it is not necessary, especially given the risk of retraumatisation for those engaging in sexual assault research. Those interested in learning about GBV or working with survivors or agencies/organisations focused in this area may also be good candidates. This is typically already the case with one's graduate students who will more likely be interested and involved in direct data collection with survivors. In addition, it helps to have graduate RAs assist in a collaborative interviewing process to select undergraduate RAs for the team. This is especially the case as undergraduate RAs on larger teams are likely going to have the most frequent contact with the graduate RAs working on and helping to manage the project tasks, rather than the principal investigator, at least in a research university setting in the context of large externally funded research projects.

Training and mentoring

Initially orienting RAs to GBV research and methods includes providing relevant research and self-help reading materials, campus resources and community resources information. I like to share tips for coping with trauma from [Saakvitne and Pearlman's \(1995\)](#) book, *Transforming the Pain*. I also refer them to [Campbell et al's \(2009\)](#) work on training interviewers for research with sexual assault survivors. Research on other closely related trauma-related populations (for example, child abuse, domestic violence) should be consulted, as many of us may have histories of GBV and other traumas.

Researcher/team leader self-care

First, and of primary importance, is taking care of oneself, as one cannot preach self-care or communal care without practising it. I suggest talking to those you mentor about your own experiences, especially as a novice researcher and describing how you learnt how to avoid overextending yourself (see also [Kumar and Cavallero, 2018](#)). Explain that there are individual differences in researchers, some of whom may find this research more distressing than others. Validating those differences as normal may help to make clear that we are all different, with varying identities, personalities

and trauma histories. This means that what we are ready to do can and does change over time depending on where we are in our lives, including stress level and other commitments. Acknowledging the importance of emotions, discretion and boundaries in talking about our experiences and encouraging them to do the same within the team context is helpful.

Self-care and boundaries

Setting boundaries and modelling self-care, checking in with team members regularly to see how they are doing and whether they need changes in work tasks, breaks and/or other support including talking about the experience of working on GBV research are also important. Regular meetings in person and/or online to both check in and talk about the research project can help to centre this part of the work. Changes due to COVID-19 and more research being done online have led to less spontaneous in-person interactions, which are also helpful for individual check-ins. I suggest having graduate student RAs do this individually with all undergraduate RAs who need support both to learn research tasks and to understand what to expect in doing sexual assault research. As the lead researcher/supervisor, one needs to meet and/or check in (ideally weekly) with graduate RAs. Having meetings with both undergraduate and graduate RAs at least monthly is advisable to keep them connected if they are not all interfacing with the graduate RAs and/or supervising their tasks. Encouraging them to check in as needed with anyone on the team and us as supervisors can reinforce a collaborative, supportive environment.

Graduate and undergraduate RAs may not understand that being on the project team (for example, for pay, on a volunteer basis, or for course credit such as independent study) does not mean that they have to put this work above their well-being. While this may seem contradictory given academia's culture of workaholicism and American culture's expectation that one should just 'tough it out', this approach can be harmful to them and the research if they are not up to doing it. If they don't want to do a task or are not responsive, check in to see if a break, more outreach, or self-care is needed. This may also seem like a hard sell with advisors who are workaholics, as many of us are, but also may or may not have enough resources and support for coping and for our research teams. This is a dilemma as providing free therapy isn't feasible or appropriate for researchers to their teams. Some students may really need professional counselling in general and/or in relationship to doing GBV work. Making sure they know of campus and community resources as well as online resources (for example, chat lines, forums) is a good idea. We remind them of this at periodic intervals to reinforce the normalcy of taking time for self-care and accessing mental health support. In addition, larger campuses have women's centres, counselling centres, and other student support groups available.

I suggest periodically asking students if they are okay with their assigned tasks, want to switch tasks, and/or their workload depending on what they have going on. I also tell them that I have to do this myself to balance my own obligations (see [Nikischer, 2019](#), for faculty support suggestions). This practice also gives RAs experience with a greater variety of study tasks and enhances their training and broader understanding of research projects. When possible, providing voluntary opportunities for socialising outside of team meetings, such as a coffee and/or lunch get together to enjoy nonwork time together can help to bond team members with each other and the

team as a whole. Social support is one of the best buffers against PTSD (Zalta et al, 2021), especially for sexual assault survivors, which many team members in this area may be and/or have had experience with in their lives with close friends or family.

Trauma disclosures, mentoring and support

If students bring up trauma histories and/or current life stressors (GBV-related or otherwise) either during weekly check-in team meetings where space is allocated for that or otherwise, we listen and are supportive. We also connect them with other help/referrals if appropriate and desired. I avoid asking students directly about their own history and if that is a reason for their interest in the GBV research, although some volunteer that information when applying for an RA position on our team. I also tell them that many of us have such experiences ourselves, either growing up in our families and/or in our lives generally. I explain that we understand this and also need to continue dealing with our trauma reactions that can be triggered by such work as it arises. I emphasise that this varies for different people and within individuals, because sometimes we are in a stable, well-functioning place where we can deal with more trauma, and other times we are not. We try to create space for RAs to talk about trauma issues either in a group setting or individually by sharing, journalling, or seeking therapy, support via mutual aid groups, or online forums.

Leading by example with careful attention to keeping appropriate boundaries and respecting student privacy is particularly important. Validating the sharing of their experiences and requests for breaks supports their well-being. Providing feedback to and respecting confidentiality of all team members is essential, as is emphasising that sharing is voluntary and not required if they prefer not to do so. This is key as sexual assault involves a loss of control over one's body and self. Thus, all aspects of research need to support the autonomy, choice and control of all team members to the greatest extent possible. We try to emphasise that just as this support is important for our study participants in the research, it is equally vital for ourselves as researchers. This is especially the case where there are hierarchies and differing roles of team members. In my experience, one must be cautious and allow graduate student researchers to seek support with whom, where and how is most comfortable for them. That may not be their advisor or professor/advisor, which is okay, and it is important to tell them that. Students may not tell us what is going on and that is their prerogative, but paying attention if their response to email, meeting attendance, and/or work falls off, and then enquiring about how they are doing and how we can be of help can make a difference. We have had students tell us that they are a bit stressed but okay and then upon further enquiring about what else they have going on, learnt that they just started another position as an advocate or crisis counsellor. In one such case, I responded that it is probably too much to do that work, this research, and their schoolwork all at once. While I don't make that decision for them, I follow this up by asking if it would help to do something easier on the project like flyering or sending out recruitment emails as opposed to cleaning interview transcripts, which can be more distressing. Often, the answer is yes, as the student realises that there really is a choice of research tasks as we told them when they started working on the team. Of course, such an option may not always be available, which makes it more complicated to deal with RAs who are in distress or overcommitted. However, their well-being must come first even if it means they cannot continue for a while or at

all on the team, which is also up to them. Typically, this is a collaborative decision and often there is library work or other less demanding research tasks that one can assign to any team member who has too much going on in their life, whether dealing with their own trauma, other life stressors, and/or helping survivors (for example, for those doing counselling, education, and/or advocacy work).

Student RA background and experiences

Recognising that student researchers come to this work from varying backgrounds and experiences that may lead them to be more or less vulnerable to its effects is critical. As mentors and supervisors, we can empower and support students in group and individual interactions to reinforce their strengths and self-confidence. Trying to accommodate RAs' varying life circumstances, as we do with students more generally in our classes, is critical for those with less support and resources, and/or more stressors in their lives on top of their school workloads. This is certainly true for many public university students and especially for those who are the first people in their families to go to college, who are immigrants and/or more marginalised due to their identities and/or cultural backgrounds. Normalising these impacts and providing spaces for student researchers and faculty to support each other and talk about their experiences, as well as to seek outside help from campus and community centres and agencies when needed is important.

When students have specific stressors going on in work or family, like exams or term papers or illness/death/caregiving with their families, I tell them that it's okay to do less or no work on tasks for a while until they are really in a better place. While this may tax the research project some in terms of timelines for task completion, this is one of the realities of doing GBV and trauma research and something that workplaces and organisations should support. Having more RAs if feasible on one's team can make this more realistic and also have less of an impact on overall research progress, although this is often unrealistic given tight budgets.

Undergraduate RA considerations

Recognising that undergraduate RAs may be less inclined to engage and/or less certain about what they can or should talk about is important. Engaging with them both in a group/team setting and individually on research tasks by pairing with them with graduate RAs is effective, as we did in the process of consensus coding of qualitative interviews with sexual assault survivors and their informal supports. As principal investigator, I also did this and occasionally graduate or undergraduate RAs have asked me questions either about myself and/or regarding sexual assault disclosures of their own or others close to them. For example, sometimes RAs simply allude to or disclose past assault or abuse of their own or among their friends or families. Other times, they have specifically asked for advice on how to support others and/or whether their response to a disclosure was appropriate and/or how they should help others. I try to give not only advice, but supportive feedback to reinforce that they are doing their best, there is no one perfect response, and that we do not have control over what happens to others. Just letting them know that we are available or if we cannot listen or be of help, acknowledging that and offering other resources can be enough. Part of this is trusting oneself and knowing that people will realise that we have good intentions, and

that reacting to our own emotions is understandable and part of responding to others' disclosures. It helps to explain that we can always course-correct and/or check in to see if a friend who disclosed to us is okay and/or let them know that we were upset or shocked at a disclosure and really hope that our reaction wasn't harmful to them.

Facilitating communal care and help-seeking

Researchers have begun to acknowledge the limits of self-help approaches to self-care and advocate for communal or collective care approaches, mainly in organisations of trauma workers such as rape victim advocates (Houston-Kolnik et al, 2021; Schulz et al, 2023). Organisational support from supervisors and peers can facilitate collective care and sharing, and other non-research activities such as meeting for coffee or lunch. Even if only occasional, this can help to bond research teams and ensure that everyone gets to know each other better. Such activities also provide breaks and time for socialising that reinvigorate team members. I strongly believe that this is something that GBV researchers likely need to do to stay engaged and avoid stress and burnout, so common in academia.

Engaging in activism around gender and/or other social justice issues may also provide added support and energy to researchers. By connecting our work to real-world actions, we create positive social change that ameliorates GBV, inequities and discrimination. Unfortunately, some evidence shows that we have a mental health crisis now in academia for many, particularly untenured faculty and graduate and undergraduate students. This needs to be acknowledged in the context of trauma research, as we have all experienced various traumas in society and the world that have changed many aspects of life. Taking this into account means understanding that life is not trauma free for many when coping with collective and individual trauma, as well as other life stressors, including increased economic stress. While we cannot necessarily change this, it helps to at least acknowledge such larger shared experiences as appropriate so that team members feel free to share not just about trauma and issues related to research, but also about their lives.

Life stage/career issues

Career and life stage issues, in terms of how one's research life is impacted by one's personal life and vice versa, also need consideration. Researcher trauma is affected by one's level of experience with trauma research and one's life in general. Early career researchers have less experience and may find doing trauma research more challenging. Such researchers are also typically younger and if they have assault and/or abuse histories they may be coping with more of that trauma that is still unresolved and/or raw, so more easily triggered by doing sexual assault research. However, none of us (even when experienced) are invulnerable and if we find ourselves detached we may be at risk of burnout.

Need for more research on sexual assault researchers, including survivor-researchers

There is a real need for more research on sexual assault and other GBV researchers (both those in training and those who are more experienced), so that all of us can

learn more about how to support ourselves, our colleagues and those we mentor. While this may be easier for those with a clinical and/or social work training background, those with non-clinical social sciences education/training can make it part of our agenda to learn about survivor- and trauma-informed research. We can also advocate for better support in academic workplaces through collective requests to administrators and taking action through unions where available. This is important, not only for our research participants, about whom there is a significant body of research (Anderson et al, 2023; Kirkner et al, 2019; O'Callaghan and Douglas, 2021), but also for ourselves as researchers and those we mentor and/or collaborate with on GBV research. Ultimately, stronger networks of academics and practitioners doing GBV work nationally and/or internationally could help all of us to share and process our experiences as faculty and research team leaders by providing mutual support for ideas and strategies of how to best manage and care for ourselves and our research teams.

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