

# policy and practice

## Researcher wellbeing: co-developing a toolkit to mitigate against vicarious trauma across the UK research sector

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This article introduces our newly developed toolkit to promote the support of researcher wellbeing (RES-WELL). The RES-WELL toolkit sets out practical strategies for UK research institutions, funders and researchers, particularly in the context of emotionally or ethically challenging research, to mitigate against risks of vicarious or secondary trauma when conducting research. This toolkit is the outcome of a one-year project comprising an extensive literature review, an online survey, a series of online workshops for junior researchers as well as research leaders/managers, and mapping the UK higher education landscape to identify key institutional entry points, stakeholders and potential agents of change. To tackle the complex issue of vicarious trauma prevention, which is increasingly prevalent in the field of gender-based violence research, we put forward a multipronged approach including key action points. These can be used as strategies to sustainably put support mechanisms in place for the psychological safety of researchers at different stages in their development and career and to establish a supportive and effective vicarious trauma prevention infrastructure within academia. We advocate for the need for this to happen as part of a broader shift in research culture towards prioritising the mental health and wellbeing of researchers and their teams.

**Keywords** researcher mental health and wellbeing • gender-based violence research • psychological safety • vicarious trauma prevention • multipronged prevention infrastructure

### Key messages

- Tackling vicarious trauma prevention among gender-based violence researchers is not just a complex individual issue, but one requiring sustainable institutional change and a multipronged approach to ensure the psychological safety of all researchers at different stages in their professional development and career.
- Actions need to be taken at these four key entry points – funders, research institutions, supervisors and line managers, and researchers – to establish a supportive and effective trauma-informed infrastructure across academia, regardless of discipline or topic of research.

- Equality, diversity and inclusion must be at the heart of research culture shifts to protect researcher-survivors and those from systematically excluded or less privileged communities who are often at greater risk of vicarious trauma.

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## Background: researcher wellbeing

Vicarious trauma prevention is increasingly prevalent in the field of gender-based violence (GBV) research and there is growing recognition of the importance of the psychological safety of researchers (see [SVRI, 2010; 2015](#); [Coles et al, 2014](#); [Clark, 2017](#); [Nikischer, 2019](#), [Schulz et al, 2023](#)). These discussions reflect broader findings across multiple disciplines that highlight the problem of vicarious trauma for researchers and offer guidelines and recommendations for how to support their mental health and mitigate against the risks of vicarious trauma (see [Dickson–Swift et al, 2008](#); [Kumar and Cavallaro, 2018](#); [Williamson et al, 2020](#); [Hammett et al, 2021](#); [Dickson–Swift, 2022](#); [Eliasson and DeHart, 2022](#); [Howe, 2022](#); [San Roman Pineda et al, 2022](#); [Silverio et al, 2022](#); [Smillie and Riddell, 2023](#)). The onus is often put on researchers to protect their own mental health and wellbeing using self-care strategies ([Nikischer, 2019](#); [Schulz et al, 2023](#)) and ‘for many researchers, researcher self-care is largely individually driven’ ([Kumar and Cavallaro, 2018](#): 655). While such strategies are essential, we must be careful not to obscure the responsibilities of the institutions we work for and the funders who make our research possible. Interventions must therefore be multipronged. This moves ‘beyond the individualization and privatization of responsibility’ ([Schulz et al, 2023](#): 1469) to ‘address the structural root causes of the emotional and mental toll of researching GBV, as well as the contextual factors that compound them’ ([Schulz et al, 2023](#): 1468).

At its centre, this requires a culture of change across the research sector to create the institutional support structures for researchers to mitigate against the risks of vicarious trauma. Ultimately, this is a matter of equity, inclusion and social justice. Working towards better vicarious trauma prevention and researcher wellbeing should form part of a broader set of actions addressing structural and systemic workplace inequalities and unequal power dynamics which disadvantage marginalised researchers and those from systemically excluded or less privileged communities. This includes the issue of increasing casualisation of the workforce within the higher education sector, which is skewed towards those in early career stages and impacts diverse groups of staff in different ways ([UCU, 2019; 2021](#)).

In this policy and practice article, we introduce our new researcher wellbeing (RES-WELL) toolkit ([Zschomler et al, 2023](#)), which sets out practical strategies to mitigate against vicarious or secondary trauma when conducting GBV research and identifies entry points to more effectively support researchers’ mental health and wellbeing. It is the outcome of a one-year project led by scholars at three UK universities: University College London, University of Leeds and University of Exeter. To motivate necessary transformation of research culture we set out a multipronged approach that includes

funderson, institutions, senior staff, managers and supervisors, and researchers themselves, regardless of career stage. Each of these stakeholders bear unique responsibilities in supporting and prioritising the mental health and wellbeing of *all* researchers, and we set out key actions at each of these entry points to sustainably (and proactively) protect the psychological safety of GBV researchers and their teams through establishing a trauma-informed research culture. Being trauma-informed means 'being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience' (NHS Education for Scotland, nd).

### Methods: what we did

Supported by the Future Leaders Fellows (FLF) Development Network and funded by UKRI, the RES-WELL Toolkit is the outcome of a one-year project comprising primary research and a broad scoping review conducted by our team in 2023. This included a qualitative study of the UK research landscape to better understand: the nature of problems facing researchers working on emotionally and ethically challenging research across disciplines and career stages; and what is being done within and outside of academia where researchers and other staff are confronted with ethical and emotional challenges as part of their working lives (for example, psychology and policing).

First, we undertook a broad scoping review on existing supports, resources and tools available for researcher mental health and wellbeing, reaching across fields including medicine, psychology, policing and social work. We then conducted an online survey addressing researchers' experiences of doing emotionally or ethically challenging research across multiple disciplines, career stages and research contexts. With full ethical approval from University College London Research Ethics Committee (#9663.006), the survey was anonymous, available to complete online (via Qualtrics) and disseminated to researchers both leading work and their teams of more junior colleagues, utilising the FLF Development Network and other professional networks. We received 40 complete responses from researchers from 17 disciplines from across the UK working on diverse topics including GBV, domestic abuse, child abuse, substance use, mental health, food insecurity and precarity, austerity, climate change, disasters, homelessness, health inequalities, social inequalities, modern slavery, human trafficking, persecution, death, criminal justice and hate crimes. Respondents were at different stages in their career including professional services, postgraduate, postdoctoral, early-career, mid-career and established researchers. While this study did not seek to be representative of the UK's research community, it does provide a broad picture of the challenges researchers face across a wide range of disciplines, research fields, contexts and career stages.

Drawing on our survey results and existing literature and resources, in June 2023, we collaborated with the non-governmental organisation Body and Soul to run four online workshops for research leaders/managers and early-career researchers working at UK research institutions. These workshops provided further evidence of the nature of problems facing research staff and helped to identify the kinds of practical strategies that would be most helpful in practice. We compiled our learning from the scoping review, survey and online workshops and used thematic analysis

(Clarke and Braun, 2017) to organise preliminary codes into thematic categories around the different actors who held responsibility for addressing the problem of vicarious trauma of researchers. We then combined these themes and the solutions for action proposed by our participants with the relevant literature to develop the toolkit, engaging relevant institutional actors as part of the process. This has included conversations with the Wellcome Trust, UK Research and Innovation's Equality Diversity and Inclusion team, the Future Leaders Fellowship Development Network, and relevant institutional representatives at university level to better understand how we can build on what funders and institutions are already doing in this space. As part of these broader conversations, we have mapped the institutional landscapes at our home universities and continue to work with our identified key institutional entry points, stakeholders and potential agents of change. While our focus was on emotional and ethically challenging research more broadly, many of the researchers involved in the survey and online workshops were part of GBV research teams – as an area that has generated ongoing discussion about vicarious trauma and the implications for researchers with lived experiences (San Roman Pineda et al, 2022; Dragiewicz et al, 2023).

## Results: what we found

### *Research funding*

The Researcher Development Concordat (Vitae, 2019: 1) explicitly recognises that funders are 'key stakeholders with shared responsibility for supporting the development and maintenance of healthy research cultures within the institutions they fund and for supporting the professional development of researchers'. The role of funders in the development of formal processes and embedding accompanying supportive infrastructure is increasingly being acknowledged as a central component in preventing researcher trauma (for example, Williamson et al, 2020; Hammett et al, 2021; Dickson-Swift, 2022). Our research revealed that working towards establishing a supportive and effective vicarious trauma prevention infrastructure to support researchers and their teams is not yet sufficiently considered as part of funding processes and grant applications. For example, 60 per cent of our survey respondents thought that funders are not doing enough to support researchers in preparing for and dealing with the emotional impact of their research (5 per cent thought that funders did and 35 per cent did not have enough experience to answer this question). Similarly, 54 per cent of our respondents stated that they would like to see changes in terms of funding processes and grant allocations and only 15 per cent had ever included, or considered including, costs and time for mental health support (for example, mental health promotion, counselling, and so on) into a research grant. Several respondents noted that they did not think including this 'would be well-received', perceived as 'permissible' or 'be seen as a justifiable resource' or that 'unconscious bias would mean that the grant would be scored lower'. Another respondent pointed out that 'budgets are unbelievably tight already' and that they 'shouldn't have to choose between having a research team or having mental health support'. The need for funders to better engage with researchers to understand the challenges they are facing regarding vicarious trauma and to put in place more appropriate funding mechanisms for emotional wellbeing and mental health support was echoed throughout our research.

Funders have an opportunity to address key root causes of researcher trauma through deploying multiple levers including considering different, more flexible models of funding and formalising a trauma-informed approach to researcher wellbeing and mental health at organisational and system level. This should move away from individual-based solutions towards more sustainable and meaningful institutional change. This must be characterised by being proactive rather than reactive in addressing the diverse needs of researchers and adequately resourced, and doing so even in a restrictive funding environment when such priorities may easily be lost.

### *Higher education institutions*

The responsibility for researcher mental health and wellbeing goes far beyond the individual researcher or research team and requires collective action and cross-institutional initiatives to put relevant structures and safeguards in place. Institutions share a significant portion of responsibility for the safety and protection (including emotional wellbeing and protection from emotional harms) and duty of care towards their research staff. For those engaged in GBV research, institutions may need to go above and beyond standard support services and resources provided to research staff. This type of research often comes with additional considerations, which may need psychosocial support specialising in both secondary trauma and research to deal with the additional burdens that can arise from indirect contact with challenging topics, such as reading qualitative transcripts or analysing data on GBV. Current literature (Astill, 2018; Stahlke, 2018; Fenge et al, 2019; Dickson-Swift, 2022; Silverio et al, 2022) points to a discrepancy between the emphasis and concern put on protecting research participants by research institutions and the relatively smaller time and resources that are often spent on researchers' emotional and psychological safety as well as a tendency towards prioritising physical harms over emotional harms.

In the majority of institutions represented in our own research, more could be done to develop, formalise and implement relevant guidelines, protocols and support systems, including training opportunities. For example, 68 per cent of our survey respondents had never received training to prepare them for conducting research on sensitive topics or emotionally and ethically challenging research as part of their work and 77 per cent had never received any support from their research organisation in relation to their research work on sensitive topics.

It is paramount that any support mechanisms are clear in terms of responsibility and therefore accountability (Fenge et al, 2019) and address the needs of a diversifying research community by proactively engaging with and including GBV researchers from systemically marginalised/excluded groups and those who are precariously positioned within the academic landscape.

### *Supervision and line management*

Senior research staff and those in leadership positions, line managers, mentors and supervisors are key stakeholders in prioritising GBV researcher wellbeing. They can play an important role in trauma management and promoting an institutional culture that helps to prevent secondary trauma from occurring, as well as enhancing

trauma-sensitive and trauma-informed working practices and relationships. They can be important role models of self- and collective care behaviours which have a positive impact on more junior staff and are well positioned to cultivate an environment where researcher wellbeing and issues of emotionally and challenging research can be openly discussed. This includes allocating resources towards self- and collective care, and for managing the distribution of power in a way that allows for more equitable organisations, relationships and working conditions for all staff (Billing et al, 2021). Much of the literature on the emotional burden and costs of research and researcher secondary trauma highlights the increased vulnerability of those in junior positions, such as doctoral candidates, post-docs and early-career researchers (for example, Astill, 2018; Fenge et al, 2019; Waters et al, 2020; Eliasson and DeHart, 2022; Gleeson, 2022), who often are in precarious positions and feel inhibited to speak up and get appropriate support within the higher education landscape (Jasim et al, 2021). Those in fixed-term and casual positions need particular attention if they are to be successfully and effectively supported and protected (Gleeson, 2022). This is even more pertinent for GBV researchers from marginalised and systemically excluded groups, particularly if they research topics that have personal relevance (Kinitz, 2022).

### *Support for researchers*

While focusing on institutional support for researcher wellbeing is essential, this should not undermine the value of strategies available for researchers to support their own emotional wellbeing. These strategies do not seek to present a one-size-fits-all approach but offer different tools and approaches that could be used to support oneself or be adapted for those who work within researchers' teams. Alongside the improvements of organisational requirements and institutional practices to better support GBV researchers, we see these individual approaches as stepping stones that researchers can take towards building and maintaining reflexivity and resilience to increase their preparedness (Fenge et al, 2019: 4) for challenges throughout the research cycle.

Working in academia can be an emotional experience. From conducting fieldwork in difficult settings to working with sensitive and difficult data about people's lives, GBV researchers can often feel the emotional impacts of their work. This can be helpful and drive their research, teaching and practice further into new areas of exploration, but it can also be harmful when researchers do not recognise their limits or have the necessary support in place. The emotional impacts of GBV research can generate a wide variety of symptoms of distress and effects, for example, emotional, behavioural, physical, cognitive, spiritual, interpersonal. In the worst cases, this can lead researchers to experience vicarious or secondary trauma which can affect them in five ways: esteem, trust, control, intimacy and safety (McCann and Pearlmann 1990, cited in SVRI, 2010). However, it is also important to recognise that the experience of conducting emotionally challenging research in the field of GBV can also be destabilising and impact researchers' everyday lives.

For GBV researchers it is important to understand and be aware of such effects and try to equip themselves with the skills and strategies needed to recognise signs of concern and care for themselves and others. It is critical to help cope with emotional distress in the present as well as to mitigate against the risk of vicarious trauma in

the long term, and to collectively work towards a more trauma-informed research practice in higher education institutions.

## **What can we do? Key entry and action points towards researcher wellbeing**

Our toolkit identifies four key entry points that are critical to supporting GBV researchers. We highlight the need for actions to be taken at each level and by all actors involved to establish a supportive and effective vicarious trauma prevention infrastructure.

### *Key entry point 1: Research funding: funders and principal investigators*

We identify four key strategies for consideration by research funders and primary investigators applying for funding: (1) increased attention to researcher wellbeing; (2) address and mitigate impacts; (3) enshrine adequate resource support; and (4) maximise funding flexibility. To achieve this, we recommend the following key action points for funders:

- Engage with researchers doing emotionally or ethically challenging research to better understand and incorporate their needs as part of ongoing conversations embedded within funding allocation processes and grant application procedures.
- Incorporate advice on how to appropriately support and safeguard the mental health and wellbeing of researchers into existing funding guidelines and briefings for applicants and reviewers.
- Provide guidance and support for appropriate budget allocation and/or ring-fence funding for support measures and services as part of grant applications.
- Consider more flexible funding models that encourage the consideration of researcher mental health and wellbeing as a rationale for longer than usual timelines and extension requests.

### *Key entry point 2: Higher education institutions: codes of practice and researcher support structures*

We identify four key areas for further development by research institutions: (1) establishing wellbeing protocols; (2) consideration of researcher wellbeing as part of ethical review; (3) establishing and resourcing peer support networks; and (4) creating strategies and resources for supporting trauma-informed research. To achieve this, we recommend the following key action points for institutions:

- Bring cross-institutional stakeholders together to consider researcher wellbeing to develop, formalise and implement guidelines, safety protocols and an embedded support system on researcher wellbeing, including the appointment of institutional ‘trauma informed champions’.

- Ensure that ethical review processes and risk assessments support high quality and ethical research on sensitive topics by ensuring appropriate wellbeing mitigation strategies are in place for the research being proposed.
- Ensure that occupational health and institutional counselling support services are sufficiently trained, resourced and skilled to handle the specific needs of researchers working on emotionally challenging research, which may require specialised services beyond those available to students or other staff.
- Identify existing, and invest in the development of new, peer support networks within and across institutions.
- Enable well-resourced trauma-informed practice across the institution, identify key entry points and implement a suitable multipronged training strategy to achieve this and to cultivate a more caring institution.
- A real commitment to equity and social justice in all actions centred around considerations of the varied requirements and needs of a diversifying academy and community of researchers and staff, proactively work towards mitigating against existing structural biases and the often increased and unequal burdens that systemically marginalised researchers find themselves confronted with.

***Key entry point 3: Supervision and line management: junior staff including early-career researchers and PhDs supervised by more senior researchers***

We identify four key strategies for the attention of those in senior and leadership positions: (1) training in mental health awareness; (2) upskilling; (3) sensitive hiring practices; and (4) appropriate workload management. To achieve these, we recommend the following key action points for senior staff, line managers and supervisors:

- Develop trauma-informed and skilled supervisory, line-managing, mentoring practices and procedures that cumulatively build a more caring institution.
- Create safe spaces and adopt strategies such as reflective spaces for teams to discuss the impacts of their work in sessions that foster wellbeing and collective care.
- Proactively work towards protecting and supporting the emotional safety of junior staff and research teams: both in practice and in advocating for institutional change.
- Be attentive to trauma within sensitive hiring practices.
- Work towards trauma-informed and caring organisational structures, workflows and workload allocations.

***Key entry point 4: Support for researchers***

We outline four key areas for GBV researchers to pay attention to: (1) recognising signs in themselves and others; (2) manage and reduce the risks of secondary trauma and a more trauma-informed research practice; (3) develop a reflexive stance; and (4) employ coping strategies and grounding techniques. To support these strategies, we recommend the following key action points for researchers:

- If you do have symptoms, then you should seek support from your line manager, your institution, or from medical professionals. Do not let it go.
- It is not your fault, and the responsibility should be on institutions to support researchers working on emotionally challenging research. However, you know yourself better than anyone else, and it is important to be aware of your limits.
- It is important to know and employ coping techniques and self-care strategies to manage your stress in the present – for example, when you are feeling overwhelmed, take the time needed to give yourself breaks, try some of the grounding techniques mentioned here, engage in practices which can reduce stress and anxiety and/or regular exercise. Do what is suitable and manageable for you as there is no one-size-fits-all solution.

## Conclusion

The RES-WELL toolkit speaks to the urgency for research funders, higher education institutions and researchers across all levels of experience and positions within the institutional landscape to work together to reduce the impacts of emotional challenges and harms in GBV research practice. As part of this, we all need to collectively put support mechanisms in place to mitigate against the risks of vicarious or secondary trauma. To move this forward, we strongly advocate for more research about the experiences and cross-cutting challenges researchers have faced in conducting emotionally or ethically challenging research and the development of an evidence base for effective prevention mechanisms. To be better able to measure progress, we will equally need mechanisms for rigorously evaluating the development and implementation of institutional practices, policies and procedures, including gathering routine data on the emotional impacts of conducting research, as well as robust case studies of potential policy initiatives to address these impacts taking place across the UK and globally.

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## Research ethics statement

Ethical approval was granted by the UCL Research Ethics Committee, Ethics ID: 9663.006.

## Conflict of interest

The authors declare that there is no conflict of interest.

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