

research article

Research assistant perspectives on strategies to reduce the likelihood of experiencing vicarious trauma

Jennifer Paruk, jp2328@sph.rutgers.edu
Rutgers University, USA

Sara Rhode, srhode@usf.edu
University of South Florida, USA

Amy Moloczniak, amolocz1@jhu.edu
Johns Hopkins University, USA

Annette Christy, achristy@usf.edu
University of South Florida, USA

Chris E. Knoepke, christopher.knoepke@cuanschutz.edu
University of Colorado, USA

Reena Kapoor, reena.kapoor@yale.edu
Yale University, USA

Shannon Frattaroli, sfratta1@jhu.edu
Johns Hopkins University, USA

April M. Zeoli, azeoli@umich.edu
University of Michigan, USA

A variety of strategies to prevent vicarious trauma among research assistants (RAs) exist in the literature, but there is limited evidence regarding which strategies RAs view as effective, especially in online environments. We surveyed 27 RAs who abstracted firearm violence data from court records and assessed their emotional supports outside of the study team, their engagement with the team's vicarious trauma reduction strategies during the study, and their perceptions of the effectiveness of these strategies. Twenty-six per cent of RAs reported lacking reliable emotional support for study-related impacts outside the study team. The most common strategies RAs used to manage difficult material were taking short breaks (89%) and informally interacting with other RAs on the team (41%); 83 per cent and 91 per cent of RAs, respectively, said these strategies were helpful. We discuss strategies that investigators can use to encourage RAs to take breaks from engaging with emotionally charged material and foster connections that are adaptable to various team structures and needs.

Keywords vicarious trauma • secondary trauma • research assistants • firearm violence
• extreme risk protection orders

Key messages

- Researchers can experience vicarious trauma when studying traumatic experiences, negatively affecting their physical and mental health.
- In an online research environment, the most common strategies RAs used to manage difficult emotions were taking short breaks from engaging with emotionally difficult material and interacting informally with other RAs on the study team, with a large majority finding these strategies helpful.
- Investigators can build in opportunities for RAs to take short breaks and establish connections with each other in a variety of ways that are consistent with the team's needs and dynamics.

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Introduction

McCann and Pearlman (1990) defined the negative psychological effects that arise from engaging with another individual's trauma as vicarious traumatization. Using their constructivist self-development theory – which suggests that an individual's experience of trauma is based on the interaction between the traumatic incident and their unique history – McCann and Pearlman (1990) explained how therapists' beliefs, expectations and assumptions could change when working with clients' traumatic experiences. Since then, vicarious traumatization and other similar constructs such as secondary traumatic stress (which includes symptoms similar to post traumatic stress disorder) and compassion fatigue (which can manifest as professional burnout), have been developed, refined and applied to other professionals who interact with trauma (for example, researchers, social workers) (Kim et al, 2022).

Researchers across academic disciplines, including those studying gender-based violence, have reported a range of emotional and physical effects from studying traumatic experiences (Drozdowski and Dominey-Howes, 2015; McLennan et al, 2016; Dickson-Swift, 2019). Emotional effects include hypervigilance about safety (Fincham et al, 2008; McKenzie et al, 2017); prolonged feelings of sadness, anger, fear, hopelessness and guilt (Goodrum and Keys, 2007; Coles et al, 2014; Campbell, 2022); and emotional detachment and desensitisation (Dickson-Swift et al, 2007; Goodrum and Keys, 2007). Physical effects include sleeplessness and nightmares (Coles et al, 2014; McKenzie et al, 2017), intrusive thoughts and difficulty concentrating (Coles et al, 2014), physical exhaustion (Dickson-Swift et al, 2007), and nausea, vomiting and headaches (Wilkes et al, 2015; Campbell, 2022).

Researchers' experiences of vicarious trauma can be affected by their identities and personal histories (van der Merwe and Hunt, 2019; Pearce, 2020). For example, Pearce (2020) described how her personal experiences with trans health, including with her trans friends' suicides, blurred the line between personal life and work and intensified

the already difficult emotions resulting from researching this topic. [Campbell \(2002\)](#) explained that conducting research on rape heightened her female research assistants' fear of sexual assault. Her female staff reported becoming hyperaware about their security, including locking doors and windows that would not normally be locked, and modifying where and when they were outside their homes.

These vicarious trauma experiences can influence researchers' ability to conduct their work. Research assistants have reported taking extended leave and leaving the study team due to the physical and mental effects and a lack of time to process their experiences ([AbiNader et al, 2023](#)). Researchers additionally report not finishing analysing the data of traumatic experiences they collected because of the impact of vicarious trauma ([Coles et al, 2014](#)), and almost leaving the field or leaving the field due to difficulties recognising and working through these effects ([Calgaro, 2015](#); [Markowitz, 2021](#)).

Vicarious traumatisation as a research assistant

Research assistants may need increased attention regarding vicarious trauma prevention ([Benoot and Bilsen, 2016](#); [Rothman et al, 2018](#); [Dickson-Swift, 2019](#)). Research assistants may be exposed to the traumatic experiences under study for the first time, and they may be less likely to have learned about or developed coping mechanisms for vicarious trauma ([Benoot and Bilsen, 2016](#); [Rothman et al, 2018](#)). Additionally, tasks typically reserved for research assistants – such as transcription of interviews, coding casefiles and maintaining contact with participants in longitudinal studies – can be emotionally difficult when the content includes traumatic experiences ([Fincham et al, 2008](#); [Wilkes et al, 2015](#); [Rothman et al, 2018](#)). However, these tasks are less frequently considered in the vicarious trauma literature compared to direct data collection from participations, particularly conducting qualitative interviews ([Dickson-Swift, 2019](#)), and therefore may be overlooked for vicarious trauma prevention. Third, research assistants may not disclose their true feelings to their supervisors because of the hierarchical dynamic and subsequent desire to appear confident and capable of 'handling it' ([Johnson and Clarke, 2003](#); [Malacrida, 2007](#)). This lack of disclosure may prevent RAs from having their emotions validated and obtaining assistance. Finally, student research assistants may encounter a variety of barriers in seeking and obtaining mental health care, including financial constraints and discontinuities of care across resources and providers ([Pedrelli et al, 2015](#)).

Given the potential for vicarious trauma and the desire to retain individuals with lived experience in the research field, researchers have published numerous suggestions, protocols, guidelines and examples of their efforts to prevent and respond to vicarious trauma (for example, [Coles et al, 2014](#); [Dickson-Swift, 2022](#); [AbiNader et al, 2023](#)). This literature suggests educating RAs before the project begins, explaining the types of traumatic experiences they may encounter and emphasising that emotional responses to heavy content are a natural part of the research process ([Dickson-Swift, 2022](#); [Smith et al, 2023](#)). Teaching RAs how to recognise and manage vicarious trauma ([Smith et al, 2023](#)), and how to access available supportive resources ([Smith et al, 2023](#)) is also a recommended strategy. Researchers also suggest that investigators meet with staff to debrief, discuss difficult content and resulting emotions, and build resilience through one-on-one meetings, team meetings, and open-door policies ([Campbell,](#)

2002; Dickson-Swift, 2019; Williamson et al, 2020). Some researchers advise working with a trained counsellor, both for their professional expertise and to allow staff to talk openly with someone who is not their supervisor (Dickson-Swift, 2019; van der Merwe and Hunt, 2019). Building connections among staff through formal settings (for example, team meetings) or informal spaces can allow staff to learn that their reactions are shared by others and enable them to discuss strategies to effectively process their responses to study content (AbiNader et al, 2023). The literature also suggests that staff take breaks from engaging in emotional difficult materials throughout the study, ranging from short or scheduled rest breaks (for example, to stand up and stretch or get coffee) (Dickson-Swift et al, 2007; Mckenzie et al, 2017) to offering or mandating substantial breaks away from the study or content for a substantial period of time (Dickson-Swift, 2019; AbiNader et al, 2023).

What do research staff find helpful in dealing with difficult emotions?

Given the range of potential options for preventing and addressing vicarious trauma, investigators may wonder which strategies they should implement for their teams. Preventing and responding to vicarious trauma requires time, effort and emotional bandwidth – sometimes called ‘emotion work’ (Dickson-Swift, 2019) – and investigators are often stretched for time. Additionally, many of the published suggestions are qualitative accounts of their teams’ strategies, and do not quantitatively identify which strategies research assistants used the most and found helpful.

Furthermore, many of these strategies discussed in the literature were implemented in-person, which allows investigators to work in the same room or monitor their staff’s reactions to the data (Campbell, 2022). As remote work increases, new challenges for investigators seeking to build vicarious trauma anticipatory strategies into their work may arise. This is evident in one published report that noted their remote team had fewer strategies to prevent vicarious trauma available than their in-person team, and this decreased their ability to have informal check-ins (Williamson et al, 2020). Investigators would benefit from empirically based guidance about which strategies research assistants use and find helpful in a remote research environment when working with emotionally distressing data.

Current study

In this current study, we surveyed RAs on a multi-state, almost entirely remote team after the conclusion of the study to identify which strategies they used and found helpful when dealing with emotionally heavy content. During their time on the research team, RAs abstracted data from extreme risk protection order (ERPO) cases. ERPOs are civil court orders that temporarily prohibit those who are at risk of harming themselves or others from accessing firearms, and each ERPO case includes a description of the respondent’s behaviours that led to the petition. Consequently, these cases often contain detailed, graphic descriptions of violent and suicidal behaviours, including suicide attempts, intimate partner violence, sexual assaults, mass shooting threats, child abuse, animal abuse and behavioural health crises. Investigators implemented a variety of strategies to help RAs constructively

process their emotions resulting from data abstraction and reduce the likelihood that they would experience vicarious trauma. In this study, we report which strategies RAs engaged in and how effective they found these strategies in dealing with emotionally distressing cases.

Methods

Multi-state ERPO study

Coding for the multi-state ERPO study was conducted from January 2021 to June 2022. During this time RAs coded 6,628 ERPO casefiles. Fifty-seven RAs coded for case characteristics, including respondent attributes (person subject to the ERPO) and behaviours that indicated risk of harm to self or others. Given that this was a multi-state research study with investigators across eight universities, RAs were located across the US. RAs worked almost entirely remotely, except for a small number of RAs who worked in-person at their university after COVID-19 shutdowns ended. These few RAs who worked in-person at their institutions still communicated remotely with the rest of the dispersed research team. More information about the study and the coding process has been written elsewhere (Zeoli et al, 2024).

Investigators implemented a variety of intervention strategies to assist RAs in preventing and managing the psychological effects that could arise from coding ERPO cases. Two of these strategies were required for all coders. First, before coding, all RAs completed an online training about emotionally distressing research that included suggested readings and a video. The reading list is included in the online appendix. In this video, the principal investigator explained that adverse emotions could arise from coding cases, how to recognise vicarious trauma, and what resources were available on the team. Additionally, all RAs participated in weekly coding meetings with RAs from other states, in which investigators and RAs could discuss emotions and thoughts that came up from difficult cases. Multiple meetings were held each week so that the number of RAs in a single meeting remained relatively low. An environment was cultivated so that RAs could feel comfortable speaking and potentially feeling vulnerable in front of the other RAs and study PIs, including by the PIs sharing cases they found difficult and emotions that arose for them.

Investigators also implemented a variety of optional strategies for RAs. If coders did not want to discuss difficult cases or emotions during the weekly group meetings, RAs could talk to their supervisor one-on-one. RAs could also talk informally with other RAs in several ways, including working online together at the same time or messaging each other via the online study chat. In these interactions, RAs and others on the team could share strategies for vicarious trauma prevention. RAs were also encouraged to take short breaks in-between coding cases to clear their minds and if needed, to take longer breaks (for example, a week or more) to reset. In these longer breaks, RAs could switch to other research tasks that didn't involve engaging with the content if they were available or take time away from the study. Additionally, given that everyone brings a different background and experiences to the work, the study investigators recognised that some cases may be particularly difficult for an individual RA given the case characteristics. As such, a policy was developed that RAs could ask their supervisor to switch out a case for a different case, no questions asked. The switched-out case was then assigned to another RA.

Partway through the study, one of the project research staff who is also a licensed clinical social worker (LCSW) transitioned to the role of emotional support personnel. This allowed RAs to discuss distressing emotions with a trained support staff who was not a study investigator. Near the end of the study period, RAs voiced a need for additional support on vicarious trauma, and the LCSW put on a psychoeducational presentation that included information on vicarious trauma as well as coping and self-care strategies to manage adverse emotions. These presentations validated and normalised coders' experiences while creating an inclusive environment consisting of open dialogue and discussion without pretence. Primary investigators did not attend this psychoeducational presentation to allow for open dialogue among RAs.

Data

After the ERPO case coding was completed and RAs were no longer working on the study, all RAs were sent an anonymous, online survey. The response rate for the survey was 47 per cent (N=27). However, several RAs had graduated from college or changed jobs, thus changing email addresses, so it is quite likely that some RAs never received the survey invitation. This study was approved by the Michigan State University Institutional Review Board.

Measures

RA characteristics

We asked RAs their school enrolment status while working on the study: undergraduate, graduate, or not enrolled (for example, staff). We did not ask RAs other demographic questions (for example, gender, race) as responses to these questions could be identifying given the small sample.

We also asked three questions to understand RAs' histories of working with traumatic experiences before joining the study team. We first asked RAs if they had previously worked, volunteered, or been on research teams studying traumatic experiences. We then asked if RAs had ever learned coping mechanisms for dealing with traumatic experiences. For those who indicated past experience with coping strategies, we also asked where they had learned these strategies (previous work or volunteer experiences; therapy, counselling, or other mental health services; from school or class; or another place).

Data was gathered regarding how long RAs coded cases for the study. We asked RAs the highest number of hours per week they consistently coded (less than two hours per week, 2–5 hours per week, 6–10 hours per week, 11–15 hours per week, 16–20 hours per week, and 20+ hours per week). We also asked RAs how long they coded at least five cases per week (less than 1 month, 1–5 months, 6–10 months, or more than 10 months).

We also asked how often RAs could count on someone outside of the research team to talk with about emotions arising from the study, ranging on a 5-item Likert scale from none of the time to all of the time. We followed by asking who RAs could count on to talk about these emotions, with the response options of friends, family, intimate partner and other.

Research team strategies for dealing with difficult emotions when coding

We gave RAs a list of the optional strategies for managing emotional responses that were promoted in the study¹ and asked them to indicate with which strategies they engaged. For each strategy used, we asked how helpful these strategies were in dealing with the emotions experienced from the study material (from not helpful at all to very helpful on a 5-point Likert scale). All RAs engaged in the online training and weekly RA meetings and, consequently they were all asked to rate how helpful these strategies were for them. For RAs who indicated that they discussed their emotions or difficult cases with other RAs, their PI/supervisor, or the LCSW, we asked how open they were about their emotions, on a scale from 1 (not open at all) to 10 (completely open). All survey items can be found in the online appendix.

Analytic plan

We produced descriptive statistics (for example, frequencies, means) for all variables using Stata, version 17. When reporting if RAs found a strategy helpful, we collapsed 'very helpful' and 'helpful' into a single 'helpful' category.

Findings

Research assistant characteristics

Table 1 reports characteristics of the 27 RAs. Before joining the research team, 70 per cent (n=19) had previously worked or volunteered in a way that exposed them to traumatic experiences and 70 per cent (n=19) had received information on coping skills for emotionally distressing events. RAs most commonly received information on coping skills from therapy, counselling, or other mental health services (63%; n=12). Just over half of the 27 RAs (52%; n=14) had both previously worked or volunteered with traumatic experiences *and* had received information on coping skills for distressing events. Approximately a quarter of RAs (26%; n=7) did not reliably have someone they could count on to talk with about difficult emotions from the study.

Research team strategies for dealing with emotional content

Table 2 reports which strategies RAs used for working through emotional responses when coding and if they found these strategies helpful. All RAs took the online training before beginning the study and participated in weekly coder meetings, and 41 per cent (n=11) and 63 per cent (n=17), respectively, found these strategies helpful.

Table 2 also lists the optional strategies that RAs could use. Eighty-nine per cent (n=24) of RAs reported they took short breaks between coding cases to clear their heads, and 88 per cent (n=21) of these RAs found it helpful. Thirty per cent (n=8) of RAs reported that they took longer breaks or switched study tasks for a week or longer to work through their feelings and take a break from the heavy content, and 88 per cent (n=7) of these RAs reported that this was helpful.

Outside of coder meetings, 41 per cent (n=11) of all RAs interacted with each other informally about the difficult emotions they were experiencing (for example,

messaging or talking online), 91 per cent (n=10) reported that this strategy was helpful. On a scale of 1–10 of how open they were about their difficult emotions, RAs reported an average 6.91 (SD: 2.47); range 3–10 when interacting informally with other RAs. Thirty per cent (n=8) of all RAs reported that they used strategies they learned from others on the research team to process and balance the emotional

Table 1: Research assistant characteristics (N=27)

	% (n)
School status	
Undergraduate	29.63 (8)
Graduate (master's or doctoral)	22.22 (6)
Was not enrolled in school (for example, was staff)	48.15 (13)
Before joining study team	
Worked or volunteered with traumatic experiences	70.37 (19)
Received information on coping skills for emotionally distressing events	70.37 (19)
Received from therapy, counselling, or other mental health services	63.16 (12)
Received from previous work or volunteer experiences	42.11 (8)
Received from school or class	42.11 (8)
Could count on someone outside of the research team to talk about emotions that came up from the study	
All of the time	33.33 (9)
Most of the time	40.74 (11)
Some of the time	11.11 (3)
A little of the time	11.11 (3)
None of the time	3.70 (1)
The people RAs could count on to talk about emotions that came up from the study	
Friends	59.26 (16)
Family	55.55 (15)
Intimate partner	44.44 (12)
Other	14.81 (4)
Highest number of hours consistently coding	
Less than 2 hours per week	14.81 (4)
2–5 hours per week	18.52 (5)
6–10 hours per week	29.63 (8)
11–15 hours per week	18.52 (5)
20+ hours per week	18.52 (5)
Length of time coding at least 5 cases per week	
Never coded more than 5 cases per week	14.81 (4)
Less than 1 month	7.41 (2)
1–5 months	40.74 (11)
6–10 months	14.81 (4)
More than 10 months	22.22 (6)

Table 2: Strategies and their helpfulness in dealing with emotionally difficult cases (N=27)

	Used strategy % (n)	Found strategy helpful or very helpful % (n)
Strategies for all RAs		
Online training before beginning coding		40.74 (11)
Weekly coder meetings		62.96 (17)
Optional strategies		
Short breaks in-between coding cases	88.89% (24)	87.50 (21)
Interacting informally with other coders	40.74% (11)	90.91 (10)
Using strategies learned from others on research team	29.63% (8)	100 (8)
Longer breaks or switching tasks (for more than one week)	29.63% (8)	87.50 (7)
One-on-one meeting with PI/supervisor	29.63% (8)	87.50 (7)
Switching out a case for a different case	7.41% (2)	100 (2)
LCSW psychoeducational presentation ^a	33.33% (9)	88.89 (8)
One-on-one meeting with LCSW ^a	11.11% (2)	100.00 (2)
RA openness about difficult emotions (scale 1–10)		
With other coders (n=11)		
Range	3–10	
Mean (SD)	6.91 (2.47)	
With PI/supervisor (n=8)		
Range	3–10	
Mean (SD)	7.63 (2.67)	
With LCSW (n=2)		
Range	7–10	
Mean (SD)	8.50 (2.12)	

Notes: ^aThe LCSW joined the team partway through data collection as emotional support personnel, was out on medical leave for a substantial period of time, and gave the psychoeducational presentation near the end of coding. Therefore, not all RAs would have had these optional strategies.

case material (for example, watching silly pet videos, journaling), and all (n=8) of these RAs reported that these shared strategies were helpful.

Thirty per cent (n=8) of all RAs talked with their supervisor about difficult emotions arising from coding, 88 per cent (n=7) of whom reported those conversations were helpful. On a scale of 1–10 of how open they were about the difficult emotions they were experiencing; RAs reported an average 7.63 (SD: 2.67). Finally, 33 per cent (n=9) of RAs reported that they were still coding cases at the time the LCSW offered the psychoeducational training and attended this training. Eighty-nine per cent (n=8) reported it was helpful in dealing with difficult emotions.

Discussion

In a study of strategies for managing emotional responses to heavy content and preventing vicarious trauma, RAs most commonly took short breaks between extreme risk protection order cases to reset and clear their heads, with 88 per cent of RAs finding these breaks helpful. Informal interactions among RAs were the second-most

common strategy (41%), with most RAs finding these interactions and the shared strategies helpful in managing difficult emotions. RAs reported that interacting with each other and discussing the emotional load of the work provided an opportunity for disclosure and validation that was beneficial for dealing with adverse emotions.

There are a variety of ways that investigators can build short breaks – the most commonly used strategy – into their protocols that take account of the project needs and work location. One way to do so is allowing RAs to work flexible hours. Flexible work schedules allow RAs to manage their trauma exposure by splitting up their work hours throughout the day (for example, an hour in the morning and a couple of hours in the afternoon), give RAs a chance to process what they just worked on, and to decide for themselves when to stop working to protect themselves (Mckenzie et al, 2017). However, as AbiNader and colleagues (2023) suggest because of their learned experiences, investigators should advise remote RAs against working too close to bedtime to avoid nightmares and other sleep disruptions. In-person student RAs, who may come into the office for a set number of hours per day, could split their research hours with breaks for coursework. Both remote and in-person RAs can be advised to switch research tasks to take a break from exposure to traumatic events, or journal/memo after finishing an emotionally difficult case (Dickson-Swift, 2022). Additionally, investigators can encourage both in-person and remote RAs to take short breaks not related to the research study, such as a walk outside or coffee break (Mckenzie et al, 2017), with clear instructions on if or how these breaks should be integrated into work hours to avoid RA's feelings of guilt over taking a break.

Team meetings provide RAs with a natural break from research tasks and can also foster future informal interactions (the second most used strategy, which 90 per cent of RAs who used it found helpful). In both remote and in-person settings, meeting leaders can conduct activities like ice breakers to help RAs become more comfortable with each other. These meetings can also be a place for RAs to discuss their emotional reactions to the research study, although meeting leaders should ensure that these discussions do not focus on the negative, which could worsen RAs' experiences. Meeting leaders can set the tone for the sessions by sharing what strategies they have engaged in to help regulate their mood. Meeting leaders can also encourage RAs to share their coping strategies for managing emotional responses to heavy content, which 100 per cent of surveyed RAs who used their strategy found helpful.

Outside of team meetings, investigators may need to create additional opportunities for informal RA interactions. RAs may not initiate these informal interactions independently, especially on remote teams. Investigators could establish a system where each RA checks in on another RA, ensuring that everyone has support, especially during significant local or national events related to the content with which RAs are engaging. Additionally, investigators can create ways for RAs to work together if they wish – whether in the same physical space for in-person teams or through scheduled online video sessions and/or chats for remote teams. This allows RAs to debrief and support each other in real time. In addition to informal RA interactions benefiting RAs, they can reduce the burden on the PI or supervisor.

Strategies to discuss and deal with emotional responses to heavy content resulting from the study could be invaluable to RAs. In this study, we found that 30 per cent of RAs did not have previous experiences working or volunteering in ways that exposed them to others' trauma and some RAs had not previously learned coping

skills for dealing with traumatic experiences. Additionally, some RAs did not reliably have someone they could count on to talk with about their feelings related to the study. For some RAs, the only place that they may reliably have to process these feelings may be with the study team.

While these strategies can be integrated into team routines, investigators are not solely responsible for their staff's well-being. Many researchers suggest that the onus should be on the university to protect and respond to researchers' vicarious trauma (Pearce, 2020; Dickson-Swift, 2022). Therefore, investigators can point their RAs towards university resources, such as employee assistance programmes or university counselling services. Investigators may also include support for activities to prevent vicarious trauma in grant applications, if allowed, so that they do not feel like they need to rely on personal funds to support their staff (Rothman et al, 2018).

This study had several limitations. First, this is a small study of RAs on one research project and has limited generalisability. Additionally, we did not measure RAs' direct experiences with trauma and how that might have influenced their experiences working on the study or coping with study materials. We chose not to do this due to the small number of RAs on the study; anonymity was challenging, and we chose to continue our 'no questions asked' policy about their trauma histories. We also assessed RAs' perceived helpfulness of the strategies and did not objectively assess stress or the trauma experience. Our study also did not explore the underlying reasons why RAs rated strategies as more or less helpful, including why only 41 per cent found the online training beneficial. Therefore, we caution investigators against using these findings as the sole basis for developing support strategies for their research teams. The helpfulness of different strategies may vary across research contexts. The numerous optional strategies for RAs to use in this study to address emotionally difficult cases may have created a culture that was unique to this study team.

Finally, it is possible that the LCSW's strategies (one-on-one meetings and the psychoeducational presentation) were not available to RAs when they needed them, and the survey did not account for this. The LCSW began her role as emotional support personnel for the coders part-way through coding and then had to take substantial time away for medical leave. RAs were therefore unable to talk to her one-on-one during this time or might have left the study team by then, and we did not measure this in the survey.

Regardless of these limitations, this study found that investigators can take simple strategies to safeguard RAs' mental health, such as taking short breaks and encouraging informal RA interactions, and adapt them to their projects' needs. These strategies could be helpful for RAs, especially if they do not have external support with whom to talk. Future research can examine how projects with different dynamics (for example, in-person) may influence strategy use and perceived helpfulness.

Note

¹ Short breaks in-between coding cases, interacting informally with other coders, using strategies learned from others on the research team, longer breaks or switching tasks (for more than one week), one-on-one meetings with PI/supervisor, switching out a case for a different case, attending the LCSW psychoeducational presentation, one-on-one meeting with the LCSW.

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Conflict of interest

The authors declare that there is no conflict of interest.

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