

## research article

# One after another: vicarious trauma associated with archival record coding in sexual assault research

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Sexual violence researchers have prolonged exposure to the pain and suffering of others, which can cause vicarious trauma (VT). To date, discussion of VT in sexual violence research has focused on qualitative interviews with sexual assault survivors and how those interactions affect researchers' well-being. In this article, we explore how VT can develop archival record review studies. We conducted an autoethnographic analysis of four empirical case studies to identify key factors that shape researchers' VT experiences during archival coding: the volume of records reviewed, potential for recoding, limited human interaction, and exposure to multiple layers of trauma and oppression. Based on our experiences, we propose strategies to mitigate and prevent the VT experienced during archival coding research and discuss how strategies used to manage VT in qualitative interview projects could apply to record review research.

**Keywords** sexual assault • vicarious trauma • archival records • coding • prevention

### Key messages

- Researchers may experience intense vicarious trauma (VT) in archival coding projects.
- The isolation inherent in archival coding data collection exacerbates VT.
- In-depth analysis of how social system personnel document survivors' stories exposes researchers to additional trauma.
- VT in archival coding projects can be mitigated by adapting self-care strategies more commonly used in interview studies.

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Sexual violence researchers have prolonged exposure to the pain and suffering of others, which can cause vicarious trauma (VT). VT is commonly defined as adverse emotional and physical responses that stem from sustained exposure to the trauma and

suffering of other people, often leading to burnout and job dissatisfaction (Cieslak et al, 2014). To date, research on VT among sexual assault researchers has focused primarily on how they are affected by in-depth interviews with sexual assault survivors (for example, Campbell, 2002; Nikischer, 2019; Williamson et al, 2020; Smith et al, 2023; Taylor-Dunn et al, 2023).<sup>1</sup> However, VT can develop during archival record coding studies, such as reviews of sexual assault police reports and medical forensic exam records (Williamson et al, 2020; Campbell, 2023). For example, Williamson et al (2020) noted that, 'reading through police case files could be just as depressing and upsetting' (p 62). Reading highly detailed descriptions of abuse written in cold, factual terms can be quite troubling (Williamson et al, 2020). In addition, the volume of trauma exposure is markedly different in these types of studies, such that researchers will be exposed to hundreds or thousands of trauma narratives in a compressed period of time (Campbell, 2023). As such, this methodology may put researchers at particularly high risk for experiencing VT.

We (the authors of article) conduct gender-based violence archival record coding studies – despite these risks – because our research focuses on sexual assault survivors' post-assault help-seeking experiences. In the United States (US), victims who contact the police after they've been assaulted are typically directed to a hospital emergency department for a medical forensic exam and the collection of a sexual assault kit (SAK; also known as a rape kit) to preserve biological evidence, such as blood, semen, saliva and hair (Department of Justice, 2013). Victims are told that they should do this because they need evidence to file a police report (Yu et al, 2022). Conversely, if victims go to a hospital after an assault for injury treatment or preventative healthcare (for example, emergency contraception or sexually transmitted infection prophylaxis), most US hospital staff encourage survivors to have sexual assault kit collected and to connect with the police before discharge (Zweig et al, 2014). For decades, this medical-legal model has been the primary post-assault resource offered to survivors in the US, and it is often a re-traumatising experience for victims (Campbell, 2024).

Each of these processes – conducting a medical forensic exam, collecting a SAK, and filing a police report – must be documented in writing by medical and legal system personnel. These records contain not only details about the assault, but also the writers' subjective perceptions of the victims and the assailant(s) (Williamson et al, 2020; Campbell, 2023). As the 'official' records of the crime, system personnel have the power to frame what happened, and in the US, those perspectives are given considerable credibility. As researchers, these records are of tremendous interest to us because they shape, and indeed sometimes dictate, whether a reported assault will be prosecuted. These records merit scrutiny to understand how system personnel frame these narratives, and whether their biases and beliefs are embedded in these documents. In addition, these records provide a way for researchers to collect information about a large number of sexual assaults without interviewing survivors, which may be a reasonable and appropriate methodological choice in some studies. For whichever reason(s) researchers may choose to conduct archival record reviews, they will need to review these documents carefully, which is hard to do.

In this article, we present four empirical case studies of archival record reviews: two projects coding sexual assault police reports led by Campbell, and two projects coding medical forensic exam records led by Goodman-Williams. Table 1 summarises key substantive aims and methodological features of each case study.

**Table 1: Archival record review research: four empirical case studies**

	<b>Case Study 1: A large midwestern police department</b>	<b>Case Study 2: A large midwestern police department with a sexual assault kit backlog</b>	<b>Case Study 3: Medical forensic exams in a midwestern city with a sexual assault kit backlog</b>	<b>Case Study 4: Medical forensic exams in an eastern state with innovative sexual assault kit policies</b>
Year(s) assault was reported to the police and/or sexual assault kit collected	2001	1980–2009	1980–2009	2010–2021
Year(s) archival records were coded by the researchers	2001	2012	2016	2022–2023
How long it took the researchers to code the archival records	9 months	1 year	3 months	7 weeks
Type of archival records coded	Criminal sexual conduct (sexual assault) police reports	Criminal sexual conduct (sexual assault) police reports associated with unsubmitted sexual assault kits	Medical forensic exam records	Medical forensic exam records
Format of archival record coded	Paper records	Paper records	Electronic PDF files	Paper records and electronic PDF files
Researchers' access to archival records	Coded on site at police department, under supervision of records manager	Coded on site at police department, no supervision mandated	Coded on site at state police forensic science division headquarters, no supervision mandated	Coded on site at hospital-based forensic nurse examiner programme; nursing colleagues nearby but no supervision mandated
Number of researchers who coded archival records	1	3	2	1
Roles of researchers who coded archival records	Principal Investigator	Principal Investigator and 2 senior PhD graduate students	Principal Investigator (who was a senior PhD graduate student at the time) and 1 additional senior PhD graduate student	Principal Investigator
Number of archival records coded	85	1,268	999	692

*(Continued)*

Table 1: Continued

	Case Study 1: A large midwestern police department	Case Study 2: A large midwestern police department with a sexual assault kit backlog	Case Study 3: Medical forensic exams in a midwestern city with a sexual assault kit backlog	Case Study 4: Medical forensic exams in an eastern state with innovative sexual assault kit policies
How archival records were sampled	Requested all criminal sexual conduct reports for the prior calendar year (2000)	Searched for all criminal sexual conduct reports associated with unsubmitted sexual assault kits in this jurisdiction	Searched for all medical forensic exam reports associated with unsubmitted sexual assault kits in this jurisdiction	Searched for all medical forensic exam reports associated with non-report SAKs from 2010 to 2021 and a systematic random sample of full report SAKs from 2010 to 2021
Number of categorical variables coded	20	15	12	110
How long researchers coded archival records per day	4 hours per day	6–7 hours per day	Variable, typically 4–8 hours per day	11–12 hours per day
How qualitative notes about the archival records were captured	Principal Investigator wrote narrative descriptions of how the police characterised each case, with verbatim quotations	Coders noted exceptional verbatim quotations on coding sheets; Principal Investigator wrote field notes after every coding session	Principal Investigator maintained reflective journals throughout data collection	Notes recorded in SPSS through string variables associated with complex categorical variables; Principal Investigator maintained reflexive journal throughout data collection
How qualitative notes were analysed	Thematic analysis per <a href="#">Braun &amp; Clarke (2022)</a>	Thematic analysis per <a href="#">Braun &amp; Clarke (2022)</a>	Cross-case comparison to themes derived in Case Study 1 and 2	Cross-case comparison to themes derived in Case Study 1 and 2

As we conducted these studies, we used autoethnographic methods to capture our lived experiences during fieldwork ([Campbell, 2002; 2023; Ellis et al, 2011](#)). [Poulos \(2021\)](#) noted that ‘autoethnography is particularly well suited to projects that involve direct participation by, and impact on, the researcher as a human actor... that involve personal memories, traumas, conflicts, observations, clues, and other experiences that need some unpacking’ (p 12). In autoethnographic projects, researchers document their emotions, thoughts, and reflections in field notes, journal entries, peer debriefings, or other methods for further analysis ([Tracy, 2020; Poulos, 2021](#)). We draw upon our autoethnographic data to explore three focal questions: 1) How does VT manifest in archival record coding studies? 2) What are the unique contexts and conditions in archival record coding studies that make researchers vulnerable to these VT experiences? 3) How can VT be mitigated and/or prevented in this type of research? To set the stage for this analysis, we will begin by describing each of the four empirical case studies.

## Archival record coding case studies

### *Case Study 1: A large midwestern police department in the 2000s*

As noted in [Table 1](#), this is the oldest case study in our analysis, conducted by Campbell in 2001. At that time in the US, sexual assault survivors were required to file a police report to receive a medical forensic exam and post-assault healthcare ([Zweig et al., 2014](#)). The goal of this study was to compare how law enforcement characterised sexual assault cases when victims self-initiated contact with the police to file a report, and cases in which medical personnel contacted the police to come on-site to the hospital to take a report so that victims could receive a medical forensic exam. I (Campbell) established an agreement with the police department of a large US midwestern city to review one year's worth of sexual assault police reports (see [Table 1](#) for case details). I was allowed to code files on-site once a week for four hours. The records manager gave me small batches of paper files and directed me to a desk in the middle of a room where I could be observed by departmental staff at all times.

Most of the files were less than three pages. Page one was a standardised form with data fields to capture core information, such as the time, date and location of the assault. Pages two and three provided blank space for officers to write a summary of the victim's account and their investigatory actions taken. From these records, I coded 20 nominal variables, including victim and assailant demographics, assault characteristics (for example, victim-offender relationship, weapons, physical force), and investigation actions taken (for example, attempting to locate the offender, submitting the SAK to a forensic crime laboratory). My data extraction coding sheet also included blank space for me to write narrative descriptions of how the police characterised the case (that is, their subjective framing of the case) and copy verbatim quotations from the reports.

### *Case Study 2: A large midwestern police department with a 'rape kit backlog'*

This study began in 2010 when a large US midwestern city (not the same city as Case Study 1) discovered a stockpile of approximately 11,000 untested SAKs in a police department storage facility. Police had been telling victims they must have a SAK collected to file a police report, but when law enforcement retrieved the completed rape kits at hospitals, they did not submit the kits to a forensic crime laboratory for testing. Instead, police put the untested kits in storage, and SAKs had been accumulating for four decades. I (Campbell) was asked by the prosecutor's office and victim advocacy organisations to partner with them on a participatory action research project to resolve this problem. Our first study examined why these kits were shelved instead of submitted for forensic DNA testing. To that end, I wanted to review a sample of police reports associated with these unsubmitted SAKs to document characteristics of the assaults as well as law enforcement's stated rationale for not testing the kits (see [Table 1](#) for case details). Our research team was allowed to review police reports on site at police department headquarters. The paper files were stored in a windowless room: file cabinets lined the perimeter, and additional cabinets were placed in concentric circles narrowing the room to two small desks

in the centre. We were allowed to work unsupervised with food and beverages for however long we wished. The police department was a 90-minute drive from our university office, so we coded as a three-person team for 6–7 hours each trip to recoup time and travel expenses. Because we had over 1000 reports to code, we had a short list of 15 nominal variables (for example, dates, demographics, assault characteristics). This abbreviated coding was also necessary because most files were sparse and did not contain much information about each reported assault. We were unable to code the stated reasons by the police for not submitting the SAK for testing because the reports rarely included this information.

### *Case Study 3: Medical forensic exams in a midwestern city with a 'rape kit backlog'*

This project was a continuation of our work with the rape kit backlog in Case Study 2. Because the police files contained so little information about these sexual assaults, we hoped that reviewing the medical forensic exam records might provide more details. Therefore, Goodman-Williams led a separate study during 2016 to review medical forensic files associated with the untested rape kits. When Case Study 3 was conducted, the backlogged kits had been submitted for DNA testing, and the testing results were being linked to each case/kit. The goal of this study was to explore whether there were victim and assault characteristics that were associated with DNA matches and patterns of serial sexual offending (see [Table 1](#) for case details).

As part of the kit testing process, the forensic science lab staff scanned the paper medical forensic exam records into an electronic file (PDF) and uploaded these documents and the DNA testing results to the server of the state police forensic science division. The files could not be downloaded, but the state police agreed to provide a one-person workstation in an otherwise empty room where we could review and code the files on-site. I (Goodman-Williams) had a badge that allowed me to access the space independently during work hours. The workspace was in an otherwise unoccupied part of the building, such that I rarely saw another person over the course of a 4–8 hour coding session. The exam documents included a description of each victim's account of the assault as well as multiple body diagrams (for example, full body, head and neck, anogenital area) on which a medical professional described each injury. In this study, we extracted 12 data fields, which included similar victim and offender information to previous studies but more detailed codes for assault characteristics, injuries sustained, and level of force.

### *Case Study 4: Medical forensic exams in an eastern state with innovative SAK policies*

In contrast to the previous three projects that were based on police reports or medical forensic exam records collected before 2010, Case Study 4 examined records from 2010 to 2021 to explore the impact of new US policy reforms. Victims are no longer required to file a police report to obtain post-assault medical forensic care, and survivors can choose to have an SAK collected without reporting to the police (often termed 'non-report SAKs'; [Goodman-Williams et al, 2024](#)). For Case Study 4,

I (Goodman-Williams) developed a partnership with a medical forensic unit in the eastern US that had developed services specifically for victims who had non-report SAKs collected. The goal of this study was to explore what factors predicted whether sexual assault victims who had an SAK collected chose to report their assault to police or declined to report and had their kit stored anonymously (see [Table 1](#) for case details).

Medical forensic records from these years were a mix of paper and electronic files, which needed to be coded on-site. The medical forensic unit had close to 24-hour coverage, so while I was coding in one room alone, there were always forensic nurses in the unit, and we had frequent breaks to eat meals together or talk. This programme was located across the country from where I lived, so I made seven one-week trips over the course of two years to code the files. Due to the time, distance and expense of collecting these data, I typically coded files on-site for 12 to 13 hours each day. I coded 110 variables including victim and assailant demographics, help-seeking behaviour (for example, time between the assault and exam, police reporting), and assault characteristics (for example, victim-offender relationship, level of force, memory loss, incapacitation). The variables in this last category were quite nuanced and required multiple careful reads of the entire medical forensic record.

### How does VT manifest in archival record coding studies?

Any type of research on sexual violence requires sustained exposure to traumatic material, so we were fully aware of the potential of experiencing vicarious trauma. In our careers, both of us have conducted in-depth qualitative interview studies with survivors, which are intense emotional experiences, and we hoped these archival coding projects would provide some emotional reprieve. However, we found that our VT experiences in archival coding projects were more troubling than what we had felt during interview projects. Rather than the sadness and grief we were accustomed to in interview studies, we noticed that we were feeling different difficult emotions, and we were feeling them far more acutely. Lipsky's (2009) landmark book, *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*, outlines 16 warning signs of chronic overexposure to traumatic material: 1) feeling helpless and hopeless; 2) a sense that one can never do enough; 3) hypervigilance; 4) diminished creativity; 5) inability to embrace complexity; 6) minimising; 7) chronic exhaustion and physical ailments; 8) inability to listen and deliberate avoidance; 9) dissociative moments; 10) sense of persecution; 11) guilt; 12) fear; 13) anger and cynicism; 14) numbing; 15) addictions; and 16) grandiosity and inflated sense of importance related to one's work. During our archival record coding studies, we experienced emotions on this list in different, but no less painful, ways.

For example, in Case Study 1, I (Campbell) found it extremely difficult to read so many police reports in which law enforcement took virtually no investigative action. It was the same thing, one after another, file after file, and I began to feel *helpless and hopeless*. There was nothing I could do to help – I couldn't talk with the victims, I couldn't advocate on their behalf, I couldn't argue with the officer, I couldn't do anything other than read the file and circle codes on my sheet and copy verbatim quotes from the police report. Capturing those quotes added to my despair because police talked about survivors in degrading and humiliating ways, sometimes using language common in pornography, such as 'they gang banged her and now she's crying rape', and 'I asked her if he came on her face, and she said yes but I didn't

see any traces of cum on her... Complainant may not be believable.' As this project progressed, I experienced *chronic exhaustion and physical ailments*. I battled crushing fatigue before, during and after coding sessions. I had constant headaches and pain in my hips and low back, which I attributed to the uncomfortable chair, the glowing overhead fluorescent lights, the lack of water and restroom breaks when I was on-site, but more likely, my head and body hurt because these reports were painful absorb and I felt completely trapped and hopeless.

In Case Study 2, those police files were also degrading to survivors, including similarly pornographic content – and our team had over 1,200 of these reports to read. During coding, I sometimes experienced what Lipsky called *dissociative moments*: the classic outside-your-body, watching-what-you're-doing-from-above moment. I was watching my eyes jump around the pages, searching for the information I needed to code, trying not to read anything too closely. Because I was coding with my graduate students, I was also watching how they were reacting and how long they were spending on each page. I was watching myself and watching my students as we read one toxic report after another. I felt tremendous *guilt* for exposing them to this material. I could not code everything myself and I needed help, so I did my best to mitigate the negative impact on them (described later in this article) but nothing ever eased my guilt.

For Case Study 3, coding first required that I (Goodman-Williams) search the server's records to determine whether a scanned medical forensic report was included in that case's file. This process was tedious, as most files did not have one, and at first, I felt a moment of excitement every time I found a report to code. Those positive feelings were short lived because finding a report meant reading yet another narrative of rape. Over the course of weeks, *anger* became my dominant emotion. When a file didn't contain a medical forensic record, I found myself thinking, 'Seriously? They couldn't even bother to document the hospital visit?' When a file did include a medical forensic record, the anger intensified, either because the documentation made clear the survivor wasn't believed or because it appeared the survivor had been believed and yet – by nature of being in our sample – I knew the survivor's SAK had not been tested. Eventually, this anger morphed into *cynicism* that I carried with me after I left each day. I remember a popular song coming on the radio as I drove away from the coding site and hearing the line, 'He came to me with the sweetest smile, told me he wanted to talk for a while.' Immediately I thought: He's going to rape her. Some part of me realised that this was not how most people heard the song, but I didn't understand it at the time as a sign that my anger and cynicism were increasingly colouring how I saw the world around me.

For Case Study 4, the coding work I (Goodman-Williams) did years later in partnership with the forensic nursing programme had a different context and, correspondingly, evoked different VT symptoms. Unlike the previous projects, these survivors had not been systematically neglected. To the contrary, my partnership with this site had developed out of a desire to study the uniquely trauma-informed practices they had developed. And yet, narratives of rape remain narratives of rape. Over the course of the two-year project, I read each medical forensic exam record five or six times, going back to the data repeatedly to revise the coding scheme. The more nuance I saw in the data, the more pressure I put on myself to develop a coding scheme that would do the narratives justice, and I developed the *sense that I could never do enough*. What started as a 45 variable coding scheme grew to 110 variables. I would leave the hospital at the

end of each long day remembering details I couldn't get out of my head, and I began feeling *numb* to everything else. I struggled to connect with my partner at the end of each day; her brain wasn't full of rape narratives and while I didn't want it to be, it felt impossible for me to focus on anything else. It would take days, sometimes a week or more, after returning from a data coding trip for that numbness to subside.

## **Why do archival record coding studies make researchers vulnerable to these VT experiences?**

The VT we experienced doing archival coding research was qualitatively different to what we encountered during interview-based studies. As we reviewed our autoethnographic data sources, we identified four features of archival record coding that can make researchers vulnerable to VT from chronic overexposure to traumatic material.

### *Higher volume of traumatic material*

The volume of traumatic content in archival record review studies is unlike anything we have encountered in our careers. We have both conducted qualitative interview studies with sexual assault survivors, with sample sizes ranging from 10 to 40 interview participants. We have never done more than two interviews in a single day, and no more than five interviews in a single week. In a coding project, it would not be uncommon to code ten cases in less than an hour. In a qualitative interview study, a sample size of  $N = 40$  participants is often considered large (Guest et al, 2006; Morse, 2015). In an archival record review study,  $N = 400$  cases may be only a moderate sample size. The information in these files is typically coded into discrete variables that are quantitatively analysed, and depending on the complexity of the planned analyses, the necessary sample size might need to be quite large. In Case Study 2, this city had approximately 11,000 untested rape kits, and coding just 10 per cent of these reports (around 1,110) was the both the bare minimum (analytically) and the maximum (emotionally) we could manage. When every case contains a narrative of rape, the number of painful experiences a researcher is consuming becomes nearly impossible to digest. At that volume, it was impossible not to end up numb.

The cadence at which researchers try to digest these large sample sizes is also a contributing factor to severity of VT experienced. In archival research, the data already exist: the files are at the department or on the server, and because the volume is so high and the material is so toxic, we wanted to get it over with as soon as possible. That logic is both sound and deeply flawed. For example, in Case Study 2, we (Campbell and graduate students) literally sat in the middle of the data, surrounded and nearly barricaded into the room by file cabinets containing the police department's sexual assault reports. We had a constant physical reminder of how many files we needed to code, so we wanted to code as quickly as possible. In Case Study 4, the medical forensic exam records were printed and stacked in towers 3 to 4 feet tall. Every time I (Goodman-Williams) would retrieve a new stack, the remaining stacks reminded me how many more I had left to code. A little voice in your head said, 'I should do just one more. Two more and I'll finish what's in this stack. Ten more and I'll finish this whole year.' When the cases feel endless, it feels reasonable to relentlessly push forward.

### *Less human connection and interaction*

Although we began our archival coding projects hoping we would experience a reprieve from the interpersonal intensity of conducting interviews, we eventually realised that having no interaction with the survivor was worse. During interviews, we sat with survivors while they cried but we also often sat with them while they smiled or shared pieces of their lives that were going well. We were able to express care and empathy throughout the interview and, while this was draining in some ways, it was also protective. We felt like we had been able to do *something*, however small, to bring survivors comfort. When reviewing archival records, there is nothing you can do to help in that moment. What we were witnessing in the records was a moment frozen in time: the assault itself and the first few hours or days thereafter. We were reading and re-reading the acute phase of survivors' trauma. These reports are reductive by nature: a person and all their complexities, and a violent event in all its horrors, are reduced to a few pages of text. In Case Studies 1 and 2, the police wrote reports that blamed victims and implied or directly stated that they were prostitutes, criminals, and/or porn actresses deserving what they experienced. With their power to define what 'officially' happened in the assault, the police robbed victims of their humanity and dignity. In Case Studies 3 and 4, the medical personnel wrote reports that were purposely neutral, carefully separating the verbatim statements of the survivors from the providers' clinical observations and findings. The medical staff did not use their power to disrespect or blame survivors. However, the exam itself is a process of literally disrobing a victim, inspecting them from head to toe, and noting each finding in body diagrams. If the victim was strangled, the injury marks and locations of swelling are noted. If the victim was hit, scratched, burned, those are described by the size, colour and location. Coding these reports is disorienting because a complex, traumatic experience is represented in minute granular detail.

The context of archival data collection also removes opportunities for human connection. We had minimal interaction with system personnel when we were onsite coding (Case Study 4 as an exception, discussed later). During Case Study 1, I (Campbell) was treated with suspicion by the police records department staff, and they purposely gave me an island desk in the middle of the room so they could watch me work and ensure that I did not tamper with the police files. During Case Study 3, I (Goodman-Williams) sat alone at a computer workstation, coding files for hours. During Case Study 2, we (Campbell and graduate students) coded in groups of three, and even though we were left alone in the file cabinet room, it did not feel like a safe space to process what we were experiencing. We had brief moments of bearing witness to each other's struggles: we could nod when someone not-quite slammed a file down when they were done coding it, we could lock eyes when someone took a deep cleansing breath or gritted their teeth. But overall, our experience was that coding is lonely, painful work.

### *Repeated coding and several reviews of the data*

We should revise what we stated previously in this article: 'in archival research, the data already exist'. The *records* already exist, but the contents do not become *data* until we code information into variables. The records are static – they've been written

and stored, and we cannot change what's in them, but we can revise and re-revise our coding frameworks. The ability to recode data to refine variables or collect new ones is one of the advantages of archival record coding. You cannot go back to an interview participant and ask a question you wish you had asked during the interview. By contrast, if you think of a new variable to code in records, there is often nothing stopping you from going back and coding for it. For example, in Case Study 1, I (Campbell) I decided to re-work the codebook because there was information I was not capturing. The police records staff questioned me suspiciously when I re-submitted the same list of case ID numbers: why are you reading these files again? That is an important question to consider (albeit not for the reasons they thought) because each review of the data comes at a cost.

Similarly, in Case Study 4, I (Goodman-Williams) added new variables and revised existing variables multiple times. Coding in a nuanced way felt important for doing justice to survivors' experiences – it felt painfully reductive to simplify variables too far. I second-guessed myself often: should memory loss be a multi-level, rather than dichotomous variable? Recode. Should I document times when the perpetrator showed remorse after the assault? Recode. I kept tinkering with the coding system, which meant I kept re-reading the files over and over again. After coding well over half of my sample of 600+ medical forensic exam reports, I felt deeply dissatisfied with how I had been coding substance use. The medical forensic record had check boxes to indicate whether alcohol had been voluntarily consumed in the prior 12 hours and whether drugs had been consumed in the prior 96 hours. I had coded substance use variables according to those check boxes but began to question whether I was really capturing something of value; one beer was coded identically to ten when they clearly had very different impacts on the survivor and their assault. It felt wrong, almost disrespectful, and as though I was misrepresenting survivors in the data by not coding deeply enough. So, I recoded the data, this time to capture a variable I titled 'incapacitation', which I defined as whether the survivor's substance consumption made them more vulnerable to or unable to resist the assault. That variable felt meaningful but required an incredibly close read of the data. Was this survivor more vulnerable because of alcohol? I can't tell, let me read it again. Let me carefully consider the ways she was vulnerable and the ways he took advantage of that vulnerability.

In interviews, survivors have the opportunity to speak for themselves. It is often painful to bear witness to what they have to say, but they represent themselves. In quantitative coding projects, what you decide to code and how you code it determines how the survivor is represented. That pressure is immense. Therefore, we read and re-read and re-read. Even with hundreds of cases in my data set, I (Goodman-Williams) recoded enough times that I'd often open a file and think, 'Oh yeah, I remember this one.'

### *Multiple layers of trauma and oppression*

'Official records' are not an objective, unbiased account of a sexual assault – they a tangled narrative with multiple points of view. A police report reflects the questions an officer chose to ask, the answers a victim felt safe providing, the pieces of information the officer heard in that answer, and the officers' interpretations and conclusions. The resulting narrative is not the purely survivor's account of the assault. We conduct archival record coding studies precisely because we seek to interrogate these narratives.

However, it means that we are studying not only survivors' victimisation but also their secondary victimisation through their experiences with help-seeking systems. Simply put, most survivors were not treated well when they reported to the police and they were doubted, disbelieved and blamed. The police did this openly and routinely, and they documented it in writing in their reports. In Case Studies 1 and 2, most police reports which we (Campbell or Campbell and graduate students) coded were about the victims' behaviour, not the assailants. The reports listed the choices made by the victim that preceded the incident, and the officers outlined in writing how this caused the incident. These attributions were directly communicated to survivors; we know this because the police reports included text that said, 'I told her she should have...' and 'I said to her, why did you do that, you knew what would happen next.' Thus, when we read these reports, we were also witnessing institutional betrayal of sexual assault survivors by the very systems they turned to for help. It is therefore little wonder that the VT we experienced caused such anger and cynicism, and that dissociative moments and numbing gave us reprieve.

Some survivors experience far more secondary victimisation because they are marginalised and/or minoritised, which means that we were also documenting systemic racism and other forms of oppression. The misogynoir (Bailey and Trudy, 2018) in sexual assault police reports was expressed openly without compunction. For example, in Case Study 2, most police reports which we (Campbell and graduate students) reviewed, the survivors were Black women and the perpetrators were Black men (88% of the cases), which is consistent with the demographics of the city in which this study was collected. It was striking to us how often the officers' reports criticised the victims and never challenged the behaviours of the perpetrators (Campbell and Fehler-Cabral, 2018). For instance, the police did not question the morality or legality of abducting a person from a bus stop and raping them; they questioned – in writing – why the victim was at the bus stop. They highlighted that the bus stop was in a known crime-ridden part of town, they suggested that the bus stop was a site where sex workers solicited trade, they emphasised that people without jobs took the bus. Sometimes, they re-stated the race of the victim when they wrote these narratives – reminding themselves and whoever read the report – that this was a *Black* woman at the bus stop. This is what will happen to *Black* women at bus stops, and that is a given, acceptable fact, so she should have known better and taken precautions to protect herself. In this study, there were *a lot* of bus stop abduction rapes, so we read this misogynoir trope over and over again, written by different officers over different decades. We read these reports as a multi-racial research team, so we sat together as Black women, Latinx women, White women, and biracial women reading these narratives. The VT each of us experienced was layered and uniquely situated. For some, this misogynoir was academic and abstract in its immorality; for others it was personal and lived.

### **How can VT be mitigated or prevented in archival record coding research?**

While we were conducting these studies, we vacillated between actively trying to mitigate and prevent the harm caused by this kind of work, and uncritically ignoring what we were feeling and experiencing. We found that when we coded with student

colleagues, we were mindful, protective and hopefully helpful to them. When we coded alone, we did not give ourselves the same care. Thus, our suggestions later in the article for mitigation and prevention reflect both strategies tried and strategies we wish we had tried to protect our health and well-being.

### *Managing the volume of traumatic material*

The sample sizes in archival record review studies are typically large, so the volume of traumatic material will be high, but *how* we conduct these studies is within our control and merits reconsideration. We felt internal pressure to code files as quickly and efficiently as possible, but Williamson et al (2020) cautioned against a ‘suck it up’ (p 64) mentality and emphasised the need to balance productivity and mental health. To that end, we recommend approaching this form of data collection similar to how we plan for interviewing survivors. We would never conduct interviews for ten hours on back-to-back days and we should not be coding archival data for ten hours on back-to-back days, either. We should think realistically about how many records we can code in one day without pushing ourselves to a point of numbness, anger, cynicism and dissociation. Just because we *can* code more does not mean we *should* code more. Ironically, both of us would discourage our students from doing what we have done to ourselves. For example, in Case Study 2, I (Campbell) deliberately assigned more police files to myself and coded faster so that I could lessen the load on my students. As much as possible, I tried to rotate which students came on coding trips, but I did not rotate out myself. Likewise, in Case Study 4, I (Goodman-Williams) never would have spent 12-hour days coding files at the hospital for five days straight if my students had been with me. I would have encouraged breaks every couple of hours, taking walks, and physically removing oneself from the space. I would have told them that *can* does not mean *should*. I did not tell myself that. I told myself to push as hard as I could. We need to conduct ourselves like our students are watching, because ultimately, they are, even if not directly. We need to model behaviours that are respectful of ourselves and our health.

We also believe it is important to hold space for the survivors whose narratives we read and find places to put the memories that stay in our heads. In Case Study 1, I (Campbell) started holding a moment of silence for each file after I was done coding: I held my hand on the folder, took a deep breath, and silently in my mind said the survivor’s first name or said, ‘I’m sorry for what you endured.’ It was not nearly enough, but I found it eased my pain and suffering. Yet, I did not repeat this practice in Case Study 2 – it simply felt too vulnerable to have that moment with each file, like I would crack open and fall apart. Again, it may be helpful to draw upon strategies we use in interview projects. Recently, I (Goodman-Williams) found a journal I kept during an interview project in which I wrote each survivor a letter that only I would ever see, where I thanked them for sharing their story and processed anything that I was holding on to from our time together. I knew I needed that space to process every interview, but never would have thought to take that space after 12 hours of coding. Obviously, it’s not realistic to journal after every case file, but we need to find ways to honour the survivors and metabolise what we’ve read so that it doesn’t stay stuck in our minds and in our bodies.

### *Creating opportunities for human connection and support*

While archival coding cannot provide human interaction with the survivor the way interviews can, we can create connection during and immediately after archival coding. In Case Studies 1 and 3, we coded alone, and in Case Study 2, we coded with others but did not feel safe to connect and debrief on site. Case Study 4 was radically different, and it offers insights into how we can re-vision coding studies. During this study, I (Goodman-Williams) was coding in a room by myself, but I was working within a medical forensic unit staffed with forensic nurses with whom I developed close relationships. We took breaks together for coffee and lunch. We shared our disbelief over how people could do such horrible things. As forensic nurses, they too must cope with daily trauma exposure, and while the need to press on with our work may have stopped us from delving into deeply emotional processing, the companionship and comradery, the feeling that I was not alone in what I was reading, had a protective effect for which I am deeply grateful.

We can find ways to build these human connections intentionally when they may not be present automatically. When conducting interviews with survivors, we routinely connect with colleagues afterwards. For example, in past studies, I (Campbell) have asked student interviewers to call me to check in after an interview. Over time, I have developed a deeper understanding of how power differentials between faculty and students, employers and employees, might not create a safe space for students to process what they are feeling. Therefore, I encourage interviewers to reach out to whomever feels safe and supportive to them. In a more recent interview project, we (Campbell and Goodman-Williams) shifted to peer-to-peer post-assault debriefing whereby the interviewers would touch base with each other afterwards. Similar check-ins could be scheduled after a day of archival coding. Again, we are often intentional about providing this space for our students but not for ourselves. Even if we do not have colleagues to connect with afterward, we can find other ways to reconnect to the world in positive ways. It may be a park, a coffee shop, or just absorbing the humanity of the people we pass on our way home, but it is important to rejoin the world after spending a day enmeshed in trauma narratives.

It is also worth considering what types of formalised support are needed for gender-based violence researchers who conduct archival record review studies (as well as interview studies). For example, [Mckenzie et al \(2016\)](#) suggested that institutional ethics committees should be 'aware of the potential adverse mental health impacts for... researchers examining sensitive data and... make appropriate arrangements to minimise the mental health impacts of such work' (p 173). In our experiences as US-based researchers, institutional review boards (IRBs) may be overly cautious about the potential risks associated with gender-based violence research (see [Becker-Blease and Freyd, 2007](#); [Campbell et al, 2019](#); [Cromer et al, 2006](#) for discussions). As such, it can be challenging to obtain approval for our research with survivors, so we are cautious about inviting further oversight of IRBs into our work. Throughout these four case studies, our research institutions and our IRBs did not pose any questions, raise concerns, or provide resources regarding the potential risks or impacts of this work on us. However, whether that ought to be the norm bears consideration. For example, [Dickson-Swift et al \(2009\)](#) recommended professional supervision and minimum training standards for researchers studying sensitive topics, and [Taylor-Dunn et al \(2023\)](#) and [Williamson et al \(2020\)](#) have highlighted the utility clinical

supervision during difficult studies. We concur that research institutions ought to offer professional development resources on conducting sensitive research, including making employee assistance mental health support services available in these contexts.

### *Planning intentionally to minimise repeated coding*

Recoding and revising data collection protocols can strengthen the quality of an archival research project, but when those archives contain trauma narratives it is important that recoding be conducted intentionally. On the front end, this means thinking carefully about the coding scheme before interacting deeply with the data. This may involve reviewing a small sample of files but could also be accomplished by reviewing a blank copy of the records to design a coding framework accordingly. In Case Study 4, I (Goodman-Williams) did this in only a cursory way. I created a database based on the medical forensic form, but I did not think nearly deeply enough about how I should code the data I would read. Investing more planning time on the front end may not have eliminated the need for recoding entirely, but it could have minimised it greatly. Additionally, we need to think carefully about how another trip through the data will impact our VT experiences. When I considered recoding variables, I evaluated whether it would push my analysis back and for how long. Despite rereading the files half a dozen times, I never once thought about it in terms of the trauma I was exposing myself to. Our emotional capacity is a resource no less finite than time, but so often we treat it as an afterthought if we consider it at all.

We should also question why we may feel the need to keep tinkering with our coding frameworks and why we keep going back through the data over and over again. For researchers who work in academic institutions with pressures to publish our work, archival record coding studies can be risky. We spend months coding data for quantitative analysis, which may not yield statistically significant results and that greatly diminishes the likelihood of publishing. In psychology, efforts to correct past publication biases and to publish null findings are primarily limited to pre-registered experimental studies – not field-based archival record reviews. This, too, adds pressure to get the coding just right. However, in our experience, the drive to keep tinkering and recoding is also a symptom of VT, not just a cause of it. We have both felt that we were never doing enough and that if we could just somehow do more, do better, we would... well, it wasn't entirely clear in our minds what that 'more' would do, but surely it would be good. In Case Study 4, the need I (Goodman-Williams) felt to squeeze every last drop out of the data was based on a desire to do good research, but it was also based in a sense of grandiosity that was not healthy. I would have benefited from imposing limits on what I was trying to pull from the data, not because I couldn't code a complex variable reliably enough if I spent sufficient time with each file, but because I valued my well-being enough to limit my exposure.

### *Resisting and resting to heal from trauma and oppression*

Archival records from the criminal legal system will expose sexist, racist, classist and other oppressive language, beliefs and behaviours. It is a carceral system that, since its inception, has been an agent of oppression and harm (Kaba, 2021). The justice it

offers is selective and fraught, and its written records reflect that. As such, researchers' preparation, training and self-care must take an intersectional approach (Crenshaw, 1991). Theologian Tricia Hersey's (2022) intersectional analysis of trauma and fatigue underscores how battling imperialism and racism is designed to make you tired. Her call that 'rest is resistance' is both an individual and collective response to oppression. Likewise, her call for joy is also an individual and collective strategy of prevention. Researchers have much to learn from social activists on how to interrogate these systems while creating community and protecting well-being (Kendi, 2019). In Case Study 2, we (Campbell and graduate students) used our drive from the police department to our university as a liminal space to set down what we had just carried. Some days we vented rage; sometimes we had hard conversations about racism and our differential lived experiences of it; some trips were quiet; some were joyous because we shared things we loved and lived for in our lives. As the leader of that team, I (Campbell) tried to promote rest and joy while doing this work, and in hindsight, I should have done even more to promote rest.

It also bears stating the obvious: the best method of preventing the VT that stems from archival record coding is not to conduct archival records reviews. We encourage scholars to think carefully about whether and why they might want to collect this kind of data. This method can yield a large sample size of sexual assault cases in less time than it would take to interview survivors individually, but it is not a reasonable short cut or substitution. The costs of collecting these data are high, and the data themselves do not reliably represent survivors' lived experiences. If the point of the study is to capture these systemic biases, analytic advances in machine learning may offer new options. Lovell et al (2023) developed a text classification method to code 5,638 police reports, which revealed that police use consistent 'signalling' words to cast doubt on victims' credibility in police reports. Her team did not need to read these reports in detail and take that pain into their lives. In addition, even when the goal of a study is to investigate how systems help or hurt survivors, it may not be necessary to review official reports to answer the focal research questions. For example, in a current project I (Campbell) am conducting on rape kit backlogs across an entire state, my collaborative partners in a state-level legal agency offered to obtain the police reports for each untested rape kit in the state. I declined. Why would I say no to more data? Because we truly did not need it to answer our research questions and the costs of these data are exceptionally high.

## Conclusions

Archival record coding research has led to many impactful findings in the sexual violence field. When the goals are quantitatively analysing how cases move through help-seeking systems or documenting how survivors are represented within those systems, it is difficult to think of more apt methods. However, it is a method that puts researchers at particularly high risk for experiencing intense VT symptoms. As we have discussed, this intensity stems from the volume of records coded and the potential to recode them multiple times, as well as the lack of human interaction while coding records and the multiple layers of trauma and oppression embedded in the records themselves. An additional risk factor, woven throughout our experiences, was in some ways the simplest: we were not expecting to experience severe VT when conducting this type of research and therefore rarely took protective measures to mitigate our

exposure or process its effects. Despite the difficulty of archival research coding, we stand by the immense value that can come from using this method. We therefore hope that sexual violence researchers begin their next archival record coding project more aware of the potential of VT, and that the strategies that we have outlined here provide a starting place for minimising harm and promoting well-being throughout the research process.

### Note

<sup>1</sup> We use the terms ‘victim’ and ‘survivor’ interchangeably to convey both the criminal nature of these assaults, and strength required to survive such violence.

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The authors declare that there is no conflict of interest.

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