


Original Research

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Vicarious Trauma: Exploring the Experiences of Qualitative Researchers Who Study Traumatized Populations

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Abstract

Objective: A substantial body of research exists regarding vicarious trauma (VT) exposure among helping professionals across disciplines and settings. There is limited research, however, on exposure to VT in qualitative researchers studying traumatized populations. The objective of this study was to explore the experiences of qualitative researchers who study traumatized populations and to identify potential protective strategies for reducing the risk of VT.

Methods: The study utilized a qualitative methodological design. Focus groups and in-depth interviews were conducted using a semi-structured script. Thematic analysis was conducted to identify both risk factors and protective factors associated with VT. A sample of 58 research participants were recruited using a multimodal recruitment strategy.

Results: Using thematic analysis, the following key themes emerged: exposure to primary trauma, the impact of stigma, organizational context, individual context, and research context. The opportunity for posttraumatic growth was also identified.

Conclusion: Qualitative researchers of traumatized populations need to recognize the potential for VT and implement appropriate protection strategies from the risk of VT. The development of policies and guidelines that recognize the importance of both self-care and plan for researcher safety and well-being is a potential strategy for building researcher resilience and preventing VT.

One of the most effective ways to treat traumatization involves sharing the story of what happened. Talk is therapy, but when the things we share are horrifying, our listeners can be altered for the worse. In this way, individual trauma can morph into something more, something collective.¹ This sharing of stories is a key tenet of research using qualitative methodologies. Although these methodologies can provide rich descriptive and contextual data, they are not without their challenges.^{2–8} Among these is the threat of vicarious trauma (VT).

Originally identified among psychologists who reported feeling overwhelmed after serving as witness to client experiences, VT refers to the impact of indirect exposure to traumatic experiences—effects that can be “disruptive and painful” and can “persist for months or years.”^{9,10} The American Counseling Association describes VT as the “emotional residue of exposure” from hearing narratives about someone’s traumatic experience.¹¹

As a term, *vicarious trauma* is often used interchangeably with *secondary trauma*, *burnout*, and *compassion fatigue* to convey ideas about the transference or ripple effect of trauma from the original incident or survivor, especially among frontline health care workers and mental health professionals. The experience of VT among these groups is not a new concept.¹² Professionals at potential risk have historically included first responders, military personnel, emergency health care workers, and mental health professionals.^{9,13,14} Other “helper professions” that have been recognized as at-risk for VT include disaster and humanitarian workers, social workers, mental health help-line workers, justice system professionals, religious and faith leaders, and journalists.^{15–20}

Despite our understanding of the potential VT risk to these helper professionals, our acknowledgment of the traumatization risk for researchers has been slower coming.^{21–23} This may be due, in part, to traditional views of the academic research process being one that is objective, with researchers remaining neutral. In reality, research is rarely an entirely neutral process. Researchers may have pre-existing ideas or experiences that can potentially bias the way results are interpreted.²⁴

This is particularly true for research using qualitative methods, where people may narrate their experiences in depth.²¹ Qualitative researchers may regularly engage with traumatized populations, repeatedly hearing distressing stories. Engaging with these stories with empathy is an essential skill for researchers; it can, however, result in a range of VT effects, including

nightmares, intrusive images and thoughts, emotional numbing, and feelings of hopelessness and despair.

In more serious cases, researchers may experience altered views about themselves, their community, and the larger world. They may experience social withdrawal, disconnection from loved ones, and changes in spirituality and belief systems. Engaging in research with traumatized populations can also contribute to depression, anxiety, and posttraumatic stress disorder (PTSD).²⁵

Positive outcomes may also arise from engaging in research with traumatized populations. Concepts such as vicarious resilience and posttraumatic growth are increasing in recognition and describe positive transformation and empowerment in researchers through their empathy and interaction with survivors.²⁶ Unlike clinicians, however, researchers are not generally involved in interventions leading to the improved health and well-being of survivors; therefore, opportunities for positive transformation and posttraumatic growth may be limited.

The impact of VT can be profound for the qualitative research field, including loss of skilled researchers; diminished empathy; reduced quality of research outputs; and of course the impact on the quality of life of researchers, their families, their colleagues, and their communities.^{27,28} Understanding the risk factors for VT and its signs and symptoms may lead to effective preventive strategies.²⁶

Despite the existing challenges for qualitative researchers, there is limited available literature documenting their experiences with VT, and even less information on best practice for minimizing this risk. The objective of this study was to help fill this existing gap by exploring the experiences of qualitative researchers who study traumatized populations and to identify potential protective strategies for reducing the risk of VT.

Methods

Recruitment of participants followed a multimodal strategy, including initial purposive and subsequent snowball sampling. The participants were either Australian or American researchers; all had existing experience conducting qualitative research with traumatized populations.

Qualitative data were collected from 58 participants using focus groups ($n = 18$) and semi-structured in-depth interviews ($n = 40$). Participants ranged in age from 19 to 76 years (mean age of 50 years) and were primarily female (75%). The researchers were a mix of novice and experienced qualitative researchers, with years of qualitative research experience ranging from 12 months to 30 years (mean of 8 years). Data collection occurred from November 2018–August 2020.

Data collection for the in-depth interviews was performed either in-person, by telephone, or via electronic media. Data collection for the focus groups was performed in-person. A script was utilized during both interviews and focus groups to prompt discussion while still allowing for flexibility in probing and phrasing of questions. The questions were developed following discussion by 3 members of the research group and were designed to elicit responses around the participants understanding of and experience of VT.

For consistency of approach and to minimize bias, 1 research team member conducted all interviews and focus groups. Each interview was approximately 30 minutes in duration, and focus groups went for approximately 90 minutes each. With the permission of participants, all interviews and focus groups were audio-recorded. Audio recordings were transcribed and thematic analysis

was conducted using NVivo (QSR International, Burlington, MA). Two research team members conducted transcription and data analysis.

Due to the exploratory nature of the interviews and focus groups, a coding protocol was developed for data analysis using a combination of several qualitative analytic approaches. Analysis began with manual unrestricted coding of the data to identify relevant segments and to open up the inquiry.²⁹ This process included an initial review of all transcribed interviews, identification of key segments, and the subsequent coding or labeling in margin notations. Axial coding was then conducted to relate the data together in order to reveal codes, categories, and subcategories within the research participants' voices. Selective coding was then used to identify any overarching themes represented in the data.

For core coding categories, 2 independent members of the research team coded 20% of the data. Inter-coder agreement was assessed using the kappa coefficient, and agreement was high (0.83) for all coding. Discrepancies were resolved through discussions until 100% agreement on themes was achieved, and the remaining transcripts were divided between the 2 coders for independent coding. Ethical approval was granted by the Edith Cowan University Human Research Ethics Committee (Project #20511).

Results

Using thematic analysis, the following key themes emerged: exposure to primary trauma, the impact of stigma, organizational context, individual context, and research context. Each of these key themes is elaborated below.

Exposure to Primary Trauma

It is the nature of the trauma and how often we are exposed to it that causes it [vicarious traumatization], not some weakness or failure within the researcher or organization (Research Participant Number 12). Plainly put, participants reported that being exposed to the traumatic stories of research participants was one of the clearest risk factors for subsequent VT. Related to this, the extent of exposure (how many times the researcher had engaged in conversations with the same traumatized participant, or collective of participants) was also noted by participants to be associated with their VT.

These findings support previous research indicating that the amount of time spent with counseling trauma victims is the best predictor of trauma scores among counselors^{30,31} and that altered beliefs do not appear to occur in the short term.³² Some research participants suggested that symptoms may also be recognized to a lesser extent over time, becoming "normalized," and so less noticed. This supports previous research that also reported normalization of symptoms over time.³⁰ On the other hand, providing treatment to survivors of sexual abuse over a shorter length of time has been found to predict greater intrusive symptoms in clinicians, indicating that less exposure resulted in more traumatization.³³

The role of empathy was also important here. Empathy is a major resource for qualitative researchers who use it to engage with research participants to help build rapport and trust. Empathizing with traumatized populations helps researchers understand their experience, although in the process, the researchers themselves may become traumatized as well. *As qualitative researchers, we must personally endure repeated exposure to trauma and distress, and we use our own feelings of sadness as tools for therapy . . . which*

makes it pretty impossible to escape this kind of work without personal consequences” (Research Participant Number 21).

The Impact of Stigma

Research participants identified that VT can be difficult to acknowledge, disclose, and discuss. This supports the previous research on domestic violence counselors who reported that they did not regularly discuss the impact that their work had had on them.³³ This is not surprising given the way VT has traditionally been understood, with a particular concentration on “coping strategies.” This approach has now been criticized as it individualizes the problem, potentially leaving individuals feeling that their experience of VT is somehow “their fault.”³⁰

Attaching stigma to VT can negatively affect willingness to seek support. *I never told anybody that I was struggling. I was listening to stories of incredible trauma, how would it look if I turned around and said that I wasn't coping? What I was going through was nothing compared to what they had gone through* (Research Participant Number 6). It is important to detach stigma from the experience of VT to allow researchers to continue conducting important research, while ensuring that the researchers are not adversely impacted.

Organizational Context

Creating an organizational culture that recognizes VT as a normal potential outcome of conducting qualitative research and supports researchers to identify and manage it is key to reducing risk. Participants identified that this was of particular importance within the educational setting, emphasizing the need for research supervisors to introduce, train, and supervise novice and early-career researchers on VT recognition, risk identification, and mitigation.

An organizational culture that fosters research team interaction and debriefing may also lessen the risk of VT. Other organizational strategies to minimize the impact of stress on researchers could include providing access to mental health first aiders or counselors who can offer pre-, mid-, and post-project counseling and advice on how to protect researcher well-being. Research institutions need to promote the benefits of self-care, which must be valued and included in organizational policies and training for both research students and staff.

Qualitative research staff should be encouraged to seek out experienced mentorship, and research students should receive supervision from experienced qualitative researchers who can both educate and protect students against VT.

Individual Context

I think the biggest protective thing for me was self-care. I walk my dogs everyday, I do yoga, I eat well. I had to make sure these were all part of my routine, especially when I recognized that I was highly stressed (Research Participant Number 35). Both novice research students and experienced researchers alike need to be aware of the potential for VT and understand how they can both recognize and mitigate it.

Research participants highlighted the importance of supporting colleagues to avoid isolation and adopt a healthy lifestyle to ensure both physical wellness and mental well-being. Researchers should also explore their own personal attitudes and beliefs and reflect on how this type of work has the potential to affect them. Being proactive in learning how to identify the early warning signs of VT is

integral to seeking support early and reducing impact. Perhaps most importantly, research participants emphasized that VT should be routinely discussed among research teams as a normal reaction to studying traumatized populations.

Research Factors

Mitigation strategies for VT should be built into qualitative research project design. One potential option for novice researchers is to conduct research interviews in pairs. *I conducted interviews in people's homes following a devastating event on my own. I witnessed first-hand their loss and I could physically see the destruction as well as hear the horrifying stories. I wish I had of had someone there with me so that I could debrief as soon as the interview was over* (Research Participant Number 32).

Another option is limiting exposure to traumatic material by varying and balancing the workload. This may include rotating job responsibilities for full-time research staff so that interviewers can get a respite from listening to distressing stories shared by traumatized participants. Researchers might work in teams with members in alternating roles from conducting focus groups/interviews to transcribing, data entry, data analysis, or administrative tasks.

Other mitigation strategies could include capping the number of interviews that researchers undertake during a specified period of time. Participants also suggested that ensuring researchers take adequate breaks between interviews and focus groups and developing and implementing debrief strategies are important for reducing the risk of VT.

Another important precaution for minimizing risk of VT is for researchers to avoid conducting qualitative research in their own communities, particularly if that community has been directly impacted by the traumatic event being studied. *It was incredibly difficult, I remember walking into their home and thinking that this could have been me. I could have experienced this loss. And knowing it was so close to home hit hard. It made it harder to go home and think 'well that's just work,' because it brought the work directly into my community, into my home. I knew these people. I knew their stories. It made it much harder to separate myself from the stories* (Research Participant Number 22).

Regular 1-on-1 meetings between individual researchers and research supervisors or chief investigators should specifically address the emotional impact of undertaking the research and should form part of a researcher safety strategy that should be developed and implemented at the commencement of new qualitative research projects. These meetings should be separate from other regular operational research project meetings with an objective of mitigating stress and building individual resilience within researchers. Scheduling weekly sessions is particularly encouraged to meet the needs of most researchers. It is important for research supervisors to be aware of the signs of VT and where indicated, take immediate steps to address this.

Qualitative researchers should be trained to recognize stress, how to manage it, and how to access supportive supervision, mentorship, peer support, counseling, and/or debriefing. A group or team approach to debriefing is beneficial and should be built into research management plans along with consistent check-ins with research supervisors and/or colleagues.

Discussion

Originally identified among psychologists who developed a notable sense of overwhelm after serving as a witness to their clients'

experiences, VT can affect people differently. It can accumulate over time and be compounded through repeated interaction and exposure, changing the way we view the world. Also, it can be as debilitating as primary trauma.

However, unlike most survivors of primary trauma, those with VT may not even recognize that they have been exposed, often overlooking signs or symptoms. Even following diagnosis, there may be some element of shame in admitting it out loud: *I can't be traumatized, I wasn't there* (Research Participant Number 21).

Research tells a different story, suggesting that VT can even be a route to symptoms of PTSD.¹ In fact, the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) published by the American Psychiatric Association states that PTSD can develop from repeated exposure to distressing material.³⁴

Researchers may think that, because they were not directly traumatized and not there to witness events close-up, they shouldn't have any adverse reactions. They might also question their entitlement to even be feeling the way that they do. That's a natural human response, but this shame mindset needs to shift in order to effectively manage the mental health impact of VT.

Researchers need to start understanding that they can be traumatized by listening to stories from people who have experienced devastating events—and that's OK, because once they know how to recognize VT, it becomes easier to prevent, mitigate, and ultimately manage.

From an organizational perspective, the risk of VT can be minimized if the workplace or education institutional culture recognizes that qualitative research can impact the health and well-being of researchers. If organizations have strategies in place to not only respond to VT, but also to help researchers mitigate the traumatization in the first place, they can help break down barriers to accessing help and support.

Research organizations that tolerate or fail to respond to VT are directly contributing to exposure. Conversations around VT and mental health, in general, need to normalize researcher experiences and break down the stigma associated with experiencing trauma as a result of a research-related experience. Organizations need to provide time and space to support self-care and encourage researchers to seek mental health support when needed.

At an individual level, whether conducting focus groups, interviewing participants, or reading transcripts, all qualitative researchers are potentially at risk of experiencing VT. Listening to stories of trauma for the first time can be disconcerting and may directly impact the researcher's opinions and attitudes about life. Younger, more inexperienced researchers may be more intensely affected because they have not yet developed resilience and reliable coping mechanisms. They may also lack the supportive infrastructure and life experiences to help them deal with the stress associated with qualitative research work. The personal history, coping styles, and previous exposure to trauma were also seen by research participants to potentially influence VT. Previous exposure to research-related VT that was unaddressed or stigmatized was seen as an additional individual risk factor for traumatization.

From a research study context, participants highlighted a need to address the potential for VT in research project plans and research protocols. This is particularly important for research students who may be particularly vulnerable to VT. Allowing qualitative researchers to conduct emotion-laden interviews in isolation should be avoided where possible, as should the conduct of interviews in the homes of traumatized participants. The impact of repeated exposure to the same traumatized research participants

should not be overlooked, nor should the duration of the research project. Longitudinal cohort projects provide greater opportunities for researchers to build rapport and relationships, which are integral for producing rich qualitative data, but the bonds that develop between researcher and research participant also provide a greater risk for empathic bonding, inappropriate relationship forming, and vicarious traumatization.

While experiencing trauma is transformational, its impact is not always exclusively negative. Stories of posttraumatic growth also emanated from the experiences that participants reported with VT, with traumatization positively altering life narratives and even inspiring positive lifestyle changes. Experiencing the trauma of others—and growing from it—can become a source of strength for researchers. The concept of posttraumatic growth is rooted in the work of psychologists Richard Tedeschi, PhD, and Lawrence Calhoun, PhD, in the mid-1990s, and holds that people who endure psychological struggle following adversity can often see positive growth afterward.³⁵ People develop new understandings of themselves, the world they live in, how they relate to other people, and the kind of future they might want to have.

In a study that examined the experiences of psychotherapists who worked with survivors and the families of survivors of political violence, it was found that stories of adaptation and survival and of reciprocity in the face of adversity emerged as a source of inspiration.³⁶ Participants in this research reported similar stories. *I was certainly impacted by hearing their stories, but for me, it was a positive impact. Hearing about their loss made me so much more grateful for the support and love I had in my life. It encouraged me to re-connect with people I had lost contact with and helped strengthen my existing relationships. I think I actually changed as a person because of the research* (Research Participant Number 18).

These experiences link with the concept of compassion satisfaction, where meaning and purpose are enhanced through exposure to trauma.^{37,38} *Being involved in the research project actually made me appreciate what I had in my life, actually, it motivated me to undertake a mental health first aid course, so that I would be able to give something back to the community* (Research Participant Number 48). Being positively affected by the resilience of others can alter the perspective of professional life, which, in turn, adds value to the work that is performed.³⁷ Within this context, it is not difficult to recognize that compassion, empathy, and personal growth are intrinsically linked.³⁸ As a maturing area of study, distinct dimensions of posttraumatic growth among qualitative researchers are still to be identified.

Several factors that may assist in building individual researcher resilience and preventing VT were identified by study participants. Organizations undertaking qualitative research with traumatized participants should, as a priority, develop and implement researcher safety and well-being guidelines.

Planning for researcher safety and well-being should occur at multiple levels (eg, organizational, individual, research) and should not be viewed as the sole responsibility of individual researchers. Research organizations and research groups need to create a culture that recognizes that conducting qualitative research with traumatized populations will have an impact on researchers, and if not mitigated appropriately, researchers are likely to experience VT.

Researchers, both novice and experienced, should be provided with training on preventing VT. Opportunities to debrief and discuss research experiences with research supervisors, colleagues, and other students should be actively created, and researchers should have the opportunity to meet with research leaders both individually and in teams. It is integral to researcher health and

well-being that organizations actively discuss the risks of VT as well as highlight what the organization offers to mitigate and manage such trauma. Each discussion will help normalize such traumatization and break down the stigma.

Policies should be readily available to support the needs of research supervisors. The role of the supervisor in terms of management of VT should be clear, and all supervisors should have a good understanding of the issue and be able to recognize and manage VT in research staff and themselves. Supervisors should ideally have referral services in place and know when to refer both students and staff for support. Further, supervisors should not be tasked for researcher debriefing unless specifically trained to do so.

Finally, ethics applications should include a provision for the proper care of qualitative researchers exposed to traumatized and vulnerable participants. Upon conclusion of research projects, all qualitative researchers, regardless of experience level, should participate in a mandatory debriefing session.

The findings reported in this publication are subject to a number of limitations. From a methodological perspective, the sampling methods utilized are an example of non-probability sampling. However, researchers often use non-probability samples for projects that are qualitative in nature where the researcher's goal is in-depth, contextual understanding rather than more general, nominal understanding. The results are based on the responses of a small number of researchers (n = 58) from Australia and the United States. Future research should repeat this methodology and introduce other methodologies with a broader range of qualitative researchers.

The qualitative methodologies utilized throughout this research allow for exploration of individual perceptions, feelings, and needs. They are not, however, without their limitations. For example, descriptions of VT by individual research participants will be potentially biased by their reliability of recall, previous experience, and the way in which the discussion is framed. Furthermore, an individual's intrinsic psychological processes may also influence how they experience certain types of events. Notwithstanding these methodological limitations, this study has provided an important contribution of new knowledge to help evolve the existing evidence-base on the VT impact of conducting research with traumatized populations.

Conclusion

VT can change a researcher's overall view of the world and the people around them. Impacting functioning and values, it can be just as debilitating as primary trauma. This research has identified a number of protective and risk factors for vicarious traumatization among qualitative researchers and has suggested some key modifiable factors that can be targeted by organizations, educational institutions, research teams, and individual researchers to help minimize risk and build resiliency.

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