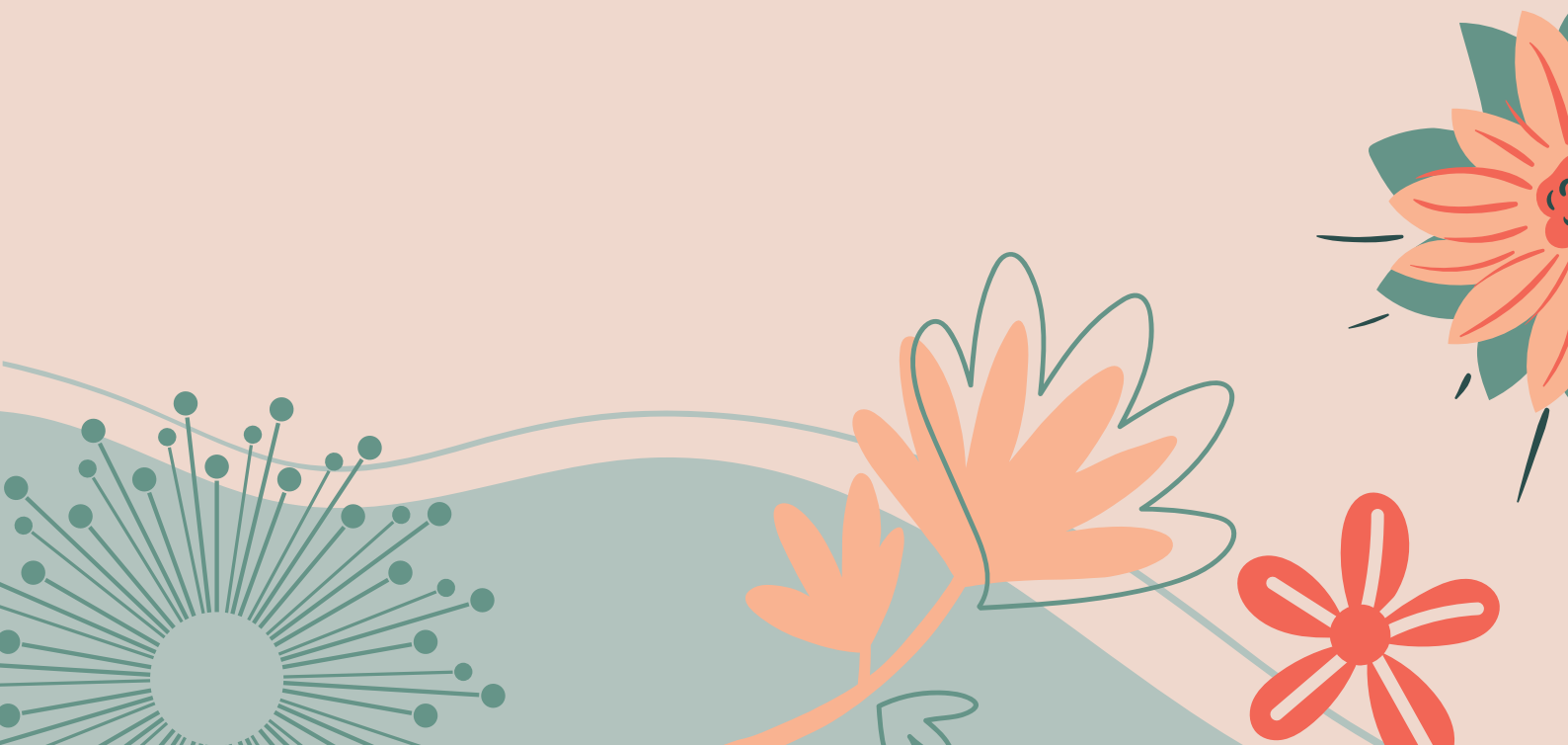




RESEARCHING
WITH
H a R T



**PROMOTING RESEARCHER
WELLBEING THROUGH
SELF AND COLLECTIVE CARE**





Vicarious trauma is the result of being exposed and empathically listening to stories of trauma, suffering and violence

(Pearlman and Saakvitne, 1995)

INTRODUCTION

Researchers working in the field of violence against women and violence against children are often required to listen to – or are exposed to – highly traumatic personal accounts of violence. Bearing witness to survivors’ stories and engaging with their accounts of violence with compassion may place researchers at risk of vicarious trauma. Vicarious trauma is the result of being exposed and empathically listening to stories of trauma, suffering and violence. The trauma response may worsen with repeated exposure to traumatic material. Working with and listening to traumatic accounts of violence can take a considerable emotional toll (Coles, Dartnall et al. 2014) and can have a range of effects on researchers – many of which are familiar to those experienced by trauma survivors (SVRI, 2015). Researchers themselves may also be survivors of violence; engaging in the research process may risk triggering their own traumatic memories and trauma-related symptoms (Bloom, 2003).

This case study, a collaboration between the Sexual Violence Research Initiative (SVRI), [Healing and Resilience after Trauma \(HaRT\)](#) and University of Alabama, explores how practices of self and collective care can be integrated into the way research projects are planned, designed and carried out in order to prevent vicarious trauma and promote researcher wellbeing. It shares examples of how HaRT integrated care practices over and above what was mandated by ethical review boards and includes important insights that may be of relevance to those holding diverse roles on research teams (including data collectors, analysts, research supervisors), practitioners, as well as institutions such as civil society organisations and academia in low and middle-income countries.

A series of semi-structured interviews informed the development of this case study. Interviewees included those who played a central role in the research:

- Two HaRT researchers (based in Uganda)
- Two HaRT co-directors (based in the USA and Spain)

About the research study and HaRT

HaRT is a feminist organisation dedicated to holistic healing among women and girls who have experienced human trafficking and gender-based violence. Their main programme, Move with HaRT, is a twelve-week intervention that uses a variety of contemplative practices, including yoga, mindfulness and theme-based discussions, as a way to support collective healing and community among participants.

In 2020, with a small grant from the [University of Alabama School of Social Work](#), HaRT carried out a mixed methods evaluation of the Move with HaRT programme in collaboration with [Willow International](#) – an anti-trafficking NGO that provides residential and community-based services for survivors. Move with HaRT was implemented at two of Willow International’s shelters in Kampala. Most clients have survived human trafficking, as well as a range of other traumatic events – including physical and sexual violence.

The research study aimed to explore the impact of the Move with HaRT programme on women and girls’ mental health, as well as their physical and social wellbeing. Data collection involved six waves of quantitative surveys, as well as two waves of qualitative interviews. The Covid-19 pandemic impacted significantly on the research study – only two waves of data collection had already happened face to face when strict lockdowns in Kampala necessitated a shift to virtual data collection methods (following approval from Willow International, as well as ethical review boards in Uganda and the USA).



The research team

The HaRT research team consisted of two senior researchers based in Uganda, responsible for overall coordination of the research, administering surveys, conducting interviews, transcribing data and ongoing contributions to data analysis and study refinements. The co-Directors of HaRT – based in the USA and Spain – developed the research protocol and provided technical support to the project, including ongoing support for researchers in the form of facilitating regular ‘connect and support’ sessions (i.e., daily check-ins, as we describe further below). Staff onsite at the Willow shelter were also integral to the research. They were involved in mobilising and co-ordinating research participants. Some were counsellors and case managers who were able to offer psychological support for participants when it was needed.

HART’S APPROACH TO RESEARCHER WELLBEING AND CARE

HaRT strives to create safe and supportive environments where participants can build inner resilience, trust and community with others, as well as heal from the impacts of trauma. It seeks to centre safety, radical self-love and compassion in all its work, including the Move with HaRT programme. Just as practices of care are infused into HaRT programming, safety and care were embedded into the research study.

HaRT’s co-directors have a background in working to prevent and address violence against women (VAW) and girls and HaRT’s senior researchers have extensive VAW and violence against children (VAC) research experience. The entire team thus were well aware of the risk of vicarious trauma and the emotional toll of doing research on sensitive topics, as well as of the need to ensure research participants themselves were supported and cared for during the research process.

Risk factors for vicarious trauma and stress

Risk factors for vicarious trauma were part of the very nature of the research study: the work involved listening to survivors describe their traumatic experiences, overall perceptions of their physical and mental health, and reflect on any recent changes. One of the questions in the survey from the [Life Event Checklist-5](#) (part of a standardised trauma events checklist) asked: ‘What is the worst event that has ever happened to you?’.

“The hardest parts of the research were when young women and girls shared their stories about the worst event that had happened to them. Sometimes, these were things they had never disclosed to anyone before. I was the first person in the world to hear them... you have to listen and be supportive.” HaRT researcher

Working in places with limited support services for survivors can be a risk factor for vicarious trauma (Coles, Dartnall et al. 2010). In this case, researchers benefited from the fact that they had access to trained Willow staff including counsellors/case workers with the ability to quickly provide necessary follow-up support. The fact that there were counsellors available eased the emotional burden of the research team.

Gender can also be a risk factor for vicarious trauma. Tolin and Foa’s (2006) work explores the ways in which women may be more likely to experience a greater number of trauma symptoms than men. The entire HaRT research team were women. The backdrop for the research was the onset of the Covid-19 pandemic, which layered on different types of stressors for the team, as well as for the staff and clients at the Willow shelter. Three members of the research team were mothers and two members of the team had given birth during the pandemic – balancing caregiving responsibilities with paid work and pandemic-related stressors was an ongoing challenge.



The Move with HaRT programme activities were suspended to follow social distancing guidelines and also to allow participants and the shelter staff to adapt. Meanwhile, researchers in Kampala were contending with a ban on the use of all public and private transport, the closure of all non-food businesses, as well as a national curfew. As we explore later in this case study, some of the research participants decided to leave the shelter in order to spend lockdown in their home communities. The HaRT team were deeply concerned for these women and feared that some might feel ‘abandoned’ by them. There were also serious concerns that some of the women who had left the shelter might be struggling to meet their basic needs.

Shifting the research from face-to-face to phone interviews also added different types of stress to the team – who were worried about whether they would be able to have the same depth of connection with research participants over the phone, as well as how to ensure sensitivity to non-verbal communication and other dynamics that are typically observed in person. The research team were also concerned about the safety of participants while they were being interviewed over the phone – and [took steps to try to ensure participant safety and privacy.](#)

Strategies for preventing vicarious trauma among researchers

The team’s approach to care within a research project evolved organically. As the research progressed – the impact of Covid-19 (which was declared a pandemic after the study commenced) and other unexpected occurrences meant a flexible and adaptive approach to embedding practices of care into the research was vital.

The primary function of ethical review boards is to protect the rights and wellbeing of research participants, but they do not always consider the impact of research on the research team. In this case, the review board did not request information about how the risk of vicarious trauma would be addressed, nor how the study would protect researchers themselves. None of the strategies below were mandated by the review board – instead, they evolved from HaRT’s commitment to infusing care, safety and compassion into all of its work.

Building a solid foundation

As an organisation, HaRT strives to centre care as part of its identity and culture—and this included the design and implementation of the 2020 research. HaRT co-directors were aware of power imbalances inherent in any study with leadership based in the Global North. They were intentional about trying to redress potential inequities through co-creation processes and nurturing non-hierarchical relationships. Further, one co-director lived in Uganda for 4 years which helped to deepen her understanding of the context. Creating and sustaining strong relationships of trust across the HaRT team provided an important foundation for self and collective care practices to evolve. This was helped by the fact that all team members had known and worked together for several years. Trust and safety had been built over time in the following ways:

- Open and regular communication – predominantly via phone, Zoom and WhatsApp
- Promoting non-hierarchical ways of working including establishing practices of collective decision-making among research team members and ensuring researchers had the autonomy to handle decisions and issues as they arose during processes of data collection
- Valuing and acting upon feedback from all team members
- Validating the knowledge and expertise of the Ugandan researchers who had insights and perspectives that the HaRT co-directors may not have had



- Valuing and respecting each other's full humanity which meant taking time to understand each other's lives outside work

One of the HaRT researchers explained why a sense of trust and safety was an essential precondition for team members to be able to openly share how the work was impacting them, as well as to request additional support:

“As a researcher I felt I was respected and accepted by all the other members of the team. Because we had trust and respect, I knew no-one would think I was weak if I asked for help.” HaRT researcher

Preparatory training

Researchers participated in training in best practice for trauma-informed research in advance of the data collection process. The HaRT co-directors were aware that content about how to support researchers in preventing and mitigating the effects of vicarious trauma is often missing from researcher training curricula – and wanted to help to bridge that gap. Parts of the training explored how to ensure researcher wellbeing and a care-centred approach for research participants during the study. For example, the team discussed difficult scenarios they might face during data collection and explored how they might respond to them. One scenario explored what researchers could do if someone breaks down during an interview and can't continue with it. The responses they discussed explored how researchers could provide care for the participant, while also ensuring they could nurture their own wellbeing.

“The training gave us permission to stop an interview if someone broke down. We discussed how we can offer [the participant] water and let them know it's okay to stop. In the training it was also clear that we had the freedom as researchers to step away if we needed to and to take a break. In some research projects I've been part of, people only care about the data. But we knew we could stop things if we needed to pause.” HaRT researcher

The training also suggested ideas for preventing scenarios like the one above from occurring in the first place. For example, the interviewers understood they could explain to participants that they had the freedom to pause, stop or interrupt an interview. They explored how to recognise any non-verbal cues or warning signs of distress in the participant – this included stammering and changes in participants' speech. After discussing how the first few interviews went, the team also made a revision to the interview guide to include breaks to stretch and move in the middle – allowing researchers and participants space away from listening to and disclosing distressing experiences. The interview questions were also revised to begin with an unscripted light chat to create a relaxing and friendly environment.

Connecting and supporting

Researchers connected and supported each other as an essential strategy for reducing the possibility of vicarious trauma. The HaRT evaluation had a systematic two-tier approach to connecting and supporting. The two researchers working in country checked in with each other after every interview. Interviews were lengthy (up to 1.5 hours) and could be emotionally intense. There were also remote connect and support sessions with the entire HaRT team at the end of every day of data collection.

“The connecting and supporting was very useful. I didn't have to wait until the end of the day as I could speak openly to [my colleague] after each interview. And then, at the end of the day, I knew I would also have the chance to talk to the rest of the team... Having this space made me feel whole again. I knew that what I had heard that day wouldn't affect me as much”



Connecting and supporting questions

Providing social support and connection to researchers is a skilled process. The HaRT research process aimed to a) provide emotional support for the researcher/interviewer; b) assess for potential vicarious trauma; and c) determine if any changes needed to be made in the research protocol or schedule to better support the interviewer. Some of the questions that were used in the HaRT research study connect and support sessions included:

1. How are you feeling after today's interview/s? (Follow up if needed: How are you feeling emotionally? What about physically?)
2. Are there any interviews or stories that you are unable to stop thinking about?
3. What have you been able to do to help yourself manage the difficulty conducting interviews?
4. What self-care can you do for yourself before the next interviews?
5. Overall, how has the research project been affecting you emotionally/mentally/physically?
6. Is there anything that we can change in the research plans to help you better handle the stress of the research?
7. Do you feel you need a break from conducting interviews?
8. Would you like to try to speak with a counsellor about how the interviews have been affecting you?

The facilitators of the connect and support sessions (the HaRT co-directors) also reiterated positive, trauma-informed messages to the interviewers – including reassuring them they were doing good work and reminding them of the ways in which they were having a positive impact through this research. They strived to normalise any emotions that interviewers might be feeling as a result of the data collection process and reminded interviewers they were part of a team and did not have to handle difficult emotions alone. The researchers particularly appreciated the self-talk strategies they learned during connect and support sessions:

“The self-talk was very helpful. When we were feeling low about something we had heard, we reminded ourselves that we did not contribute to their distress. When we felt bad because we had not been able to do a lot to help the person, we reminded ourselves that we had listened. While we had not been able to provide them with counselling ourselves, we had referred them to a counsellor. We told ourselves, ‘I’ve done the best for them that I could do.’” HaRT researcher

Psychological support

Towards the end of the research study, HaRT arranged for both researchers in Uganda to have access to two sessions with an external psychologist for additional, professional support. The researchers were offered the chance to have individual or group sessions. Both researchers reported that spending time with an external professional made a difference to their wellbeing and their understanding of the importance of researcher care throughout the research process.

“It was really great to have access to a counsellor – she spoke about some of the things we discussed in our connect and share sessions, but in a different way, with an independent eye. She had a different perspective on what we were experiencing that I found very useful... I also found it useful participating in this with my colleague – because I learned so much from her insights, too.” HaRT researcher



The researchers shared how this additional support had been invaluable to them as they dealt with the impacts of the Covid-19 pandemic:

“The external psychologist helped us to balance the research project, our lives and Covid-19. I would definitely recommend this approach to other research teams... I really felt I was working with people who cared about my wellbeing.” HaRT researcher

Referral pathways for research participants

Researchers may be exposed to emotional distress when, during the course of their work, they recognise that research participants require services or additional support and yet do not have the information on hand or the agency to be able to provide it or make necessary referrals (SVRI, 2010).

A care-centred approach to the HaRT research study involved making the time to ensure referral pathways were in place before the data collection began. This meant that, should unforeseen issues arise during the research, the research team would be able to signpost participants to services or refer them for additional support. Luckily, the team had access to trained staff at the Willow shelter who were able to provide immediate case management and follow-up. Time and attention were given to ensure the referral criteria and processes were clear, with the acknowledgement that should a referral pathway not be able to meet the needs of the research participant, this could be an additional emotional burden for the interviewers to carry. Decision making relating to whether to make a referral or not was always collective – not only to ensure robust decision-making, but also to avoid one person having to shoulder the responsibility for making a referral decision.

“Not all of the risks can be anticipated during a research study like this. For instance, at the very start of the research, we encountered suicidal ideation among several participants, which triggered a mandatory referral process. We had not anticipated the extent this would be needed, and we worked with counsellors at Willow to make sure they felt confident to handle risk-to suicide cases. This involved training Willow staff in safety planning for suicide prevention.” HaRT co-director

1) What is collective care?

“Collective care involves taking care of ourselves, while intentionally supporting the care of our colleagues, friends, family, and communities. Collective care recognises the shared responsibility we all have to ensure wellbeing in our organisations — and it includes self-care. **Collective care improves how we relate to each other, decreases feelings of isolation, and increases collective power and solidarity”** (IWDA, 2021)

Building community and solidarity

Nurturing a sense of community and collective care can be an important tool for counteracting research-related trauma. Within the HaRT research team, wellbeing was seen as a collective responsibility – for example, when describing their job responsibilities in this study, more than one member of the HaRT team recounted the responsibility they had to extend emotional support to other members of the team. Collective care also took the form of checking in with each other about life outside of work, including asking questions about each other’s family, health or any other issues that were arising at the time. It is also noteworthy that the researchers working in Uganda tended to work together (as a pair) wherever possible – which gave them access to a peer supporter for informal check-ins and support should anything unexpected arise. Peer support can be a useful way to prevent and mitigate research-related vicarious trauma (Hummel and El Kurd, 2021).



Regular communication between team members facilitated community building and collective care. Because the HaRT team was geographically dispersed, WhatsApp groups were used for informal check ins, connecting between team members in different countries, wishing good luck for the upcoming day's work, as well as a way of sharing short meditative grounding practices for everyone co-ordinating the research to use if helpful.

“Sometimes we also did these short relaxation exercises that are part of the Move with HaRT programme ourselves. We shared them on WhatsApp, and they were relaxing! By the time you finish, you feel you have forgotten all the stress. It helps you to put aside issues from the interviews, and focus on your muscles, focus on your arms and legs . . . on the now of the present moment rather than worrying.” HaRT researcher

2) Collective care, solidarity and Covid-19

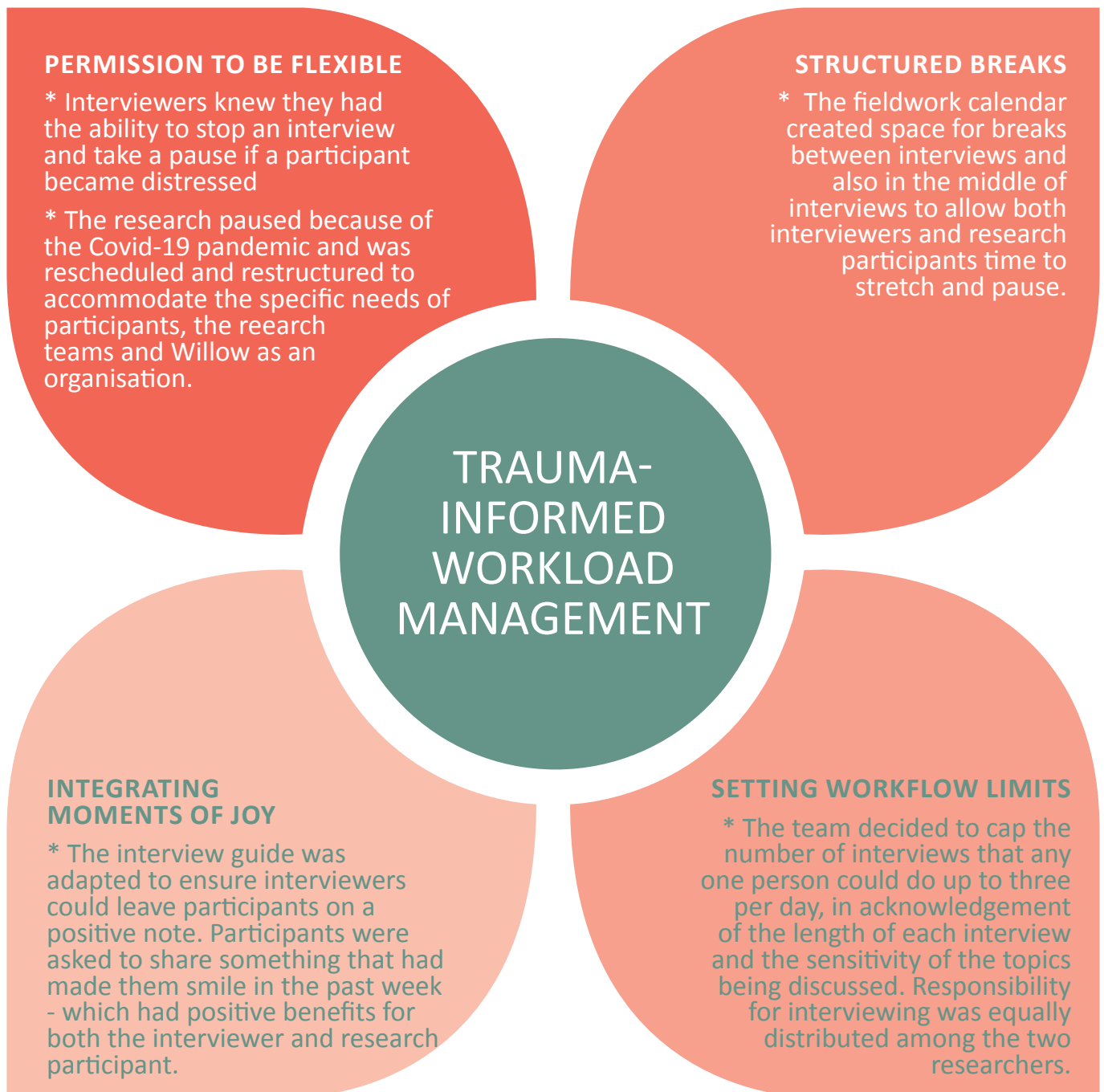
The team was experiencing a unique type of collective stress – each one of them having to handle the challenges brought about by the initial phase of the Covid-19 pandemic. They understood that there were times when a collaborative, rather than an individually centred approach to care might be needed to promote collective wellbeing. For example, during the onset of the pandemic, the team were able to have honest group conversations about whether each person felt ready to continue with the research and to freely discuss whether they had enough stability within themselves to hold space for research participants, given the difficult operating environment.

Compounding the stress faced by the research team who were dealing with the Covid-19 pandemic on a personal level, was the emotional distress they faced when they saw how the pandemic had impacted upon the research participants. During one of Uganda's lockdowns, some research participants had opted to leave the Willow shelter to return to their home communities. There was huge concern for these women and girls - especially when it transpired that some of them were struggling to meet their basic needs outside of the shelter. Together, HaRT and Willow applied to [Urgent Action Fund Africa](#) for a rapid response grant – which allowed them to distribute emergency cash payments to those who were struggling to feed and house themselves. This action was not only helpful to the research participants who had transitioned to their home communities, but it relieved an emotional burden on the HaRT researchers, who had direct contact with the participants during this time of emotional and financial hardship.



Trauma-informed workload management

The ways in which workload is assigned and managed can be a risk factor for vicarious trauma (SVRI, 2010). The HaRT research team was intentional in the way it structured, scheduled and designed specific workstreams in order to minimise the risk of exposure to vicarious trauma. Trauma-informed workload management included:





EXPLORING THE IMPACTS OF HART'S APPROACH TO RESEARCHER WELLBEING AND CARE

The approach to care and wellbeing within this research study had profound impacts upon members of the HaRT team – each of whom was dealing in different ways with the Covid-19 pandemic and a range of other issues. They spoke about how they benefited from the supportive network and practices of collective care that had been embedded in their way of working.

“At the time of the research, I was a new mother. I had just had a baby. At the same time, we were all handling Covid-19, which added more stress. If I hadn't had the care offered to me [by the HaRT team], I don't think I could have continued with the work.” HaRT researcher

Members of the HaRT research team also shared how the approach to care and researcher wellbeing had a positive impact on the quality of the work that was being done and the quality of the data that was collected:

“Because the researchers knew they were supported to deal with any of the difficult aspects of the work, they were better able to support the research participants themselves. They were able to bear witness and hold the space. This made them better researchers.” HaRT co-director

“ [In this research study] we really focused on how to collect the data... Usually, in so many research projects you're made to feel that the most important thing is the data. But I really cared about how the participants were responding and how they were coping with the process. This made me a much better listener – and the research participants noticed that. They felt they were being heard. If a person doesn't feel like they're really being listened to, as if they are being bombarded with research questions, they won't respond well. The data we were able to gather was so much stronger as a result.” HaRT researcher

One researcher described how she was able to care much more about the quality of the data she was collecting because of the support she was getting for her wellbeing throughout the research:

“Researchers who are stressed out all the time aren't able to care so much about the quality of the data they are collecting. They just know they need to finish the work. This study was different.” HaRT researcher

CONCLUSION

Ethical research is a critical part of every study design, with ethical review boards all over the world providing oversight to protect study participants. Yet the importance of vicarious trauma and researcher wellbeing does not frequently get the same level of attention or effort. The strategies to promote researcher wellness used by HaRT went beyond what is often mandated by ethical review boards and were informed by the organisation's values and commitment to ensuring that compassion, care and safety is accessible to everyone involved in the research process— whether they were participants, researchers, or the wider team.

HaRT's approach recognised that individualised approaches to care may not always be enough to ensure researcher wellbeing and that collective care practices – e.g., group check-ins, working in pairs,



collective decision-making that respects everyone's agency – play an important role in reducing the risk of vicarious trauma. Although the HaRT research team had known and worked together for some years and had already established relationships of trust, their experience is a reminder of the importance of investing time in building relationships and rapport within research teams – and of getting to know and value each other as individuals, instead of solely viewing one another as 'tools' or 'instruments' to get the work done.

While some aspects of this work—such as strong referral pathways—need to be adequately planned from the start, meaningful care practices can also be organic, informal and flexible. Because the team had already built respectful relationships with each other, they had the foundation to adapt and layer in practices that could deepen their commitment to care and wellbeing. For example, sending guided meditations via WhatsApp emerged because participants in the research fed back that these were valuable, and the researchers subsequently shared their openness to try them as well. The structured 'stretching break' in the middle of the participant interviews was added during a connect and support session, when the team was brainstorming how to better manage the intensity of some of the interviews. Bringing in an external psychologist was a decision made as the Covid-19 pandemic continued, impacting everyone in unexpected ways.

To do research with heart, the intention is perhaps most important. It requires us to be willing to push back against a sole focus on 'output-oriented' research, and deeply nurture the process itself, as well as everyone who makes it happen.





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