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Researcher Trauma in Dangerous Places: Navigating Peril in Physical and Psychological Milieux

Robin A. Robinson University of Massachusetts Dartmouth

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Researcher Trauma in Dangerous Places: Navigating Peril in Physical and Psychological Milieux

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¹Robin A. Robinson, PhD, PsyD,, Professor of Sociology & ²Ariana Markowitz, MSc, PhD cand. (ABD) ¹University of Massachusetts Dartmouth; ²University College London

ABSTRACT

Many community-engaged research studies in health and allied health conclude that challenges to individual and public health are mediated by trauma in any of its forms. We are exploring how researchers who investigate such challenges - e.g., gender-based violence, sexual abuse and assaults, addictions, psychological and physical violence - may well acquire a traumagenic burden from their research partners, respondents, and/or the community milieux in which they conduct their studies, resulting in a spectrum of trauma that may include experiences of acute trauma and/or vicarious traumatization (VT).

This poster summarizes the content and interactions of a recent 2day workshop on researcher trauma that explored such traumagenic work in a translational approach that shows:

- 1) implications for principal investigators and research staff;
- 2) education they need about researcher-respondent trauma transmission; and
- 3) supports that can help to mitigate researcher trauma.

We presented an interdisciplinary theoretical model to consider how traumatic burdens (such as VT) can impact researchers' work, health, and personal lives.

- ➤ How do researchers perceive their work and provisions of care and healing?
- ➤ What are their experiences of the work, and the harm it may promulgate? While VT has been most thoroughly studied amongst psychotherapists who provide individual treatment, a few studies show that VT symptoms and chronicity appear to be quite similar amongst others who work in traumasaturated environments.

This workshop advanced our understanding of forms of researcher acute and secondary traumas, and signposted lessons for the education and practice of researchers engaged, and immersed, in community-engaged health and allied health studies, broadly defined.

THE UNIVERSITY COLLEGE LONDON WORKSHOPS – "FORTIFY AND HEAL" - INITIAL PROMPTS

- The UCL workshops were international and included researchers working in community engaged research in the U.S., Europe, Central America, and the Middle East. Field work is often logistically challenging and can be physically demanding and exhausting, leaving little energy to adapt to and manage psychological challenges and dangers. Often, researchers suffer because there is little or no access to external helping resources. Many don't feel safe reaching out for fear of being seen as soft or inadequate to the task, or do feel inadequate, feeling the pain and distress of fear, anxiety, and bearing witness. An important goal is to set stigmatization at bay and keep it there.
- ➤ We sought some notion of *normalization* that the burden of distress we carry in this work may compound the burden of the work itself.

COMMON THEMES IN THE WORKSHOP SESSIONS

WHO IS PROTECTING RESEARCHERS?

- While ethics boards standards, requirements, and perspectives varied across institutions and countries - or didn't exist at all none had requirements for researcher risks and benefits as are the norm for "human subjects" review.
- ➤ No one in attendance had seen a human subjects protocol that asks for protections that will be in place for the researcher. We established that such a standard needs to develop. This can be an action item for professional organizations, boards of conduct and ethics, and associations that direct the practices of our respective fields.
- Some in the field have developed 'tool kits' for researcher secondary traumas. Largely, these are focused on secondary/vicarious trauma and not the acute psychological and physical trauma that many of us carry in the course of the community engaged research work.
- > Organizational support and normalization are long-term issues, and we discussed the need to make something happen now.

WHY DO THIS KIND OF RESEARCH? - MOTIVATION & PURPOSE

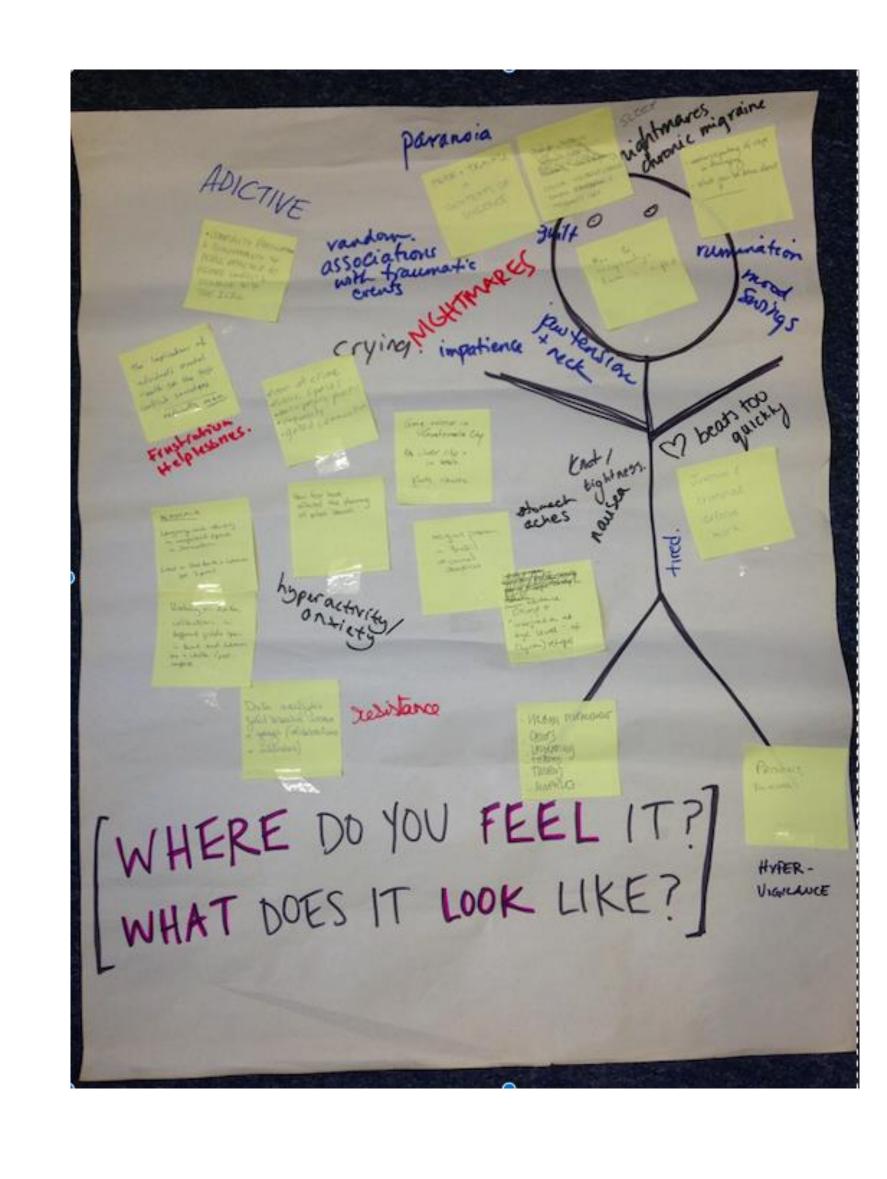
- Many who research trauma-laden subjects do so because they have experienced something traumatic they aim to fix, or have close associations with the traumatic or traumagenic condition or people they choose to research.
- This may be much the same as helping and healing professionals in many fields who have chosen and conduct their work with a reparation dynamic. This is real, and is a corollary to researcher trauma, fear, anxiety, and dangers we seek to address.
- Rather than a judgment about who becomes an effective researcher in dangerous fields or in traumagenic substantive areas, it is a caveat to establish best practices of safety, empathy, efficacy, and support.

EXPERIENCES OF RESEARCHER TRAUMA

- Acute traumagenic effects:
- Violence in the research field
- Acute trauma; annihilation anxiety
- > Physical harm and medical/psychological sequelae
- > Secondary traumagenic effects:
 - > (Over)identification with research participants/respondents
 - Vicarious traumatization (depletion, hopelessness, helplessness, collapse of belief systems, empathic failure)
- Other secondary traumas
- Enmeshment with respondents' experiences, dangers, dilemmas
- Psychological distress
- > Lack of adequate preparation to embark on the research
- Lack of institutional supports
- > Well-meaning but under-informed institutional supports
- > Somatization of traumagenic effects

FOR FURTHER INFORMATION OR TO JOIN THE DISCUSSION CONTACT: Dr. Robin A. Robinson at rrobinson@umassd.edu

EXERCISE: WHERE DOES THE TRAUMA MANIFEST? Some researchers' responses to where and how their research work affects them.



WORKSHOP TAKEAWAYS – DISCUSSION

