Original Research

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Lived Experiences of Human Subjects Researchers and Vicarious Trauma

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Abstract

The purpose of this consensual qualitative research (CQR) study was to describe the essence of the experiences of 10 human subject researchers who have been impacted by research-related trauma. After the data was collected, transcribed, and coded, five main themes emerged from this study: (1) data engagement; (2) symptoms and impacts; (3) coping; (4) weight of representation; and (5) support. Findings of this study may help research supervisors and higher education leaders have greater awareness of how vicarious trauma may impact students and professionals who engage in research regarding traumatic content. The findings in this article can be used to recognize trauma in researchers, as well as springboard further discussions of vicarious trauma. Researcher supervisors and higher education leaders can reflect on their role in recognizing and mitigating vicarious trauma. Recommendations for future research include expanding identities for researchers using the CQR method and participants recruited, finding effective strategies and policies, exploring the incidental theme of dehumanization, and conducting quantitative studies.

Recommended Citation

Introduction

Scholarly research is often labor-intensive yet rewarding, and engaging in the process can impact the researcher in a variety of ways. Due to research ethics and the oversight of Institutional Review Boards, the impact research might have on study participants is heavily considered; however, it is rare to take into consideration how researchers might be personally affected throughout—and following—the research process (Drozdzewski & Dominey-Howes, 2006). This is especially true of researchers who engage with traumatic content, such as natural and human-made disasters, abuse and neglect, mass casualty incidents, and human trafficking. Researchers might find they feel distressed and helpless during or after the completion of their studies (Coles & Mudaly, 2010), which can be indicators of vicarious traumatization (VT; Pearlman & Mac Ian, 1995) or secondary trauma (van der Merwe & Hunt, 2019).

Vicarious Trauma

VT is defined as the shift that occurs when professionals, such as mental health practitioners, work with individuals who have been traumatized (Pearlman & Mac Ian, 1995). Therefore, VT was mostly noticed in clinical settings where professionals are exposed to distressing experiences, such as child abuse, sexual assault, and interpersonal violence. In their seminal work with therapists, McCann and Pearlman (1990) compared the shift related to VT as an indirect experience of being victimized. Symptoms of VT are marked by changes in cognitions, feelings, and bodily sensations. These changes may lead to a loss of trust in humanity, increased checking for safety, increased sense of helplessness, loss of agency, lack of intimacy and connections, and hypersensitivities regarding certain content or groups of people. These symptoms can manifest disturbances in both waking life and sleep. Since then, researchers have recognized the detriments of VT across multiple professional disciplines, including health care (Shorey & Wong, 2022), child welfare workers (Molnar et al., 2020), and administrators (Anthym & Tuitt, 2019). This research further supports the idea that secondhand exposure to graphic details of trauma accounts can lead to changes in the professional's worldview and can cause distress.

A common phenomenon compared to VT is secondary trauma (van der Merwe & Hunt, 2019). A discussion of secondary trauma is not included in this article; however, it is important to highlight that VT and secondary trauma may be used interchangeably in literature. More importantly, both VT and secondary trauma have serious symptoms and impacts that should not be undermined. In fact, secondary exposure to trauma is so distressing that it was included in the most recent revision of the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5; American Psychiatric Association, 2013), and is now a qualifying criterion for the diagnosis of posttraumatic stress disorder (PTSD). In the most recent DSM update, PTSD was revised to include *indirect exposure* to traumatic event(s) (p. 271). Therefore, those who have experienced VT are now able to formally meet the criteria for PTSD.

VT Among Researchers

Researchers may experience VT when exposed to distressing experiences from participants (Coles et al., 2014) or analyzing data with traumatic content, such as reading and coding victim testimonies (Loyle & Simoni, 2017). Recent research indicated that researchers were negatively impacted when they were repeatedly visually and auditorily exposed to distressing information (Fenge et al., 2019). These results are concerning because some researchers are also helping professionals, but they cannot deeply hold an empathic stance (Pearlman & Mac Ian, 1995) due to adherence of typical research protocols for maintaining objectivity. Unfortunately, researchers exposed to traumatic experiences might find themselves engaging unhealthy coping mechanisms, such as increased substance use, feeling irritable, unable to empathize, having trouble connecting with others, and experiencing intrusive thoughts, because of such exposure (Loyle & Simoni, 2017; Billings et al., 2015).

Similarly, a qualitative study of researchers of gender-based violence indicated traumatic responses, such as in-the-moment emotional reactions to sensitive data; a collection of impact that builds over time regardless of one's expertise; needing time off and not being able to take it; and finding ways to cope (Williamson et al., 2020). Coping consisted of five strategies: general distractions, overconsumption of food and alcohol, exercise, therapy, and being still. Lastly, participants of the study rewarded themselves by acknowledging the importance of their work.

As these studies make it easier to see the impacts of VT among researchers, researchers believe that even minimal exposure to distressing material presents a risk for developing VT (Stahlke, 2018). This phenomenon has sparked concerns about the extent of VT, buffering and preparing researchers for work-related trauma, and using formal protocols, such as self-monitoring and supervision (Butler et al., 2019; Kumar & Cavallaro, 2018; Williamson et al., 2020).

Purpose of This Study

Despite the profound effects VT might have on a researcher, limited research is available on this phenomenon (Coles & Mudaly, 2010; Nikischer, 2019). Therefore, the purpose of this consensual qualitative research (CQR; Hill, 2012) study was to describe the essence of the experiences of human subject researchers who have been impacted by research-related trauma.

In developing their framework for VT, McCann and Pearlman (1990) used a constructivist approach to capture the complexity of both individual and the therapist–client intersect phenomena of trauma. Their constructivist approach is maintained in this study in two ways. First, participants provided their lived experiences with vicarious trauma related to their research. Second, we used CQR to identify (construct consensus) themes as the researchers of this study.

RQ: What are the lived experiences of human subjects researchers who experience symptoms of VT because of their work?

Methods

Participants and Procedures

The participants for this study were recruited using purposeful and snowball sampling techniques (Creswell, 2017). The participants consisted of adults over the age of 18 who self-identified as having experienced trauma symptoms because of their work as human subjects researchers (or data processors), and who were not restricted to a particular field or work setting. Fitting with traditional qualitative inquiry, the researchers obtained informed consent and conducted semi-structured interviews with the participants via Zoom (a virtual meeting platform) to learn about their experiences with researcher trauma. Similar to Williamson et al. (2020), we considered participant safety in this study. Participants were provided a nationwide, toll-free number to call as a part of the informed-consent process. The first author also checked in with participants prior to scheduling interviews. Participants were reminded that participation was voluntary, and they could stop at any time. Lastly, the interviews were audio-recorded only for the purpose of later transcription. Video was engaged throughout the interviews, so researchers could monitor participants' non-verbal cues—unless otherwise indicated by participants or technology limitations.

In total, 11 participants were interviewed. One participant, although screened, did not fit the inclusion criteria, leaving 10 viable interviews for this study. Of the remaining, eight identified as female, one as male, and one as non-binary. Years of experience ranged from 1 to 30 years of human subjects research experience. Most participants identified as White ($n = 7$), followed by African/African American/Black/Afro Caribbean ($n = 1$),

Middle Eastern/Middle Eastern American/Arab American (*n* = 1), and Indian Muslim (*n* = 1). Participants described their roles or careers as professors, doctoral students, clinical investigators, researchers, research assistants, transcribers, and translators, with some having multiple roles.

Of the participants who preferred research methodologies, most identified as qualitative researchers (*n* = 4), followed by a combination of quantitative and qualitative (*n* = 4), quantitative-only (*n* = 1), and one participant did not share their methodological preference (*n* = 1). Half of the participants (*n* = 5; 50%) indicated being very well prepared for conducting human subjects research around sensitive topics, three participants (*n* = 3; 30%) reported being somewhat prepared, and two participants (*n* = 2; 20%) reported being somewhat unprepared. Participants of this study represented several professional groups. The researchers of this study realized that it would be helpful to know participants' actual professions; however, they decided not to disclose the information. Since some participants are experts in their fields, disclosure of actual professions would increase the possibility of guessing their identities.

Data Analysis

The audio recordings of the interviews were transcribed using a paid, professional transcription service. Then, consensual qualitative research (CQR) methods were used to analyze the interview data (Hill, 2012). According to Anderson et al. (2014), data analysis using CQR entails three fundamental stages: (1) coding for initial domains (i.e., topics used to group or cluster data); (2) coding for core ideas (i.e., summaries of the data that capture the essence of what was said in fewer words and with greater clarity); and (3) a cross-analysis and charting process to identify common themes across participants or groups (i.e., developing categories to identify common themes reflected in the core ideas within domains across participants).

Within the traditional CQR process, documenting frequency across individual participant responses is typically used to attain representativeness. The researchers in this study intentionally modified the CQR process by forgoing response frequency. They, instead, established representativeness through careful independent and dyadic analysis, considerable team discussion, and recognition of response value through the consensus process.

Individual researchers conducted interviews and provided their participants with the opportunity to "member check" the raw interview once the transcriptions were obtained. This check allowed participants to provide any clarification or to request omissions to protect their identity, which differs from "peer debriefing" in that the participant provides feedback in writing or face-to-face as a means of verification of initial data collection (Billups, 2020). Once the participant feedback was obtained, each researcher uploaded their raw or edited interview transcript into an online group repository after removing any identifiable participant information.

The research team, consisting of seasoned human subjects researchers from the counseling field, then began the individual process of reading through the collection of transcripts and engaging in the initial step of "structural" or "holistic coding" to get a general feel for the contents of the interviews (Saldana, 2016). The team started to see patterns emerge from the participants' voices that Moustakas (1994) referred to as "intersubjective validity," which comes from the social interaction between participant and researcher. As in many qualitative data analysis processes, a second phase coding exercise was completed. This second phase involved "process coding" methods, including grouping significant phrases into initial categories and providing the researchers with a richer understanding of the participants' experiences (Saldana, 2016). Once each of the researchers completed the two-step coding process for each interview, they further looked at the data in dyads to ensure that initial coding processes were consistent across interviews. At the completion of this stage, the researchers met as a team to engage in the CQR process. The team shared their notes, as well as initial themes that emerged regarding the findings of their individual and dyadic coding processes. The team collectively engaged in a "focused coding" practice to check for understanding and to further categorize the data into thematic categories.

Discussion among the researchers ensued for several months, resulting in consensus on several essential themes. An auditor who was familiar with the study but external to the consensus development process then provided input during the final cross-analysis process to ensure the trustworthiness and integrity of the results. The auditor confirmed the themes that the researchers gleaned from the data; however—during the engagement with the auditor—a concept not previously discussed by the researchers was illuminated.

Over the following weeks, the researchers discussed whether to include this newly illuminated concept as a theme. One researcher felt strongly that the concept should be included as a theme, while three researchers did not feel as though it could be included. The researcher who felt strongly about the concept's inclusion described their passion to give a voice to this potential experience for the participant(s). As qualitative research is designed to provide a greater understanding of the essence of an experience, the researchers provided a space for this potential experience and the voice of all the researchers. This concept is introduced below under the heading "Incidental Theme."

A five-step process was used to strengthen the quality and rigor, or "trustworthiness," of the qualitative data collection and analysis process (Billups, 2020). The process included checking for (1) credibility (believability); (2) dependability (consistent over time); (3) transferability (applicability to other times, settings, etc.); (4) confirmability (accuracy); and (5) authenticity (the value that the research adds). While qualitative research is not intended to be readily replicated for verification, the process undertaken to establish rigor is important to honor the voices of the participants and provide structure around their perspectives. The researchers combed through the raw transcripts, participant feedback, and the auditor's comments to ensure that each step in the process was reviewed before moving to the final stages of review and consensus.

Results

A total of five essential themes emerged from the data analysis process, including (1) data engagement; (2) symptoms and impacts; (3) coping; (4) weight of representation; and (5) support. One incidental theme, dehumanization, was also included in the results.

Essential Themes

Theme 1: Data Engagement
All participants discussed how engaging with their research data was triggering at times and often contributed to their level of mental and emotional distress. For instance, Participant 8 discussed the sheer volume of their research data and stated that during their data analysis process, they read close to 200 transcripts on murder, rape, and the sexual abuse of children. Similarly, Participant 5 discussed the vast number of hours they would write each day and the consequences of engaging with the data in this way. They stated, "I was writing 16 hours a day, and then I'd go to bed, and I'd have all of these very, very vivid nightmares." Participant 4 had a similar experience and discussed how they were aware of how engaging with their data was impacting their personality:

> So for me, as I'm starting to do more interviews with women, I'm realizing that I'm going to have to be careful on some kind of future thinking about how to mitigate trauma with regards to the pacing and the level of intimacy and how do I make space, so I don't get triggered up?

Subtheme: Personalization
A subtheme that emerged was how participants were affected when they closely identified with the participant due to sharing similar characteristics, cultures, or experiences. For example, Participant 4 discussed the importance of being mindful when the researcher and participants share similar characteristics and cultural

backgrounds. They stated, "I think that the cultural distance makes it easier to manage, and we have to be more careful when our participants look like us." They expanded on this thought and explained how "It's so much easier to personalize when the person looks like me or sounds like me." Likewise, Participant 6 discussed how interviewing their participants was a challenging process:

> [It was] difficult to hear because … these are black women who represent different people that I know … . There's people who are like my little cousins' age, people who are my age, people who are my mom's age.

Additionally, Participant 9 shared similar thoughts when describing how they conducted a study about a country where they had lived for several years and often had to view graphic photographs as part of their research, stating:

> Every time I see images, it might be a place I've been … . So at some point in time, I will come across pictures of people I know that are dead or who have been maimed and have to look at it.

Theme 2: Symptoms and Impacts

All participants in this study, to some degree, shared symptoms that were a result of their research engagement with sensitive data. Some participants described their symptoms in general, while others were more specific. Overall, multiple symptoms were noted by participants, such as hypervigilance, disassociation, flashbacks, cynicisms, nightmares, and suicidal ideation. Participants provided general symptoms, as well as specific impacts (related to impacts), including changes in emotional and social functioning. Each participant experienced symptoms that did not necessarily fit neatly into a single category but instead "folded over," as one participant stated.

Participant 2 described their most prevalent symptom as, "I felt detached from reality, but there's a lot of dissociation as well. I feel numb a lot." In addition, Participant 5 discussed the eventual buildup of symptoms and how extreme their symptoms had become by stating:

> And we're sitting there, and all of a sudden, an SUV rolled by—like drove by—and it happened to run over a water bottle, which popped and sounded like gunshots to me … . I started screaming, like, get down and get down they're shooting. I don't know who they are. I'm just like yanking people under the table.

Participant 6 mentioned the negative impact that their symptoms had on life in general. They stated:

> This is a sign that this has become, you know, more than just like the, the hazards of doing qualitative research around violence and trauma. Like this is becoming like a mental health concern as far as how, um, how much these stories are impacting me.

Subtheme: Emotional Impact

Throughout their interviews, participants shared a variety of specific emotions they experienced because of their research, including hopelessness, helplessness, anger, sadness, fear, hypervigilance, confusion, and numbness. For instance, Participant 4 stated:

> I started to get cynical. I started to get more suspicious of people. I started to see the world in a different way … . I could walk outside on a beautiful spring day … and only notice the trash on the ground … . I don't know how to describe it … . It was just seeing the world through a darker lens.

Participant 6 discussed similar experiences and explained how these negative thoughts related to their research eventually resulted in suicidal ideation. They stated:

At this point, I think it was maybe 10 or 12 stories that I had heard. Um, and just all of them, just almost worse and more like devastating than the last. And I was like, I can just end this agony that I've been in for at least the last 4 weeks and just kill myself because that is the only way I can ensure that I will not experience violence or trauma … . And, you know, I'm sitting in my car, I'm like, all I have to do is make a, uh, just a quick wrist movement and this can all be over.

Subtheme: Social Impact

Another subtheme that emerged was the impact of the researcher's work on the world around them and vice versa, which eventually impacted their interactions with others. For example, Participant 1 described a fear of betrayal related to their community. [N]ow people are being very vocal about their political and religious [views], and how they spew hate on social media about Muslims. That did not affect me before I was studying [research topic]." They also mentioned how the realities of participants impacted their own sense of safety and trust in the community, sharing:

> For example, the neighbors hid their neighbors in their homes, so that the mob would not kill them. But there were other stories where they betrayed them. Now, I feel like if anything happens, I know who will betray me.

Participant 8 talked about what a loved one witnessed as they researched hours of data related to violent criminal behavior. They stated, "And he [spouse] was saying that more than any active signs of trauma that he noticed in me, he noticed me 'stalling' at certain joys or positives in life." Participant 6 discussed how they were conscious of pulling away from their social network because of their research experience and noted, "I started like, not talking to family. I stopped talking to my friends because I felt like they couldn't understand." This participant also talked about the social impact from the perspective of being an observer who saw the struggle of what they once experienced in their own research process with sensitive data in someone else, yet not being able to help. Participant 6 said:

> [A]ll of a sudden they have somebody in their home who's distant for no reason and who's quiet for no reason, who's on edge, who get scared when you walk in the room because they don't realize their body's going through all the physical ramifications of reacting to trauma.

Participant 9 added, "I think there's kind of that 'trauma by proximity' almost that now your family is involved in … and that can cause a lot of problems if they don't understand it … ."

Subtheme: Early Career Impacts

Some participants discussed specific emerging career impacts that resulted from their experiences. Participant 10 noted symptoms as a graduate student. They stated, "At the end of a long day of interviews, it's like, 'Whatever.' It doesn't come until overtime that you really reflect on it and think, '[W]ow, that clearly had such a huge impact on me and my work.'"

Similarly, Participant 5 discussed their early career impact in detail and how being an expert in trauma did not protect them from experiencing symptoms. Instead, their attempts to manage symptoms negatively impacted their connection with colleagues and almost jeopardized the very career that they had built based on their trauma expertise. Participant 5 shared:

> [S]omebody more junior than me made the claim that I was bullying them, um, which I actually to this day find incredible because when I came back in the fall … . I was so glossed over. I didn't talk to anybody. I basically would show up on campus, go into my office, go to my class, go back to my office, and go home … . And so … to be accused of bullying, um, which I wasn't doing, because I wasn't talking to you—like me ignoring you is not bullying you. It's me trying to be in survival mode.

Upon further reflection, Participant 10 shared their efforts to support others in their research processes by providing the support they felt they never had. They stated:

> I tried to do everything that I felt like I needed and didn't have ... I think that it's pretty dangerous, especially when you have people that are graduate students, right? They're already the most vulnerable, they're already are struggling often with mental health issues related to the way that graduate school is even set up ... . And then, you load them down with this intense trauma and you expect them to go on being fully functional, present researchers, teaching assistants, students, et cetera.

Theme 3: Coping

Participants identified several coping strategies that were a direct result of the symptoms and impacts that they were experiencing. Within the theme of "coping," two subthemes emerged, (a) utilizing mental health services; and (b) disconnecting from the data. In general, participants were exposed to traumatic material related to sexual violence, combat, abortion, and mass shootings. Interestingly, participants discussed coping mentally and physically either by avoiding or engaging in certain life events.

Each participant shared a coping strategy that worked for them, highlighting that there are several ways to combat the distress of research and plunging into sensitive data. Participant 9 exemplified this when they stated, "For me there's a lot of different ways to deal with it that are out there." Each participant identified ways to cope that ranged from individual activities to getting help from others. For example, Participant 3 disclosed, "I would say definitely people. I am a big proponent of processing things with others, running my negative automatic thoughts by other people, almost helping me challenge them. Sometimes it's easier than trying to challenge them on my own."

Some participants talked about how essential it was to be able to cope in the moment and to be strategic in taking care of themselves—even regarding their research process. With many of the participants, learning to recognize symptoms happened over time. Once they were able to recognize symptoms, they could intervene or possibly get help. For example, Participant 4 stated:

> [A]fter I started to feel a little off, I just made myself stop and take a break. And I really intentionally started doing things like working in my garden and reading happy books and thinking of things in a more positive way ... . So I've been really careful about how many [qualitative participants] I interview at a time.

Alcohol was also used by some participants as a means of coping. For example, Participant 6 noticed an increase in alcohol consumption because of the distress associated with their research. They stated, "I did drink a little bit more, um, and also drinking by myself. And so just to kind of like calm the anxiety of doing this work."

Subtheme: Utilizing Mental Health Services

Connecting with support services was a means of coping mentioned by four participants. One participant mentioned that the counseling they had sought prior to their research helped prepare them for the research process. Other participants sought professional help after attempts to navigate challenging experiences related to their research. Participant 9 noted, "I was undiagnosed for a number of years, and then I finally got around to seeing somebody and was diagnosed with PTS, and then I was able to learn some of the techniques." Participant 2 also shared their experience with therapy:

> I've been doing psychotherapy and it's helps. And I know people can do both and a lot of people told me that maybe I should be on medications, but I don't want to be on medication. There is no stigma around it or anything, I just don't want to take more pills.

Participant 2 also shared other strategies that seemed to help them cope. They further stated:

> I've been writing letters to my inner child, and it really helps. Before I thought about it, I thought it wouldn't work, but it really helps … . I am also a mental health advocate, and I follow a lot of accounts on Instagram, and it really helps. And I would go through like daily affirmations, and I would pick certain affirmations that I would, kind of, relate to how I feel [on] a certain day.

Subtheme: Disconnection From Data

This subtheme emerged as participants described an emotional disconnection with the data (their participants' stories). Some discussed disconnecting from their data in a way that provided them a mechanism for emotional protection and processing to avoid psychological discomfort or harm. One participant viewed the process of disconnecting as unattainable. Participant 2 shared how their supervisor coped with researching violence, and stated:

> I asked one of my supervisors, she has been researching violence a lot. And I asked her once, "How do you cope with this?" because I was curious, and they said, I had just sat back, and I looked at these things as data.

Participant 3 described the process of disconnecting from the data as taking time away from the data and/or research topic, stating "It's just putting it in a little box and setting it to the side for a little while so that I can come back to it later."

Participant also talked about knowing their limits and when to disengage from triggers. This meant finding new ways to transition through daily living and paying attention to details that may further perpetuate their symptoms. Participant 9 shared:

> I know if I'm super frustrated or on edge, I don't go to the grocery store where I'm going to have to wait in line or have somebody run into me with their cart or have large crowds or kids screaming. So, a lot of that for me is just avoiding places that are going to make the conditions even worse.

Participant 1 also discussed their experience in disconnecting with the data and research topic as a way of coping by stating:

> I think taking a step back is really an important part of it. I think for a lot of people in helping professions, we feel such an obligation to kind of keep helping, keep helping, even when we sense ourselves being depleted … . Just to be able to go, "You know, I'm not doing that right now." And recognizing that, I had to give myself permission to say, "No," and to recognize it's not my job to interview everybody.

While some participants discussed the concept of disconnecting from the data as a means of either healthy or socially acceptable coping, Participant 10 challenged this disconnection as being unrealistic in application by stating:

> We are so taught that we need to be objective, we need to be separate. And so, there might be some of me being averse to using that word because I'm like, "No, no, no. I'm fine. I can do this. I totally got it." So, some of that might just be this idea that we want to appear as scientists like, "We're not impacted by our work." Which is ridiculous, but I think that might be some of where that's coming from.

There seemed to be elements within each participant's story regarding the concept of disconnecting with their data. While this concept is something that many of the participants discussed, it seemed to permeate into

other themes as well, including the recognition that support for their own mental health was lacking within the research process.

Theme 4: Weight of Representation

The researchers interviewed in this study described a sense of responsibility to represent their research participants and the participants' traumatic experiences thoroughly and accurately throughout the research process. Many researchers talked directly or indirectly about this weight of representation. Participant 8 reflected this theme by saying, "And because my research has helped some people, I guess I feel like it's purposeful. So, I think it's bearable for me to have this thing in my life, this weight." Participant 5 shared:

> For me, part of it is the belief that I can actually make a difference. And part of it is guilt. And part of it is honoring the people who are no longer here. Um, and I am here. And so, I owe that to them.

Participant 1 also discussed how they and their family were not represented in the topic they researched, drawing them to the research topic in order to represent people like them and their family. They shared:

> Because as a Muslim [person], I have listened to a lot of stories about [research topic] and I don't think I'm being represented anywhere … . The story of my family, of my grandmothers or anyone else isn't represented anywhere in [research topic], even though they were the ones who were most affected by it.

In another instance, Participant 2 identified with the population that they were studying due to similar experiences. Participant 2 felt the weight of representing individuals with similar experiences to their own and shared:

> It's very triggering, but I feel like I have [a] purpose or reason to do this … . Maybe because during my childhood, I felt like there was no one out there that wanted to help me out and we didn't have, at that time, these NGOs … . So maybe I felt alone and now I want to give a voice to these people … . I do have history with molestation, to be very precise. And I have been traumatized about this, and it's led me to this kind of work.

Participant 2 continued by highlighting the drive to help marginalized groups find their voices. They said:

> I'm still doing this kind of research for a reason, because I want to give these women and queer folks there a voice, because they're beyond dehumanized, and no one really cares about them … any kind of tragedy towards them, it's like, "Oh well. You are refugees."

Participant 2 went on to discuss how the weight of representation called them to action. They shared, "So, when I see these things happening to marginalized people, I want to research this. Not only give them a voice, but I do want to contribute to social policies that would help."

Theme 5: Support

All but one participant expressed the need for support to make sense of what they were experiencing— whether termed as trauma or not—as well as directions on how to cope with their symptoms. As stated earlier, many participants recognized the need for support only after they were engaged in their research on sensitive topics. For some, the support process was ongoing. Within the theme of "support," five subthemes emerged, (a) lack of support; (b) getting support; (c) specialized support; (d) stigma of seeking help; and (e) lack of training and preparation. Nine of 10 participants wanted support and described the frustration of not getting it, particularly from supervisors. Some of them also discussed how they eventually found support beyond their supervisors.

Subtheme: Lack of Support

Participant 10, who felt anger and disappointment for the lack of support described, used these words:

> I felt like there was just not a lot of support for the emotional side of what we were doing. You just listened to some really … for lack of a better word, fucked up shit, and there's no one to help you process that, right?

Participant 2 also shared feelings of not getting adequate support from their supervisor when needed. They said:

> And honestly, my supervisor at that time … it didn't seem like it was an important matter, you know? I always noticed data is more important to them, and I've seen it with other people, and to me it's very dehumanizing.

Participant 8 discussed the struggles of being an international student and how getting help might be counterproductive for studying abroad. They stated:

> I did not feel supported. I felt like within my own little family network, I was lucky to have support. From an academic professional standpoint, I was absolutely not supported … . [I] felt just lucky that I didn't have a total meltdown, or some debilitating crisis, because I think had I given my supervisors and my university a chance to be supportive, they would have come up with an intercalation.

Participant 8 described an intercalation process that applies to study abroad students in which getting help or taking time away from research could lead to loss of money, time, and visa status if students' studies were interrupted.

Subtheme: Getting Support

A few participants described having support. One felt extremely supported, not only by her supervisor but by participants recruited from the organization. Participant 7 noted:

> So I feel like I have a lot of positive supports … just yesterday, my contact sent me an email saying, "Some of the gals that you've interviewed wanted to check with me to see how you're doing after their interviews. And if you need me, I'm here if you want to debrief."

Similarly, Participant 6 shared:

> Luckily, I had some type of community. I was able to talk to my chair, um, to some extent about some of the things that I was experiencing, you know, the dreams, even fantasies … . And I was like, this is weird. Like, this is uncomfortable, like something is wrong with me. And, you know, she worked with trauma with, um, with young women and she was like, no, that's actually a very normal response.

Subtheme: Specialized Support

Three participants discussed the importance of getting specialized support by others who were personally connected to either their research topics or communities. For example, Participant 9 described this support as:

> Talking, not about the issues, but just talking, just being around someone else who you know has gone through the same things, thinks about the same issues … . We will keep an eye on each other and check on each other and just spend time together.

Other participants discussed the importance of having specialized support in the form of a professional therapist or a community of support. Participant 2 stated:

> I would talk about it with my therapist and basically my therapy, at that time, was mostly about my research, even though I had other topics to talk about … . So, it's been a very lonely and very triggering topic and, I mean, research.

On the other hand, Participant 5, discussed finding more comfort in a community with people who knew the struggle better than their therapist. They shared:

> I think that, you know, my (friends who are survivors) have probably been more helpful to me than my trauma therapist because my trauma therapist can listen, but he wasn't in a shooting … he can hypnotize me, but he wasn't in a building."

Subtheme: Stigma of Seeking Help

A few participants discussed the discomfort of seeking help, in general. Participant 5 captured the essence of the participants' experiences in their interview when they stated, "this is such a taboo topic," as they discussed their own processes of both recognizing and seeking help for struggles associated with the research process.

Subtheme: Lack of Training and Preparation

Many participants described their lack of training as being blindsided—where the expectations of engaging with data did not always align with their actual experiences. Participant 2 discussed how helpful it would be to have training, saying:

> Perhaps researchers would have the chance to get some sort of training on how to look after themselves when you research these kinds of topics … not only get professional training on how to handle certain topics and how to research certain topics, but how to look after themselves, because from what I've seen, it's something never talked about.

Additionally, Participant 9 stated, "For researchers who don't really understand what they're getting into, don't have any safety nets, their organizations and institutes don't understand what they're asking them to do, and don't support them with help as they go along." Likewise, another participant questioned her research preparation "how come I didn't learn about this in my research class? Why didn't anybody come?"

Incidental Theme

As discussed above, the concept of *dehumanization* was illuminated in the auditor's feedback to the researchers. While this theme was not something explicitly stated by all participants, the researchers agreed that dehumanization ran through the participants' stories in differing ways. As mentioned in the "Weight of Representation," subtheme, "Lack of Support," Participant 2 stated that they believed the way their supervisor coped with hearing traumatic stories from their research participants was to distance themselves from the participants in a scripted, robotic manner as a way of coping with the sensitive data and topics. They shared how they believed the practice was "dehumanizing." The process of utilizing a mechanical and not personal process of engaging and, in this case, disengaging from participants' stories was deemed incongruent with the nature of human subjects research, as participants in this study understood it.

The researchers contemplated the social justice implications for dehumanizing relationships with others to protect oneself, and the degrative process that might perpetuate harmful practices as early-career researchers learn coping skills from more seasoned researchers' practices. Many discussions ensued among the research team as to how this concept can negatively affect the overall health and wellness of researchers across disciplines, but the researchers were unsure how to accurately include it in the results of this study. The consensus among the researchers concluded that the incidental theme—*dehumanization*—is complex in nature and an area of human subjects research that should be revisited and studied on its own to gain a true understanding of the intricacies of this phenomenon.

Discussion

The intent of this study was to explore researchers' experiences with VT. The research team found that VT was experienced by participants across multiple disciplines, regardless of years of experience. Considering the increased concern for trauma exposure in society, as well as the call for more research around the effects of trauma on human functioning (Williamson et al., 2020), this study presented a unique opportunity to explore the risks that human subjects researchers endure, as well as the opportunity to challenge the idea that conducting research means simply working with static data.

The research team feels it is important to acknowledge the difficult information human subjects researchers often hear, read, view, transcribe, and write about as they investigate sensitive topics (Nikischer, 2019). It is evident from this study that engaging with participants in a meaningful way can be dangerous to researchers' psychological and even physical health. The range of symptoms, impacts, and overall experiences described by the participants in this study suggested there was more complexity to their processes. To describe their experiences otherwise—as captured by the themes in this study—diminishes the experiences of the researchers and their participants alike.

While this study focused on human subjects researchers' experiences, there were some similarities in what study participants shared compared to previous findings. For example, it was known that exposure to sensitive data could trigger past trauma (Kumar & Cavallaro, 2018), but it has not been previously applied to the work of human subjects researchers. Also, debriefing and having someone to process difficult feelings with was helpful for research participants in Uganda (Grundligh et al., 2017), which was also echoed by participants in this study. It should be noted that researchers in Uganda used debriefing as part of their official protocol, whereas most participants in this study described their well-being as more of an afterthought. There did not appear to be clear indicators of training or mentoring around insulating factors of VT for any of the participants.

One participant described that the nature of graduate programs is to "push people," which may not be conducive to the development of the protective factors necessary to cope with being exposed to sensitive topics. There may be times when human subjects researchers—particularly doctoral students—may exceed typical thresholds of healthy functioning. Even participants who described acquiring coping methods noted the difficulty of managing their levels of distress. For some, the symptoms and impacts were considered long-lasting, leading to clinical-level psychological or physiological symptomology.

Implications for Researcher Supervisors and Higher Education Leaders

The nature of most institutions is not to protect researchers from possible physical and psychological distress related to research. Supervisors and leaders can use themes from this study to help identify symptoms and impacts or provide this article to a researcher for further discussion. In fact, most participants in this study felt torn between their roles as researchers, while wanting to stay humanly present for participants, a process that Gupta (2018) referred to as *compassionate witnessing*. The sensitive research topics for participants in this study were most notably around sexual assault and violence. According to Butler et al. (2019), there is not enough preparation for the emotional intensity related to sensitive data. Participants also noted that despite choosing their topics, the symptoms and impacts were neither fully revealed nor initially recognized. Sadly, researchers of sensitive data may find themselves in competing positions of caring for themselves, caring for participants, and completing their research agendas while on a deadline (Williamson et al., 2020). Researchers, along with some participants of this study, agree that institutions need to develop practices to protect researchers (Nikischer, 2019). However, we found no set protocols for what these practices might entail. Researcher supervisors and higher education leaders can expect that any adopted practices might have gaps considering the delayed onset and difficulty recognizing symptoms and impacts.

Though not explicitly stated, some participants hinted that a certain tenacity is required to engage in human subjects research around sensitive data. This suggests that personal, as well as academic, preparations must be considered for those choosing—or being encouraged—to engage in sensitive research topics, as certain parts of interviews and data may remain embedded in the psyche long after research results are published. In this study, the sensitive research topics for participants were most notably around sexual assault and violence. According to Butler et al. (2019), there is not enough preparation for the emotional intensity related to sensitive data. And participants noted that despite choosing their topics, the symptoms and impacts were neither fully revealed nor initially recognized. Sadly, researchers of sensitive data may find themselves in competing positions of caring for themselves, caring for participants, and completing their research agendas while on a deadline (Williamson et al., 2020).

Researchers, along with some participants of this study, agree that institutions need to develop practices to protect researchers (Nikischer, 2019). However, we found no set protocols for what these practices might entail. Researcher supervisors and higher education leaders can expect that any adopted practices might have gaps considering the delayed onset and difficulty recognizing symptoms and impacts. On a deeper level, in this study, the researchers were left with questions about how research supervisors and higher education leaders may responsibly recognize and respond to the VT human subjects researchers may experience. And participants questioned the role of institutions in supporting their needs. Both supervisors and higher education leaders can decide their roles and response to researchers who experience trauma related to exposure to distressing topics. These questions seem reasonable as a few participants in this study pointed out that institutions are expecting and partially benefiting from the potentially dangerous work that researchers are doing in their name.

Isomorphism (Parallel Process)

As previously discussed, during the data analysis phase of the study, the concept of *dehumanization* was illuminated as something that may have relevancy to the VT experience for human subjects researchers. Three researchers did not feel as though there was enough evidence to include it as an essential theme; however, one researcher felt strongly that this concept was critical to the experience of the participant(s). The researcher advocated strongly for the inclusion of the theme, as they wanted to be inclusive in their representation of the results. The dissenting researcher experienced a sort of "weight of representation," as it may have also been experienced by the participants in this study. It is important to recognize that isomorphism was evident during the analysis of the data and writing of this manuscript with the hope that the phenomenon of dehumanization in human subjects research will be examined in future studies.

Limitations

While this research provides valuable information about human subjects researchers who experienced symptoms of VT because of their work, the results must be taken into context with limitations. First, research team members met with and interviewed participants once, and, therefore, prolonged engagement was not used as a strategy to enhance credibility (Henry, 2015). Second, although participants appeared forthcoming during their interviews, they may have been less likely to disclose difficult information due to an inability to build trust over time, or to appear agreeable, based on the nature of the researchers' inquiry (Bergen & Labonté, 2020). Furthermore, because research team members and participants are all researchers, employed in academic settings, participants may have been more guarded during their interviews out of fear of being judged—or that their information may be compromised. However, before interviews commenced, participants were made aware that they could withdraw from the study at any point during the interview process (Shenton, 2004).

Additionally, due to the nature of qualitative research, inherent biases exist when conducting data collection and analysis. Triangulation was addressed by employing a research team approach that assisted in mitigating any individual researcher biases that may have been present (Hill et al., 1997; Shenton, 2004). Furthermore, an external auditor verified the findings and establish confirmability (Shenton, 2004). Due to time constraints, particularly associated with CQR, only an initial round of member checking was able to be completed by the date indicated by the IRB. Finally, the sample size for this study was small, as in most qualitative research studies. Lastly, the participants primarily identified as female, with just one male and one non-binary participant included. For this reason, our sample is not representative of human subjects researchers as a whole.

Recommendations for Future Research

Future research is warranted to further validate the inferences drawn from this study. Due to this study being comprised primarily of female participants, future research should include more expansive gender identities. Future quantitative and qualitative research should also focus on avenues for assisting human subject researchers who have experienced VT due to their work. Quantitative studies might measure VT and secondary stress levels among researchers while concurrently conducting human subjects studies. Additionally, future research could further examine effective supervisory strategies to mitigate or insulate researchers' exposure to VT when conducting human subjects research. Lastly, a study further exploring the incidental theme of dehumanization should be conducted to determine its relevance to the VT experiences of human subjects researchers. The results of these studies may be useful in creating a more positive culture, emphasizing mental wellness, and advocating for additional support for researchers within academia and other institutions.

Conclusion

VT is experienced in a multitude of ways by human subjects researchers, across various disciplines, who engage with sensitive data. While the experiences of VT differed among the participants in the present study, many researchers described a weight of representing while studying a population with which they identify. These findings extend the conversation around VT and human subjects researchers who are exposed to sensitive topics as a professional group. Further research is warranted to examine how human subjects researchers are trained and mentored, understand how to successfully promote protective factors against VT, and explore effective approaches to mitigating researcher trauma.

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