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The risks and rewards of researching victims of crime

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Abstract

The concept of emotional labour is described as any effort, conscious or not, to change one's feelings or emotions, thereby offering a useful framework for understanding the experiences of qualitative researchers working within so-called 'sensitive topics'. Despite this, it has received little research attention in criminology and criminal justice compared to related concepts such as vicarious trauma. Vicarious trauma refers to pervasive, cumulative and permanent changes that occur in a professional's views of themselves, others and the world around them as a result of exposure to graphic and/or traumatic material. Conducting 'sensitive topic' research, such as with victims or offenders of crime, may expose researchers in this field to significant emotion work through engagement with potentially shocking and graphic experiences that are characteristic of serious trauma survivors. Victimisation is thought to be so disruptive because it challenges at a fundamental level our beliefs in a safe and benevolent world, and of ourselves as good (and hence undeserving) people. This article will draw on existing literature and the author's extensive experiences of conducting in-depth interviews with victims of crime to explore the psychological impact of working closely with survivors of violent crimes. It will then show how the process of vicarious trauma mirrors that of trauma in victim/survivors. It will place this discussion against the backdrop of a rapidly changing and commercialising higher education sector and explore how the increasing pressures and reduced freedoms, in addition to the subject matter we study, require significant emotional labour and place us at a heightened risk for vicarious trauma. Finally, suggestions will be made regarding the best practice to avoid vicarious trauma and why, despite the risk, research in this area is still necessary and rewarding.

Keywords

Vicarious trauma, emotional labour, victims, victimisation

Introduction

As academics and researchers, we all have ways, both healthy and unhealthy, of dealing with the stress that our work involves. Personally, my coping mechanisms generally involve procrastination, wine and (on the healthier end of the spectrum) enjoying nature, often with my partner and two Weimaraners. On one recent walk in the woods, I happened to be wearing a new, brightly coloured yellow coat. During my walk, as is common for women everywhere, my thoughts turned to my own personal safety. Following this train of thought I eventually came to the macabre conclusion that, should anything happen to me, at least my corpse would easily be found given that I happened to be wearing my new yellow coat. The morbidity of this thought immediately struck me. As a criminologist with a background in forensic psychology, it is not uncommon for dinner party conversations at our house to turn rather dark. That being said, there is I think still a distinction, or at least a fine line, to be had between healthy self-reflection and discussion, and disordered thinking.

At the time of this walk, I happened to be working on a piece of research examining victims of sexual assault and their reasons for not reporting their assaults to the police. Obviously this involved some emotionally sensitive material. I have, however, been working with disturbing material of one sort or another for most of my academic career, so was quick to recognise that perhaps it was time for some self-reflection. Over the course of my own career, particularly since I began working with victims of crime, and the resultant process of coping with what I was hearing, I began to realise

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parallels between my own reactions and those of the victims I was studying. For example, at one point I was experiencing trouble concentrating, poor sleep, tearfulness and low mood, and a general sense of being overwhelmed and not able to cope with day-to-day tasks. This in turn led to feelings of shame and guilt for not being able to properly manage my emotions and cope with my work. I was (un)fortunately not the first to have this experience or make this connection.

Conducting 'sensitive topic' research, such as mine with survivors of sexual assault, may expose researchers to significant emotion work through engagement with potentially shocking and graphic experiences that are characteristic of serious trauma survivors. Emotional labour and vicarious trauma (VT) are related but distinct risks when engaging in this type of research, but have been little explored in the realm of criminology and criminal justice (see also Moran and Asquith, 2020 – in this Special Issue). This article will draw on existing literature and the author's extensive experiences of conducting in-depth interviews with victims of crime to explore the psychological impact of working closely with survivors of violent crimes and similar groups. It will then show how the process of VT mirrors that of trauma in victim/survivors while placing this discussion against the backdrop of a rapidly changing and commercialising higher education sector. It will explore how the increasing pressures and reduced freedoms, an unprecedented epidemic of poor mental health, in addition to the subject matter we study, requires significant emotional labour and places researchers at a heightened risk for VT. Finally, suggestions will be made regarding the best practice to avoid VT and why, despite the risk, research in this area is still necessary and rewarding.

Literature

Denzin (1984) of course made explicit the connection between research and emotion, in that to be human is to be emotional. Therefore, to do qualitative work at the intersection of the person and society requires that emotions be a central part of social research (Dickson-Swift et al., 2009). The theory of 'emotional work' or 'emotional labour' provides a lens through which we may examine the personal experiences of researchers in qualitative social science. The development of the concept of 'emotion work' is attributed to Hochschild's (1983) classic *The Managed Heart*, an in-depth exploration of the experiences of flight attendants and how they managed their emotions while on duty on a daily basis. Hochschild (1998: 9, cited in Dickson-Swift et al., 2009) defines emotion management as 'an effort by any means, conscious or not, to change ones feeling or emotion' while 'emotional labour' was used to refer to emotional management during work done for a wage, and' emotion work' was used to refer to the work involved with dealing with other peoples' emotions (James, 1989). Whether we refer to it as management, work or labour, it is a key process in qualitative research, with different aspects of research requiring

numerous levels of emotion work. For instance, managing relationships with colleagues, gatekeepers and participants, reflecting on one's own experiences and building rapport. All of these activities require researchers to manage not only their own emotions but those of numerous others. In spite of an impressive array of research on varying working roles, the emotional labour experienced by qualitative researchers, and in particular criminologists, has received relatively little attention in the literature (Dickson-Swift et al., 2009; see also the papers in this Special Issue). What has, however, been more thoroughly investigated in this group is the concept of vicarious trauma.

McCann and Pearlman (1990) were the first to describe a cluster of symptoms which they referred to as vicarious traumatisation (VT). Since its original identification, VT has come to refer to the pervasive, cumulative and permanent harmful changes that occur in a professional's views of themselves, others, and the world around them as a result of exposure to graphic and/or traumatic material. What is absent from this modern description, however, is McCann and Pearlman's focus on 'the transformation that occurs within the therapist or other trauma worker as a result of empathic engagement (or emotional labour) with clients' trauma experiences and their sequelae' (p. 558). This focus reflects the original conceptualisation of VT within a constructivist self-development theory (CSDT) framework (Pearlman and Mac Ian, 1995). CSDT is described as a blend of 'contemporary psychoanalytic theories self-psychology and object relations theory with social cognition theories to provide a developmental framework for understanding the experiences of survivors of traumatic life events' (p. 558). The strength of this approach lies in the proposition that an individual's adaptation to trauma relies on an ongoing interaction between personality, defensive and/or coping styles, and psychological needs, all while still taking onto account social and cultural variables that shape individual psychological responses (Pearlman and Mac Ian, 1995).

Exposure to sensitive material may result in one of two similar yet distinct illnesses: VT and secondary traumatic stress (STS). STS is a disorder experienced by those supporting or helping persons suffering specifically from post-traumatic stress disorder (PTSD). The focus here is not specifically on cognitive phenomenon as in the case of VT, but on a wider spectrum of experiences directly linked to the symptoms of PTSD (Coles et al., 2014). The symptoms of STS may include intrusive symptoms such as re-experiencing the survivors' trauma through thoughts, feelings and images; avoidance symptoms such as avoiding working in areas that recall the trauma (undertaking interviews or working with interview data); and symptoms of hyperarousal such as palpitations and sweating, nightmares and sleep disturbances (Devilly et al., 2009; Slattery and Goodman, 2009). More recent work has, however, highlighted methodological issues with the measurement of burnout, VT and secondary traumatic stress, where the differences in scales used between

studies, and the scarcity of studies which measure all of these areas rather than treating them as independent constructs (Devilly et al., 2009). For the remainder of this paper, I will consider VT as opposed to STS or burnout.

VT can have a range of effects on professionals, many of which are similar to those experienced by trauma survivors (Morrison 2007, cited in Coles et al., 2014). Those working closely with survivors of trauma, particularly survivors of human perpetrated trauma, can be affected in significant ways, including experiencing PTSD symptoms (nightmares, intrusive images and thoughts, emotional numbing) and/or depression (hopelessness, depressed mood, despair); alterations in views of themselves, their identity, their society and the larger world; loss of a sense of personal safety and control; feelings of fear, anger and being overwhelmed; feelings of guilt and/or diminished confidence in capacities and frustration with the limits of what one can do to improve a situation; increased sensitivity to violence; altered sensory experiences, such as symptoms of dissociation; loss of ability to trust other individuals and institutions; inability to empathise with others; social withdrawal; disconnection from loved ones; inability to be emotionally and/or sexually intimate with others; lack of time or energy for oneself; changes in spirituality and belief systems; cynicism; loss of self-esteem and sense of independence; and minimising the experience of VT as trivial compared to the problems of research participants (Coles et al., 2010).

A number of individual characteristics may heighten the risk of vicarious traumatisation and include, for example, a personal trauma history, current stressors work setting and social cultural context (Moran and Asquith, 2020; Pearlman and Mac Ian, 1995). The research suggests that these characteristics may interact with exposure to trauma material to contribute to trauma-related symptoms. In addition, those newer to the work are more at risk of disruptions to self-trust, self-intimacy and self-esteem, as well as higher overall symptoms (Pearlman and Mac Ian, 1995). These symptoms and their hypothesised origins are strikingly familiar to theory surrounding the impact of crime on victim/survivors. Victimisation is thought to be so disruptive because it challenges at a fundamental level our beliefs in a safe and benevolent world, and of ourselves as good (and hence undeserving) people (Janoff-Bulman, 1985). These fundamental beliefs are essential to our mental health and day-to-day functioning, and when challenged, can lead to psychological crises.

Mental health in academia

It is now commonly accepted that there exists a mental health crisis in higher education which includes not only students at both the undergraduate and post-graduate level, but teaching and research staff as well. Reported incidents of mental illness are increasing at an alarming rate: in 2015/2016, over 15,000 first-year students in UK universities reported that they had a mental health problem,

compared to approximately 3000 in 2006 (Yap, 2018). As study continues, so too it seems, does the problem. Post-graduate researchers exhibit alarmingly high levels of anxiety, with only 14% reporting that they have low anxiety, compared to 41% of the general population (Williams, 2019). Over a quarter of post-graduate researchers also indicated that they had considered giving up their studies, though the reasons for this are complex and include health and personal problems, financial difficulties and difficulty balancing commitments (Williams, 2019).

The problem is also not limited to universities in the United Kingdom. *Nature* has recently released findings from a survey of more than 6300 graduate students from around the world, the results of which suggest that although some 71% are generally satisfied with their experience of research, 36% had sought help for anxiety or depression related to their PhD. Among staff, research suggests a steady increase in referrals to counselling and occupational health services. In addition, according to recent research based on data from 59 UK universities, there have been increases of between 88% (at Bristol University) and 316% (at Warwick; Weale, 2019). Perhaps better demonstrated by cases, this equates to a rise in the number of referrals from 70 to over 400, as was reported at the University of Kent. It is possible, as suggested by the authors of the report, that the increase may be due at least in part, to more readily available services, but also describes the university environment as an 'anxiety machine', where 'staff struggle with excessive workloads, precarious contracts and a culture of workplace surveillance' (Weale, 2019).

Life in academia is no longer the 'cushy' job it was once perceived to be. Pressure on staff comes in many forms, and horror stories of the 'Dickensian misery' of staff on precarious contracts having to sleep in their cars, work at numerous universities and even sell sex to survive abound (Allen, 2013; Gee, 2017). Numerous factors play into the pressures on staff in higher education, with some surveys now claiming the work of teaching and educational professionals to be the fourth most stressful job in the United Kingdom (behind only welfare professionals, housing associate professionals and legal professionals) (HR News, 2019). Numerous factors contribute the anxiety inducing nature of higher education in the 21st century. As tuition fees tripled in England and Wales, the pressure to satisfy increasing student expectations has largely fallen on teaching staff.

In what has been referred to as 'the largest, quietest privatisation in UK history' higher education is now a sector of the economy comparable in size to tourism, with a total income of over 38 billion, employing nearly 430,000 people (Parker, 2019). It follows that as state money disappears, universities are increasingly run like businesses to pay their bills. This includes the use of strategies to maximise income and efficiency, such as increasingly large cohorts of students, with the resultant increase in student to staff ratios, the commercialising of research and significant spending on marketing (Parker, 2019). Parker goes on to point out that in a business

setting, getting more productivity out of your employees is a sensible strategy, resulting in the rise of the number of part-time and casually employed staff. And he is not wrong, according to the University and College Union, 54% of teaching and research staff are now employed on a short-term basis, including some on zero-hours contracts. A recent University and College Union (UCU) survey reported that 70% of the 49,000 researchers in higher education are currently employed on fixed-term contracts, as are 37,000 teaching staff (the majority of whom are paid hourly; Darley, 2019). Tenure, on the contrary, is often regarded as the only means of attaining job security and the guarantee of academic freedom is thus highly valued not only as the holy grail of job stability, but as the ideal setting from which an academic can actually pursue and disseminate knowledge and, when appropriate, act as social critic. It seems now that even those who secure tenure, or permanent positions in the United Kingdom, the pressure to publish has been described as haunting daily life, and capable of inducing stress so severe it leads to physical illness (England, 2016).

In an attempt to explain the rise in psychological distress among academics, Winefield et al. (2003) have turned to Karasek's (1979) demand–control theory of job stress. This theory states that even demanding jobs where there is a high level of control or autonomy, are considered active, but should not be stressful. Stressful jobs, on the contrary, are those that combine high demands with low control (Winefield et al., 2003). Thus, it follows that as demands increase via the increase in casual and zero-hours contracts, the demand for yearly quotas of four-star publications and minimum grant incomes, and autonomy decreases via student reviews, Research Excellence Framework (REF) and Teaching Excellence Framework exercises, academic work will continue to become increasingly stressful.

The UCU acting general secretary Paul Cottrell was recently quoted as saying 'Staff are at breaking point and unless there is a sea change in how government and university management treat staff, the number of people seeking help is unlikely to come down' (cited in Weale, 2019). Managers have increased their demands on the academic workforce over concern about university rankings and league tables. At the same time, repeated research and teaching audits have created a culture of workplace surveillance (Weale, 2019), while another major source of dissatisfaction lies with institutional leadership; an unusually large number express dissatisfaction with and doubts about the quality of the leadership provided by top-level administrators at their colleges and universities (Altbach, 1996, cited in Winefield et al., 2003). In addition, since 1985, the average university lecturer's pay has only increased by 5% compared to 45% for the general population (Kinman and Jones, 2004).

Large-scale survey research of staff in academic institutions supports the deleterious effect of the toxic mix of stagnating wages, increased workload and pressure. Winefield et al. (2003) sampled 8732 non-casual employees from 17 Australian universities using the GHQ-12 (General Health Questionnaire) to measure psychological distress, and found the groups showing the highest level of strain were the academic teaching and research staff and the academic teaching only group. In addition, it was found that cases of mental illness were 43% among academic staff as opposed to only 12% in the general population; a rate of illness in academia so far exceeded only by that reported by Kinman (2001) in her study of English academic staff where more than half (53%) reported psychological distress.

Both academic and support staff were experiencing more stress than they were 5 years ago though psychological distress was higher in academic than in general staff. In addition, academics working in older universities were better off than those working in newer universities. Follow-up analysis also suggests that staff working in new universities reported higher levels of stress associated with work relationships and also reported lower levels of job satisfaction (Tytherleigh et al., 2007). In the United Kingdom, there is a history of differential funding between Old and New universities (also known ancient and post-95 institutions, respectively), which means that new universities do not have the same research culture as old universities, which compounds the pressure on staff in new universities, as the expectation that academics should attract external funding through research grants or research consultancies increases, they are at a distinct disadvantage from the get-go. All of these studies have found that academic stress has become a cause for concern as a result of increased work pressures and reduced support (Winefield et al., 2003) and as academics are inherently vulnerable to overwork and self-criticism, the sources of stress have multiplied to the point that many are at breaking point (Williams, 2019).

Research and trauma

When staff are already 'near breaking point' and suffering psychological distress as a result of the everyday circumstances of their jobs as academics, it is then of utmost importance to consider how this pressure will impact on their available resources to cope with the additional stress of working in fields where they are likely to be exposed to traumatic stimuli. Such exposure represents a significant and highly under-researched source of stress in academics with the potential to impact mental health, making vicarious traumatisation a real occupational hazard for those who work in criminology and criminal justice (Pearlman and Mac Ian, 1995). Despite the fact that many higher education faculties, particularly in the social and clinical sciences, teach and research topics related to violence, crime and death, little attention has been paid to the psychological well-being of staff working in these areas of higher education (Nikischer, 2019). Such engagement includes listening to graphic descriptions of horrific events, bearing witness to people's cruelty to one another, or even witnessing and participating in traumatic re-enactments.

Perry et al. (2004; cited in Niki, 2019) note that the nature of social research means that all researchers will have degrees of emotional involvement in their subject of study (p. 13). Interviewing research participants, particularly about traumatic events, can be an emotional experience for both the researcher and participant. In their research, Whitt-Woosley and Sprang (2018) found that conducting qualitative research on traumatic topics was a significant risk factor for VT and that the risk was related to the amount of exposure to traumatic material, experience of the researcher, engagement with research participants and exposure to other stressful conditions when working in the field. Further individual characteristics may compound the risk, such as a history of traumatic experiences, gender and personal stress levels, all of which may interact with exposure to traumatic material to contribute to trauma-related symptoms in the researcher.

The risk, however, does not end with the conclusion of fieldwork. Not only is the data gathering potentially dangerous, but so too is the analysis. Repeated exposure to text describing traumatic events such as interview transcripts, prisoner records or coroners files can be distressing, as can listening to and transcribing research interviews, coding data and writing up reports (Woodby et al., 2011). Even transcriptionists are at risk for emotional harm and potentially vicarious traumatisation due in part to their role, which requires repeated listening of trauma stories. Coles et al. (2014) describe how during the coding process they discovered that they were struggling with the 'tension between protecting themselves from the emotional impact of the interviews and listening to and hearing the participant stories of loss' (p. 833), while Warr (2004) describes transcriptionists as having to absorb the voices and stories of those they research. I recall discussing with my own transcriptionist the story of a woman who lost her husband to a random attack on a night out. She told me how, despite having transcribed dozens upon dozens of similar interviews for me, this is the one that hit home for her. It had evoked that sometimes intense fear we may all experience when a loved one doesn't come home on time, and thus her empathy with the victim in this case triggered an intense emotional response.

In addition to this type of repeated and continual engagement, what separates the role of the researcher from the role of a clinician or counsellor, and what potentially puts them more at risk, is the inability to help the victim or research participant, as practice dictates that as researchers we must remain neutral (Coles et al., 2014). The work of researchers is not a therapeutic endeavour and thus is inherently different from much of the research on which VT has been based. For clinical or therapeutic professionals, the risk is offset by the possibility of seeing the benefit of their work on clientele, while researchers generally have no further contact with participants, and may only hope that the data will eventually contribute to larger structural change that will benefit all of us in society (Campbell et al., 2009). This is because the role

of the researcher is to identify problems, issues and needs, and aside from referrals to appropriate support services, and we are thus largely helpless to provide any assistance. There is no opportunity to offer participants something meaningful such as counselling, advocacy, or information that may help victims/participants cope with the trauma of their ordeal (Connolly and Reilly, 2007). As Connolly and Reilly (2007) comment, 'within our general cultural framework, 'getting without giving', smacks of exploitation' (p. 536, cited in Coles et al., 2014), and taking again from a victim who has given so much, may thereby leave a researcher feeling guilt and shame, symptoms which have now been identified as individual risk factors for VT. This type of psychological distress, which often mimics the distress of participants, has the potential to negatively impact not only the researcher but the research itself.

High-quality research is not possible without healthy researchers. As is now obvious, mental health is already a serious issue in higher education, and puts researchers in criminology, criminal justice and other related fields at heightened risk for VT and related disorders. Other aspects of academic life may also heighten the risk, including, as may often be the case for doctoral or other early career researchers, working in isolation, coping with absent supervisors and even unhelpful colleagues. In the research cited above by Coles et al. (2014) of their respondents who reported mental health concerns, one-quarter said that their institution had provided support, but one-third said that they had had to seek help elsewhere. Although most institutions will have psychological support available via Occupational Health services, this tends to be cognitive behavioural therapy (CBT) therapy limited to a maximum of 10 sessions. This was indeed my own experience, where after my allotted help ran out, was forced to seek private counselling, at my own expense, and to start the process anew – telling my story again from the beginning. An ironic parallel to the complaints I had heard from victims telling me of their frustration and the trauma of having to tell numerous different authorities repeatedly about their incident of victimisation. Luckily, at this point I was on a relatively well-funded 3-year post-doctoral position and able to afford to go private. But when the hourly cost of a clinical psychologist in the United Kingdom averages £100 an hour, this option is not likely to be available for all staff, particularly early career, zero-hour researchers or post-graduate students.

Here we begin to see some of the parallels between researchers' experiences and those of the victims or survivors they study. Academics are able to exert less and less control over the nature of their work, and unable to help their participants in any meaningful way, leading to the potential for guilt and shame. They may work in isolation or unsupportive or stressful environments. It is thus not such a stretch of imagination to see how these factors relate to experiences of victim themselves, and thereby see the same

psychological processes at work in researchers as in the victims they study.

Linking researcher and victim experiences

Vicarious trauma, like any trauma, will influence different people in different ways. The impact on researchers is related to the trauma they are exposed to, their own characteristics and history, the research methods they use, their support systems, and the context in which they do their research (Coles et al., 2010). It is a pervasive risk when working with participants such as victims of crime or offenders. VT can result from exposure to either one significantly traumatic encounter, or continual and prolonged exposure to an array of traumatic incidents and recollections and can have a profound impact on individuals, being no less debilitating than primary trauma (Pearlman and Saakvitne, 1995).

While some participants in Coles et al.'s (2010) research described symptoms more suggestive of secondary traumatic stress, and include, for example, nightmares, fear, anger, irritability, intrusive thoughts and difficulty concentrating. Physical symptoms reported included feelings of tiredness, exhaustion, headaches, nocturia, pain, congestion, flu-like symptoms, nausea, and vomiting. Others describe a changed worldview which is more in keeping with VT and included symptoms associated with feelings of stress, depression, anxiety, insomnia, nightmares and sleep disturbance, all suggesting an impact on underlying beliefs systems.

The impact of VT can potentially include the disruption of the researchers' view of themselves, others and the world in general (McCann and Pearlman, 1990), which is the same response we see in victims themselves. These views and beliefs, also called cognitive structures or schema, comprise the working beliefs and assumptions that we all hold about ourselves and the world in which we live. It is via these cognitive structures that we are able to make sense of our lives and make daily adaptive decisions that promote survival (Fohring, 2015a; Pilgrim, 2003). It is this challenging of beliefs that some research suggests is responsible for the psychological distress which typically accompanies criminal as well as other forms of victimisation.

Janoff-Bulman (1992) argues that it is the challenging of these beliefs of justice and invulnerability that leads to the psychological impact typically associated with criminal victimisation, including the loss of beliefs of invulnerability and control, and the resultant feelings of anger, depression and frustration. Thus, when a person is faced with an unexpected and threatening experience, these beliefs about the world may be challenged and often completely destroyed (or shattered, in the words of Janoff-Bulman, 1992). Although the number of these assumptions is likely to vary from individual to individual, Janoff-Bulman (1992) and Frieze et al. (1987) suggest that people typically possess three core beliefs that are most in danger following a threatening event: the belief in personal invulnerability, the perception of the world as meaningful and benevolent and a positive self-view. Building on Janoff-Bulman's work, the Anxiety-Buffer Disruption Theory (ABDT) takes a terror management approach, but still identified three core psychological components that make up the anxiety buffer system: cultural world views, self-esteem and close personal relationships (Pyszczynski and Kesebir, 2011).

If the information is indisputable, individuals must adapt cognitive structures to facilitate its assimilation in order to recover. In extreme circumstances recovery may be hampered if the amount of threatening trauma-related information exceeds that which may be integrated into existing cognitive structures and thus remains unassimilated. It will then be maintained in an active state that can create information overload, resulting in intrusive thoughts, flashbacks and nightmares, numbing, de-realisation, and a sense of unreality or dissociation – all symptomatic of either acute or PTSDs (Horowitz, 1990).

By definition a crisis is an emotionally significant event or radical change of status in a person's life, typically composed of three steps. The second step in this crisis reaction, the assessment of available coping resources, is, however, key to how a victim will respond to an incident – that is, their evaluation of their ability to cope with the victimisation. This assessment can result in either one of two possible outcomes: the ability to cope or reassess the situation, thereby avoiding victim status, or the inability to cope and the resultant victim label.

The trauma literature is quick to point out that the process of working through VT parallels the therapeutic process with victims. Coping with criminal victimisation is a very personal experience, as is coping with any challenging life event, and each victim, each person, will have different strategies and different resources available to cope with any trauma or challenge. Although the scale of impact tends to differ from victim to victim or person to person, ranging from little to no impact, to severe and debilitating, the type of impact tends to be similar. For example, the victim of a housebreaking may find it difficult to sleep for a night or two after the incident, whereas a victim of a sexual assault may be hindered by nightmares for years to come.

Pearlman and MacKay (2008) describes three avenues of what she refers to as 'Vicarious Transformation', a parallel concept to post-traumatic growth. In her discussion of the transformation process, she identifies three approaches to help clinicians and researchers incorporate challenges to their beliefs systems in a healthy way. These include engaging deeply (with all aspects of life), expanding your resources, and re-examining those belief systems themselves. Alternatively, avenues of formal support for researchers include support through organisations, professional counselling, supervision by consultation with and support from colleagues, training, and informal support through family and friends (Nikischer, 2019). Slattery and Goodman's (2009) recent study reported

that shared power within an organisation that valued mutuality, respect and shared decision-making provided greater protection against VT and STS than individual factors, and makes sense in the light of Karasek's (1979) theory discussed above (Coles et al., 2014). Pearlman and McKay (2008) also outline a number of basic considerations for organisations to take, including sufficient orientation, professional training and management supervision for staff to feel competent and supported in their job, plans for staff safety, encouraging connections, morale and relationship, perhaps through teamwork or peer support networks, and providing staff a voice in decision-making. That being said, responding to VT in researchers needs to take a variety of forms, so as to match the variety of expressions and symptoms in researchers.

Suggestions for practice

Things have improved considerably in the years since I was an undergraduate researcher. The fact that this Special Issue exists is testament to the fact that research is now being recognised as an activity which can put one's psychological health at risk on a par with other front-line service providers. There is an urgent need for additional research into the experiences of faculty member members who research, write and teach about potentially distressing topics (Nikischer, 2019). While qualitative work with researchers may help to understand further the nature of VT in researchers, large-scale surveys could provide crucial information about the scope of the problem and institutional willingness to address it. It also lies in recognising that mental ill-health is, at least in part, a consequence of an excessive focus on measuring performance – something that funders, academic institutions, journals and publishers must all take responsibility for (*Nature*, 2019).

Although I have written elsewhere (Fohring, 2015b) that I believe education is the first step in protecting future researchers from psychological trauma, others argue more needs to be done to embed researcher protections into the broader academic research structure (Nikischer, 2019). A combination of embedded training which includes a reflexive approach to research, further research and peer support may provide greater safety for criminological researchers.

In their work first identifying VT, Pearlman and Mac Ian (1995) highlight the importance of the need for training and trauma therapy for those new to the field, and more supervision by experienced trauma therapists for all new trauma therapists, a suggestion which can and should be easily extended to early career researchers. They further this point by suggesting training and supervision should include a solid theoretical foundation that includes an understanding of the effect of psychological trauma a relational perspective and attention to counter transference and vicarious traumatisation. Where this training is not currently available at an institutional level, Pearlman's Headington Institute (found at www.headington-institute.org) now offers free online information and training for both individuals and organisations on the prevention and treatment of vicarious trauma. In addition, the Sexual Violence Research Initiative (SVRI) the world's largest network on research on violence against women and children, hosted by the Gender & Health Research Unit, South African Medical Research Council (SAMRC), provides a wealth of information and materials on their website (www.svri.org).

Institutions of higher education have a responsibility to ensure the safety of their staff and students, but also that the research conducted is of the highest quality. Campbell et al. (2009) suggest the literature on conducting qualitative research (with survivors of violence) indicates that most interviewers do receive introductory training, but that there is a lack of training specifically on the needs of the researcher. Currently, research training for students, as opposed to therapists, typically involves project design, quantitative and qualitative analytical methods, and report writing. Research ethics are a crucial part of this training, but the focus is entirely on protecting participants from harm. Providing informed consent and support, avoiding deception and how to debrief are all obviously key skills for student researchers to learn, but what about safeguarding researchers? I do not recall ever hearing the words 'vicarious trauma' in a class when I was a student, despite the fact that there is substantial research in this area, and numerous suggestions for how to cope when researching (or working with) traumatic events. In my own teaching, at both the undergraduate and MSc levels, I am now sure to always include at least a brief discussion with my students on the topic of VT and their own mental health.

This teaching should, however, be provided for faculty members, post-graduate researchers and research assistants not only at a programme level, but across schools and campuses as it is not just the responsibility of the researcher themselves to ensure their protection. It should include an understanding of the setting in which the research is to be undertaken is essential and may include a risk assessment, communication aids and plans, working in pairs, the development of safe interviewing spaces, safe accommodation and transport services, the establishment of health and counselling services, or up-skilling local people to provide appropriate services before the project begins (Coles et al., 2014).

Support groups

In addition to maintaining balance in our personal and professional lives, combining this work with other professional commitments (such as teaching), and being aware of and respecting our own boundaries, McCann and Pearlman (1990) recommend avoiding professional isolation by having contact with other professionals who work with victims. This does not necessarily have to take the form of a support group or case-conferences, so long as the focus is on normalising reactions, providing a safe environment where one may feel

free to share and work through reactions that are painful and disruptive. Hochschild (1983) too discussed emotional labour in a collective sense in that workers tend to rely on each other for emotional support. The value of this type of collective support has been acknowledged and they have come to be called 'coping communities' which Korczynski (2003) suggests provide a wider and more adequate sociology of service work than Hochschild's original brief description. The reality of many workers social situations is such that they are likely to turn to each other to cope with the pain that arises from the work thereby forming informal communities of coping.

This tendency to seek reassurance from the group again reflects the similarities between researchers and their participants; wanting to know that you are not the only one, that what you are experiencing is normal, has been one of the most pervasive reactions to victimisation in my research, so much so that one of my recommendations made to support service providers was to introduce peer support groups for victims. So why not peer-support groups for researchers and other criminal justice employees?

Ideally, we would all have workplaces where we have such close bonds and supportive relationships with our co-workers; however, this may not always be the case. This is especially so in the competitive and often cut-throat atmosphere of academia, where difficulty coping with your research may simply be inferred as weakness, and self-doubt and imposter syndrome abound. One vital new resource which I have come upon is the Women in Academia Support Network (WIASN). This group is active across a range of social media platforms, moderated by professionals, and composed of over 10,000 female identifying academics from all over the world. Sub-groups specifically for mental health and other issues are also available, and provide a safe space for women working in academia to share concerns, issues, ideas and successes as well.

Reflexivity

Academics of all disciplines share also a dedication to methodological rigour, professionalism and the ideology of science. Dickson-Swift et al. (2009) argue that according to the scientific mode of inquiry, emotions are suspect, contaminate research by impeding objectivity and should therefore have no part in it. If true, this would then require qualitative researchers to embark on further emotion work (Hochschild, 1983) to hide their feelings to meet the expectations of other scientists. As a firm supporter (and teacher) of the scientific method, I still have to largely agree with this position. We are ingrained from the early days of studentship into a unique way of doing things, the 'academic bubble' where we become heavily invested in the value of objectivity above all else. Thus the difficulties that researchers may have in speaking about their own emotions in their research may be a product

of this socialisation, but also of the fear that acknowledging the role of emotion will lessen their work.

A growing number of social scientists are, however, now backing the suggestion that it is not only appropriate but necessary for qualitative researchers to see their emotions and research as inseparable and that emotions, rather than undermining the value of research, add to it. Most notable among them is likely Bourdieu (1990), who suggests that, in social science, reflexivity is not a decorative device, a luxury or an option but is rather an indispensable ingredient of rigorous investigation and lucid action (Bourdieu, 1990; cited in Berger, 2015). Although a detailed discussion s beyond the scope of this article, reflexivity is generally recognised as a process of ongoing internal dialogue and critical self-evaluation, reflexivity takes into account a researcher's pre-existing biases and experiences and actively acknowledges how these may affect the research process and outcome (Guillemin and Gillam, 2004). Increasingly, reflexively generated data has been recognised as a key source of information about the research process (Berger, 2015), but may also be a useful tool in protecting against, or at least identifying the early signs of VT. As researchers need to increasingly focus on self-knowledge and self-care, they are better placed to monitor the impact of their biases, beliefs and personal experiences on their research, but also the impact of the research on the self. As such, the idea of reflexivity challenges the view of knowledge production as independent of the researcher producing it, and thus could potentially help the researcher feel less guilt and shame when collecting data from victim/survivors that they are unable to assist further (Berger, 2015). Reflexivity may be a useful tool in the arsenal of the criminological researcher, to help identify intersections of investigator, participant, society and world, and maintain the balance between the risks and rewards of working with victims of trauma.

The rewards

After extensively covering the risks associated with researching in criminology, criminal justice and related fields, ending on a positive note is probably a good idea should we want there to be a future for our discipline. The perks of academic life, though under threat, still abound and include some freedom from the typical nine to five, international travel, intellectual stimulation, pride in our accomplishments and those of our students, and the thrill of a significant result.

Obviously, there must also be a certain level of enthusiasm or even passion for a subject to see someone through years of post-graduate research and the perils of the academic job market. So why do we do it? What else is there to keep one engaged in this work? Lofland and Lofland (1995: 3, cited in Dickson-Swift et al., 2009) state, 'it is often said among sociologists that, as sociologists, we make problematic in our research matters that are problematic in our lives'.

In other words, we undertake research on topics that resonate with issues in our own lives. Therefore, it not only makes sense that undertaking the research will have some type of emotional impact on us, but so too does conducting the research in the hopes of positive change for both systems and individuals.

I have on a few occasions, been overwhelmed by the thanks and gratitude of my research participants for providing them with an opportunity to tell their story. In addition, I have, on a few occasions, spoken to victims who have never told anyone before about their experience. This can be both tremendously sad and tremendously rewarding in that hopefully this is a first step to the person recovering and perhaps getting further help if they need it. A number of victims I have worked with have also shared with me their experiences of growth following victimisation, with a common avenue for this tending to be activism, engagement with relevant political bodies, or volunteering with third sector agencies all in the hope of helping others, and making the system better for those who must still endure it.

These are, I think, the same reasons that we as researchers continue our work, despite the challenges. The desire for real world change now harmoniously coincides with the ever-present REF requirement of Impact, as creating change in the real world is not only a sought-after reward but now also a major requirement of securing research funding. As I am still a relatively early career researcher, I find inspiration in the success of some of my more established peers in eliciting policy change capable of making a real difference in people's lives. For example, The Age of Criminal Responsibility (Scotland) Act 2019 was passed unanimously by the Scottish Parliament on 7 May 2019 and received Royal Assent on 11 June 2019. Once implemented, the Act will raise the age of criminal responsibility in Scotland from what was one of the lowest figures in the world (8) to 12, a change largely championed by the work of the Edinburgh Study of Youth Transitions and Crime led by Lesly McAra and Susan McVie. Michelle Burman of Glasgow University has had significant impact on Sexual Offences (Procedure and Evidence) (Scotland) Act 2002 and the Sexual Offences (Scotland) Act 2009, which the National Sexual Crimes Unit statistics (December 2011) indicates resulted in a near doubling of the rate of convictions for those cases of rape brought to court in Scotland. As further research is still needed into the phenomenon of VT, particularly in academic and research roles, I will continue my work with victims in the hope of someday having comparable positive impact on the lives of victims and survivors. I also hope that this article is a starting place for positive impact among fellow researchers, and contributes to the ongoing discussion around mental health and well-being in academia.

The starting place for this discussion, I think, should be an acknowledgement of the heightened risk we as researchers face due to the changing nature of the higher education sector we work in, where, as outlined above, academics are facing fewer freedoms and more pressure. The soaring prevalence of mental health issues and dealing with the growing pressures of commercialisation consume limited coping resources, meaning we have little left to manage the emotional labour required when conducting research with sensitive topics such as criminology, criminal justice and victimology. That being said, there are steps that can be taken to ameliorate the risks to some extent: engaging in communities of coping, being reflexive in our work and focusing on the positives of why we entered the social sciences in the first place, to elicit change in systems and policy, and thereby, help people.

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