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Do Qualitative Researchers Experience Vicarious Trauma? And, does it Matter?

Dana C. Branson[1], PhD, LCSW & Monica Bixby Radu[2], PhD

Abstract

Prior research suggests that social scientists may use qualitative research to explore the experiences of marginalized groups of individuals whose experiences may be neglected in quantitative work. Through the interview process, qualitative researchers often listen to participants' accounts of traumatic life events, and empathy is a critical skill for qualitative researchers to possess. Consequently, it can be argued that *empathetic engagement* with victims of trauma may have long-term cumulative negative effects on researchers in the form of *vicarious trauma*. While prior research suggests that therapists, social workers, and other clinicians who work with victims or survivors of trauma may experience vicarious trauma, current research neglects to consider if qualitative researchers are also at risk. More research is needed to examine whether researchers engaged in qualitative work experience vicarious trauma, and if they do, further investigation into the possible consequences and implications for future research.

Keywords: qualitative research, ethnography, vicarious trauma, emotion work, trauma, empathetic engagement

Social scientists often use qualitative research to explore the experiences of marginalized groups of individuals-those whose voices may be unheard, and those whose experiences maybe overlooked in quantitative research. Qualitative research helps target populations who are difficult to reach, such as individuals who are homeless and others who do not have stable housing or access to reliable telephone or Internet services (Devotta et al., 2016). Heckathorn (1997) argues that qualitative research is also valuable to better understand stigmatized groups of individuals, such as illicit drug users, those suffering from mental illness, and individuals involved in the criminal justice system. Through intensive interviewing and life-history interviews, qualitative researchers listen to accounts of stressful and painful life events, including poverty, physical and sexual abuse, illness, and even death. Additionally, ethnographic research involves becoming emerged in the day-to-day lives of research participants. Therefore, researchers are not only listening to stories of traumatic life events, but they are also first-hand witnesses to painful events in their research participants' lives. Being empathetic with the individuals being studied is a critical skill for qualitative researchers. However, empathetic engagement may be problematic and have long-term negative effects for social scientists engaged in qualitative research with highly traumatized individuals.

Professionals who work with victims or survivors of trauma, such as therapists, social workers, and other clinicians are vulnerable for experiencing their own transformation because of empathetic engagement with their clients' traumatic experiences. Scholars identify this transformation as *vicarious trauma*. Research consistently finds that vicarious trauma has a cumulative effect on individuals' self-efficacy, sense of safety, cognitive schemas, and worldview (e.g., Day, Bond, & Smith, 2013; Smith et al., 2014; Wise & Coy, 2013). Yet, current research neglects the experiences of qualitative researchers who may also be at risk for vicarious trauma.

More research is needed to examine if qualitative researchers experience vicarious trauma, and if they do, (1) what are the consequences for social scientists engaged in qualitative work, and (2) what are the implications for future research.

[1] Department of Social Work, Southeast Missouri State University, One University Plaza, MS 8400, Cape Girardeau, MO 63701, USA, (573)-986-7396,dbranson@semo.edu
[2] Department of Criminal Justice and Sociology, Southeast Missouri State University, One University Plaza, MS 7950
Cape Girardeau, MO 63701, USA, (573)-651-5045, mradu@semo.edu

This article first provides an overview of qualitative research, including research designs and challenges. It also explores vicarious trauma and other concepts that are closely related, such as secondary-traumatic stress, burnout, and emotion work. This is followed by a discussion of three qualitative studies: (1) *Eviction: Poverty and Profit in the American City* by Matthew Desmond, (2) *Compelled to Crime: The Gender Entrapment of Battered Black Women* by Beth Richie, and (3) *Sexed Work: Gender, Race, and Resistance in a Brooklyn Drug Market* by Lisa Maher. Each book serves as a case study to demonstrate support for the argument that qualitative researchers are at risk for vicarious trauma. The article concludes with a discussion of limitations and recommendations for future research.

1. Qualitative Research

Qualitative research provides a unique method of exploring topics, especially in social sciences. Historically, quantitative research, defined as the use of objective examination of relationships between variables through statistical analysis, was the hallmark of academia. However, qualitative research, defined as the investigation of subjective meaning individuals, groups, and communities ascribe to phenomena through the elucidation of identified themes, has become more popular and frequent in scholarly research (Creswell, 2014). Qualitative research can take many forms. Common qualitative research methods are (a) research derived from immersing oneself in a culture for a prolonged period of time in ethnography; (b) studying the lives and detailed stories of individuals affected by a common social phenomena in narrative research; (c) researching human behavior as a result of a sustained experience with a social phenomenon in phenomenological research; (d) creation of new or reinforcing developed theories through the interpretation of data in grounded theory research; and (e) collection of in-depth, detailed, and comprehensive data for an individual, usually surrounding a highly unusual or rare situation, in a case study (Bryman, 2013). In each type of qualitative research design, practitioners are collecting human data, often containing highly personal, sensitive, detailed, and emotionally intimate information.

Qualitative research design is commonly used by researchers in social sciences, particularly sociology, social work, criminology, anthropology, and psychology. Additionally, qualitative research is commonly primary research, paving the way for quantitative research in the future (Creswell, 2014). Qualitative researchers prepare to collect data academically, which involves discussions concerning researcher/participant boundaries, research ethics, and safeguards to maintain objectivity and decrease study bias (Sanjari, Bahramnezhad, Fomani, Shoghi, &Cheraghi, 2014). However, a frequent characteristic of researchers who are drawn to qualitative research is curiosity about human behavior, environment, and sequela of social phenomena. Additionally, a commonality is the ability to empathize with others. While these characteristics make for a highly effective researcher, it also creates an avenue for potential negative personal and professional consequence to the practitioner (Branson, Weigand, & Keller, 2014). The idea of empathy is often mistakenly used to express the ability to relate to another's experiences. Most laypersons believe they are being empathetic when in truth, they are using their own subjective experiences and worldview to interpret how others deal with difficult situations. Authentic empathy is a developed skill that requires an individual to rid oneself of personal values, morals, and subjective experiences, and adopts the other person's values and worldview to accurately understand and appreciate one's emotional state and subjective meaning of current and past situations (Barker, 2014; Chang, Scott, & Decker, 2013). Social scientists aspire to this level of understanding and comprehension when conducting qualitative research. Therefore, by interviewing and reading personal accounts of difficult situations or trauma, empathetic researchers can experience a level of disturbance circuitously. With the increased interest and clinical attention to trauma-informed care, research concerning aversive events is more common in social services (Branson, 2011). Research indicates that clinicians exposed to frequent client self-disclosures of trauma are in danger of developing negative changes to their schemas, worldview, feelings of safety, and personal and professional lives (Ben-Porat, 2015; Giordano et al., 2016; Pearlman & Saakvitne, 1995; Radey & Figley, 2006). Therefore, it is logical to assume that these same dangers might also exist for qualitative researchers gathering data concerning traumatic or aversive topics.

There has been increased interest and research into the impact of secondary exposure to trauma and subsequent repercussions for service providers. However, the lexicon of what to call this phenomenon is convoluted. Similar terms, such as emotion work, secondary traumatic stress, vicarious trauma, burnout, counter transference, and compassion fatigue can be found interchangeably in literature (Branson, in press). Two terms in particular are often used indiscriminately: secondary traumatic stress and vicarious trauma. However, there are important differentiating elements for each term (Branson et al., 2014).

Secondary traumatic stress can occur to anyone as a result of attempting to help others and being overwhelmed by the task (Bride, Robinson, Yegidis, & Figley, 2004), whereas vicarious trauma should be reserved for highly trained service practitioners who experience negative fallout due to an empathic and sustained relationship with a client (McCann & Pearlman, 1990). This creates an interesting query when approaching the relationship between qualitative researchers, their sample populations, and what to call the negative aftermath researchers experience due to data collection.

Conducting qualitative or field research can be physically, emotionally, cognitively, and spiritually challenging (Pollard, 2009). Field research can consist of high involvement with psychologically disturbing situations, while also demanding neutrality and professional boundaries to negate biases to the study. This dualism mandates that qualitative researchers separate themselves from the human condition under investigation, as well as the emotionally charged disclosures from study subjects (Sanjari et al., 2014). An additional layer of complexity is the personal inquisitiveness the qualitative researcher brings to the topic of study and the natural and trained inclination to be highly empathetic to the study subjects. Qualitative researchers must be engaging and authentic to study subjects as a means of building rapport and obtaining genuine data. However, they must also remain objective and psychologically unaffected by the material being disclosed to avoid sabotaging data veracity. These dynamics can create a tug-of-war of sorts between being an effective qualitative researcher and a vulnerable auditor of personal, difficult information (Hollard, 2007; Pollard, 2009). Additionally, collecting qualitative research can cause practitioners to feel mechanical, shut off from customary and normal feelings associated with gathered information. This can generate thinking errors, causing researchers to believe they are becoming indiscriminately deceptive, apathetic, and aloof (Dickerson-Swift, James, & Liamputtong, 2008). Additional distinctive challenges to qualitative research are the repetition of exposure to emotionally charged disclosures due to numerous reviews of recorded material for themes and identifying detailed excerpts as representative examples of themes. Often, the collected material of focus arethe most difficult bits of qualitative data collected (Pollard, 2009). Kiyimba and O'Reilly (2016) discussed potential dangers to trained researchers who listen to recorded stories of disclosed trauma numerous times as a means of identifying patterns and recording key words and phrases. Additional research concerned transcriptionists who are hired to transpose recorded stories and did not have training or experience with traumatic material. Both groups reported level of emotional damage as a result of the repeated exposure to traumatic material, with transcriptionists being more susceptible to negative effects. However, Kiyimba and O'Reilly (2016) were exploring relationships between research /transcriptionist and shear exposure to traumatic material, not a relationship involving empathy. The idea that qualitative researchers engaged in an empathic relationship over a period of time with enough frequency to amass a repertoire of traumatic stories, and potential residual damage has not been studied.

Training and preparation for qualitative research designs involve discussions of participant anonymity, confidentiality, informed consent, and specific ethical considerations (Bryman, 2016; Creswell, 2014). Additional safeguards include academic discussions of professional boundaries, regular supervision, and proper scheduling of data collection and debriefings to prevent psychological spillover (Sanjari et al., 2014). However, bearing witness to others' atrocities through an empathic relationship opens the door to psychological discomfort and consequences that cannot always be contained by academic preparation or consultation (Dickerson-Swift et al., 2008; Pollard, 2009). Therefore, this article presents what vicarious trauma is, the development and consequences associated with vicarious trauma, justification why the term vicarious trauma is appropriate for some of the emotional rigor of qualitative research, and directions for future research concerning qualitative research and vicarious trauma.

2. What is Vicarious Trauma

Vicarious trauma is a term first introduced by McCann and Pearlman (1990) in the early 1990s through their work with victims of sexually-based trauma. Vicarious trauma denotes damaging changes that can occur in practitioners as a result of engaging in an empathetic relationship with traumatized clients (Aparicio, Michalopoulos, & Unick, 2013; Branson et al., 2014; Kadambi & Truscott, 2004). These changes are negative and can affect the practitioner psychologically, physically, emotionally, socially, and/or spiritually (Tosone, Nuttman-Shwartz, & Stephens, 2012). Additionally, changes that occur as a result of vicarious trauma can be permanent due to the practitioner's schemas and worldview being altered (Pearlman & Saakvitne, 1995). This skewed view has the potential to harm practitioners, clients, loved ones, co-workers, and social service communities. Therefore, vicarious trauma is an occupational hazard for social service practitioners (Baum, Rahav, &Shannon, 2014; Branson, 2011; Pryce, Shackelford, & Pryce, 2007; Simmelink-McCleary, Im, Becher, & Crook-Lyon, 2014;Van Hook & Rothenberg, 2009).

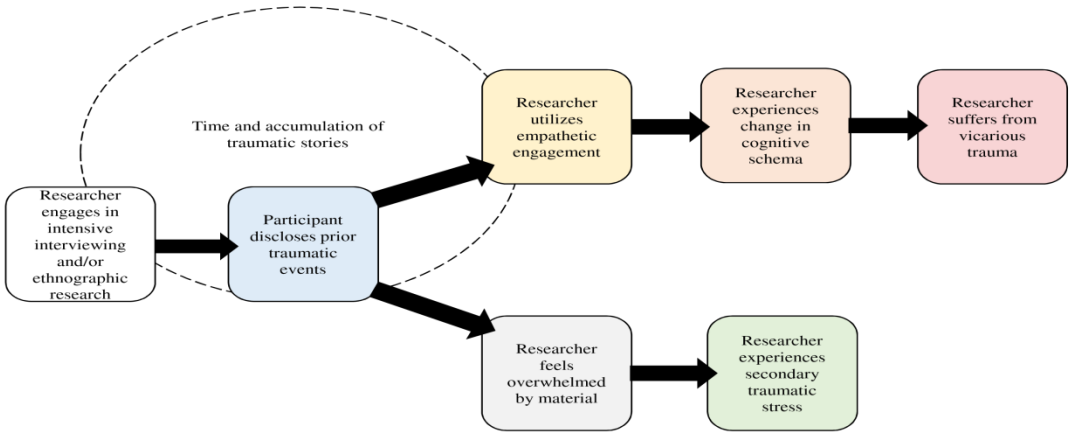
Unfortunately, research indicates that practitioners are ill-informed, unprepared, and unsupervised on vicarious trauma (Adams & Riggs, 2008; Shannon et al., 2014; Smith et al., 2014; Van Deusen & Way, 2006). It is therefore logical and reasonable that this lack of knowledge may also extend to practitioners working in field research and qualitative data collection. Practitioners who specialize in trauma care often have similar internal characteristics, specifically being empathic, benevolent, non-judgmental, attentive to social injustice, and self-sacrificing (Adams & Riggs, 2008; Barrington & Shakespeare-Finch, 2013). This empathetic aptitude and altruistic acceptance of others is the very pathway of vicarious trauma development. By becoming attuned to what a client reports, both content and what the self-disclosed material means to the client, practitioners are privy to aversive material with graphic details. These descriptions, complete with detailed tactile and olfactory sensations, client's cognitions at the time of the event, and post-event mental processes convey the client's worldview (Change, et al., 2013; Pearlman & Saakvitne, 1995). Overtime, practitioners engaging in empathic relationships hear numerous stories of human atrocity, creating a dark and unpleasant repertoire of client-disclosed trauma. Accordingly, practitioners experience a multifaceted process of adaption to cope with the disclosed traumatic material (Possick, Waisbrod, & Buchbinder, 2015).Cognitive changes can occur within the practitioner, creating intrusive imagery from client material, hyper vigilance in one's personal life, decreased sense of safety for self and loved ones, and an overall negative skew of the practitioner's worldview (Aparicio et al., 2013; Iqbal, 2015; Osofsky, Putman, & Lederman, 2008).

Although vicarious trauma is an internal condition, outward symptoms often manifest. Symptomology can be divided into four broad categories: (a) avoidant behaviors, such as escalated absenteeism from work, withdrawal from family members, social isolation from friends, and/or avoidance of sexual intimacy with partner(s); (b) arousal symptoms, displayed in hyper arousal for the safety of self and loved ones, increase in stress-induced medical conditions and illnesses, general fearfulness, and/or heightened suspicion of others; (c) changes in cognitive schemas, evidenced by engagement in dysfunctional coping skills, decrease in clinical service provision and general work ethic, intensified pessimistic worldview, apathy or negative change in spiritual beliefs; and (d) intrusive imagery through aversive daydreams, mental images, or nightmares (Aparicio et al., 2013; Barrington & Shakespeare-Finch, 2013; Branson et al., 2014; Ilesanm & Eboiyehi, 2012; Mairean & Turliuc, 2012; Mishori, Mujawar, & Ravi, 2014; Possick et al., 2015; Sansbury, Graves, & Scott, 2015;Vrklevski& Franklin, 2008;Wies& Coy, 2013).Research indicates that intrusive imagery is the most commonly endorsed symptom of vicarious trauma (Branson, 2011; Bride et al., 2004). Additional professional symptoms are increased cynicism and/or misplaced anger toward clients, decrease in quality service provision due to avoidance of client disclosures of trauma, poor ethical decision making, and ultimately, practitioners leaving the field altogether due to the rigors of the work (Iqbal, 2015; Pryce et al., 2007; Shepard, 2013).

3. Secondary Traumatic Stress and other Closely Related Terms

A discussion concerning vicarious trauma would be incomplete without a review of similar terms explaining ancillary trauma. In order to properly explore the occurrence of negative affects to qualitative researchers due to the complexities of their work, it is important to use correct terminology. Secondary traumatic stress is a term similar to vicarious trauma, although there are important differences that need to be operationalized when identifying what phenomena is being explored to increase validity and reliability of the study (Branson, in press). Secondary traumatic stress occurs when professionals are psychologically overwhelmed by their responsibility to provide aid, comfort, and assistance in highly traumatic, frightening, or devastating situations (Figley, 1995). The term is most appropriate for health care professionals, police officers, firefighters, first responders, emergency/crisis medical workers, hospice care professionals, and other specialists who encounter human-based suffering on a regular basis, but do not engage in an empathic relationship (Branson, in press; Shepard, 2013). Symptomology of secondary traumatic stress often presents quickly and is a direct result of a specific encounter. Additionally, the onset of symptoms can be so rapid that daily functioning is immediately compromised (Bride, 2007). Therefore, a specific difference between secondary traumatic stress and vicarious trauma is the inception of symptoms. Figure 1 demonstrates the difference in development of the two terms, specifically the involvement of empathy and change in cognitive schema for researchers in regard to vicarious trauma. Secondary traumatic stress can be sudden and episodic, whereas vicarious trauma develops through an accumulation process (Aparicio et al, 2013; Branson, 2011). Compassion fatigue is another term devised by Figley (1995) that is synonymous with secondary traumatic stress. This term is more appropriate for family members, community volunteers, and layman humanitarians who have a desire to provide aid and comfort to people who are hurting but are overcome by the needs of the situation (Brandon, 2011; Bride, 2007; Fahy, 2007).

Figure 1. Hypothesized Relationship between Qualitative Research, Secondary Traumatic Stress, and Vicarious Trauma



Other commonly used terms are countertransference, traumatic countertransference, burnout, and PTSD. Countertransference refers to a clinical situation in which a practitioner's unresolved internal issues are aroused by a client's disclosures, potentially creating poor therapeutic boundaries (Tosone et al., 2012). Pearlman and Saakvitne (1995) initially pursued this phenomenon to explain negative effects that occurred with practitioners working with sexually traumatized clients. However, this term does not explain development of symptoms for practitioners who do not have a personal experience with situations reported by clients (Branson, in press). Traumatic countertransference denotes the process by which practitioners become overly involved in assisting clients in an almost co-dependent type of relationship. The practitioner's sense of worth is dependent on the client demanding special services that the practitioner mistakenly believes only he/she can provide (Herman 1997). Both countertransference and traumatic countertransference are the result of the practitioner's issues and poor professional boundaries. Inversely, vicarious trauma is a potential occupational hazard for social service professionals due to the rigors of the work, regardless of boundaries (Iqbal, 2015).

Burnout is the process of depletion of internal resources due to poor working environments, specifically rapid staff turnover, high work demands with low compensation, being short staffed, lack of support by administration, general feeling of disconnect, lack of appreciation, and being inconsequential to the final product (Hayes, 2013). Burnout and vicarious trauma share commonalities in that they are both the result of a process and do not happen suddenly; however, the outcomes of burnout are less negative. Additionally, whereas vicarious trauma creates permanent changes in a practitioner's worldview, burnout can be remedied by minor changes or time away from the workplace (Dombo & Gray, 2013; Sansbury et al., 2015).

When looking at the symptoms of PTSD (re-experiencing the event, changes in arousal, avoidant behaviors, and new negative cognitions and mood; American Psychiatric Association, 2013), there is some overlap with vicarious trauma. However, the qualifiers for a precipitating event are not met. Practitioners are not being victimized or witnessing trauma first-hand. Furthermore, practitioners are not involved with traumatic details of loved ones due to professional ethics of social service disciplines (Iqbal, 2015). While it could be argued that repeated exposure to highly traumatic material from clients could qualify as extreme exposure, practitioners have clinical training and peers to assist in debriefing of clinical events, which should augment this from pathological traumatic exposure (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015; Sansbury et al., 2015).

Due to the numerous terms similar to vicarious trauma, a review of literature finds inconsistencies in application of lexica (Branson, in press). Vicarious trauma has been used applicably to describe negative changes to practitioners due to a career of treating highly traumatized populations (Aparicio et al., 2013; Barrington & Shakespeare-Finch, 2013; Iqbal, 2015; Tosone et al., 2012), as well as erroneously used to describing negative behaviors adolescents display who grow up in communities experiencing on-going political terrorism (Yazdani, Zadeh, & Shafi, 2015 &2016). As a result of poorly operationalized definition and use of the term vicarious trauma, additional scholarly attention and research is needed to determine the full extent of this phenomena.

While research into vicarious trauma is still relatively new, the idea of vicarious trauma befalling qualitative researchers has not been investigated. Therefore, it is important to firmly establish the most appropriate term to be operationalized before intensive exploration begins.

4. Emotional Work and Potential Development of Vicarious Trauma

A frequent term found in literature concerning the difficulties of qualitative research or fieldwork is emotional work, defined as the managing of one's emotions to fit situation-specific cultural guidelines to objectively and effectively execute the job of collecting qualitative data (Holland, 2005). This is an essential skill that qualitative researchers must master in order to be efficient data collectors. However, this can negate the humanness of the job for qualitative researchers. Hochschild (1998) has taken a different approach to emotional work, postulating that perhaps the emotions of the qualitative researcher are important to the data that is collected in two ways. First, it is the emotions and subjective worldview of the qualitative researcher that has attracted him/her to the research initially. Second, these emotions and subjectivities are also the lens through which the qualitative researcher is investigating and interpreting data. Therefore, these influences must be appreciated and accounted for in the study results (Holland, 2005). Qualitative research constitutes commitment to understanding a phenomenon from the subjective and emotional perspectives of others. Subjects explored through qualitative research often involve less than optimal life situations. Currently, social sciences are heavily involved in topics concerning trauma and traumatic aftermath, such as human trafficking, child soldiers, adverse childhood experiences and correlations with adult health outcomes, and the school-to-prison pipeline.

Aware that engaging in qualitative research takes a toll on researchers' emotional well-being, Dickson-Swift and colleagues (2009) examine how researchers engage in *emotion work* while conducting qualitative research. Drawing from a sample of thirty public health researchers, the authors found that many of their respondents expressed feeling "emotionally overwhelmed" (p. 65) during the research process. Others expressed that remaining professional and attempting to refrain from being "too emotional" while conducting qualitative research resulted in feelings of both frustration and a desire for emotional release. Some shared feelings of distress and helplessness while engaged in qualitative research saying, I mean I burst into tears when I got out to the car – it was enormously distressing to watch this person in such distress when what you were seeing was enormous compassion struggling with deep ignorance and poor education and training and not knowing what to do with it. (p. 65)

Qualitative researchers are on the receiving end of a barrage of unpleasant disclosures that are collected with openness and emotional work to derive copious amounts of data. Then qualitative researchers are exposed again to the difficult material through reviewing and deciphering data for themes (Creswell,2014). An additional source of emotion work for researchers comes from establishing clear boundaries with the participants and leaving the relationship once the research is complete (Dickson-Swift et al., 2006). The overall goal of the qualitative researcher is to have a clear understanding of the information being gathered. As qualitative researchers are using subjective processes to evaluate emotionally charged and highly personal data from study participants, are they vulnerable to vicarious trauma through the same mechanism of sincere empathy?

The deep level of empathy that qualitative researchers bring to their fieldwork is instrumental in being a voice for marginalized and oppressed communities. Yet, little is known about the long-term effects this type of research may have on the researchers themselves. The following section uses three case studies to further demonstrate support for the idea that social science researchers—particularly those engaged in qualitative research—are vulnerable to vicarious trauma. These three specific studies are diverse, collecting various data from unique populations and social contexts. Additionally, each author recognized how their own race and gender contributed to their experiences in the field.

5. Case Studies

5.1Evicted: Poverty and Profit in the American City

The first case study is Desmond's book, *Evicted: Poverty and Profit in the American City*. From May 2008 to December 2009, Desmond (2016) followed eight families in Milwaukee through the process of eviction. Desmond focused on two groups of individuals—those living in a trailer park and those renting apartments and houses in the inner-city. Over the year and a half that Desmond was in the field collecting data, he found that being evicted was only part of the problem for these eight families.

Unaffordable housing, structural disadvantage, racism, unemployment, untreated mental health issues, illness, disability, substance abuse, and crime were underlying issues entwined with being evicted from one's home. Additionally, before facing eviction, many of the individuals' living situations were far from ideal. Low-income families were often forced to accept substandard housing, particularly after eviction when individuals have relatively few options. For example, Desmond described how one family attempted to "endure" or "outlast" the roaches that were there before they moved in and the sour-smelling refrigerator found in their apartment. He also explained how when tenants fell behind on their rent, landlords often failed to respond to requests for repairs. Landlords appeared to be unsympathetic, as many of their tenants were choosing between having a meal to eat and a place to live.

While listening to stories and witnessing the experiences of eviction first-hand, Desmond watched as people were forced out of their homes into long stretches of uncertainty and suffering, and he described how eviction has cumulative consequences: Along with instability, eviction also causes loss. Families lose not only their home, school, and neighborhood, but also their possessions: furniture, clothes, books. It takes a good amount of money and time to establish a home. Eviction can erase all of that. And families forced from their homes are pushed into undesirable parts of the city, moving from poor neighborhoods into even poorer ones; from crime-filled areas into still more dangerous ones. (p. 296)

While Desmond's research is invaluable in bringing awareness to residential instability, lack of affordable housing, and unjust renting practices, he also identified that his role as an ethnographer was complex:I've always felt that my first duty as an ethnographer was to make sure my work did not harm those who invited me into their lives. But this can be a complicated and delicate matter because it is not always obvious at first what does harm. (p. 325)

He also described that his research was "heartbreaking" (p. 328) and he felt depressed for years after the completion of his study. He described the guilt he felt from his fieldwork after he left: The guilt I felt during my fieldwork only intensified after I left. I felt like a phony and like a traitor, ready to confess to some unnamed accusation. I couldn't help but translate a bottle of wine placed in front of me at a university function or my monthly daycare bill into rent payments or bail money in Milwaukee. It leaves an impression, this kind of work. Now imagine it's your life. (p. 328)

5.2Compelled to Crime: The Gender Entrapment of Battered Black Women

The second case study is Richie's (1996) book: *Compelled to Crime: The Gender Entrapment of Battered Black Women.* Richie used the life-histories of incarcerated women to highlight the complex interactions of life events and social processes associated with African American women's gender-role development and their experiences with intimate partner violence. In her research, Richie interviewed three groups of women:(1) battered African American women; (2) non-battered African American women; and (3) battered white women. She chose these groups to analyze gender-specific characteristics that vary across racial/ethnic or cultural categories. Over nine months, Richie interviewed thirty-seven women and each interview was approximately three hours in length. Prior to the interviews, Richie spent five months meeting incarcerated women in focus groups and talking with them informally. Richie maintains that she chose the life-history method because it is useful in gathering information about "stigmatized, uncomfortable, or difficult circumstances in individuals' lives" (p. 16), and this allowed her to uncover experiences and traumatic events that the women rarely, if ever, discussed. Richie also identified the significance of remaining non-judgmental in the interview process and building rapport with the interviewees in order to obtain rich details and descriptions about life events. We talked for a long time about topics that many had never talked about in such detail. Most of the women expressed an appreciation for the opportunity to speak freely, for the attention and the flexible non-judgmental approach I used in the interviews. (p. 25)

Through these detailed life-history interviews, the women often told horrific stories of physical and sexual abuse as children, and life-threatening violence in their adult intimate relationships. One woman described how her husband of nine years repeatedly beat and raped her, while another woman detailed how she and her son were abused by her husband, resulting in her husband beating her son to death. In learning about the experiences of the incarcerated women, Richie found herself assuming multiple roles during the nine-month interview process. She helped women gain access to health, legal, and social services, and referred them to agencies upon their release from jail. She recalled feeling conflicted about her engagement in multiple roles and the difficulties she experienced remaining detached from the women and their experiences:

In several instances I felt an ethical conflict between my role as a researcher and an advocate. Many times, it was difficult for me to remain detached, and I found it impossible to avoid becoming invested in the outcome of the women's cases. At times, I failed to conceal my own emotional responses to their life stories. It helped that, for the most part, I was able to distinguish myself from the women because the events of my life story, so far, had been significantly different from theirs. However, at moments I felt the distance between us narrowing. (p. 26)

From Richie's research, a new theoretical perspective emerged, the gender-entrapment model. This perspective suggests that the women's criminal activities were a response to violence or threat of violence in their intimate relationships. It also maintained that women committed crimes as extensions of their internalized gender roles and their strong sense of racial identities. The gender-entrapment model suggests that for battered African American women, their decisions were constrained by the culturally constructed perception that African American women's role was to protect African American men, and that women's arrests were a mechanism to avoid future abuse.

In addition to the benefits of her research, Richie also described that the women in her study had a lasting effect on her personally: I learn most of what I know and write about from listening carefully to battered and incarcerated women tell their stories. My life history will forever be changed by the lessons the thirty-seven women at Rikers Island taught me; they are among the most generous souls that I have known. I respectfully dedicate this book to the women whose stories are told in it, and the countless other women who are incarcerated because they are compelled to crime by the violence in their lives. May the future bring a world with more understanding, and safety, and more justice.(p. x)

5.3Sexed Work: Gender, Race and Resistance in a Brooklyn Drug Market

The third case is Maher's (2000) ethnography, *Sexed Work: Gender, Race and Resistance in a Brooklyn Drug Market,* which exploredthe lives of women who are street-level drug users in one of the poorest neighborhoods in New York City. Maher noted that previous research on drug use portrays women as either helpless victims or maximizers of self-interest. Consequently, Maher argued that there are few studies that address issues of structure, power, and domination in relation to women's experiences with drug addiction. Throughout her fieldwork, Maher consistently found evidence to suggest that the women in her study did not view themselves as either powerless victims or independent from their environments. Rather, the narratives of these women demonstrated complex intersections between social class, race/ethnicity, and sex/gender, which in turn influenced the women's experiences with street-level drug use, prostitution, and victimization.

During her fieldwork, Maher observed and recorded the stories and experiences of more than 200 female drug users. She more closely followed forty-five women through follow-up interviews and multiple field observations. She found that most of the women in the study utilized crack cocaine and heroin daily, many were also mothers, and several were HIV positive. Many of the women reported experiences with physical and sexual abuse during childhood and continued physical and sexual abuse as adults. For example, Maher explained: More than one third of women grew up in an abusive household where they were subjected to physical abuse by family members, including parents, step-fathers, mothers' boyfriends, and male kin. Slightly more than one in ten reported sexual abuse as a child.

As adults, almost two thirds had at some stage been involved in a physically abusive relationship with a man. Although most women were not involved in a relationship during the study period, of the 17 women who were, ten defined their relationships as physically abusive. All of these abusive relationships were with drug using males. (p. 30)

Maher described that she began her research hoping she would be able to provide a more accurate representation of women drug users, one that did not rely on stereotypes of street-level drug addicted women. Furthermore, she explained how her repeated exposure to the women in her study—and their stories of past trauma and present-day violence and abuse—left a lasting impression on her own life: The daily field presence, repeated interviews, and sustained observations which constitute this particular ethnography entailed tenuous and often painful human interaction. Despite the everyday violence in which these women's lives are situation—violence from which I have since walked away—being 'there' enriched my life. By forcing me to locate my own history and to confront my own privilege, this ethnographic encounter—its moments of genuine intimacy, powerful emotions, and fragments of inspiration—has left its imprint on my lived experience. (p. 232)

Qualitative researchers who engage in intensive interviewing and ethnographic fieldwork with highly traumatized individuals may experience long-term consequences and transformations to one's self that coincide with the construct of vicarious trauma. From Desmond's own accounts, it appears that empathetic engagement with his research participants affected his mental health and view of the social world. Richie and Maher also expressed concerns regarding their exposure to their research participants' traumatic life experiences, as Richie described how the women in her study changed her own life history. Additionally, Maher conveyed that her fieldwork not only expanded her understanding of women drug users in the inner-city, it also increased her awareness of her own social location and privileged position within society.

6. Future Research and Concluding Thoughts

Additional research is needed concerning vicarious trauma as a possible hazard for qualitative researchers. While each of the case studies suggests that exposure to research participants' traumatic life events may have long-term effects on researchers themselves, we cannot assume that their experiences are in fact vicarious trauma. Moving forward, more research is needed to further examine if qualitative researchers experience vicarious traumatization in ways similar to other professionals (e.g., social workers, therapists, psychologists, etc.) who work with victims and survivors of traumatic life events. Qualitative researchers' professional and personal lives could be damaged by the data they are collecting, yet they may be unaware of this potential hazard. Specific recommendations for future investigations of vicarious trauma and qualitative research are: what is the role of empathy in the qualitative researcher's work with data collection; how many qualitative researchers struggle with issues of vicarious trauma; would a meta-analysis of secondary data concerning vicarious trauma and qualitative research yield significant conclusions; and are scholastic and academic campaigns needed to train qualitative researchers on the specific danger of vicarious trauma in qualitative research?

Growth in the use of qualitative data in social services will likely continue to increase. This makes the investigation into vicarious trauma as a hazard to qualitative researchers immediate and timely. Additional research into this topic is needed to ensure the affluence and ethics of qualitative research and to protect the professional and personal safety of qualitative researchers. Additionally, continued and future research has potential interdisciplinary benefits.

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