10 Dreams and nightmares

Interviewing research participants who have experienced psychological trauma

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Research log

Day 14: The vehicle chasing us is swiftly cutting distance. Either I step on the gas pedal, or they get us. The road is uphill but smooth and straight; I accelerate and hope for a good outcome. As I hold tight the steering wheel, I glimpse at my passenger: a meaty, moustached man.

Day 23: A pleasant evening got scary. My girlfriend and I were on the sofa, overwhelmed by Netflix's enormous catalogue of documentaries, movies and series. Suddenly, Poker (my dog) started barking (not the playful bark, but the lurid, defensive one). Someone is trying to open my apartment door; strongly and compulsively moving the knob up and down. "What is the emergency number?" I ask my girlfriend;'123? 121?' She gives me the mobile with the number already dialled; she looks scared. "I will guide you through our security protocols", says the officer on the other side of the line.

Day 40: I am in bed, the noise at my apartment door woke me up – again. Someone is trying to get in – and manages. I quickly get out of bed, throw Poker out of the French balcony (we live on the first floor; he will be fine). But when I turn to face the main door, I get shot . . . and die.

All three events happened to the second author (David); all three events were real (days 14 and 40 were nightmares, and the intruder on day 23 was a confused neighbour). Events such as these three are a common repercussion of demanding criminological fieldwork. At the time the events "occurred", David was interviewing victims of Colombian drug lord Pablo Escobar. Like David, many researchers experience emotional disturbances because of their immersion in the field (see, e.g. Stanley, 2018). Criminologists are particularly exposed to the risk of mental distress due to their research. As Italian criminologist Vincenzo Ruggiero stated, criminologists research bloody matters (2013). For the sake of our well-being – and thus also our work productivity (Cieslak et al., 2014) – we must implement measures to deal with the mental health impact of our fieldwork. Fieldwork-related ~~mental disturbances,~~ as we explain later, can trigger physiological and psychological reactions, which when prolonged over time have longstanding harmful consequences for the researchers from abnormal stress hormone releases that hurt the brain, to continuous emotional pain that adversely affects relationships.

DOI: 10.4324/9781003241515-10

Furthermore, criminological research necessarily involves others: it is a science about society and for society. Holding together the disparate field of criminology is an interest in violence and conflict (Loader, 2020). When trying to understand social dynamics of interest to criminologists, we often encounter participants who have had psychologically traumatic experiences. Moreover, ethical principles for social sciences impose on us, as researchers, the duty of thinking beyond ourselves and considering how our research can affect the mental and physical well-being of others, from research participants to the recipients of our outputs (NESH, 2021).

In the previous paragraphs, we have given three reasons to pay attention to the particularities of working with participants who have experienced psychological trauma: to safeguard our well-being; to protect our productivity by avoiding harming ourselves; and to shield others (participants and audience) from any harms that result from our research. If those reasons are not strong enough, Rita Faria (2018) adds one more: by misusing our power as researchers we may be falling into the pitfall of white-collar crime (isn't that ironic?). We, as researchers, have the power that cultural capital grants us; and our misuse of that power, although not a crime, may harm others' lives – just like the actions of the subjects Edwin Sutherland (1961) studied did. To reduce these risks, in this chapter, we present the measures any criminologist working with participants who have experienced trauma should implement in a research project from inception to fieldwork to output production. We illustrate our ideas using David's experience researching among victims of Pablo Escobar. While our examples come from a project based on qualitative interviews, the overarching *trauma-informed approach* we propose applies to most other research methods. Note, however, that context matters when dealing with psychological trauma, so we need to adjust our ideas to the research setting. We thus invite you to calibrate these principles and strategies to the particularities of your own research field. Before we go there we must ask, what is psychological trauma?

What happened to myself? The significance of psychological trauma

On June 23, 1990, a group of armed men, allegedly working for Pablo Escobar, entered the luxurious night bar Oporto in Envigado, Colombia. In a matter of ten minutes, the armed men had killed 23 persons and injured many more. The survivors believe that the attack was Pablo Escobar's revenge on Medellín's high class (Pablo Escobar was born economically poor and resented those born in economically rich families). Low-income earners, however, also frequented Oporto: one of them was Fidel.[1] Fidel stated:

> bars like Oporto were places where the young people of Medellín used to meet; those between sixteen and twenty-five years. They were like refuges to us, cottages, hidden in quiet places . . . there were many pretty women there.

Fidel went to Oporto on June 23, 1990. Fidel narrated his experience as follows:

> They [the armed men] were very organised. They had us lying on the ground; and we could only see their boots; they did not allow me to raise my head. We were on the ground, and I felt those were my last moments. When are they going to kill me? . . . To me those ten minutes were eternal; I was on the ground; they were killing.

Fidel's experience perfectly illustrates psychological trauma. To understand how psychological trauma can affect research participants and researchers, we must understand and differentiate between the *traumatic situation* and *secondary trauma*, *posttraumatic stress symptoms*, *posttraumatic stress disorder*, and *trauma triggers*.

Most definitions of a psychological *traumatic situation* converge on describing an event, a series of events or an ongoing situation in which there is a serious threat to one's life or bodily integrity, or to the life or bodily integrity of others, including sexual violence (Anstorp & Benum, 2014). A traumatic situation is something else than grief or unhappiness, for example, because of a parent's death in old age – ~~it is a biological, physiological, and psychological survival response that is useful in the short run and harmful in the long run (Wilson, 2004).~~ A traumatic situation generates intense anxiety, often entails being overwhelmed and feeling powerless, and not knowing what to do or not being able to resolve the situation with the strategies one has available. For instance, during the bar shooting described earlier, Fidel feared for his life and was powerless to do anything about the threat: he could not fathom how to save himself or the others or even reduce the threat. The strategies he would otherwise use in everyday life, such as removing himself from the situation or talking to the threatening persons, were not available to him.

We must go back to the basics of biology and human-wired mechanisms of survival to understand the psychological, social, and meaning-making effects of trauma. *During* a psychologically traumatic situation, our bodies are wired to mobilise us to choose between fight or flight. Trauma reactions during the situation are adaptive to ensure survival. Our bodies increase the pulse rate, produce adrenaline, and narrow the attentional focus. During a traumatic situation, it is normal and adaptive to focus on the danger, be hypervigilant, and be hyperactivated. Furthermore, if our life or bodily integrity has been at risk, it is adaptive to keep the event vividly in mind for a reasonable period, be on guard against similar situations, and try to avoid them (See APA, 2013, pp. 270–271 for diagnostic criteria; Wilson, 2004, for a more detailed description).

After the traumatic situation, many people are able to lower their guard, breathe out and return to normal, with the psychological traumatic situation remaining a bad memory. However, for some people, the trauma continues to affect their lives beyond that of a bad memory. We describe the long-term effects of trauma as *posttraumatic stress symptoms*. When posttraumatic stress symptoms are present to a high and function-impairing degree, they become *posttraumatic stress*

disorder – commonly referred to as PTSD (See APA, 2013, pp. 270–271 for diagnostic criteria; Wilson, 2004: for a more detailed description).

Posttraumatic stress symptoms affect us biologically, emotionally, cognitively, behaviourally, and relationally.

- Biologically, our bodies continue to respond as if we are in immediate danger: we experience hyperactivation, increased startle response, hypervigilance, and light sleep.
- Emotionally, we continue to feel scared and struggle to feel secure. Furthermore, we might feel shame for what we were exposed to, guilt for surviving when others did not, and emotionally numb. We are likely to feel alienated, sensing that nobody understands us and that we are not the same person we used to be.
- Cognitively, our ways of thinking are affected: our fundamental assumptions about the world, such as "most people are nice", "the world is a safe place" and "mostly, I have some control over what happens to me", are challenged. Our attentional focus might remain narrow on danger sources. We transform our interpretation of risk now that our fundamental assumptions about the world have changed. Furthermore, our memory is affected: intrusive memories of and flashbacks to the event are common, as are nightmares. The trauma is not a bad memory but becomes an ongoing process.
- Behaviourally, we might avoid situations we (rightly or wrongly) interpret as dangerous. We also may avoid situations that remind us of the traumatic situation and could trigger unwanted emotions and thoughts.
- Relationally, we might feel alienated and scared to take the risk of loving someone. As meaning-making beings, we might start questioning our faith or humanity.

The consequences of psychological trauma affect and perpetuate each other, both when the presence of trauma symptoms and functional impairment is subclinical, and when it passes the threshold for a PTSD diagnosis. For instance, assuming that things will not turn out okay and that other people are untrustworthy can increase hypervigilance. Hypervigilance and distrust heighten stress and anxiety, which reinforces the experience that the world is a dangerous place, and one has to be on guard. Furthermore, posttraumatic stress symptoms prevent us from healing because we instead focus on avoiding danger, allowing us to invest all our attention and emotion in that one task. The reservoir of energy needed for healthy practices is empty: being in a supportive relationship, sinking into the beauty of nature or a great piece of music, exercising, and laughing. As Wilson (2004, p. 12) summarises, "the whole person is wounded by trauma".

The presence and the intensity of posttraumatic symptoms can fluctuate. *Trauma triggers* are an important element in the fluctuations. Trauma triggers are "internal or external cues that symbolize or resemble aspects of the traumatic event(s)" (APA, 2013, p. 271). A trauma trigger can be as subtle as a smell or as unconcealed as a person shouting. Trauma triggers re-evoke and increases trauma

symptoms. Some people are aware of their trauma triggers and can protect themselves from experiencing increased trauma symptoms; but awareness can also lead to avoidance behaviours that limit agency and quality of life. Being unaware of trauma triggers can lead to a perception that the world is an unpredictable and scary place.

Trauma, in all its varieties, is complex and severe. Is there any room to doubt that the criminologist should approach it carefully? But carefulness does not mean evasion. Criminologists should research psychological trauma and interact with participants who have experienced trauma: to understand the social events that lead to traumatising events (the instance of harm or crime under study) and to counteract the social invisibility that many persons exposed to trauma feel and, in fact, experience. *Not* researching trauma, thus, can be unethical by perpetuating the experience of invisibility, hindering us from building trauma-informed prevention, interventions, and research (Legerski & Bunnell, 2010). On the other hand, talking about psychological trauma can trigger or increase posttraumatic stress symptoms. Thus, knowing that *research activities can be a trauma trigger* is a first call to caution.

To further complicate matters, the American Psychiatric Association's definition of a traumatic situation includes "experiencing repeated or extreme exposure to aversive details of the traumatic event(s)" (APA, 2013, p. 271, criterion A4). The term *secondary traumatic stress*, at times referred to as vicarious trauma, is used to describe the development of posttraumatic stress symptoms as a consequence of indirect exposure to trauma (Cieslak et al., 2014; Bride et al., 2004).[2] This secondary trauma, a consequence of prolonged exposure to accounts of trauma, is evident in David's research log quoted at the chapter's outset. His intentional commitment to the role of researcher and to the project entailed *not* avoiding exposure to trauma. David, as many other criminologists, felt obliged to carry the burden alone.

How can we study psychological trauma or interview persons with traumatic experiences for a criminology project without worsening the ills of trauma? How can we as researchers and criminologists do our fieldwork while following the

Table 10.1 Trauma terminology

Traumatic situation: An event, a series of events or a continuous situation in which there is a serious threat, including sexual violence, to one's life or bodily integrity, or to the life or bodily integrity of others.
Secondary traumatic stress: posttraumatic stress symptoms as a consequence of indirect exposure to trauma.
Posttraumatic stress symptoms: Long-term effects of trauma that have biological, emotional, cognitive, behavioural, and relational consequences.
Posttraumatic stress disorder: Heightened posttraumatic stress symptoms that impair function and well-being.
Trauma triggers: Internal or external cues that symbolise or resemble aspects of the traumatic event.

ethical research standard of *do no harm?* Maurice Punch (1994, p. 83) presented a dichotomy regarding how to do research: On the one hand, *Just Do It*: "Fieldwork is fun; it is easy; anyone can do it; it is salutary for young academics to flee the nest; and they should be able to take any moral or political dilemmas encountered in their stride" (For examples of this approach, see Sandberg & Copes, 2013). On the other side, "there are voices that alert us to the inherent moral pitfalls" because "qualitative research is seen as potentially volatile, even hazardous, requiring careful consideration and preparation before someone should be allowed to enter the field". Furthermore "without adequate training and supervision, the neophyte researcher can unwittingly become an unguided projectile bringing turbulence to the field, fostering personal traumas (for researcher and researched)" (ibid.). *Just Do It* followers sometimes view individuals advocating for carefulness with contempt. *Just do it* followers may even say that careful researchers are *snowflakes*. But, as Hannah Jewell (2022) writes, "we need snowflakes" – persons sensitive to potential harm-doing and equipped with prevention tools.

As such, later we present a trauma-informed approach to research, inspired by trauma-informed approaches to treatment (see, for instance, Bath, 2008): and research on trauma-informed research from the field of psychology. It is a way of conducting research that aims at not strengthening or evoking harmful ways of feeling, thinking, reacting, and acting associated with trauma in either researcher or participant. We provide you with hands-on strategies (and additional literature) to help you take on the daunting task of approaching trauma ethically. We will take you on a trip from idea inception to research publications, starting with criminological research guides.

"Doing criminology"

In most criminology guides (see, e.g. Davies & Francis, 2018; Newburn, 2007), the process of *doing criminology* is presented as four stages: (1) find a topic, (2) locate sources and plan your research, (3) enter the field and gather data, and (4) write the research output and exit the field. Traditionally, criminology textbooks have been introductory and light, thus not considering psychological trauma in-depth. More recently, however, trauma considerations have begun to occupy more space in criminology texts. Heidi Haugen and May-Len Skilbrei (2021, p. 32) remark that "if research participants have been traumatised, for instance during war, terrorism, violence or an accident, the risk for re-traumatisation and other important consequences of research, should be evaluated". They also point out that trauma can affect informed consent. David Scott (2018, pp. 150–151) emphasises "the importance of not harming research participants. Research participants should not suffer physical harm, loss of self-esteem or experience unnecessary stress".

Other criminologists have described the weight of trauma. Elizabeth Stanley (2018, pp. 331–332) noted how "many interviewees said that although they appreciated the opportunity to speak, it also brought up negative emotions. They

felt scared, sad, angry, ashamed, embarrassed and pained to discuss past abuse". Stanley also struggled with her own emotions: "I felt anger, horror, sadness and outrage". And her "only solace" was the belief that her "basic 'human' responses have meant that my resulting work is stronger in its capture of the emotional and political impacts of state violence".

Considering the recent attention to trauma and taking into account the bloodiness of criminology, we seek to make trauma a central consideration in the research training of criminologists. We call for a trauma-informed research practice that uses the vast body of knowledge developed by psychologists regarding trauma: an evidence-based research practice. Our goal is to emphasise the importance of a trauma-informed approach to research and to demonstrate that such an approach is feasible and manageable. Furthermore, as we explain later, our trauma-informed model of research can also – besides protecting participants and researchers- increase the quality of the data we gather and ultimately improve the knowledge we create.

1. Finding a topic

> In 2019, after a conference, David acted as tour guide through Medellín for a colleague criminologist. Both entered the Botanical Garden gift shop. David was talkative and people from Medellín friendly. The conversation between the seller and David, however, took an unexpected turn: she started crying at the thought of many foreigners visiting Medellín to have the *Pablo Escobar experience* (do drugs, buy sex, and place flowers on Escobar's tomb). The project *Profiting from Pablo: Victimhood and Commercialism in a Global Society* was born out of that moment.[3]

David and his colleague dreamt of putting their craft as criminologists to the service of the victims of Pablo Escobar; victims who have lately been in further distress because of the way Netflix transformed their suffering into a commodity with the show *Narcos* (an entertainment product that makes the crimes of Escobar look appealing and largely ignores victims' suffering). As the anecdote shows, a personal experience inspired David in his choice of a research topic. Using personal experiences as the fountain of inspiration is common in criminology, as Peter Francis explains (2018), and he invites researchers to evaluate their research topic on whether it is "feasible to undertake, given the time and resources available" and "conform[s] to School or Faculty and university ethics policies" (Francis, 2018, p. 48). Besides the temporary and economic feasibility of a research project, in this chapter we invite you to evaluate the *utilitarian* value (explained later) of your research project when it includes individuals who have experienced psychological trauma.

Our formula for evaluating a research topic in a trauma-sensitive project relies on what Goyes (2019, p. 63) denominates as *intrinsic ethics*: "the researcher's consideration of the desires, expectations and needs of the participants of the research". At the other end of the continuum is *extrinsic ethics:* "the application

of codes of conduct for researchers, such as informed consent and prior consultation, and the approval of research projects by ethics committees". We prefer to *mainly* rely on intrinsic ethics because we see extrinsic ethics as problematic in two senses: First, as Mark Israel (2016, p. 86) documents using the example of prison research: "the concept of consent [a cornerstone of extrinsic ethics] has been constructed within research", the "requirements to obtain consent have been systematically evaded", and "responses to scandal have led to the overprotection of institutions at the expense of prisoners' ability to exercise autonomy, access justice, and benefit from the research process". Second, in some countries (like Colombia), social sciences research does not require the ethical protocols that extrinsic ethics bring about. Therefore, on many occasions, the responsibility for ethical behaviour lies with the researcher (Goyes, 2021a, 2021b).

Regardless of whether ethical checks are in place, we invite you to embrace a personal responsibility for the morality of your project. Utilitarian philosopher Peter Singer asserts that "the interests of every being affected by an action are to be taken into account and given the same weight as the like interests of any other being" in ethical practices (2009, p. 5). While Josef Mengele, the chief researcher in Nazi Germany, would have asserted that he was contributing to society as a whole by sacrificing *a few* (Seidelman, 1988), in trauma-informed research the condition of every participant must be improved as a consequence of the research (or at least not degraded). This is an agreed-upon principle today, expressed among others in the 1964 Declaration of Helsinki that conveys the message that the *good* of humanity does not make ethical the unethical actions towards individual beings.

Trauma research offers information we can use in assessing the morality of our research. Evidence indicates that talking about trauma in a research context can be both harmful *and* positive for the participant. Studies report that many participants experience involvement in research as meaningful and a chance to tell their story, and even those who experience distress often do not regret having participated (Legerski & Bunnell, 2010; Griffin et al., 2003; Carter-Visscher et al., 2007). ~~The value of research is breaking~~ the silence that many experience around trauma. Because psychological trauma is intense and can be terrifying in nature, participants~~, including~~ those in their social networks might often avoid talking about it. Silence among social networks might be out of respect, to avoid upsetting the person, or because they feel uncomfortable or helpless. While these reasons for avoiding talking about trauma are understandable, trauma becomes the scary elephant in the room. Silence around trauma can leave the person feeling that their narrative is unbearable, untouchable, and impossible to deal with. The traumatised person is left alone with the burden of carrying their trauma. Getting time and space to tell the story (even in a research setting), then, can help the individual. (A note of caution is due already here even though we develop it in full later: trauma-informed research avoids exploiting the participants' desire and/or need to have a conversation partner to mine for data.) Furthermore, there is little evidence to suggest that interviews that touch upon psychological trauma can be a new traumatic situation, as the elements of intense anxiety and lack of control

are unlikely to appear in a research situation (Seedat et al., 2004). However, without adequate training in trauma-informed interviewing, eagerness to extract good data – even with good intentions – can lead to the participant experiencing the research as unpleasant or triggering posttraumatic stress symptoms (i.e. re-traumatisation [Schippert et al., 2021]). In sum, "in the area of trauma, research interviews should not be idealized as providing a brief psychotherapy, but nor should they be demonized as being intrusive or as an inadequate substitute for treatment" (Stein et al., 2000, p. 35).

> Re-traumatising: the reactivation of trauma symptoms via thoughts, memories, or feelings related to the past trauma experience.

Since we are learning from psychology, the main lesson this discipline has left us is that it *is* possible to do research on psychological trauma and with participants who have experienced trauma, in non-harmful ways. There are two significant differences between psychology and criminology, however: first, psychology is more strictly regulated than criminology in terms of ethics because the former is categorised as health research while criminology is as social science. Second, the fundamental academic training of psychologists includes trauma. So, criminologists learn from psychologists about the functioning of the psyche. How do we translate the knowledge of psychologists into guidance for criminologists? You must learn *how* to plan and conduct trauma-informed research. We discuss this in the next section.

Locating sources and planning the research

> The project was approved by the Norwegian Centre for Research Data, the national entity responsible for privacy, which gave approval for the research activities of the two authors. Since data was collected in Colombia, we also complied with Colombian legal requirements concerning research ethics. We obtained informed consent from all interviewees, after explaining the purpose of the project in Spanish. We took measures, such as debriefing and follow-up conversations, to avoid re-victimisation due to the sensitive nature of the interviews and the vulnerability of some of the interviewees.
>
> (Goyes & Franko, 2021, p. 6)

When planning the research project, David and his colleague went beyond acquiring the ethical approval for his fieldwork (i.e. they applied *intrinsic ethics*). Some of the additional measures were sketching a comprehensive informed consent and scheduling debriefing sessions. These measures were important in protecting the participants. However, David failed to identify his own vulnerabilities before entering the field. Reflecting on his experiences, we offer you a detailed list of considerations when planning your research.

Locating sources: There are various ways to locate and select sources (i.e. *sampling strategies*). *Probability sampling* is a method "that uses random selection in which all the members of a particular population or subpopulation have an equal chance of being selected" (Adams & Lawrence, 2019, p. 114). *Non-probability sampling* is defined as selecting "anyone (or any animal or archive) contributing data to the study" (ibid., p. 122). Other related forms of categorising sampling are a priori in which the structure of the sample is defined before the research begins and *theoretical sampling* in which "decisions about choosing and putting together empirical material (cases, groups, institutions, etc.) are made in the process of collecting and interpreting data" (Flick, 2005, p. 64). What does our knowledge of trauma mean for sampling processes? Can participants be too "traumatised" or too "disordered" to participate in a research project?

The most important sampling criterion should be *participant safety*. Storing interview data securely does not suffice; a potential participant being in contact with the researcher might put the participant at risk. For example, some of the victims of Pablo Escobar have information that points to powerful individuals still living in Medellín as accomplices of the drug lord. Merely meeting with a researcher can endanger such participants. (If you want to read more about how to mitigate risk associated with disclosure, see Newman et al. [2006, p. 31].)

Another criterion is *participant distress prevention*. Some studies suggest that having posttraumatic stress disorder increases the risk of distress associated with research participation (Legerski & Bunnell, 2010). A screening process for potential research participants can help identify whether they have posttraumatic stress disorder. While excluding participants on the basis of symptom intensity might cause biased data and exclude important knowledge and perspectives, as criminologists, we do not study psychological trauma per se (unless we are collaborating with psychologists), and there might not be any reason to include participants with posttraumatic stress disorder. However, be mindful of the risk of silencing individuals based on your fear of psychological trauma.

Planning the research: As indicated earlier, one implication of trauma-informed research we propose is that you must be prepared to deal with psychological trauma beyond the mandates of secure data storage and extrinsic ethical regulations. Criminologists must receive training to deal with psychological trauma at three levels. The first level deals with gaining *knowledge* on trauma and its effects, the legal framework governing work with individuals who have experienced traumatic situations, and the available treatment options. The second level deals with acquiring specific *skills* to handle trauma. The third level is *self-reflexion*.

Level one: Preparation for interviewing participants who have experienced psychological trauma involves clarifying legal frameworks in the context of the interview, for instance, whether the researcher has the legal obligation of breaking confidentiality and reporting certain types of information (see more about *mandatory reporting* later). Furthermore, preparation involves

clarifying available health care for participants and its suitability for the participant (Campbell et al., 2019).

Second, we recommend preparing written leaflets for participants to take with them. Because of the emotional cost and activation of psychological trauma presented by the interview, the participant can have problems taking in and remembering all the information the researcher gives. We therefore recommend that interviewers have clear written information at hand about (1) potential reactions to trauma-focused interviews, (2) available help services, and (3) relevant literature (Becker-Blease, n.d.). Our proposal of using a leaflet comes with two caveats: first, you should not use it as a *quick fix* to replace a holistic preparation to research among individuals who have experienced traumatic situations. Second, you should avoid distributing the leaflet on occasions when having it can create a risky situation for the participant.

Level two: Preparation for interviewing traumatised research participants entails *skills* in trauma-sensitive interviewing (Newman et al., 2006; Seedat et al., 2004; Becker-Blease, n.d.). Skills are different from knowledge in that they require training and practice: we cannot merely read about them but need to set aside time to develop these skills. Seedat and colleagues (2004) describe three necessary skills when working with psychological trauma: *identifying* and *responding* appropriately to symptoms of distress, *knowing when* to terminate an interview, and *knowing how* to terminate an interview. We do not have space to explain them in depth here, but our message is that interviewers must have these three skills as the minimum prerequisite. In the *Utøya project*, which researched the survivors of terror attacks in Oslo, Norway, in 2011, only health professionals with specific training in interviewing people who have experienced trauma were accepted as interviewers (Dyb et al., 2014). Good sources to learn about those skills are *Trauma-Informed Healthcare Approaches* by Megan Gerber (2019), *The Three Pillars of Transforming Care* by Howard Bath and John Seita (2018), and *Trauma-Informed Care* by Amanda Evans and Patricia Coccoma (2014). Information on *Tolerance Window* (a tool to identify and respond to trauma symptoms) is also useful (Corrigan et al., 2011). However, these readings come from health care and social work contexts where the purpose of the conversation is healing, not gathering information. Researcher distress (Cieslak et al., 2014) seems to produce better data (Seedat et al., 2004). In an interview setting where the participant feels secure, understood, and accepted, and trusts the competence of the researcher to help manage the emotional toll of telling, it is more likely that the participant will provide rich and detailed information.

Level three: self-reflection. A research team should address stereotypes and biases they may have about the group being interviewed. Failing to do so could negatively affect both the interview experience and the quality of the data (Seedat et al., 2004). Participants who feel prejudged will not feel secure, understood, and accepted – prerequisites for telling one's story fully. Furthermore, as researchers we can experience distress or secondary trauma from doing research on trauma (Newman et al., 2006). We (and our

assistants) may have had experiences that make us vulnerable to developing trauma symptoms or "guilt at having been spared the trauma oneself, frustration at not being able to provide more help, and feeling that one is taking advantage of research subjects in order to advance one's professional career" (Stein et al., 2000, pp. 34–35). Thus, reflecting on our potential vulnerabilities (such as having experienced trauma or having a propensity to empathise deeply) can mitigate our distress. Deep empathy or trauma experience, however, should not hinder you from researching trauma-related topics; your sensibility and experience might be important skills and perspectives in themselves. Rather, self-reflection should involve (1) recognising and accepting your strengths and vulnerabilities, (2) identifying the strategies you can use to deal with them, and (3) assessing whether there is a need to learn new strategies or have extra support in place.

Locating sources: use participant safety and participant distress reduction as criteria.

Planning your fieldwork:

- Level one: gain knowledge of trauma, legal frameworks, and available health care services.
- Level two: develop skills (*identifying* and *responding*, *knowing when and how* to terminate the interview).
- Level three: self-reflect (stereotypes and biases, personal strengths and vulnerabilities, personal strategies, and needs).

~~In the next section, we will describe some self-care routines to implement during the research (useful for all researchers).~~

Entering the field

Getting informed consent and gathering data in the form of interviews relies heavily on relational skills: self-awareness, empathy, and ability to establish rapport. The goals of relational skills are meeting the participants with respect, gratitude, and acceptance; leaving them feeling liked, seen, and appreciated for their strength and contribution and allowing them agency and control in the interview situation (Campbell et al., 2019), hence the imperative to go through training before entering the field. In this section, we discuss ~~the~~ specific application in the field, of the knowledge, skills, and self-awareness we gain~~ed~~ through training.

Informed consent: While we should prepare the informed consent form before entering the field, in a trauma-informed research approach the informed consent is a *collaborative* and *continuous process* (two concepts

that we explain later). In addition to the information usually provided in an informed consent (the purpose and main research questions of the study, the procedures to ensure confidentiality, etc.), informed consent forms in research on trauma should include

- Information about the empirical knowledge on the effects of participating.
- Information on potential reactions to trauma triggers (some of the interview questions could be triggers). Victims react differently to traumatic events and have diverse triggers (or may not have triggered at all). So, while trauma triggers and reactions to them are not markers about who is a *real victim* and should not become a normative expectation for how victims should behave, the informed consent should include information about triggers presented in a way that does not indicate that they are universal.
- When relevant, information on *mandatory reporting* and other relevant information on legal frameworks and how one ensures participant safety. Mandatory reporting varies across countries and states; however, generally, it is the prosecutors' duty to collect information about crimes rather than the researchers' (i.e. in most cases we do not have mandatory reporting duties). Yet, legislative activity is progressing towards placing the burden of reporting also on researchers, particularly when there is threat of violence against law enforcement officers, children, or partners. We advise you to check the legislation that applies to your project.

While evidence suggests that "decision-making capacity is not compromised for most trauma survivors" (Newman et al., 2006, p. 38), Seedat and colleagues (2004, p. 265) assert that "ensuring that consent is voluntary and informed may be more a question of detecting and eliminating lack of consent". In line with the latter, the International Society for Traumatic Stress Studies (ISTSS) recommends applying a consent quiz to ensure that the participant understands the ramifications of the interview (Becker-Blease, n.d.). Criminologists rarely interview participants immediately after the psychologically traumatic experience, as journalists do. However, should that possibility arise, keep in mind that the interviewee might be experiencing *acute trauma*: be in shock, over-activated, or otherwise incapable of taking in the information. Acute trauma, as a rule, eliminates the possibility of informed consent. For instance, in our example on pages 3 and 4, Fidel could not have consented immediately after his experience at the bar (you can read more about this discussion in Seedat et al., 2004; Campbell et al., 2019).

In trauma-informed research, informed consent should go beyond the *form*, that is, be understood as a *continuous process*. Trauma-focused interviews can trigger emotional activation and arousal that diminish the participant's capacity to act consciously, thoughtfully, and agentively (Corrigan et al., 2011). In this regard, Seedat et al. (2004) recommend giving advance warning of every violence or trauma-focused question and get permission before continuing. Seedat et al. (2004) suggest preparing an interview guide with both open and specific questions to ensure this but emphasise that the "nature and wording of

the questions and the skill and sensitivity of the interviewers are paramount" (Ibid., p. 265).

Furthermore, a balance between treating participants who have experienced trauma as defective and incapable of decision-making on the one hand and ignoring their trauma-specific challenges on the other hand lies in understanding informed consent as a *collaborative* process. This involves listening to the participant's experience of trauma and dealing with its symptoms, their expectation ~~of~~ the interview, and their preferences for how to collaboratively ensure that the participant feels free to skip questions, take breaks, or end the interview.

Debriefing: We should set aside time to check in with the participant after the interview about how they feel, what they need to land, and how to ground themselves again (Becker-Blease, n.d.). Landing – reducing the emotional distress and activation that the interview has evoked – could mean breathing exercises (taking slow, deep breaths where inhale and exhale last four seconds each), mindful, and accepting observation (What are you feeling? How does it manifest in your body? This is a normal reaction to talking about trauma) or expanding attention to non-trauma elements (i.e. noticing things around you, small talk about the moment, though only after explicitly recognising the participant's reactions). We should be able to provide, if necessary, information on where they can get professional help. After the interview, offer a check-up call. In some cases, we can do this quite assertively: "I will call you in three days, I will try two times. If you do not answer, and do not call me back, I will assume you do not want a check-up call". If you make yourself available for the participants post-interview, you should communicate your availability clearly (time of day, for how long) and also refer to the information you provide on available health services.

Self-care: We must implement routines for our own self-care and that of our assistants. Self-care routines involve strengthening what research has identified as protective factors and strategies, such as self-efficacy (i.e. adequate training), individual strategies (i.e. journaling your reactions, finding meaning in your work), work–life balance and a balance between data collection and other tasks within work, and social and peer support, including having regular research team meetings to debrief (Newman et al., 2006; Trippany et al., 2004; Cieslak et al., 2014). Debriefing meetings should focus on the researchers' experiences and reactions ("I was appalled!", "I felt helpless", "I realise how unfair and unpredictable life is", or "I notice I've become more risk-aware in my daily life"). We should avoid sharing the gory details of what we heard in the interview; sharing them might increase secondary traumatic stress. Adopting a compassionate attitude towards ourselves as researchers and human beings is perhaps the most important self-care tool. Self-compassion can come in the form of mindfully accepting your own reactions and recognising that you are not alone in your feeling (Neff, 2003). It can also come in the form of prioritising time and activities in our lives that give us joy, peace, and consolation (such as a hug, going for a run or hike in

nature, mindfulness practices, or being with someone you love). Self-care strengthens resilience (Kemper et al., 2015) and is of value in and of itself.

Exiting the field

> Throughout the book we anonymised the testimonies of victims and survivors of narco-violence and the names of relatives killed by Escobar and his group. However, people we interviewed saw the obliteration of their suffering and that of their relatives as one of the biggest injustices they faced. Therefore, in this final section we – in co-operation with the Museo Casa de la Memoria in Medellín and our interviewees – aim to commemorate the victims that our interviewees wish to honour.
>
> (Extract from the forthcoming book *Drug violence, victimhood, and consumerism in the global society* by Katja Franko and David Goyes)

How should knowledge about trauma experiences be disseminated without harming the participants or the reader? As Fleetwood et al. (2019) state, when we as criminologists report research findings, we are most likely telling stories of crime and harm, and those stories can have a profound negative impact on individuals and societies. In response, in this segment we reflect on the dissemination of individual and collective knowledge.

The most important principle is to disseminate in ways that protect our research participants: in ongoing conflicts and violence, revealing the identities and circumstances of our participants can have dire consequences for them. There are challenges related to anonymising qualitative data: how can we provide enough details in our study to make it credible but not identify the participant? what details can we change to protect the participant without putting at risk the validity of our study? Campbell et al. (2019) discuss these and further questions and suggest involving the participant in the process of anonymisation.

There is also a tension between describing the informants' experiences in a way that emphasises the severity of them without pathologising them or being sensationalist. Victims of trauma have felt powerless and broken at times – we should avoid creating or furthering those feelings with our descriptions. Trauma-sensitive research should rather be an ~~empowering experience.~~ We should, for instance, reflect on how our dissemination affects the groups represented by the participants and how our descriptions affect the broader social understanding of them (Dworkin & Allen, 2017).

Conclusion

Think of the ten persons closest to you: if the situation worldwide is as it is in the United States, seven of them have had a psychological traumatic experience in their lives (National Council for Wellbeing, 2013). That someone has had a

psychologically traumatic experience, posttraumatic stress symptoms or disorder, or secondary traumatic stress does not mean they are unable to contribute to our discipline. Rather, the opposite; it is mainly those who have experienced trauma and its consequences who can help us understand crime and social conflicts. Comprehending what trauma is and how to face it can help everyone make the best out of their circumstances (Seligman, 2011).

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While working on this chapter, David had many conversations with his colleague criminologists about how fieldwork affected him. Most responded with a personal story about the undesirable effects fieldwork had had on them, and stated that they wished they had been better prepared to tackle the emotional impacts of research. And we wish the same for you: that you are fully equipped to work with and around trauma. We hope to have provided you with enough tools to research trauma or have participants with trauma experiences in a way that your project improves the conditions of all the persons involved in the research.

We also hope that by speaking openly about David's experience conducting fieldwork, we contribute to the creation of an open research culture. We hope that talking about psychological trauma lessens its taboo, even in academia. We wish to dismantle the lingering macho culture in the academy in which men are not supposed to be emotionally affected by research.

Acknowledgements

We are grateful to Rosemary Ricciardelli, Michael Adorjan, Sveinung Sandberg, May-Len Skilbrei, and Helen Sword for their constructive comments on previous versions of this chapter.

Notes

1 All names of research participants are pseudonyms. David interviewed Fidel as part of his research project; in the following, we provide more details on the project.
2 For a discussion of differences and overlap between terms used to describe effects of prolonged indirect exposure to trauma in social and mental health work settings, such as compassion fatigue, secondary traumatic stress, and burnout, see Cieslak et al. (2014).
3 See more at www.jus.uio.no/ikrs/english/research/projects/profiting-from-pablo/. Accessed December 2021.

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