
5-25-2020

Recovering from Doing Research as a Survivor-Researcher

Dee E. Michell Dr

University of Adelaide, dee.michell@adelaide.edu.au

Follow this and additional works at: <https://nsuworks.nova.edu/tqr>



Part of the [Australian Studies Commons](#)

Recommended APA Citation

Michell, D. E. (2020). Recovering from Doing Research as a Survivor-Researcher. *The Qualitative Report*, 25(5), 1377-1392. <https://doi.org/10.46743/2160-3715/2020.4048>

This Article is brought to you for free and open access by the The Qualitative Report at NSUWorks. It has been accepted for inclusion in The Qualitative Report by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.

The advertisement features a dark blue background on the left with the NSU logo (a sunburst over the letters 'NSU' and 'NOVA SOUTHEASTERN UNIVERSITY' below) and the text 'Qualitative Research Graduate Certificate' in white. Below this, it says 'Indulge in Culture' in a script font, 'Exclusively Online • 18 Credits' in a sans-serif font, and a white button with 'LEARN MORE' in black. On the right, a photograph shows six diverse people sitting on a stone ledge in front of a building with 'NOVA SOUTHEASTERN' visible on the wall.

Qualitative Research Graduate Certificate
Indulge in Culture
Exclusively Online • 18 Credits
LEARN MORE

NOVA SOUTHEASTERN UNIVERSITY

NOVA SOUTHEASTERN

Recovering from Doing Research as a Survivor-Researcher

Abstract

In this paper I explore the research process I undertook to recover from research. For three years from 2013 I was involved in a research project exploring the history of foster care in Australia. At the end I was exhausted and suffering trauma symptoms I initially attributed to the difficulties of juggling a major research project while teaching and undertaking key administrative tasks. Reluctance to write up the research findings, however, made me reconsider this attribution and at the end of 2016 I set out to make sense of what had happened to make me feel so bad while undertaking a research project I was thrilled to be involved with. Recovery came through identifying as a survivor-researcher, exploring the literature on trauma and recovery from trauma, and thinking through a “wish list” of protocols and self-care activities I should have put in place earlier. I conclude the paper with recommendations for ways by which survivor-researchers can look after themselves, and ways for others to support survivor-researchers.

Keywords

Qualitative Inquiry, Survivor-Researcher, Vicarious Trauma, Survivor Guilt, Retraumatization, Vicarious Resilience, Post-Traumatic Growth

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

Acknowledgements

Many thanks to my family who provide ongoing and considerable care and support. The History of Foster Care Project was made possible by an Australian Research Council Discovery Project Grant.

Recovering from Doing Research as a Survivor-Researcher

Dee Michell

University of Adelaide, South Australia, Australia

In this paper I explore the research process I undertook to recover from research. For three years from 2013 I was involved in a research project exploring the history of foster care in Australia. At the end I was exhausted and suffering trauma symptoms I initially attributed to the difficulties of juggling a major research project while teaching and undertaking key administrative tasks. Reluctance to write up the research findings, however, made me reconsider this attribution and at the end of 2016 I set out to make sense of what had happened to make me feel so bad while undertaking a research project I was thrilled to be involved with. Recovery came through identifying as a survivor-researcher, exploring the literature on trauma and recovery from trauma, and thinking through a “wish list” of protocols and self-care activities I should have put in place earlier. I conclude the paper with recommendations for ways by which survivor-researchers can look after themselves, and ways for others to support survivor-researchers. Key Words: Qualitative Inquiry, Survivor-Researcher, Vicarious Trauma, Survivor Guilt, Retraumatization, Vicarious Resilience, Post-Traumatic Growth

Introduction

A confluence of events in 2016 made me reflect on the impact of doing research as survivor-researcher. From 2013 I was involved in the *Long History of Foster Care*, a three-year project exploring the history of foster care in Australia. Naively, but not unusually (Dunn, 1991), I had not considered how undertaking research into foster care when I had lived experience of that care might affect me psychologically and emotionally. An understanding about the broad range of people suffering the effects of some unrecognized traumatic experience (Fisher, 2014) is relatively new, recent enough for me to have lived half of my adult life with little understanding of how the early childhood trauma of being removed from my birth family had affected me. Instead, as so many trauma victims do (Fisher, 2014), I had long blamed myself—a legacy of victim blaming (Gilfus, 1999)—for an inability to sleep, high anxiety levels, a propensity to panic, a desire for the control I could not have over my circumstances as a child, and for not always being able to articulate sudden and intense overwhelming reactions.

The *Long History of Foster Care* project therefore forced me to understand myself; I have become a participant in the project (Ellingson, 1998). Only at the end of data collection did I realise there is literature where researchers discuss fieldwork that can be psychologically and emotionally wrenching for investigators regardless of how experienced they are in conducting research (Cowles, 1988, p. 173; also see Dunn, 1991; Liamputtong, 2007; Stoler, 2002). More usually the emotional impact of doing research is ignored—despite some attempts to draw attention to the risks (see for example Dickson-Swift, James, Kippen, & Liamputtong, 2008)—but connecting with researchers who have revealed feelings of distress, guilt, anger and emotional exhaustion, how they felt isolated and lacking in support from supervisors, made me feel less alone. As useful as this research was, however, I wanted to find out whether the

research experience was different for people like me, survivors doing research, survivor-researchers.

In this paper I explore the research process I undertook to recover from research, which began with identifying as a survivor-researcher, meaning someone who has survived difficulties but who is still affected by them and who is undertaking academic research in the area that has been problematic. I have written previously about how my work as an academic is part of my healing process from many hidden injuries of subordination (Fraser, Michell, Beddoe, & Jarldorn, 2016; Michell, 2018; Sennett & Cobb, 1993) so I was aware of the nourishing nature of academic research. After teaching finished for the year in 2016, I set out to make sense of what had happened to make me feel so bad while undertaking a research project I was thrilled to be involved with and which I benefited from in many ways. For example, listening to stories—which I always experience as an immense privilege—and then exploring the wider socio-historical and political context—made me more understanding and less judgemental of those I felt had harmed me as a child. Searching out academic research to understand lived experience is not usual; it is a process which American writer Joan Dideon (2011) undertook in order to understand what happening when her daughter was undergoing brain surgery to relieve a hematoma.

The paper is structured in three parts. I begin with a brief overview of the *Long History of Foster Care* project. I then review what I found in the academic literature which helped me to contextualise and understand what had happened—information about the term “survivor-researcher” and the risks we take when doing research: vicarious or secondary trauma, retraumatisation and survivor guilt; followed by the hopeful realisation that trauma does not have to lead to permanent disability. Finally, I make recommendations—for institutions, research team leaders and individual survivor-researchers—for ways by which the research process can be managed to enable survivor-researchers to look after themselves, and for others to support survivor-researchers.

Overview of Project

The *Long History of Foster Care* project was led by Nell Musgrove at the Australian Catholic University. It involved the two of us investigating the history of foster care from the late 19th century when it began to be formally instituted across Australia—in response to criticisms of inhumane treatment of children in institutions—through to the end of the 20th century. From the late 20th century there has again been escalating consternation about the treatment of children in state care (Swain, 2014) but contemporary inquiries have tended to focus on orphanages and children’s homes (now called residential facilities); foster care—where a child is placed with a family of non-relatives—has received less attention and until the recent publication of our monograph there has been no national history written on the practice, nor any national examination of the successes and failures of foster care.

Our project therefore aimed to investigate the experiences of people involved in Australian foster care. To this end, we adopted a *longue duree* or an examination of structures over time approach. For my part, I sourced and read public domain material, including poems, short stories, novels, autobiographies, biographies (Michell, 2015; Michell, 2017) and the testimonials in the various government inquiries, for example, the 2005 Federal Government *Protecting vulnerable children: A national challenge*. I also conducted oral history interviews with 26 people across the country from a variety of socio-economic backgrounds. The majority

of interviewees had been in foster care as children; the remaining interviews were with biological children in foster care families and foster carers.¹

During interviews I told participants that I had been in foster care as a child, a disclosure which assisted with rapport building (Fahie, 2014). I also confirmed they had access to support services and was able to pass on research findings that assured them they were not alone. While I supplemented the oral history interviews with field notes about observations made during the interviews, I did not comment on how the interviewee's experiences differed from mine in foster care, nor on how each interview affected me emotionally.

At the end of a three-year data collection period I was exhausted. I attributed this exhaustion to the difficulties of juggling a major research project while teaching and undertaking key administrative tasks. Disrupted sleep, anger, sadness, helplessness, low-grade depression, withdrawal from all but minimal social activities, stress, anxiety, fatigue, despair, constant ill health—all symptoms of reactions to trauma (Cowles, 1988; Dunn, 1991; Horn, 2010; Ridge, Hee, & Aroni, 1999)—I attributed to workload stress, the symptoms of which can be like those of trauma (Barrington & Shakespeare-Finch, 2014).

Old habits were helpful in the short term but ultimately harmful. Compartmentalizing allowed me to get on with one thing after another, but I woke in the middle of the night doing the processing I had neglected earlier. The unemotional taming of professional settings compared “to the wilderness of lived experience” (Bochner, 1997, p. 421) allowed me to practice compassionate detachment (Rudd & D’Andrea, 2015) during interviews, but I also tended to disconnect emotionally from family and friends.

Reminiscent of Devault’s (1990) observation that analysis does not end, but rather begins with the recognition of our own emotions, reflection on the possibility of a trauma reaction only occurred during 2016. The reaction to writing a conference paper, and a general reluctance to go back into the research to analyse stories, prompted me to think deeply about the impact on me of being a survivor-researcher.

Review of Literature

Survivor-researcher

I have been writing about my experiences in foster care for almost twenty years, and my lived experience was a feature in our funding application for the project. As I said above, I talked about this in interviews too. Yet I did not claim an identity as a survivor-researcher, even though I am a survivor—of emotional, verbal and sexual abuse in childhood and of a deeply flawed foster care system that did not maintain birth family connections—or at least not well—between foster children and their birth families.

The politics of naming means the labels attached to activities establish and justify their social worth (Devault, 1990). Once I claimed my right to be both a survivor and an academic researcher, I immediately felt better. Had I thought of myself as a survivor-researcher from the outset I may have done things differently, taken better care of myself, been less critical when I had difficulty keeping up with commitments, was feeling stressed and so exhausted I withdrew from almost all social engagements, when I could not bear to listen to one more painful story, could no longer sit empathically with others’ sadness and anger.

Many academics research in areas they are connected to via personal experience (Bochner, 1997). One prominent example is Dori Laub (1992), a Holocaust survivor working

¹ The oral history component of the project was guided by the Ethics Committees of the Australian Catholic University and the University of Adelaide. Participants were given the opportunity to review and comment on interview transcripts and chapters using their material. Where interview content was used for our book, *The Slow Evolution of Foster Care in Australia* (2018), it was edited to remove identifying information, including geographical locations.

in trauma studies. Another is Linda Stoler (2002) who suddenly recalled child sexual abuse when commencing research into that topic. I am aware of survivors of foster care and/or care in children's homes or other residential facilities who have been and are conducting research. Australian examples are Joanna Penglase (2005), whose doctoral work in Sociology at Macquarie University resulted in the formation of a national advocacy group, Care Leavers Australia Network (CLAN). Care leaver, academic and activist, Jacqueline Wilson of Federation University has published on her experiences (2013) and co-authored work with survivor Frank Golding (2015, 2016). Gregory P. Smith (2015) has written of his mid-life journey to undergraduate and then postgraduate studies. International Care Leavers include James Mallon, (2007) Collette Stadler, (2007) and Shelley Morrison (2015) from the United Kingdom and Justin Miller (2013) in the United States.

What I discovered is that the expression "survivor-researcher" is not used by any of the above and is rarely used in the literature. Ellingson (1998)—a survivor of cancer interviewing women with cancer—is one of only a few researchers to call herself a survivor-researcher. For Ellingson, being a survivor-researcher was useful for doing fieldwork in an oncology clinic, even though vivid memories of her experience came flooding back. Another is Gilfus (1999), a survivor of domestic violence and activist who uses her experience to insist that survivor knowledge should be considered a legitimate source of knowledge. Most recently, Rengganis (2014) has written of the challenges and esteem that come from being recognised for one's knowledge after being recruited to a research project specifically because she was a survivor of the 2006 earthquake in Bantul region, Indonesia.

More common, however, is the use of survivor-researcher to describe the work of those involved with opposition to psychiatric treatment, a political movement which commenced in the United Kingdom during the 1960s. According to Russo (2012; also see Helen, 2013; Sweeney, 2016; Telford & Faulkner, 2009) this now international movement divides into two groups, those who want to transform the system from the inside (service users or consumers, see also Griffiths, Jorm, & Christensen, 2004) about academic consumer researchers), and those who see themselves as survivors of psychiatry and question the validity of the system and the concept of mental illness. In this context, survivor-controlled research shares the core values of both these movements, that is, valuing lived experience in mental health research and restoring the integrity and reliability of those who have been labelled by the psychiatric profession. Survivor-controlled research is a way by which those with insider knowledge take part in the production of knowledge; they guide the research process from inception to conclusion, rather than being treated as add-ins for an existing project.

The benefits of having survivor-researchers on a project are multiple. We can bridge the divide between the academic and wider community and facilitate the inclusion of survivors in research projects who feel more welcome when they know we are members of the same community of pain (Frank, 1995 cited by Ellingson, 1998). We can also help to reduce stigma by achieving a position of influence and being willing to speak out (Griffiths et al., 2004). Survivor-researchers can act as role models and inspire others.

Because I did not identify as a survivor-researcher from the outset, however, I did not consider that there might be risks to me. Not that I am unusual in that regard (Dickson-Swift et al., 2008). Instead I focused on the risks to participants. Plus, because I had long ago separated myself from my childhood, reinvented myself, and processed much grief through what Pennebaker and Smyth (2016) call expressive writing and which others like Jane Speedy (2013) find useful. I thought I was prepared for the project.

Yet, when it came to recovering from the research, what helped was researching the risks that survivor-researchers take—vicarious trauma, retraumatization and survivor guilt.

Vicarious Trauma

As recently as 1980 it was thought that traumatic events were uncommon (Herman, 1997). It has been even more recently that survivors of violent crimes (childhood sexual abuse, rape, genocide, war) have presented for counselling and/or therapy (Pearlman & Mac Ian, 1995). Trauma, or a crisis, or particularly stressful events (Tedeschi & Calhoun, 2004) can result in psychological distress, anxiety for a prolonged period, sadness, depression, feelings of anger, guilt and disbelief, numbness, intrusive thoughts, rumination and flashbacks. Physical symptoms include fatigue, tension, stomach upsets, and disturbed sleep (Tedeschi & Calhoun, 2004; also see Zoellner & Maercker, 2006).

As survivors came forward, workers—counsellors, therapists, police officers—needed to consider the impact on them of what McCann and Pearlman (1990) term vicarious trauma, Charles Figley (2002) calls compassion fatigue, and others call secondary traumatic stress (Whitt-Woosley & Sprang, 2018). Engaging empathically with victims' stories of trauma, or bearing witness to the suffering of others, can result in workers experiencing the nearly identical symptoms of primary trauma (Figley, 2002). This is a normal reaction to the stressful and sometimes traumatizing work with victims rather than a pathology (Pearlman & Mc Ian, 1995). Vicarious trauma is therefore an occupational hazard, an emotional burden which can result in burnout, emotional exhaustion, disrupted sleep, mood changes, suicidal thoughts, isolation, anxiety, and feelings of inadequacy and incompetence (Barrington & Shakespeare-Finch, 2014; Cornille & Meyers, 1999). As a result, workers can find it difficult to maintain their empathic bond with clients (Hernandez-Wolfe, Gangsei, Engstrom, & Killian, 2015).

Subsequently researchers have also become interested in the risk to researchers of vicarious trauma or compassion fatigue while undertaking sensitive research, particularly research into violence and abuse (Dickson-Swift et al., 2008; Taylor, Bradbury-Jones, Breckenridge, Jones, & Herber, 2016; Whitt-Woosley & Sprang, 2018). For example, Dickson-Swift, James, Kippen, & Liamputtong (2009) draw on Hochschild (1983) to detail the emotion work involved with conducting face-to-face qualitative research which may trigger strong emotional reactions, problematic in an academic environment that (still) values distance and objectivity rather than closeness and subjectivity (Stoler, 2002). As Coles, Astbury, Dartnall, & Limjerwala (2014), point out, it can be difficult to listen to painful accounts, but the transcription, analysis and coding stages as well as writing can trigger trauma too. Work by Fincham, Scourfield, & Langer (2008) shows that it is not only face-to-face qualitative research that can provoke vicarious trauma; textual study can also cause what Moran-Ellis calls "pain by proxy" (cited by Fincham et al., 2008, p. 854), that is, feeling emotionally disturbed by reading material which contains harrowing details of violence and abuse. Others potentially at risk are transcribers who are required to listen for hours and repeatedly to disturbing stories (Kiyimba & O'Reilly, 2016; also see Liamputtong, 2007; Taylor et al., 2016). In Dominey-Howes' (2015) experience it is also possible for supervisors to be impacted by trauma, particularly if they find that training of researchers was inadequate.

Taylor et al.'s (2016) summary suggests that it is researchers into violence, abuse and death who are most at risk. Examples are research with victims of crime, broadly (Bouffard & Koepfel, 2014), and sexual violence in particular (Clark, 2016; Coles et al., 2014; Stoler, 2002); refugees and asylum seekers (Barrington & Shakespeare-Finch, 2014); survivors of terrorism attacks (Dominey-Howes, 2015); parents whose children have died (Rudd & D'Andrea, 2015); and in post-disaster sites in the wake of tsunamis, earthquakes, bushfires (McLennan, Evans, Cowlshaw, Pamment, & Wright, 2016).

Even though long-term harm to researchers is unlikely (McLennan et al., 2016), these academics all agree that such research can be emotionally difficult. Symptoms are similar to those of primary trauma and can include intrusive thoughts, feelings and images, avoiding

collecting or analysing data (Stoler, 2002), and physical disturbances such as palpitations and difficulty sleeping (Coles et al., 2014). Onset can result from extended exposure, little support (Dominey-Howes, 2015), and a feeling of powerlessness since researchers are not there to help and may feel they have been exploitative (Coles et al., 2014). Moreover, researchers do not have the reward of witnessing clients change and growth as workers do (Barrington & Shakespeare-Finch 2014).

I experienced what Dominey-Howes (2015, p. 55) calls “‘direct personal’ vicarious trauma” and “‘indirect professional’ vicarious trauma.” The “‘direct personal’ vicarious trauma” resulted from conducting interviews with adults who had suffered excruciating levels of neglect and abuse as children. I was also reading biographies and autobiographies about children who were, mostly, treated as slave labour and brutalised in foster homes and often ostracised or taunted by the wider community too. “‘Indirect professional’ vicarious trauma” came from supervising staff, including a transcriber, who were affected by the material they read and who needed support. When even supervision became too much, and I found myself reluctant to connect with staff, I added feelings of guilt and failure to an already heavy emotional load, unaware that I had reached researcher saturation point (Wray, Markovic, & Manderson, 2007).

Retraumatization

Retraumatization, or revictimization, occurs when a person is reminded of and re-experiences past trauma. This is possible in a variety of settings, for example, during counselling (Mailloux, 2014); when adult survivors of child sexual abuse interact with service providers who misrecognise their needs (Hooper & Warwick, 2006) or give birth (Lev-Wiesel, Daphna-Tekoah, & Hallak, 2009); during writing workshops designed as therapeutic interventions (Baker, 2009); when working as a therapist (Richard, 2012); and late life reactivation of childhood traumas (Fossion et al., 2015). Less discussed is the possibility that a researcher will be reminded of and therefore re-experience past trauma during the research process.

I had been through an extended period of post-traumatic distress during what is known as the Mullighan Inquiry, a Commission of Inquiry into the sexual abuse of children in (South Australian) State Care which ran from 2004 to 2008 and at which I both gave evidence and supported others. At the same time, I had connected with CLAN and was both listening to and reading stories—often of children being brutalised—which flung me into a sea of repressed memories amongst which I floundered for years. Re-traumatization also occurred during the *Long History of Foster Care* Project, not only through that project, but because of workplace practices too. The project had finished by the time I moved from successive long-term contracts to a continuing position on probation, and then to tenure. The insecurity in the workplace reminded me of the insecurity of my foster care placement; if I spoke up for myself I risked losing my job, as I once risked losing my home when I was threatened with reform school or return to the Department from whence I had come (Michell, 2018).

It took some time for me to understand what was happening. Initially I blamed myself for not being able to handle with equanimity the precariousness of my job; I was continuing—unintentionally—childhood patterns of denial of my own experiences, blaming myself for my inability to cope and ignoring my own suffering (Doob, 1992) rather than understanding that the situation was more complex, that re-entering a space where hierarchical relationships are the norm could trigger trauma for a person when hierarchical relationships have been abusive, neglectful, abandoning (Doob, 1992).

Survivor Guilt

The term survivor guilt was first coined by American psychoanalyst William Niederland in 1961. He used it to describe the experience of holocaust survivors who have unresolved grief about the loss of loved ones, a sense of guilt or self-blame about having survived, about not doing more to save family members, and a conscious or unconscious dread of punishment for having survived (Niederland, 1961, cited by Juni, 2016). Many of the Holocaust survivors who spoke with Niederland identified with their dead family members and wished they could join them; survivors felt they betrayed their family and being alive constitutes an ongoing conflict as well as a source of constant feelings of guilt and anxiety (Niederland, 1980, cited in Baldwin, 2010).

Since Niederland coined the term it has been applied in a wide variety of situations where guilt is experienced by survivors. For example, remaining workers feeling guilty when co-workers have lost their jobs (Brockner et al., 1986); HIV-negative gay men with friends who have died of Aids (Ashman, 1995); where people survive disasters (Mallimson, 2003); and where people have tested negative for a genetic health condition and other family members have not (Hutson, Hall, & Pack 2015). Symptoms include grief, sadness, anxiety, stress, fatigue, headaches, insomnia, and self-harm including substance abuse, smoking, (Hutson et al., 2015) and overeating in my case.

The concept has now been expanded and new terms coined. For example, Danieli (1984) refers to bystander's guilt and Herman (1997) to witness guilt. Those suffering include second generation Holocaust survivors (Juni, 2016) and therapists working with survivors. Researchers, too, have begun talking about survivor guilt. Janine Clark (2016), for example, experienced survivor guilt when interviewing survivors of war rape and sexual violence, especially since some survivors thought she could help them. As she reflected on the differences in life experience, she became aware of structural imbalances between herself and other survivors.

Survivor guilt was not a problem in the early part of the project when I was reading autobiographies, as some writers had led successful adult lives. But as I listened to story after story of devastation in foster care, which contrasted directly with my experience of relative safety, I felt guilty. I had not been raped as a seven-year-old, as Pamela was, nor had I been in and out of foster care placements more than thirty times as Priscilla was, or been so badly sexually abused by my birth father that I refused to acknowledge him as such as was the case for Mary, nor locked in a room as a teenager and given bread to eat as Nicole was, nor banished from a foster care placement because of an accident the foster parents did not want to accept responsibility for as happened for Pam, nor brutally punished as Doug was, nor was I sexually abused by step parents as well as foster carers as Janelle was. I did not feel at all culpable for what had happened to these interviewees, but I did feel guilty that my experience had not been as horrific.

To complicate matters further, I experienced a form of survivor guilt akin to what Covarrubias and Fryberg (2015) call family achievement guilt (also see Whitten, 1992). This form of guilt occurs when one family member is enabled to go to college/university and others miss out. Success in higher education for these (usually) first in family students requires some separation from their families, as others have written (for example Brook & Michell, 2012). Jennifer Rooney (2010, p. 41) calls this "outdoing guilt," the guilt that arises when one surpasses or is better off than others with whom they identify and is closely related to what she calls "separation guilt"—the guilt over leaving or being different than loved ones.

I became acutely aware that I, despite my ordinary similar class position, was now better off than some of those I interviewed in terms of cultural capital, and in many cases economic capital too. Where prior to this project I had taken some pleasure in my achievements

despite my lumbering brachiation towards those, by the end of it I felt more guilt than pleasure because others did not have the same opportunities, or were unable to take up opportunities because of ongoing trauma. Despite the abuse I experienced at home, the one foster care placement meant my education was not disrupted, a recognised factor in differing outcomes for those who have been in out of home care (Stein, 2008).

During the research interviews guilt was compounded by feeling impotent. Some participants, like the women Clark (2016) interviewed, expected or hoped I could do more to alleviate their suffering in the present. And I was cognizant of ongoing disparities, for example, that I was paid well to do this work whereas other survivors who had been contributing for years to grassroots activism resulting in prime ministerial apologies, erection of memorials and regular social events to connect survivors, have never been financially compensated for their time. That I did hire survivor-researcher assistants and informally support others feels inadequate. What pains me most is knowing my career has benefited from this project, whereas I am not so confident that participants' lives have improved commensurately since participating in my study.

The Other Side of Trauma

By the time I had gotten through the above research I was feeling more energetic, thankful that I had language to go with my experiences and company to keep; I no longer felt so alone and inadequate. The next stage of the research was even more helpful, understanding ways through the trauma reaction to recovery.

Coined by Calhoun and Tedeschi in 1996, the expression post-traumatic growth references the positive changes that can result from confronting challenging situations (Tedeschi & Blewins, 2015; Tedeschi & Calhoun, 2004). This is a relatively recent scholarly interest, commencing in the 1980s and accelerating in the 1990s. Tedeschi and Calhoun (2004) have found that distress and growth often accompany each other: post-traumatic growth is not a return to baseline but rather an experience of improvement that for some persons is deeply profound. Growth comes with the struggle to adapt to a new reality in the wake of trauma which has shattered current beliefs or assumptions about the world, for example, about safety and benevolence. Tedeschi and Calhoun (2004) have identified five domains of post-traumatic growth: a deeper appreciation for life; improved and more intimate relationships; an increased sense of inner strength and capability; an openness to and awareness of other possibilities in life; and the development of spirituality. They emphasise that growth need not occur simultaneously in all domains nor within a particular time period (Tedeschi & Blewins, 2015).

In her study of social work counsellors working with survivors of sexual abuse, Margaret Pack (2014; also see Hernandez et al., 2015) found vicarious trauma was not the end of the story either. Instead she regards vicarious trauma as a rite of passage leading to increased self-efficacy, or what she calls vicarious resilience. Through their search for meaning workers find ways to cope and these become resources for themselves and for others they associate with, personally and professionally. What worked particularly well for this group was formally provided and appropriate supervision, support and training as well as their individual work in finding a sense of purpose and meaning through their work.

I heaved a sigh of relief and gratitude and considered what I would do next time and what I would recommend for other survivor-researchers.

Recommendations

Those researchers who have written on the difficulties of doing sensitive research and the few survivor-researchers I located suggest strategies that institutions, research team leaders

and individual researchers can employ to support researchers be less vulnerable in their research enterprise (Liamputtong, 2007, p. 90). Here I draw on these suggestions and my own experience to make recommendations for survivor-researchers to look after themselves, and for others to support survivor-researchers.

Institutions

Institutions should require lead researchers to develop an emotional safety protocol for researchers doing sensitive research (Bowtell, Sawyer, Aroni, Green, & Duncon, 2013) as part of the formal ethics application process (also see Dominey-Howes, 2015). Not all survivor-researchers will want to out themselves (despite the confidentiality of the ethics approval process); for some there will be a fear of being stigmatised (Griffiths et al., 2004); of being seen as less able to cope (Wright, Powell, & Ridge, 2006); or of being defined by that one experience (Doob, 1992; Gilfus, 1999). But by making this a requirement for *all* sensitive research, survivor-researchers can be discreetly alerted to potential difficulties and prepare for this in advance. A formal protocol will also allow for the development of a culture of openness (Bowtell et al., 2013) about the emotional and psychological risks (Dickson-Swift et al., 2008) associated with sensitive research and reduce the onus on the survivor-researcher to develop their own strategies for self-care.

The emotional safety protocol should require lead researchers to formalise the following:

- Identify aspects of the research which may be emotionally challenging (Bowtell et al., 2013) to the research team, including research assistants and transcribers (Dickson-Swift et al., 2008);
- Plan for debriefing (Fahie, 2014) either through formal supervision conversations about how the survivor-researcher is coping emotionally and psychologically (Bowtell et al., 2013) and/or through regular professional counselling sessions. Formal supervision externally (Dickson-Swift et al., 2008) could be allowed for in project budgets.
- Assess their skill level for coping emotionally and psychologically with the project. This may include previous research experience, basic counselling training (Dickson-Swift et al., 2008) and/or a demonstrated understanding of the therapeutic process and awareness of vicarious resilience (Arnold, Calhoun, Tedeschi, & Cann, 2005) and post-traumatic growth (Pack, 2014).

Research Team Leaders

Research team leaders should also encourage a culture of openness (Bowtell et al., 2013) so that team members feel comfortable disclosing concerns they have. As Dickson-Swift et al. (2008) have said, this should not be limited to the research process, but allow for personal issues to emerge in a climate of safety.

In addition, team leaders should:

- Ensure there is adequate supervision for all team members, whether that be leaders debriefing team members directly, or by providing supervision externally to the team (Dickson-Swift et al., 2008).
- Ensure that team members—including transcribers (Kiyimba & O'Reilly, 2016)—are connected in with other researchers doing similar work (Ridge

et al., 1999) so they have some companionship as they work with difficult material (Liamputtong, 2007), an accidental strategy I used which was advantageous to the survivor-researcher assistants I employed.

- Encourage team members to experiment with the number of interviews and/or focus groups, difficult reading or transcribing that can be done in a day, in a week, without stress levels rising and fatigue setting in (Bowtell et al., 2013; Dunn, 1991).
- By understanding that survivor-researchers may need time and space to work through any emotional issues that arise (Dickson-Swift et al., 2008).
- Use departmental or discipline seminars as opportunities to discuss the emotional challenges researchers may face (Bowtell et al., 2013).

Individual Survivor-Researchers

Survivor-researchers should also set in place self-care strategies.

- Make ourselves aware of and use existing formal institutional support which can include debriefing with a supervisor or mentor and engaging with the professional counselling support offered by most research institutions (Coles et al., 2014; Dickson-Swift et al., 2008; Dominey-Howe, 2015; Ridge et al., 1999; Stoler, 2002).
- Plan for informal debriefing with supportive and understanding colleagues, who can normalise survivor-researcher reactions and offer advice from their own experiences (Coles et al., 2014; Dickson-Swift et al., 2008; Fincham et al., 2008; Tedeschi & Calhoun, 2004; Wright et al., 2006).
- Break up the contact with traumatic material, for example, by leaving space after interviews for ourselves (Cowles, 1988; Dunn, 1991). I tended to run from one task to another and even though I found it difficult to return to routine work. This did not allow time to debrief or process the content of the interview nor its effect on me.
- Experiment with the number of interviews and/or focus groups, difficult reading or transcribing that can be done in a day, in a week, without stress levels rising and fatigue setting in (Bowtell et al., 2013; Dunn, 1991).
- Monitor social engagements, so that we do not withdraw unduly, as I did for a while, since a support system is needed (Figley, 2002), but while also ensuring that such engagements do not become burdensome.
- Reduce additional exposure to difficult content via television and news programs (Coles et al., 2014).
- Make use of journaling and fieldnotes to process thoughts and feelings (Bowtell et al., 2013; Dunn, 1991; Speedy, 2013; Stoler, 2002).
- Experiment with exercise, mindfulness meditation or other relaxation and spirituality practices (Arnold et al., 2005; Bowtell et al., 2013; Eriksen & Ditrich, 2015).
- Use our sick and holiday leave entitlements.
- Believe in the value of the work that we do (Clark, 2016).

When I was at my lowest point, I began to listen to online spirituality talks as I went to sleep and whenever I woke in the middle of the night. I expected this practice to regenerate energy, which it did, but not quite in the way I assumed. From being a person who was up and at it at

daybreak, for eighteen months I slept in, as much as possible during the week and every weekend. What also helped was being a researcher in the privileged position of having access to a vast literature and the expectation that I write as part of my job: having the opportunity to explore my experience through this article ameliorated trauma symptoms. A bonus is knowing that by talking about my experiences rather than maintaining a conspiracy of silence (Figley, 2002; also see Lapadat, 2017; Speedy, 2013) I will have aided another survivor-researcher in making sense of their experience.

Conclusion

There are some hazards in being a survivor-researcher—vicarious trauma, re-traumatization and survivor guilt—and I have experienced them all. There are deeply personal benefits too. As Bochner (1997) says, the sad truth is that the academic self frequently is cut off from the ordinary, experiential self, and I wanted the academic self to cut off access to the deeply wounded self who often feels sad and inexplicably furious. In the end I needed to do more grief-work for myself to be able to grieve for others and revisit their stories. Being a survivor-researcher therefore gave me a sense of wholeness along with the pain as I reviewed the academic literature on trauma and recovery from trauma. Plus, my struggle to overcome a deep sadness and anxiety paled when placed alongside the ongoing haunting others experience, their woundedness palpable because of the violence done to them (Nguyen, 2011). Witnessing what others suffer has allowed me to better tolerate frustration and impatience, to get less hung up on the petty politics of the academic environment for example. Moreover, when I reflect on the humour, feistiness, insight and determination manifested by survivors of even the most extreme abuse, I am reminded to practice graciousness instead of churlishness.

References

- Arnold, D., Calhoun, L., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology, 45*, 239-263.
- Ashman, T. (1995). *Survivor guilt in HIV-positive gay men*, (Doctoral dissertation), The New School for Social Research, New York.
- Baldwin, A. (2010). Sexual violence and the Holocaust: Reflections on memory and witness testimony. *Holocaust Studies, 16*, 112-134.
- Baker, S. (2009). Tell it slant: History, memory, and imagination in the healing writing workshop. *Traumatology, 15*, 15-23.
- Barrington, A., & Shakespeare-Finch, J. (2014). Giving voice to service providers who work with survivors of torture and trauma. *Qualitative Health Research, 24*, 1686-1699.
- Bochner, A. (1997). It's about time: Narrative and the divided self. *Qualitative Inquiry, 3*, 418-438.
- Bouffard, L., & Koeppel, M. (2014). Understanding the potential long-term physical and mental health consequences of early experiences of victimization. *Justice Quarterly, 31*, 568-587.
- Bowtell, E., Sawyer, S., Aroni, R., Green, J., & Duncon, R. (2013). "Should I send a condolence card?" Promoting emotional safety in qualitative health research through reflexivity and ethical mindfulness. *Qualitative Inquiry, 19*, 652-663.
- Brockner, J., Greenberg, J., Brockner, A., Bortz, J., Davy, J., & Carter, C. (1986). Layoffs, equity theory, and work performance: Further evidence of the impact of survivor guilt. *Academy of Management Journal, 29*, 373-384.
- Brook, H., & Michell, D. (2012). Learners, learning, learned; class, higher education, and autobiographical essays from working-class academics. *Journal of Higher Education*

- Policy and Management*, 34, 587-599.
- Clark, J. (2016). Working with survivors of war rape and sexual violence: fieldwork reflections from Bosnia-Herzegovina. *Qualitative Research*, 17, 424-439. doi: <http://dx.doi.org/10.1177/1468794116671987>
- Coles, J., Astbury, J., Dartnall, E., & Limjerwala, S. (2014). A qualitative exploration of researcher trauma and researchers responses to investigating sexual violence. *Violence Against Women*, 20, 95-117.
- Covarrubias, R., & Fryberg, S. (2015). Movin on up (to college): First-generation college students experiences with family achievement guilt. *Cultural Diversity and Ethnic Minority Psychology*, 21, 420-429.
- Cowles, K. (1988). Issues in qualitative research on sensitive topics. *Western Journal of Nursing Research*, 10, 163-179.
- Cornille, T. A., & Myers, W. T. (1999). Secondary traumatic stress among child protective service workers; prevalence, severity and predictive factors. *Traumatology*, 5, 1-16.
- Danieli, Y. (1984). Psychotherapists' participation in the conspiracy of silence about the Holocaust. *Psychoanalytic Psychology*, 1, 23-42.
- Devault, M. L. (1990). Talking and listening from women's standpoint: Feminist strategies for interviewing and analysis. *Social Problems*, 37, 96-116.
- Dickson-Swift, V., James, E., Kippen, S., & Liamputtong, P. (2008). Risk to researchers in qualitative research on sensitive topics: Issues and strategies. *Qualitative Health Research*, 18, 133-144.
- Dickson-Swift, V., James, E., Kippen, S., & Liamputtong, P. (2009). Researching sensitive topics: qualitative research as emotion work. *Qualitative Research*, 9, 61-79.
- Dideon, J. (2011). *The year of magical thinking*. London, UK: HarperCollins Publishers
- Dominey-Howes, D. (2015). Seeing the dark passenger—Reflections on the emotional trauma of conducting post-disaster research. *Emotion, Space and Society*, 17, 55-62.
- Doob, D. (1992). Female sexual abuse survivors as patients: Avoiding retraumatization. *Archives of Psychiatric Nursing*, 6, 245-251.
- Dunn, L. (1991). Research alert! Qualitative research may be hazardous to your health! *Qualitative Health Research*, 1, 388-392.
- Ellingson, L. (1998). "Then you know how I feel": Empathy, identification, and reflexivity in fieldwork. *Qualitative Inquiry*, 4, 492-514.
- Eriksen, C., & Ditrich, T. (2015). The relevance of mindfulness practice for trauma-exposed disaster researchers. *Emotion, Space and Society*, 17, 63-69.
- Fahie, D. (2014). Doing sensitive research sensitively: Ethical and methodological issues in researching workplace bullying. *International Journal of Qualitative Methods*, 13, 19-36.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists chronic lack of self care. *Psychotherapy in Practice*, 58, 1433-1441.
- Fincham, B., Scourfield, J., & Langer, S. (2008). The impact of working with disturbing secondary data: Reading suicide files in a coroners office. *Qualitative Health Research*, 18, 853-862.
- Fisher, J. (2014). Putting the pieces together: 25 years of learning trauma treatment. *Psychotherapy Networker*, May/June. <https://www.psychotherapynetworker.org/magazine/article/108/putting-the-pieces-together>
- Fossion, P., Leys, C., Kempnaers, C., Braun, S., Verbanck, P., & Linkowski, P. (2015). Beware of multiple traumas in PTSD assessment: The role of reactivation mechanism in intrusive and hyper-arousal symptoms. *Aging & Mental Health*, 19, 258-263.
- Fraser, H., Michell, D., Beddoe, L., & Jarldorn, M. (2016). Working-class women study social

- science degrees: remembering enablers and detractors. *Higher Education Research & Development*, 35, 684-697. doi:10.1080/07294360.2015.1137885
- Gilfus, M. (1999). The price of the ticket. A survivor-centered appraisal of trauma theory. *Violence Against Women*, 5, 1238-1257.
- Griffiths, K. M., Jorm, A. F., & Christensen, H. (2004). Academic consumer researchers: a bridge between consumers and researchers. *Australian and New Zealand Journal of Psychiatry*, 38, 191-196.
- Helen, K. (2013). Mental health service user involvement in research: where have we come from, where are we going? *Journal of Public Mental Health*, 12, 122-135.
- Herman, J. (1997). *Trauma and recovery. The aftermath of violence – from domestic abuse to political terror*. New York, NY: Basic Books.
- Hernandez-Wolfe, P., Gangsei, D., Engstrom, D., & Killian, K. (2015). Vicarious Resilience, Vicarious Trauma, and Awareness of Equity in Trauma Work. *Journal of Humanistic Psychology*, 55, 153-172.
- Hooper, C. A., & Warwick, I. (2006). Gender and the politics of service provision for adults with a history of childhood sexual abuse. *Critical Social Policy*, 26, 467-479.
- Horn, S. F. (2010). Memories lost and found: Developing a connection with a traumatized, suicidal patient. *Clinical Social Work Journal*, 38, 253-259.
- Hutson, S. P., Hall, J. M., & Pack, F. L. (2015). Survivor guilt. Analyzing the concept and its contexts. *Advances in Nursing Science*, 38, 20-33.
- Juni, S. (2016). Survivor guilt: A critical review from the lens of the Holocaust. *International Review of Victimology*, 22, 321-337.
- Kiyimba, N., & O'Reilly, M. (2016). An exploration of the possibility for secondary traumatic stress among transcriptionists: a grounded theory approach. *Qualitative Research in Psychology*, 13, 93-108.
- Lapadat, J. C. (2017). Ethics in autoethnography and collaborative autoethnography. *Qualitative Inquiry*, 23, 589-603.
- Laub, D. (1992). An event without a witness: Truth, testimony and survival. In S. Felman and D. Laub, *Testimony. Crises of witnessing in literature, psychoanalysis, and history* pp. 75-92. New York, NY: Routledge.
- Lev-Wiesel, R., Daphna-Tekoah, S., & Hallak, M. (2009). Childhood sexual abuse as a predictor of birth-related posttraumatic stress and postpartum posttraumatic stress. *Child Abuse & Neglect*, 33, 877-887.
- Liamputtong, P. (2007). *Researching the vulnerable*, London, UK: Sage Publications Ltd.
- Mailloux, S. (2014). The ethical imperative: Special considerations in the trauma counseling process. *Traumatology: An International Journal*, 20, 50-56.
- Mallimson, K. (2003). *Survivor guilt and posttraumatic stress disorder 18 months after September 11, 2001: influences of prior trauma, exposure to the event, and bereavement*. (Doctoral dissertation), Wright Institute Graduate School of Psychology, Berkeley, California.
- Mallon, J. (2007). Returning to education after care. Protective factors in the development of resilience. *Adoption & Fostering*, 31, 106-117.
- McCann, L., & Pearlman, L. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131-149.
- McLennan, J., Evans, L., Cowlshaw, S., Pamment, L., & Wright, L. (2016). Secondary traumatic stress in postdisaster field research interviewers. *Journal of Traumatic Stress*, 29, 101-105.
- Michell, D. (2015). Foster care, stigma and the sturdy, unkillable children of the very poor. *Continuum: Journal of Media & Cultural Studies*, 29, 663-676.

- Michell, D. (2017). From hagiography to personal pain: Stories of Australia Foster Care from the Nineteenth Century to the Twenty-First. *Adoption & Culture*, 5, 89-105.
- Michell, D. (2018). Academia as therapy. In Alison L. Black and Susanne Garvis (Eds.), *Women activating agency in academia: Metaphors, manifestos and memoir*. London, UK: Routledge.
- Miller, J. (2013). *Success on their own terms: youths' perspectives on what it means to be successful in foster care*. (Doctoral dissertation). Retrieved from <https://ir.library.louisville.edu/etd/982/>
- Morrison, S. (2015). In care, aftercare and caring for those in care: My successful care journey. *Child Care in Practice*, 22, 1-15.
- Nguyen, L. (2011). The ethics of trauma: Re-traumatization in society's approach to the traumatized subject. *International Journal of Group Psychotherapy*, 61, 26-47.
- Pack, M. (2014). Vicarious resilience: A multilayered model of stress and trauma. *Affilia: Journal of Women and Social Work*, 29, 18-29.
- Pearlman, L., & Mac Ian, P. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26, 558-565.
- Penglase, J. (2005). *Orphans of the living*, Fremantle, Western Australia: Fremantle Press.
- Pennebaker, J., & Smyth, J. (2016). *Opening up by writing it down*, New York, NY: The Guilford Press.
- Rengganis, N. (2014). Reflections of an earthquake-survivor researcher. In M. Zaumseil, S. Schwarz, M. von Vacano, G. Sullivan, & J. Prawitasari-Hadiyono (Eds.), *Cultural psychology of coping with disasters* (pp. 161-167). New York, NY: Springer-Verlag.
- Richard, A. (2012). The wounded healer: Can we do better than survive as therapist? *International Journal of Psychoanalytic Self Psychology*, 7, 131-138.
- Ridge, D., Hee, A., & Aroni, R. (1999). Being real in suicide prevention evaluation: The role of the ethnographers emotions under traumatic conditions. *Australian Journal of Primary Health*, 5, 21-31.
- Rooney, J. (2010). *First-generation college students and survivor guilt*. (Doctoral dissertation), Wright Institute Graduate School of Psychology, Berkeley, California.
- Rudd, R., & D'Andrea, L. (2015). Compassionate detachment: Managing professional stress while providing quality care to bereaved parents. *Journal of Workplace Behavioral Health*, 30, 287-305.
- Russo, J. (2012). Survivor-controlled research: A new foundation for thinking about psychiatry and mental health. *Forum: Qualitative Social Research*, 13(1). <http://www.qualitative-research.net/index.php/fqs/article/view/1790>
- Sennett, R., & Cobb, J. (1993). *The hidden injuries of class*. New York, NY: Norton.
- Smith, G. P. (2015). *Nobody's children: An exploration into a sense of belonging of adults who experienced institutional out-of-home care as children* (Doctoral dissertation). <http://epubs.scu.edu.au/theses/477/>
- Speedy, J. (2013). Where the wild dreams are: Fragments from the spaces between research, writing, autoethnography, and psychotherapy. *Qualitative Inquiry*, 19, 27-34.
- Stoler, L.R. (2002). Researching childhood sexual abuse: Anticipating effects on the researcher. *Feminism & Psychology*, 12, 269-274.
- Swain, S. (2014). *History of Australian inquiries reviewing institutions providing care for children*. Sydney, Australia: Royal Commission into Institutional Responses to Child Sexual Abuse. <https://www.childabuseroyalcommission.gov.au/getattachment/8aafa21e-36e0-41c2-8760-b17662fb774f/History-of-Australian-inquiries-reviewing-institut>
- Stadler, C. (2007). "Don't we deserve a decent education?" *Adoption & Fostering*, 31, 11-12.

- Stein, M. (2008). Resilience and young people leaving care. *Child Care in Practice, 14*, 35-44.
- Sweeney, A. (2016). Why mad studies needs survivor research and survivor research needs mad studies. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice, 5*, 36-61.
- Taylor, J., Bradbury-Jones, C., Breckenridge, J. P., Jones, C., & Herber, O. (2016). Risk of vicarious trauma in nursing research: a focused mapping review and synthesis. *Journal of Clinical Nursing, 25*, 2768-2777.
- Tedeschi, R. G., & Blevins, C. L. (2015). From mindfulness to meaning: Implications for the theory of posttraumatic growth. *Psychological Inquiry, 26*, 373-376.
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*, 1-18.
- Telford, R., & Faulkner, A. (2004). Learning about service user involvement in mental health research. *Journal of Mental Health, 13*, 549-559.
- Whitt-Woosley, A., & Sprang, G. (2018). Secondary traumatic stress in social science researchers of trauma-exposed populations. *Journal of Aggression, Maltreatment & Trauma, 27*, 475-486. doi: 10.1080/10926771.2017.1342109.
- Whitten, L. (1992). Survival conflict and survival guilt in African American college students. In M. Lang & C. Ford (Eds.), *Strategies for retaining minority students in higher education*, (pp. 64-74). Springfield, Illinois; Charles C. Thomas.
- Wilson, J. Z. (2013). Educational dissonance: Reconciling a radical upbringing and a conformist career. In R. Brandenburg & J. Wilson (Eds.), *Pedagogies for the future: Leading quality learning and teaching in higher education*, (pp. 125-138). Rotterdam, Netherlands: Sense.
- Wilson, J. Z., & Golding, F. (2015). Caring about the past or past caring: The contested narratives of memory. In S. Swain & J. Skold (Eds.), *In the midst of apology: Professionals and the legacy of abuse amongst Children in Care* (pp. 27-41). South Yarra, Victoria: Palgrave Macmillan Publishing.
- Wilson, J. Z., & Golding, F. (2016). Muddling upwards: The unexpected, unpredictable and strange on the path from care to high achievement in Victoria, Australia. In P. Mendes and P. Snow (Eds.), *Young people transitioning from care: International research, policy and practice* (pp. 135-154). London, UK: Palgrave Macmillan Publishing.
- Wray, N., Markovic, M., & Manderson, L. (2007). "Researcher saturation": The impact of data triangulation and intensive-research practices on the researcher and qualitative research process. *Qualitative Health Research, 17*, 1392-1402.
- Wright, R., Powell, M. B., & Ridge, D. (2006). Child abuse investigation: An indepth analysis of how police officers perceive and cope with daily work challenges. *Policing: An International Journal of Police Strategies & Management, 29*, 498-512.
- Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology – A critical review and introduction of a two component model, *Clinical Psychology Review, 26*, 626-653.

Author Note

Dee Michell is Senior Lecturer in the Department of Sociology, Criminology & Gender Studies at the University of Adelaide. Her research interests include ways of caring more inclusively for children on the margins of Australian society (e.g., Aboriginal and refugee children, those in state care, with disabilities and from poor families). Dee is co-author with Nell Musgrove, Australian Catholic University) of the first national history of foster care in Australia, published in 2018: *The Slow Evolution of Foster Care in Australia* (London, UK: Palgrave Macmillan). Please direct correspondence to dee.michell@adelaide.edu.au.

Acknowledgements: Many thanks to my family who provide ongoing and considerable care and support.

Funding: The History of Foster Care Project was made possible by an Australian Research Council Discovery Project Grant.

Copyright 2020: Dee Michell and Nova Southeastern University.

Article Citation

Michell, D. (2020). Recovering from doing research as a survivor-researcher. *The Qualitative Report*, 25(5), 1377-1392. <https://nsuworks.nova.edu/tqr/vol25/iss5/14>
