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Researching gender based violence remotely during a pandemic: challenges, opportunities and methodological implications.

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Abstract:

There has been increased awareness of the unique challenges faced by those researching Gender Based Violence (GBV) in recent years. While much of the literature has rightly focused on the needs of participants (as victim/survivors), less has been written around the needs of researchers. Yet we know that researching GBV can have both positive and negative impacts on researchers (Nikischer, 2019) and it has recently been recommended that researchers have access to clinical supervision when regularly exposed to traumatic material (Williamson et al, 2020). This article draws on reflections from research carried out during the Covid-19 pandemic regarding the reasons why victims of domestic abuse and/or sexual violence may withdraw from the criminal justice process. The research team were provided with independent clinical supervision by a qualified therapist with expertise in interpersonal abuse throughout the duration of the project. Analysis of the researchers' reflections suggest that while the move to remote research during the pandemic created opportunities in terms of flexibility there were additional emotional challenges to those experienced pre-pandemic. Importantly, this exploratory article shares reflections on the value of clinical supervision for addressing these challenges and recommends that all GBV researchers have access to this vital resource.

Key messages:

1. Conducting GBV research during the Covid-19 pandemic created both challenges and opportunities
2. Working remotely creates additional challenges for GBV researchers in terms of their emotional wellbeing
3. Clinical supervision provides valuable support to GBV researchers
4. Clinical supervision should become routinely available to GBV researchers

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Researching gender based violence remotely during a pandemic: challenges, opportunities and methodological implications.

Introduction

Domestic abuse and sexual violence disproportionately impact the lives of women and girls across the world. Understanding the nature and impact of these forms of abuse is vital to improve the lives of victim/survivors and work towards prevention. Yet researching these forms of Gender Based Violence (GBV) can have negative emotional consequences for researchers, resulting in calls for funders and Higher Education Institutions (HEIs) to routinely provide clinical supervision (Williamson *et al*, 2020). Shortly after Williamson *et al* (2020) published this recommendation, the World Health Organisation declared the Covid-19 virus a pandemic and in the following months research practices changed dramatically (Rashid *et al*, 2022). Research moved online which created both opportunities and challenges, particularly in the context of sensitive research. In order to shed light on the impact of these changes, this exploratory article draws on reflections regarding the practical and emotional challenges of researching GBV during this pandemic. Importantly, the article includes reflections on the value of clinical supervision from the perspective of both researchers and supervisor, underlining the importance of self-care and supportive work environments when researching GBV.

The practicalities of researching GBV

There are a number of practical issues associated with researching GBV. One of the first issues facing researchers is access to victim/survivors (Bender, 2017, Baird and Mitchell, 2013). This is because victims of abuse are often at significant risk from the perpetrator and so any attempts to contact them must not increase that risk. We know that on average, two women a week are murdered in the context of domestic abuse (ONS, 2019) and that approximately half are murdered by a current or former partner (ONS, 2019). Consequently, it is incumbent on researchers to avoid placing victim/survivors at greater risk through involvement in research. Moreover, researchers are faced with different challenges depending on their recruitment strategy. Recruiting through specialist services has advantages in terms of ensuring participants can access support and safety issues can be addressed, yet these services may be concerned about the impact of participation on their service users (Sullivan and Cain, 2004). Similarly, Campbell *et al* (2019) point to the potential vulnerability of participants who have experienced trauma and may not be in a position to make an informed decision, therefore suggesting researchers think carefully about recruiting survivors in this way.

Conversely, those conducting research in the community face the challenge of how to advertise their research. Community-based research projects do not use the term ‘domestic abuse’ on the basis that many people may not recognise or label their experience as domestic abuse (Berry, 2009; Hester and Donovan, 2009). It is argued that by not labelling the research as ‘domestic abuse’ this helps to protect participants from potential repercussions (Berry, 2009), yet this is challenged by Campbell et al (2019) who call for transparency as part of trauma-informed research practices.

The emotional challenges of researching GBV

In addition to the practical issues, there are a number of emotional challenges associated with researching in this field. Most importantly, there is the potential risk of causing emotional and psychological distress to participants (Campbell *et al.*, 2019, Wager, 2011), which can be associated with methodology. For example, Deprince *et al* (2008) suggest that online surveys are more likely to invoke a distress response, compared with interviews, yet Kirkner *et al* (2019) found that survey participants had a higher positive reaction and were more likely to seek support afterwards.

However, it is not just participants who may be distressed in research concerning GBV, with several studies beginning to highlight the emotional impact on researchers (Coles *et al.*, 2014; Hardesty *et al.*, 2019; Nikischer, 2019; Williamson, 2020). These studies point to the potential for researchers to experience vicarious trauma (VT) when exposed to accounts of interpersonal violence. VT has traditionally been referred to as something experienced by professionals working directly with survivors, for example as counsellors, social workers or advocates. It is defined as “*harmful changes that occur in professionals’ view of themselves, others, and the world as a result of exposure to the graphic and/or traumatic material of their clients*” (Baird and Kracen, 2006, p.181). This can lead to Secondary Traumatic Stress (Figley, 1995) which ‘*refers to the development of symptoms similar to those of post-traumatic stress disorder (PTSD) through the process of working with trauma survivors’* (Nikischer, 2019, p.906).

It has been suggested that people researching GBV may be at risk of VT because they are bearing witness to trauma without feeling they are able to help (Williamson, 2020). It is often the case that much research in this field is conducted through a feminist lens and largely qualitative; both of which require researchers to immerse themselves in narratives of abuse and connect with victim/survivors on an emotional level (Williamson *et al*, 2020). Yet this is not only relevant to qualitative methods; Williamson *et al* (2020) identified that researchers collecting data from police casefiles experienced trauma due to the lack of connection to the people involved as well as the level of detail provided. The authors explain that desk-based research should not be assumed to be less emotionally traumatic (Williamson *et al*, 2020).

Some studies suggest that data analysis and writing up can increase the potential for VT (Coles *et al.*, 2014) with transcription (Kiyimba and O'reilly, 2015) and data coding (Woodby *et al.,* 2011) highlighted as having a negative impact. A similar issue is found in the interpretation and presentation of results. Mannell and Gupta (2018) comment on the difficulties they faced when writing up their research with victims of sexual violence in Rwanda. Finally, it is important to consider that there are additional risk factors associated with the extent to which researchers experience VT; these include personal factors (primarily previous experience of abuse or trauma), environment (where they are conducting the research and with which populations) and organisation and culture (the extent to which staff are supported) (Coles *et al.*, 2014).

The role of clinical supervision in sensitive research.

Despite the risks of VT associated with researching GBV, it is rare for researchers to be able to access support in the form of clinical supervision (Nikischer, 2019). Clinical supervision is offered to professionals working directly with victim/survivors of trauma, particularly counsellors, social workers and sexual violence advocates. It is provided independently from managerial supervision as a way of processing the impact of trauma exposure. Despite being available for those working with victim/survivors, it is rarely provided for those researching trauma. Williamson *et al* (2020) articulate the cumulative impact on researchers of regular exposure to traumatic material when conducting GBV research and recommend that funders and HEI's make clinical supervision routinely available. Despite these recommendations, there is no published research exploring the value (or otherwise) of clinical supervision in the context of GBV research (Kidd and Finlayson, 2006). Moreover, the research team are aware that very few research institutions have implemented the recommendation to make clinical supervision routinely available.

The practicalities of researching during the Pandemic

While some have commented on the benefits of remote research during the pandemic (widening participation, improving recruitment etc.) there has been less discussion of the associated practical issues (Rashid *et al*, 2021), and even less consideration of research involving GBV. One issue that has been identified in the literature concerns the safety of participants. Taylor and Knipe (2022, p.6) note a lack of safeguarding typical to in-person research which could risk the wellbeing of participants in marginalised groups. This issue is particularly salient to GBV research given the risks outlined earlier.

Further practical difficulties of researching during the pandemic concern the risks of digital exclusion. Sevelius *et al* (2020) comment that individuals in marginalised groups may not have access to the technology enabling research participation. This is relevant to research in the field of GBV where survivors may be experiencing financial abuse or are prevented from having access to the internet. Finally, a related issue is the process of re-imbursement. Seveluis *et al* (2020) acknowledge that some participants may not have the technology to receive digital reimbursement. This is relevant for GBV research where survivors may share digital facilities with abusers.

The emotional impact of researching during the Pandemic

The emotional impact of conducting research during the pandemic has yet to be properly explored. The main issue relates to the nature of engaging with traumatic ‘material’ (interviews, case study data etc) in a much-altered work environment. For example, Pilbeam *et al* (2022, p.4) conducted qualitative research with Healthcare Professionals (HCPs) and commented on the more ‘abrupt’ nature of disengaging from digital interviews. The authors raised the likelihood that participants would be undertaking interviews alone, (often at home), which meant that there was the potential to leave them feeling traumatised by the research process.

Summary

The above discussion identifies a number of practical and emotional challenges associated with researching GBV, including risk management, access, and emotional distress (of both participants and researchers). In attempting to deal with some of the emotional consequences for researchers, recent literature has argued for clinical supervision to be made available by funders and HEIs (Williamson *et al*, 2020) yet there is no published research on the value of this from researchers’ perspectives in the context of GBV. In addition, the onset of the Covid-19 pandemic changed the way research was conducted, in particular a move to online data collection and remote working. While there is some published literature on the practical challenges of researching during the pandemic, there is a dearth of literature exploring the emotional impact of researching during this time, and nothing in the context of GBV. This article draws on reflections from five academics and one clinical supervisor engaged in a research project at the Open University between 2020 and 2022 to shed light on how researching GBV during the pandemic changed, highlighting the practical and emotional challenges (and in some cases opportunities), before describing the role and value of clinical supervision.

Methodology

This article analyses the personal and professional reflections of five researchers and an external independent clinical supervisor who the researchers were offered voluntary confidential support from. Sharing reflections of the research process can be a helpful way to explore common methodological challenges, particularly in the case of sensitive research (Connolly and Reilly, 2007, Laura Vazquez Maggio and Westcott, 2014).

The research project this article reflects on was a large mixed-method study exploring the reasons for victim/survivor disengagement with the criminal justice system. Having previous experience of researching in this area, and being cognisant of the potential impact on researchers, the Principal Investigator made a case for access to clinical supervision for the team which was supported by the University.

The clinical supervisor was external to the University and completely independent. The research team could choose whether to engage with the support or not, how frequently they wanted to access support and were assured that their conversations were completely confidential from the rest of the team and the PI.

The reflections drawn on for this paper were gathered by a member of the research team following completion of the research project. The wider research team consisted of six team members who were involved in different methods of data collection. Two were involved only in interviews with survivors, two only with analysing casefiles, and two worked on both interviews and casefiles. After completion of the wider research project, each member of the team was contacted individually to see if they would voluntarily be willing to share their reflections of doing the research, the impact of doing so during a pandemic, and their experience of clinical supervision (the structured questions they were asked to reflect on are provided at the end of the article).

All but one member of the team returned their reflections for inclusion in the analysis. The external independent clinical supervisor was also contacted and agreed to share her reflections. Responses were provided on a template in Word documents which were anonymised, collated and uploaded to NVivo. The reflections were then analysed thematically (Clarke and Braun, 2017) using both inductive and deductive approaches (Fereday and Muir-Cochrane). Quotes from the reflections do not include any descriptors of their role or location in order to protect the identity of the researchers.

Findings:

Practical challenges and opportunities of researching GBV during the pandemic.

The following discussion will outline the key challenges identified by the research team as associated with each type of data collection (interviews and casefile analysis) as well as how issues were addressed and any opportunities that arose.

Interviews

As outlined above, the safe recruitment of victim/survivors in GBV research is crucial and the pandemic posed some unique challenges in this respect. When arranging in-person interviews, identifying a safe location is key. Prior to the pandemic, the research team had often conducted interviews in a community venue that had been risk assessed to help ensure participants' safety and comfort, but with remote interviews, these were often conducted in the participant's home, which felt to the researchers that there was a (small but) increased risk to the participants, with one reflecting that:

> *We were not physically with them for the interview, so were reliant on them being confident that they were safe. (R2)*

We addressed this through clear safety protocols so that we understood the current situation participants were in and could get a sense of their wider support network (should they need to access it following their involvement). Potential interview participants were asked to contact the research team via an anonymous, bespoke email address or a dedicated project mobile phone number for further details and to check they met the inclusion criteria. A safety script was put in place for members of the research team contacting participants, so that if anyone other than the victim answered they could give a cover story and end the call.

The second practical challenge of remote interviews concerned issues with technology. While most participants had access to MS Teams, not all did. We addressed this through offering a choice of online or phone interviews. Moreover, there were some technical issues regarding the audio-recording function on Teams and so the research team used a Dictaphone as back-up.

The third issue related to the challenge of building a rapport with participants, on video interviews but particularly when interviewing over the phone:

> *I felt I lost a lot of rapport building by not being able to see the victim although she did comment on how kind my voice sounded. (R1)*

Finally, remote interviews posed challenges in terms of interruptions (for both researchers and participants) which impacted the flow of the interview.

Yet there were a number of benefits associated with remote interviewing during the pandemic, for both researchers and participants. The first relates to the flexibility of remote interviewing and how convenient it was:

> *It was convenient for them, took less time than F2F [Face to Face] and could be flexible around their schedule. (R2)*

From the researcher's perspective, remote interviewing saved time and money (although this was not the primary consideration). A further benefit was the ability to recruit participants over a wider geographical area and it was noted by some of the team that remote interviewing was more inclusive for participants with disabilities.

Overall, despite some practical challenges of interviewing victim/survivors during the pandemic, there were opportunities associated with remote interviewing (in terms of flexibility and inclusivity) that create opportunities for researchers in future projects.

Casefiles

This research involved the in-depth analysis of 200 police casefiles concerning reports of domestic abuse, rape and serious sexual offences. Casefile analysis is becoming more widespread in criminological research (McPhee *et al*, 2022) but it is still a fairly under-explored approach to data collection. In order to analyse the police casefiles, the research team had to access laptops provided by the two police forces involved in this stage of the research. The researchers were vetted to the required level and received training on how to access information on the police systems.

There were a number of practical challenges in relation to this aspect of data collection, but not all were necessarily related to the pandemic. One of the first challenges faced by the team concerned the process of setting up data-sharing agreements. While this was recognised as challenging before the pandemic, it was felt that the pressures of remote working for both the University and police forces, in addition to Covid absences, added to delays. It was also the case that vetting clearances for the research team were delayed, but this was seen to be the result of the recent increase in police recruitment which had impacted on the demands of vetting teams (as opposed to the pandemic). The final challenge to note here is the inconsistent recording of data in police casefiles:

> *Despite our efforts to discern how information was collected by police when developing our variable list, casefiles were often 'messy' with key information recorded poorly or not recorded at all. (R5)*

Many of these issues relating to research with police casefiles are not unique to the pandemic and have been noted in previous research (McPhee *et al*, 2022), yet are important to highlight for researchers interested in this approach to data collection.

In addition to the challenges described above, there were also opportunities associated with casefile analysis during the pandemic. It was noted that had it not been for the pandemic, the casefile analysis would have had to take place in-person on police premises. These police sites were often the other side of the country from the researchers' homes and so in-person data collection would have necessitated them to travel and stay away from home for weeks. Moreover, in-person data collection would have required more resources from stretched police forces (e.g. access to a desk, a police chaperone on the premises).

Connected to this is the issue of time and efficiency, with one of the team reflecting:

> *It meant that we could do the work wherever we were, and whenever we wanted. This meant more efficiency and speed. (R2)*

Despite the challenges experienced by the team in accessing the casefile data for this project, it was ultimately more convenient, quick and economical for the research team to access them remotely – this may be a useful model for researchers seeking to use similar methods in future.

Emotional challenges and opportunities of researching GBV during the pandemic.

Analysis of the researchers' reflections identified a number of emotional challenges associated with researching GBV during the pandemic. Some of these were applicable to research pre-pandemic, while others were seen to have been exacerbated by the impact of Covid-19.

Interviews

The researchers identified a number of emotional challenges associated with interviewing victim/survivors. Challenges that were applicable regardless of the pandemic included hearing narratives of severe abuse (highly controlling, violent or sexual), interviewing participants who appeared vulnerable and traumatised, and concerns for participants' safety and wellbeing beyond the interview:

> *As in my previous experience of survivor interviewing, in this project I found that there were just some interviews which were profoundly upsetting and affecting....An interview ended and I was left with serious concerns for the victim's safety and wellbeing. (R2)*

A number of the team also referred to finding it difficult to process the 'injustice' that many participants described when trying to access help from the police and wider criminal justice system:

> *I also felt angry at times over the treatment that some individuals had had, not just from the perpetrator but also from the police or other authorities. It's quite shocking that they had to fight so hard for justice of some form, and when it came, it was hardly worth the effort as sentencing seemed so light. (R4)*

For some, interviews that involved a personal connection with the participant, either through personal experience of abuse or being close to someone of a similar age, were emotionally challenging.

> *The young age of some of the participants was difficult for me, especially as I have a daughter of a similar age and could not imagine how she would cope with the things that had happened to them. (R4)*

While all of these challenges would have existed pre-pandemic, there were others that were unique to the situation at the time and the use of remote interviewing. The first of these was being unable to comfort participants directly:

> *I also felt sad not able to interact with the victims face to face especially during the points in the interview where they became upset by the details they were sharing with me. (R1)*

All of the researchers in the team had previous experience of interviewing victim/survivors in person and this meant that they were well placed to identify the specific challenges which arose from remote interviewing.

An important challenge created by remote interviewing during the pandemic concerned the inability to 'switch off' after an interview. All of the participants described finding it difficult to separate home from work which was particularly challenging when conducting interviews in their own homes and hearing narratives of abuse:

> *It was also hard speaking to participants about their trauma when in my own home. It was harder to separate emotionally from work because it was my home environment. (R3)*
>
> *It was less easy to separate out the experience from personal and home life, which meant that it was a bit harder to switch off and disconnect from the interview material. (R2)*

In seeking to address these challenges, we ended the interview by discussing self-care. If we were concerned about the safety of a participant we discussed this with them, liaised with our colleagues and went back to the participant to signpost them to relevant services (not already discussed during the interview). We also put in self-care measures, such as going for a walk, having a cup of tea, checking-in with a colleague and ensuring there were breaks between interviews. Importantly, the researchers had access to clinical supervision during the project (discussed below).

In terms of any opportunities posed by the change to remote interviewing during the pandemic, the researchers reflected that while they had expected online interviews to be more challenging in respect of developing a rapport and relationship with participants, this had not necessarily been the case – particularly when cameras were on. However, it is still the case that researchers felt constrained in terms of being able to comfort participants which subsequently impacted negatively on their own emotional wellbeing.

Casefiles

As mentioned above, there is a dearth of literature regarding this particular approach to data collection, especially in the context of gender-based violence research. The following discussion considers a range of emotional challenges identified by the team when carrying out this phase of the research. As will be seen, many of these impacts can occur regardless of the pandemic, but some were intensified as a result of remote working.

As with hearing accounts of deeply traumatic content in an interview situation, the researchers on this project identified reading about such abuses as equally if not more, challenging, as this quote explains:

> *I spoke with colleagues about this and reflected on how I found analysis of casefiles more psychologically/emotionally difficult than conducting interviews with survivors (which I had done previously). This was initially surprising to me given how much more 'immediate' interviews feel but I think it was down to several factors, including the number of cases, the amount of traumatic detail in each and the lack of interaction with the survivors involved..., so that each case was almost dehumanised. I felt that I was seeing what were likely the worst experiences in people's lives, without ever knowing what happened to them afterwards. (R5)*

This lack of direct engagement with the victim/survivor, was a sentiment shared by another on the team:

> *Reading police casefiles has a unique emotional impact, different to direct work with survivors (e.g. interviews). I have often found (this project and previous casefile work) that I am emotionally affected by the material and find it hard to get individual stories out of my head. (R2)*

These sentiments correspond with existing literature which explores how those reading and coding traumatic material can often be impacted more because they do not receive the benefits of direct contact with the participant (Williamson *et al*, 2020). This also corresponds with trauma related research more broadly where ambulance call-handlers report greater symptoms of PTSD than ambulance staff because they hear the emergency and terror, without knowing how the situation ends (Pierce and Lily, 2012). As with interviews, some of the researchers became frustrated at the poor response of the police that was evident in the casefiles:

> *Sometimes, if the police or other agency response has been poor, you feel frustrated at the lack of action by police/others, and can feel that the victim has been let down. (R2)*

It was also noted that the sheer quantity of casefiles being analysed (200 in this project) meant researchers were acutely aware of the scale of abuse and harm which has the potential to impact their worldview. Some of the team felt there was a cumulative effect and the sense of 'hopelessness' increased as more files were analysed:

> *There seems to be a cumulative effect, where after reading a lot of casefiles, I sometimes start to feel depressed or – often – angry. And there's a sense of the world being a bad and dangerous place. Sometimes even of the hopelessness or futility of the work we are doing, because of the sheer volume of incidents of DA/SV and the huge and extensive harm it's done. And it can start to affect your own personal relationships. (R2)*

While all of the above challenges would be present regardless of remote working, there were two key challenges specifically associated with this new way of working. The first relates to the inability to 'leave it at the office':

> *As with the interviews, working remotely in your own home meant less separation from the material, and the sense that these stories and impact/harm were in your own home and personal life. No opportunity to 'leave them at the office/police station'. (R2)*

The second challenge created by the pandemic was the isolation created by remote working which made it harder to have a sense of solidarity and de-brief the material with colleagues.

> *Because we were working remotely, away from other colleagues, it was harder to have a sense of solidarity and debrief from the material (R2)*

This was despite the team arranging regular de-brief meetings and good informal support, as well as access to clinical supervision.

In terms of opportunities, the only one identified was the ability to step away from the casefiles when needed – something that would have been more difficult if the team had been in the police station.

The value of clinical supervision

This article now turns to consider the researchers' reflections on the value of independent external clinical supervision when dealing with the emotional challenges described above.

As outlined in the introduction, clinical supervision is rare in the case of GBV research, despite the known consequences for researchers' wellbeing. The PI for this project had previous experience of accessing routine external clinical supervision when working on a different project.

As a result of this experience, and her extensive knowledge of the potential impacts of researching in this field, she approached her employer with a business case to secure funding for regular clinical supervision for the whole team. From her perspective it was important for clinical supervision to be normalised and for there to be an expectation (but not a requirement) that it would be taken up. She reflected that external clinical supervision should be seen as a healthy part of the research process and not as something for someone who is 'struggling'.

The Open University, who funded the research and employed the research team, agreed to fund the clinical supervision, which included an offer of voluntary confidential access to monthly individual supervision as well as a group session.

All of the team who shared their reflections chose to make use of the clinical supervision and explained their reasons for doing so. For some, it was due to a personal experience being triggered during data collection, for others it was to 'off-load' and help to process traumatic material. The team had a number of expectations of clinical supervision which included having a confidential 'safe space', to be listened to, to develop coping strategies, to work through difficult emotions and to receive acknowledgement that this work is traumatic.

Turning to the value of clinical supervision, the team described the process as highly beneficial:

> *I found clinical supervision extremely helpful. The therapist was very supportive and created an environment where it was easy to talk about how the work was affecting me. (R5)*

The holistic approach taken by the supervisor was seen as particularly important by some of the team:

> *(Clinical supervisor) took a wide scope to the sessions, encouraging me to bring anything outside of the research which was also bothering me / start from how I was feeling that day. This was part of her holistic approach. (R2)*

For others, having the opportunity to learn about vicarious trauma in the group session was a validating experience:

> *We discussed vicarious and secondary trauma and this was really helpful in understanding some of my reactions to the data I had come across. (R1)*

Overall, the researchers felt clinical supervision created a safe space to process the impact of this area of work and helped them in addressing many of the emotional challenges described earlier:

> *Having a space to offload, to reflect openly knowing it was confidential, to explore my reactions to certain aspects of the project and to be heard and comforted that these reactions were allowed and not abnormal. (R1)*
>
> *I felt that I learnt strategies for coping with the content in the police casefiles. It was also helpful in general to know that there was someone I could talk to at any point with any emotional or psychological issues I was experiencing. (R5)*
>
> *I think the acknowledgement that we researchers are only human and, even though we have chosen this line of work, it does not mean we will not be affected. (R4)*

The external clinical supervisor's perspective

In preparing this article, we also sought the reflections of the external clinical supervisor for her views on the impact of researching gender-based violence during the pandemic. To begin, the supervisor reflected on the difference between researching abuse and working directly with survivors:

> *As the role of a researcher is different to that of a practitioner, with less opportunity*

> *to offer practical assistance to victim-survivors, there can be a potential for the experience to be more traumatising than direct service work. (S1)*

Importantly, she noted the negative impact on the team of remote working:

> *I found the issues of isolation more prevalent than when researchers were able to work [physically] amongst colleagues. They struggled with not having any one to share their feelings or release the stress building up from the exposure to traumatic material. (S1)*

From her perspective, this impacted on their coping strategies:

> *The lack of [direct] contact with other people reduced their ability to gain perspective and employ self-care methods. (S1)*

And as a result, she identified a difference in the issues being raised with her during the pandemic:

> *There was more intensity in feeling helpless, overwhelmed and sad. Eating, drinking increased and normal healthy habits decreased. They had less energy than before the pandemic. (S1)*

Finally, we asked the supervisor to share her advice for future researchers working in this area:

> *Ensure weekly team contact with people in the same line of work. Ensure regular supervision with a professional trained to recognise and work with vicarious trauma. Ensure other forms of contact with people and make social engagements a priority. (S1)*

Conclusion and recommendations

This exploratory article has described a number of practical and emotional challenges and opportunities faced by the team when researching GBV remotely during the Covid-19 pandemic. The shift to remote working from March 2020 immediately transformed the way research was carried out. Nearly three years on, remote working, particularly in a research context, has become normalised. Yet, as the reflections presented in this article evidence, there are important challenges associated with researching GBV remotely. These include it being harder to address the safety and wellbeing of participants; the emotional burden associated with not being able to comfort participants directly; and a blurring of the boundaries between work and home life. Yet there were also opportunities experienced by the research team, most notably the flexibility of researching remotely (for both researchers and participants). This was felt to not only increase the inclusivity of the research for both participants and researchers, especially relevant for those with disabilities or childcare commitments, but it was also more cost effective. There is an important caveat to this however, given digital inequality and the impact of this on research participation (Yu *et al*, 2018).

The challenges experienced as a result of researching remotely during the pandemic were addressed in a number of ways. These included self-care practices following interviews, regular team de-briefs, checking-in following a difficult interview or day of reading casefiles, and importantly, access to clinical supervision. While the value of clinical supervision is recognised for those working with victim/survivors of GBV in a professional capacity (Freisema, 2022), this was yet to be explored for those researching GBV. The reflections in this article suggest a range of benefits identified by those in the research team, all of whom made use of clinical supervision and found it invaluable in processing and dealing with the emotional burden of being immersed in narratives of violence and abuse, particularly in the context of remote working.

There are a number of important implications resulting from this article for future GBV researchers. The first is to recognise the additional emotional challenges associated with researching remotely. This team were fortunate to have a PI with previous experience of clinical supervision who advocated for its use (based on the recommendation of Williamson *et al* 2020). Moreover, The Open University laudably appreciated the importance of supporting its staff in this way and made the necessary funding available. We acknowledge that many researchers in this field may not have similar experiences, however, we hope that by highlighting the additional emotional challenges of researching GBV remotely, that more HEIs and research funders will follow the recommendation of Williamson *et al* (2020) and the clinical supervisor on this project and '*Ensure regular supervision with a professional trained to recognise and work with vicarious trauma'*.

There are of course a number of limitations to the analysis presented here. The small number of researchers whose perspectives have been sought, and the fact this is just one research project at one University does mean that these conclusions and their wider applicability would be strengthened through further replication. However, given the dearth of published literature exploring the challenges of researching GBV during a pandemic, and more importantly, the absence of any literature exploring the experience of clinical supervision for GBV researchers, we feel this exploratory article is of value in two key ways. Firstly, it may help other researchers to have the conversation with HEIs and other research institutions about the need for clinical supervision by adding to the evidence base for its value. Secondly, it may help to prompt more comprehensive research studies into the value of clinical supervision in a research context – particularly in the case of GBV.

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Questions for each type of data collection included:

- What affected you most emotionally/psychologically when interviewing victim/survivors/analysing casefiles during this project?
- Did you have experience of research interviews with victim/survivors of abuse/analysing casefiles before this research?
- If you have had prior experience, were the challenges of doing this data collection different during the pandemic to pre pandemic? If so, how. Consider (a) practical impacts and (b) emotional/psychological impacts.
- Were there opportunities/things that worked better from conducting interviews/analysing casefiles during the pandemic compared to pre pandemic?

In relation to clinical supervision, questions included:

- Did you take up the offer of clinical supervision and why was this your decision?
- What were your hopes and expectations of clinical supervision?
- Did you find it helpful? Why / why not?
- What was the main benefit of clinical supervision?
- Did clinical supervision help with any of the challenges you encountered when working on this project?
- Did you use any coping/self-care strategies during the project? If so, what were they and were they helpful?
- Did you have any previous experience of clinical supervision prior to this project?