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Sensitive, Challenging, and Difficult Topics: Experiences and Practical Considerations for Qualitative Researchers

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Abstract

Qualitative researchers often engage in work addressing challenging, difficult, or sensitive topics and are consequently exposed to the participants' narratives which may be emotionally charged, distressing, or compromising. These narratives occasionally rest heavy on a researcher's conscience or may linger in the mind. Much literature has assessed how best to keep participants safe, but less attention has been given to how we keep researchers safe. We therefore document the following: (1) Our experiences of the issues presented by undertaking qualitative research involving challenging, difficult, or sensitive topics; and (2) Practical principles devised to overcome these issues, ensuring safety and wellbeing amongst researchers engaging in these types of qualitative research. We provide guidance for qualitative researchers of all levels of experience and expertise on how best to protect and support themselves, their colleagues, and other collaborating research staff, when undertaking qualitative research which might otherwise feel uncomfortable or overwhelming to tackle.

Keywords

qualitative research, interviews, focus groups, sensitive information, supervision, researcher burnout, research fatigue, secondary trauma, traumatic stress, qualitative praxis, qualitative methods, researcher safety and wellbeing

Introduction

Qualitative research has undergone monumental changes since the middle of the last century as its proponents have battled for parity of esteem between *it*, and quantitative research. Fighting against accusations of being unscientific, without rigour, or fundamentally biased (Aspers & Corte, 2019; Eisner, 2003), and claims suggesting qualitative results are of little interest, *"extremely low priority"*, or simply irrelevant in an age of objective quantification (Greenhalgh et al., 2016, p. 3; see also Loder et al., 2016; Jovanović, 2011), qualitative research has more recently managed to acquire greater appreciation and acceptance in academia, policy, and in the public eye (Fielding, 2020; Greenhalgh et al., 2016; Langlois et al., 2018; Lewin & Glenton, 2018; Mykhalovskiy et al., 2018; Silverio et al., 2019).

It is not uncommon for quantitative approaches to be unable to detect the nuances of the experiences we seek to understand.

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Quantitative approaches can sometimes, therefore, be rendered untenable, and so qualitative research approaches have to be drawn upon as a replacement for – or as supplementary to – quantitative approaches (Busetto et al., 2020). Consequently, qualitative research can be used as a way to empirically investigate experiences over the lifecourse which would otherwise be hard to capture or document (Allmark et al., 2009; Elmir et al., 2011; Silverio et al., 2020), and depending on method and methodology, will have varying degrees of generalisability and impact (Dixon-Woods et al., 2004; Fielding, 2020).

Qualitative research has proved especially useful in tackling the subjects which quantitative measures are not sensitive enough to address. Sensitive, challenging, or difficult areas of empirical inquiry can encompass a myriad of topics, from the seemingly benign to the deeply intrusive, intimate, or morbid. Such topics may include: Bereavement (Buckle et al., 2010; Stroebe et al., 2003), death and dying (Glaser & Strauss, 1965; Owens & Payne, 1999), suicide (Dyregrov et al., 2011; Gibson et al., 2013), illness or pain (Duncan et al., 2009; James & Platzer, 1999), disability (Banas et al., 2019; Nuwagaba & Rule, 2015; Wilkenfeld, 2015), abuse (Burgess-Proctor, 2015; Roberts et al., 2021; Silverio et al., 2020), trauma (Gooberman-Hill et al., 2011; Newman et al., 2006), race (Edwards, 1990; Few et al., 2003), sexuality and sexual activity (Gledhill et al., 2008; Seal et al., 2000), and 'non-normative' lifecourses (Hampshire et al., 2014; Wahab, 2003). This list is, of course, not exhaustive.

In the context of this article, we refer to 'sensitive' topics in research as those which delve into the acutely personal about someone, or that someone experiences. These are often discussed, laden with emotion and are immensely nostalgic (where positive), but can be harrowing (where negative) with the possibility of inducing short-term psychological anguish or distress when recounting the experiences (see also Cowles, 1988; Dickson-Swift et al., 2007, 2009; Smith, 2000). We discuss 'challenging' research topics as those which aim to address issues and problems in groups or systems. These conversations may present breaches of professional ethics or challenges to personal morality, to the extent whereby researchers may feel obligated to report their findings to relevant professional bodies or authorities, or find themselves in an imbalanced power dynamic as a researcher among participants (see also Dickson-Swift et al., 2006; Johnson & Altheide, 2002; Karnieli-Miller et al., 2009; Pierce, 2000; Richards & Schwartz, 2002). Finally, we describe 'difficult' topics of research as those which may – for a multitude of reasons – cause the researcher, themselves, to feel uncomfortable or distressed. This may, in turn, cause the researcher to reach a point where they feel unable to continue with data collection or unsafe (see also Limerick et al., 1996; Moch & Cameron, 2000; Orb et al., 2001). It is important to note, we categorise 'difficult' topics apart from those which are 'sensitive' or 'challenging' as they often cover areas of empirical inquiry which attract public perception as being morally objectionable and/or overly graphic, grotesque, or frightening.

As discussed above, the scope of qualitative research is broad which lends itself to being frequently unpredictable (Rubin & Rubin, 2012). This can present issues to both participants and researchers. A great deal of literature has assessed how best to keep participants safe (Allmark et al., 2009; DeFeo, 2013; Haverkamp, 2005; Langford, 2000; Novek & Wilkinson, 2019; van Wijk & Harrison, 2013), well-supported or signposted to relevant support (Dempsey et al., 2016; Silverio et al., 2020; Warr, 2004). More still has been written on how to make participants feel valued and not exploited (Hewitt, 2007; Houghton et al., 2010; Karnieli-Miller et al., 2009; Morrison et al., 2012; Opsal et al., 2016), whilst also protecting them from any undue distress originating from the research process (Corbin & Morse, 2003; Decker et al., 2011; Draucker et al., 2009; Elmir et al., 2011; Gysels et al., 2008; Hadjistavropoulos & Smythe, 2001; Sands & Krumer-Nevo, 2006). Less guidance, however, has been offered as to how best we protect and/or support qualitative researchers who have to collect, analyse, write-up, and disseminate these data. Notable exceptions include work on: The emotional impact of qualitative research on researchers (Beale et al., 2004; Lalor et al., 2006; Woodby et al., 2011); researcher self-care (Kumar & Cavallaro, 2018; Rager, 2005); researcher safety (Coles & Mudaly, 2010; Dunn, 1991; Paterson et al., 1999); and on how well ethical review boards are set-up to protect qualitative researchers (Dickson-Swift et al., 2005; Kendall & Halliday, 2014).

This article therefore proceeds as follows: First, we provide examples from our own qualitative research experiences, working on a variety of sensitive, challenging, and difficult topics, from across the social and health science disciplines; and second, we provide an eight-point guide for how best to support researchers who undertake these types of qualitative work.

Sensitive Topics

The examples we draw upon from our own work, which we regard as 'sensitive' topics are research involving discussions about 'normal, but non-normative' lifecourses, sexuality and sexual difficulties, maternal and perinatal mental health, and bereavement and widowhood.

'Normal, but Non-Normative' Lifecourses

[SILVERIO] The study of 'normal, but non-normative lifecourses' has long been popular in the social sciences. There is an endemic curiosity to understand the experiences and life transitions of those in society who do not follow a 'traditional' lifecourse arc through time (see also Pickard, 2018), such as those who never marry, remain childless through choice or by circumstance, or those who choose a life of religious celibacy, to name but a few examples. My research in this area has centred on older never married women (Silverio, 2016; Silverio & Soulsby, 2020).

My experience of conducting this type of qualitative research, is that by the very nature of exploring what makes the participants' lifecourse 'non-normative', you introduce a state of othering into the research process, whereby *"the focus is on a single category of identity that has become dominant rather than on a rounded, holistic view"* (Sands & Krumer-Nevo, 2006, p. 955). This is especially true if, as in my case, you are engaging in data collection activities with participants of the opposite sex (Silverio, 2018; see also Vickery, 2018; Young, 2018). The power dynamic created between researcher and participant added to the intense empirical scrutiny of the participants' lifecourse can cause tension between the researcher and the participant. On occasion, in my early days as a researcher, I found these moments of tension were sometimes enough for the participant to challenge me on my line of questioning or on my suitability to be undertaking this type of research in the first place.

In a sense, these challenges by participants can be seen as a re-enactment of the breakdown of the Master-Slave Dialectic (Hegel, 1807/1977), where the researcher is reminded that without the participant there would be no research, thus inverting the power balance which exists in the interview space and rendering the researcher vulnerable. In my experience, as both a researcher and supervising others conducting qualitative research, these often abrupt points of reflection or *"shockwaves"* (to borrow from Sands & Krumer-Nevo, 2006, p. 961) offer perfect opportunities to interpret and learn from the challenge, seek advice, adapt their reflexive practice accordingly, and become 'qualitatively-wise'.

Sexuality and Sexual Difficulties

[KOOPS] Talking about sexuality poses particular challenges as it involves referring to intimate feelings and sensations, whilst being highly morally sanctioned and regulated by societal norms. Accordingly, it remains a topic which is frequently avoided by healthcare professionals (Dyer & das Nair, 2013; Traumer et al., 2019; Urry et al., 2019). In a similar manner, research into sexuality – especially when utilising face-to-face interviews – can be impacted by the taboo attached to it and the prevailing norms around 'normal' sexual feelings and behaviours, which often leave individuals feeling ashamed of their (supposedly) 'deviating' experiences. Approaching subjects around sexuality and sexual difficulties with sensitivity and respect is essential for creating a space in which participants can elaborate on their experiences without being pressured into disclosure.

However, qualitative research on sex-related topics may well be challenging for participants, but this is also the case for researchers. Poole et al. (2004) review difficulties for researchers as a consequence of studying sexual issues, listing for example the emotional impact of researching distressing topics like (sexual) trauma and abuse [see also sections from SHEEN & MONTGOMERY], or role conflicts between being a researcher and a therapist. Beyond that, interviews on sexual matters may equally elicit shame in the interviewer, considering that going into details of sexual scenarios may require using words they have never uttered before, or only within their own intimate relationships. In my experience, it is crucial to practise enquiring about sexual matters before starting data collection, and to experiment how it feels to actually articulate certain words and which language interviewers feel comfortable with using.

Finally, in some cases a focus on sexuality can promote sexualisation of either the interviewer or the conversation itself, as it has for example been reported from research into prostitution (e.g., Grenz, 2005; Walby, 2010). Discomfort and difficulties to maintain professional distance may result from it because the sexualised atmosphere is unwanted and perceived as boundary-crossing, or it prompts sexual feelings which may feel inappropriate or difficult to ignore. Equipping researchers with both coping strategies and debriefing arrangements can prevent escalation of interviews; and allow gaining insight from such interactions in data analysis (Langer, 2014).

Maternal Mental Health

[EASTER] Maternal mental health is a sensitive, but crucial topic of qualitative research. Pregnancy and motherhood are traditionally considered major milestones in a woman's life, characterised by great joy and happiness. However, this one-dimensional view of pregnancy and motherhood is a myth for many, especially those experiencing mental health difficulties (Choi et al., 2005).

The focus of my research has been mixed-methods understanding women's experiences and giving voice (Taborelli et al., 2016), exploring difficulties in accessing and navigating the healthcare system during the perinatal period when experiencing mental health difficulties (Sambrook Smith et al., 2019), and identifying needs and opportunities for support (Easter & Bye, 2021).

Qualitative research in the field of perinatal mental health has been instrumental in providing meaning and context to quantitative study findings. Suicide has long been a leading cause of maternal death in many high-income countries, and the risk is substantially higher among women experiencing mental illness. Similarly, rates of domestic violence and adverse childhood experiences are higher in perinatal populations than the general population (Howard & Khalifeh, 2020). There is potential therefore in qualitative interviews to unearth a whole range of sensitive topics. I have often heard from women in interviews *"that's the first time I've ever told anyone that"* or *"I've never said that out loud before"*. These statements stay with you. As researchers, we inhabit a privileged position to hear and share people's stories (Silverio, 2018, 2021a, 2021b; Silverio, Wilkinson, & Wilkinson, 2022). We have a duty of care to create safe environments for participants and researchers when doing so and maintaining a sensitive and open approach to interviews, creating trusting relationships, and providing on-going support and reflection are all of paramount importance.

Adopting and supporting other researchers to adopt a self-care approach to research on sensitive topics can be helpful. I have found scheduling of sensitive interviews or data analysis to be an essential consideration, recognising space to reflect between interviews and time to dedicate to other activities at the end of a week is important.

Bereavement and Widowhood

[SOULSBY] Grief-related research is methodologically and ethically challenging. First, death and dying remains a cultural taboo. Such socio-cultural norms shape experiences of bereavement and widowhood and may influence the dynamics of the interview itself, including openness to talking about loss.

Research on bereavement and widowhood must be handled with great awareness, warmth and sensitivity, and there is value in positioning the participant as expert. Ethics review boards focus on the burden of participating in such research, concerned that it may cause emotional pain and a reactivation of distress. Yet, my experience of research participation in this context is that there is a willingness to share intimate, detailed information about personal experiences of bereavement and widowhood. People usually feel positive about taking part and there may be benefits for those who volunteer. As Rosenblatt (1995) suggested, the boundary between therapy and most human activities is blurry. Therapeutic benefits can come from almost anything: Time spent with friends; exercise; or birdsong. Though not the purpose of our interaction, participants spontaneously offer that they have found the process of talking about their experiences healing. For many, it is a rare opportunity to reflect on their bereavement and talk about the deceased. I am often told at the end of an interview that he or she has never revealed to others some of the things shared with me.

Researching sensitive issues has the potential to impact the researcher. I was drawn to bereavement research after my father died suddenly, in my teens. I now regularly supervise students motivated by their own histories of loss. Carrying out research that is closely connected to one's own life experiences presents a unique challenge (Dickson-Swift et al., 2008). Strategies should be in place to minimise the risk of psychological impact, and quality training and supervision supports researchers to feel adequately equipped to carry out research effectively and sympathetically.

Challenging Topics

Hereafter, we present examples from our research into harm in healthcare and medical negligence, professional trauma and traumatic stress, research conducted within high-secure settings, and that which engaged with the social care system, as four examples of 'challenging' topics.

Harm in Healthcare & Health System Shocks

[SANDALL] When researching healthcare systems, one might think researchers are removed from individuals as they focus on the structural issues arising. However, it is so often the case that you cannot disaggregate the systems from the people who work within them, thus meaning the fractures and strains which occur within a system either trickle down to the staff who work within it, or in fact were generated by discontent and/or dissent from those working, themselves.

Our sociological lens on organisational research into patient safety, therefore, requires careful design regarding sampling methods, anonymisation of organisations, and care during analysis and publication to protect staff and participants (Allen et al., 2016). As we look individually at a few or even just one healthcare system, ethnographic research creates the possibility of witnessing system harm or poor practice requiring escalation protocols to be put into place for the research team, and may lead to site identification given the specific descriptors of the system at the centre of the research. This can cause distrust between the system, the people who work within the system, and the research team observing the harm or system shock they have chosen to study (Silverio et al., 2022).

Key helpful considerations include being able to conduct research in multiple sites allowing for cross-site analyses or thematic synthesis across the sites (Lindsay et al., 2012; Mackintosh & Sandall, 2010; Rance et al., 2013; Snow et al., 2013), which can help with the issue of specific site identifiability. Caution in how data is used in knowledge exchange events, academic and policy outputs, and other public dissemination can also aid protecting individual identities of participants who may speak up against the system under scrutiny (Mackintosh et al., 2015, 2018; Silverio, Wilkinson, & Wilkinson, 2022). Finally, ongoing engagement with fieldwork sites regarding early findings can enable local improvement, factual correction, and opportunities for reflection and early implementation of changes for better provision of system delivery and care in the future.

Professional Trauma & Traumatic Stress

[SHEEN] Professional exposure to trauma involves witnessing or learning details of an event from a third party, such as a recipient of care. Such exposure can result in symptoms of posttraumatic stress disorder (APA, 2013), encompassing acute and potentially enduring responses. My research in this area has involved maternity professionals' experiences of work-related trauma (Sheen et al., 2016; Slade et al., 2020).

The essence of a traumatic event involves perceived or actual threat to life (APA, 2013). Interviews in this context can entail graphic, detailed narratives that when recounted can highlight powerful emotions and distress. The management of distress within an interview requires subtle skill, swift decision-making and careful judgement (Pascoe Leahy, 2021). Questions that elicit distress can be unpredictable, requiring attention to both verbal and non-verbal signs. Respecting silence, offering a break, or moving temporarily to more objective questions, can provide space for the participant to collect their thoughts. In my experience, participants were often willing and wanted to carry on discussing their experience, even when the topic was challenging to talk about. Consequently, the interview process can sometimes provide a restorative, cathartic function for participants (see Mealer & Jones, 2014; Pascoe Leahy, 2021). In some instances, interviews provide space to speak openly, to be listened to without judgement. Indeed, participants have often reported to me that such an opportunity had seldom occurred prior to their interview.

When I began my research in this area, I was aware of the potential impacts associated with listening to trauma narratives. My thesis was, after all, focussed on the impact of vicarious trauma exposure (Sheen et al., 2014). However, recognition of such impacts when they occur can be more difficult, involving subtle alterations to mood and behaviour. Maintaining a reflective process throughout is essential, as is access quality supervision to discuss and contextualise information (Elmir et al., 2011). Recognition that the analysis process can too be challenging, where the researcher is repeatedly attending to sometimes acute details, is important. Almost a decade later, these aspects are fundamental to my approach in both conducting and supervising qualitative research on trauma experience.

Severe Mental Illness & High-Secure Settings

[WATKINS] Rehabilitative approaches for inpatients can help support the best outcomes for patients and their families, health professionals and wider society (Bunyan et al., 2016). Throughout my interventional research and interviews with participants in a high secure hospital and participants referred from secondary care services, participants have shared their experiences of psychosis, self-harm, suicidal thoughts, abuse, and trauma (Billington et al., 2019; Watkins, 2019).

Just as a positive ward environment is important (Berry & Robertson, 2019), creating a space which is comfortable can improve the research process. To minimise possible distractions and disruptions, a researcher 'walk through' of the setting's procedures including security processes where required, timing and the set-up of materials or equipment is worthwhile. Preparedness may minimise physical and psychological strain and increase familiarity with the setting.

Where possible, the external researcher might increase physical presence at the setting to build a rapport with setting staff who provide invaluable support for the smooth running of activities. Positive associations between social support beliefs and job enthusiasm have been reported (Cramer et al., 2020). In addition, this may foster a beneficial sense of continuity for participants (Holley et al., 2020).

Consistency can also be key in boundary maintenance and should be considered whilst striving to communicate interest, compassion and authenticity. Conveying calmness rather than nervousness may ameliorate participant anxiety from which hostility, aggression or perceptions of having the 'upper hand' may arise (Goodman et al., 2020). Awareness of suitable de-escalation strategies, breakaway skills (Stephens, 2017) and tailored distress protocols (Draucker et al., 2009) to call upon if required, may increase feelings of competence and confidence.

It may be helpful for data collection to be supported by another member of the research team. I found this enhanced shared understanding during regular debriefing sessions. Literature suggests that avoiding emotion may be linked to poor mental health and burnout in secure settings (Cramer et al., 2020). I have found scheduling protected time for reflection (Beryl et al., 2018) and journaling to explore thoughts and feelings post-data collection useful.

Foster Care and the Social Care System

[NOVEMBER] My interest in mothers in the UK care system has involved interviewing women in parent-and-child foster placements. As I have reflected on the process and purpose of my research after hearing difficult stories, I have found it helpful to differentiate between my role as an advocate for individuals at that moment in time, and the role of my research to affect practice more widely. The following two stories help illustrate this distinction. Firstly, a 16-year-old mother told me that she was depressed because the loud verbal abuse between the fostering couple was frightening and re-traumatising for her. Although distressing to hear, in my role as practitioner I was able to act, following-up with social services, who eventually removed this young mother from the placement.

The second story is of a young woman who had been in care in her childhood, but was living independently when she became pregnant. It was decided she should go to a parent-and-child placement for a parenting assessment. She had planned to have her mother with her as her birth partner, and to be cared for by a midwife she knew. However, on the day her labour started, a placement was found, and she was moved to a foster carer in a different area. By the time she reached the foster carer's house she was in strong labour and an ambulance was called; the foster carer accompanied her and by default became her birth partner. Her words of humiliation and powerlessness spoken through angry tears have stayed with me years later: *"She saw me naked, and I didn't even like the woman"*. In this scenario there was no immediate action which could safeguard her and her baby, but I hope using her experience to contribute towards best practice guidance which recommends the place and people involved in a woman's birth should be *her* choice; a meeting between the foster carer and the woman should take place before she moves in; and parents are kept geographically near to their support networks may contribute towards more sensitive and thoughtful care of other young women in the care system.

Difficult Topics

We finally detail four examples of such research we class as 'difficult' – that which involves discussions of factors relating to the life-limiting conditions & palliative care, infanticide, sexual abuse, and research examining deviant sexual behaviour.

Life-Limiting Conditions & Paediatric Palliative Care

[KNIGHTING] The challenges to conducting qualitative research with those who are life-limited or terminally ill are well-documented (Sivell et al., 2015) and it is morally and ethically necessary we consider issues such power relationships, informed consent, protective gatekeepers, burden of participation, and the (un)intended impact of the research on participant well-being, with patients and family members from study conception onwards (Chambers et al., 2019; Gysels et al., 2008).

As no exchange is without potential impact, it is important to consider these issues for researchers too. I have experienced the challenges of interviewing someone who finds it hard to talk, needing time and gentle questions to build rapport before disclosure. I have also experienced the profound impact interview participation can have when previously unspoken stories or thoughts are discussed. Some participants describe this as cathartic, leading to greater understanding within families. For others it can lead to identifying where they may need support. It is vital for researchers, including those with other clinical backgrounds, that their role as researcher is clearly defined and supported with training in methods, maintaining boundaries, and the importance of debriefing. One of my most powerful experiences was conducting a dyad interview with two bereaved parents who had lost their only child about twelve months prior. During the interview it became clear this was the first time that either parent had shared certain experiences and feelings about the death of their child. This interview required careful reflection and response from me throughout to conduct it in a supportive manner, such as using breaks or sitting in supportive silence at times, and to maintain my boundaries and role as a researcher so I could be empathetic and compassionate, but not be drawn into taking sides. It was reassuring to know I could signpost the parents to our partnered local support service, and I could debrief with a designated colleague, reflecting on the emotional disclosures. Whilst it may be seen as *'hoping for the best, planning for the worst'* (a phrase often used in palliative care), careful planning of qualitative studies on sensitive topics is vital to ensure good support for all involved and the quality of research.

Infanticide, Neonaticide, and Filicide

[BRAMANTE] Even though rare, reports of a mother who kills her own child are capable of arousing deep collective anguish. Killing a defenceless child is universally unacceptable in civilised society, and it is even more detestable if death occurs at the hands of those who are supposed to protect them. Just as we still see various cultural barriers to accepting the potential for women to experience psychiatric issues after birth, it is even more difficult to accept any reason for why a mother would kill their child than the fact they must be 'sick' (Bramante, 2016; Silverio et al., 2021).

I decided to focus my research on this topic because compared to other types of murder, I found it difficult to comprehend why a woman who, after carrying her baby for nine months, would then kill them. During my PhD, I met with and studied 30 such women. It was cognitively tiring to keep a distance and process the pain of these stories. Research in this area is ethically delicate and methodologically complex and must be approached with great awareness, respect, warmth, and sensitivity. In order to achieve this, researchers require extensive basic training in the physiology of pregnancy and childbirth, in perinatal psychopathology, and on the genesis and dynamics of crime.

Too often fellow Criminologists, who are more often involved in research in this area than clinicians, tend to focus their attention on the crime itself, causing further suffering to these women. My research addressed infanticide from a clinical and prevention point of view. The women I met greatly appreciated the gentleness I used towards them and the fact we discussed their mental health, in an attempt to understand if it would have been possible to prevent the killing(s). In return for my sensitivity and attention to their pain, women willingly told their stories, including some disclosures they had previously never told.

This area of research has profoundly changed my way of working, and me as a woman. It made me understand no signal should be overlooked and that with women in the delicate perinatal period of life, we must work with care and courage to ask things which often scare us as researchers, more than the participants themselves.

Childhood Sexual Abuse

[MONTGOMERY] Research with women who have experienced childhood sexual abuse [CSA] is inherently difficult. For researchers, the most difficult things are not necessarily the morally objectionable or graphic information for which they can prepare themselves. They are the whispered insights which take researchers by surprise and leave a huge impact. As highlighted above [see section by SHEEN], this often happens during analysis, which demonstrates the importance of support networks extending throughout the research process. For example, during an interview conducted as part of my PhD into the maternity care experiences of women who have experienced CSA, a participant recounted how she had been labelled a *"star patient"* on the postnatal ward, but that was hiding what was really happening for her: *"... I'm actually screaming inside. I'm absolutely terrified. I'm expecting them to hurt me. I'm being good because I don't want them to hurt me anymore."* She continued. Reading and analytically re-reading the transcript, her language of *"being good"* did not feel like an adult speaking. The voice of the child became very evident and was shocking to hear.

Some of the participants had not spoken of their abuse before. They were feeling their way through very personal experiences and, as recognised by Kvale (2007), seemed to be making new connections as they recounted their sensitive narratives. As a researcher, active listening was key.

Silence was the overarching theme from this work (Montgomery et al., 2015a) and it was important to represent the words of the women accurately so their voices could be heard, even when they were a whisper (National Advisory Group on the Safety of Patients in England, 2013; see also Silverio, 2021b). The fact CSA remains taboo in society, makes it a challenging subject to research. There can be pressure to report first time disclosures (Silverio et al., 2020) which presents significant ethical issues. Control is of paramount importance to survivors of CSA and taking control from a participant risks re-enacting abuse (Montgomery et al., 2015b; Roberts et al., 2021).

These challenges exist for the whole team, and it is essential to ensure transcribers are aware of interview content before embarking on a project. Spacing interviews, transcription, and analysis if possible is crucial for the wellbeing of the team.

Deviant Sexual Interests and Behaviour

[STEVENSON] Research with populations who express sexual interests and/or behaviours which would be considered deviant – whether morally or legally – present challenges to both researcher and participant (Sanders, 2005). These are exemplified by my current work with individuals who have sexual, emotional, and/or romantic attractions to children.

To be clear at the outset, just because an individual has an attraction to minors it does not mean they will commit an offence against a child. Nonetheless, researching stigmatized sexual interests and/or deviant sexual behaviour is often found at the intersection of well-being and (il)legality, with the researcher in the middle: Protecting oneself, the participant, and the public. This presents a dilemma for the researcher who wishes to study a phenomenon without inhibition or sanitization (Lee & Renzetti, 1990) as intimate and (potentially) incriminating details are essential to understand. Yet professional obligations to prevent harm must be adhered to (Oates et al., 2021).

Within this context, the prevention of harm still extends to participant well-being. Being prepared to speak with people at different stages of their journey, and to consider what that presents as before, during, and after the interview is important. I have been the first person to whom a participant has disclosed their attraction, and seen long-suppressed concerns brought to the fore. I have heard people's most intimate details, fantasies, behaviours, and moral dilemmas. As a researcher you may hear views with which you do not agree; actions which seem incomprehensible. You will listen to people who have struggled or who are still struggling. The reflective space you have created, in many cases, will persist beyond the formal interview for both parties involved.

This is where a main concern for me is ensuring I have done all I can within the research exchange to support and inform participants. Aside from reflective research diaries and debriefs with my supervisor, peace of mind also comes from how you have treated participants. As a researcher, this means feeling equipped (Dempsey et al., 2016): Having confidence in your protocols (e.g., handling disclosures of harm), how you meaningfully signpost support, and by checking-in with participants a few days post-interview; everything you can as a researcher to act with integrity, sincerity, and kindness.

Practical Principles for Supporting Qualitative Researchers

Training & Induction

Just as you would expect field researchers to be trained in the method of data collection and analytical methodology they are using (see McCallin et al., 2011), it is also important to ensure every researcher is equipped to confidently and competently activate their support network when undertaking qualitative research addressing sensitive, difficult, or challenging topics. To achieve this, we recommend every researcher engaged in this type of work is inducted into the research project and receives training (see also Bowtell et al., 2013; Gates & Hinds, 2000) addressing both the scope of the research and the mechanisms of support available to them, which they should follow to provide them with the best support possible.

Each and every researcher who is involved in projects focusing on sensitive, challenging, or difficult subject matters should have extensive training in qualitative research (including principles of qualitative research, study design, methods and methodologies, interpretation, write-up, and impact). In most circumstances, this would mean the researchers are trained to at least a post-graduate level or are in training for a post-graduate degree, and in receipt of close supervision. Exceptions may be encountered where the researcher has significant personal, clinical, or formal academic, voluntary, or charitable experience with the phenomenon or population of interest. However, experience should not outweigh training (Silverio, 2021a). All researchers should be assessed on an individual basis for their suitability to undertake the proposed research.

Researchers should be aware of the possibility for participants to experience re-traumatisation, and have some researchoriented grounding techniques to hand. This includes forewarning participants of their ability to request the interview or focus group be stopped at any point during the data collection event, or that the researcher themself may pause the data collection event if they notice participant/s becoming distressed. It is, however, always important to remember that research interviews or focus groups are not therapeutic relationships nor are they opportunities for therapeutic interventions. Boundaries must be set between researcher and participant; and researchers must keep their 'research hat' on at all times. This can be especially hard for clinicians, however training in interviewing style and extensive rehearsal of the interview schedule or topic guide within the research team can aid maintenance of a research, rather than clinical, environment when collecting data.

There are further implications for researchers themselves, particularly when conducting interviews on topics that are sensitive, distressing, or traumatic. Listening to a traumatic account, or repeated exposure to multiple accounts of distressing or traumatic events, can induce similar responses to direct trauma exposure (Sheen et al., 2014; Stoler, 2002). This is particularly relevant should an element of a narrative hold personal salience to the researcher. Such responses can, but do not always, involve acute distress, and can entail emotional 'numbing' or desensitisation. It can also be a cumulative impact, developing gradually over time following repeated exposure to distressing accounts. Training in the potential impacts of exposure to distressing or traumatic material, where relevant, should be provided. In addition to awareness prior to conducting interviews, continued reflection to identify subtle alterations to mood and behaviour is recommended, and can be supported via use of the reflective diary. Engagement with the 'Buddy System' (discussed later on in this article) and regular supervision meetings, also provide an opportunity to ensure that the researcher is supported in their work and that onward referral – where required – is facilitated.

Appropriate Scheduling of Data Collection

In qualitative research, timing is everything. We therefore advise against scheduling too many interviews or focus groups in one day or per week. For research studies involving a sensitive, challenging, or difficult subject matter, it may only be appropriate to schedule-in a single interview or focus group for one day with two to three days before the next data collection event takes place. More experienced qualitative researchers might be able to handle more, or may well feel they can handle more (Morse, 2001), but we would strongly advise researchers do not conduct back-to-back data collection events in a single day and are mindful about the number of data collection events across the course of a single week.

Timing of the data collection event itself is also important. Often, as researchers we try and accommodate the schedules of our participants, however this can often mean the qualitative researcher tends to work outside of normal working hours (see Langford, 2000). This is problematic due to data collection events sometimes occurring after a day at work or after a full working week, when the researcher may already be tired and therefore not feel they are providing the best experience for their participant and/or may themselves feel under-resourced to cope with the difficult, challenging, or sensitive subject matter. Furthermore, collecting data outside of normal working hours could result in the other mechanisms of support such as the 'Buddy System' or 'Debriefing' to be unobtainable. For these reasons, we would recommend that, where possible, data collection events do not take place in the evenings or at weekends, unless the research team is sure they can provide the same level of support as they would during working hours, if and/or when needed.

The 'Buddy System'

The 'Buddy System' relies on there being an effective, and pre-planned 'telephone chain'. That is, one member of the research team (usually a senior collaborator, line manager, or supervisor) is nominated to be the point of contact (or 'buddy') for each field researcher who is collecting data (see also Jackson, 2021). A second buddy should also be nominated for when the primary buddy themself is undertaking data collection, or for when the primary buddy is ill or on annual leave.

In practice, the buddy system works by the field researcher making contact with the buddy just before the start of the data collection event (a 'commencement message'; via a message or a phone call, but not via e-mail), stating the location of the interview (if the researcher is travelling to meet the participant/s) or simply to state the interview is about to start (if the researcher is conducting the data collection event virtually). The field researcher should then make contact with the buddy once again when the interview has ended (a 'return message'; again via message or phone call, not e-mail) and they are back in a place of safety (i.e. their home residence or their work office).

Our further recommendation with regard to the buddy system is with regard to the nominated buddy's responsibility for contacting the field researcher after a pre-determined amount of time has lapsed since the first contact commencement message (i.e. 2.5 hr for interviews; 4 hr for focus groups), to ensure the field researcher has returned from the data collection location safely. Unanswered contacts should be followed-up with contact to the secondary buddy, the field researcher's regular or other colleagues, their next of kin, or, when these contacts are exhausted, the relevant authorities (e.g. Police). Further concise, but useful, guidance about researcher safety in the field can be found in Williamson and Burns (2014).

Effective Debriefing

Once a buddy system has been established, the regular contact provides the opportunity for debriefing between the field researcher and the supervisor, line manager, senior collaborator, or more experienced colleague. If the 'return message' contains reference to the data collection event being arduous, unsettling, upsetting, or particularly emotionally laborious, then the more senior colleague acting as the buddy should arrange to 'debrief' with the field researcher immediately, or as soon after the event as is possible for both parties. Here, we use the term 'debrief' as a convenient shorthand to describe the opportunity for the researcher and the buddy to engage in open conversation and de-escalate any anxieties or concerns.

This type of debriefing does not have to be formal for it to be effective. A simple conversation about the challenges of the data collection event and how the field researcher is feeling or what difficulties they faced with the data collection or the topic or content of the interview or focus group itself, may suffice (Bowtell et al., 2013; Jackson, 2021). The important aspect is that this is given sufficient consideration, time, and is regarded with importance, rather than a 'tick-box' exercise, and that the field researcher either feels able to continue collecting data with other participants or that the field researcher is signposted to further support such as 'Individual/Team Supervision', 'Charitable Support', or 'Formal Psychological Support'.

It is very likely debriefing will not be required after every data collection event; however, novice or more junior researchers may benefit from regular and scheduled debriefing in the first instance, especially after the first few times they collect data on their own. This regular contact can also help with the establishment of rapport between the junior researcher and their supervisors and/or collaborators, which is important to facilitate a sense of safety within the research team, and encourage discussions when difficulties arise.

Reflective Diaries or Journals

All qualitative researchers should be encouraged to keep a 'reflective diary' (or 'reflective journal') to document their thoughts, feelings, and experiences of the data collection events they conduct and their experience of collecting data, 'in the field'. Reflective diaries should not be thought of as 'field notes' or 'memo writing', which are products of the practice of recording in writing the reaction to the participants' narratives (including important lines of inquiry pertinent to the individual participant) during the data collection event, and which can aid analysis and interpretation of data. Rather, reflective diaries are introspective, personal, and can often be 'bracketed' (Gearing, 2004) so as to not affect analysis, interpretation, or write-up of collected data at all (see Rager, 2005), whilst also providing space for reflection to support awareness of uncomfortable emotions or thoughts (see Mealer & Jones, 2014).

Reflective journals are useful for recording the successes and challenges of each data collection event by the field researcher, as well as their psycho-emotional reflections on the research project as it progresses. Reflecting in this introspective manner can allow for field researchers to be more aware of the issues they faced when undertaking qualitative research into difficult, challenging, or sensitive topics, more conscious of their praxis, and more reflexive and reactive in future data collection events (Guillemin & Gillam, 2004; Pezalla et al., 2012). Reflective diaries and journals should be kept privately, but it may be helpful to use them as discussion points. Likewise, they may be useful as points of learning at supervisions, be they individual or group sessions.

In some cases, however, it may also be appropriate for the field researcher to explore more formal analysis of these reflective diaries as a dataset in their own right (see Behar, 1996). Although supplementary to the main focus, analysis, and output of the planned research, interrogating their reflections, in order to produce an auto-ethnographic account about the experience of collecting data in the field, may contribute to the methodological literature-base about qualitative praxis or indeed, philosophical approaches to qualitative methods theory. This will, of course, require writing into ethics applications, where appropriate.

Individual & Team Supervision

Formal, regularly scheduled supervision, in addition to *ad hoc* debriefing sessions are important to have arranged so that the field researcher/s and the senior collaborator, line manager, or supervisor can meet to discuss the study's progress and preliminary thoughts about the data. It might also be important to invite members of the wider research team who are not directly involved in qualitative data collection, but may well be involved in other aspects of the study or programme of research.

Individual supervision sessions may consist of regular discussions between the field researcher and supervisor, line manager, or senior collaborator to ensure not only that the field researcher feels sufficiently supported (Bowtell et al., 2013; Sanjari et al., 2014), but also to discuss any challenges with the logistics of the project itself (e.g. slow recruitment; disparate data). Individual supervision should therefore be scheduled regularly (i.e., every week or fortnightly), especially at peak data collection periods. Fieldworker-specific resolutions should be achieved through one-to-one or one-to-two supervisions (i.e., with both senior academic 'buddies').

However, if the problem is thought to be widely applicable to the team, then the issue should be raised at group or team supervisions, with the relevant field researcher taking a lead on the discussion, if they feel comfortable to do so. Regular team supervisions are also important (i.e., every four to six weeks; or no farther apart than two months), throughout the entirety of the project. Though this may appear prescriptive, each research group will work out a schedule appropriate for their team dynamics and the project. However, due to qualitative research usually requiring a considerably longer data collection period than most research studies utilising quantitative data, these suggested timings are likely to be appropriate.

Group supervisions may be especially helpful in demonstrating to individual field researchers how their challenges are shared, thus providing layers of support to the team of field researchers or the individual qualitative researcher within the wider research team (see also Limerick et al., 1996; Moch & Cameron, 2000). Importantly, supervision could help to normalise and address any distress field researchers may experience, whilst working together is likely to provide efficacious solutions for overcoming issues and challenges and reducing any lasting effects of engaging in the qualitative work investigating sensitive, challenging, and/or difficult topics.

Charitable Input & Support

Most research undertaken in the health, human, educational, social, and psychological sciences has a requirement for Patient and Public Involvement and Engagement [PPIE] from the early planning stages, sometimes through to the stages of disseminating research (see also Newburn et al., 2020). The engagement and involvement of persons with lived experience or relevant charities is especially important when undertaking research into a sensitive, difficult, or challenging subject matter. The PPIE advice and support a researcher or research team will seek will, therefore, likely include charitable, voluntary, or third sector organisations. Professionals and experts by experience attached to these organisations are often well-equipped and very experienced at dealing with crises management and the distress which may arise from being involved in this type of work. Their support and guidance will not only be vital for the success of the research being undertaken, but may also be crucial to ensure the wellbeing of the researchers.

Some organisations may have the ability to provide one-to-one support, or this could even be costed into a research grant. External opportunities for support, delivered by trained and expert persons, are crucially, impartial. However, where relevant charities are not able to offer such support, some larger charities may have a dedicated telephone line or on-line chat service open to the public, which researchers can contact in order to discuss the difficulties and challenges associated with the topics addressed in their research.

Formal Psychological Support

It is important to recognise that there will be limits to the efficacy of internal support, on occasion. Even with the appropriate safeguards we have discussed in place, there is the possibility undertaking research into a sensitive, difficult, or challenging field of study can adversely affect the researcher/s carrying out the work (Sanjari et al., 2014). In such cases, the researcher should raise the requirement for additional, professional, formalised, and appropriate psychological support (Bowtell et al., 2013). Essential to this is the establishment of a safe, supportive research environment where researchers feel able to voice their concerns. These requests should be submitted judiciously and after ensuring all other support mechanisms have been enacted first. These requests should not be received lightly, and requests should be acted upon quickly and formally noted in the study file.

In these circumstances, it is imperative the field researcher is relieved of their fieldwork duties immediately. A temporary halt to the qualitative aspect of the study may be required, or indeed, a complete stop to the entire study. This is to be left to the discretion of the study's senior team, who should consult with the research ethics committee, institutional review board, funders, collaborators, and partners (as appropriate), and any relevant study steering and oversight committee or senior management of the host or sponsor institution.

Where possible, situations which are anticipated to cause undue or disproportionate distress to the researchers should be avoided. However, plans for appropriate and proportionate support in response to escalating severe and on-going psychological distress amongst researchers should be arranged in anticipation of the research project (see also Bowtell et al., 2013) and should be subject to the scrutiny of any study steering and oversight committee as well as the relevant ethical committee or institutional review board.

Conclusions

We recommend this guide as a companion to research ethics or institutional review board applications and also to be used in conjunction with induction materials for novice researchers or those who join projects as collaborators. Whilst we have attempted to be exhaustive in our development of this document, we realise that qualitative praxis is evolving rapidly, and therefore the content of this guide is likely to be 'living' with necessary updates and alterations, as we engage with new learning.

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