Issues for consideration by researchers conducting sensitive research with women who have endured domestic violence during pregnancy

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The lead author would like to express her sincerest thanks to the eleven strong women who participated in this research. They were generous with their time and willing to reveal what is sadly often concealed.

Abstract

Background. This paper discusses the issues involved in conducting doctoral research with 11 women who had suffered domestic violence during their pregnancy. In 2005, the World Health Organization (WHO) reported the incidence of physically abused pregnant women to be greater than 5%. More recent research in 2010 reports prevalence rates of between 3.9% and 8.3%. The challenge faced by midwifery researchers undertaking sensitive research merits further consideration to ensure that unnecessary harm is not caused by participants or the researcher. For this particular research study the WHO’s ethical and safety recommendations for domestic violence research were used as a framework to consider pertinent issues.

Framework for good practice. One of the most difficult challenges when conducting interviews for this type of research, or indeed any other research involving sensitive interviews, is gaining access to the participants. Gaining access to this vulnerable group of women was a challenge and required sensitivity and thorough consideration at each stage of the recruitment process. Due to the sensitivity of the topic, it was also important the environment were the interviews were conducted felt private and safe for all the participants. How and where the interviews were to be conducted had initiated a lot of thought and consideration. Particular consideration was given to the venue and the impact of the environment on the privacy and safety of the women. Conducting such interviews has the capability to emotionally re-traumatising survivors, especially when women are being asked to recall physical, emotional and sexual abuse. Therefore in accordance with the ethical principles from the WHO, it was important that the researcher demonstrated skills to encourage a reciprocal relationship, thus challenging the traditional researcher and participant hierarchy and dynamic.

As advised in the guidelines, the questions were expressed in such a manner as to avoid terminology such as ‘rape’ or ‘violence’ or ‘abuse’; instead the participants were asked whether or not they had experienced certain specific acts, such as being hit, slapped, or beaten by their partners during their pregnancy. For some of the participants sharing their experiences with the researcher was the first time they had shared their true experiences of domestic violence with anyone. With this in mind it was of utmost importance that the researcher made considerable efforts to engage and develop rapport with the women prior to the first interview. This investment was worthwhile, as participants developed some confidence in revealing what it was like to live with a violent partner.

A total of 17 interviews were conducted using unstructured interviews with 11 women who had been pregnant in the previous two years. The interviews focused on participants’ unique accounts, appreciating their different experiences and interpretations of living with domestic violence. Thematic analysis was used to identify commonalities and uniqueness in the data. This paper illustrates how the WHO ethical guidelines for conducting domestic violence interviews were utilised in the planning stage and while conducting the interviews. We will also consider the potential impact on the researcher of conducting such sensitive research.

Key words: Conducting sensitive interviews, women’s experiences, domestic violence and abuse, women’s voices, evidence-based midwifery

Introduction

Domestic violence during pregnancy has emerged as a national and global health issue that has the capability to fatally harm a woman and her unborn child (Reilly et al, 2010). It is known that pregnancy may be an especially vulnerable time for a woman and her unborn child, as the violence has been shown to begin or escalate during or shortly after pregnancy (Helton et al, 1987; Walby and Allen, 2004; Lewis, 2007). It is difficult to estimate the exact prevalence of domestic violence during pregnancy as it is thought that many women may be reluctant to disclose their experiences. However, reported prevalence rates of violence in pregnancy range from 0.9% to 20.1% (Gazmararian et al, 1996). The WHO in 2005 reported on 48 worldwide studies indicating that the incidence of physically abused pregnant women was greater than 5% in 11 of the 15 countries studied (WHO, 2005). More recently, Taillieu and Brownridge (2010) suggest that the majority of international studies have found prevalence rates of between 3.9% and 8.3%. Three UK prevalence studies have reported rates of domestic violence during pregnancy between 2.5% and 5.8% (Bacchus et al, 2004a; Bacchus et al, 2004b; Johnson et al, 2003). However, Bacchus et al (2007) suggest that the reliance on anecdotal reports from pregnant women or hospital-based samples within the UK currently makes it impossible to confirm whether or not pregnancy per se increases the risk
of violence. However, international studies have suggested that pregnancy can act as a trigger for domestic violence or exacerbate an existing problem (Campbell et al, 1992; Webster et al, 1996; Valladares et al, 2002). Although prevalence rates vary between studies, it is evident from the figures available that a significant minority of pregnant women will experience violence during pregnancy and in the immediate postnatal period.

For almost 30% of women who suffer from domestic violence in their lifetime, the first incidence of violence is thought to occur during pregnancy (Helton et al, 1987). The risk of domestic violence during pregnancy increases the risk of miscarriage, preterm labour and maternal and fetal injury. There are also a number of high-risk harmful behaviours to both the mother and unborn child such as smoking, alcohol abuse, drug taking (prescribed and illegal) as a means of coping with the violence and abuse, (McFarlane et al, 1993, 1996; Valladares et al, 2002; EL Kady et al, 2005). There is also some indication that violence during pregnancy is not a one-off event, for example Martin and colleagues (2004) revealed that abused pregnant women on average experienced one violent attack resulting in one injury per month, perhaps suggesting that pregnancy is not a protector against violence and abuse.

Method
A feminist phenomenological paradigm was utilised for the research. Feminist phenomenology suited the purpose of the research because it is naturalistic, with an ontological principle that maintains that the world is not objective and discovered but is socially constructed (Fisher, 2000; Sarantakos, 2005). Such a philosophical framework believes that to understand this world of meaning one must interpret it (Denzin and Lincoln, 1998). As an approach, phenomenology seeks to reveal how human awareness is implicated in the production of social action, social situations and social worlds (Sarantakos, 2005). It was anticipated that by combining the philosophies of feminism and phenomenology together a deeper understanding of women’s lived experiences of domestic violence would be achieved.

It was imperative to fully describe and define the women’s experiences as communicated by them, rather than prescribed by the dominant masculine structures of phenomenology (Nelson, 1989). Investigating and understanding the everyday world of women’s experiences has always been paramount to feminism and feminist research (Stanley and Wise, 1983; Reinharz, 1992). However, it was also important that the study was reflective of women’s experiences of domestic abuse against the background of patriarchy, hierarchy, disembodiment, power and control; all inherent when living in a world of violence.

Data collection
Data were collected from 17 interviews undertaken using unstructured interviews with 11 women who had been pregnant in the previous two years. The number of interviews with each participant varied, ranging from a single interview with some participants, two interviews with others and three interviews with one participant. The number of interviews with each participant depended upon individual personal circumstances and their availability at the time of data collection.

During the data collection phase, eight of the participants were currently residing in a women’s refuge and three were participating in a support programme. Informed consent was obtained from every participant prior to starting any interview. Having agreed to take part in the study, interviews were conducted a week later, allowing participants seven days to reconsider their agreement to participate. The principle of ongoing negotiation was always respected. All the interviews lasted between 30 minutes and two hours. With consent, all the interviews were digitally recorded and transcribed verbatim. The interviews were analysed using Reinharz’s (1992) content analysis framework. Full NHS ethical approval was sought and gained for the study.

Ethical and practical considerations of conducting sensitive interviews
According to the WHO (1999: 2), researching domestic violence can be a significant risk to the wellbeing of the participants: ‘Researching abuse is not like other areas of investigation – the nature of the topic means that issues of safety, confidentiality and interviewer skills and training are even more important than in other forms of research. It is no exaggeration to say that the physical safety and mental wellbeing of both the respondents and the research team can be put in jeopardy if adequate precautions are not taken.’ In response to their concerns, the WHO published guidelines in an endeavour to raise awareness of some of the ethical issues in conducting research on violence (see Table 1). The guidelines were used as a framework to ensure safe and ethical practice when planning and conducting the interviews.

Table 1. WHO ethical consideration for conducting research

| 1. The safety of respondents and the research team is paramount and should infuse all project decisions. |
| 2. Prevalence studies need to build upon current research experience and how to minimise the under-reporting of abuse. |
| 3. Protecting confidentiality is essential to ensure both women’s safety and data quality. |
| 4. All research team members should be carefully selected and receive specialised training and ongoing support. |
| 5. The study design must include a number of actions aimed at reducing any possible distress caused to the participants by the research. |
| 6. Field workers should be trained to refer women requesting assistance to available sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms. |
| 7. Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development. |
Negotiating access and ensuring safety for participants
The WHO guidelines state that the safety of women and the research team is paramount and such safety decisions should permeate all project decisions. Indeed, one of the most difficult challenges when conducting interviews for this type of research, or indeed any other research involving sensitive interviews, is gaining access to the participants. Although this proved to be a lengthy process, such negotiations with both the agencies and the women were essential in building up a trusting, respectful relationship. Emergency housing, advocacy, helplines and women’s support groups continue to be established by women’s organisations, with many of these services supported and administered by survivors of domestic violence. The result has been that such services are responsive and extremely protective and sensitive to abused women’s needs (Mullender et al, 2003). Such sensitivity has included being cautious about being ‘used’ or exploited by outsiders, including academics (Abrahams, 2007). Therefore, negotiating access to the participants was expected to be exigent. A priority of the various support groups was to ensure that the research would not be exploitative, or detrimental to the participants. It is crucial that women’s organisations are able to trust and have confidence in both the researcher’s capability and their overall motive and commitment to the research they are undertaking (Abrahams, 2007).

Following various meetings with directors of the service, refuge managers, team leaders and support workers, it was agreed that they would support the research. This support included placing a poster in the refuge, seeking the women’s thoughts about the impending research at weekly house meetings, handing out the information sheets and acting as a conduit between the participants and researcher. Discussing and obtaining the views and opinions about the research from the refuge residents at their weekly house meetings seemed to add credibility to the work, in that they felt it was important to conduct research in this particular area. Having successfully negotiated access, it was then extremely important that an open, genuine approach was maintained with the refuge staff, support workers and the participants themselves. It was realised that receiving support to enter the refuge to conduct the research is a rare privilege as refuges are persistently underfunded, with a transient population cared for by staff who work under extreme pressure and often in difficult circumstances (Abrahams, 2007). Recruitment to the study always occurred through a third party, usually the refuge manager or the women’s support programme facilitator. This ensured that no undue pressure was placed on the women by the researcher to participate in the study. It was therefore important having gained the trust and confidence of the organisations that a continued relationship of reciprocity and trust was maintained throughout the research.

Respect for participants
The participants were aged between 19 and 40. The inclusion criteria for participation in the study were currently or pregnant in the previous 24 months, and over 18 years of age. All the women had children residing in the refuge with them, the children’s ages ranged from 13 years being the eldest, to eight weeks being the youngest. Eight of the women who took part in the study were white British, one was black British, and two were Indonesian by birth but were now residing in the UK.

All the women interviewed had experienced several types of violence and abuse in the previous 12-month period. The number of interviews conducted with each participant was very much dependent upon their availability, willingness to be interviewed and the accessibility of a private and safe space. The interviews with the women residing in the refuge were in most instances a single interview; the decision of a one only interview was made out of respect for the women, the refuge staff and the availability of a private interview room. The staff in the refuge, regardless of the limited space, always endeavoured to make a private space available to conduct the interview. This sometimes involved giving up precious office space. The refuge also provided play workers for the children, thereby allowing the women to participate in complete privacy. The interviews with the women in the refuge lasted between 60 to 120 minutes and on the day, or the day before their interview, the women had access to a counsellor who visited the refuge. For the women who were recruited via a woman’s support programme, all their interviews were conducted prior to their attendance at their weekly support meeting in a children’s centre. During the interviews, the participant’s children were cared for in the crèche by play workers. The length of the women’s interviews was determined by the availability of a private room. Each interview usually lasted 30 to 45 minutes and two to three interviews were conducted with each woman.

All the women were asked to describe their experiences of the violence and abuse during their pregnancy or pregnancies. No difference was noticed on the quality of the interviews regardless of whether they were conducted in the refuge or in the children’s centre. The first question asked was ‘Tell me a little bit about yourself’. This was used as a preamble to the interview by allowing the participant’s time to talk about themselves. This was a really important phase of the data collection stage as it was vital to allow enough time to be able to develop a rapport with them. Miller and Tewksbury (2001: 55) suggest: ‘Becoming trusted and seen as someone with whom research participants are comfortable spending time, talking and sharing their lives is called ‘establishing rapport’. In order for a researcher to truly understand the world from the perspectives of those being studied and to see how persons being studied think about their world it is critically important for rapport to be established.’

It was important to avoid what is referred to as a ‘smash and grab’ interview, meaning getting in, doing the interview, and getting out without any real interest in the participants in the study (Liamputtong, 2007). Conducting such interviews is sometimes referred to as the ‘rape’ model of research (Reinharz, 1983). According to Dickson-Swift (2005) for some vulnerable participants who share their experiences with a researcher, it may be the first time they have shared these experiences with anyone else. It was therefore important to build up a rapport and
relationship with all the participants before conducting the first interview.

Before conducting any of the interviews, the researcher met all participants at least once, this offered an opportunity to verbally explain the study in more depth and arrange a suitable date and time to meet again. This first meeting was extremely important as it offered the women an informal opportunity to meet the researcher for the first time, in a non-threatening way, while allowing them to ask any questions or voice any concerns they may have about participating in the research. In accordance with feminist principles, every effort was made to develop an ongoing rapport with the women, this included spending extra time at the refuge, sitting in the kitchen and lounge chatting about things in general, drinking tea and playing with the children. At every visit fruit, biscuits and treats for the children were brought to share with everyone, including the staff. This was not viewed as an incentive to bribe the women to participate in the study nor was it taken as such; it was taken in the spirit that it was offered, purely as a way of saying thank you for their time and generosity of spirit.

In accordance with the ethical principles from the WHO it was important that KB (first author) had the skills to encourage a reciprocal relationship, thus challenging the traditional researcher and participant hierarchy (Oakley, 1981; Reinharz, 1983, 1992; Watts, 2001). When conducting sensitive research, possessing excellent communication skills and researcher attributes are essential; such skills include being an empathic listener, and making the effort to be non-judgemental. The ability to establish a relationship, a sense of trust with a participant can be challenging. Taylor and Bogdan (1998: 48) suggest that to enter people lives for the purpose of research, researchers need to communicate and have ‘a feeling of empathy for informants’, ‘penetrate people’s defences’, and have ‘people open up about their feelings’. Clearly, conducting research and undertaking sensitive interviews exploring women’s experiences of violence and abuse, calls for the highest integrity with a deep capacity for reflexivity. It is very important to take a reflexive approach in all aspects of the study including the topic, recruitment of participants, data collection, analysis and writing up. It is also the researcher’s responsibility to represent a true interpretation of participants’ stories. However, reflexivity is not easily achievable, nor is it possible to stand back and examine the effects of one’s pre-conceptions especially if one is not aware of what they are. Finlay (2003) claim that reflexivity is very challenging as it requires huge efforts on the part of the researcher to identify and interrogate personal and professional practice. In fact Holland (1999) suggests that the word ‘reflexivity’ is used in so many different senses that it often sustains confusion rather than clarifying any underlying issues.

It is now widely accepted that the researcher is the principal figure who actively constructs the collection, selection and finally the interpretation of data, and according to Finlay (2002), qualitative research no longer seeks to abolish the researcher’s presence – instead ‘subjectivity in research is transformed from a problem to an opportunity’ (Finlay, 2002: 531). Conducting sensitive interviews around the topic of domestic violence will always have the potential to raise anxiety and distress for participants. Indeed, King and Horrocks (2010) emphasise that any qualitative research interview has the potential to raise questions and bring back thoughts that an interviewee may find distressing. Nevertheless, asking women to recount episodes of violence and abuse could inevitably induce strong feelings and emotions. It has been suggested that there may be trepidation from a researcher that they would not be able to respond appropriately or effectively to the participant or indeed their own emotions. Prior to the interviews, concerns about processing the necessary skills, which would be able to adequately deal with participant disclosures did raise some anxieties, however, such anxieties were mostly unfounded as the majority of the women were very open and willing to talk about their experiences. In accordance with ethical guidelines (WHO, 1999; Watts et al, 2001; Ellsberg et al, 2001), the questions were expressed in such a manner as to avoid terminology such as ‘rape’, ‘violence’ or ‘abuse’. Instead the participants were asked whether or not they had experienced certain specific acts, such as being hit, slapped, or beaten by their partners during their pregnancy (WHO, 1999; Watts et al, 2001).

Due to the sensitivity of the topic, it was also important the environment where the interviews were conducted felt private and safe for all the participants. How and where the interviews were to be conducted initiated a lot of thought and consideration. An undisturbed venue was of a highest priority, as it was important that participants felt comfortable, safe and secure and the interviews could be conducted without any interruptions. In the refuge, the interviews were always conducted in a private secure office, away from the other residents in the refuge. Preludes always ensured that the participants were relaxed and every attempt was made to ensure that the relationship of interviewer and interviewee was one of openness, compassion and gentleness.

The principles of non-beneficence were followed; written and verbal consent was always obtained prior to the start of the interview. All the women were aware that they could stop the interview at any time and the interview transcripts were made available to the women. The women were all also advised that they could have their support worker present during the interview; however, none of them took up this offer. Another major consideration was the avoidance of potential exploitation of the participants. As alluded to previously, there was a genuine concern that some research participants may be unreasonably distressed or even traumatised by being asked to disclose events which they find emotionally disturbing (Dickinson-Swift et al, 2007). However, this claim was contradicted by participants who claimed that the interview was helpful, cathartic, and in some cases empowering. Indeed, past research with vulnerable groups has highlighted that many participants consider participation in research a positive experience (WHO, 1999; Richards and Schwartz, 2002). Having someone listen to their stories, while validating...
their experiences, is very important (Kelly, 1988; Renzetti and Lee, 1993; Morse and Field, 1995; Baker, 2008). Following the interviews, some of the participants expressed feelings of recompense at having contributed to research where their own views and feelings had been heard and acknowledged. Nonetheless, there must be an awareness and recognition by researchers that some participants may experience distress when talking about their past experiences. This is especially relevant when conducting research in domestic abuse, when women are often being asked to recall and discuss extreme physical, sexual and psychological violence.

**Valuing individual women’s feelings and experiences and building upon current research**

One of the main issues in planning and considering the study was assessing the risk of participation with the overall benefits of the study. A major aim of the study was to give a voice to the women; allowing them to speak about their experiences. Adhering to feminist principles it was very important to pay attention to what the women had to say and how they felt about their unique individual experiences (Stanley and Wise, 1983). To be able to develop an adequate understanding of the nature and extent of the issue requires that some of the myths and misunderstandings about domestic violence and especially domestic violence in pregnancy are replaced with accounts of the women’s actual experiences, as only these constitute the most appropriate evidence on which to base any intervention. Mullender (1996: 1) claims that this is only likely to occur when women’s stories are voiced and heard, placing them in the role of the expert: ‘To understand the complexities of women’s attempts to escape; the use by male partners of all forms of abuse to prevent this; the interaction between emotional impact of the abuse and the difficulty of negotiating the maze of legal and welfare services; above all, the crucial need for advocacy, self help and support services to empower women through this process on their own terms.’

It was important to adhere to the feminist principle where women and their concerns were the main focus of the investigation (Stanley and Wise, 1983; Liamputtong, 2007) and in agreement with Campbell and Wasco’s (2000: 783) philosophy the aim of any feminist research ‘is to capture women’s lived experiences in a respectful manner that legitimates women’s voices as sources of knowledge’. With any research, there should always be a duty of care towards participants, requiring a strong awareness and sensitivity both during and following the interview. Participating in emotive research always has the potential to result in an unexpected emotional impact either during the interview or indeed at a later date. In view of such possibilities, it was imperative that all the women had access to support following the interviews. Even though the women were already within the safety net of local domestic violence support groups, contact details of local and national support systems were also taken along to each interview and made available to each participant. The next day, following each interview, contact was made with either the women or their named support worker to enquire about their wellbeing following participation.

It was noticeable that the participants exhibited different ways of coping with disclosure during the interviews. Each woman demonstrated her emotional distress in a different way; some became angry or spoke very quietly when recalling the horrific abuse they had endured. Others became visibly upset and tearful. This was especially significant when some talked about the sexual violence they suffered in the relationship. Whenever the women became upset, the offer to suspend or stop the interview was offered, yet none of the women wanted to discontinue the interview, some took a few minutes to compose themselves, on two occasions, women took time out from the interviews to have a cigarette, while others refused to stop the interview and wanted to continue. All the women’s stories were powerful and never failed to touch and leave a lasting impression. It was impossible not to become personally affected when they were visibly distressed. Sometimes a reassuring touch or an embrace seemed to be the appropriate response. Acknowledging the women’s experiences and pain seemed to be important to all the women. They wanted to be able to tell their story, recalling every intimate detail, with one respondent Sarah (pseudonym) emphasising the importance and relief of finally ‘being allowed to talk about the violence after years of silence’.

**The impact of conducting sensitive research on the researcher**

Listening to the women’s stories was extremely powerful. Their strength and spirit was remarkable and listening to them recounting their experiences left a lasting, profound effect. The risk of personal emotional turmoil was never underestimated and initiating support mechanisms for not only the women, but the researcher, were integral to the success of the study. It was also important to take into account the emotional wellbeing of the researcher, especially as they were solely responsible for undertaking all the interviews. Researcher support is not only vital throughout the data collection phase but also during the data analysis and writing up phase of the research, where the women’s stories were often retold and relived (Liamputtong, 2007).

For this particular study, support mechanisms included regular PhD supervisory team meetings and monthly one-to-one counselling sessions with an independent professional counsellor. Additional support was also available by accessing PhD student workshops, which included informal lunch-time drop-in sessions with experienced researchers, some of whom had previous experience of conducting sensitive interviews. Due to the sensitivity of the data being collected and analysed, the researcher was also aware that an impromptu telephone call or unplanned meeting could be arranged at short notice with their director of studies and the counsellor.

Researchers have come to appreciate the full meaning of reflexivity within the context of their own research. Although, Finlay (2003) cautions researchers that
immersing themselves in their own data can prove to be a painful and sensitive experience and that researchers must be careful to not privilege their own voice at the cost of their participants. During the data collection phase, a common risk for researchers undertaking sensitive research in this field is the emotional sorrow of listening to women’s repeated stories of physical pain and emotional abuse (WHO, 1999). Therefore it was not unanticipated that personal feelings of sorrow and anguish would be experienced when listening to women recount their experiences. However, it was unexpected that such emotions would become intensified during the data analysis phase, when the women’s stories were relived and retold several times, allowing for the powerful words of the participants to come alive again (Dickinson-Swift, 2005). Re-visiting the women’s narratives evoked strong emotions, with the women’s stories remaining prominent for a long time after the data analysis stage of the research had been completed.

Morse (2000) proposes that when researchers conduct sensitive research, they run the risk of encountering and becoming engulfed with a shared suffering. Morse and Mitcham (1997: 650) refer to this as the ‘compathy phenomenon’, which they describe as the ‘acquisition of the distress of another’. Dunkley and Whelan (2006) support Morse and Mitcham’s (1997) conjecture. They identify shared suffering as vicarious traumatisation, which can occur when the researcher starts to develop feelings of anguish and trauma, during the research. Liamputtong (2007) suggests researchers must try to prepare themselves and attempt to block the compathetic responses so that the participant’s pain is not shared. A research study can become a personal and emotive journey for a researcher especially when a researcher may have had some personal experience of violence and abuse. Listening to women’s stories of personal abuse may awaken disturbing emotions (WHO, 1999). Therefore, prior to conducting this form of research, it is essential that researchers have developed support strategies to help them to deal with such feelings. Such strategies include regular opportunities for emotional debriefing and one to one individual counselling. According to the WHO (1999) putting such strategies in place will not only help interviewers endure the demands of conducting this type of research, but will also improve their ability to collect quality data.

Conclusions

Many of the issues and considerations that have arisen out of this doctoral research will have a resonance for midwifery researchers. The challenge faced by midwifery researchers undertaking sensitive research merits further consideration to ensure that unnecessary harm is not experienced by participants contributing to research or the researcher. The obligation of any researcher is to carefully consider the risks and benefits of the study they are undertaking. They must be constantly aware of the impact that the interviews and the research may have on the participants involved – this involves being ethically receptive and morally perceptive. The risks involved when interviewing women who have experienced violence and abuse are always going to be inherently large, but those risks must be balanced against the ethical considerations of doing nothing and maintaining the silence and isolation that often accompanies violence against women and children.

Embarking on research in this particular discipline is not straightforward and requires a lot of prior contemplation and consideration. However, this experience has shown that it is possible to design and conduct research which allows for the exploration of sensitive topics. Researching violence and abuse will always touch people’s lives and by the very nature of the subject will carry with it inherent risks. Therefore it is imperative that ethical and safety considerations of both participant and researcher remain paramount to any study design. Utilising a framework such as the ethical and safety recommendations for domestic violence by WHO (1999) will help to protect both researched and researcher.

‘The emotions of researching emotionally difficult topics are often overlooked in academic discourse. Yet, the emotionally engaged researcher bears witness to the pain, suffering, humiliation, and indignity of others over and over again’ (Campbell, 2002: 150).

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