

Self-care for gender-based violence researchers – Beyond bubble baths and chocolate pralines

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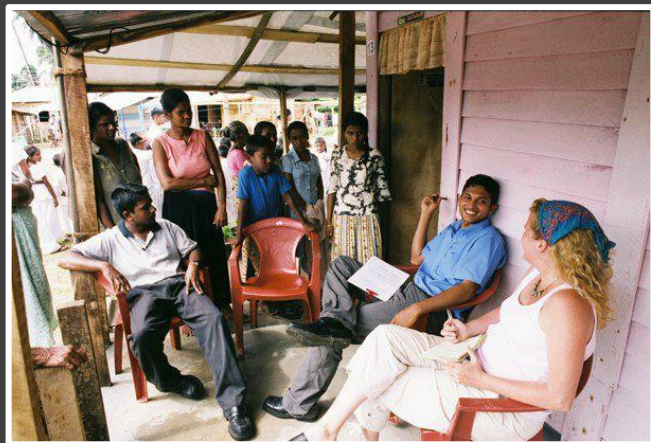


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Our backgrounds



Emotional impact of researching GBV

- Anxiety, fatigue, depression, nightmares, sleeplessness, loneliness, secondary trauma, feelings of guilt, shame or fear, desensitization... (Coles et al. 2014; Dickson-Swift et al. 2007; Theidon 2014; Wood 2006)
- Stronger the closer one is to research topic and participants
 - Emotionally taxing interviews
 - Hopelessness and helplessness
- At any point in the research process! Its not over when you leave “the field”
- Compounded by fieldwork, the nature and demands of academic research
- Point of departure: early-career researchers

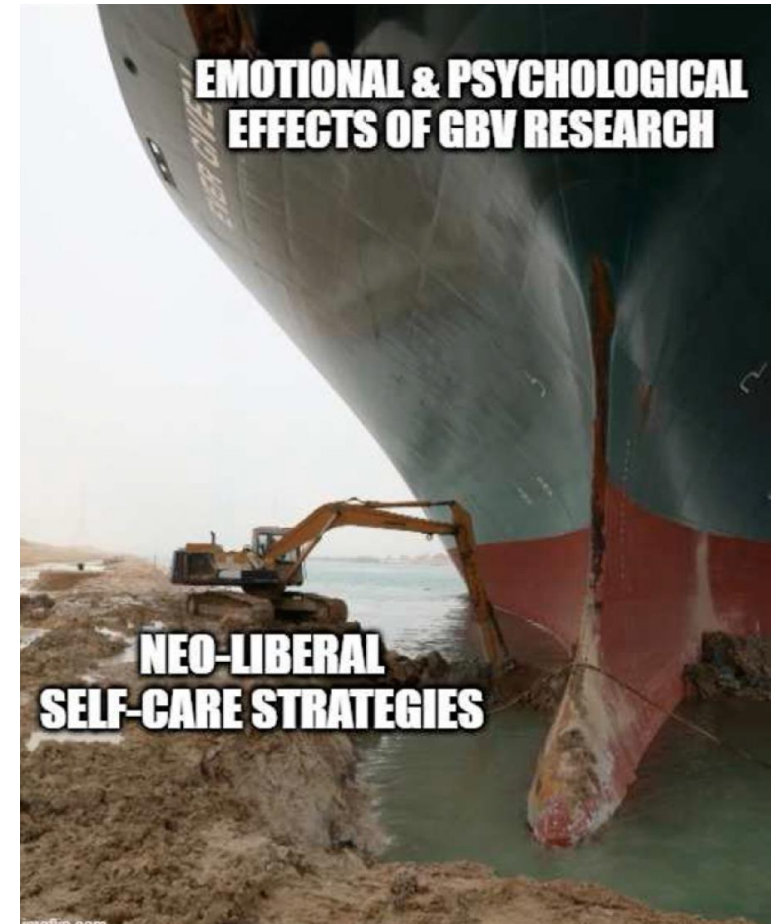


Institutional context

- Lack of training, preparedness, support, debriefing
- Lacking institutional awareness of the problem
- Limited or no training in interacting with victims, vulnerable populations
- Research as a solitary activity (often structurally incentivized or even mandated)
 - Reinforces loneliness and isolation

Existing self-care strategies

- Getting enough sleep, healthy and regular diet, frequent physical exercise, pleasurable and recreational activities, meditation, relaxation, prayer, journaling, embracing humor, careful work planning and organization, seeking emotional support (Theidon, 2014; SVRI 2010a; Wasco et al., 2002)
- BUT: place ‘the burden of care onto the individual rather than attending to the structural challenges’ (Hobart and Kneese, 2020: 11)
- Short-term fixes or band-aids



Centering care

- Ethics of care: relational and inter-dependent
- Focus on caring for each other, fostering community

Building communities that listen

- Turning to other people who “get it”: *peer-to-peer support*
- How? Colleagues at own department, colleagues met in ‘the field’, at conferences, workshops, symposiums, courses etc., snowball networking, social media, ‘cold-emailing’
- Seek advice for specific challenges
- Important “in the field” but also before and after

Centering care

Building communities that listen

- Establish or join support networks: *caring communities*
- Examples: GBV AoR Community of Practice, Feminist Peace Research Network (FPRN), network on SVAMB
- Turn existing networks into caring communities (e.g. Research School on Peace and Conflict)
- Can be formal or informal
- Collaborations and co-authoring
- Important exchanges that have helped with emotional impact of researching GBV, but also moved discussions on methods, ethics etc. forward

Conclusion

- Community-centered care does not solve the structural problems
- It does not absolve institutions of responsibility
- But it captures well our experiences with mitigating the negative effects of researching GBV, in the absence of structural changes

