SURVIVING RESEARCH AND SURVIVOR RESEARCHERS:

Breaking barriers and building support

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> **‘It is not uncommon for people who have experienced GBV in their own life to gravitate towards an active role in this topic of research’**
>
> **(Williamson et al., 2020, p. 58).**

Violence against women (VAW) and violence against children (VAC) are a worldwide scourge, impacting people from all social and cultural backgrounds: the World Health Organization estimates that 1 in 3 women globally experience physical and/or sexual violence in their lifetime (WHO, 2024), whilst 1 in 8 girls and 1 in 11 boys report rape or sexual assault before age 18 (UNICEF, 2024). This endemic level of violence means that many of the people undertaking VAW and VAC research are themselves survivors/victims.

Despite the widespread, endemic nature of VAW and VAC, there are no studies that estimate its prevalence amongst researchers and only a patchwork understanding of how survivorship shapes the field and affects researchers themselves (Backe, 2020; Nikischer, 2019). ‘How many people have come into this field because of personal experience?’ asks Tvisha Nevatia, one of the authors of this report. ‘How are we prepared to respond if victim-survivors in our field choose to talk about their experience? Do we instinctually find ourselves distancing or minimizing their experience?’ (2024, p. 10)

Addressing the challenges that survivors may face whilst doing VAW/VAC research and better understanding what enables and/or motivates them to pursue a career in this field can aid in the development of tailored support for researchers’ well-being, it can also help us understand the methods and approaches that survivors researching VAW and VAC use to protect themselves and others. Exploring these issues has the potential to foster openness, solidarity, and kindness amongst researchers, strengthen activism in the field, and enhance the quality and power of our work (San Roman Pineda et al., 2023). From personal experience, we know that when researchers are supported and emotionally well, this benefits the field, and research on sensitive topics more broadly - careful and caring support enables practitioners to be more present with participants, collect richer data, and better practise ethics (Sexual Violence Research Initiative, 2015; Coles et al., 2014; Campbell, 2013; WHO, 2005).

A word on language: Many scholars and practitioners use both ‘victim’ and ‘survivor’ to acknowledge that neither label may represent the totality of people’s experiences and how they talk about themselves (Boyle & Rogers, 2020). We adopt Siofra Peeren’s interchangeable use of ‘survivor’ and ‘women’. She clarifies that, ‘my use of “survivor” is not intended to imply a hierarchy of recovery, strength or healing’:

> The term ‘survivor’ labels the violence that a person has been subjected to, not the way they have coped with this violence. Some survivors may use their experience of violence as fuel for personal growth or collective action, but recognizing this as an achievement *for that individual* does not and should not devalue other ways that people may choose – or be forced – to survive abuse (2023, p. 25, italics in original).

This report examines how survivors research violence, abuse, victimhood, and survivorship. We first unpack survivor research: the range of experiences it does and does not comprise and some of the barriers to disclosing these experiences in academia. We then work through how lived experience of violence and abuse shapes research interests and the opportunities and risks that survivorship presents. The final section discusses how we care for each other and ourselves in our work. We introduce promising peer support initiatives in the ongoing absence of sufficient institutional assistance (Strid, 2021). Because peer support complements but does not supplant the institutional duty of care, we also present suggested organisational guidelines and recommendations to encourage research institutions to systemize self- and collective care.

WHAT IS SURVIVOR RESEARCH?

Researchers with lived experience of violence and abuse engage with their experiences in different ways. There are researchers who have experienced VAW and/or VAC but are not open about it and rand then there are those who are transparent about their experiences. Both have survived violence and abuse, but the latter may be more outspoken about the support they may need to undertake their work safely. Reflecting on survivor research in mental health fields, Angela Sweeney and Peter Beresford describe survivorship as 'an explicit standpoint that is not hidden and obscured but foregrounded and interrogated' (2020, p. 1190). Working from the positionality of a survivor affects all aspects of research, from disclosing experiences of violence and abuse with research participants to building rapport and creating a sense of safety, to making decisions about how to capture data and what language to use (Peeren, 2023; Sweeney & Beresford, 2020). An additional axis of difference in terms of researchers' lived experience is between researchers who began their careers with a pre-existing history of violence and abuse compared to those who endure that violence for the first time during their research. The latter may occur as part of the research, as in harassment or assault by a gatekeeper or participant during data collection (Romero Plana & Martínez Santamaría, 2021), or concurrently, such as intimate partner violence whilst research is underway (Zavala Guillen, 2018).

Because any type of disclosure carries risk, the experiences of survivors researching VAW and VAC remain a niche topic in academic literature. 'Shame around mental health adds to the weight of positivist values prevalent in academia – maintain a professional distance, assure objectivity, avoid bias', explains Ariana Markowitz, one of the authors of this report. Positivism, according to Diana Rose, 'bases its claims for knowledge production on the belief that it is "value free" and "objective"' (2017, p. 784). Even in fields that do not subscribe to the view that we can understand the world through facts, data, and science alone, these expectations still matter and can 'stifle our empathy and constrain our ability to articulate and name what we see, hear, do, and feel as we gather information' (Markowitz, 2021, p. 95). For example, whilst Kim Etherington was writing Becoming a Reflexive Researcher: Using Our Selves in Research, editors and colleagues warned her that sharing her experience in the book could detract from the book's academic value. Etherington consequently felt apprehensive that the academy would not consider her lived experience a 'legitimate source of knowledge' and might instead view her self-reflection as 'self-indulgent' or 'narcissistic', a contamination of her professional objectivity (2004, p. 19); see also: Drozdzewski, 2015).

Similarly, the academy initially dismissed Susan J. Brison's work on sexual violence, including her own assault, as lacking academic rigour (2002). In particular, writing in the first person was deemed incompatible with 'objectivity'. Brison counters that objectivity is impractical and even undesirable in research. Moreover, she finds that narrating trauma is part of remaking the self and gaining control over traumatic memories which were both essential to her personal recovery. She rejects the view that lived experience has no place in academia and advocates for close and considered engagement with emotions (2002). 'By allowing ourselves to be known and seen by others we open up the possibility of learning about our topic and ourselves in greater depth' and rebalancing power dynamics between the researcher and participant through shared vulnerability (Etherington, 2004, p. 25; see also: Sweeney & Beresford, 2020).

There is rarely the infrastructure in place to support the disclosure of violence and abuse in academic institutions, including disclosures by students or other researchers, much less ongoing support to navigate and manage it (Aroussi,

2020). In academic contexts, researchers may fear losing their jobs or damaging their careers, encountering difficulties with ethics committees and funders, and stigmatizing or alienating their research participants (Schneider, 2020; Zonjić, 2021). We have experienced our identities as ‘survivors’ eclipsing our identities as ‘researchers’ or our survivorship becoming the primary topic that we are invited to write and speak about, side-lining the bulk of the work we do. For these reasons and others, researchers tend to hold their stories close. Brison acknowledges that, ‘to construct self-narratives, we need not only the words with which to tell our stories, but also an audience able and willing to hear us and to understand our words as we intend them’ (2002, p. 51). Nevatia likewise emphasizes the importance of a sympathetic listener. ‘When my story was held with empathy, it brought healing. When I felt dismissed, it led to me shutting down. The decision to share became closely linked with how safe the environment is and feels’ (2024, p. 8). She affirms the urgency ‘to grow space, support, and safety for others to talk about their unique experiences and journeys, if they would like to’ (2024, p. 3). Whilst Deborah Lee concurs with the importance of breaking the silence around sexual violence and abuse, she admits feeling that academia neglects her concerns about personal safety (2018a).

Silence is a valid adaptive response to violence (Boesten, 2018). At the same time, silence means that researchers’ experiences of violence and abuse remain taboo and that there is no ‘hard data’ documenting how widespread they are. This constitutes an erasure of this lived reality and an inability to recognize its impact, which is a problem in and of its self. As a result, there is little impetus for institutions to develop the systems, processes, and resources to support researchers’ health, safety, and wellbeing and limited information to aid in making those measures relevant and effective. This includes the ethics and risk protocols that speak directly to experiences of survivorship, therapeutic support as standard rather than in response to a crisis, training for researchers and their supervisors, and resources allocated to physical and emotional safety measures, and more. The next section explores researchers’ motivations for pursuing VAW/VAC research and how their work affects them.

WHY DO WE DO THIS AND WHAT DOES IT DO FOR US?

Researching VAW and/or VAC presents both opportunities for making meaning as well as risks for survivors (Williamson et al., 2020). Unpacking how and whether lived experience affects professional practice began with mental health professionals who had personal histories of trauma. Kenneth S. Pope and Shirley Feldman-Summers, for example, conducted a national survey of 500 therapists in the United States, split evenly between women and men, to understand how they viewed their postgraduate-level therapeutic training on treating abuse. Two-thirds of the women respondents and one-third of the men had experienced some form of physical or sexual abuse. Most respondents rated their training as ‘very poor’, except in the area of ‘nonsexual violence against adults’. Despite inadequate training, however, respondents described themselves as ‘moderately qualified’ to treat abuse victims, with women rating themselves higher than men (1992).

May Benatar concluded that survivor therapists believed that their past made them better at their work: they were less likely than non-survivor therapists to stigmatize patients who experienced violence and abuse and felt more empathetic toward these patients because of their own lived experience. Survivor therapists additionally expressed a willingness to disclose their survivorship to their patients if they thought it would benefit their patients. They were also more likely than therapists without lived experience to engage in activism and advocacy, often through teaching or politics (2000). Michelle Stevens and Daryl J. Higgins sought to determine whether experiencing abuse made practitioners more vulnerable to primary, secondary, and vicarious trauma and burnout. They found that personal experience of violence among therapists and practitioners was a common motivation for pursuing work on trauma and violence, but that this experience was not associated with burnout (2002). Indeed, earlier research by Laurie Ann Pearlman and Paula S. Mac Ian showed that survivor therapists entered the mental health field to give meaning to their own trauma and that their work often opened up pathways toward personal development and healing (1995).

Outside of mental health, VAW and VAC researchers highlight how experiencing sexual violence or abuse shapes, inspires, and influences their academic interests. Highlighting that ‘survivors are researchers too’, Sahla Aroussi, who is the lead author of this report, discloses that surviving rape as a child was what spurred her to research VAW. Given the high levels of VAW and VAC globally, Aroussi expects that many other scholars share her motivation. She acknowledges that researching violence can be overwhelming for survivors because it hits so close to home. To illustrate, she recounts a story of speaking to the mother of a 5-year-old girl who was one of the victims of systematic sexual violence against young girls in the Congolese village of Kavumu. The mother described her daughter as ‘destroyed’ and ‘spoiled’ as her daughter smiled at her side. Aroussi, who intentionally chose to focus her research on adult women rather than girls because of her lived experience, conceded that, ‘I found it hard to comprehend how a child at the start of her life can be considered as spoiled, denied a chance in life and spoken about in her presence as if she was dead. And at that moment, I was her’ (2024).

At the same time, Aroussi emphasizes that researching violence and abuse can be transformative and empowering for survivors, enabling them to contribute to just and positive change (2020). Nevatia confirms that her experience of intimate partner violence in adolescence shaped her professional decisions and strengthened her resolve and commitment to prevent violence (2024). Lee shared her experience of rape in an editorial announcing her appointment as Associate Editor of the journal ***Psychotherapy and Politics International.*** ‘I believe that in being political we also need, where we can, to be personal’, she notes in her explanation of her disclosure. Grounding her work in personal practice, she also introduces new research de-centring post-traumatic stress disorder in favour of unconditional positive self-regard and post-traumatic growth (2017). In a blog post the following year, Lee described teaching on sexual violence as a survivor (2018b):

> *I taught sexual violence (quite well) from behind a glass wall I could touch; it was smudged, misty, and made people look small, far away. 1 in 4 can be a dry, incredible statistic for some students’ essays: ‘these women’, ‘lives blighted’. There are graduates who seek careers ‘helping the vulnerable’. Behind the scenes and in front of them, there is also the personally political; unexpected, precious gifts for listeners.*

Rebecca Campbell explored ‘emotionally engaged research’ in her 2013 book ***Emotionally Involved: The Impact of Researching Rape***. In the book, she traces the trajectory from thinking to feeling, fusing and reshuffling them to assert the central role of emotions in research on VAW and other ‘emotionally charged’ topics (Campbell, 2013). Emotionally engaged research links to the Latin American concept of sentipensar, ‘feeling-thinking’ or ‘sensing-thinking’, which emerged in the context of participatory action research in Colombia in the 1980s. A sentipensante, a person who feels whilst thinking, uses empathy as a tool to produce knowledge (Fals Borda, 2015).

Whilst lived experience can humanise research and forge deeper connections between everyone involved, it can also blur boundaries between researcher and participant or complicate their encounters. VAW and VAC researchers may sometimes struggle to work with participants who are men because most perpetrators are men and because of the difficulties in balancing ‘the wish to establish a context in which men felt comfortable to speak, in tension with the moral obligation to call out or challenge men’s problematic views or behaviours’ (Dheensa et al., 2024, pp. 355–356). In his work on masculinities in gangs in Colombia, Adam Baird reveals that, ‘When one colleague came out as a homophobic wife-beater, I did not challenge him strongly enough, I shrunk from confrontation, which on reflection was a less than conscious way to preserve our relationship as he was my prize gatekeeper’ (2017, p. 354). He describes researcher survival in a violent context as requiring a level of ‘conformity,’ one of the ‘painful realities in the field’ (2017, p. 354). Research conducted by the Sexual Violence Research Initiative suggests that people who have perpetrated sexual violence are ‘not suited to this area of research because of the risk of collusion’ (Jewkes, Dartnall, and Sikweyiya, 2012, p. 15). Men’s participation in work on VAW is a key area for further research.

Even if survivors find meaning in their research on violence and abuse, lived experience can leave marks and inscriptions that might erode researchers' future capacity for coping or trigger post-traumatic stress (Schulz et al., 2023; Sexual Violence Research Initiative, 2015). Jenny Pearce reminds us that investigating violence involves experiencing violence in some way (Pearce & Loubere, 2017), often through repeated exposure to accounts of brutality, exploitation, and humiliation (Nikischer, 2019; Coles et al., 2014). Sustained contact with survivors increases the risk of both vicarious trauma and secondary traumatic stress (Sexual Violence Research Initiative, 2015), but equally, researchers who do not have direct contact with people enduring or using violence may be affected by their work (Sexton, 2024). The cumulative and long-term impact of exposure can push researchers past their limits, perhaps driving them away from research and toward front-line services or even compelling them to leave the field altogether (Williamson et al., 2020). Unlike practitioners, who may be more able to intervene to support survivors and connect them to services, academic research often has less immediate or direct benefits to participants. This constrained ability to alleviate harm and suffering can be distressing or traumatic (Klocker, 2015; Coles et al., 2014). 'Our fear, doubt, grief, rage, horror, and detachment, our shivers and shakes, and our paralysis and frenzy lay bare our humanity when we are confronted with the cruelty, despair, and suffering that humans can inflict on each other' (Markowitz, 2021, p. 95).

CARING FOR EACH OTHER AND OURSELVES

Institutional protocols for ethics and risk tend to focus on research participants and overlook the emotional safety and wellbeing of researchers, to say nothing of considerations of a personal history of survivorship (Nevatia, 2024; Schulz et al., 2023). Additionally, these protocols usually forefront fieldwork over other stages of the research process. Though researchers usually spend limited periods in field sites, their experiences stretch forward and backward across time and geography via their emotions and embodied sensations, affecting reading, data collection and analysis, writing, dissemination, and teaching (Zavala Guillen, 2025, forthcoming). For Andrea Nikischer to comply with her institution's protocols, for example, she had to transcribe all of her interviews herself and do so quickly enough that she could destroy the audio recordings by a specified deadline, creating new sources of stress and distress (2019). Further, whilst academic institutions often require content warnings to protect students from challenging material and signpost them to available resources and support, there may not be similar policies in place for people teaching and researching on modules that explore violence and victimhood.

There may also be an assumption that people with many years of experience have developed 'immunity' to the impact of researching VAW/VAC (Williamson et al., 2020). The authors have heard countless stories from friends and colleagues illustrating the lack of institutional understanding of practices of care when teaching and researching on violence. A lecturer at a UK university who teaches trauma-informed methods, for example, delivers one of her modules in two sessions to reduce the size of each class and build trust and intimacy in each cohort. Her department does not count the additional hours of teaching and preparation when they calculate her workload, however, because delivering every lecture twice is her 'choice'. Similarly, another lecturer at a UK university who teaches on gender and violence, shared how she was initially not allowed to split her classes to smaller sizes due to rigid workload rules. Instead, she was asked to deliver her class to a large group of students, making trauma-informed teaching on violence and maintaining eye contact difficult. She was also allocated an amphitheatre for her teaching where students would feel trapped and unable to leave the room if they needed to. Although students at the university have access to counselling services, they are typically limited to a set number of sessions, which may not be adequate for everyone, particularly those taking modules on challenging topics such as VAW/VAC. Conversely, as taboo as disclosing experiences of violence and abuse still are now, that openness was unthinkable in the 1990s and 2000s when today's senior scholars were building their careers. Once, when one of this report's authors shared her struggles with a senior scholar who also studies violence, the scholar responded with bewilderment that research could possibly affect someone the way that the report author described.

In today's market-driven university system, the burden of wellbeing and support falls on individual researchers, rather than institutions taking responsibility. Instead of universities providing appropriate structural support, researchers are expected to rely on self-care, which ignores the bigger social, economic, and political pressures that cause stress and burnout in the first place (Schulz et al., 2023). This model suggests that optimizing the body through the wellness industry—gym memberships, meditation, therapies, specialized diets, and the like—can resolve what is essentially a complex structural problem (Hobart & Kneese, 2020). Western biomedicine and the pathologizing the of Post-Traumatic Stress Disorder (which requires individual therapy) have little regard for context or the fact that emotional distress in the face of violence is normal and human (Horn, 2020; Fields, Namy, and Dartnall, 2020). 'Why shouldn't I…be hurt by the brutalization of others, either known or unknown to me?' wonders Zoë Krupka (2021, p. 2).

Feminist researchers instead advocate for self and collective care to lighten and ease the work of researching violence and abuse (Billing, Gevers, & Dartnall, 2021). This includes creating peer support and mentorship networks that resist patriarchal power, centre lived experience, and celebrate sisterhood and mutual aid (Goerisch et al., 2019; Mountz et al., 2015; Schulz et al., 2023). 'If we are all shouting about it together then none of us needs to shout quite as loudly or incessantly as if we're doing on our own', explains Susan Smillie, who co-coordinates one such network in Scotland (Zschomler et al., 2024, p. 2). The choice to foster safe, healthy, and enabling environments that sustain feminist movement work and advance grassroots community action is a political stance (Chamberlain, 2020; Hobart & Kneese, 2020; Michaeli, 2017). Writing about the 'feminist coven' they formed in university, Araby Smyth, Jess Linz, and Lauren Hudson express their wish 'to lay down this work, this burden, and let it be picked up or falter…to forge something new' (2020, p. 868).

The Network of Women Doing Fieldwork, established in 2020, works toward a world where women and gender-diverse researchers can conduct fieldwork free from violence, with dignity and joy, and with the right support from their institutions and funders. They have helped shape university policies (Qaddumi, 2021) and created tools and resources, including an open-access bibliography. The Challenging Research Network, also created in 2020, hosts regular meetings to share and seek support with sensitive ethical and methodological issues. Members of the Emotionally Demanding Research Network in Scotland, founded in 2021, share experiences of doing hard work and how it has affected them. The Researcher Wellbeing Project explores the impact of researching emotionally challenging topics and aims to determine what kinds of wellbeing support researchers want. They have developed free resources for institutions, supervisors, and researchers and run paid training sessions twice each year. The RES-WELL toolkit devised recommendations for funders, institutions, researchers, and administrators and supervisors to support the mental health of researchers undertaking challenging research (Zschomler et al., 2024).

Outside or adjacent to academia, organizations actively and creatively work to enable and enhance self- and community care for violence and abuse researchers and practitioners. At the annual SVRI Forum, hundreds of researchers from around the globe convene to share personal and professional experiences, ideas, and initiatives, and to care for and support each other. Additionally, SVRI's 'We Care' initiative supports wellness, resilience, and care for researchers, practitioners, service providers, activists, policymakers, and donors working on VAW and VAC through offering open-access evidence-based training, knowledge exchange, and case studies (Billing et al., 2021). The SVRI also partnered with Healing and Resistance after Trauma (HaRT) and the University of Alabama to evaluate Move with HaRT, a 12-week programme including yoga, mindfulness, and other practices. The evaluation, which looked at the implementation of Move with HaRT in two women's shelters in Uganda, explored integrating self- and collective care into each stage of the research process (Billing et al., 2022a). Raising Voices, also in Uganda, strives to build, maintain, and institutionalize cultures of care across their partner organizations and communities through taking a proactive approach to embedding care and self-care into organizational policies (Billing et al., 2022b). Since 2008, the African Institute for Integrated Responses to Violence Against Women and Girls and HIV/AIDS, also known as Air for Africa, has expanded approaches to self-care beyond talk therapies to culturally competent healing strategies using music, song, and dance (Horn, 2020). The Women Human Rights Defenders (IM-Defensoras) was formed in 2010 to generate alternatives for the protection, self-care, and safety of women in Central America and Mexico (Cruz & Dordevic, 2020; Cárdenas & Méndez, 2017). One of those alternatives is ***Casa La Serena***, temporary accommodation for women human rights defenders experiencing fatigue, emotional or physical exhaustion, personal crises, mourning, losses, or other violence-related impacts. Through healing therapies, social activities, reflection, and creative workshops, Casa

La Serena provides space to recuperate, heal, rest, and reflect (Cárdenas & Méndez, 2017). Particularly in violent and repressive contexts, the creation of such spaces is crucial for promoting protection, safety, and self-care for activists. The SVRI has sought to reframe the 16 Days of Activism against Gender-Based Violence, a campaign whose activities have become 'bigger, flashier, more numerous, and more resource intensive' each year. Instead the SVRI advocates for slowing down, reflecting, and celebrating gains (Gevers & Dartnall, 2020).

Peer support and self- and collective care networks are no substitute for robust institutional support, (Sexual Violence Research Initiative, 2015). Among the components of the institutional duty of care for people researching VAW and VAC are the development and adoption of a written policy on collective care, providing psychological support to staff, and promoting physical health, including reasonable working hours (Billing, Gevers, & Dartnall, 2021). Organizations can also recognize researchers' workloads, support periods of leave and sabbaticals, offer access to retreats and sanctuaries, and earmark funds to finance collective care (Billing, Gevers, & Dartnall, 2021). Board members and senior leadership can model these behaviours (Chamberlain, 2020). Additionally, Alicia Pérez-Tarrés, Leonor María Cantera Espinosa, and Joilson Pereira da Silva recommend incorporating self-care needs into occupational health and safety planning, policies, and training (2018). When it is institutionalized, self- and collective care benefits organizations by enabling researchers to be more productive, innovative, and collaborative, and preventing burnout (Chamberlain, 2020).

LOOKING AROUND AND LOOKING FORWARD

We still have little systematic information about survivors' professional motivations and the opportunities and risks that survivorship presents to VAW and VAC research. Most of the literature we cite in this report uses qualitative feminist methods, with a focus on autoethnography and personal testimonies. This type of work does not align with the positivist paradigm 'based around the natural sciences' model of hypothesis testing to generate generalizable causal inference' (Thaler, 2021, p. 19), and interpretive research in general is sometimes viewed as less scientific or robust. Even though nonprofits are increasingly publishing guidelines for self- and collective care (see, e.g., Sexual Violence Research Initiative, 2015), without 'hard data' confirming the need for upstream and tailored support for survivors, research institutions have not yet mainstreamed these measures despite the high presumed prevalence of lived experience of violence and abuse (Billing, Gevers, & Dartnall, 2021).

Across low-, medium-, and high-income countries, scholars researching VAW and VAC and the emotional impact of undertaking our research tend to be women and gender-diverse people. We can encourage men to see these issues as their issues, too, because they are—as Robert L. Hill notes from personal experience, 'relationship violence is both a women's issue and one that cuts across all genders' (2018, p. 29)—and to participate actively in the field, especially in the area of masculinities. Greater participation by men would lessen the burden on women and gender-diverse survivors and expand the evidence base on people using violence, who are mostly men. This matters for preventing men's violence, as Jenny Pearce explains: 'Often we don't want to relate to these people, it's uncomfortable to try to get inside their heads and understand their realities, but we should not fool ourselves into thinking that we can conduct research on the reproduction of violence without talking with violent people' (Pearce & Loubere, 2017, p. 20). That said, men's participation in VAW and VAC research, whilst important, must be accountable to women and girls and every level of involvement should seek not to undermine the voices and leadership of women and girls'; we do not seek to replicate the patriarchal structures we are striving to transform (Coalition of Feminists for Social Change, 2018).

Nevatia shares that finding the language to disclose her survivorship required time, emotional labour, and therapeutic work (2024). Survivors, who are researchers too, can model behaviour and provide meaningful support to other survivors, but disclosure, and particularly working from the positionality of a survivor researcher, will remain rare as long as academia lacks a caring culture: reliable infrastructure to protect, resource, and celebrate safety, power, wellbeing, and emotional transparency (Backe, 2020; Perôt et al., 2018).

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