

WITS HREC (Non-Medical) Distress Protocols

Preamble

A distress protocol should be submitted to the HREC (Non-Medical) with the ethics application if the risk includes psychological/emotional harm or distress to participants and/or the researcher. A distress protocol is a step-by-step document which details how the researcher will deal with any distress to participants and/or the researcher during and/or after the data collection process. Research studies categorised as **Low, Medium or High Risk** may require a distress protocol that should be submitted along with the ethics application to the HREC (Non-Medical). **Please carefully consider the specific counselling/ support/ informational needs of the community and/or participant groups involved in your research project, in relation to the risk level, topic and research process of your study.**

Information about applicable counselling/support/informational services should be given in full on the participant information sheet. These services must be free and accessible to participants. For **Medium/High Risk studies**, it is recommended to provide the name and contact details of a particular person (at an organisation) who has agreed to provide support to participants if required. The researcher should arrange with and inform this person of the nature and duration of the research project. Ensure that the nominated person is located in close proximity to the participants. Where possible, avoid making referrals to a generic support hotline like Lifeline or SADAG. For **Low Risk studies**, it may be appropriate to refer participants to more general community-based or NGO support structures.

When negative emotions are expressed during data collection, verbally and/or non-verbally, the researcher will need to consider carefully whether these emotions constitute distress and may cause harm or not.

When data collection is taking place remotely (e.g. online or telephonically), the researcher will need to be much more sensitive and attentive to participant responses indicating psychological/emotional distress, because body language may not be easily observable. In addition the researcher cannot immediately intervene physically should distress arise. Therefore, some remote data collection activities may need to be considered very carefully in this regard and in-person data collection may be preferable for some studies - e.g. interviews with persons who may be suicidal, or with persons who have just lost a family member to COVID-19.

