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How to do trauma-informed research and evaluation

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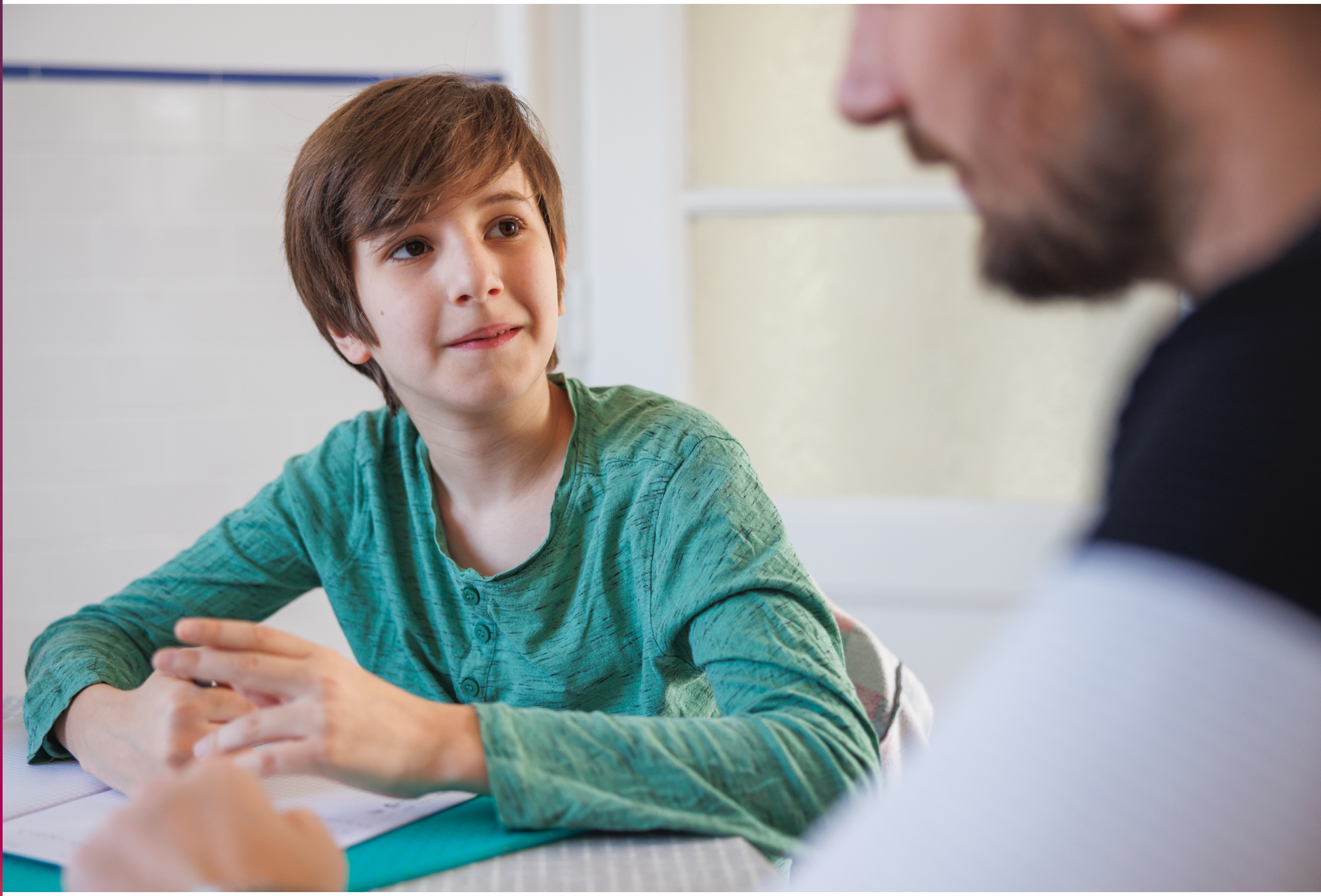

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Overview

At AIFS' Child Family Community Australia information exchange (CFCA), we create evidence-based and evidence-informed resources to support practitioners working with children and families. Through our ongoing conversations with the sector, we know that the CFCA audience needs information about trauma-informed approaches to practice and trauma-informed approaches to research and program evaluation.

The related practice guide, Principles for doing trauma-informed research and program evaluation, covers:

- what trauma-informed research is
- the value of considering trauma throughout the research process
- high-level principles of trauma-informed research and evaluation to apply within projects.

This resource is a complementary and more foundational document about *what* should be done by describing *how* it can be done. It provides evidence-informed, practical insights for doing trauma-informed research and program and service evaluation in a way that is accessible and safe for participants who may or may not have experienced trauma. It covers:

- **strategies for designing and conducting research and evaluation that is trauma informed**: concrete tips for what to do when designing and doing research and evaluations
- **the quality and nature of the evidence on doing trauma-informed research and evaluation**: an evaluative description of the research literature that the principles and strategies are based on.

This resource is intended for:

- child- and family-service practitioners who design research and/or conduct service or program evaluation as part of their role (e.g. program leads and managers)
- professionals conducting broader research activities in university, industry and public service settings.

Introduction

Researchers and evaluators often conduct projects involving people who have experienced trauma or who are from communities where traumatic experiences may be more common than in the general population (e.g. adult survivors of sexual abuse or refugees and asylum seekers) (Alessi & Kahn, 2023).

Even when traumatic experiences are not the focus of the project, such as when evaluating a program or service that is not *trauma specific*,[1] at least some of the participants will likely have trauma histories (Alessi & Kahn, 2023). As such, strategies for conducting trauma-informed research and evaluation are relevant to all projects, regardless of the topic or focus.

Strategies for conducting trauma-informed research and evaluation are particularly relevant when researching or evaluating child- or family-focused services because people who have a history of trauma may be more likely than the general population to access a range of support services (Quadara & Hunter, 2016, p. 12).

Practitioners working in some service areas, such as mental health services, also have a higher lifetime prevalence of trauma exposure than those in the general population (Isobel, 2021). For more information read Principles for doing trauma-informed research and program evaluation. All services can increase the safety and improve the trust of the people they support by working in a trauma-informed way.

Trauma-informed approaches to research and evaluation prioritise safety, sharing power/control and trust, while aiming to reduce the likelihood of retraumatisation. In this way, strategies for doing trauma-informed research and evaluation have the potential to improve experiences for participants and researchers/evaluators alike.

This resource provides a list of clear strategies for doing trauma-informed research and evaluation, providing a useful scaffold for any project.

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[1] Trauma-specific interventions, services and research activities are those that focus on understanding and treating trauma-related symptoms and disorders (Substance Abuse and Mental Health Services Administration, 2014).

What is trauma-informed research and evaluation?[2]

Based on the research evidence and trauma-informed approaches, trauma-informed research and evaluation involves doing research and evaluation on any topic and with any group of people:

- with an understanding of the impact of trauma and violence
- assuming that any of the research or evaluation participants could have experienced trauma[3]
- applying trauma-informed approaches to minimise the likelihood of distress and retraumatisation for participants
- having a plan of action if participants do become distressed during their involvement in the project.

Trauma-informed approaches and principles

In the companion resource, Principles for doing trauma-informed research and program evaluation, we explain:

- the value of considering trauma throughout the research process
- high-level principles of trauma-informed research to apply within projects.

Here, we will recap some key points to extend on this earlier foundational resource about what should be done by describing how it can be done.

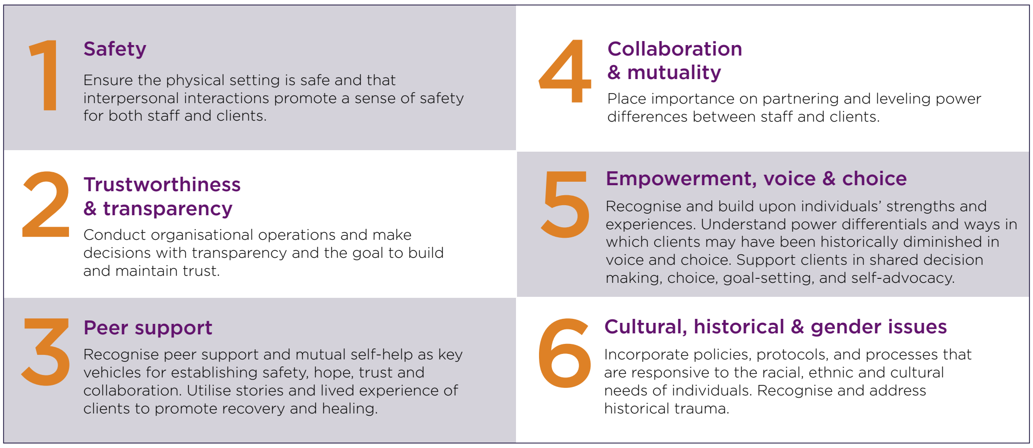
Trauma-informed approaches outline broad guiding principles applicable across a range of contexts, not just in research and evaluation. Trauma-informed approaches aim to:

> Ensure that the practices, policies and culture of an organisation, and its staff, understand, recognise and respond to the effects of trauma on [participant] wellbeing and behaviour (Quadara & Hunter, 2016, p 11).

Although there is no universally accepted trauma-informed approach, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed SAMHSA's *Concept of Trauma and Guidelines for a Trauma-Informed Approach* (SAMHSA, 2014), which has widely influenced practice and research both in Australia and internationally.

The SAMHSA framework includes 6 key *principles* of a trauma-informed approach, presented in Figure 1. These principles provide a useful framework for all kinds of work with children and families.

Figure 1. Six principles of the SAHMSA trauma-informed approach



1 **Safety**

Ensure the physical setting is safe and that interpersonal interactions promote a sense of safety for both staff and clients.

2 **Trustworthiness & transparency**

Conduct organisational operations and make decisions with transparency and the goal to build and maintain trust.

3 **Peer support**

Recognise peer support and mutual self-help as key vehicles for establishing safety, hope, trust and collaboration. Utilise stories and lived experience of clients to promote recovery and healing.

4 **Collaboration & mutuality**

Place importance on partnering and leveling power differences between staff and clients.

5 **Empowerment, voice & choice**

Recognise and build upon individuals' strengths and experiences. Understand power differentials and ways in which clients may have been historically diminished in voice and choice. Support clients in shared decision making, choice, goal-setting, and self-advocacy.

6 **Cultural, historical & gender issues**

Incorporate policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals. Recognise and address historical trauma.

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[2] The definition provided here was developed by the research team and based on a synthesis of relevant literature.

[3] Although a trauma-informed approach involves assuming that any participants could have experienced trauma, screening for trauma is not required unless it is directly related to the aims of the research or evaluation.

Strategies for doing trauma-informed research and evaluations

The intention of the SAMHSA (2014, p 10) principles is to provide broad guidance ‘that may be generalizable across multiple types of settings’ as opposed to ‘a prescribed set of practices or procedures’. However, a key ‘challenge lies in determining how the principles should be translated into practice’ (Quadara & Hunter, 2016, p 8).

This resource draws on a synthesis of the evidence-informed research literature, as well as the authors’ research and practice experience, to provide some practical tips for doing trauma-informed research and evaluation in a way that is accessible and safe for participants (whether or not they have experienced trauma). These principles can be applied to all stages of the research process (Alessi & Kahn, 2023). Content sourced from research literature has been referenced.

The strategies are presented in 5 subsections based on the phase of the research or evaluation project:

Planning and design

Participant screening and recruitment

Data collection

Analysis and dissemination

Project team self care

Many of the strategies presented below are relevant across multiple phases of a project and/or may be repeated in some places where they are relevant. Some strategies may also be familiar to researchers because they overlap with the principles of high-quality and ethical research and/or evaluation. However, these strategies are designed to be an extension of what you may already be doing because they have a specific trauma focus.

1. Planning and design

This section provides strategies for planning and designing a trauma-informed research or evaluation project. It is divided into 3 parts:

- Framing and administration
- Project team training
- Co-design and collaboration.

The strategies in this section are broad and intended to guide your thinking about how to approach a research or evaluation project. This is because there is no one way to design and plan a project to be trauma informed. Specific steps and decisions will depend on your project and who is involved.

Framing and administration

- Recognise that sensitivity to trauma should be applied as a ‘universal precaution’ and screening for trauma is not required unless directly linked to the study aims (Isobel, 2021).
- Reflect on why the project is being undertaken and who it will benefit (Isobel, 2021):
    - carefully consider any potential conflicts between the needs and benefits of participants and those of the project team

  - ensure that participant wellbeing is prioritised over objectives such as demonstrating program effectiveness, securing ongoing funding or publication.
- Reflect on the socio-cultural characteristics of the project team and how this may contribute to actual or perceived power imbalances with community partners and participants (Alessi & Kahn, 2023).
- For practitioners or clinicians who are undertaking research, it is important to understand the differences between their role as a practitioner and as a researcher/evaluator, and to consider any blurring or conflict between these roles in the study design (Isobel, 2021).
- The researcher role is to create the opportunity for the participant to tell their story, not to provide therapeutic intervention (Alessi & Kahn, 2023).
- Arrange regular project team meetings to plan and discuss the following (Alessi & Kahn, 2023; Gum et al., 2023; Isobel, 2021, Voith, Hamler, Francis, Lee, & Korsch-Williams, 2020):
  - supporting one another as needed
  - power dynamics between the project team, participants and community partners[4] or other stakeholders involved in the research
  - making decisions and managing disagreements
  - recognise that trauma is pervasive and may have affected many participants and community partners, even when the affect is not visible or obviously related to the study topic and aims
  - use a variety of sources (scholarly articles, news media etc.) to understand the trauma histories of participants and communities before beginning the project
  - examine how trauma is heightened by social/systemic forces, such as racism and discrimination based on gender or sexuality.
- Acknowledge that individuals and communities who have experienced trauma demonstrate resilience that is expressed in different forms (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023; Isobel, 2021).
- Frame all communication within the project to focus on survivor-centred, strength-focused and resilience-focused messaging.
- Consider the ways in which your project can be informed by the below approaches (Alessi & Kahn, 2023; Anderson et al., 2023). For more information, please see the Further reading and resources section of this resource:
  - trauma exposure and reactions research and theory
  - feminist perspectives (i.e. considering the role of gender and how the way society views certain genders, in particular women, can influence people's lives and experiences of discrimination)
  - anti-oppressive frameworks (i.e. conducting research projects where potential imbalances in power and privilege are fully considered and ensuring the research project does not privilege or hinder participants based on their race, gender or sexual orientation)
  - decolonising frameworks, i.e. recognising (1) the influence of colonisation and dominant western perspectives in research, including what data is collected and what is considered research evidence and (2) perspectives of First Nations peoples and prioritising their right to self-determination and data sovereignty.
- Develop an appropriate method and ethics application with active consideration of promoting safety, trustworthiness, choice, empowerment and collaboration for participants (Isobel, 2021; Voith et al., 2020).
- For projects conducted in a service context:
  - collaborate with frontline practitioners and service managers to ensure that the project aligns with relevant service delivery principles and policies
  - explain to clients why the project is being conducted and how participation may benefit them
  - be mindful of coercion and tell clients that they are not required to participate in the research project if they do not want to

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[4] Community partners are local or external organisations who work with the population of interest, and who you might engage or collaborate with for the research project (Alessi & Kahn, 2023; Voith et al., 2020).

  - ensure the research causes as little disruption as possible to the client's experience of accessing the service; for example, services typically collect information from clients at intake and at discharge, so see if your pre- and post-intervention data be collected at these times so that there are not additional appointments or meetings that clients are required to attend.

Project team training

Provide training opportunities for project staff (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023; Isobel, 2021; Voith et al., 2020). This could include training about:

  - conducting trauma-informed research and responding to participant distress (e.g. mental health first aid) for research on any topic
  - relevant populations if conducting a project that has a specific trauma-exposed group (e.g. victim-survivors of sexual violence).

Co-design and collaboration

- Recognise that different types of stakeholders are needed to plan and do research and evaluation projects. This can include members of the project team, service providers and managers, service clients, victim-survivors, community partners, advisory boards or victim-survivor advocates (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023; Gum et al., 2023; Isobel, 2021).
- Openly acknowledge and discuss power imbalances with community partners and participants to reduce the likelihood of re-enacting historical or current power imbalances (Alessi & Kahn, 2023; Gum et al., 2023; Isobel, 2021; Voith et al., 2020).
- Prioritise the needs of community partners and participants even if it means changing the project schedule (Alessi & Kahn, 2023).
- Collaborate with stakeholders who have lived experience of trauma and/or can share relevant cultural insights to develop and revise research project aims, protocols, methods and dissemination (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023; Gum et al., 2023; Isobel, 2021; Voith et al., 2020). Meaningful collaboration can help you to:
  - identify physically and culturally safe processes (e.g. for data collection and reporting)
  - develop appropriate study inclusion criteria and participant recruitment processes
  - develop appropriate data protection and privacy management protocols
  - define trauma in a way that is meaningful to the project
  - deepen cultural understandings of the research topic
  - reduce the likelihood that broader patterns of marginalisation are not unwittingly perpetuated through your project.
- When working with community partners or advisory boards (Gum et al., 2023; Isobel, 2021; Voith et al., 2020) it is important to:
  - discuss the level of co-design that will occur
  - create small workgroups based on interests and strengths
  - alert others in the group when sharing material that could be sensitive or distressing
  - use gestures and minimal encouragers (such as nodding) to show support and that you are listening (especially in online meetings)
  - develop group rules for the following (refer to further reading for co-design resources):
    - managing difficult emotions during meetings
    - making decisions
    - managing disagreements

        - sharing information and documents
        - budget transparency
        - minimising power differentials (e.g. everyone on a first name basis).
    - acknowledge that there may be times when group members need to take a break from meetings or involvement in the project.
- For projects conducted in a service context, communicate the purpose of the project to frontline staff so they in turn can better communicate the purpose of the project with transparency and predictability to the service user (i.e. potential participants).

2. Participant screening and recruitment

This section provides strategies for screening and recruiting participants in a trauma-informed way. It is divided into 3 parts:

- project team qualities
- information sheets and informed consent
- screening participants.

Project team qualities

From the very first contact with potential participants to the very last, foster relational safety by (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023):

- being predictable and consistent
- being accepting and non-judgemental
- being accountable for your actions (fully acknowledge when mistakes are made and work to fix the problem)
- being warm, authentic and empathic
- using active listening
- being prepared to hear all experiences
- validating experiences and feelings surrounding trauma if disclosed.

Information sheets and informed consent

- Facilitate transparency (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023; Isobel, 2021; Voith et al., 2020). You can do this by:
    - providing a clear verbal explanation to accompany the written information and consent documents
    - disclosing all elements of the project to participants, including what makes them eligible for participation
    - ensuring that participants understand that you are undertaking a research/evaluation activity intended to gather information about and understand participants' experiences and not providing therapeutic support (e.g. you are not providing assessment or intervention)
    - including information about mental health and social support services available to participants, regardless of the research topic
    - discussing the potential broader benefits that may come from participants sharing their experiences (e.g. benefits to the service conducting the project or to other service users)
    - discussing the realistic potential benefits and risks for the participant themselves, including the possibility of retraumatisation

  - discussing data protection and privacy management, especially during group data collection (e.g. focus groups)
  - confirming that the participant understands the project aims and what is being asked of them
  - answering any questions that participants have
  - ensuring that consent occurs in a way that actively encourages dissent
  - thanking individuals when they agree to participate.
- Ask potential participants if they have preferences for contact procedures, including method of contact or safety rules (Anderson et al., 2023).

Screening participants

- Develop a basic screening instrument to ensure participants are not currently experiencing acute depressive of anxiety symptoms or suicidal ideation that may make participation in the research hazardous to them (Alessi & Kahn, 2023).
- Be aware that:
  - individuals who are distressed at the time of screening may not be suitable to include in the study at that time
  - it might be more appropriate to provide such individuals with information and contact details for support services for them to follow up independently

  Please refer to the participant wellbeing section for information about supporting distressed participants.
- When specifically recruiting participants that have experienced trauma (Anderson et al., 2023; Edelman, 2023; Voith et al., 2020):
  - use the term 'victim-survivor' rather than 'victim'
  - allow participants to conceptualise their own trauma experiences. For example, you can:
    - use broad terms such as 'sexual assault' rather than specific terms like 'rape'
    - use open-ended questions so that victim-survivors can describe their own experiences in their own words rather than selecting pre-determined labels
    - decide on eligibility and/or request additional information based upon the participants' descriptions.
- Do not automatically assume participants that have had certain negative experiences – but are not currently distressed – are too 'traumatised' to take part in the project, as this can deprive them of opportunities to tell their stories (Alessi & Kahn, 2023; Isobel, 2021).
- Recognise the agency of all participants who are not currently distressed to make their own choices about the likelihood that they will become distressed (Isobel, 2021).

3. Data collection

Where and how data is collected from participants can influence their experience of being involved in the project and may increase or reduce their experiences of distress and retraumatisation. This section provides strategies for trauma-informed data collection planning and is divided into 6 parts.

- where the data collection occurs
- participant control and choice
- types of questions and ways of asking
- the order of questions
- participant wellbeing
- follow up and feedback.

The data collection strategies most clearly apply to qualitative[5] research and evaluation projects. This is because most of the relevant literature about doing trauma-informed research has come from qualitative researchers. While some of the strategies are most useful when collecting interview or focus group data, others are transferrable to quantitative[6] projects that may collect data from anonymous participants (e.g. order of questions and ways of asking questions).

Where the data collection occurs

- Ensure that data collection occurs in a psychologically and physically safe environment (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023; Gum et al., 2023; Isobel, 2021):
  - use a location that is familiar, accessible, quiet, comfortable, welcoming and private
  - consider whether it is beneficial or problematic to have research participants interact with staff that may provide them with routine care and be guided by the participant:
    - in some cases, participants may prefer to be anonymous
    - in some cases, participants may prefer to work with a practitioner they already know as opposed to an unknown researcher
  - consider whether it is beneficial or problematic to have research participants interact with more than one staff member. Be guided by the participant and the intention of fostering trust and reducing power imbalances
  - ensure that exits are unobstructed
  - give participants a choice of where to sit
  - consider any cues in the room that reinforce power imbalance (e.g. organisational posters or the positioning of recording devices)
  - orient the participant to the space before commencing data collection.
- Give participants the option of bringing a support person with them (friend, family, community member, survivor advocate etc.) (Anderson et al., 2023; Edelman, 2023). This will need to be considered during planning stages (e.g. in ethics applications).
- Before data collection, plan with the research participant about ways to ensure that data collection is safe and private, regardless of whether it is online or in-person (Alessi & Kahn, 2023). This planning could include considering where the data collection will physically occur and how the data collected will be saved.

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[5] 'Qualitative methods focus on gathering non-numerical information (such as written, spoken or behavioural responses) from data sources such as interviews, group discussions or focus groups, documents, observation, videos or audio recordings and case reports' (Walo, 2023).

[6] 'Quantitative methods collect numerical data and/or involve analysis of numerical data (including previous survey data or administrative data)' (Walo, 2023).

- Ensure that participants know where to come, how long is typically required, what to expect from the research process and how to prepare (if needed) (Isobel, 2021).

Participant control and choice

- Tell the participant about any actions you anticipate may impact engagement or interrupt the flow of the interview/conversations during the data collection (e.g. 'At times I will write things down, just to remind me to come back to them' or 'I will stop and check my question sheet every so often, to keep myself on track') (Isobel, 2021).
- Give participants control over as many aspects of the data collection process as possible and regularly remind them of their control, especially before asking sensitive questions (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023; Isobel, 2021). This can include:
  - empowering participants to set their own boundaries about what they want to disclose or any topics or questions they would prefer to skip
  - signals they prefer to use when wanting to stop or take a break (e.g. raising their hand)
  - allowing participants to end the data collection earlier than planned
  - allowing participants to withdraw from data collection completely
  - giving participants choice about what is recorded and, where possible, allowing participants to control recording devices.

Types of questions and ways of asking

- Only ask about specific traumatic experiences if they are relevant to the study and try to ask as few trauma-specific questions as possible (Anderson et al., 2023; Edelman, 2023; Isobel, 2021). Do not probe beyond what the participant is willing to share.
- Tell the participant when you are about to shift the focus of the questions and what the next set of questions is about (Anderson et al., 2023; Isobel, 2021). This practice should also apply if the research involves any aspect of physical examination by explaining what the next part of the examination involves.
- Use the language the participant uses when referring to their trauma experiences (Anderson et al., 2023).
- Focus on the person and their responses, even if it means there is a pause between questions (Isobel, 2021).
- Be compassionate and understanding while interacting with participants (e.g. ask questions and listen to participant answers in a manner that is respectful, caring and responsive) (Anderson et al., 2023).
- Build in opportunities to pause and take a break throughout (Isobel, 2021).
- As a general rule, avoid asking 'why' questions as these may be perceived as judgmental (Ratner, George, & Iveson, 2012). 'Why' questions can often be reframed as 'what' or 'how' questions.

  For example, a participant might say something like 'it made me really angry when my partner said that' and you may want to understand this experience more deeply. Asking the participant 'why did that make you angry?' may lead them to think you are implying their anger wasn't justified or appropriate. Instead, you might ask something like 'what was it about that interaction that bothered you?' or 'how would you have preferred that interaction to go?'

The order of questions

- Start with the least sensitive questions and gradually move to questions about sensitive content (Alessi & Kahn, 2023).
- Be prepared to deviate from the set order of questions if required and be transparent if you need to loop back (Isobel, 2021), e.g 'I'm wondering if I can ask you more about what you mentioned before …'
- Conclude data collection with questions that are reaffirming and that highlight coping strengths or recognise resilience (Alessi & Kahn, 2023), e.g.:
  - 'You have clearly been through so much. How have you managed to…?'
  - 'Thank you for sharing such difficult experiences. You have made it so far, how did you do it?'

- At the end of your questions, allow time for the participant to offer additional thoughts (Isobel, 2021), e.g.: 'Is there anything else that has come into your mind while we've been talking or that you want to say about any of what we have spoken about?'
- At the end of the data collection you can (Isobel, 2021):
    - thank the participant for their contribution and emphasise how it will benefit the study
    - ensure the participant has a way to reach out to you if they have questions
    - spend time mentally returning to the present with an informal chat about the rest of the day.

Participant wellbeing

- Provide information and contact details for support services to all participants.

  This resource sheet provides contact details and links to helplines, telephone and online counselling services for children, young people and adults. It includes services related to topics such as family and domestic violence, gambling, mental health and wellbeing, alcohol and drug use, legal services and parenting. It also includes services specifically for Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and people living or working in rural areas. Services are grouped according to the location in which they operate.
- Prepare for participants to verbalise experiences of trauma, regardless of the research topic (Isobel, 2021).

  Be aware that questions that may seem benign to researchers can bring up memories or strong feelings for participants about a specific situation (Alessi & Kahn, 2023).
- Expect that participants will have strong feelings, but don't attempt to process these feelings, give advice, or 'fix' the situation. Instead, actively listen and express empathy, curiosity and cultural humility (Alessi & Kahn, 2023).
- Emphasise that (Anderson et al., 2023):
    - the needs of the participant come first, not the requirements of the research
    - participants are not responsible for appeasing the research team
    - participants' sense of safety may change at any stage of data collection.
- Develop a distress management approach that addresses ethical issues and provides 'in the moment' support (Isobel, 2021; Voith et al., 2020). Discuss this approach with the participant before you start collecting data.
- Actively look for cues that the participant may be uncomfortable or disengaging. For example, going numb, appearing blank or disengaged, appearing distressed, angry or frustrated (Alessi & Kahn, 2023; Isobel, 2021).
- Work with participants to maintain a sense of control and to help them *recount* rather than *relive* their trauma experiences (Alessi & Kahn, 2023; Edelman, 2023; Isobel, 2021):
    - 'recounting' involves participants being fully present in the room while discussing experiences that happened in the past
    - signs that the participant may be reliving a traumatic experience during data collection include:
        - seeming as though they are drifting off or losing a sense of the here and now
        - fixed stare and monotone voice
        - memory loss and forgetting information about specific events
        - believing certain events or people are not real
    - use a simple grounding exercise to bring the participant back to the here and now. Ask them to look around the room and describe what they see, hear, and smell. This can also be a good strategy to use at the end the data collection session
    - participants may become distressed but soon be able to recover and feel ok to continue. Respect the participant's choice to continue with data collection if they want to as long as you think the participant is mentally present with you and calm enough to make the decision to continue.

- It can be hard to tell whether to continue or not and you need to also ensure that you are feeling ok to continue data collection – speaking with distressed participants can be difficult. If you are in doubt, it is best to stop data collection and (1) remind the participant of the support service information you have provided and (2) practice some self-care strategies of your own.

  If the participant becomes distressed and you are concerned about their immediate wellbeing or not able to help them reconnect with the here and now, call for an ambulance.
- respect participants' coping mechanisms, which may include:
  - not wanting to become distressed at all
  - switching to third person when describing their trauma experiences
  - completing data collection in written form.
- If the participant becomes distressed, create a safe space by (Alessi & Kahn, 2023; Anderson et al., 2023; Edelman, 2023; Isobel, 2021):
  - openly acknowledging the distress
  - focusing on safety and promoting agency
  - offer clear choices (e.g. skipping certain questions, pausing, stopping or withdrawing from the data collection)

  If the participant wants to continue, emphasise their strength and go back to a resilience-focused question in the participant's own words, such as 'What helped you to … ?'

Follow up and feedback

- Check in with participants after data collection (Alessi & Kahn, 2023; Voith et al., 2020). The literature does not provide clear guidelines for how to do this, so we have made some suggestions for you to consider in the unique context of your project:
  - check in via an email follow-up in the week after data collection to answer any questions participants might have
  - some participants may require a follow up the day after data collection to ensure they have been able to find and/or access support and community resources.
- Seek feedback throughout the project, as well as following completion of data collection to allow for iterative review of the project and participant experiences (Anderson et al., 2023).

  Demonstrate openness to feedback – positive or negative – by thanking the participants and taking actionable steps based on the feedback provided.
- The project team could reflect collectively on any negative feedback from participants and consider whether this feedback can be used to improve participant experiences of care and safety.

4. Analysis and dissemination

Considerations for trauma-informed research and evaluation do not end once the data is collected from participants. This section provides strategies for trauma-informed analysis and dissemination.

- Ensure all data is appropriately anonymised, remembering that unique experiences and not just names and locations could identify individuals (Isobel, 2021).
- Consider inviting community partners to collaborate on data analysis and write-up (Gum et al., 2023).
- Consider applying an intersectional[7] lens to the data (Isobel, 2021).
- Consider whether there may be other factors impacting the data that participants provide and how you are making sense of the data (Isobel, 2021).
- Ground your analysis and write-up of the data in the participants' experiences and voices (Isobel, 2021; Voith et al., 2020).
- As you are writing, ask yourself 'How would I feel reading these findings if I were one of the participants?' (Isobel, 2021).
- Ensure findings and/or outputs are accessible to and benefit the communities of people who participated (Isobel, 2021):
  - avoid jargon or complication theoretical language
  - communicating findings to the participants demonstrates transparency, trustworthiness, safety, and affords opportunities for participant choice.
- Consider how to acknowledge the participants of the study (Voith et al., 2020).

5. Project team self care

Studying difficult issues and learning about participants' experiences can also impact the health and wellbeing of the project team. It's a good idea to have a plan for how you and the team can be supported and what to do when potentially distressing events arise. However, self-care is only part of the picture and cannot solve things like stressful work environments.

- Know who in the project team and amongst the community partners will have contact with participants and/or data and develop a plan for their safety and wellbeing (Isobel, 2021). Arrange formal and informal support and supervision for all team members.
- Prepare to hear a wide variety of traumatic experiences (Edelman, 2023).
- Consider the impact of studying traumatic stress or the experiences of historically marginalised populations on your own thoughts and emotions (Alessi & Kahn, 2023; Edelman, 2023).
- Reflect on your own trauma experiences and how these may lead to unexpected reactions for you throughout the project (Alessi & Kahn, 2023).

  Some reactions you might experience include sadness, helplessness, frustration, over-identification. You may feel these things without immediately realising the feelings are coming from your research experiences.

- Develop a plan for a variety of your own self-care strategies that you can use to manage possible emotional reactions (Alessi & Kahn, 2023). When you're feeling elevated and in need of some self-care and regulation, that can be a difficult time to come up with self-care strategies. It can be useful to have a list of things that usually help you feel grounded and calm. You can get in the habit of finding time for these things without the need to have expressed stress first.
- Take time to focus before you engage with participants (Isobel, 2021).
- Schedule adequate breaks between data collection sessions (Isobel, 2021).

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[7] Intersectionality is the view that people, their lives and experiences are shaped by the interaction of different social identities or characteristics such as race/ethnicity, gender, class, sexuality, age and disability/ability. These interactions occur in the context of systems and structures (e.g. laws, policy and media) through which privileges or discrimination are created (Hankivsky, 2014).

Nature of the evidence

Approaches to trauma-informed research and evaluation is a relatively new. In developing this guide, we searched for literature from 2018 but all 10 studies that we have included were published between 2020 and 2023, with just under half (*n* = 4) published in 2023. Despite this recency, multiple approaches to trauma-informed research have been developed. The included studies frequently drew on the SAMHSA framework (SAMHSA, 2014).

The literature informing this practice guide was mostly based on the experiential learnings that authors have had while conducting their own case study or research/evaluation projects (Alessi & Kahn, 2023; Anderson et al., 2023; Crosby et al., 2023; Gum et al., 2023; Hearn et al., 2022; Voith et al., 2020). These often involved people from marginalised communities where the prevalence of trauma experiences is higher than in the general population.

Four of the included studies also considered lived experience perspectives and how they can contribute to the development of trauma-informed approaches (Edelman, 2023; Gum et al., 2023; Hearn et al., 2022; Lonbay et al., 2021). Knowing how people with lived experience of trauma feel about being involved in the research process is vital in developing trauma-informed research methods that attempt to mitigate retraumatisation.

The current literature on conducting trauma-informed research and evaluation covers qualitative more than quantitative methods. Although many of the learnings about qualitative projects will be applicable to quantitative projects, there may be considerations specific to quantitative methods that are yet to emerge (e.g. the way data is categorised and reported).

In this resource, we have aimed to provide advice specifically for conducting research and evaluations that are trauma informed. However, we acknowledge that there is considerable overlap between the strategies for trauma-informed research and more general guidelines for doing good research (especially qualitative research) and ethical research and evaluation.

To date, there is a lack of evaluation of the impact of trauma-informed strategies on outcomes for participants in research and evaluation projects. We do not yet know if these approaches are achieving their intended goal and purpose of minimising negative impacts on participants or whether there are any unintended outcomes.

Conclusion

Strategies for conducting trauma-informed research and evaluation are relevant to all projects, regardless of the topic or focus. Even when traumatic experiences are not the focus of the project, at least some of the participants will likely have trauma histories (Alessi & Kahn, 2023).

Trauma-informed approaches to research and evaluation prioritise safety, sharing power and control, trust and aim to reduce the likelihood of retraumatisation. Doing trauma-informed research means doing research and evaluation on any topic and with any group of people:

- with an understanding of the impact of trauma and violence,
- assuming that any of the research or evaluation participants could have experienced trauma
- applying trauma-informed approaches to minimise the likelihood of distress and retraumatisation for participants
- having a plan of action if participants do become distressed during their involvement in the project.

This resource has extended on its companion piece, Principles for doing trauma-informed research and program evaluation, by describing how it can be done (concrete strategies). It provides evidence-informed, practical insights for doing trauma-informed research and program and service evaluation in a way that is accessible and safe for participants who may or may not have experienced trauma.

The strategies provided cover the lifespan of a project, specifically: planning and design, participant screening and recruitment, data collection, analysis and dissemination, and project team self-care. By providing an explicit list of strategies across various research phases in one place, this resource provides a useful scaffold for any project.

Further reading and resources

Understanding trauma and supporting clients

Helplines, telephone and online counselling services for children, young people and adults

This resource sheet is designed to provide practitioners and service providers with the contact details and links to helplines, telephone and online counselling services for children, young people and adults. It includes services related to topics such as family and domestic violence, gambling, mental health and wellbeing, alcohol and drug use, legal services and parenting. It also includes services specifically for Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and people living or working in rural areas. Services are grouped according to the location in which they operate.

Phoenix Australia

Phoenix Australia is the Australian National Centre of Excellence in Posttraumatic Mental Health. This website contains research and resources designed to help you understand, prevent and recover from the impacts of trauma, and to support trauma-impacted loved ones or communities. Some useful resources from this website include:

- About posttraumatic stress disorder
- Treatment for posttraumatic stress disorder
- Helping children after a traumatic event

The effect of trauma on the brain development of children

This AIFS practice guide from the Child Family Community Australia information exchange (CFCA) provides an overview of what we know from research about cognitive development in children who have experienced trauma and provides principles to support effective practice responses to those children's trauma.

How to recognise complex trauma in infants and children and promote wellbeing

This webinar from CFCA and Emerging Minds explores

- the evidence about what complex trauma is, how it might present in children and how it can impact their development
- how to recognise and respond to the effects of complex trauma in practice with infants and children, and their parents and caregivers
- how to have preventative and early intervention conversations with parents and caregivers of infants and children who have experienced complex trauma.

Calming the body before calming the mind: Sensory strategies for children affected by trauma

This short article from CFCA describes how practitioners can use strategies that help calm children's bodies in order to help calm their minds and emotions – specifically, the *Regulate–Relate–Reason* approach used in Berry Street's Take Two program.

Supporting children who have disclosed trauma

This webinar from CFCA and Emerging Minds explores:

- how self-blame operates and how perpetrators may manipulate children to blame themselves
- how to help children challenge feelings of complicity in their trauma experiences by focusing directly on the power difference between children and adults
- children's stories of protests or choices they have made throughout their experiences that kept themselves, or their loved ones, safe, to acknowledge that no child is a passive recipient of trauma.

How to ask adult mental health clients about sexual abuse

This article outlines: (a) why adult survivors of sexual abuse may not disclose their abuse experiences to mental health practitioners, (b) why practitioners might avoid asking about it and (c) research findings from mental health practitioner samples on how to safely ask clients about sexual abuse histories.

Managing uncertainty in professional practice

This practice guide provides an overview of what uncertainty and uncertainty tolerance are and their significance to professional practice. It also outlines the individual, practice and organisational factors that can contribute to uncertainty and describes evidence-based strategies for how practitioners can manage practice uncertainties. This resource includes a reflective practice activity that may be used in professional supervision (one-on-one or peer group setting) to help practitioners reflect on practice situations that contribute to uncertainty and identify ways to adaptively manage and respond to uncertainty in their practice roles.

Trauma-informed practice

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

This manual explains the SAMHSA framework, referred to throughout this practice guide, for becoming a trauma-informed organisation, system or service sector. The manual provides a definition of trauma and a trauma-informed approach and offers 6 key principles and 10 implementation domains.

Principles of trauma-informed approaches to child sexual abuse

This paper provides clarity on the concept of trauma-informed care. Drawing on the international evidence, it reviews the emergence of trauma-informed care in Australia and overseas, how it is being implemented in practice, trauma-informed systems and service settings, trauma-integrated interventions, and the utility, strengths, and limitations of this approach.

Building Trauma Informed Organisations

This Phoenix Australia video describes what trauma-informed care is and how organisations can apply trauma-informed principles.

Research and program evaluation

Principles for doing trauma-informed research and program evaluation. *Practice Guide*.

This is a companion piece to this resource.

Trauma-informed evaluation: Tip Sheet for collecting information

This tip sheet covers types of data collection, informed consent, instrument development, interviewer training and confidentiality.

National Statement of Ethical Conduct in Human Research

The Australian National Statement is intended for use by researchers, ethical review bodies, individuals involved in research governance and research participants. Of particular interest in relation to the present practice guide is Section 4 which focuses on ethical considerations specific to participant subgroups.

Ethical research related to Aboriginal and Torres Strait Islander peoples and collections

This page of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) website contains links to useful resources relating to ethical research, including a template for a participant information sheet and informed consent form.

Using a survey to collect data for evaluation: A guide for beginners

This practice guide from AIFS' Evidence and Evaluation Support is for people working in child and family support services who are considering using a survey method to collect data for program evaluation but have limited experience or training in using surveys. The resource provides general guidance about using surveys as well as tips on when and how you might use a survey and what steps are involved in conducting surveys. The resource also briefly outlines the different methods of data collection that can be used to evaluate a program.

How to write a survey questionnaire for evaluation: A guide for beginners

The resource from AIFS' Evidence and Evaluation Support provides basic information and practical tips to help you design and implement simple survey questionnaires for your program evaluation activities. It is a companion to the resource Using a survey to collect data for evaluation: a guide for beginners. These resources are intended for people working in or with child and family services who are considering writing a survey questionnaire to collect data for program evaluation but have limited experience or training in writing survey questions.

A guided tour through: Measuring outcomes

In this Evidence and Evaluation Support video, Jess and Kat guide you through outcomes measurement.

Co-design

Supporting children: How does co-design invite us to think differently?

This Emerging Minds paper provides insights for practitioners about engaging in co-design. In the paper, a series of reflective questions are responded to by a lived experience consultant, a practitioner and a researcher.

This two-part podcast series by Emerging minds provides practical insights for implementing co-design in your work with children and families:

Co-design: Disrupting business as usual part 1

Co-design: Disrupting business as usual part 2

Feminist perspectives

Research made simple: an introduction to feminist research

This article describes what feminist research is and some basic principles of feminist perspectives.

What are the four waves of feminism? And what comes next?

This article describes the 'four waves' of feminism and highlights that over time there have been differences in the focus of feminist movements.

Incorporating Feminist Practice into Your Research

The panellists in this webinar discuss ways to incorporate feminist perspectives into research projects.

Intersectionality 101

This resource provides a plain language guide to intersectionality, including its definition, benefits and how to apply it to research.

Decolonising frameworks

Decolonising mental health when working with Aboriginal and Torres Strait Islander families

This Emerging Minds webinar co-produced with the Mental Health Professionals' Network (MHPN) discusses the importance of decolonising mental health for Aboriginal and/or Torres Strait Islander children and families, and strategies that support the cultural needs of First Nations children and families at an individual, family and community level.

Decolonising Methods and Methodologies

This webinar describes how to decolonise research methods and provides reflections regarding the practical conduct of social science research methods.

Indigenous knowledge is increasingly valued, but to fully respect it we need to decolonise science – here's how

This article describes various historical, structural and institutional barriers to decolonising science and the

scientific importance of Indigenous knowledge.

Why and how this resource was developed

This practice guide was developed by the Australian Institute of Family Studies' Child Family Community Australia (CFCA) information exchange. The CFCA project provides evidence-based resources and interactive assistance for professionals working to protect children, support families, and strengthen communities across Australian jurisdictions. The target audience includes practitioner-researchers who conduct research studies and/or service or program evaluations as part of their role (e.g. program leads and managers).

Through various consultation methods, such as the annual Needs and Impact Survey, the CFCA team identify topic areas that the CFCA audience would like more evidence about to inform practice. Topics that are consistently rated amongst the most popular or needed are trauma and mental health and wellness. This practice guide is part of a broader evidence package on trauma-informed approaches from CFCA. The literature reviewed was identified through a rapid review and synthesis of international research.

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