

# WE RISE Training Trauma-Informed Research Practices

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Adapted to WE RISE study (4/19/2024) D22CN42U

April 11, 2024

# Outline

- What is Trauma-Informed Care?
- Original Guidelines for Implementing Trauma-Informed Care
- Application of Trauma-Informed Care in Research Settings
- Examples of a Trauma-Informed Perspective
- Vicarious Trauma & Compassion Fatigue
- Questions

# TRAUMA

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Trauma refers to experiences of events or circumstances that are **physically or emotionally harmful or threatening** and provoke feelings of being powerless, **overwhelmed**, or deeply distressed.

## Key Points

- ❑ Trauma can result from a single event, a series of events, or a set of circumstances.
- ❑ People respond to potentially traumatic experiences in different ways.
- ❑ Experiences become traumatic when they overwhelm a person's ability to cope.
- ❑ Trauma can have lasting adverse effects on a person's mental and physical health and well-being.

# Trauma-Informed Care and Practices

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Trauma can occur throughout the lifespan



Ensuring the safety and well-being of participants is a key hallmark of ethical research practices



Experiences of participants should be taken into consideration to account for the lasting impacts of trauma

# Trauma-Informed Care

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- Stems from Trauma Theory, which postulates that traumatic experiences that are not processed will manifest physiologically.
  - Stimuli associated with the original trauma
  - Stimuli not associated with the original trauma
- Difficult to identify or anticipate

# Trauma-Informed Approaches

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IMPROVE ENGAGEMENT by....

- **Realizing** the widespread impact of trauma
- **Recognizing** the signs and symptoms
- **Responding** in practice (and policy)
- Preventing **re-traumatization**

~SAMSHA Guidelines

# Principles and Application of TIC in Research Settings

Adapted from Campbell et al., 2019, Anderson et al., 2023, and *Using A Trauma-informed Approach In Data Collection*, MOSAIC, 2024

# TIC Principle #1

- Recognize the impact of trauma on coping strategies
  - Awareness of cumulative impact of trauma
  - Awareness that trauma affects many aspects of a person's identity, coping, etc.

Mentally prepare to hear traumatic experiences from participants

Participants are not probed but redirected politely, if necessary

Check in with participants, allow and normalize breaks from the group as needed

Normalize the experience of emotional distress by routinely providing reminders that we are all at different steps in our life journey, that we are all works in progress, and that we are here to support and validate

# TIC Principle #2

- Identify recovery from trauma as a primary goal
  - Provide trauma-specific resources to assist in participants' recovery

Offer a warm handoff based on our co-developed protocol

# TIC Principle #3

- Employ an empowerment model
  - Give participants choice and control over their actions
  - Engage in a partnership with the participant in which each person's knowledge and experience is valued

Express thanks in advance for participants' contributions
Encourage participants in their positive choices
Support participant decisions (need to participate as hybrid, miss a meeting, leave early or come late)
Co-develop ground rules for each group

# TIC Principle #4

- Strive to maximize survivor's choices and control
  - Provide participants with choices, options, and a sense of control over decision in the research process

Give participants control over elements of the study visit, including stopping or skipping parts.

Give participants options in participation (e.g. hybrid etc).

# TIC Principle #5

- Frame the researcher-participant relationship as a relational collaboration
  - Recognize and aim to reduce the power imbalances in the researcher-participant relationship

Emphasize that the needs of the participant come first, not data collection

Regularly invite participants to check in on how they are feeling.

# TIC Principle #6

- Create an atmosphere that is respectful of survivor's need for safety, respect, and acceptance
  - Strive for comfort, privacy, and psychological and physical safety in the research space
  - Protect participant confidentiality and provide clear information about role and expectations

Use behavior-specific terminology to avoid labeling a persons experience (ex., "forced you to have sex" vs. "rape")

Reiterate that all participants that biological samples (e.g. hair) are sent for testing de-identified with only a participant identifier number

# TIC Principle #7

- Emphasize survivors' strengths, highlighting adaptations over symptoms and resilience over pathology
  - When appropriate use the term survivor rather than victim, which can carry connotations of powerlessness
  - Validate survivor's resilience, recognizing that trauma symptoms may come from survivor's efforts to cope with the trauma

Use survivor-centered messaging, rather than victim-centered messaging

Practice active listening during study visits to confer empathy

Integrate validation of participants' experiences and feelings, with the exclusion of behavior harmful to the survivor or others

# TIC Principle #8

- Minimize the possibilities of re-traumatization
  - Recognize ways in which the research may be re-traumatizing
  - Avoid intrusive or insensitive research procedures that could trigger trauma-related symptoms.

Discuss the possibility of re-traumatization with participants

Notify participants that we may be discussing difficult topics and that if they are feeling uncomfortable we can stop and take a break either as a group or as an individual

Avoid repetition and probing of sensitive questions when possible

# TIC Principle #9

- Strive to be culturally competent and to understand survivors in the context of their life experiences and cultural backgrounds.
  - Develop the knowledge and skills needed to understand participants' cultural contexts
  - Consider how participants' identities and backgrounds interact with their trauma

Have study procedures reviewed by WE RISE Study Advisory Board

Engage true "peers"

# TIC Principle #10

- Solicit participant input on the research process and involve participants in various stages of research.
  - Consider ways that participants can be involved in the research process, such as using participatory research methods or forming survivor research advisory boards.

Ask participants for feedback on study experience

Have materials reviewed by women with lived experience to assess acceptability



## RECOGNIZE SIGNS OF DISTRESS

Pay attention to changes in body language, facial expressions, tone, and words to detect signs of distress.

- Are they having difficulty concentrating?
- Are they breathing more heavily?
- Are they restless or fidgeting?
- Are they getting irritable?
- Are they becoming agitated?
- Did their mood suddenly change to low or no emotion?

Do not pressure a study participant to share details about why they are distressed. Instead, use pauses to give study participants space to process and take care of themselves and provide them with psychological first aid.

**Example:** “It sounds like you’re feeling upset. It can be hard to talk about these experiences. Should we take a break?”



# ACKNOWLEDGE AND VALIDATE

## Techniques

**Acknowledge and validate their experiences.**

### Related techniques

- Listen closely with empathy and without judgement.
- Build in pauses and hold space for emotions.

## What does this look like in practice?

Thank them for sharing and acknowledge that sharing can be difficult. I appreciate you sharing that with me. It can be hard to talk about these experiences.

Make it clear you believe them. I believe you.

Let them know it is not their fault. What happened has no justification or excuse.

Use their language/acknowledge their feelings. There is no right or wrong way to feel. Your feelings are valid.

Help them feel supported, not judged. I'm glad that you spoke to me about this. You are not alone. I am here for you.



## MESSAGES TO AVOID

### **Avoid statements that:**

- Place blame on the survivor
- Say anything that judges what the survivor has done or will do
- Question the survivor's story (doubting) or interrogate the survivor
- Say anything that minimizes how the survivor feels
- Lecture, command, or advise
- Recommend that they change their profession, sexual orientation, or gender identity to avoid violence

### **Avoid questions that suggest fault (examples below).**

- Why were you wearing such revealing clothes?
- What did you do to make the perpetrator angry?
- If you were really afraid, why didn't you run or scream?
- Why do you choose to put yourself in risky situations?

Asking "why" questions about trauma can feel like asking a survivor to justify something about their experience. We want to think twice before asking "why" questions, as this puts the onus on the trauma survivor.



# SUPPORT

## Techniques

**Offer options for support and follow their lead.**

## What does this look like in practice?

Ask if they would like to hear information on support and resources.

- Staff at this site are trained to support you. Can I connect you with them?

If a study participant does not want to speak to another staff person, share referral options:

- I'd like to share information with you about available services that can support you. Is that okay?

If yes, let them know they are in control of how they want to move forward.

- Any of these options are valid, and I am here to support you in whichever one (if any) you choose.
- It is your choice what happens next, and I'm here to support you.

Help connect them to support and resources if desired.

- [If no] If you decide you would like some support in the future, just let me know and I can give you some information.
- [If yes, provide information and make referral.]

**Be sure to get participant agreement before connecting them to any other staff, including service providers!**

# Vicarious Trauma and Compassion Fatigue

Adapted from *Using A Trauma-informed Approach In Data Collection*, MOSAIC

## TRAUMA EXPOSURE

Being exposed to traumatic stories and content—such as listening to study participants’ painful experiences—can have an impact on a data collector’s **well-being** and can lead to **compassion fatigue** and **vicarious trauma**.





## COMPASSION FATIGUE

- Compassion fatigue refers to the experience of feeling emotionally and physically exhausted as a result of helping others and being exposed to traumatic stories or content.
- These feelings build up over time, and we may not be aware of them until we feel completely overwhelmed.
- Compassion fatigue is experienced differently by different people.

Someone who is experiencing compassion fatigue may:

- Feel tired, stressed, and overwhelmed
- Feel irritable and short-tempered
- Have trouble finding joy and happiness in life
- Feel down or depressed
- Have difficulty connecting with those around them
- Become desensitized to traumatic content



## VICARIOUS TRAUMA

- Vicarious trauma, sometimes called secondary trauma, refers to experiencing trauma symptoms as a result of being personally affected by other people's traumatic experiences.
- If we are exposed to traumatic stories or content on a regular basis, we may start to have an unbalanced, depressing view of the world.
- It is a common response to engaging with traumatic stories or content on a regular basis.

Someone who is experiencing vicarious trauma may:

- Experience unwanted and recurring thoughts or images about other people's traumatic experiences
- Feel deep anger or sadness at how unfair the world is
- Feel numb to the pain of the world
- Feel helpless or hopeless
- Lose trust in people and a sense of personal safety
- Lose sight of the positive things in the world and see only the negative



## VICARIOUS RESILIENCE

Although data collectors may experience compassion fatigue and vicarious trauma if they are regularly exposed to study participants' traumatic experiences, **this type of work does not automatically lead to compassion fatigue and vicarious trauma.**

Instead, they may experience positive impacts from working closely with and listening to trauma survivors. This is called vicarious resilience.

Source: Billing L, et al. [We Care: evidence review](#). Pretoria: Sexual Violence Research Initiative; 2021.

Some find this work improves their well-being by:

- Giving them a sense of purpose and meaning
- Giving them strength and inner power
- Strengthening feelings of hope, inspiration, and fulfilment



**Do these concepts resonate with you?**

Share your responses in the chat box or by unmuting your mic.



## SELF-CARE

- Self-care is intentionally taking care of ourselves and meeting our needs.
- Practicing self-care means listening to our bodies, feelings, and thoughts, which allows us to identify our needs.
- The earlier we identify and respond to our needs, the easier it is to prevent ongoing unwanted thoughts, vicarious trauma, and compassion fatigue.
- Using self-care to prevent and deal with vicarious trauma and compassion fatigue can lead to a greater sense of hope, purpose, and feeling that life has meaning.

**“Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare”**

Audre Lorde,  
A Burst of Light (1988)

- Reclaiming self-care as a political act:
- ❑ Reasserts our value and right to care
  - ❑ Gives us permission to practice self- and collective care
  - ❑ Challenges root causes of care deficits



# ORGANIZATIONAL CARE STRATEGIES

To support peer navigator well being, the study teams will:

<b>Study procedures and training</b>	<ul style="list-style-type: none"><li>• Provide training to recognize and mitigate compassion fatigue and vicarious trauma.</li></ul>
<b>Workload management</b>	<ul style="list-style-type: none"><li>• Routine check ins with peers (in context of feedback to mastery)</li><li>• Minimize “research work-load” for peers</li><li>• Balance and rotate responsibilities to minimize exposure to traumatic content.</li></ul>
<b>Supportive supervision</b>	<ul style="list-style-type: none"><li>• Convene regular supervisory debrief meetings and wellness checks, including providing psychological first aid and linking to other support as needed.</li><li>• Create other opportunities for peer support.</li></ul>
<b>Wellness activities</b>	<ul style="list-style-type: none"><li>• Co-develop workplace wellness activities</li></ul>
<b>Local services</b>	<ul style="list-style-type: none"><li>• Explain what services are available</li></ul>

## REMINDER: TAKING CARE OF OURSELVES

Providing psychological first aid is an important step in addressing participant distress, but it is not your responsibility to solve participants' problems.

After using this approach, it is good to **check in with yourself and take time to respond to your own needs.**

Supporting study participants is possible only when we are first supporting ourselves.

### Some ways that you can take care of yourself

Take a few deep breaths and ask yourself:

- How am I feeling right now?
- Do I need to rest, or spend time with a friend, or reach out for support?

Give yourself a few moments to listen to yourself and plan how to respond to what you need.

- Think about how you can slow down or take a break if you need one.
- Reach out to your supervisor if you need support.

What questions do you have?