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Prifysgol Wrecsam
Wrexham University

Guidance for Trauma-Informed Research Practice

Contents

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This guidance document has been produced collaboratively with staff from Wrexham University, ACE Hub Wales and Public Health Wales.

Disclaimer: This guidance is intended to support trauma-informed research practice and does not constitute legal or clinical advice.

Introduction

The word ‘trauma’ has Greek origins meaning ‘wound’ and is akin to titrōskein which means to wound and tetrainein which means to pierce (Kolaitis and Olff, 2017). Trauma was associated with a physical wound but contemporary understanding of trauma now expands into emotional wounding. Trauma refers to the exposure of a traumatic experience and the effects of such exposure (The National Traumatic Stress Network, 2021). Trauma is defined by Substance Abuse and Mental Health Services administration (SAMHSA) as:

> “...an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being”. (SAMSHA, 2014, p. 7).

This guidance document aims to offer support for those involved in research activity and is split into two parts; the first part is to support the research process in being trauma-informed for participants, the second part is to support the researcher and their wellbeing. Although the document addresses issues broadly, it recognises that structures across establishments may vary, thus, may require adaptation to suit the needs and identity of each individual organisation. This guide is based on the ‘Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity’ 2022 Framework and the ACE Hub Wales Trauma and ACE (TrACE) Informed Organisations Toolkit (2023).

Within Wales, a trauma informed approach is defined as follows:

> ‘A trauma-informed approach recognises that everyone has a role in sensitively facilitating opportunities and life chances for people affected by trauma and adversity. It is an approach where a person, family, community, organisation, service or system takes account of the widespread impact of adversity and trauma and understands the potential ways of preventing, healing and overcoming this as an individual or with the support of others, including communities and services. It is where people recognise the multiple presentations of being affected by trauma in individuals, families, communities, staff, and others in organisations and systems across all Welsh society. In this approach knowledge about trauma and its effects are integrated into policies, procedures, and practices. It seeks to actively resist traumatising people again and prevent and mitigate adverse consequences, prioritising physical and emotional safety and commits to ‘do no harm’ in practice and to proactively support and help affected people make their own informed decisions’ (ACE Hub Wales and Traumatic Stress Wales, 2022, p.10).

It is recognised within the TrACE Informed Organisations Toolkit that there are six domains which should be considered by organisations on their trauma-informed journey:

Governance, Leadership and Organisation Culture	This domain relates to the comprehensive support/investment required to establish and maintain a trauma-informed approach
Policies and Procedures	This domain relates to the commitment of the organisation to reflect principles of trauma-informed practice via policies/procedures
Workforce Training and Support	This domain relates to the ongoing reflective and supportive learning cycle that should take place to allow trauma-informed principles to be embedded
Physical Environment	This domain relates to the physical and social environments promotion of physical and psychological safety in all spaces of an organisation
Service Design and Delivery	This domain relates to weaving trauma-informed principles into all aspects of service delivery including funding strategies to enable sustainable commitment
Monitoring and Evaluation	This domain relates to utilising reflective practice in order to continually monitor and evaluate the embedding of TrACE-informed approaches and giving involvement opportunities to those who experience the organisation

Each area is addressed in turn within the TrACE Informed Organisations Toolkit.

Core Principles

A Wales trauma-informed approach is underpinned by a set of five practice principles as explained within the Trauma-Informed Wales Framework:

A universal approach that does no harm – various suitable approaches and initiatives are encompassed in order to support individuals.

Person centred – the individual is always at the centre and there is a promotion of choice and collaboration. Being open and honest with individuals helps to promote physical and psychological safety.

Relationship-focused – relationships are safe, compassionate and nurturing.

Resilience and strengths-focused – strengths and resilience are recognised and developed where possible.

Inclusive – a trauma-informed approach understands the impact of inequalities (including race, cultural, gender and historic), diversity and discrimination and aims to be inclusive to all.

Research Culture

Research culture includes how research contributions are recognised; the way that research quality is evaluated, supported and rewarded and how different career paths are encouraged. Alongside this, a positive research culture encompasses the collective behaviours, values, expectations, attitudes, and norms that define research communities. It fosters an environment conducive to the open exploration of ideas and facilitates the dissemination of best practices.

Research culture is influential on how research is conducted, communicated and the individual career paths of researchers. There are various drivers to research culture both internal and external. For example, at Wrexham University, the internal drivers are aligned to the values of excellence, inclusion, collaboration, transformation and sustainability. An inclusive, inter-disciplinary research and enterprise culture, nurturing and building staff and student capacity and capability to deliver excellent outcomes.

One of the external drivers is the Research Excellence Framework (REF) which assesses the quality of research in UK universities and afford accountability for how public money is spent on research. The framework is designed to model the benefits and impact of research on society; assess the quality of research and outputs and provide accountability with regards to public investment in research. Wrexham University are signatories of the Concordat to Support the Career Development of Researchers alongside the Concordat to Support Research Integrity confirming the commitment the University has to helping researchers become the best they can be as well as increasing capacity for research that impacts aligning to good research conduct and governance. An additional external driver is the Race Equality Charter, that means Wrexham University should review, evaluate and take action around anti-racist practices across the university with academic development and research featuring within the action plan.

How does research culture interlink with overall organisational culture?

The research culture should reflect the values of the organisation and become part of the overall identity of the organisation which is made up of the staff and individuals using the service. When using this guide, consideration must be given to the current infrastructure of the organisation. For example, some suggestions within this guide may be difficult for some who find themselves in an unhealthy working environment with poor line management/lack of understanding of trauma and trauma-informed approaches. Ideally, a culture should be fostered which supports psychological safety. Psychological safety in a work environment refers to individuals being accepted for their authenticity, competency being respected, individuals sharing positive intentions to one another, individuals able to engage in constructive conflict and individuals feeling safe to engage in interpersonal positive risk-taking (e.g. trying something new) within the work environment (Edmondson 1999).

Creating a *Trauma-Informed* Research Culture – organisational considerations

Teams

When working in a team with other researchers, the tone of the team climate must be considered to ensure it is one which promotes psychological safety. This involves utilising leadership styles which are consultative and supportive and encouraging teams to value one another's contributions. Positive team climate also means allowing input from all team members on how the work is carried out and actively caring about one another's wellbeing. Positive team climate is an important driver of psychological safety alongside treating team members in a manner that aligns with their individual preferences and needs e.g. communication style, frequency of check-in etc. whilst also being mindful about what is possible and reasonable for an organisation and line managers. A suggested action may be that team members are to engage in team building prior to undertaking research (where possible) and complete training offered to support understanding on topics such as race equality, neurodivergence, equality and diversity etc. to ensure understanding across the team.

Conflict between team members is inevitable when working interpersonally (Madalina, 2016) therefore, when it takes place, efforts should be made to ensure conditions allow it to be respectful and constructive. Constructive conflict resolution includes collaboration between those in dispute to reach a mutually beneficial outcome (Rahim, 2015; Rahim, 1983). Although it is appreciated that collaboration may not be suitable in all situations, it is considered to provide the most optimal outcomes and promote positive relationships (Tjosvold et *al.*, 2014). Practicing various mindfulness techniques (e.g. breathwork, instructed mindfulness tasks, meditation, exercise etc.) also appears to have benefits for workplace conflict such as increasing perspective awareness (Hafenbrack et *al.*, 2020) and empathy (Block-Lerner et al., 2007) as well as promoting compassion and connection to the self and others (Berry and Brown, 2017; Condon et *al.*, 2013). Individuals may find it beneficial to keep a reflective journal throughout so they can reflect on the process but also share with the team if they wanted to.

Considering the ways in which questions are asked to team members is key, for example, ensuring new ideas are encouraged and blame is placed to the side. Notwithstanding this, it is important to remember communication differences exist between individuals and assumptions should be avoided about an individual's abilities based on a diagnosis they may/may not have. Communication should be as clear and unambiguous as possible. As a general rule, it may be best to use language free of euphemisms, sarcasm and vagueness and language should be non-gendered where microaggressions and idioms are not used. It is important to avoid language with colonialist connotations and instead practice conscious and culturally aware language use. Differences vary from person to person regarding communication (whether written or spoken) and this needs to be considered in order to create a neuroinclusive culture and one which aligns with race equality and culture.

Where issues do arise, these should be addressed in a way which supports all parties involved. This may look different for each team, thus, resolution management should be tailored to consider specific dynamics of said team (Adham, 2023). Disagreements when conducting research are also inevitable but this should be viewed via a growth lens where possible. For example, conflicts may have noteworthy advantages if handled correctly such as bringing problems to the surface and allowing for acceptable solutions to be found.

Building, keeping and embodying trust is critical and this should be extended to all colleagues. Some ways in which trust can be built and kept includes admitting to errors; explaining thought processes; following through on actions; being mindful of reactions; schedule regular in-person interactions and recognising that trust takes time and effort to build and maintain. It may be beneficial to create a contract or ground rules which can be reviewed regularly and consulted on if there is a disagreement, if a new person joins (to manage the new dynamic) or if someone leaves (to ensure they still get credit for their work/input).

Nurturing psychological safety in the work environment will allow colleagues to be authentic. This kind of environment can be forged through leading by example. This means being vulnerable and sharing emotions and experiences with others. Empathy should be extended to all and ensuring colleagues are nourished in a way which enables them to take pride in themselves. Relational authenticity (being true to oneself within professional relationships) forms a critical part of authenticity as a whole and can be supported through establishing a culture of understanding and belonging.

It is useful to consider if training is necessary to support individuals/teams if not already offered such as 'Conflict Resolution', 'Psychological Safety', 'Race equality', 'Neurodivergence', 'Equality and Diversity' training (all of which are delivered by various organisations across the UK in synchronous and asynchronous formats).

Indirect Trauma Consideration

Indirect trauma may occur when an individual (for example, a researcher) is exposed to traumatic event narratives via viewing materials or listening to details but not directly experiencing or witnessing the traumatic event or circumstance (Knight, 2013). Various terminology is used to describe how indirect trauma may impact individuals, from a range of settings, in various ways, including Secondary Traumatic Stress or Vicarious Trauma. Secondary Traumatic Stress occurs when there is an expression of post-traumatic stress across biological, psychological and social domains (Bride, 2007). Vicarious trauma involves the transference of emotional residue from one individual to another following a disclosure of trauma, typically graphic and detailed (McCann and Pearlman, 1990). Vicarious trauma may be a risk to those who engage others in empathic relationships (e.g. researchers who carry out research involving human beings and interact with them a number of times). Secondary traumatic stress shares similarities to vicarious trauma, however, can occur after one single exposure to a narrative from an individual not well known to them (e.g. researchers who carry out research involving human beings and interact with them once). Researchers may have lived experience of the topic they are exploring (e.g. childhood trauma, racism, homophobia, discrimination etc.), thus, another reason indirect trauma should be considered. In order to support researchers and prevent consequences of indirect trauma exposure, organisations may consider utilising various interventions. Although indirect trauma interventions for researchers remain understudied, practitioner interventions such as training in vicarious trauma, alongside vicarious resilience, to normalise the effects and creating peer support style interventions may be utilised (Frey et al., 2017; Molnar et al., 2017). Connection whether formal (debriefing, clinical supervision, supervision with management/peers) or informal (meeting colleagues outside of worktime, connecting with friends/families/pets) is considered to be helpful in mitigating against the effects of indirect trauma (AbiNadar et *al*., 2023).

The guide now splits into a section on how the research process can be trauma-informed for individuals involved in research followed by a section on researcher wellbeing.

Applying a Trauma-Informed Lens when Conducting Research

A trauma-informed lens can be applied to many aspects of the research process. It should be noted that it may not be possible or appropriate to employ each of the principles to every piece of research, however, they should be considered on the basis that participants and fellow researchers/colleagues may benefit.

The following standards are based on Elliott *et al.*, (2005) trauma-informed principles and were adapted for use in research with victims of sexual violence by Campbell *et al.*, (2019). This gives an example of how trauma-informed approaches can be weaved into the research process:

1. Recognition of the impact of trauma on development and coping strategies (e.g. showing understanding of and expect to hear about coping mechanisms identified by participants and the impact trauma has had on their lives)
2. Identify recovery from trauma as a primary goal (e.g. provide helpline/support information on participant information sheets)
3. Employ an empowerment model (e.g. use transparent language and informed consent process)
4. Maximise individuals’ choices and sense of control (e.g. provide information on confidentiality, anonymity and provide individuals involved with control, where possible, in the research process)
5. Relational Collaboration (e.g. consider power imbalances and how to reduce them)
6. Create an environment promoting safety and respect (e.g. provide clear information on expectations of participation)
7. Emphasise individuals’ strengths and resiliency (e.g. utilise active listening techniques and highlight strengths)
8. Minimise possibilities of re-traumatisation (e.g. gather background information where possible and also be aware that not all trauma is disclosed, thus, sensitivity is required)
9. Be culturally competent and have a rounded perspective of the individual within the context of their experiences and racial and cultural background (e.g. consider how a participants identity relates to their trauma and be mindful of language used which may conjure negative feelings regarding research participation)
10. Seeking participant input on the research process (e.g. get ethical approval to consult individuals engaged in research and attempt (where possible and appropriate) to weave their ideas into the research process)

Here are a few practical ways of embedding the five trauma-informed practice principles into your research. This is not an exhaustive list, and you should aim to continuously develop trauma-informed practices within the research process:

A universal Approach that does no harm (where possible)

- Check through the questions you are considering asking– are individuals being asked to share sensitive information when it is not needed?
- Plans should be in place should individuals become distressed including notifying participants what their options are should they need to take a break; this includes within group data collection too (e.g. focus groups)
- Participants should have the option to see the questions or topic guide in advance
- Power dynamics should be considered, not only between the researcher individual involved but also where group data collection takes place and individuals may be with managers, employees etc. – are separate focus groups required? – see 'Keeping everyone safe' section for more details
- The confidentiality and anonymity process should be clearly communicated before, during and after the research process
- If your research is ethnographic, consider individuals who may not want to be observed and pause observation where appropriate
- Individuals involved in research should be told how information will be shared and, where possible, will have the opportunity to view the findings first to ensure their voice has been heard and listened to
- Signposting and debriefing options should be considered and shared with participants

Person centred

- Participants choices should be considered, where possible and appropriate, when choosing the physical or online space
- Individuals involved in the research should be asked whether they are comfortable being recorded and be made aware that they can retract anything they share up until dissemination of findings
- Tailor the research design to individual needs and adapt where possible
- Participants should be given the opportunity to add anything they feel is important and be notified if they can continue to contribute in anyway (and how they can do this)

Relationship-focused

- Participants have received plenty of information about the research and what to expect regarding their engagement
- There is opportunity given to meet the researcher(s) in advance where the subject matter is potentially retraumatising
- Participants are told whether the sessions will be recorded. If recorded, participants should be told where the recorders are located and when they are turned on and off where possible and appropriate. Consideration should be given to alternatives that may be used e.g. creative notetaking, post-session reflective summaries, individuals involved in the research may wish to generate notes or journal
- Researcher(s) should play close attention to non-verbal cues of distress and respond appropriately
- Participants are thanked for their time and energy

Resilience and Strengths Focused

- Consideration should be made whether it is appropriate for participants to be involved form the very beginning of research planning and throughout the research process e.g. via Advisory board models or co-researcher opportunities.
- If data is collected in a group setting, individuals should work together to create a group contact which outlines how to keep the space safe, supportive and respectful for everyone
- Participants should be given the opportunity to comment on findings and be informed when initial reports/outputs are available
- Consider opportunities to build capacity for participants (e.g. training or learning opportunities) or reimbursements options

Inclusive

- Researcher(s) should practice active listening and validation
- Involve various voices in the design stage where possible
- Allow for time and space at the end of the session to ask those involved questions about their experiences of the research in order to enhance practice moving forward. You may consider asking ‘What would improve the experience?’ ‘What worked well?’ ‘What would help you to engage in research going forward?’. Ideally, choice should be provided to participants in how they would like to feedback (in person, online, via email etc.)
- Plan for inclusive impact and accountability. Ensure findings are shared back in accessible ways – could a more creative output be produced? Consider how research can challenge, rather than reinforce, existing inequalities.

As previously stated, the principles listed will not be suitable for all research, however, the researcher should consider each in turn and seek to embed it if required.

Further considerations

- **Accessibility needs of individuals engaged in research should be considered to maximise an equitable research process.** For example, when explaining the consent process, an alternative format could be offered outside of a consent form or participant information sheet such as a video clip or poster.

- **Accessibility should be considered if a face-to-face process is used** (e.g. data collection is carried out in person). The physical location should be considered. For example, the location should be easy for individuals to travel to and thought should be given to how others may feel about attending certain areas (e.g. will they feel safe?)

- **Accessibility should also be considered if an online mechanism is used** (e.g. data collection is carried out via an online platform such as Teams or Zoom). Where possible, options should be provided for the online platform to ensure individuals are comfortable and familiar. Technical support may be required and should consider that individuals may have to rely on smartphones so platforms should be mobile compatible. Researchers should consider the content topic area of the of the research and be aware that individuals involved in the research may not be in an appropriate environment to be able to talk freely. Choice should be given where the camera is switched on or off for the online data collection period.

- **An aftercare process should be actively considered** which includes a Disclosure and Safeguarding protocol, and individuals engaging in research should receive a debrief session and sheet/link to access support if required. This process could be included in line with ethics and in a 'Managing Distress Policy' to ensure that participants are supported during and after their involvement.

- **Care must be taken when using language translation** to ensure meaning is not changed and the messages and information is still delivered in an appropriate tone. There should be recognition that some subjects/topics are too sensitive to be miscued by translation and should only be conducted in first language.

- **Researchers should educate themselves and their teams about trauma and its impact on individuals, communities and organisations.** Care, respect and dignity for all should be prioritised in research design and methodological decisions.

- **Positionality should be considered by researchers** which means ‘checking in’ with privilege as well as experiences so that they do not retraumatise themselves unintentionally and they do not let their worldview reinforce unconscious biases.

- **Researchers should ensure that sufficient breaks are factored in** for interviews and focus groups and water is provided throughout, where possible.

- **Consideration should also be given to the trust building-building between the researcher and the individuals involved in research.** Not only is interpersonal trust important but also the trust that individuals involved in research have in institutions (such as the university conducting the research for example). Everyone involved in research may respond differently based on how much or how little they trust research, researchers and institutions. Lack of trust may mean there is difficulty in engaging individual with research. Therefore, different approaches may be required to help build such relationships. For example, an Advisory Board may be set up which welcomes those who may be interested or impacted by the research to input into the research design and process and support the fostering of trusted relationships. The opportunity to join an Advisory Board also allows individuals who do not want to engage in research to still be involved thereby creating a more inclusive and participatory environment.

Keeping everyone safe

Creating a safe space in research is essential and it's important to plan how to respond thoughtfully to different situations which may arise. At Wrexham University, it is important to follow the 'Reporting of Adverse Events on Studies' approved by the University's Research Ethics Committee. It may also be helpful to come up with a plan, either alone or with colleagues, depending on the research, to help you prepare. This is an example table. It may be helpful to create your own and consider situations which may arise in your research.

Situation	Response
An individual discloses ongoing abuse during interview	• Acknowledge and validate – respond calmy and compassionately • Allow the individual time to be heard, and provide resources where appropriate • Be aware of your organisations reporting obligations – is reporting is required, explain this clearly and sensitively to the individual • Ask the individual if they would like to continue with the interview if appropriate or re-arrange/withdraw • If the interview continues, offer a break and remind individual the plan for if they become distressed • Offer follow-up contact and appropriate referrals if the individual would like them • Ensure researcher(s) has space and time to debrief and access support as needed
Individual feels unsafe speaking in a focus group with their manager present	• Acknowledge the dynamic in private and check-in with the individual • Offer alternative ways to participate (1:1 interviews or written feedback) • Reassure confidentiality by reminding the group about confidentiality riles and that participation is voluntary • Consider whether separate groups are needed to promote open dialogue
Individual requests to withdraw and remove data after participation	• Respect their request to withdraw at any time without having to give reason • Clarify what can be done by explaining the stage of data processing and what withdrawal means in practice • Provide signposting information if required • Update record to remove their data as fully as possible and document the withdrawal • Reflect on the research process and consider if improvements need to be made based on this experience

Language

The language used in research and throughout the whole research process should be considered via a trauma-informed lens. For example, some language is reductionist and labels individuals e.g. ‘offender’, ‘victim’ etc. Instead, context dependent, language should consider the person as a whole rather than just one part of their story e.g. ‘justice-involved individual’, ‘individual with lived experience’ etc. Where possible, and if appropriate, the researcher should ask the individual involved in research what language they would prefer to be used.

Language should not be dehumanising such as ‘research subject’ which gives the impression that the participant is passive without agency rather than actively involved in the research. A caveat here exists in some research e.g. randomised control trial where passivity is a requirement. Consideration should be given to outdated terminology which may require adapting if possible. Language constitutes reality,–therefore, should be carefully reflected upon throughout the research journey.

Language should be inclusive which means it should be non-gendered, non-discriminatory and acronyms should be reduced where possible. It is important to avoid language with colonialist connotations and instead practice conscious and culturally aware language use.

It is important to note that language is context and subject specific, thus, it may not be possible or appropriate to make such changes. For example, in a legal setting/document, the term ‘complainant’ must be used. In such circumstances, researchers could offer an explanation on use of particular wording/language.

A note on vulnerability:

Assuming vulnerability in research can inadvertently marginalise individuals and reinforce stereotypes of passivity and incapacity. This approach risks reducing them to objects of study rather than acknowledging their agency and perspectives. A contextual understanding of vulnerability, emphasizing the importance of assessing each participant’s unique circumstances and needs is advocated. Researchers should engage directly with participants, ensuring their voices are heard and considered throughout the research process. This approach not only upholds ethical standards but also promotes a more inclusive and respectful research environment.

Included below is a case study where a researcher has shared their experiences of practicing care through the research process.

Case Study

This case study example captures considerations that were taken into account when interviewing individuals to understand their diagnostic journey to a cancer diagnosis.

Participant

- Interviews were conducted at a **time and place chosen by the individual**. It was felt important to recognise the sensitive nature of the interview and to consider ways to help make the individual feel as comfortable as possible. Venues included individuals' homes and hospitals.
- Individuals were invited to bring along **someone to provide support** during the interviews. They were fully included within the ethical process; however, it was made clear their input was not being analysed. This was **welcomed by individuals** and the support network included partners, family members and friends.
- A **flexible interview schedule** which allowed for necessary pauses during interviews if individuals or their support became upset or distressed. This approach was aimed to ensure they had time to process their feelings whilst reinforcing a genuine commitment to active listening and care. Individuals were also provided with **appropriate signposting** to additional support services.
- Making the **individual feel valued.** Time was factored in to stay behind after the interview if invited, to answer any questions or to just talk in general. This involved tours around gardens, meeting pets and looking at family photos.
- The **topic guide** was tested with individuals that had previously been through a cancer diagnosis and were now cancer free. This helped refine the sensitivity and wording of questions, **minimising potential distress**.
- A **thank you card** was sent to each individual after the interview as a **token of appreciation**, acknowledging their contributions and offering well wishes for their journey.

Researcher

Recognising the emotional impact of the research, steps were also taken to support researcher well-being:

- A **reflections diary** was maintained to document thoughts, emotions, and insights from the research process.
- **Weekly feedback sessions** with a supervisor provided a structured opportunity for discussion and guidance.
- **Time** was deliberately set aside to process any personal emotions that arose, without judgment, ensuring a balanced and sustainable approach to the research.
- Due to the fluid nature of where the interviews were conducted, **a researcher safety plan** was developed to provide added security and **self-care.**

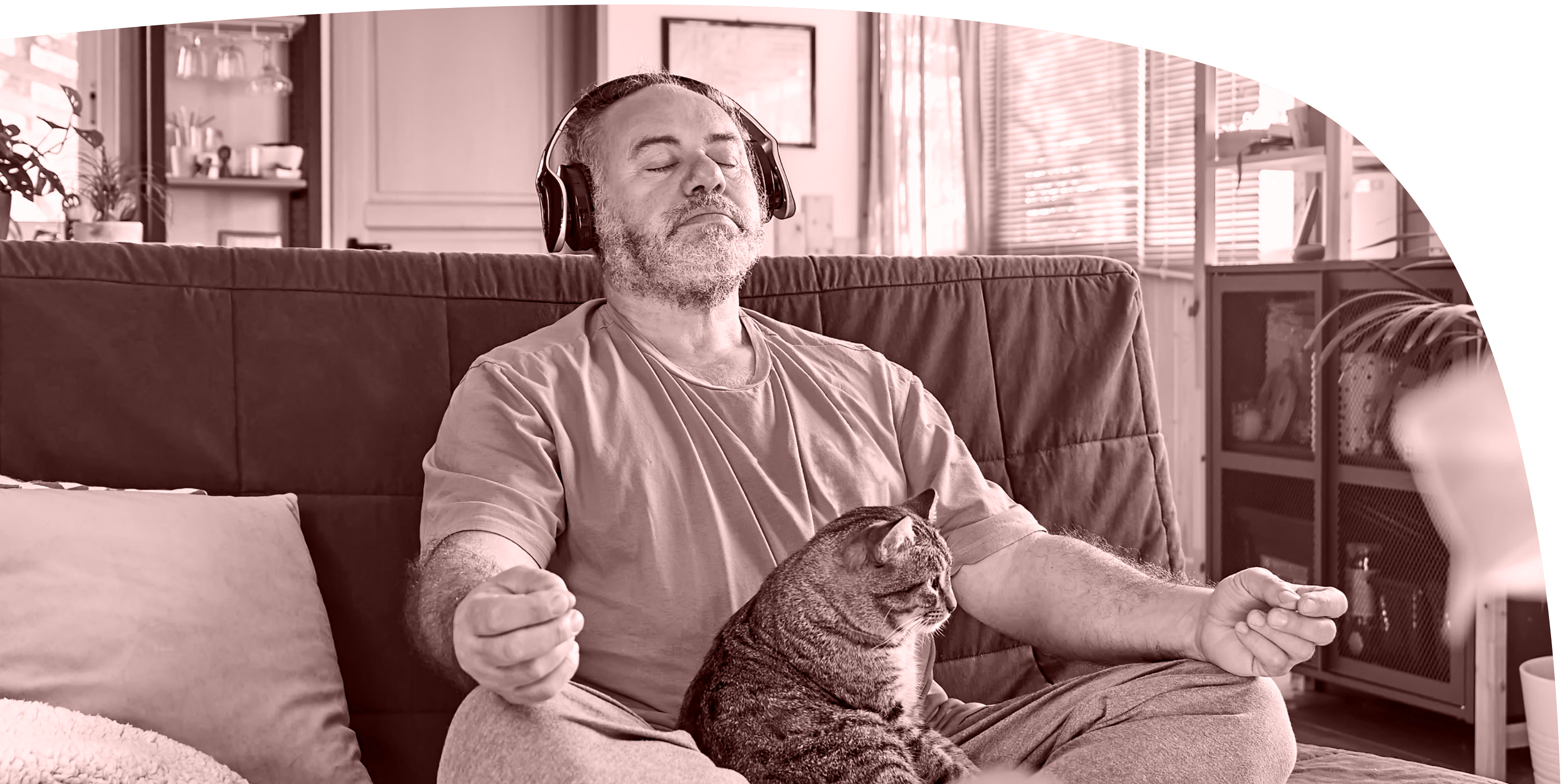
Lisa Formby- Qualitative Researcher (Wrexham University)

Decompression Techniques for Researchers

All those involved in research should be given the opportunity to practice decompression. If undertaking research of a traumatic nature or with trauma-exposed individuals, this is of particular importance due to the increased risk of secondary traumatic stress and burnout. Secondary traumatic stress involves the development of post-traumatic stress disorder symptoms resulting from trauma exposure. Vicarious trauma may also be a risk if research is longitudinal, and researchers develop empathic relationships with participants.

A significant component of decompression as a researcher involves viewing the self holistically and more than simply an aspect of oneself (such as an ‘academic or a ‘researcher’). This means nourishing the ‘non-academic’ parts of the self and discovering what matters outside of working hours. It includes considering who to spend time with, what activities are of interest and how hobbies can be incorporated into the day. This may include elements of physical activity, creativity and mindfulness in some form.

Identifying personal stressors can help with personal wellness because, once identified, a strategy to reduce the stress with the support of line management may be developed. Keeping a journal and making a note of each time stress is felt (and how it is dealt with) can be helpful in working out what the stressors might be and whether current strategies are working. Individuals may find it helpful to seek our research networks of communities of practice where experiences and decompression techniques can be shared. Researchers may find it helpful to engage in talking therapies via workplaces or their GP. Certain stressors, such as experiencing microaggressions, workplace bullying etc. should be brought to the attention line management or a trusted colleagues so that issues can be acknowledged and addressed appropriately. The research itself may be a stressor if it is re-traumatising. In instances such as these, important decisions must be made as to whether it is appropriate to continue and, if it is, what can be put in place to minimise re-traumatisation.



It might be useful to create a personal wellness plan during the planning stages of a research project. The personal wellness plan found in Appendix 1, provides an online template. It is useful to include various aspects on the plan and ways in which self-care can be woven into it. For example, aspects may include professional (engage in regular supervision), physical (prioritise sleep), psychological (engage with a non-work hobby), emotional (reach out to others), spiritual (practice mindfulness – walks/yoga) and relational (prioritise close relationships). Decompression mechanisms which may be useful, and have been utilised by research assistants (AbiNadar et al., 2023) include connection (formal such as therapy or informal such as connecting with colleagues/friends/pets), movement (exercise), media (listening to music, gaming, watching movies), rituals (lighting a candle, cleaning, being outside in the sun), creativity (painting, cooking) and taking regular breaks/mandatory leave time.

Further Considerations:

- Reflection can be part of the research process whereby the researcher can be honest in interpretation to highlight whether they are best placed to carry out the research and represent groups adequately. Ideally, reflection should be supported by appropriate and experienced individuals and time should be given to allow for reflection to take place. Reflection will also enable the researcher to consider any additional training or guidance which may be needed to support trauma-informed working. You can use the Reflective Questions found in Appendix 2 to help get you started.

Appendix 1 – Personal Wellness Plan

My signs of stress (e.g. What do I notice about myself? How does my body feel? Does my behaviour change? What do I notice about my thoughts and feelings? What do others notice about me?)

What decompression mechanisms help me? (e.g. What have I tried in the past that hasworked? Are there any mechanisms that I could try in the future?)

Who can I contact for support? (e.g. Who could I contact in the workplace? Are there any family or friends that I could talk to? Could I speak to my GP or any other avenues of professional help? Are there any organisations that could offer support?)

Helpful Reminders (e.g. Are there any words or phrases that I find helpful? Is there an image that can help me to decompress?)

Appendix 2 – Reflective Questions

If I were the one involved in that research session, how might I feel?

How did my own assumptions, reactions or behaviours influence the research process and the way individuals shared their stories?

How did I feel as the researcher and what might have caused that feelings? Do I now require some support? (Can refer back to personal wellness plan)

How did issues of inequality and experiences of discrimination show up during the research and how did we respond to ensure everyone's voice was included and respected?

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