

Aligning trauma-informed practice with inclusive research design

SRA Conference session 2024



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research·with·a·purpose



Today's session

- > What is trauma informed practice?
- > What do we mean by EDI in research?
- > How do they interlink?
- > What does it look like in practice?



Let's hear from you

Raise your hand if:

You have experience of trauma informed research practices?

You have experience of embedding EDI in research?

You have experience of doing both together?



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What is trauma?

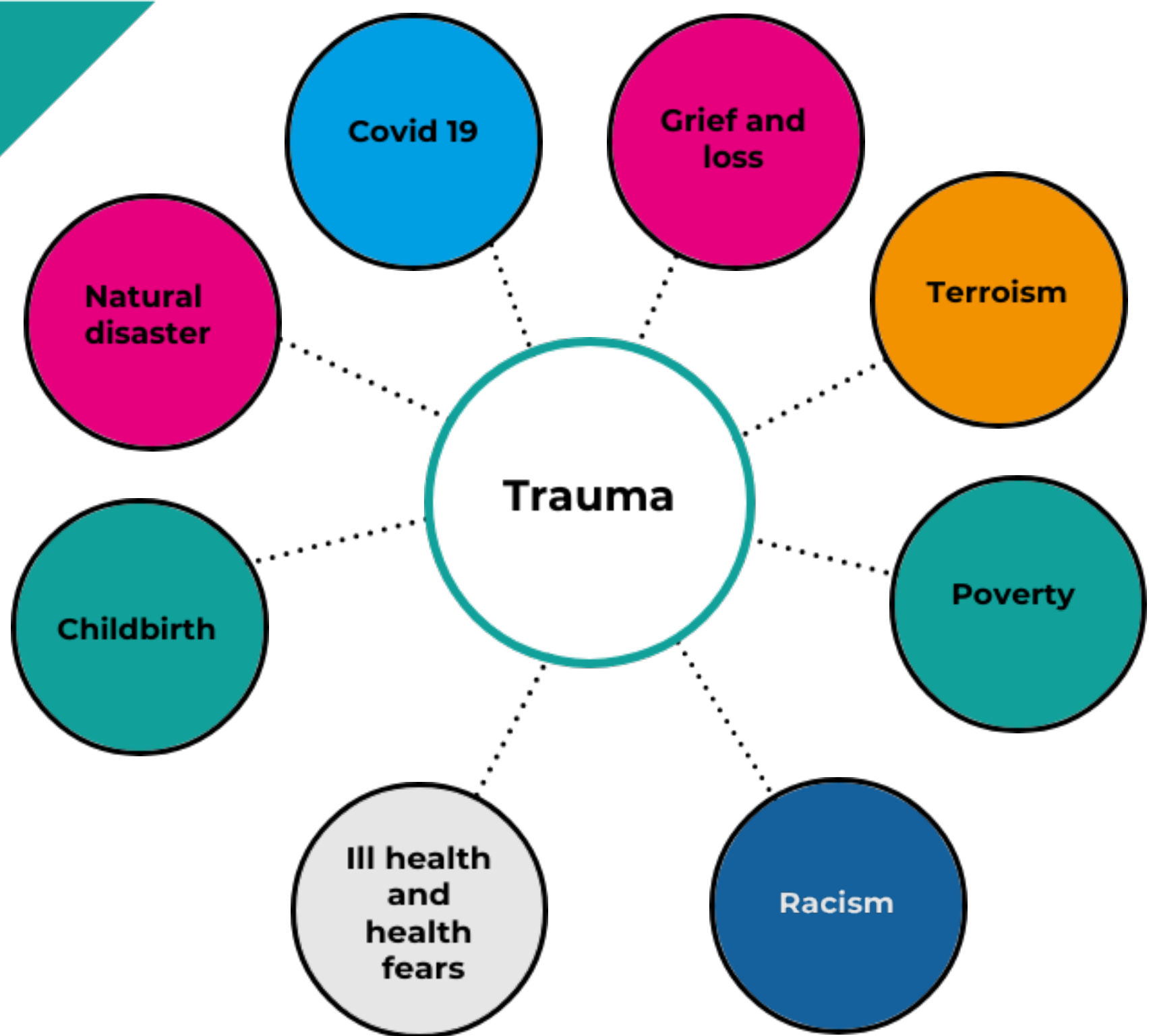
Trauma is a pervasive problem. It results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Experiences that may be traumatic include:

- Physical, sexual, and emotional abuse
- Childhood neglect
- Living with a family member with mental health or substance use disorders
- Sudden, unexplained separation from a loved one
- Poverty
- Racism, discrimination, and oppression
- Violence in the community, war, or terrorism



Social determinants of trauma



Trauma informed practice



Realisethat trauma can affect individuals, groups and communities

Trauma-informed practice started as an approach to health and care interventions. It is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.



Recognisethe signs, symptoms and widespread impact of trauma

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with services and their staff.



Preventre-traumatization

It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma.

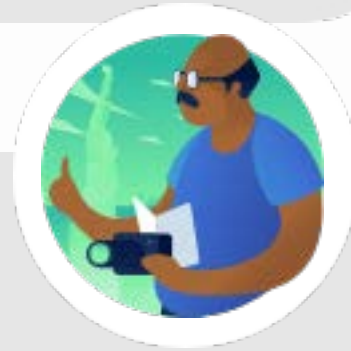
6 principles we work to



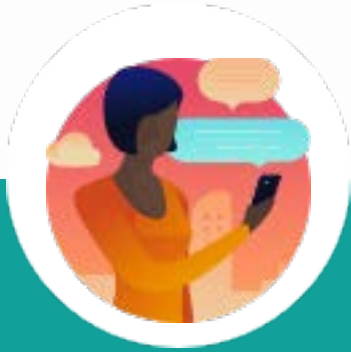
Safety
physical and
emotional



Trustworthy
Transparent



Choice



Empowerment,
voice and control



Culture, historical
and gender
issues



Collaboration
and
Peer support

EDI in research



Equitable
practice



Recognising the
benefits and need
for **diversity**



Inclusive design
and practice

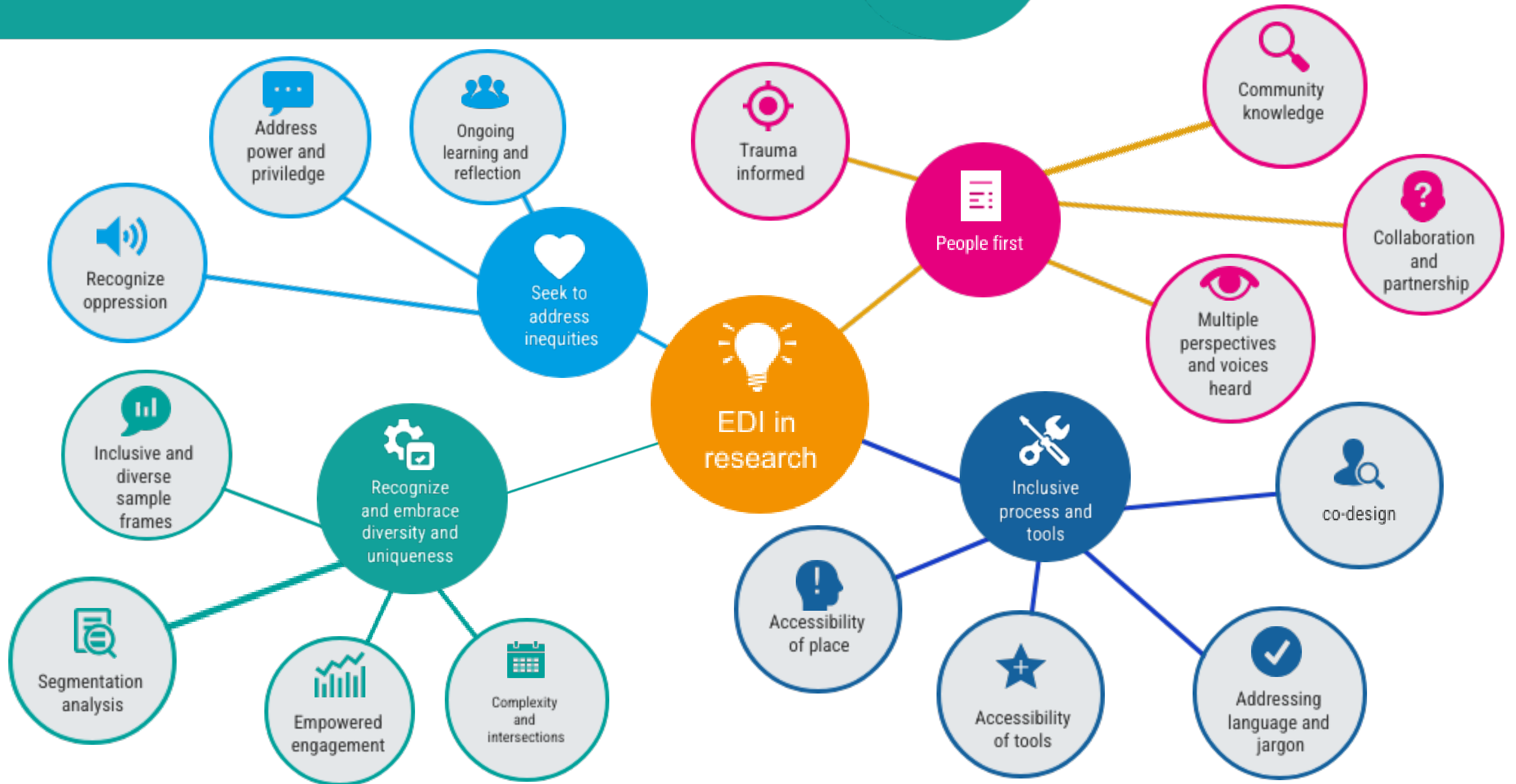
Equitable research practice

“...the notion of equity challenges what practitioners accept as valid, rigorous, and objective. Equity asks us to consider multiple truths (some perhaps more important than others); to weigh the complexity of our current society, the multiple communities that exist within that society, and the multiple identities we each carry; and to discover new and multiple definitions of validity”

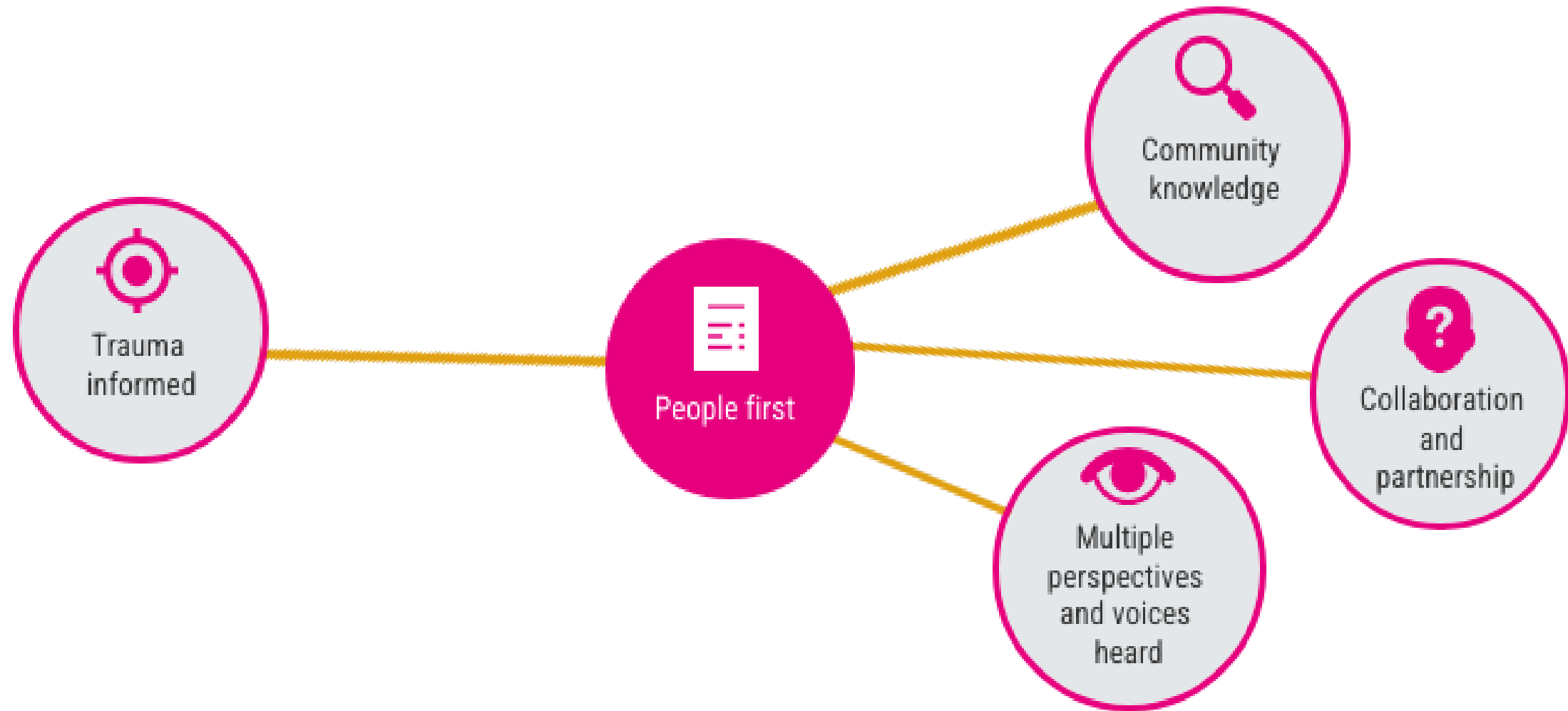
Jean Dean-Coffrey, 2018



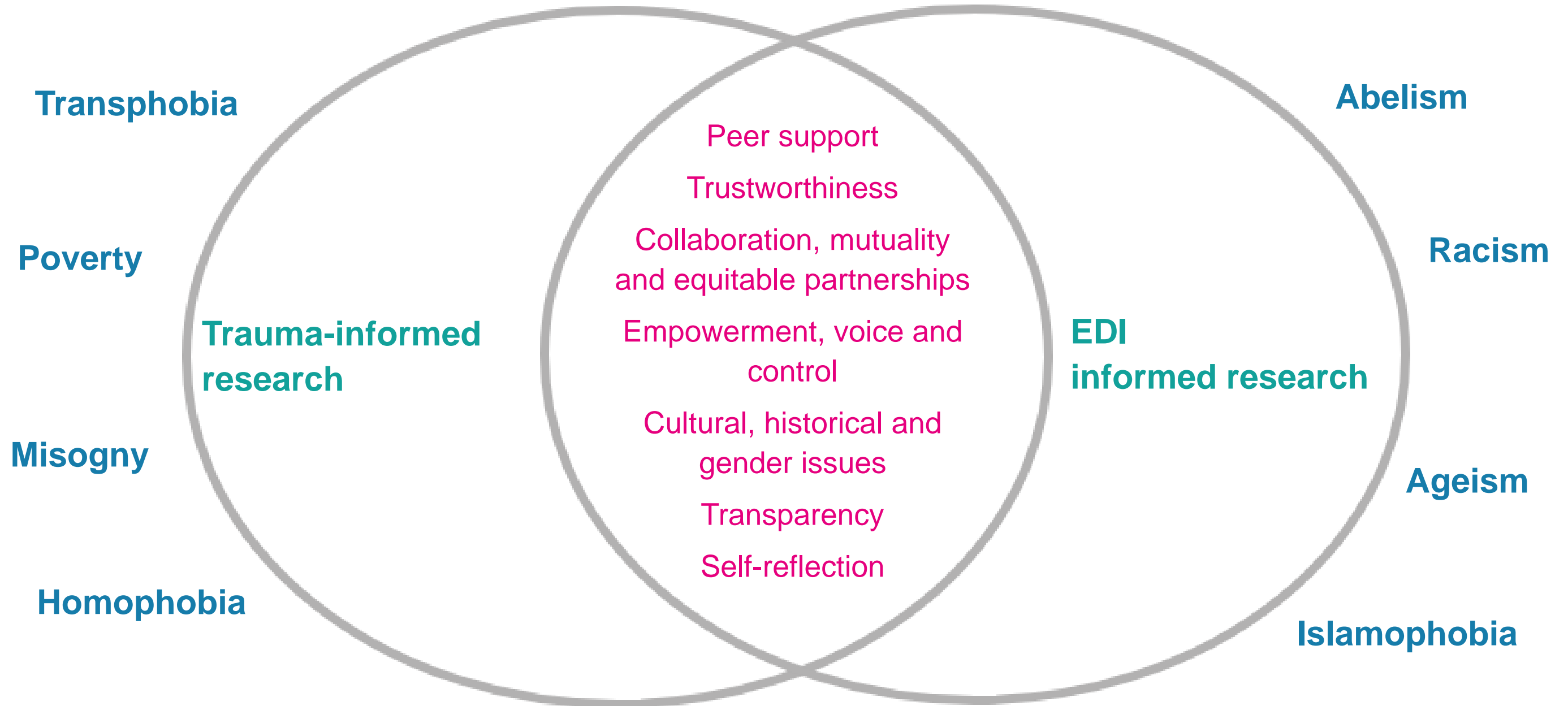
It is complex!!



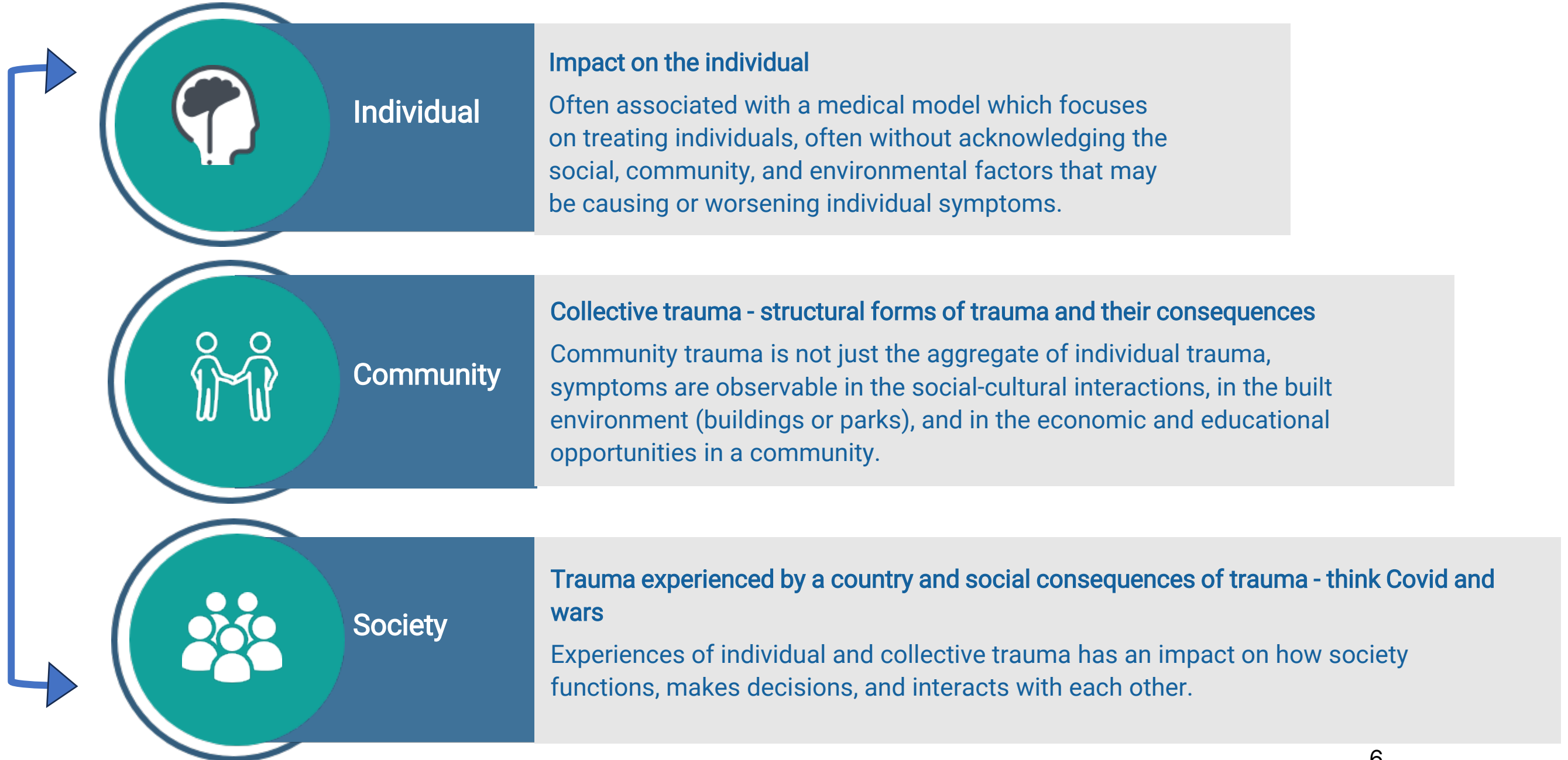
People first



Embedding EDI means embedding trauma informed practice!

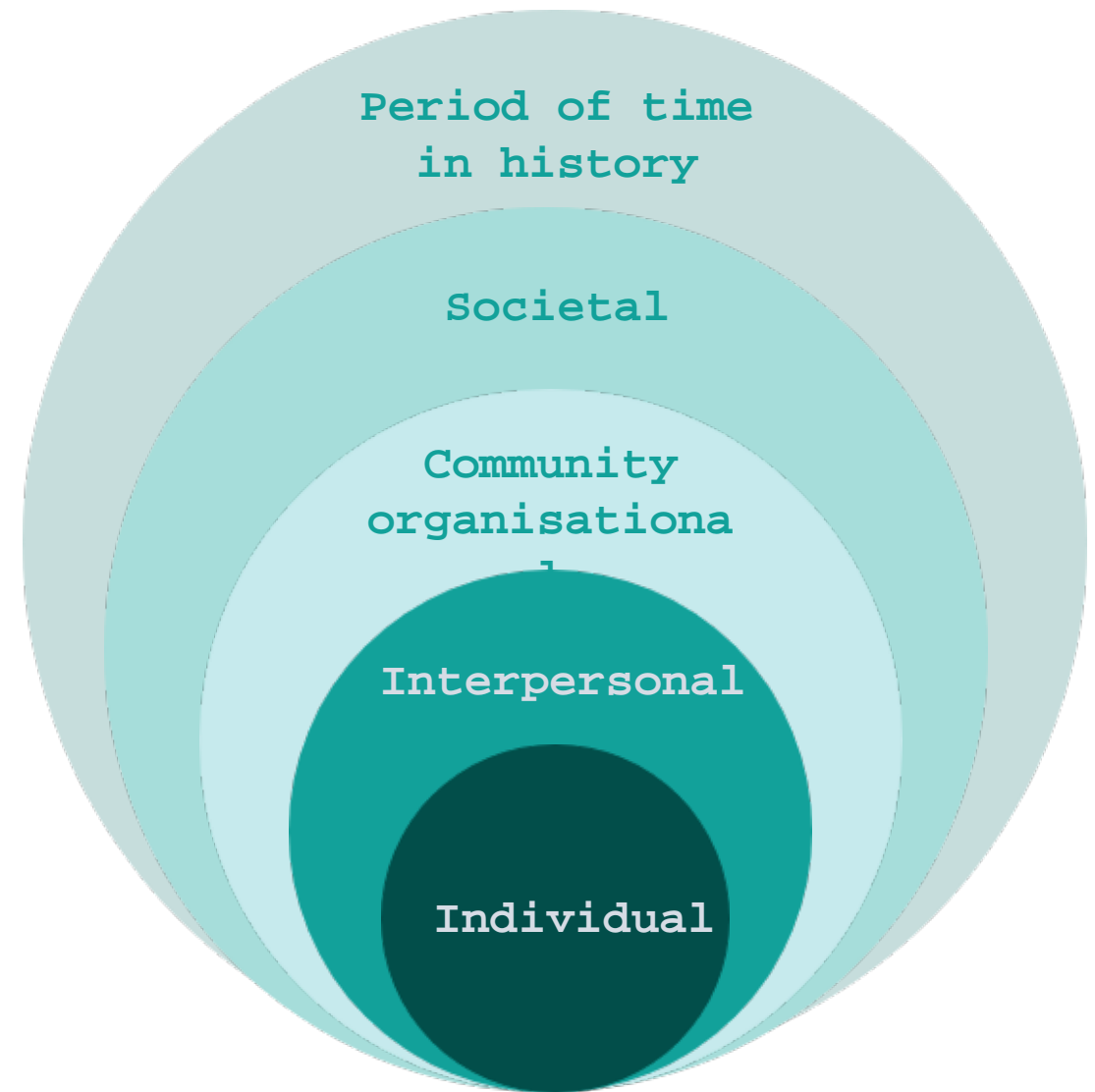


Trauma is not just about an individual



The social-ecological model of trauma

- The social-ecological model has been used to describe how trauma, and responses to trauma exist across a range of levels.
- All levels interact and influence each other.
- It stresses the importance of improving relationships between the person and their community for trauma recovery.
- It also stresses the fact that not all trauma survivors need clinical intervention and highlights the importance of resilience and community interventions.
- This approach moves away from seeing trauma as an 'individual' problem.



What it looks like in practice



Start by looking within your organisation

**Support
and
engage**

- Have the right tools and processes in place for researchers and to work towards a diverse organisation
- Providing training on trauma and EDI across all levels of the organisation.
- Establish systems for staff to raise concerns, in a supportive, non-judgmental environment.



Engage with communities and participants

**Listen
and
learn**

- Embed lived experience and work in partnership with communities.
- Listen and learn, as much as talk and share
- Invest time in getting to know people informally - and be open to changing your approach and methods accordingly.

Thinking about the WHO, HOW and WHAT



Individual

Me as a researcher or practitioner

- Self reflection and self care
- Acknowledge my own privilege, power and biases and trauma
- Learning and unlearning
- Being an ally



Research team

Who makes up our team? Who makes decisions?

- Diverse voices, experiences, values, opinions – collective sense making
- Inclusive design, engagement and communications – and how we test this
- Partnerships – research with and not to
- Build safety and trust – and a culture where people can speak out



Organisation

How do we operate and what systems do we have in place?

- Are we inclusive in our recruitment and management approach
- Does everyone feels they are safe, can be themselves are included and supported?
- What systems do we have to address structural inequalities (e.g. anti racism, community groups), and to protect people e.g. mental health first aiders

Inclusive research design: some examples



Alternative Provision Evaluation (ongoing)

- The efficacy of two alternative provision settings for CYP in the North of England.
- A key issue related to CYP having a distrust of adults and a number of additional learning needs.
- Used observations to get to know the CYP and the settings.
- Designed trauma-informed arts-based workshops with trusted adults present.



Connecting Muslim Mum's Evaluation

- Muslim women's perinatal mental health.
- A key issue to consider was the stigma around MH.
- Used co-production to design the research tools with Muslim women.
- A female Muslim researcher led the data collection.
- Research outputs were coproduced with Muslim women to be culturally sensitive.

Final thoughts

In reality:

- Flexibility can lead to uncertainty.
- Takes time and sometimes money.
- It's hard to think at the individual, local and cultural level
- It requires culture change and support to embed different ways of thinking/working.

But in our experience, **it is invaluable.**



Let's hear from you

How do you see EDI and trauma informed practice aligning for you?

Have a chat to the person next to you



**Thank you for
listening**