

**Toward A Trauma- And
Violence-Informed
Research Ethics Module:
Considerations And
Recommendations**

ACKNOWLEDGEMENTS

This publication was inspired and informed by the initiative, insights, and thought provoking discussions of the Working Group of the Knowledge Hub Community of Practice (convened during 2018/19).

The views expressed herein are those of the authors and do not necessarily reflect those of the Public Health Agency of Canada or individuals in the Working Group.

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PREFACE

Ethical principles and protocols are crucial for guiding research with women and children affected by violence. Some examples of these guidelines include:

- Child Protection Monitoring and Evaluation Reference Group [CP MERG] (2012)
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada (2014)
- World Health Organization [WHO] (2016).

These guidelines may benefit from input from individuals with extensive front-line experience in trauma and violence intervention research, which would provide more comprehensive preparation for the kinds of real-world dilemmas or special considerations germane to such projects (Graham & Powell, 2015; WHO, 2016). In particular, there is a lack of training material designed to address the challenging experiences, situations, and decisions confronting intervention researchers in the field of gender-based violence. Because conventional research ethics take on increased complexity when study participants face precarious circumstances relating to their safety, housing, finances, child custody, etc., a client- and service provider-oriented program for training in front-line trauma- and violence-informed intervention research ethics is needed (Varcoe et al., 2016; WHO, 2016).

The Knowledge Hub (KH) is funded by the Public Health Agency of Canada through the Centre for Research & Education on Violence against Women & Children at Western University. The KH facilitates a Community of Practice for 17 trauma- and violence-informed research intervention projects promoting the health and well-being of adults and children impacted by intimate partner violence and child maltreatment. Community of Practice members self-selected to participate in the Working Group which was formed to address in a trauma- and violence-informed manner, ethical concerns and challenges that might be experienced when conducting intervention research.

The Knowledge Hub team conducted an academic and grey literature search on ethical challenges and best practices for conducting intervention research which was presented to the Working Group. The Working Group met on three occasions to explore scenarios, identify ethical challenges, and explore trauma- and violence-informed strategies for addressing these challenges.

This document draws upon critical themes emerging from everyday ethical dilemmas discussed by the Working Group, and poses recommendations for a training protocol for trauma- and violence-informed research ethics. In doing so, it seeks to contribute to the broader incorporation of trauma- and violence-informed approaches into the ethical decision-making of gender-based violence researchers.

SECTION I: CHALLENGES AND OPPORTUNITIES FOR A TRAUMA- AND VIOLENCE-INFORMED APPROACH TO INTERVENTION RESEARCH

A Trauma- and Violence-Informed Framework

Trauma may be defined as: “experiences that overwhelm an individual’s capacity to cope” (Arthur et al., 2013; Ponice, Varcoe, and Smutylo, 2016). As such, it is a broad concept encompassing experiences of violence, accidents, natural disaster, war, stigmatization, abuse, sudden unexpected loss, or other life events outside of one’s control, as well as early life experiences including child abuse, neglect, witnessing violence, and disrupted attachment (Covington, 2008). Because trauma comprises not only the external event but also one’s response to the event, the impact of a given traumatic experience cannot be understood in a one-size-fits-all manner (Covington, 2008).

Social and individual factors can shape the considerably wide-ranging and potentially long-lasting effects of trauma, including negative outcomes in mental and emotional wellbeing, physical health, childhood development, and even brain and nervous-system functioning (Ponice et al., 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

Consequently, there has been a growing turn toward trauma-informed practice, which aims to have service providers and researchers recognize and support the various ways that trauma may be embodied, expressed, and navigated by individuals. The trauma-informed framework directs particular ethical attention to ensuring the safety of clients and research participants, while also promoting their agency, well-being, equality, and dignity (Seedat et al., 2004).

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH



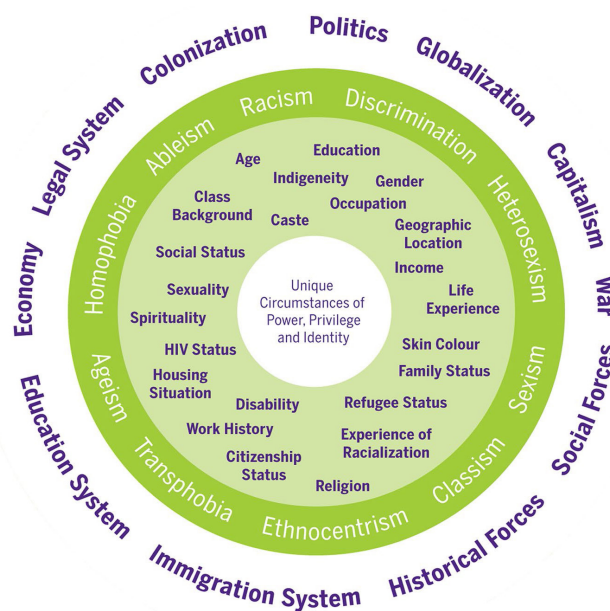
https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

A trauma- and violence-informed framework expands the concept of trauma informed support to account for the intersection of systemic and interpersonal violence and structural inequities on a person’s life (Varcoe et al., 2016).

Trauma- and violence-informed interventions and research take into account not only the psychology, behaviour, and lived experience of the individual client, but also the kinds of social circumstances in which their everyday lives take place—that is, the relationships, community environment, and social structures that shape the kinds of opportunities and challenges they face (Varcoe et al., 2016; cf. Smith, 1989). As such, the focus on *violence* in the trauma- and violence-informed perspective is directed not just to physical manifestations of force or aggression, as one might commonly associate with violence, but also to less tangible institutional policies, practices, and processes which produce their own risks and/or threats to the well-being of persons (Varcoe et al., 2016).

The consideration of social structure contributes an additional explanatory dimension to our understanding of violence. From the standpoint of researchers, service providers and stakeholders interested in addressing violence in a fully comprehensive manner, it also requires us to direct energies toward the various forms of “structural violence” endemic within many of society’s political, economic, and cultural systems. Although the perpetuation of systems such as white supremacy, patriarchy, colonialism, and heterosexism are increasingly

denounced by members of mainstream society, the deleterious effects of these systems are often taken for granted as the moral failings, bad luck, or genetic inferiority of the individuals they oppress (Collins, 2000, 2017; Collins & Bilge, 2016; Smith, 1989). In cases where individuals experience trauma from sexual violence or domestic abuse, for instance, this contradiction often takes the form of victim-blaming, stigmatization, or pathologizing, as well as systemic obstacles to accessing the very resources (e.g., police, social welfare, medical care, legal aid, emergency shelter) that are supposed to help in such crises. The Intersectionality Wheel below shows the various forms of structural violence that people may experience, and how these interconnect with a person’s identities and the unique circumstances they may face:



Everyone Belongs: A Toolkit for Applying Intersectionality (Simpson, 2009, p. 5)

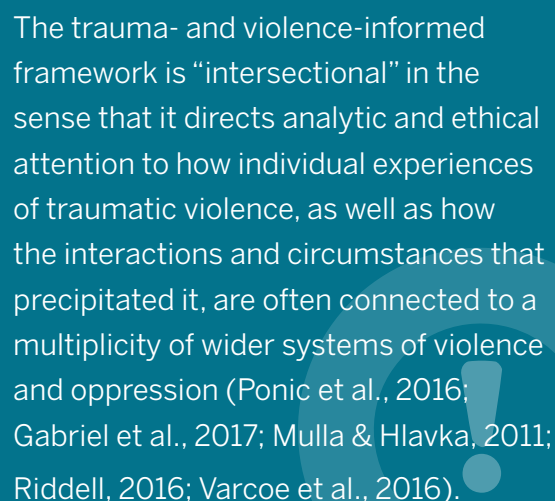
It is also the case that many individuals occupy subordinate positions in relation to multiple systems of oppression, raising the importance for intervention researchers to avoid underestimating the complexity of the social circumstances in which participants experience trauma (Collins, 2017; Collins & Bilge, 2016; Crenshaw, 1989).

As Collins and Bilge (2016) explain,

“the events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people’s lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other.”
(p. 2)

A trauma- and violence-informed approach offers expanded possibilities for developing research and advocacy projects that also recognize the ways that experiences of gender-based violence are shaped by social-structural intersections of power, oppression, and identity. With regard to intervention research, the trauma- and violence-informed framework provides a basis for comprehending and confronting the complexity of these issues with even greater breadth

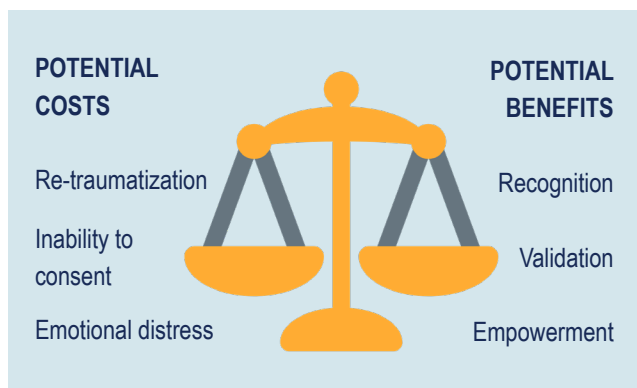
and sensitivity, and empowering research participants to do the same. However, adopting a trauma- and violence-informed framework may expose a number of challenges for the ethical conduct of intervention research.



The trauma- and violence-informed framework is “intersectional” in the sense that it directs analytic and ethical attention to how individual experiences of traumatic violence, as well as how the interactions and circumstances that precipitated it, are often connected to a multiplicity of wider systems of violence and oppression (Ponic et al., 2016; Gabriel et al., 2017; Mulla & Hlavka, 2011; Riddell, 2016; Varcoe et al., 2016).

Ethical Challenges in Intervention Research: A Trauma- And Violence-Informed Focus

Researchers and ethics boards have directed considerable attention to whether individuals who have experienced trauma constitute a “vulnerable population.” Their deliberations focus on whether individuals who have experienced trauma are at risk of re-traumatization or otherwise being harmed by aspects of a study, are sufficiently capable of providing informed consent to participate, whether their participation elevates their risk of further violence (Canadian Institute of Health Research, 2014).



Often, the ethicalness of a project is determined by weighing the potential “costs” of the research (e.g. re-traumatization, emotional distress, inability to consent) against the projected “benefits.” This mode of thinking has led to a growing literature assessing the degree of risk taken on in trauma-related study. This research finds that although the risk of regret and/or discomfort is higher for participants who have experienced recent trauma or who have been diagnosed with PTSD (Appolis et al., 2015; Brown et al., 2014; Johnson & Benight, 2003), the majority of participants in trauma-related

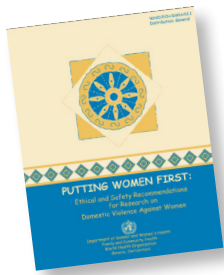
research come away with positive feelings about their experiences in the study. Participants report benefitting from the opportunity to discuss their challenges or experiences without fear of judgment or condemnation, experiencing a sense of recognition and validation at being able to share their stories in a way that might help others, and gaining a broader perspective of how their experiences are linked to social-structural causes rather than solely to their own isolated choices (Burgess-Proctor, 2015; Griffin et al., 2003; Legerski & Bunnell, 2010; Newman et al, 2006; Seedat et al., 2004). The low risk of discomfort or re-traumatization for participants is therefore seen to be justified by the higher likelihood of positive participant experiences and the contribution to crucially important knowledge in various areas of trauma studies (Newman et al, 2006).

These findings support the position of trauma- and violence-informed support workers and researchers who reject the common myth that trauma “victims” are “too fragile” to consent to research participation or to safely discuss their experiences (Griffin et al. 2003, p. 221; Newman et al, 2006; Seedat et al., 2004).

Research participants often report positive feelings because they were able to talk about their experiences of violence or abuse without fear of being judged, and felt believed and validated. They hope that sharing their stories and experiences might help others.

Two publications from the World Health Organization (WHO)—*Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women* (2001), and *Ethical and Safety for Intervention Research on Violence Against Women* (2016). Their recommendations have provided gender-based violence researchers a rich point of reference for discussing and deliberating the unique ethical circumstances that emerge in their work, and have thus contributed to the development of trauma- and violence-informed ethics.

From *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*:



- The safety of respondents and the research team is paramount and should guide all project decisions.
- Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the underreporting of violence.
- Protecting confidentiality is essential to ensure both women’s safety and data quality.
- All research team members should be carefully selected and receive specialized training and ongoing support.
- The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
- Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
- Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

From *Ethical and Safety Recommendations for Intervention Research on Violence Against Women*:



- Intervention studies need to be methodologically sound and build on the current evidence base of interventions and intervention research experience.
- Processes and criteria for participant recruitment should be carefully considered to avoid excluding women who may not initially disclose experience of violence.
- Participant randomization should be transparent and described in a way that can be easily understood by those involved in the research.
- The provision of services to comparison-arm participants should maintain a minimum standard of care.
- Measuring and monitoring harm related to the research should be incorporated into safety protocols.

While trauma and violence intervention research can be conducted without re-traumatizing or otherwise harming participants, more comprehensive training and support is needed to prepare intervention researchers for the complex ethical situations arising from the study of gender-based violence interventions.

The current document explores the following questions:

- How do front-line researchers address unexpected, complicated, or emotionally distressing ethical dilemmas that may not be addressed in research protocols?
- What are researchers to do when faced with a situation where ethical principles seem to point them in different directions?
- How do we ensure that the research process does not reproduce the structural injustices that it is exploring or intending to improve?

We recognize, that the ethical and practical ideas presented arise within situations that may be specific to the settler-colonial context in which much of our work takes place. The situations presented relate to circumstances that may be culturally specific and therefore are not assumed to represent a definitive, universal statement on the conduct of gender-based violence research interventions. We acknowledge the limitations of this document's applicability to addressing some of the important ethical and social issues that arise when conducting gender-based violence intervention research from an Indigenous perspective and/or in Indigenous communities. We are hopeful that the open-ended and discussion-oriented nature of the

proposed program may open up space for further partnership, dialogue, and learning about these issues with our Indigenous colleagues moving forward.

Toward A Practical Ethics For Trauma-And Violence-Informed Intervention Research

Gender-based violence intervention researchers engage with subject matters that are, by their very nature, fraught with social injustice and interpersonal harm. Such harms and injustices are often ongoing at the time of research. It is reasonable to expect that “traditional” ethical guidelines, ideals, conventions, and “best practices” may be insufficient for preparing those involved in intervention research for such situations (e.g. research assistants, intervention facilitators, and principal investigators). Together, researchers and service providers have the opportunity to develop training and resources that foster the necessary skills for navigating ethical challenges encountered in trauma and violence intervention research.

Currently within the field, there remains a gap between research intervention training and ethical guidelines, on one hand, and the real-world dilemmas that one encounters in trauma- and violence-informed intervention research, on the other. This document explores some of the ethical and practical tensions that lie within that gap. We hope to illuminate some of the ethical dilemmas that take place within the everyday lives of intervention research teams,

to open these dilemmas up to further dialogue across our communities, and thus to support and empower trauma- and violence-informed support workers, research teams, and their clients more broadly.

The concept of an “**ethical dilemma**” is used to describe situations in which an individual faces uncertainty over how to choose a “good” or “right” course of action among various possible alternatives.

Although effectively developed and implemented research protocols can help to prevent many dilemmas from arising in the first place, and can also help prescribe effective problem-solving protocols, experience shows that unanticipated ethical dilemmas nevertheless can and do occur. What, then, is to be done in situations where ethical principles point the researcher in opposing directions—that is, when ethical “goods” appear to conflict?

Ethical Dilemma — A situation in which an individual faces uncertainty over how to choose a “good” or “right” course of action among various possible alternatives

A “problem-based” approach to trauma- and violence-informed training uses such circumstances as a way to facilitate discussion about the theory and practice of ethical gender-based violence intervention research. The

situations below were developed based on actual in-field dilemmas faced by intervention researchers and are intended to encourage conversations and support around the everyday ethical problem-solving that their work demands.

SECTION II: TRAUMA- AND VIOLENCE- INFORMED RESEARCH DILEMMAS

OVERVIEW

The Working Group (WG) identified three themes that often shape the ethical situations that gender-based violence intervention researchers face:

- tensions between the protection versus empowerment of participants,
- tensions in the boundary between an individual's research and/or intervention/support roles,
- tensions in the boundaries between service providers and research teams.

The thematic tensions and the dilemmas and considerations presented here are not intended to reflect an exhaustive review of the challenges arising from trauma- and violence-informed intervention research or of the ethical paradigm(s) informing trauma- and violence-informed frameworks. Nor does the Working Group assert that the courses of action represented in the following dilemmas reflect the absolute “best practices” for intervention researchers to follow. Practical experience has taught that it is crucially important to recognize the highly contextual and relational nature of trauma and violence. The aim of this section is to present examples of real-world dilemmas that may motivate further discussion among gender-based violence researchers, and in turn to offer

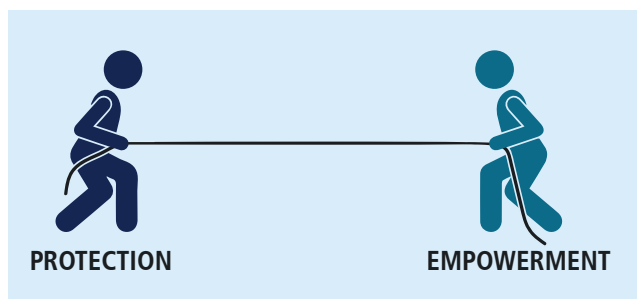
a programmatic “starting point” for dilemma-based training designed by and for individuals engaged in trauma- and violence-informed intervention support and community-based research. The scenarios presented below, and the accompanying discussions of **Dilemmas**, illustrate the kinds of challenges that intervention research teams and support workers often face. The sections on **Considerations** address some specific challenge-areas that situation-based trauma- and violence-informed ethics training can help to illuminate in the field of gender-based violence intervention research.

Themes explored by the Working Group

- **Protection and Empowerment**
- **Institutional and Role Boundaries**
 1. Participant Support and Data Collection
 2. Intervention and Research Teams

PROTECTION AND EMPOWERMENT

The ethicalness of conducting research on people with experiences of trauma and violence has received scrutiny in scholarly and clinical research. Using scenarios, we are attempting to move beyond a reductive “cost–benefit” assessment, and instead focus upon the possibilities for empowerment while maintaining participant safety. Feminist and trauma- and violence-informed researchers have suggested that such a re-framing places greater emphasis on the autonomy and well-being of participants themselves, and less upon a disembodied, decontextualized abstraction of their lived experiences (Paradis, 2000; Varcoe et al., 2016). Fostering the empowerment and safety of all participants (clients and researchers alike) are two core aims of trauma- and violence-informed research.



“**Empowerment**” is understood as social processes that promote self-actualization and support the decision-making and self-expression of participants and researchers (SAMHSA, 2014). This principle encompasses not only the interactions among individuals but also the institutional, cultural, and structural processes

that shape their lived experiences (Smith, 1989). Research that explores the impact of trauma- and violence needs to embed within its procedures mechanisms that deal appropriately with possible sources of structural violence and power imbalance *within the research process itself* (Varcoe et al., 2016). More broadly, trauma- and violence-informed approaches to research advance a commitment to dismantling traditional systems of power imbalance that position the authority and experience of “victims” as subordinate not only to their abusers but also to the researcher-clinicians who “study them”. In place of these traditional power relations, trauma- and violence-informed approaches seek to prioritize and empower the insights of participants by preserving the authenticity of their stories, and by supporting their control over the use and presentation of their words (see, e.g. National Aboriginal Health Organization, 2007; Moore et al., 2017; Riddell et al., 2017).

Empowerment — The social processes that promote self-actualization and support the agency (i.e., decision-making and self-expression) of participants and researchers (SAMHSA, 2014).

However, such efforts also entail a mandate to protect participants’ safety and confidentiality. “**Protection**” entails the maintenance of physical and psychological safety for participants and researchers, as well as transparency about the potential impact that an intervention or

research process may have on them. Given the complex effects that trauma- and violence may have on individuals, efforts to empower participants must be tempered with preparations for addressing or preventing unintended harms. For instance, there are situations where it is morally and/or legally necessary to engage in protective actions on behalf of the participant, such as when child abuse is a factor, or when an incident puts a participant in immediate risk of harm to self or others (e.g. suicide) (WHO, 2016).

Protection — The maintenance of physical and psychological safety for participants and researchers, as well as transparency about the potential impact that an intervention or research process may have on them of participants and researchers (SAMHSA, 2014).

Therapeutic “protection” has traditionally consisted of an external authority unilaterally judging how and when to shield passive recipients from harm. There is a risk that this more paternalistic conception of protection may be mistaken for the collaborative, client-centred approach advocated in trauma- and violence-informed practice. Trauma- and violence-informed approaches strive to develop participant–researcher relations where empowerment and protection are complementary moral values.

Researchers (and sometimes participants) cannot know in advance what level of distress will lead to an adverse reaction for a given participant. The determination of consent must therefore be recognized as an ongoing process, subject to renegotiation and withdrawal at any time (WHO, 2016). Empowerment may also consist of supporting participants who express the desire to work through difficult or uncomfortable topics. Researchers may face emotional and practical challenges of their own in determining how best to hold emotional space for the empowerment of participants experiencing distress, how to navigate disclosures of potentially illegal and harmful events, how to respect unfamiliar cultural customs, and so on.

Challenges researchers may face:

- How to hold emotional space for the empowerment of participants experiencing distress
- How to navigate disclosures of potentially illegal and harmful events
- How to respect unfamiliar customs

SITUATION 1:

Complexities of participant distress and unanticipated disclosure

Debbie is a 19-year-old intervention research participant, taking part in a trauma-informed therapy group for survivors of childhood sexual abuse. Debbie gave her written consent to participate in the research, which involved an interview with a research assistant after the final group session. The research assistants did not facilitate the intervention but did help with some of the sessions and became familiar with the participants. Prior to the interview, the researcher reviewed and confirmed the signed consent form with Debbie. Debbie explained that she had a positive experience in the group and that being asked for her feedback made her feel like she was helping others. Midway through the interview, Debbie revealed that a month ago her boyfriend recorded videos of them engaging in sexual acts, which she consented to at the time. She had recently found out that he sent the videos to his friends. She described being upset and embarrassed about the situation, but also fearful that confronting him or his friends could have even greater negative consequences. As the interview proceeded, Debbie repeatedly circled back to the topic, as though she was trying to work out what she should do next.

Dilemmas

The research assistant faced a mixture of feelings and concerns:

- pressure to fulfil their task of completing the interview
- wanting to address the harm that Debbie had experienced—which itself raised many ethical questions
- worry that Debbie’s disclosure might have a triggering effect relating to the childhood trauma that had initially led her to take part in the group
- regret about continuing the interview
- uncertainty about the duty to report participant disclosures of sexual crimes

Although the research assistant’s gut reaction was that the issue might be best handled by the police, they did not want to place undue pressure on Debbie to do what they themselves felt was right. Given the unexpected way that the issue had come up in the interview, and considering Debbie’s past experiences with sexual abuse, the researcher wondered whether they at least had an ethical duty to report the issue to the principal investigator.

The research assistant noted to Debbie that she had expressed concern about the issue several times now, and reassured Debbie of her right to skip questions, end the interview, or take a break. They also asked Debbie if it was alright to recommend further follow up with a sexual assault support centre associated with the

research agency. The researcher explained how this organization could identify resources and provide support designed specifically for these issues and could therefore help Debbie to assess what kinds of “next steps” were best for her both legally and in the relationship. Before returning to the interview questions, they reminded Debbie that participants retain the rights to their own responses, and that they may change, omit, or edit their words before approving the transcript for use in research.

Considerations

Assessing risk and managing safety

This scenario provides an example of the tension between ethical principles of empowerment and protection faced by trauma- and violence-informed intervention researchers. Had Debbie been a minor at the time of the recording or distribution of the sexual acts, then the legal duty to report to a child protection agency would be clear, and child protection and safety would be of immediate and critical importance. However, Debbie is an adult, and has the right to decide for herself whether or not to report the issue to police. Even though the research assistant knew this, the research assistant believes Debbie and other women would be best served if the police were involved. This belief is likely rooted in the assumption that sexual assault should be reported. While the research assistant understood it was Debbie’s choice, their own beliefs and desire to protect

is evident in their description of the assistance that the sexual assault centre might provide (i.e. helping her to determine the kinds of next steps she might take vis-à-vis the law and the partner). This situation shows how nuanced the tension between empowerment and protection can be. Training that included dynamics of sexual assault and the range of experiences and outcomes women have when reporting would have enabled this research assistant to not subtly try to influence Debbie’s decision.

Understanding the duty to report

The dilemma underlines the importance for all team members, especially front-line researchers, to be knowledgeable about their legislated duty to report suspected child abuse and be clear on any established methodological protocols for reporting such incidents to a principal investigator and/or ethics board. The research assistant may, for instance, also be within their rights (and duties) to recommend further support services but must be careful not to frame such assistance in ways that pressure participants and reduce the likelihood that they will access support (e.g. sexual assault centre, women’s shelter). While the research assistant in this scenario sought to remain neutral in their responses by providing information about other resources for support, they connect this support to the notion of taking legal “next steps,” implying that this is the usual response. By combining these two courses of action (seeking *support* and engaging in *legal proceedings*)

this bias may in fact have the unintended consequence of preventing Debbie from seeking support. While it may not serve as the most direct form of support, intervention researchers can share information about resources in a way that promotes *both* safety and empowerment.

Allowing the participant to choose

Another ethical tension that arises in this situation is whether or not the researcher should honour Debbie's request to continue the interview or guard her emotional safety in light of topics that might trigger past trauma. Experiences of stress among trauma research participants does not necessarily warrant terminating an interview or overriding a participant's request to continue. Trauma- and violence-informed approaches rest upon empowering the participants to decide for themselves whether or not to work through difficult topics, and how to do so. The openness afforded by this freedom carries a need for effective trauma- and violence-informed training and research protocols to ensure that those decisions can be made within a safe and supportive context. Although individuals with experiences of trauma and violence may be triggered in unanticipated ways, there are measures that intervention research teams can take in order to prevent or reduce unexpected distress and also empower participants' decision to consent, defer, or withdraw from interview questions. For instance, the WHO recommends that the "interviewer should introduce any

section enquiring about violence carefully, forewarning the respondent about the nature of the questions and giving her the opportunity to either stop the interview, or not answer these questions" (WHO, 2001, p. 12). By taking steps like these—and, where possible, reminding participants of reporting requirements before sensitive questions are posed—researchers can not only protect participants from unexpected distress but also empower participants' control over what they disclose.

Trauma- and violence-informed interviews allow participants to:

- Skip questions
- End the interview early
- Take a break
- Have a support person with them

SITUATION 2:

Researcher needs to move into or out of a support role

A research assistant is conducting phone interviews with gay men who responded to an online survey about their past experiences of victimization in intimate relationships and who volunteered to talk more about their experiences in a follow-up phone interview. Tom, one of the volunteers for this part of the study, reported that he had previously lived with an abusive partner. He asked to be called during the day, when his current partner was at work and the condo would be quieter.

The researcher called, as arranged, around noon. They were 15 minutes into the interview when it was interrupted by someone in the background who seemed to have walked into the room and overheard Tom answering questions. The researcher could hear this person angrily confront Tom about sharing private information about their relationship. The phone sounded like it was put down and the researcher could hear raised voices (but could not make out what was being said). The researcher was trying to decide whether or not to hang up and call 911 when Tom came back on the phone. There was silence in the background and Tom reported that he was in a private space. He stated that he wanted to continue the interview. He started answering questions again, but soon after, began sobbing (though he seemed to be trying to muffle the sound).

Dilemmas

In this scenario, the researcher:

- wondered whether he should continue with the interview given what he had just heard
- worried about the safety of the participant and wondered whether he should call for help.

Tom was clearly experiencing a high degree of distress and there were reasons to be concerned about the risk to Tom posed by the individual confronting him, especially given that the man's identity could not immediately be confirmed (although once back on the phone Tom verified that it was his current partner, rather than his formerly abusive partner). It was apparent that he needed to be linked to a support service capable of conducting a risk assessment, developing an appropriate safety plan, and providing ongoing support. But what was the best way to accomplish this so that Tom's power and decisions were respected within the situation?

Referring to the distress protocols that he had learned and practiced, the researcher let Tom know that he was concerned about his safety and well-being. He provided Tom with information on how to call a violence distress line service and, with Tom's agreement, arranged to call him back in 30 minutes, the time at which Tom's partner would be going back to work. Immediately after hanging up, the researcher

contacted the research supervisor to inform them of the incident and to consult about how best to proceed. Thirty minutes later, the researcher called Tom back, established that Tom was able to talk, and then continued his conversation about resources that Tom might access. Tom seemed to be relieved to be having this conversation. The researcher repeated the number for the help line and also explored with Tom other services that he might access for crisis support including the supports provided at the university where Tom was enrolled. Tom decided that the university-based supports were likely to be the most helpful, and easiest for him to access, and he agreed that he would make a call to this service immediately after ending his conversation with the researcher. The researcher asked if Tom wanted him to follow up later that day or the next. Tom declined the offer but stated that he would access the university-based supports that they had discussed.

Considerations

Assessing potential crisis situations

When an interview is interrupted by an external conflict and the status of a participant's well-being is unclear, questions arise about how best to assess and protect the safety of a participant while also recognizing the participant's own self-determination regarding both the research and their life-circumstances. While it appeared that no crime had taken place, the intensity of the situation required some response on the part of the researcher. Depending on the interviewer's

interpretation of the conflict on the other end of the phone call, a less experienced researcher might have assumed a counseling role with Tom, decided to involve the police, or overlooked what had just happened in a misguided effort to "empower" Tom's decision to continue the interview.

Sometimes, the role of researcher can and should be combined with a supportive role. It may require a few moments to:

- assess well-being,
- check in to see if the participant wishes to continue,
- follow the participant's lead on how best to continue,
- assess risk and consider safety

As this researcher's response to the situation shows, an interviewer may not have to choose between taking on a full-fledged support role or being a detached data-collector, but may require respectfully redirecting the interview or "checking-in" to ensure the participant's wishes to continue, and then following the participant's lead in determining the most appropriate course of action (another example where this is the case might be an interviewee becoming highly engrossed in describing a traumatic event and exceeding the interview time initially agreed upon).

Reasons the researcher may have been concerned about participant safety:

- Loud noises followed by silence
- Interruption of the conversation
- Prior abuse history

Assessing risk and responding effectively

The judgment calls involved in intense situations like these demonstrate the importance of training and supervision in empowering a researcher's decision making. The researcher in this case needed to be able to recognize that the participant he was interviewing was in a potentially risky situation (i.e. loud voices and a possible prior context of abuse) and was highly distressed, and also needed to know what to do once Tom got back on the phone after the argument. The researcher did not hang up the phone while Tom was facing a distressing (and potentially abusive) situation, even though he was considering doing so; instead he made the decision to provide the participant information for crisis support (as well as inform his supervisor of the incident). And although the poise, skill, and resources needed to recognize, assess, and decisively respond to potentially dangerous situations is essential for trauma and violence research, there are several areas in trauma- and violence-informed research design—including training, recruitment, protocol, etc.—that may be

developed further to support the empowerment and safety of participants and researchers. The following will therefore address a few of these administrative and design elements.

Ensuring participant confidentiality and safety

Where studies involve individuals with experiences of intimate partner violence, preserving the safety and confidentiality of recruits and participants at all stages of the research process is paramount.

A number of strategies have been identified that researchers can take to ensure that recruitment materials, researcher–participant communications, data collection instruments, honoraria, etc. are not intercepted or uncovered by third parties (WHO, 2016; Burgess Proctor, 2015; Fontes, 2004; Gabriel et al, 2017):

- Terminate or change the subject of a discussion to a less sensitive topic if the interview is interrupted by anyone.
- Use neutral or coded language in recruitment or follow-up messages delivered to participants.
- Offer compensation that arouses less suspicion, such as small denominations of cash, useful gifts, or items like bus tickets.
- Offer resource sheets identifying support services that include general as well as violence specific services.

Coded language involves the use of an agreed upon term (e.g. in a follow-up call) that only identifies the subject of the call for those who know the code. This allows a researcher to leave messages that prevent others from learning about the participant's involvement in a program or study.

Eligibility criteria and screening processes

This situation suggests the importance of having thorough eligibility criteria and screening processes. Although the study may pertain to Tom's previous relationship with an abusive partner, it is possible that his current relationship is also abusive and may likewise put him in jeopardy. In accounting for possibilities like this, it may be appropriate for some trauma- and violence-informed intervention studies to develop additional recruitment selection/ screening criteria and/or safety protocols to avoid placing participants at elevated risk of harm. Such restrictions should, of course, be determined in light of an ethical responsibility not to facilely discriminate against—and thereby disempower—individuals solely on the basis of past history or current circumstances. The balance between the values of protection and empowerment warrant ethical deliberation by research designers in light of the specific cultural and social contexts (e.g. class, ethnicity, citizenship, disability, sexuality) in which their project will be undertaken.

Resource sheets

One way for research designers to empower both front-line researchers and participants is to supply Research Assistants with resource sheets developed with the needs of the end-user(s) in mind. Research protocols often include a resource sheet for participants who might feel distressed by the research or want to find out more about the research topic; however, experience has found that these resource sheets are not always adequately detailed, and Research Assistants are not always knowledgeable about the various services listed. For example, protocols often instruct staff to refer participants for assistance if the participant is at risk, but the nature of risk, and how it might manifest, is often addressed in a few “example” scenarios in parentheses (e.g. “participant is being threatened with violence,” “participant becomes suicidal”). The difference between being given a set of directions about how to address a situation, and being given opportunities to practice decision-making skills in response to a situation, becomes critical. In situations where risk of participant distress is elevated, it is recommended that considerable care go into the preparation of resource sheets, safety protocols, and in training research assistants to use them in *practical* contexts. Efforts should be made to connect with the services identified so that the services are aware of the study and possible increased requests for services.

Developing resource sheets for trauma- and violence-informed research:

When providing IPV-specific resources, also include the contact information for general resources (e.g. school, library, public health, food bank). Including general resources as well as IPV-specific resources is less likely to place the participant at risk if the list is discovered by someone who does not want the participant disclosing or seeking help related to IPV.

Access to two phones

The research assistant's decision-making was constrained in the above situation by the fact that they had a single phone available to them. Supposing that the situation required the research assistant to contact the police or emergency services, they may be unable to do so without disconnecting from Tom until the first responder arrives.



Given the importance of keeping a distressed individual on the line (so that support can be responsively provided), we recommend that research protocols for phone interviews

ensure access to a second phone for research assistants to contact police and emergency services in crisis situations, and to engage with resource groups to confirm the availability of their services and support if required.

Debriefing

Researchers often need to make “in the moment” ethical deliberations regarding the integrity of the study and the well-being of participants, and listen to difficult stories of violence and abuse, so they need regular opportunities to debrief their experiences and to continue to develop their judgment and skill. WHO (2016) recommends that trauma- and violence-informed research teams include or have access to a consultant with high levels of clinical skill who can help train and guide members of the research team—especially those who may be emotionally impacted by their experiences collecting data and dealing with difficult situations.

We recommend that research programs incorporate a mentorship model that enables Research Assistants to shadow more experienced assessors, move on to conduct easier parts of the assessment, and gradually take on more responsibility as they gain skill and experience with implementing research protocols and navigating ethically challenging circumstances.

Summary

Trauma- and violence-informed intervention studies seek to minimize harm that may come to participants. WHO (2016) recommends that “the safety of the respondents and the research team is paramount and should guide all project decisions” (p. 10). While this notion might at first suggest an obligation for researchers to unilaterally protect clients from re-traumatization or other harms, the failure to *empower* a participant’s expressed consent might have the adverse effect of reproducing a client’s loss of control and autonomy.

In each scenario the researcher’s training helped them to recognize indications of the participant’s distress. Before interviews begin, researchers can work with participants to plan strategies for scenarios like these. Depending on the nature of the research, this approach might be comparable to the detailed safety plans that clinicians develop with women in violent situations, or perhaps to methods of “process consent” in which researcher and participant together decide the terms and subject matter of an interview (Fontes, 2004; WHO, 2016).

These scenarios also demonstrate how considerations of empowerment and safety are important for the well-being of trauma- and violence-informed researchers as well. Without adequate support and guidance, the research team may experience vicarious trauma, burnout, or compassion fatigue. One recommended strategy for enhancing the well-being of

the researcher is to incorporate mentorship programs within the research project (SAMHSA, 2014). Such programs help research teams to reflect on their own practice, to debrief, and to receive feedback. This has implications both for researchers’ safety, as they work to prevent vicarious trauma and secondary traumatic stress, as well as for participants’ safety, as research practices are discussed, reviewed, and improved. The specifics of an effective mentoring relationship will of course vary depending upon the type of project, the size of the research team, and the skills of the team members. In some cases, it may be valuable for researchers or agencies to foster mentorship relationships with people from outside the organization. An external mentor can help researchers to feel safe discussing their fears and their mistakes and empowered by having an opportunity to receive advice and support. In some cases, paying for external supervision can therefore be very worthwhile. In addition, forming a Community of Practice of trauma- and violence-informed researchers can be an invaluable source of collegial support and a hub for exchanging wisdom and resources.

VICARIOUS TRAUMA AMONG RESEARCHERS

Conducting research on trauma-related topics may put researchers at risk of vicarious trauma because they are limited in their role: to research, analyze and refer, but not to offer direct assistance.¹

Circumstances that may contribute to vicarious trauma among researchers:



Researcher's sense of safety and security (collecting data in unfamiliar places, interviewing perpetrators)



Repeatedly hearing stories of violence and abuse but being unable to respond when in a data collection role



The degree to which a researcher engages with the information and stories they are hearing.

Research supervisors can prevent or mitigate vicarious trauma by:

- conducting effective screening and providing information during the hiring phase so that the team is aware of the research they will be undertaking
- developing policies and procedures related to caring for the research assistants (such as a maximum number of interviews per day or a protocol if an RA experiences negative impacts while conducting the research)
- providing regular, scheduled and supportive supervision and debriefing opportunities
- including other work to give breaks from traumatic material, encouraging team members to make time for self-care (walking, jogging, cooking, gardening, crafting).



Signs that a researcher may be experiencing vicarious trauma:

- Anxiety, depression, loss of empathy, numbness
- Reluctance to engage in the work
- Feelings of powerlessness

Factors that may contribute (positively and negatively) to a researcher's experience of vicarious trauma:

- Personal history of trauma, or past exposure to traumatic events
- Coping and self-care strategies
- Current life circumstances, support systems, and level of self-awareness



¹Coles, J., Astbury, J., Dartnall, E. & Limjerwala, S. (2014). "A qualitative exploration of researcher trauma and researchers' responses to investigating sexual violence." *Violence Against Women*, 20, 95-117.

INSTITUTIONAL AND ROLE BOUNDARIES

In intervention research, “**boundaries**” may be understood as invisible structures delineating legal, ethical, and professional standards of rights and duties for researchers, service providers, and clients/participants. Concerns about boundary transgressions lead to the development of standards for clinical practices such as medicine, psychology, and social work. However, challenges can arise in applied research, where the counsellor or service provider is also the researcher or research assistant. Conventional ethical frameworks for navigating professional boundaries do not always address the complex interactions that take place between “client-participants” and “clinician-researchers” (Yanos & Ziedonis, 2006).

The role of the researcher or research assistants may become blurred during intervention research projects (Yanos & Ziedonis, 2006).

Examples of blurring of roles include:

- when a researcher must move into a more support-oriented role
- when clinicians become involved in research recruitment
- when institutional hierarchies impinge on communication between front-line workers and principal investigators.

This section identifies two major sites of boundary confusion that commonly arise in the conduct of trauma- and violence-informed

applied research. Although these issues may be present in many forms of applied social and psychological research, they are of distinct concern in studies involving gender-based violence and trauma.



1. **Role Boundaries:** when the mandate of the researcher in a data collection role becomes blurred with the requirements of a service/support role
2. **Institutional Boundaries:** when ambiguities arise between the mandates of partnering research organizations and service organizations

As the scenarios in this section demonstrate, the potential for the blurring of boundaries can raise ethical tensions in trauma- and violence-informed applied research. Without adequate training and organizational alignment, this boundary confusion may produce intensified challenges for protecting confidentiality, avoiding harm and coercion, and empowering participants.

Boundaries — Invisible structures that identify legal, ethical, and professional standards of rights and duties for researchers, service providers, and research participants/clients.

1. Role Boundaries: Participant Support vs. Data Collection

As a general principle, ethical guidelines for psychologists, psychiatrists, counsellors, social workers, and other clinicians in positions of power advise against “dual-role relationships” with their clients (Kitchener, 1988; Hart & Crawford-Wright, 1999). Relations between service providers and clients in non-therapeutic contexts (e.g., close friendships, romantic or sexual partnership, supervisory roles, employer/employee, or research participation), may pose risks of exploitation, loss of objectivity, confused expectations, and/or overall harm (Kitchener, 1988, p. 217). In such circumstances, conflicts between the duties, norms, and expectations of one’s multiple roles can impair the quality of both roles, and lead to dilemmas over which duties to prioritize in a given situation.

At times, clinicians become research assistants in research projects. The dual role of research assistant and clinician may occur because the agency wants to participate in the research project or wants a program evaluated but has insufficient financial resources to fund two positions (clinician who leads the program and a data collector). This becomes even more complex when the clinician also provides counselling or support to individuals who are participating in the research program.

Those in dual research-counsellor roles may feel insufficiently prepared to make in-the-

moment judgments about precisely how to proceed (Hart & Crawford-Wright, 1999, p. 206; Yanos & Ziedonis, 2006). Some may also feel unsupported in processing the secondary trauma that they experience from these encounters.

Given the contextual, variable, and relational nature of trauma and violence research, a lack of comprehensive training can cause confusion for researchers about:

- when/how precisely one should move from a research to a support role,
- to what extent one is justified or obligated to exercise their judgments in this “alternate” role,
- how such a role transition might be understood in relation to the ethics of protection and empowerment discussed above

The dilemmas presented and discussed below represent two of a wide range of possible scenarios in which these kinds of ethical questions are encountered.

SITUATION 3: **Researcher has concerns about a participant's behaviour or functioning**

Forty-five-year-old Melanie was enrolled in a pilot project in which unemployed women who had recently left an abusive partner were offered housing and job-skills training. To assess the project's impact, the support service agency hired a researcher to meet each week to conduct individual interviews with participants after the day's training in order to learn more about the women's response to the program. In Melanie's case, completing an interview had proven difficult for the researcher. Over the past two months, Melanie had made several last-minute requests to reschedule due to feeling unwell and had been a "no-show" for two appointments already. After the third missed appointment, when the researcher called to inquire as to whether she was OK and to ask why she had not shown up, Melanie apologized profusely and explained that she had "mixed up the days again," and had left the training session before the researcher arrived. The researcher knew that the training staff frequently complained that Melanie was often inattentive and sometimes short-tempered, and so he could not help but feel slightly unsympathetic when Melanie asked if they could arrange to conduct the meetings in the mornings before training instead of afternoons when she wasn't so "tired."

Dilemmas

The researcher struggled with his thoughts and feelings about the situation:

- He felt he wasn't successful in completing his task because he was unable to collect all the data required for the study.
- He wondered why Melanie was so ambivalent about the study. Why didn't she just quit if she wasn't interested?
- Why did Melanie report she was feeling unwell all the time?

While he felt inclined to be accommodating, he wanted to ensure that his own time and needs were being respected, and he had doubts over whether a time change would realistically make a difference given Melanie's past unreliability. From a research standpoint, he was concerned that such a change (i.e. conducting the interviews before the training session) might alter the project or study design in such a way that might compromise its results.

Beyond these concerns, however, he wondered if there was also a deeper issue at stake that could explain Melanie's actions.

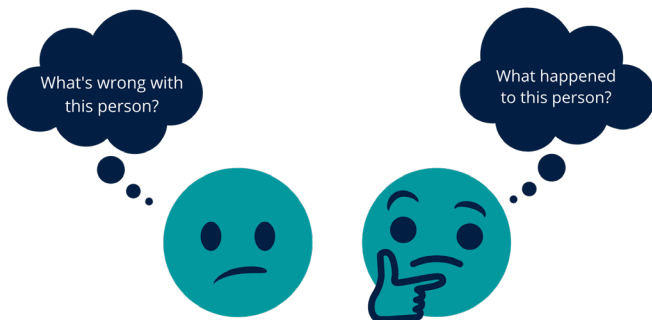
In light of Melanie's past, he considered whether Melanie's behaviours were due to a mental or physical health condition, as opposed to lack of motivation. This raised the additional question of whether such factors were his business as a researcher at all. To broach the subject of Melanie's psychological or medical status with her or with the staff would lie outside his duties

(and perhaps his rights) as a researcher, and might lead to a compromise of her confidentiality or of the research methodology. However, to ignore the topic might leave a serious issue unaddressed, and leave her service workers to perhaps assume she was unmotivated to succeed in the job-skills program.

Considerations

“What happened?” Instead of “What’s wrong with this person?”

The researcher’s consideration of a possible psychological or neurological explanation for Melanie’s situation (e.g. traumatic brain injury [TBI] or posttraumatic stress symptoms) is an example of thinking about what has happened, instead of dwelling on a notion of “what is wrong” with Melanie. Where traumatic brain injury or post-traumatic stress may be concerned, such considerations carry especially serious implications.



Research examining the relationship between TBI and intimate partner violence (e.g. Hunnicutt et al., 2017; Valera et al., 2019; Valera & Kucyi, 2017) have found that a large proportion of

women who have experienced intimate partner violence screen positive for potential traumatic brain injury.¹ Despite the high prevalence of TBI within this population, however, its symptoms can often present in ways that may be mistakenly interpreted by support workers, first responders, and medical professionals. For instance, slurred speech and disorientation can often be mistaken for intoxication; mood swings, sensitivity to light or sound, and headaches can be mistaken for orneriness; and, as the researcher himself encountered, memory loss, drowsiness, or frequent absences may easily be mistaken for inattention, laziness, unreliability, or indifference. When impacts of trauma and violence are misattributed to character flaws or lack of interest and motivation, the problem remains “invisible” and individuals are left without support or appropriate intervention (Valera & Kucyi, 2017). There is evidence to suggest that what happened to Melanie (the violence suffered at the hand of a partner) accounts for her challenges in attending appointments. Yet, if Melanie is not afforded any accommodations, the likelihood is high that she will end up either dropping out of the job-training program or failing to obtain a positive reference if she does complete it. In either case, Melanie would be placed in an extremely precarious economic position that will only exacerbate her current difficulties. Such conditions also may increase the risk that she will return to her abusive partner due to a lack of financial resources.

¹ For example, Valera et al.’s study found that one partner-related TBI had taken place among 75% of their sample (2019, p. 661), and a literature review by St. Ivany & Schminkey found this rate to range from 60–92% in various studies (2016, p. 129).

1 in 2

Women who live with an abusive partner may be subject to frequent unreported and untreated physical violence involving the head (Campbell et al., 2018). Such violence may lead to traumatic brain injury (TBI).

Its effects are associated with:

- ✓ Memory Problems
- ✓ Physical symptoms (nausea, dizziness, pain, ringing in ears, vision problems, headaches)
- ✓ Mood changes (anger, depression)
- ✓ Difficulty sleeping



Women with traumatic brain injuries are best supported by:

- Allowing time for rest in a quiet dark place
- Keeping meetings brief and to a minimum
- Providing travel assistance to attend research appointments
- Providing notebooks, calendars, agendas to support their efforts to be organized
- Being realistic about their abilities and limitations. Everything may take longer and they may be easily frustrated.

Supporting participant choice and access

From a trauma- and violence-informed perspective, it follows that the violence Melanie experienced may, in effect, still be *ongoing* insofar as its mental or neurological harms have the potential to limit her access to opportunities or to fair and equitable treatment. Especially when considered within the wider social-structural context in which the pilot project is undertaken, the possibility that she could be systemically disadvantaged in this way constitute ethical grounds for the researcher to voice his concerns with the project administrators about providing appropriate screenings and/or accommodations.

The researcher in this example identifies as male. It may also be possible that Melanie is uncomfortable with participating in these interviews with a male person. Melanie is put in the position of having to apologize to a male person with privilege and power. The principal of choice should be exercised in this instance. That is, everything possible should be done to give participants the choice between a male and female interviewer.

Lastly, and independent of a participant's actual health status, trauma- and violence-informed researchers and project administrators might uphold the WHO's recommendation by working together to ensure that "interviews should be conducted only in a private setting," and that participants "should be free to reschedule (or

relocate) the interview to a time (or place) that may be more safe or convenient for her” (WHO, 2001, p. 12). Relating to the ethical values explored earlier, such efforts to empower participants may require enhanced or supplementary considerations regarding safety protocols.

SITUATION 4:

Participant and researcher hold different expectations of the research relationship

A researcher was investigating a new program piloted by a refugee resettlement agency which was designed to help women process the violence they had escaped in their country of origin. Participants in the study gave consent for the researcher to have access to some limited personal information from their intake file at the refugee settlement agency, and were offered a choice of having their pre- and post-program interviews conducted in their home or the settlement agency. The researcher knew that one of her interview participants, Shagufta, was a refugee from a war-torn country and that she and her family had been exposed to some very traumatic experiences. Shagufta chose to have the researcher come to her house to conduct the interview. When the researcher arrived, Shagufta explained that it was part of her culture to prepare food for guests. She introduced her family and they joined Shagufta and the researcher in a meal. By the time the interview started, the researcher noticed that Shagufta's answers frequently digressed from the initial question being asked. It was hard to tell for sure, but it seemed to the researcher that Shagufta might be avoiding certain topics and circling back to more positive stories about her friends and community before the civil unrest started.

Dilemmas

The researcher in this scenario was concerned about:

- the presence of Shagufta's family and the impact on confidentiality and what was shared,
- whether she was collecting the information she was supposed to in the interview.
- whether or not she was intruding by accepting a meal from a research participant, and
- the social nature of the interview — Was her role as researcher/interviewer compromised?

The researcher reflected on the fact that Shagufta's experiences as a refugee may have left her with a sense of displacement and discomfort over not having her own place to call "home." The researcher decided to emphasize the voluntary nature of participation to Shagufta throughout the interview. For example, she prefaced sensitive questions with statements like "the next question asks about a recent violent incident and I want to know if you would like to continue, skip the questions, or stop the interview?" She hoped, but couldn't be sure, that by supporting Shagufta's ability to make her own decisions about how to address possibly traumatic topics, that this might reinforce the research-oriented purpose of their interaction while not inappropriately influencing Shagufta's responses.

Considerations

In this situation, the specific cause for the researcher's discomfort is somewhat ambiguous—and may perhaps be unclear even to herself, since the circumstances bring forth a number of overlapping considerations relating to the role(s) she is occupying. This situation therefore provides a useful lens for considering some of the possible ethical tensions that may arise when applying trauma- and violence-informed approaches to interactions in non-traditional settings and/or with participants with different cultural contexts than that in which the study was designed and is being conducted.

Critical Reflection — The practice of thinking about how our social identities and beliefs influence the information we gather from others and their ensuing experience. (Mullaly & West, 2018, p. 370)

Reflexivity, Cultural Responsiveness and Cultural Humility

The researcher may have felt uncomfortable about Shagufta's gesture of hospitality because of the way that she perceived traditional research should be conducted. Conventional research methodologies typically prescribe a variety of measures to maintain a boundary between participants and researchers. These may consist of norms that discourage researchers from developing personal relationships with participants or requiring that intervention research-related activities

occur in a specific setting. These norms can help to ensure the safety of both participants and researchers/service providers. For some trauma- and violence-informed intervention projects, however, the need to build safe and trusting relationships between participants and researchers introduces circumstances worthy of consideration. For instance, feminist and community-based participatory research often prioritizes partnerships and relationship building over the formality commonly associated with conventional research processes. As a “check” on one's own biases, it is always worthwhile to critically reflect upon the ways that immediate and strong reactions are predicated on internalized norms and biases (e.g. about the “purity” of the research process, the status of the “detached” scientific observer) rather than a practical assessment of the methodological task at hand. The integration of a trauma- and violence-informed framework with conceptual perspectives like “**critical reflection**” and “**cultural responsiveness**” can provide intervention researchers with a valuable standpoint from which to contextualize their own attitudes and values.

Cultural Humility — “In a multicultural world where power imbalances exist, cultural humility is a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals.” (Foronda, Baptiste, Reinholdt, & Ousman, 2015, p. 213)

Cultural Responsiveness — “describes the capacity to respond to the issues of diverse communities. It requires knowledge and capacity at different levels of intervention: systemic, organizational, professional and individual.”

Cultural responsiveness refers to services “that are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs” of diverse populations and communities. “That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language, or language spoken at home.” (Rural and Regional Health and Aged Care Services, 2009, p. 12)

Another possible cause for discomfort may be that the researcher was unclear about how best to interpret Shagufta’s hospitality and interview responses. Perhaps Shagufta expected a more casual, “social” interaction than the researcher had planned, and this may lead her to disclose details that she might later regret disclosing “on the record” in a research context? But perhaps Shagufta was genuinely uncomfortable with the questions pertaining to violence and was seeking a graceful way to save face while avoiding the topic—either for her own sake, for the sake of one of her family members who were in the same room, or perhaps for the sake of ensuring that her culture or country of

origin would not be simplistically pigeonholed as “war-torn”? Whatever the possible cause, the trauma- and violence-informed approach to “cultural humility” on these sorts of issues calls upon researchers to empower the agency of their participants, who, when provided a range of choices on how to proceed, deserve to have their decisions respected. Not only does this engender support for participants, it also provides the space for participants to co-author the research from their own standpoints, potentially drawing upon knowledge or insights that would otherwise be left unspoken.

3 Principles of cultural humility:

- Life-long learning & critical self-reflection
- Recognizing and changing power imbalances
- Institutional accountability

Lastly, it is possible that the researcher may be uncomfortable because she is unfamiliar with the norms and customs of Shagufta’s culture and worries that causing offence in some way might negatively affect the intervention research. While this may appear to be a minor problem relative to others above, it nevertheless reflects the more general importance of incorporating appropriate cultural training (e.g. cultural humility, cultural responsiveness, and reflexivity) into trauma- and violence-informed intervention

research protocols. Given the continued presence of structural, symbolic, and physical violence directed toward racialized migrants within Canada and abroad, as well as the current societal uneasiness around “offending” others, such training can empower service providers/ intervention researchers to engage humanely and professionally with participants—cognizant of the social baggage that accompanies situations of unequal social privilege, but also confident that well-intentioned individuals can nevertheless reach mutual understandings of one another’s gestures and experiences. In turn, training researchers to respectfully interact with members of other cultures (and enlisting interpreters when necessary) serves to empower research participants of all cultures by treating their customs and experiences with respect.

2. Institutional Boundaries: Intervention and Research Teams

A second category of boundary issues are those that stem from the relationship between researchers and clinical service agencies. There are many reasons for researchers to work in partnership with service agencies to conduct trauma- and violence-informed intervention research:

- Partnerships provide a geographical convenience to client-participants who may already be accessing the service organization.
- The organization's staff may well be the best qualified to deliver the intervention being studied.
- The collaboration can help to streamline transitions from research to intervention/support services when needed.

However, these partnerships can also lead to several forms of boundary conflict that impinge on the ethical conduct of trauma- and violence intervention research. And although the ethical challenges arising from such conflicts often go unaddressed in guidelines and “best practices” recommendations, they remain areas of potential boundary violation that warrant discussion, planning, and ongoing management (for an exception to this gap, see WHO, 2016, pp. 15–17). The following two situations are presented as illustrations of how these boundary issues can take shape in intervention research, and to

furnish recommendations for how they might be addressed from a trauma- and violence-informed standpoint.



SITUATION 5:

Unequal power and expertise among institutional partners

A large school has partnered with a researcher to examine the efficacy of a mindfulness-based intervention for young children who are often disruptive in class. The group meets over the lunch break. It was agreed that each group would include up to 20 children; however, the resource teacher running the group is finding that bringing these 20 children together is very challenging. They are not engaged in the intervention, they frequently talk over each other and over her, and they are pushing and jostling each other to the point that she is concerned that smaller children in the group may be harmed. The resource teacher approaches the school's administration to talk to the researcher about cutting the size of the group in half, but the Principal is intent on ensuring the maximum number of children participate in the intervention, hoping that this will help increase their success at school. The teacher finds herself unable to relay these concerns to the researcher and is left to try to "make it work" on her own.

Dilemmas

This scenario speaks to challenges that may emerge in partnerships between researchers and service providers:

- Power imbalances have limited the possibility of adapting the intervention to the current situation.
- Due to a lack of communication and

collaboration, the researcher is not aware of what is happening and is therefore unable to do anything about it.

Given the status inequalities that often exist between front-line workers and principal investigators, as well as the hierarchical structure that exists within and among institutions (schools, agencies, research institutes alike), open communication may not occur. In this situation, if the effect of inequalities within and among the school and research institute had been understood and discussed, then both the ethical and methodological viability of the study would likely not be in jeopardy.

Considerations

Communication

In this scenario, the challenge arises from a lack of communication between the service providers and the researchers that may ultimately compromise the intervention research or potentially harm the students. This scenario emphasizes the importance of having clear, written agreements between researchers and agencies working together, and a system for convening regular meetings of key team members. Collaborative discussions should be held in advance to anticipate practical problems that might arise in the study and establish protocols for the school to report implementation challenges to the researchers.

However, the formality associated with such protocols can sometimes lead to a curtailment of communication. Front-line workers may be undecided as to whether the seriousness of a situation rises to a level that warrants a full “report,” or they may not want to “bother” the researcher and choose instead to wait until the next scheduled meeting. Experience suggests that reframing correspondence between front-line staff and principal investigators more simply in terms of *communication* can resolve many such problems. Accordingly, building partnerships that encourage regular communication—as well as opportunities for communication outside of regularly scheduled meetings, should urgent matters arise—can be both ethical and practical.

Who is the expert in what domain?

Another ethical consideration underlying this scenario concerns the relative authority and expertise between researchers and service providers. In much of the research conducted on trauma- and violence-informed services, principal investigators are often recognized as experts in their field—and often in the specific intervention under investigation. As part of the process of developing collaborative relationships with agency partners, researchers often provide training or consult with the agency’s management and front-line staff. This carries many advantages for the coordinated front-line implementation of a research protocol, including greater opportunities to address questions and

ensure fidelity to the intervention being studied. However, it may expand the imbalance of power held by the “expert” researcher, whose authority has effectively extended beyond the intellectual subject matter to the practice of intervention as well. When this occurs, the researcher’s authority may hold sway over the practical expertise of the intervention team, even on issues that are fundamentally related to practice.

Thus, the roles and responsibilities of researchers can become quite blurred. This outcome is similar for administrators or team leaders at the intervention site, such as the school principal in the above situation. To avoid the practical and ethical problems emerging from such power relations, it is best that protocols ascribing the roles and responsibilities of each partner be carefully negotiated and the agreements be made accessible to all participants involved in administering the research, including front-line clinicians and research assistants. Without an established, transparent commitment to delineating the boundaries of authority, pathways of communication, and chains of command, it is easy for the real or imagined “needs of the researcher” (or the institution) to be inappropriately prioritized.

Keeping the lines of communication open between researchers and agency staff:

- Establish clear, written agreements between researchers and agencies working together,
- Implement system for convening regular meetings of key teammembers
- Facilitate open communication outside of regular meetings

Similar considerations must be made regarding the relationship between institutional power and knowledge itself. Grass-roots and non-profit agencies that do the bulk of intervention with victims of violence frequently experience under-funding and under-staffing. When research projects bring much needed (and otherwise scarce) funding to the table, agencies can experience pressures to subordinate their mandates to the needs and interests of their partnered organizations.

Receiving and responding to feedback

Researchers conducting trauma- and violence-informed research must be aware of these differences in power at all stages of the research process and that lines of communication remain open. Having clearly defined roles can help, as can taking extra care in ensuring that the concerns of front line-staff are given adequate recognition in all aspects of the research

process. However, given the power imbalances identified above, special considerations may be needed to ensure that agencies possess the authority to object to or propose adjustments to particular components of the research proceedings, as equal partners in the project. For that matter, trauma- and violence-informed training can help to foster the reflexivity necessary for team members to effectively receive and incorporate this feedback.



SITUATION 6: **The service provider as a research recruiter**

Participants for a research intervention project were recruited by organizations providing formal and informal support to women who experienced intimate partner abuse. Sally was referred as a potential participant in this study by her service worker, Leyla, who would also be co-facilitating the intervention component of the project. When Sally met with the research assistant (RA) to discuss the informed consent agreement and to complete the pre-intervention assessment, Sally seemed hesitant to answer questions. When asked if she was OK, Sally said that she had overheard that not many women had signed up to be part of the project and she felt that Leyla didn't deserve that. She explained that Leyla really cares and had really helped her when she needed it. Sally said, "so, let's just get on with it."

Dilemmas

The research assistant in this situation may have been concerned because some of the clients may have felt pressure to participate to support Leyla.

The researcher decided to proceed with the assessment. However, at the end of the meeting, she initiated a discussion with Sally again about her participation. She reminded Sally that her participation in the intervention and her participation in research were separate. She

made sure that Sally understood that her support worker would not know if she chose to participate in the research. She invited Sally again, now that she had completed the assessment, to decide whether or not she was comfortable having her information shared with researchers.

Considerations

Separating the role of recruiter from intervention facilitator

Trauma- and violence-informed researchers often rely on front-line service providers to introduce potential participants to research, and to invite participants to intervention groups being studied. The potential advantage of this strategy is that service providers can consider the suitability of prospective participants to a given intervention. However, the research assistant's dilemma in the above scenario reflects the ways in which the clinical support relationship between front-line staff like Leyla and potential participants like Sally may lead to (inadvertently or directly) coercive outcomes for research recruitment. It may be helpful to separate these roles.



These problems may be avoided through use of well-developed and well-executed ethics protocols and clear communication to potential

participants understand that they can receive existing community supports whether or not they participate in the intervention research. It is also important to focus on informing rather than persuading people about opportunities to participate. We must also ensure that participants do not mistake the hypothesized benefits of a trial intervention as guaranteed outcomes.

Being clear that the intervention does not guarantee any outcomes

These scenarios raise an ethical challenge regarding offering new interventions and services that have not been researched yet. One of the most pressing challenges for individuals working in the area of trauma and violence intervention is the lack of resources. For example, shelters provide emergency support and are limited in the manner and extent of the services they deliver. Victims of violence and trauma seeking service beyond the immediate crisis often face wait lists. For instance, children who have experienced domestic violence and/or maltreatment may wait many weeks or months in some jurisdictions. In rural, northern, and remote communities, there may not be any consistently accessible services devoted to violence and trauma (especially considering the time and money associated with travel).

One of the ways that many agencies survive, and one of the limited ways that they can



expand the range of services they offer, is by partnering with researchers to develop and study new strategies of intervention. These partnerships can

improve the synergy between trauma- and violence-informed research and practice, but they can also compound the pressures placed on agencies by adding the needs of research projects on top of their ordinary service operations. In the above situation, for instance, Sally's support worker Leyla likely feels considerable pressure to recruit enough participants for the intervention research to proceed. Leyla may also feel extra pressure to ensure that the group facilitation is a "success" because she is aware the outcome of the current study may determine access to funding in the future. In fact, it would not be unusual for part of Leyla's current salary to be paid by the research grant, as part of the agreement between the research and agency teams. Awareness of this financial arrangement may intensify the pressure Leyla feels about the current situation, as well as the ethical dilemma that the RA faces when attempting to assess Sally's eligibility for the study.

Solutions for these ethical challenges are complicated by situations where funding is too limited for agencies to independently provide

intervention services to their clients. Financial insecurity of trauma- and violence-informed intervention and support programs takes place within a broader cultural context that allocates financial and political support according to principles of efficiency and profitability, and less-so to principles of social welfare. The net effect of these values has been an ongoing pattern of social and health inequality (Canadian Institute for Health Information, 2015) and cycles of marginalization and violence experienced by society's most vulnerable individuals and communities.

Forward-looking efforts to challenge this logic and advocate for policies that fund innovative and comprehensive gender-based violence interventions should therefore also be considered integral to the long-term ethical mandate of trauma- and violence-informed approaches. Since community-based interventions enable service providers to tailor their methods to the particular circumstances of the local populations, and also enable this work as a whole to explore a wider range of possible innovations, there are compelling reasons for governments and researchers to support a community-based approach to trauma- and violence-informed practice. Increased funding for support agencies would ultimately allow for better research and greater economic efficiency, as teams could be more autonomous in their choices to partner various intervention and research strategies.

Summary

In efforts to empower research participants, researchers may blur the boundary between their roles as researchers and their service provision role. This confusion in boundaries can pose a risk of harm to participants who are under the incorrect impression that the information they are sharing is for intervention or support purposes rather than research, or vice versa. At the institutional level, partnerships between research teams can also produce boundary confusion both for researchers and participants, particularly if the mandates of the partnering organizations are not clearly understood, nor in harmony.

However, neither the blurring of researcher and practitioner roles nor the partnering of service and research institutions necessarily constitute an ethical failure. Front-line service providers experienced in trauma- and violence-informed practice bring a deep awareness of gender-based violence into the research process, which may enhance both the safety and empowerment of participants (Yanos & Ziedonis 2006).

Despite serious concerns about harms that can potentially result from “dual-role” relationships, Kitchener notes that “in our common understanding of what is ethical, we would clearly not judge action leading to a risk of temporary discomfort, a low-level harm, to be unethical when it has the potential of long-term benefit” (1988, p. 219). It is therefore worth

considering not only the experience that trauma- and violence-informed support workers have in assessing and mediating discomfort, but also the benefits that the majority of participants report from being able to take part in such research projects (Burgess-Proctor, 2015; Griffin et al., 2003; Legerski & Bunnell, 2010; Newman & Risch, 2006; Seedat et al., 2004).

“In our common understanding of what is ethical, we would clearly not judge action leading to a risk of temporary discomfort, a low-level harm, to be unethical when it has the potential of long-term benefit.” (Kitchener, 1988, p. 219)

Partnerships between research and service institutions can elicit ethically uncertain situations, but also an enhancement and coordination of trauma- and violence-informed practices. The outcome for any particular partnership rests largely upon the “alignment” of the organizations and the stakeholders’ shared understanding of how the roles and boundaries between them are delineated. As Seider, Davis, & Gardner (2007) explain,

“A profession is in alignment when the various stakeholders within that profession hold similar beliefs about the values, activities, goals, and rewards of the work being carried out. Conversely, a profession is ‘misaligned’ when different

stakeholders within the profession are guided by contradictory goals and values or hold competing beliefs about the pathway along which the work should be pursued.” (p. 673–674)

Insofar as the alignment of boundaries and protocols can be created in an equitable, cooperative, empowering, and safe manner among researchers and service providers within partnered organizations, it is possible that the collaboration will enhance both the service provided to clients and the studies conducted with them. The challenge therefore becomes a matter of establishing well aligned partnership and roles, and then effectively navigating ethical dilemmas that emerge in those exceptional cases where the urgent support or institutional necessity require boundaries to dissolve or blur. The recommendations outlining a dilemma-based trauma- and violence-informed ethics training program in the following section are a critical step toward meeting the challenges discussed in this document.

SECTION III: RECOMMENDATIONS FOR SITUATION-BASED TRAINING

The previous sections have sought to highlight some of the ethical challenges that take place in the everyday practice of gender-based violence intervention research. In examining the considerations that these situations call forth, Section II sought to reflect upon some of the ways that a trauma- and violence-informed approach might be incorporated into the ethical decision-making of intervention research terms.

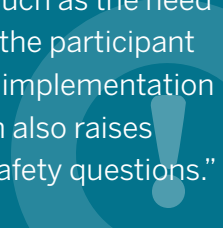
Trauma- and violence-informed training modules oriented toward enhancing the formulation, comprehension, deliberation, and resolution of these questions are a needed (but as yet under-developed) resource within the gender-based violence field.

Currently in Canada, research ethics are guided by protocols such as:

- *Tri-Council Policy Statement (TCPS2: CORE)* (Canadian Institutes of Health Research, 2014)
- *Ownership Control, Access, and Possession (OCAP)* (National Aboriginal Health Organization, 2007)
- *Utility, Self-Voicing, Access and Inter-Relationality* (USAI Ontario Federation of Indian Friendship Centres, 2006)
- *National Inuit Strategy on Research* (Inuit Tapiriit Kanatami, 2018).

The TCPS2: CORE is oriented around key ethical considerations of “free, informed and

ongoing consent”; fairness, equity, and inclusivity in research participation for individuals, groups, and communities; and the protection of privacy and confidentiality (Canadian Institutes of Health Research, 2014, p. 7).



“The sensitive nature of research on (violence against women) requires special ethical and safety considerations. Although the broad considerations remain the same in intervention research, such as the need to protect the safety of the participant and the researcher, the implementation of intervention research also raises additional ethical and safety questions.” (WHO, 2016, p. 5)

The other three protocols focus on research with or about Indigenous people. OCAP was developed in response to the extensive legacy of harm caused by exploitive, oppressive, and colonial research, and pertains to the authority that First Nations have “over all research concerning their communities” (National Aboriginal Health Organization, 2007, p. 4). The OCAP principles apply First Nations aspirations toward self-determination and self-governance to the domain of research and information management (National Aboriginal Health Organization, 2007). The USAI Research Framework was developed to guide Aboriginal research projects conducted by the Ontario Federation of Indian Friendship Centres in the urban communities where the OFIFC is involved. (Ontario Federation of Indian Friendship

Centres, 2016). The National Inuit Strategy on Research identified the enhancement of ethical conduct of research as a priority area to facilitate research that is meaningful and impactful to Inuit people (Inuit Tapiriit Kanatami, 2018).

Because ethical frameworks like these are not expressly developed for trauma-informed research, however, the trauma- and violence-informed training proposed here stands as a potentially valuable complement for guiding gender-based violence research.

A situation-based training program would provide a practical and effective means of fostering a trauma- and violence-informed approach to navigating ethically complex situations in intervention research. “Problem-based learning” provides learners with exposure to practical situations that they might actually encounter in their field of intervention research, and has been demonstrated to be highly effective in areas of training related to health, trauma, and violence (Layne et al., 2011; Strand et al., 2014; Stuber, Keeshin, & Dublin, 2018; Wilson-Mitchell & Handa, 2016). A major advantage of this approach is that training situations can be specified to the experience level and subject matter most appropriate to the trainee(s). When scenarios are addressed in group settings, the training also provides opportunities for collaborative discussion between project managers and trainees, as well as among intervention research teams.

Drawing upon the trauma- and violence-

informed ethics illuminated by the dilemmas and considerations discussed earlier, the current section recommends some of the key components that might be featured in trauma- and violence-informed training module(s) for intervention researchers:

1. Conceptual Foundations
2. Navigating Implementation Challenges
3. Vicarious Trauma and Secondary Trauma among Researchers and Service Providers
4. Information as a Component of Researcher Training
5. Duty to Report Disclosures of Abuse
6. Empowerment and Support
7. Indigenous Inclusion, Contribution, and Recognition
8. Cultural Humility

TRAINING RECOMMENDATIONS: CRITICAL THEMES FOR A TRAUMA- AND VIOLENCE- INFORMED TRAINING MODULE

1. Conceptual Foundations

Situation-based training that involves open group discussions also provides an opportunity for team members to clarify meanings of terms that may carry region- or field-specific connotations, and thus help to establish a common language and understanding among team members. A shared conceptual point of reference allows for clearer communication overall, and an appreciation of how/why research protocols are constructed in certain

ways. For this reason, a strong foundational understanding of the concepts underlying trauma- and violence-informed support can be valuable not only for research team members but also for participants.



Before undertaking a trauma- and violence-informed research project, all involved must possess a foundational understanding of trauma. This includes an understanding of how trauma affects the brain and body and how traumatic symptoms can manifest in everyday life. It also includes an awareness of, and preparation for, possible experiences that could take place interpersonally, behaviourally, psychologically, and emotionally during the research process. It is therefore recommended that training engage with critical concepts and tensions such as:

- Consent and confidentiality
- Distress and harm
- Safety and empowerment
- Boundaries and power relations between researchers and participants, and between research institutions and support services
- Empirical and intervention/support objectives.

2. Navigating Implementation Challenges

It is important for all team members to receive training in the application of trauma- and violence-informed research techniques. Such techniques provide a way to foster positive support both to research participants and the intervention research staff themselves. Training modules might include:

- Rehearsing and role-playing asking for consent, explaining limits of confidentiality, offering options to participants, asking questions, etc.
- Verbal discussions and debate, enabling intervention researchers the opportunity to gain a familiarity with using trauma- and violence-informed language.
- Reflecting upon associated personal challenges and receiving feedback from colleagues.
- Refining specific skills and techniques that the researcher can draw upon during research, such as grounding, mindfulness, and various breathing exercises.



3. Vicarious Trauma and Secondary Trauma among Researchers and Service Providers



Training on trauma- and violence-informed research should also cover the topic of vicarious trauma and secondary trauma. As a matter of health, safety, and well-being, researchers need to reflect on their own trauma history and be cognizant of the ways that their engagement in the research may affect them (and vice versa). For their part, it is important for principal Investigators, research managers, and intervention research teams to acknowledge the prevalence of vicarious trauma and secondary traumatic stress in anti-violence work, and likewise to approach these issues in a manner that is trauma- and violence-informed. It is the responsibility of all team members to take part in building a safe(r) research environment for participants and for one another. Developers of situation-based training modules might seek to address some of the strategies that teams and team members can use to decrease the stigma around vicarious trauma and secondary stress.

This could be achieved by including dilemmas and discussion:

- Recognizing signs for and learning strategies to support a colleague (or oneself) experiencing vicarious trauma or secondary traumatic stress.
- Planning multiple paths for individuals to reach out for assistance if/when such stressors become a problem.
- Adopting proactive strategies for self-care and preventing vicarious trauma or secondary traumatic stress.

4. Information as a Component of Researcher Training

The implementation of safe, empowering research can be enhanced by ensuring that staff are knowledgeable about the issues relating to gender-based violence. For instance, an awareness of the dynamics of sexual assault and the range of experiences and outcomes women have when reporting is crucial for properly addressing matters of participant vulnerability, exploitation, and confidentiality. Such knowledge is also useful for communicating participant rights, limits of confidentiality, answering participants' questions, and ensuring that participant consent is truly informed.



Information provided should also cover relevant referral and support resources within the community. Beyond the basic information of phone numbers or website addresses, it is important that researchers be knowledgeable about factors such as the duration of services' wait lists and referral procedures. This practical awareness may factor significantly into a researcher's decision-making in the context of an ethical dilemma. In the context of discussing possible courses of action with a participant, it can also help to empower participants to make more informed decisions for themselves. In a similar vein, it is important to provide participants with as much information as possible.

Information should be provided as early on in the process as is reasonable, so that recruits can freely choose whether or not to participate, as well as take steps to keep themselves safe during their participation.

A trauma- and violence-informed approach to situation-based learning could challenge researchers to draw critically upon their knowledge of trauma and violence in considering individual and social-structural factors that might be pertinent within a given situation. Scenarios could highlight some of the common considerations that are encompassed within a trauma- and violence-informed approach, such as:

- Providing basic descriptive information. When speaking to a potential participant on the telephone to arrange an interview, it can be helpful to let them know that they will need to enter through a public lobby before

reaching the private interview space. It may also be important to let them know of potential sensory triggers (including sights, sounds, smells) at the location.

- Asking participants what they think they will need to help them participate in a safe way. For instance, participants may be aware of triggers that could impact them during the research.
- Navigating situations in which participants have difficulty comprehending certain information (e.g. due to language or cultural barriers, disability).

Providing this kind of up-front information about what to expect and affording choices, where possible, to participants can assist in minimizing risk and fostering empowerment.

5. Duty to Report Disclosures of Abuse

One of the most serious tensions within the trauma- and violence-informed framework consists in how a service provider or researcher ought to respond to disclosures of mistreatment experienced by a participant. Such disclosures may pertain to mistreatment of the participant themselves, or to possible mistreatment of another individual. In Section II it was suggested that adult participants ought to be empowered to make their own decisions over whether or not to report sexual or intimate partner violence against themselves. However, this assumes that the situation in question does not meet a legislated duty to report (e.g. child abuse) or require intervention because of imminent risk of serious harm to self or others.

Situation-based training modules might address

issues such as:

- Distinguishing scenarios in which a researcher does and does not bear a legal duty to report.
- Supportively transitioning from a research role to a support role that provides participants with appropriate referral information describing where and how they can access supports (e.g. medical, supports for sexual violence or IPV, crisis supports). Such training would include the protocol response when a participant discloses during an intervention or focus/feedback session, endorses a critical item or a written response to question on a survey, and how to ensure that disclosures or significant risks are not discovered a substantial time after being made (e.g., during data entry or data “cleaning” phases later in the study).
- Adjudicating the ethical and methodological appropriateness of using de-identifying techniques for research with a particular population. For instance, the WHO suggests that in special circumstances (e.g. to protect a participant’s confidentiality or safety) it may be necessary to use data collection strategies that temporarily circumvent researchers’ ability to report child abuse (WHO, 2016, pp. 12, 26-27). The ethical and moral validity of those recommendations should be considered critically, especially by team members involved in research design.

6. Empowerment and Support

The concept of process consent, a collaborative method of informed consent “wherein

participants and researchers together develop the consent form,” was described in Section I (Fontes, 2004, p. 145). This technique enables participants and researchers to work collaboratively in reviewing and modifying consent throughout the research when necessary (Fontes, 2004). In this regard, it can provide a means of simultaneously protecting and empowering both parties, as well as neutralizing power imbalances. In absence of this method (or in addition to it), researchers can use more informal, interactional techniques to promote the safety and agency of their participants. Situation-based group training opens up the opportunity for team members to discuss applications of various methods for ensuring that data are collected in a supportive, trauma- and violence-informed way. Training modules could, for instance, encourage discussions about how to use strategies like:

- Reminding participants of the choices they can make or providing them with small choices (e.g. “you can close your eyes or not, whatever you prefer”).
- Reminding participants that they do not have to do what others in an intervention group are doing. Providing options and choice in a group setting can serve to mitigate pressures to conform or assent to an undesirable situation (e.g. “you can feel free to sit, stand, or leave the room”; you can choose which parts of the activity you participate in—feel free to take breaks whenever you want”).
- Providing participants with information for referrals and follow-up supports.
- Offering appropriate honoraria or

compensation for participants' time and contribution to the study.

- Providing child care or compensating child care expenses.
- Providing transportation or covering transportation expenses.
- Sharing practical strategies for expressing emotional and moral support for participants throughout an interview.

Additionally, the WHO (2016) has recommended that “where few resources exist, it may be necessary for the study to create short-term support mechanisms” (p. 19). Depending upon the geographical, socio-cultural, fiscal, and legal context in which an intervention study takes place (e.g. cultural stigma toward marginalized groups, institutional funding, sex-work laws), the formulation and discussion of dilemmas pertaining to the specific issues within a community may also be fruitful.



7. Indigenous Inclusion, Contribution, and Recognition

An important gap to acknowledge in the present paper is the lack of analysis directed specifically to intervention research with Indigenous persons. Trauma- and violence-informed approaches aim to promote principles

that may be amenable to ethical cooperation with Indigenous participants and organizations in intervention research (e.g. cultural humility, social justice, inclusivity). However, it is impossible for and not the place of the authors to discuss “lessons” about trauma and violence for Indigenous colleagues. Likewise, because both the ethical and methodological basis for trauma- and violence-informed intervention research emerges from a Western European philosophical tradition, it is possible that the formulation of ethical dilemmas, research protocols, role boundaries, etc. (or the “everyday” situations in which these take place) may not fit with ways of knowing and practicing in other cultures. We recognize that it is for Indigenous researchers and service providers to develop training for intervention research teams studying gender-based violence affecting Indigenous peoples.

At the same time recognition of the historical, ongoing intergenerational, spiritual, cultural, social-psychological, and ecological harms inflicted by colonization is an indispensable component of a trauma- and violence-informed training module, as is the broader commitment intervention research teams to support processes of decolonization and genuine



reconciliation. To these ends, we recommend that situation-based trauma- and violence-informed training encompass the following:

- Inclusive engagement in and development of all programming with and by partnered Indigenous organizations.
- Inclusion of ethical situations that can help familiarize intervention researchers with issues and challenges unique to engaging in trauma- and violence-informed intervention research with Indigenous populations.
- In addition to the principle of “cultural humility” discussed above, opportunities to apply principles of “cultural responsiveness” (Sasakamoose et al., 2017) and of “ownership, control, access, and possession” (OCAP) (National Aboriginal Health Organization, 2007).

8. Cultural Humility

Trauma- and violence-informed researchers may encounter cultural norms or protocols with which they are unfamiliar. It is both ethically and methodologically important that researchers adopt a disposition of “cultural humility”:

A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience. (First Nations Health Authority, 2016, p. 7).

Cultural humility is therefore important for ensuring that researchers will strive to be

respectful and trustworthy in their conduct with participants. Mutual respect and trust are ethical goods in their own right, and they are methodologically necessary for ensuring that participants feel secure in discussing empirically relevant details of their experience. Likewise, positioning oneself as a learner serves to neutralize colonial legacies that treat knowledge and belief systems of White settler peoples as superior to those of Indigenous people, Black people, and people of colour, while also instilling effective interview habits for data collection and critical reflection for data analysis (Smith, 1999).



As noted in the above recommendation, training situations should reflect principles of humility and inclusivity throughout. That is to say:

- Inclusivity must extend beyond the choice of pseudonyms in the dilemmas and instead consist of matters arising from the particular forms of structural and interpersonal trauma and violence affecting that culture.
- Training scenarios addressing racialized, immigrant, refugee, and Indigenous persons should reflect credible, real-world situations. Special care should be taken to avoid the invocation of stigmatizing tropes or myths (except perhaps for the purpose of facilitating

a trainee's critical self-reflection about their own biases and behaviours).

- Discussion about these situations should be coordinated by persons with expertise on the culture in question—namely a team member who belongs to that culture.

SECTION IV: NEXT STEPS

The purpose of this document has been to discuss some of the ethical challenges that can arise in gender-based violence intervention research, as well as to demonstrate the value that situation-based trauma- and violence-informed training could contribute to this field. Rather than suggesting a definitive, correct resolution to the dilemmas presented above, we have sought to illustrate the complexity of the situations faced by intervention researchers and to discuss some of the considerations that situation-based analyses can bring to light. In doing so, we have sought to expand upon the practical applications of the WHO's (2016) *Ethical and Safety Recommendations for Intervention Research on Violence Against Women* by demonstrating the ways in which a trauma- and violence-informed approach to intervention research can elicit crucially important insights for synthesizing ethical values with real-world service and inquiry.

The ethical tensions used to organize the above discussion (i.e. protection versus empowerment, institutional and role boundaries) reflect but a few ways of conceptualizing the challenges that trauma- and violence-informed intervention researchers face in their everyday work. In this way, the analysis aims to leave space for ongoing critical discussion, further elaboration, and contextual specification by other workers in the field. We therefore welcome alternative conceptualizations of these situations, as well as

conceptual disagreement with the considerations formulated here—indeed, it is precisely this kind of rigorous discourse about trauma- and violence-informed service and research that these kinds of ethical dilemmas serve to stimulate.

However, the focus in this analysis on a trauma- and *violence*-informed approach is essential. As the scenarios presented above show, violence affects not only the safety and autonomy of participants but also the veracity and reliability of research. More importantly, violence may negatively affect any party within the research process, and it may take shape not only in the context of interpersonal interaction, but also as a social-structural phenomenon, as systemic barriers to service, as past trauma, as future risk, or as a function of the knowledge produced by research itself. It is important to not ignore the ways that past research has tacitly perpetuated forms of structural violence by pathologizing the behaviours or psyches of individuals experiencing trauma (Paradis, 2000). Feminist and critical social theory have shown that the historical development of modern disciplines is also a history of expanded forms of social control and subjugation, especially for racially and sexually marginalized persons (Collins, 2000; Foucault, 1984; Smith, 1989). In the case of research with Indigenous peoples, this history also includes a shameful project of colonization and genocide, entailing systemic patterns of paternalism, exploitation, dispossession, and racism, that must be urgently and drastically addressed (Arvin, Tuck, & Morrill,

2013; Coulthard, 2014).

Case-study analyses of real-world dilemmas provide research teams a medium for tailoring trauma- and violence-informed research ethics training directly to the kinds of challenges its members will face. They provide a flexible, adaptable framework for developing training modules for individual students or research teams. Additionally, discussion of these situations among research teams can help team-members of different statuses, roles, and duties to be more understanding, responsive, and supportive of their colleagues and the clients/participants they serve. Therefore, the key recommendation of the present report is that ethics training specifically designed for gender-based violence intervention research, and specifically developed from a trauma- and violence-informed lens, is warranted on both methodological and moral grounds.

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