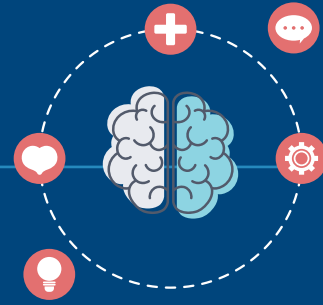




Trauma-Informed Approaches to Data Collection

Gayatri Malhotra, MPH | Sofia Machado, MPH | Ghazia Aslam, Ph.D.



This guidance on trauma-informed approaches to data collection is intended to serve as a resource for evaluators in the international development community. As EnCompass continues to gain experience with trauma-informed research and evaluation approaches in various contexts, we also continue to invest our efforts in do-no-harm and good practices for data collection. The guidance includes a brief explanation of trauma and how retraumatization can occur during data collection events and outlines the purpose and importance of applying trauma-informed approaches to evaluation work. The principles and recommended techniques provide ways to operationalize these approaches to evaluation, with the aim of ensuring ethical, respectful, equitable, and empowering evaluations.

Understanding Trauma and Its Significance for Evaluators

What is trauma?

Trauma refers to experiences that cause intense physiological and psychological stress reactions. Trauma can originate from a single event, multiple events, or a set of circumstances experienced by an individual and perceived as physically and emotionally harmful or threatening. These experiences can adversely affect the individual's physical, social, emotional, or spiritual well-being.¹ They can completely overwhelm the individual's ability to effectively cope with the event and process and integrate the memories and emotions involved in that experience.²

EnCompass encountered two examples of how trauma can appear during data collection while conducting evaluations with survivors of the conflict in Colombia and survivors of war and displacement in Turkey. In Colombia, interviewees might exhibit signs of emotional distress, such as anxiety or sadness, while recounting experiences of violence and displacement. Some found it challenging to revisit traumatic memories, leading to emotional reactions such as tearfulness. Creating a safe and supportive environment that respects boundaries and offers emotional support is crucial. For Syrian refugees in Turkey, trauma could manifest as heightened anxiety, depression, and feelings of hopelessness due to experiences of war and displacement.

While EnCompass' work is primarily international, evaluation colleagues working in the United States may also encounter trauma. They often work in environments affected by gun violence, racial injustice,

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), [A Guide to GPRA Data Collection Using Trauma-Informed Interviewing Skills](#) (Rockville, MD: SAMHSA, 2017).

² Huang, L. N., R. Flatow, T. Biggs, S. Afayee, K. Smith, T. Clark & M. Blake, [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#) (Rockville, MD: SAMHSA, 2014).

gender-based violence, and prejudice against minorities. During evaluations, respondents may struggle to discuss traumatic events or express their emotions, which can trigger painful memories. Therefore, sensitivity, a safe space for sharing, and access to support services are vital in the evaluation process.

Exposure to trauma is common, and not everyone who lives through a traumatic event will have a traumatic reaction, but those who do experience a traumatic reaction are at risk of being retraumatized if triggered.

Why is understanding trauma important for evaluators, and when should evaluators use trauma-informed approaches?

In evaluation, trauma may be directly related to the context and focus of the evaluation—which might be precisely to uncover the particular experience of traumatized people and their needs for access, resources, and support. Whatever the focus of an evaluation, where trauma exists, it is an important part of the context and evaluators need approaches and tools to help them enter these difficult situations with confidence and competence, especially during data collection.

As evaluators, we often engage with difficult subject areas and interact with a wide range of individuals. We may not know their history, background, or if they have had traumatic experiences, and our interactions with them could inadvertently retraumatize them. Therefore, as a good practice, every data collection effort should account for the risk of triggering potential participants and have mitigation strategies in place. A risk analysis includes carefully examining whether the participants are more likely than the general population to have experienced trauma and whether data collection activities could trigger retraumatization. If the evaluation team determines that the research participants are at risk of being retraumatized, then a risk mitigation plan should be designed and implemented.

Retraumatization consists in the reactivation of trauma symptoms in survivors, through memories, thoughts or feelings related to the past traumatic experience. Retraumatization in data-collection settings can be triggered by interactions with interviewers that remind survivors of their previous traumatic experience.³

Trauma-informed data collection is part of the risk mitigation plan that should span all the evaluation phases from design to data collection and dissemination. When collecting data from vulnerable populations, evaluators should be particularly cognizant of the risks and implement a mitigation plan.

³ Schippert, A. C. S. P., E. K. Grov, & A. K. Bjørnnes, "[Uncovering Re-traumatization Experiences of Torture Survivors in Somatic Health Care: A Qualitative Systematic Review](#)," *PLoS ONE* 16, no. 2 (2021), e0246074.

Vulnerable populations that are likely to have experienced trauma and would therefore require risk mitigation through trauma-informed data collection include:⁴

- Refugees and victims of displacement
- Survivors of war and conflict
- Survivors of domestic violence
- Persons working in closed democratic spaces or survivors of government persecution
- Survivors of human trafficking or child abuse

Providers working with any of the above populations might have experienced secondary trauma after hearing others recount their traumatic experiences.

In these situations, data collection could lead participants to revisit potentially difficult memories from their past, which could trigger distress, suffering, and eventual retraumatization. Trauma-informed approaches to data collection prioritize participants' safety and aim to remove as many triggers for retraumatization as possible.

To ensure Do-No-Harm approaches⁵ are incorporated, evaluators should be cognizant of the risk of secondary trauma. When individuals hear firsthand accounts of other people's traumatic experiences, they are at risk of developing secondary trauma that mirrors the symptoms of post-traumatic stress disorder.⁶ These individuals could be service providers, counselors, or members of civil society organizations who are working directly with people who have experienced trauma. Evaluators collecting data with individuals who have experienced trauma are also at risk of secondary trauma and must actively try to alleviate its impact by using trauma-informed approaches.

In addition to mitigating the risks of retraumatization, trauma-informed data collection can provide an empathetic, nonjudgmental environment that encourages authentic responses from participants and yields higher-quality data because participants may feel more comfortable sharing their experiences and perspectives. Trauma-informed data collection approaches also allow for the possibility of collecting data from vulnerable populations whose voices are sometimes excluded from research because of the high risk of retraumatization. Evaluators may not include these populations in research or evaluations because they do not want these individuals to relive their experiences during data collection. However, this means vulnerable populations are excluded from the evidence, leading to

⁴ Bolton, M. J., S. Buck, E. A. Connors, K. Kiernan, C. Matthews, M. McKellar, J. Proulx, T. Wall, C. Willette, M. MacPhee-Sigurdson & P. Stewart, [The Trauma-Informed Toolkit](#). (Winnipeg: Clinic Community Health Centre, 2013).

⁵Do No Harm is a principle that "recognizes the potential negative effects of intervention and the need to take them into consideration, [. . .] mitigating risks not only to [intervention] beneficiaries, but also the wider environment." [Incorporating the Principle of "Do No Harm": How to Take Action Without Causing Harm: Reflections on a Review of Humanity & Inclusion's Practices](#) (Bonis Charancle, J. M. & Lucchi, E., 2018).

⁶Osofsky, J.D., F. W. Putnam & C. Lederman, "How to Maintain Emotional Health When Working with Trauma," *Juvenile and Family Court Journal* 59, no. 4 (2008): 91–102.


lower-quality findings that do not tell the right story and recommendations that are off track. By following trauma-informed approaches, we minimize those risks, allowing us to represent these populations in the data.

Principles and Guidelines to Conduct Trauma-Informed Data Collection

Below are some principles of trauma-informed data collection that we have developed and learned through our evaluations that ensure data collection processes are sensitive, respectful, supportive of individuals who have experienced trauma, and incorporate Do-No-Harm approaches.

Principle	Explanation
Incorporating a cultural and equity-focused approach	Consider researching the cultural and social aspects of the population participants come from, and how trauma, mental health, and mental health care are culturally understood by that population, so a westernized approach is not assumed by default.
Honoring and affirming participants' choices	Build on and expand informed consent by taking actions to ensure participants are empowered to make their own choices about participation at every step. Participants should feel validated and affirmed during each interaction with the evaluation team.
Prioritizing physical and emotional safety	Prioritize participants' and data collectors' physical and emotional safety and welfare.
Building collaboration into data collection	Consider using strengths-based and participatory approaches to provide opportunities for respondents to be involved in data collection processes in ways they are comfortable with.
Establishing and maintaining trust	Prioritize establishing and maintaining trust between the evaluation team and participants.

When conducting trauma-informed data collection in evaluations, EnCompass recommends following specific guidelines that have been developed and agreed upon by all parties involved in the effort to ensure ethical and sensitive practices. Some key guidelines for trauma-informed data collection in evaluations are provided below.

Guideline	Suggestions for Implementation
 Incorporate principles of trauma-informed approaches, starting from inception of the evaluation design	<ul style="list-style-type: none"> • During inception, conduct a trauma risk assessment, including secondary trauma, to understand the various risks that researchers and data collectors could experience during data collection. • Ensure that the evaluation or research has received approval from an Institutional Review Board (IRB) within the country of data collection, if possible. If a local IRB is not available, obtain approval from another IRB. • Prior to data collection, create a safety plan with a list of local helplines, resources, and other support. The safety plan should include a protocol for responding to an incident if it occurs during the interviews.

Guideline

Suggestions for Implementation



Conduct training on trauma-informed approaches

- Sensitize all data collection team members on the importance of using trauma-informed approaches.
- Help the data collection team members reflect on their own views and concerns about the types of traumas they might encounter and mitigate “fear of the other” by focusing on how respondents are equal, valuable, knowledgeable, and whole.
- Provide training on trauma and trauma-informed data collection approaches for all data collectors. Training should cover practices that reduce the risk of retraumatization by focusing on the above principles, identifying signs of retraumatization, and how to react if a participant is retraumatized.
- Training should also include risk mitigation and practices to reduce the likelihood of secondary trauma for evaluators and enumerators.



Carefully choose the most appropriate data collection methods

- Understand and consider the benefits and risks of different data collection methods before choosing the most appropriate one. For example: Focus group discussions can be a good option for open-ended questions about experiences in general. But they are not recommended for situations where participants may be asked to share specific aspects of their traumatic experiences, especially if they have not identified themselves as trauma victims.
- Individual interviews can provide safer spaces for participants and allow trained data collectors to monitor and address a participant’s distress or retraumatization symptoms. Individual interviews also help data collectors establish rapport and let participants process their thoughts and feelings at their own pace.
- Self-administered surveys offer participants the most privacy for responding to questions that may be sensitive or difficult to talk about, but they provide little opportunity to gather detailed information.



Develop culturally appropriate instruments

- Ensure that the instruments use respectful and non-stigmatizing language.
- When possible, ask individuals who work with trauma survivors in the specific context where the research is being conducted to provide feedback on the cultural and social appropriateness of the language used in the data collection instruments. If individuals from the same context cannot review the instruments, ask others who understand the culture well. Consider adding a member of the group being interviewed to the evaluation team (if appropriate and possible).
- Include standard responses in the instruments to help data collectors manage difficult conversations (e.g., how to transition from listening to a difficult story, how to end the interview with a note of empathy and hope for the future).



Choose the appropriate environment and data collector for the occasion

- Plan data collection events to remove environmental factors that might remind participants of aspects of their trauma. For example, avoid using male data collectors to interview women who are survivors of gender-based violence by a male partner.
- Allow participants to sit near the exit to make them feel more in control. Ask if they would like to make other arrangements.
- When possible, allow participants to bring a counselor or someone they feel safe with to the interview, if they wish.



Consider informed consent to be a process

- Treat informed consent as an ongoing process, providing participants with multiple decision points throughout the data collection event. Since trauma often involves losing control, leaving control in participants’ hands is essential.
- Check whether participants want to continue their participation when introducing new lines of questions, especially about sensitive topics.

Guideline

Suggestions for Implementation

	<ul style="list-style-type: none">• Ensure that participants are fully aware of and understand both the research and what is being asked of them prior to requesting their consent. Be transparent when describing what they will be asked to do and discuss it with them.• At the end of the interview, you can ask, “Is there anything you shared with me that you do not want me to use in my data analysis or report?” Be prepared to discard any responses that the respondent does not want to be considered.
 Prioritize participant welfare over data collection	<ul style="list-style-type: none">• Empower participants to set their own pace and boundaries in the meeting and take time to build rapport, placing sensitive questions in the middle or toward the end of the interview.• Be ready and willing to let participants skip questions, not share details, and withdraw their consent to use the data.• Determine what information is most needed for the study, and design data collection instruments to prioritize questions that yield this information.• Avoid asking questions that do not yield information necessary for the study.• If available, have pamphlets or links with information on services that might be helpful for respondents; share them only if appropriate.
 Focus on resilience, not deficits	<ul style="list-style-type: none">• Develop instruments that contain resilience-focused questions which draw on Appreciative Inquiry and do not make judgments about coping mechanisms. For example, “You said this was a challenging experience. It must have taken so much strength to get through it. What strengths do you think you drew on?” or “Tell me about a time you felt proud of yourself.”• Be mindful of word choice: If the participant is not using words like “horrible” or “terrible” to describe their experience, the evaluator should not use such words. Only use words the participant is using when following up.
 Take all necessary measures to protect confidentiality	<ul style="list-style-type: none">• Before initiating an interview, give the participants an accurate overview of the risks of confidential information being breached. List all the measures your data collection team has taken and will take to prevent confidentiality breaches, and truthfully outline the small risks that still exist. Ensure that participants understand and are fully aware of any risks related to their participation before they agree to be interviewed.• Do not ask for more identifying information than is absolutely necessary and destroy any links to participant data and names as soon as possible after data collection. Confidentiality is important in all instances, but especially for participants who are affected by trauma. For example, participants might feel uncomfortable submitting information with their real name when they have been victims of gender-based violence, persecution, or stalking.• Sometimes confidentiality needs to be violated due to mandated reporting procedures, such as when participants share information that reveals their lives are currently in danger (e.g., if they reveal they are currently victims of violence or abuse, or if they are showing suicidal thoughts and behavior). Confirm if there are legal requirements to disclose this information in the context where you are collecting data. To account for such situations, ensure that there is a mandated reporting plan in place prior to initiating data collection. It should include a list of designated staff who will be informed if such an event occurs. Ensure that participants are informed about the specific situations that warrant a breach of confidentiality. Describe the exact follow-up procedures for cases where confidentiality needs to be broken. This information can be included in the informed consent form and discussed with participants prior to initiating an interview.

Guideline

Suggestions for Implementation



Set boundaries and practice self-care

- To minimize the risk of secondary trauma, empower evaluators to set their own pace and the boundaries of the data collection plan.
- Budget for and plan a debriefing for evaluators to reflect on the interviews and any difficulties or emotionally sensitive topics they encountered. In the most challenging environments, engage counseling services for evaluators if possible.

Addressing Retraumatization during Data Collection

Even when evaluators take all possible precautions to reduce the risk of traumatization, it can still happen. An evaluator or enumerator should be sensitive to the possibility of retraumatization and be able to identify signs of it during data collection. Retraumatization is the reemergence of symptoms previously experienced during the traumatic event, either consciously or unconsciously. It can be triggered by stressors that are similar to the environment or circumstance of the original trauma, such as smell, physical space, lighting, imagery, and situations that replicate the dynamics of the traumatic event, such as loss of power, control, and safety. A trauma survivor can behave in a healthy way, not show any symptoms during an interaction, and still be retraumatized if triggered. Individuals with secondary trauma can also be retraumatized.

Examples of practices that can potentially trigger retraumatization during data collection include⁷:

- Asking participants to retell a story about a traumatic event when they seem hesitant
- Not respecting emotional boundaries during an interview or creating situations where participants might feel less in control

Some of the symptoms of retraumatization include:

- Intense distress in reaction to triggers
- Inability to control emotions
- Decreased sense of security
- Dissociation (separation of normally related parts of awareness, such as thoughts, perceptions, memories, and identity)

Potential post-traumatic responses that a participant can express during the data collection event can include⁸:

⁷ SAMHSA, [Tips for Survivors of a Disaster or other Traumatic Event: Coping with Retraumatization](#) (Rockville, MD: SAMHSA, 2017).

⁸ SAMHSA, [A Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills](#).

- Fixed or glazed eyes
- Crying
- Confusion
- Fast speech
- Sudden change of mood to low or no emotion
- Long periods of silence
- Monotone voice

If retraumatization occurs during a data collection event, enumerators (or their counselor, if present) can immediately assist participants in coping with their symptoms by⁹

- Normalizing the participant’s feelings by reminding them that it is usual and expected to have strong feelings arise during an interview that touches on sensitive topics:
“We have covered a lot during this interview, and you have talked about some difficult topics that require much strength and can cause strong feelings. How are you doing right now? Would you like to continue with the interview?”
- Keeping the person aware of and connected to what is happening in the present moment. For example, use grounding techniques by giving the person a glass of water and asking them to stand up, or asking questions about the present:
“What else are you doing today?”
“Do you know what day it is?”
“Can you name a few objects you see in this room?”
- Letting the participant know about the next steps and what they can expect in terms of support after the interview:
“Your counselor or case manager will be in touch with you right after this interview.”
“Should you feel the need, here are some hotline phone numbers and services that you can contact, or your counselor or case manager can help you get in touch with.”

Evaluators could also have a counselor present at the data collection event to provide support or, if the respondent has their own counselor, allow them to attend the interview with the respondent.

In all cases, evaluators should have a list of resources available for participants, including hotline phone numbers or phone numbers of organizations that can provide counseling services. The resources should be culturally relevant, locally based, and sensitive to the population of interest. As a best practice, evaluators should contact the hotlines or organizations to ensure they are providing the

⁹ SAMHSA, [A Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills](#).

relevant services, confirm their hours of operation and, in the case of organizations, inform them that the evaluation will include them as a reference.

As with any type of adverse event that occurs during data collection, an episode of retraumatization experienced by one or several participants must be reported to the IRB that approved the study, using an Adverse Event Form. All data collection must be halted until the IRB reviews the event and provides the best course of action for moving forward. Data collection may not resume until the IRB has given its approval in writing. Prior to the start of data collection, evaluators must be familiar with the IRB protocols for reporting an adverse event and be prepared to follow them if retraumatization occurs during an interview.

Additional Resources for Trauma-Informed Approaches to Data Collection

Bolton, M. J., S. Buck, E. A. Conners, K. Kiernan, C. Matthews, M. McKellar, J. Proulx, T. Wall, C. Willette, M. MacPhee-Sigurdson & P. Stewart. [*The Trauma-Informed Toolkit*](#). Winnipeg: Clinic Community Health Center, 2013.

Bonis Charancle, J. M. & E. Lucchi. [*Incorporating the Principle of “Do No Harm”: How to Take Action Without Causing Harm: Reflections on a Review of Humanity & Inclusion’s Practice*](#). Lyon: Humanity & Inclusion, 2018.

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