

# Trauma-informed Research Partnerships

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Practices for Creating Shared Knowledge

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- State agency
- Mission
- Grants
- Research

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# Today

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1. Introductions
2. Research and Partnerships
3. What is trauma informed research?
4. Reflections and Recommendations
5. Key takeaways

# Introductions

# Trauma-informed Care Principles

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Safety

Trustworthiness & Transparency

Peer Support

Collaboration & Mutuality

Empowerment, Voice, & Choice

Cultural, Historical, & Gender Issues



# Research Methods

## Quantitative

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Surveys

Analysis of program or other  
administrative data

Experiments

## Qualitative

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Interviews

Focus groups

Observations

# Research Process

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**Planning & Design**

**Approval**

**Recruitment & Data collection**

**Analysis**

**Dissemination**

# Experiences with research and researchers



# Research Partnerships

Benefits	Costs
Create new knowledge	Taking time away from services
Better understand programs	Research may be triggering for participants
Validation of models	Having to explain everything about a population to researchers
Help prepare for growth	Data is not used to help the organization
Communicate to funders	Unclear data ownership



What is trauma-informed  
research?

# Planning & Design

What training or background should researchers have?

What is the most appropriate method to use with individuals who have experienced trauma?

How should participants be honored for their time?

How can methods be adapted to minimize the potential for retraumatization?

How can survivor voice be incorporated?

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# Community Resources

## LGBTQ+ Service Providers

### Central Illinois

<b>Central Illinois Pride Health Center</b> Bloomington, IL <a href="https://cipridehealthcenter.org/">https://cipridehealthcenter.org/</a> (815) 893-7459 <a href="mailto:cipridehealthcenter@gmail.com">cipridehealthcenter@gmail.com</a> (LGBT parents and children support group, LGBT youth support group for ages 13 to 19)	<b>Planned Parenthood-Bloomington Health Center</b> 1319 N. Veterans Parkway Bloomington, IL 61704 <a href="http://www.ppil.org">www.ppil.org</a> (309) 827-4014 (Transgender care: hormone therapy, Psycho social support services)	<b>Planned Parenthood- Peoria Health Center</b> 2709 N Knoxville Ave Peoria, IL 61604 <a href="http://www.ppil.org">www.ppil.org</a> (309) 681-0350 Contact: Dana Garber ( <i>Pronouns: She, Her, Hers</i> ), Transgender Intake Coordinator and Community Educator <a href="mailto:dana@ppil.org">dana@ppil.org</a> OR 309-681-0350 Ext: 4002 ("Informed Consent" Cross-hormone therapy for transgender clients, sexual health services, HIV counseling and treatment. Mental Health Counseling and Referral, Additional health services available)	<b>The Phoenix Center</b> 109 East Lawrence Avenue Springfield, IL 62704 <a href="http://www.phoenixcenterspringfield.org/">http://www.phoenixcenterspringfield.org/</a> (217) 528-5253 (Various support groups, STD testing, Educational training & programs, and transitional housing program)
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### Collar Counties



<b>Community Alliance &amp; Action Network</b> Joliet, IL <a href="http://www.caanmidwest.org/">http://www.caanmidwest.org/</a> (815) 726-7906 <a href="mailto:info@caanmidwest.org">info@caanmidwest.org</a> (Advocacy, support, and outreach services)	<b>McHenry County Pride</b> 5603 Bull Valley Rd., McHenry, IL 60050 <a href="http://mchenrycountypride.org">http://mchenrycountypride.org</a> <a href="mailto:McHenryCountyPride@gmail.com">McHenryCountyPride@gmail.com</a> (Adult LGBT weekly support group)
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### Cook County

<b>ACLU Illinois</b> 150 N. Michigan Ave Suite 600 Chicago, IL 60601 <a href="https://www.aclu-il.org">https://www.aclu-il.org</a> (312) 210-9740 <a href="mailto:acluofillinois@aclu-il.org">acluofillinois@aclu-il.org</a> (LGBTQ and HIV advocacy)	<b>Ann &amp; Robert H. Lurie Children's Hospital of Chicago</b> 225 E. Chicago Ave. Box #205 Chicago, IL 60611 <a href="https://www.luriechildrens.org">https://www.luriechildrens.org</a> (312) 227-6117 Contact: Jennifer Leininger <a href="mailto:JLeininger@luriechildrens.org">JLeininger@luriechildrens.org</a> OR (773) 303-6056 (Gender development services, comprehensive LGBTQ sexual health drop-in services, Center for Gender, Sexuality & HIV Prevention)	<b>Center on Halsted</b> 3656 N Halsted St Chicago, IL 60613 <a href="http://www.centeronhalsted.org/">http://www.centeronhalsted.org/</a> (773) 472-6469 (Programs: Anti-violence, behavioral health, community & cultural, HIV/AIDS & STD, senior, women, and youth)	<b>Chicago Commission on Human Relations Community Tensions &amp; Hate Crimes</b> <a href="https://www.cityofchicago.org/city/en/depts/ccchr.html">https://www.cityofchicago.org/city/en/depts/ccchr.html</a> (312) 744-2571 (Advocacy & assistance for hate crime victims, Educational workshops & presentations, community mediation, outreach services)
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# Building rapport

## BACKGROUND INFORMATION

First, I would like to get to know you a bit better before we talk about specific experiences you may have had. I will use this chart to help keep track of this information.

[Interviewer will present chart and record information in chart throughout interview.]

1. Thinking about right now, can you describe or tell me about:
  - **Where you live?**
  - *Who you live with (e.g., parents/caregivers, children, siblings, other family members, peers)?*
  - *Dating partners or significant others you have?*
  - *How you spend most of your time? This may be at work, school, or home.*
  - *Anything else you would like me to know about you before we move on to what life was like for you as a child or youth?*

Now I'd like to learn more about you as a child or youth.

2. Can you describe or tell me about:
  - **When and where you were born?**
  - *Where you lived, including the city or town?*
    - *How would you describe where you lived: mostly urban, suburban, or rural?*
  - *Who you lived with (e.g., parents/caregivers, children, siblings, other family | members, peers) growing up?*

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# Approval

What approvals are needed?

What type of identifying information will be collected and why?

Who will have access to participant identifying information and why?

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# Privacy & Confidentiality

## What about privacy and confidentiality?

Only the research team will know that you are a research subject.

If you agree to be contacted for the survey you will be asked to provide contact information (i.e., name, phone number or email address, and/or mailing address). Your contact information will be separated from the survey responses and replaced with a unique code. Only research staff will have access to this master list that links a participant's identifying information to their unique code. This master list will be kept in a separate password protected file on password-protected computers.

The information collected in the study will be used to write a report. No potentially identifying information that can be linked directly to you will be included in the report or discussed with others.

# Recruitment & Data Collection

What does trauma-informed screening for eligibility look like?

How do we reach marginalized populations?

How do we avoid “over-researching” a certain population?

How do we ensure safety during the data collection process?



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# Safety

Out of a concern for the safety of yourself and others, if during the interview, you say you are going to cause serious harm to yourself or to someone else, the researcher may have to make a report. A description of different types of serious harm are below:

- a. *Physical harm* is any action that causes physical injury, pain, or leaves marks, such as hitting, shaking, or burning.
- b. *Sexual abuse* of a child includes any sexual contact with a child or youth. *Sexual abuse* of an adult is any unwanted sexual activity. *Sexual abuse* of an adult also includes any sexual activity with another person who is unable to understand or consent (e.g., are sleeping, have been using drugs or alcohol, have a mental disability).
- c. *Emotional abuse* is yelling, swearing, or criticizing another person repeatedly to make them feel bad about themselves.
- d. *Neglect* occurs when a parent or caregiver of a child or youth, or the caregiver of an elderly person or a person with disability, does not meet their basic needs (e.g., food, clothing, medical care) or keep them safe.

If you share about any current harm to someone who is a child, elderly, or disabled, the researcher may have to make a report. If the researcher needs to make a report, they may share your name and contact information, or information about the person causing the harm or being harmed, and a description of the harm to the appropriate agency such as the Department of Child and Family Services, Adult Protective Services, or local law enforcement.

# Analysis

What research questions will be answered by the analysis?

Who can provide input or ask questions of the data?

What can't the data tell us about?

How can the data be used to improve services or outcomes for those experiencing trauma?

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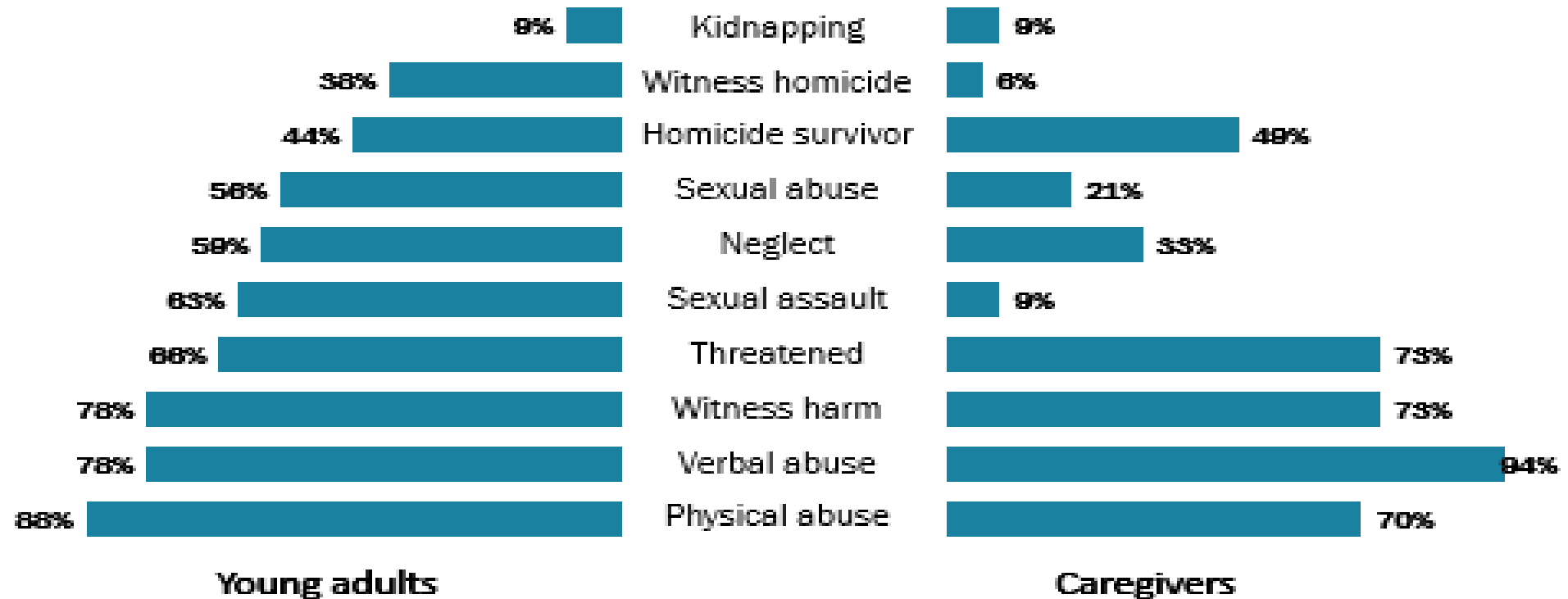
How can the data be used to improve services or outcomes for those experiencing trauma?



# Sample

Young adults	Caregivers
<p><math>N = 32</math></p> <p>59% female</p> <p><math>M = 22</math> years old</p> <p>75% heterosexual, 13% bisexual, 9% gay/lesbian</p> <p>53% African American, 41% White, 13% Hispanic</p> <p>69% Cook County, 25% Southern region</p>	<p><math>N = 33</math></p> <p>64% female</p> <p><math>M = 41</math> years old</p> <p>94% heterosexual</p> <p>76% African American, 30% White, 3% Hispanic</p> <p>76% Cook County, 24% Southern region</p>

# Interpreting results



# Analysis

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# Dissemination

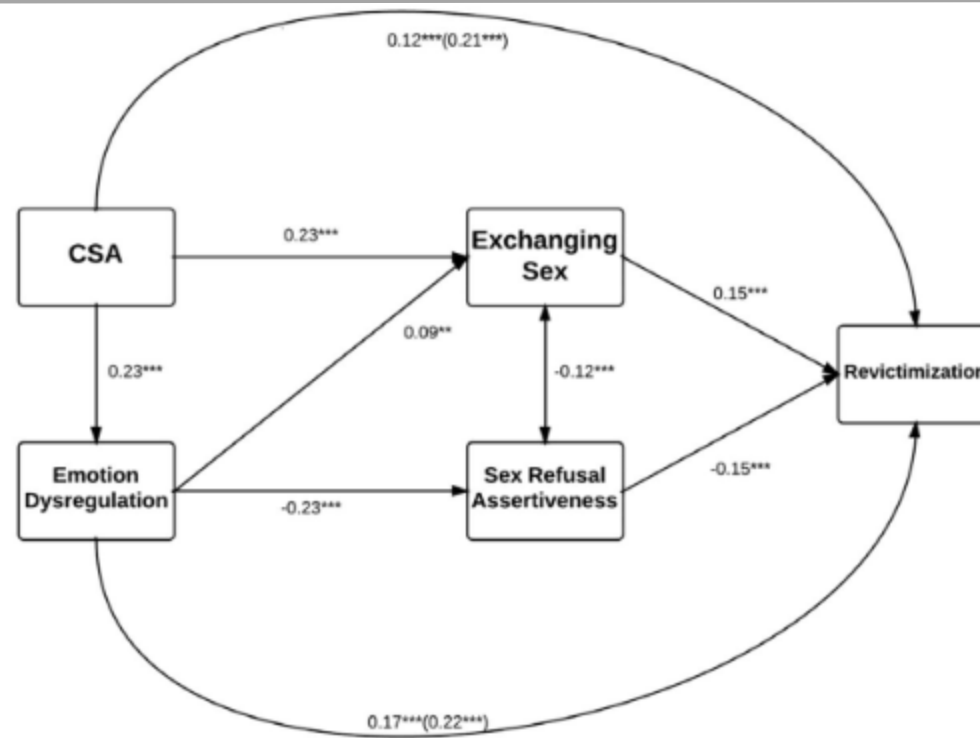
Who is the intended audience?

Who will provide feedback on document drafts?

How can survivor voice be incorporated?

How can we make findings accessible to providers and participants?

# For researchers



**Figure 1.**

Exchanging sex for money and sex refusal assertiveness as mediators of CSA and revictimization and CSA and emotion dysregulation

\*\*p<.01, \*\*\*p<.001

# For survivors

## How Did Women React?

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Everyone reacts differently to unwanted sexual experiences. However you react is normal for you. At first, many women are in shock. Later they may become confused, afraid, angry, or depressed. Women find many different ways to cope with their feelings.

The hardest time seems to be during the first years after an unwanted experience. When we compared women who experienced unwanted sex five years ago or more with women who experienced it one year ago, we found that women whose experiences were longer ago:

- Had fewer upsetting thoughts come into their head when they didn't want them to
- Were less emotionally upset when they were reminded of the experience
- Had fewer physical reactions when they were reminded of the experience
- Were less likely to relive the experience

It is important to remember that women deal with their experiences in different ways and at different times.

## Living with the Experience

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One of the hardest things for some women to deal with is feeling like it was her fault.

- In the first year after an unwanted experience women blamed themselves more. They often said they thought they should have been more cautious or that they didn't do enough to protect themselves.

Remember that no matter what a woman was wearing, where she was, who she was with, or what she did...**It is not her fault.** Women have the right to say "no."

Women who experienced the assault five or more years ago compared to women who had the experience in the past year seemed to have recovered more from the experience.

- Women felt there was more they could do to make themselves feel better.
- Women felt more spiritual. They said they had a stronger religious faith and had a better understanding of spiritual matters.
- Women felt more personal strength. They said they knew how to better handle difficulties and they discovered they were stronger than they thought they were.

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# Journal articles

Original Articles


## The Role of Victim Services for Individuals Who Have Experienced Serious Identity-Based Crime

Brandn Green , Stephen Gies, Amanda Bobnis, Nicole Leeper Piquero, Alex R. Piquero & Eva Velasquez

Pages 720-743 | Published online: 14 Apr 2020

 Download citation  <https://doi.org/10.1080/15564886.2020.1743804>



 Full Article

 Figures & data

 References

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### ABSTRACT

Although much has been written about identity-based crimes, much less is known about victim services for identity-based crimes. This paper uses in-depth interview data collected from individuals who have both experienced a serious identity-based crime in the past 2 years and used services from the nonprofit Identity Theft Resource Center, an organization focused on helping victims deal with identity-based victimizations. In so doing, the study adds to the literature in several ways. First, the study echoes the existing knowledge about victim experiences, in that there are financial, emotional, physical, and psychological impacts for victims of serious identity-based crime that mirror the experiences of victims of other types of serious crimes. Second, it adds new knowledge and understanding about the actions taken by victims of different types of identity-based crime, including how they initially seek out services, are influenced by organizations and agencies other than law enforcement, and obtain knowledge about their perpetrators. Finally, the study includes recommendations made by interviewees about how identity-based crime victim services could be enhanced to better serve victims of serious identity-based crime.

KEYWORDS: White-collar crime, fraud, victimization


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Standard (June 15 – September 30, 2020)	\$400	\$300
Late (September 30 – November 13, 2020)	\$450	\$350

# Reflections & Recommendations

# Key takeaways



Research as mutually beneficial to service providers and researchers



A trauma-informed approach to research can mitigate the potential for retraumatization



Each partner has rights and responsibilities that can be outlined in a formal agreement

# Discussion & Questions

# Presenters

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