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Cultivating Resiliencies for All

The Necessity of Trauma Responsive Research Practices

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This paper is an exploration of trauma, how and why it can surface during ethnographic and qualitative research, and the importance of anticipating its potential presence. We present a model to help plan for and mitigate the risks of trauma and demonstrate how it fits into broader methodological discussions of conducting safer and more ethical, responsible, and humane research. We close by discussing one pathway for a journey from being sensitive and aware of trauma to actively responding to it at both the individual and organizational levels across your work.

Keywords: Trauma informed care, trauma responsive research and design, design research, ethics, qualitative methods

INTRODUCTION

To say that the past few years have been full of trauma feels like a bit of an understatement. As we write this paper, the world is two-and-a-half years into the global COVID-19 pandemic and learning to adjust to the next in an ongoing series of "new normals." COVID took the lives of at least six and a half million people across the world, caused a reverberation of destabilization to the families of those deeply impacted, and disrupted the function of everyday life in ways we are still coming to terms with and hoping to someday fully understand. There are also the ongoing impacts of political and civil unrest, ongoing wars, and climate injustices throughout many parts of the world. We've also watched and experienced the rise of extremist violence across the globe and closer to our home in the United States, we are experiencing a significant rise in political, police, and racialized violence.

While these endemics ruptured any illusion of stability in our lives, it's important to recognize that trauma was always already with us. The reality is that for many—especially those who are not White or male or straight or cis-gendered or have privileged socioeconomic status or are healthy or who speak English as a first language or are any countless number of other "othering" things—simply living in the world brings them into situations that create, reinforce, and maintain trauma. And that's before we get to those impacted by traumas caused by events beyond our control: a life-changing accident, a violent attack, or a loved one falling ill. In the United States alone, an estimated 60% of men and 50% of women will experience at least one trauma in their lives, with at least 6% of the population experiencing a clinical diagnosis of some form of Post Traumatic Stress Disorder (National Center for PTSD 2022). European estimates fall into similar ranges (Trautmann and Wittchen 2018).

Yet, for all this trauma surrounding us, it's only within the last few decades that we—as professional researchers, designers, and academics—began to seriously consider it as a topic of study. Even then, the conversation often focuses on trauma as an analytical category or, more methodologically, how we protect the people we study from trauma. While this is indeed important, focusing on the trauma of our research subjects ignores the fact that *we, as researchers, are also active participants in the research and design process, equally needing and deserving consideration, care, and protection.*

This paper is an exploration of trauma and why, regardless of the topic you are investigating, it is important to anticipate and plan for its potential presence in our participants, our colleagues, and ourselves. In what follows, we explore one model for understanding trauma and discuss why research encounters can create a space primed for its slow or sudden emergence. From there, we present a model to help plan for and mitigate the risks of trauma and demonstrate how that model fits into broader methodological discussions of conducting safer and more ethical, responsible, and humane research. Finally, we will close by discussing one pathway for individuals and organizations alike to journey from being sensitive and aware of trauma to actively responding to it. We conclude with a discussion of why now is the time to start this work and point to the next steps we can take as a community of practice.

As you read this paper, we urge you to pay attention to how your body reacts (physiologically) and feels (emotionally). Part of addressing trauma is becoming aware of how it surfaces as an integrated, embodied experience. For some, reading about trauma can cause moments of activation, such as discomfort, tension, or even physiological or emotional dysregulation. We encourage you to be aware and curious about any sensations you experience. If you find yourself having a strong reaction, we encourage you to take a break from reading and recenter yourself (for example, through a sensory exercise like focusing on items in a room of a certain color or reconnecting with the parasympathetic nervous system through deep breathing or movement). Cultivating an awareness of somatic responses, both in others and in ourselves, is a critical step toward cultivating a trauma responsive approach.

DEFINING AND THEORIZING TRAUMA

For a working definition of trauma, we turn to the words of Resmaa Menakem, an author, social worker, trauma specialist, and somatic abolitionist:

> Trauma is a response to anything that's overwhelming, that happens too much, too fast, too soon, or too long—[it is] coupled with a lack of protection or support. It lives in the body, stored as sensation: pain, or tension—or lack of sensation, like numbness (Menakem 2020).

In this biomedical and somatic model, when an overwhelming experience (or experiences) is unable to be metabolized, it becomes lodged within the body as trauma. That trauma can manifest itself in a wide variety of ways, including flashbacks, hypersensitivity to stimuli and emotions, poor emotional regulation, and other psychological and somatic responses. Long-term exposure to trauma literally changes the body, altering one's ability to process cognitive information, manage emotions, and navigate stressful situations (U.S. Department of Health & Human Services. 2022). It is also correlated with adverse health outcomes and raised risk for substance use and self-harm (Merrick et al. 2017). Trauma, whether at an individual or community level, is an integrated experience. There is no mind/body divide possible. Trauma is always something that is at once physiological, psychological, and emotional.

Ethnographic and qualitative social science explorations of trauma often fall into a few general and interrelated categories. More applied approaches, especially those involving public health research, look at trauma from an epidemiological point of view (Singer 1996). Others focus on the concept of trauma as a cultural category, examining the social processes through which trauma, and in particular Post Traumatic Stress Syndrome, was identified and pathologized. In this approach, the trauma becomes a lens for explorations of topics like humanitarian responses to disaster and violence and how they often lead to conflicts between local and western understandings of mental and emotional health (Breslau 2004; Hinton and Good 2015; Lester 2013).

Another common approach to exploring trauma is to see it as a sort of "engine" that (knowingly or unknowingly) powers cultural production and resistance. For example, in Aihwa Ong's "The production of possession: Spirits and the multinational corporation in Malaysia," the complex trauma of Malaysian women working under oppressive societal and factory conditions manifests itself in the form of spirit possessions[1] (Ong 1988). Other examples of this lens include Kim Fortun's exploration of how the rupture and trauma of two different catastrophic industrial disasters led to various forms of local organizing and resistance against Union Carbide in *Advocacy after Bhopal* (Fortun 2001).

While there is still much work to be done in these areas of inquiry, we choose to move in a different direction. This paper takes a much more intimate and methodological look at the production of trauma and how it can, does, and will continue to arise in the work of ethnography and qualitative research. As noted at the start, a key aspect of this is exploring the presence and impact of trauma in not just our research participants (as the above categories tend to do) but also in ourselves.[2] In this way, we are confronting a reality identified by Beatriz Reyes-Foster and Rebecca Lester in their anthro{dendum} essay "Trauma and Resilience in Ethnographic Fieldwork,"

> Ethnographic fieldwork can be, and frequently is, emotionally difficult for fieldworkers, who may experience either direct or vicarious/secondary trauma while in the field. Even under the best of circumstances, navigating a new field setting with little if any training on how to emotionally manage the many challenges inherent in fieldwork can be significantly destabilizing, and the effects of such experiences can be long-lasting. And yet, a culture of silence about the emotional toll of fieldwork and the importance of mental health has remained prevalent throughout our field (Reyes-Foster and Lester 2019).

Despite trauma's presence in the places we research and, if we are honest, in the places we live, learn[3], and work, how we deal with it remains under-discussed (at least in public conversations). Nadya Pohran's 2022 EPIC PechaKucha "Resisting Resilience: An Anthropologist's Paradox" puts this into stark relief. In it she recounts how her university was not equipped to help her process the field experience of watching someone die by suicide. Instead, her advisors praised her for "finishing her work on time and not disrupting her study plan." She also reflects on how other emotionally exhausting and potentially traumatizing aspects of her work are not discussed in professional spaces (Pohran 2022).

Beyond the stigma and discomfort traditionally associated to discussing mental health and mental illness, there are also discipline-specific reasons for the lack of engagement. For example, Reyes-Foster and Lester note in their essay that many ethnographically focused social sciences have not historically prioritized methodological training.

> Fieldwork [is] treated as a sink-or-swim proposition. Good ethnographers would succeed, and bad ones would fail. And while we were pushed to pursue anthropology "with stakes"—that is, an anthropologist that studied problems that mattered in some way, to someone—nobody talked about what it might mean to do this (ibid).

This lack of focus on preparing social science students to do fieldwork, especially with so-called "vulnerable populations," has also been noted in other qualitative research fields as well (Winfield 2021; Močnik 2020). Looking even more broadly at the other places where people learn the practice of research—from design and business schools to UX boot camps to "learning on the job"— there is no standardized approach to teaching trauma, not to mention ethical practice in general. *In fact, there is little-to-no guarantee that those topics are covered at all.*

We believe that it is impossible to responsibly conduct meaningful research without acknowledging and understanding the topic of trauma. And to truly begin that discussion, we start by recognizing one model for how trauma is embodied/re-embodied and experienced/re-experienced.

THE PRODUCTION AND EXPERIENCE OF TRAUMA

David Trickey, a mental health clinician in the United Kingdom, describes trauma as "a rupture in 'meaning making'" (Prideaux 2021). The ways you see yourself, the ways you see the world, and the ways you see other people are shocked and overturned. However, simply being overwhelmed by an event, or events, does not necessarily mean someone will be traumatized. For that acute stress to cascade into trauma, there is typically also a lack of protection or support, which otherwise would have allowed the individual or community to process the experience. Trauma (and traumatization) is often cultural and contextual. People can experience similar events and experience different outcomes based on their personal, familial, and cultural contexts. One person might be able to process the event in a way that does not lead to embodying it as trauma, while another may have a serious stress response, and another is significantly traumatized.

In biomedical framings[4] of trauma, it is often categorized by the type of initiating external stress experience that leads to the traumatization. Here are examples of some categories of trauma:

- ***Acute Trauma*** primarily stems from a single distressing event extreme enough to threaten a person's emotional or physical security. Examples include (but are not limited to) house fires, car accidents, physical assaults, etc.
- ***Chronic Trauma*** occurs when someone is exposed to multiple, long-term, and/or prolonged distressing events over an extended period. Examples include long-term serious illness, bullying, and experiencing significant ongoing food or housing insecurity.
- ***Vicarious trauma*** and secondary traumatic stress are two interrelated conditions stemming from indirect exposure to traumatic events. Vicarious trauma develops over time through continual exposure to the traumatic experiences of others. This can result in experiencing secondary traumatic stress symptoms of PTSD due to secondary exposure to a traumatic event. Secondary traumatic stress examples include front-line workers who work with people who are traumatized and researchers interviewing individuals on sensitive topics like domestic violence.
- ***Collective trauma*** occurs when direct exposure to a traumatic event(s) impacts a group of people, community, or society. Examples include slavery, a pandemic, and living in a community experiencing ongoing violence.
- ***Intergenerational trauma*** happens when the traumas experienced by one generation are passed on to the next. Examples include the impacts of addiction across multiple generations of a family and the ongoing impact of historical and present-day racism on members of Black, Indigenous, and People of Color (BIPOC) communities.

- ***Complex trauma*** is a result of exposure to varied and multiple traumatic events and/or experiences. Complex trauma can, and often does, combine any of the above forms of trauma. Examples include domestic violence, childhood neglect, and/or sexual abuse.

All these various forms of trauma can be created by both large and small events. It's easy to focus on the "big T" traumas—ones caused by experiencing dramatic events like natural disasters, war, or grave illnesses—but smaller, more personal events can still be traumatic for individuals or communities. For example, repeated exposure to microaggressions or other forms of psychological or emotional attacks, when combined with other factors, can easily become embodied as trauma that has just as much of a profound impact on an individual's ability to function. Unfortunately, it's not uncommon for people to suppress or deny the existence of trauma in themselves or others because it isn't linked to some significant big T event or because "others had/have it worse." Sadly, this sort of denial, self-shaming, and invalidation of "little t" traumas is often tied to those traumas becoming more deeply entrenched. It also can prevent people from recognizing the seriousness of the traumas they carry and seeking help.

For those with trauma, the past is always close to the present. As anthropologist Rebecca Lester writes:

> The specific event or series of events deemed traumatic are hardly 'over' once the events themselves cease. They are re-experienced again and again and again…. The psychological and physiological responses to the events are reactivated with each replay…. In this way, the traumatic events are not simply something in the past that the person is trying to 'get over' but become part of one's daily experience in the here and now. It affects how people relate to others, interpret new experiences, and imagine horizons for their future (Lester 2013, 757-8).

This process of re-experiencing trauma, typically activated by new stresses or interactions which lead to thinking about the previous experience, is called *retraumatization*. An individual's expression of trauma and retraumatization can manifest in many ways, including shortness of breath, accelerated heart rate, shaking, sweating, and/or tunnel vision. Trauma and retraumatization are often experienced as a somatic fight, flight, freeze, fawn, or flop reaction (Woodward 2020). Some people may withdraw into themselves, some will become agitated, and still, others may present as people-pleasing even when it might be to their detriment. Many will have difficulties processing information during this period. Retraumatization also leads to the trauma becoming further entrenched if the necessary supports for processing are lacking at that moment. It can also lead to acute health challenges. For example, people experiencing retraumatization are at higher risk for increased substance use to mitigate the feelings and, in some cases, self-harm (SAMHSA 2013).

To understand how trauma can emerge within a research engagement and lead to retraumatization, immediately following this article is an account of an interview "gone wrong." In it, one of the authors experiences feelings of helplessness related to hearing his participant share all the difficult life challenges they were facing due to living with a criminal record. Vicariously experiencing his participant's trauma and potential retraumatization activated the researcher's own trauma tied to a psychological and emotional breakdown that happened several years prior during grad school. At that moment, all those feelings of failure and alienation—and the imposter syndrome and shame they created within him—came flooding back as a panic attack. To frame what happened in clinical terms: secondary traumatic stress created by the interviewee's account led to an activation of the researcher's complex trauma.[5]

We have talked with many others who have had similar experiences while conducting research. The research encounter has the potential to create a trauma response in both the people being interviewed or observed and the people conducting the research. The next step of this paper is a consideration of why that is the case. What are the aspects of interviewing and other ethnographically derived methods that create the potential conditions for trauma to emerge in everyone involved in the process, and why does that happen?

BLURRED LINES BETWEEN METHODS

One of the primary biomedical treatments for embodied trauma is a common form of talk therapy called cognitive behavioral therapy (CBT). During psychotherapeutic sessions, clients, in collaboration with a licensed, practicing clinician or therapist, often engage in reflective personal storytelling. The goal is for the client, with the support of the clinician or therapist, to carefully re-experience and reflexively process traumatic memories. To guide the process, the clinician asks open-ended prompting questions, validates the client's experiences, and provides alternative or additional interpretations and ways to understand past experiences. Over time, the clinical treatments seek to help the client to attach different meanings and feelings to the recollection of past events, developing the skills necessary to develop hope for and resilience against future retraumatization and move toward healing.

Even if you have not personally experienced this model of therapy, its approach should feel familiar to anyone who has used ethnographically derived research methods like qualitative interviewing. Tad Hirsch documents in his 2020 paper "Practicing Without a License: Design Research as Psychotherapy" how research tools such as semi-structured interviewing and mirroring participant responses were directly drawn from psychotherapeutic techniques. Hirsch argues that qualitative interviews and other participatory research methods often strive to achieve three critical and interrelated aspects of the therapeutic encounter: *rapport*, *congruence*, and *empathy* (Hirsch 2020).

Rapport is the sense of connection and comfort between the parties. It is a topic that appears in numerous methodological texts, like Harry Wolcott's book *The Art of Fieldwork*, (Wolcott 2005) and is discussed in at least 48 essays and papers in EPIC's archive. *Congruence*, or "genuineness," can be seen as what helps facilitate that sense of rapport. For a therapeutic encounter to be successful, the therapist must engage with clients in a transparent and authentic way. Hirsch notes that the same is true in research encounters. Good research practices involve being "open with participants about intentions, goals, and emotional responses to their stories. This may involve researchers "sharing personal experiences or simply expressing emotions during interviews" (Hirsch 2020). Finally, both forms of encounters depend on the clinician or therapist leading the encounter to develop and express a form of shared understanding of the participant's experience, commonly referred to as *empathy*. While there has been a movement within the qualitative research community to critically reexamine the way empathy is deployed as a concept—for example, Maggie Gram's *N+1* paper "On Design Thinking" (Gram 2019) and Rachel Robertson and Penny Allen's 2018 EPIC Conference paper "Empathy Is Not Evidence: 4 Traps of Commodified Empathy," (Robertson and Allen 2018)—its cultivation remains an important component of many research and design processes.

Hirsch argues that there is nothing inherently wrong with cultivating rapport, congruence, and empathy. In fact, the shifting of focus towards these was in part tied to the work of feminist, indigenous, and other scholars and practitioners who have been advocating for more humane and equitable approaches to research for decades.[6] That said, it's critical to acknowledge how encouraging people to talk about past experiences and share unvarnished feelings while working to build a sense of authentic connection and shared understanding during a research interview creates the conditions for the resurfacing of trauma and, in some circumstances leads to the researcher essentially practicing therapy without a license.

We suspect many people reading this have experienced an interviewee jokingly—or perhaps not so jokingly—comparing a research encounter to a "therapy session." At times, it's easy to allow the two to collapse into each other, both in terms of asking open-ended questions about past experiences and trying to be supportive of their interviewee and validating the feelings that they are sharing.[7] However, despite the trappings of similarity, Hirsch reminds us that the two forms of encounters—therapeutic and research—have vastly different goals. Psychotherapeutic sessions focus on easing the client's suffering and facilitating steps toward healing. When the talk therapy process is successful, a client may partially or fully rebuild their ruptured world. While the precipitating events cannot be undone, the memories and the resulting trauma can be better integrated into the client's ongoing life experience. This focus on reintegration is not part of the typical research encounter. Rather, research sessions focus on collecting data to advance some form of study, project, product, or service. The degree to which the participant receives any psychological benefit from participating (beyond compensation) is a byproduct of the process and not the expressed goal.

Further, while talk therapy is helpful for some people, it is not necessarily a path to healing for others. Some studies have shown that clinicians and therapists estimate that between five and ten percent of clients are actively harmed by the talk therapy process (Boisvert and Faust 2003). One of the reasons might be the limiting nature of talk therapy and the overemphasis on brief, interventional programs that are primarily intended to be more prescriptive and can often recklessly overpromise a faster track to healing. Although effective for some, as noted above, this limiting approach does not always focus on the serious and complex underlying challenges of trauma. This calls us to note that there is a parallel issue at play with prescriptive talk therapy and some research approaches: they both can overvalue the quickness of productivity rather than the necessary time and space for compassionate inquiry, nuance and complexity, and interpersonal reflection.

Beyond the question of the healing aspects of the two different encounters, we also want to point out that the training (both methodological and ethical) that researchers and clinicians each receive is quite different. These differences in training are especially notable when planning for and triaging unexpected events like retraumatization. Clinicians and therapists typically receive years of formal and informal training, supervision, ongoing case and practice consultation, and continuing education related to their profession's practice standards. Unlike most qualitative researchers, they are prepared for and have the tools to respond to these emergent situations.

This leads us to two particularly challenging questions: (1) how much training should research practitioners get to prepare them for triaging a crisis, and (2) what steps should they take to mitigate matters of concern if they do not have such training? It's important to note that we are not advocating for researchers to become clinicians, although some do pursue this route and have more in-depth training and competencies in these areas. However, we should be taking steps to both anticipate and minimize the potential for harm to both participants and practitioners. If we are unable to involve clinicians in our processes (something we will strongly advocate for below), then it is incumbent upon us to take the steps necessary to be able to identify situations that can evoke trauma in ourselves and those we are interacting with and develop the responsible and necessary skills[8] to triage situations where that trauma begins to surface. This, in turn, leads us to the topic of becoming trauma informed and responsive.

SIX PRINCIPLES FOR A TRAUMA INFORMED & RESPONSIVE APPROACH

Trauma informed and responsive approaches begin from the understanding that people may have some history of trauma and take that into account in all engagements. These methodologies began to be developed by physicians, psychotherapists, and social workers (among others) to assist with treating returning veterans of the Korean and Vietnamese Wars. The addition of Post Traumatic Stress Disorder to the *Diagnostic and Statistical Manual III (DSM-III)* in 1980 greatly increased the amount of research conducted on trauma and the application of the concept beyond the space of military conflict. By the end of the first decade of the twenty-first century, medical and mental healthcare institutions were beginning to adopt integrated trauma informed approaches to assist in the delivery of healthcare (Center for Substance Abuse Treatment (US) 2014).

In 2014 the United States Substance Abuse and Mental Health Service Administration (SAMHSA) published its landmark treatise *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* Among other things, the document laid out six principles to guide trauma informed engagements: (1) Safety, (2) Trustworthiness & Transparency, (3) Peer Support, (4) Collaboration & Mutuality, (5) Empowerment & Choice, and (6) Attention to Cultural, Historical & Gender Issues (SAMHSA's Trauma and Justice Strategic Initiative 2014). SAMHSA's framework[9] is intended to shift and share power while addressing the trauma that everyone involved in the process may be carrying. While originally intended to guide therapeutic encounters in emergency and first responder contexts, all of these can and should be applied to the ethnographic and qualitative research process.

As we consider each of the principles, we ask you to keep three things in mind. First, while we are addressing them one by one, the principles are all inherently interrelated and build upon each other. Secondly, they are not intended to be applied in a unidirectional way. The principles are not things you do *at* a participant. Instead, we integrate and apply them to everyone involved in the planning, conducting, analyzing, and sharing of research or design. In other words, at a minimum, we need to consider how each principal impacts both the people and the environment the research focuses on *and* the people who are conducting the research and the processes they are creating. Ultimately, we should extend this framework to everyone we interact with—our colleagues and clients (internal and external), and perhaps most importantly, to our friends and family.[10]

Finally, we want to acknowledge that every one of the principles could be the subjects of their own individual papers (or books). In fact, many have been. Our treatment of each one will necessarily have to be cursory. Our goal is to sow seeds about how each principle can influence the research process and to highlight additional resources to explore as you consider how to apply these principles to your personal, team, and organizational practices.

1. Safety

The first priority must be that everyone involved in the research encounter (participants, observers, and researchers alike) feel emotionally, psychologically, and physiologically safer[11] when participating in the process. This focus on safety begins before the planning stages of research and continues through every stage of the process. One way to start this is to engage in a "safety audit" by asking, "how might participating in this research cause or fuel more harm to a participant?" and "What steps can be taken to mitigate or minimize that harm?" Hirsh points out that this is especially important as more and more research focuses on exploring sensitive subjects, often engaging with vulnerable communities. Whenever possible, this type of audit should be done collaboratively. It's a place where clinicians or social workers can and are starting to be brought into the process. Or, even more optimally, it's an opportunity to have members of the community you are working with actively engage and participate in the planning as experts and advocates for their communities.

For those familiar with Ethics Committees or Institutional Review Boards (IRBs) these questions may feel very familiar. However, a trauma-informed concept of safety is far more inclusive than the foundational minimum requirement that is often expected with IRBs. Embracing the multidimensional perspective of being trauma informed and responsive means also asking, "How might performing this research harm a researcher?" For example, consider the additional emotional burden that is often placed on BIPOC researchers who are asked to conduct research within BIPOC communities, especially around sensitive subjects, because of assumptions around intersubjectivity (Sunderland and Denny 2016, 224). Continually asking a BIPOC team member to research and/or speak and stand in for BIPOC communities risks activating vicarious, community, and intergenerational trauma (Menakem 2017).

In cases where there are safety concerns and the possibility of retraumatization, we must learn to ask the difficult question "Is this research necessary?" and "Has this research already been done?" As believers in ethnographic methods, we put a premium on getting into the field and learning from those with lived and living experiences. However, we should also recognize the immediate and long-term stress that this can place on the individuals and communities we work in. As the organization Chicago Beyond states in their excellent publication *Why Am I Always Being Researched*?:

> In the hometown of urban research, Jonte asks aloud "why am I always being researched?" His peers are in three studies at once. A grandmother on his block, neighbors, and staff at nonprofits serving him, remember being in studies, too. Jonte is one of thousands in Chicago who, over decades, have participated in research studies with price tags in the millions, all in the name of societal change. And yet, the fruits of those studies have infrequently nourished the neighborhoods where their seeds were planted (Chicago Beyond 2019, 10).

There are often less invasive methods to gather information[12], especially in cases where significant research has already been done on a subject. Empowering individuals and teams to choose not to do research or to change how the research is conducted to address safety issues is also deeply tied to the fifth principle: empowerment, voice, & choice.

If a decision is made to continue the research while acknowledging safety concerns, then mitigation plans that were thought through and considered ahead of time need to be activated. For example, at the non-profit Code for America, we train our researchers to identify the signs of traumatization and give them and their participants the ability to stop the interview at any time for any reason (Rappin et al. 2020). We also create lists of helpful aid resources and organizations that can be shared with participants to assist them with the challenges they are facing. Code for America also requires two researchers to be present in most engagements to support each other and participants through the research process; see the postscript in this paper for a demonstration of why this is so important.

Researchers should also consider how the other person's environment should shape the research format.[13] For example, for some people, a call is safer than a Zoom because it doesn't require showing someone's home or the use of a data plan. Additionally, there should also be procedures in place to help people who are experiencing acute stress or retraumatization during an interview (including stopping the interview to check in and co-determine next steps [e.g., continue the research process or not], and if necessary, calling social care resources or a mental health hotline for the individual in distress).

The work of creating psychological, emotional, and physiological safety continues throughout the research process. While a significant amount of focus is placed on interactions with our participants, it is not the only place where traumatization and retraumatization can occur. As noted earlier, retraumatization is often activated by revisiting past events without adequate support. Since analysis and synthesis of data necessarily require us to return to and relive interview sessions, it is another stage primed for the reactivation of trauma and support structures should be put in place for researchers, especially in cases where they know that they will be returning to sensitive and potentially activating or triggering conversations.

Across the research process, we can also consider utilizing tools and approaches from clinical practices where risk assessments and safety planning are not just everyday practices but an expectation for ensuring minimal risk to harm. We mention this as potential inspiration with the caveat that we also honor and more thoughtfully integrate the knowledge and expertise that has come from the very individuals who have learned, unlearned, and adapted these tools in and outside a clinical practice in innovative ways. In this respect, we discourage simply borrowing from other disciplines but rather, keeping with principle five, encourage their inclusion and deeper integration for enhanced co-learning and collaboration. For example, in academic or academic adjacent settings, consider reaching out to your school's masters-level social work program to better understand how risk assessments and safety planning are currently being adapted in community-based work. Following the SAMHSA trauma informed framework (in particular, principle four, collaboration and mutuality), it is best to work directly with clinicians and other social work and social care professionals to plan and conduct research in ways that are safer for all.

2. Trustworthiness & Transparency

Drawing inspiration from activist Mervyn Marcano, we must learn to operate *"at the speed of trust"* (brown 2017, 42). This means working to be as open as possible about our research with our participants. At a minimum, we need to disclose why the research is being done, who it's being done for, how the data will be collected and stored, and how the findings will ultimately be used. It also means that communications with participants should be delivered in culturally respectful and representative ways with a commitment to a focus on clarity and accessibility.

Additionally, we need to be transparent about what will be covered in a research session and what it may feel like to participate. This is especially important in research that will cover sensitive and complex topics. If there are concerns that questions might create stress or could potentially be especially activating and lead to retraumatization, then that needs to be clearly discussed with participants ahead of the research as part of the fluidity of an ongoing informed consent process. We also must be clear about the ways the participant can steer and control their participation in the research. This will be discussed in more depth with principle five, empowerment, voice, & choice. For the moment, it is enough to say that consent is not truly possible without transparency.

Being transparent and building trust takes time. In the best-case scenario, this means working at the pace your participants desire to work at rather than necessarily a rushed or urgency-ridden project timeline. Often, business, and other needs, make taking that time difficult. When it is not possible to negotiate more time, then it's important to find ways to be transparent about your constraints with both your stakeholders (in clearly expressing the limits of what can be researched under those conditions) and with your participants (about why the research is happening on the schedule it is).

Finally, trustworthiness and transparency extend beyond the interview. Whenever possible, it includes sharing the results of a research project or a summary of findings with participants. Part of that process includes indicating what you will be and are not able to share as part of preparation with a participant while also being mindful of how to continuously protect all participants' confidentiality with high-level findings.

3. Peer Support

Throughout the process, it's critical to think about how participants and researchers can support each other. While this may be challenging, especially in research situations where participants don't have the opportunity to meet one-on-one, there are still opportunities for support. For example, one can work with a network of community partners to help identify ways to support research participants with their challenges. In more participatory methods, such as participatory design or co-design projects, there are also opportunities to build participant support and review sessions in the various stages of the process. Additionally, one should not discount how sharing research results—through conversations, print publications, presentations, etc.—can help foster a sense of peer support for participants in so much as it provides them with a chance to see how their experiences are often shared by others. In many ways, this practice finds synergy with the principle of empowerment.

Peer support can also mean creating spaces within research organizations for researchers to support each other after difficult interviews. For example, at Code for America, the team has a framework for providing more immediate support if a team member has had a particularly challenging research experience. Another example of this in practice is a project where Civilla, a Detroit-based design non-profit, partnered with Social Workers Who Design so that team researchers could schedule debriefing and processing sessions with a clinically trained social worker-designer on an as-needed basis. The primary goal was to provide a dedicated, recurring, private space for the researchers to discuss specific design-based and structural challenges while working on a long-term project with varying levels of intensity in the child welfare system.

4. Collaboration & Mutuality

Part of the process of creating safer and more supportive environments is exploring ways to involve participants more broadly in the research process. As noted above, this can include sharing research findings with them and their communities at different phases. Using participatory design or community-based participatory action research could also involve working with community groups, advocates, social workers, or other trauma experts from the beginning of framing research to ensure that questions are beneficial for the communities that you are working in and to identify any anticipatory issues or activations that could arise over the course of research. Community members can also help identify what questions to ask and culturally appropriate ways to collect the data. The more the approach can build power and have participants show up and speak as the experts rather than having their voices mediated by a researcher, the more collaborative the process and authentic the results can become.[14]

In conjunction with the previous principle (peer support), this can also mean thinking about the concept of "compensation" as more than just financial incentives for participating in research. This is especially important in contexts when we are researching products and services that our participants use. For example, we should ask ourselves what "pain points" are significant enough for us, after a session is completed, to assist a participant in finding a solution. In some cases, that is as easy as providing a warm handoff to customer support. A more involved example of this is how Airbnb researchers provided in-session support to COVID-19 first responders attempting to find temporary housing on their website (Hitchcock and Johnson 2021). The decision to do this also ended up improving the research: "[t]rying to solve responders' issues while on the phone with them helped the researchers understand the urgency of the task at hand and empathize at a deeper level with how taxing the booking process was." (ibid., 26)

5. Empowerment, Voice & Choice

Beyond fostering a safer and more supportive environment, one of the most important parts of treating trauma is ensuring that clients and patients are in control of their treatment. The same is true for everyone involved in a research project. Being trauma informed does not mean wrapping participants in "bubble wrap" and making decisions for them about what will or will not be traumatic. Instead, the goal is to provide them with all the information they need to make those decisions for themselves. This notion of choice and agency is interconnected with the concept of consent. This often leads to a hyper-focus on consent forms and, in some cases, a mistaken notion that consent is the same as a non-disclosure agreement or simply a "check off" within the research process versus *understanding consent to be something that is informed, occurs prior to research, and, once given, must be sustained and is able to be revoked.*

As mentioned above, the principles are interrelated and built upon one another. Consent cannot be provided unless all communications are transparent and fully understood (principle one). Likewise, consent can only be maintained through fostering and nurturing trust (principle two). Given the inherent power dynamics of research engagements, especially whenever there is any form of compensation for participation, it's important for the research to find opportunities to shift the power dynamic towards the participant. Further, compensation need not just be a gift card for one hour of interview time. There are important hospitality practices happening in the field that are actively expanding how we also think about compensation: paying participants immediately via electronic apps, providing transportation and refreshments, and having on-site childcare. Each of these practices and more help us redefine our notion of what it means to support participants and foster consent.[15]

Alba Villamil and others also argue that an important part of shifting that power is helping participants recognize their ability to withhold or retract consent (Villamil 2020; Lee and Toliver 2017). At a minimum, this means clearly communicated consent procedures that help participants understand all aspects of the research and that enable participants to stop the interview at any time and still receive compensation. This also includes allowing interviewees to control the flow of the interview and control how much they choose to discuss a topic. Researchers should also consider taking steps to ensure participants feel empowered to take those actions. For example, Code for America always compensates participants at the start of a research engagement so they can feel more comfortable choosing to leave an interview for any reason (Rappin et al. 2020). Additional steps could also include re-engaging with interviewees and sharing how their data will be used in the final outputs to ensure they are comfortable with how they are being represented. Approached from this perspective, "consent" ceases to be a gate to pass through (or, more to the point, a form to sign) and becomes something far more open and fluid: an unfolding relationship.

Finally, we want to emphasize that, as with the rest of these principles, "empowerment and choice" must be extended to researchers. Beyond fostering mechanisms for researchers to practice self-care[16], organizations must have procedures and protections in place for researchers to ensure that projects proceed at a pace that keeps them safe. And in cases where a researcher could potentially be harmed by participating—as already discussed in the example of BIPOC researchers who often must do additional emotional labor when working within communities they identify with or are asked to identify with—there should be the option to choose *not* to do the work.

6. Cultural, Historical & Gender Issues

Growing out of that last point, we need to continuously recognize that our work is always already situated within specific socio-historical contexts. It's incumbent upon us, as researchers, to integrate that awareness into how we prepare for, conduct, and share research. As noted above under "safety," that includes asking if conducting the research could harm a community or the researcher themselves. This may also lead one to ask if they are the right researcher for a specific engagement. This is connected to many of the discussions around decolonizing research and acknowledging the historic harms done by "expert researchers" on indigenous and other vulnerable communities throughout the years. (L. T. Smith 2012; Weaver 2019; Visser 2015) Likewise, due to the broader role that systemic oppression and racism have played in the creation of intergenerational trauma within BIPOC and other minority communities, this principle also asks us to proactively think about how our work can fit into various liberatory and anti-racist frameworks (Powell et al. 2022; Menakem 2017).

Designer and urbanist Liz Ogbu's work on the "pre-conditions of healing" (Ogbu 2020) does a great job of centering the importance of understanding and acknowledging the complex histories of cultural objects and structures.[17] In it, she writes:

> [H]ealing won't come about just through building more housing, establishing new bus routes, or even repurposing funds from a police budget into a new community center. It requires more; it requires holding space for the complexity that created and has sustained these wounds as well as doing the work to close the wounds in such a way that they can never reopen. In other words, continuing to drive cultural change forward also requires embracing the preconditions to healing. Before we can heal, we have to acknowledge the wounds: their existence, their depth, and their pain (Ogbu 2020).

While this might seem less applicable for those engaging in business-to-business or business-to-consumer research, it is still important to consider how the products and services we work, and have worked, on may have been involved in creating situations, directly or indirectly, that cause stress or harm for the people who used them.

BECOMING TRAUMA INFORMED AND BEYOND

With the principles introduced, we now turn our attention towards applying them to research and design processes. We believe that many reading this likely already engage in practices that can fit into one or more of the six principles. The advantage of adopting the SAMHSA framework, or a similar one, is that it provides a more approachable rubric for organizing and formalizing what is already being done, identifying gaps, and exploring opportunities to fill them. Doing this can be as simple as creating a matrixed document that contains a row for each of the principles and columns that list the corresponding actions taken to deliver on each principle. For a simple example of what this could look like, see the chart in "Triggers or Prompts? When Methods Resurface Unsafe Memories and the Value of Trauma-Informed Photovoice Research Practices" (Pichon, Teti, and Brown 2022). In the article, the authors include what steps were taken during their research and then have an additional reflective column for steps that could be taken in the future when conducting a similar project. Alternatively, columns could be used to capture what will be done in each major step of the research process or could correspond to different participant categories in the research or design process (e.g., "interviewees," "researchers," "stakeholders," etc.). Regardless of what you choose, experimenting with this type of audit is an excellent way to take some initial steps toward adopting a trauma informed approach to your work.

As you think about those initial steps, keep in mind that being "trauma informed and responsive" is not an "either/or" binary state. There are always opportunities to improve one's practice and things you'll wish you had done differently. And, as demonstrated in the post-script, there will also be setbacks along the way. We have found it far more productive to think about becoming trauma informed as a continual practice rather than something you achieve. It is not something that can be developed overnight, let alone over the course of a single project. Instead, it is something that must be intentionally cultivated and mindfully grown over time for the good of all involved.

One challenge that many have faced on this journey is a desire to jump right to the "running" stage without doing the work of learning to crawl and walk. While the journey to developing a personal practice is always somewhat idiosyncratic, we feel that inspiration can be drawn from development models created by healthcare professionals that help demarcate major steps along the way. To this end, we have adapted a 4-phase developmental model created by the Missouri Department of Mental Health[18] (Jones 2014) to help frame this discussion:

1. ***Trauma Aware.*** The journey begins by understanding more about the presence of trauma in our society, how it's created, and how it can and continues to manifest. This includes considering how it will emerge within the context of any research engagement (regardless of subject matter).
2. ***Trauma Sensitive.*** The next phase is to begin to explore and understand the core principles of trauma informed approaches and how they can apply to your work. One also seeks to identify and "sense" the various ways that trauma can present itself in both researchers and research participants and starts to plan for how to minimize those opportunities. Researchers also begin to explore implementing trauma informed approaches with others within their organizations and/or with clients.
3. ***Trauma Informed.*** With the support of their organizations, the researchers begin to rework their research approach to integrate concepts from the core principles. This might include implementing proactive self- and group-care practices and peer and

external support structures for researchers. Research work begins to be evaluated in part on how trauma informed it is.

4. ***Trauma Responsive.*** Being trauma informed is now the norm for both researchers and the organizations they operate within. Community organizations and collaborators are involved early in planning processes and reviewing research approaches. Researchers have developed relationships with and naturally seek out the assistance of experts from mental health and social work fields to collaborate on project scope, design, and implementation. Research embraces more participatory and liberatory approaches, including liberatory and anti-oppressive practices from mental health and social work fields. In addition to standing measures like the development of useful findings and insights, the mental and emotional health of participants *and* researchers are prioritized as key indicators of successful research and design efforts.

Becoming trauma responsive is an ongoing and unfinished process. The act of changing our personal mindset and approaches to research and design should come to create, and be reflected by, changes at the team and organization levels. In fact, as this model progresses, the responsibility for creating and sustaining trauma responsive practices shifts from individual researchers and designers to the organization itself. Individual practice is always shaped and constrained or supported by organizations we work within and for. In many respects, being trauma informed can run in direct opposition to the ways that many organizations currently are used to conducting research. The emphasis on moving more thoughtfully and with care, sharing power, and emphasizing not only providing informed consent but actively affirming all parties' ability to opt in and opt out of that informed consent can be controversial. This could be seen as disruptive to the "optimal" ways of doing applied research that has evolved over decades of practice. It is, therefore, critical to take the time to educate and self-study these approaches within an organization to get buy-in.[19] As we consider this progression of moving from aware to sensitive to informed to responsive, there is still much work to be done on charting approaches that help organizations move from one to the other.

To that point, it is important to call out that getting organizational buy-in can, at times, be extremely difficult. Researchers who are not also clinically trained and/or licensed to practice should not be required to screen or assess for trauma. To expect this would be reckless and irresponsible and the epitome of practicing without a license. However, attempting to enact wide-scale trauma informed change without a commitment to a multi-modal and interdisciplinary approach is often unrealistic and unsustainable. Without ongoing organizational perseverance, the responsibility for sustaining trauma informed practices tends to fall back to individual researchers and designers, who often lack the institutional or positional power to significantly shift policy. This lack of institutional support can then create conditions that lead to organizational moral pain, which increases the potential traumatization and retraumatization in the very practitioners seeking to make the system more trauma informed. As with the topic of organizational transformation, it will also be important to explore the topic of institutional betrayal and betrayal trauma theory[20] in the context of design and research spaces. We hope some of you reading this will pick up some of that work.

These challenges point returns us to why it is so important to shift our thinking about trauma informed and responsiveness from a state of "being" to "becoming." Ultimately what we are talking about is not just fostering a change in practice or perspective but in ourselves, our teams, and our organizational structures. That is a process that will take time—years, if not decades—and will not be without setbacks. However, it is the right thing to do and, for reasons we are about to discuss, we are presently in a moment that makes this work especially relevant.

THE IMPERATIVE FOR EMBRACING TRAUMA INFORMED & RESPONSIVE APPROACHES

So far in this paper, we have explored how trauma is created and surfaces, how research encounters create conditions prime for retraumatization, one trauma informed framework, and one approach to implementing it, over time, at the personal and organizational levels. Now we turn to the questions of why now—this specific historical moment we are writing this in—is the time to begin this journey and what embracing it can mean for the field of research.

The second question is the easier one to address. As has been discussed throughout this paper, trauma (both big T and little t) is an ongoing presence in our lives. Even if you do not personally carry trauma, there is a chance that you have in the past, or will in the future, interact with people who do. And, due to the nature of our work, the chances of those encounters are increased. Recognizing this as being the case, there is a moral and ethical imperative to prepare for that possibility, if not eventuality.

There is also an epistemological reason as well. We believe that adopting a trauma informed and responsive approach will ultimately produce better research outcomes, not only in terms of healthier interactions among all participants in the process but also in terms of the quality of findings, the stories that will be shared, and the changes that can occur. Actively working to integrate SAMHSA's trauma informed framework into one's research process means embracing many of the participatory techniques and approaches that feminist, queer, and indigenous researchers have been advocating for decades. The resulting research environments are safer for all participants, creating the conditions for more engaged sharing of life experiences, perspectives, and ultimately, deeper insights. Likewise, finding ways to involve participants in the earlier and later stages of the research process opens additional opportunities to ensure that what we are researching will be of actual value to those we research.

Becoming trauma informed also has implications beyond the practice of research. It also transforms the way that organizations function. Ultimately embracing trauma informed methods is something that needs to be done by individuals *and* organizations. From an organizational perspective, that means creating frameworks to productively address not only the trauma and stresses faced by their clients but also the ones faced by employees[21], contractors, volunteers, and others they interact with. It's a hopeful vision and a much needed one.

This brings us back to the first question: "why now?" Beyond platitudes about how now is always the "best time" to start something, there are specific things about this shared moment that indicates there is a real opportunity to enact change. The late Marshall Sahlins argues that at certain historical moments, "the structure of the conjuncture" (how specific events and cultural trends meet and combine) creates opportunities for transformational individual and group agency (Sahlins 2013, 10-1, 155-7). As we discussed at the beginning of the essay, we are in a historical moment where we are still experiencing and processing the impact of a web of shared collective traumatic events. At the same time, various community and advocacy groups have been advocating for confronting past historical evils like structural racism and oppression. Many traditionally marginalized groups are also calling for recognition, greater acceptance, and ultimately a "seat at the table" in all discussions that involve them. There is also a resurgence in the organized labor movement, and with it comes a focus on sharing power.

As a result of the conjuncture of these various forces, the topics of trauma and healing have been circulating in ways that we have not seen in recent times. The popular press regularly contains articles that consider how we will heal from the collective traumas of COVID-19 and other recent events. In response to this, business and organizational management publications, like the Harvard Business Review (Manning 2022), are publishing content on how to begin to make workplaces more trauma informed. In fact, while writing this article, it was difficult for us to keep up with the amount of new content being published on trauma informed and responsive research and design methods (a rapidly growing body of work that we are adding to with this paper). All of this points to us being in one of those historical moments where change is possible, and we have an opportunity to, as a field, shift our collective practice in the direction of being more trauma informed and responsive.

AN END (AND WE HOPE THE BEGINNING OF A JOURNEY WE TAKE TOGETHER)

In this moment of potential, we want to remind you that working to integrate trauma responsive practices in design and research remains a bold endeavor. It requires all of us to willingly step into spaces that are often uncomfortable. After all, change is uncomfortable and often creates resistance (both in ourselves and in others). This work will take effort and should not be rushed. The journey is lifelong.

As you reflect on this paper and the next steps you will take, keep in mind that when it comes to practicing trauma informed and responsive approaches, it is, as anthropologist Clifford Geertz once famously wrote, "turtles all the way down." (Geertz 2017, 29) Use trauma informed care principles to guide trauma informed approaches to become trauma responsive. That means giving ourselves grace while taking small steps. It means being vulnerable, asking for assistance, experimenting, and sharing what works and does not work. It means knowing that we will all still make mistakes along the way, possibly even causing unintentional harm to ourselves or others. It means finding the courage and compassion, when harm happens, to acknowledge it and move towards healing and repair. It means meaningful shifts toward collaboration, mutuality, and peer support to stay committed to "being with" versus "doing at." Our greatest hope is that we continue to encourage, uplift, and support one another in this vital work.

POSTSCRIPT: ENCOUNTERING TRAUMA IN THE FIELD AND IN ONESELF

The following is a recollection from co-author Matthew Bernius:

In the spring of 2021, I was interviewing folks living with convictions who were held back because jobs and housing require criminal background checks. My organization, Code for America, helps to design and implement policies that automatically clear eligible criminal records without requiring people to navigate complex, time-consuming, and expensive legal processes. As part of that work, we collect stories about the impact records have and the difficulties people face trying to get their records cleared. Normally, I handle participant screening and recruiting myself. However, for that round of research, a partner organization recommended participants and helped book the interviews.

From the start of one of those interviews, I knew something was wrong. Because it takes years to clear a record, the people we interview are typically long past their incarceration. But George (a pseudonym) had been released only a few months before we talked. I should have stopped the interview there, but this was a fast turnaround project, and we didn't have a lot of participants. I convinced myself that letting George share his story would still be helpful to the overall effort of bringing automatic record clearing to his state.

George walked me through all the challenges that he had faced over the last year. Immediately following his release, he came down with COVID, became very sick, and had no one to care for him. And even when he was finally feeling physically better, his delivery business couldn't get insurance because of his criminal record. He couldn't get work and couldn't make loan payments on his van.

As George described each incident, he became more agitated. And so did I. Hearing each new struggle and frustration he faced, my heart sank more and more. All I could think about was how the laws in George's state required him to wait for years before he could apply to clear his record. I thought about how difficult his life would be in the foreseeable future.

Then George said that his understanding was that I could help him get his record cleared in return for the interview. At that moment, I had a full-blown panic attack. I had difficulty regulating my breathing. I felt helpless and angry at myself. I had chosen to continue the interview for my convenience, only to discover that what George expected to receive in return for sharing these (potentially retraumatizing) experiences was something I couldn't provide. I felt that I unintentionally violated my professional sense of ethics. Beyond that, I felt ashamed that after having spent months working to incorporate trauma informed approaches to my research, I still managed to create a situation that had led to this.

Thankfully, the Code for America research team recognizes the potential for something like this to happen, and I had a partner with me for this interview. I asked them to take the lead while I worked to regain my composure. My partner took over and kindly explained to George that while we couldn't help him directly, we would connect him with legal aid organizations that would work with him to see what was possible.

Reflecting on the experience, I took away two key lessons. First, it serves as a reminder about how easy it can be, even with safeguards theoretically in place, to unintentionally create a research situation that can trigger trauma in one or more participants. More importantly, this incident helped internalize the difference that Sarah Fathallah identifies between being trauma informed and trauma responsive (and how I had mistaken one for the other):

> [A] trauma-informed perspective is exactly that: a lens that helps us understand. While trauma can inform our perspective, we need to be trauma-responsive in our practice. We understand the difference between trauma informedness and trauma responsiveness as the difference between principles and practices. As Rachael Dietkus puts it, whereas trauma-informed researchers would acknowledge the existence of trauma, trauma-responsive researchers "actively anticipate the potential existence of trauma" and address it throughout the research process (Fathallah 2022).

Matthew Bernius uses qualitative social sciences and design theory and methods to collaboratively create more equitable government systems and experiences. His work at Code for America focuses on improving access to and delivery of social safety net services.

Rachael Dietkus is a social worker-designer committed to care focused and trauma responsive practices in design and research. She is the founder and chief compassion officer for Social Workers Who Design, where she gets to work with design educators, researchers, and leaders worldwide.

NOTES

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1. As mentioned above, these theoretical lenses for considering trauma are often used in tandem. For example, Ong's account bridges back into an analysis of how the possessions are pathologized and seen, by factory owners, as a biomedical issue to be dealt with via pharmaceutical interventions versus using traditional local solutions.

2. Beyond the collection of blog essays that were published on the anthro{dendum} website in 2019 (https://anthrodendum.org/author/trauma-and-resilience), some of which are cited in this paper, there are some notable examples of social science works that grapple with the impact of trauma on researchers. Perhaps the best example is the late Billie Jean Isabell's book *Finding Cholita*, a "factional" exploration of the long-term effects of trauma on indigenous people in Peru and the ethnographer who is working with them.

3. Academic institutions and programs are often traumatizing to students, faculty, and staff. A 2018 study found that graduate students were "more than six times as likely to experience depression and anxiety as compared to the general population" (Flaherty 2018). Years after graduating, many continue to work through traumas created and exacerbated during and by education and the structures of harm that are complicit.

4. Staying true to our discussion of theoretical framings earlier, it is important for us to note that there are many different models and understandings of what we are calling "trauma." We have chosen to use this model as it is the dominant one in the cultural contexts that most of us live and practice within. Others draw on indigenous and non-western bioscience modes of knowledge to explore trauma.

5. While we typically think about empathy as an emotional connection, it is critical to note that it has physiological implications as well. Neurobiological studies have shown that the feelings created in us through empathic reactions also impact our bodies via the release of chemicals to help mirror the experience we are hearing about. If our participant is sharing good news, we experience a sympathetic chemical reaction of joy for them. Likewise, when they are sharing a stressful experience, we experience, via the release of stress hormones, a sympathetic reaction of suffering. Literally being exposed to another's pain and suffering can create sympathetic and embodied physical pain and suffering in us as well (Russell and Brickell 2015).

6. Note that many of those feminist, indigenous, BIPOC, and queer scholars and practitioners emphasize that the rapport, congruence, and empathy researchers work to develop needs to be reciprocal and bi-directional. This focus of developing a relationship "with" the participants versus "at" them is foundational to trauma informed and responsive approaches.

7. The collapse of research encounters into therapeutic sessions is in part due to the parallel frames invoked by similar speech acts in both types of encounters. For a masterful unpacking of the

underlying social and metapragmatic processes at play, and the related slippages, see the work of the late linguistic and semiotic anthropologist Michael Silverstein, in particular *Talking Politics: The Substance of Style from Abe to "W."* (Silverstein 2003)

8. One proactive step that we as researchers can take to protect ourselves and our participants is to train in psychological first aid techniques. Much like other forms of first aid training, the goal of psychological first aid is to help someone triage and stabilize a situation long enough to get the individual experiencing acute trauma to an expert who can take over their care. For more on psychological first aid, see the World Health Organization's guide (Snider, Van Ommeren, and Schafer 2011). The Institute for Behavioral Science at the University of Colorado Boulder CONVERGE center also has useful training materials around the topic (https://converge.colorado.edu/resources/training-modules).

9. Since its introduction, the SAMHSA framework has inspired a variety of alternative frameworks. For example, in 2020, the Massachusetts Childhood Trauma Task Force adapted the SAMHSA model, refocusing some of the original categories and de-emphasizing others while adding new ones (Massachusetts Childhood Trauma Task Force 2020). Given SAMHSA's foundational role in the development of many trauma informed and responsive frameworks we are choosing to use it as the reference for this paper.

Additionally, there are other trauma informed and responsive frameworks whose genealogy is not directly from SAMHSA. For a recently published example see Taylor Paige Winfield's "Vulnerable Research: Competencies for Trauma and Justice-Informed Ethnography" (Winfield 2021).

10. It is often difficult to leave our work at work—especially when things are challenging. As such it is not uncommon for partners or family members to accidentally be exposed to secondary traumatic stress through what we share. If we are unable to be good stewards of our own trauma through self-care (Lipsky and Burk 2009), then we also risk creating conditions at home (and in the workplace) that can potentially traumatize others.

11. We use the term "safer" rather than "safe" throughout the paper, because the latter implies a binary state in which a situation is either safe or unsafe. In practice, there is no way to guarantee actual safety. Assuming that a situation is safe can, in fact, lead to complacency and overlooking potential risks to participants.

12. For one example of choosing less invasive research methods, see taranamol kaur's account of how, at the start of the COVID-19 pandemic, the Code for America research team avoided creating more stress for people applying for food benefits in California by analyzing customer support messages versus directly interviewing people about the impact of the pandemic (kaur 2020).

13. For other examples of how teams used trauma informed and responsive frameworks to help ensure participant safety see EPIC case studies "Designing for Dynamics of Agency in NYC Homeless Shelters" (Radywyl 2019) and "Anticipating Needs: How Adopting Trauma-Informed Methodologies During COVID-19 Influenced Our Work Connecting Frontline Workers to Temporary Housing" (Hitchcock and Johnson 2021) along with the work of the Philadelphia Service Design Studio (PHL Participatory Design Lab 2019) and Sarah Fathallah's work at the Think of Us organization (Sarah Fathallah 2022).

14. For more on research approaches that build power through participatory methods while conducting themselves in trauma informed and responsive ways see the work of K.A. McKercher (McKercher 2020), Sarah Fathallah (Fathallah 2022), the Public Policy Lab (Radywyl 2019), the Philadelphia Service Design Studio (PHL Participatory Design Lab 2019), and Turning Basin Lab's collaboration with the JFF on worker led research (Bediako et al. 2021). For those interested in the application of these principles to the design process, in addition to Philadelphia Service Design Studio and the Public Policy Lab, we also recommend looking at the work of Shopworks Architecture (https://shopworksarc.com/tid).

15. Public Policy Lab uses the following seven questions to begin to think through questions of informed consent:

1. Are you offering participants fair compensation for their time?
2. Are you conducting the consent process in plain language?
3. Are you maximizing participants' control over their data?
4. Have you made it clear that the research is not confidential?
5. Are you collecting as little personally identifiable information as possible?
6. Have you been explicit about potential harms?
7. Are you prepared to provide resources if people are having problems? (Public Policy Lab 2021)

16. For an in-depth discussion of self-care in the face of dealing with trauma, see the seminal work *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (Lipsky and Burke 2009).

17. There are several liberatory design toolkits that include frameworks for exploring historical, cultural, and gender issues. For example, see Creative Reaction Labs' *Equity-Centered Community Design Field Guide* (Creative Reaction Lab 2018) and Maya Goodwill's *A Social Designer's Field Guide to Power Literacy* (Goodwill 2020).

18. While we use the same step names as the Missouri Model, we have assigned them to different positions along the journey. Following Karen Treisman, a clinical psychologist based in London, we choose to put Trauma Responsive as the final step as it implies a more active response to the potential presence of trauma and points towards healing as a potential goal of the research process.

Additionally, as with trauma informed and responsive frameworks, there are several organizational development models to draw inspiration from. For alternatives, see the *Oregon Model* (Trauma Informed Oregon 2021) and the work of Alisha Moreland-Capuia (Moreland-Capuia 2019) and Karen Treisman (Treisman 2021).

19. For an example of how a team successfully advocated for taking a trauma informed research approach, see the 2021 EPIC case study "Anticipating Needs: How Adopting Trauma-Informed Methodologies During COVID-19 Influenced Our Work Connecting Frontline Workers to Temporary Housing" by Meredith Hitchcock and Sadhika Johnson (Hitchcock and Johnson 2021).

20. The term "institutional betrayal" refers to wrongdoings perpetrated by an institution upon individuals dependent on that institution, including failure to prevent or respond supportively to wrongdoings by individuals (e.g., sexual assault) committed within the context of the institution. Institutional betrayal as connected with betrayal trauma theory was introduced in presentations by Jennifer Freyd in early 2008 (Freyd 2022) and is discussed in more detail in various publications (Platt, Barton, and Freyd 2009, 201-; C. P. Smith and Freyd 2014).

21. It is important to note that some of that stress and trauma is often created by the organization itself. Sometimes, ironically, stress and trauma is created in the name of addressing employee trauma. For more on this, see the dscout & HMNTYCNTRD report *Challenging Company Playbooks to Workplace Trauma* (Villamil, Eisenhauer, and Castillo 2021) and the discussion of institutional betrayal in the Harvard Business Review article "We Need Trauma-Informed Workplaces" (Manning 2022). For resources on dealing with the impact of institutional betrayal, see co-author Rachael Dietkus' contribution to the *Surviving IDEO* blog series: "Trauma and Design" (Dietkus 2021).

REFERENCES CITED

Administration for Children & Families. 2022. "Executive Function." *U.S. Department of Health & Human Services*. https://www.acf.hhs.gov/trauma-toolkit/executive-function.

Bediako, Stephen, Lamar Bursey, Molly Dow, Elsa Guerra Garcia, Leneka Pendergrass, Alison Schmitt, Marti Shaw, and Danny Spitzberg. 2021. "Worker-Led Research Yields a New Framework for Assessing Job Quality." *JFF*. https://www.jff.org/what-we-do/impact-stories/jff-ired/worker-led-research-yields-new-framework-assessing-job-quality.

Boisvert, Charles M., and David Faust. 2003. "Leading Researchers' Consensus on Psychotherapy Research Findings: Implications for the Teaching and Conduct of Psychotherapy." *Professional Psychology: Research and Practice* 34 (5): 508–13. https://psycnet.apa.org/doiLanding?doi=10.1037%2F0735-7028.34.5.508.

Breslau, Joshua. 2004. "Cultures of Trauma: Anthropological Views of Posttraumatic Stress Disorder in International Health." *Culture, Medicine and Psychiatry* 28 (July): 113–26; discussion 211. https://link.springer.com/article/10.1023/B:MEDI.0000034421.07612.c8.

brown, adrienne maree. 2017. *Emergent Strategy: Shaping Change, Changing Worlds*. AK Press. https://www.akpress.org/emergentstrategy.html.

Center for Substance Abuse Treatment (US). 2014. *Historical Account of Trauma. Trauma-Informed Care in Behavioral Health Services*. Substance Abuse and Mental Health Services Administration (US). https://www.ncbi.nlm.nih.gov/books/NBK207202.

Chicago Beyond. 2019. *Why Am I Always Being Researched?* Vol. 1. Equity Series. Chicago Beyond. https://chicagobeyond.org/researchequity.

Creative Reaction Lab. 2018. *Equity-Centered Community Design Field Guide*. Creative Reaction Lab. Creative Reaction Lab. https://crxlab.org/shop/p/field-guide-equity-centered-community-design.

Dietkus, Rachael. 2021. "Trauma and Design." *Surviving IDEO (Medium)*. May 25, 2021. https://medium.com/surviving-ideo/trauma-and-design-62838cc14e94.

Fathallah, Sarah. 2022. "Trauma Responsiveness in Participatory Research." *Think of Us*. September 9, 2022. https://www.thinkof-us.org/blog/trauma-responsiveness-in-participatory-research.

Flaherty, Colleen. 2018. "Mental Health Crisis for Grad Students." *Inside Higher Ed*, March 6, 2018. https://www.insidehighered.com/news/2018/03/06/new-study-says-graduate-students-mental-health-crisis.

Fortun, Kim. 2001. *Advocacy after Bhopal: Environmentalism, Disaster, New Global Orders*. 1st ed. University of Chicago Press. https://press.uchicago.edu/ucp/books/book/chicago/A/bo3641096.html.

Freyd, Jennifer J. 2022. "Institutional Betrayal and Institutional Courage." September 15, 2022. https://dynamic.uoregon.edu/jjf/institutionalbetrayal.

Geertz, Clifford. 2017. "Thick Description: Toward an Interpretive Theory of Culture." In *The Interpretation of Cultures*, edited by Robert Darnton, 3rd edition. New York: Basic Books. https://www.basicbooks.com/titles/clifford-geertz/the-interpretation-of-cultures/9780465093557.

Goodwill, Maya. 2020. *A Social Designer's Field Guide to Power Literacy.* Power Literacy. https://www.power-literacy.com.

Gram, Maggie. 2019. "On Design Thinking." *N+1*, September 24, 2019. https://nplusonemag.com/issue-35/reviews/on-design-thinking.

Hinton, Devon E., and Byron J. Good, eds. 2015. *Culture and PTSD: Trauma in Global and Historical Perspective.* 1st edition. Philadelphia: University of Pennsylvania Press. https://www.degruyter.com/document/doi/10.9783/9780812291469/html.

Hirsch, Tad. 2020. "Practicing Without a License: Design Research as Psychotherapy." In *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems*, 1–11. Honolulu HI USA: ACM. https://dl.acm.org/doi/abs/10.1145/3313831.3376750.

Hitchcock, Meredith, and Sadhika Johnson. 2021. "Anticipating Needs: How Adopting Trauma-Informed Methodologies During COVID-19 Influenced Our Work Connecting Frontline Workers to Temporary Housing." *Ethnographic Praxis in Industry Conference Proceedings 2021* (1): 16–31. https://www.epicpeople.org/anticipating-needs-trauma-informed-research.

Jones, Rachel. 2014. The Missouri Model: A Developmental Framework for Trauma-Informed Approaches. *MO Dept. of Mental Health.* https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approaches.

kaur, Taranamol. 2020. "People Lead the Way." *Code for America.* May 21, 2020. https://codeforamerica.org/news/people-lead-the-way.

Lee, Una, and Dann Toliver. 2017. "Building Consentful Tech." *The Consentful Tech Project.* https://www.consentfultech.io.

Lester, Rebecca. 2013. "Back from the Edge of Existence: A Critical Anthropology of Trauma." *Transcultural Psychiatry* 50 (5): 753–62. https://journals.sagepub.com/doi/10.1177/1363461513504520.

Lipsky, Laura van Dernoot, and Connie Burk. 2009. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others.* Berrett-Koehler Publishers. https://traumastewardship.com/inside-the-book.

Manning, Katharine. 2022. "We Need Trauma-Informed Workplaces." *Harvard Business Review*, March 31, 2022. https://hbr.org/2022/03/we-need-trauma-informed-workplaces.

Massachusetts Childhood Trauma Task Force. 2020. Framework for Trauma Informed and Responsive Organizations in Massachusetts. *Massachusetts Office of the Child Advocate.* https://www.mass.gov/orgs/office-of-the-child-advocate.

McKercher, K.A. 2020. *Beyond Sticky Notes: Co-Design for Real: Mindsets, Methods and Movements.* Beyond Sticky Notes. https://www.beyondstickynotes.com.

Menakem, Resmaa. 2017. *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies.* Central Recovery Press. https://centralrecoverypress.com/product/my-grandmothers-hands-racialized-trauma-and-the-pathway-to-mending-our-hearts-and-bodies-paperback.

———. 2020. "Breaking the Chain: Healing Racial Trauma in the Body Interview by Kristin Moe." *Medium.* https://medium.com/@kristinmoe3/breaking-the-chain-healing-racial-trauma-in-the-body-af1bffd1d926.

Merrick, Melissa T., Katie A. Ports, Derek C. Ford, Tracie O. Afifi, Elizabeth T. Gershoff, and Andrew Grogan-Kaylor. 2017. "Unpacking the Impact of Adverse Childhood Experiences on Adult Mental Health." *Child Abuse & Neglect* 69 (July): 10–19. https://www.sciencedirect.com/science/article/abs/pii/S0145213417301084.

Močnik, Nena. 2020. "Re-Thinking Exposure to Trauma and Self-Care in Fieldwork-Based Social Research: Introduction to the Special Issue." *Social Epistemology* 34 (1): 1–11. https://www.tandfonline.com/doi/abs/10.1080/02691728.2019.1681559.

Moreland-Capuia, Alisha. 2019. *Training for Change: Transforming Systems to Be Trauma-Informed, Culturally Responsive, and Neuroscientifically Focused.* 1st ed. 2019 edition. Springer. https://link.springer.com/book/10.1007/978-3-030-19208-2.

National Center for PTSD. 2022. "How Common Is PTSD in Adults?" *U.S. Department of Veteran Affairs'.* August 29, 2022. https://www.ptsd.va.gov/understand/common/common_adults.asp.

Ogbu, Liz. 2020. "The Preconditions to Healing." *On Topic*, Fall 2020. https://www.lizogbu.com/wp-content/uploads/2021/03/on_topic_combined.pdf.

Ong, Aihwa. 1988. "The Production of Possession: Spirits and the Multinational Corporation in Malaysia." *American Ethnologist* 15 (1): 28–42. https://www.jstor.org/stable/645484.

PHL Participatory Design Lab. 2019. *Trauma-Informed Service Design with the Office of Homeless Services.* City of Philadelphia. https://www.phila.gov/media/20210830153306/recommendations-report-service-design-studio.pdf.

Pichon, Latrice C., Michelle Teti, and L. Lauren Brown. 2022. "Triggers or Prompts? When Methods Resurface Unsafe Memories and the Value of Trauma-Informed Photovoice Research Practices." *International Journal of Qualitative Methods* 21 (January). https://journals.sagepub.com/doi/full/10.1177/16094069221113979.

Platt, Melissa, Jocelyn Barton, and Jennifer J. Freyd. 2009. "A Betrayal Trauma Perspective on Domestic Violence." *Violence against Women in Families and Relationships* 1: 185–207. https://journals.sagepub.com/doi/abs/10.1177/0886260518779596.

Pohran, Nadya. 2022. "Resisting Resilience: An Anthropologist's Paradox." PechaKucha presented at *EPIC2022*, Amsterdam, The Netherlands, October 11. https://www.epicpeople.org/resisting-resilience-anthropologists-paradox.

Powell, W., J. Agosti, T.H. Bethel, S. Chase, M. Clarke, L.F. Jones, W.F. Lau Johnson, C.R. Noroña, B.C. Stolbach, and E. Thompson. 2022. *Being Anti-Racist Is Central to Trauma-Informed Care: Principles of an Anti-Racist, Trauma-Informed Organization.* Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. https://www.nctsn.org/sites/default/files/resources/special-resource/being-anti-racist-is-central-to-trauma-informed-care-principles-of-an-anti-racist-trauma-informed-organization.pdf.

Prideaux, Ed. 2021. "How to Heal the 'mass Trauma' of Covid-19." *BBC Future.* March 2, 2021. https://www.bbc.com/future/article/20210203-after-the-covid-19-pandemic-how-will-we-heal.

Public Policy Lab. 2021. "New View of Consent." *Public Policy Lab (Medium).* June 11, 2021. https://public-policy-lab.medium.com/new-view-of-consent-3958e6900eb3.

Radywyl, Natalia. 2019. "Designing for Dynamics of Agency in NYC Homeless Shelters." *Ethnographic Praxis in Industry Conference Proceedings 2019* (1): 318–40. https://www.epicpeople.org/designing-dynamics-agency-nyc-homeless-shelters.

Rappin, Nicole, Matthew Bernius, Deirdre Hirschtritt, aditi joshi, taranamol kaur, Cesar Paredes, and Julie Sutherland. 2020. *Code for America's Qualitative Research Practice Guide.* Code for America. https://info.codeforamerica.org/qualitative-research.

Reyes-Foster, Beatriz, and Rebecca J. Lester. 2019. "Trauma and Resilience in Ethnographic Fieldwork." *Anthro{dendum}*. June 18, 2019. https://anthrodendum.org/2019/06/18/trauma-and-resilience-in-ethnographic-fieldwork.

Robertson, Rachel, and Penny Allen. 2018. "Empathy Is Not Evidence: 4 Traps of Commodified Empathy." *Ethnographic Praxis in Industry Conference Proceedings 2018* (1): 104–24. https://www.epicpeople.org/commodified-empathy.

Russell, Mark, and Matt Brickell. 2015. "The 'Double-Edge Sword' of Human Empathy: A Unifying Neurobehavioral Theory of Compassion Stress Injury." *Social Sciences* 4 (4): 1087–1117. https://www.mdpi.com/2076-0760/4/4/1087.

Sahlins, Marshall. 2013. *Apologies to Thucydides: Understanding History as Culture and Vice Versa.* Chicago, IL: University of Chicago Press. https://press.uchicago.edu/ucp/books/book/chicago/A/bo3621424.html.

SAMHSA, dir. 2013. *Post-Disaster Retraumatization: Risk and Protective Factors.* https://www.youtube.com/watch?v=1O7w6pu4BdI.

SAMHSA's Trauma and Justice Strategic Initiative. 2014. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* SAMHSA. https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.

Silverstein, Michael. 2003. *Talking Politics: The Substance of Style from Abe to "W."* Prickly Paradigm Press. https://press.uchicago.edu/ucp/books/book/distributed/T/bo3615583.html.

Singer, Merrill. 1996. "A Dose of Drugs, a Touch of Violence, a Case of AIDS: Conceptualizing the Sava Syndemic." *Free Inquiry in Creative Sociology* 24 (2): 99–110. https://www.ojp.gov/ncjrs/virtual-library/abstracts/dose-drugs-touch-violence-case-aids-conceptualizing-sava-syndemic.

Smith, Carly Parnitzke, and Jennifer J. Freyd. 2014. "Institutional Betrayal." *American Psychologist* 69 (6): 575–87. https://psycnet.apa.org/record/2014-36500-001.

Smith, Linda Tuhiwai. 2021. *Decolonizing Methodologies: Research and Indigenous Peoples.* 3nd edition. Bloomsbury Publishing. https://www.bloomsbury.com/us/decolonizing-methodologies-9781786998132.

Snider, Leslie, Mark Van Ommeren, and Alison Schafer. 2011. *Psychological First Aid: Guide for Field Workers.* Geneva, Switzerland: World Health Organization. https://www.who.int/publications/i/item/9789241548205.

Sunderland, Patricia L., and Rita M. Denny. 2016. *Doing Anthropology in Consumer Research*. Routledge. https://www.routledge.com/Doing-Anthropology-in-Consumer-Research/Sunderland-Denny/p/book/9781598740912.

Trautmann, Sebastian, and Hans-Ulrich Wittchen. 2018. "Trauma and PTSD in Europe." In *Post-Traumatic Stress Disorder*, edited by Charles B. Nemeroff and Charles Marmar. Oxford University Press. https://academic.oup.com/book/24487/chapter-abstract/187582261.

Trauma Informed Oregon. 2021. "Implementation and Accountability Overview – Trauma Informed Care Research." *Trauma Informed Oregon*. October 27, 2021. https://traumainformedoregon.org/implementation/implementation-and-accountability-overview.

Treisman, Karen. 2021. *A Treasure Box for Creating Trauma-Informed Organizations: A Ready-to-Use Resource for Trauma, Adversity, and Culturally Informed, Infused and Responsive Systems*. Jessica Kingsley Publishers. https://us.jkp.com/products/a-treasure-box-for-creating-traumainformed-organizations.

Villamil, Alba. 2020. "How We Empathize in UX Matters Interview by Tony Ho Tran." *People Nerds – dscout*. https://dscout.com/people-nerds/how-we-empathize-in-ux.

Villamil, Alba, Karen Eisenhauer, and Vivianne Castillo. 2021. *dscout + HmntyCntrd: Challenging Company Playbooks to Workplace Trauma*. dscout. December 27, 2021. https://dscout.com/people-nerds/organizational-trauma.

Visser, Irene. 2015. "Decolonizing Trauma Theory: Retrospect and Prospects." *Humanities* 4 (2): 250–65. https://www.mdpi.com/2076-0787/4/2/250.

Weaver, Hilary N. 2019. *Trauma and Resilience in the Lives of Contemporary Native Americans: Reclaiming Our Balance, Restoring Our Wellbeing*. Routledge. https://www.routledge.com/Trauma-and-Resilience-in-the-Lives-of-Contemporary-Native-Americans-Reclaiming/Weaver/p/book/9781138088290.

Winfield, Taylor Paige. 2021. "Vulnerable Research: Competencies for Trauma and Justice-Informed Ethnography." *Journal of Contemporary Ethnography*, May. https://journals.sagepub.com/doi/full/10.1177/08912416211017254.

Wolcott, Harry F. 2005. *The Art of Fieldwork*. 2nd Edition. Rowman Altamira. https://rowman.com/ISBN/9780759107977/The-Art-of-Fieldwork-Second-Edition

Woodward, Alison. 2020. "How the Brain Works in Response to a Traumatic Event." January 31, 2020. *STARS – Sexual Trauma and Recovery Service*. https://www.starsdorset.org/blog/how-the-brain-works-in-response-to-a-traumatic-event-fight-flight-freeze-flop-friend.