

# Protecting Victims in Research

## What does it mean to use victim protections in research?

Victimization experiences are often traumatic. Research involving victims and survivors should employ protections to avoid retraumatization and to ensure participants' emotional and physical safety in all aspects of the research process, from the planning stage to sharing results.

## How can a trauma-informed care lens inform victim protections in research?

The U.S. Substance Abuse and Mental Health Services Association (SAMHSA) advocates for using a trauma-informed care framework when working with victims of trauma. To learn more about this framework, visit the National Center for Trauma-Informed Care at [www.samhsa.gov/nctic](http://www.samhsa.gov/nctic). Although this framework was developed for use in behavioral healthcare settings, it offers useful principles to promote victim safety in research.

There are six core principles of trauma-informed care, and these can be applied to victim research:

- (1) safety,
- (2) trustworthiness and transparency,
- (3) peer support and mutual self-help,
- (4) collaboration and mutuality,
- (5) empowerment, voice, and choice, and
- (6) cultural, historical, and gender issues.

Examples of how each principle can be applied to victim research are found in the chart to the right.

## What are some specific strategies to protect victims in research?

All research should follow ethical and legal guidelines, including review by an Institutional Review Board (IRB) when human participants are involved. Beyond the minimal requirements of these guidelines, research involving victims can be infused with the trauma-informed care framework through planning, data collection and analyses, and interpretation and dissemination of study findings. Strategies for victim protections in research include:

### Keys to Trauma-Informed Research

- 1 SAFETY**  
Use research methods that consider & protect the physical & emotional safety of participants. For example, ensure the physical setting and interpersonal interactions promote a sense of safety as defined by the participant.
- 2 TRUSTWORTHINESS AND TRANSPARENCY**  
Inform participants of what they are being asked & how their responses will be used & shared with others.
- 3 PEER SUPPORT AND MUTUAL SELF-HELP**  
Provide resources to participants for additional support following their involvement in research.
- 4 COLLABORATION AND MUTUALITY**  
Seek input from victim/survivors into study design & interpretation. Researchers partner with practitioners who work extensively with victims/survivors.
- 5 EMPOWERMENT, VOICE, AND CHOICE**  
Highlight the resilience of participants & avoid stigmatizing them. Design studies to offer participants optimal freedom of choice.
- 6 CULTURAL, HISTORICAL, AND GENDER ISSUES**  
Strive to include diverse samples & consider contextual issues in study design & interpretation.

To learn more about the principles of Trauma-Informed Care, please visit SAMHSA's National Center for Trauma-Informed Care at [www.samhsa.gov/nctic](http://www.samhsa.gov/nctic).

- All research team members (including practitioner colleagues) sign a Confidentiality Pledge agreeing to follow specific procedures to safeguard study participants' privacy and confidentiality.
- Include trauma-informed language and information within the study's informed consent document, especially to highlight participants' choice and empowerment throughout the research process.
- Plan data collection procedures to minimize retraumatizing victims and survivors, such as by asking for only the minimum amount of information needed about potentially traumatic experiences and by ensuring that data are collected in a safe and private environment.
- Take steps to understand and move past one's own implicit biases when designing research questions, collecting data, and analyzing results.
- Provide study participants—including those who do not actually enroll in the study—with information about resources for emotional support and information if they experience emotional distress related to the study. This may include contact information for local and national organizations that serve people who have experienced victimization, as well as general services like professional counseling.
- Seek input from victims, survivors, and service providers early in the process of designing studies to ensure that the language and procedures used are appropriate for use with people facing specific types of victimization.
- Avoid reporting study findings in ways that stigmatize victims and survivors.

#### TIP

Remember to consider the people conducting the interviews or other research, who may be at risk of vicarious trauma. Build in support for them as well.

## Additional Resources

The Center for Victim Research offers free technical assistance to victim service providers with research and evaluation questions. No question is too small! Email [TA@victimresearch.org](mailto:TA@victimresearch.org) for help now.



The [National Center for Trauma-Informed Care](#) offers extensive resources on the trauma-informed care framework. This includes a 343-page [Treatment Improvement Protocol](#) for those interested in gaining an in-depth understanding of this framework.



The Amherst H. Wilder Foundation in Minnesota offers a useful [tip-sheet](#) on trauma-informed evaluation that offers suggested strategies for data collection when working with people impacted by trauma.

Find us online at [VictimResearch.org](http://VictimResearch.org) [@VictimResearch](#) [@CenterVictimResearch](#)

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