WHO GETS LEFT OUT WHEN RESEARCH ISN'T TRAUMA-INFORMED?

Embedding trauma-informed care in NHS research delivery: A compassionate, co-produced approach to safer, more inclusive research

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The question **Can research be truly inclusive if the way it is delivered may unintentionally create distress, reduce choice or discourage participation?**

WHAT THE SURVEY REVEALED

14 responses over 9 research delivery teams across Kent, Surrey and Sussex

90% **Worked with vulnerable or hard-to-reach groups**

60% **Had no specific training in managing participant distress**

30% **Were "not at all confident" managing distress or anxiety**

The gap was not willingness.
It was preparation, confidence and practice

SCAN TO READ THE ARTICLE

AIMS

1. Establish a lived-experience and third-sector advisory group to lead co-production.
2. Use a KSS-wide survey to identify gaps in how teams recognise and respond to distress.
3. Co-design and deliver trauma-informed training for research delivery staff.
4. Improve participant retention through trauma-informed practice.

CO-PRODUCTION SHAPED EVERY STEP

LIVED EXPERIENCE | THIRD SECTOR | RESEARCH DELIVERY | WORKFORCE

- **Shared power from the outset:** partners shaped the survey, training, accessibility and delivery.
- **Designed safe participation together:** roles, confidentiality, access needs and boundaries were agreed before involvement.
- **Worked in accordance with Perôt *et al* (2018) Survivors Charter:** purpose shared in advance, cameras optional and pseudonyms welcomed.

KSS-WIDE TRAINING DELIVERY

Participants from across KSS joined a full-day program delivered in line with trauma-informed care principles.

1	2	3	4	5
TRAUMA & SHAME	TIC PRINCIPLES	RESPONDING	WORKBOOKS	EVALUATION
Building knowledge for a solid foundation	Application to research delivery	Practical skills on responding safely to distress	Practical resources provided	Pre/post training evaluation

NEXT STEPS: EMBEDDING TIC IN RESEARCH DELIVERY

LISTEN **Post-training focus group:** explore what changed for staff and how training can make participation safer, more respectful and choice-led.

PUBLISH **Publish our systematic review:** strengthen the evidence for trauma-informed research delivery and its benefits for participants and staff.

DEVELOP **Train-the-trainer program:** equip local teams to deliver consistent, sustainable TIC practice across KSS.

WHAT THIS WORK ADDS TO KNOWLEDGE

Evidence gap: TIC is established in care, but practical guidance for research delivery remains limited.

Survey evidence: **30%** were not at all confident in managing participant distress.

Why it matters: Distress/ re-traumatisation can lead to withdrawal or avoidance of research; reducing retention and deepening exclusion.

Practical contribution: Training translates TIC into a transferable model for ethical, inclusive, safe research.

CONCLUSION

Integration of trauma-informed principles into research delivery shapes the participant experience.

- **Protects participants:** Safety, trust, choice, collaboration and empowerment reduce avoidable distress across the research journey.
- **Works in any setting:** These principles transfer wherever research is delivered with participants; not only the NHS or trauma-focused studies.
- **Strengthens inclusion:** Better experiences support access, participation and retention, especially for people who may otherwise be excluded.
- **Supports staff:** Trauma-informed practice builds confidence and compassionate responses; improving delivery and research quality.

Welfare-Wilson, Sargent & Farley (2026)