Using a Trauma-Informed, Socially Just Research Framework with Marginalized Populations: Practices and Barriers to Implementation

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Social workers, including social work researchers, are called on to challenge social injustices and pursue social change. Research has shown a strong association between trauma and adversity and marginalized populations, exposing the unequal distribution of trauma and its effects throughout society. Given the focus on marginalized populations in social work, the social justice orientation of the field, and the intersection of trauma with marginalized populations, a framework to guide social work researchers in conducting trauma-informed, socially just research with marginalized populations is warranted. Therefore, this article provides a framework integrating trauma theory, trauma-informed principles, and intersectionality as a guide for social work research. The proposed framework is illustrated using a case study of low-income, predominantly African American men recruited from a criminal justice setting, acknowledging facilitators and barriers to implementation. The article concludes with a discussion of the implications for researchers and doctoral student training.

KEY WORDS: *marginalized populations; social justice; training; trauma-informed research; vulnerable groups*

Social work practice and research are grounded in social justice. The National Association of Social Workers' (NASW) *Code of Ethics* holds social workers accountable to this aim: "Social workers challenge social injustice . . . pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people" (NASW, 2017, p. 2). These individuals, groups, and communities experience discrimination and exclusion in social, political, and economic domains because of unequal power relationships, resulting in their marginalization in society (Given, 2008). Thus, negotiating power dynamics on multiple levels is critical for social workers to address social injustice with and on behalf of vulnerable populations.

Research on trauma and adversity and the implementation of trauma-informed care (TIC) has been taken up by social work and other helping professions over the past two decades. Research has shown that trauma and adversity are pervasive in the United States (Felitti et al., 1998), with marginalized groups reporting disproportionately higher rates of exposure (Cronholm et al., 2015). Given the strong intersection between trauma and adversity and marginalized populations, the role of social work researchers and the conduct of research with these populations must be considered. Furthermore, social work researchers often conduct studies within institutions that can simultaneously help and contribute to revictimization among individuals and families (for example, health care/hospitals, criminal justice settings, education/schools, child protection), but we do not have strong frameworks guiding socially just, trauma-informed research. Therefore, this article provides a framework integrating trauma theory, trauma-informed principles, and intersectionality as a guide for social work research, using a case study with a sample of marginalized men involved in the criminal justice system.

doi: 10.1093/swr/svaa013

LITERATURE REVIEW

Historical Research with Marginalized Populations

Research has significantly advanced society; however, serious harms have been perpetrated historically in the name of research with marginalized populations (for example, Nazi human experimentation, the Tuskegee syphilis experiment, radiation testing on human subjects, experimentation on prisoners and children; Bracken-Roche, Bell, Macdonald, & Racine, 2017). Although substantial steps have been taken to prevent researchers from repeating these heinous crimes against humanity, less dubious forms of harm that are relevant for contemporary research remain. For example, conducting research within the criminal justice system presents ethical concerns regarding the civil rights of vulnerable parties (Jones, 2012), due to the possibility of coercion or exposure to unnecessary risk. In such studies, researchers maintain considerable influence over participants from their knowledge and perceived authority (Jones, 2012). Moreover, these individuals are far more likely to be members of marginalized groups because of disparities in policing, sentencing, and incarceration among racial and ethnic minorities and individuals occupying a lower socioeconomic status (SES) (Alexander, 2012).

Exposure to Adversity and Traumatic Events among Marginalized Populations

Individual trauma results from a singular event, series of events, or set of circumstances that are experienced as physically or emotionally harmful or life threatening and that have lasting adverse effects on an individual's functioning and overall well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). These events are uncontrollable in nature and characterized by the potential to overwhelm one's sense of coping skills (Briere & Scott, 2015). Examples include natural disasters, violence, and war (American Psychological Association, 2017); child abuse and household dysfunction (for example, parent with a mental illness or substance abuse issue; Felitti et al., 1998); and community exposures (for example, community violence, bullying, chronic poverty; Cronholm et al., 2015). Studies show that marginalized populations such as racial minorities (Smith & Patton, 2016; Vásquez, Udo, Corsino, & Shaw, 2019), economically disadvantaged groups (Metzler, Merrick, Klevens, Ports, & Ford, 2017; Sherman, 2013), and prisoners (Wolff, Chugo, Shi, Huening, & Frueh, 2015) are more likely to have experienced adverse childhood experiences (ACEs) compared with the general population, with studies demonstrating the connection between these experiences and individual needs and behaviors (for example, Reavis, Looman, Franco, & Rojas, 2013). Moreover, marginalized groups are more likely to experience traumatic events by way of community or sociopolitical violence throughout the life span (Koenen et al., 2017). Researchers assert that the impact of traumatic events is augmented by sociocultural contexts that involve discrimination and structural inequalities, which are a daily reality for some groups (Quiros & Berger, 2015; Seng, Lopez, Sperlich, Hamama, & Reed Meldrum, 2012), pointing to the intersection and complexity of trauma experienced by marginalized populations. Although researchers should not assume that individuals exposed to traumatic events will be traumatized, it is reasonable to anticipate some negative impacts on groups disproportionately exposed to adversity and traumatic events.

Reasonably, researchers have questioned whether studies involving trauma-exposed populations risk retraumatizing individuals by probing about traumatic experiences (Carlson, Newman, & Loewenstein, 2003). A meta-analysis on participant reactions to trauma-related research found that participants generally do not experience retraumatization from participation or regret participating in the research, regardless of the type of traumatic events they had experienced (Jaffe, DiLillo, Hoffman, Haikalis, & Dykstra, 2015). Despite these findings, the authors still emphasized that efforts to mitigate the potential distress of participants in trauma-related research should be considered, given the vulnerability of the participants (Jaffe et al., 2015). Current guidelines to minimize retraumatization include emphasizing the potential for emotional distress during informed consent, assessment of participant reactions, and close examination of study phases most likely to revictimize participants, such as eligibility screening (Carlson et al., 2003). Collecting resilience information in addition to adverse experiences may enhance the richness of studies, guide analyses on the mediating effects of protective factors, and reduce study attrition rates (Leitch, 2017). Although these suggestions are certainly good practices, the field

lacks a robust framework guiding research practice grounded in theoretical and empirical literature.

Gaps and Current Study

Given the focus on marginalized populations in social work, the social justice orientation of the field, and the intersection of trauma with marginalized populations, a framework to guide researchers in conducting trauma-informed, socially just research (TISJR) with marginalized populations is warranted. Notably, a framework for prioritizing intersectionality in research exists (Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009); however, this framework does not incorporate the robust body of research on trauma prevalence and related best practices. Furthermore, the guiding principles for working with trauma-exposed populations (that is, trauma-informed principles) are most commonly followed in clinical settings rather than research settings. Given the key differences between clinical and research boundaries, further work in this area is necessary. Therefore, we present a TISJR framework and illustrate the application of this framework using a case study of low-income, predominantly African American men recruited from a criminal justice setting, acknowledging facilitators and barriers to implementation.

TISJR: FRAMEWORK

Trauma Theory and Trauma-Informed Principles

Individuals exposed to a significantly traumatic event may experience alterations in cognition (that is, perceptions of oneself, relationships with others and the world) and memory (for example, intrusive thoughts or fragmented memory), and experience heightened (for example, easily startled, impulse control) or hypo (numbing, low affect or dissociation) physiological arousal (van der Kolk, 2003). Disruptions to one's physical, cognitive, and psychological ecosystem are normal human responses to traumatic experiences that, if unresolved after several months, can become maladaptive (van der Kolk, 2003). Trauma survivors may respond to events or situations with apparently incongruent reactions, due to dysregulation in multiple systems in the body and the brain (Bloom, 1999). For example, a person who experienced interpersonal violence might have difficulty concentrating at work, become disproportionately angry or fearful when others raise their voices, and avoid social situations that serve as traumatic reminders of the violent experience.

Complex trauma results from repeated traumatic or adverse experiences throughout development, particularly from ongoing abuse, neglect, or disturbances in caregiving, but also from persistent poverty, racism, sexism, and other societal-level stressors (Ford & Courtois, 2009). Those exposed to complex trauma are more vulnerable to toxic stress, which can alter the body's stress response system (for example, fight-or-flight response) and change the architecture of the brain as described in the ecobiodevelopmental framework (Shonkoff et al., 2012). Multiple exposures to interpersonal trauma have consistent and predictable consequences that affect functioning and development across domains, such as intense affects (rage, fear, shame), efforts to avoid the recurrence of these overwhelming emotions through avoidance or controlling behaviors, marked physiological and emotional dysregulation, somatic problems, and difficulty forming and maintaining positive interpersonal relationships (van der Kolk, 2005). Complex trauma is associated with pervasive problems in adulthood such as employment and relationship instability, and behavioral issues such as substance abuse or aggression and violence (Ford & Courtois, 2009).

Applying trauma theory in practice shifted the orientation of the clinician from "What's wrong with you?" to "What happened to you?" This shift in orientation, coined "TIC," moves away from viewing responses to trauma as a *disorder*, or manifestation of a behavioral, psychological, or biological dysfunction within an individual, to *distress*, a normal human response to overwhelming stress (Harris & Fallot, 2001; RYSE Center, 2015). SAMHSA (2014) proposed six guiding tenets for the implementation of TIC in clinical settings: (1) the safety of all people within and served by the agency; (2) trustworthiness and transparency of operations and decisions; (3) peer support and mutual self-help; (4) collaboration and leveling of power differentials across the agency; (5) empowerment, voice, and choice; and (6) addressing cultural, historical, and gender issues that may affect services.

Social Justice

Recently, researchers have extended the work of TIC to move beyond the knowledge of trauma and

associated responses, to instead emphasize interactions that are healing in nature. Healing-centered engagement moves from a clinical to a political perspective and is inherently strengths based, shifting the question from "What happened to you?" to "What is right about you?" (Ginwright, 2015, 2018). For example, the principle "addressing cultural, historical, and gender issues" was recently reframed as intersectionality to undergird the other TIC principles in the context of identity and power dynamics (Bowen & Murshid, 2016), illuminating a politicized understanding of trauma. That is, trauma exposure and related effects are unequally distributed throughout society, with marginalized groups bearing the greatest burden (Bowen & Murshid, 2016). Intersectionality was first introduced by Crenshaw (1989) in reference to the oppression of African American women, to explain more fully how multiple identities and dimensions of experience relative to power dynamics (for example, race and ethnicity, sexuality and gender identity, religion, SES) shape one's social "location" in society considering the social, cultural, and historical context. This framework has since been extended widely to other populations and applied using a social work lens to practice (Mattsson, 2014), criminal justice work (Glynn, 2016), and research (Murphy et al., 2009). Along those lines, certain groups bear the burden of "historical trauma," which entails a mass trauma deliberately and systematically inflicted on a target group by a dominant group continuing over an extended period of time, creating a universal experience that derails a population, and results in physical, psychological, social, and economic disparities that persist across generations (for example, slavery) (Sotero, 2006). In healing-centered engagement, intersectionality becomes the lens through which every other principle is implemented. Intersectional approaches to research align with the social work ethical imperative of cultural competence and reflect the ecological, holistic, and multilensed approach that is at the core of social work theory and practice (Murphy et al., 2009).

Healing-Centered Engagement in Research

Taken together, trauma-informed, socially just principles in clinical work can be adapted for research. Applying healing-centered engagement in research requires a shift in orientation resulting in an intentional top-down, systems approach that assesses the structural inequalities that perpetuate trauma throughout all of the involved systems (Bloom, 2018; Bowen & Murshid, 2016). Moreover, this orientation must be applied to all components of the research including the conceptualization, implementation, analysis, and dissemination. The research design should align with the four key assumptions of TIC (SAMHSA, 2014): (1) *realizing* the widespread impact of trauma and understanding potential paths for healing and recovery; (2) *recognizing* the signs and symptoms of trauma in all of those involved in the research study (participants and researchers); (3) *responding* by fully integrating knowledge about trauma into research policies, procedures, and practices; and (4) seeking to actively *resist* retraumatization. Furthermore, the study participants' voices should be central to the study not only to resist retraumatization, but also to build platforms for disempowered groups to speak their truth through the application of qualitative or mixed methods and/or principles of community-based participatory research that elevates the expertise of participants' lived experience. Implementing a trauma-informed approach with a social justice orientation can serve as a framework to guide social work researchers' engagement with the populations of interest.

TISJR: APPLICATION OF FRAMEWORK

Sociopolitical Context

Researchers must first understand the historical, sociopolitical, and cultural context of the population of interest to realize the widespread impact of individual, community, and historical trauma through a social justice lens. To do this, researchers should analyze the interplay of these power dynamics in systems of privilege and oppression relative to the potential impact on various facets of the study, such as the study site location and populations of interest. Conducting this analysis will provide researchers with salient information that will help shape a trauma-informed, socially just study design. To aid in application, refer to the "Pre-Study" guiding questions in the TISJR Framework Application Inventory (see Table 1).

The case study took place in Cleveland, a Rust Belt city (that is, a city in the Great Lakes region that experienced deindustrialization and urban decay of a once booming industry; High, 2003). Deindustrialization exacerbated the conditions of one of the most racially segregated cities in the United States (Massey & Tannen, 2015). Given the conditions and history of the city, it is likely that individuals of

Table 1: Trauma-Informed, Socially Just Research (TISJR) Framework Application Inventory

Stage of Research	Priority Tenets of TISJR Framework	Guiding Questions for TISJR Framework Application
Pre-study	Sociopolitical, cultural, and historical context; peer support; transparency	What systems of privilege and oppression at the micro, meso, exo, and macro levels could affect your study (for example, study staff, population, sociocultural/historical context)? How could these dynamics promote or violate the assumptions of healing-centered engagement? Are there any ways to mitigate violations of key assumptions?
Study design	Safety; transparency; empowerment, voice, and choice; centralization of participants' identities	Does the study design consider the goals of the study while still promoting safety, transparency, and choice among participants? Does the study design consider the goals of the research study while centralizing the lived experiences and identities of participants?
Recruitment	Safety, transparency, shared power, collaboration	Is the recruitment process transparent? Do protocols and procedures reduce power differentials and promote collaboration between participants and those involved directly or indirectly with the study? Is the study team prepared to discuss their social location in the context of the sociopolitical, historical context relative to the social location of participants?
Informed consent	Empowerment, voice, and choice; transparency	How can we promote agency, choice, and control during the informed consent process? Do documents and procedures protect against potential challenges for trauma-exposed populations (for example, cognition overload)? What elements of this process might threaten the safety (psychological, physical) of participants? What changes can be made to make the process more transparent?
Data collection	Safety, building and maintaining trust	What threats to safety can we anticipate for participants and study staff? How can safety and security be addressed while collecting quality data? Is the study team equipped to maintain and promote emotional and behavioral regulation with participants?
Post–data collection	Safety; empowerment, voice, and choice	How will participants who have given their time to share deeply personal information be acknowledged? Which tools to assess participants' stress levels are most appropriate for the study context? What resources are available to empower participants post-study?

different races, ethnicities, and socioeconomic standing interact less often, which may be mirrored across researcher and participant, potentially amplifying mistrust of the other. Furthermore, the city of Cleveland experienced a great tragedy when Tamir Rice, a 12-year-old Black boy, was shot and killed by a Cleveland police officer while in a park near his home in 2014. Tamir Rice's death caused outrage throughout the city and gained national attention in the Black Lives Matter movement (Ransby, 2018). That same year, the Cleveland Police Department (CPD) was investigated by the U.S. Department of Justice Civil Rights Division and the U.S. Attorney's Office North District of Ohio. Results of this investigation showed that CPD had a systematic pattern of reckless and inappropriate use of deadly and lethal force by officers and that CPD "frequently" violated people's civil rights (*United States of America v. City of Cleveland*, 2015). These acts have fueled a deep mistrust of the city's law enforcement, especially in the Black community (*United States of America v. City of Cleveland*, 2015). The resulting racial tensions likely negatively affect the sense of physical and psychological safety of the participants, especially the Black men, given the study setting (for example, Sewell, Jefferson, & Lee, 2016).

Study Setting

In realizing potential trauma exposure with populations of interest, researchers can assess opportuni-

ties and challenges to uphold the principle of "do no harm" and possible pathways to mitigate retraumatization vis-à-vis the study setting. Considering the sociopolitical and cultural context, researchers should assess potential study settings, including geographical location, physical environment, and social environment relative to all those involved with the study (that is, participants, researchers, other personnel) that may affect one's sense of physical or psychological safety, transparency, power dynamics, and sense of empowerment. For example, the case study took place in a criminal justice setting—the county probation office—to enhance accessibility and convenience for participants. However, a power imbalance at this site was evident because of the law, the possession of lethal weapons by police officers, and a sense that one's freedom is at risk. These inherent power differentials likely influenced the ability to foster collaboration and mutuality among researchers and participants, potentially influenced participants' sense of safety and empowerment, and perhaps influenced participants' sense of obligation to comply with the study. Moreover, the criminal justice setting and safety measures of that setting (for example, bailiff, panic buttons in each room, metal detectors at building entrances) likely affected researchers' sense of safety and level of comfort. Given that trauma has been identified as an underlying mechanism of intimate partner violence perpetration (see Voith, Logan-Greene, Strodthoff, & Bender, 2018), the primary aim of the original study was to investigate trauma exposure and overall health (for example, mental, physical, behavioral) of men participating in batterer intervention programs as it relates to treatment completion and intimate partner violence perpetration. The authors' university institutional review board approved all study procedures and materials.

Sample

Study teams must also recognize signs and symptoms of all individuals involved in research. There are multiple avenues that can help researchers gain an understanding of participants' life experiences that can give context for understanding potential signs and symptoms of trauma among participants. Ranging in accessibility, researchers can access previous trauma-related research with the population of interest, elicit insights from community partners working with the population of interest, collect formative data or use program data, and form an advisory council of individuals representing that population. To illustrate, in the case study participants were predominantly African American or Black, with a high school education and employed, earning less than $20,000 in the past year (see Table 2). Men in the study reported high exposure to ACEs, with an average score of three out of the conventional 10-item checklist (Felitti et al., 1998), over two on an expanded checklist (for example, homelessness, food insecurity) (Mersky, Janczewski, & Topitzes, 2017), and over 2.5 community-level exposures to trauma (for example, witnessed violence, unsafe neighborhood, felt discrimination) (Cronholm et al., 2015). Moreover, nearly 30% of the study sample met the clinical threshold for posttraumatic stress disorder (see Table 2). These experiences, coupled with participants' demographic characteristics and surveillance by the criminal justice system, suggest that the study's sample represented men with profoundly marginalized identities, calling for a trauma-informed, socially just approach to research.

Research Team Training and Preparation

Applying this framework to studies calls for researchers to explicitly draw on trauma-related research and clinical expertise and, using the most rigorous evidence, apply this knowledge to shape policies, procedures, and practices carried out by all those involved in the study (that is, *responding*). Therefore, in this case study, a consultant with expertise in trauma was contracted to host a four-hour training for the study team. The training defined individual and historical trauma; described how trauma affects individuals, groups, and communities (for example, worldview, adaptive behavior, brain development, triggers); and explored trauma-informed techniques. In addition, each team member explored their own social locations (for example, intersecting identities of race, age, gender, nationality, education; see Table 3) and discussed how those identities might contribute to the dynamics of researcher–participant interactions, which empowered research staff to recognize their own potential exposure to adversity and related responses. Enhancing the awareness of each team members' social location and biases in these settings was important to increase the research team's authenticity with participants (Braxton-Newby & Jones, 2014). Finally, it was critical to establish how to interact with participants using a trauma-informed, socially just approach while maintaining

Table 2: Study Participant Demographics		
Demographic Characteristic	***n* (%)**	***M* (*SD*)**
Age (years) ($N = 54$)		35.72 (11.33)
Racial or ethnic group ($N = 54$)		
African American or Black	40 (74.1)	
White, Caucasian	4 (7.4)	
Native American or Alaska Native	1 (1.9)	
Hispanic or Latino	5 (9.3)	
Other	4 (7.4)	
Educational attainment ($N = 53$)		
Less than high school	16 (29.7)	
GED/high school	27 (50)	
Some college	10 (18.5)	
Employed in past year ($N = 54$)		
No	6 (11.1)	
Yes	48 (88.9)	
Ever incarcerated ($N = 51$)	35 (68.6)	
Ever in solitary confinement ($N = 35$)	14 (40.0)	
ACEs		
Sum of 10 traditional ACEs items ($N = 36$)		3.11 (2.61)
Sum of 6 expanded ACEs items ($N = 50$)		2.34 (1.94)
Sum of 5 community-level ACEs items ($N = 50$)		2.66 (1.41)
Sum of 21 expanded ACEs items ($N = 36$)		7.72 (5.00)
PTSD total score ($N = 46$)		25.48 (19.02)
Over clinical cutoff score for PTSD ($N = 46$)	13 (28.3)	

Notes: ACEs = adverse childhood experiences; PTSD = posttraumatic stress disorder.

our boundaries as researchers (illustrated in the following sections).

Study Design. Researchers can design studies that range from minimally adhering to the basic principle of "do no harm" to enacting principles that can empower marginalized populations and potentially begin to actively resist social injustice through the process of research. The priority tenets of the TISJR framework that support those aims include prioritizing safety, transparency, and empowerment and centralizing the experiences of participants' intersectional identities. First, a certificate of confidentiality was obtained to protect the information provided by participants from compelled disclosure, to enhance a sense of safety among participants. Second, each measure included in the survey was assessed for difficulty on a five-point scale, using seven dimensions (that is, number of items, approximate length, administration method, reading difficulty, time frame recall, number of items with emotional weight, and the degree of detail). Based on prior research (Fink, 2012) and clinical advisement, the survey began with higher-intensity questions and then transitioned to lower-intensity questions. Grouping these questions in the beginning of the survey minimized harm that may have occurred from answering potentially triggering questions when participants were fatigued later in the survey. Lower-intensity questions were introduced for the remainder of the survey to provide time for participants to self-regulate, if needed, before completing the survey. Third, participants were empowered to share as much or as little information as they felt comfortable by building in the option of "refuse to answer" (that is, choice) for each item, which was highlighted prior to beginning the survey. Fourth, a private room was provided to complete the survey with a research assistant nearby to provide assistance and clarification. Finally, the survey was self-administered, enhancing privacy of disclosure and reducing potential distress from having to verbally narrate one's trauma history (Jaffe et al., 2015). Researchers should see Table 1's guiding questions under "Study Design" to consider developing simple and more complex policies and practices that adhere to the TISJR framework.

Table 3: Study Team Composition ($N = 5$)				
Gender	**Racial/Ethnic Group**	**Nationality**	**Age *M* (*SD*)**	**Educational Attainment**
Gender queer: 1 Men: 2 Women: 2	African American/Black: 1 Asian: 1 Caucasian/White: 3	North American: 4 South Korean: 1	33.0 (4.95)	Master's: 4 PhD: 1

Recruitment. Transparency, sharing power, and collaboration during the recruitment phase are critical tenets to enhance participants' sense of safety during the recruitment process (see Table 1). For example, certain procedures were developed and followed that prioritized safety in the case study. First, the role of the probation officers was minimized in the recruitment effort, given the inherent power differential between probation officers and potential participants. Second, researchers openly acknowledged the potential mistrust between participants and study staff based on institutional harms perpetrated against men of color through research (for example, Tuskegee; see George, Duran, & Norris, 2014). By acknowledging historical trauma with participants early in the recruitment process, the study staff were able to hold space to discuss mistrust of these institutions and, by extension, the study team. As representatives of these institutions, researchers are responsible for acknowledging these previous harms and providing opportunities for participants to voice their opinions, and ultimately respect their autonomy to engage or withdraw from the study.

During this process, opportunities arose to discuss the social positions (that is, the intersection of race, class, nationality, and gender) that each researcher held in relation to the men in the study. Ethnic and cultural differences must be explored when expressing empathy, to clarify verbal and nonverbal communication (Burkard & Knox, 2004; Henretty & Levitt, 2010). For example, a research team member may begin this conversation by acknowledging their own social identity and bridge that with a potential assumption, such as "As a [White woman] [highly educated Black man] you may wonder what business I have asking questions about your life or how I could understand your experiences." Opening the door for this discussion by identifying the researcher's differences and naming a possible assumption prompted participants to explore these differences by commenting and asking the researcher questions (for example, "Did you grow up here?") that helped identify the researcher's social location. That is, the men attempted to identify what shared life experiences, values, or pathways they had with the researcher to see if the researcher could understand them and their life experiences. Addressing these issues directly enhanced relationship building between researchers and participants and increased empowerment and voice among participants. These conversations also allowed researchers to express empathy by being genuine with participants. Third, before explaining the study procedures, researchers asked about participants' previous experience or knowledge of the research process. By acknowledging participants' experience and incorporating this information into the recruitment process, the researcher and participant began the study on mutual terms.

Informed Consent. Empowerment, voice, choice, and transparency are priority tenets of the TISJR framework during the informed consent process. Considering that trauma survivors are more likely to experience challenges with memory and cognitive functioning (for example, focusing) (Briere & Scott, 2012), researchers must consider how to respond to these effects through study procedures and practices (see Table 1's guiding questions). For example, in this case study the consent form was written at an eighth-grade reading level and explained in smaller, digestible chunks of information using mutually understood terms. Before advancing, the researcher and participant would discuss the information and clarify any questions in approachable terms, which enhanced transparency and engagement with participants. Furthermore, a key facet of traumatic experiences is that they are uncontrollable and overwhelming (Briere & Scott, 2015), which can be compounded by the intersectional identities of disempowered groups. Thus, researchers asked participants for permission to provide information or transition to next steps (for example, "Can I tell you about the types of questions we will

ask?" "Are you ready to move on to the next part?"); by sharing power, participants maintained control of the pace and process, their autonomy was acknowledged, and mutuality was enhanced (Butler, Critelli, & Rinfrette, 2011).

The promotion of safety and transparency is paramount to mitigate the effects of trauma, and researchers can respond with relatively simple changes in procedures and practices. For example, to enhance a sense of safety and transparency in the case study, the researcher provided a paper copy of the survey for participants to look through while explaining the survey content. This allowed participants to have a tangible document that clarified exactly what they would be asked. During this process, the researcher highlighted survey items to prepare participants for more challenging or potentially triggering topics. These items were identified based on content related to trauma (for example, questions regarding violence exposure, ACEs, and trauma symptoms) and feedback from men who completed the survey (for example, sexual behavior and gender norms, employment questions). Using this approach resulted in a longer consenting process; however, transparency was enhanced, and it appeared to result in increased trustworthiness and mutuality. Finally, all participants were provided the option to receive the results of the study to enhance transparency and overall engagement in the research process.

Data Collection. Applying the TISJR framework during data collection calls for the establishment and maintenance of trust with participants to be a high priority, which ultimately contributes to a sense of safety. Therefore, the research team prioritized consistency and reliability by keeping appointments and being available as requested for a survey. In addition, an effort was made to address the physical needs of participants to enhance their ability to focus and support self-regulation while completing the survey (Perry, 2006). Offering food and a choice in the type of snack further enhanced the men's sense of emotional safety. Making efforts to ensure the comfort of participants is also conducive to establishing rapport and a beginning sense of trust. Providing sustenance to the men facilitated relaxation while enhancing their ability to focus on the interview (Perry, 2006).

Furthermore, certain practices can be adopted by researchers to respond to trauma responses in study participants and enhance a sense of safety. For example, the case study's research team was mindful of their emotional and behavioral regulation during all phases of the study (for example, modulating tone of voice, nonjudgmental expressions, calm affect). Using a strengths-based approach (that is, empowerment), the research team practiced affirmations with participants before beginning the survey (for example, "I want to acknowledge your willingness to show up for our appointment today"), after the survey (for example, "This survey can be tough for a lot of people, whether it's the questions asked or the time it takes to answer. I appreciate that you're sharing your experiences with us"), and during check-ins if participants shared life adversities (for example, "It must have taken great strength for you to share this with me today").

Participants were allotted as much time as needed to complete the survey. Researchers asked participants how they were feeling at several points throughout the survey, to assess participants' level of comfort. Using this proactive approach, researchers were able to keep a steady assessment of participants' emotional status and level of stress while completing the survey (that is, safety) and provide opportunities to support self-regulation. For example, observing agitation or discomfort, researchers offered opportunities to take breaks, guide breathing exercises, and conclude the study if necessary, as well as opportunities to discuss emotional or physical responses to the survey. Protocols were also developed for more extreme reactions to triggers, such as suicidal or homicidal thoughts. It is notable that no participants experienced any extreme responses during the course of the study. Researchers should refer to "Data Collection" in Table 1 to assess for potential safety issues relative to their studies and generate ideas to promote this tenet by building and maintaining trust among researchers and participants.

Post–Data Collection. Researchers should prioritize empowerment, voice, and choice, and safety after participants have completed the data collection (see Table 1). In the case study, for example, additional procedures and practices were followed after the interview to mitigate any potential stress response by participants. That is, researchers conducted a brief check-in with participants, acknowledging the challenging nature of the survey (for example, time, effort, topics), and assessed participants' level of stress through participants' verbal cues (for example, comments about the experience and process) and

nonverbal cues (for example, physical distress). This provided another opportunity to support the emotion regulation of participants. Each participant was offered the option to participate in a grounding exercise that lasted approximately 60 to 90 seconds. Researchers introduced this exercise as a short activity that can help to "reset" after stressful activities, and then guided the participant through deep breathing. This grounding exercise is based in research that emphasizes the mind–body connection (Varvogli & Darviri, 2011); that is, if the body is relaxed, the mind will also be relaxed. Research has shown that guided deep breathing exercises lasting as little as 60 to 90 seconds can achieve measurable gains in relaxation following acute stressful tasks (Varvogli & Darviri, 2011) and thus aid in the emotional and physical regulation of participants before departing from the interview. To enhance the participants' systems of support, services were available for free or on a sliding scale, and local area resources tailored to the study sample (that is, low-income, men, racial and ethnic minorities) and area of study (that is, employment, mental health services, physical health services) were provided at the completion of each session. To enhance collaboration and mutuality, researchers offered to conduct "warm handoffs" (that is, researchers calling providers and making a transitioning call to participants).

Barriers to Application

Applying the TISJR framework will have challenges and, likely, researchers will apply this framework to varying degrees with each study, making accessible changes to study protocols throughout individual studies and improving with each subsequent study. For example, in the case study the individual differences between the research team and the study sample (that is, race, gender, nationality, histories of violence against women) created some obstacles to establishing and maintaining trust, establishing a sense of safety, expressing empathy, and empowerment. For example, participants' histories of violence against women impeded expressing empathy by way of sharing personal information to establish rapport (that is, social location in the world) because of concerns for safety. Along these lines, the research team found it challenging to express empathy while still being authentic when some men presented a hypermasculine persona or "hardened exterior." For example, men expressed comments disrespecting women (for example, blaming the victim), challenged female researchers on the basis of gender (for example, flirting), and confronted male researchers on the basis of race and nationality. As a result, we consistently strategized how to establish healthy boundaries with participants, serving as a model for our participants and prioritizing safety, empowerment, and a voice for researchers and participants alike. Applying a trauma and social justice lens, the research team understood that these expressions may have been a manifestation of survival tactics learned by trauma survivors to protect themselves from past and future harm (Mathews, Jewkes, & Abrahams, 2011; Voith et al., 2018). Thus, understanding this behavior, researchers practiced emotional and behavior regulation, while remaining empathetic and authentic, relying on reflective, strengths-based statements such as "I hear that you are really struggling with your partner" or "I appreciate how hard it may feel to share personal information about yourself and am grateful for your courage to do so."

After completing the survey, several men described how some of the questions made them feel stigmatized. Although substantial changes to the survey could not be made at that point, this feedback provides valuable information to this approach: When using healing-centered engagement in research with disempowered populations, the content of the study itself must align with these principles. Researchers should consider whether the research questions, variables of interest, and subsequent measurements reflect both risk and protective factors, and violate or uphold key principles of TIC and social justice, especially resisting retraumatization. Though not part of the original study, the research team recognized that the original design did not align fully with these principles and therefore conceptualized a qualitative component as a follow-up with participants to ensure that their voices were central to the study.

DISCUSSION

Healing-centered engagement, initially conceptualized in youth work, focuses on using individual and collective strengths and cultural experiences to holistically improve the collective well-being of all individuals within the system (Ginwright, 2018). This approach views trauma not simply as an individual, isolated experience but, rather, highlights how trauma and healing are experienced collectively and emphasizes a systems approach to address it (Ginwright, 2018). Moreover, scholars have indicated that institutions and researchers leading projects

should establish strong ties with racial and ethnic minority communities to address the trauma from their social exclusion and exploitation (George et al., 2014; Kanuha, 2000; Yancey, Ortega, & Kumanyika, 2006). This article proposes one approach to addressing this call that is embedded in the research process itself, acknowledging the implicit role of institutions, including research and the academy, in the perpetuation of trauma among disempowered populations. The application of a trauma-informed, socially just framework for social work research is necessary given the orientation of the profession, the contexts and settings in which social work research is conducted, and the focus on disempowered populations. This study demonstrates that it is feasible to implement this framework and provides concrete steps at each stage of study. Notably, barriers to implementation and "lessons learned" are also highlighted, providing recommendations for future researchers to improve on.

Limitations

Elements of the framework (for example, sense of safety, perception of transparency) were not directly measured, which would have provided more information on the framework effects. The quality of data, however, was assessed including data completeness and the participant's rationale for incomplete data. Participant's willingness to provide sensitive information can serve as a proxy for key elements of the framework, such as a sense of safety and trust. The average overall quality data score was 4.38 ($SD = 0.92$) out of 5. With any surveys that received lower than a 5 or "excellent" (38.5%), researchers probed for rationales of incomplete data. Of those probed for further information, only three people provided answers indicating discomfort, such as "the questions were too sensitive." Future researchers should include process evaluation assessments, including participant's perceptions of safety, transparency, trust, collaboration and mutuality, and support systems through the lens of intersectionality.

Implications and Future Directions

Researchers have questioned the traditional nature of the relationship between the university and the community or the "researcher–researched" relationship (Beebeejaun, Durose, Rees, Richardson, & Richardson, 2015). Although the dominant view of this relationship is "do no harm," researchers on the vanguard have considered how to reshape the narrative and process of this partnership to move to a more researcher-reflexive practice that favors coproduction of knowledge and solutions with communities (Beebeejaun et al., 2015). Social work researchers are well positioned to help reshape this narrative, given that their work must be informed by the core value of social justice, with the goal of dismantling unequal access to systems and societal institutions (Rountree & Pomeroy, 2010).

This case study demonstrates a number of concrete steps that researchers can incorporate into study designs with relative ease to begin reshaping the narrative. For example, researchers can incorporate qualitative or mixed methods to amplify the voices and centralize the experiences of participants' intersectional identities; research questions and analyses can be person centered, including both risk and protective factors; protocols can be designed to acknowledge and minimize power differentials between researchers and participants to promote collaboration and transparency; and informed consent documents and survey instruments can be presented in ways that minimize cognitive overload and allow participants to maintain control throughout the process (for example, build in "refuse to answer" response option). Researchers can tailor study changes using the key questions in the inventory (see Table 1).

Longer-term shifts are also necessary to fully actualize this trauma-informed social justice research framework. First, social work researchers must build strong partnerships with and use the expertise of practitioners and community representatives to understand and interrupt underlying mechanisms affecting the disproportionate rates of trauma exposure and related health disparities among marginalized populations. Researchers also need to understand how societal and organizational structures implicit in the institution of research can perpetuate harm or dismantle the oppression of disempowered groups. To that end, participatory action research methods are recommended when applying healing-centered engagement in research. Second, the measures and methods used to collect data may have to be adapted. The cultural validity of the measurements used in studies with racial and ethnic minorities is questionable, given that assessment norms are often derived from the samples that do not fully represent minority groups (Fisher et al., 2002).

Third, social work doctoral programs should consider including student training in the application of the TISJR framework. Reflecting the core value of social justice, social work researchers must consider the institution of research itself and begin to rebuild it from the inside out. Although these shifts may not be easy or immediate, they stand to make the act of research itself a conduit for social justice. SWR

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Original manuscript received December 11, 2018
Final revision received May 7, 2019
Editorial decision July 10, 2019
Accepted July 10, 2019
Advance Access Publication October 16, 2020