# Trauma-Informed Survey Toolkit

## Strategies for Practitioners and Researchers Serving Newcomers

switchboard
connecting resettlement experts

## Contents

# The Trauma-Informed Survey Toolkit (TIST)

## Designing Human-Centered Surveys for High-Quality Data and Empowered Participation

Surveys are powerful tools for collecting data, shaping programs, informing policies, and improving services. But if designed or implemented without care, surveys can also replicate harm—particularly for individuals and communities who have experienced trauma. This toolkit provides practical guidance for practitioners and researchers who want to conduct surveys using trauma-informed principles, with a focus on work in refugee resettlement and related service contexts.

## Purpose and Scope

The **Trauma-Informed Survey Toolkit (TIST)** supports participatory human-centered design[1] and methodologically sound survey practices across all stages of the research process, aimed at improving both the user experience of survey participation and the quality of the data collected. Drawing on existing evidence from trauma studies, social work, survey research, and trauma-informed research principles, this toolkit:

- Explains what **trauma** is and how it can affect survey participation;
- Introduces **trauma-informed practice** principles;
- Provides **guidance** for designing and administering trauma-informed surveys;
- Offers **reflective prompts** and a **checklist** for applied survey work.

While trauma-informed approaches are increasingly discussed in direct service settings, few resources exist to guide their application to **data collection**. This toolkit aims to fill that gap—emphasizing the importance of both protecting participant well-being and ensuring high-quality data.

### Why Trauma-Informed Survey Work Matters in Refugee Service Contexts

Refugee service providers work with individuals who have experienced displacement, violence, loss, and ongoing stress (Scoglio and Salhi, 2020). Surveys can play a critical role in understanding experiences, identifying needs, evaluating programs, and amplifying community voice—but only if they are conducted in ways that are respectful, safe, and contextually appropriate.

Specifically, trauma-informed survey design does not mean avoiding data collection with trauma-affected populations. Rather, it means designing and implementing surveys that draw on the principles of a trauma-

---

[1] Human-centered design (HCD) is a concept that was coined by IDEO.org (2015) and has been applied to community-based research practices (Chen et al., 2020). For the purpose of this toolkit, HCD is applied as a collaborative problem-solving approach in design that emphasizes empathy, creativity, and co-creation with key stakeholders.

informed[2] approach to:

- Maximize safety, trust, and agency;
- Minimize risk and distress;
- Recognize how trauma might shape responses;
- Encourage reciprocity and collaboration to ensure findings are beneficial to the participants;
- Build trust and accountability between participants and survey teams.

This toolkit is designed for a variety of practitioners, including:

- Program managers and designers seeking to gather feedback to inform service improvements;
- Case managers collecting structured information as part of program delivery or client needs assessments;
- Monitoring and evaluation (M&E) staff responsible for designing, analyzing, and reporting on survey-based data;
- Interns and/or volunteers supporting service delivery and the administration of surveys.

A trauma-informed approach to data collection acknowledges the resilience and individuality of people who have been exposed to traumatic events. This toolkit uses a strengths-based approach and draws on trauma-informed research principles (Edelman, 2023; MacDonald et al., 2024; Shankle et al., 2023) that emphasize individuals' choice-making, such that research participants are empowered to choose whether and how they engage in the data collection procedure. Rather than provide prescriptive methods to craft trauma-informed surveys, this toolkit offers a framework that acknowledges the possible impacts of adversity on survey design and implementation and can be adapted to specific communities, cultures, and survivors.

## Structure of this Toolkit

This toolkit is structured into several sections. Each section provides background, actionable guidance, and reflection prompts to support application in your own work.

**Section 1: Understanding Trauma:** Introduces trauma exposure and trauma responses, including PTSD and post-traumatic growth.

**Section 2: Understanding Trauma-Informed Practice:** Presents the five core principles of trauma-informed practice—safety, trust, choice, collaboration, and empowerment—with an eye toward how they relate to human-centered survey work.

**Section 3: Carrying Out Trauma-Informed Survey Work:** Walks through each stage of the survey process—from ethical planning to implementation—including how trauma symptoms may affect the survey population, analysis, and sharing of results, highlighting how to apply trauma-informed principles at each step. A

---

[2] For the purpose of this toolkit, "trauma-informed" will be used to describe similar concepts referenced in the literature, including "trauma-responsive" and "trauma-sensitive."

comprehensive checklist is also provided with **“Ask”** prompts to offer questions to guide reflection and application in your own context.

**Section 4: Conclusion:** Outlines practical strategies for building and evaluating trauma-informed systems and concludes with a call to action to use the toolkit as a catalyst for strengthening trauma-informed principles within an organization.

## Applied Overview of Trauma

Surveys are more than just instruments for collecting data; they are interactions with people. When engaging individuals who have experienced trauma, understanding trauma can improve data quality, reduce the risk of potential harm, and support both the people taking surveys and those administering them. This section provides an applied overview of trauma, introducing how people respond to trauma and explaining why this knowledge is essential to ethical and effective survey design and implementation.

Understanding trauma matters not only for ethical reasons in survey work, but also for practical ones:

- **Data quality** can suffer if participants feel unsafe, confused, or overwhelmed;
- **Survey participation** can be healing when designed thoughtfully—but harmful when it evokes or mimics conditions of initial trauma;
- **Symptoms like avoidance or dissociation** may lead to missing data, inconsistent responses, or dropout;
- **Knowledge of trauma** and trauma-informed approaches enable survey designers to anticipate potential challenges and support participant well-being.

Before diving into the principles of trauma-informed survey design, it's important to understand what ***trauma*** is.

## Definitions

A **trauma exposure** involves experiencing, witnessing, or learning about an event that involves actual or perceived serious harm, threat to life, or violation of safety—such as violence, displacement, or loss (APA, 2013).

**Trauma responses** are the psychological, emotional, cognitive, and physical reactions that follow trauma exposure; such responses can vary widely among people and over time.

**Trauma-informed practice** is an approach that recognizes the widespread impact of trauma and integrates this understanding into all aspects of service delivery or research. It prioritizes safety, trust, choice, collaboration, and empowerment to reduce harm and promote well-being.

A **survey** is a structured tool used to systematically collect information from individuals or groups, often through questionnaires or interviews, to inform programs, policies, services, or research.

## What is Trauma?

*Trauma*[3] refers to an experience that involves, or is perceived to involve, a serious threat to one's life, bodily integrity, or emotional safety—either through direct experience, witnessing such events, or learning that they happened to someone close. These experiences may include violence, disasters, accidents, or other overwhelming events, and can lead to a range of emotional, psychological, and physiological responses. It can arise from a wide range of events, sudden or ongoing, personal or systemic, that threaten a person's sense of safety, control, or meaning. These events can be life-threatening, emotionally distressing, or deeply disempowering.

### Types of Trauma

Understanding different types of trauma is critical for designing surveys that are responsive to participants' experiences. Below are several common categories of trauma. Each may affect individuals in distinct ways.

## Definitions

**Acute trauma:** A single, discrete event, such as a natural disaster, accident, or violent attack (Rasmussen et al., 2014).

**Chronic trauma:** Repeated and prolonged exposure to a specific, highly stressful event, such as ongoing violence or displacement (Orit Nuttman-Shwartz et al., 2015).

**Complex trauma:** Exposure to multiple and ongoing interpersonal traumas, often beginning in early life. These traumas can deeply affect one's ability to form trusting relationships and feel safe in the world (Cook et al., 2003; Wamser-Nanney, 2013).

**Systemic trauma:** Practices and procedures by institutions that perpetuate inequality, injustice, marginalization, and oppression through action or inaction, which cause harm to groups of people. Forms of systemic trauma include forced displacement, separation from resources, and disenfranchisement.

**Vicarious trauma:** Vicarious traumatization can occur among people who empathically connect and help trauma-exposed individuals. Chronic exposure to the traumatic events of clients can cause long-lasting, profound psychological distress. It is therefore very important for anyone working in a field with individuals who commonly have trauma histories to take care of themselves.

---

[3] Historically, trauma was narrowly defined as events "outside the range of usual human experience" (APA, 1980), but definitions have since expanded to include broader social, systemic, and chronic stressors (Herman, 1992; Dalenberg et al., 2017).

### Trauma Exposure vs. Trauma Response

The distinction between **trauma exposure** and when someone experiences **responses to trauma** is especially important in the context of survey design and administration. Not everyone who experiences a traumatic event will develop psychological distress, and individuals may respond to similar experiences in vastly different ways. Furthermore, certain trauma-related symptoms can affect how participants engage with the survey, shaping their comfort, comprehension, and the meaning they attach to specific questions.

## Definitions

**Trauma response:** As noted, individual responses to trauma can vary widely, with some people experiencing long-lasting distress, others recovering quickly, and still others experiencing positive psychological growth (Ozer & Weiss, 2004; Bonanno & Mancini, 2012).

**Post-traumatic growth** is positive transformations following trauma, such as a deeper appreciation of life, stronger relationships, or renewed purpose (Tedeschi & Calhoun, 2004). Growth and distress are not mutually exclusive—people may experience both simultaneously.

**Trauma-related distress** is unwanted, persistent adverse changes in functioning that may or may not result from trauma exposure. The first official conceptualization of a trauma-related distress disorder—post-traumatic stress disorder (PTSD)—occurred in the 1980s in the U.S. and was primarily derived from experiences of American veterans of foreign wars (Herman, 1997). Since then, understandings of trauma-related distress have evolved considerably to recognize a broader range of symptoms, diverse pathways to recovery, and the influence of contextual, historical, and systemic factors on how trauma is experienced and expressed.

Studies have also indicated that the onset and persistence of trauma-related distress, as well as other different non-distress responses to trauma exposure, can follow multiple different temporal patterns:

- *Chronic* dysfunction, wherein people develop severe adverse responses that persist over time;
- *Recovery*, in which people experience moderate adverse responses in the aftermath of a trauma exposure, but such responses improve over time;
- *Resilience*, wherein individuals may experience slight disruption in normal functioning but return relatively quickly to normal functioning post-trauma exposure;
- *Delayed* reaction, wherein individuals do not develop adverse responses until a year or more following the trauma exposure (Bonanno & Mancini, 2008).

Increasing awareness of these key terms and how distress might show up enables practitioners to prioritize emotional safety throughout the data collection process. Having a clear protocol in place to address trauma-related distress is discussed in section two. Before moving onto the following section to learn about key principles and definitions of trauma-informed practice, pause to consider the following reflection questions:

- **How does your current approach to evaluation or research account for the possibility that participants—and staff—may have experienced trauma?**

- **What steps can you take to ensure your team is familiar with key definitions of trauma and the impact of trauma-related distress?**

## 2. Understanding Trauma-Informed Practice

### Key Principles and Definitions of Trauma-Informed Practice

The term ***trauma-informed*** was introduced in the field of social work by Harris and Fallot (2001) to describe a perspective that acknowledges the prevalence and impact of trauma in people's lives. Rather than asking "What's wrong with you?" trauma-informed practice shifts the focus to "What has happened to you?"—recognizing the profound ways trauma can affect behavior, cognition, and well-being.

*Trauma-informed practice* views individuals within the broader context of their relationships, communities, environments, and histories. It acknowledges that trauma does not occur in isolation but is shaped by intersecting economic, cultural, systemic, and structural forces.

Note that trauma-informed approaches differ from trauma-specific interventions. While trauma-specific interventions aim to treat the effects of trauma, trauma-informed practice focuses on creating safe, respectful, and empowering environments that recognize and respond to the impact of trauma—without causing further harm (SAMHSA, 2014).

Trauma-informed practice is grounded in six guiding principles: **safety**; **trust**; **peer support**; **collaboration**; **empowerment and choice; and cultural and historical issues** (SAMHSA, 2023). These principles aim to counteract the disempowerment and harm often experienced by trauma survivors, functioning to create the "direct opposite conditions of persons who have experienced traumatic events" (Hales et al., 2017, p. 318). Below are definitions of each of the six core principles of trauma-informed practice.

1. **Safety:** Refers to the creation of environments—both physical and emotional—where individuals feel secure, respected, and not at risk of harm. Safety includes more than the absence of violence; it requires predictability, contextually responsive practices, and interactions in which individuals feel seen, heard, and protected.
    - **Psychological Safety:** Builds on the idea of safety through the establishment of an environment or culture where individuals feel safe to speak up or take risks. This might include sharing ideas, asking questions, admitting mistakes, or expressing concerns without the fear of rejection, punishment, or retaliation.
2. **Trust:** Emphasizes transparency, consistency, and clear communication. Building trust involves honesty, appropriate boundaries, and follow-through—especially important when working with individuals who may have experienced betrayal, stigma, or institutional harm.
3. **Peer Support:** Addresses the knowledge, support, and other assistance that can be provided by individuals with lived experiences similar to others.
4. **Collaboration:** Recognizes the value of shared knowledge, and views individuals as experts in their own experiences. Trauma-informed collaboration promotes mutuality, distributes power, and prioritizes active partnership in service design, decision-making, and evaluation.
5. **Empowerment and Choice:** Focuses on recognizing and building on individuals' existing strengths, capacities, and assets. Empowerment involves creating opportunities for skill-building, affirming

resilience, and fostering a sense of agency and self-efficacy. Choice centers autonomy and supports meaningful participation in decisions. It involves offering clear options, seeking consent at each stage, and validating individual coping strategies and preferences.

6. **Cultural and Historical Issues:** Acknowledges that trauma is shaped by context—cultural, historical, and structural—and by the relationships and environments surrounding individuals. These contextual factors affect not only how trauma is experienced, but also how individuals respond.

### Operationalizing Trauma-Informed Practice: The "4 Rs"

To translate these principles into practice, the Substance Abuse and Mental Health Services Administration (SAMHSA) offers the "4 Rs" framework (Grossman et al., 2021). This framework supports the development of universal trauma-informed approaches that address various types of individual trauma, community-level trauma, and systemic trauma. The 4 Rs are:

1. **Realize** how trauma impacts individuals and communities.
2. **Recognize** the symptoms of trauma.
3. **Respond** to individuals in a trauma-informed manner.
4. **Resist** re-traumatization through policies, procedures, and interactions.

This framework serves as a useful foundation for integrating trauma-informed practices across sectors—including health care, education, legal systems, and research and evaluation.

Before moving onto the following section that outlines key activities needed to design and implement trauma-informed surveys, pause to consider the following reflection questions:

- **What current practices in your research align with trauma-informed principles, and how do they build trust and support participants' safety?**
- **Reflecting on the 4 Rs used to operationalize trauma-informed practice, where do you see your team currently using this framework?**
- **What opportunities do you see to enhance your team's trauma-informed practices through policy or procedural improvements?**

## 3. Carrying Out Trauma-Informed Survey Work

### Trauma-Informed Research

Whether conducting a program evaluation or academic research, trauma-informed research principles emphasize participatory and reflective approaches that demonstrate care and trust (Edelman, 2023; Shankle et al., 2023) to understand the impact of trauma, avoid further distress among participants, and identify a plan to support participants if they become distressed throughout the process (MacDonald et al., 2024). Trauma-informed principles ultimately place the needs of the participants at the center of the research design and actively seek to benefit both the participants and the community.

Surveys are structured tools used to collect data from individuals or groups to inform programs, policies, service delivery, research, and evaluation. In the context of refugee service provision, surveys can help organizations understand community needs, evaluate programs, identify service gaps, and inform funding or advocacy efforts. Effective surveys require thoughtful planning, clear purpose, and ethical implementation. While all surveys should prioritize participants' dignity and respect, there are several considerations that are specific to the development of surveys for trauma-exposed individuals.

Data collection principles emphasize beneficence—minimizing harm and maximizing benefits—as well as ensuring ethical engagement with all participants, including, and especially, trauma-affected populations (Newman & Kaloupek, 2004; Jaffe et al., 2015). Yet data collection environments can mimic trauma if not thoughtfully designed, such as when participants feel they do not have agency or are being exploited due to power discrepancies (Herman et al., 2022).

To combat this, a trauma-informed approach in survey practice maintains the perspective that any individual may have experienced traumatic events. Anyone involved in the design, implementation, and distribution of research must prioritize protecting clients' well-being and minimizing the potential for distress or re-traumatization during survey involvement. If survey methodology causes clients to feel distressed, unsafe, or mistrustful, not only is that harmful to participants, but data quality and accuracy may be threatened.

## Establishing Trust and Collaboration

Included in the trauma-informed approach is consideration of power dynamics between researchers and people who are participating in the study. Social status, knowledge, and perceived authority are some of the social factors that contribute to power imbalances between the survey administrator and the survey taker. It is imperative to consider the power dynamics to prioritize participants' physical and psychological well-being, privacy, and dignity.

Establishing trust between the survey participant and survey administration team is an important aspect of a trauma-informed approach to survey data collection. Trust can be cultivated through a variety of means, including establishing and maintaining clear, consistent boundaries, confidentiality, honest communication (Knight, 2015), and cultural awareness (Berger & Quiros, 2014). The survey administrator may also emphasize choice-making and collaboration (Phifer & Hull, 2016), which prioritizes the survey taker's agency and knowledge of self to make appropriate decisions for themselves (Wilson et al., 2015). Such practices aim to foster empowerment, minimize harm from power differentials, and encourage survey takers to gain a greater mastery over their lives (Berger & Quiros, 2014).

This section walks through the key stages of survey design and implementation in applied settings, while integrating trauma-informed practices into each step. Questions to incorporate into your design and planning processes are highlighted throughout to help you apply these principles to your own work. Before moving on, pause to consider the following reflection questions:

- **How do you currently handle disclosures of trauma or distress during survey administration?**
- **What strategies have you used to ensure your survey design process is participatory and trauma-informed?**

## Stages of Survey Design and Implementation

### Benefits of Participation

A growing body of research has shown that individuals who have experienced trauma often find participation in survey-based research to be **meaningful** and **empowering** (Jaffe et al., 2015). Even when participation elicits distress, participants frequently report valuing the opportunity to contribute to shared knowledge and influence change (Newman & Kaloupek, 2004).

**The goal of trauma-informed survey design is to draft questions and implement surveys in ways that minimize risk and maximize participant safety, agency, and well-being.**

The following sections present a comprehensive overview of the 10 essential steps for designing, implementing, analyzing, and disseminating a trauma-informed survey. These steps are intended to guide researchers and practitioners through a structured process:

**DESIGN**

1. Define the Purpose and Ethical Foundations of the Survey
2. Establish a Team and Develop a Workplan
3. Select a Survey Design and Draft Questions
4. Identify the Target Population and Sampling Strategy
5. Establish Data Security and Management Protocols
6. Select Administration Modalities and Design a Survey Protocol

**IMPLEMENTATION**

7. Implement the Survey
8. Follow Up with the Participants

**ANALYSIS**

9. Conduct Data Analysis

**DISSEMINATION**

10. Share Out the Findings

# DESIGN

## 1. Define the Purpose and Ethical Foundations of the Survey

**Overview:** Start by identifying what you want to learn from the survey and how the research will benefit the participants and key stakeholders involved. All researchers must practice beneficence by actively promoting the well-being of participants and minimizing potential harm. Participants should always be treated with dignity and respect, with their privacy safeguarded at every stage of the research process.

***Trauma-informed survey design*** ensures that the research objectives directly benefit the participants and take special care to define ethical considerations to activate the aligned **principles of safety, trust, collaboration, and choice**. Ethical considerations include participatory approaches, transparent communication, and informed consent that is regularly checked throughout the process to confirm understanding of the study and to ensure participants remain comfortable throughout the study's duration.

### SURVEY DESIGN TIPS: INFORMED CONSENT

***Informed consent*** is a voluntary agreement to participate in a survey or research activity, given with full understanding of what participation involves. It includes clear communication about the purpose of the study, what participants will be asked to do, any potential risks or benefits, how data will be used, and participants' rights—including the right to skip questions or withdraw at any time without penalty. It can be provided at the time of survey completion or before, where appropriate, but should always be covered before the start of the survey. Informed consent should be explained as an ongoing and active process, such that participants can withdraw their consent at any time during or even after the survey.

### Trauma-Informed Considerations:

- **Identify how the research or evaluation will benefit the participants** (e.g., a needs assessment designed to identify resources).
- **Examine existing community-based resources** relevant to the proposed research.
- **Examine challenges or risks within the community or population served** relevant to the proposed research.
- **Provide a transparent description of the research.** Increase trust and predictability by providing clear, accessible information about the purpose of the study, what participation involves, and how data will be used.
- **Ensure consent procedures and informed consent documents are clear, accessible, and easily understood.** Review language to avoid any potential questions that could be perceived as coercive in nature (Hales et al., 2017). Make sure participants understand the consent forms by allotting time to answer clarifying questions.

### Ask:

- ➢ How does this survey directly benefit the participants and/or the community?
- ➢ How can we create a protocol that ensures psychological safety (e.g., participant self-efficacy and choice-making).
- ➢ How can we ensure informed and continued active consent among the participants?

## 2. Establish a Team and Develop a Workplan

**Overview:** Consider who will be involved in the various parts of survey design and administration. Depending on the organization, purpose, and research approach, the initial steps of designing a survey may be to engage community members in identifying key stakeholders. Develop a workplan to identify roles and responsibilities of various personnel involved in survey development, implementation, analysis, and sharing of learning outcomes.

***Trauma-informed survey design*** ensures those with lived experience, contextual expertise, or ties to the communities included in the research are also meaningfully and purposefully included in all stages of the research. Drawing on the principles of **collaboration and peer support**, it is important to have fundamental knowledge about survey participants' identities and norms, as well as languages and education levels. Consider your own proficiencies, gaps in knowledge, and lived experiences as they relate to the survey, and think about whether or how to partner with community members to develop and implement research.

### Trauma-Informed Considerations:

- **Engage community members** early to promote transparency and shared ownership (e.g., create a community advisory committee).
- **Train staff and key stakeholders on trauma-informed principles.** Begin with the assumption that any participant or staff member may have experienced trauma. Use the toolkit to ensure staff and key stakeholders (e.g., people collecting data whom we refer to as **"enumerators"** throughout this toolkit, advisory committees, etc.) understand key concepts of trauma-informed principles covered in Sections 1 and 2 of this toolkit.
- **Plan a team meeting to:**
    - **Establish trust and recognize power dynamics** between researchers and participants (Herman et al., 2022).
    - **Discuss cultural and contextual factors** that may influence participation.

### Ask:

- ➢ How can lived experience and contextual expertise positively shape the design process?
- ➢ Are team roles and decision-making processes collaborative?

## 3. Select a Survey Design and Draft Questions

**Overview:** Once you have defined the purpose of your survey, you can determine the type of survey you wish to administer and draft the survey questions. You can begin by identifying existing **validated measures** (questionnaires that have been rigorously tested and found to accurately and reliably measure what is being assessed) and/or develop the questions that will produce the data you are hoping to collect.

### SURVEY DESIGN TIPS: CHOOSING A SURVEY TYPE

When considering the purpose, determine what type of survey you'd like to design:

- **Descriptive:** aiming to describe characteristics, opinions, or behaviors of a population
- **Analytical:** focused on exploring relationships and patterns between variables or testing a hypothesis
- **Cross-sectional:** collecting data at a single point in time
- **Longitudinal:** gathering data from the same participants over multiple time points
- **Pre/Post surveys:** measuring change over time, generally in response to an intervention

Your survey questions and format may be structured (closed-ended questions), semi-structured, open-ended questions, or it may include a variety of question formats.

***Trauma-informed survey design*** recognizes that interactive and participatory approaches can ensure that the survey design minimizes harm and incorporates sensitivity to participants' experiences. **Participatory methods** involve community members in the design and review of the survey questions and research protocols and help to activate principles of **trust and collaboration**, **drawing on peer support.** Infusing participatory methods with trauma-informed principles can improve relevance and help establish a shared sense of ownership among participants.

When **drafting survey questions**, all researchers should consider clarity, comprehension, relevance, cognitive load, and response options (Orcher, 2007). In addition to participatory approaches, surveys can be ***led and validated by subject matter experts*** (i.e., researchers or technical staff) to apply existing survey tools and frameworks or be ***data-driven,*** which means the survey is informed by literature reviews, existing datasets, or prior survey iterations. Applying ***trauma-informed research principles*** into the design process ensures researchers safeguard time to establish trusting relationships, adapt expert-led or data-driven survey questions to the context and culture (as needed), and conduct pilot testing with the target population to include their expertise and validate the survey. If pilot testing the survey, consider creating multilingual versions to check for consistency.

**Designing clear protocols** (e.g., standard operating procedures, survey script, enumerator guide) is also an essential step to ensure participant **safety** is prioritized. Researchers discuss the survey protocol and may request feedback from stakeholders during the implementation phase, but when drafting the survey, it is important to consider the order of the questions and survey length and to provide clear content warnings to enhance predictability for participants.

#### Trauma-Informed Considerations:

*Designing the Survey Instrument*

- **Design concise surveys that can be completed within a reasonable amount of time.** Avoid overly long surveys that may fatigue or burden participants. The longer the survey, the greater the risk of participants being triggered by survey content or the data collection process, which could lead to behavioral and emotional dysregulation, reductions in survey engagement, or dropping out of the study. If a longer survey is required, consider offering breaks between questionnaires. It can be tempting to assess as many concepts and questions as possible when designing a survey, but lengthy surveys may burden participants by bringing up uncomfortable emotions, flashbacks, or dissociation, and may run the risk of reducing their trust in the survey team.

- **Re-emphasize that participants may skip items or end the survey at any time.** If appropriate, you may share survey questions with participants ahead of time.

- **Increase predictability, thereby increasing safety, by providing content warnings before sensitive questions.** For instance, consider the inclusion of a statement such as, “The next five questions will ask about the political violence you went through. You can always skip questions that you do not want to answer.” This statement could go at the end of a page, before a participant clicks “next” in a digital survey or turns the page over in a paper one, so that they are informed of the content that may trigger memories or feelings from a traumatic event or so that they can choose to discontinue the survey.

*Drafting the Questions*

- **Prioritize cultural relevance to ensure clarity and accuracy in responses.** Phrase questions using socially accepted norms and values, and include any relevant cultural “idioms of distress” to accurately assess participants’ mental status. For example, among some U.S. Latinos, the expression of distress in Spanish *ataque de nervios* (attack of the nerves) is associated with acute trauma exposure and dissociation (Lewis-Fernández et al., 2010). While core traumatic stress symptoms (i.e., re-experiencing, avoidance, hyperarousal, and negative changes in cognition and mood) are often observed across cultures, the way symptoms are expressed, understood, and responded to can differ significantly (Maercker et al., 2024).

- **Pilot the survey and iterate based on feedback from participants**, ensuring that the survey is as concise, clear, and contextually appropriate as possible. Seek feedback from participants on the survey protocol, setting, question wording, and any psychosocial support provided, with a specific focus on mitigating trauma triggers and bolstering choice-making, trust, collaboration, and resources.

**Ask:**

- What is the least burdensome survey type to achieve the purpose of our research?
- Are the questions clear, concise, necessary, and contextually appropriate?
- Have members from the target population been involved in co-creating questions?
- Based on the purpose of the survey, would an informal or formal peer review be recommended?

## 4. Identify the Target Population and Sampling Strategy

**Overview:** Decide who the target population should be by creating inclusion criteria, and determine how to identify participants using either a random, purposive, snowball, or convenience sampling method. (See box below for details.)

As a reminder, ***trauma-informed principles*** are operationalized by the 4 Rs, which are especially relevant when preparing to work with participants. Researchers are encouraged to ***realize*** how trauma impacts individuals and communities and to ***recognize*** the symptoms of trauma among participants. When engaging with potential participants, researchers should consider the **principles of trust, empowerment, and choice** to appropriately ***respond*** to participants selected for the study in a trauma-informed manner and ***resist*** re-traumatization through any research-related interactions. In addition, the 4 Rs offer an important framework when developing the inclusion criteria, as researchers must begin with the assumption that any participant may have experienced trauma. Therefore, when selecting participants, it is important to consider sampling methods that avoid reinforcing exclusion or overburdening groups of individuals based on shared characteristic(s). Furthermore, during recruitment, clear communication ensures transparency and allows participants to make informed decisions regarding their engagement. It is also important to consider participants' broader social and political contexts to minimize potential risks associated with recruitment and participation.

### SURVEY DESIGN TIPS: SAMPLING METHODS FOR IDENTIFYING PARTICIPANTS

**Random sampling** is when every person in the target population has an equal chance of being selected, which helps reduce bias and supports generalizing findings from the survey sample to the broader population.

**Purposive sampling** relies on intentionally selecting participants based on specific characteristics or experiences relevant to the survey's goals.

**Snowball sampling** uses existing participants to help recruit others from their networks, which can be a useful approach in hard-to-access or tightly connected populations.

**Convenience sampling** selects participants based on ease of access or availability, which is practical but may introduce bias or limit representativeness in relation to the larger population.

### Trauma-Informed Considerations:

- **Identify risks to target population (and/or community) posed by participation in the survey.** Clearly communicate any potential benefits or risks to individuals during the recruitment process.
- **Create a risk-mitigation plan based on identified risks** (e.g., travel limitations requiring remote access, privacy considerations)

### Ask:

- ➢ Who is represented in our sample—and who is not?
- ➢ What steps are in place to ensure participants are safe?

## 5. Establish Data Security and Management Protocols

**Overview:** All researchers must establish clear protocols for how data will be stored, managed, and protected before beginning data collection. Data security and management must go beyond compliance to account for real-world risks of data misuse—especially when working with trauma-affected populations**.** Protecting participant data is essential not only for **maintaining privacy and trust,** but also for ensuring the safety and dignity of those who may already be vulnerable. It is critical that all stakeholders, including funders, partners, or external audiences, understand the importance of secure data practices. Any data shared externally must be carefully reviewed to ensure it cannot be used to identify individual participants or expose them to harm.

**Trauma-informed survey design** ensures that participants understand *how* their information is kept secure and are informed on how researchers and key stakeholders are actively preventing unauthorized access to survey data (e.g., using restricted file access, password protection, encryption, and secure devices). Protocols should also include clearly defined data retention timelines and guidance on how and when to obtain informed consent for any future data use or secondary analysis.

### Trauma-Informed Considerations:

- **Prioritize participant safety by only collecting data essential to reaching your research goals.**
- **Avoid collecting names or direct identifiers**. If identifiers are needed, store them separately from response data, and encrypt both. Also, inform participants before administration of the survey on how their identifiers will be used, if at all.
- **Draft data-sharing agreements with key stakeholders to safeguard personally identifiable information (PII)** (e.g., date of birth, health records, biometric data, etc.). Ensure that data shared with funders, partners, or external audiences cannot be used to identify individual participants. Take time to speak to stakeholders about the trauma-informed principles applied to the survey design.
- **Invite participants to review their data to be redacted, if necessary.**
- **Establish a plan for data breaches** that includes notifying participants if their data becomes compromised. Be prepared with resources for trauma-affected participants if their data is breached to reduce distress.
- **Provide participants with contact information for questions and concerns.**

### Ask:

- ➢ How will sensitive information be protected at each stage of the project?
- ➢ Are participants fully informed about how their data will be stored, used, and shared?

## 6. Select Administration Modalities and Design a Survey Protocol

**Overview:** Choose how the survey will be delivered: self-administered (e.g., online, by SMS, on paper) or enumerator-administered (e.g., face-to-face, by phone, via video call) based on accessibility, literacy levels, and context.

### SURVEY DESIGN TIPS: COMPARING ADMINISTRATION MODALITIES

Review the benefits and drawbacks to different administration modalities:

**Self-administered surveys** may offer more privacy; allow participants who may not leave their residence due to safety, psychological, or mobility issues to still participate; and increase participants' sense of psychological safety by allowing individuals to work at their own pace, in their own residence. On the other hand, self-administered surveys may have lower engagement.

**Enumerator-administered surveys** can support comprehension, may improve response rates, and can offer psychosocial support to emotionally dysregulated participants. However, resources are required to hire and train enumerators, which may require additional time and budgetary considerations.

When administering a ***trauma-informed survey***, it is essential to consider how the modality—whether in-person, online, or phone-based—affects **participants' comfort and sense of safety and choice. Empower participants** through a **sense of choice** and by removing barriers to maximize successful survey completion rates. Survey logistics should account for participants' work schedules, caregiving responsibilities, and access to technology.

For in-person surveys, assess whether participation imposes a financial burden, such as travel costs, and explore ways to mitigate these barriers, such as offering transportation vouchers. For remote surveys, ensure that participants have reliable access to the necessary devices and Internet connectivity. Provide the survey in multiple languages as needed, ensuring that multilingual participants can fully engage. Additionally, offering compensation for participation is an ethical way to recognize individuals' time and contributions, as long as it is not coercive and does not unduly influence their decision to participate.

If conducting an enumerator-administered survey, provide enumerators with trauma-informed training so they can maintain non-judgmental attitudes, avoid making assumptions about participants' responses, and recognize signs of participant distress (Kaplan et al., 2020). **Training should include clear protocols with risk-mitigation strategies and safety plans** to help enumerators support participants. Trauma-informed guidance to support participants may include offering coping skills (e.g., paced breathing), providing breaks as needed (e.g., going to a water fountain), discontinuing the survey, and providing post-survey mental health care resources. See the callout box below entitled *How Trauma Symptoms Can Impact Survey Engagement* to understand potential post-traumatic stress disorder (PTSD) symptoms and considerations for enumerators.

### Trauma-Informed Considerations:

- **Draft a clear trauma-informed protocol to administer the survey (e.g., an enumerator guide or survey script).** The protocol should include a risk mitigation plan. If, for example, a participant becomes visibly upset while recalling a traumatic experience during an interview, a trained enumerator would be guided by the plan to pause the session and support the participant. This approach not only protects the participant but also builds trust and upholds ethical research standards.

- **Provide participant choice in modality where feasible.** Provide participants with a choice on how they take the survey—in person with a trained, trauma-informed enumerator; online via a secure, mobile-friendly platform; or by phone with a trained enumerator. This ensures participants can exercise choice, reduces barriers, and increases predictability and trust.

- **Consider accessibility, including participants' literacy and comfort with technology.** Exposure to trauma is associated with increased feelings of shame (López-Castro et al., 2019) as well as avoidance of situations that cause emotional distress or thoughts related to adverse experiences. Together, shame and avoidance may make it more difficult for participants to ask for help or share self-perceived vulnerability, such as having limited literacy.

**If conducting an enumerator-administered survey:**

- **Train enumerators in trauma-informed principles and frameworks.** For example, ensure enumerators are familiar with SAMHSA's (2014) Four Rs (Realize, Recognize, Respond, Resist re-traumatization). Provide specific training for enumerators to recognize the signs of post-traumatic stress, know how to respond if a participant becomes distressed, guide participants through grounding skills (e.g., paced breathing), and offer appropriate resources or mental health referrals. Emphasize training for enumerators to maintain transparent communication, empower participants to make choices for themselves, and cultivate a safe environment.

- **Identify strategies to build trust among participants through thoughtfully pairing enumerators with participants to maximize a sense of safety.** Be intentional about the roles of enumerators and other staff (e.g., research assistants). Depending on the context, an enumerator's background may either build trust or create discomfort. For example, in some settings, having enumerators from the same community could cause fear and underreporting, especially when participants are hesitant to disclose sensitive information to someone they perceive as too close (e.g., from the same country). In other contexts, matching participants' and enumerators' language and culture may foster rapport, increase participants' sense of safety, and thereby reduce the risk of re-traumatization and increase self-disclosure. Additional factors that should be considered include sex and age. For instance, men may not be appropriate interviewers for women in certain cultural settings, and older enumerators may be more trusted due to norms of age and authority. It is important to consider a community's size as well as identity-based norms when assigning enumerators and to consult with community stakeholders to guide these decisions.

- **Provide support to enumerators who may be exposed to vicarious trauma** (Smith et al., 2023). Support includes training on the effects of trauma exposure, ongoing supervision, and support groups (Van der Merwe & Hunt, 2018).

- **Support enumerator well-being** by providing debriefs or mental health resources (Hummel & El Kurd, 2021), as well as supports to strengthen their own self-awareness, emotion regulation, and interpersonal skills (Hodas, 2006).

### Ask:

- ➢ Does the survey modality support safety, privacy, and accessibility?
- ➢ What type of training is needed to ensure enumerators implement the survey in a trauma-informed way?
- ➢ Should participants be compensated?

## How Trauma Symptoms Can Impact Survey Engagement

Below, we cover how the current clinical conceptualization of PTSD symptom clusters (re-experiencing, avoidance, negative cognitions and mood, and hyperarousal—with an additional category of dissociative symptoms increasingly recognized) might affect considerations around data collection and survey design.

### PTSD Symptom Clusters

**Re-experiencing:** Flashbacks, intrusive memories, nightmares, or emotional distress when reminded of the event. Memories of the traumatic event can occur unexpectedly and make it feel like the event is happening again.

- ***Survey Consideration:*** *Being asked about a trauma event in a startling or uncontextualized way could unintentionally trigger re-experiencing.*

**Avoidance:** Steering clear of reminders, emotional numbing, refusal to discuss trauma.

- ***Survey Consideration:*** *Participants may skip questions, offer brief or inconsistent responses, or disengage from the survey altogether.*

**Negative Cognitions and Mood:** Distrust, negative beliefs about self and others, guilt, shame, or persistent sadness.

- ***Survey Consideration:*** *Negative cognitions and mood can shape how participants understand and respond to questions, may lead to suspicion toward surveys or data use, and can contribute to attrition if the survey is not thoughtfully designed and administered.*

**Hyperarousal:** Jitteriness, sleep difficulties, irritability, or heightened startle response, which can make it harder to concentrate and easier to be startled.

- ***Survey Consideration:*** *Participants may struggle to focus, feel anxious during interviews, or fatigue quickly.*

**Dissociation:** Feeling detached from oneself or the world, memory gaps, or altered perception of time and place.

- ***Survey Consideration:*** *Dissociation may affect participants' ability to recall events accurately or provide coherent responses, as they may feel disconnected from their experiences or struggle with memory gaps.*

# IMPLEMENTATION

## 7. Implement the Survey

**Overview:** To ensure ethical and effective data collection, surveys should be administered according to a pre-defined protocol and supported by quality assurance processes to monitor implementation while remaining flexible to adapt as needed. Informed consent is essential and must be obtained before participation. This includes providing clear, accessible information about the study's purpose, what participation entails, and how the data will be used, enabling participants to make fully informed decisions.

*Trauma-informed surveys resist re-traumatization* by using thoughtfully designed protocols to create a sense of predictability and control, establish a safe environment, and provide clear guidance to manage and support participants who may become distressed. For example, establish clear "red lines" in advance—specific conditions under which the survey protocol should be revised or data collection paused or stopped altogether to protect participant or staff well-being.

### Trauma-Informed Considerations:

- **Provide a sense of predictability and control** (e.g., explain the process, allow breaks, reiterate voluntary participation, check in periodically with participants). Consider preparing participants for the survey ahead of time by giving them information about what they can expect, including the consent form and the survey protocol.

- **Minimize environmental cues that could mimic trauma conditions** (e.g., settings associated with authority or lack of agency). For example, with in-person survey administration, ensure a safe and comfortable environment by creating physical space between participants or allowing the participant to sit in the seat of their choice with clear visibility of the space.

- **Follow pre-developed protocols for managing participant distress.**

- **Ensure enumerators or research assistants are familiar with protocols and trained in implementing a risk-mitigation plan.** Reinforce training, as needed, and use risk-mitigation plans that include resources and/or referral systems.

### Ask:

- ➢ Are participants reminded that they can skip questions or withdraw at any time?

- ➢ Are staff prepared to respond to signs of distress, including through identifying resources that are available to participants and referral systems put in place?

- ➢ Are there mechanisms in place for participants to ask questions or submit feedback that will be actively monitored and acted upon?

## 8. Follow-Up with Participants

**Overview:** After participating in the survey, thank individuals and share next steps, including how their responses may be used to inform the research and potentially benefit the community. Provide clear contact information for follow-up where participants can send questions, share feedback, or seek support.

In alignment with ***trauma-informed principles of collaboration and empowerment***, reinforce participants' value and contributions to the research through additional communication mechanisms, such as a one-week follow-up phone call. These follow-ups provide an opportunity for participants to reflect on their experience, assess whether additional support or resources are needed, and share feedback about the survey process. Employ participatory methods to acknowledge participants' expertise by offering optional opportunities to contribute ideas for disseminating research findings within their communities or to remain involved in future phases of the project, as appropriate.

### Trauma-Informed Considerations:

- **Reinforce appreciation and validate the participant's contribution through follow-up communication.**
- **Share resources that are relevant to the participants' journey,** such as mental health resources or community services.
- **Invite participants to review and validate preliminary findings.** Allow for questions or withdrawal of data after participation if appropriate (may not be possible if all data was collected anonymously).

### Ask:

- ➢ Are participants aware of how their data will be used?
- ➢ Do they have access to follow-up support if needed?
- ➢ What participatory methods can be used to invite participants to share their input, if interested?

## ANALYSIS

### 9. Conduct Data Analysis

**Overview:** Clean, code, and interpret your data according to the project's goals. **Cleaning** means organizing your data by correcting errors, removing duplicates, or marking missing responses so that incorrect data doesn't affect your analysis; **coding** means labeling or categorizing the data for analysis. After cleaning and coding, draw insights from the data by interpreting the results based on your key questions. Be mindful of the patterns, context, and meaning of the response data rather than just the numbers. Develop a clear plan for **disaggregating** data (i.e., separating your data based on categories like age, income level, location, etc.) to explore differences across key groups or variables. Finally, document procedures—for example, address missing data transparently, detailing how it was handled and its potential impact on the findings.

***Trauma-informed research principles*** recognize and honor the knowledge participants hold, as reflected in the principles of **empowerment, collaboration, and peer support.** When coding responses, take caution to avoid pathologizing participants' responses (e.g., labeling behaviors or responses as abnormal or problematic), as trauma can manifest in diverse ways due to past experiences or coping mechanisms (Grasso, 2022). Rather, stay open and curious, recognizing that participants' experiences may differ from your own, and create space for participants to share their perspectives authentically through careful analysis processes. Consider participatory approaches that involve stakeholders—including survey participants—in the analysis of the data and interpretation of the results.

### Trauma-Informed Considerations:

- Engage participants and/or community stakeholders in interpreting results to ensure findings are grounded in lived experience.

- Use language that validates varied emotional and behavioral responses without judgment.
- Create feedback loops where participants can review and respond to how their input is represented in findings.

**Ask:**

- ➢ How might trauma shape how people respond to specific items?
- ➢ How are our assumptions influencing interpretation?

## DISSEMINATION

### 10. Share Out the Findings

**Overview:** Report results back to all stakeholders, including participants when possible, in accessible and respectful ways. Consider community reports, infographics, narrative-based storytelling, and multilingual summaries as part of your strategy.

To ensure that research findings are meaningful, respectful, and accessible, it is important to share results in formats that are not only useful and contextually appropriate but also ***trauma-informed***. This means considering the literacy levels, cultural norms, and emotional safety of community stakeholders, as well as addressing the expressed needs and interests of participants. Engaging community members—including research participants—in shaping how data is communicated helps **foster trust, transparency, and empowerment.** Trauma-informed dissemination also involves being mindful of how findings are framed to avoid deficit-based narratives or language that could stigmatize or retraumatize. Accessible formats may include visual tools (e.g., graphs, charts, maps), narrative summaries, simple statistics (e.g., percentile changes), and in-person gatherings where findings are shared orally in a supportive environment. These approaches help ensure that the dissemination process is empowering, and aligned with the **principles of safety, choice, and collaboration.**

**Trauma-Informed Considerations:**

- **Adopt a strengths-based approach to present data and findings.** Be cautious of reinforcing stigma or retraumatizing communities through how data is presented. Rather than focusing on symptoms, deficits, or other challenges of community members, consider adopting a strengths-based approach to data presentation that highlights participants' resilience through adversity (e.g., Thurber et al., 2020).

**Ask:**

- ➢ Have we asked participants or community partners how they'd like results shared?
- ➢ Are findings presented in strengths-based, non-stigmatizing language?

## 4. Conclusion and Next Steps

Surveys are not just tools for collecting data—they are interpersonal encounters that can either build trust or risk the reproduction of harm. This Trauma-Informed Survey Toolkit (TIST) was developed to support ethical, respectful, and effective data collection in contexts where trauma exposure is common, such as refugee service provision. Trauma-informed principles and practices enhance the quality of data collected while centering the safety, dignity, and autonomy of participants and enumerators alike.

Throughout this toolkit, we have reviewed foundational concepts related to **trauma and trauma-informed practice; explored core principles including safety, trust, choice, collaboration, and empowerment;** and applied these concepts to every stage of survey development and implementation. We have also highlighted how participatory research methods rooted in safety and trust may also promote healing, agency, and engagement when designed and administered with care.

## What Next?

### Building Trauma-Informed Systems

Incorporating trauma-informed principles and practices into research and evaluation is not just a theoretical shift—it represents a tangible step toward transforming organizational culture. A trauma-informed approach can be integrated into existing organizations, programs, and systems through practices including **workforce development**, such as staff training on the impacts of trauma exposure; **trauma-focused services**, such as screening, referral systems, and appropriate follow-up care for trauma; and **organizational change**, such as restructuring environments, feedback loops, and policies in ways that promote safety and collaboration (Hanson et al., 2018).

This toolkit and the recommended resources offer strategies on adopting trauma-informed approaches to train staff, include participants, and share data transparently to benefit the participants. Applying the strategies in the toolkit signals a commitment to safety, empathy, and trust—offering a pathway to gain organizational buy-in and recognizing that staff, like participants, may also carry their own experiences of trauma. By equipping teams with a shared understanding of trauma-informed principles, a culture of care may be established that benefits all stakeholders.

### Strengthening the Evidence Base: Evaluating Trauma-informed Systems

As interest in trauma-informed practice has grown, more programs and organizations have begun adopting these approaches. However, the evidence base assessing their direct impact as compared to approaches that are not trauma-informed remains limited. This is partly due to inconsistent definitions of trauma-informed approaches and a lack of shared tools for evaluation. You may consider contributing to this evidence base by evaluating your own trauma-informed practices using the trauma-informed survey design tools outlined in this toolkit! Champine et al.'s (2019) review of measurement tools for trauma-informed approaches and considerations is a useful resource in considering how you may evaluate your practices.

## Call to Action

We encourage practitioners and researchers to use this toolkit to integrate trauma-informed principles into every phase of their survey work. Whether you are designing a new survey, adapting an existing tool, or planning an evaluation, applying trauma-informed practices can reduce potential harm, support participant well-being, and improve data integrity.

Use this toolkit as a resource to reflect on your survey goals, adapt your processes, and build stronger relationships with the participating individuals and communities. Consider how you can incorporate the principles of trauma-informed practice not only into your surveys, but into your team practices, community partnerships, and dissemination strategies.

## Using the Toolkit

How might this toolkit be used in your work? Consider the following three practical ways to apply this toolkit in your day-to-day:

1. **Implement the guidance provided here** in your own work. Reflect on what works well and what can be improved.
2. **Share what you learn.** We hope this toolkit fosters ongoing conversation and collaboration across the refugee resettlement field.
3. **Contribute to the evidence base**. Consider using trauma-informed evaluation tools to assess your own practices, and share findings that can help strengthen collective understanding.

Ultimately, the goal of the TIST is to promote survey practices that are not only ***technically sound*** but also ***human-centered***—acknowledging the needs and strengths of trauma-affected populations. By approaching data collection with care, respect, and intentionality, we can make surveys more ethical and empowering while generating higher-quality data that is both more meaningful and more useful in practice.

# Learn More[4]

## Institutional Review Board

Depending on the setting, consult with your local Institutional Review Board (IRB) to determine if your survey requires an IRB review, in which the primary aims are to improve and inform program implementation or research. If the survey will be used for academic research, you will want to ensure that you undergo a formal ethics review process. Even if your survey does not need to undergo a formal ethics review, centering considerations of ethics throughout the design and implementation process will be vital to ensuring that participants are protected and that benefits of the survey—both individual and collective—outweigh any potential risks.

## Survey Resources

For more information on existing evidence on surveys and data collection methods, see Switchboard's resources listed below:

- Collecting Client Feedback Data
- Community Needs Assessments with Newcomers

## Evidence Summaries

For more information on existing evidence on trauma-informed approaches and participatory research methods, see Switchboard's evidence summaries listed below:

- What is the evidence for strengths-based and trauma-informed approaches?
- How can participatory research methods be used to improve research with refugees?

---

[4] Special thanks to the co-authors and contributors whose expertise and collaboration made this resource possible. Co-authors are Biz Herman, Sarah Beranbaum, and Katie Zanoni. Reviewers are Allison Bostrom, Jasmine Griffin, Miriam Potocky, and Graeme Rodgers.

## Works Cited

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). American Psychiatric Publishing.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology*, *20*(4), 296.

Bonanno, G. A., & Mancini, A. D. (2008). The human capacity to thrive in the face of potential trauma. *Pediatrics*, *121*(2), 369–375.

Bonanno, G. A., & Mancini, A. D. (2012). Beyond resilience and PTSD: Mapping the heterogeneity of responses to potential trauma. *Psychological trauma: Theory, research, practice, and policy*, *4*(1), 74.

Champine, R. B., Lang, J. M., Nelson, A. M., Hanson, R. F., & Tebes, J. K. (2019). Systems measures of a trauma-informed approach: A systematic review. *American Journal of Community Psychology*, *64*(3-4), 418–437.

Chen, E., Leos, C., Kowitt, S. D., & Moracco, K. E. (2020). Enhancing community-based participatory research through human-centered design strategies. *Health Promotion Practice*, *21*(1), 37–48. https://doi.org/10.1177/1524839919850557

Cook, A., Blaustein, M., Spinazzola, J., & Van der Kolk, B. (2003). *Complex trauma in children and adolescents*. National Child Traumatic Stress Network.

Crabill, C., & Hanson, K. (2018). *A guide for occupational therapists: Utilizing trauma-informed care to guide intervention for children in foster care*. *Occupational Therapy Capstones, 378*.

Dalenberg, C. J., Straus, E., & Ardill, M. (2017). Forensic psychology in the context of trauma. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Trauma practice* (pp. 543–563). American Psychological Association. https://doi-org.proxy.library.upenn.edu/10.1037/0000020-026

Eberle, D. J., Maercker, A., Levin, Y., Mutuyimana, C., Wen, J., Makhashvili, N., Javakhishvili, D., Papava, A., Yu, X., Qian, W., Wang, J., Asatsa, S., & Bachem, R. (2024). Cultural psychological factors in posttraumatic symptom development and expression: A study protocol. *European Journal of Psychotraumatology*, *15*(1), 2364998.

Edelman, N. L. (2023). Trauma and resilience informed research principles and practice: A framework to improve the inclusion and experience of disadvantaged populations in health and social care research. *Journal of Health Services Research and Policy*, *28*(1), 66–75. https://doi.org/10.1177/13558196221124740

Grasso, D. J. (2022). A trauma-informed approach to assessment, case conceptualization, and treatment planning for youth exposed to intimate partner violence. *Journal of Health Service Psychology*, *48*(1), 3–11. https://doi.org/10.1007/s42843-021-00053-2

Grossman, S., Cooper, Z., Buxton, H., Hendrickson, S., Lewis-O'Connor, A., Stevens, J., Wong, L.-Y., & Bonne, S. (2021). Trauma-informed care: Recognizing and resisting re-traumatization in health care. *Trauma Surgery & Acute Care Open*, *6*(1), e000815.

Hales, T., Kusmaul, N., & Nochajski, T. (2017). Exploring the dimensionality of trauma-informed care: Implications for theory and practice. *Human Service Organizations: Management, Leadership & Governance*, *41*(3), 317–325. 10.1080/23303131.2016.1268988

Hanson, R. F., Saunders, B. E., Peer, S. O., Ralston, E., Moreland, A. D., Schoenwald, S., & Chapman, J. (2018). Community-based learning collaboratives and participant reports of interprofessional collaboration, barriers to, and utilization of child trauma services. *Children and Youth Services Review*, *94*, 306–314. doi:10.1016/j.childyouth.2018.09.038

Harris, M., & Fallot, R. D. (Eds.). (2001). *Using trauma theory to design service systems*. Jossey-Bass/Wiley.

Herman, J. L. (1992). *Trauma and recovery*. Basic Books.

Herman, B., Panin, A., Wellman, E. I., Blair, G., Pruett, L. D., Ochieng'Opalo, K., Alarian, H. M., Grossman, A. N., Tan, Y., Dyzenhaus, A. P., & Owsley, N. (2022). Field experiments in the Global South: Assessing risks, localizing benefits, and addressing positionality. *PS: Political Science & Politics*, *55*(4), 769–772.

Hodas, G. R. (2006). Responding to childhood trauma: The promise and practice of trauma informed care. *Pennsylvania Office of Mental Health and Substance Abuse Services, 177*, 5–68.

Hummel, C., & El Kurd, D. (2021). Mental health and fieldwork. *PS: Political Science & Politics*, *54*(1), 121–125.

Jaffe, A. E., DiLillo, D., Hoffman, L., Haikalis, M., & Dykstra, R. E. (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*, *40*, 40–56.

Kaplan, L., Kuhnt, J., & Steinert, J. I. (2020). Do no harm? Field research in the Global South: Ethical challenges faced by research staff. *World Development, 127*. 104810.

Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal*, *43*, 25–37.

López-Castro, T., Saraiya, T., Zumberg-Smith, K., & Dambreville, N. (2019). Association between shame and posttraumatic stress disorder: A meta-analysis. *Journal of Traumatic Stress*, *32*(4), 484–495.

MacDonald, J. B., Butler, K., Willoughby, M., Gartoulla, P., & Dobud, W. (2024). *How to do trauma-informed research and evaluation.* Australian Institute of Family Studies – Charles Sturt University. https://aifs.gov.au/resources/practice-guides/how-do-trauma-informed-research-and-evaluation

Newman, E., & Kaloupek, D. G. (2004). The risks and benefits of participating in trauma-focused research studies. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *17*(5), 383–394.

Nuttman-Shwartz, O., & Shoval-Zuckerman, Y. (2016). Continuous traumatic situations in the face of ongoing political violence: The relationship between CTS and PTSD. *Trauma, Violence, & Abuse*, *17*(5), 562–570.

Orcher, L. T. (2007). *Conducting a survey: Techniques for a term project.* (1st ed.), Routledge. https://doi.org/10.4324/9781315267937.

Ozer, E. J., & Weiss, D. S. (2004). Who develops posttraumatic stress disorder?. *Current Directions in Psychological Science*, *13*(4), 169–172.

Phifer, L. W., & Hull, R. (2016). Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health*, *8*, 201–205.

Rasmussen, A., Keatley, E., & Joscelyne, A. (2014). Posttraumatic stress in emergency settings outside North America and Europe: A review of the emic literature. *Social Science & Medicine*, *109*, 44–54.

Scoglio, A. A., & Salhi, C. (2021). Violence exposure and mental health among resettled refugees: A systematic review. *Trauma, Violence, & Abuse*, *22*(5), 1192–1208.

Smith, E., Pooley, J. A., Holmes, L., Gebbie, K., & Gershon, R. (2023). Vicarious trauma: Exploring the experiences of qualitative researchers who study traumatized populations. *Disaster Medicine and Public Health Preparedness*, 17, e69.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). Trauma-informed care in behavioral health services: A treatment protocol (TIP) SERIES 57. *HHS Publication No. (SMA)* 14-4816.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Practical guide for implementing a trauma-informed approach* (Publication No. PEP23-06-05-005). U.S. Department of Health and Human Services. https://library.samhsa.gov/product/practical-guide-implementing-trauma-informed-approach/pep23-06-05-005

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*(1), 1–18.

Thurber, K. A., Thandrayen, J., Banks, E., Doery, K., Sedgwick, M., & Lovett, R. (2020). Strengths-based approaches for quantitative data analysis: A case study using the Australian longitudinal study of Indigenous Children. *SSM - Population Health*, *12*, 100637. https://doi.org/10.1016/j.ssmph.2020.100637

Van der Merwe, A., & Hunt, X. (2019). Secondary trauma among trauma researchers: Lessons from the field. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*(1), 10.

Wamser-Nanney, R., & Vandenberg, B. R. (2013). Empirical support for the definition of a complex trauma event in children and adolescents. *Journal of Traumatic Stress*, *26*(6), 671–678.

Wilson, J. M., Fauci, J. E., & Goodman, L. A. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *The American Journal of Orthopsychiatry*, *85*(6), 586–599. DOI: 10.1037/ort0000098

# Appendix

## Trauma-Informed Survey Toolkit – Checklist

This checklist is for researchers and practitioners designing, administering, and analyzing a trauma-informed survey with newcomers. It should serve as a starting point framework rather than a comprehensive list. The checklist is meant to be customized to include any additional items as necessary. As you go through your research design process, consider six guiding principles: **safety; trust; peer support; collaboration; empowerment and choice; and cultural and historical issues** (CDC, 2018).

| PHASE | ACTIVITY | STANDARD PRACTICE | TRAUMA-INFORMED SURVEY CHECKLIST | ASK |
|---|---|---|---|---|
| **DESIGN** | Define the purpose and ethical foundations of the survey. | • Identify the purpose and objectives of the survey.<br>• Practice beneficence.<br>• Ensure that participants are respected.<br>• Ensure participants' privacy is protected throughout their participation. | ☐ Identify how the research or evaluation will benefit the participants.<br>☐ Examine existing community-based resources.<br>☐ Examine challenges or risks within the community or population served.<br>☐ Provide a transparent description of the research.<br>☐ Ensure consent procedures and informed consent documents are clear, accessible, and understandable. | ✚ How does this survey directly benefit the participants and/or the community?<br>✚ How can we create a protocol that ensures psychological safety (e.g., participant self-efficacy and choice-making).<br>✚ How can we ensure informed and continued active consent? |

| | | | | |
|---|---|---|---|---|
| **DESIGN** | Establish a team and develop a workplan. | • Identify key stakeholders (e.g., program manager, grants manager, community members, participants, etc.).<br>• Identify roles and responsibilities.<br>• Develop a workplan. | ☐ Engage community members.<br>☐ Train key stakeholders on trauma-informed principles.<br>☐ Plan a team meeting to:<br>○ Establish trust between researchers and relevant stakeholders.<br>○ Discuss cultural and contextual factors. | ✚ How can lived experience and contextual expertise shape the design process?<br>✚ Are team roles and decision-making processes collaborative? |
| **DESIGN** | Select a survey design and draft questions. | • Determine the type of survey and draft survey questions.<br>• Identify existing validated measures or conduct a literature review of concepts related to the purpose of the survey.<br>• Draft survey questions considering clarity, comprehension, relevance, cognitive load, and response options (Orcher, 2007). | ☐ Design concise surveys that can be completed within a reasonable amount of time.<br>☐ Re-emphasize that participants may skip items or end the survey at any time.<br>☐ Provide content warnings before sensitive questions.<br>☐ Prioritize cultural relevance to ensure clarity and accuracy in responses.<br>☐ Pilot the survey and iterate based on feedback from participants. | ✚ What is the least burdensome survey type to achieve the purpose of our research?<br>✚ Are the questions clear, concise, necessary, and contextually appropriate?<br>✚ Have members from the target population been involved in co-creating questions?<br>✚ Based on the purpose of the survey, would an informal or formal peer review be recommended? |

| | | | | |
|---|---|---|---|---|
| **DESIGN** | Identify the target population and sampling strategy. | • Define inclusion criteria for target population based on purpose and objectives of the survey. | ☐ Identify risks to target population (and/or community) posed by participation in the survey.<br>☐ Create a risk-mitigation plan based on identified risks. | ✚ Who is represented in the survey—and who is not?<br>✚ What steps are in place to ensure participants are safe? |
| **DESIGN** | Establish data security and management protocols. | • Establish clear protocols for how data will be stored, managed, and protected before beginning data collection. | ☐ Prioritize participant safety by only collecting data essential to reaching the research goals.<br>☐ Avoid collecting names or direct identifiers.<br>☐ Draft data-sharing agreements with key stakeholders to safeguard personally identifiable information (PII).<br>☐ Invite participants to review their data to be redacted, if necessary.<br>☐ Establish a plan for data breaches that includes notifying participants if their data becomes compromised.<br>☐ Provide participants with contact information for questions and concerns. | ✚ How will sensitive information be protected at each stage of the project?<br>✚ Are participants fully informed about how their data will be stored, used, and shared? |

| | | | | |
|---|---|---|---|---|
| **DESIGN** | Select administration modalities and design a survey protocol. | • Select the mode of delivery: self-administered or enumerator-administered.<br>• Consider participants' work schedules, familial responsibilities, and technology access as it relates to administration.<br>• Offer the survey translated into various languages, as needed, for multilingual participants.<br>• Consider compensation for the participants to recognize their time and contributions. | ☐ Draft a clear, trauma-informed survey administration protocol.<br>☐ Consider including breaks to promote emotion regulation and participants' capacity to make choices.<br>☐ Provide participant choice in modality where feasible.<br>☐ Consider accessibility, including participants' literacy and comfort with technology.<br>If conducting enumerator-administered surveys:<br>☐ Train enumerators in trauma-informed principles and frameworks.<br>☐ Pair enumerators with participants to maximize a sense of safety.<br>☐ Provide support to enumerators who may be exposed to vicarious trauma.<br>☐ Support enumerator well-being. | + Does the survey modality support safety, privacy, and accessibility?<br>+ What type of training is needed to ensure the enumerators implement the survey in a trauma-informed way?<br>+ Should participants be compensated? |

| | | | | |
|---|---|---|---|---|
| **IMPLEMENTATION** | Implement the survey. | • Administer the survey according to the pre-defined protocol, have quality assurance processes set up to monitor the data collection process, and remain flexible to adapt as needed.<br>• Ensure participants complete informed consent documents and have access to information about the purpose of the study and how the data will be used. | ☐ Provide a sense of predictability and control.<br>☐ Minimize environmental cues that could mimic trauma conditions.<br>☐ Follow pre-developed protocols for managing participant distress.<br>☐ Ensure enumerators or research assistants are familiar with protocols and trained in implementing a risk-mitigation plan. | ✚ Are participants reminded they can skip questions or withdraw at any time?<br>✚ Are staff prepared to respond to signs of distress, including through identifying resources that are available to participants and referral systems put in place?<br>✚ Are there mechanisms in place for participants to ask questions or submit feedback that will be actively monitored and acted upon? |
| **IMPLEMENTATION** | Follow up with participants. | • Thank participants and provide clear contact information for follow-up. | ☐ Reinforce appreciation and validate the participants' contributions through follow-up communication.<br>☐ Share resources that are relevant to the participants' journey.<br>☐ Invite participants to review and validate preliminary findings. | ✚ Are participants aware of how their data will be used?<br>✚ Do they have access to follow-up support if needed?<br>✚ What participatory methods can be used to invite participants to share their input (e.g., validating language, assessing question wording, sharing relevant resources), if interested? |

| | | | | |
|---|---|---|---|---|
| **ANALYSIS** | Conduct data analysis. | • Clean (i.e., correct errors), code (i.e., label and organize data), and interpret your data according to the project's goals. | ☐ Engage participants and/or community stakeholders in interpreting results to ensure findings are grounded in lived experience.<br>☐ Use language that validates varied emotional and behavioral responses without judgment.<br>☐ Create feedback loops where participants can review and respond to how their input is represented in findings. | ✚ How might trauma shape how people respond to specific items?<br>✚ How are your assumptions influencing interpretation? |
| **DISSEMINATION** | Share out the findings. | • Share findings in formats that are accessible, useful, and contextually appropriate. | ☐ Adopt a strengths-based approach to present data and findings. | ✚ Have we asked participants or community partners how they'd like results shared?<br>✚ Are findings presented in strengths-based, non-stigmatizing language? |