Guidance for researchers conducting trauma- and violence-informed community-based research during a pandemic, natural disaster, crisis, or other emergency situation



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Introduction

This guidance document has been developed for researchers conducting community-based intervention research with people who have experienced genderbased violence. Gender-based violence (GBV) is a public health issue and occurs at higher rates during times of disaster and crisis. Risk factors for increased genderbased violence may include increased anxiety, loss of employment or income, displacement (loss of home and/or belongings), stress due to confinement. Social and physical isolation limit opportunities for help-seeking and escaping abusive situations.² This stress may also lead to increased drug or alcohol use, which may also contribute to gender-based violence. Many Indigenous people living in remote and northern regions of Canada experience evacuations due to natural disasters, wildfires, lack of clean water, etc. Long term evacuations can also impact family dynamics and lead to increases in gender-based violence.³ It is important, therefore, to consider how to safely and effectively introduce or continue research related to gender-based violence health and education programs during and after traumatic events such as natural disasters, epidemics and pandemics. The initial reaction may be to suspend all research activities for safety reasons. According to the Inter-Agency Standing Committee:

All national and international actors responding to an emergency have a duty to protect those affected by the crisis; this includes protecting them from GBV. In order to save lives and maximize protection, essential actions must be undertaken in a coordinated manner from the earliest stages of emergency preparedness.⁴

Any research undertaken during a time of crisis should support reducing risk, promoting resilience, and aid recovery by creating lasting solutions to the problem of gender-based violence. The research should also be conducted with consideration of trauma-and violence-informed principles including safety, empowerment, collaboration, trust and choice.

¹ Knowledge Hub. Stress, Interpersonal Violence and COVID-19. London, ON: Centre for Research & Education on Violence against Women & Children. Stress, Interpersonal Violence and COVID-19 (vawlearning-network.ca)

² Learning Network. COVID-19 & Gender-based Violence in Canada: Key Issues and Recommendations. London, ON: Centre for Research & Education on Violence against Women & Children. COVID-19 & Gender-Based Violence in Canada: Key Issues and Recommendations (vawlearningnetwork.ca)

National Collaborating Centres for Public Health. (2021). Health and social impacts of long-term evacuation due to natural disasters in First Nations communities: a summary of lessons for public health. National Collaborating Centres for Public Health. www.nccid.ca/long-term-evacuees-lessons

Inter-Agency Standing Committee. (2015). Guidelines for integrating gender-based violence interventions in humanitarian action: Reducing risk, promoting resilience and aiding recovery. Page 1. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (gbvguidelines.org)

The guidance provided in this document is based in part on the experiences of the Knowledge Hub Community of Practice members who were involved in trauma and violence-informed research during the onset of the COVID-19 pandemic, as well as published literature and guidelines from a variety of sources. This guidance may be applicable to other circumstances that require plans for the delivery of research to be substantially modified (e.g., extreme climate events or other disasters affecting communities).

Assume that gender-based violence is occurring during a crisis and treat it as a life threatening problem.

You may be at the early stages of planning, in the implementation stage, collecting data, or winding

down your gender-based violence prevention or intervention research project. No matter what the stage, if a local, national, or global crisis occurs, it may mean making decisions on how and if you should continue with your research. This guidance offers some trauma and violence-informed considerations for adapting an intervention or program evaluation research plan.

This guidance applies to ongoing longitudinal data collection, or ongoing evaluation during an intervention, but will also have application to one-time data collection points related to a research project.

Guidance

- 1. Stay informed of the limitations or restrictions that may be imposed on conducting intervention research during a time of crisis and adhere to the guidelines provided.
- Consult with the Research Ethics Board for which your project has approval regarding whether research may continue according to the current guidelines and guidance.
- Review the *Framework for Ethical Deliberation and Decision-making in Public Health* which identifies the core ethical dimensions in public health: respect for persons and communities, non-maleficence and beneficence, trust and justice.
- Review the guidance offered by the Panel on Research Ethics. For example, see COVID-19 Interpretations (ethics.gc.ca).
- Review the 5 steps of the Public health ethics framework: A guide for use in response to the COVID-19 pandemic in Canada.
- Review the guidance documents for your province Provincial Guidance Documents | IPAC Canada (ipac-canada.org).
- Be aware of the health factors related to an illness outbreak including symptoms, how the disease is spread, and general measures for reducing or preventing the spread of the illness.
- Stay informed of the guidance issued by local, provincial and federal health agencies and government related to policies that may impact your workplace (e.g. COVID-19: Guidance documents Canada.ca).
- Review the Guidance for conducting trauma-and violence-informed community-based programs during a pandemic, natural disaster, crisis, or other emergency situation.



- 2. Consult with partnering organizations and individuals, intervention facilitators, research team members, and participants about whether to continue to implement the research plan.
- What is the impact of current crisis on possible increased gender-based violence?
- How is the current crisis impacting service provision in the partner agency?
- What are the policies related to conducting research within the partner organization that may be impacted during a time of crisis?
- Is it appropriate to continue the research at this time? What will the impact be if a gender-based violence program is discontinued?
- Solution Is it appropriate to delay research activities (until restrictions lift, until public health guidance is available, etc.)? How long can research activities be delayed? If program evaluation is no longer possible, should other data collection occur?
- Is it feasible to continue with the research given the current restrictions and guidelines?
- Will the safety, health and well-being of research team members and participants be compromised if the research continues or stops?
- Is travel required? Can it be avoided?
- If research activities were planned for inperson, is it possible to switch activities (such as interviews or focus groups) to online?
- Will the proposed research cause greater burdens or disadvantages for already disadvantaged individuals or groups?

3. Determine whether the situation necessitates or warrants a shift in intervention research priorities and/or new research questions.

- Is the research question still relevant during a pandemic or crisis?
- If an intervention program proceeds, are there different research questions that can/should be explored and/or new questions that should also be included?
- Will the pandemic or crisis impact who can or will participate in the intervention/research? Will this have an impact on the findings?
- ◆ Are the data collection strategies being used still appropriate? Consider alternative data collection strategies (photovoice, diaries, journaling, online discussion platforms, use of video data, surveys).
- Can the data collection strategies (such as oneon-one interviews, focus groups, completion of evaluations or questionnaires) be conducted online?



4. Consider safety of participants in recruitment strategies.

- Consider using a 1-800 phone service to enhance accessibility. Participants can also express interest by email and have the researcher call them or text message them at a convenient time.
- Identify accommodations for participation in the recruiting materials (e.g., ASL and other language interpretation).



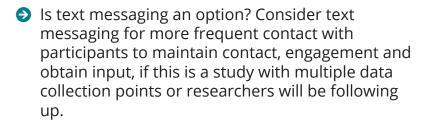
5. Ensure that the research conducted includes a fully informedconsent process.

- Onsider whether consent strategies need to be changed (e.g., moving from in-person consent to digital consent through email, video, audio recording, or other means).
 - (a) Consider emailing the consent form to participants and allowing them to consent in a reply email or text message. If this is not possible, obtain recorded verbal consent prior to participation.
 - → Ensure that the consent process is not onerous and becomes a barrier to participation.
- → Take into account the literacy level of participants when making changes to the consent process. Consider sending a written version and an audio-recording that participant can listen to.
- Use plain language that is user friendly to participants. Avoid use of jargon and acronyms. Use simple sentence structure. Be brief.
- Advise participants of potential risks and benefits to continued participation in research activities (including physical, social, psychological and financial risks and benefits).
- Provide regular updates of the risks and benefits of participation in the research.
- Advise participants of new potential risks and benefits as they are identified.
- Provide guidance to researchers conducting interviews on how to ensure confidentiality, including developing a safety plan with participants.
 - Safety plan example: "If someone walks into your room during this interview, it is okay to quickly exit the chat program, no need to explain. Send me an email and we will arrange when to come back online to finish the interview. If I do not hear from you, I will text or email you to check in."
- → Tell participants what you are doing as the researcher
 to protect their confidentiality. (e.g., Let them know
 that you are in your home or work office with the door
 shut, wearing headphones, and that no one else is able
 to hear).
- Inform participants of any delays in the research (e.g., because data collection is paused), so they know when they can expect to receive an update on results.



6. Consider the physical and emotional safety of participants when moving from in-person to online data collection.

- Will some people be restricted from participating due to technology or internet access? If so, what accommodations can be made (e.g., connecting by phone instead of Zoom)?
- → How will the technology needs of people with disabilities be addressed? Explore the use of augmentative or alternative communication devices. If these are not available, consider having the participant respond to your questions in writing (either through an online chat function, text or email).



- If using a videoconferencing platform, give participants the choice to have their camera off. Audio-only offers greater confidentiality for participants, however many participants will appreciate seeing the researcher's video to receive non-verbal communication. Inform participants that if recording a video call, the video portion will be deleted immediately and only the de-identified audio file will be stored for transcription.
- Allow for time to establish rapport with a participant in the online environment.
- Develop a protocol for dealing with distress or disengagement (e.g., telling participants they can take a time-out if needed; deliver grounding exercises; allow for a support person to be present).
- Assemble smaller groups of people for focus groups when using online platforms.







- Send a "tip sheet' to participants in advance to explain the functions that are available in the online platform being used.
- Take time at the beginning of online focus groups to give some "how-to" information for those who may be new to the videoconferencing platform, explain features (such as chat, question board and "raise hand," and review group guidelines).
- Use the hand-raising function for facilitating online focus groups as it allows for participants to be called upon in the order hands were raised and eliminates cross-talk.
- Build in more breaks during the online experience as this platform can be mentally demanding and exhausting.
- ◆ Have a back-up plan for internet disruptions and other technical problems.

7. Collaborate with participants regarding alternate data collection (e.g., conducting research interviews or surveys online) to see if participants are willing and able to engage with the modified plans and whether they have any concerns about the plan.

- Do the participants have access to the needed equipment (computer or tablet, stable internet connection, software or other materials that may be required)?
- Do they have access to a private space for participation?
- Do they require childcare assistance to participate?
- Offer choice on how to participate (e.g., attending a focus group or providing responses in a one-to-one interview, participating in an interview via telephone or videoconferencing, mailing a questionnaire or completing an online survey).
- What orientation or training is required by participants to use new programs, technology, etc.? Send out a "tip sheet" in advance that explains functions that are available in the online platform.
- What modes of communication are available to participants? What do they prefer? Ask them when and how often they would like to communicate if this is a study with multiple data collection points or if researchers will be following up.



8. Establish a culturally safe research space.

- Include language and ASL interpreters in meetings as required. Be sure to ask during recruitment if these services are needed, such as on the recruitment poster or online sign-up form.
- Include participants in decision-making regarding processes to be implemented and questions to be explored.
- Allow participants to identify how the physical or virtual space can be made culturally safe and to determine if this has been achieved.
- Consider how to balance the principles of protection and empowerment.
- If conducting research with Indigenous people, consult with Indigenous agencies regarding the appropriateness of the activity. See Culturally Safe and Trauma-Informed Practices for Researchers during COVID-19.pdf (bcahsn.ca).
- Any research conducted with Indigenous people should acknowledge their history of trauma and recognize the existence of trauma symptoms.
- Support self-regulation practices such as grounding and breathing exercises. Plan time in the agenda to lead an individual or group in a grounding or breathing exercise at the beginning and/or end of interview/focus group.
- Develop a list of recommended gender-based violence, mental health, and culturally-based services for your geographic region to share with research participants.
- Provide research teams members with anti-racism and cultural sensitivity training.







9. Offer participants choice as to how and if they wish to continue with research data collection activities.

- Provide participants with more than one means of participating (e.g., attending a focus group or providing responses in a one-to-one interview, participating in an interview via telephone or Zoom, mailing a questionnaire or completing an online survey).
- If in-person research is permitted, ensure that appropriate personal protective equipment (PPE) is made available to the researcher and the participant, and that physical distancing guidelines are adhered to.



10. Debrief with participants regularly about the research activities.

- Consult with participants about what is working, what is not working.
- Ask participants about what would help to make their participation easier in the research component of the program. What is impeding their participation?
- Designate personnel for emotional support during research activities and offer a variety of ways participants can engage in this support (e.g., telephone, videoconferencing, text message).
- Provide links to appropriate gender-based violence, mental health and cultural or emotional supports within the geographic area.





11. Think about how you will maintain health and safety regulations when conducting research in-person.

- Consider the size, ventilation, and location of space to be used for data collection and adjust capacity and seating arrangement accordingly.
- Build in time at the beginning of each session for health screening (if necessary) and provision of PPE.
- Plan and allow time for thorough cleaning of space and materials between uses.
- Identify potential challenges of masks and distancing (e.g., discomfort, difficulty hearing others, harder to know how others are reacting to or receiving information). Collaboratively identify ways to address the identified challenges (e.g., speaking louder, being patient with self and others, building in check-ins to share reactions and provide clarifications, taking frequent breaks so people can go outside and remove their masks).





12. Provide necessary equipment, technology and materials for program facilitators and research team members to participate from a different location (e.g., from their own home).

- Provide appropriate PPE to research team members as required.
- Provide computers, software, internet access, etc. to allow research team members to effectively work from home.



13. Ensure privacy, confidentiality and safety of participants and their information when using online platforms. Some options include:

- Require a password or pass codes when scheduling meetings.
- Do not make meeting links public.
- Control the entrance of people to online meetings
 such as use of a waiting room feature.
- Enable 2 Factor authentication.
- Host does not connect from an unsecured wi-fi address.
- Screen sharing is limited to the meeting host.
- Use antivirus products to scan for potential risks, vulnerabilities and viruses.
- Select a reliable and known videoconferencing software.
- → Make sure no one else is in the room when interview is conducted except a support person that the participant wants there.
- Ensure video and/or audio recordings are stored appropriately and deleted once transcription is completed.
- Avoid online platforms that require users to create an account or user profile and automatically displays the user's account name and/or phone number. Alternatively, allow participants in focus groups to change their name or display first name only.
- Use virtual backgrounds for greater privacy protection.
- ◆ Establish a back-up communication plan for potential technology failure (e.g., ensure participants have an alternative way of contacting you via text or phone if video conferencing breaks down).







14. Provide appropriate training, mentoring and support for research team members.

- Educate research team members on risk factors related to gender-based violence during times of crisis.
- Conduct training on use of new protocols and data collection procedures. (Practice and test out functions such as recording and downloading recordings beforehand.)
- Coordinate training on using equipment or technology. When appropriate and feasible, draw on the strengths of colleagues to be peer mentors and trouble shoot problems (e.g., regarding use of technology, software programs).
- Train research team members on other activities if their research activities are discontinued or postponed (e.g., move from data collection to data analysis or literature review).
- Maintain or develop communities of practice among peers conducting similar research to allow for ongoing communication, support and problemsolving.
- Communicate regularly with peers to learn about challenges experienced, strategies being used, etc.
- When conducting focus groups online, include a co-host or technology support person to assist with technical demands of the meeting.
- Prepare a back-up plan in case researchers become ill or are unable to continue with their work suddenly.





15. Intentionally make time for and invite research team members to share how the crisis, as well as the changes to the research protocol are impacting them. Consider the anxieties, fears, psychosocial stressors, risks, and stigma they may be experiencing (e.g., exacerbation of prior trauma reactions, school closures and children at home for longer periods of time, loss of job and income). Invite sharing with questions such as the following:

- How are things going for you?
- How are your family/loved ones?
- What has changed for you because of the crisis? Because of the protocol changes?
- How have these changes increased or decreased your stress level?
- In what ways are these changes affecting your safety?
- What do you worry about?
- What would make things easier for you?
- What are some positive things you are doing?
- What are you hoping to try or continue to do to make things better during this challenging time?





16. Prepare a plan for discontinuing the research if necessary.

- Consult with ethical guidelines and guidance, including from the research ethics board, on how to suspend activities.
- Prepare a communication plan that will be shared with all involved regarding discontinuation of the research activities.



17. Evaluate the process and impact of any changes made to the research protocol.

- → How have the changes made to the research protocol impacted participant safety, empowerment, peer support and trust?
- What have been the challenges and benefits to the collaborative research process? With participants? With community partners?
- Reflect on whether the objectives have been met.
- Evaluate the incorporation of online research activities with participants.
- → How could the decision-making process have been improved?
- Were there any unintended consequences?



Suggested Resources

Andrews, N. C. Z., Pepler, D. J., & Motz, M. (2019). Research and Evaluation with Community-Based Projects: Approaches, Considerations, and Strategies. American Journal of Evaluation, 40(4), 548–561. https://doi.org/10.1177/1098214019835821

Carter, S. M., Shih, P., Williams, J., Degeling, C., & Mooney-Somers, J. (2021). Conducting Qualitative Research Online: Challenges and Solutions. The Patient – Patient-Centered Outcomes Research, 14, 711–718. https://doi.org/10.1007/s40271-021-00528-w

Corless, G., Humchitt, J., Hasan, L., & Marsden, N. (n.d.). Culturally Safe and Trauma-Informed Practices for Researchers during COVID-19. First Nations Health Authority. https://www.bcahsn.ca/sites/default/files/2021-06/Culturally%20Safe%20and%20 Trauma-Informed%20Practices%20for%20Researchers%20during%20COVID-19.pdf

Infection Prevention and Control Canada. (n.d.). Provincial Guidance Documents | IPAC Canada. Retrieved April 1, 2022, from https://ipac-canada.org/provincial-guidance-documents

Institute for Research on Poverty. (2020, June). Implementing Virtual Human Services: Lessons from Telehealth – INSTITUTE FOR RESEARCH ON POVERTY – UW–Madison. https://www.irp.wisc.edu/resource/implementing-virtual-human-services-lessons-from-telehealth/

Inter-Agency Standing Committee. (2015). Guidelines for integrating gender-based violence interventions in humanitarian action: reducing risk, promoting resilience and aiding recovery. 2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf (gbvguidelines.org)

Interagency Advisory Panel on Research Ethics. (2020, September 2). COVID-19 Interpretations. Government of Canada. https://ethics.gc.ca/eng/nr-cp_2020-09-02. html

Knowledge Hub. Stress, Interpersonal Violence and COVID-19. London, ON: Centre for Research & Education on Violence against Women & Children._Stress, Interpersonal Violence and COVID-19 (vawlearningnetwork.ca)

Lalonde, D., Baker, L., Nonomura, R., & Tabibi, J. (2020). Trauma- and Violence-Informed Interview Strategies in Work with Survivors of Gender-Based Violence. Learning Network Issue 32. London, Ontario: Centre for Research & Education on Violence Against Women & Children. ISBN # 978-1-988412-45-0 Issue 32 - Learning Network - Western University (vawlearningnetwork.ca)

Learning Network. COVID-19 & Gender-based Violence in Canada: Key Issues and Recommendations. London, ON: Centre for Research & Education on Violence against Women & Children._COVID-gbv-canada-recommendations.pdf (vawlearningnetwork.ca)

National Collaborating Centre for Infectious Diseases. (2021, July 22). Health and social impacts of long-term evacuation due to natural disasters in First Nations communities: A Summary of Lessons for Public Health. https://nccid.ca/publications/long-term-evacuees-lessons/

Nonomura, R., Giesbrecht, C., Jivraj, T., Lapp, A., Bax, K., Jenney, A., Scott, K., Straatman, A.-L., & Baker, L. (2020). Toward A Trauma-And Violence-Informed Research Ethics Module: Considerations and Recommendations. London, ON: Centre for Research & Education on Violence against Women & Children, Western University. http://kh-cdc.ca/en/resources/reports/Grey-Report---English.pdf

Padala, P. R., Jendro, A. M., & Padala, K. P. (2020). Conducting Clinical Research During the COVID-19 Pandemic: Investigator and Participant Perspectives. JMIR Public Health and Surveillance, 6(2), e18887. https://doi.org/10.2196/18887

Public Health Agency of Canada. (2020, June 5). Public health ethics framework: A guide for use in response to the COVID-19 pandemic in Canada. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/ethics-framework-guide-use-response-covid-19-pandemic.html

Public Health Agency of Canada. (2022, February 4). COVID-19 pandemic guidance for the health care sector. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-pandemic-guidance-health-care-sector.html#a32

Public Services and Procurement Canada. (2017, March). Framework of ethical deliberation and decision-making in public health: a tool for public health practitioners, policy makers and decision-makers.: HP5-119/2017E-PDF - Government of Canada Publications - Canada.ca. https://publications.gc.ca/site/eng/9.818019/publication.html

Syeda, M. M., Fournie, M., Ibanez, M. C., & Crooks, C. V. (2021). Cocreating an Evaluation Approach for a Healthy Relationships Program with Community Partners: Lessons Learned and Recommendations. American Journal of Evaluation, 42(4), 466–482. https://doi.org/10.1177/1098214021997574

UN Women. (2020). Violence against women and girls data collection during COVID-19 | Digital library: Publications. UN Women. https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-violence-against-women-and-girls-data-collection-during-covid-19

UNICEF. (n.d.). Social Service Workforce Safety and Wellbeing during the COVID-19 Response • Recommended Actions. https://www.unicef.org/media/68501/file/Social-Service-Workforce-Safety-and-Wellbeing-during-COVID19-Response.pdf

Voth Schrag, R. J., Leat, S., Backes, B., Childress, S., & Wood, L. (2022). "So many extra safety layers:" Virtual service provision and implementing social distancing in interpersonal violence service agencies during COVID-19. Journal of Family Violence. https://doi.org/10.1007/s10896-021-00350-w