TRAUMA INFORMED CARE PRINCIPLES AND PRACTICES IN ADULT MENTAL HEALTH RESEARCH: A SCOPING REVIEW

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INTRODUCTION

Trauma is common among adults accessing mental health services and can have lasting effects on wellbeing, trust, and engagement with care. People experiencing severe mental illness are also at increased risk of violence, PTSD, and other adverse experiences (SAMHSA, 2014; Khalifeh et al., 2015; Mauritz et al., 2013; Stevens, 2026).

Research participation can be positive and empowering, but it can also involve sensitive topics, emotional recall, power imbalances, or distress. If research is not conducted carefully, it may unintentionally recreate harm or contribute to re-traumatisation (Richmond et al., 2023; Cameron et al., 2025; Campbell et al., 2020).

Trauma-informed care is based on principles of safety, trustworthiness, collaboration, empowerment, and cultural humility (Fallot & Harris, 2009; SAMHSA, 2014). These principles are widely used in mental health services, but their application to research practice remains less developed (Elliott et al., 2005; Dickson-Swift et al., 2007).

This is particularly important for marginalised and ethnically minoritised groups, who may face additional barriers to research participation, including mistrust of institutions, previous experiences of exclusion, culturally insensitive research practices, and under-representation in mental health research (Hussain-Gambles et al., 2004; George et al., 2014; Nazroo et al., 2020).

There is growing recognition that research should be designed and delivered in ways that acknowledge trauma, reduce harm, and promote dignity, choice, and inclusion (Alessi & Kahn, 2023). However, trauma-informed approaches in adult mental health research remain inconsistently defined, with limited practical guidance for researchers (Dickson-Swift et al., 2009; Alessi & Kahn, 2023).

METHODOLOGY

Scoping review conducted using PRISMA-ScR guidance and Arksey and O'Malley's (2005) methodological framework.

- Review questions and eligibility criteria were informed by the PICO framework.
- The review was supported by clinical researchers and experts by experience/profession.

Search Strategy

- Databases searched: PsycINFO, Embase, Medline, CINAHL, Cochrane, NICE, Google and LKS Knowledge Hub.
- Reference lists of included papers were also screened for additional relevant studies.

Screening & Data Charting

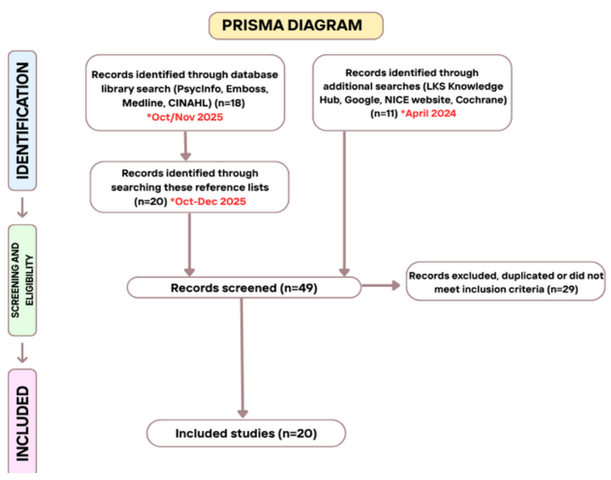
- Titles, abstracts and full texts were screened by four reviewers; 25% of records were double-screened; disagreements were resolved through discussion.
- Data were extracted using a structured framework and organised by research stage, including design, delivery, dissemination, PPI, frameworks/guidelines, and staff training/supervision.
- No formal quality assessment or thematic analysis was conducted, in line with scoping review methodology.

Eligibility Criteria

Included studies:

- Focused on adults with experiences of trauma or adversity and explored trauma-informed principles in research processes, from design to dissemination.
- Were situated in mental health or health-related research contexts.
- Included peer-reviewed and grey literature

We excluded studies focused only on clinical practice/service delivery without a research element.

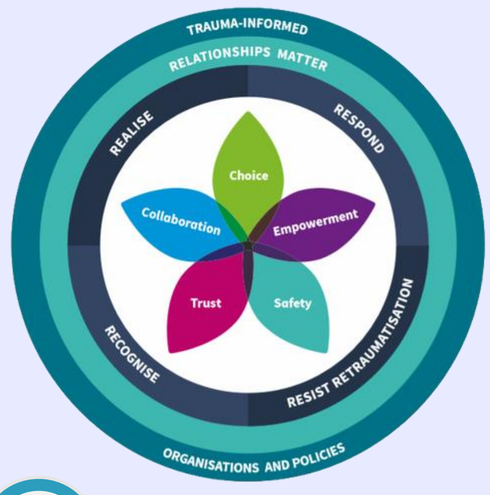


OBJECTIVE

To explore existing literature on trauma-informed principles, frameworks, and practices in adult mental health research and identify gaps in current guidance and implementation.

RESEARCH QUESTION

What is known from the existing literature about guidance, frameworks, and practices around trauma-informed care in adult mental health research?



RESULTS - KEY THEMES

The review identified six key areas where trauma-informed principles are applied in adult mental health research:

1. Research Design

Trauma-informed design emphasised:

- Early preparation, transparency and rapport-building
- Sharing questions in advance where appropriate
- Participant choice over interview conditions
- Accessible, inclusive and non-pathologising language
- Flexible consent processes, including options to withdraw specific questions/data
- Attention to intersectionality, culture, power and structural inequalities

2. Research Delivery

Trauma-informed delivery focused on creating safe and flexible research encounters. Key practices included:

- Recognising and responding to distress
- Offering breaks, grounding techniques and support resources
- Avoiding intrusive or graphic questioning
- Creating accessible, private and culturally appropriate environments
- Supporting participant control, agency and strengths-based storytelling

3. Patient and Public Involvement

Trauma-informed PPI was framed as a shift from tokenistic involvement towards partnership and shared power. Key themes included:

- Building trust through long-term relationships
- Co-production and shared decision-making
- Emotional safety during involvement activities
- Adapting methods to avoid re-exposure to trauma
- Intentionally including marginalised and under-represented voices

4. Frameworks and Guidelines

Most frameworks drew on established trauma-informed care models, particularly principles of safety, trust, collaboration, empowerment and cultural awareness. However, the review found:

- No widely adopted framework specific to adult mental health research
- Inconsistent definitions and reporting of trauma-informed research
- Limited evidence evaluating how frameworks work in practice

5. Research Dissemination

Trauma-informed dissemination emphasised:

- Ethical and participant-centred communication
- Accessible reporting of findings
- Avoiding sensationalism or deficit-focused narratives
- Protecting confidentiality and reducing risk of re-traumatization
- Involving communities in how findings are shared

6. Staff Training and Supervision

The literature highlighted the need for researchers to be supported through:

- Trauma-awareness training
- Skills in sensitive communication and distress response
- Reflective practice and supervision
- Support to reduce vicarious trauma and emotional burden

DISCUSSION

Key Findings

- Trauma-informed approaches in mental health research span multiple areas, including research design, delivery, patient and public involvement (PPI), dissemination, staff training, and supervision.
- Existing approaches are largely adapted from trauma-informed care frameworks rather than being developed specifically for research settings; evidence on how trauma-informed approaches are implemented and sustained in practice remains limited.

Strengths

- The scoping review identified and synthesised evidence from a broad range of sources in an under-researched area.
- Findings provide an accessible overview of current trauma-informed research practices and highlight important evidence gaps.
- The review supports researchers, practitioners and policymakers seeking to embed trauma-informed principles into research.

Limitations

- The literature was heterogeneous, making direct comparisons difficult.
- Scoping reviews do not formally assess study quality or risk of bias.
- Limited evidence exists on the effectiveness and impact of trauma-informed approaches in research settings.

Practice Impact

- Findings informed service development within the Leeds and York Partnership NHS Foundation Trust Research & Development Team.
- Co-produced resources were developed to support reasonable adjustments and improve accessibility for research participants.
- Reflective practice was introduced to support researchers working with potentially distressing topics and to work in a more trauma-informed way with participants.

Future Directions

- Development of trauma-informed research-specific frameworks, guidance and toolkits.
- Evaluation of how trauma-informed approaches affect participant experience, recruitment and retention.
- Further research into the implementation and sustainability of trauma-informed practices in adult mental health research.

Trauma-informed research has the potential to improve participant experiences and reduce barriers to participation, but further evidence and research-specific guidance is needed.

Practical Application

Findings informed a reasonable adjustments document and accompanying video to support accessibility and inclusion in research at LYPFT, developed with PPI groups. The research delivery team are also engaging in monthly reflective practice with a Clinical Psychologist.

SCAN HERE

REFERENCES

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. International Journal of Social Research Methodology, 8(1), 19–32.
Alessi, E. J., & Kahn, S. (2023). Toward a trauma-informed qualitative research approach: Guidelines for ensuring the safety and promoting the resilience of research participants. Qualitative Research in Psychology, 20(1), 121–154.
Cameron, J., Kothari, A., & Fiolet, R. (2025). Addressing power imbalance in research: Exploring power in integrated knowledge translation health research. Research Involvement and Engagement, 11(1), 35.
Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2007). Doing sensitive research: What challenges do qualitative researchers face? Qualitative Research, 7(3), 327–353.
Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2009). Researching sensitive topics: Qualitative research as emotion work. Qualitative Research, 9(1), 61–79.
Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. Journal of Community Psychology, 33(4), 461–477.
Fallot, R. D., & Harris, M. (2009). Creating cultures of trauma-informed care. Community Connections.
George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders. American Journal of Public Health, 104(2), e16–e31.
Hussain-Gambles, M., Atkin, K., & Leese, B. (2004). Why ethnic minority groups are under-represented in clinical trials: A review of the literature. Health & Social Care in the Community, 12(5), 382–388.
Nazroo, J., Bhui, K., & Rhodes, J. (2020). Where next for understanding race/ethnic inequalities in severe mental illness? Structural, interpersonal and institutional racism. Sociology of Health & Illness, 42(2), 262–276.
Richmond, L., Caton, N., Downs, J., Newton, A., Devereux-Fitzgerald, A., & Brooks, H. (2023). Creating positive experiences of involvement in mental health research. The Lancet Psychiatry, 10(3), 220–227.
Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services.