# Bristol, North Somerset and South Gloucestershire Trauma Informed for Research Report 2025-2026

## 1. Introduction

In 2024 Second Step delivered pilot Trauma Informed Research training funded through NHS Charities Together supported by Bristol Health Partners (BHP). This pilot addressed a key research infrastructure gap in Trauma Informed (TI) training for those who support research activities including public contributors, Health Integration Team (HIT co-directors) and researchers within Bristol North Somerset and South Gloucestershire (BNSSG).

Following evaluation of impact (which was extremely positive), further engagement with Second Step enabled the development of a wider, condensed, and sustainable offer (one day workshop) to develop research capacity and capability to support all areas of BNSSG research infrastructure. This training was conducted by Second Step colleagues who worked with a small working group from BNSSG research organisations to widen their delivery to include:

- Voluntary, charitable, and social enterprise teams that support research in BNSSG.
- Networked groups including Research Engagement Network members, Research Ambassadors hosted by Caafi Health, and public contributors that support research activity.
- Health Integration Teams (HITs): BHP core team, co-directors, and public contributors from all 18 HITs.
- University researchers working to promote health equity with different underserved communities.
- BNSSG ICB: Core research team, and colleagues that have received ICB Research Capacity Funding.
- Applied Research Collaboration West: Core team and researchers.
- University of Bristol Medical school, Biomedical Research Centre.
- University of the West of England academics and researchers.
- University of Bristol academics and researchers.

In November 2024, the Trauma Informed Training Working Group (Paul Roy, Michelle Farr, Karen Llewellyn, Fiona Fox and Nick Booth) agreed the one-day programme focused on co-production and trauma informed approaches, and agreed a joint funding model and memorandum of understanding to enable provision for a 2-year period, as noted below:

- Total number of one day sessions over 2 years = **8**
- Total cost per session for Second Step delivery = **£1200 per cohort of 20**
- Total number training over 2 years = **160**
- **Total cost for the 8 sessions = £9600**
- Total cost per delegate **£60 (based on 160 people attending)**

Registration onto the training was achieved through Bristol Health Partners communications, and through relevant community network groups ensuring a mix of researchers, community organisation colleagues, and public contributors at each session to enhance connectivity and opportunity for joint learning.

## 2. Position April 2026:

- To date 104 attendees have been trained,
- 20 registered to attend in July.
- 14 registered to attend in October 2026.
- Last funded training date will take place in January 2027 (not open for registrations awaiting ICB confirmation of room availability)
- The training is on track to deliver the 160 target by January 2027**.**

A core principle of the training has been to give equal regard to both theory and lived experience. The training drew on much of the emerging research from trauma informed research practices as well as research around co-production. The training **was co-produced and is co-delivered by people with lived experience of trauma and adversity, and mental and physical health challenges.**

## 3. Aims and Objectives

The aim of the training is to enable delegates to reflect on their research practice and consider how best to support underserved communities by adopting trauma informed approaches. It supports delegates to incorporate these considerations into methodology design, engagement techniques and co-production practice. Ultimately this seeks to improve the quality and relevance of research undertaken locally. The training includes theoretical underpinning to:

- Explore definitions of trauma and the range of traumatic experiences.
- Understand the impact of trauma.
- Explore the risks of retraumatisation during research and ways to reduce risk.
- Understand vicarious trauma and examine the impact on researchers and ways to reduce it.
- Introduce trauma informed principles and how they may inform the research cycle.
- Examine the role of power in both trauma and the research/participant relationship and how we can promote inclusivity.
- To explore the role of language in reinforcing power dynamics in the researcher/participant relations.
- Explore the role of co-production in research design and delivery, providing participants with voice and choice.
- Explore how we can promote safety in our research practices.
- Secondary aim of the training to bring researchers together to share their expertise and experience.

## 4. Public Contributors and People of Lived experience

The training is co-facilitated with a person of lived experience. There are also two public contributors present who contribute to discussions and share their experiences both of trauma and approaches that have helped them. David, who co-facilitates the training has both experience of trauma himself but also research and service improvement projects which allows him to him provide insights into both.

All contributors are provided with support and guidance around sharing stories safely. Regular development meetings are held, and contributors are helped to develop their own delivery style and understanding of the training cycle. As well as being paid for their contributions by Second Step, involvement also provided developmental opportunities for contributors that has been an extremely positive experience.

The contributions that they provide ensure that the concepts in the training are tangible and grounded in real life experience. As will be seen from feedback, participants greatly value their contributions and remark on how much more vivid the concepts become when described by those who have direct lived experience of them.

## 5. Feedback and Evaluation

All participants are asked to provide feedback on the training and provided helpful comments that have supported improvement to the workshop set up, content and delivery, supporting ongoing improvement some examples below of areas in which improvements have been made post feedback:

- Suitability of the room (long and narrow) that limited wider networking other than smaller groups of three.
- Sharing of the timetable for breaks and format of the workshop.
- Consideration on how to share discussions taking place from the group work during the day to enable group learning too.
- More movement during the day to enable people to meet in other people through group work
- Having the slides in advance to reference throughout the workshop.
- Not being able due to group discussions to deliver the whole presentation.

**Actions taken:**

- Fishbone set up of the room the rectangular shaped room, and more opportunities provided to move around other tables to improve networking and shar in different group discussions.
- Timetabling and presentations shared in advance of the workshop and insights shared during the group work to be included in the evaluation from each training workshop.
- More time setting to ensure content is delivered and discussions do not distract from content delivery and over run.
- Regular review and debrief post each training session to embed feedback provided.

- Follow up email annually to capture how the Trauma Informed training has impacted individual research practice and what opportunities, challenges has this represented.

**To what extent has the Trauma Informed training extended your understanding and support of trauma informed research practice (1 less- 5 greatest)**


Attendees were asked to explain why they scored the training as they did. Recurrent themes can be identified in their responses:

a) Enhanced Understanding of Trauma and Its Complexity

Participants reported a deeper grasp of trauma as a biopsychosocial phenomenon, including concepts such as the window of tolerance, hyper/hypo-arousal, and the unpredictability of trauma triggers.

***"I understand more about the complexities of the concept of trauma at biopsychosocial level. For example, the window tolerance was really useful."***

b) Value of Lived Experience and Co-Production

Participants emphasised the impact of hearing from lived-experience contributors and the importance of involving them from the earliest stages of research design.

***"Having Dave, Carl and Chrissy here especially made the session eye opening. And the opportunity to speak to peers about real life example and how to implement these principles in practice."***

c) Increased Ethical Awareness and Researcher Reflexivity

Attendees reported heightened awareness of ethical considerations, including safe communication, appropriate briefing and debriefing, and minimising potential retraumatisation.

***"It was very informative and revealed concepts not yet considered. As someone new to research, it has broadened ethical considerations."***

### d) Value of Group Discussion and Shared Learning

Participants highlighted the richness of group conversations, gaining reassurance and insight from peers.

***"I really enjoyed the training and approach taken. I learned a lot and liked all the opportunities for reflection and group discussion."***

### e) Desire for More Practical Application

Several attendees expressed interest in further practical tools, workshops, and examples for applying trauma-informed principles in real research contexts.

***"I had some general awareness of trauma informed practice, but this gave me much greater insight. I would have liked some more detailed discussion/workshopping of how to make our methods, analysis and dissemination more trauma informed but think that would have been beyond a one-day course."***

## 6. Key Learning

When asked what the key learning points of the training were, some common themes can be identified:

### a) Trauma as Loss of Control & the Importance of Participant Agency

Participants emphasised that trauma is closely linked to loss of control. A key takeaway was the need to give research participants meaningful choice, control, and alternatives throughout the research process.

***"The idea that trauma is about loss of control and importance in trauma-informed practice of giving participants choice and control to mitigate this. I had never thought about it that way before and found that really helpful."***

### b) Awareness of the Psychological and Physiological Impact of Trauma

Participants reported an improved understanding of trauma including concepts such as the window of tolerance, hyper- and hypo-arousal, and the varied ways trauma manifests.

***"I understand more about the complexities of the concept of trauma at biopsychosocial level. For example, the window tolerance was really useful."***

***"How trauma affects physiology - and how embedded it is."***

### c) Importance of Lived Experience and Co-Production

Many attendees found lived-experience contributions insightful and central to ethical research. They recognised the importance of involving contributors early, valuing their **expertise, and distinguishing participation from co-production.**

***"Involvement and participation of people with lived experience needs to be part of research and have agency in shaping research to ensure safe trauma informed research."***

***"Lived experience needs to be incorporated at the conception of research. Research areas need to be defined by people who are affected. This came from a conversation with Chrissy and Carl (lived experience members)."***

### d) Embedding Trauma-Informed Practice Across the Research Lifecycle

Learners described practical ways to integrate trauma-informed principles into design, briefing and debriefing, safety protocols, interview methods, and supervision.

***"Involvement and participation of people with lived experience needs to be part of research and have agency in shaping research to ensure safe trauma informed research."***

### e) Researcher Wellbeing and Self-Awareness

Several participants recognised signs of vicarious trauma or emotional strain and noted the importance of self-care, reflective practice, and structured debriefing to support researcher wellbeing.

***"It highlighted how many warning signs of vicarious trauma I have/am experiencing. I plan to try to address 'failure to nurture non-work aspects of life!"***

***"I have noted that I have been traumatised in ways don't even care to admit to myself."***

### f) Recognising the Limits of Assumptions & Universal Models

Participants learned that trauma is not always visible, not always rooted in past events, and does not follow a linear recovery path, reinforcing the need for personalised approaches.

***"That trauma is very common, and we can't always anticipate what might be triggering for people (even apparently non-sensitive issues warrant thought to how to minimise potential trauma)."***

***"Not make assumptions about what people might feel is traumatising, and it is something we should think about in all research contexts."***

### g) Community, Connection, and Shared Learning

Attendees valued group discussions, diverse perspectives, and the shared learning environment, which enhanced understanding and confidence in applying trauma-informed principles.

***"Engage with more communities with trauma informed framework."***

## 7. Incorporating Trauma Informed practice

Finally, participants were asked how they intended to incorporate trauma informed practice in their work. Their responses are summarised below:

### a) Embedding Trauma-Informed Principles into Research Design

Many participants plan to integrate trauma-informed thinking into research design by reviewing methodologies, anticipating potential triggers, addressing power imbalances, and ensuring flexible consent processes.

***"Look at research design through a trauma informed lens to adapt it in a way that might better meet the objectives of the work."***

### b) Increasing Participant Choice, Control, and Psychological Safety

Participants expressed intentions to provide more options and alternatives, enhance participant control, and strengthen briefing and debriefing processes to improve psychological safety.

***"I work with researchers so not participants directly, but I hope to bring this idea of giving participants control, alternatives and choices to my conversations with researchers and my own future research practice."***

### c) Strengthening Lived Experience Involvement

Participants noted a desire to expand lived-experience involvement, improve accessibility, re-establish community insight groups, and integrate lived experience into analysis and decision-making.

***"Co-operating with people with lived experience to continually inform work."***

### d) Incorporating Trauma-Informed Approaches into Funding and Organisational Processes

Several respondents plan to embed trauma-informed principles into grant applications, funding review criteria, and wider organisational processes such as researcher training and team discussions.

***"Prioritise the sense of community into my practice for those who experience trauma. i.e. working through schools and appreciate that trauma is layered, inter-linked and interwoven. Embed into more grant applications."***

***"I will be explicitly referencing this training and the BNSSG 6 principles in future grant applications to help shape my methods and approach. Having these principles to reference will, I hope, help strengthen the need to put greater resources into the research to ensure we are working in a trauma informed way."***

### e) Enhancing Staff Support, Reflective Practice, and Team Culture

Many recognised the need for researcher wellbeing, including structured debriefing, reflective practice, and awareness of colleagues' emotional capacity.

***"That we should all include psychological support for projects that could be upsetting/triggering. Dedicated time could be more helpful than ad hoc discussions with busy co-researchers."***

### f) Improving Communication, Sensitivity, and Everyday Interactions

Participants plan to use more trauma-sensitive language, avoid assumptions about triggers, and bring greater awareness into everyday communication with contributors, participants, and colleagues.

**"*What I will take home is working with both staff and patients around trauma-informed care and have gained a lot of information around being sensitive surrounded my language with service users."***

***"Will definitely think more about language I use, how I acknowledge and communicate the possibility that research participation can be re-traumatising."***

### g) Developing Communities of Practice and Spaces for Change

Several respondents intend to identify organisational opportunities to embed trauma-informed practice, contribute to communities of practice, and share learning across teams and networks.

***"Be aware of more spaces and resources, that support change and incorporate more trauma informed practice and co-production. Consider where and how communities of practice can be developed to support this work."***

## 8. Reflections and Recommendations

- Diversity of attendees

Attendees have come from a diverse range of disciplines and have all found the training relevant to their roles. From academics, educators, health researchers, spatial planning researchers, all have found the learning to be beneficial and applicable. Alongside the specific trauma informed research methods that are explored during the training, the principles of trauma informed approaches have a wide application in a diverse range of settings and disciplines.

- Impact of vicarious trauma

It was striking how many of the attendees described distressing experiences while carrying out research leading to secondary trauma and ultimately vicarious trauma. Many of the researchers were researching areas which were potentially disturbing or

distressing in nature (working with perpetrators of sexual violence, refugee experiences and health inequalities to name but a few examples). They carried the stories that they had heard during research with them, shaping their world view and beliefs.

Distress was not only felt by those who were researching areas that would generally be considered upsetting in nature. The very fact that researchers were often seen as a 'listening ear,' prompted research participants to tell their stories unbidden. Often researchers were unprepared for this and the impact it had.

Impact was further intensified if the researcher was researching an area of which they had had personal experience. Often researchers were drawn to areas of which they had lived experience, and this increased their vulnerability to experiencing distress on the job.

Equally concerning was the lack of support available to them or how in the research design the impact of the research on the researcher was rarely if ever mentioned. Support for researchers whether that be through debriefing, supervision, counselling or reflective practice would be worthwhile noting in research design and organisations carrying out research should indicate how this may be provided.

- Risk of retraumatisation

There was a significant fear expressed that researchers were potentially retraumatising their participants/contributors during the research process. This was particularly true for those who were researching areas which participants had experienced distress or trauma themselves. The moral injury that came from the knowledge that researchers were 'opening up old wounds,' was quite palpable at times. The training explores how to reduce the risk of retraumatisation, and any research proposal should outline how risk will be mitigated.

- Lack of capacity and time

Many researchers described having time pressures when it came to the design and delivery of research projects which meant that issues around, for example, researcher well-being were overlooked. Similarly, there was often time constraints which discouraged research to be fully co-developed and co-produced. Lack of resource often limited ways in which research was communicated to the relevant populations, public engagement was enacted in the types of research that was carried out.

- Funding routes

It was thought that those commissioning research should be more conscious of trauma informed approaches and allow greater time and resource to ensure trauma principles could be followed and researcher well-being acknowledged.

Incidents of academic capitalism were also frequently described whereby researchers pursued research areas which were profitable to those commissioning them but not necessarily beneficial to communities and participants of the research. It was simply because that was where the grant funding was. Systemic factors prevented researchers from delivering research that was truly trauma informed and developed with communities around themes important to them. Also, some community based organisations shared that they are engaged with research projects and have little to no scope to design or co-produce the research project.

- Role of public contributors

The role of public contributors and those of lived experience was greatly valued in the training. While the theory was described as important, it was the invaluable contributions of those with lived experience that drove home the message and left a lasting impression. They demonstrated the positive impact of working in a trauma informed way and the negative impact when trauma principles were not followed. It not only undermined the veracity of the research delivered but also affected future engagement of populations who felt let down and exploited when contributing to research. The importance of pastoral support for public contributors is often overlooked and an important part of reducing the risk of re-traumatisation i.e. responsibility of the researcher to check in and debrief as well as support for communication to acknowledge their role is publicly acknowledged.

- The power of connection

Finally, a secondary aim of the training was to bring researchers together to share their expertise and experience. The training is facilitated in a way that encourages participants to make connections. This led to energised discussions, contact details being exchanged and friendships forged. It was one of the great privileges of delivering the training to hear honest, open conversation about researcher's experiences and because of the authenticity on display, lasting connections being made. Future communities of practice were suggested at numerous points so that researchers could continue to share expertise and provide each other with mutual support. It is recommended that those who voiced such wishes create such communities so that learning can be extended beyond the training itself and become something shared and communal.

Recommendations:

a) Research infrastructure budget holders continue funding this provision from April 2027 to March 2029 cost for 8 sessions during this period £1200 x8 = £9600 to enable sustainability of this research infrastructure training and partnership model.

b) Continuation of the model to support collective learning from different parts of the research infrastructure and lived experience participation.
c) Consideration subject to additional funding to explore provision within Gloucester to support the changes to the ICB footprint and research capacity development.
d) Consideration of a digital offer to support research infrastructure in other areas (lots of registrations declined from outside of BNSSG).
e) To submit an expression of interest to provide an additional workshop (subject to funding), to raise awareness of the impact of the training in support of Research Culture Week, University of Bristol in June/July 2026.

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