Jo Farmer Consulting
POLICY AND EVALUATION | MENTAL HEALTH

Trauma-informed evaluation

1. Safety protocol

April 2025

I acknowledge the Traditional Custodians of the land on which I live and work, the Wurundjeri people of the Kulin Nation. I pay my respects to Elders past and present.

Sovereignty was never ceded.

Trauma-informed evaluation

When conducting evaluation, it is inevitable that we are going to encounter people who have experienced trauma. This is more clearly the case in some sectors, such as mental health or family violence, but there is no sector involving people where it is not helpful to be mindful of trauma.

Various definitions of trauma exist, but all are rooted in:

• a loss of power

• a feeling of overwhelm

• an experience of harm.

Delivering a trauma-informed evaluation is not about designing an evaluation that *addresses* trauma. It is about designing an approach that recognises that trauma is common, and that aspects of the evaluation process can be a trigger for a trauma response. It aims to make evaluation a process that does not add to or compound trauma.

Trauma-informed evaluation is between for your evaluation participants – and also for the evaluation overall – by creating an environment where people can participate without their experiences of trauma being a barrier to their equitable participation.

> **"Trauma informed practice is not about the treatment of trauma or the symptoms, but rather a recognition that trauma experiences are a possibility for anyone."**
>
> - Blue Knot Foundation

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Why develop a safety protocol?

A crucial part of delivering a trauma-informed evaluation is applying a critical lens to your practice to understand if and how your approach might contribute to or respond to participants who experience trauma.

Using a safety protocol can be a helpful prompt to consider how you are thinking about participants' physical, emotional and psychological safety through your evaluation.

Distress protocols are a reasonably well-established tool for documenting your research's approach to supporting participants. However, in designing evaluations over the last 10 years, I have noticed a tendency for distress protocols to be written from a perspective that emphasises the vulnerability of research participants, and seeks to minimise any risk of distress from the evaluation. Unfortunately, this (usually) well-intended desire to protect participants from the harm of evaluation, can inadvertently strip participants of their rights and autonomy to take part in a way that works for them.

What this misses is that the onus should be on the evaluator to create a safe environment, one where participants can be free to express their emotions how they need to. Sometimes discomfort and distress are appropriate human reactions to discussing the very topics at the heart of the evaluation. But it's important that participants leave the evaluation having felt safe, held and that it was a valuable use of their time.

The aim of this safety protocol is to equip evaluators with some of the skills to sit with discomfort, and provide support and choice for participants to proceed – or not proceed – with the evaluation, in a way that works for them.

I also hope that evaluation teams can use this document in ethics processes to illustrate that participants' experiences of distress are acknowledged and attended to, in a way that doesn't frame this as a vulnerability.

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Adapting this protocol

The starting point for this protocol was existing distress protocols used in research. I have developed it based on my own practice, and research into power in evaluation and into the harms and benefits of evaluation.

Over time, the ideas in this document have been workshopped with numerous project collaborators, and most importantly, other people with lived experience.

It is likely far from perfect – I encourage you to adapt this document in a way that works for your evaluation participants. Most importantly, involve people with lived experience in determining the processes that work for them.

I encourage and welcome your feedback – I am keen to hear how you are using this document, and how it can be improved. If you would like to share your practice or any ideas, please get in touch at jofarmerconsulting@gmail.com.

Involving people with trauma

One concern I often hear is a fear that involving people with experiences of trauma is inherently distressing – that the process of talking about trauma is itself retraumatising.

Firstly, people have a right to participate in evaluation and research about their experiences.

Additionally, numerous studies have established that research has a limited likelihood of causing long-term distress (Appollis et al., 2015; Blades et al., 2018; Brown et al., 2014; Jaffe et al., 2015; Legerski & Bunnell, 2010; Weiss, 2023).

Many people with lived experience may have already talked about these topics openly with others; for some, the process of talking about them in the context of the evaluation can itself have therapeutic value. It's important to leave room for these conversations as we must hear them to benefit from the wisdom of people with lived experience. Silencing such voices, with the goal of 'protecting' participants from harm, silences their ability to shape the systems that impact their lives, and may cause all manner of harms to continue.

The important distinction is that evaluations should not perpetrate, compound or exacerbate existing harm and distress.

It is also important to note that emotional triggers are complex, and all manner of topics could be distressing. Good, ethical, trauma-informed practice should be used regardless of your participant group and the topic you are discussing.

Overview

Setting up for safety

Set up an evaluation environment that maximises accessibility, autonomy and trust.

Identifying distress

Recognise the signs of distress.

Responding to distress and disclosures

Respond in a way that supports participants to manage their own distress, while supporting their safety.

Wrapping up

Support all participants to leave positively and provide the support that participants want in the period following the evaluation activity.

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Setting up for safety

Think about distress before you begin

Implement processes that help you understand participants before you begin and maximise their opportunities for choice and control.

Find out any preferences they have for how they like to participate and any accessibility needs.

Ask the participant to provide a trusted contact who can be reached if needed. This is someone who knows them well, and will be well-placed to support them if something comes up.

Ask the participant if there are any non-verbal cues they would like to provide in instances where they do not want to directly answer a question, for example, by leaving a silence. This establishes in a way (beyond simply stating it) that it is OK for participants not to answer all questions, and provides an 'opt out' for participants who might not feel comfortable verbalising their discomfort at answering a question.

Build choices on how to participate into your evaluation design, e.g. choice of method, choice of venue.

Explain why you are asking for this information from participants, and give them time to answer any questions.

Informing participants about the process

Evaluation might be an everyday occurrence if it's your job, but new to a participant.

Think through what you need to tell them *before* the activity, including:

- how long it will take
- where it will be held
- what it will involve
- who else will be there
- if they need to prepare.

Provide an overview of the topics you will discuss.

Give details of what you have done to address accessibility – and how to provide any accessibility needs you may have overlooked.

Provide details about your support process

Be clear about how their information will be used, and if there are any instances where their information may need to be shared.

Provide information to participants in clear, non-jargony language.

Consider other formats, including pictures, Easy English, large format and languages other than English.

Provide plain language summaries of complex details.

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Setting up for safety

Accessibility

Always consider the accessibility of your project from the outset.

Accessibility includes:

- seeking advice on how best to include people with disability

- developing an access statement

- actively including people with disability and always asking about accessibility

- conducting accessible fieldwork and choosing accessible venues

- using accessible language and documents

- using gender-neutral language

- asking for feedback.

When choosing accessible venues consider:

- step-free access as the default

- accessible and gender-neutral toilets

- door and room width

- a range of seating options, including those for larger and/or disabled bodies

- sensory impact of light and noise

- access to quiet, private spaces.

When setting up a room for research, make sure it has multiple seating options (different types of seats, facing in different directions), access to tissues, water and refreshments, easy path to the door, and sensory objects.

Practical supports

In addition to the emotional supports you can build into the set-up of an interview, there are numerous things that you can do to demonstrate you have considered the practical needs of participants.

This also demonstrates that you care about their participation.

These include:

- remuneration for their time

- interpreters (languages other than English, including Auslan)

- child care

- transport (including accessible public transport, car parking, and taxi vouchers).

Looking for ideas?

Creative Victoria Accessibility guide for research projects

Centre for Multicultural Youth Good Practice Guide on Working with Interpreters

Jo Szczepanska Worth it? What are payments like for people with lived experience?

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Identifying distress

Distress comes in many forms.

Recognise if and when a participant is indicating distress. This could include:

- Clear verbal or non-verbal requests to stop the evaluation activity

- Other non-verbal requests that indicate a desire to discontinue, for example: repeated requests to leave the room/go to the toilet

- Indicators of hyperarousal, for example: crying, shaking, sweating, breathlessness, voice changes, irritability

- Indicators of hypoarousal, for example: dissociation, disorientation, repeated difficulty answering questions, repeated monosyllabic answers.

This list is not exhaustive.

Just because a participant is presenting one – or many – of these indicators does not necessarily mean they are distressed.

Equally, just because a participant does not appear to be distressed, does not mean they are not.

As the evaluator, it's also important to appreciate your own triggers for distress or sensitivity. These will help you to identify processes that you can undertake to minimise your own distress, and identify when your own feelings and emotions might be contributing to your own or the participants' distress. It is just as important for you to stop an evaluation activity if it is causing you, as the evaluator, unmanageable distress.

Window of tolerance

The window of tolerance describes the space in which people are optimally equipped to deal with what life throws at them. For people who have experienced trauma, it can be difficult to regulate emotions and their window becomes quite narrow. Past experiences might have primed people to detect harm or threat, so they respond in a way that people without trauma might consider exaggerated.

Hyperarousal

Results from the fight or flight threat response. People can get angry, anxious, or overwhelmed.

Window of tolerance

Here, people can deal with what life throws at them. That might include stress and adversity, but it's possible to cope.

Hypoarousal

Results from the freeze or fawn threat response. People can 'shut down' or go numb.

The principles of responding to distress

It's important to be prepared to respond to distress. Often times, other people's distress can prompt a reaction in ourselves. Being prepared means that you can quiet your own emotions and be there for the person you're speaking with.

Apply trauma-informed principles when responding to distress.

Safety	• Support the participant to be physically safe and comfortable • Approach the situation mindful of emotional safety, e.g. verbal and non-verbal communication, listening not interrupting
Trustworthiness	• Be transparent and open about your actions • Be gentle and not forceful
Choice	• Provide participants about choice about how they proceed, even if they are small
Collaboration	• Do something *with* the person rather than *to* them • Don't assume that the person can't act on their own
Culture and community	• Consider cultural and community supports • Recognise your own cultural assumptions about how to respond

Responding to distress

This guidance is designed to support evaluators conducting in-person activities, one-on-one. The following pages adapt this guidance to different settings.

- Pause the activity (and the recording)
  - Check in with the person about their feelings – they may not be distressed or they may not be aware that they're distressed
  - Let the person guide you as the expert of their emotions – people with lived experience are experts by experience in managing their own distress.

    "I've noticed that talking about this is making you seem a bit uncomfortable. How are you going?"

- Remind the person that it is OK to skip a question or activity, take a break or stop completely. Some participants may wish to continue even if they are indicating some distress.

- Ask the person if there is anything that would help them, for example, a glass of water or to go to a different space. Be led by what the person needs – you can offer a suggestion, but do not force it on them.

    "Would you like a glass of water?" not *"I'll get you a glass of water."*

- Remind people that the focus of the activity is usually on their service experience, not retelling their experiences of distress (but remember that sometimes service experiences are themselves distressing). You can do this by framing a follow-up question to ask about a more positive situation.

    "That sounds really tough. I don't want you to have to focus on that too much, so I'm wondering how the service might have responded better in your situation?"

- If the person continues to focus on content that is distressing to them and not relevant to the evaluation, gently prompt them to return to the focus of the questions. If a cue was established at the start of the interview, use this cue to bring the person back to focus.

    "Just a reminder that the focus today is on how the program supported you through this time."

- If the person continues to focus on distressing content after prompts, pause the interview, remind the person about the purpose of the interview, and offer to link up with supports - remember your role boundary as a researcher is not to provide counselling support.

    "The focus of today is on the program. I'm wondering if it would be better to pause the interview for now. I'm not best-placed to support you as it's not my role as the evaluator, but let me see if I can link you up with someone better placed?"

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Responding to distress

- If the participant appears calmer:
    - Ask if they would like to continue / reschedule / finish the activity – remind them that there are no consequences to their choice.
    - Ask if there is someone they would like you to contact to let them know what happened (including their trusted contact).

- If the participant remains distressed:
    - Let them know that you will be concluding the evaluation activity.
    - Provide a warm link to their trusted contact.
    - Provide information on additional support, including any supports you have organised through the evaluation, as well as relevant community supports, e.g. warmlines.

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Responding to distress in a group

Applying the general guidance for responding to distress requires some thinking when working in in groups, as distress has an impact on the whole group. Make the guidance work for your space and group.

In a group

In a group, you should have a minimum of two facilitators. This ensures that one person can lead the group, while another facilitator is available to support group members. You may want an additional person as a dedicated notetaker.

Before commencing the group, mingle among participants. This establishes that small group conversation is the norm, and will be useful if you need to check in on someone later without drawing the group's attention.

Establish rules at the start of the group about how to communicate with the facilitators and indicate they would like to take a break. If anyone indicates they would like to take a break, do so immediately.

If a facilitator notices that someone is appearing distressed, change the focus of the questions to a topic that is less distressing and bring the conversation quickly to a natural conclusion.

Take a break and allow people to mingle. One facilitator can then quietly ask the person if they are ok, if they would like to stop or continue.

Ensure there's a quiet space outside of the main room that people can move to if they need to leave the room.

When recommencing, especially if someone chose to leave, check in with the whole group.

Online

As with an in-person group, online groups should have a minimum of two facilitators.

Use a platform that allows for the facilitators to privately contact one another. Similarly, have a pathway for participants to privately contact facilitators. Establish that one facilitator is the go-to person should anyone need support.

Set up a breakout room that people can move to if they need a break from the main discussion without leaving the online meeting.

Establish rules at the start about how to communicate with you, including what will happen if someone leaves the group without informing the facilitators.

If a facilitator notes that someone is appearing distressed, privately message the participant to ask how they are travelling. If they do not respond, take a break for the whole group.

When recommencing, especially if someone chose to leave, check in with the whole group.

A note about support

It is important that participants leave the evaluation activity feeling supported. The support that you make available for evaluation participants varies greatly depending on the evaluation context.

It has become established practice for research teams to provide standard helpline numbers as a means of ensuring the safety of participants. It is unclear if this provides benefit given participants with lived experience of mental distress are already likely to have access to this information, and many will have had poor experiences with them. If the only option available to you is to provide a support number that participants can call, provide tailored options, including peer-led warmlines, and support lines for particular community cohorts (e.g. Aboriginal yarning lines, queer support lines).

As far as possible, work with the evaluation participants to identify supports and emergency contacts that make sense for themselves and their own experiences. As noted above, ask participants for a trusted contact before the evaluation that knows their circumstances.

Sometimes in evaluation, evaluators will provide a referral back to the program under evaluation (or a support worker there) as the primary support option. This may be traumatising for participants who experience distress as a result of their service interaction, or have previously not found the service helpful.

When undertaking research with people with lived experience, where possible include a peer worker on your project team who can provide independent support for any participant experiencing distress as a result of the project.

Responding to disclosures

Depending on your evaluation context and participants, you may have obligations under local mandatory reporting laws to report disclosures of various kinds to police, emergency services or statutory reporting agencies. Most of the time, these will not apply to you as an evaluator.

Disclosures may include:

- self-harm or suicidal ideation

- experiences of violence

- experiences of using violence

- threats of violence

- serious allegations against the service being evaluated, e.g. discrimination.

If you have reporting obligations, you must make it clear to participants how any disclosures will be treated. Be specific. "If I believe you are or someone else is at imminent risk of harm, I must tell someone" is not specific. Document the triggers that will alert you to the need for mandatory reporting, and make it clear who you are reporting to.

When hearing a disclosure, regardless of whether you have an obligation to report anything,:

- listen carefully.

- let the participant know that you believe them and take their disclosure seriously.

- be clear about the limits (if any) to confidentiality.

- provide information about what you will do in response to the disclosure.

- provide information about support options.

- be mindful of your own emotions, remember your professional boundaries and do not involve your own experiences / emotions.

If the disclosure occurs in a group, remember that it can have an impact on the wellbeing of the whole group. Before continuing, check in with the group and take a break as needed.

Wrapping up

At the conclusion of the evaluation activity, ask the participant if there are things they find helpful for self-care,
and encourage them to draw on these in the time after the activity. Do not ask in a way that is patronising or commanding, for example, it can be helpful to provide an insight into what you might do after the activity to stay well.

> *"Thanks everyone for sharing – that was a big discussion. I'm looking forward to getting home and giving my dog a big cuddle and going for a walk. What will you be doing after this to unwind?"*

Ask the participant if they need any additional support.

Encourage the participant to contact their own supports (formal and informal) if they experience ongoing/increased distress.

After the activity has concluded, check in with another member of your evaluation team, and be kind to yourself.

Looking after your own wellbeing

Trauma risks as an evaluator

Compassion fatigue and **burnout –** the fatigue that you may feel from working with continuous compassion.

Secondary or **vicarious trauma –** trauma responses that you begin to experience as a result of hearing others' traumatic experiences.

Triggering personal experience of trauma – the work you do as an evaluator may expose you to situations or experiences, which trigger your own trauma in much the same way it does to a participant.

Evaluator wellbeing

You can only do good work, sustainably, as an evaluator if you are looking after yourself.

You are best-placed to know what you need to look after yourself.

Understand your own trauma triggers. How do you respond when you are tired or overwhelmed?

Identify your self-care strategies.

Looking for ideas?

Indigo Daya's Coping Skills flyer

Preparing for an interview

Understand who you are speaking with and what the purpose is – tying the evaluation activity into your own personal values can help you to overcome any challenges you feel in the moment.

Reflect on how you're feeling and if you have any concerns about doing the interview today. Tap into your wellbeing strategies to help prepare yourself.

Discuss with your co-interviewer the roles you will take in the interview (lead, notetaker, primary support person). If you know you're not feeling your best self, see if you can take on a role that works to your strengths that day.

Discuss any potential challenges you see with the interview, including your own physical / emotional wellbeing. For example, if your back is sore, work out if it's ok to ask the interviewee if you can move during the interview. If you're tired, work out how your co-interviewer can take over if they need to.

Understand what to do if the situation change, including the interviewee or your own wellbeing. Identify what support options are available for you both.

When setting up an evaluation activity, familiarise yourself with the space, any exits, what is on the other side of the exits, and any duress procedures.

Prioritise your own physical safety and leave an evaluation setting if you feel threatened or physically unsafe.

Resources

Find out more

Check out the Resource list available at
www.jofarmer.com/resources

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About Jo Farmer Consulting

I focus on building the capability and capacity of organisations to put the person back into the system, and restore individuals' and communities' autonomy and empowerment. My work prioritises those who have been marginalised.

Through my approach to evaluation, I aim to ensure people are heard, have power, and can find and build community. I strive for excellence in everything that I do, contributing to just systems that value the inherent strengths of people and communities.

I work in a way that aligns with my values:

Curiosity

Integrity

Vulnerability

Non-conformity

Find out more
www.jofarmer.com

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