Prioritizing Participant Safety in Mental Health Research Involving Marginalized Groups: A Synthesis & Appraisal of Trauma- & Violence-Informed Methods & Procedures

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BACKGROUND
- Experiences of trauma & violence are linked to long-term negative health outcomes
- Measurement & evaluation of mental health & trauma-related constructs are necessary to:
  - Predict & track harmful effects of traumatic exposure
  - Amplify voices of hard-to-reach populations
  - Support development of trauma- & violence-informed therapeutic interventions (clinical & social)
- But recollection & introspection during study participation can be re-traumatizing & lead to acute emotional distress
- This increases participant burden & can pose a risk to physical & psychological safety in severe cases
- Higher rates of mental health-related adverse events in research with marginalized populations
- Ethical dilemma: How do we advance the science in this field while upholding our responsibility to minimize harm?
- Purpose: Synthesize trauma- & violence-informed research methods & identify best practices for participants belonging to high-risk groups

METHODS
- Broad search of inter-professional mental health literature since 2017, across 5 databases
- Lack of standardized terminology necessitated multi-level, structured search that retrieved 300+ unique records
- Search terms grouped into 6 categories:
  - Physical distance & asynchrony limit crisis response
  - Requires HIPAA-compliant video & messaging platforms
  - Enhanced flexibility, portability & accessibility
  - Reduced functional demands (e.g., time & finances)
  - Allows widespread recruitment & diverse sampling
  - Sense of comfort, safety & control associated with home environment or private space

FINDINGS
Procedural Safeguards
- Algorithms to determine risk level, based on mental health symptom severity & frequency
- Implemented as a flow chart/decision tree or programmed into electronic surveys
- Scoring cut-points for validated risk assessment instruments
- Immediate scoring to ensure timely & tailored response
- Electronic push notifications prompting participants to take breaks or access relevant resources
- Continuous monitoring of survey progress & regular ‘check-ins’ by phone or email
- Safety planning & formal referrals as necessary

Educational Resources
- Informational guides with relevant facts & figures, references & self-care strategies
- ‘Homework’ activities exploring mood fluctuations, personal triggers, coping skills & social supports
- Contact information for local or online support services

CASE EXEMPLAR
Dissertation Study Protocol
Context: Virtual interview & online survey with emerging adults (18-25) who have aged out of foster care in Canada
- Past & present adversities (at least 1 ACE) necessitate many trauma- & violence-informed research approaches

DISCUSSION
- Marginalized populations more likely to have experienced trauma & violence
- Also disproportionately represented in psychiatric research due to high rates of mental health challenges
- Young people more prone to acute emotional distress in response to research participation
- Opportunities for more robust evidence-based safety protocols in mental health research
- Multi-pronged approach, featuring risk prevention, mitigation & emergency response strategies
- Develop protocols in collaboration with IRBs, the target population, community partners & clinical experts
- Prioritize participant autonomy throughout research process

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REFERENCES
Scan QR code to view reference list & supplementary materials
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