

Conducting Research in CONTEXT:

The Dos and Don'ts of conducting psychotrauma
research within organisational settings

Edited by: Frédérique Vallières, Philip Hyland and Jamie Murphy



CONTEXT has received funding from the European Union's Horizon 2020 research and innovation programme, under the Marie Skłodowska-Curie agreement No 722523.



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Chapter 1 | Introduction

Jamie Murphy, Philip Hyland, and Frédérique Vallières

The 'research-to-practice gap' reflects the delay it takes to translate academic research findings into improved professional practices and public policies and is a well-established challenge across academia. On the one hand, researchers often lack professional incentives, resources, or know how to effectively communicate their research findings and their implications to a general audience. Indeed, the format of an academic paper – the primary mode of dissemination used by researchers – is highly formulaic and relies on technical language that is geared more towards an audience of one's academic peers than to those who stand to benefit the most from its findings. Similarly, an over-reliance on previously published academic research to formulate and justify one's research question can lead to the exclusion of practitioners, service-users, and policy makers at the design phase. Consequently, researchers are often accused of conducting research that is too far removed from the 'real world', or the realities and challenges faced by those who are expected to implement the evidence arising from their work. On the other hand, practitioners often lack the time, resources, access to, or professional training to effectively wade through and synthesise a dense body of research, wherein even the most rigorous research designs can often fail to distinguish between the success or failure of an intervention and the success or failure of implementation (Rychetnik et al., 2002). Consequently, practitioners can often be accused that their work is not sufficiently 'evidence-based'.

Facilitating two-way communication between the research community and practitioners should, at least in theory, not only promote the use of more evidence-based practices but it should also lead to improved, more acceptable, affordable, and accessible care for service users. A promising approach to improving communication between the needs of service users, practitioners, and researchers is implementation research (IR). Broadly defined as the

“act of carrying an intention into effect, which in health research can be policies, programmes, or individual practices (collectively called interventions)”, (Peters, 2013, p.1), IR involves identifying how to create knowledge that can successfully be applied to the development and strengthening of systems. In this way, IR moves away from more traditional research approaches that seek to control every other aspect of the environment, with the exception of the intervention itself, towards approaches that seek to understand what, why, and how interventions work within real world settings. IR thus stresses the importance of the contextual aspects of research, a need for adaptation of knowledge to local situations, and, more specifically, the importance of understanding why interventions and innovations are effectively implemented in some settings but not in others (Kirk et al., 2016). Here, context refers to the social, cultural, economic, political, legal, organisational, and physical environment within which interventions take place.

Funded by the European Union’s Horizon 2020 research and innovation programme, under the Marie Skłodowska-Curie programme (Grant Agreement No. 722523), the ‘Collaborative Network for Training and Excellence in Psychotraumatology’ (CONTEXT) was a four-year doctoral training programme designed to train early career researchers how to better conduct ‘research in context’ with vulnerable and trauma exposed populations. By bringing together academics and practitioners from across nine different organisations, CONTEXT created an environment where researchers could work with service providers and service users to identify key research questions, conduct their research, and analyse and interpret their findings while embedded within one or more of the following partner organisations: the International Federation of the Red Cross Red Crescent Psychosocial Reference Centre, hosted by the Danish Red Cross; the Sudanese Red Crescent; the Columbian Red Cross; Ireland’s national centre for the rehabilitation of victims of torture, Spirasi; the Dublin Rape Crisis Centre, Ireland; the Probation Board of Northern Ireland; the Police Service of Northern Ireland; and the Danish Children’s Centres, Denmark.

The following chapters invite the twelve CONTEXT fellows to reflect on their experiences of conducting their research in collaboration with these organisations. Specifically, what they learned from their experiences across the various steps of the IR process, from research problem or objective identification (Chapter 2), through to research planning and design (Chapters 3-6), to data collection, access, and analysis (Chapters 7-9), interpretation of findings, and ultimately, considerations for dissemination (Chapters 10-12). Phrasing these lessons as the 'Dos and Don'ts' of conducting psychotraumatology research in context, we hope that these reflections will be useful to others who plan to engage in IR either with or within their organisations.

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Chapter 2 | Involve key organisations in the development of the research question

Philip Hyland, Frédérique Vallières and Jamie Murphy

A key principle of IR is the concern and consideration of research users as the primary stakeholders of knowledge generation. Users may include policy makers, managers, practitioners, and service users, or any other group who stand to engage with and benefit from the research findings. IR is therefore best conceptualised as a demand-driven process whereby user groups are consulted and given every opportunity to participate in the design, execution, analysis, and interpretation of the research.

From its inception, CONTEXT was designed to conduct research that is of priority to the organisations and to the clients which they serve, so as to ensure that research findings are translated into better procedures, policies, practices, and ultimately better outcomes for vulnerable persons. To this end, the design of the CONTEXT programme involved a number of in-person stakeholder consultations whereby we travelled to each of the partner organisations to collaboratively identify the research questions that would ultimately form the twelve doctoral research projects to be undertaken by each research fellow.

Within each of these meetings, the purpose was first, to identify key challenges, bottlenecks in service provision, and barriers to access to services for each partner organisation's clients and beneficiaries. Second, to prioritise these challenges in terms of those the partner organisations felt were most pressing to help focus objectives. Third, to reframe existing challenges into potential research questions and/or objectives. And finally, to consider which of these research and objectives could be feasibly explored and answered within the confines of the project's timeline and budget.

There are a number of existing, useful tools that can help to facilitate this process, including a situational analysis (also known as problem-tree or problem

analysis), which works to identify key challenges by mapping out probable cause and effects around a particular issue. Within the Dublin Rape Crisis Centre (DRCC), for example, one of the key challenges identified was the low uptake or access to services among male survivors of sexual violence. By identifying this as a central concern, we were then able to generate a discussion around the potential causes and subsequent consequences of this problem. For example, one of the potential causes identified by the DRCC was a public perception that the DRCC's services are exclusively reserved for female clients. Consequently, this perception may act as a barrier for males, preventing them from reaching out and accessing essential support services in the wake of a sexual assault. This was subsequently identified as a priority area for investigation and was brought forward in the CONTEXT programme as the following objective: "To identify gender-specific barriers and facilitators to accessing freely available rape and sexual assault support services".

Consistent with the principles of IR, the early and frequent participation of stakeholders meant that stakeholders were involved in designing research that they considered practical and useful to them, and that they themselves wanted to implement. In other words, the research should attempt to solve issues as they occur in the "real world", whereby stakeholder involvement ensured that the research ultimately addressed a problem identified by the stakeholders themselves. Understanding the complexity of each of the stakeholders' needs was therefore of fundamental importance in developing the specific research questions that would go onto be addressed within CONTEXT.

Chapter 3 | Conduct an analysis of stakeholders to identify potential challenges to successful implementation of findings

Tracey McDonagh

Generally speaking, stakeholders are anyone whose involvement with a project are important for its success, and they can be either primary or secondary in nature. Primary stakeholders are those who stand to benefit directly from the project, whereas secondary stakeholders are those whose collaboration and contributions are pivotal for the conduct of the work, while not benefitting directly from it. Ideally conducted in the developmental stages of the research project, a stakeholder analysis is a comprehensive and systematic (World Health Organization, & UNICEF., 2014) step to understand the context of the research and, when done correctly, can be highly influential in sustaining and expanding programmes and interventions (Peters, Bhuiya and Ghaffar, 2017). Involving an analysis of both the level of importance of stakeholders and the influence they hold in the process of conducting meaningful and implementable research, a stakeholder analysis allows researchers the opportunity to reflect on the most effective means through which to form a collaborative relationship with crucial stakeholders, and to identify what role respective stakeholders should play in the research process.

In this chapter I reflect on my own experience of conducting a stakeholder analysis while working in the area of child and gender-based violence. Based across multiple contexts – Denmark, Northern Ireland and the Republic of Ireland - where I carried out initial interviews and desk-based research on academic research, as well as policies and media, on the issue of intimate partner violence (IPV).

Do consider different types of stakeholders – both within and outside your partner organisation. Multiple stakeholders involved in prevention

or intervention for IPV were identified through speaking to the staff of the Probation Board for Northern Ireland (PBNI); background reading; discussions with victim advocates and groups, such as Women's Aid; attending IPV specific events and conferences, such as the Safe Ireland conference, and listening to victims, staff and policy makers speaking at these events; reading media relating to this area of research; and collaborating with other researchers in the area. Ultimately, the stakeholders I considered included the perpetrators themselves, their partners (who are also in many cases the victims), families, the criminal justice system, the PBNI (including numerous individuals and divisions within), the Police Service of Northern Ireland (PSNI), domestic violence agencies, social workers, the health system, the educational system and political institutions. Sharing my research, listening to presentations and discussing ideas at international days, such as the United Nations Elimination of Violence Against Women Day, gave me much needed insight into the difficulties faced in IPV prevention in areas, including funding constraints.

In addition to identifying who the stakeholders are, a stakeholder analysis also considers their bidirectional influence on each other. In this case, how the historical, cultural, economic and socio-political factors impact on the manifestation of child and gender-based violence in Northern Ireland. I also became informed about the impact of these contextual factors on the institutions who provide interventions in this area. Learning about the needs of stakeholders across multiple contexts, helped me to learn about issues relating to the implementation of key European policies such as the Istanbul Convention, as well as national and local laws and policies regarding IPV, and pertinent issues for the stakeholders in each unique context. Gaining insight into the issues that occurred across countries was illuminating; many issues were largely similar while others were context specific. Some pertinent issues included funding allocation – equity versus equality in relation to the funding of intervention programmes, movements towards gender neutral versus gender specific sociocultural orientated IPV programmes, or perspectives on trauma

informed research and practice. In Northern Ireland, for example, some stakeholders were concerned with combatting the impacts of post-conflict intergenerational transmission of trauma. Conducting a stakeholder analysis therefore helped me to identify the specific perspectives and needs of varying stakeholders in each unique context, thus enabling me to refine and further develop the research question(s) and consider what research I could undertake that may be useful, acceptable and implementable. Identifying individual perspectives through the lens of stakeholders gave me contextual insights into the process of identifying relevant perpetration-related factors, as well as identifying factors that may impact on successful intervention strategies. By identifying and mapping the relationships between the various stakeholders, I further gained insight into the need for inter-agency collaboration. The change process in the PBNI, for example, may be influenced by other institutions and individuals, such as the anticipated perpetrator response to intervention, and policy guidelines set by political institutions.

Do engage stakeholders as early as possible in the research process. As discussed in greater detail in Chapter 2, early stakeholder involvement also served to identify IPV as a particularly salient issue in Northern Ireland. Indeed, since record-keeping by the PSNI began in 2004, there has been a general yearly increase in domestic violence crimes recorded. On an international level, prevention programmes have been questioned in relation to their effectiveness for long-term IPV prevention (Babcock, Green & Robie, 2004) but completing intervention programmes is nonetheless associated with some degree of reduced recidivism. However, as IPV programmes are funded by the state, and generally recidivistic violent offending is very costly to society at large, the PBNI reasoned that victimisation could be reduced through a better understanding of risk factors and their mechanisms such that this knowledge may lead to more effective programmes and earlier intervention to prevent IPV and its associated rates of recidivism. Therefore, and taking into account the need for greater efficacy in IPV prevention programmes, as well as the unique contextual challenges of

post-conflict Northern Ireland, stakeholder engagement ultimately led to the design of a research project whose purpose was to identify how psychological and trauma related factors may impact on IPV offending in Northern Ireland. Specifically, PBNI stakeholders expressed a desire for the research to focus on the identification of psychological and trauma related risk factors for IPV perpetration and patterns of reoffending and desistance. The broader aim was therefore to make recommendations which would inform IPV prevention and intervention strategies that could be implemented by the PBNI, and which may also be useful to additional stakeholders, including policy makers.

Do consider how different stakeholders may react to research findings, and their potential implications for practice. In addition to early stakeholder involvement in the research design, it is also important to ensure that the research does not place an unnecessary burden on stakeholders that may result in a loss of buy-in, a rupture in working relationships, or a lack of willingness and motivation to implement the research's recommendations. We avoided this problem by ensuring that our research process was not arduous for the stakeholders. We made use of the ample secondary data sources, as well as other materials available to us. By enlisting the stakeholders as partners who could choose research that they felt was both of value and of benefit to their organisation, we were able to strengthen the collaborative and symbiotic research-to-practice-focused relationship.

In conducting a stakeholder analysis, it is also encouraged that researchers reflect on how the stakeholder's relationship to the research process and response to the research findings may impact the fidelity, acceptability, and implementation of the research recommendations. Reflecting on how each of the stakeholders may be influenced by or respond to the research processes and methodology, and planning the research accordingly, therefore also took place from an early stage in the research process. This process involved communication with various stakeholders and listening to their concerns, hopes and expectations in relation

to the research process. A useful tool to engage in this process is a SWOT analysis, or a descriptive analysis of Strengths, Weakness, Opportunities and Threats in relation to the stakeholders and the research process. By identifying these factors, we could avoid potential pitfalls such as, losing the collaboration of our partner organisation or conducting research that they felt was unacceptable to their organisational practices and therefore not implementable. Together, this process enabled a strong level of influence for the PBNI in our eventual research outputs.

Conclusion

Conducting a stakeholder analysis in the early stages of research design enables researchers to gain a wider perspective of those impacted by research and to make practice-informed decisions on how best to design and conduct research that can successfully be applied by interconnected organisations and individuals. This process was not only of fundamental importance in co-designing and co-developing the research projects, but on reflection, the contextual learning about the various organisations, institutions and individuals, gained from conducting a comprehensive stakeholder analysis, was also vital to gaining insight into child and gender violence in Northern Ireland. Finally, it also provided a broader picture of what issues may arise after the research was conducted, helping to enable more successful implementation.

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Chapter 4 | Involve partner organisations in the participant recruitment process

Larissa Sherwood

Don't assume you will have participants. Conducting research within a partner organisation is an exciting opportunity to influence and implement evidence-based, positive change. Towards achieving this however, it is essential that the researcher spends ample time developing their participant recruitment strategy. And while an organisation may agree to collaborate on a research programme, and demonstrate enthusiasm in taking part, this does not mean that individuals within the partner organisation providing the data for your study will necessarily be willing to take part. In some cases, potential participants (e.g., employees of the organisation) of the study may actually be hesitant to take part.

Hesitancy to take part in a study that is being conducted within an organisation could occur for a number of reasons, including concerns around anonymity, how the organisation intends to use the findings of the study, and feelings that a survey is simply just another 'tick box' exercise from the organisation that will not lead to any substantive change. The latter may especially be the case where organisations regularly conduct surveys and interviews with their employees, leaving potential participants feeling less interested in taking part in your research. With this in mind, there are particular ways in which you can work with your partner organisation to reduce negative perceptions of research within the organisation and create a unique opportunity for recruitment.

Do collaborate with your partner organisation to recruit participants. As with any research, time and proper planning are required to put together a strong recruitment strategy. Instead of assuming that you will have participants for your study, take the correct steps to ensure that you reach a wide range of potential participants, providing them with information that will encourage them to engage with your study. One way of accomplishing this is to highlight the potential

practical implications of the outcomes of your study and potential for positive impact for both the organisation and its employees. Collaborating with the partner organisation in the development and execution of a recruitment strategy can further offer the researcher guided knowledge of the study population such that the researcher can better tailor their communication to participants.

Do make use of existing internal communication. Engaging with the partner organisation to gain insights into potential participants and to access internal communication tools can also aid in the recruitment of participants. Find out what methods of communication the organisation regularly uses to disseminate information throughout the organisation and ask if you can utilise these avenues to provide potential participants with information about the study. For example, the partner organisation may be able to use employee contact details to send out recruitment information to potential participants (such as a 'send to all' email), allowing you to use internal communications to provide key information about your study. Likewise, organisations may have other internal communication tools such as desktop infographic screen savers, internal website homepages, and internal magazines that can act as a communication platform for participant recruitment. Additionally, partner organisations may, in some cases, allow the researcher to access internal meetings and groups where you can present the research aims and provide information to potential participants. It is also worth checking to see if your partner organisation has an internal communications team or a particular individual who deals with the dissemination of information throughout the organisation to help increase awareness of your research.

Do consider the organisation's structure in your recruitment plan. Additional recruitment methods include those that align with the structure of the organisation in order to reach as many potential participants as possible. This may include strategies such as the production of a seminar – either digital or in person – or creating posters to hang around the organisation's premise(s) to explain the importance of the study, the objectives, what is expected of

participants, the intended outcomes for the organisation, and information on how to participate.

Do highlight the positive impacts that the study will have for both participants and the organisation. To encourage the partner organisation to work with you to create a viable recruitment strategy, one may want to stress to the organisation that both the researcher and the organisation stand to benefit from higher participation rates. Specifically, discuss with the partner organisation what the implications of the findings of the study will have for the organisation. You should know what the non-academic partner is hoping to achieve and how they envisage implementing change based on the results of your study. Having a clear understanding of how the outcomes of your study may impact on the organisation, as well as identifying the potential facilitators and barriers during implementation, will further help you put together a strategy for encouraging potential participants, allowing you to tailor your recruitment strategy, and provide valuable information to potential participants. Likewise, potential participants should be made aware that in order to implement change, there must be sufficient levels of participation, whereby the more individuals participate in the study the more empirical evidence there is as a foundation for potential change.

Being able to encourage potential participants to engage with your study is an important skill. Utilising the general guidelines and concepts outlined above can work to enhance your research outcomes with minimal efforts.

Chapter 5 | Select and adapt measures and data collection procedures to align to the organisation's needs

Maria Louison Vang

This chapter presents a series of important considerations for the selection and adaptation of data collection tools and measures when conducting research within organisations. Reflecting on my experience of conducting a collaborative research project with the Danish Children Centres to develop evidence-based recommendations for the prevention of work-related distress among their employees, I outline central considerations for tool and measure selection and data collection procedures that are key components of the research design process. The Danish Children Centres are a network of regional, specialised organisations in the governmentally funded Danish child protection system charged with coordinating intersectoral efforts between the police, municipalities and hospitals, as well as conducting a trauma-focused assessment of children following suspicion of violence or sexual assault. They are founded on a similar economical model and functional rationale across the regions but work independently of each other in their day-to-day work.

Using the example of a nation-wide survey of secondary traumatisation and burnout among Danish child protection workers that I conducted across the Danish Children Centres, the Danish municipalities and the Danish police districts, as well as group-interviews with employees in the Danish Children Centres, I illustrate the importance of first, familiarising oneself with the needs and interest of the organisation, as well as the key stakeholders within it, and to subsequently align the needs and interest of the organisation to the selection and adaptation of data collection tools and procedures.

Do familiarise yourself with the needs and interest of the organization, in addition to familiarising yourself with the literature on your topic. Initially,

the research project was formulated to solely focus on the development of secondary traumatisation from indirect exposure to child abuse. Prior to commencing any data collection in the project, the first step was to familiarise myself with the literature on the topic of secondary traumatisation and to complement this with a clear understanding of the motivation and reasons for why the Danish Children Centres were keen to collaborate on this project. In order to accomplish this, I identified a number of key informants based on a stakeholder analysis I conducted in the early stages of the project (for more on the process of conducting a stakeholder analysis, please see Chapter 3). Given the aim of the project, namely developing recommendations for preventing work-related distress in the context of the Danish Children Centres, key stakeholders were identified as those leaders within the organisation charged with implementing recommendations as well as employees that stood to directly benefit from the recommendations. Therefore, the need to align measures and the data-collection strategy to be able to address their specific needs was considered of central importance and further steps were subsequently taken to explore key stakeholder needs and motivations for participating in the project.

Stakeholder needs and motivations were explored using interviews with the supervisors of my host Children Centre, located in Odense, and through group interviews with employees across this Centre and Children Centres across other regions of Denmark. Through this combination of my familiarisation with the literature and the results of the interviews, it emerged that there was a discrepancy between the initial formulation of the research focus and the actual needs of the Danish Children Centres. This finding consequently led to an expansion of the project's focus to also include burnout in addition to secondary traumatisation. Specifically, burnout was added as secondary traumatisation was an insufficient account for accumulated distress perceived among employees to be of equal importance to their occupational well-being as the immediate distress related to the content of individual cases.

This subsequently led to the broadening of the measures included in the survey

in order to better operationalise work-related distress within the context of the Danish Children's Centres.

Apart from allowing for a clearer understanding of the need for the prevention of work-related distress within the Danish Children Centres, this initial consultation process also had several unintended, positive consequences on the research itself. First, involving the regional Children Centres in the design process of the project was seen by many as an important opportunity to more closely connect with each other across the regions of Denmark. Second, this presented an opportunity for the incorporation of all departments of the Danish Children Centres within the research. Third, this strengthened communication between different departments and provided an important dissemination platform to relay key findings from the project. Finally, and in addition to ensuring that all Danish Children Centres had the chance to participate in the survey, this allowed for the further inclusion of other collaborating partners in the municipalities and police-districts across the regions, thereby broadening the number and type of participants that were ultimately included in the survey. This consultation process with supervisors and employees within the Centre in Odense and Children Centres across other regions of Denmark therefore ultimately furthered the breadth of participants included in the survey from below 100 employees in the Danish Children Centres to 670 employees across the social workers employed in municipal child protection services and police officers working cases of suspected child abuse in collaboration with the Danish Children Centres.

While employees and supervisors in municipal child protective services and police departments in Denmark were introduced to the project as a product of the stakeholder analysis, and were informed of the aim of the project and the potential outputs available to them, they were ultimately excluded from the design process of the survey. There are multiple reasons for this, the most important being that the aim of the project was to develop recommendations tailored to the context of the Danish Children Centres and the municipalities

and police districts' organisational structures and tasks differ in a number of important ways.

Do adapt your data-collection strategy to support the needs and wants of the organization. The combination of a top-down (understanding and reviewing extant literature) and bottom-up (understanding the interests and needs of your partner organization) allowed me to simultaneously contribute to the international discussion on the topic of occupational stress (Vang et al., 2020) – including a comprehensive exploration of similarities and differences in individual, operational and organizational predictors of secondary traumatization and burnout (Vang & Alkærsg, 2020) – and simultaneously develop evidence-based recommendations for the Danish Children Centres (Vang, 2020b).

As it turned out, burnout appeared to be a more prevalent problem than secondary traumatisation (prevalence rates around 18 % vs. 4 %, respectively) in the Danish child protection system, although both syndromes were equally severe in terms of associated distress and functional impairment (Vang, 2020). For Danish Children Centre employees specifically, there was a comparably higher risk of secondary traumatisation than seen among police employees and municipal employees, and a lower risk for burnout compared to municipal employees. Among Danish Children Centre employees alone, there was an approximate equal risk of endorsing secondary traumatization and burnout (n= 5 and n=6, respectively). The bottom-up approach to designing the content of my survey thus allowed me to comprehensively map the extent of problems related to occupational well-being that would otherwise have been missed if only secondary traumatisation had been explored, seeing that burnout was a more prevalent problem among child protection workers at large, and an equally prevalent problem as secondary traumatisation among Danish Children Centre employees, specifically. At worst, the exclusion of burnout from the survey could have undermined the recommendations for the prevention of work-related distress among the employees of the Danish Children Centres.

Do involve the organisation in the interpretation of your findings. Results from the quantitative survey were ultimately corroborated through semi-structured interviews, designed as group-interviews conducted with employees in all the Danish Children Centres, and supported through ongoing dissemination of findings across the Centres. Ultimately, group-interviews allowed for the identification of specific daily practices that could be implemented in order to enhance the protective factors identified in the survey. For example, results from the survey analysis showed that role-clarity (i.e. the extent to which participants knew what was expected of them in their daily work) acted as a protective factor against both secondary traumatisation and burnout. This finding was further corroborated through the group interviews, where it became clear that employees have different roles in their everyday work-life that are associated with different responsibilities and that those more well-defined, explicit role-responsibilities are met with clearer and specific training compared to those which are less well-defined. This contribution was therefore used to formulate recommendations for improving role clarity regarding less clearly defined responsibilities. For example, recommendations related to the responsibilities of employees participating in video-interviews of the children in the centres. Taken together, the group-interviews therefore served to enhance the relevance of the recommendations through corroboration of the risk- and protective factors identified in the survey and by understanding where within the Danish Children Centers' daily workflows these protective factors might be best enhanced and where risk-factors needed to be countered. Additionally, the group-interviews indirectly served as a knowledge-exchange platform whereby each Centre could share elements of their daily routines that were perceived as helpful to prevent work-related distress to the benefit of all Children Centres.

Conclusion

Ultimately, the data-collection methods for this project ended up consisting of an online nation-wide survey designed to support the development of evidence-based recommendations for the prevention of work-related distress through

identification of risk- and protective factors in a large sample of Danish child protection workers (N=670). The involvement of the Danish Children Centres in the design process of the project was an important contribution to scoping the project appropriately, as it led to the inclusion of burnout as a central outcome in addition to secondary traumatisation. Correspondingly, results showed that burnout was a more prevalent concern among child protection workers across the Danish child protection system at large, as well as being an equally important concern for the occupational well-being of employees in the Danish Children Centres. Therefore, the collaborative nature of the design of the project ensured the possibility to balance recommendations for the prevention of work-related distress among employees in the Danish Children Centres appropriately by considering a broader spectrum of work-related stress disorders that would otherwise not have been represented, and therefore likely hampered the effectiveness of the recommendations.

The consultation of the Danish Children Centres during the design phase of this project also provided the opportunity to recruit study participants from the Danish municipalities and police departments, thereby providing a more solid foundation for a study of the prevalence and predictive factors of secondary traumatisation and burnout in Denmark that is of practical value to the participating organisations. For academic purposes, the final sample of 670 participants is one of the largest samples of professionals compared to existing studies of secondary traumatisation and burnout among professionals working with child survivors of trauma (Vang et al., 2019), thereby also contributing to furthering knowledge in this area internationally. Thus, the initial process of familiarising myself with the needs and interest of the organisation and aligning the needs and interest of the organisation to the selection and adaptation of data collection tools and procedures allowed for research that is more relevant to the partner organisation while also enhancing the contribution to the current state of research in the area.

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Chapter 6 | Build-in flexibility into your research design and protocol

Trina Tamrakar

This chapter presents the importance of building a contingency plan and remaining flexible in the adaptation of one's study protocol. Reflecting on my own experience of conducting research within the Police Services of Northern Ireland (PSNI), I illustrate possible roadblocks and ways to overcome it by incorporating a flexibility clause at the outset at protocol development stage.

Do build in flexibility at the research design and protocol development stage.

Ideally, a collaborative research approach will start with considerable and in-depth dialogue between the academic and the implementation partner(s) (i.e., partner organisations), where information is exchanged, mutual aims, objectives and benefits of the research are identified, and parameters regarding feasibility are established. Clear communication on the research aims, objectives and benefits at all levels between and within each collaborative partner at the outset of the research is therefore of paramount importance.

Regardless of how much detail is ironed out and what may seem possible at the outset however, one cannot plan for all possibilities and challenges of conducting research in a practical environment. Even after conducting major pre-research investigations and dialogues, unforeseen circumstances, issues and blockages may arise. These blockages may take a form of unforeseen organisational procedures (i.e., bureaucratic red tape), security issues, access to target group for data collection (primary data) or access to existing datasets (secondary data), travel issues, miscommunication, and interpersonal and intergroup relationships, all of which prevents timely development and delivery of the research. In some cases, it is possible to leverage one's position as a researcher, as someone external to the organisation, to circumvent or navigate pre-existing communication challenges or politicised issues that can exist across and within

the hierarchical structures of an organisation in order to gain support from various stakeholders for a single aim or objective. In this case, the importance of ensuring the health and wellbeing of police officers within the organisation. In this way, while the aims and objectives can remain intact; the research methodologies, measures, how to recruit research participants, and how to plan for roadblocks should all have a level of flexibility built into the protocol.

Building a plan for foreseeable roadblocks is also dependent on mapping out the research stakeholders to identify who/what groups can facilitate, and alternatively, prohibit the research process, as described in Chapter 3. This may involve identifying who, for example, might not want 'negative' findings to be disseminated. Having a clear conversation with the identified personnel/groups could be a proactive way to deal with foreseeable roadblocks. Another way to build flexibility into the research design is by building in extra time in the research timeline to allow for contingencies. Occasionally, these blockages could also be the result of an unforeseen external shift in paradigms on a political, national, regional or a global level. One example of this being the global pandemic, COVID-19, which has shifted the paradigm on all levels, affecting how we work and how we conduct research. Taking this example forward, building a contingency plan of shifting data collection to more technology-based platforms to conduct interviews may be useful. Practicing social distancing while conducting focused-group discussions or having focused-group discussions on online platforms such as Zoom could be another possible solution.

Should data collection not be possible due to the unforeseen circumstances such as a global pandemic, having a flexible research methodology clause could enable researchers to utilise existing datasets that contribute towards furthering their understanding on the research subject. In my own experience, while waiting for enough qualitative interviews to be accrued at the PSNI, an opportunity to utilise a quantitative dataset on firefighters presented itself. With the flexibility on the research methodology, I was able to further expand my understanding

of the research subject by incorporating another major first responder group—firefighters, which added a whole new dimension to the research and findings (Tamrakar, et al., 2020). Additionally, I was also able to learn and broaden my research expertise into quantitative research. Hence, building flexibility into the research protocol and design is essential in order to be able to adapt and conduct research in the ever-changing context of this world.

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Chapter 7 | Ground your research protocol in relevant policy, organisational and social frameworks

Natalie Flanagan

The successful and sustainable implementation of research findings in a stakeholder organisation is prefaced by a robust understanding of policy, organisational and social contextual backdrops to the academic research paradigm (Peters et al., 2013). This chapter describes how garnering a solid and early understanding of policy, organisational and social frameworks can lead to a more informed research protocol, a more harmonious collaboration, and, in turn, more practicable findings. Drawing on my own experiences of working with Spirasi (Spiritan Asylum Services Initiative; a Dublin-based organisation offering rehabilitation, psychosocial, and education services to those who have experienced forced migration, trauma, and torture) researching intergenerational transmission of trauma and maternal communication in forcibly displaced families seeking International Protection in Ireland, I provide several examples which serve to underscore the importance of not designing a research protocol in an “academic bubble”. Specifically, I highlight the necessity of incorporating policy, organisational and social contextual factors when designing the research protocol.

Do engage with policy. Extant research suggests that in studies of intergenerational transmission of trauma and maternal communication in forcibly displaced families enduring stressors “matter more to the well-being of...children than the parental traumatic past.” (Dalgaard & Montgomery, 2017, p. 297). In the context of seeking International Protection in Ireland, enduring stressors may encompass prolonged wait times for decisions on International Protection claims, with the average wait time currently reported as being 24 months (Doras, 2020). Acknowledgement of policy-related contextual factors is imperative given that living in uncertainty, punitive asylum protocols, and

prolonged wait times for protective status adjudications can compound the effects of trauma exposure and mental health sequelae (Porter & Haslam, 2005) and are likely to affect trauma transmission (Flanagan et al., 2020).

In a similar vein, knowledge and acknowledgement of the country's current reception system for applicants for International Protection was vital to the design of an informed interview schedule exploring how mothers who are seeking International Protection in Ireland speak to their children about their experiences of displacement, mental health and seeking asylum. In Ireland, applicants and their children often live in overcrowded accommodation and share bedrooms which may impact upon mothers' communication and coping strategies. In my doctoral research, I conceptualized the aforementioned policy-related factors by measuring the length of time spent living in Ireland's reception system, and including topics in my interview schedule which sought to explore the effects, if any, of post-migration influences on maternal communication: "Do you think your experiences of living in Ireland have changed how you speak to your child?" In this way, research findings may be assimilated into a parent-support, psychoeducational group in Spirasi with a view to providing parents with tools to communicate more effectively with their children whilst being cognisant of the realities of seeking International Protection.

Do understand the purview of organisational protocols and supports.

When working with a multidisciplinary stakeholder organisation and a vulnerable sample framework, it is crucial to align data collection procedures with organisational protocols in order to safeguard and protect client and participant wellbeing. This was primarily achieved through collaborating with the therapeutic team and the therapy coordinator in Spirasi. In my capacity as a researcher I was able to identify numerous clients of Spirasi who met inclusion criteria for my research. Before approaching clients to introduce the research, I discussed the appropriateness of the same with the client's therapist. In this way, an open channel of communication was maintained with the stakeholder

organisation throughout the research project, and, moreover, any clients who were deemed unfit to participate in the research due to chronic mental health symptomology were identified and were not approached.

Additionally, it was communicated to clients, both verbally and via participant information leaflets, that participation or non-participation in the research would not affect the services they currently receive, or would receive, at Spirasi. It was also communicated that participation in the research would be governed by the same principles of confidentiality which guided their therapy sessions, that is, confidentiality would only be broken if a disclosure was made which indicated that a child was at risk. In the event that a Spirasi client became distressed during or after participation, I would stay with this individual and call their therapist or the therapy coordinator.

On numerous occasions, Spirasi clients who participated in the research communicated details of the research to other mothers living in their accommodation centres who in turn indicated interest in participation. As these mothers were not Spirasi clients, their participation warranted an extension to participant safeguarding principles. I worked with the therapeutic team at Spirasi to produce a participant debriefing leaflet which signposted these participants to similar, trauma-focused, supporting organisations for example, the Samaritans, the Dublin Rape Crisis Centre or their General Practitioner (GP). By aligning the research protocol to organisational procedures and by maintaining open communication and transparency with staff and clients alike, 77% of those individuals who were approached about the research went on to complete data collection.

Don't forget about social factors. Perceived social supports and social networks are reported to potentially buffer against the effects of intergenerational transmission of trauma in forcibly displaced groups (Flanagan et al., 2020). However, it is also likely that social factors may influence an individual's ability to participate in this type of research. In the context of seeking International Protection in Ireland, most of the accommodation centres are located in rural,

more isolated areas. At the time of data collection as part of this research, adults awaiting a decision on their International Protection claim received €38.80 per week from the state (Doras, 2020). Taken together, these factors place a significant burden of travel on the participant, both in terms of time and cost. This burden of travel was in addition to participatory burden in terms of the requirements of the research itself. That is, the time of completion of measures and participation in interview schedules. By taking these factors into account in the early stages of research design, the research budget can seek to provide for participant travel and sustenance costs. In the case of my own doctoral research, and as the majority of mothers who went on to complete data collection were single mothers, I travelled to accommodation centres for each data collection session. In this way, participation and data collection were not compromised by restraints of time and cost and moreover, mothers commonly reported that they were more comfortable meeting me in their centre as opposed to a more formal, University setting.

To summarise, by anchoring the research protocol in relevant policy, organisational and social frameworks, the research is aligned to stakeholder procedures which in turn allows for a smooth assimilation of research findings at an organisational level. In the case of my doctoral research, conceptualizing policy factors allowed for a more nuanced and contextualized understanding of variables which may affect intergenerational transmission of trauma and maternal communication in forcibly displaced families seeking International Protection in Ireland. Consequently, research findings held direct translational utility for Spirasi therapeutic services with a view to providing mothers with psychoeducational tools relating to how best to communicate with their children whilst navigating an onerous International Protection protocol. Further, an early understanding of organisational and social factors allowed me to work towards building a research roadmap which aimed to safeguard client and participant wellbeing and reduce participatory burden. In this way, it was my experience that the collaboration between the stakeholder and researcher was a harmonious

one, guided by reciprocal communication and mutually agreed upon recruitment procedures. Finally, an early provision for participant budgetary factors allowed mothers to participate without additional burdens of time and cost. It was my experience that this allowance preceded high rates of participation and data collection completion resulting in long, detailed interviews and rich, contextualized data.

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Chapter 8 | Quantitative data collection within an organisation working with a vulnerable population

Rachel Frost

This chapter presents a series of important considerations for the application of quantitative research methods within organisations, with an emphasis on partnerships with organisations catering to the needs of vulnerable groups. Reflecting on my own experience of examining the psychological impact of trauma exposure across a range of vulnerable populations, including among asylum seekers and refugees, as well as individuals that have experienced sexual violence, using a cross-sectional, self-report survey design, this chapter outlines some of the do's and don'ts of conducting quantitative research among vulnerable groups. Specifically, I use examples of conducting research assessing the psychological impact of sexual violence among service users of the Dublin Rape Crisis Centre (DRCC) in order to illustrate the importance of embedding research protocols into existing workflows and procedures, clear and regular communication with those assisting with data collection within an organisation, and ensuring that data collection procedures are not overburdening to vulnerable groups.

Do establish a data collection procedure in such a way that it is integrated into existing workflows and organisational procedures. In the case of the DRCC, this involved integrating data collection within DRCC's therapeutic services, such that only service users who were in receipt of DRCC therapeutic services were invited to participate in the research project. Where DRCC service users agreed to participate, additional time was allocated within a therapy session for the service user to complete the self-report questionnaires.

Establishing the data collection in this manner served to minimise any potential interruption to existing workflows. This also prevented additional burden from being placed upon staff, which is an important consideration when collaborating

with organisations providing services for vulnerable groups as resources may already be overstretched and underfunded. Moreover, embedding the data collection within therapeutic services ensured that the data collection could be sustained beyond the scope of a specific research project. Establishing the data collection in this manner could lead to capacity building within the organisation about how to collect quantitative data which, in turn, may lead to more regular and systematic measurement within the organisation and facilitate the creation of a quantitative database to be drawn upon for future research.

Embedding data collection procedures within organisations that provide services for vulnerable populations can also facilitate research by enabling access to typically hard-to-reach populations in a safe and ethical manner. For example, in the case of sexual violence, the number of individuals who report to authorities, or disclose to others, is relatively low compared to the estimated prevalence of sexual violence within the general population (McGee, Garavan, de Barra, Byrne, & Conroy, 2002). Fear, shame, and stigma have been cited as some of the most common barriers that prevent disclosure (McGee et al., 2002). It can be difficult to conduct research concerning sexual violence as individuals may not come forward for participation or may not have previously disclosed their experience and may become upset when doing so regardless of disclosure. In the DRCC, service users have already shared or identified with their experience of sexual assault and have an established and trusting relationship with their therapist. The therapist-service user relationship may have acted to reassure service users of the confidentiality of their participation. Additionally, the study being conducted within the context of a safe environment, where emotional support was readily available should an individual become upset, is in line with ethical best-practices. However, researchers must also ensure that there is no risk of coercion by involving therapists in the recruitment process and by making it clear to potential participants that their decision to take part will in no way affect the services they are currently receiving, or stand to receive in the future, from the partner organisation. As the DRCC's primary care of duty was to their clients,

not to the data collection procedure, this may have further minimised any risk of coercion.

Do set up clear channels of communication and collaboration with key stakeholders. Before designing a data collection procedure that can be embedded within an organisation's workflow, it is necessary for the researcher to immerse themselves within the organisation and to establish rapport with key members of staff. After becoming familiar with the DRCC and the structure of the organisation, it was necessary to establish communication with key individuals within the organisation. As the DRCC had no previous experience of conducting quantitative research, consistent communication and collaboration were central to ensuring that the organisation was familiar with, and provided support for, the progress and development of the data collection process. This continuous communication and collaboration was key to producing the final research design. In this case, as the primary aim of the research project was to establish the psychological impact of sexual violence, to gather information about traumatic stress and traumatic life events among a vulnerable group within a safe and ethical manner, it was key to communicate with DRCC therapists.

One of the first steps taken to achieve this consistent communication and collaboration was to establish a monthly meeting with the DRCC therapists. Regular meetings not only provided the opportunity for the therapists to shape the proposal and to voice any concerns about the data collection procedures but was also used to familiarise the therapists with quantitative research methods. For example, individuals who have experienced sexual violence may come into contact with the DRCC via their helpline or via another structure within the service. Rather than approaching all individuals who had experienced sexual violence and had come into contact with the DRCC to participate in the research project, the therapists decided to only invite individuals who were already accessing therapeutic services, as emotional support would be readily available should a participant become upset answering questions about traumatic stress or traumatic life events.

Regularly meeting with the therapists and discussing the progress of the data collection further enabled the identification of emerging barriers that were preventing a successful data collection and helped to generate any solutions to identified barriers. As outlined further below, the length of the assessment was an identified barrier, therefore, the therapist's feedback was instrumental in identifying the self-report measures that should be included in the final research protocol. Overall, establishing regular opportunities for continued communication promoted a collaborative approach, whereby failure to do so might have compromised the organisation's involvement and consequently, their support for the research and the quality of the research.

Don't try to measure everything all at once. One of the main early barriers identified during the aforementioned monthly meetings was the volume of self-report questionnaires included in the original research proposal. Specifically, the initial version of the survey contained questions relating to the psychological impact of sexual violence, as well as information about the potential risk or protective factors that may impact the development of traumatic stress following sexual assault (e.g. social support, attachment styles, posttraumatic cognitions and many more variables). This initial version took service users an entire therapy session to complete, doubling the time that therapists had to spend with each client, taking up a considerable amount of the client's time, and potentially impeding on the therapy session itself. This ultimately proved unfeasible for the therapists to maintain and they expressed concern that service users would be overburdened.

Based on this feedback, only two questionnaires were ultimately retained in the research proposal and all other questionnaires were removed. As the main objective of the research was to assess the psychological impact of sexual assault, questionnaires that were not integral to achieving this objective were omitted. To measure for traumatic stress symptoms a self-report measure referred to as the 'International Trauma Questionnaire' (Cloitre et al., 2018) was selected.

In addition, a self-report measure referred to as the ‘Life Events Checklist’ (Weathers, Blake, Schnurr, Kaloupek, Marx, & Keane, 2013) was selected to measure for trauma exposure history. However, as typically this measure only accounts for experience that occur after 18 years, the ‘Life Events Checklist’ was adapted to account for traumatic events that occurred before and after the age of 18 years. The removal of the other questionnaires significantly reduced the length of time taken to participate. Ultimately, only 5-10 minutes was needed to complete both of these self-report questionnaires.

Overall, the decision to remove the additional questionnaires likely increased the chances of completing the data collection by ensuring the therapists’ continued support and engagement with the data collection procedures. Failing this, and facing an increased workload, the therapists may have chosen to forgo, rush, or not complete the surveys with clients in order to ensure sufficient time for the therapy session. Additionally, had all of the questionnaires been retained there was greater potential for people to withdraw their participation due to becoming overwhelmed or disinterested. Reducing the number of questionnaires thus increased the chances of securing a large enough sample size to conduct the necessary data analysis. Had the questionnaire not been reduced significantly, it may have taken a significantly greater length of time to collect the large enough sample size required in many quantitative studies in order to conduct the necessary data analysis.

Do allow sufficient time to amend research protocols, including amendments to ethics applications. Those familiar with research understand that a considerable amount of time must be dedicated to the development of a research proposal, securing ethical approval, and establishing data collection procedures. In practice, where changes are made to the research procedure, data collection must be put on pause whilst the updated research proposal is resubmitted for ethical approval. The amount of time dedicated to these tasks should not be underestimated.

Ultimately, the DRCC data collection was a success and provided the DRCC with evidence-based information about the psychological impact of sexual violence. However, by the time enough data had been collected to conduct the necessary data analysis, there was insufficient time to write an entire thesis based on this primary data set alone. To secure my PhD within the requisite timeframe, I therefore had to supplement the research with secondary data analyses and compare findings from the DRCC to findings from other trauma-exposed populations. Identifying sources of additional data is therefore recommended.

Conclusion

Establishing a quantitative data collection procedure within an organisation's existing workflows can be invaluable for that organisation and for the individuals they seek to support. In the present case, the DRCC is looking to maintain and sustain this type of measurement long term to facilitate further research evaluating the mental health needs of individuals who present to their therapeutic services. Ultimately, generating this information is necessary as measuring the psychological impact of sexual violence is essential for laying the groundwork for the development and evaluation of policy responses for mental health (Walby & Towers, 2017). Depending on the context in which one is conducting research concerning a vulnerable group, research considerations may be somewhat different. This chapter aimed to illustrate some of the key considerations to be aware of and to highlight that collaboration with an organisation working with your specific research population may be essential to facilitate your research.

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Chapter 9 | Using Existing Data within Organisations: Considerations for Secondary or Administrative Data

Christina Gleeson

Many organisations already routinely gather data in order to monitor their services and organisational goals, much of which can act as rich sources of information to address or complement equally pertinent research questions. Likewise, accessing secondary data can help reduce duplication, can allow for the incorporation of more retrospective approaches within one's study design, and can serve to avoid many of the challenges and delays associated with the collection of primary data among vulnerable groups, including issues of access and participant recruitment. This chapter draws on my own experience of accessing and using existing administrative data spanning four years of client intake in Spirasi (Spiritan Asylum Services Initiative; the Care Centre for Survivors of Torture in Ireland), who offer rehabilitation, psychosocial, and education services to those who have experienced forced migration, trauma, and torture. With the objective of assessing psychosocial vulnerability among asylum-seeking and refugee populations, I was granted access to both active and archived materials within the organisation. Reflecting on this process, I present important considerations for those planning on conducting research using secondary, and more specifically administrative data, available from within existing organisations. **Do adhere to current guidelines and procedures in order to access to the data.**

There were many ethical standards to be met both prior to and during access to the data in my study. As I was registered in one country for my PhD (Northern Ireland), but the research took place in another (Ireland) two independent ethics committees had to approve the research protocol to ensure that the project was conducted safely and with regard for best practices of working with vulnerable individuals in the United Kingdom and Ireland. Even though retroactive consent to use clients' information had been obtained during clients' assessments, I had

to ensure that this consent was given freely, in an appropriate environment, with any required language supports available. Likewise, since I was not present when consent was obtained I had to be certain, and equally demonstrate this to the ethics boards, that consent was obtained ethically and safely. This included explaining, step by step, the procedures used in Spirasi for obtaining informed consent, submitting a copy of the consent page included in each assessment form to the ethics boards of each institution, as well as a description of which clinician was responsible for obtaining consent, how many people were present during this, and confirmation of whether appropriate language supports, i.e., interpreters, were provided for the assessment.

The respective ethics boards also required that access to data was limited to redacted files. That is, I could not access files from which personal identifiers were not removed. This went a long way to ensure that clients' anonymity was maintained. However, and given the number of files I had to access, this additional step added considerably to the existing workload. It also meant that I had to locate an individual who could spend time redacting these files. This individual would have to read through each file meticulously and ensure that no single piece of identifying information was included in the redacted files. It was important that this person understood the nature of the project and which information should and should not be visible to me.

I had initially and naively assumed that there would be a colleague in the partner organisation available to undertake this role, but the time-consuming task would have added unmanageable pressure on the limited resources of this organisation. I was fortunate to have one of my research colleagues available on-site to assist me with this task instead. However, I should have given more forethought regarding potential alternatives available to me if this option had failed. If the files could not have been redacted this would have essentially halted the project.

Another challenging task was locating and gaining access to over 400 client files. Approximately half of these were archived and simply finding these took

a considerable amount of time. What is more, the archived files were located across different office spaces, kept separate from the active files. Consequently, approximately 200 files had to be sourced from various offices within the organisation, each of which had to subsequently be brought into the research room, where they had to be redacted. The logistics of this also had to be co-ordinated in conjunction with the respective clinician's timetable across each of the rooms to which I required access. As mentioned earlier, this took a considerable amount of time because it also involved my research colleague and I co-ordinating our timetables so that I would be on-site when she redacted each file, and I could extract the information I needed straight away. We also had to consider that a proportion of the client files were currently needed by clinicians so that we could not use these files for too long. Moreover, files could not be removed from the organisation's offices and we could not gain access to the premises after business hours and we were therefore very much limited also by the timetable of the organisation. Even in cases where some information was available through the organisation's online database, Salesforce, we were not permitted to access this outside of the building.

All of the offices were either in use during business hours or locked, with limited access between clients and lunch breaks. As I did not have ad hoc access to these offices, I had to gather as many files as I could whenever the opportunity arose. Furthermore, the organisation was in the process of conducting file reviews rendering some files unavailable to me at that time. Spirasi regularly conducts reviews of their files to determine whether they should remain open and available, i.e., active clients, or whether they should be archived in cases that clients are no longer using the service. The need to locate and collate archived files from a variety of different locations meant there were days and I had to postpone data access, causing additional delays within the project timeline. A detailed, co-ordinated plans of how, logistically and practically, you will access your data from the organisation is therefore highly recommended.

Do recognise that you will have little to no control over the quality and completeness of the data. Missing data is often inevitable within secondary data. And although this was something that I was expecting, I underestimated the extent of missing data and the difficulties this would cause. A substantial amount of missing cases cannot be redeemed by statistical software. Therefore, sample size calculations should account for the likelihood of missing data and you should plan to compensate for the possibility of large numbers of missing items. In my case, less than 50% of the sample was ultimately useable.

In addition to missing data, the use of secondary data means that one cannot control for the quality of the data collected. Each of the files I accessed contained assessment forms, completed by clinicians, and self-report mental health measures, answered by clients, as posed by the clinician, often with the use of a translator. While the use of routine assessment forms ensured uniformity in terms of the variables being measured and what questions were asked, there was variability across the clinicians in terms of how or whether these questions or items were posed. For example, one clinician may have decided that their client did not ‘appear’ to be symptomatic of posttraumatic stress disorder (PTSD), and therefore did not administer the corresponding mental health measure (i.e., Harvard Trauma Questionnaire). In contrast, another clinician may have systematically administered this measure regardless of whether the client ‘appeared’ to be symptomatic or not. Consequently, in some cases, it was unknown whether clients positively exhibited symptoms of mental illnesses or were asymptomatic.

The use of margin notes by clinicians posed an additional difficulty for data interpretation. Two notable limitations arose from this; firstly, notes that were not directly entered under a particular item or in answer to a question had to be incorporated into an already existing item for coding purposes and, secondly, writing was often illegible and data in these instances had to be omitted.

Conclusion

While there are many benefits to using administrative data for research, including overcoming time-consuming difficulties of working directly with human subjects, secondary data still carries its challenges. The decision to use secondary data, however, should be balanced with considerations of the potential for diminished data quality and consistency as well as for the considerable time that may be required to access data.

Chapter 10 | Conducting Qualitative Research in an Organization

Kate Walshe

Qualitative research methods offer in depth insights into various phenomena. It is a useful tool when seeking to understand subjective experiences. In my research with the Dublin Rape Crisis Centre (DRCC), I was concerned with the subjective experience of help seeking in the aftermath of sexual violence. Due to the nature of the topic and the vulnerable population participating, I had to ensure the research was conducted sensitively. Based on my experience of conducting semi structured interviews with service users of the DRCC, what follows is a reflection of how qualitative research can be done sensitively among vulnerable groups.

Do select a qualitative research method that is appropriate for the research question and for use with the population of interest. When conducting qualitative research, there is a plethora of methods to choose from with varying requirements for sample size. Careful consideration of how many participants are needed is important particularly when your research depends upon the disclosure of a very personal and possibly traumatic experience to answer your research question. As a researcher, you must remain cognisant that these experiences may be a difficult subject for participants to discuss. It would be unethical to recruit more participants than needed due to the potential distress participation may cause. In the DRCC, recruitment was managed sensitively by including therapists in the research process. Therapists recommended service users they felt could manage participating in the study, such as those who have been engaged with the service for a significant period of time or those not experiencing psychological distress.

Do ensure protocols are in place to manage risk. Research involving vulnerable populations or sensitive topics require rigorous ethical consideration.

Accordingly, the inclusion of vulnerable participants must be negotiated with the organization facilitating the research. The safety of research participants should be of paramount importance to the organization and the researcher. Developing distress protocols and mechanisms for debriefing participants offer a suitable way of managing organizational concerns for the wellbeing of participants. When conducting my interviews with service users, I managed distress by arranging interviews one to two hours ahead of their regularly scheduled therapeutic appointment. In this way, participants could debrief with their therapist immediately after being interviewed and the therapist could employ therapeutic techniques to manage their distress, should they need it.

Do use organizational insight when designing a semi-structured interview schedule. Service providers in the DRCC are in a unique position of having great insight into the experiences of service users. Using that knowledge to guide research can be very useful and I used this knowledge to inform my interview schedule including the wording of questions, the pace of the interview questions, and probes to use to elicit more information. Together with staff, I conducted roleplays to practise interviewing service users in a sensitive manner, incorporating advice and feedback given to me into the real interviews.

Do ensure interview conditions are carefully curated to ensure maximum comfort and ease of the participant. Pacing the interview and establishing rapport should be prioritised. Fostering rapport is important to build trust and encourage disclosure. This can be done by practicing active listening and empathising with participants while also being sensitive to their needs by monitoring distress (Braun & Clarke, 2013). The rapport established has implications for the data gathered. If participants are forthcoming with information, this should be considered an endorsement of the rapport developed and the atmosphere cultivated. Offering tea or coffee and water with biscuits to cultivate a relaxed and casual atmosphere and can attenuate participants anxiety.

Do remain sensitive beyond the data collection phase. Conducting research sensitively continues past the interview phase. In qualitative research, transcription of the interviews by the researcher is considered central to the data analysis process. Transcription is a process that requires intense concentration and patience so as to capture all the information being communicated by the participant. Transcribing the data personally enables a closeness to the data that could not be achieved if transcription was outsourced. A potential to enhance qualitative data analysis is to employ a data analysis program. NVivo is a computer-based data analysis program specifically for qualitative researchers. Using a software program lends itself to a more organized and structured approach to analysis. It affords the research more time to conduct a more in depth and sensitive analysis of the data. Other advantages include improved access to data through computer-based search mechanisms and a user-friendly interface.

Lastly, **don't ignore the needs of the organization.** It is important to be sensitive to the needs of the organization as well as the needs of participants. Qualitative research is a timely pursuit. Each aspect of the project, from its inception to completion, requires significant consideration. This must be coordinated with the organisations need's and concern for their staff and service users, for whom they are responsible. Managing the demands of the research and organization is crucial for the successful completion of the project. Regular discussions and negotiations with representatives of the organisation ensured the deliverables of the research were applicable and practicable. Attending the DRCC's monthly staff meeting to discuss the progress of the project provided the opportunity for staff to provide feedback and give their input.

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Chapter 11 | Make a dissemination plan, considering how you will effectively communicate findings to relevant audiences

Áine Travers

The main channels of academic dissemination tend to be concentrated around forums that primarily reach other academics, such as peer-reviewed journals and academic conferences. Although these activities are both important aspects of academic work, they do not necessarily guarantee that research findings will be translated into improved policy and practice. Thinking more broadly about dissemination through other channels can provide unique opportunities to achieve wider impact. Some examples of how this can be done will be discussed in this chapter. Drawing on my experiences of conducting research on trauma, mental health and intimate partner violence (IPV) in Northern Ireland in collaboration with the Probation Board for Northern Ireland (PBNI), the following sections present some examples of how dissemination can be imbedded at all stages of the research process.

There are several good reasons for researchers to aim to achieve wider dissemination beyond traditional channels. It is sometimes cited that it takes 17 years for health research to filter down to practice (Morris, Wooding & Grant, 2011), meaning that people are deprived of potentially beneficial intervention for significant periods of time due to ineffective communication. There is also an ethical impetus in that university research is supported by public money, meaning that taxpayers are supporting research that is mostly inaccessible to the public behind journal paywalls. Much of this information is in the public interest, but because of the inaccessibility of academic forums of dissemination, it is often not treated as a public good. As well as this, dissemination can be beneficial to the research process itself. As discussed in previous chapters, reciprocal communication with key stakeholders within and outside a partner organisation can be a useful way for

researchers to get feedback, hear new ideas, and take stock of practitioners' priorities and concerns.

Do leverage existing social media and other organisational communications.

There are several free and easily accessible tools and resources available to researchers to increase the reach of their work and to generate engagement with key stakeholders. Social media is one tool that has significant potential to increase impact. Indeed, a recent study by Klar et al. (2020) has shown that tweets about articles are positively correlated with citations of those articles. However, it takes time for individual researchers to build a following on an individual profile, and so it is useful to have access to a joint social media presence of a research lab or consortium. In the CONTEXT consortium, for example, there were social media pages where all research updates from the network could be shared. Where research is conducted in collaboration with a partner organisation who have an existing social media presence, this can further act as a platform for dissemination of important research-related updates. Working with the PBNI was beneficial in this regard; when I presented at relevant events or published new research findings, for example, the communications team were always interested to receive updates so that they could post about them on the organisation's social platforms. This process required me to think carefully about the key messages of the relevant presentation or paper and consider how to communicate them in a way that would be widely accessible to a general audience. For researchers without access to such a resource, university communications departments can also help to achieve greater reach via institutional social media sites.

As well as social media engagement, working with university or organisational communications teams can also assist researchers in developing press releases for especially significant research findings. Particularly for smaller organisations who might normally struggle to generate media attention, this can be very beneficial as a profiling opportunity to enhance public awareness of the work

they do. For advocacy organisations, releasing some interesting research findings can help attract attention and public interest as well as strengthen the evidence base for their work. Communications teams, therefore, whether based in universities or organisations, are clearly a very useful resource for researchers, and can help achieve mutually beneficial dissemination opportunities.

Do reach out to platforms designed to communicate scientific findings to a public audience. News platforms that invite researchers to write their own content can also be excellent opportunities for research dissemination. For example, sites such as The Conversation and RTÉ Brainstorm provide academics with the opportunity to collaborate with media professionals to write online content about research findings in an accessible style. According to the Royal College of Surgeons Ireland (RCSI, 2019), 50% of people in Ireland seek health information online, although trust in online sources is low. This indicates a need for health researchers help fill a gap in reliable online content with evidence-based scientific material. Researchers are often understandably reluctant to engage with the media as interviewees for fear of their research being misrepresented, and so sites that allow researchers to have editorial oversight can be a happy medium, helping to alleviate these concerns.

Producing this type of original and accessible content in collaboration with such platforms or with communications departments can further provide good opportunities for integrating dissemination across platforms. The idea of integration refers to considering how different methods of dissemination can work together. For example, sharing of online articles or press releases on social media can help to direct traffic to webpages, and vice versa: the online content should contain links back to any relevant social media pages, using the content to build an audience who will be interested in hearing similar future updates.

There may be specific times when engaging in these kinds of activities can be especially relevant or when certain research is particularly newsworthy. International days of awareness can act as opportunities to use trending hashtags

online to communicate important messages about research to more people. In my research, for example, I focused some public engagement efforts around the UN Day for the Elimination of All Forms of Violence against Women. In the wider CONTEXT network, other fellows also engaged in dissemination activities around occasions such as World Mental Health Day.

Don't forget to target policy makers and legislators. Other, more specialised audiences such as practitioners, policymakers or legislators can be reached by producing reports, submissions and policy briefs. One key deliverable of the CONTEXT programme was for fellows to produce a policy brief on one aspect of their research, which could be used by partner organisations or submitted to policymakers. Doing this is one significant way that researchers can help close the research-to-practice gap, directly communicating their findings and spelling out their relevance to those responsible for making and improving law and policy in the relevant area. In my policy brief, I outlined some issues for consideration for the PBNI and wider inter-agency collaboration structures responsible for monitoring perpetrators designated as high-risk. I used the policy brief to summarise potential ways that the latest evidence could be used to strengthen risk assessment practice. It's important that policy briefs contain specific actionable suggestions and so my policy brief included points such as a suggestion for a particular risk assessment tool that may be usefully applied as a means of assessing risk of lethality in high-risk IPV cases by the existing multi-agency structures. I later expanded upon these points and some other areas in a policy and practice-focused article written with the other CONTEXT fellow seconded to the PBNI for the Irish Probation Journal (IPJ; Travers & McDonagh, 2020). The IPJ is a joint platform for probation services in the North and South of Ireland to enhance cooperation and learning between the two jurisdictions. The piece we produced for IPJ highlighted achievements and areas for improvement in relation to IPV prevention in Northern Ireland, ranging from policy and legislation, to probation practice issues such as intervention and risk assessment.

Conclusion

Communicating information about research findings as widely as possible is a component of ethical research practice, and an important means of closing research-to-practice gaps. Not only is engaging with non-academic dissemination channels important for enhancing public access to scientific knowledge, but it also benefits the researchers themselves, being associated with a higher number of citations for their work. This chapter has outlined some ways in which academics may plan for wider dissemination throughout the research process. However, appropriate dissemination strategies differ across projects, and any dissemination plan should begin with consideration of all relevant audiences for the work and how they may best be reached. Awareness of the resources available to researchers – including social media, news platforms and communications personnel – is a good starting point for devising the right dissemination strategy for each specific research project, and planning for maximum impact and accessibility of its findings.

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Chapter 12 | Find alternative ways to communicate your findings

Ida Haahr-Pedersen

“It’s a nice graph you got there, very fancy. It is just, that I don’t know how exactly I can use it in my clinical work”

Successful research dissemination and translation of research results is necessary in order to translate research findings into practice and to reduce the gap between research and practice (Brownson, Eyler, Harris, Moore, & Tabak, 2018). This chapter describes a number of useful techniques that could be used to disseminate a research project at various stakeholder levels within a partner organisation, including during research design and dissemination phases. Drawing on my own experiences of conducting research on childhood polyvictimisation in collaboration with the Danish Children Centres (DCC), I provide a number of examples of when and how research methods and findings can be translated into practically meaningful and useable procedures and outcomes in applied contexts. As outlined in Chapter 4 key tasks of the DCC are to support and coordinate a cross-sectoral effort in cases of suspected or known child abuse through cohesive and coordinated case procedures, with a specific focus on the perspective and needs of the child (Spitz & Bird, 2017). The DCC also carry out an assessment of the child focusing on the potentially traumatic event(s) and their associated reactions. The outcome of the assessment includes a set of recommendations, including specific treatment or intervention needs in the interest of the child’s safety and wellbeing.

Do build dissemination into your research objectives. ‘Poly what?’ is a question I received multiple times during the course of my doctoral research, including from friends, family, and co-workers. The polyvictimisation phenomenon captures those children who have been exposed to multiple different types of childhood harms (Finkelhor, Turner, Hamby, & Ormrod, 2011).

This 'poly what' question, however, became a driving force in the dissemination component of my research and illustrates the importance of taking into account the different audiences and the messages of dissemination tailored to different target groups when communicating or presenting research at various occasions and across different settings. The objectives of my doctoral research were to (1) identify distinct, sex-specific profiles of victimisation co-occurrence in a clinical, high-risk child sample (ages 1-17), while also examining associated adverse psychological outcomes, child background characteristics, and abuse-related factors; and, subsequently, (2) to explore how the findings obtained from the first objective can be used to inform the interdisciplinary work processes of the DCC and strengthen future case management of multiply-victimised children.

Do identify and involve your research audience. Brownson and colleagues (2018) suggest that successful dissemination of research to non-scientists is enhanced when messages are framed in ways that evoke emotion as well as interest and demonstrate usefulness. Research dissemination should therefore be targeted to the specific characteristics and needs of different users and segments (Brownson et al. 2018; Crosswaite & Curtice, 1994). As a research project situated within a clinical practice setting, users in this case were identified as key management personnel and employees of the DCC, the political level monitoring the centres, and the different professional sectors collaborating with the DCC such as local municipalities, police, and medical personnel.

As discussed in Chapter 1, implementation research (IR) approaches imply that the relevant stakeholders should be involved across every phase of the research, from research design, to conducting the research, to the final interpretation and dissemination of findings. This continuous engagement is particularly important to ensure that interventions or the implementation of knowledge reflects the understandings and needs of the real-life practical setting (Peters, Adam, Alonge, Agyepong, & Tran, 2013; Theobald et al., 2018). Drawing on these principles, I involved DCC employees - psychologists and

social workers – as well as managers of the DCC in different phases of the research project.

For example, in the early stages of the research, I presented the study research design at a national DCC conference and disseminated results from an on-going study on Adverse Childhood Experiences (ACEs) (Felitti et al., 1998), polyvictimisation, and associated mental health status among adults in the U.S. (Haahr-Pedersen et al., 2020) in order to introduce and exemplify the concept of polyvictimisation to the DCC personnel. As a part of the conference, employees were engaged in participatory reflection exercises related to the ACEs and polyvictimisation. For example, employees reflected upon which type of ACEs they observe in their clinical work and how they become aware of these.

Later in the research process, I visited the five regional DCC and conducted six participatory workshops with the employees and centre management staff. Here I presented the results from the first objective of the study to the centre employees. With reference to IR, the engagement of employees was particularly important since they ultimately represent the ‘end-users’ who will be affected by the final recommendations for future work processes. As the DCC employees carry out the data registration on child assessment cases in the centres (i.e. the data that was used generate the results of the study), they also represent the practical, local, and contextual perspectives and understandings with regards to the data. The involvement of the employees in the research process therefore further facilitated a co-interpretation of the results.

I also presented the research design and introduced the methodology (i.e., victimisation profile study methodology) at two management meetings while also presenting relevant existing studies on polyvictimisation in order to allow the managers to familiarise themselves with the method and the research theme. As a part of the meetings, participants were also engaged in cross-sectoral reflection exercises on practical experiences with polyvictimisation cases in order to obtain an understanding of the different sectoral experiences with complex cases of child abuse.

I also engaged in 12 exploratory 'discussion sessions' or exploratory interviews with different sectoral representatives working in or collaborating with the Danish Children Centre for the Capital Region (CCCR) including police, medical personnel, children centre social workers and psychologists, and municipality social workers in order to generate a fundamental understanding of the organisational context. Different themes were discussed in the sessions including work procedures, different sectoral tasks, cross-sectoral collaboration, professional roles and sectoral responsibilities, and different professional understandings of the polyvictimisation concept. These discussions align with the principles of the importance of context articulated in IR and the discussions also served as a guidance for the later analysis. As an example, a children centre employee expressed how in many cases, child physical abuse is just 'the tip of the iceberg' as the children encountered in the centres also experience various other adversities and stressors in the home and in their lives. Insights like these – sought in tandem with a review of the extant research literature – guided the definition of a contextually relevant and meaningful polyvictimisation concept within the DCC setting that emphasised both direct types of violence and other types of childhood stressors. These local professional understandings and perspectives were thus important to consider and integrate when creating feasible recommendations for future work practices within practical settings.

Don't forget to engage on a political level. Finally, the Danish National Board for Social Services - the political level - was also engaged in the study process as they represent an important stakeholder in terms of being the controller of the national children centres database, in addition to acting as the link to the political department monitoring the DCC. Any future changes in the database structure, such as an increased focus on polyvictimisation in the DCC data, therefore requires action and authorisation from the board. The preliminary findings linked to the first study objective were presented to the board and the specialised employee team were engaged in discussions of the results. The presentation of the preliminary findings to the board and the involvement of this stakeholder

served to facilitate future and continuous collaboration on the polyvictimisation concept within the context of the DCC at the more structural and political level.

Figure 1 illustrates the continuous stakeholder engagement and dissemination activities employed throughout the project period.

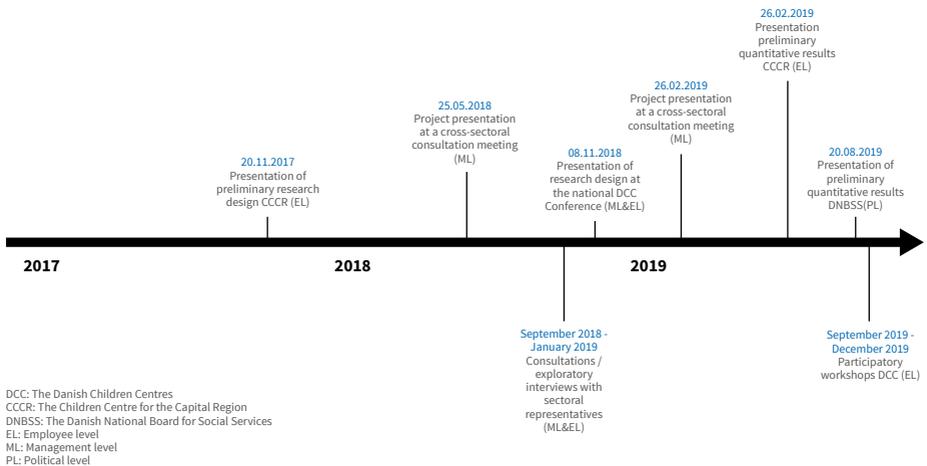


Figure 1: Overview of stakeholder engagement and continuous dissemination activities

Do present research methodologies, analytical techniques, and results in an accessible way to communicate the usefulness of the methods and procedures in an applied context. In the study on polyvictimisation within the context of the DCC, I used the statistical technique latent class analysis (LCA) to identify patterns of victimisation among children assessed in the DCC. LCA is a data reduction technique that seeks to summarise the observable data in a substantively meaningful way by classifying individuals into a number of homogenous and mutually exclusive latent classes characterised by similar response patterns to categorical data (Murphy, Houston, & Shevlin, 2007; Nylund, Asparouhov, & Muthén, 2007). Advanced statistical techniques, such as LCA, when not presented in clear way with a focus on applicability, may be difficult for practitioners to

immediately interpret and apply in practice settings (Debowska, Willmott, Boduszek, & Jones, 2017). Therefore, all of the aforementioned stakeholder sessions focused on presenting the methodology in a visual and accessible way, such that the methods were translated into clinically meaningful procedures (see Figure 2) and to help the professionals familiarise themselves with different data analysis techniques.

Quantitatively the same - qualitatively different

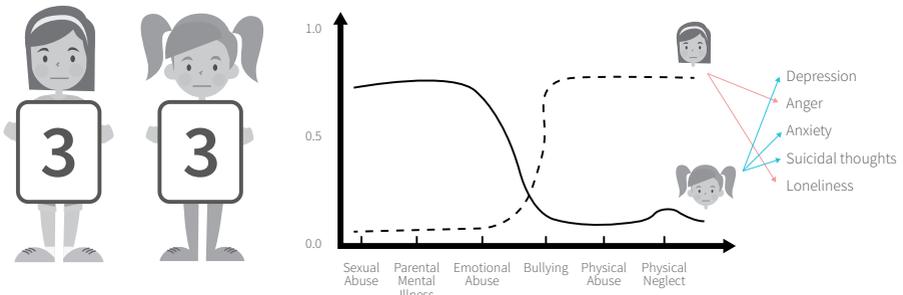
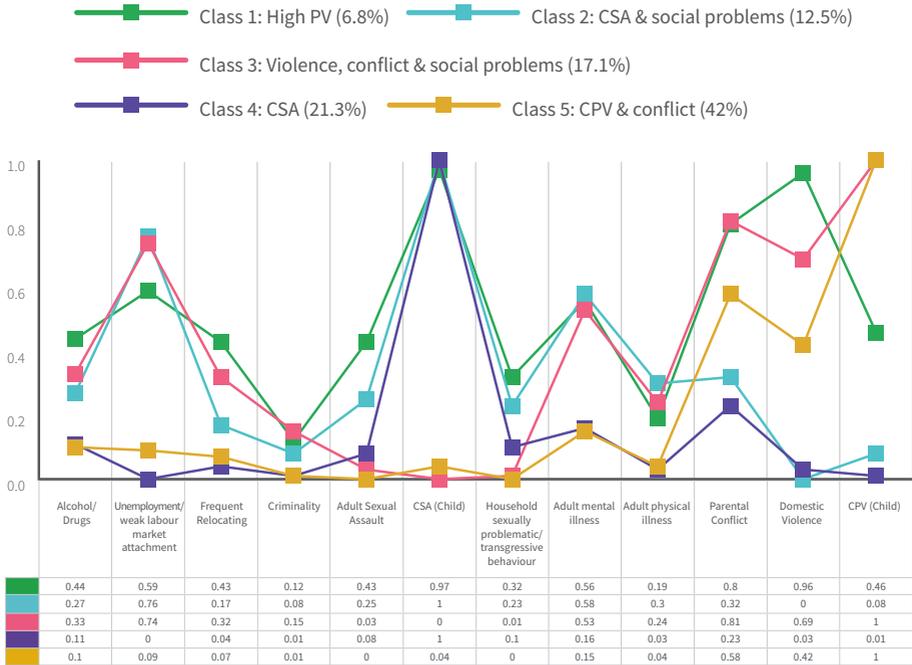


Figure 2. Visualisation of an advanced quantitative profiling technique (latent class analysis) used for stakeholder dissemination

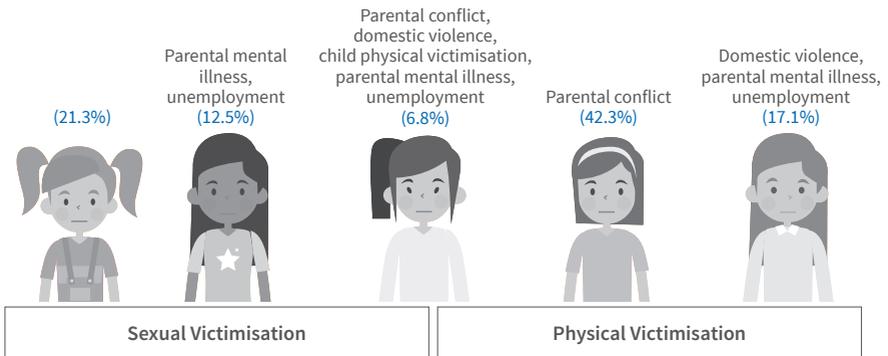
While graphs, numbers, and probabilities represent ideal dissemination tools in some research and practice settings, a more visual-oriented presentation focusing on words and illustrations may work better when disseminating findings for audiences in other settings. The engagement of stakeholders throughout the research was therefore also used to generate a more communicable version of the research findings using visual tools to make the results easier to remember (see figure 3).

Figure 3: Examples of different dissemination styles for LCA



Style 1: Plot for LCA child victimisation study (female analysis), 5 victimisation classes identified

Translation of LCA findings



Style 2: Visual representation of the 5 victimisation classes

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Chapter 13 | Additional considerations for resource-constrained and complex settings

Camila Perera & Kinan Aldamman

This chapter presents the experiences of conducting research in two organisations located within resource-constrained contexts. More specifically, it summarises the lessons learned by two CONTEXT researchers who independently conducted research among forcibly displaced persons in Colombia and humanitarian volunteers in Sudan. Both studies were conducted in the context of Red Cross and Red Crescent National Societies, and in collaboration with the International Federation of the Red Cross, Red Crescent (IFRC) Reference Centre for Psychosocial Support, based in Copenhagen (Denmark). The Red Cross and Red Crescent National Societies are national volunteer-based humanitarian organisations which support people affected by disasters, armed conflicts, migration, and similar conditions in a neutral, independent, and impartial manner. The IFRC is a global coordination platform that constitutes from the membership of all the Red Cross Red Crescent National societies and serves as an international reference, support, and coordination platform for humanitarian affairs¹.

We recount a series of examples to illustrate key ethical and practical considerations required to properly prepare for conducting research within humanitarian settings. While the first example focuses on the experience of researching the experiences of vulnerable populations affected by a migration crisis, the latter focuses on the humanitarian volunteers who usually deliver the services to persons with humanitarian concerns. Both examples were conducted in non-western contexts. Through these examples, we are aiming to offer cross-cutting guidance of conducting research within these settings, including both organisational and contextual considerations.

Research in the Context of Colombian Red Cross (Camila Perera)

Conducted in collaboration with the IFRC Reference Centre for Psychosocial

¹ For more information about the IFRC, and Red Cross Red Crescent National Societies, please visit www.IFRC.org

Support, based in Copenhagen (Denmark) and the Colombian Red Cross, in Saravena (Colombia), my doctoral work emerged from a series of requests made to the IFRC Reference Centre for Psychosocial Support from other Red Cross and Red Crescent National Societies seeking guidance on how to implement the World Health Organization's low-intensity psychological interventions (e.g. Problem Management Plus and Self-Help Plus) for displaced populations. The overall aim of the research was to contribute to existing knowledge on the implementation of low-intensity psychological interventions for improving psychological outcomes among forcibly displaced persons. This was ultimately achieved using a multi-method approach including expert consultations, questionnaire data, qualitative multi-stakeholder interviews and focus group discussions with lay provider and mental health specialist Red Cross staff and volunteers as well as clients or beneficiaries of Red Cross services. The Colombian Red Cross acted as the implementing partner, with data collected through their offices in Bogotá and Saravena. Conducting research in a complex setting, in this case, in an area of Colombia that is still affected by the internal armed conflict, posed various ethical and practical challenges, as discussed below.

Do secure in-country ethical approval: There are a number of reasons why researchers from high-income countries should seek and receive ethical approval locally before conducting research in low-resource or humanitarian settings. A local ethical board is able to determine whether the planned research project meets the needs, cultural and social values of its population and whether the research processes abide to the country or region's data protection and research requirements. A local Ethical Review Board is better placed to determine the impact the investigation might have on participants and what strategies should be put in place to protect them. When local ethics committees do not exist, approval from organisations where the research will be conducted should be sought. When submitting the application for in-country ethical approval in Colombia, many local ethical boards were not able to process my application since I was not affiliated to a local research institution. Researchers interested

in conducting research in countries other than the one they are based in, should consider this limitation and assess whether it is feasible to involve researchers from a local university or research institute as a way to facilitate the process of securing in-country ethical approval.

Do place safety above research: Conducting research in a conflict area poses numerous ethical and logistical challenges. In their review, Chiumento, Rahman, Frith, Snider, and Tol (2017) identify ethical principles of MHPSS research in emergency settings relating to scientific research design, participation, safety, neutrality, and purpose and benefit. Researchers should consider safety when gathering groups, take extra measures to ensure strong confidentiality and anonymity procedures, avoid (inadvertent) disclosure, put in place adequate responses to research participants' discomfort or adverse reactions, including functional referral pathways for care, and ensure research team self-care. Participants and the research team's safety is considered essential in humanitarian settings and researchers are required to put mechanisms in place to guarantee safety. Research should only be conducted when it is advised and strictly necessary and when the safety of the research team and participants can be guaranteed. To this end, security risk assessments should be conducted frequently by the researcher in collaboration with the implementing partners to ensure that research activities (e.g. asking participants to travel through unsafe areas at inappropriate times) do not put anyone at risk. To guarantee their safety, the researchers must also fully be willing to adapt to the circumstances and heed to the security advice of local organisations. Prepare for data collection trips to be cancelled or postponed and be flexible in the need for some interviews or workshops needing to be held over the Skype or phone.

Do culturally adapt tools and interventions: Another important consideration of conducting research in humanitarian emergency settings is the cultural and contextual adaptation of instruments, tools and interventions, including informed consent procedures, used in research projects. Using instruments

and interventions that have not been culturally adapted can have negative consequences and lead to unintended harmful practices and distrust in local services. Culturally and contextually adapting interventions is an ethical responsibility, as it reduces the risk of experiencing programmes or interventions that intrude or transgress individual cultural values and norms. Despite its noted importance, there is a dearth of literature documenting the process of cultural adaptation of interventions in a systematic way, both within and outside humanitarian contexts. To help bridge this gap, as part of my PhD work I developed a four-step process for culturally adapting interventions in humanitarian settings (Perera et al., 2020).

Do remain flexible in your approach: Conducting research in complex settings also means that project timelines must remain flexible, not only due to security reasons but also due to the organisation's workflows and culturally-distinct organisational practices. In other words, be aware that organisations might have different ways of organising their time and that workflows and organisational traditions (e.g. hierarchies of communication and bureaucratic processes) may vary from context to context. To avoid major project delays due to these circumstances, researchers should meet regularly with the organisation to evaluate and reconsider the feasibility of the project deadlines.

Don't forget your budget. Conducting research in complex settings is costly. Not only for the researcher, who must account for travel and accommodation outside of their University, but also in terms of in-country transport and the need to consider potential additional costs of drivers, enumerators, translators, and in some cases, travel reimbursements for study participants. Given the need for flexible timelines and additional travel costs, researchers should consider relocating to the country for the duration of the main research activities. Additionally, if budgets allow, an initial trip to meet key members of the partner organisation and plan research activities together is advised. This initial meeting could prove incredibly valuable for building trust among the research team and

will help researchers to better prepare for the multiple challenges of conducting research in humanitarian contexts.

Research in the Context of Sudanese Red Crescent Society (Kinan Aldamman)

Also conducted in collaboration with the IFRC Reference Centre for Psychosocial Support (PS Centre), and the Sudanese Red Crescent Society (SRCS; the Headquarters in Khartoum, and the White Nile Branch in Kosti), my doctoral work was built and designed to understand how managerial practices and organisational support influence the well-being of humanitarian volunteers in the context of the SRCS. The SRCS is the largest humanitarian organisation in Sudan, which works in various humanitarian conditions in the country. SRCS volunteers respond annually to seasonal floods, provide humanitarian aid to people affected in a prolonged armed conflict, deliver essential humanitarian aids to refugees from a neighbouring country, as well as to conduct community services. Therefore, and while the humanitarian needs in Sudan locate on a wide spectrum that includes severe food and livelihood insecurity, lack of health and nutrition services, inadequate water and sanitation, shelter and protection services, and education facilities, the work of SRCS volunteers is complex at the level of demand and the available funds and recourses.

Given what we know of the increased risk of adverse psychological outcomes for humanitarian workers (Brooks, Dunn, Amlôt, Greenberg, & Rubin, 2016), the overall aim of the current research was to advance our understanding of the factors that contribute to the mental health and well-being of humanitarian volunteers. The research employed a multi-methods approach including a literature review, desk review for SRCS documents, informal observations of volunteer activities, key informant interviews with volunteer leaders and experts within the context, quantitative survey for SRCS volunteers, interviews with volunteer leaders and focus group discussions with the volunteers.

Do not underestimate the value of, and do take the time and resources necessary, to build a strong partnership with the collaborating partner as early

as you can. This can include making regular phone calls as early as you can with your contact persons at the partner organisation, trying to introduce yourself to many managerial levels, build the trust and define your focal points and contacts. And, as the above suggests, an initial visit to carefully plan the research activities and meet members of the organisation, budget permitting. Prior to implementing any research related activities, it is important to clearly agree on the roles and responsibilities of the researcher and the partner organisation, as a way to clearly communicate the shared objectives of the partnership. In the case of this doctoral work, a Terms of Reference was prepared in order to outline the research and cooperating aims, the responsibilities of the researcher, the research activities and timeframe, what is required from the partner organisation, and who will be the focal persons for the research. Early engagement in this process on behalf of the researcher is critical in order to solidify this partnership, and as the partner organisation may have their own procedures, regulations and resources for putting in place such a partnership.

Do be mindful of human resources.

Additionally, many organisations may not have sufficient human resources to allocate to research activities. Especially in resource-constrained or complex contexts with high demands, as was the case in Sudan, the organisation's human resources will be completely tied up in humanitarian activities. Therefore, the researcher should take into consideration the time and energy required from the partner organisation to allocate for research activities, such as the recruitment of participants and coordinating the data collection field visits. Minding those considerations earlier in the research journey and discussing them with the partner organisation will help to mobilise the needed human resources. Early and close coordination is therefore required since the partner organisation might not have a research experience nor be aware of what is necessary to conduct research.

Do take the time to understand the cultural, as well as socio-political context of the location(s) of your work. In addition to demonstrating flexibility for different

cultures of work, and as outlined in Chapter 6, researchers should continuously and actively seek out current, reliable information on the socio-political context of their research location(s). The latter is especially necessary where research is within humanitarian settings, whereby constantly changing conditions can easily affect the timeline and security of research activities. In my own case, data collection took place during a time of rising political turmoil in Sudan (October 2018). Following the news and reading the reports continuously as well as consulting with stakeholders helped to formulate a sort of security assessment with respect to planned data collection trips. Since the beginning of the unrest in Sudan, I started a regular exercise of following the news, reading the relevant social media channels, and the humanitarian organisations' reports. Being able to follow the news in Arabic, the formal language in Sudan, was an added value. Receiving updated field information from the Danish Red Cross drove me to modify the data collection plan to address any potential security escalations. Accordingly, researchers are strongly advised to be in regular communication with people who speak the language to identify the possibility of political escalation. The decision to make an urgent field trip for data collection purposes was taken accordingly. Even with careful consideration of this decision however, the last ten days of data collection were conducted amidst complete emergency status, whereby demonstrations and violent actions were extremely prevalent. The organisation's deep understanding of changes to the geopolitical context and the neutral nature of the SRCS society helped to navigate travel within this and were indispensable to the research and to my personal safety.

Likewise, taking the time to understand the culture of the SRCS as well as those of its volunteers proved an essential step to increase the trust placed in me by study participants, facilitating participant recruitment, and ultimately helped to increase the reliability of my research findings. To achieve this, I read about the traditions in Sudan, the social norms, and the common nature of the communities. Deeper discussions with a Sudanese friend helped to familiarise myself with the context. Reading about the country history, particularly the roots

of the current humanitarian conditions helped me to develop helpful insights into various elements of the culture. Furthermore, seeking in-country ethical approval, as described in greater detail above, can also lend itself to familiarising oneself with local ethical and procedural research conventions. This further helps with building trust among study participants, who can be reassured that the procedures of the study have been revised and approved locally.

Do prepare for limited connectivity. While Internet-based surveys are common in Western contexts, many resource-constrained settings still experience limited or irregular connectivity. Similarly, access to the Internet, including access to certain sites, may be limited in some contexts. The financial barrier to accessing connectivity for those in resource-limited contexts may also act as a barrier to research participation. For example, my research involved an Internet-based survey through which I had planned to reach and recruit a large cohort of SRCS volunteers. Despite having tested the Survey link from Khartoum, Internet access proved to vary considerably across different Sudanese states, posing many challenges in terms of being able to reach all volunteers. Internet connection might be costly, internet literacy might be inadequate, or access to the web might be constrained based on the socio-political situation (e.g. external sanctions, governmental ban). Therefore, researchers should assess logistics carefully and early in order to conduct academic activities more efficiently.

Do prepare to explore and to apply new methods in your research and to validate the existing ones prior to use. While methods and procedures are considered fixed in many traditional research practices, my experience conducting research within a humanitarian setting required that I adapt my data collection tools. For example, I noted during my initial visit with volunteers that they were not used to engaging with researchers in the more formal style of key informant interviews and focus group discussions. They had however, experience in engaging in multiple trainings as part of their work with the SRCS. Consequently, and in order to better align my research to the experiences of

humanitarian volunteers (i.e. the research participants) in this context, I decided to introduce vignettes as a data collection tool in the context of focus group discussions (FGDs). Specifically, vignettes included descriptions of the type(s) of people, scenarios and places that were more likely to reflect their own personal experiences as humanitarian volunteers. Using vignettes ultimately helped to explain more complex topics to participants while also doubling as an icebreaker with participants, leading to better engagement during the FGD.

Another example is the validation of scales of measuring mental health outcomes in the local language before using them. Choosing previously Arabic-validated scales alone was not satisfactory enough. It was noted, for instance, how the Arabic version of the adverb “never” that is used in one scale may be understood as “always” among Sudanese volunteers. Thus, the translations were adapted accordingly, engaging both mental health professionals and volunteers from SRCS.

Conclusions

Conducting research in resource-limited settings, specifically humanitarian contexts, presents a number of additional challenges in terms of logistics, ethics, and the need to invest additional time to build a strong cultural and socio-political understanding of the partner organisation, participants and the study location(s). Preparing for such challenges, in close and constant collaboration with the partners organisation is a key pre-requirement to ensure that research findings achieve maximum benefits. What helped both of us in conducting our research was that we spoke the same language of our population, and we had previous experience within the context of IFRC and Red Cross Red Crescent Movement. Researchers who don't have such advantages might, expectantly, need to allocate further resources (e.g. time) to integrate themselves within the contexts which they aim to research.

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