

Applying a Trauma-Informed Approach to Monitoring, Evaluation, Research, and Learning Activities

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Introduction

Leading, supporting, and/or overseeing monitoring, evaluation, research, and learning (MERL) activities¹ in an active war zone is challenging, especially if you have not prepared to conduct activities during a war. The effects of the full-scale Russian Invasion have forced program implementers in Ukraine to reevaluate their approach to program design and delivery for all activities to allow for adaptation to an everchanging situation. The UNITY program had been implementing activities in Ukraine for one and a half years before the full-scale invasion. This brief was developed as part of the UNITY program to respond to a growing need to provide guidance on how to apply a trauma-informed approach to MERL processes and activities and describes best practices, including ethical considerations and strategies for engaging vulnerable populations in MERL activities as team members and as participants.

Trauma-Informed Approaches in Rapid MERL Activities

What is trauma?

Trauma is a deeply distressing or disturbing **experience**, due to an **event**, series of events, or circumstances, which is physically or emotionally harmful, overwhelming, or life threatening and that has adverse **effects** on an individual's physical, social, or emotional well-being and ability to function. Individuals who experience trauma may suffer a wide range of symptoms, which can be influenced by one's age, personal history, and support systems, among other factors. The way an individual is affected is not a reflection of one's personal strength, but rather one's histories of traumatic experiences or other life stressors. For the purpose of this brief, the content provided will refer to supporting survivors of psychological trauma.

What is a trauma-informed approach?

Trauma-informed approaches in the context of MERL activities lead with compassion and recognize the significant impact of trauma on individuals and communities. Facilitators using a trauma-informed approach aim to develop or restore a sense of safety, self-efficacy, connection, care, and empowerment with affected individuals. This care includes creating physically and emotionally safe and comfortable spaces for participants, validating one's feelings, helping them connect with others, and offering information on services in the community.

There are six principles of a trauma-informed approach:²

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and contribution
5. Choice and control

¹ Monitoring, evaluation, research, and learning (MERL) activities are the processes that are applied at the design and implementation stages of a program to ensure the program is evidence-based and focused on achieving meaningful results that align to program objectives (e.g., development of a theory of change, development, and measurement of key performance indicators, etc.).

² Substance Abuse and Mental Health Services Administration, SAHMSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication NO. (SMA) 14 – 4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

6. Cultural, historical, and gender issues

How do you apply a trauma-informed approach in MERL activities?

Trauma-informed principles are guidance for MERL activity design and implementation. They can be used to help identify concrete pathways and develop best practices for integrating a trauma-informed approach into day-to-day MERL activities. The six principles are holistic, overlapping, and all equally important. MERL staff³ should incorporate trauma-informed approaches to uphold each of the six principles.

Trauma-informed Principle	Application in MERL Activities
Safety. Promoting safety involves creating environments that cultivate a sense of internal (i.e., emotional, psychological) and external (i.e., physical and digital) safety, which is critical when engaging with individuals who are healing from or coping with traumatic stress. Safety is cultivated throughout all stages of MERL and focused on both staff and the people they engage in MERL activities.	<ul style="list-style-type: none">• Prioritize participant safety and well-being; avoid practices that may cause harm or distress.• Train MERL staff on psychological first aid and how to respond to participants who disclose experiences of exposure to war, trauma, and violence.• Provide a comfortable and safe environment, physically and psychologically.• Rightsize⁴ your MERL approach. Plan for fewer data collection tasks and avoid triggering language and questions to prevent risk for re-traumatization of participants.
Trustworthiness and Transparency. Building and maintaining trust involves making decisions and carrying out activities in a transparent manner, involving youth participants, staff implementing MERL activities, and other key stakeholders.	<ul style="list-style-type: none">• Be transparent about the purpose, methods, and expected outcomes of MERL activities and obtain informed consent.• Provide upfront guidance to participants about the nature of questions and risks for triggering responses.• Emphasize the opportunity for participants to opt out of sharing information and discontinue participation, as needed.• Respect the privacy and confidentiality of participants and avoid practices that may be intrusive or stigmatizing.• Promote transparency by taking the time to explain processes in a clear and understandable way and offering anticipatory guidance along the way.

³ Any references to staff in this document refer specifically to staff who are implementing MERL activities.

⁴ Rightsizing M&E activities is a process in the planning stages of a program that involves balancing adherence to funder's reporting requirements with prioritizing the collection of the right data to answer the right questions with the available resources. Rightsizing occurs when activities are "match[ed] between resources (people, time, and money) and goals ... activities, processes, and methods are coordinated and efficient ... and data are non-duplicative and meet program management, leadership, and compliance needs" (Lavin and Nurik 2019, 7).

	<ul style="list-style-type: none"> • Provide guidance to staff on how to proactively manage potential situations where participants may experience emotional distress. • In MERL activity consent forms, describe any situations and exceptions when disclosure of personal information and breaking of confidentiality is permitted, ethical, and legally required (e.g., disclosure on ongoing situation of abuse in youth's home).
<p>Peer Support. Peer connection and interaction should be strongly promoted and supported through MERL activities.</p>	<ul style="list-style-type: none"> • Take care of and support MERL staff to prevent their traumatization. • Provide participants and MERL staff with safe, accessible (i.e., physically or remotely), and vetted referrals to MHPSS services to support their ongoing self-care. • Create opportunities that allow individuals experiencing trauma to explore building trust, collaborate with others, and connect with peers who may have similar lived experiences.
<p>Collaboration and Contribution. Trauma can compromise relationships leading to social withdrawal and mistrust of others and organizations. This principle emphasizes that healing happens in relationships where there is meaningful sharing and levelling of power, and all parties feel included in decision-making processes in MERL activity direction and design.⁵</p>	<ul style="list-style-type: none"> • Engage with participants to design and implement MERL activities and consider their perspectives, strengths, and needs. • Engage participants in instrument question development to ensure they are appropriate and sensitive to the needs of participants. • Foster relationships between MERL staff and youth participants that are participatory, collaborative, and based on mutual interest and influence.
<p>Choice and Control. A common effect of trauma and traumatic stress is the feeling of loss of control and autonomy as well as a sense of helplessness. For this reason, trauma-informed approaches stress the importance of choice and control as key elements to recovery. In all MERL activities and interactions, individuals' strengths and</p>	<ul style="list-style-type: none"> • Ensure participants are aware that MERL activity participation is voluntary. Give participants control over the process to the extent possible. Participants should never be penalized in any way for discontinuing their participation at any time. • As those who have experienced trauma often feel a loss of control, participants should be provided with opportunities to make decisions throughout the process (e.g., explaining the type of questions beforehand and giving participants the choice of whether to continue).

⁵ Ibid.

experiences should be recognized and built upon. ⁶	<ul style="list-style-type: none"> • MERL staff should acknowledge their positionality and view themselves as facilitators and supporters of youth, and not attempt to control youth decision making. • Structure MERL activities in a way that empowers participants to make individual choices and regain some level of control.
<i>Cultural, Historical, and Gender Issues.</i> Applying a trauma-informed approach needs to happen within an understanding of cultural, historical and gender issues. This means MERL staff must reflect on how accessible or inaccessible one's activities are to potential participants with diverse racial, ethnic, religious, gender, socioeconomic, disability characteristics or from different geographies.	<ul style="list-style-type: none"> • Be intentional in language use; ask participants what terms resonate with them. • Ask participants to share their preferred gender pronouns and encourage them to use a pseudonym instead of their given names, if desired. • Use participatory and culturally appropriate practices. • Empower participants to use the information generated through MERL activities to make informed decisions and take action to improve one's own lives and communities. • Ensure MERL activities do not reinforce cultural stereotypes and biases, which can interfere with the integrity of MERL activities and risk re-traumatization, compromising efforts to build relationships and restore trust. • Invest in learning about the cultural practices and histories of youth groups who engage in MERL activities, leveraging the healing value of cultural connection and understanding of any historical traumas.

Using a trauma-informed approach in the context of MERL activities aligns with the importance of adhering to ethical and Do-No-More-Harm⁷ practices in the context of research. It is important to recognize that leading with care and compassion may require slowing down the pace of MERL activities to provide appropriate support and referrals to resources. Thus, MERL staff should be strategic in developing timelines, including modifying activities as needed and contingency planning. Right-sizing requires meeting the deadlines, expectations, and requirements of MERL activities while also ensuring that only necessary data is collected to answer MERL activity questions within the bandwidth of MERL staff and available resources (Lavin and Nurik 2019).

⁶ Substance Abuse and Mental Health Services Administration, SAHMSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication NO. (SMA) 14 – 4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁷ A Do-No-More-Harm approach means we take proactive steps to mitigate negative unintended consequences to beneficiaries, partners, and staff as a result of harm caused by our activities and/or past and current harm related to existing identity-based disparities and structural forms of discrimination" (IREX, 2022).

A Trauma-Informed Approach to MERL Activities in Ukraine

The war in Ukraine impacts Ukrainians of all ages. It affects feelings of safety and access to resources resulting in a sense of personal loss, including loss of opportunity and loss of homeland. For youth, the war compounds the lasting psychological effects of the global COVID-19 pandemic during their formative years, meaning a sense of loss of a “normal” childhood. Despite this, some individuals and family are looking forward and starting a new life, which may bring up complex feelings about how much their lives have changed due to the war. In recognition of this, staff implementing MERL activities in Ukraine should do the following:

- Recognize that any discussion of the war may cause emotional distress.
 - Recognize that the war could retraumatize people who have already experienced trauma from emergencies, wars, crises, and community or gender-based violence.
 - Consider how lighting, room layout, and sudden noises could be triggering, particularly when working with communities who have experienced frequent or recent shelling.
 - Understand that sharing of any information was voluntary and participants may be less comfortable or willing to provide information, particularly on topics that relate to or remind them of the war and how it has affected them. Participants may also be more likely to disengage and leave the data collection process altogether, sometimes abruptly, to process and self-regulate any distress and difficult emotions.
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Do-No-More-Harm Considerations

MERL activities should always be designed with the intent to support youth participants and staff, and not cause any further harm. The Do-No-More-Harm approach in the context of a trauma-informed approach recognizes that individuals who have experienced trauma may be more sensitive to being re-traumatized by the people and systems around them. This approach means not taking actions that could negatively impact the physical, mental, or emotional safety of staff, participants, and community members. For example, this may mean NOT collecting data on history of mental health, substance use, sexual orientation, or other topics that could be stigmatizing, re-traumatizing, and/or are not related to research questions, program scope, and the outcomes it seeks to address. **Re-traumatization** can occur when there is a situation or environment that resembles an individual's trauma literally or symbolically, surfacing difficult feelings and reactions. To the person in this situation, they may feel as if they are re-living the original trauma. Re-traumatization can be caused by sounds, smells, or even certain words that remind the participant of the traumatic experience.

The Four Rs of a Trauma-Informed Approach to MERL

- **Realize:** Everyone, at all levels of the team, should be trained to have a basic understanding of how trauma can affect individuals, families, groups, and communities.
- **Recognize:** Everyone, at all levels of the team, should be able to recognize signs of trauma. These signs will be contextually and culturally specific to local meanings and understandings of trauma and can differ based on diverse individual characteristics and the presence of protective and risk factors.
- **Respond:** Staff interacting with individuals, groups, or communities who have experienced traumatic events should receive dedicated training and develop strategies to build institutional capacity, so they can respond with culturally appropriate, trauma-informed behaviors and actions. This response includes developing and working to increase survivor-centered attitudes and practices among staff through opportunities that promote self-awareness of unconscious biases and attitudes.
- **Resist re-traumatization:** Staff should be trained and evaluated on one's ability to operate in ways that reduce risk of re-traumatizing participants and staff. Organizations should address staff wellness, reduce stressful work environments, and create a supportive work culture. Organizations should examine policies and standard practices directed at participants for the risks of re-traumatization.⁸

Staff Self-Care In and Out of the Workplace

MERL staff who work with survivors of violence, war, and trauma are also at risk for experiencing vicarious trauma. **Vicarious trauma** is the cumulative impact of exposure to information related to events or experiences of trauma, which can result in personal distress and other negative effects on mental and physical health outcomes.^{9,10}

Conducting MERL activities with participants who may be disclosing sensitive and engaging in self-care strategies is critical to ensure team members are able to carry out one's work and support MERL participants, as needed. When engaged in a constant state of stress without taking any action, MERL staff are at increased risk for experiencing burnout. **Burnout** is a

⁸ Gender-based Violence Information Management System [GBVIMS] Steering Committee. 2017. Interagency Gender-Based Violence Case Management Guidelines. Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings." https://gbvresponders.org/wp-content/uploads/2017/04/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf

⁹ Monash Gender and Family Violence Prevention Centre, Domestic Violence Victoria and Domestic Violence Resource Centre Victoria. (2021). Best Practice Guidelines: Supporting the Well-being of Family Violence Workers During Times of Emergency and Crisis. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia.

¹⁰ For additional information on vicarious trauma in Ukrainian see [Understanding and Coping with Vicarious Trauma](#).

special type of work-related stress — a state of physical or emotional exhaustion and related behavior changes that also involves a sense of reduced accomplishment and loss of personal identity. Burnout is often not recognized by the person experiencing it, especially for those who support and take care of others. Instead of taking a break and resting, they may try to work even harder with little or no time to relax. This is why peer support is crucial. When they notice it, peers can bring up burnout in an approachable and sensitive way, while suggesting strategies to promote self-care.¹¹

Reference the following strategies to support short-term and long-term care needs of MERL staff:¹²

- **Take a Break.** Step away from it all, physically or mentally (e.g., read books or watch films, play games, talk to friends and family about things other than paid or volunteer work).
- **Rest.** Practice having no goal or timeline and doing relaxing things (i.e., on the grass watching the clouds, sip a cup of tea, take a nap, go for a walk).
- **Play.** Engage in activities that make that lighten spirits or produce laughter (e.g., share funny stories with a friend, play with a child, be creative, be physically active).
- **Remember what you do is important.** Remind yourself of the importance and value of your work.
- **Stay connected.** Reach out to family, friends, and colleagues for support or friendly conversations.
- **Notice the little things.** Pay attention to the simple things in life that bring joy.
- **Mark transitions.** Celebrate successes and mourn losses with loved ones through traditions, rituals, or ceremonies.
- **Take time to reflect.** Write down thoughts, say prayers or meditate.
- **Undertake growth-promoting activities.** Do something new and challenging (e.g., learning, arts).
- **Speak to a professional.** Consider reaching out to a mental health professional about your well-being.

Ethical, Safety, and Inclusion Considerations

Applying a trauma-informed, Do-No-More-Harm approach to MERL activities includes applying strategies that are ethical, inclusive, and promote the safety of MERL staff and participants. Strategies include the following activities and approaches:

- Always minimize the potential risk for re-traumatization by being mindful of the impact that the process may have on participants who have experienced trauma.
- Conduct a safety assessment to identify potential risks associated with activities and develop strategies to mitigate risks.
- When connecting with participants, staff should avoid triggering questions and be mindful of questions that may bring up traumatic memories.

¹¹ For more information on re-traumatization, vicarious trauma, and self-care, see the BASIC Ph resources [here](#). To learn more about embedding MHPSS practices and staff care. See the CARE-GBV project's How-to-Note on [MHPSS](#) and [self and collective care](#).

¹² The Konterra Group. (2015). [Vicarious Trauma](#). Washington, D.C.

- Provide support to participants as needed by providing information for support services and resources, such as counseling or medical care.
- Apply inclusive approaches that enhance the opportunities for individuals of diverse intersectional identities¹³ to meaningfully engage in activities.
- Ensure processes are culturally appropriate and sensitive to local contexts.
- Encourage participation from a diverse range of individuals, including those from marginalized communities, through inclusive recruitment and implementation approaches that enhance accessibility.
- Provide information about activities in a format and using language that is accessible and understandable to all participants, regardless of one's level of education or language proficiency.

Safeguarding Considerations for Trauma-Informed MERL Activities

When embedding a trauma-informed approach to MERL activities, considerations related to protection from all forms of abuse and/or sexual exploitation^{14,15,16} must be taken into account.

- Feedback mechanisms can identify incidents of abuse. Staff have a responsibility to respond to suspected or confirmed incidents of abuse and should do so applying a survivor-centered approach¹⁷ that prioritizes prevention and mitigation.
 - Staff should receive training so they can document incidents appropriately, provide real-time support to youth participants, and direct them to accessible vetted services in the community for further assistance.
 - To better understand the potential needs of youth participants, staff can conduct vulnerability and needs assessments to determine appropriate safeguarding supports for youth from different communities, including marginalized groups who may be at higher risk for discrimination and harm or have additional challenges accessing relevant supportive services.
 - To ensure youth participants are directed to supportive, trusted, and quality services when needed, staff should map available youth-friendly and responsive services, including for vulnerable sub-populations (e.g., Roma community members), that provide general and legal case management, mental health and psychosocial support, and reproductive health services.
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¹³ Intersectional identities refers to how different demographic characteristics of individuals, including their age, race, class, ethnicity, citizenship, and disability status can overlap and lead to further marginalization of specific groups of people.

¹⁴ [USAID. 2023. USAID's Guidance on Child Safeguarding for Implementing Partners. Washington, D.C.: USAID.](#)

¹⁵ [USAID. 2023. Action Alliance for Preventing Sexual Misconduct \(AAPSM\). Washington, D.C.: USAID.](#)

¹⁶ [USAID. 2023. Protection from Sexual Exploitation and Abuse \(PSEA\) Frequently-Asked Questions. Washington, D.C.: USAID.](#)

¹⁷ [Plan International \(2018\) Child-Friendly Feedback Mechanisms: Guide and Toolkit. United Kingdom: Plan International.](#)

Embedding a Trauma-Informed Approach in Remote Activities

Given the current prevalence of remote and virtual activities, it is crucial to consider the impact of trauma and the need for a trauma-informed approach in these contexts. Remote MERL includes the use of online surveys, video conferencing, and electronic data collection tools, including smartphones and tablets.

Tips for Conducting a Trauma-Informed Interview¹⁸

- Focus on building rapport and relationships: do not rush conversations and take time to listen.
 - Do not be afraid to be vulnerable and share personal things about yourself.
 - Be empathetic.
 - Listen slowly and with concentration on what participants share.
 - Slow down activities as needed based on participants ability to engage meaningfully and staff bandwidth.
 - Use language that is invitational rather than requiring someone to do something.
 - Be intentional in the language you use by asking participants what terms resonate with them.
 - Ask participants to share what they need to feel safe and comfortable, physically, and emotionally.
 - Use participatory and culturally appropriate practices.
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A trauma-informed approach to remote MERL activities incorporates an additional layer of sensitivity to the potential impact of trauma on data collection processes that do not occur in-person. For example, trauma survivors may need additional support and resources to feel comfortable and safe during the virtual data collection process (e.g., participating off video), and the data collection process may need to be adapted to avoid triggering traumatic memories. Staff should consider the below guidance when conducting remote activities.

- Virtual data collection places the responsibility for ensuring participant safety on the participant. If staff are not confident participants can ensure their own emotional safety, they need to reassess whether they can ethically collect data.
- Data collection that is carried out remotely is less effective for building rapport and trust. The processes used should increase transparency (e.g., who is present in the virtual and physical room, etc.) to counter that.
- Remote data collection has the potential to support peer connection, but it can also increase the risk of harassment through virtual means, if too much personally identifiable information (PII) is shared. Protect personal contact information and

¹⁸ These considerations are applicable both when carrying out interviews in-person and remotely

facilitate individual connections at the request of participants, not automatically or universally.

- Select data collection methods and tools that promote collaboration and contribution (e.g., Jamboards, Miro, etc.) that allow the participants to control how and what they contribute and see the results of the group's work.
- Empower participants to make their own choices for how they engage in data collection activities. Provide options for how they can participate (i.e., individual or group, synchronous or asynchronous, written response or audiovoice/video voice, etc.).
- When planning activities, consider disparities in access to remote communications platforms and electronic devices (i.e., mobile phone or computer use) prior to selecting remote data collection mode to avoid reinforcing those disparities.

Working with and Supporting Vulnerable Populations in the Context of the War

Some sub-populations of Ukrainians, particularly with diverse intersectional identities, were marginalized before the war and their experiences of the war in Ukraine have resulted in further traumatization. The Roma population has experienced discrimination, stigma, and historical oppression and violence that has worsened since the onset of the war. When working with marginalized groups, like the Roma, extra precautions, care, and sensitivity should be taken when providing services (e.g., access to housing, mental health care, etc.).

Confidentiality and privacy of participants is paramount in conducting MERL activities, and even more critical when implementing remote activities with individuals who may have experienced trauma. This step means being careful about how information obtained from participants is accessed, stored, used, and shared.

At all stages of MERL activities, staff should also show **empathy** and provide support to participants, particularly if they have experienced trauma and may find the digital process triggering. This support includes being mindful of the potential impact of digital tools and platforms on participants' well-being, and providing support and resources as needed.

Youth-Friendly Feedback Mechanisms

A key component to applying a trauma-informed approach to MERL activities with youth involves creating opportunities and spaces for youth participants to share their recommendations for enhancing MERL activities. Feedback mechanisms that are youth-friendly should be tailored to the age and developmental stage of youth participants, secure and confidential, considerate of gender and emergency settings dynamics, inclusive, accessible, and developed with the input of relevant youth populations. Feedback mechanisms may include youth-friendly handouts with key information and accompanying images for relevant supportive resources in the community,

listening and reflection sessions with different sub-populations of the youth community, SMS helplines, and training and engagement of youth team members to collect information on participant's satisfaction on MERL activities. Feedback mechanisms may be used by participants to capture information on experiences of harm and abuse. Thus, all MERL staff should be trained on how to respond to reported incidents and provide appropriate support to youth participants.

Ethical Considerations for Conducting Activities with Youth^{19,20}

Adhering to ethical principles and applying a trauma-informed approach to MERL activities is critical for all populations engaging in MERL processes. However, due to issues of power dynamics, isolation, and prejudice, certain marginalized groups including the Roma community^{21,22,23,24} and youth, are at increased risk for harm which must be considered when designing and implementing activities.

Principle	Application of Ethical Considerations
Safety	<ul style="list-style-type: none"> When engaging with youth, do not conduct any MERL activities that would adversely affect them. Recognize that due to their younger age, some youth may not be aware beforehand of how their participation in a data collection activity may impact their feelings of physical and emotional safety now and in the future. Check-in with participants throughout the data collection activity, pausing and confirming their interest in continuing to engage in the activity, especially if participants appear distressed. Information about community services and resources (e.g., mental health care) should be shared to address any unintended impacts resulting from difficult experiences or emotions shared during their participation.

¹⁹ WHO Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies, 2007 (<https://www.who.int/publications/i/item/9789241595681>); SVRI Knowledge Exchange Pivoting to remote research on violence against women during COVID-19, 2020; for tips xii-xviii: Adapted from Johnson, N. 2016. "Trauma-Informed Evaluation: Tip Sheet for Collecting Information" Wilder Research; pp. 1-3 ([https://www.svri.org/sites/default/files/attachments/2020-08-13/Knowledge Exchange Pivoting to remote research on VAW.pdf](https://www.svri.org/sites/default/files/attachments/2020-08-13/Knowledge%20Exchange%20Pivoting%20to%20remote%20research%20on%20VAW.pdf)); for tips xix-xxiii: UN Women (2022) "Rapid Gender Analysis in Ukraine Reveals Different Impacts and Needs of Women and Men" (<https://www.unwomen.org/en/news-stories/news/2022/04/rapid-gender-analysis-in-ukraine-reveals-different-impacts-and-needs-of-women-and-men>)/ for tips i-xi: WHO Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies

²⁰ To find out more about working with youth who are survivors of trauma see [How to Support Survivors of Gender-Based Violence When a GBV Actor Is Not Available in Your Area: A Step-by-Step Guide for Humanitarian Practitioners \(2020\)](#).

²¹ <https://www.coe.int/en/web/commissioner/-/commissioner-urges-more-coordinated-efforts-by-all-member-states-to-meet-the-humanitarian-needs-and-protect-the-human-rights-of-people-fleeing-the-war>,

²² <https://www.coe.int/fi/web/commissioner/-/let-us-fight-discrimination-and-prejudices-against-roma-fleeing-the-war-in-ukraine>,

²³ <https://jacobin.com/2022/04/russian-war-invasion-ukraine-roma-romani-violence>

²⁴ <https://tribunemag.co.uk/2022/09/roma-refugees-hungary-ukraine-war>

Trustworthiness and Transparency	<ul style="list-style-type: none"> • Ensure that data collection protocols, including consent language, are age-appropriate and tailored to the education and literacy level of participating youth, and reviewed by technical experts with experience collecting data from youth. • Before collecting any information from youth who are legal minors (i.e., under age 18), seek informed consent from a safe adult (e.g., parent, guardian). Seek consent from the participating youth according to international ethical standards and national and local laws.
Peer Support	<ul style="list-style-type: none"> • Train staff on how to engage youth who are survivors of violence, including teen dating and domestic violence. Make sure staff are aware of available resources that address the needs of youth who have experienced abuse, including referrals to additional services. • Encourage youth peers in data collection activities to share when they agree with or have experienced or felt similarly to what other youth share in discussions. They can share orally, in writing, or via emojis (e.g., a heart when someone shares something that makes them sad to show care).
Collaboration and Contribution	<ul style="list-style-type: none"> • Use participatory approaches (e.g., youth-led participatory action research)²⁵ to include youth in activities and tailor methods to their developmental stage. • Youth of different ages may feel more comfortable participating through certain modalities than others. Approaches include having participants use emojis to convey their thoughts and emotions, if they do not want to talk verbally or in writing. This participation may include raising their hand, giving a “thumbs up,” adding a “+1” to indicate when they agree with another participant’s response, but prefer to not articulate their agreement. These youth-friendly approaches may be particularly helpful when youth are feeling complex emotions and may feel less comfortable expressing themselves in words. • Incorporate youth-friendly feedback mechanisms to promote safeguarding²⁶ and allow for youth to provide suggestions for improvement to MERL approaches.²⁷

²⁵ Youth-led participatory action research (YPAR) is “an approach to scientific inquiry and social change grounded in principles of equity that engages young people in identifying problems relevant to their own lives, conducting research to understand the problems, and advocating for changes based on research evidence” (Ozer, E., 2016, p. 189)

²⁶ As per USAID, “child safeguarding is used to describe the prohibitions and actions necessary to prevent and respond to incidents of child abuse, exploitation, and neglect perpetrated by implementing partners’ personnel across all sectors of an intervention or program. It constitutes what is appropriate behavior when working with children. Child safeguarding also includes systems and mechanisms established by organizations to ensure the safety of child participants in the presence of staff or outside parties.” For more information on child safeguarding and protection see [USAID’s Guidance on Child Safeguarding for Implementing Partners](#).

²⁷ Plan International (2018) [Child-Friendly Feedback Mechanisms: Guide and Toolkit](#), United Kingdom: Plan International.

Choice and Control	<ul style="list-style-type: none"> • When planning for data collection activities with youth, ask youth what they need to feel comfortable, safe, and supported when participating in data collection activities. • Recognize that difficult topics may arise in conversations throughout all stages of MERL activities. Particularly at the open and close of data collection activities, embed questions that are focused on strengths or shared feelings and experiences that demonstrate similarities between participants to start and end activities on a positive note.
Cultural, Historical, and Gender Issues	<ul style="list-style-type: none"> • Historically, soliciting youth perspectives has not been prioritized in research activities.²⁸ In applying participatory approaches to data collection processes, apply a strengths-based approach. This involves recognizing when youth participants share difficult experiences and appreciating their openness and contributions while also highlighting how they have processed and responded to the situation in a positive way.

Conclusion

Applying a trauma-informed approach to MERL activities upholds the principles of trauma-informed care and research ethics, while minimizing the risk for harm to MERL participants. As next steps, staff implementing MERL activities should consider:

1. Developing standard operating procedures as a starting point for when to apply a trauma-informed approach;
2. Conducting training to ensure they are able to recognize, appreciate, and respond to the needs and provide appropriate support to participants;
3. Creating reference tools for trauma-informed approaches to aid in implementing activities;
4. Compiling sharing a list of referrals to services and agencies;
5. Examining policies and standard practices directed at participants for the risks of re-traumatization;
6. Prioritizing self-care among staff at all stages of MERL activities to decrease the risk of vicarious trauma; and
7. Organizing reflection sessions for MERL staff to review implementation and areas for improvement.

²⁸ Hawke LD, Relihan J, Miller J, McCann E, Rong J, Darnay K, Docherty S, Chaim G, Henderson JL. [Engaging youth in research planning, design and execution: Practical recommendations for researchers](#). Health Expect. 2018 Dec;21(6):944-949. doi: 10.1111/hex.12795. Epub 2018 Jun 1. PMID: 29858526; PMCID: PMC6250868.

ANNEX: Resources

1. Zelenska, O., Zbitnyeva, O., Kasyan, T., and Degtyareva, O. (2021). Barrier Free Handbook. Available here: <https://bf.in.ua/en/>
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