Project Details	
Project Code	MRCNMH26Ba Atkinson
Title	Understanding and supporting psychological trauma related to the experience and treatment of eating disorders
Research Theme	NMH
Project Type	Dry lab
Summary	Eating disorders (EDs) can be linked to early trauma (physical and psychological). However the experience of having an ED – and going through treatment – can also be extremely distressing for both patients and their families. This project aims to better understand secondary trauma (caused by the disorder or its treatment), and work with individuals with lived experience of an eating disorder, carers, and clinicians, to develop better support within ED services. It will adopt mixed methods, including a systematic review of existing research, online surveys, and qualitative interviews. It offers opportunity to make real differences in providing compassionate mental health care.
Description	**Background:** Trauma is both a risk factor for and a consequence of eating disorders (EDs), particularly among young people. A substantial body of research has established that individuals with EDs—especially those with bulimia nervosa or binge eating disorder—frequently report histories of trauma, including childhood abuse, neglect, and interpersonal violence. These trauma histories are associated with more severe ED symptoms, poorer treatment outcomes, and higher rates of comorbid mental health conditions such as post-traumatic stress disorder (PTSD; Gorrell et al., 2023). In addition to pre-existing trauma, there is growing recognition that the experience of the eating disorder itself and its treatment—particularly inpatient or intensive interventions—can be traumatic. This includes experiences such as nasogastric tube feeding, physical restraint, loss of autonomy and other traumatic experiences related to compulsory treatment, and witnessing extreme distress in other patients, family or friends. Families, too, may experience trauma when witnessing the acute deterioration or extreme distress of a loved one, or even experiences of violence on the part of acutely unwell young people. Despite increasing awareness among clinicians, there is little research to date, and currently no structured, evidence-based pathway or clinical guidance to identify, validate, and address this secondary or iatrogenic trauma within ED health care services. **Aims:** This PhD project aims to understand the experience of secondary trauma in people with eating disorders and/or their families and its impact; identify opportunities for screening, assessment and intervention at different stages (e.g., assessment, treatment, discharge); and co-develop a trauma-informed care pathway and clinical guidance tailored to ED services. The pathway will support clinicians in recognising and responding to trauma-related experiences, and service users in processing their experiences, during and following treatment, with a strong emphasis on safety, consent, and emotional validation. **Research objectives and methods:**

The research will use iterative cycles of literature review, gathering new data, and consultation, to explore the nature and impacts of secondary trauma, key targets for intervention, potential evidence-based clinical tools and solutions, and develop clinically useful guidance to provide innovation in mental health services. This is expected to comprise:

Stage 1: Systematic Review and ethics applications

- Study 1: Review of existing literature on secondary/iatrogenic trauma in mental health and ED services. Identification of key processes contributing to risk/experience of trauma, and nature of the trauma itself, as well as existing screening tools, intervention models, and trauma-informed care frameworks relevant to ED settings.

Stage 2: Mixed Methods Exploration of Secondary Trauma in EDs

- Study 2a: Mixed-methods (both quantitative and qualitative) surveys targeting patients, carers, clinicians and service staff to assess self-reported trauma and ED-related measures, related neuropsychological (e.g., dissociation, emotion regulation, cognitive appraisals) and coping (e.g., avoidance, numbing, hypervigilance) responses, and experiences of treatment.
- Study 2b: Conduct qualitative semi-structured interviews with a subset of Study 2a participants to explore deeper and nuanced lived experiences of trauma during EDs and their treatment, and understand care contexts.
- Study 3c: Explore potential for ethnographic study in one or more ED service settings, to conduct on-site observation, informal interviews, and reflective journaling
- Overall: Develop comprehensive framework of presenting difficulties, unmet needs, and barriers/facilitators for appropriate intervention.

Stage 3: Co-Production of Pathway/ Guidance

- Development: Lead collaborative written guiding principles for trauma-informed ED care based on research to date.
- Study 3: Facilitate co-production workshops with stakeholders (including individuals with lived experience, carers, clinicians, and service managers), using participatory design methods to develop a trauma-informed care pathway.
- Overall: Develop associated guidance on trauma screening, validation, emotional stabilisation and other intervention, and referral for trauma-specific interventions, during and following treatment.

Patient and public involvement (PPI):

The student will be supported to develop a small PPI advisory group including patients and carers to guide each stage of the research, including the development of research questions and methods (e.g., whether they are relevant, what we might be missing, what they think about proposed measures and materials), informing results and recommendations, and being involved to co-produce the final pathway and guidance. Integrating views of people directly affected by these issues will increase the work’s relevance and potential for real impact on clinical practice and policy.

Student Ownership and Development:

The student will have significant scope to shape the direction of the project based on their interests and/or emerging findings from the initial

	review. For example, they may choose to focus more deeply on a particular population (e.g., adolescents, carers), a particular care context (e.g. inpatient, outpatient), to investigate specific trauma-related symptoms (e.g., dissociation, emotional dysregulation), or develop/evaluate new or adapted resources where nothing appropriate exists (e.g., screening tools, brief intervention adjuncts, trauma-informed aftercare/relapse prevention resource). This project is ideally suited to a student with a background in psychology, psychiatry, or mental health sciences, and a strong interest in eating disorders, trauma-informed care and innovative service improvement.
Supervisory Team	
Lead Supervisor	
Name	Dr Melissa Atkinson
Affiliation	Bath
College/Faculty	Humanities and Social Sciences
Department/School	Psychology
Email Address	ma2293@bath.ac.uk
Co-Supervisor 1	
Name	Dr Jasmin Langdon-Daly
Affiliation	Bath
College/Faculty	Humanities and Social Sciences
Department/School	Psychology
Co-Supervisor 2	
Name	Professor Larysa Zasiekina
Affiliation	Exeter
College/Faculty	
Department/School	Psychology
Co-Supervisor 3	
Name	Professor Davina Allen
Affiliation	Cardiff
College/Faculty	
Department/School	School of Healthcare Sciences