



# Advancing the frontier of trauma research: The role of the Archives of Trauma Research

Esmail Fakharian <sup>1</sup>, Maryam Najafi <sup>1</sup>, Reza Hosseiniara <sup>2\*</sup>

<sup>1</sup>Trauma Research Center, Kashan University of Medical Sciences, Kashan, Iran

<sup>2</sup>Research Center for Biochemistry and Nutrition in Metabolic Diseases, Kashan University of Medical Sciences, Kashan, Iran

\* **Corresponding Author: Reza Hosseiniara.** Research Center for Biochemistry and Nutrition in Metabolic Diseases, Kashan University of Medical Sciences, Kashan, Iran. **Email:** [hosseiniara7@gmail.com](mailto:hosseiniara7@gmail.com)

**Received:** 11 October 2025 **Revised:** 5 December 2025 **Accepted:** 27 December 2025 **e-Published:** 28 December 2025

**Keywords:** Archives of Trauma Research, Trauma, Emergency, Trauma research.

## Editorial

*Archives of Trauma Research* (ATR) (eISSN: 2251-9599) has steadily evolved into a platform for disseminating interdisciplinary insights into trauma care, prevention, rehabilitation, and outcomes. Since its inception in 2012, the journal has built a substantial corpus of knowledge, publishing over 450 articles across 56 issues (14 volumes).<sup>[1]</sup> As the field of trauma research continues to expand in complexity and scope, our journal aims to stand at the intersection of clinical science, policy development, and human resilience. This editorial highlights emerging directions in trauma research, global publication trends, and the evolving methodological and ethical frameworks shaping the discipline. By reflecting on current evidence and future priorities, we reaffirm our commitment to fostering impactful scholarship and collaborative scientific exchange.

Trauma as an irregular and disordered event is a major cause of mortality and long-term disabilities on one hand and may lead to profound psychological, social, and economic consequences on the other hand, many of which are themselves the result of a continuing process initiated by the primary irregularity, with an indefinite final outcome. As Schnyder emphasized, trauma is a global issue requiring comprehensive research agendas and equitable access to evidence-based care.<sup>[2]</sup> The need for integrated, multidisciplinary trauma research is particularly pressing in low- and middle-income countries (LMICs), where trauma-related mortality remains disproportionately high and data infrastructure is often limited.<sup>[3]</sup>

In this context, ATR seeks to serve as a conduit between

regions, institutions, and disciplines-bridging surgical, psychological, and public health perspectives. This role is reflected in our diverse international contributions, with published articles from Iran, the USA, Brazil, Turkey, India, Mexico, South Africa, Saudi Arabia, China, Germany, Ireland, the UAE, Thailand, Italy, and others.<sup>[1]</sup> By publishing case reports, cross-sectional studies, various types of cohort studies, and interventional research, ATR aims to clarify traumatic events and their underlying causes, ultimately contributing to the development of well-defined and organized knowledge. Our mission aligns with the global shift toward inclusive and outcome-oriented trauma research, first articulated by Ekkernkamp,<sup>[4]</sup> who called for platforms that emphasize interdisciplinary and patient-centered approaches.

Recent bibliometric analyses illuminate the field's rapid growth and thematic evolution. Research has dynamically shifted toward system-based management, prehospital care, and patient-centered recovery.<sup>[5]</sup> The field has also diversified significantly into domains like psychological trauma and rehabilitation.<sup>[6]</sup> In response, ATR proactively adapts its editorial priorities to encourage methodological rigor and promote underrepresented areas, including trauma in low-resource settings and long-term outcomes for pediatric and geriatric populations. Our scope encompasses trauma, emergency medicine, orthopedics, neurosurgery, and related specialties, and we are actively pursuing international development programs to increase our global presence.<sup>[1]</sup>

Robust methodology is the cornerstone of credible trauma research. The field increasingly relies on large-scale registries and multicenter trials to generate

generalizable insights.<sup>[7]</sup> The ATR champions this rigor while also grappling with challenges like data quality variability. Our international editorial operations are underpinned by strict quality policies and diligent peer-review follow-up to ensure accountability and enhance the quality and quantity of submissions.<sup>[1]</sup> Furthermore, the journal encourages exploration of artificial intelligence (AI) to predict trauma outcomes, optimize resource allocation, and personalize rehabilitation pathways. Aligning with calls for a coherent, translational research strategy, the journal advocates for responsible data sharing through data availability statements and open-access ethics, ensuring transparency while protecting vulnerable populations.

Setting global research priorities has become a collaborative effort. Recent initiatives, such as the James Lind Alliance partnership, have identified critical needs in hemorrhage control, rehabilitation, and posttraumatic psychological care.<sup>[8]</sup> The ATR is aligned with this collaborative vision, serving as an inclusive platform for studies that span from molecular biology to prehospital logistics and social determinants of health. The journal supports the formation of national trauma research networks to reduce fragmentation and accelerate knowledge translation.<sup>[9]</sup>

The journal recognizes trauma studies as integral to a holistic understanding of psychological injury. It publishes research on the growing attention to Post-Traumatic Stress Disorder (PTSD), its comorbidities, and neurobiological underpinnings, including the long-term health impacts on aging populations.<sup>[10]</sup> Furthermore, ATR provides a platform for critical work on historical and intergenerational trauma, emphasizing the need for culturally competent care.

The journal has also actively addressed urgent global health and humanitarian emergencies, including the widespread mortality associated with the COVID-19 pandemic<sup>[11-13]</sup> and the humanitarian consequences of regional conflicts such as the Iran–Israel crisis,<sup>[14]</sup> by promoting timely scientific discourse and evidence-based reflection.

Ethical stewardship is the foundation of trauma research. Jefferson et al.,<sup>[15]</sup> systematically reviewed recommendations for research involving trauma-exposed populations, emphasizing informed consent, researcher safety, and mitigation of vicarious trauma. At ATR, we are committed to upholding the highest ethical standards by requiring clear statements on participant welfare, data confidentiality, and conflict of interest disclosures.

### **Conclusion: A commitment to global impact**

The future of trauma research is unequivocally interdisciplinary, collaborative, and global, and ATR is dedicated to being a cornerstone of this progress by publishing high-quality studies that inform policy, refine practice, and ultimately reduce the global burden of trauma. Our indexed presence in databases such as the Web of Science Emerging Sources Citation Index (ESCI), EMBASE, IMEMR, and DOAJ, along with abstracting partnerships with EBSCO, ProQuest, and Hinari, ensures the global discoverability of this work. Our growing impact is reflected in our Journal Impact Factor, which was first awarded in 2022 (0.4), and we continue to build our scholarly influence.<sup>[1]</sup> Our commitment extends beyond publishing; it is about actively cultivating a global research community that is equitable, rigorous, and impactful. We will continue to champion research that bridges the critical gap between high-income and low-resource settings, ensuring that advancements in trauma science benefit all populations. By prioritizing open science, ethical stewardship, and the integration of diverse perspectives - from the molecular to the societal- the journal empowers a generation of scholars. Our ultimate goal is to ensure that the knowledge disseminated through our pages directly translates into saved lives, restored health, and the strengthening of health systems worldwide, thereby meaningfully reducing the global burden of trauma.

### **Availability of data and materials**

The data used in this study are available from the corresponding author on request.

### **Acknowledgment**

None.

### **Competing interests**

None.

### **Authors' contributions**

The author read and approved the final manuscript. He takes responsibility for the integrity of the data and the accuracy of the data.

### **Abbreviations**

ATR: Archives of Trauma Research; LMICs: Low- and Middle-Income Countries; PTSD: Post-Traumatic Stress Disorder; AI: Artificial Intelligence; ESCI: Emerging Sources Citation Index (Web of Science); EMBASE: Excerpta Medica database; IMEMR: Index Medicus for the Eastern Mediterranean Region; DOAJ: Directory of Open Access Journals; Coronavirus disease 2019: COVID-19.

**Ethics approval and consent to participate**

None.

**References**

- Archives of Trauma Research [Internet]. Kashan: Kashan University of Medical Sciences. Available from: <https://archtrauma.kaums.ac.ir/>
- Schnyder U. Trauma is a global issue. *Eur J Psychotraumatol.* 2013;4:20424. doi:10.3402/ejpt.v4i0.20419 PMID:23469313 PMCID:PMC3589434
- Giannoudis P. Trauma care in the UK and beyond: what are the issues? *Injury.* 2009;40(7):681-2. doi:10.1016/j.injury.2009.05.001 PMID:19447386
- Ekkernkamp A. Journal of Trauma Management & Outcomes: a new platform for interdisciplinary, outcome-oriented research in trauma. *J Trauma Manag Outcomes.* 2007;1:1. doi:10.1186/1752-2897-1-1 PMID:18271984 PMCID:PMC2222680
- Du Z, Wang Z, Guo F, Wang T. Dynamic structures and emerging trends in the management of major trauma: A bibliometric analysis of publications between 2012 and 2021. *Front Public Health.* 2022;10:1051083. doi:10.3389/fpubh.2022.1017817 PMID:36388390 PMCID:PMC9663840
- Karaca O, Guldogan C. A bibliometric analysis of publications on trauma in critical care medicine during 1980-2018: A holistic view. *Ulus Travma Acil Cerrahi Derg.* 2020;26(2):287-95. doi:10.14744/tjtes.2020.61595 PMID:32185766
- Conley RTA, Beiene Z, Lenz C, Marmor M. A scoping review and critical appraisal of orthopaedic trauma research using the American College of Surgeons National Trauma Data Bank. *Injury.* 2025;56(2):112161. doi:10.1016/j.injury.2025.112161 PMID:39854810
- Bretherton C, Hirst R, Gacaferi H, Gower J, Exell L, Johnston S, et al. Research priorities for the management of major trauma: an international priority setting partnership with the James Lind Alliance. *BMJ Open.* 2024;14(11):e090178. doi:10.1136/bmjopen-2023-083450 PMID:38754886 PMCID:PMC11107451
- Price M, Kozar R, Bulger E, Jurkovich G. Building the future for national trauma research. *Trauma Surg Acute Care Open.* 2020;5(1):e000610. doi:10.1136/tsaco-2020-000610 PMID:33305008 PMCID:PMC7703420
- Smith B, Kaiser A. Introduction to the special section on the long-term health impact of trauma, posttraumatic stress disorder, comorbid conditions, and aging. *J Trauma Stress.* 2025;38(2):217-9. doi:10.1002/jts.23184 PMID:40534104
- Abdollahi-Kashi E, Azadchehr MJ, Aminipour M, Talari H, Ghafoor L, Abedzadeh-Kalahroudi M, et al. General surgery admissions, operations, and patient outcomes during the COVID-19 pandemic. *Arch Trauma Res.* 2022;11(3):118-22. doi:10.4103/atr.atr\_42\_22
- Mahdian M, Atharizadeh M. COVID-19 pandemic and lessons learned for traffic accidents prevention. *Arch Trauma Res.* 2022;11(1):1-2.
- Roshanaei G, Abdolmaleki S, Saatian M, Farzian M, Bathaei T, Khoshravesh S. Factors affecting hospital length of stay in trauma patients before and during the COVID-19 pandemic: A regional trauma center in Iran. *Arch Trauma Res.* 2021;10(4):221-6. doi:10.4103/atr.atr\_66\_21
- Fakharian E, Mahdian M. The urgent need for Iran's health system preparedness for war-related trauma amid geopolitical tensions. *Arch Trauma Res.* 2025;14(2):63-4.
- Jefferson K, Stanhope K, Jones-Harrell C, Vester A, Tyano E, Hall CX. A scoping review of recommendations in the English language on conducting research with trauma-exposed populations since publication of the Belmont report; thematic review of existing recommendations on research with trauma-exposed populations. *PLoS One.* 2020;15(12):e0243404. doi:10.31235/osf.io/f235e

**How to Cite this Article:**

Fakharian E, Najafi M, Hosseiniara R. Advancing the Frontier of Trauma Research: The Role of the Archives of Trauma Research. *Arch Trauma Res.* 2025; 14(2): 130-131 doi: 10.48307/atr.2026.559142.1300