Lived Experience Perspectives on Re-Traumatisation

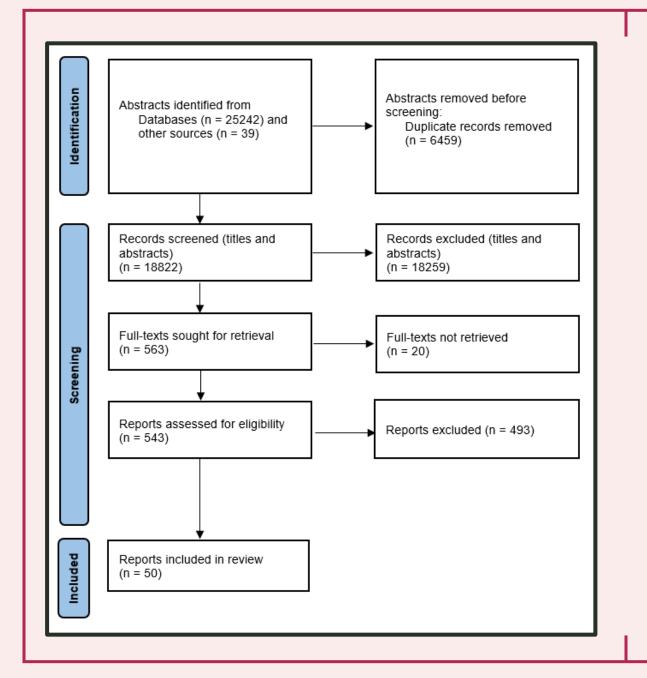
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Trauma-informed healthcare from the perspectives of women who have experienced sexual violence in adulthood

Peeren, Montgomery, Sweeney, Spaducci, Kaul, Smeeth & Oram (2025, in press)







14 DATABASES (LATEST SEARCH 13TH FEBRUARY 2024)

2 QUALITATIVE OR MIXED METHODS

ONLY 2 STUDIES REPORTED

ANY LIVED EXPERIENCE

INVOLVEMENT

Theme 1: Name the violence.

- Sexual violence was often hidden, minimised, or normalised.
- This meant that many survivors struggled to acknowledge what had happened to them.
- Survivors needed time, safety, and gentle support to help them reach this understanding.
- Being able to name the violence was an important step toward healing.
- Naming violence challenged internalised blame and broke through the silencing imposed on them.



Make it visible

Bear witness

Theme 2: Make sexual violence visible.

- Sexual violence remained invisible in healthcare settings that:
 - lacked safety for disclosure
 - failed to recognise it as a health issue
 - imposed frameworks that overlooked survivors' own understandings and trauma context.
- Survivors needed:
 - space to disclose
 - validation of their experiences
 - responses that acknowledged trauma
 - Responses that recognised sexual violence as a gendered violation of human rights

Name the violence

Make it visible

Bear witness

Theme 3: Bear witness.

- When consent was disregarded or responses dismissed distress, it could reproduce the violation, dehumanisation, and silencing of sexual violence.
- Survivors needed to be treated as whole people, with empathy, respect for autonomy, and dignity.
- Attuned, respectful care helped promote healing through rebuilding trust, restoring agency, and affirming survivors' worth and humanity.

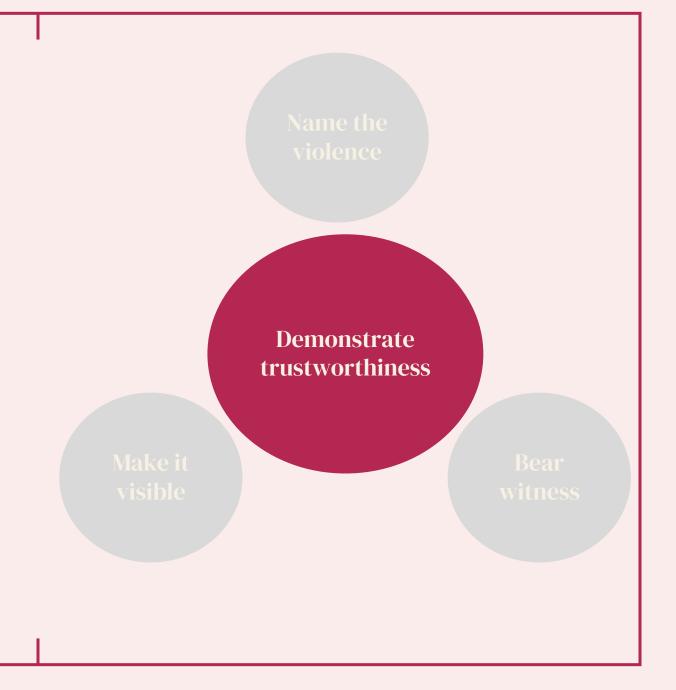
Name the violence

Make it visible

Bear witness Demonstrating trustworthiness was central to trauma-informed healthcare. Trust was earned by creating care environments and interactions that countered the harms of sexual violence:

- supporting survivors to name and make sense of the violence to counter blame and shame;
- hearing and believing survivors to challenge silencing and invisibility; and
- affirming dignity, agency and autonomy to address the dehumanising nature of sexual violence.

Trust-building could be undermined by system-level factors that de-prioritised relationships and/or disrupted consistency and accountability. Trust was also prevented and eroded by intersecting forms of oppression that shaped access, recognition, and experiences, compounding barriers and intensifying harm for marginalised survivors.



Trauma-informed healthcare from the perspectives of women who have experienced sexual violence in adulthood: a systematic review and metaethnography

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CARE PROVIDERS AND
SERVICES ARE UNIQUELY
PLACED TO PROMOTE HEALING

2 RE-TRAUMATISATION IS A SYSTEMIC PROBLEM

DEMONSTRATING
TRUSTWORTHINESS IS KEY

Justice as Healing: Human Rights and Trauma-Informed Approaches



"Because the violence at the source of trauma aims at domination and oppression ... the suffering of traumatised people is a matter not only of individual psychology but also, always, of social justice"

- Judith Herman (2023, p.1)



(Bronfenbrenner, 1978)

Principle 1:

People with lived experience of relevant trauma(s) and system(s) must be at the heart of traumainformed approaches



Principle 2:

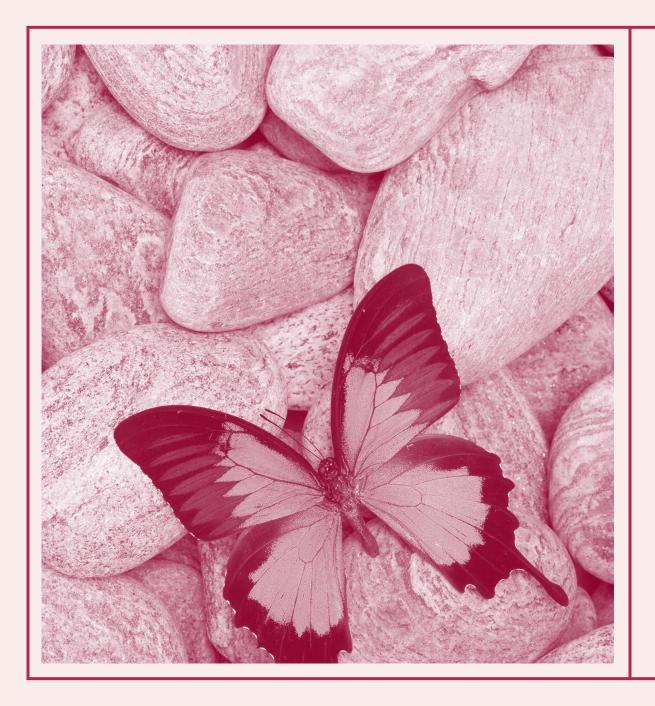
Equity and justice are foundational to preventing retraumatisation and promoting healing



Principle 3:

Preventing retraumatisation and promoting healing requires system-wide change





- Re-traumatisation cannot be addressed without also focusing on healing.
- It occurs at both individual and collective levels, requiring system-wide change through trauma-informed approaches.
- Prevention and repair start with building and demonstrating trustworthiness.

Thank you

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