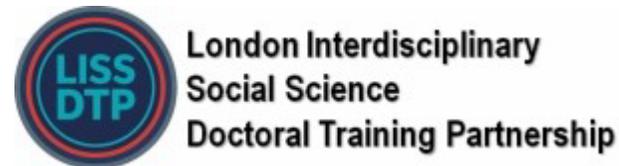


Applying trauma-informed research ethics to systematic reviews

*Reflections from the field and researcher
responsibilities*

Síofra Peeren, Elsa Montgomery, Angela Sweeney, Gilda Spaducci, Anjuli Kaul, Siân Oram



Qualitative evidence
synthesis and systematic
review of healthcare
experiences and
expectations among
female survivors of sexual
violence in adulthood

Why this is important

What we did

What we found

What we learned

Survivors Voices Charter for Engaging Survivors

- Safe
- Empowering
- Amplifying the voices of survivors
- Promoting self-care
- Accountable and transparent
- Liberating
- Creative and joyful

All work with all people affected by abuse and trauma needs to look unlike and be the opposite of abuse - otherwise it can inadvertently replicate the dynamics of abuse and cause harm.

“researchers, project staff and organisations are able to be **empathic partners** with survivors whose **full experiences** and voices are heard, heeded and allowed to have significant **impact**”

(Perôt et al., 2018, p.2).

Why should systematic reviews and qualitative evidence syntheses be trauma-informed?

- Systematic reviews are frequently used to inform services and policies.
- To be trauma-informed, services and policies must be informed by trauma-informed research.
- Awareness of trauma-informed research practice has increased but is often not reported.
- Generic quality assessment tools used in systematic reviews, such as the Critical Appraisal Skills Programme, do not include specific questions on trauma-informed approaches to research.

Critical Appraisals Skills Programme

Qualitative Checklist

- 1. Was there a clear statement of aims?
- 2. Is qualitative methodology appropriate?
- 3. Was the research design appropriate to address aims?
- 4. Was the recruitment strategy appropriate?
- 5. Was data collected in a way that addressed the research issue?
- 6. Has the relationship between researchers and participants been addressed?
- 7. Have ethical issues been taken into consideration?
- 8. Was the data analysis rigorous?
- 9. Is there a clear statement of findings?
- 10. How valuable is the research?

Additional quality criteria added to quality assessment:

- (1) Do the authors report ethical considerations that go **beyond** standard ethical considerations?
- (2) Do the authors report survivor **involvement** in the research?
- (3) Do the authors address **power** imbalances?

Identification of studies via databases and registers

Identification of studies via other methods

Identification

Records identified from
Databases (n = 17,731)

Records removed *before screening*:
Duplicate records removed
(n = 3805)

Records identified from other
sources (n = 39):
General reading (n = 15)
Organisations (n = 2)
Citation searching (n = 22)

Screening

Records screened
(n = 13,928)

Records excluded
(n = 13,663)

Reports sought for retrieval
(n = 227)

Reports not retrieved
(n = 12)

Reports sought for retrieval
(n = 39)

Reports not retrieved
(n = 0)

Reports assessed for eligibility
(n = 215)

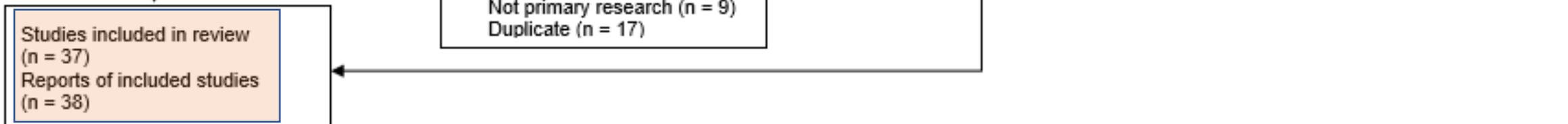
Reports excluded (n = 196)*:
Not English or Dutch (n = 9)
Not qualitative (n = 33)
Not conducted with female
ASA survivors (n = 131)
Not published or grey
literature (n = 10)
Does not investigate
healthcare (n = 68)
Not primary research (n = 9)
Duplicate (n = 17)

Reports assessed for eligibility
(n = 39)

Reports excluded (n = 20):
Not conducted with female
ASA survivors (n = 4)
Does not investigate
healthcare (n = 6)
Duplicates (n = 10)

Included

Studies included in review
(n = 37)
Reports of included studies
(n = 38)

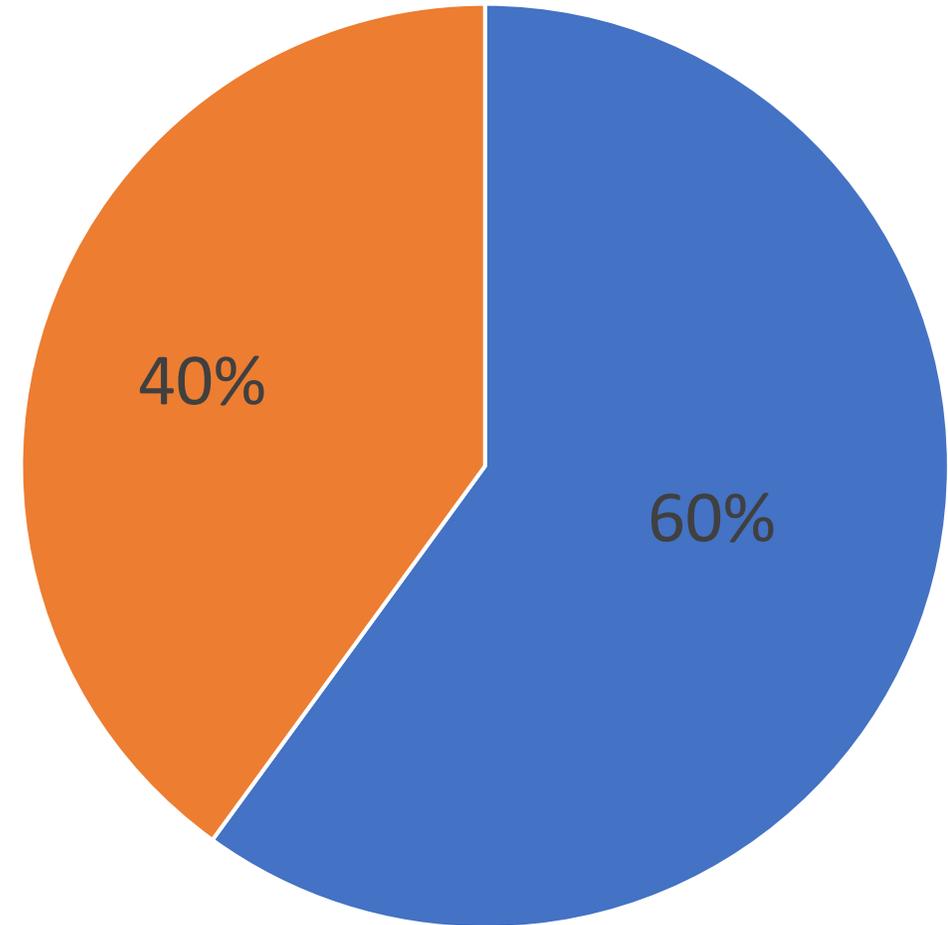


What did we find?

40% (15/38) did not report any trauma-informed ethics.

Only 1 study reported survivor involvement beyond being participants

Reporting of trauma-informed ethics considerations



■ Reported

■ None reported

What did authors report?

Addressing power imbalances

11 studies

Protecting emotional/
physical safety

8 studies

Trained/
experienced
interviewers

6 studies

Foregrounding
empathy

7 studies

Promoting
choice

5 studies

Avoiding silencing
/ re-traumatisation

5 studies

Trusting and Being Trusted: Trust is Reciprocal		
Acknowledgement: Shifting Shame and Blame	Being Seen: Respect, Validation and Responsiveness	Being Heard: Choices, Empowerment and Shared Decision-Making
Women re-learning to trust themselves	Providers earning women's trust	Providers trusting women
Societal perceptions which positioned women as responsible for sexual violence shaped how women made sense of their experiences and how they were treated by providers. When presenting to healthcare women expected to be blamed and not believed.	Survivors felt that both they and their experiences of sexual violence were invisible. This was counteracted by providers and services that acknowledged sexual violence, respected their feelings, validated their experiences, and responded to their health and emotional needs.	Survivors needed to reclaim their bodies and their lives after sexual violence. Provider behaviours and healthcare environments influenced women's ability to connect with their needs and either amplified or dampened their voice when women tried to communicate these needs.
Alienation and shame	Invisibility and disconnection	Navigating power imbalances
Acknowledging sexual violence	Shining a light on sexual violence	Healthcare mirroring abuse
	Facilitating human connection	Silence and silencing
Sexual violence is shrouded in silence, secrecy, and shame. Survivors face blame from themselves, perpetrators, and wider society.	Sexual violence is dehumanising. It tells women that they are not worthy of respect, kindness, and love.	Sexual violence takes power and control away. It tells survivors that their needs do not matter and that their wishes are unreasonable.

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Reflections

- Including additional trauma-informed criteria in quality assessment added value to the synthesis.
- Lack of reporting of trauma-informed approaches reflects wider issues in the literature (e.g see Kennedy et al., 2022).
- Almost no reporting on survivor involvement (beyond survivors as participants) and no examples of survivor-led research.

“No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest”

Judith Herman

Trauma and Recovery

Thank you!

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