

A green arc graphic that starts on the left, curves upwards and to the right, ending in a small open circle.

Safe Place

Trauma-Sensitive Practice for Health Centers Serving Students

A teal-colored bar with a white circle on the right side, partially overlapping the bar.

Implementation Guide

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4. Acknowledgments

Safe Place was prepared for the White House Task Force to Protect Students From Sexual Assault by the National Center on Safe Supportive Learning Environments (NCSSLE), which is operated by American Institutes for Research. The instructional design was developed by Vision Training Associates, Inc., and Kellen Diamanti served as lead writer.

The information in this resource package is informed by extensive listening sessions and other data-gathering efforts conducted by the task force. As one element of a larger action plan for addressing sexual assault on our nation's higher education campuses, Safe Place provides training in trauma-sensitive practice for all staff working in health centers that serve students. To that end, the project benefitted from collaboration and consultation with numerous public- and private-sector experts in trauma, health care, higher education, human services, and justice. We expressly wish to thank the following for their contributions:

Listening Session Participants:

- White House Task Force to Protect Students From Sexual Assault
- U.S. Department of Education
 - Office of Safe and Healthy Students
 - Office of Elementary and Secondary Education
- U.S. Department of Health and Human Services
 - Office on Women's Health
- College and university representatives from both two- and four-year institutions
- National Center on Safe Supportive Learning Environments
 - American Institutes for Research
 - Vision Training Associates, Inc.

Reviewers and Content Advisors:

- White House Task Force to Protect Students From Sexual Assault
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 - Office on Women's Health
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- U.S. Department of Justice
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 - Office on Violence Against Women
- U.S. Department of Education
 - Office of the Secretary
 - Office of the Deputy Secretary
 - Office for Civil Rights
 - Office of Elementary and Secondary Education
 - Office of the General Counsel
 - Office of Postsecondary Education
 - Office of Safe and Healthy Students
- College and university representatives from both two- and four-year institutions
- National Center on Safe Supportive Learning Environments
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The Safe Place resource kit encompasses a broad range of materials introducing and supporting trauma-sensitive practice with an emphasis on sexual assault trauma. Designed specifically for health centers serving as primary care providers to students in higher education, the kit endeavors to support health center staff at all levels to:

- Understand the likelihood that they serve students and even work with colleagues affected by trauma;
- Infuse trauma-sensitive approaches into their daily routine; and
- Create a health care environment that supports students affected by trauma.

Building trauma-sensitive practices into student health care delivery is an important part of a broad-based effort to support students who have experienced sexual assault. Making trauma-sensitive practices the standard of care at campus health centers provides the added benefit of addressing all types of psychological trauma, regardless of when or how it was experienced.

Description of Trauma-Sensitive Practice

As a universal approach to all interactions at health centers, trauma-sensitive practices emphasize the physical and emotional safety that patients and staff need to build trust and to empower trauma survivors to reestablish the sense of control they need to heal. These practices incorporate a broad range of elements that together advance the view that campus health centers are safe places where persons affected by trauma are met with compassion, whether or not the services being provided specifically relate to the trauma.

Trauma-sensitive practice embraces five basic principles: awareness, safety, trust, empowerment, and cultural competence. These principles have been incorporated into the Safe Place resource kit to help health center staff at all levels enhance their sensitivity to persons affected by trauma by taking the following actions:

- Increasing staff appreciation for the prevalence and impact of trauma;
- Assessing the current physical environment and emotional climate;
- Developing a plan for incorporating trauma-sensitive practices throughout the health center;
- Training staff at all levels in trauma-sensitive practice and incorporating it into all interactions; and

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.¹

- Identifying opportunities to collaborate and cross-train with other responsible organizations to incorporate trauma-sensitive practice into the campus-wide sexual assault prevention and response plan.

Certain materials and suggestions in the Safe Place resource kit might be redundant or irrelevant to your particular institution. We hope you will review the materials and select those elements that could further your health center's efforts to apply trauma-sensitive practices to patient care. Finally, the [Safe Place Glossary](#) may help you understand concepts through the terms as they are specifically applied to this content.

Case for Trauma-Sensitive Practice

As a primary care provider, the campus health center is likely to encounter many patients affected by trauma when they seek services for other health issues. A large number of students arrive on campus bearing hidden emotional scars from events in their pasts, which they keep private. Also, students who have been sexually assaulted on campus might only drop in days or weeks after the attack, seeking an STD test or something for stress. They may intend to conceal the experience, or they may be in denial about its impact.

Health center clinicians and staff may not see obvious signs of traumatic stress, and yet the person walking through the door may be suffering from it. Thus, taking a universal precautions approach to trauma sensitivity promotes a productive patient encounter and may even provide opportunities for addressing the trauma.

Among the many events likely to produce trauma, rape has been identified as the single most likely cause.² In 2014, the American College Health Association annual report on campus health indicated that 10 out of every 500 female students (2.0 percent) and 3 out of every 500 male students (0.6 percent) had been raped^a (see Table 1).³ The numbers were even higher for attempted rape,^b verbal threats,^c emotional abuse,^d and unwanted sexual touch.^e

Table 1. Incidence of Violence on Campus

Type of Violence	Male	Female	Total
Physical fight	8.8%	3.4%	5.4%
Physical assault (not sexual assault)	4.1%	3.2%	3.6%
Verbal threat ^c	21.3%	14.7%	17.0%
Sexual touching without their consent ^e	2.9%	7.4%	5.9%
Sexual penetration attempt without their consent ^b	0.8%	3.4%	2.6%
Sexual penetration without their consent ^a	0.6%	2.0%	1.6%
Stalking	3.3%	6.5%	5.5%
Emotionally abusive intimate relationship ^d	6.4%	10.3%	9.0%
Physically abusive intimate relationship	1.8%	2.0%	2.0%
Sexually abusive intimate relationship	0.9%	2.1%	1.7%

Source: American College Health Association. (2014). *American College Health Association-National College Health Assessment II: Reference group executive summary fall 2013*. Hanover, MD: Author.

As primary care providers, campus health centers respond to many kinds of student distress. Making trauma-sensitive practice the standard of care gives providers an effective set of tools to help staff impart the sense of safety that persons affected by trauma need in order to heal. A thoughtless remark or an abrupt manner from anyone on staff could set off feelings of fear, unworthiness, or shame, so staff at all levels should contribute to a positive experience by:

- Understanding trauma;
- Adopting a supportive manner of interaction;
- Identifying physical and emotional conditions that promote well-being; and
- Implementing behaviors that avert feelings of threat.

Contents of the Safe Place Resource Kit

The components of the resource kit (see Table 2) address specific concerns of the various professional and office staff employed at campus health centers. The sheer range of campus health care facility sizes, services, structures, and professional staffs in the United States, however, dictates the general nature of the suggestions and leaves room for each facility to adapt the strategies as appropriate.

Safe Place content is informed by a substantial body of trauma research compiled largely by public and private organizations serving veterans, homeless persons, LGBT individuals, and survivors of sexual and physical assault, abuse, and bullying. Organizations wanting to learn more about trauma can obtain material from the many science-based resources available (see [References](#)).

Table 2. Safe Place Resource Kit Contents

Component	Audience	Content
1. Implementation guide	Managers, team members	The step-by-step guide prepares and leads managers through the adaptation and implementation processes.
2. Basic training in trauma and trauma-sensitive care	All staff: managers, reception staff, clinicians, office personnel	Three brief e-learning units with checklists and handouts (1) provide an overview of trauma and its effects; (2) introduce trauma-sensitive primary care, including staff care; and (3) explain trauma-sensitive conduct, including self-care.
3. Planning and policy guide	Managers	The guide prepares administrators to embark on comprehensive assessment, adaptation, planning, and implementation processes that will integrate and sustain trauma-sensitive practices at the health center.
4. Training in trauma-sensitive encounters	Clinical staff	An e-learning unit addresses the clinical encounter and covers the neurobiology of trauma, patient interactions, and effective trauma-sensitive practices.
5. Handouts and checklists	All staff	Handouts address specific issues encountered by students and staff. Worksheets allow staff to examine the facilities and conduct for trauma sensitivity.

These materials are designed to be used in addition to other policies and training in sexual assault response, Title IX, Title IX grievance procedures, and Clery Act reporting processes instituted by your campus and for which you may be responsible. Although Safe Place references various required policies and procedures, the resource kit focuses exclusively on trauma-sensitive practice.

Steps for Implementation

The following 10 steps provide a logical sequence for a team dedicated to reorienting or reinforcing health center efforts to implement trauma-sensitive practice. It remains up to health service administrators to select, articulate, and apply relevant and appropriate elements to their policies, strategic plans, documents, procedures, and practices.

Though articulated as the responsibility of the team and its leader, various steps can be assigned to small groups responsible for gathering information or establishing collaborations.

1. Identify a leader, create a team committed to trauma-sensitive care, and study the implementation guide, Component 1.

The full support of health center leadership with decision-making authority is essential to successfully implementing trauma-sensitive practice because doing so entails adopting specific components associated with environment, attitude, and interaction. If you don't already have one, you may wish to consider assembling an implementation team comprising health center staff members from all levels. It also is important to include client input—perhaps from a student advisory board member or student government liaison. This team can help integrate practices throughout the center.

2. Review the three introductory e-learning units, Component 2.

To reinforce its commitment, the team can begin by viewing the three-learning units in Component 2 (see Table 3), which are designed to give all staff members basic training in trauma and trauma-sensitive practice.

Table 3. Introductory E-Learning Components

E-Learning Unit	Length	Content
Trauma and Its Toll	9 minutes	Overview of trauma and its prevalence and effects
Trauma-Sensitive Practice	4 minutes	Overview of trauma-sensitive practice components
Trauma-Sensitive Conduct	4 minutes	Overview of behavior in a trauma-sensitive workplace

3. Study the planning guide, Component 3.

The [Safe Place Planning Guide](#) is structured to help the team examine the health center in light of adopting a comprehensive approach to establishing or maintaining a trauma-sensitive standard of care. By associating health center features with trauma-sensitive practice topics, the guide can help you to recognize and remove potential barriers and identify existing assets. As you complete the worksheets and inventories that accompany this and other components, you may want to organize the data and materials with those you generate for planning and policy.

4. Formally announce the commitment to trauma-sensitive practice.

Holding a staff meeting that formalizes the implementation of or renewed commitment to trauma-sensitive practice is an important step in the implementation process. Such an event serves as a forum for articulating and confirming the health center’s dedication to providing a safe and supportive environment that meets the needs of students and staff affected by trauma. The meeting also would provide an opportunity for the team leader to:

- Present material describing the impact and prevalence of trauma and its relevance to your campus;
- Introduce the other members of the team or committee;
- Discuss the campus response to sexual assault and connect this initiative to the larger effort;
- Acknowledge existing health center efforts to create a safe and supportive space for students; and
- Help staff see the connection between trauma-sensitive practice and the continuity of student care throughout the health center and among its partners.

5. Require all staff to view the three introductory e-learning units, Component 2.

Trauma-sensitive practice can become the standard of care only when everyone understands and participates in it. Even employees who seldom deal face-to-face with patients need to understand the concepts, be aware of their own contributions to an atmosphere of safety and respect, and recognize the impact of their own words and actions. Thus, as soon as the general announcement has been made to health center staff about committing to trauma-sensitive practice, everyone can begin receiving basic online training. Handouts available in the training include [Triggers & Dissociation](#), [Staff Self-Care Plan](#), and [Stress-Relief Tips](#).

As staff turns over, new employee orientation can include initial and ongoing training in trauma-sensitive practice along with campus policy in Title IX and Clery Act reporting.

6. Perform an environmental survey.

All staff should be encouraged to perform their own examination of the health center and submit ideas for improvement. If you haven't already, this is a good time to implement the [Safe Place Environment Checklist](#). This is an effective way to get support for change and to promote principles of personal respect and empowerment. Leaders in the organization also need to be ready to apply changes to the environment that the staff and the team consider important.

7. Require clinical staff to view the clinical encounters e-learning unit, Component 4.

Designed for professional staff, [Trauma-Sensitive Clinical Encounters](#), Component 4, focuses on clinical conduct during examinations and procedures. The unit covers in greater depth than the overview units did the neurobiology and symptoms of trauma, trauma survivor concerns, challenges of the encounter, crisis management, and disclosure issues. The unit includes the [Safe Place Encounter Checklist](#) for clinical staff.

8. Embark on internal and external collaborations.

Educational institutions are required to develop protocols for dealing with sexual assault and other crimes on campus. Using information obtained from the Safe Place Planning Guide, the health center can form partnerships that extend the trauma-sensitive standard of care throughout the campus, including the Title IX office and counseling, and across all external partners, including law enforcement and local hospitals.

9. Hold meetings to explore progress, obtain new ideas, and provide new information.

Trauma-sensitive practice is a process rather than a goal, and implementing a new practice takes time. Some things quickly take hold, and yet it's easy to fall back into less productive habits of speech and behavior. The more nuance and mindfulness one is being asked to bring to the job, the likelier one is to forget these practices over time and under pressure. By regularly including trauma and trauma-sensitive practice as topics in staff meetings, the health center can maintain its commitment for the long term and keep abreast of developments in the field.

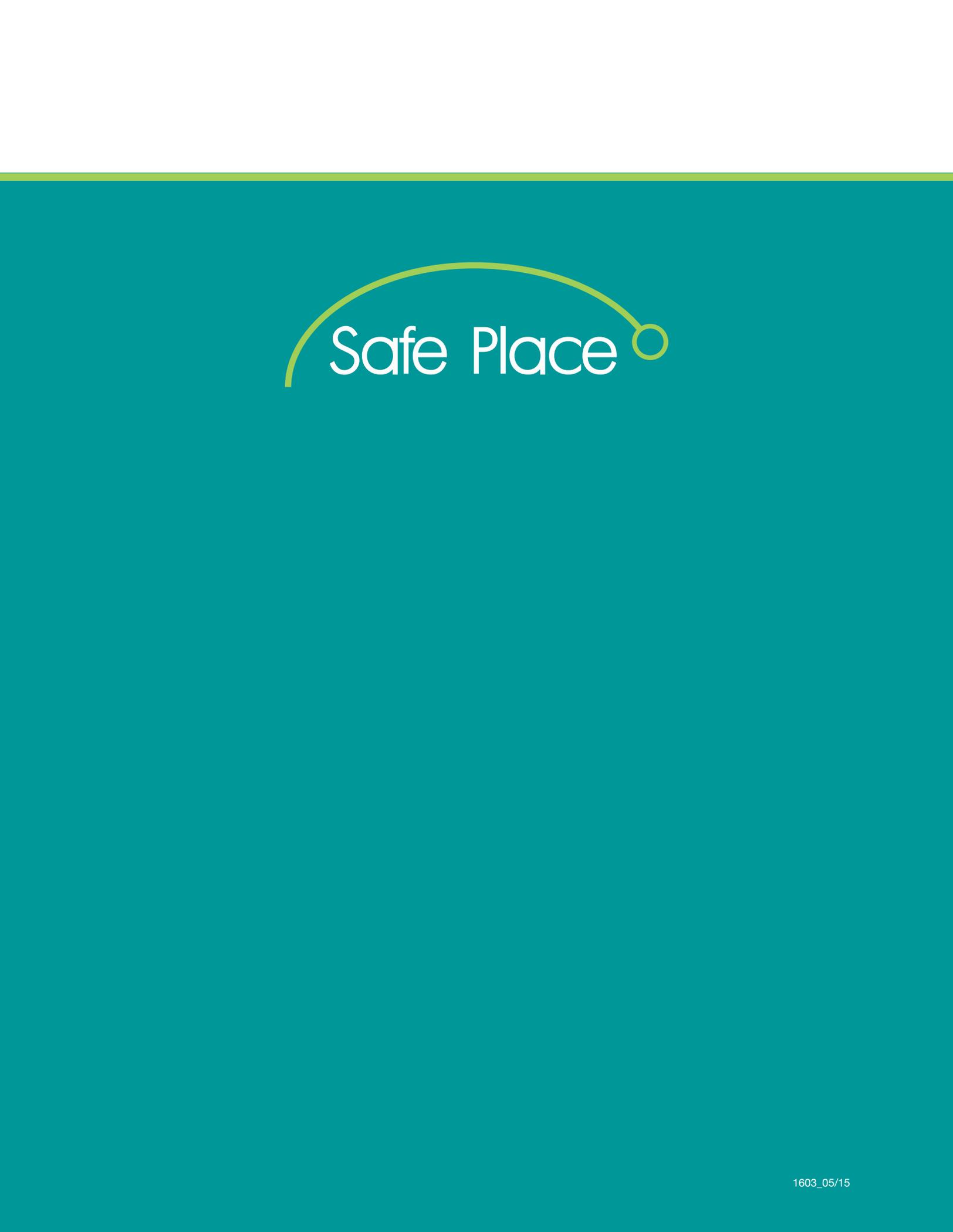
10. Lead efforts to publicize the best means for students to access support services for trauma, including sexual assault.

This is an opportunity to provide vital information to students who may not know their options for dealing with sexual assault and other traumatizing incidents occurring on or off campus. Based on collaborations and partnerships and acting from a foundation of knowledge about trauma, the health center can serve its mission to support the health and well-being of students by providing the information and promoting the services that students bearing the burden of trauma need. Many publicity vehicles lend themselves to this information, including campus social media, flyers, e-mail, and gatherings of all types.

Initially, the effort to shift an organizational culture to that of a trauma-sensitive practice may seem disproportionate to the demands or needs of your students. Given that the essence of such care is imparting a sense of safety, however, every person who interacts with the health center and every process the center implements will benefit. Again, the goal of the Safe Place resource kit is to raise awareness of trauma, especially sexual assault trauma; suggest specific behavioral and environmental standards for creating a sense of safety; and stimulate primary care providers serving student populations to institute and maintain practices that reflect a trauma-sensitive approach to patient care.

Endnotes

1. Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. [SMA] 14-4884). Rockville, MD: Author.
2. Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048–1060.
3. American College Health Association. (2014). *American College Health Association-National College Health Assessment II: Reference group executive summary fall 2013*. Hanover, MD: Author. Retrieved from http://www.acha-ncha.org/reports_ACHA-NCHAII.html



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