

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

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Planning Guide

Implementing trauma-sensitive practice calls for assessment, planning, and updating or creating new policies. Keeping in mind that achieving a trauma-sensitive practice is a process rather than an endpoint, the effort need not be onerous. Assessment, integral to all campus activities and services, can help the campus health center incorporate trauma-sensitive practices into its services by providing a thorough review of the health center, including the following:

- Policies and procedures as they might affect or be affected by trauma-sensitive practices;
- Participation in crises and emergencies, especially those involving sexual assault, or in coordinated community response;
- All means used to impart a sense of safety in the physical environment;
- Input into campus-wide sexual assault prevention and response planning;
- Educational materials related to trauma;
- Clinical protocols as they relate to trauma-sensitive practices; and
- Staff support for self-care.

With this information, the health center can then make a plan for instituting changes where they are needed, including policy amendments.

Internal Review

To facilitate an assessment of the health center relative to implementing trauma-sensitive practices, we have created the [Safe Place Internal Review Worksheet](#), consisting of a series of five sections, one for each area of consideration: policy and planning, staff development, environment, collaboration, and encounters. You can use it to collect ideas or help you construct a review document specific to your health center. Questions and matters for thought are sorted among five characteristics of trauma-sensitive practice: awareness, safety, trust, empowerment, and cultural competence. The process will inform every action you take to make trauma-sensitive practice the standard of care at your facility.

Policies and Procedures

This part of the assessment examines written policies, protocols, agreements, descriptions, and commitments. Existing written material and any new documentation need to be informed by an understanding of trauma so that terminology and activities reflect the language and conduct of trauma-sensitive practice. At the same time, the

health center may discover a need to replace language and procedures that could potentially recreate feelings associated with trauma—powerlessness, shame, lack of control, and lack of privacy—and thus undermine its efforts. Materials that need modification may include any of the following:

Component	Affected Party	Content
Mission statement	Staff	Pledge to understand trauma and engage in trauma-sensitive practice.
Commitment of respect	Staff	Articulate an organizational commitment of respect that specifically includes persons from other cultures and those associated with commonly marginalized groups, such as African Americans, Latinos, and LGBT individuals.
Health center policy	Staff	Create open channels for change that invite input from all health center staff members.
Health center policy	Staff/ patients	Articulate a role in campus Title IX policies and procedures for resolving complaints of sex discrimination, including sexual assault. Clarify any requirements associated with the institution's Annual Security Report required by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act.
Health center policy	Staff	Incorporate clear standards for responding to disclosures of assault and other crimes, standards that may vary by staff position, nature of disclosure, type of encounter, and so on. Such standards must comply with campus Title IX policy and Clery Act requirements.
Health center policy	Staff	Commit to ongoing training in trauma-sensitive practice.
Job descriptions, orientation materials, office processes, employee handbooks	Staff, including new hires	Integrate trauma-sensitive concepts, language, and training requirements.

Component	Affected Party	Content
Intake questionnaire	Patient	Incorporate questions that screen for sexual assault.
Patient handouts	Patient	Obtain and offer handouts, such as: <ul style="list-style-type: none"> • School-specific information for filing complaints and resources and contact lists for survivors; • General information explaining patient rights, self-care, intimate partner violence, sexual assault, and so on; and • Know Your Rights by the U.S. Department of Education.
SART participation	Staff	Formally participate on the campus Sexual Assault Response Team (SART).
Other partnerships	Staff	Partner with other organizations on and off campus, to ensure continuity of care and promote trauma-sensitive practices. Organizations may include campus security and law enforcement, Title IX office, local rape crisis centers, women's organizations, cultural and LGBT organizations, and counseling centers.
Grievance procedures	Staff/patients	Define grievance/complaint procedures for staff and patients.
Crisis response	Staff	Articulate appropriate responses to clients in crisis.
Crisis debriefing process	Staff	Define and maintain an internal debriefing process that encourages self-care for all staff that witness or become involved in a crisis.
Office procedures	Staff	Inform office procedures with trauma-sensitive practice concepts and language.
Professional conduct	Staff	Define professional conduct for staff at all levels.

Staff Development

Training staff at all levels in the basics of trauma and its effects, and in trauma-sensitive practice, establishes a shared vocabulary and a common starting point for all health center personnel. As everyone on staff begins to incorporate the same trauma-sensitive perspective, terms, and considerations in their dealings with patients and one another, these elements become embedded in health center culture. Ongoing staff development and training expand on understanding and sustain the commitment.

Trauma education for all staff. Training in trauma-sensitive practice helps staff avoid inadvertently upsetting and perhaps retraumatizing patients by responding to them in ways that could be perceived as disrespectful, punitive, or shaming. It also helps staff heed their own self-care needs. Everyone is encouraged to feel safe and empowered. With the staff operating uniformly, the health center offers patients consistent messages of awareness, safety, trust, empowerment, and cultural competence.

Representation by all staff levels. Include representatives from all levels—reception, business office, clinical, students, volunteers—in regular discussions about becoming more trauma-sensitive. Ensuring that staff are heard, recognized, and acknowledged reduces frustration and confusion about change. Staff are more likely to invest in a process to which they contributed.

Ongoing training and supervisory support. Sustaining organizational change, maintaining a commitment to quality improvement, and monitoring health center efforts require a lasting commitment to training and support. Making trauma-sensitive practice a standing agenda item for regular supervision and staff meetings reduces the burden on everyone. Other useful agenda items include regular information about self-care and updates on the school's Title IX, Clery Act, confidentiality, and reporting requirements. Finally, budgeting funds for staff to pursue outside training in trauma-sensitive practice keeps the information fresh, confirms the commitment, and helps maintain enthusiasm.

The Violence Against Women Act was revised and restructured in 2014 to update Clery Act reporting requirements for annual security reports. These reports are required to include a statement of policy regarding the institution's programs to prevent dating violence, domestic violence, sexual assault, and stalking. Reports also must include procedures followed by the institution when one of these crimes is reported, including written information explaining the following:

- Preservation of evidence to assist in proving the alleged criminal offense or obtaining a protective order;
- How and to whom an alleged offense is to be reported;
- Options for involving law enforcement and campus authorities; and
- Where applicable, the victim's rights or institution's responsibilities for orders of protection.

Victim options for involving law enforcement and campus authorities shall encompass the ability to do the following:

- Notify proper law enforcement authorities, including on-campus and local police;
- Receive assistance from campus authorities in notifying law enforcement authorities if the victim so chooses; and
- Decline to notify such authorities.

Source and for more information, see the [Federal Register, Volume 79, No. 202, Violence Against Women Act, Final Regulations](#).

Environment

Providing a safe, supportive physical and human environment is central to persuading reluctant or distressed clients to lower their guard enough to receive health care services. Beyond waiting room décor, the environment includes the way a person answers the telephone, the patient experience with reception, and clarity of signage.^{1,2,3} The [Safe Place Internal Review Worksheet](#) covers environmental considerations that address the five principles of trauma-sensitive practice: awareness, safety, trust, empowerment, and cultural competence.

To help achieve the goal of an environment that those affected by trauma would find safe and supportive, the [Safe Place Environment Checklist](#) prompts an assessment of the facility and suggests ways to assure students that safe and supportive processes are practiced. A separate checklist allows clinicians to evaluate the patient encounter itself (see [Safe Place Encounter Checklist](#)).

Collaboration

Among the many functions of collaboration, partnerships allow the health center to contribute to the broader campus-wide effort to respond to and prevent sexual trauma. They also provide the opportunity to inform and encourage partners to implement trauma-sensitive practice themselves. Memoranda of understanding (MOUs) with off-campus agencies, such as law enforcement, rape crisis centers, and local hospitals, help establish and maintain consistent standards of care and conduct. Useful campus collaborations can include participation on the Sexual Assault Response Team (SART), campus counseling and psychological services (CAPS), translators, and student cultural organizations, especially those serving commonly marginalized groups such as African Americans, Latinos, and LGBT individuals.

Patient Encounters

Trauma affects the way a person accesses services, particularly those involving substantial personal vulnerability or an appeal to authority.⁴ In primary care, patient interactions can take place in person and on the phone, in public and in private, one-on-one and in groups, and with the patient clothed and unclothed. Given that people affected by trauma may view the world as dangerous and behave accordingly, a trauma-sensitive approach is appropriate for the full range of health care encounters. Training and practice using rehearsed responses give staff members tools for defusing tension, de-escalating rising agitation, and helping distressed or reluctant clients achieve a sense of safety.

The examination can be fraught with anxiety that can be greatly eased when clinicians routinely apply the considerations associated with trauma-sensitive practice. Training materials for clinicians include the [Safe Place Encounter Checklist](#) which addresses the entire process and includes suggestions for averting and managing common challenges.⁵ Many health centers use patient satisfaction surveys to help keep their efforts on track, spot deficiencies, and inform planning.

Recognizing that most sexual assaults go unreported, the American College Health Association (ACHA) recommends that campus health centers screen for that particular form of trauma when gathering patient history.⁶ Affirmative responses may invoke campus policies regarding disclosure. It is possible that state or local laws as well as institutional policy could require or strongly counsel in favor of disclosing a patient’s name. Thus, prior to asking the screening questions, the person conducting the interview should explain relevant policies to the patient. The ACHA also reminds staff to use nonthreatening, inclusive language and questions when obtaining patient information, such as the following:

- Has someone ever touched you in a sexual manner against your will or without your consent?
- Have you ever been forced or pressured to have sex?
- Have you ever realized that you had unwanted sex while drunk or using drugs?
- Within the past year, have you ever felt fearful of your partner because of verbal or physical threats?
- Do you feel that you have control over your sexual relationships and your partner will respect your wishes if you say no to specific sexual activities?
- Is your visit today due to an experience you did not want to happen?

Strengths, Weaknesses, Advantages, Barriers (SWAB)

By compiling the data gathered in the organizational review, the implementation team discovers what does and does not serve trauma-sensitive practice. A variation on the old SWOT analysis (strengths, weaknesses, opportunities, threats), SWAB provides a utilitarian matrix for sorting the data according to positive and negative factors that are internal and external to the health center. Then, the team can envision ways to convert negative factors (weaknesses and barriers) to positive ones. Although other ways of organizing the information may be equally useful, the important thing is to make sure it is preserved.

	Positive	Negative
Internal	Strengths	Weaknesses
External	Advantages	Barriers

Implementation Plan

The next step is to develop a plan for implementing trauma-sensitive practice at the health center, whether tasks are integrated into an existing planning process, performed by the implementation team as a whole, or assigned to subcommittees. As a living document that can change to accommodate new information or conditions, the plan compiles information and decisions into a kind of roadmap. Along with indicating where you stand now, the plan also shows where you want to be and how to get there. Typical components include the following.

Mission, Vision, and Diversity Statement

Incorporating trauma-sensitive practice into the health center mission statement informs, by implication, every aspect of service. The mission dedicates the health center to the campus community, summarizes the purposes of the organization, and articulates its means of accomplishment. The vision describes the health center at its most successful, and diversity statements define inclusion. At every campus, the content varies; the following is merely an example.

The mission of *[name of postsecondary institution]* Student Health Services is to facilitate the retention, academic advancement, and graduation of students by supporting their maximum health and wellness and maintaining a commitment to trauma-sensitive practices that respect the experience of all in our care.

Our vision is to be recognized by our campus and community partners for providing the highest quality health care while advancing trauma-sensitive practice as the standard of care. We aspire to be at the forefront of innovation to empower students to make healthy choices, reduce risky practices, and achieve their fullest potential.

We believe that a truly healthy campus community is guided by the values of multicultural inclusion, respect, and equality. To that end, we welcome and accept all individuals, regardless of ethnicity, race, religion, regional or national origin, age, gender identity, sexual orientation, socioeconomic status, or disability.

Goals and Objectives

Having incorporated trauma-sensitive practice into the purpose of the health center, the time has come to define some high-level goals for adopting it as a standard of care. Strong goals address benefits or costs in a general sense; for example, “to create a safe environment for persons affected by trauma.” Using information compiled in the organizational review, the team can then define one or more measureable objectives for achieving each goal.

The SMART approach is one effective means of devising useful objectives by requiring them to be

Specific

Measurable

Achievable

Realistic

Time-bound

For example, the environmental review may suggest a means of improving a patient’s sense of safety; thus, “the office manager will see that the reception desk is relocated to a side wall and will restructure traffic flow to allow patients to speak more discretely with reception by November 1.”

Quality Improvement and Planning for the Long-Term

Planning to sustain a standard of care based on trauma-sensitive practice encompasses quality and longevity considerations. Both imply that the health center makes the effort to update knowledge and maintain its importance by including trauma and associated topics in regular staff meetings, such as the following:

- Implications of campus climate survey results;
- LGBT protections in the Violence Against Women Act;
- Clery Act reporting requirements;
- Complaint procedures under Title IX;
- Problem-solving efforts;
- Self-care (see [Staff Self-Care Plan](#) and [Stress Relief Tips](#));
- Privacy issues;
- Myths about sexual assault;
- Trauma and touch;
- Feeling safe;
- Cultural issues specific to your campus; and
- Ways of demonstrating respect.

All staff, paid and volunteer, need to receive basic training in trauma and trauma-sensitive practice. They also must receive ongoing training and support to refine their

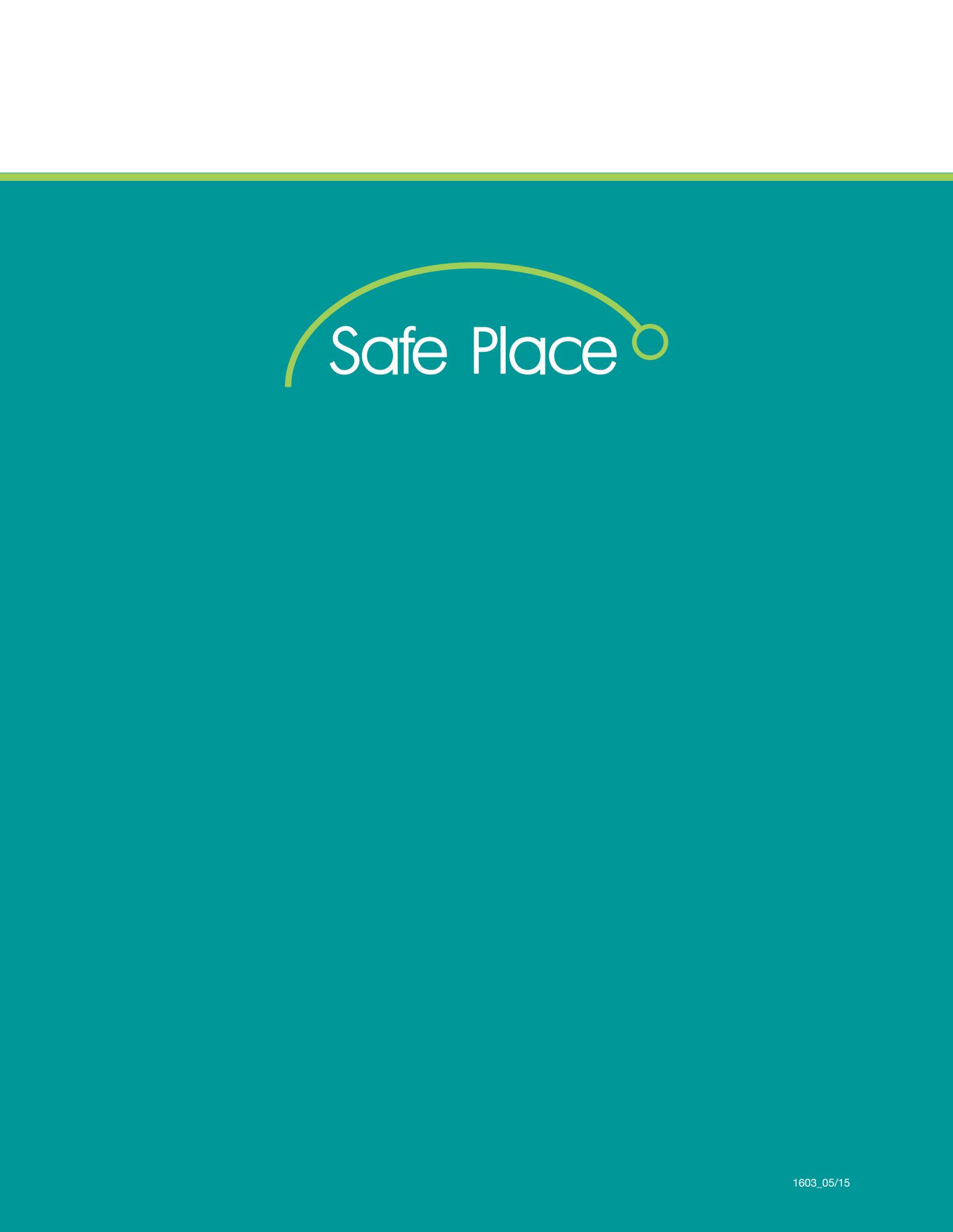
understanding and skills. Supervisory and counseling staff should obtain repeat or advanced training in trauma and sexual assault and share relevant information with the employees whose work they oversee.

The Planning Document

Drafting the plan is typically done by one member of the team capable of organizing all the data and decisions into one document. Upon review, revision, and approval by the team as a whole and its leadership, everyone has the same roadmap in their hands. Every effort should be made to resolve the conflicts that inevitably arise and avoid creating detours that take the team off course and perhaps prevent it from reaching its desired goal. Once approved according to campus procedure, this is the document you present to all health service staff.

Endnotes

1. U.S. Department of Labor Women's Bureau. (2011). *Trauma-informed care for women veterans experiencing homelessness: A guide for service providers*. Washington, DC: Author.
2. The National Sexual Assault Coalition Resource Sharing Project and National Sexual Violence Resource Center. (2013). *Building cultures of care: A guide for sexual assault service programs*. Enola, PA: Author. Retrieved from http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf
3. Schachter, C. L., Stalker, C. A., Teram, E., Lasiuk, G. C., & Danilkewich, A. (2008). *Handbook on sensitive practice for health care practitioners*. Ottawa, Ontario: Public Health Agency of Canada.
4. Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-informed organizational toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; the Daniels Fund; the National Child Traumatic Stress Network; and the W.K. Kellogg Foundation. Retrieved from www.homeless.samhsa.gov and www.familyhomelessness.org
5. Schachter et al., 2008.
6. American College Health Association. (2008). *Shifting the paradigm: Primary prevention of sexual violence*. Linthicum, MD: Author.



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