

Glossary

The definitions included here are limited to their meaning as applied to the Safe Place materials.

Burnout: Sense of being physically or psychologically run down because of efforts to meet work-related demands.

Clery Act: Public disclosure law requiring institutions that participate in federal financial aid programs to maintain records and report information about crime on or near their campuses (formally, the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act). Each institution produces an annual security report that contains (but is not limited to) procedures victims should follow if a crime of dating violence, domestic violence, sexual assault, or stalking has occurred. For additional information on the Clery Act, see text box, page 4 of the Safe Place Planning Guide.

Clinician: Person qualified in the clinical practice of nursing, medicine, psychiatry, social work, marriage and family therapy, or psychology.

Collaboration: The act of working together, whether achieved by two individuals or multiple agencies, that make the commitment and contribute resources to achieve a common goal.

Compassion fatigue: See Secondary trauma.

Competence: The ability to perform necessary tasks and responsibilities to a high standard, typically requiring specific knowledge, skills, and attitudes.

Confidentiality: The act of protecting (i.e., not disclosing, revealing, or sharing without consent) private information relating to a patient or client; established through federal and state statutes and regulations, ethical principles, and program policies; any limitations should be fully disclosed to the patient.

Consent: Positive, unambiguous, and voluntary declaration of willingness to participate. Consent *can* be withdrawn at any time. Consent *cannot* be obtained when an individual is incapacitated or by way of threat, coercion, or force.

Continuing education: Professional training obtained from an institute of higher education or other provider approved by a professional board; completion is typically marked by a certificate specifying the number of “continuing education units.”

Crisis intervention: Methods of communication and action designed to protect, stabilize, and mobilize individuals in crisis situations.

Cultural competence: The ability of an individual or organization to interact effectively with people of different cultures; this interaction includes drawing on culturally based values, traditions, and customs and working with persons knowledgeable in the culture to plan, implement, and evaluate service activities. Some organizations use the terms *cultural accountability* and *cultural responsiveness*.

De-escalation techniques: Interventions aimed at providing safety in situations in which a person affected by trauma has reached a crisis level of emotional agitation.

Dissociation: Adaptive responses aimed at emotionally detaching from the situation at hand; responses range from postponing dealing with something to “spacing out” to fragmenting one’s identity into multiple streams of consciousness.

Diversity: An array of different cultural groups associated with varying behaviors, attitudes, values, beliefs, rituals, traditions, languages, or histories.

Empathy: The sense of sharing or being able to experience another person’s feelings.

Empowerment: The ceding of authority or power by sharing information or resources and providing options. Also, a strength-building component of the trauma-sensitive approach to primary care, which invites and welcomes patient control, including making choices and setting priorities for themselves.

Encounter: Interactions between a member of the health center staff and a patient, especially those taking place in the examination room or other private place.

Ethnicity: Classification of individuals based on culture and origin, regardless of race.

Harassment: Conduct that creates or attempts to create an intimidating, hostile, or offensive environment for another person. Such conduct includes, but is not limited to, stalking, voyeurism (or peeping), actions or statements that threaten harm or that intimidate a person, and other forms of unwanted contact.

Informed consent: Agreement to medical procedures or referrals made with a clear understanding of relevant facts, consequences, and any risks; typically involves a signed document.

Inservice training: Training subsequent to preservice training; it can include periodic retraining, refresher courses, specialized training, career development, promotional training, and advanced training for program employees.

MOU: A memorandum of understanding, which is a signed formal agreement between two parties.

Patient: An individual seeking care or services from a student health center or other primary care facility.

Policy: Written guidelines constituting a broad statement of program principles; a framework for developing procedures, rules, and regulations.

Preponderance of evidence: The standard of proof that must be used in a school’s Title IX proceedings for resolving complaints of student-on-student sexual harassment and violence. Proof is required indicating it is more likely than not that sexual harassment or violence occurred.

Prevention: Theory for and practice of reducing victimization and its harmful effects through intervention based on a set of risk and protective factors. Primary prevention objectives are devised to protect individuals prior to victimization (i.e., stopping the violence before it occurs).

Privacy: Freedom from unauthorized intrusion; a person’s right to control his or her own story and personal information.

Protocol: A formal plan that guides procedures.

Rape: Unwanted penetration (vaginal, anal, oral, or object penetration by an offender) achieved through physical force, threat of force, or incapacitation of the victim.

Referral: The act of sending someone to another person (often a specialist), place, or organization for treatment, counseling, advice, or help.

Resilience: An adaptation that results in positive outcomes despite serious threats or adverse circumstances.

Retraumatization: Recurrence of traumatic stress reactions and symptoms after a survivor is exposed to an environmental cue (see Trigger) associated with the trauma.

Safety: The principal component of trauma-sensitive practice, establishing a sense of physical, psychological, and emotional security throughout the health center and its activities.

SANE: Sexual Assault Nurse Examiner who is specially trained to perform forensic examinations of sexual assault victims—gathering evidence, assessing physical and emotional states, and providing support.

SART: Sexual Assault Response Team made of core service providers, such as advocates, forensic examiners (such as SANEs), law enforcement, forensic laboratory scientists, and prosecuting attorneys. Additional members can include researchers, civil attorneys, judges, correctional staff, policymakers, grant administrators, employers, representatives from the media, mental and social service providers, and survivors, among others.

Secondary trauma: Trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences (also known as vicarious trauma and compassion fatigue), common among providers of survivor support services.

Secondary victim: Family members, friends, significant others, community members, or others indirectly affected by a crime or traumatic event.

Self-care: Any of an array of actions that a person takes to promote good health generally or to manage emotional issues that arise from working with persons affected by trauma.

Sex discrimination: Unfair treatment based merely on a person's sex, prohibited under Title IX.

Sexual assault: Though definitions vary by state, the U.S. Department of Justice defines sexual assault as any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are activities including, but not limited to, forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.

Sexual harassment: Unwelcome conduct of a sexual nature, including sexual violence; unwelcome sexual advances; requests for sexual favors; and other verbal, nonverbal, or physical conduct of a sexual nature.

Sexual misconduct: Described in college handbooks as nonconsensual sexual contact (or attempts to commit same), nonconsensual sexual intercourse (or attempts to commit same), or sexual exploitation.

Sexual orientation: The focus of a person's romantic or sexual attractions, behaviors, and identity; individuals may vary in their attractions to and sexual experiences with other people; individuals also may vary in the degree to which they identify as heterosexual, lesbian, gay, bisexual, asexual, or something else; sexual orientation may change over time.

Sexual violence: Physical sexual acts perpetrated against a person's will or when a person is incapable of giving consent (e.g., because of the person's age or use of drugs or alcohol, or because an intellectual or other disability prevents the person from having the capacity to consent). A number of different acts fall into the category of sexual violence, including rape, sexual assault, sexual battery, sexual abuse, and sexual coercion.

Spiritual: Relating to belief systems that acknowledge and appreciate the influence in one's life of a higher power or state of being.

Staff: Person who performs administrative or direct-service tasks; includes paid and volunteer workers.

Survivor: A person who has lived through an ordeal or trauma, including direct and indirect victims of crime; the term emphasizes the strength and courage employed.

Title IX: A federal law that protects people from discrimination based on sex in education programs or activities that receive federal financial assistance.

Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's sex assigned at birth.

Trauma: The result of an event, a series of events, or a 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.

Trauma-informed care: Strengths-based service delivery for persons known to be affected by trauma; grounded in responsiveness to the impact of trauma; emphasizing physical, psychological, and emotional safety for survivors and providers, and promoting survivor empowerment.

Trauma-sensitive practice: An approach to primary care designed to facilitate a sense of safety for all participants and incorporating into all interactions an awareness and understanding of trauma and its impact, whether or not trauma is recognized.

Trigger: Anything—sights, sounds, smells, touches, tastes, or thoughts—associated with a past negative event that activates a memory, flashback, or strong emotion.

Vicarious trauma: See Secondary trauma.

Victim: Person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified crime committed on his or her person or property. See also Survivor, which is the preferred term in most cases.