

## Safe Supportive Environment Checklist

How can we improve the way our office feels?

### Waiting areas

√	This...	Because, for traumatized persons...
	Colorful, culturally diverse artwork decorates the walls.	Images of power like football triumphs can retraumatize.
	Posters invite people to talk about trauma or needs during the exam.	It can be difficult to mention the issue.
	Living items—plants, fish tank—are incorporated into the décor.	Such things can be soothing.
	Calming music is playing.	Music can sooth.
	Neutral odors and as subtle as possible are maintained.	Antiseptic or perfume air freshener may be triggers.
	Comfortable, soft seating is available.	Hard benches or folding chairs are unfriendly.
	Ample seating options are available.	Multiple seating options provide choice.
	All exterior, common areas, and restrooms are well lit without glare.	Dark corners are scary, while bright light is harsh.
	Restroom doors have locks.	Restrooms without locks feel unsafe.
	Men and women use separate, marked restrooms.	Undesignated restrooms may feel dangerous.
	Reception is always staffed when the facility is open for business.	An empty reception area is uninviting and scary.
	All direction signs are clear and welcoming.	Complications may seem like indications to leave.
	Exits are clear and unobstructed.	Maze-like traffic patterns fell confining.
	Customer feedback is sought.	Otherwise innocuous things can be threatening.
	Printed materials about sexual violence, traumatic stress, and patient rights are available in the various languages spoken on campus.	Shame or terror can keep clients from requesting information. Assault-prevention materials focusing on avoidance can unintentionally blame the victim. <sup>1</sup>
	Private, locked spaces hold patient belongings.	Safety for everything, including the patient's things.
	The room is set up so that conversation at reception cannot be overheard.	Privacy reinforces a sense of safety.

<sup>1</sup> J.L. Carr, *Campus Violence White Paper*. (Baltimore MD: American College Health Association, 2005), p. 5.

## Reception Staff

√	Behave like or say this...	Because, for traumatized persons...
	Greet in a friendly, discrete way everyone who enters.	Kindness and discretion are essential to feeling safe.
	Ask all clients if the appointment is for a discussion or exam.	To some, it sounds accusatory to ask, "Why do you want to see the nurse/doctor?"
	As part of the welcome, point out the location of restrooms, water, and other amenities.	Assumptions as to what the patient perceives may feel like disregard.
	Provide a realistic wait time.	Waiting for an open-ended period of time reinforces a sense of no control.
	Remain unruffled and even-tempered with all clients.	The feelings of a distressed patient can range from extreme timidity to full-out rage.
	Repeat information patiently.	Memory fails and information may not stick.
	Know where to reach a translator on short notice.	Groping for words can be overwhelming to a distressed person when English is not primary.
	Maintain a deliberate, unhurried pace even when the office is crowded.	Hurrying can seem confusing, upsetting, or disrespectful.
	Respond to hesitation by asking if the patient wishes to see a nurse, privately.	Fear and shame about their reason for coming in can make patients falter once inside the door.
	Accept without comment a request for a male or female clinician.	A person who has been abused or assaulted may need the clinician to be a particular gender
	Follow defined protocol when a patients discloses assault or trauma of any kind.	Safety is the priority for all parties, necessitating clear procedures to deal with patients affected by trauma.

## Examination rooms

√	This...	Because, for traumatized persons...
	Examination rooms are as soundproof as possible.	Speaking openly may be impossible if conversation could be overheard.
	Each room has a chair or two, besides the exam table.	Choices give some much-needed control.
	Room temperature is comfortable.	Being cold/hot may feel excessively vulnerable.
	Medical graphics are optional, perhaps as pull-down.	Images of reproductive systems or even nude outlines can act as a trigger.
	Soothing images on the ceiling over examination table	Friendly, nonverbal reminders to relax can help.
	Lighting is balanced.	Glare is unfriendly and gloom is scary.

Adapted from: The National Sexual Assault Coalition Resource Sharing Project and National Sexual Violence Resource Center, *Building Cultures of Care* (2013); and C.L. Schacter, et al., *Handbook on sensitive practice for health care practitioners* (Ottawa: Public Health Agency of Canada, 2008).