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Trauma-Informed Care & Campus Sexual Assault Services

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Campus sexual assault is a persistent issue in society, with 1 in 5 women experiencing sexual assault during their time on campus (Black et al., 2011; Cantor et al., 2015). The consequences of sexual assault victimization are wide-ranging, including anxiety, depression, PTSD, sleep disturbances, trouble concentrating, substance use and abuse, self-harm, and suicide (Carey et al., 2018; Pemberton & Loeb, 2020; Sabina & Ho, 2014). Student victims [1], in particular, have additional consequences such as poor class attendance, missing work, failing courses, change in living situations, and transferring schools or dropping out of college (Molstad et al., 2021). These school-specific consequences have effects past the survivor's time as a student, impacting future careers and finances. Receiving services that reduce and mitigate these consequences is an essential stage in responding to campus sexual assault. Unfortunately, many victims cite negative experiences with service providers, leading to retraumatization, additional negative consequences, and a lower likelihood of seeking assistance in the future (Patterson et al., 2009). One method to reduce poor service experiences and increase the help-seeking behaviors of victims is the use of trauma-informed care (TIC).

Development of TIC

The explicit recognition of trauma in society is relatively recent, emerging as researchers and doctors treated soldiers returning from the Vietnam war. Originally called 'shell shock syndrome,' research at this time discovered that these behaviors were a trauma response, leading to the diagnosis of PTSD (Herman, 1997; Van der Kolk, 2015). While initially associated with military veterans, PTSD and understandings of trauma more broadly were expanded to includeother populations who experience trauma, including crime victims (Butler et al., 2011; Center for Substance Abuse Treatment, 2014; Herman, 1997). Crime victims have higher rates of PTSD (25%) compared to individuals without a history of victimization (9%), and PTSD for women is most frequently tied to sexual victimization (Kilpatrick & Acierno, 2003).

Following the recognition of trauma and PTSD, research on the neurobiology of trauma acknowledged how trauma impacts the brain and body not only psychologically but also physiologically (Van der Kolk, 2015). This area of scholarship worked to destigmatize the freeze response in cases of sexual assault, reveal the full range of behaviors post-incident, and address problems with remembering traumatic event details. These recognitions were key as many professionals misunderstood particular behaviors as indicators of blame or disbelief, enforcing the 'perfect victim' script (Rich, 2019). The neurobiology of trauma helps us understand that there is no correct script on how individuals should respond to trauma.

Despite the growing recognition of trauma, research continues to find that negative stereotypes and misinformed scripts have detrimental impacts on victims of sexual assault, particularly when perpetrated by professionals who are meant to provide assistance (Dunn, 2012; Ricciardelli et al., 2021). In addition to direct consequences, victims also experience harm from interacting with systems meant to provide healing and help, like healthcare and justice systems (Maier, 2012). Negative interactions with systems and their professionals lead to what is referred to as retraumatization. Early research into these phenomena were termed the "second rape" (Campbell et al., 2001). Retraumatization occurs when systems and individuals mimic or replicate aspects of the original trauma/victimization. Examples include victim-blaming, disbelief, loss of control or autonomy, and being asked to retell/relive the victimization repeatedly. These experiences of retraumatization not only compound the direct victimization's consequences but also create barriers for victims to seek formal or informal resources in the future (Patterson et al., 2009).

[1] We will use the terms victim and survivors interchangeably throughout the report. For a discussion of these terms see Boyle & Rogers, 2020.

Given the negative consequences of retraumatization, scholars and researchers developed a set of practices that acknowledge the impacts of trauma on behavior to reduce retraumatization – trauma-informed care (TIC). TIC was first created for health practitioners, including doctors, nurses, and psychological service professionals (Center for Substance Abuse Treatment, 2014). Scholars established a set of principles that outline the key aspects of TIC. This paper uses the principles developed by Fallot and Harris, who describe TIC as "incorporating an understanding of the prevalence and impact of trauma and the complex paths to health and recovery" (Harris & Fallot, 2001, p. 3). These principles are 1) trauma acknowledgment, 2) safety, 3) choice, 4) collaboration, 5) trustworthiness, and 6) empowerment. While TIC was developed with health care practitioners in mind, it has since become a practice that can be implemented in any environment, including the criminal-legal system and victim services.

Figure 1- Trauma-Informed Care Principles

TIC practices are effective in reducing not only retraumatization but also the consequences of direct victimization. Evidence for the efficacy of TIC practice comes from a variety of fields, primarily medicine (Butler et al., 2011; Reeves, 2015), policing (Rich, 2019), and advocacy (Bowen & Murshid, 2016; Goodman et al., 2016; McCauley & Casler, 2015; Pemberton & Loeb, 2020; Wilson et al., 2015). Most of this research argues for why TIC practices are best practices for working with survivors, but fewer empirically demonstrate this positive impact. Recent studies have found that TIC practice with intimate partner violence (IPV) and sexual violence survivors increases self-efficacy and empowerment and decreases depressive symptoms (Serrata et al., 2020; Sullivan et al., 2018). TIC practices can additionally reduce barriers to accessing formal and informal services, which can increase future help-seeking behaviors. TIC practices in health professions increase disclosures of victimization and other traumatic events to healthcare professionals, thus facilitating connection to needed resources (Reeves, 2015). While much of this research is conducted in community samples, there is support for its use on college campuses (McCauley & Casler, 2015; Wood et al., 2021; Yoshimura & Campbell, 2016).

Current Study

The current study contributes to the existing literature on the use of TIC with victims of campus sexual assault specifically but includes a wider variety of service professionals than previous studies. Prior literature, particularly that on campus sexual assault, focuses heavily on advocates' use of TIC practices. Yet, there are many other service providers that work with student survivors on college campuses. Our study includes police, medical and mental health professionals, Title IX, and other student services. Through the addition of a more inclusive group of service providers, we show how any professional can use TIC practices.

Methods

Data for this study are a portion of a larger study on Title IX, service professionals, and students' experiences of campus sexual assault collected between Fall 2019 and Spring 2020 (for full study details, see Ratajczak, 2020). Participants were recruited from two universities selected with critical case sampling, focusing on important institutional differences that impact sexual assault (Moylan & Javorka, 2020). Service providers were recruited from each school with contact information on university websites and through snowball sampling. Important service areas were identified from the literature. The final sample included thirteen service professionals, nine from the Public School and four from the Private School. Table 1 displays school and service professional characteristics. Due to school size, the larger Public School consistently has larger numbers of service providers in each office. In-depth interviews were conducted with each service provider, focusing on their job requirements, work with policies, and interaction with student clients.

Table 1 – School and Helping Professional Characteristics

School	Title IX	Advocate	Counseling	Medical	Police	Other	Total
School #1 – Large (>10,000) Urban, city Public, Four-year	2	2	0	2	1	2	9
School #2 – Medium (3,000-10,000) Urban, suburban Private, religious, Four-year	2	1	1	0	0	0	4
Total	4	3	1	2	1	2	13

Interviews were recorded, transcribed, and then analyzed using modified grounded theory (Charmaz, 2006). We coded interviews to identify emerging categories and concepts, beginning with initial open coding and using constant comparative analysis to compare emerging codes with new data to identify similarities and differences. The application of trauma-informed care emerged from this inductive coding process. We then returned to the full set of professional data to apply deductive coding of the trauma-informed principles. Quotes presented in the results are representative of professionals in that group unless stated otherwise.

Results

The service professionals in our sample implemented the six principles of TIC into their work with victims. Notably, the professionals' interviews demonstrated how these principles are interrelated, where one action fulfills multiple principles. Although each service professional holds a unique set of job-related responsibilities, they each find strategies to incorporate TIC principles into their interactions with survivors. Table 2 displays how the different types of professionals are able to implement TIC practices into their work with survivors. There are two principle examples provided for each professional type.

Table 2 – Findings of Professionals Use of TIC Principles

Service Professional Type	TIC Principle	Quote
Advocates	Collaboration	"And they're always, always, always willing to sort of brainstorm and I will, I mean I can't tell you how many times I have called their office [Title IX] and put them on speaker phone and just gave them like a hypothetical situation while my client is here and they never have to speak but they at least get a little bit familiar with the voices and the options. So, um, yeah the ability to brainstorm and kind of problem solve is really nice so we can collaborate in that way."
	Trustworthiness	"Both of us explain that to the survivor before they say anything. So even if a student comes here, and I'm able to explain what the process looks like, what the accommodations are, what the process is, what will happen from beginning to end. When they go in to see our Title IX coordinator, she says the same thing before - she doesn't just say, okay, sit down and tell me what happened. She explains everything I have just explained so that they're informed."
Police	Choice	"And so, I work closely with the VIP center; they sometimes request meetings with me for clients that they have to educate them on the reporting process because not a lot of people are aware that they have rights and they don't have to pursue criminal charges or anything, and so, I go meet with those people."
	Trustworthiness	"Within the department, we just try to maintain a healthy open mind about sexual assault reports and not being a judge or a jury. But being a police officer and gathering information for the case. So, we try to breed that within our patrol officers, especially the new ones because they have their own experiences and ideas about what they should do. And from day one we have we give them trauma-informed sexual assault investigation techniques."

Table 2 (cont) – Findings of Professionals Use of TIC Principles

Counselors	Trauma Acknowledgement	"I think if on this end of spectrum people are very vocal and like, this has impacted my life, this one experience I had that was negative and wrong but it set me up for failure, people on this end of the spectrum are way less apt to come forward…I think it's also important for building empathy to understand, just because someone's story was, they didn't experience the level of violence I did doesn't mean their story isn't important. And the other is true. Just because someone, it could have been way worse, it doesn't mean my story was invalid, or doesn't matter."
	Empowerment	"I think it requires that there be some building of coping skills and managing the anxiety that that brings about. Kind of laying that groundwork, maybe a bit more quickly than in other settings. But I feel it's important to address it if the client is ready."
Medical Professionals	Trauma Acknowledgement	"So that's kind of why I start of by saying, I'm super sorry this happened to you. Cause there's a whole lot that happens, particularly in this demographic, that involves alcohol or drugs, and situations where people are in that sometimes creates an opportunity, and people can do a lot of self-blame and all that kind of stuff. And I usually try to say, you can't consent when you've been drinking. When you say no, no means no. I try to do a lot of reinforcing. And if I can see that they're maybe hearing that a little bit, it feels like maybe I'm making progress."
	Choice	"Um, and certainly here it's like, you have the patient is the person in control. It's not me telling them what they have to do. They have the control of all those steps. Like, what they want to do, how they want to proceed. You know my job is to kind of facilitate that and meet their needs. So that probably would be the biggest thing, cause I think that, you look at all that stuff and probably think that they have no control. And They're already in a situation- they're already feeling like they have no control."

Table 2(cont) – Findings of Professionals Use of TIC Principles

Title IX	Empowerment	"But I think typically I feel good about something if the party that we are working with got what they felt like they needed. If they felt satisfied, then I felt like it was an outcome that was good... And sometimes that really varies depending. It doesn't always mean that they graduated with a 4.0. Sometimes it means they realize that they couldn't stay here, and they had to transfer."
	Safety	"So, they can make the decisions that are right for them. And so that's sort of our framework, which is sort of meeting students where they are and really trusting that they know best. And that's something that I've learned over and over. You know, even when I'm terrified about their safety, if they say to me, you do that, if you take any action, you will make me less safe, I have to deal with my own anxiety elsewhere and honor that in them. The path for a student depends on what they're looking for."
Student Affairs Professionals	Safety	"Because what we know is most people don't want accountability. Right? They just want something to help make that moment better for them. And so having to figure out with that person what they need in that moment to feel safe on this campus is my primary concern. It's not always a full-blown investigation, even though that's in my title. That's actually more rare than it is for me to just provide accommodations like class changes and residence hall changes, or shift changes at the hospital or whatever it may be to make people feel safe."
	Collaboration	"But really, my main approach is what can we get them connected to on-campus and what's free. Cause that's, ultimately, they're students and we want to make sure that they feel connected. And so that could even be connecting them to our community of concern team out of dean of students who has a plethora of resources and knowledge to get them connected to more mental health provider options both on and off campus. But also, accommodations around you know, food insecurity if that's an issue, housing insecurity if there's a sense that they want to find a different place to live because whatever may have occurred. There's a lot of different resources that we need."

Each professional was able to implement all of the TIC principles but cater them to their own job-based requirements. For example, Title IX and student affairs professionals have very different job responsibilities, but they each spoke about how they can provide safety to student survivors through respecting what students say they need. While these professionals may have very different functions, they are able to implement the safety principle in a very similar fashion. The choice principle, on the other hand, is implemented in very different contexts by police and health professionals. The health professionals discussed choice through giving survivors a choice if they want a forensic examination and always asking permission to begin each step of an examination. The police officer, by contrast, discussed choice in reporting and speaking to law enforcement. The example quotes presented in Table 2 portray how, despite the difference in job responsibilities, all professionals can implement these principles to better support survivors.

Discussion

This study stresses the critical position service professionals hold to encourage future help-seeking behaviors among victimized college students. While research on why trauma-informed care (TIC) is the best practice when working with victims is widespread, very little research examining the positive impacts and methods in which TIC principles can be implemented exists. This study addressed this gap in the literature by analyzing how the six principles of TIC are distinctly applied across a wide variety of service professionals on college campuses. By implementing the six principles of trauma-informed care (TIC), service professionals understood survivors' individual needs. Importantly, these professionals reframed their job-specific duties to best serve victims' needs without sacrificing their institutional imperative. While service professionals can all approach their work as trauma-informed, their institutional job-based objectives require them to be intentional in their execution of TIC practices. By utilizing techniques relevant to their service roles, professionals can implement each TIC principle into their interactions with victims.

The current study's findings emphasize that by employing the six principles of TIC, service professionals can better serve victims and reduce the risk of exacerbating trauma in the help-seeking process, reflecting prior research (Butler et al., 2011). The findings stress the importance of developing trusting provider-patient relationships to help survivors feel comfortable and empowered to communicate traumatic experiences in accurate and actionable statements (Reeves, 2015; Rich, 2019). Regardless of professional orientation (e.g., advocate, officer, investigator, nurse practitioner), the service professionals showed their ability to empower victims, show concern for their immediate and emotional safety, avoid exposing victims to potential triggers, communicate respectfully, protect their confidentiality, and provide ongoing review of policies and procedures. By not implementing trauma-informed principles, service professionals run the risk of not considering victims' needs and are, ultimately, more likely to inflict harm and further trauma.

Policy and practices vary across universities, but Texas schools are subject to an additional state law outside of Title IX which may appear as an extra hurdle to providing TIC support. Texas SB 212, passed in 2019, requires all higher education employees to report any knowledge of sexual assault, sexual harassment, or stalking to their universities. This is a departure from the current Title IX policy, which allows universities to designate which employees are mandatory reporters. The penalty for noncompliance with SB 212 is steep; employees found not in compliance may be charged with a Class B misdemeanor and terminated from their respective institutions. This bill does remove some additional choice and safety from survivors. However, just as is the case with mandatory reporters under Title IX, all university employees are still capable of using TIC practices even when having to make a report against a student's wishes. They can maintain transparency about the process, be upfront with students about their requirements to report, and ask students how they would like a report to be made to still provide some control over the situation.

Higher education institutions in Texas are responsible for ensuring their policies, procedures, and protocols adopt a trauma-informed approach and address the needs of diverse student populations. These institutions should ensure that its government regulated investigation process (i.e., Title IX) is trauma informed. One successful example of an institution implementing a trauma-informed approach to sexual violence is the University of Texas at Austin (Palmer, 2020). Not only did they develop a detailed manual, but their campus police officers receive training to identify the signs of sexual trauma. Their recent initiatives are geared at improving relationships between law enforcement officers and sexual abuse victims. Similar institutions should seek to create a campus culture that prioritizes the best-practices of trauma-informed care at every service point.

Limitations & Future Research

This study has limitations and suggestions for future research. Other scholars have included another principle in addition to the six we discuss above that was not observed in this study, the principle of cultural and personal identity (Purkey et al., 2018; Wood, 2015). Specifically, this principle considers cultural, historical, and gender identity and ensures processes are sensitive to survivors' personal and social identity. The current study is limited in that this principle was not identified within the service professional interviews. Future research would benefit from further investigation into how the principle of cultural and personal identity is distinctly employed by various professionals. As this study's sample was comprised of thirteen service professionals across two college universities (i.e., one Public, one Private), future research would benefit from analyzing TIC implementation in larger service professional samples. As trauma exists without limits and does not discriminate on individuals' personal or social characteristics, future research should seek to examine the execution of TIC principles across settings beyond college campuses. Future research should also examine the factors leading professionals to feel institutionally bound or constrained in their enforcement of TIC.

Conclusion

The current study's findings advocate for TIC training for all individuals who provide services directly to victims, all individuals who work on interpersonal violence cases within the university setting, and all faculty and staff who serve key roles on campus (e.g., residence hall advisors). This training should inform service professionals about the importance of successfully implementing the six TIC principles and the strategies needed to do so. Prioritizing trauma acknowledgment, safety, choice, collaboration, trustworthiness, and empowerment in the occupation of all service professionals will foster positive coping outcomes for survivors healing from traumatic experiences and encourage more help-seeking on campus in the future.

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