TRAUMA-INFORMED SERVICES

TRAUMA-INFORMED GUIDE FOR CAMPUS VICTIM SERVICES

ENHANCING VICTIM SERVICES PROJECT

*Note: Both the terms "victim" and "survivor" are used in this document, as each individual who experiences sexual violence may identify differently throughout the recovery process.

INTRODUCTION

Individuals that have experienced sexual or dating violence are survivors of trauma. Understanding trauma and its impact is critical to providing adequate services to victims/survivors. Trauma-informed (TI) approaches should incorporate an understanding of trauma throughout all features of service provision, considering how services may be perceived and encountered by trauma victims/survivors (NCFH, 2009).

Such approaches recognize that victims/survivors often have multiple encounters with trauma that may result in what is termed "complex trauma" (WCSAP, 2012). Trauma may be encountered in early life, as with Adverse Childhood Experiences, and may have both short and long-term effects (AAP, 2014). Thus TI services recognize the need to center physical and emotional safety, opportunities for empowerment and decision-making, and restoring feelings of control for victims/survivors (TIP, 2013). The primary intention of TI approaches is to create a campus environment wherein victim/survivors do not experience re-traumatization, and are able to make informed choices regarding their care.

Above all, TI services should be compassionate, respectful, and collaborative, recognizing each client is the expert on their own life experiences (WCSAP, 2012). Our campus-wide efforts aim to cultivate an awareness of trauma, and ensure our responses to victims/survivors express understanding and support self-determination.

In order to best serve victims/survivors, campuses can refer to established guiding principles as they evaluate and enhance TI practice (SAMHSA, 2014). Below we outline key areas of the TI approach, and include questions to help guide its implementation in your office or organization.

GUIDING PRINCIPLES

1. Safety

The foremost priority of TI practice is creating a campus environment that ensures the physical and emotional safety of staff and victims/survivors (SAMHSA, 2014). Questions to help guide this component include:

- Do staff members monitor who is coming in and out of the office to ensure a safe environment? (TIC, NCFH)
- How safe is the area around the office building?
- Are sidewalks and parking areas well-lit?
- How far do clients need to walk to get to the building entrance?
- Is this walk a safe one? (CCTIC)
- When are services delivered? Are there services available in addition to usual office hours? If so, what safety considerations are important in timing of various services? (CCTIC)
- Are doors locked or open? Are there easily accessible exits? (CCTIC)
- Are the common areas within the office well lit? (TIC, NCFH)
- Are bathrooms well lit? Can victims/survivors lock bathroom doors? (TIC, NCFH)
- Does the program provide clients with the opportunities to make suggestions about ways to improve/change the physical space? (NCFH, TIC)
- Do staff members provide tools and support for creating physical and emotional safety when appropriate (e.g., personal space and boundaries, affirmation that safety is a right)? (CDVTI)
- Are staff attentive to signs of victim/survivor discomfort or unease? Do they understand signs in a trauma-informed way? (CCTIC)

2. Trust

A TI office must operate in a way that is transparent if it is to build trust with staff, victims/survivors, and secondary victims/survivors (SAMHSA, 2014). Questions to help guide this component include:

- Does the program ensure clear communication between staff and clients regarding what will be done, by whom, when, why, under what circumstances, at what cost, with what goals? (CCTIC)
- Does the office review rules, rights, and grievance procedures with victims/survivors regularly? (TIC, NCFH)
- Are clients informed about how the program responds to personal crises (e.g., suicidal statements, violent behavior, and mandatory reporting rules)? (TIC, NCFH)
- Is there information about victim/survivor rights posted around the office? If so, are they posted in places that are visible? (TIC, NCFH)
- Are staff and clients aware of what is involved in the informed consent process (including the extent and limits of confidentiality, what is kept in records, and where records are kept)? (TIP)

3. Choice

It is essential to support clients in reclaiming self-determination. Providing them with options and respecting the choices they make for themselves is one way to support them in rediscovering their power (SAMHSA, 2014). Questions to help guide this component include:

- Do staff members offer clients choices at all possible times, while acknowledging this may be frightening or unfamiliar for some victims/survivors of trauma? (CDVTI) Are clients allowed to make decisions about their level of participation and the pacing services? (TIP)
- Are victims/survivors encouraged to make informed choices through education and discussion of potential services available to them, as well as the benefits, limitations, and objectives of each? (TIP)
- Does the client choose how contact is made (e.g., by phone, mail, to home or other address)? (CCTIC)
- Does the program build in small choices that make a difference (e.g., when would you like me to call? Is this the best number for you? Is there some other way you would like me to reach you or would you prefer to get in touch with me? Is it safe to leave a message on your voicemail?) (CCTIC)
- How much control does the victim/survivor have over starting and stopping services (both overall service involvement and specific service times and dates)? (CCTIC)
- Is each client informed about the choices and options available? (CCTIC)

4. Collaboration

Sharing power and decision-making ability can support relationship building and collaborative partnership between staff and victims/survivors, as well as among employees (SAMHSA, 2014). Questions to help guide this component include:

- Does your office have collaborative relationships with offices on other campuses, as well as with community organizations? (CDVTI)
- Do staff members know how to connect victims/survivors with resources across the university and within the community? (CDVTI)
- Are staff members and clients encouraged to provide suggestions, feedback, and ideas? Is there a structured process for this? (TIP) Are there opportunities to do this in an anonymous and/or confidential way (e.g., suggestion boxes, satisfaction surveys, meetings focused on necessary improvements, etc.)? (TIC, NCFH)
- Do providers communicate respect for the victim/survivor's life experiences and history, allowing the client to put them in context (recognizing their strengths and skills)? (CCTIC)
- In service planning, goal setting, and the development of priorities, are victim/survivor preferences given substantial weight? (CCTIC)
- Are victims/survivors involved as frequently as possible in service planning meetings? Are their priorities elicited and then validated in formulating such plans? (CCTIC)
- Does the program recruit former clients to serve in an advisory capacity? (TIC, NCFH)
- Are former clients invited to share their thoughts, ideas, and experiences with the program? (TIC, NCFH)
- Does the program facilitate opportunities for establishing safe connections through peer support programming? (WCSAP)

5. Empowerment

Strengths must be centered, celebrated, and built upon rather than placing focus on perceived deficits. A TI approach maintains confidence in the capacity for resilience, and in the ability of individuals and communities to heal from trauma (SAMHSA). Questions to help guide this component include:

- Do staff members help clients identify strategies that help them feel comforted and empowered? (CDVTI)
- To what extent do program activities and settings prioritize empowerment and skill-building? (CCTIC)
- Does the program emphasize growth more than maintenance or stability? (CCTIC)
- Does the program communicate a sense of realistic optimism about the capacity of victims/survivors to reach their goals? (CCTIC)
- Do advocates have significant advisory voice in the planning and evaluation of services? (CCTIV)
- Are strengths and skills recognized and communicated to each victim/survivor? (CCTIC)

6. Cultural Consideration

A TI approach requires actively dispelling stereotypes (e.g., based on race, ethnicity, gender and gender identity/expression, sexual orientation, age, physical ability and other identity categories) and an ongoing commitment to cultural humility. This includes recognizing and addressing the historical trauma experienced within certain communities and making efforts to reach all populations on your campus (SAMHSA, 2014). Questions to help guide this component include:

- Is program information available in different languages? (TIC, NCFH)
- Are staff and victim/survivors allowed to speak their native languages within the office? (TIC, NCFH)
- Do staff members show acceptance for religious and/or spiritual practices? (TIC, NCFH)
- Do outside agencies with expertise in cultural humility provide on-going training and consultation to the office? (TIC, NCFH)
- Are staff members trained to ask questions in ways that are inclusive, non-stigmatizing and reflective of the principles of cultural humility? (CDVTI)
- Do all policies intentionally account for culture, race, ethnicity, gender identity/expression, sexual orientation, age, and physical ability? (TIP)

Trauma-Informed Approaches in Practice

The following questions encourage campuses to consider the level of support and training staff are receiving on TI approaches.

- Do all staff, at all levels, receive basic foundational training, and continued training (as appropriate) that furthers their understanding of trauma? (TIP)
- Do staff members practice motivational interviewing techniques with victims/survivors (e.g., open-ended questions, affirmations, and reflective listening)? (TIC, NCFH)
- Do staff members use language that focuses on the whole individual and their experience rather than labels? (TIC, NCFH)
- Do staff members use descriptive language rather than characterizing terms to describe clients (e.g., describing a person as 'having a hard time getting their needs met' rather than 'attention seeking.')? (TIC, NCFH)
- Do all staff members that work with trauma victims/survivors have structured, strength-based supervision from someone who is trained in understanding trauma? (TIP)
- Are there regular staff meetings that include opportunities for knowledge exchange on working with trauma? (TIP)
- Do staff members feel physically safe? Emotionally safe? (CCTIC)
- Do staff members feel comfortable bringing their clinical concerns, vulnerabilities, and emotional responses to team meetings, supervision sessions or a supervisor? (CCTIC)
- Do program directors and clinical supervisors have an understanding of the work of direct care staff? Is there an understanding of the emotional impact (burnout, vicarious trauma, compassion fatigue) of direct care? How is this understanding communicated? (CCTIC)
- Does the organization provide appropriate supports to staff who have experienced vicarious trauma? (TIP)
- Is self-care encouraged and supported throughout policy and practice? (CCTIC)
- Do program directors and supervisors make their expectation of staff clear? Are these consistent and fair for all staff positions, including support staff? (CCTIC)
- Does the office have a thoughtful and planned response to implementing change that encourages collaboration among staff at all levels, including support staff? (CCTIC)
- Are staff members encouraged to provide suggestions, feedback and ideas to their team and the larger agency? Is there a formal structure to solicit staff members' input? (CCTIC)

QUESTIONS TO ENCOURAGE CAMPUSES TO CONSIDER THE DEGREE TO WHICH THEIR POLICIES SUPPORT THE INTEGRATION OF TI APPROACHES.

1. Does the office have a policy or position statement that includes a commitment to trauma-informed principles and practices? (TIP)

2. Is the policy/position statement endorsed by leadership? (TIP)

3. Are there policies or procedures in place to minimize the possibility of re-traumatization? (TIP)

4. Are policies established based on an understanding of the impact of trauma on victims/survivors and providers? (TIC, NCFH)

5. Does the office have a policy that demonstrates respect for cultural differences and practices? (TIC, NCFH)

6. Does the office have a policy outlining responses to client crisis/staff crisis (i.e., self-harm, suicidal thinking, and aggression towards others)? (TIC, NCFH)

7. Are there policies outlining professional conduct for staff (e.g., boundaries, responses to victims/survivors etc.)? (TIC, NCFH)

8. Does the office review its policies on a regular basis to identify whether they are sensitive to the needs of trauma victims/survivors? (TIC, NCFH)

9. Does the office include staff and/or clients in its review of policies? (TIC, NCFH)

CONCLUSION

These questions serve as a reference tool to identify what currently exists on your campus and what is necessary to deliver quality, TI care. Each individual principle is part of a larger whole, that altogether impacts the services delivered to victims/survivors and their loved ones. With this program assessment, you can determine what components of campus service provision are aiding or hindering your ability to provide TI care to those that enter your office. To provide such care, both commitment and resources are required. Your office can commit to a trauma-informed approach by actively seeking solutions to gaps in services and viewing resources from the lens of a trauma victim/survivor. Resources can include proper staffing, training, time, funding, space, and supplies. Collaboration with campus and community partners can ensure resources are appropriately identified and administered to each client. We encourage you to review this document periodically to determine any challenges toward implementing a TI approach, and strategies for bringing your office or organization into alignment with its guiding principles.

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References

AAP:
American Academy of Pediatrics. (2014). Adverse childhood experiences and the lifelong consequences of trauma.

Retrieved from https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

CCTIC:
Fallot, R. D., & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol.

Retrieved from the University of Iowa, Carver College of Medicine: https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf

CDVTI:
Accessing Safety and Recovery Initiative (ASRI) & National Center on Domestic Violence, Trauma & Mental Health. (2012). Creating accessible, culturally relevant, domestic violence and trauma-informed agencies.

Retrieved from http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-Reflection-Tool_NCDVTMH.pdf

SAMSHA:
Substance Abuse and Mental Health Services Administration (2014). Guiding principles of trauma-informed care. SAMSHA News,22(2).

Retrieved from https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

TIC:
The Trauma Informed Care Project. (2013). Guide to completing the agency self-assessment.

Retrieved from http://www.traumainformedcareproject.org/resources/Trauam%20Informed%20Organizational%20Survey_9_13.pdf

References

NCFH:

National Center on Family Homelessness
Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009).

Trauma-Informed organizational toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.

Retrieved
from: http://www.nada.org.au/media/14607/tictoolkitforhomelessservicesusa.pdf

TIP:

Urquhat, C. & Jasiura, F. (2013). Trauma-Informed practice guide.

Retrieved from
http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

WCSAP:

Washington Coalition of Sexual Assault Programs (WCSAP).(2012).

Creating trauma-informed services: A guide for sexual assault programs and their system partners.

Retrieved from: https://www.nsvrc.org/sites/default/files/publications/2018-04/Trauma-Informed-Advocacy.pdf