

Trauma-Informed Care on a College Campus



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What Does it Mean to Be Trauma-Informed?

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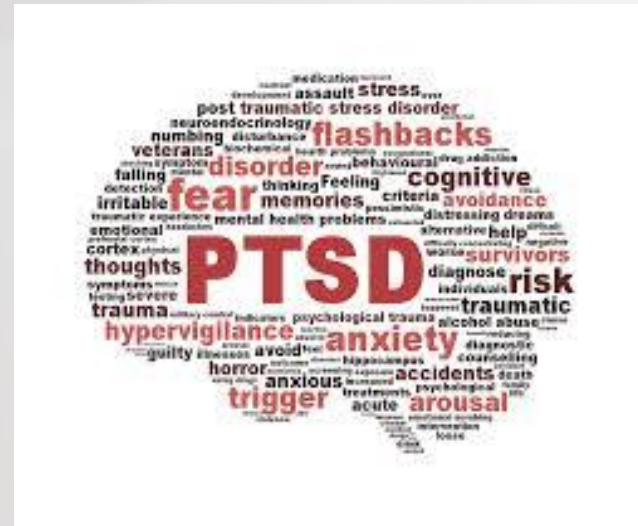


You are safe here.

How We Define Trauma

An experience in which a person's internal resources are not adequate to cope with external stressors

- Adverse childhood experiences
- Sexual Assault
- Racism
- Poverty



ACEs Study: Assessed associations between childhood maltreatment and later-life health and well-being



ACEs Study (Felitti, et al, 1998)

17,000 participants

- Almost 2/3 reported at least one ACE
 - Physical, sexual or psychological abuse
 - Witnessing DV
 - Living with a parent with MI, substance abuse or involvement in criminal behavior
- More than 1 of 5 reported 3 or more ACE
- Short and long term outcomes include a multitude of health and social problems
 - Alcoholism
 - COPD
 - Depression
 - Liver disease
 - Suicide attempts
 - STIs
 - Ischemic heart disease
 - Smoking
 - Unintended/adolescent pregnancy



Adverse Childhood Experiences
determine the likelihood of the ten
most common causes of
death in the United States.

Top 10 Risk Factors: smoking, severe obesity,
physical inactivity, depression, suicide attempt,
alcoholism, illicit drug use, injected drug use, 50+
sexual partners, h/o STD.

How Does Trauma Affect People

Trauma affects the whole person

- World View
- Architecture of the developing brain
- Attachment
- Self Esteem
- Behavior
- Emotion regulation



Behavioral symptoms a direct result of coping with adverse experiences

What we identify as maladaptive behaviors are really misapplied survival skills

- Student who was physically abused as a child might respond with aggression when bullied during Welcome Week

Trauma Impacts Learning, Behavior and Relationships

Learning

- Fear changes thinking, feeling and behaving
 - Reduces curiosity and inhibits exploration and learning
 - Often, at baseline, in a state of low-level fear
 - Needs structure, predictability and sense of safety
 - Focusing, attending, retaining and recalling may all be more difficult if in a state of arousal
 - Deadlines, exams and public speaking may result in moderate activation of the stress response
 - Difficulty with risk taking, maintaining self esteem, and/or emotion regulation
 - Results in anger, helplessness, dissociation, missed classes

Impact on Relationships

Social Functioning

- Affective attunement alleviates fear
 - Professors, mentors, tutors
- Withdrawal and isolation
 - Social anxiety may affect group project and extracurricular activities
- Involvement in unhealthy relationships
 - Creating new relationships
 - Maintaining current relationships
 - Ending destructive relationships



How Do We Create a Trauma Informed System

Awareness of how trauma affects us

Begin to see things through a “trauma lens”

- Need for system approach
- Feelings of disconnection from the college/university community can undermine success
- Welcoming, supportive communities can help children overcome these feelings and diminish trauma response

Colleges and universities are systems

Everyone is interconnected and interdependent

- What happened/happens to students can affect everyone
- The background of faculty/staff can affect everyone they teach; the other faculty and staff and the university itself

A trauma sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission. An ongoing-inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students.

Cole, Eisner, Gregory & Ristuccia (2013)

Helping Traumatized Children Learn: Creating and Advocating for Trauma-Sensitive Schools

www.traumasensitiveschools.org

Six Core Attributes of Trauma-Sensitive Schools



In a trauma sensitive school, adults...

- Share an understanding of how trauma impacts learning and why a school-wide approach is necessary
- Support all students to feel safe
 - Physically, socially, emotionally and academically
- Address students' needs in holistic ways
 - Relationships, self-regulation, academic competence, physical and emotional well-being
- Explicitly connect students to the school community
 - Provide opportunity to practice skills
- Embrace teamwork and shared leadership
- Anticipate and adapt to the changing needs of students and the community

University Operations Involved in Implementation

Leadership

- Buy-in and support for burnout/vicarious trauma

Professional development

- Training for ALL faculty/staff

Access to resources and services

- Victim Witness Advocacy; Trauma-focused treatment

Academic and nonacademic strategies

- Classroom strategies; mentoring

Policies, procedures and protocols

- Title IX investigations; child abuse reporting

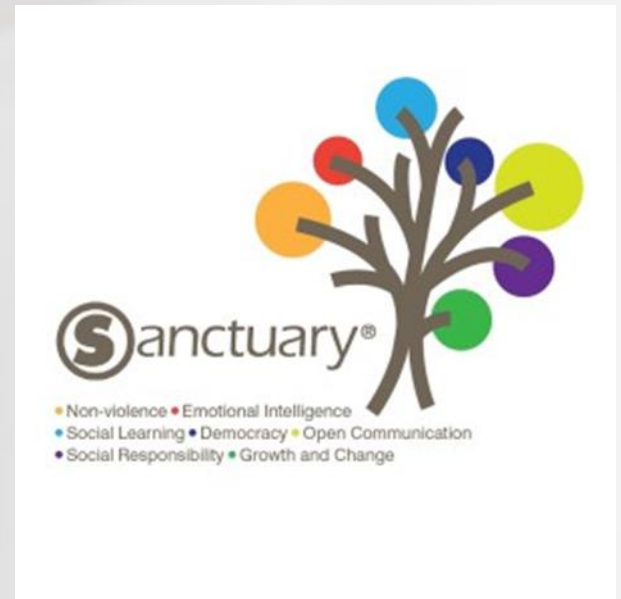
Collaboration with families and community

- Foster care, Coalition Against Sexual Assault; Orientation

Sanctuary Model – Sandra Bloom

Blueprint for clinical and organizational change which, at it's core, promotes safety and recovery from adversity through the active creation of a trauma-informed community

- Evidence-supported method of change for residential treatment programs



THE SEVEN SANCTUARY COMMITMENTS



7 Commitments

Commitment to Nonviolence

- Building and modeling safety skills

Commitment to Emotional Intelligence

- Teaching and modeling affect regulation skills

Commitment to Inquiry & Social Learning

- Building and modeling cognitive skills

Commitment to Democracy

- Creating and modeling civic skills of self-control, self discipline and administration of healthy authority

Commitment to Open Communication

- Overcoming barriers to healthy communication, reduce acting out, enhance self-protective and correcting skills; teach healthy boundaries

Commitment to Social Responsibility

- Rebuilding social connection skills, establish healthy attachments

Commitment to Growth & Change

- Restoring hope, meaning, purpose

The Next Generation

Center for Trauma and Learning in Post-Secondary Education at MassBay

- Resource center for trauma-informed best practices relevant to student success in the post-secondary setting
- Master's degree/Licensed Professional Counselor in Trauma Studies



Surveying Staff & Faculty



What are your reactions to the information you received?

What ideas do you have about weaving trauma-informed approaches into the fabric of our school?

What challenges or barriers must we overcome in order to create a trauma-informed environment at our school?

References

The National Child Traumatic Stress Network:

www.nctsn.org

<http://traumasensitiveschools.org>

Helping Traumatized Children Learn: Creating & Advocating for Trauma-Sensitive Schools

Helping Traumatized Children Learn: A Report and Policy Agenda

The Child Trauma Academy: <http://childtrauma.org/>

Perry, Bruce. (2006). Fear and learning: Trauma-related factors in the adult education process. *New Directions for Adult & Continuing Education*, 110, 21-27.

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What's Your First Step?

*Increase Your Understanding of
Trauma*

Brief Overview: The Neurobiology of Trauma



Mary A. Wyandt-Hiebert, PhD, MCHES, CWHC

Director, STAR Central

University of Arkansas

Two Goals

- 1) Develop an understanding of the neurobiology of the brain-body response when exposed to trauma.
- 2) Trauma's effects on memory.

Understanding Trauma

"any negative life event that occurs in a position of relative helplessness" –Robert Scaer, MD, Neurologist, Traumatologist

Some examples:

- Domestic violence
- Sexual assault
- Child sexual abuse
- Other forms of assault
- Witnessing a homicide
- Major motor vehicle accidents
- Military involved in combat

Understanding Trauma

Trauma is based on our survival instincts.

It's a chemical process in response to helplessness and how helplessness engages our natural instincts to survive.



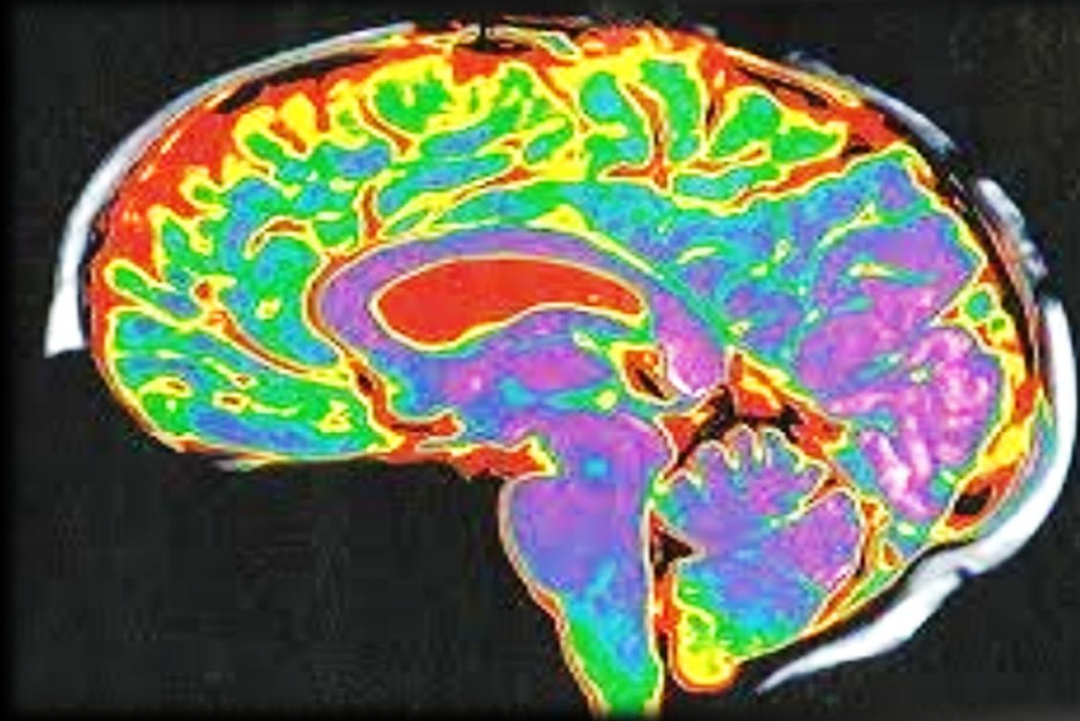
Understanding Trauma

This instinctive neurochemistry turns on the “fight and flight” reactions as protection to help us survive what the brain perceives as potentially life threatening.



Understanding the Brain

To better understand trauma response, let's first take an elementary view of the brain.



Understanding the Brain

Cerebrum (the squiggly top part of the brain)

- From a standpoint of evolution, this is the “new” brain – the part that most distinctly makes us human
- Prefrontal cortex is the area of the cerebrum that is just behind the forehead
 - allows us to process what is happening in the moment
 - allows recall from past similar experiences
 - weigh past experiences with current
 - weigh pros and cons of what to do
 - make a decision and act on it

Prefrontal
cortex

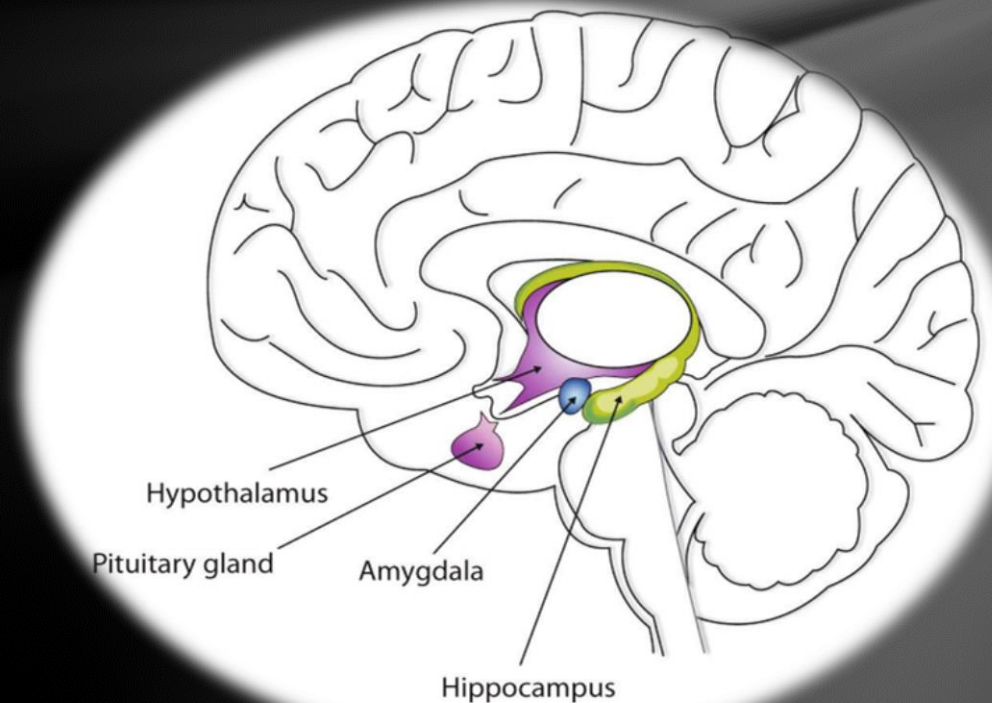


Understanding the Brain

Beneath the cerebellum is the “old” brain – primitive functions with keeping you alive

Four structures in the “old” brain greatly impacted by trauma are:

- Amygdala
- Hypothalamus
- Pituitary Gland
- Hippocampus



Understanding the Brain

Amygdala

Processes emotional reaction and memories in relation to threats to survival

Scans and looks for things that might kill you.

Once a threat/trauma is detected, the amygdala signals the hypothalamus.



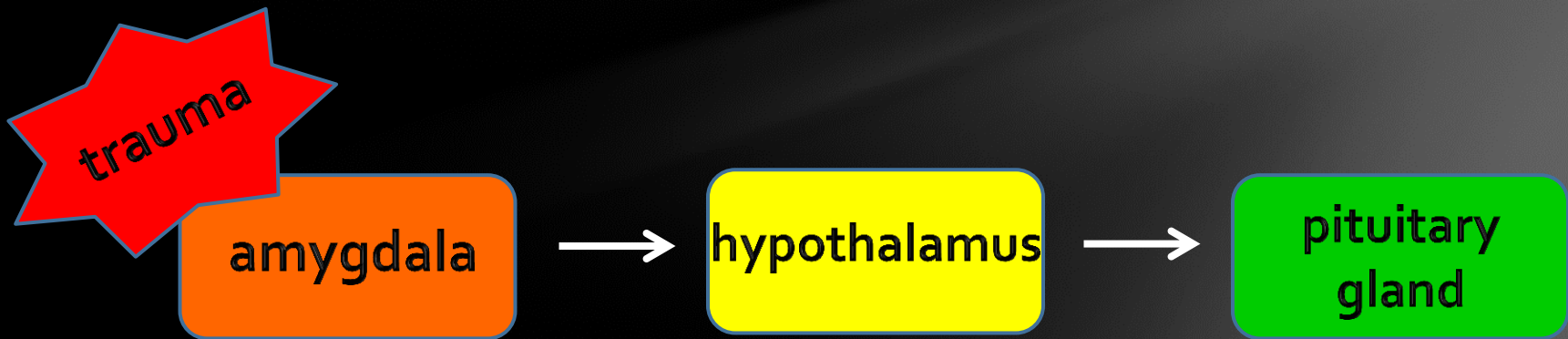
Understanding the Brain

Hypothalamus

“an information switch”

It communicates information to other parts of the brain.

When signaled by the amygdala, it sends a signal to the pituitary gland.

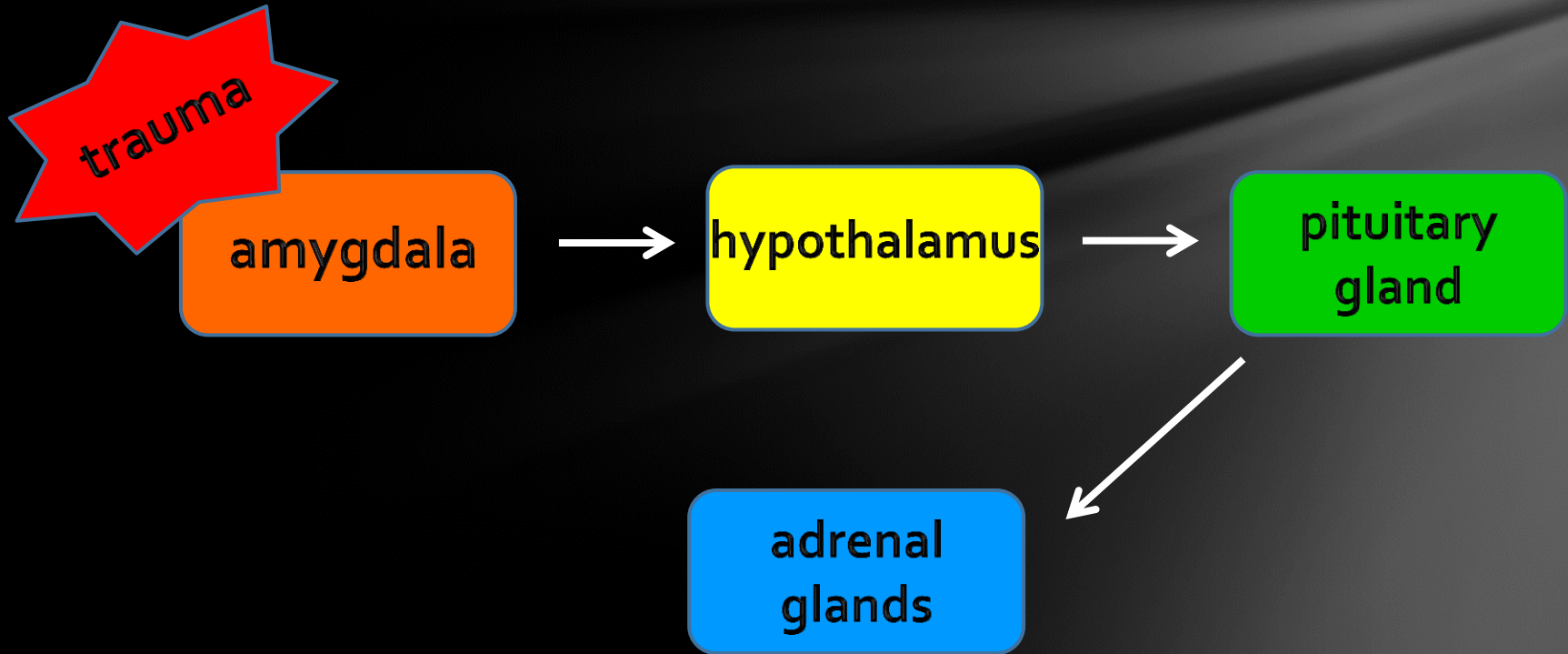


Understanding the Brain

Pituitary Gland

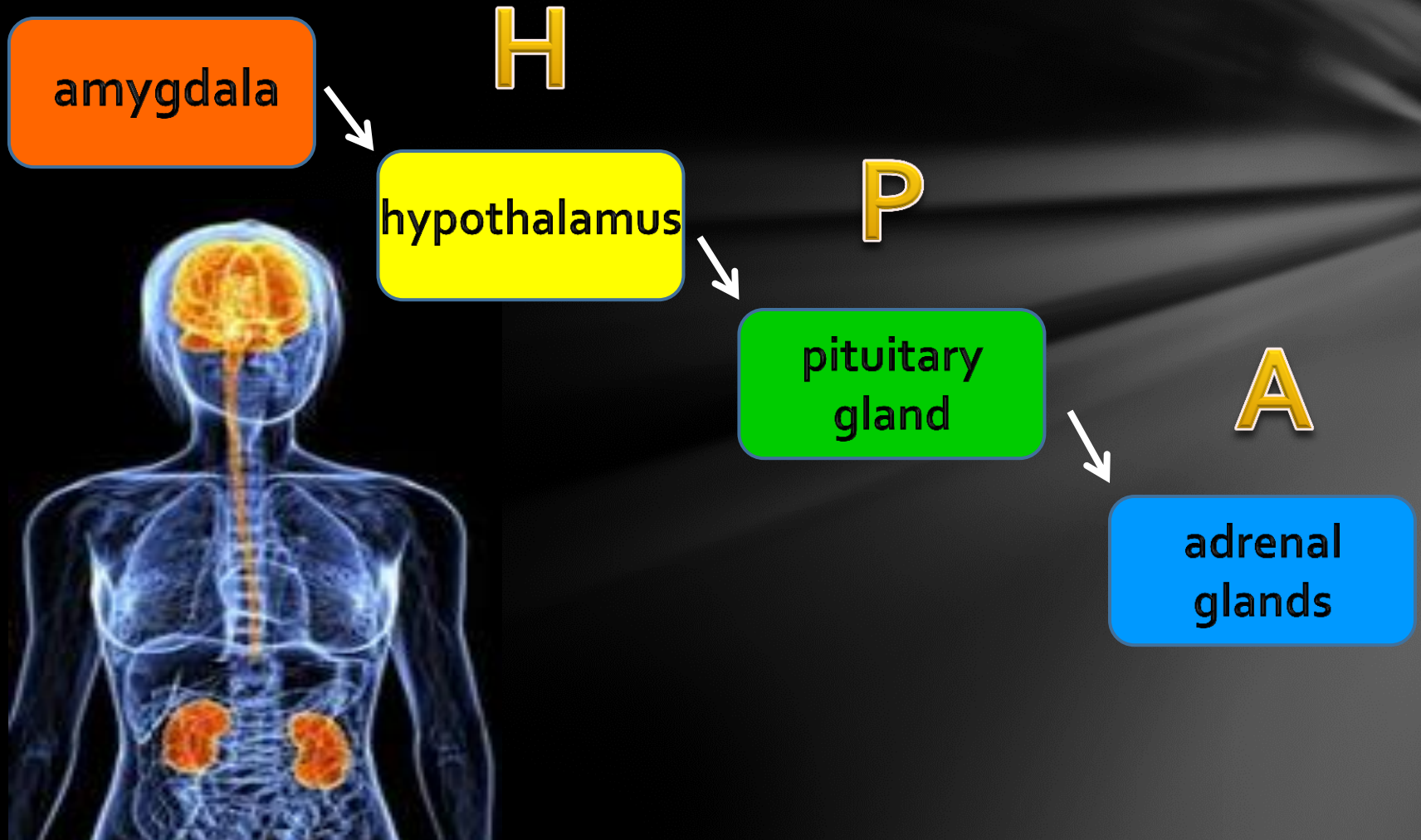
the “master gland” to all other glands

for our discussion, we will focus on it triggering the adrenal glands that sit on top of the kidneys



Brain – Body Loop

HPA axis



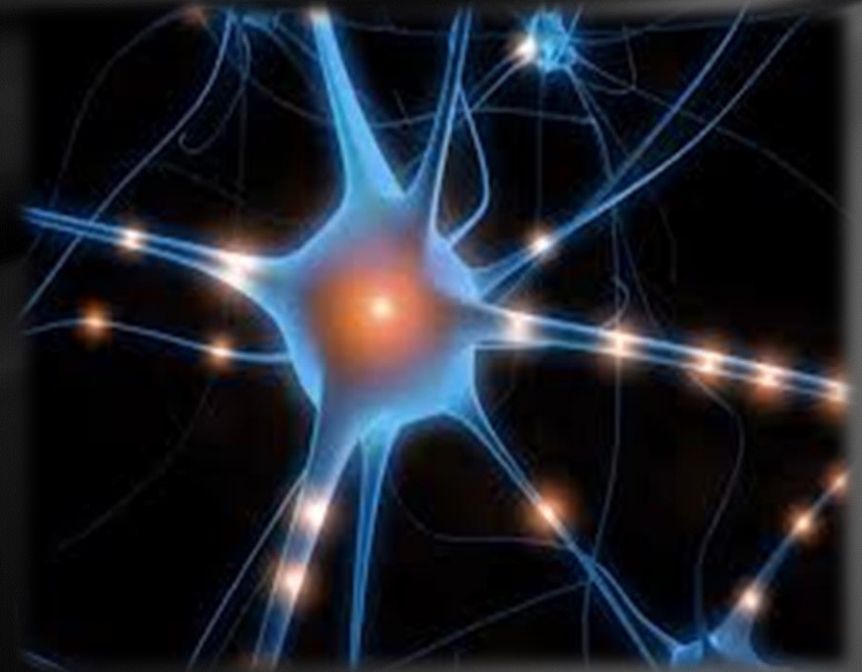
Adrenal Glands

Responds by releasing a large amount of hormones/chemicals.

Four main hormones are released in response to trauma:

- Catecholamine
- Cortisol
- Opioids
- Oxytocin

The levels/combinations released of each one will be different from person to person or event to event.



Catecholamine

- “adrenaline”
 - Body prepares to fight or flee the threat to survival
 - However, being able to engage in fight or flight is dependent upon a second hormone - cortisol

Cortisol

- Affects available energy for “fight or flight” to happen
- sometimes, “freeze” happens (tonic immobility)
- Prefrontal Cortex is not active when confronted with trauma...response is hormonally driven with a “fight, flight, or freeze” response...a “decision” is not made
- Depending on the concentration of catecholamine and cortisol released, any option (fight, flight, or freeze) is possible in response to trauma

Opioids

Body's natural pain killer "natural morphine"

Blocks physical pain that may be experienced during a major trauma

Although physical pain is blocked, it also may mask emotions and cause one not to have much affect.

- Opioid levels may be so high that it also blocks all emotion
- This can be confusing because people think that the victim of trauma should be acting very emotional about the horrible trauma that occurred.

Oxytocin

A hormone that promotes good/positive feelings

How does this work in relation to trauma?

The body is trying to eliminate pain. One way is to block it with Opioids. The other way is to counter pain by increasing good feelings. "a natural high"

If a victim of a major trauma has had a lot of Oxytocin released, they may react to the trauma by smiling, giggling, laughing and maybe even talk about the offender in loving terms.

Let's not forget the



HIPPOCAMPUS

HIPPYCAMBUS

Laying Down Memory of Trauma

Our brains are hard-wired to try to remember traumatic events.

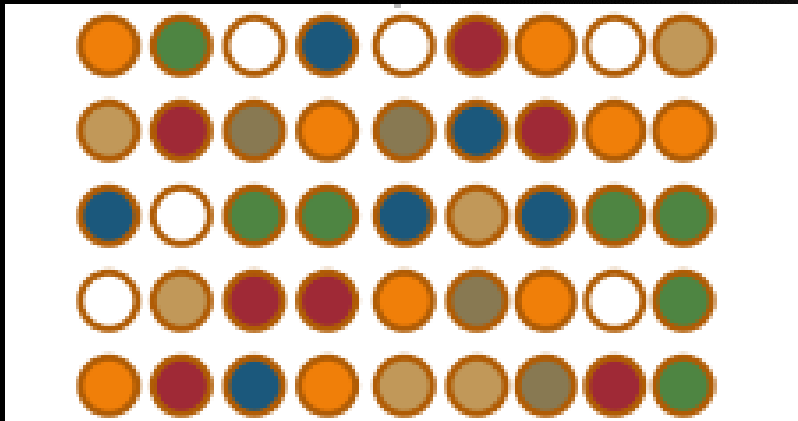
For this, the amygdala signals the hippocampus (“the memory maker”)

The hippocampus lays down memory in a 2 step process

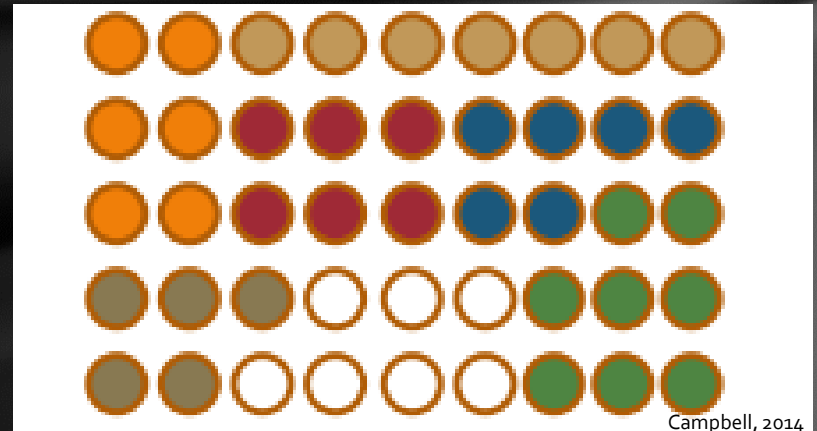
1. Encoding – sorting and organizing sensory information that comes into the brain (auditory, visual, sensory cues)
2. Consolidation – group all of the cues and bits of information together as you label the memory

Memory Making

encoding



consolidation



4 Hormones are Damaging to Amygdala and Hippocampus

Catecholamine, cortisol, opioids, and oxytocin cause cellular damage to the amygdala and hippocampus

This impairs the consolidation step necessary to make a memory.

Thus, a victim of trauma may not be able to remember everything, nor remember in a linear fashion (fragmented memories).

Not all is lost, the encoding is there, but it takes work and time to retrieve bits of information.

Alcohol and Drugs Compound Problem with Memory Making

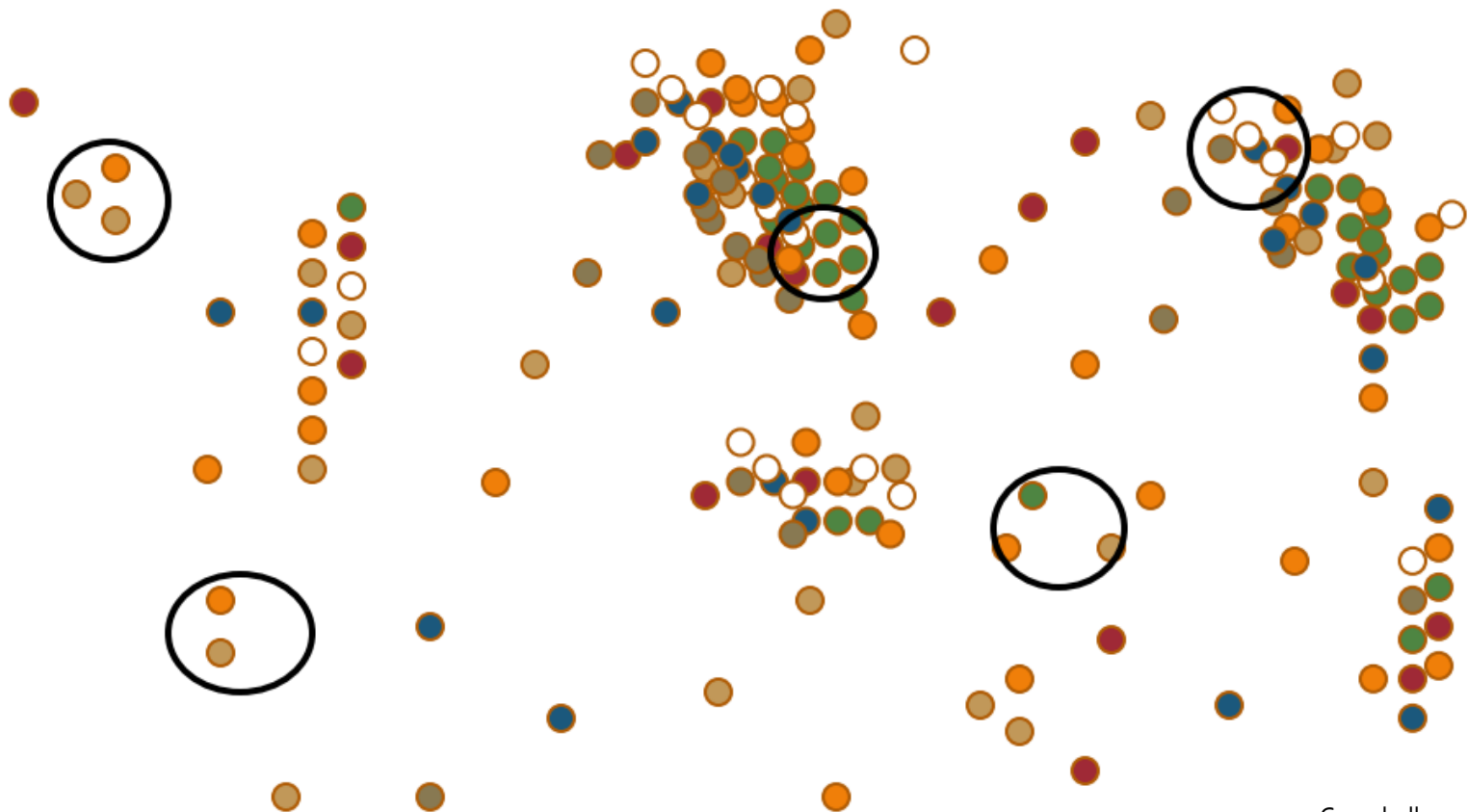
Trauma response hormones impair the ability to consolidate the encoded sensory cues, but cues are still encoded.

However, alcohol and some other drugs impair the ability to encode context information (place, time, sequence of events).

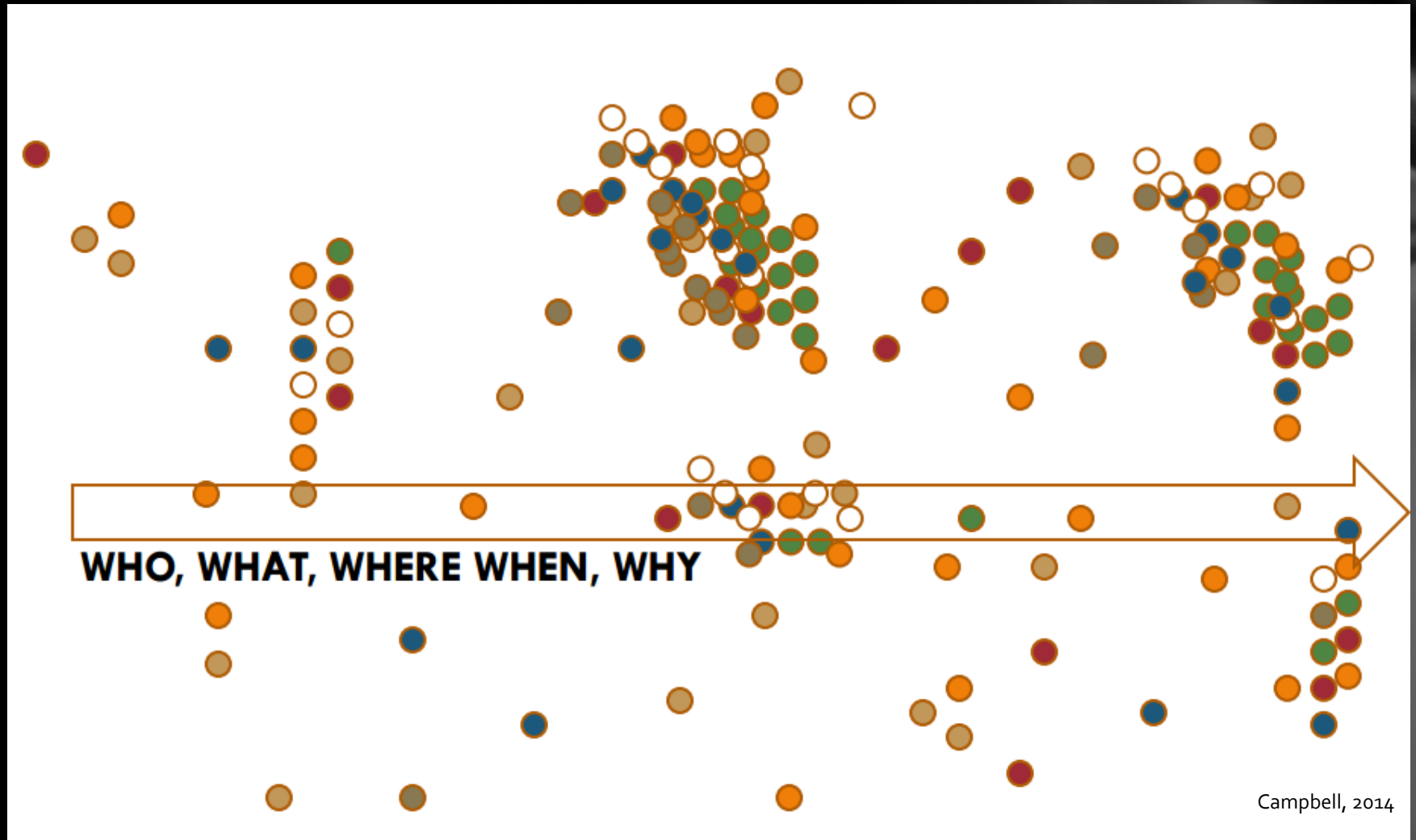
"we just don't get down all of the details"

Memory of an Alcohol/Drug Facilitated Sexual Assault May Look Like

Increases HPA axis activation → fragmented, piecemeal recall without much context



Memory of an Alcohol/Drug Facilitated Sexual Assault May Look Like



Summary

With a basic understanding of the brain-body response to trauma, it is understandable that there is not a “choice” in the response to the trauma, but response is hormonally driven.

When working with victims of major trauma, it is important to understand that memory of the event may be fragmented, inconsistent, and more pieces may come with time.

- Use to help health professionals, law enforcement, and judicial bodies to understand the lack of linearity and voids in a victim’s recount of a traumatic experience.
- Help faculty and staff to better understand the victim’s experience and difficulty with recalling and healing from trauma
- Create campus environments that dispel myths and have greater understanding of victim response to trauma

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Lisak, D. (2002). "The neurobiology of trauma". Unpublished article, University of Massachusetts, retrieved on 5/11/15
<http://www.mncasa.org/assets/PDFs/Neurobiology%20of%20Trauma.pdf>

Musgrave, S. (2012). "Understanding trauma: The cause of chronic conditions". Associative Awareness Technique Webinar, October 5, 2012.

Now that you have an
understanding.....

How do you apply it?

Trauma Informed Health Care

Deborah Stewart, MD

Medical Chief of Staff

California State University Chico

Student Health and Counseling Services

Trauma informed services ask the question:

“What has happened to you?”

rather than

“What is wrong with you”

“Trauma informed care embraces a perspective that highlights adaptation over symptoms and resilience over pathology”

Elliot, Bjelajac, Falot, Markoff, & Reed, 2005

Coping, PTSD Symptoms and Alcohol Involvement in Trauma Exposed College Students

734 students in 2 public universities (NE & SE)

Screened for trauma exposure summer prior to matriculation

- Traumatic Life Events Questionnaire
- PTSD Checklist – Civilian
- Daily Drinking Questionnaire
- Young Adult Alcohol Consequences Questionnaire
- COPE
 - Read, et al, Psychology of Addictive Behaviors, 2014

The Impact of Trauma on the University Community

Trauma is pervasive in college students

The impact of trauma is very broad

The impact of trauma is deep and life altering

Violent trauma is often self perpetuating

Trauma preys particularly on most vulnerable

The Impact of Trauma on the University Community

Trauma affects ways in which people approach potentially helpful relationships

Trauma has often occurred within the service context itself

Trauma affects staff members as well as clients in human services programs

- Fallot, RD and Harris, M. Community Connections: Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol July, 2009

Coping, PTSD Symptoms and Alcohol Involvement in Trauma Exposed College Students

PTSD symptoms at matriculation predicted increased negative coping in year 2 which predicted later increases in PTSD symptoms

Alcohol consequences reported at the start of the first year were associated with increased negative coping at the beginning of the second year and increased PTSD symptoms a year later

Findings are consistent across gender and independent of whether or not re-victimization had occurred

Conclusions were that trauma exposed students entering college with high levels of alcohol related consequences are at risk of developing maladaptive coping strategies which may contribute to harmful psychological outcomes, including PTSD for months or years down the road

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Core Values of Trauma Informed Care

Safety – Physical and Emotional

Trustworthiness

Choice and control

Collaboration

Empowerment

- FalLOT, RD and Harris, M. Community Connections: Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol July, 2009

Ensuring Physical and Emotional Safety

Are buildings safe, including walkways and lighting?

Are directions to reception and offices clear?

Are signs and visual materials welcoming?

Bathrooms gender neutral? Exits clearly marked and accessible?

Are the reception areas and exam/interview rooms comfortable and inviting?

Are the first contacts with clients welcoming, respectful, and engaging?

Ensuring Physical and Emotional Safety

Do clients receive clear explanations and information about each task and procedure? Are rationales explained carefully? Does each contact conclude with information about what comes next?

Are staff attuned and attentive to signs of client discomfort or unease? Do they understand these signs in a trauma-informed way?

Is there adequate personal space for individual clients?

Trustworthiness

Is clear information provided about what will be done, by whom, when, why, under what circumstances, at what cost, with what goals?

Are professional boundaries maintained? (e.g. not lending money, exchanging phone numbers, etc)

How does the program communicate reasonable expectations about outcomes of a given course of treatment/therapy?

What is involved in the informed consent process? Is both the information provided and consent obtained seriously? Is there a genuine choice to withhold consent or give partial consent for services?

Ensuring Choice and Control

How much choice does the client have over the services he/she receives? (time of day or week, gender of provider, etc)

Does client choose how contact is made?

How is client informed about choices and options available including options of no treatment, e.g. AMA?

Are client rights and responsibilities clearly posted and available?

Collaboration and Sharing Power

Is there a client/consumer advisory board and do they have a significant role in planning and evaluation of services? Are there members who identify as trauma survivors or are from a group such as veterans/foster youth, etc?

Is client/consumer input and preference given substantial weight in service planning, goal setting and development of program priorities?

Does the program have a culture of “doing with” instead of “doing to” or “doing for” clients?

Does the program and providers communicate a conviction that the client is the ultimate expert on her/his own experience?

Do providers identify tasks on which they and clients can work simultaneously (information gathering, hiring committees)?

Empowerment

Do clients have a significant advisory voice in the planning and evaluation of services?

In routine service provision, how are each consumer's strengths and skills recognized?

Does the program communicate a sense of realistic optimism about the capacity of clients to achieve their goals?

How can each contact or service be focused on skill development or enhancement?

Being Trauma Informed: Integration into College Campus Community

Integrating trauma sensitivity and promoting opportunities for development of resilience

- Administration
- Faculty and staff
- Mental health, student health, and other student service professionals
- Students

Being Trauma Informed: Administration

All students, staff and faculty will be safe on campus,
including emotional security

The building and maintenance of an institutional climate of
respect and generosity of spirit by all campus members

Non-tolerance of violence, including language, in any form,
bullying or shaming by any faculty, staff, or student of any
other campus member

Being Trauma Informed: Mental Health, Student Health and Student Services Professionals

Student health and mental health must use screening and assessment tools which include traumatic experiences, past and present

Must have backgrounds which include working with trauma affected populations

Counselors must have relationships with trauma specific mental health providers in the community

Trauma Can Create Barriers

Trauma survivors may present as “difficult patients/clients/students”

- May seem hostile, resist authority, or reluctant to trust
- May be triggered in a classroom – difficult topics, videos
- May have a difficult time describing bodily sensations to a provider because they have learned to tune out/disconnect from feelings of body
- May be particularly terrified of receiving reproductive health services
 - “Creating Trauma-Informed Services: A Guide for Sexual Assault Programs and their System Partners” Washington Coalition of Sexual Assault Programs

Overcoming Barriers

Respectful collaborative approach (vs traditional provider-client relationship)

- Client's bill of rights

Survivor is the expert on her or his own life and feelings

Do not expect instant trust; be absolutely trustworthy and reliable

Normalize and validate feelings which come from the trauma experience

Overcoming Barriers

Ask survivor what will help him or her to feel more comfortable and how you can best work with him or her

Realize and accept that behaviors which seem difficult have probably served the survivor well in the past, and may be hard to give up

Maintaining appropriate boundaries is always important, but even more so with survivors, as it contributes to a sense of safety

Overcoming Barriers

Providing advocates and a psychological safety plan for medical appointments for clients who have been sexually assaulted or abused as children

Website Pandora's project (www.pandys.org/quickinforcards) has cards which survivors can present to health care providers requesting special consideration such as having a female provider, asking for full explanations of procedures before they are done

Pandora's Project

I am a survivor of sexual assault

Often times I find my experience difficult to talk about, and some medical procedures are very triggering. I would be more comfortable with a female in the room.

Could you please...

- *Explain what you are doing before you do it?*
- *Explain what you are doing while you're doing it?*
- *Be patient with me?*
- *Schedule a longer appointment in case I need it?*

Trauma Informed Approaches in Student Counseling and Health Services

Counselors/mental health professionals trained in trauma informed CBT and DBT

Dialectic Behavioral Therapy groups available for students

Students are screened for ACEs (SBIRT model?)

Students in distress are asked "What has happened?", not "What is wrong?"

Screening for Trauma

28% of primary care providers reported usually or always screening for histories of child abuse despite 79% believing it was their role to screen

Cited barriers: lack of time, worry about offending patients, worry about re-traumatizing patients

- Weinreb L, Savageau, Candib LM, Et al (2010) Screening for childhood trauma in adult primary care patients: a cross sectional survey. Primary Care Companion to the Journal of Clinical Psychiatry, 12.

Now that you've screened..... or how to ask

I can see on the questionnaire that....

- Can you tell me how that has affected you later in life and how often you think about those experiences now? (Felitti)

How well do you remember your childhood?

Are there things in your childhood that happened that shouldn't have happened to you or anyone?

Would you like your children to grow up as you did? (or nieces, nephews, etc)

Sometimes we feel guilty about things that happened to us in the past. Are you feeling any guilt or shame?

Approaching the Client with Trauma History

What information would be helpful for us to know about what happened to you?

- Where/when would you like us to call you?
- How would you like to be addressed?
- Of the services I've described, which seem to match your present concerns and needs?
- From your experience, what responses from others appear to work best when y

Examples of Trauma Informed Approaches

Veterans (especially females, or ground combat)

- Information about PTSD options, 24/7 outreach center, suicide prevention services, mental health stigma reduction services

Student service areas (academic advising, disability services, EOP, etc)

- Staff trained on effects of trauma on lifespan development especially on relationship patterns and skills, health, and SES positioning

Being Trauma Informed: Faculty and Staff Development

Faculty and staff will be educated on the effects of violence on students cognition and classroom behavior

- Early childhood violence
- Sexual Violence
- Domestic and interpersonal violence
- The violence of conflict including war
- Other forms of violence including emotional violence

Being Trauma Informed: Students

Students should be given information on the human brain and its development in many different classroom settings, particularly re: effects of trauma in various developmental periods

Peer educators and peer counselors should receive ongoing education and trainings on the effects of trauma on students and best practices on assisting students who are dealing with the effects of trauma

Enhancing Resilience

Mitigate risk by enhancing resilience

- Sleep
- Nutrition
- Physical activity (Peer based programs)
- Leadership programs
- Preventive mental health programs

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Trauma-Informed Care in Behavioral Health Services: A Treatment Improvement Protocol SAMHSA Tip 57

<http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>

Community Connections: Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol, Falot, Roger and Harris, Maxine, July, 2009

Now that we've looked at trauma informed health services

Let's look at Title IX specifically...

Title IX Guidance: Trauma Informed Response

Kim Webb, MEd

*Director, Relationship and Sexual
Violence Prevention Center*

Washington University in St. Louis

Objectives

Overview of Title IX requirements

Who is responsible

What guidance and direction are we given

How can we foster a trauma informed community



Scope of Title IX

Federal law which prohibits discrimination on the basis of sex; protects students, employees and third parties from sexual harassment in a school's education programs and activities, including all ***"academic, educational, extracurricular, athletic, and other programs of the school, whether those programs take place in a school's facilities, on a school bus, at a class or training program sponsored by the school at another location, or elsewhere."***

* The definition of sexual harassment includes sexual violence.

Duty of WU upon notice

Once a school has notice of possible sexual harassment of students (whether by employees, other students or third parties), “it should take immediate and appropriate steps to **investigate** or otherwise determine what occurred **and take prompt and effective steps** reasonably calculated to end any harassment, eliminate a hostile environment if one has been created, and prevent harassment from occurring again.”

Colleges and Universities have an obligation to investigate *regardless* of whether a complaint is filed

Bottom line: Duty to stop it, prevent recurrence, and remedy effects of harassment on victim student and college/university community.

Definition of notice

School has notice if a “responsible employee” knew or in exercise of reasonable care, should have known, about the harassment.

- **“Responsible employee” is any employee:**
 - **with authority to take action to redress the harassment; or**
 - **who has the duty to report to appropriate school officials sexual harassment or other misconduct by students or employees; or**
 - **who a student could reasonably believe has this authority or responsibility.**

What are the responsibilities?

Before a student reveals information that he or she may wish to keep confidential, a responsible employee should make every effort to ensure that the student understands:

- (i) the employee's obligation to report the names of the alleged perpetrator and student involved in the alleged sexual violence, as well as relevant facts regarding the alleged incident (including the date, time, and location), to the Title IX coordinator or other appropriate school officials

What are the responsibilities? cont.

- (ii) the student's option to request that the school maintain his or her confidentiality, which the school (e.g., Title IX coordinator) will consider, and
- (iii) the student's ability to share the information confidentially with counseling, advocacy, health, mental health, or sexual-assault-related services (e.g., sexual assault resource centers, campus health centers, pastoral counselors, and campus mental health centers).

*Q & A on Title IX and Sexual Assault, section D-4, pg. 16,
United States Department of Education, Office of Civil Rights*

Confidentiality Considerations

When a responsible employee becomes aware of an incident, and a student requests confidentiality, the following must be considered:

- Increased risk of the alleged perpetrator committing additional acts of sexual violence or other violence (multiple complaints, history)
- Increased risk of future acts of sexual violence under similar circumstances (pattern of perpetration)
- Sexual violence was perpetrated with a weapon;
- Age of the student subjected to the sexual violence; and
- Whether the school possesses other means to obtain relevant evidence (e.g., security cameras or personnel, physical evidence)

Q & A on Title IX and Sexual Assault, section E-2, pg. 21, United States Department of Education, Office of Civil Rights

Confidentiality and Safety

Any school officials responsible for discussing safety and confidentiality with students should be trained on the effects of trauma and the appropriate methods to communicate with students subjected to sexual violence.

*Q & A on Title IX and Sexual Assault, section E-2, pg. 22,
United States Department of Education, Office of Civil Rights*

Interim Measures to address safety

Alternate Housing

No Contact

Academic Accommodations

Escort Services

Counseling and Medical Services

Academic Support Services

United States Department of Education, Office of Civil Rights, Dear Colleague Letter-Sexual Assault, April 2011, pg. 16

Student Health Services

Counseling:

- Interim measures are determined by a school on a case-by-case basis.
- If a school determines that it needs to offer counseling to the complainant as part of its Title IX obligation to take steps to protect the complainant while the investigation is ongoing, ***it must not require the complainant to pay for this service.***



Remedies to eliminate a hostile environment

Student Health Services:

- Providing counseling for the perpetrator
- Providing all services needed to remedy the hostile environment to the complainant. *These remedies are separate from, and in addition to, any interim measure that may have been provided prior to the conclusion of the school's investigation.*
- Providing comprehensive, holistic victim services including medical, counseling and academic support services, such as tutoring

United States Department of Education, Office of Civil Rights, Dear Colleague Letter-Sexual Assault, April 2011, pgs. 15-16

How can we foster a
trauma informed
community?



Training for All Students and Employees

“academic, educational, extracurricular, athletic, and other programs of the school, whether those programs take place in a school’s facilities, on a school bus, at a class or training program sponsored by the school at another location, or elsewhere.”

Who Are They?

Faculty

Staff, including student staff

University administrators

Students

Safety officials

Contracted security

Study abroad partners

Contracted bus drivers, event services staff

Housekeeping staff

Dining staff

Educational Recommendations

Office of Civil Rights Provides Training Recommendations for:

- Employees on Title IX and sexual violence
- Employees on how to respond to sexual harassment or sexual violence
- Employees who are involved in implementing the grievance procedure
- Students

*Q & A on Title IX and Sexual Assault, section E-2, pg. 21,
United States Department of Education, Office of Civil Rights,
pgs. 40-41*

General Recommendations for employees

Know your confidential and non-confidential resources

Know your responsibilities

Know your limitations

Know your institution's statute of limitations for reporting

Manage your biases and cultivate training opportunities

General Recommendations for employees

Use empathetic listening:

- Thank you for sharing this with me.
- I'm sorry you're going through this.
- Let me help you get to the right place.
- I will only share this information to : (for "responsible employees")
 - Make sure you get the support and resources needed
 - Put you in contact with university personnel who will explain your options on and off campus

You CANNOT guarantee confidentiality, but you can direct them to confidential resources

Suggestions for Training

Make training part of new employee and incoming student orientation

Incorporate into Human Resources annual training opportunities/requirements

Offer training to student leaders and student groups annually

Offer in person training to all department faculty and staff meetings

Utilize student theater troupes in training to bring to life realistic scenarios and offer valuable feedback

Offer quarterly training opportunities with role-play and dialogue

Mandate annual, advanced training for campus safety officials, hearing boards, appellate officers, and those who talk with students about safety and confidentiality

Institute training on effects of trauma for all SHS personnel

Resources

Have written, easy to read guide sheets for responsible employees

Have a well defined, easy to read rights and options sheet for students

Have information available in all syllabi, websites, and student portals

Delineate “Confidential” from “Responsible” resources

Note afterhours resources and contacts



Sexual Harassment and Sexual Violence Resource Guide for Faculty, TAs and Staff

Campus resources (**CONFIDENTIAL**)

- Kim Webb, Director for Sexual Assault and Community Health Services (after hours through SARAH or WUPD) (314) 935-8761
kim_webb@wustl.edu
- Student Health Services (314) 935-6666
- SARAH (Sexual Assault and Rape Anonymous Helpline) (314) 935-8080
- Uncle Joe's Peer Counseling and Resource Center (314) 935-5099
- WUPD's Silent Witness Program Online

Reporting options (**NON-CONFIDENTIAL**)

- WUPD (314) 935-5555
- Don Strom, Chief of Police (314) 935-5514
don_strom@wustl.edu
- Tamara King, Associate Dean for Students and Director of Student Conduct (Judicial Administrator) (314) 935-4329
king@wustl.edu
- Jessica W. Kennedy, Title IX Coordinator (314) 935-3118
jwkennedy@wustl.edu
- Apryle Cotton, Assistant Vice Chancellor for Human Resources (314) 935-8095
apryle.cotton@wustl.edu

WU Policies

Definition of sexual violence

Sexual violence includes physical sexual acts perpetrated against a person's will or where it would be apparent to a reasonable observer that a person is incapable of giving consent due to the victim's use of drugs and/or alcohol or due to an intellectual or other disability.

Definition of sexual harassment

Any unwelcome sexual advance, request for sexual favor or other unwelcome verbal or physical conduct of a sexual nature, including sexual violence, whether committed on or off campus, when:

- 1) submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as the basis or threatened to be used as the basis for employment, academic decisions or assessments affecting an individual; or
- 3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or educational performance or creating an intimidating or hostile environment for work or learning. Such conduct will typically be directed against a particular individual or individuals and will either be abusive or severely humiliating or will persist despite the objection of the person targeted by the speech or conduct.

Examples of potential sexual harassment

- Requests for sexual favors
- Hugging, rubbing, touching, patting, pinching or brushing another's body
- Inappropriate whistling or staring
- Veiled suggestions of sexual activities
- Remarks about a person's body or sexual relationships, activities or experience
- Requests for private meetings outside of class or business hours for other than legitimate mentoring purposes
- Use in the classroom of sexual jokes, stories or images in no way germane to the subject of the class
- Use of inappropriate body images to advertise events
- Sexual violence (e.g., rape, sexual assault, sexual battery, and sexual coercion)
- Dating/Domestic/Relationship violence
- Stalking

Sexual harassment and sexual violence are prohibited by the University's Sexual Harassment Policy and the University Student Judicial Code, which prohibits sexual contact with any member of the University community without that person's consent, including, but not limited to, rape and other forms of sexual assault. Complaints alleging sexual assault and certain forms of sexual harassment committed by students are investigated by the University Sexual Assault Investigation Board (USAIB).

Consent

Conduct will be considered “without consent”:

- if no clear consent, verbal or non-verbal, is given;
- if inflicted through force, threat of force, or coercion; or
- if inflicted upon a person who is unconscious or who otherwise would appear to a reasonable observer to be without the mental or physical capacity to consent.

For example, sexual contact with a person who would appear to a reasonable observer to be impaired in the exercise of his or her judgment by alcohol or other drugs may be considered “without consent.” Consent should not be inferred from the absence of a “no”.

Relationship abuse or violence

Relationship violence (also known as intimate partner, dating or domestic violence) is a pattern of coercive and abusive tactics employed by one partner in a relationship to gain power and control over the other partner.

Warning signs include:

- Destructive criticism and verbal attacks
- Pressure tactics or threats
- Emotional abuse or manipulation
- Minimizing, denying and blaming
- Physical violence
- Sexual violence
- Harassment
- Economic control
- Isolation
- Intimidation

You are responsible to report if a student discloses a situation to you, or you witness or become aware of concerns of sexual harassment. If someone discloses sexual harassment or relationship abuse or violence to you:

- First, express empathy.
 - “Thank you for sharing this with me.”
 - “I’m sorry you’re going through this.”
 - “Let me help you get to the right place, or put you in contact with the right person.”
 - “I will only share this information to:
 - Make sure you get the support and resources needed, and
 - Put you in contact with university personnel who will explain your options, on and off campus.”
- To respect student choice and privacy, it is important to make students aware of your reporting responsibilities as soon as possible.
- Make sure the student knows what resources are available and that there are both confidential resources and individuals they can report to.
- Information should be reported to your dean, faculty supervisor, senior administrator or the Title IX Coordinator.
- Students have the right to file a formal complaint with the Title IX Coordinator.
- Students also have the right to not file a formal complaint and to request confidentiality.
- Whether or not a formal complaint is filed, certain appropriate accommodations, including housing and academic accommodations, may be made.
- Students can explore all options and available resources confidentially with Kim Webb, Director for Sexual Assault and Community Health Services.

While the University strongly encourages victims to report to the University and the police, we understand that some students will ask that their name not be disclosed to the alleged perpetrator or that the school not proceed with a formal investigation or disciplinary action. The University will seriously consider these requests and, except in limited circumstances, will honor the student’s wishes.

When sexual harassment is reported

The University will take immediate and appropriate steps to investigate or otherwise determine what occurred and take prompt and effective steps reasonably calculated to end any harassment, eliminate a hostile environment if one has been created, and prevent harassment from occurring again.

Additional information available online

Student Health Services

<http://sexualviolence.wustl.edu>

University Student Judicial Code

<http://wustl.edu/policies/assets/pdfs/university-student-judicial-code.pdf>

University Sexual Assault Investigative Board Process

<http://www.wustl.edu/policies/sexualassault.html>

WUPD Silent Witness Program Form

<https://police.wustl.edu/crimepreventionandsafetypages/Silent-Witness-Form.aspx>

References

https://www.whitehouse.gov/sites/default/files/dear_colleague_sexual_violence.pdf

<http://www2.ed.gov/about/offices/list/ocr/docs/qa-201404-title-ix.pdf>

Thank You!

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