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Trauma-informed services and trauma awareness among staff on the college campus

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TRAUMA-INFORMED SERVICES AND TRAUMA AWARENESS AMONG STAFF ON THE
COLLEGE CAMPUS

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Introduction

Approximately 85% ($N=234$) of undergraduate students have experienced one or more traumatic events in their lifetime (Frazier et al., 2009). Trauma is defined as the result of:

an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (Substance Abuse and Mental Health Services Administration: SAMHSA, 2012, para 1).

These effects of trauma such as difficulties coping with daily stress, trusting others, and managing emotions can make it difficult for an individual to feel safe, secure, and welcomed in any setting (SAMHSA, 2012). Trauma-informed services work to create an environment which will help the student feel more safe, secure, and welcome. The majority of undergraduate students experience trauma which creates a need for services that are informed about trauma, understand the symptoms, and are able to work with students who are impacted by trauma (Frazier et al., 2009; Kirk & Dollar 2002). These services are called trauma-informed services. These services work to provide a welcoming environment for trauma victims without directly treating trauma symptoms.

The existing studies show that the effects of services using trauma-informed model can result in increased consumer functioning levels. Clients are able to abstain longer from alcohol and drugs and cope with stresses better (Morrissey, Jackson, Ellis, Amaro, Brown, & Najavits, 2005; Fallot, McHugo, Harris, & Xie, 2011). In other words, considering the impact of trauma as part of the recovery process and everyday functioning of victims can produce more positive treatment outcomes. The studies that exist focus on the implementation of trauma-informed services in a school setting have focused on children under the age of 18 and not young adults in a university setting (Walkley & Cox, 2013).

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For college students to work through the effects of trauma and be able to live a more normalized life, the availability of effective trauma-informed services on campus environments is crucial. Therefore, I chose to investigate the availability of trauma-informed services to all students on the college campus. The purpose of this study is to examine the relatively unexplored area of trauma informed services in the context of college campus through survey methods at the University of Northern Iowa (UNI). In particular, this study focuses on trauma-informed services and employees' trauma awareness in four service units on the UNI campus: the Department of Residence, Health Center, Counseling Center, and Dean of Students.

Review of Literature

Trauma

Trauma is explained by the Substance Abuse and Mental Health Services Administration by the three E's: event, experience, and effects (SAMHSA, 2012). Traumatic *events* are those which threaten an individual's psychological or physical safety. The individual's *experience* of the event determines whether or not the event was traumatic (SAMHSA, 2012). What is traumatizing to one individual may not be traumatizing to another. The way an individual labels the event along with the actual physical and psychological threats that occur contribute to the experience (SAMHSA, 2012). For example, one individual may define the experience of fleeing a country for refuge as traumatizing while another may not (SAMHSA, 2012). Finally, the individual is impacted by long-term adverse *effects* from the event and related factors (SAMHSA, 2012). A traumatized individual might not be capable of coping with daily stresses and tensions, which may be normal to others, and have difficulties in learning to trust and benefit from relationships, emotions, memory, attention, thinking and behavior. (SAMHSA,2012).

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In addition, an individual's frame of reference in viewing the world and psychological needs can be affected due to traumatic experiences (Pearlman & Saakvitne, 1995). The psychological needs are a response to the needs that were not met in the traumatic event that occurred and are revealed in relation to the self and with others. These five psychological needs include safety, trust, esteem, intimacy, and control (Pearlman & Saakvitne, 1995). Each of these psychological needs has a component that is related to self and others. Safety pertains to the individual's need to feel safe in an environment in relationship to others. Trust refers to the need to trust one's own perceptions and judgments and to trust others in allowing them to fulfill one's own psychological and emotional needs. Esteem is to have a positive regard of self and to feel valued by others (Pearlman & Saakvitne, 1995). Intimacy pertains to an individual's ability to treat oneself with love and care and to be able to receive love and care from others. Control refers to the need to control one's own actions and other-control refers to the need to control the actions of others (Pearlman & Saakvitne, 1995). Traumatic events can cause disruptions all of these typical psychological needs.

A person can also experience physical effects of trauma. Trauma causes a disruption to a person's bodily homeostasis beginning immediately after the event and continuing for years afterwards (McFarlane, 2010). These physical side effects may manifest as hypertension, obesity, cardiovascular disease, decreased functioning of the immune system, irritable bowel syndrome, reproductive disorders, and increased body pain (McFarlane, 2010; D'Andrea, Sharma, Zelechowski, & Spinazzola, 2011).

Trauma-Informed Services

Trauma-informed services are those that aim to serve the victims of trauma. A definition of trauma-informed is:

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to understand the role that violence and victimization play in the lives of most consumers... and to use that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will facilitate consumer participation (Harris & Fallot, 2001, p. 4).

Trauma-informed services are supported by trauma theory. The trauma theory provides a framework for understanding trauma in the lives of clients and the need for trauma-informed services for the well-being of all individuals. Trauma theory is the approach that acknowledges the impact of trauma when working with individuals. Trauma theory recognizes the long-lasting impact of trauma on the thought processes and actions of an individual. Under the theory, trauma is a “defining and organizing experience that forms the core of an individual’s identity” (Harris & Fallot, 2001, p.12). Because trauma influences every part of an individual’s experience, trauma must be considered in every aspect of any person’s day-to-day life especially in the lives of those recovering from trauma.

Trauma-informed services differ from trauma-specific services. Trauma-specific services work to directly address symptoms of trauma through specific techniques while trauma-informed services do not attempt to address trauma symptoms but rather create a welcoming environment for trauma survivors through a holistic approach. Within the efforts to create such an environment, trauma-informed services possess unique features. Trauma-informed services offer an approach for working with traumatized individuals that can be implemented by people in all positions of all skill levels within an organization and are not restricted to trained therapists.

The motto, *Primum non nocere*, which means “Above all else, do no harm” refers to the avoidance of retraumatization through trauma-informed services (Harris and Fallot, 2001; Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005). This includes developing an all-encompassing way of

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practice that does not retraumatize or serve as a traumatizing experience for any consumer or staff member who could be a survivor of a trauma (Wolf, 2014). Retraumatization occurs in an event or situation where a person experiences a loss of control and sense of violation that is reminiscent of their original traumatic experience. Trauma-informed services also take into consideration the impacts of trauma on an individual in every situation and at every moment of their lives. As mentioned earlier, trauma can distort an individual's cognitive views of self, the world, and spirituality which can influence their behaviors and relationships with self and others (Pearlman & Saakvitne, 1995). Therefore, the role of trauma-informed services is to take such effects of trauma into consideration when serving all people.

Principles of Trauma-Informed Services

The main principles that comprise trauma-informed services include safety, empowerment, trustworthiness, collaboration, and choice (Wolf, 2014; Elliot et al., 2005). The principles of trauma informed services can help trauma survivors to deal with disrupted cognitive schemas in the areas of safety, intimacy, esteem, trust, and control, which result after experiencing trauma (Pearlman & Saakvitne, 1995)

The principle of safety is defined as protecting self or others on emotional and physical levels (Wolf, 2014). Applying the principle of safety in any organization or workplace pertains to the safe physical structure of a building and the practices of staff (Wolf, 2014). The practices that promote safety include well-defined staff roles, adherence to confidentiality policies, consistency, and welcoming demeanor (Elliot et al., 2005).

Collaboration is a principle that involves working with clients to form a decision while treating the client as the expert on his or her own life; Wolf (2014) defines collaboration as an “environment of doing ‘with’ rather than ‘to’ or ‘for’” (p. 117). Collaboration can only be

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The principle of choice applies to the range of options, conscious decision, and sense of control a person feels in making a choice (Elliot et al., 2005). Choice also involves giving the client the ability to have a voice in services and providing knowledge about rights and responsibilities available to the person (Wolf, 2014).

Building and enhancing the clients' skill set are qualities which apply to the principle of empowerment (Wolf, 2014). This is demonstrated by combining client choice and collaboration with staff members (Elliot et al., 2005). Clients are restored with the sense of power over their lives and the ability to make decisions when they possess the skills to cope with their changing emotions and circumstances.

Trustworthiness is established through client staff relationship and consists of “transparency and honesty, ensuring consistency and appropriate boundaries, and clear task delivery” (Wolf, 2014, p. 115). The same practices that make a relationship safe also apply to trustworthiness.

The Current Study

Trauma-informed services have been shown to improve the lives of patients (Morrissey, Jackson, Ellis, Amaro, Brown, & Najavits, 2005; Fallot, McHugo, Harris, & Xie, 2011). Currently, little to no research has been done on employee perceptions of trauma-informed services. This is especially true for employees on the college campuses. This exploratory survey provides a basis for other researchers to continue conducting research in this field. Therefore, to address the deficit of research, exploring the awareness of existing or non-existing features of trauma-informed services on the college campus is the first step to address the need for building

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the system of trauma-informed services on a college campus. This study seeks to gain understandings of trauma-informed services on an organizational and individual level by assessing the structural elements of trauma-informed services on the University of Northern Iowa (UNI) campus through the perceptions of individual employees.

The two research questions explored are as follows:

- 1) How do the services vary in their employee perceptions and principles of trauma-informed principles in the workplace?
- 2) What are the UNI employees' perceptions of trauma-informed services and its application in the workplace on the college campus?

Methodology

Sample Selection

Study participants were selected using purposive sampling methods. The employees of the student affairs division at UNI were invited to participate in the study. The departments selected for this study are members of the student affairs division and included the University Health Center, Mental Health Counseling, Department of Residence, and Dean of Students. The employees of these departments were selected for their interactions with students and the high likelihood of working with students who might have experienced trauma. Staff in these departments, including those who work in administration, maintenance, and who provide direct services to students, were invited to complete this study.

Measurements

The survey questions were created based on Orchard Place's Trauma-Informed Organizational Self-Assessment (n.d.), which derives from the National Center on Family

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Homelessness Trauma-Informed Organizational Self-Assessment, and Falot and Harris's (2009) work. This research instrument had previously been used to examine a behavioral health organization and provided a template for trauma-informed organizational assessment. Additional questions were developed based upon qualities of a trauma-informed service unit set by SAMSHA's *Trauma-Informed Care in Behavioral Health Services* (SAMSHA, 2014). The survey questions covered demographic information, trauma-informed principles, and staff perceptions of trauma. The survey consisted of 50 questions that were a combination of multiple choice, Likert-scale, and short answer questions.

Principles of Trauma-Informed Services. A total of 30 scale items assessed the staff's perceptions on the qualities of trauma-informed services which are safety (9 items), empowerment (4 items), trustworthiness (6 items), collaboration (5 items), choice (4 items) and policies for trauma situation (1 item). These items can be found on Table 2. The study participants were asked to rate how much they agree or disagree with each statement on a five-point Likert-type scale that ranged from strongly disagree to strongly agree.

Employee Perceptions of Trauma. This portion of questions consisted of 12 questions to explore student service employees' definition of trauma and perceptions of trauma in the workplace. The format of questions included 2 closed-ended questions, 5 five-point Likert-scale items, and 5 open-ended questions. For example, the question regarding participants' definition of trauma asked survey participants to select all of the events they considered to be traumatic from a list that included sexual abuse, physical abuse, sexual assault, witnessing a death, the death of a family member, experiencing a natural disaster, historical oppression, and experiencing war. The Likert-scale items asked participants to express whether or not they frequently encounter students who had experienced trauma in their line of work, if they have

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heard students' stories of trauma, if they felt comfortable listening to students' stories of trauma, whether or not they believed it is important to attend training on trauma for their job, and if the participants were aware of the impact of trauma on individuals.

Short Answer Questions. There were five short-answer questions. These questions asked participants to define a traumatic experience, identify strategies their department uses in making students feel safe, strengths of the department, areas of growth for their department, and the qualities of their services. Questions about the staff members' perceptions of their services were created to see if staff would respond with answers that are similar to the principles of trauma-informed services.

Data Collection Procedure

The current study adopted a cross-sectional survey research design. Upon the IRB approval of the study, this researcher contacted the Vice-President of the Student Affairs Division at UNI to explain the study and to seek possible collaboration in distributing the on-line surveys to the employees in the Divisions. The Vice-President and other professionals reviewed the survey questions to make sure that their employees' identities would be protected in responding to the questionnaire. The researcher and the staff discussed concerns raised by the staff (e.g. a concern of protecting the anonymity of their employees in the survey) and made revisions to the survey instruments. For example, the question regarding age was changed from an open-ended question, where the respondents were to fill in the blank, to a closed-ended question where the respondents chose their age group from several ranges of age in increments of five years. The question asking about the departments of the respondents' employment was also eliminated to ensure the anonymity of the study participants.

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The questionnaire was distributed through email via the Vice-President of Student Affairs. The survey was forwarded to the heads of each of the four areas with an invitation message from the researcher to forward the survey to other employees. In the e-mail, this researcher explained the purpose of the study and invited the staff to participate in the survey. Before completing the survey, participants were informed of the questions to be asked as well as the risks and benefits of the study. Participants had to agree to participate in the study by checking a box on the first page of the survey before moving on to complete the questions. The survey was available for two weeks in October 2014. A week after the questionnaire invitation was sent, a reminder email was sent out to employees to encourage them to complete the questionnaire if they had not yet done so. Both emails were sent by the vice-president of Student Affairs to eight staff in each of the departments to pass along to their supervisees.

The total number of survey recipients was estimated to be between 50-100. The precise number of recipients of the survey is unknown due to the available method of distribution. This study received ten participants. The current study findings reflect the information gathered from those participants. Despite the small sample size, the study findings provide initial information to be built upon for subsequent research at the University of Northern Iowa.

Analysis

Due to the low number of respondents, statistical analysis could not be performed on this data. The results were reported using univariate analysis, and the results are recorded according to the frequency of the sample population. The results were analyzed using the Qualtrics program's data analysis.

The short answer responses were analyzed using the qualitative method of content analysis. This was done by identifying key ideas or words that reoccurred throughout the

respondents' answers. These key words and ideas then became the basis for themes. Each response could fall under more than one theme. For example, respondents were asked to identify strategies they use to make students feel safe. Respondents provided examples of techniques that can be classified in two categories, physical and emotional safety.

Results

Sample Characteristics

The survey had 11 respondents. However, only 10 completed the entire survey, so the final sample size was 10 individuals. The sample consisted of more females (80%, $N=10$) than males (20%, $N=10$). Close to half of the respondents were in their 20s and 30s (45%) and over half of the respondents were in their late 40s to early 60s (range: 48-62; 54%). Overall, the study participants have been employed at UNI in the range of less than a year to more than twenty years. Half of the respondents had worked in their current position for less than 10 years (50%). The majority reported their job tasks as providing direct services to student (90%) and supervising others (90%). Nearly half of the respondents (40%) noted administrative tasks were part of their work while only one person mentioned building maintenance as part of his or her job tasks.

Principles of Trauma-Informed Services

Safety. All staff agreed or strongly agreed that the buildings where they work are well maintained and cleaned; employees understood emergency procedures; and the buildings were accessible for individuals with mobility impairments. Only half of the respondents agreed or strongly agreed that buildings are accessible for people with hearing impairments, while 40% ($N=10$) of respondents neither agreed nor disagreed, and one respondent disagreed. Response

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also varied regarding their perceptions toward the accessibility of buildings for individuals with visual impairments. A majority of staff (70%) agreed or strongly agreed that events that indicate a lack of physical safety were reviewed to prevent future occurrences.

Empowerment. At least 70% or more of the respondents ($N=10$) agreed or strongly agreed with all of the items that asked about having sense of empowerment. These statements asked about staff acknowledgement of student's social and cultural resources as well as the opportunity for staff to receive additional training.

Trustworthiness. The scale items that measured trustworthiness focused on staff clarity in communication with students, keeping appointments, and maintaining student confidentiality. The majority of the respondents reported feeling a high level of trustworthiness in their workplace; at least 90% of the respondents reported agreeing or strongly agreeing to each statement tapping into the three aforementioned areas (See Table 2 for specific items and ratings of the respondents on trustworthiness).

Collaboration. The scale items under collaboration ask about staff's manner of listening to students and actively working with them to find solutions to problems. In this study, at least 80% of respondents reported working in a collaborative environment with students.

Choice. Statements asked about to what extent the UNI staff and students have the opportunity to voice their opinions about the quality of UNI services and the staff makes efforts to help students to exhibit their abilities to make their own choices regarding their situations. Most of the respondents felt they had the choice or autonomy in these areas (Refer to Table 2).

Policy. The final question asked whether staff had "a written policy to follow-up with students who have experienced traumatic events." This question received the greatest variances in response out of all the questions asked in this section. Thirty percent of the respondents

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disagreed, 20% neither agreed nor disagreed, 40% agreed, and 10% strongly agreed with this statement. Through cross tabulating job tasks and this statement, the data revealed that all people who agreed or strongly agreed with this statement also provided direct services to students. In addition, all of the employees who had been employed in their position under 5 years (40%) either agreed or strongly that there was a written policy (Refer to Table 2).

Employee Perceptions of Trauma

All participants perceived sexual abuse, physical abuse, sexual assault, witnessing a death, experiencing a natural disaster, and experiencing war as traumatic events. Nearly all participants (90%) believed the death of a family member could be a traumatic event. Only 60% of respondents perceived historical oppression as a traumatic event. Additional definitions of trauma by the respondents were “witnessing a crime” and “a close friend or family member committing suicide.”

Eighty-percent of the respondents reported being exposed to many students’ experiences with trauma in their line of work, which corresponds with the percentage of the respondents (80%, $N=10$) who reported that they frequently encounter students with trauma experiences. Of those who believed they frequently encountered students who have experienced trauma, the majority (60%) agreed while only 20% strongly agreed that they frequently encountered students who experienced trauma. All of the respondents reported that they would feel comfortable listening to students’ stories of trauma and felt they were aware of the impact of trauma on individuals. Nearly all respondents (90%) felt it was important to attend training about trauma for their jobs. In addition, 70% of participants had previously attended training on trauma and 50% had attended training on trauma-informed services.

Open-ended Comments related to Trauma

The respondents were asked to describe what a traumatic experience meant to them and several themes emerged. Traumatic experiences were described as:

- having an impact on a person's life,
- causing emotional and physical distress,
- affecting an individual's ability to carry out everyday tasks, and
- changing a person's perception.

The traumatic experiences were described by individual respondents as "life-altering," "life-changing," change "overall health and well-being," "several aspects of their daily life," and "how they look at their life."

All participants believed their department had programs and strategies to create emotionally and physically safe environments for students. The responses reflected strategies that demonstrated physical and emotional qualities of safety. Specific examples of physical safety strategies included "asking the person if they felt safe," "closing doors when meeting with students," "referring to available health information and resources," "having male and female service providers," and "using private rooms."

Emotional safety resources include "medical management," allowing students to answer to the extent of their comfort level, "confidentiality," and "employee training as allies."

The study participants also identified a number of strengths their department possessed as listed in the following:

- privacy of information and space,
- providing students with resources and information, and
- individualization of services.

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Examples of providing students with resources on campus included having information regarding health services, providing student referrals, and staff knowledge regarding where to refer students. Individualization of services involved being flexible with the time and type of services offered, being available 24 hours a day, having one-on-one meetings with the students, and allowing students to create and choose their own goals to work on.

Participants defined the ways for their department to grow in two ways: skill development and changing structures to accommodate students. Half of the respondents requested “more training” or specific skill development, such as more information about “community resources and communication skills in dealing with students who have experienced trauma.” The other half of responses concerned structural and policy challenges that interfere with the employee’s ability to deliver the highest quality of services to the student. These challenges included “more areas of privacy,” “being able to listen more to students without directly referring them to counseling when they begin to talk about emotions or distressing events,” making students aware of available confidential online resources, and “finding ways to meet student’s needs and better accommodate students in their living environments.”

The final short-answer question asked what leads students to seek out services from the employee’s department. The three themes included direct medical need, qualities of the service provider, and academic assistance. The medical needs included physical and mental health. Qualities of the service provider included “respect, care, compassion, confidential, non-judgmental, and trusted referral.”

Discussion

Overall, the trauma-informed principles appeared to be present in the services offered by the survey participants. The study findings suggest that some aspects of trauma-informed

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services exist at the University of Northern Iowa and that staff do have an understanding of trauma in the context of their work. The service employees responded positively to nearly every question regarding the staff and their services. No particular set of questions asking about the principles of trauma-informed services (e.g. safety, trustworthiness, empowerment, etc.) seems to show more positive response ratings than any of the others. Many of the respondents (90%) provide direct services to students and supervise others, and their responses reflect positive working relationships. The overwhelmingly high positive responses regarding services could be reflective of employees' general job satisfaction. Self-reporting on positive quality of services may be influenced by a positive attitude towards the respondent's job.

Staff written responses also reflect principles of trauma-informed services, as well which supports the positive response rate in the Likert-scale questions on the principles. When staff members were asked to share strategies used to make students feel physically and emotionally safe, many individuals' responses coincided with the principles of trauma-informed services. For example, staff members listed elements of services that correspond with the choice principle such as allowing students to choose how much to share with staff members and what gender staff member they wanted to work with (Wolf, et al., 2013).

However, there were several areas where the respondents' perceptions varied on the quality of services. These variances included the building accessibility for the hearing impaired and whether or not a written policy to follow-up with students who have experienced traumatic events exists. Building accessibility for people with disabilities was most in question regarding building safety. Respondents had varied responses as to whether or not the building was accessible for people with hearing and visual impairments. This is a crucial area to explore because inaccessibility can mean a lack of mobility for individuals with disabilities.

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Respondents' differing views may be due to their personal lens for looking at building structure. If the individuals have never experienced troubles moving throughout the building, they may assume the building is accessible for people of all abilities. The respondents' uncertainty of whether or not a policy exists may differ due to each respondent's different department of employment. Views on written policy may differ based on the training or information provided to employees when they enter their position. The employees who had been in their position for under five years agreed that a policy did exist for working with students.

Prior research by Harris and Fallot (2001) outlined philosophies of a trauma-informed system which are similar to but different from trauma-informed principles. These philosophies include understanding that trauma is an experience and not an event; seeking to understand the person not the problem; providing strengths based services that build skills rather than just treat symptoms; and creating a collaborative, open relationship with the client (Harris & Fallot, 2001). These philosophies can help give further insight to the results of the study. Many of these philosophies were present in the short answer responses provided by the staff. In their definitions of trauma, several key themes respondents mentioned were that traumatic experiences changed a person's life and impacted their ability to complete everyday tasks that corresponds with the idea of trauma as an experience not an event (Harris & Fallot, 2001). This reflects the philosophy that a trauma-informed approach recognizes how a person's perception of the world can be altered from the experience of trauma. The short answer responses also reflected elements of an open, collaborative professional relationship (Harris & Fallot, 2001). The presence of these employee actions and perceptions that correspond with some of the trauma-informed philosophies may show a beginning step towards establishing an environment of trauma-informed services at the University of Northern Iowa.

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The second purpose of this study was to understand staff perceptions of trauma and its application in the workplace. The study participants demonstrated their understanding of trauma as not just an event but as an experience. Describing a traumatic experience as a “life-altering” or “life-changing” reflects a comprehensive perspective of trauma. However, many respondents did not recognize historical trauma as a traumatic event. Historical trauma can easily be overlooked and is defined as “multigenerational trauma experienced by a specific cultural group” (SAMHSA’s GAINS Center, n.d., para 1). Cultural groups affected by historical trauma include but are not limited to American Indians, people of color, immigrants, and families experiencing intergenerational poverty (SAMHSA’s GAINS Center, n.d.). Historical trauma can be experienced by generations who never experienced the traumatic stressor through internalized oppression, disenfranchised grief, and historical unresolved grief (SAMHSA’s GAINS Center, n.d.). Of those who acknowledged historical trauma (60%, $N=10$) as a form of trauma, approximately two-thirds (67%) had been to training on trauma. Therefore, this finding insinuates that the staff’s exposure to trauma training may have increased their knowledge of the factors that constitute trauma.

The current study findings indicate that the UNI staff members recognize the importance of understanding trauma for their work. All of the respondents expressed willingness to listen to students’ traumatic experiences, which shows an openness to a trauma-informed environment. Nearly all employees (90%) felt it was important to attend trauma training for their job, and many employees had already attended training on trauma (70%), trauma-informed services (50%), or both. However, there is still room for growth in acknowledging that trauma may play a role in all students’ lives. Through a trauma-informed lens, employees should be working with

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all individuals as “to understand the role that violence and victimization plays in the lives of most consumers of mental health services” (Harris & Falot, 2001, p.4).

Study Limitations & Future Research

The limitations of the study should be noted. First, the small sample size limits the generalization of the study findings to the employees in the student service departments. In the future, a much larger sample size would be desired so that the gathered information can more represent the employee population. The low response rate may be due to the method used to distribute the survey, lack of incentive for participants, and incomplete sample population as the survey was not distributed to students who were also student service employees. Second, this study only included the staff employees from certain service departments and excluded other service units that provide services to students with trauma experiences such as Violence Intervention Services, Substance Abuse Services, and the UNI Victim Services Advocate, which all were mentioned by the study participants as places for referrals for their students. As mentioned before, students who are employed in student service departments were not included in this study. While excluding students in the study offered perspectives of trauma completely based on full-time staff, examining student employees’ perceptions of trauma is crucial to understand in the service environment. Students are currently employed in the Department of Residence and Student Health Center and are constantly interacting with other students. This interaction provides a significant area to be studied. Moreover, the participants were not very diverse in terms of the tasks they perform and their gender, which also limits the representation and generalizability of the findings.

In addition, the responses may be impacted by social desirability bias because the participants were asked to evaluate their own services and work. Therefore, the high percentage

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of positive responses may be due to the employee's desire to look good and reflect their positive and quality services. One way to overcome this issue in the future could be having researchers do observations of the services to see first-hand from a more objective perspective whether or not the services contain trauma-informed qualities.

The field of trauma-informed services is still focused on providing guides for individuals and organizations to create trauma-informed approaches to their work. While these instructions provide a sound basis for beginning to reconstruct approaches in the human oriented fields, there is also great merit to understand the current cultures of work environments. For this purpose, organizational assessments have been created. However, these assessments are mostly directed toward social service agencies that are traditionally associated with trauma treatments.

Individuals who have experienced trauma are receiving services outside of these agencies in many places on college campuses. Future research should address this need for trauma-informed service assessments for college campus services. This process can be completed by creating and testing an assessment for college campuses. The survey used for the current study can be further tested and adapted to be applicable to other service units on the University of Northern Iowa campus and campuses nationwide.

There is also a need to examine the specific policies that impact the student service employees. Employees in the current study had mixed opinions when asked about their department's policy for following up with students who had experienced traumatic events. To clarify what trauma-informed policies do or do not exist, all policies should be thoroughly examined. Examining policies is another crucial step towards creating a trauma-informed environment (Harris & Fallot, 2001; SAMSHA, 2014). Policies greatly influence the structure of

services that are provided on campus and may reveal strengths or limitations in services provided to students who have experienced trauma.

Another realm of research relevant to trauma-informed services would be the exploration of students' perceptions of the services they are receiving. While it is important to understand the employees' perceptions, learning about services from the service recipients' perspective could offer new insights about the qualities of trauma-informed services.

The participants also showed they had an understanding of what trauma is and how it impacts individuals. This may have been due to their prior trainings on trauma and trauma-informed services. While these knowledgeable individuals show that they understand trauma, it is uncertain whether employees in all of the service departments have received the same amount of training. Understanding an individual's perception of trauma and trauma-informed services is important to validating the importance of further training for employees. Further research could also focus on how a person's perception of trauma differs before and after trauma training.

Implications

Despite the limitations, the current study findings also suggest several implications. To create a trauma-informed system of services at the University of Northern Iowa, there is a need to make a commitment to understand the following: the impact of violence and victimization as part of each service department's mission, screening all students who receive services for a history of trauma, providing trauma training to all human services staff, hiring several staff members who have a basic understanding of trauma practices, and reviewing policies and

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procedures to change policies that may be hurtful or harmful to trauma survivors (Harris & Falot, 2001).

The study participants clearly requested additional training in trauma. This desire included those who had already received prior training. Incorporating information on trauma and its impacts into routine job training along with the usual materials on diversity and organizational policies could be one way to begin this process. The University of Northern Iowa's Department of Social Work currently offers a seminar on trauma once a year for students beginning the Masters program. Perhaps inviting all human services employees at the university to this training could increase the training available to current staff.

Conclusion

The university must make efforts in stepping toward trauma-informed services campus wide for trauma-informed system to work effectively and consistently throughout the entire campus. This study sought to discover what trauma-informed service qualities are present at the University of Northern Iowa and student service staff's perceptions and awareness of trauma. The staff showed through their responses that they are aware of trauma and practice qualities of trauma-informed services in their student service positions at the university. In addition, there is a desire amongst student service staff to receive more education in this area. However, the university must take steps to create a truly trauma-informed student service unit by providing further training, examining current policies, and recognizing how trauma may influence students in all aspects of their life on campus.

Presently, little to no research exists on the implementation of trauma-informed services on the college campus. The field of research in this area must grow so universities may ensure they are providing services to students in a way that is safe and welcoming for all students,

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especially those who have experienced trauma. Assessments and guides to assist with the implementation of trauma-informed services on the college campus could begin this process.

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Table 1. Sample Characteristics (N=10, %)

Variables		Percentage
<i>Gender</i>		
	Male	20%
	Female	80%
<i>Age (Years)</i>		
	23-27	10%
	28-32	20%
	33-37	20%
	48-55	20%
	53-57	10%
	58-62	20%
<i>Number of Years in Current Position</i>		
	0-1	30%
	2-4	10%
	5-9	10%
	10-14	20%
	15-19	20%
	20+	10%
<i>Job Tasks (Check all that apply.)</i>		
	Administrative Tasks	40%
	Direct Service to Students	90%
	Building Maintenance	10%
	Supervising Others	90%

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Table 2. Principles of Trauma-Informed Services (N=10, %)

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Scale Items					
Safety					
Staff reviews events that indicate a lack of physical safety and makes changes to prevent their reoccurrence.	30%	40%	30%		
Well lit space inside and outside	30%	70%			
Well maintained and clean	70%	30%			
Things fixed promptly.	30%	70%			
Building regularly dusted, mopped, etc.	60%	40%			
Building accessible for people with hearing impairments	40%	10%	40%	10%	
Building accessible for people with visual impairments	20%	60%	20%		
Building accessible for people with mobility impairments	20%	80%			
Staff trained on emergency procedures	60%	40%			
Empowerment					
Interactions recognize personal strengths	40%	50%	10%		
Recognize student cultural strengths	20%	50%	30%		
Recognize student social supports	20%	60%	20%		
Staff has opportunity to receive additional training	50%	50%			
Trustworthiness					
Staff members arrive on time for appointments with students	20%	80%			
Staff keeps appointments with students.	70%	30%			
Staff clearly communicates services they will provide to students.	60%	40%			
Staff understand professional boundaries	70%	30%			
Staff communicates boundaries between staff and student	50%	40%	10%		
Staff does not talk about confidential information outside of work	60%	40%			

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Table 2. Continued

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<i>Collaboration</i>					
Staff is flexible with policies and can adapt to procedures.	20%	60%	20%		
Staff provide affirmations to students	50%	40%	10%		
Staff practices reflective listening	50%	50%			
Staff actively work with student to find a solution to problem	67%	33%			
Staff listen to and validate a variety of student emotions	67%	33%			
<i>Choice</i>					
Staff informs students of rights and limitations of confidentiality	70%	30%			
Staff encourages students to make their own decision	33%	56%	11%		
Staff is routinely given the opportunity to voice their opinions about the quality of services	10%	80%	10%		
Students are routinely given the opportunity to voice their opinions about quality of services	20%	70%	10%		
Staff welcomed to discuss concerns with administrators.	20%	80%			
Staff is able to interact with students in distress without telling them what to do or giving consequences.	40%	50%	10%		
<i>Policy</i>					
Department has a written policy to follow-up with students who have experienced traumatic events.	10%	40%	20%	30%	

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Table 3. **Employee Perceptions of Traumatic Events (N=10, %)**

<i>Perceived types of traumatic events*</i>	
Sexual abuse	100%
Physical abuse	100%
Sexual assault	100%
Witnessing a death	100%
Death of a family member	90%
Experiencing a natural disaster	100%
Historical oppression	60%
Experiencing war	100%
Other	30% (Witnessing a crime, a close friend of family member committing suicide)

*Note: The respondents were allowed to choose multiple types of trauma.

Table 4. **Employee Perceptions of Trauma Exposure (N=10, %)**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<i>Scale Items</i>					
<i>In my line of work, I hear many stories of students' experiences with trauma.</i>	40%	40%		20%	
<i>I believe I frequently encounter students who have experienced trauma.</i>	20%	60%	10%	10%	
<i>I am comfortable listening to students' stories of traumatic experiences.</i>	60%	40%			
<i>I believe it is important to attend training on trauma for my job.</i>	30%	60%	10%		
<i>I am aware of the impact of trauma on individuals.</i>	44%	56%			

Table 5. **Employee Perceptions of Trauma (N=10, %)**

<i>I have attended training on trauma.</i>	70%
<i>I have attended training on trauma-informed services.</i>	50%

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Table 6. **What does it mean to you if you hear someone has experienced trauma? (N=7, %)**

Impact on person's life	71%
Emotional and physical distress	43%
Changes perception	14%
Effects ability to carry out everyday life	43%

This Study by: Tricia Wisniewski

Entitled: "Trauma-Informed Services and Trauma Awareness Among Staff on the College Campus"

has been approved as meeting the thesis or project requirement for the Designation University Honors.

12/15/2014

Date

Dr. Ga-Young Choi, Honors Thesis Advisor

12/15/14

Date

Dr. Jessica Moon, Director, University Honors Program