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Institutions Implementation of Trauma-Informed Care Practices for Sexual Assault Survivors

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Institutions Implementation of Trauma-Informed
Care Practices for Sexual Assault Survivors
by
Calli Ackels
April 2022

Master's Project
Submitted to the College of Education
At Grand Valley State University
In partial fulfillment of the
Degree of Master of Education

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Calli Ackels



The signature of the individual below indicates that the individual has read and approved the project of Calli Ackels in partial fulfillment of the requirements for the degree of M.Ed. in Higher Education, College Student Affairs Leadership.

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Abstract

The purpose of this research is to understand the importance of trauma-informed care practices on college campuses for sexual assault survivors. The empirical research surrounding institutions implementation of trauma-informed care practices for sexual assault survivors discusses the prevalence of individuals who have experienced trauma, the importance of trauma-informed care education, and the need to utilize community resources. These findings determine the need for trauma-informed care practices as well as important tools for implementation. In order to improve institutions implementation of trauma-informed care practices for sexual assault survivors, much of the research suggests increased professional development dedicated to becoming informed on the topic for university faculty, staff, and students. The project proposed in this research involves training modules and speakers regarding to topic to be completed by students, staff, and faculty at regular interval. This is an important issue because 20-25% of college students are sexually assaulted during their time in college (Mellins et al., 2017) and Eisenberg et al. (2016) determined in their study that colleges with high levels of sexual assault resources positively impact survivors' feelings of well-being and recovery outcomes. This initiative will also benefit students who are dealing with other forms of trauma as well—Davidson (2017) notes that the research indicates that approximately fifty percent of “college students are exposed to a [potentially traumatizing events] in the first year of college” (, p. 5).

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Chapter One: Introduction

The purpose of this research is to explore the importance of trauma informed care on college campuses for sexual assault survivors. Trauma informed care seeks to understand how trauma affects learning and development as well as provide research-based strategies for learners who have experienced trauma (Davidson, 2017). Though individuals enter post-secondary education with their own unique backgrounds relating to trauma, trauma can also be experienced within their college years as well. Trauma informed care on college campuses for sexual assault survivors is important because according to Mellins et al. (2017) 20-25% of college students are sexually assaulted during their time in college. According to Carey et al. (2015) by the end of their first-year “one in seven women will have experienced incapacitated assault or rape and nearly one in 10 will have experienced forcible assault or rape” (p. 678). This research shows that the need for trauma informed care is essential from the moment all students arrive on campus—without implementing these practices, students are unable to reach their full potential through no fault of their own.

Problem Statement

Ideal Situation

An ideal situation for trauma-informed practices on college campuses involves “partnerships with local mental health services,... connecting students to the school community, provide students with opportunities to practice their skills, embrace teamwork and shared leadership, and anticipate and adapt to the changing needs of students and the community” (Davidson, 2017, pp. 15-16). These steps

promote resilience amongst students who have experienced trauma. It is the duty of higher education professionals and educators to “validate and normalize students’ experiences, help students understand how the past influences the present, and empower them to manage their present lives more effectively” (Davidson, 2017, p. 16).

Current Situation

Currently the use of trauma-informed care practices is not at the level that it should be based on the need among students. Davidson (2017) notes that “66 to 85 percent of youth report lifetime traumatic event exposure, with many reporting multiple exposures” (p. 5). Additionally, the vulnerability to potentially traumatizing events (PTE) increases among college students—the research indicates that approximately fifty percent of “college students are exposed to a PTE in the first year of college” (Davidson, 2017, p. 5).

Root Cause

Trauma-informed approaches have been curated through the medical and judicial fields throughout the last thirty years (Davidson, 2017). Cole et al. (2013) explains there are many reasons that schools have trouble creating trauma-sensitive environments through trauma informed care practices. Through their research, Cole et al. (2013) note that educators feel pushed to follow the curriculum rather than take time to deal with traumatized learners. To change the current situation, it is important to foster a sense of urgency amongst the stakeholders surrounding the topic.

Justification of Significance

Currently the emphasis in higher education is around the curriculum and there is a lack of urgency surrounding the need for trauma-informed care practices. Ignoring the prevalence of trauma among college students is irresponsible as student affairs professionals. Gutierrez & Gutierrez (2019) report that “eighty-five percent [of college students] have reported exposure to a lifetime traumatic event” prior to entering college, and that “these students are also at greater risk for being retraumatized during their college experience” (p. 11). Failing to implement trauma-informed care practices in college institutions may result in an increase of these students dropping out, experiencing depression, and attempting or completing suicide (Gutierrez & Gutierrez, 2019).

Gap in Practice

Currently in higher education there is a gap in the practice of trauma-informed care on college campuses. Though there has been research into the benefits of trauma-informed care practices for the past thirty years in medical, judicial, and education disciplines their use in higher education has been a slow integration (Davidson, 2017). Though higher education professionals and educators have come around to the implementation of trauma-informed care practices, their strides have been stalled by the lack of urgency surrounding the topic. Cole et al. (2013) note that in order to properly implement trauma-informed care, institutions must have proper leadership, professional development, access to resources, academic and nonacademic strategies, trauma-informed protocols, and collaboration with families (p. 27). In “Helping

Traumatized Children Learn” they explain how this model is meant to be flexible and produce institution specific action plans (Cole et al., 2013). Cole et al. (2013) express the importance that “every critical area of operations is taken into consideration when generating ideas, considering actions, and tailoring solutions that fit the school’s own community and the prioritized needs of its students” (p. 28).

Key Terms

- **Trauma-Informed Educators:** “trauma-informed educators can become more sensitive to understanding students’ current challenges in the context of past trauma. Specifically, trauma-informed educators should neither ignore nor dwell on students’ trauma, but they should validate and normalize students’ experiences, help students understand how the past influences the present, and empower them to manage their present lives more effectively” (Davidson, 2017, p. 16).
- **Retraumatization or “Second-Rape”:** When rape survivors are denied help by communities, which is often, and the “help they do receive... leaves them feeling blamed, doubted, and revictimized.... These negative experiences have been termed the second assault, or secondary victimization” (Campbell et al., 2001, p. 1240).
- **Trauma-Informed Lens:** Taking the time to “step back, be observant and cognizant of student behaviors, and create a safe environment that allows students greater opportunities to reach their full potential” (Gutierrez & Gutierrez, 2019, p. 15).

Rationale for Article Selection

The purpose of this research is to explore the importance of trauma informed care on college campuses for sexual assault survivors. For my research I commonly searched topics involving sexual assault, trauma-informed care, and risk factors associated with sexual assault. The studies used in this research were from scholarly journals that had been peer-reviewed. For these studies, four out of the five articles chosen have been conducted within the last ten years. One article was older, but the research done provides important insight into the role of service providers through the scope of sexual assault community reactions. Due to the fact that research studying trauma-informed care on college campuses for sexual assault survivors is extremely limited, some research had to be focused on singular parts of the research question. In order to get a full picture of this public health crisis, the articles chosen had to provide insight regarding sexual assault on college campuses, trauma-informed care practices for sexual assault survivors, or factors related to increased risk of sexual assault. The articles that were ultimately chosen were based upon survey and interview methods because other research methods such as ethnography are not easily done given the parameters of the research. Through a combination of the articles chosen, the experiences of women, men, and gender nonconforming individuals experiences can be taken into account.

Analysis of Empirical Research

The articles for this research focused on trauma-informed care, sexual assault indicators, and the role of service providers on survivors. In large part, these articles focused on the undergraduate students at four-year universities. The purpose of these articles is to determine the effects of trauma on learners as well as what the best practices are for universities.

Research Methodologies

For this research, many studies conducted used either survey or interview methods. These surveys were done mostly online, whereas the interviews were conducted in person. Additionally, the survey research had a far greater number of participants than the interview research, which is to be expected.

Approaches to Sampling

These studies were largely conducted using convenience sampling in order for the participants to have the appropriate knowledge regarding the research topic. These studies focused largely on individuals that were connected to the education system either as students or administrators.

Participants and Settings

These articles were largely conducted within universities in the United States. The research that was conducted outside of these parameters still involved the education system or trauma-informed care practices. Together, these studies share the views of 11,793 participants.

Methods of Data Collection and Analysis

The methods of data collection and analysis among the research varied based on their research questions. Though either surveys or interviews were used in all of these studies, additional tests were given in some cases. Researchers analyzed outside data, journal entries, interviews, surveys, or ethnographic field notes to draw to their conclusions for their research.

Limiting Factors

This research is limited due to the methodology. Survey and interview research is based on participant reports which may be false or biased accounts of their situations. Additionally, this research is largely grounded in the reporting of four-year colleges rather than community colleges or trade schools which could alter the demographic.

Findings and Recommendations

These studies suggest the implementation of further professional development related to trauma-informed care and sexual assault prevention and education services. The need for collaboration with outside service providers is also mentioned. It is noted by the research that these recommendations should be implemented at student, faculty, and staff levels.

Critique of Empirical Research

Strengths

A strength of this body of research is the large sample size within the articles. These articles were able to obtain the opinions and experiences of 11,793 individuals. These individuals were located among differing locations in the United States. Within

the five articles, 609 universities were able to be surveyed. Though the universities were largely four-year institutions, one of the studies was able to include community colleges and other two-year institutions. This large sample allows for data that is representative as a national sample. Another strength of this body of research is the diverse details that were able to be obtained related to trauma-informed care for sexual assault survivors. This body of research is able to determine risk factors for sexual assault, trauma-informed care practices, factors for reporting trauma, and much more. Currently there is little research focused specifically on trauma-informed care for sexual assault survivors on college campuses—this body of research enables the growth of institutional knowledge and reform. By having these varying lenses, it enables the reform of these institutions to create a more holistic method for aiding survivors. Through the diverse knowledge provided by this research, the researchers are able to make recommendations that truly improve the best practices surrounding this research. Finally, the recommendations of this body of research are a great strength. Many of these articles recommend similar paths forward in relation to institutional reform. The most common recommendation is to provide training for both student and faculty regarding sexual assault prevention and education as well as trauma-informed care. The research also recommends solidifying ties with outside services, such as health centers, in order to widen the services available for sexual assault survivors. These recommendations hold great value because of their roots within empirical studies and their aim to improve best practices for survivors of sexual assault.

Weaknesses

A weakness of this body of research is that the research methodologies are not very diverse. Since these articles are either survey or interview based, there is a risk of inaccurate self-reporting. Only one of these articles' references using an outside methodology, such as ethnography, to supplement their existing research. Due to the sensitive nature of this research, participants may feel the need to exaggerate or lie in their interviews or on their surveys. These limitations can skew the data collected by researchers and alter their recommendations. Another weakness of this body of research is that the participants are largely women. Though women are greatly affected by sexual assault on college campuses, many of the articles do not represent the opinions and experiences of men and gender nonconforming individuals. By not gaining these opinions and experiences, the recommendations may not be representative of the needs of the entire campus. When there is a topic such as this that affects individuals regardless of their gender or sexual orientation, it is important for the participant sample to be representative of the community. The lack of research regarding male sexual assault survivors is detrimental to the recommendations related trauma-informed care practices of college students. Finally, a weakness within this body of research is participant bias. Participants of this research included college administrators, nursing students, social workers, and sexual assault survivors. With the nature of self-reporting, the data reflects what these individuals claim to be true, this leaves room for participant bias. In situations where administrators are tasked to examine their institutional practices, their bias for their institution may lead them to

biased reporting. In the future, when examining administrative structure, it may be more beneficial to use practices such as ethnography.

Synthesis of Empirical Research

The empirical research surrounding institutions implementation of trauma-informed care practices for sexual assault survivors discusses the prevalence of individuals who have experienced trauma, the importance of trauma-informed care education, and the need to utilize community resources. These findings determine the need for trauma-informed care practices as well as important tools for implementation.

Prevalence of Trauma Survivors

The first finding among the empirical research was the prevalence of trauma survivors. These findings determine the need for trauma-informed practices at universities. In the context of sexual assault survivors, Mellins et al. (2017) notes that 20-25% of college students are sexually assaulted during their time in college. Though these traumas are experienced in college, individuals who experience adverse childhood experiences related to poverty, discrimination, or maltreatment also experience problems related to their education, behavior, and physical and mental well-being (Báez, 2019). Nathan and Ferrara (2020) reported in their research that “36.3% of women and 17.1% of men in the United States have experienced contact sexual violence” (p. 336). Understanding the implications of trauma on individuals can improve their experiences while in college. It is important for universities to train

their staff and educate their students regarding trauma-informed care because the likelihood that they will encounter an individual who has experienced an adverse childhood experience or a sexual assault.

Trauma-Informed Care Education

The second finding within the research is the recommendation for trauma-informed care education. These findings are important because they aid in the recommendations for application. Nathan and Ferrara (2020) note that sexual assault education is inconsistent. In their research, they developed a holistic education curriculum that included didactic and simulation exercises. Through their research, they were able to see an increase in the knowledge of trauma-informed care following the two-day educational experience. Amar et al. (2014) make an important point in their research regarding students' desire to participate in educational opportunities surrounding sexual assault prevention and trainings; Due to the fact that "survivors frequently disclose their experiences to their friends, it is important to train friends to respond and on campus and community resources for victims" (Amar et al., 2014, p. 581). This research is important because it shows the need and desire for individuals to become informed on trauma-informed care practice. These studies conclude that these trainings impact attitudes, beliefs, and knowledge related to individuals who have experienced trauma. This research shows the need for universities to implement these trainings among their staff and student communities.

Utilizing Community Resource

The third finding related to this research is the need to utilize community resources. It is important that sexual assault survivors have all the resources necessary for their recovery. Amar et al. (2014) note that protocols and campus response following a sexual assault need to “include medical, legal, and psychological intervention” (p. 581). The use of community resources allows for universities to provide holistic care for their students. It is important that universities utilize the *right* community resources. When community resources practice trauma-informed care techniques they have a more healing effect on survivors rather than harmful. Improper care practices may leave survivors feeling blamed, doubted, and revictimized (Campbell et al., 2001). Campbell et al. (2001) note in their research that negative encounters during these encounters are coordinated with negative health outcomes. The implications of this research for universities suggest creating a holistic approach to care for sexual assault survivors and identifying community resources that will positively impact individuals’ recovery. Campbell et al. (2001) note that mental health resources, rape crisis centers, and religious communities provided the most positive effects for survivors.

Application of Empirical Research

Currently in higher education there is a gap in the practice of trauma-informed care on college campuses. The empirical research done surrounding the topic addresses the prevalence of individuals who experience sexual assault trauma in college and thus reiterates the importance for trauma-informed care practices at universities. This research notes the benefits of trauma-informed care education at all

levels, including students. Trauma-informed care practices by universities create positive mental and physical outcomes for survivors. Based on these studies, procedures and protocols related to sexual assault on college campuses need to be altered to include a holistic approach to survivors' recovery.

Project Type

In order to improve institutions implementation of trauma-informed care practices for sexual assault survivors, much of the research suggests increased professional development dedicated to becoming informed on the topic for university faculty, staff, and students. Currently, trauma-informed care has not been implemented widely among universities, by requiring professional development related to trauma-informed care at all levels, sexual assault survivors and other trauma survivors will experience greater understanding and aid during their time at university. This project would involve either purchasing a training module, or bringing in a speaker so discuss trauma-informed care with students, faculty, and staff at universities. These trainings, should include even greater commitment from individuals such as resident advisors, security officers, individuals in the Title IX office, and other offices that work closely with trauma survivors. These trainings should be repeated yearly, and with even more frequency for individuals who commonly encounter trauma survivors. This project targets the university community as a whole because all individuals on college campuses are likely to encounter a trauma survivor. To evaluate this project, pre and posttests related to trauma-informed care practices will be given to determine if there was a knowledge growth related to

the topic. Additionally, participants will be given a survey determining the campus perception of the project. This survey will use a 1-5 rating scale as well as a section for open-ended questions. These two evaluation tools will impact how the project moves forward and how to alter the training to best help participants learn and implement trauma-informed care practices.

Conclusion

The purpose of this research is to understand the importance of trauma-informed care practices on college campuses for sexual assault survivors. The empirical research surrounding institutions implementation of trauma-informed care practices for sexual assault survivors discusses the prevalence of individuals who have experienced trauma, the importance of trauma-informed care education, and the need to utilize community resources. In order to improve institutions implementation of trauma-informed care practices for sexual assault survivors, much of the research suggests increased professional development dedicated to becoming informed on the topic for university faculty, staff, and students. The project proposed in this research involves training modules and speakers regarding to topic to be completed by students, staff, and faculty at regular interval. This initiative is important because of the large number of students who arrive to college with adverse childhood experiences, are sexually assaulted during their time in college, and the increased likelihood of experiencing other potentially traumatizing events.

Chapter Two: Literature Review

This chapter will examine the literature surrounding the topic of institutions implementation of trauma-informed care for sexual assault survivors. To begin, research surrounding cultural betrayal trauma theory and intersectionality will be examined in their relation to sexual assault survivors. Cultural betrayal trauma theory looks at the relationship between culture and inequality in relation to sexual assault. Intersectionality helps examine the relationship between survivors and their power and privilege in relation to sexual assault programming, accessing resources, and the adjudication system. Trauma-informed care can aid in such issues by helping higher education professionals to understand how trauma affects learning and development as well as provide research-based strategies for learners who have experienced trauma (Davidson, 2017).

Theory/Rationale

Cultural Betrayal Trauma Theory

Cultural betrayal trauma theory (CBTT) is discussed by Gómez and Freyd (2018) and is described as “a new theoretical framework that is derived from the literatures that document the harm of violence victimization...and stress the importance of contextual factors in trauma sequelae” (p. 1458). This framework was chosen because of the relationship to betrayal trauma theory which is commonly referenced when discussing topics such as intimate partner violence or interpersonal relationships. This theory was chosen over betrayal trauma theory because of the intersectional approach that is referenced in the theory. This study aims to discuss

reasons in which sexual assault is underreported and how community resources and programming can aid in creating a better campus environment for students. CBTT aids in this research because it requires that the researcher examine the culture of both the university and the survivor. This literature review discusses discrimination related to race, gender identity, and sexual orientation when it comes to sexual assault and the adjudication process. CBTT aims to understand “how outcomes of interpersonal trauma, like rape, are impacted by both victim and perpetrator(s) being subjected to inequality” (Gómez & Gobin, 2020, p. 1). The following section will further examine intersectionality as a lens in which literature will be examined.

Intersectionality

Kimberly Crenshaw’s term, *intersectionality*, is used in this research as a lens to dissect the relationship between “intertwining of socially constructed categories such as race, gender, age, gender identity, economic status, sexual orientation, ability, and nationality” with sexual assault survivors experiences in higher education (p. 27). Abes et al. (2019) illustrates how the “relationship between identity and power—sometimes called ... identity politics—arguably shapes what is taught and to whom; whose histories are told and not told; whom is defined as object and not subject” (p. 29). When looking into the experiences of sexual assault survivors and how trauma-informed care can be useful following an assault noting differing experiences based on an individuals’ relationship to privilege and power is important. Primarily intersections between gender, race, gender identity, and sexual orientation will be discussed.

Evaluation of Research

To note the importance of this implementation, research related to prevalence of the problem, underreporting, trauma-informed care, federal regulations, sexual assault programming, and implications for institutional change have been examined. The purpose of exploring this research is to identify multiple possibilities for trauma-informed care implementation for sexual assault survivors and note the necessity for such implementation.

Prevalence of Sexual Assault on College Campuses

Mellins et al. (2017) note that “[r]ecent estimates of sexual assault victimization among college students in the United States (US) are as high as 20–25%” (p. 2). Similar research was conducted by Carey et al. (2015) in which they assert that by the end of their first-year “one in seven women will have experienced incapacitated assault or rape and nearly one in ten will have experienced forcible assault or rape” (p. 678). Furthermore, Jordan et al. (2014) claim in their study that an estimated number of rapes for a college of “10,000 female students would [be] more than 350 rapes each year” (p. 191). This fact becomes even more disturbing when taking into account that “24% [of students experience] sexual victimization in their first semester of college, and another almost 20% were raped or sexually assaulted during their second semester of college” (Jordan et al., 2014, p. 191). When looking at the prevalence of sexual assault through an intersectional lens, Coulter et al. aid in identifying the impacts on students of color.

Coulter et al. (2017) concluded that when looking at race/ethnicity, black students experienced the highest amount of sexual assault recorded at 8.7%. These numbers drastically increase when including factors such as gender and sexuality. For example, 9% of black transgender students had experienced sexual assault or attempted sexual assault. Though the associated risk factors associated with sexual assault are widely debated, the racial bias associated with the adjudication process is highly documented. Halley (2015) notes that due to the social disadvantages that black men face, it is easier for the adjudicative process to place the blame of sexual assault on them—this can also be said about other stigmatized minorities such as gay men, lesbians, and transgender individuals. According to Spohn & Holleran (2001), this bias carries over to survivors during the adjudication process. Though the sexual assault of college students is well documented, the epidemic level of assault has not been represented in reporting numbers.

Underreporting

Sexual assault on college campuses is a problem often underreported on by both college students and universities. Amar et al. (2014) notes that though 25% of college women experience sexual assault, only 4-8% report to campus authorities and 2% report their assault to local police (pp. 579-580). When survivors feel unable to report they are not able to access community resources that may aid their recovery. Additionally, when individuals do not feel that they can report, perpetrators are able to live their life free of consequence which puts campus safety at risk. Amar et al. (2014) identifies that common reporting barriers include “a lack of recognition that

the experience was a crime, a wish to avoid public disclosure, and concern regarding an inability to prove a crime occurred” (p. 580).

Barriers to Reporting

When looking into the first barrier Amar et al. identify, a lack of recognition that a crime has occurred, identifying the perpetration methods of assault is an important factor. The campus climate survey done by Mellins et al. (2017) gives a comprehensive look at types to sexual assaults as well as perpetration methods. This research takes into consideration whether the assault consisted of sexualized touching, penetrative assault, or attempted penetrative assault. Additionally, their article looks into perpetration methods individuals use during assaults. These perpetration methods include: lies, threats, criticism, incapacitation, threat of physical harm, physical force, ect. Depending on the perpetration methods, survivors may be unaware that they have experiences an assault and thus it will go unreported.

The next barrier to reporting relates to campus adjudication process, campus protocols related to sexual assault, and student education opportunities on campus surrounding the topic. When it comes to the adjudication process, students are more likely to report sexual assault cases if they feel that “campus judicial procedures will hold perpetrators accountable by providing adequate sanctions” (Amar et al., 2014, p. 580). Thus, underreporting may show a lack of confidence and trust by the student body regarding the campuses Title IX office. Amar et al. (2014) notes that trust is a key identifier for if individuals decide to report (p. 580). Survivors face “concern over how they would be treated as a factor in the decision to report, specifically fearing

that they might experience a lack of sensitivity... and a fear of the loss of confidentiality” (Amar et al., 2014, p. 580).

Spohn & Holleran (2001) also identify important reasons for mistrust among survivors, black survivors specifically. In their research, they identify that prosecutors were four and a half times more likely to file charges if the survivor was white. In cases where a black survivor was assaulted, with no weapon present, charging was only 34% likely, whereas with a white survivor assaulted with no weapon present charging was 75% likely. These findings supplement Halley’s (2015) research. Halley (2015) notes that the current framework is commonly perceived and prioritized through the visions of white middle-class women. The prevalence and barriers identified note the need for trauma-informed care for survivors in higher education. Trauma-informed care has been used in medical and judicial fields for over thirty years and needs to be incorporated into higher education.

Trauma-Informed Care

Currently the use of trauma-informed care practices is not at the level that it should be based on the need among students. Davidson (2017) notes that “66 to 85 percent of youth report lifetime traumatic event exposure, with many reporting multiple exposures” (p. 5). Additionally, the vulnerability to potentially traumatizing events (PTE) increases among college students—the research indicates that approximately fifty percent of “college students are exposed to a PTE in the first year of college” (Davidson, 2017, p. 5). Trauma-informed care practices, according to Brooks et al (2018) note the importance of “addressing both the physical and mental

health impact of trauma, creating long-term trusting relationships, practicing shared decision-making with patients, facilitating informed choices, ensuring consent and patient control within gynecological consultations” (p. 374). The trauma-informed care practices noted by Brooks et al. are incorporated in the trauma-informed principles that Palmieri and Valentin (2021) set out in their work:

- realizing that trauma affects all aspects of a person’s life, including families and communities;
- recognizing the signs of trauma;
- responding on a personal and organizational level in a way to promote healing; and
- providing an environment that resists retraumatization (p. 44).

The purpose of this research is to explore the implementation of trauma-informed care practices for sexual assault survivors. Research notes the importance of an institutions’ ability to recognize trauma in learners, identifying students who have experienced sexual assault, and analyzing how institutions implement trauma-informed care practices.

The Ability to Recognize Trauma in Learners

The ability for student affairs professionals and educators to recognize trauma in learners is an important factor in trauma informed care practices. Being able to recognize these learners is the first step in getting them the support they need to be successful and feel safe. Individuals who are processing trauma “may experience a

constant baseline feeling of low-level fear, which leaves less space for curiosity, exploration, and learning” (Davidson, 2017, p. 8).

Students Who Have Experienced Sexual Assault

This variable is important to the research because it indicates the prevalence of sexual assault on college campuses and shows the need for an increase in trauma informed care practices within the higher education environment. Amar et al. (2014) reports that college students are disproportionately survivors of sexual assault during their time on college campuses (p. 579). Through their research they were able to determine that 25% of college women experience sexual assault, only 4-8% report to campus authorities, and 2% report their assault to local police (Amar et al., 2014, pp. 579-580).

Implementation of Trauma-Informed Care Practices

This variable will be used to assess the implementation of trauma-informed care amongst universities. The tenants of trauma informed care that will be evaluated are the professionals and educators’ ability to empower students, check in with students, be sensitive to family structures, avoid romanticizing trauma narratives in subject content, express unconditional regard, maintain high expectations in the context of trauma, and identify mentors and other support systems (Davidson, 2017). Additionally, it is important to implement mindfulness into trauma-informed care practices because research has shown that “among trauma-exposed college students in the southeastern U.S., those who scored themselves higher on a mindfulness scale

were more likely to both trust others and perceive higher levels of social support” (Davidson, 2017, p. 19).

Federal Regulations

Having examined federal regulations related to trauma-informed care and sexual assault through the study of risk management in previous research, Miller and Sorochty discuss these federal regulations in their work *Risk Management in Student Affairs: Foundations for Safety and Success* in relation to Title IX. This research is important because it notes important federal regulations that impact survivors in higher education. These regulations are meant to aid survivors through the adjudication process and in their search for identifying resources. The need for trauma-informed care in these spaces is important because if done improperly then these resources have the ability to just become additional barriers.

Title IX

Miller and Sorochty explain that Title IX’s role as it relates to risk is associated with creating an equitable environment as it relates to gender in academics, sports, and sexual assault or harassment. Previously, Title IX compliance was measured using a three-part test. The elements of the test are identified as:

[H]aving the percentage of male and female participants substantially proportionate to the percentage of male and female students enrolled at the institution; having a history in continuing practice of expanding participation opportunities for the underrepresented gender; and demonstrating the

accommodation of interests and abilities of the underrepresented gender”

(Miller and Sorochty, 2014, pg. 48).

This standard has become largely outdated as Title IX has evolved. As Title IX began being applied to sexual assault much controversy has arisen. Miller and Sorochty (2014) note that student affairs professionals must mitigate risk in this area by “carefully evaluat[ing] assault cases that have a Title IX element and take great care to pursue facts diligently and thoroughly” (p. 49). Professionals must also move quickly with investigations, complete appropriate training, and understand confidentiality as it relates to Title IX.

Violence Against Women Act

The Violence Against Women Reauthorization Act (VAWA), instituted by the Obama administration in 2013 holds institutions to a higher standard for reporting, conduct processes, and prevention and awareness trainings. The VAWA requires individuals to report “incidents of domestic violence, dating violence, and stalking” (Miller and Sorochty, 2014, pg. 49). Additionally, VAWA requires that institutions have policies related to the rights of victims, both as they relate to law enforcement and protective orders from the accused. Finally, VAWA sets guidelines for required prevention and awareness trainings in higher education institutions. These guidelines note what information is required to be included in a training, who trainings must be available to, and how often these trainings must be offered. These types of laws were rolled back during the Trump administration. Specific examples can be seen between

the Dear Colleague Letter from the Obama administration and regulations put in place during the Trump administration.

Dear Colleague Letter

The Dear Colleague Letter was issued in 2011 by the Obama administration to address the rising number of sexual violence occurring on college campuses and the lack of reporting related to those cases. Similar to VAWA, the letter requires that specific procedures are in place to address sexual violence. The letter also requires that a dedicated Title IX Coordinator be on staff, that complaints be resolved quickly and efficiently, that institutions respect confidentiality related to adjudication proceedings, that adjudication processes are published for both parents and students to locate, and that the complainant and accused are notified regarding the outcome of the adjudication process. This letter has been highly debated, especially between political parties and presidential administrations.

As a response to the Dear Colleague Letter, the Trump administration rolled back these requirements and created regulations that require a higher burden of proof to be met by the institution in the adjudication process. The Biden administration stated that “[i]nstead of protecting women,... [the Trump administration] rolled back the clock and [gave] colleges a green light to ignore sexual violence and strip survivors of their civil rights under Title IX” (Lave, 2021). The Dear Colleague Letter is a perfect example of how federal laws change based on which political party holds the power at any given time.

Sexual Assault Programming

Programming done by institutions was also examined by Amar et al.'s study. Through their survey they were able to determine that 85% of institutions provide some type of mandatory or optional sexual assault response training. The most prevalent response to sexual assault programming is new student orientation. Through their survey, Amar et al. (2014) were able to determine that 60% of institutions provide new student orientation (p. 587). Amar et al. (2014) note that this type of programming has been shown to have little effect on attitude, knowledge, or prevention due to the overwhelming nature of orientation week (p. 588). Research done by Paul and Gray (2011) were able to determine that “the effects of these programs generally diminish over time ..., from moderate effects immediately post-intervention to very small effects 4–6 weeks after the intervention” (p. 100). These are important factors, in further research Amar et al. or Paul and Gray may want to determine which of the commonly used practices are most effective as far as retention.

Another programming technique Amar et al. discuss is infused curriculum. Their study determines that 59% of participants reported that their institutions have sexual assault response infused into their curriculum (Amar et al., 2014, p. 587). Though they go on to discuss specific participant answers regarding infused curriculum, they did not explain properly what infused curriculum entails. Some best practices they recommend on the matter are freshman-specific classes either online or in person to address “first-year issues that included content on date rape and sexual

assault....gender dynamics, ways to resist sexual violence, the importance of reporting and seeking assistance, and on-and-off campus resources” (Amar et al., 2014, p. 588).

In addition to targeting freshmen for programming athletics and the Greek system are commonly subject to supplemental programming. Amar et al. (2014) were able to determine that 80% of institutions required athletics teams to attend sexual assault response training (p. 587). The survey done was also able to determine that of the 1,067 institutions surveyed, 790 had a Greek system and 72% of those institutions had targeted sexual assault response programming for their Greek members (Amar et al., 2014, p. 587). Based on Paul and Gray’s (2011) research, this type of programming is likely to “facilitate more earnest discussion and learning...[,] aid the exploration of the socialization that men experience [,]and encourage participants to challenge male peers’ negative behaviors” (p. 100). Paul and Gray believe that small, single-gender atmospheres are the most effective as far as group demographics. Though this may be true, their research should take into account students that may identify as non-binary or are part of the LGBTQ+ community in order to combat common heteronormative sexual assault training techniques.

Paul and Gray (2011) feel that the group demographic they recommend—small, single-gender atmospheres—help in designing effective programming because research asserts that men and women may have different perceived goals for their programming. This research may be true, but needs to take into consideration non-binary and LGBTQ+ students. Worthen and Wallace (2017) received feedback from

LGBTQ+ students surveyed that felt current programming strategies to be valueless and rooted in heteronormative bias (p. 191). Future research on the topic of sexual assault programming needs to include discussions regarding these groups because alienating these students puts them at greater risk and less likely to trust in an institutions Title IX process (Worthen & Wallace, 2017, p. 182).

The current framework for sexual assault programming centers on the experiences of cisgender, white, heterosexual women. This centralization is detrimental for minoritized groups and men when it comes to sexual assault programming. Rather than presenting this framework, it is important to show students counternarratives to bring to light the dangers that different groups face when it comes to sexual assault. The current frameworks do not take gender identity into full account, and as a result, responses to campus rape have been unfailingly genderist in their incarnations” (Harris & Linder, 2017, p. 84). This under-representation creates a narrow understanding regarding the problem. Harris and Linder (2017) note that “between 14% and 58% of trans* individuals have experienced some kind of forced sexual contact, ranging from sexual touch to rape, in the course of their adult lives” (p.85). These individuals can also experience an increased risk of sexual assault if they are a person of color, depressed, experience economic discrimination, and have previously been in an abusive relationship.

Suggestions for Institutional Change

Eisenberg et al. (2016) determined in their study that colleges with high levels of sexual assault resources positively impact survivors’ feelings of well-being. The

purpose of these resources is to create better outcomes for survivors and initiate sexual assault prevention training and education on campus. Researchers vary on what they believe to be the best way to achieve this goal. This goal is imperative to research related to racial bias in Title IX. For instance, black bisexual survivors experienced the poorest recovery outcomes (Sigurvinsdottir and Ullman, 2016). Research done by Worthen & Wallace (2017) revealed that students of color were more supportive of sexual assault education than white students.

When looking at the current framework of Title IX on college campuses, Silbaugh (2015) notes that institutions mainly take a criminal law approach, which is reactionary. Silbaugh (2015) claims that a more proactive approach would be to use a public health framework. This belief is amplified by other researchers, such as Paul & Gray (2011). Paul & Gray (2011) believe that the most effective way for this approach to be carried out is through single-gender programming, involving varying educational methods, done repeatedly over time. Silbaugh (2015) emphasizes that focusing programs, such as bystander programs, toward sports teams and fraternities, can reduce the overall rate of sexual assault according to the CDC. This research suggests perpetration groups similar to Roebuck and Murty's (2016) research, fraternities and athletic teams. Focusing on these groups is important because Worthen & Wallace (2017) discovered in their empirical study that white students were also more skeptical of the effectiveness of sexual assault programming. Specifically, white male students were more likely to express anger and defensive behaviors related to the program than other groups.

Though educating these groups is imperative when trying to lessen assault rates on campus, it is also vital for students that are at increased risk. For example, black women have higher levels of rape myth acceptance than white women (Worthen & Wallace, 2017). If education only focuses on potential perpetrators, individuals at greater risk of being sexually assaulted would not receive resource information or education that combats rape myths. Additionally, it is important to empower students with the knowledge of campus resources because survivors of sexual assault most commonly report their assaults to a friend rather than the authorities or a family member (Fisher et al., 2000).

Summary

This chapter examined the literature surrounding the topic of institutions implementation of trauma-informed care for sexual assault survivors. Research was examined through a Cultural betrayal trauma theory (CBTT) lens and intersectional lens. CBTT helped to understand “how outcomes of interpersonal trauma, like rape, are impacted by both victim and perpetrator(s) being subjected to inequality” (Gómez & Gobin, 2020, p. 1). This lens was especially helpful when discussing discrimination and victimization based on race, gender identity, and sexual orientation. Intersectionality helped to examine the relationship between survivors and their power and privilege in relation to sexual assault programming, accessing resources, and the adjudication system. The research in this chapter aided to examine how trauma-informed care can aid in combating such issues by helping higher education professionals to understand how trauma affects learning and development as well as

provide research-based strategies for learners who have experienced trauma (Davidson, 2017).

Conclusion

This research aims to understand the importance of trauma-informed care practices on college campuses for sexual assault survivors. This research is important due to the high rates of sexual assault committed on college campuses. Researchers note the importance of trauma-informed care practices when working with survivors of sexual assault and creating programming that is effective for informing the campus community about consent, sexual assault, and bystander interventions. The literature examined throughout this literature review will be used to propose program interventions that can be adapted by universities to incorporate trauma-informed care into their community resources, student interactions, and programming. By implementing the project proposed in the next chapter, it is the goal that rates of sexual assaults on college campuses will decrease, reporting of assaults will increase, and interactions of survivors will experience more positive responses and get the support that they deserve.

Chapter Three: Project Description

The purpose of this research is to explore the importance of trauma informed care on college campuses for sexual assault survivors. Trauma informed care seeks to understand how trauma affects learning and development as well as provide research-based strategies for learners who have experienced trauma (Davidson, 2017). Trauma informed care on college campuses for sexual assault survivors is important because according to Mellins et al. (2017) 20-25% of college students are sexually assaulted during their time in college. This research shows that the need for trauma informed care is essential from the moment all students arrive on campus.

Project Components

Sexual Assault Programming

Though 85% of institutions provide some type of mandatory or optional sexual assault response training, many of this training occurs during orientation which has shown to be retained ineffectively by students because they are overwhelmed during orientation. Though this programming should still be done to inform students of resources on campus, this should not be the main intervention for sexual assault programming.

Some best practices recommend by Amar et al. (2014) are freshman-specific classes either online or in person to address “first-year issues that included content on date rape and sexual assault....gender dynamics, ways to resist sexual violence, the importance of reporting and seeking assistance, and on-and-off campus resources” (p. 588). This is the approach chosen to take following the literature review. An example

of this approach is Utica University. At Utica University in New York, they require their students to complete sexual assault prevention training online through the service, EverFi, prior to arriving on campus for orientation. The university states that “this program in many places during the your first few weeks at Utica College, including First Year Seminar classes and events held throughout campus in the fall” (*The Sexual Assault Prevention Program*). Approximately 30-45 days into the semester, students are prompted to complete Part 2 of the Sexual Assault Prevention Program. If your student population is having trouble completing these programs in a timely manner, making the completion required prior to registration is an option researchers mention.

This intervention was chosen because the approach requires multiple points of engagement by the student, but there is room for improvement. Since the current framework for sexual assault programming centers on the experiences of cisgender, white, heterosexual women it is important that new programming supports minoritized groups. For this reason, when Utica University references “events held on campus” these should include events held by multicultural centers and an LGBTQ+ center in conjunction with Title IX offices or Women’s Resource Centers—an additional recommendation is to have an imbedded advocate in each multicultural center to create a trusted resource for survivors of sexual assault to decrease the lack of trust marginalized groups have in regards to reporting.

An example of a university that has multicultural centers that address topics through a lens that centers the experience of marginalized individuals is the

University of Illinois. The University of Illinois has eight cultural and resource centers: Bruce D. Nesbitt African American Cultural Center, Asian American Cultural Center, Diversity & Social Justice Education, La Casa Cultural Latina, LGBT Resource Center, Native American House, Women's Resources Center, and the center for International Education (*Our Cultural & Resource Centers*). This intervention collaboration will help combat white-heteronormative programming and create important dialogs within varying groups.

Current targeted programming that should still be adapted, but changed to not focus on white-heteronormative women, is the supplemental programming of athletics and the Greek system. Since there are larger rates of sexual assault and revictimizing in these groups, the targeted programming that Amar et al. (2014) note is occurring should continue. This programming will create the group dynamic that Paul and Gray (2011) notes will “facilitate more earnest discussion and learning...[,] aid the exploration of the socialization that men experience [,]and encourage participants to challenge male peers' negative behaviors” due to the small, single-gender atmospheres (p. 100). This programming should include topics related to gender identity and sexual orientation in order to not promote heteronormative programming in these single-gender group dynamics. Resources related to recommended sexual assault programming that incorporate these standards is located in Appendix A.

Trauma-Informed Educators/Resource Providers

Having trauma-informed educators and resource providers is an important part in implementing trauma-informed care practices in higher education. Amar et al. (2014) note that protocols and campus response following a sexual assault need to “include medical, legal, and psychological intervention” (p. 581). The use of community resources allows for universities to provide holistic care for their students. It is important that universities utilize the *right* community resources. When community resources practice trauma-informed care techniques they have a more healing effect on survivors rather than harmful. Improper care practices may leave survivors feeling blamed, doubted, and revictimized (Campbell et al., 2001).

It is important that individuals who work in these settings, educators and providers remain trauma-informed. Davidson (2017) notes that “trauma-informed educators can become more sensitive to understanding students’ current challenges in the context of past trauma. Specifically, trauma-informed educators should neither ignore nor dwell on students’ trauma, but they should validate and normalize students’ experiences, help students understand how the past influences the present, and empower them to manage their present lives more effectively” (p. 16). Creating trauma-informed educators and resource providers should be a required training process for institutional staff and faculty who are student facing in their roles, and at a minimum, highly encouraged for all other staff and faculty. Training should be a yearly requirement to reinforce these practices for the benefit of student survivors and

other students who have experienced trauma. Resources related to recommended training for such educators and resource providers is located in Appendix B.

Trauma-Informed Programming

Trauma-informed care programming means to implement trauma-informed care practices into the programming as well as having facilitators that are trauma-informed themselves. If an institution implements the above component, then finding a trauma-informed facilitator should be an easy task. Trauma-informed programming delivers all the important information needed in current programming, but with increased emphasis on “addressing both the physical and mental health impact of trauma, creating long-term trusting relationships, practicing shared decision-making with [students], facilitating informed choices, ensuring consent [during forensics exams given by a Sexual Assault Nurse Examiner]” (Brooks et al., 2018, p. 374). Incorporating these components into programming as well as the tenets of trauma-informed care set forth by Palmieri and Valentin (2021) in their work noted in the previous chapter, trauma-informed programming can be achieved.

Specific tenets by Palmieri and Valentin (2021) that lend themselves to programming rather than individual student interactions include discussing signs of trauma with students, noting the differing responses to trauma that an individual may portray, and promoting healing responses with students that guide them away from practices that may revictimize survivors. The goal of sexual assault programming is to educate students about sexual assault in a way that does not center the experience of only white-heterosexual women, but is intersectional in its approach and

incorporates trauma-informed care practices that aid students in ability to become an ally for sexual assault survivors. Programming should give individuals both prevention information as well as proactive approaches to aiding survivors of sexual assault in order to be holistic in its approach. Ignoring either of these components will leave students without the appropriate information to intervene before assault, such as bystander intervention training, or being a trauma-informed ally that can aid in connecting survivors to trauma-informed campus or community resources.

Project Evaluation

This project should be evaluated through both the experiences of students obtaining sexual assault programming and survivors who are receiving support from educators or resource providers regarding a sexual assault. If the university has the available resources to provide a pre and post test regarding the information given during the sexual assault programming in a similar format to the training format demonstrated by Utica University then the program can be evaluated based on obtained knowledge from the program. This allows for the program to grow in effectiveness based on students results and feedback.

Survivors should be given the option to provide feedback, anonymous if they wish, regarding interactions with university staff and faculty as well as community resource providers. This feedback will ensure that the educators and providers that are trusted to help these students are not doing more harm than good. Educators and resource providers that demonstrate a lack of trauma-informed care and leave survivors feeling revictimized or blamed will need to be evaluated on their ability to

serve in their position related to survivor support. This evaluation will aid in helping know who is a good resource to recommend to survivors and who should not be recommended or partnered with for the sake of the mental and physical health of survivors.

Project Conclusions

Mellins et al. (2017) note that “sexual assault victimization among college students in the United States (US) are as high as 20–25%” (p. 2). Carey et al. (2015) assert that by the end of their first-year “one in seven women will have experienced incapacitated assault or rape and nearly one in ten will have experienced forcible assault or rape” (p. 678). It is the duty of the university to aid in creation of comprehensive sexual assault programming that is rooted in trauma-informed care and requires educators and community resources providers to be trauma-informed in the midst of such a glaring need for this problem to be addressed in a new way. This project aims to provide survivors of sexual assault with resources and support that does not revictimize them and create more prepared campus allies. By creating these prepared avenues for support, sexual assault survivors will have greater mental and physical health outcomes which they have always deserved.

Plans for Implementation

Though the implementation of the sexual assault programming component may not be entirely possible on a small campus that does not have many multicultural offices, the implementation of sexual assault programming that takes an intersectional approach that does not center the experiences of white-heterosexual women is

possible as well as the supplemental programming for athletes and members of the Greek Life community. Additional barriers to the sexual assault programming recommended is the ability to pay for or have the resources to design sexual assault programming that each student would be required to complete on their own.

Creating and maintaining trauma-informed educators and community resource providers is also possible at all institution types. Resources referenced in the appendix include both free and low-cost learning opportunities for these individuals to learn about trauma-informed care practices. To make sure educators and resource providers are implementing these practices properly, having evaluations sent to individuals who are using these resources is important to promoting environments that promote healing and resists retraumatization to survivors.

Components of trauma-informed programming have similar barriers to sexual assault programming and trauma-informed educators. Though trauma-informed programming can be easily implemented into existing sexual assault programming, stakeholders need to recognize the need for such programming and not only hold such important conversations during the busy time of orientation. These conversations and programming need to be occurring regularly and deliberately.

Appendix

A. Sexual Assault Programming

The following is a list of resources aimed at helping institutions purchase or develop sexual assault programming that is effective for their institution.

Program	Description	Price
Green Dot	Trainings ranging from bystander intervention to community mobilization	Price Varies
Right to Be	Trainings surrounding preventing and responding to harassment, conflict de-escalation, bystander intervention, and resilience training	Free with Additional Cost Options
Everfi	Educates students on consent, healthy relationships, and bystander intervention in the first-year and then builds on that education with continuing students, adult learners, graduate students, and community college students. More info here .	Price Varies
Vector Solutions	Discusses relationship violence, consent, sexual harassment, and reporting and responding to survivors. Aims to be used with first years and reinforce critical concepts with second and third year students.	Price Varies
OneLove	The Education Center on the OneLove website allows for facilitators to become certified in certain courses in order to facilitate trainings related to healthy relationships.	Free
Planned Parenthood	Planned Parenthood also offers a 25-minute video discussing consent with students. Courses for students can be found here .	Free
Step Up!	Step Up! is a comprehensive bystander intervention program. The program offers a free facilitator guide and an option to “Train the Trainers” for an additional cost. The facilitator guide is here .	Free with Additional Cost Options

B. Resources for Trauma-Informed Educators/Resource Providers

The following is a list of resources aimed at helping educators and resource providers to become more trauma-informed.

Program	Description	Price
Victim Assistance Training Online	This program is through the Office for Victims of Crime and provides educators and resource providers with information related to Basics, Core Competencies and Skills, Crimes, and Specific Considerations for Providing Victim Services.	Free
Certificate Program in Trauma Response and Crisis Intervention	This certificate program through Rutgers University is designed to enhance educators/providers knowledge and skills in the field of trauma response and crisis intervention. Each course costs roughly \$60 following the foundations course which is slightly more expensive.	\$600
Transgender Training Institute	This resource provides trainings by transgender and nonbinary individuals related to topics related to the experiences of transgender and nonbinary individuals. This resource aids in understanding a group that may frequently experience traumatizing events.	Free
Trauma-Informed Practices for Postsecondary Education: A Guide	This guide offers insight into identifying what trauma-informed care is in education as well as which students are at an elevated risk, how to interact with traumatized students, and how to support their education.	Free
Trauma-Informed Care Practitioner's Certificate Online	This certification helps educators/providers learn what trauma-informed care is, how to identify trauma, and how to heal trauma. It also provides 40 handouts and resources.	\$298
Planned Parenthood	Planned Parenthood offers courses for educators to become informed on topics related to sex education and becoming a more effective educator. These courses include a course on Trauma-Informed Teaching .	Free

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