

Creating Healthy Work Environments 2019

Sexual Assault Education on a College Campus: A Trauma-Sensitive Approach

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Abstract

Sexual assault (SA) is a widely-known problem across college campuses. Increased reports in the media have led to legislative efforts mandating effective SA prevention programs be in place on college campuses. The 2013 Campus Sexual Violence Act (SaVE) and the 2014 Campus Security Act mandated that U.S. colleges protect students from SA and provide effective SA education (Buchholz, 2015). Nursing has the responsibility to promote the health and safety of college students through patient education and evidence-based care practices. Building trauma-sensitive care practices into student health care delivery is an important part of the broad-based effort to support students who may have experienced SA (USDOE, 2015). Increased education and early identification of SA may reduce the adverse impact on the physical, emotional, and academic well-being of students. Early identification of SA may reduce negative short-term and long-term health outcomes (Sutherland, 2016). Implementation of “Safe Place” trauma-sensitive approaches of care creates a healthy environment that supports students affected by trauma through universal messages of SA prevention, safe places, and resources for help which may lead to expansion of health services, for students to thrive and succeed. Providers and staff in campus health centers can help students find the resources needed to address the trauma from SA. Students need to feel safe, know the types of resources available, and understand acceptance to use resources (Delovah & Cattaneo, 2017). Trauma-informed screening practices guides clinician approaches in understanding how trauma impacts health, peer relationships, academic progress, and mental health (McCauley & Casler, 2015). Research has indicated the value of having a trauma-informed specialist into practice (Reeves, 2015). The lack of standardization in SA programming indicates the need for change. Providers and students do not possess adequate knowledge of what SA is, and are unaware of the campus resources available. The purpose of this DNP project was to educate college health center providers on the use of trauma-sensitive care practices, evidence-based screenings, and resources available to student patients who may have been sexually assaulted. The study used quantitative methodology and a descriptive study research design with two groups of participants. The study for the DNP project was conducted over six weeks during the Spring 2018 academic semester at a University Health Center (UHC). UHC providers and staff ($n=9$) agreed to participate in the study and attended a lunch-and-learn education session on trauma-sensitive care practices related to SA. The UHC providers and staff were administered a pretest, a post-test, and a 6-week follow-up post-test. Over 100 students ($n=125$) voluntarily participated in completing an evidence-based screening survey that focused on SA and received education about SA resources available. Benefits from the project included participants increased knowledge and awareness of trauma’s relation to SA, and identification of resources with recognition of the University Health Clinic as a “Safe Place” for help. “Safe Place” allows for identification of opportunities to collaborate and cross-train other responsible organizations to incorporate trauma-sensitive practices into the campus-wide SA prevention and response plan (USDOE, 2015).

Title:

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Abstract Summary:

Nursing has the responsibility to promote the health and safety of college students through patient education and evidence-based care practices. Building trauma-sensitive care practices into student health care delivery is an important part of the broad-based effort to support students who may have experienced SA (USDOE, 2015).

Content Outline:

I. Introduction Sexual assault (SA) is a widely-known problem across college campuses. Increased reports in the media have led to legislative efforts mandating effective SA prevention programs be in place on college campuses. Nursing has the responsibility to promote the health and safety of college students through patient education and evidence-based care practices. Providers in health centers at U.S. college campuses administer medical care and confidential counseling and are often the only frontline responders to students who have experienced sexual assault.

A. The 2013 Campus Sexual Violence Act (SaVE) and the 2014 Campus Security Act mandated that U.S. colleges protect students from SA and provide effective SA education (Buchholz, 2015). B. Federal-level efforts have emphasized the need for cultural change around the issues associated with SA (Menning & Holtzman, 2015). C. Building trauma-sensitive care practices into student health care delivery is an important part of the broad-based effort to support students who may have experienced SA (USDOE, 2015).

II. Body A. Students are at risk of becoming victims of SA throughout their college years. Both men and women have been affected by SA.

1. Approximately 21% of women and 7% of men have experienced SA since entering college (Halstead, Williams, Gattamorta, & Gonzalez, 2017).
2. The National Intimate Partner and Sexual Violence Survey (NISVS) reported that 38.3% of women have experienced SA by 18-24 years of age (Walters, Chen, & Breiding, 2013).
3. One in 15 men have been forced to penetrate someone in their lives, 10.8% have experienced unwanted sexual contact, 5.8% have experienced sexual coercion, and 13.3% have experienced noncontact, unwanted sexual experiences (Breiding et al., 2014).
4. SA often results in physical and psychological injuries that can have a profound lasting effect on health. The American College Health Association (ACHA)-National College Health Assessment found that nearly 1/3 of undergraduate females felt depressed, experienced severe anxiety, and 7% had attempted suicide (ACHA, 2012).
5. Only 7%-25% of SA cases are identified by patients reporting to their providers, and 60%-90% of those are inadequately managed (Moscou, 2015).

B. Increased education and early identification of SA may reduce the adverse impact on the physical, emotional, and academic well-being of students. The 2013 and 2014 legislative acts signify the need for increased conversations about safety on college campuses.

1. Students need to feel safe, know the types of resources available, and understand acceptance to use resources (Delovah & Cattaneo, 2017).
2. SA often results in physical and psychological injuries and has been associated with numerous adverse health effects, such as headaches, back pain, broken bones, gastrointestinal disorders, pelvic pain, substance abuse, severe anxiety and depression, post-traumatic stress disorder (PTSD), and 7% have even attempted suicide (World Health Organization [WHO], 2012).
3. SA has been associated with attachment disorders, Sexually transmitted diseases (STDs), risky behaviors, and death (Sutherland, Fantasia, & Hutchinson, 2016).
4. Campus health center providers and staff can provide screening to identify students at risk for SA, provide interventions to reduce future violence, improve health outcomes, and educate about available resources (Sutherland et al., 2016).
5. SA experiences can lead to negative health consequences and lead to other SA related consequences (Halstead, Williams, & Gonzalez-Guarda, 2017).

C. Campus health center providers and staff can offer trauma-sensitive care practices, education, and resources to address the problem of SA. Integrating trauma-sensitive care practice can shift the organizational culture in a positive direction.

1. A trauma-sensitive prevention approach to SA has promoted positive directions in SA prevention efforts; research has indicated the value of having a trauma-informed specialist into practice (Reeves, 2015).
2. Providers may be able to identify which stimuli or environmental factors contribute to trauma symptom responses by understanding how trauma can manifest and avoid re-victimization (Reeves, 2015).
3. Health care providers should continuously be aware of language choices and perceived judgments to regularly explain procedures and provide recommendations for resource utilization (Delovah & Cattaneo, 2017).
4. The trauma-informed prevention approach does not seek disclosure, instead the focus lies in a comprehensive effort to incorporate SA prevention messages into health and wellness education to create an environment where individuals feel safe and are provided resources for support (McCauley & Casler, 2015).
5. Trauma-informed screening practices guides clinician approaches in understanding how trauma impacts health, peer relationships, academic progress, and mental health (McCauley & Casler, 2015).

III. Conclusion If campus health

providers and staff have a strong knowledge and awareness of SA, know how to recognize trauma, and respond appropriately, they can educate students about the resources available. A trauma-sensitive preventative approach to SA has proven positive directions in SA prevention efforts. A. "Safe Place" gives provider's an effective set of tools to help staff impart a sense of safety that persons affected by trauma need to heal (USDOE, 2015). B. "Safe Place" implements specific behavioral and environmental standards for creating a sense of safety (USDOE, 2015).

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