Drawing the Line: Sexual Harassment on Campus

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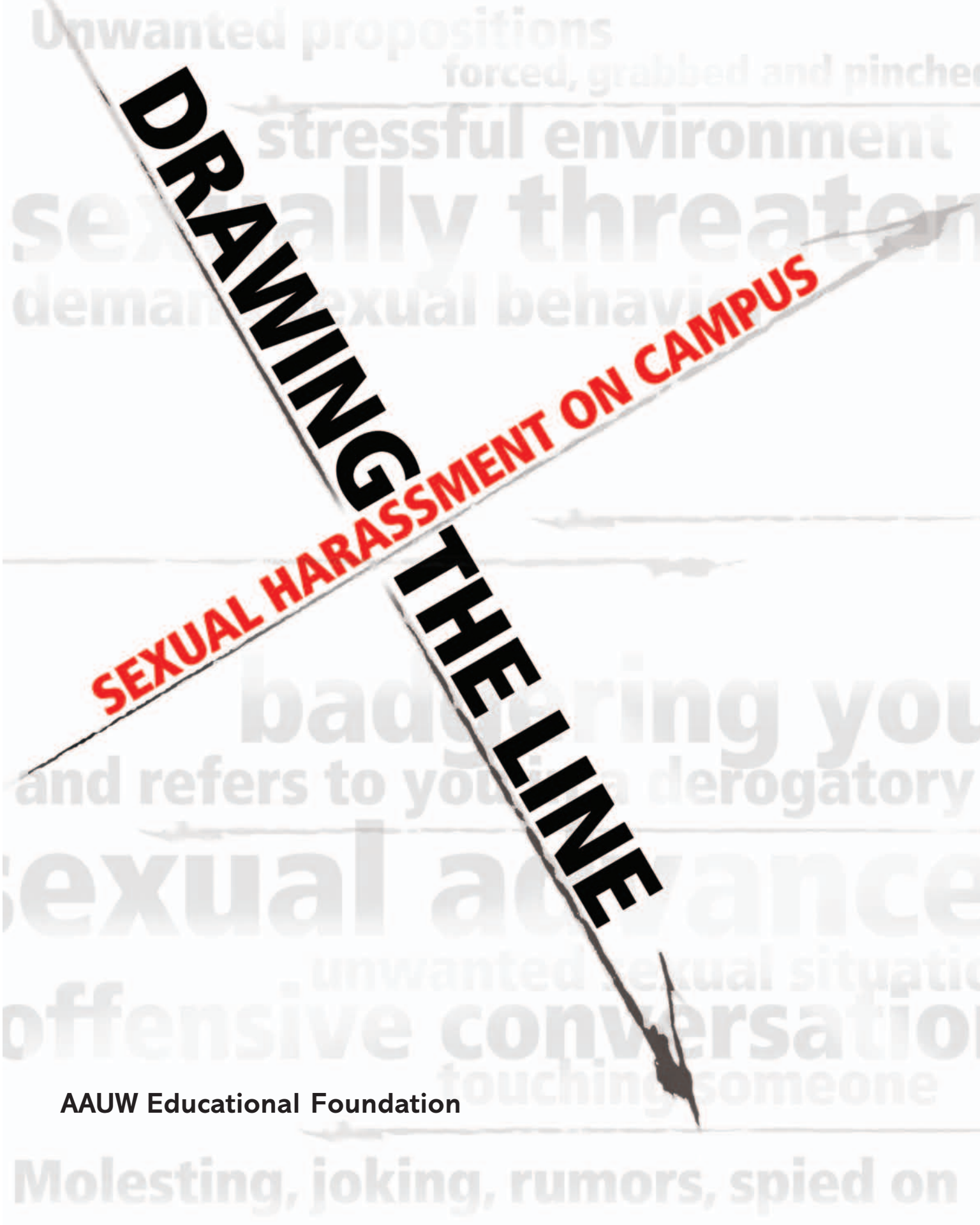
DRAWING THE LINE
SEXUAL HARASSMENT ON CAMPUS
AAUW Educational Foundation

DRAWING THE LINE:
SEXUAL HARASSMENT ON CAMPUS

By Catherine Hill and Elena Silva

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Foreword

A college education plays a vital role in ensuring career success and long-term economic security for women. Without a college degree, women earn substantially less pay, receive far fewer employer benefits, and are less likely to be financially independent. As a gateway to economic success and security, college is a defining experience.

Drawing the Line: Sexual Harassment on Campus reveals that colleges and universities still have work to do to foster a campus climate that is free from bias and harassment so that all students have an equal opportunity to excel in higher education. As this research documents, most college students experience some type of sexual harassment while at college, often during their first year. From unwanted sexual remarks to forced sexual contact, these experiences cause students, especially female students, to feel upset, uncomfortable, angry, and disappointed in their college experience. In response, students avoid places on campus, change their schedules, drop classes or activities, or otherwise change their lives to avoid sexual harassment. While many colleges and universities have policies in place, sexual harassment continues to have a damaging impact on the educational experiences of many college students.

For more than a decade the AAUW Educational Foundation has played a leadership role in combating the problem of sexual harassment in education. AAUW's groundbreaking research documented the extent and effects of sexual harassment in public schools. *Hostile Hallways: Bullying, Teasing and Sexual Harassment in School* (2001) revealed persistently high rates of sexual harassment among eighth through 11th graders and spurred national attention to the issue of sexual harassment in K–12 schools.

With *Drawing the Line*, we examine this issue at the next level of education—colleges and universities. Viewed as exemplars of diversity and inclusiveness, colleges and universities play an important role in influencing the attitudes and behaviors of young adults. At a time when colleges and universities are serving more students than ever, creating a campus climate that is free from bias and harassment is a necessary challenge for the higher education community. We hope that this research sparks new dialogue about sexual harassment and prompts innovative strategies for building harassment-free campuses.

Barbara O'Connor, President
AAUW Educational Foundation
December 2005

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About the Authors

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Executive Summary

Nearly two-thirds of college students experience some type of sexual harassment. Yet less than 10 percent of these students tell a college or university employee about their experiences and an even smaller fraction officially report them to a Title IX officer. The few sexual harassment cases that are pursued as a legal matter—those that reach the front pages of newspapers—are simply the tip of the iceberg.

Drawing the Line: Sexual Harassment on Campus presents a look at the "big picture." Is sexual harassment common? What kinds of behaviors are taking place? Who is being harassed, and who is doing the harassing? For students who admit to harassing others, why do they do it? How does sexual harassment affect students' educational experience? What do students think should be done about sexual harassment on campus?

This report analyzes findings from a nationally representative survey of undergraduate college students commissioned by the American Association of University Women Educational Foundation and conducted by Harris Interactive in spring 2005. The report is part of AAUW's continuing work to address the problem of sexual harassment in education. For more than a decade AAUW has been on the forefront of research and advocacy on this issue. *Hostile Hallways: The AAUW Survey on Sexual Harassment in America's Schools* (1993) and *Hostile Hallways: Bullying, Teasing, and Sexual Harassment in School* (2001) revealed widespread harassment among middle and high school students. The resource guide *Harassment-Free Hallways: How to Stop Sexual Harassment in School* (2001) is one of AAUW's most requested publications.

With this new report AAUW takes the issue of sexual harassment to the next level of education: colleges and universities. Women have made tremendous gains in higher education and are now a majority of America's college students, yet anecdotal evidence of a "chilly climate" for female students, especially in traditionally male-dominated disciplines, is widespread. Aside from documenting criminal behavior such as rape and sexual assault, little research has been done on the prevalence of sexual harassment on college campuses.

This research examines how college students perceive, experience, and respond to a wide range of unwanted sexual behaviors. Chapter 1 defines sexual harassment, distinguishing between a narrow legal definition of the term and the broader definition used in this research, and describes how college students define the term. Chapter 2 describes the prevalence of sexual harassment, including the perceptions of students who have been sexually harassed as well as the rationales of students who admit to harassing others. Chapter 3 examines the emotional and educational impact of sexual harassment, including students' recommendations for improving the campus climate. The report concludes with a call for dialogue and includes questions that should be addressed.

Key Research Findings

Sexual harassment is common on college campuses.

Sexual harassment is widespread among college students across the country. A majority of college students experience sexual harassment. More than one-third encounter sexual harassment during their first year. A majority of students experience noncontact forms of harassment—from sexual remarks to electronic messages—and nearly one-third experience some form of physical harassment, such as being touched, grabbed, or forced to do something sexual. Sexual harassment occurs nearly everywhere on campus, including student housing and classrooms. It happens on large and small campuses, at public

and private colleges and universities, and at two-year and four-year institutions. It is most common at large universities, four-year institutions, and private colleges.

Men and women are equally likely to be harassed, but in different ways and with different responses.
Male and female students are nearly equally likely to be sexually harassed on campus. Female students are more likely to be the target of sexual jokes, comments, gestures, or looks. Male students are more likely to be called gay or a homophobic name.

Female students are more likely to be upset by sexual harassment and to feel embarrassed, angry, less confident, afraid, worried about whether they can have a happy relationship, confused or conflicted about who they are, or disappointed in their college experience. Female students are also more likely to change their behavior in some way as a result of the experience. For example, more than half of female victims avoid the person who harassed them or avoid a particular building or place on campus. Female victims are more likely to find it hard to pay attention in class or have trouble sleeping as a result of sexual harassment.

Lesbian, gay, bisexual, and transgender students are more likely to be harassed.
Lesbian, gay, bisexual, or transgender (LGBT) students[1] are more likely than heterosexual students to experience sexual harassment; be upset by experiences with harassment; and feel self-conscious, angry, less confident, afraid, or disappointed with their college experience. They are also more likely to worry about graduating from college and having a successful career as a result of sexual harassment. LGBT students are more likely to want their college or university to do more to prevent sexual harassment.

Different racial and ethnic groups experience sexual harassment in similar, but not identical, ways.
For the most part, white, black, and Hispanic students perceive and react to sexual harassment in similar ways.[2] Some types of sexual harassment —receiving unwanted sexual comments or jokes, being flashed or mooned, or being called a homophobic name—appear to be more common among white students. Among students who admit to harassing another student, white students are more likely to do so because they think it is funny, while black and Hispanic students are more likely to think the sexual attention is wanted. Black and Hispanic students are also more likely to say they would report sexual harassment to a college employee and to want their schools to take additional measures against sexual harassment.

Men are more likely than women to harass.
Both male and female students are more likely to be harassed by a man than by a woman. Half of male students and almost one-third of female students admit that they sexually harassed someone in college, and about one-fifth of male students admit that they harassed someone often or occasionally. Although equal proportions of male and female students say that they harassed a student of the other gender, male students are more likely to admit to harassing other male students. Almost one-quarter of male harassers admit to harassing male students, compared to one-tenth of female harassers who admit to harassing female students.

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1 LGBT students are combined into a single category because we do not have sufficient numbers to analyze the groups separately.

2 Separate analyses for Asian American, Native American, and other racial and ethnic groups are not possible due to insufficient sample size.

More than half of harassers think their actions are funny.

A majority of students who admit to harassing another student say they did so because they thought it was funny. About one-third thought the person wanted the sexual attention, and another third believed that it was just a part of school and a lot of people did it. Less than one-fifth wanted a date with the person. In other words, students who admit to harassing another student generally don't see themselves as rejected suitors, rather as misunderstood comedians.

Most victims don't report sexual harassment.

More than one-third of college students do not tell anyone about their experiences with sexual harassment. Those who do confide in someone usually tell a friend. Female students are more likely to talk to someone about their experiences than are male students, but less than 10 percent of all students report incidents of sexual harassment to a college or university employee. Students offer a range of reasons for why they do not report incidents, including fear of embarrassment, guilt about their own behavior, skepticism that anyone can or will help, and not knowing whom to contact at the school. Still, the top reason that students give for not reporting sexual harassment is that their experience was not serious or "not a big deal."

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Other than to say it is unwanted sexual behavior, college students do not appear to have a common standard for defining sexual harassment. Moreover, college students are reluctant to talk about sexual harassment openly and honestly and are more apt to joke or disregard the issue despite their private concerns. This reticence to engage in a serious dialogue about the issue may contribute to the prevalence of sexual harassment on campus, as students interpret one another's silence as complicity. At the very least it is an indication that college students don't have a common understanding of where to draw the line.

The ramifications of sexual harassment can be serious. Sexual harassment can damage the emotional and academic well-being of students, provoke and exacerbate conflict among students, and contribute to a hostile learning environment. For colleges and universities, sexual harassment can be financially costly and damage their reputations. More broadly, society as a whole is affected as graduating students bring their attitudes about sexual harassment into the workplace and beyond.

1

Defining Sexual Harassment on Campus

Definitions Used in This Research

Survey respondents were provided with the following definition of sexual harassment: "Sexual harassment is unwanted and unwelcome sexual behavior which interferes with your life. Sexual harassment is not behaviors that you like or want (for example wanted kissing, touching or flirting)." Throughout the survey, students were asked to think about sexual harassment specifically in the context of their college lives, e.g., in class, on campus, or at college-related events. This definition is intentionally broad to capture any conduct that could negatively effect the learning environment on college campuses, whether or not the behavior is, or even should be, illegal. Survey respondents were provided with the following list of behaviors that, when unwanted or unwelcome, serve as examples of sexual harassment:

- Made sexual comments, jokes, gestures, or looks
- Showed, gave or left you sexual pictures, photographs, web pages, illustrations, messages or notes
- Posted sexual messages about you on the Internet (e.g., websites, blogs) or e-mailed, instant messaged, or text messaged sexual messages about you
- Spread sexual rumors about you
- Called you gay or a lesbian or a homophobic name (such as faggot, dyke or queer)
- Spied on you as you dressed or showered at school (e.g., in a dorm, in a gym, etc.)
- Flashed or "mooned" you
- Touched, grabbed, or pinched you in a sexual way
- Intentionally brushed up against you in a sexual way
- Asked you to do something sexual in exchange for something (e.g., a better grade, a recommendation, class notes, etc.)
- Pulled at your clothing in a sexual way
- Pulled off or down your clothing
- Blocked your way, cornered you or followed you in a sexual way
- Forced you to kiss him or her
- Forced you to do something sexual, other than kissing

Students were asked to answer questions only in the context of college-related events and activities, such as

- When you are in classes
- When you are in campus buildings (including student housing, libraries, athletic facilities, administrative buildings, etc.)
- When you are walking around campus
- When you are at school-sponsored events (including sporting events, campus organizations or clubs, campus fraternity or sorority events)

A classmate repeatedly makes obnoxious sexual comments to you. Someone from your dorm hangs sexually explicit posters on your door. A professor's friendly "concern" starts to feel like a demand for a sexual relationship that you don't want but are afraid to reject. Sexual harassment is all too familiar, and yet it defies a simple definition.

This chapter addresses the challenge of defining sexual harassment on the college campus and how that definition has evolved during the past three decades. It describes how college students define sexual harassment and respond to a range of sexually harassing behaviors. As this chapter reveals, sexual harassment at colleges and universities can be understood and defined in different ways, making it all the more complicated to prevent and address as an issue on campus.

The Term "Sexual Harassment"

Sexual harassment has long been an unfortunate part of the educational experience, affecting students' emotional well-being and their ability to succeed academically. The term "sexual harassment," coined in the early 1970s, became commonly used by the 1980s. Sexual harassment was first recognized by the federal courts in *Williams v. Saxbe*, 413 F. Supp. 654 (D.C.D.C. 1976), as a form of sex discrimination in the workplace under Title VII of the Civil Rights Act of 1964, which prohibits employment discrimination on the basis of race, color, national origin, religion, and sex. Ten years later in *Meritor Savings Bank v. Vinson*, 477 U.S. 57 (1986), the Supreme Court provided guidance on determining if harassing conduct is unwelcome as well as clarifying the level of employer liability.

In the educational arena, sex discrimination is prohibited in any educational program or activity that receives federal funding under Title IX of the Education Amendments of 1972. The Supreme Court affirmed in 1992 that sexual harassment is a form of sex discrimination under Title IX when it ruled in *Franklin v. Gwinnett County Public Schools,* 503 U.S. 60 (1992), that students could seek monetary damages for sexual harassment from educational institutions. Since then, the number of sexual harassment cases against colleges and universities, as well as K–12 public schools, has grown considerably.

The Legal Definition

Lawyers, policy-makers, and educators have attempted to provide a standard definition and a common set of guidelines for sexual harassment. The U.S. Department of Education Office for Civil Rights (OCR) is charged with interpreting and enforcing Title IX.[3] OCR's guidance on sexual harassment (1997) recognizes two types of sexual harassment in educational institutions: quid pro quo harassment and hostile environment harassment. Quid pro quo harassment involves requests for sexual favors, generally by a school employee to a student, in exchange for some type of educational participation or benefit. Hostile environment harassment entails harassing sexual conduct that is so severe, persistent, or pervasive that it limits a student's ability to participate in or benefit from educational activities.

Courts have held colleges, universities, and K–12 schools liable for student-to-student and teacher-to-student sexual harassment under Title IX (see *Davis v. Monroe County Board of Education*,

[3] Any school that receives federal funding (and nearly all do) must comply with Title IX. OCR can deny funding to any institution that fails to do so.

526 U.S. 629 [1999], and *Gebser v. Lago Vista Independent School District*, 524 U.S. 274 [1998]). With respect to student-to-student harassment, the Supreme Court stated in *Davis* that the term "sexual harassment" applied only to misconduct that is so severe, pervasive, and objectively offensive that it effectively deprives the harassed student of access to educational opportunities. To hold a school liable for monetary damages, the student would have to demonstrate that school officials had actual knowledge of the harassment and were deliberately indifferent to it.

Determining what is sufficiently severe, pervasive, and objectively offensive can be complicated. As this research demonstrates, people disagree on the severity of the problem. What is a laughing matter for one student may be offensive to another and traumatic to yet another, especially in the campus community, which teems with students and staff from a diversity of backgrounds and perspectives. In this context the legal standard is limited in its ability to serve as a catalyst to change behavior.

An Academic Definition

Nearly all colleges and universities try to provide guidance on the issue of sexual harassment. In a guidebook on college administration, Sandler and Shoop (1997, p. 4) define sexual harassment as follows:

> Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when any one of the following is true: (1) submission to such conduct is made either explicitly or implicitly a term or condition of a person's employment or academic advancement; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions or academic decisions affecting the person; (3) such conduct has the purpose or effect of unreasonably interfering with a person's work or academic performance or creating an intimidating, hostile, or offensive working, learning, or social environment.

Similar language can be found in school policies at universities and colleges around the country. Student handbooks, websites, and other written policies and procedures constitute efforts by schools to comply with Title IX. As discussed in Chapter 3, these efforts by colleges and universities to provide guidance are common yet do not appear to translate into changed behavior among students on campus.

In the past few decades researchers have contributed significantly to our understanding of sexual harassment in college, although it is difficult to compare studies as they vary considerably in scope and methodology. Several major studies focus on the experiences of K–12 students (AAUW, 1993 and 2001; Stein, Marshall, and Tropp, 1993; U.S. Department of Education, Office of the Under Secretary, 2004). Others focus on female undergraduate and graduate students (Dziech and Weiner, 1990; Glaser and Thorpe, 1986; Sandler and Shoop, 1997; U.S. Department of Justice, National Institute of Justice, 2000) or on individual institutions (Lott, Reilly, and Howard, 1982; Riggs, Murrell, and Cutting, 2000; Kelley and Parsons, 2000).

Combined, these and other studies offer a valuable body of research on the issue of sexual harassment. Until now, however, no nationally representative study has used the same survey questions to examine sexual harassment among both male and female college students.

College Students Define Sexual Harassment

This survey asked students to define sexual harassment in their own words before they were provided with the definition used for the remainder of the survey. Although nearly all students (97 percent) are confident that they know what sexual harassment is, they offer a range of definitions. Some refer to unwelcome sexual remarks or suggestions while others include both verbal and physical advances. Some students define it as peer to peer while others point to the abuse of authority by a faculty member or resident adviser.

Despite the variety of definitions, students agree on some common themes. The majority of college students recognize sexual harassment to be some type of unwanted or unwelcome behavior or combination of behaviors. The most common student definitions include unwanted sexual conduct or behavior; unwanted verbal sexual advances, comments, or name calling; or unwanted physical sexual advances. In defining the term, students also commonly refer to behaviors that are "inappropriate" or "offensive" or make others feel "uncomfortable."

To elicit student perspectives on sexually harassing behaviors, the survey listed 15 examples of sexual harassment (see page 6) and asked students how upset they would be if they encountered these behaviors. Students say that they would be very or somewhat upset if someone did the following:

- Forced them to do something sexual other than kissing (92 percent)
- Pulled off or down their clothing (92 percent)
- Spread sexual rumors about them (92 percent)

Student Voices

Sexual Harassment Is ...

"Being forced into uncomfortable or undesirable sexual situations." – Male, 1st year

"Any unwelcomed comment or gesture pertaining to your body or gender." – Female, 5th year

"An unwanted and inappropriate sexual advance that results in a stressful environment." – Female, 2nd year

"Using sexual remarks or touching someone in private places without permission." – Male, 2nd year

"Sexual harassment is the unwanted touching, language used towards you in a sexual way, showing a person any type of pornographic materials, talking dirty in front of others, etc." – Female, 4th year

"Being sexually threatened." – Male, 2nd year

"When someone in a position of authority uses his/her position to demand sexual behavior from someone." – Male, 4th year

"Molesting, joking, etc. about sex or someone's body." – Male, 3rd year

"When someone keeps badgering you about sex. Unwanted propositions and the solicitor knows it." – Female, 2nd year

"When someone oversteps your personal boundaries and refers to you in a derogatory manner." – Female, 1st year

"Any unwanted sexual advances. Ranges from simple conversation, to touching, to rape." – Male, 4th year

"Anyone who uses inappropriate, uncomfortable words about your sex or you, or who forces sexual relations or any sort of physical contact upon you that is not wanted." – Female, 2nd year

"Harassment based on gender can be verbal, nonverbal, or physical but it is unwanted." – Male, 3rd year

"An atmosphere of degradation and intimidation by use of sex or sexual references to control or manipulate another party." – Female, 4th year

- Posted sexual messages about them on the Internet (e.g., websites, blogs) or e-mailed, instant messaged, or text messaged sexual messages about them (91 percent)
- Spied on them as they dressed or showered at school (e.g., in a dorm, in a gym, etc.) (91 percent)
- Forced them to kiss him or her (91 percent)
- Asked them to do something sexual in exchange for giving them something (e.g., a better grade, a recommendation, class notes, etc.) (88 percent)
- Blocked their way, cornered them, or followed them in a sexual way (88 percent)
- Touched, grabbed, or pinched them in a sexual way (83 percent)
- Pulled at their clothing in a sexual way (80 percent)
- Showed, gave, or left them sexual pictures, photographs, web pages, illustrations, messages, or notes (76 percent)
- Called them gay or lesbian or a homophobic name (such as faggot, dyke, queer) (76 percent)
- Intentionally brushed up against them in a sexual way (73 percent)
- Made sexual comments, jokes, gestures, or looks (56 percent)
- Flashed or mooned them (48 percent)

Not surprisingly, students are most likely to find experiences that involve physical contact to be very upsetting. Students are just as likely, however, to be at least somewhat upset by verbal and other noncontact types of sexual harassment. In a few instances, a noncontact behavior was rated as more upsetting than a physical behavior. For example, most students say that having sexual rumors spread, being spied on, or having sexual messages posted on the Internet or via e-mail would be more upsetting than being touched, grabbed, or pinched in a sexual way.

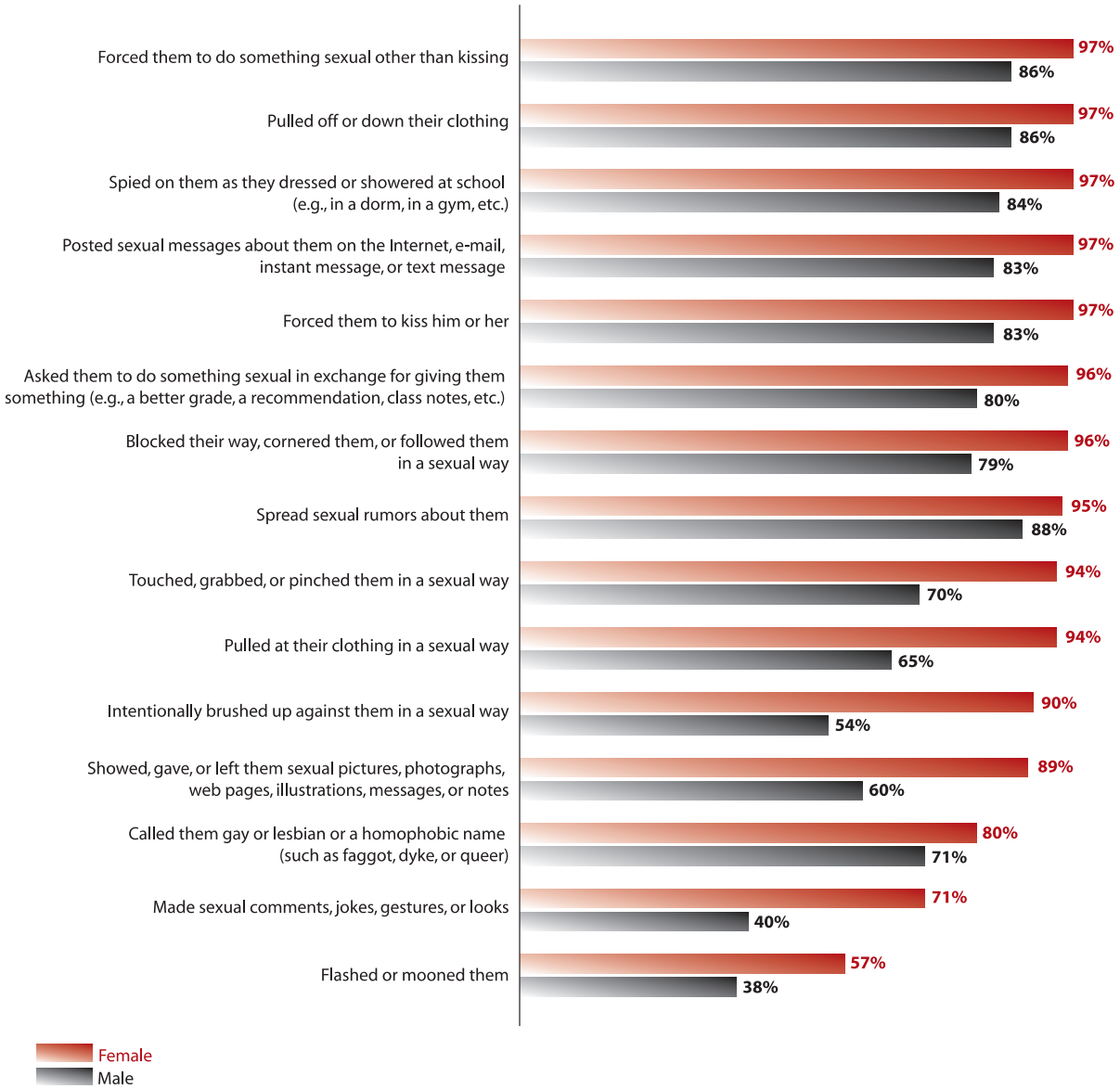
Most students agree that sexual harassment is upsetting. Beneath this common ground, however, lie some significant differences.[4] Male and female students part ways considerably, with female students more likely to say they would be upset by every type of harassment (see Figure 1). For example, only half of male students (54 percent) say they would be upset if someone intentionally brushed up against them in a sexual way. In contrast, 90 percent of female students say this type of behavior would upset them. Male students are also much less likely than female students to say they would be upset by sexual comments, jokes, gestures, or looks or by sexual pictures, photographs, illustrations, message, or notes. These gender differences are quite remarkable as they are statistically significant for all 15 types of sexual harassment listed in the survey.

Although less striking, some differences by race and ethnicity are also found in student reactions to hypothetical examples. Because black and Hispanic student populations are more disproportionately female—and female students are more likely to find sexual harassment upsetting—these differences by race/ethnicity may actually be gender-based differences. Given that, differences were examined within the female populations of racial/ethnic groups. Black and Hispanic female students are more likely than white female students to say they would be *very* upset by the following behaviors:[5]

4 All differences throughout this report are statistically significant at the 95th percentile unless otherwise noted.

5 Except for the third bullet (intentionally brushed up against in a sexual way), differences between black and Hispanic students are not statistically significant at the 95th percentile.

Figure 1. Percentage of College Students Who Say They Would Be Somewhat or Very Upset by Certain Behaviors (By Gender)



Survey question: How upset would you be if someone related to your school life ... did the following things to you when you did not want them to? Possible answers: not at all upset, not very upset, somewhat upset, very upset, and not sure.

Base = All qualified respondents (n=2,036); 1,096 female and 940 male college students ages 18 to 24.

- Someone touched, grabbed, or pinched them in a sexual way (85 percent black and 83 percent Hispanic versus 72 percent white)
- Someone pulled at their clothing in a sexual way (78 percent black and 78 percent Hispanic versus 68 percent white)
- Someone intentionally brushed up against them in a sexual way (55 percent black, 66 percent Hispanic, 42 percent white)
- Someone flashed or mooned them (34 percent black and 34 percent Hispanic versus 20 percent white)

Few women of any race/ethnicity say they would not be upset at all by these behaviors.

Women of all racial/ethnic groups say that they would be very upset by most forms of contact harassment. For example, nearly all women (97 percent) say they would be very upset if they were forced to do something sexual other than kissing. In contrast, only 72 percent of men say they would be very upset if they were forced to do something sexual other than kissing.

Lesbian, gay, bisexual, or transgender (LGBT) and heterosexual students react in similar ways to hypothetical examples. For a few types of sexual harassment, LGBT students are less likely to be very or somewhat upset than are heterosexual students. Differences may exist within genders between LGBT students and heterosexual students, but the sample size is insufficient to make these observations. Notable differences between LGBT and heterosexual students are more evident in terms of prevalence and reactions to personal experiences. These differences are discussed in subsequent chapters.

Summary

Defining sexual harassment is not simple. While federal standards exist, in most cases and in most contexts an element of subjectivity determines what is and is not sexual harassment. As the law suggests, college administrators and others involved in adjudicating disputes about sexual harassment are supposed to imagine what a reasonable person would think. This research reveals just how problematic this approach can be. While college students agree that "unwanted" is a necessary part of any definition of sexual harassment, opinions about specific behaviors vary considerably. As discussed in the following chapters, students differ in how they experience and respond to sexual harassment, with gender differences especially pronounced.

2

Prevalence of Sexual Harassment on Campus

Sexual harassment is a part of college life, so common that, according to one student, "it seems almost normal." Most college students (89 percent) say that sexual harassment occurs among students at their college, with one-fifth (21 percent) saying that peer harassment happens often. When asked about specific kinds of harassment, two-thirds of students (62 percent) say that they have been sexually harassed, and a similar number (66 percent) say that they know someone personally (such as a friend or classmate) who has been sexually harassed. That means that about six million college students encounter sexual harassment at college. Expressed another way, on a campus of 10,000 undergraduate students, about 6,000 students will be harassed.

This chapter examines the prevalence of sexual harassment on campus. It describes what types of sexual harassment occur, where they occur, who is harassed, and who is harassing. For the most part, students indicate that verbal and visual kinds of sexual harassment are common, but incidents involving contact or physical threat are not rare. In addition, a sizeable number of students—41 percent—admit that they have sexually harassed someone. In most cases, these students say that they thought it was funny, the other person liked it, or it is "just a part of school life." On this final point, both harassed and harassing students agree: Sexual harassment is indeed a common part of campus life.

What Types of Sexual Harassment Occur?

According to college students, unwanted comments, jokes, gestures, and looks are the most common type of sexual harassment on campus (see Figure 2). About half of college students have been the target of unwanted sexual comments, jokes, gestures, or looks, and a similar number know someone personally who experienced this type of harassment. Being called gay, lesbian, or a homophobic name is also a common experience among college students. More than one-third know someone who has been called gay, lesbian, or a homophobic name, and about one-quarter of students have had this happen to them. Physical forms of harassment are also prevalent. For example, one-quarter of college students have been touched, grabbed, or pinched in a sexual way, and nearly one-third of students know someone personally who has experienced this kind of harassment. Other common types of sexual harassment include flashing or mooning, intentionally brushing up against someone in a sexual way, and spreading sexual rumors about individuals.

While the percentage of college students experiencing some types of sexual harassment is relatively low, the number of implied incidents is quite high. For example, the 5 percent of undergraduate students ages 18 to 24 who say that they have been forced to do something sexual other than kissing translates into about half a million students nationwide, and the 11 percent of students who say they have been physically blocked, cornered, or followed in a sexual way translates into about a million students nationwide.[6] Put another way, at a campus with 10,000 undergraduate students, 500 students will experience some form of sexual assault while at college, and about a thousand students will be blocked, cornered, or followed in a sexual way during their college lives—no trivial matter for colleges and universities.

[6] This calculation is based on an estimate of 10 million undergraduate students between the ages of 18 and 24 in 2005 (see Appendix A: Methodology).

Figure 2. Percentage of College Students Who Have Been Sexually Harassed or Know Someone Personally Who Has Been Sexually Harassed

	Experienced Themselves	Know Someone
Experienced any sexual harassment	62	66
Received sexual comments, jokes, gestures, or looks	53	51
Were flashed or mooned	28	35
Had someone brush up against them in a sexual way	25	33
Were touched, grabbed, or pinched in a sexual way	25	31
Were called gay, lesbian, or a homophobic name (such as faggot, dyke, or queer)	24	42
Received sexual pictures, photographs, web pages, illustrations, messages, or notes	18	19
Had sexual rumors spread about them	16	30
Had their clothing pulled in a sexual way	15	21
Had someone block their way, corner them, or follow them in a sexual way	11	15
Had sexual messages posted about them on the Internet, e-mail, instant message, or text message	9	13
Were forced to kiss someone	7	12
Had their clothing pulled off or down	7	11
Were asked to do something sexual in exchange for giving them something (e.g., a better grade, a recommendation, class notes, etc.)	6	7
Were forced to do something sexual other than kissing	5	8
Were spied on as they dressed or showered at school (e.g., in a dorm, in a gym, etc.)	5	7

Base = All qualified respondents (n=2,036); 1,096 female and 940 male college students ages 18 to 24.

Where Does Sexual Harassment Occur?

All Over Campus

Sexual harassment is not confined to any particular location on campus. To the extent that any pattern emerges, the number of incidents at a location probably reflects the amount of time students spend there. Among students who have been harassed, more than one-third have been harassed in a dorm or student housing (39 percent) or outside on campus grounds (37 percent). About one-fifth have been harassed in common areas of campus buildings (24 percent) or in classrooms or lecture halls (20 percent). More than one-quarter of students (27 percent) have been harassed "someplace else," and 12 percent are not sure. The latter response may in part reflect the "placeless" nature of some forms of sexual harassment, such as e-mail messages or harassment that takes place in multiple places (e.g., being followed). It may also reflect the classification of an incident as "related to their college life," even if it happened off campus. For example, an incident that occurred in a professor's home or at a bar that is frequented by students may indeed be part of the college experience, even if the sexual harassment did not occur on campus.

The likelihood of encountering sexual harassment at a particular location varies somewhat by gender. Among students who have encountered harassment, male students (45 percent) are more likely than female students (35 percent) to have been sexually harassed in their dorm or student housing, while female students are more likely to have been harassed outside on campus grounds (43 percent versus 29 percent). Male students (9 percent) are also more likely than female students (3 percent) to have encountered sexual harassment in a locker room or bathroom.

At All Types of Institutions

Sexual harassment happens at all kinds of colleges, but it is somewhat more prevalent at larger schools. Students attending small colleges with fewer than a thousand undergraduates are less likely to say that sexual harassment happens on their campus. Almost one-third of these students (27 percent) say that sexual harassment never happens at their college, compared to 8 percent of students attending large schools (10,000 or more undergraduates). The differences by size of school are most pronounced regarding sexual harassment of students by professors, teaching assistants, and other school employees. About 70 percent of students at large schools say that professors, teaching assistants, or other school employees sexually harass students on their campus, compared to about half of students (50 percent) at small schools. In both cases, however, most students say that it does not happen often. We also examined differences among students attending colleges in urban, suburban, or rural locations but found no statistically significant differences.

Sexual harassment appears to be less common at two-year colleges than at four-year colleges and universities. More than half of students (57 percent) attending two-year colleges and nearly three-fourths of students (71 percent) at four-year colleges say that students harass other students often or occasionally. Conversely, almost one-third of students (32 percent) attending two-year colleges and about one-fifth of students (21 percent) at four-year colleges say that students rarely or never sexually harass other students. Half of students (50 percent) at two-year colleges say they know someone personally who has been sexually harassed, compared to 70 percent of students at four-year colleges. About half of students (48 percent) at two-year colleges say that they have been sexually harassed, compared to 65 percent of students at four-year institutions.

These differences reflect in part the shorter length of time that students attend two-year institutions. They may also reflect the fact that students attending two-year colleges are more likely to live at home with their parents. Among our sample, 60 percent of students at two-year colleges compared to 25 percent of students attending four-year colleges lived at home with their parents. Conversely, 44 percent of students at four-year institutions and 4 percent of students at two-year colleges lived on campus. Since the dorm or student housing is the location cited by students as the most likely spot for sexual harassment, it makes sense that students who do not live on campus are less likely to encounter harassment there. Indeed, only about one-fifth of two-year college students (22 percent) who have been harassed have encountered sexual harassment at a dorm or student housing, compared to 43 percent of the same group attending four-year colleges.[7]

[7] The proportion of students at two-year colleges who say they encountered sexual harassment in student housing or a dorm is larger than the proportion who live on campus. This difference may not be inconsistent as students who do not live on campus may still attend events or parties in the dorms. Some students may also have confused student housing with off-campus housing where students live.

Rates of some types of sexual harassment are somewhat higher among students attending private colleges than among those attending public colleges. More than two-thirds of students (68 percent) at private colleges and 59 percent of students at public colleges have been sexually harassed. While rates of contact harassment are similar between the two groups (34 percent private versus 32 percent public), rates of noncontact harassment differ somewhat (65 percent private versus 58 percent public). In addition, private college students (45 percent) are somewhat more likely than public college students (37 percent) to admit that they have harassed someone in a noncontact way.

Students' perceptions of campus climate differ from their personal experiences. Private college students are somewhat more likely than public college students to say that sexual harassment is not occurring on their campus (15 percent versus 10 percent) or "only a little" sexual harassment happens (42 percent versus 32 percent). That is, students at private colleges are more likely to have encountered sexual harassment themselves but are less likely to think that it is common on their campus.

Who Is Harassed?

Both Male and Female Students Are Harassed, But in Different Ways

Male (61 percent) and female (62 percent) students are equally likely to encounter sexual harassment in their college lives. Important differences between men and women are evident, however, when the types of harassment—as well as reactions to these experiences—are considered (see Figure 3). Female students are more likely to experience sexual harassment that involves physical contact (35 percent versus 29 percent).

Among all students, more than one-third of females (41 percent) and males (36 percent) experience sexual harassment in their first year of college. Among harassed students, 66 percent of females and 59 percent of males encounter sexual harassment in their first year.

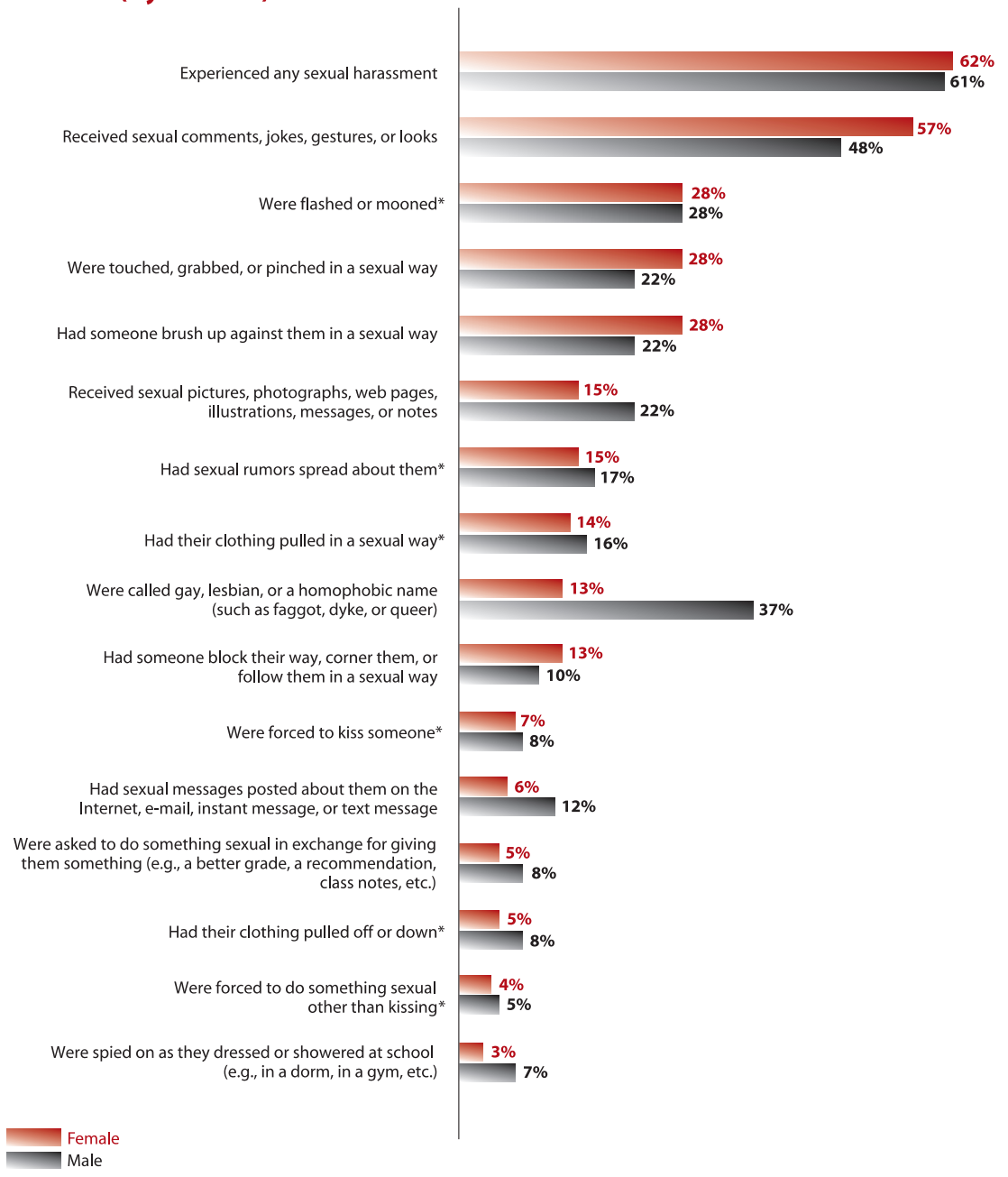
Differences by Sexual Identity and Race/Ethnicity

Some groups of students are more likely to be sexually harassed than are others. Lesbian, gay, bisexual, and transgender (LGBT) students are more likely than heterosexual students to be sexually harassed in college and to be sexually harassed often (see Figure 4). LGBT students are at higher risk for both contact and noncontact types of sexual harassment.[8] Harassers come from all quarters of the academic community. Among students who have experienced harassment, LGBT students are more likely to have been harassed by peers (92 percent versus 78 percent), teachers (13 percent versus 7 percent), and school employees (11 percent versus 5 percent).

The survey reveals racial/ethnic differences in the prevalence of sexual harassment among college students (see Figure 5). White college students are more likely than black and Hispanic students to experience sexual harassment. White students are more likely to experience verbal and other noncontact forms of harassment. Specifically, white students are more likely than their black and Hispanic peers to hear sexual comments, jokes, gestures, or looks (54 percent white versus 49 percent black and 49 percent Hispanic), to be flashed or mooned (30 percent versus 19 percent and 21 percent), or to be called a homophobic name (26 percent versus 14 percent and 14 percent). College students are equally likely to experience physical or contact sexual harassment regardless of race/ethnicity.

[8] The one exception is "forced sexual contact," where the size of the sample was not sufficient to draw conclusions.

Figure 3. Percentage of College Students Who Have Been Sexually Harassed (By Gender)

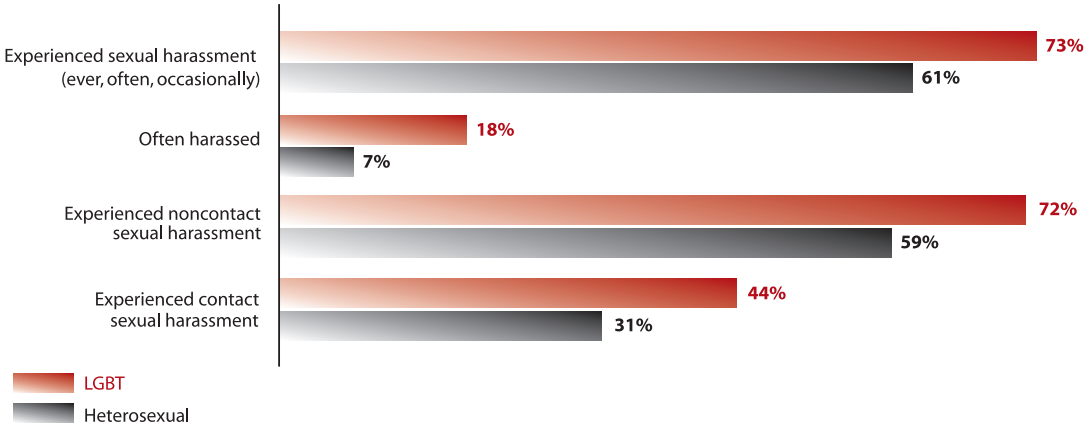


* The difference between female and male students is not statistically significant.

Survey question: During your whole college life, how often, if at all, has anyone ... done the following things to you when you did not want them to? Possible answers: never, rarely, occasionally, often, or decline to answer.

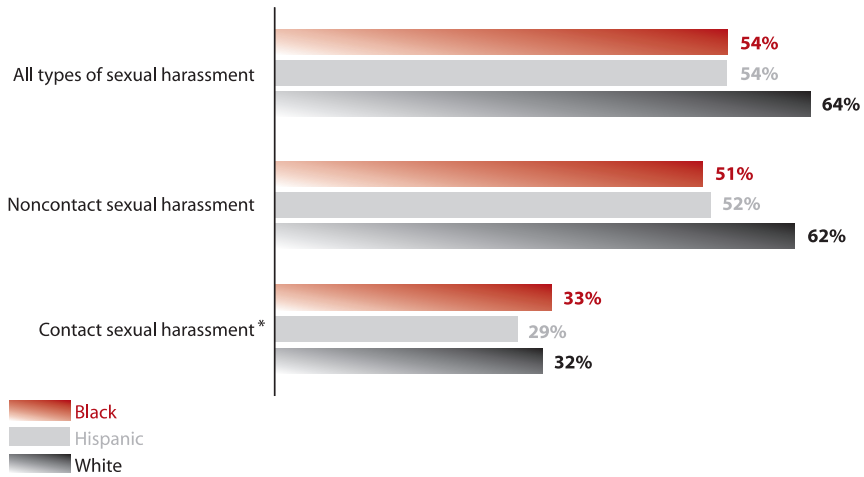
Base = All qualified respondents (n=2,036); 1,096 female and 940 male college students ages 18 to 24.

Figure 4. Percentage of College Students Who Have Been Sexually Harassed (By Sexual Identity)



Base = All qualified respondents (n=2,036); 155 lesbian, gay, bisexual, or transgender students and 1,881 heterosexual students ages 18 to 24.

Figure 5. Percentage of College Students Who Have Been Sexually Harassed (By Race/Ethnicity)



* For contact sexual harassment there are no statistically significant differences by race/ethnicity.

Note: Differences between black and Hispanic populations are not statistically significant for any category.

Base = All qualified respondents (n=2,036); 340 black, 316 Hispanic, and 1,183 white students ages 18 to 24. The remaining 197 students chose a different category, such as Asian or Pacific Islander, mixed racial background, or other race, or declined to answer.

Student Voices

Types of Student-to-Student Sexual Harassment

"There is a guy in all my classes who consistently touches me in a sexual way that I really don't appreciate." – Female, 2nd year

"Just at a party where someone tried to get me to kiss them and I didn't want to but was forced to." – Male, 1st year

"Phone harassment calling me derogatory homosexual names [and] leaving messages." – Male, 4th year

"A lewd joke about rape directed to me during a soccer game." – Female, 2nd year

"A girl kept trying to show off her breasts to get my attention." – Male, 3rd year

"Joking around with other guys calling each other gay." – Male, 3rd year

"Someone tried to force me to kiss them and pushed me into a room." – Female, 4th year

"I got mooned and made fun of." – Male, 1st year

"Another student forced me to do things I did not want to do." – Female, 4th year

"People who lived in the same hall as me in the dorms started spreading rumors about my sex life, which were not even close to true. They also spread condoms around my room." – Female, 3rd year

"Just a female grabbing me in a sexual way." – Male, 4th year

"Being sent unwanted pornographic images through e-mail." – Male, 4th year

"Getting whistled [at] and/or had sexual related comments made to me outdoors on campus grounds." – Female, 2nd year

Racial/ethnic differences in the prevalence of sexual harassment may in part reflect the types of schools attended and the gender make-up of different populations of college students. White students are more likely to attend colleges where sexual harassment is somewhat more common, namely private colleges or four-year public institutions. Because black and Hispanic males are underrepresented on college campuses, black and Hispanic populations are predominately female, and our sample reflects this as well. Differences among women by race/ethnicity, however, still appear to reflect a greater incidence of sexual harassment among white students. White women are more likely than black and Hispanic women to know someone personally who has been harassed (69 percent white versus 59 percent black and 55 percent Hispanic). White women are also more likely than black and Hispanic women to have been the target of unwanted sexual comments, jokes, gestures, or looks (60 percent versus 50 percent and 47 percent) and more likely to have been mooned or flashed (33 percent versus 16 percent and 20 percent). Other experiences are not statistically significant when examined by race and gender.

Who Is Harassing?

Student-to-Student

Student-to-student harassment is the most common form of sexual harassment on campus. More than two-thirds of students (68 percent) say that peer harassment happens often or occasionally at their college, and more than three-quarters of students (80 percent) who experienced sexual harassment have been harassed by a student or a former student. Given that students comprise the vast majority of the campus population, it is perhaps not surprising that most sexual harassment occurs between and among students. Still, the prevalence of peer harassment among college students suggests a student culture that accepts or at least seems to tolerate this type of behavior.

Faculty/Staff-to-Student

Sexual harassment of undergraduates by faculty and staff is less common than peer harassment, but it does occur.[9] Almost one-fifth of students (18 percent) say that faculty and staff often or occasionally sexually harass students. Conversely, only one-quarter of students (25 percent), say that faculty and staff never harass students.

About 7 percent of harassed students have been harassed by a professor. Only a small number of students cite resident advisers, security guards, coaches, counselors, or deans as harassers. While faculty/staff-to-student sexual harassment does not typically happen, these percentages imply that roughly half a million undergraduate students are sexually harassed by faculty or other college personnel while in college.

Sexual harassment by faculty can be especially traumatic because the harasser is in a position of authority or power. One indication that students find sexual harassment by a faculty or staff member especially objectionable is that the majority of students (78 percent) say that they would report an incident if it involved a professor, teaching assistant, or other staff member, whereas less than half (39 percent) say they would report an incident that involved another student. Students may feel safer reporting faculty and staff harassment because it feels more egregious than peer harassment, which may present the possibility of ridicule and may be seen as something students should be able to handle on their own.

Male and Female Harassers

Among students who have been harassed,[10] both male students (37 percent) and female (58 percent) students have been harassed by a man. More than half of these female students (58 percent) have been harassed by one man, and a little less than half (48 percent) have been harassed by a group of men. Female-to-female student sexual harass-

Student Voices

Types of Faculty/Staff-to-Student Sexual Harassment

"One of my professors always makes sexually offensive jokes towards women. He doesn't speak about anyone within the class in particular, but his jokes are always about sexual favors women should perform." – Female, 4th year

"It was with a professor and he suggested that my grade could be better if I was more interested in him." – Female, 2nd year

"One of my supervisors tells me often that she wishes that I liked older women and that she wishes I was her age or vice versa, says we would be perfect." – Male, 2nd year

"I was in a class where telling off-color jokes was acceptable and encouraged by the professor." – Female, 5th year

"I had a professor who used an example of a prostitute, and he used me as the prostitute." – Female, 3rd year

"When I attended [university], one professor [name] told me to my face that he wanted to have a sexual relationship with me." – Male, 4th year

"A teaching assistant offered me a better grade for a sexual favor." – Female, 4th year

"When I lived in a dorm, the RA would ogle my roommates and I when he saw us." – Female, 3rd year

[9] In part, faculty-student harassment may be relatively uncommon compared to peer-to-peer harassment due to the broad definition of sexual harassment used in this report. For example, we wouldn't expect a professor to moon students—the second largest type of sexual harassment reported by students.

[10] This question referred to any experiences with sexual harassment at college and could include multiple incidents; therefore, percentages do not add up to 100.

ment appears to be the least common combination. Less than 10 percent of female students have been sexually harassed by another woman (9 percent) or group of women (6 percent).

For male students who have been sexually harassed, the picture is more complicated. About one-third have been harassed by one man (37 percent) or one woman (33 percent), and about one-fifth have been harassed by a group of men (21 percent) or a group of both men and women (23 percent).

A relatively large number of students (13 percent total, 20 percent male, 7 percent female) are not sure who harassed them. Presumably, these incidents (e.g., spreading rumors, posting messages) were conducted anonymously.

About four in 10 college students (41 percent) admit to harassing someone. Among these students, noncontact types of sexual harassment are most common. For example, one-third of these students (34 percent) say they made unwanted sexual comments, jokes, gestures, or looks, and 17 percent admit to making homophobic remarks (see Figure 6).

More than half of male college students (51 percent) admit that they have sexually harassed someone in college, and more than one-fifth (22 percent) admit to harassing someone often or occasionally. One-fifth of male students (20 percent) say that they have physically harassed someone.

Although men are more likely to be cited as harassers and to admit to harassing behaviors, the problem of campus sexual harassment does not rest solely with college men. Of the students who have been harassed, one-fifth (20 percent) have been harassed by a female. Almost one-third of female students (31 percent) admit to committing some type of harassment. These findings remind us that not all men are sexual aggressors and not all women are passive victims. Both male and female students can and do behave in ways that are viewed by others as overly sexually aggressive.

The distinction between harasser and victim is also not so clear, as many students who admit to harassing others have been harassed themselves. Among students who have been the target of sexual harassment, a majority (55 percent) say that they have harassed others. In contrast, of students who have never been harassed, only 17 percent say they have harassed others. More than one-fifth of students (21 percent) who have been harassed say that they have harassed others often or occasionally.

These patterns reflect, in part, differences in the willingness of students to recognize unwanted sexual conduct in themselves and others. These patterns also suggest a cycle of sexual harassment.

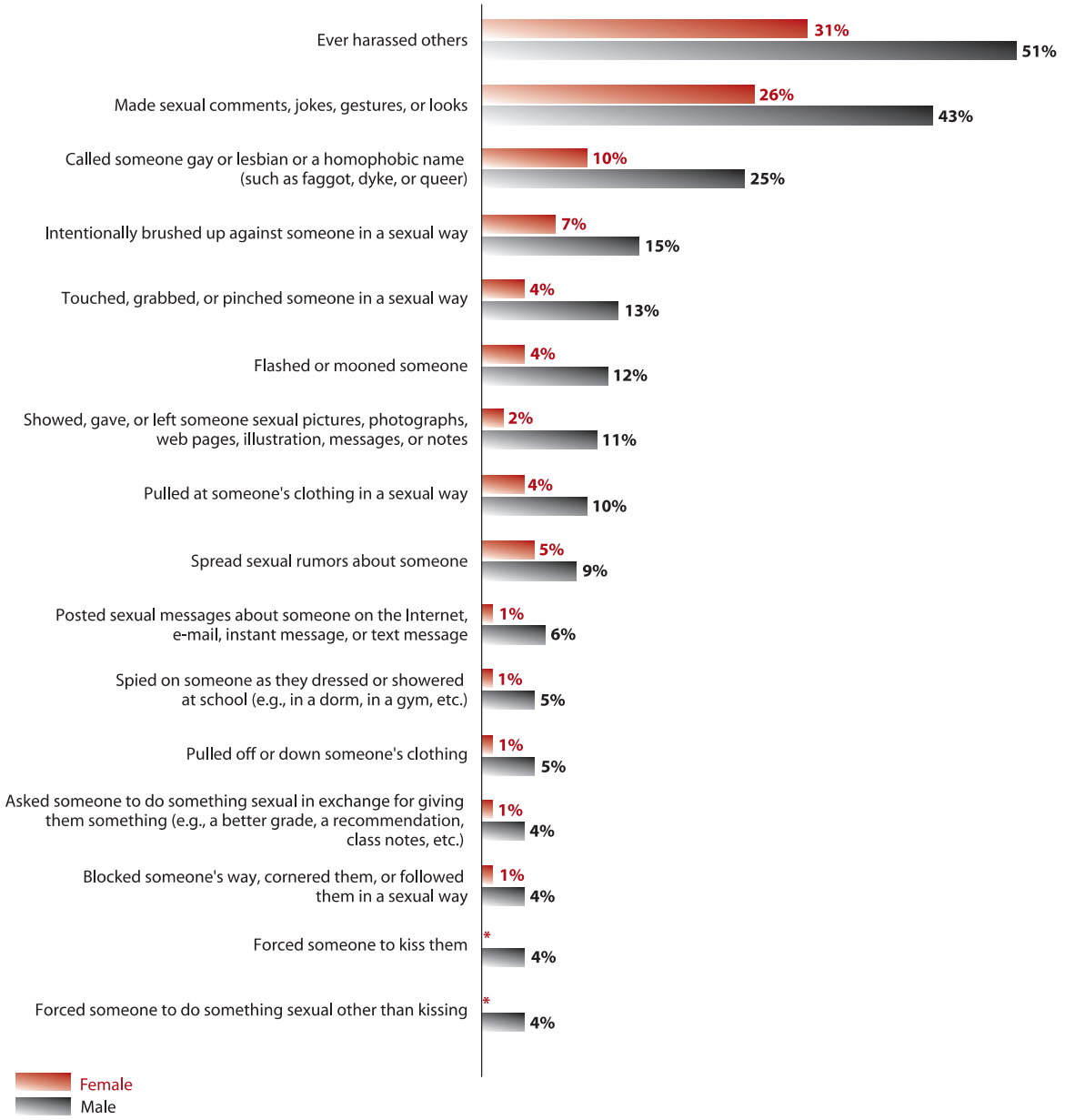
Why Do Students Harass?

Harassers give the following reasons for their behavior:

- I thought it was funny (59 percent)
- I thought the person liked it (32 percent)
- It's just a part of school life/a lot of people do it/it's no big deal (30 percent)
- I wanted a date with the person (17 percent)
- My friends encouraged/"pushed" me into doing it (10 percent)
- I wanted something from that person (7 percent)
- I wanted that person to think I had some sort of power over them (4 percent)

Male students (63 percent) are more likely than female students (54 percent) to think sexual harassment is funny. Some differences are also evident among racial/ethnic groups. White

Figure 6. Percentage of College Students Who Say They Have Sexually Harassed Others (By Gender)



* Sample size is less than 0.5 percent.

Survey question: During your whole college life, how often, if at all, have you done the following things to someone ... when that person did not want you to? Possible answers: never, rarely, occasionally, often, or decline to answer.

Base = All qualified respondents (n=2,036); 1,096 female and 940 male college students ages 18 to 24.

students (36 percent) are more likely than black or Hispanic students (25 percent each) to say that they made unwanted sexual comments, jokes, gestures, or looks to another person. White students (61 percent) are also more likely than black students (46 percent) to say they harassed because they thought it was funny, whereas black students (45 percent) are more likely than white students (30 percent) to say they harassed because they thought the person liked it.

Summary

Nearly two-thirds of students experience some form of sexual harassment during their college education. Sexual harassment is more common on large campuses than smaller ones and more prevalent at four-year colleges than two-year colleges. Sexual harassment is more common at private than public colleges (although public college students are more likely to say it is happening on their campus). Both male and female students can be targets of sexual harassment, although they tend to experience different types of harassment. LGBT students are more likely than their heterosexual peers to experience sexual harassment.

Although both male and female students harass, male students are more likely to be named as harassers and to admit to harassing others. Harassers justify their behavior by noting that they thought it was funny or the other person liked it.

It is easy to conflate what is normal or common with what is acceptable. Prevalence should not, in and of itself, imply tacit approval. Students do not speak out against sexual harassment for many reasons, even if they are deeply troubled by it. In the following chapter we look at students' reactions to sexual harassment and the impact of harassment on students' emotional well-being and their educational experiences.

3

Dealing With Sexual Harassment on Campus

Student Voices

Sexual Harassment Made Me Feel ...

"Upset and embarrassed." – Female, 2nd year

"Belittled, alone, uncomfortable."
– Female, 5th year

"Slightly uncomfortable, but not threatened."
– Male, 3rd year

"Self conscious, pissed off, and concerned, in that order." – Female, 3rd year

"They happen so often that I've become very immune to them. I get more annoyed by it than anything." – Male, 2nd year

"Annoyed but they don't seem to be something to take seriously." – Male, 1st year

"It makes me feel like I have no control over my life." – Female, 4th year

"Annoyed, frustrated, embarrassed, violated."
– Male, 4th year

"Angry, self conscious, ashamed."
– Female, 3rd year

"It was funny at first, but then they kept doing it."
– Male, 4th year

"I don't really like them but I don't feel threatened or anything." – Female, 4th year

"I begin to question my morals and what I stand for." – Female, 1st year

"It has made me feel threatened. It has made me afraid of being raped." – Female, 3rd year

"In general [it] makes you feel embarrassed and hurt." – Male, no year given

"They made me feel pretty cheap … like a piece of meat but I guess you expect behavior like this at college." – Female, 2nd year

"It makes me feel horrible. It makes me feel like a second-class citizen." – Female, 2nd year

"Hurt and sad." – Female, 1st year

"Bad at first but you learn to laugh it off."
– Male, 5th year

Americans are simultaneously open and reserved about sexuality and unwanted sexual conduct, and students in American colleges and universities are no exception. On one hand, nearly all college students have seen sexually harassing behaviors—as well as violent assault and rape—on television, in magazines, or in movies. On the other hand, most students do not discuss their personal experiences with sexual harassment openly: 27 percent of female students and 44 percent of male students who have encountered sexual harassment have never told anyone. Dealing with sexual harassment in a contradictory culture is a challenge for any institution. For colleges and universities—which are simultaneously home, workplace, and learning environment—drawing the line is especially challenging. Nevertheless, dealing with sexual harassment on campus is essential to ensure a safe and welcoming educational climate for all students.

This chapter examines the effects of sexual harassment on students' emotional well-being and educational experiences. It discusses reactions to sexual harassment, ranging from indifference to embarrassment, anger, and fear. Differences between male and female students and differences by sexual identity and race/ethnicity are explored. The chapter examines how students deal with incidents of sexual harassment; whom they talk to, if anyone; and whether they report the incident to a school official. It concludes with students' recommendations for how colleges can address sexual harassment.

Reactions to Sexual Harassment

As discussed in Chapter 1, college students nearly universally view some kinds of sexual harassment as upsetting, while their reactions to other kinds are more mixed. As Figure 1 reveals, nearly all students would be upset if someone pulled off or down their clothing, forced them to kiss, or forced them to do something sexual other than kissing. But only about half of students would be upset by unwanted sexual comments, jokes, gestures or looks, and a little less than half would be upset if they were flashed or mooned. Overall, college students tend to view physical forms of harassment as most upsetting, although some noncontact conduct—such as spreading sexual rumors or making quid pro quo requests—is also viewed by nearly everyone as upsetting.

Differences between male and female reactions to sexual harassment are most evident when students are asked about their personal experiences. The majority of female students (68 percent) say they have felt very or somewhat upset, compared to a third of male students (35 percent). The remaining two-thirds of male students (61 percent) say they have been either not very or not at all upset. In contrast, more than one-fifth of female students (23 percent)

Student Voices

Sexual Harassment Affects My Education Because ...

"It makes me feel very uncomfortable and it affects my willingness to accept the advice or lectures offered by professors." – Female, 4th year

"Uncomfortable, did not want to be in class." – Female, no year given

"They distract from the working environment and make it harder to concentrate because you become paranoid." – Male, no year given

"In school if you let things get to you, you aren't able to perform. Best thing is to just shake it off and keep going." – Male, no year given

"I felt violated and could not focus on my classes. I also felt limited in where I could go on campus." – Female, 4th year

"Embarrassed and slightly uncomfortable going to that class." – Male, 4th year

Student Voices

I Didn't Tell Anyone About Sexual Harassment Because ...

"Don't know. Didn't know who to tell or how to say it." – Female, 4th year

"It wasn't a big deal." – Male, 2nd year

"There's no one to tell. Besides if I decided to tell someone other than a fellow student it would probably be questioned or ignored." – Female, 4th year

"I've had bad sexual experiences in the past that make me more likely to not want to tell anyone." – Female, 3rd year

"Not sure … I guess [I was] scared or felt it wouldn't be taken seriously." – Female, 1st year

"Felt I was probably being paranoid. It was rare and infrequent occurrences and never escalated to anything even moderate, so I just brush it off and try to forget about it." – Female, 2nd year

"I was embarrassed." – Female, 2nd Year

"Not that big of a deal. I could take care of it myself." – Female, 5th year

"Thought it best to handle the situation on my own." – Male, 5th year

"It wasn't serious enough to report." – Male, 4th year

"It wasn't that big a deal and I didn't want anyone to get in trouble or to make myself look childish." – Female, 3rd year

"I didn't think it was serious; just another part of the daily grind." – Male, 2nd year

"It didn't seem like a big enough deal and I wasn't confident anything could/would be done about it." – Female, 2nd year

"It was annoying, creepy, unwanted and uncomfortable, but not threatening enough to complain." – Female, 5th year

say that they have been not very upset and only 6 percent say that they have been not at all upset by their experiences.[11]

Differences in Emotional Reactions

Female students are more likely than male students to feel embarrassed, angry, less confident, afraid, confused, or disappointed with their college experience as a result of sexual harassment (see Figure 7). Female students are also more likely to worry (at least a little) about sexual harassment. Only one-fifth of male students (20 percent) say they worry, compared to more than half of female students (54 percent). Very few male or female students (1 to 2 percent), however, say they worry about sexual harassment often.

Differences by emotional reaction also occur between lesbian, gay, bisexual, and transgender students (LGBT) and heterosexual students. While equally upset by hypothetical examples, LGBT students are more likely to feel upset by their actual experiences with sexual harassment than are heterosexual students (see Figure 8).

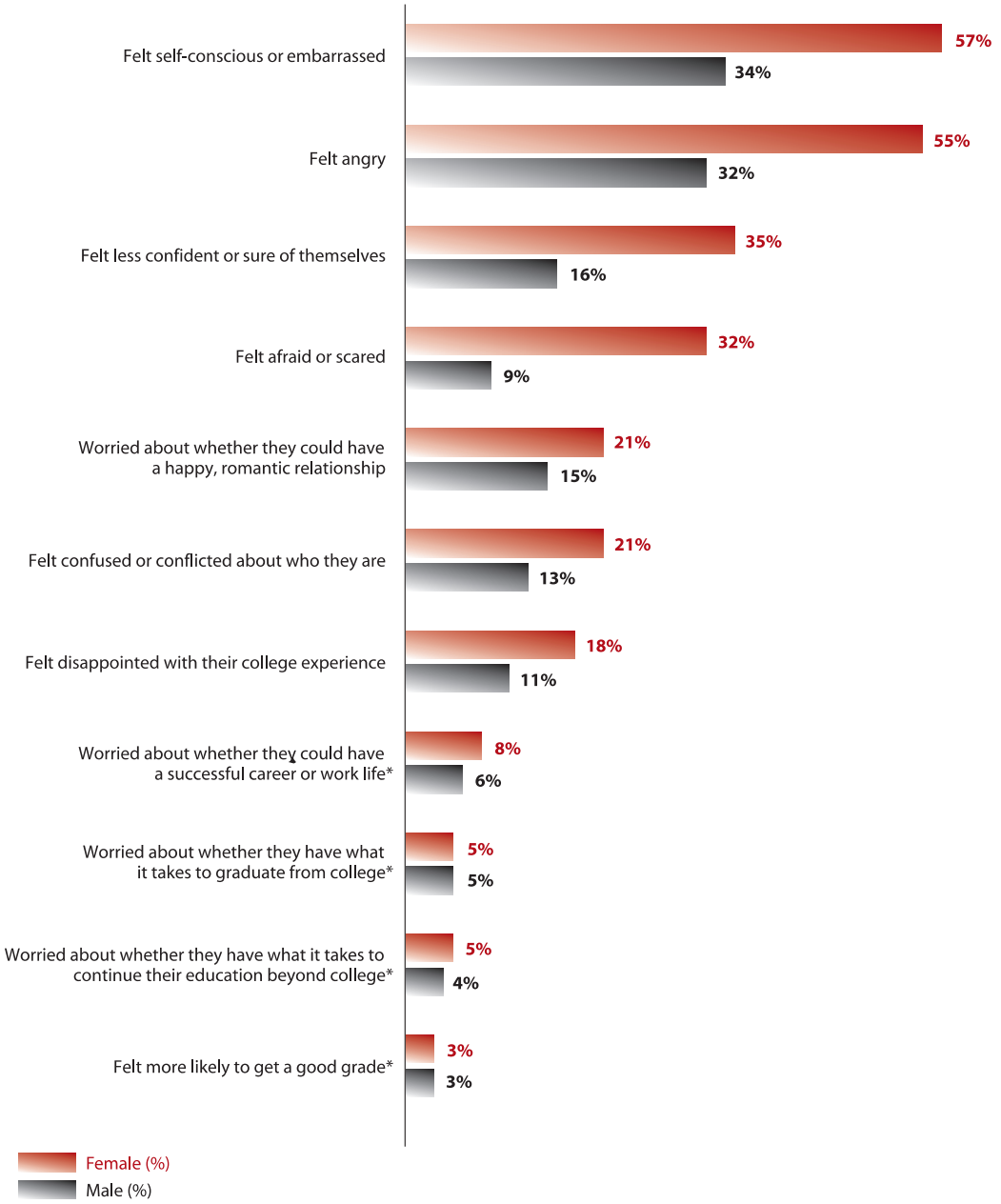
Impact on Education

Sexual harassment has an impact on the educational experience in large and small ways. Most commonly, students avoid the person who harasses them (38 percent) and stay away from particular buildings or places on campus (19 percent). Only a handful of students change colleges (3 percent), but about 6 percent think about transferring colleges as a result of sexual harassment.

Some students are more likely to be adversely affected by sexual harassment. Female students are more likely than male students to have their educational experience disrupted (see Figure 9).

[11] A small percentage of male and female students say that they were not sure.

Figure 7. Reactions to Sexual Harassment Experiences (By Gender)

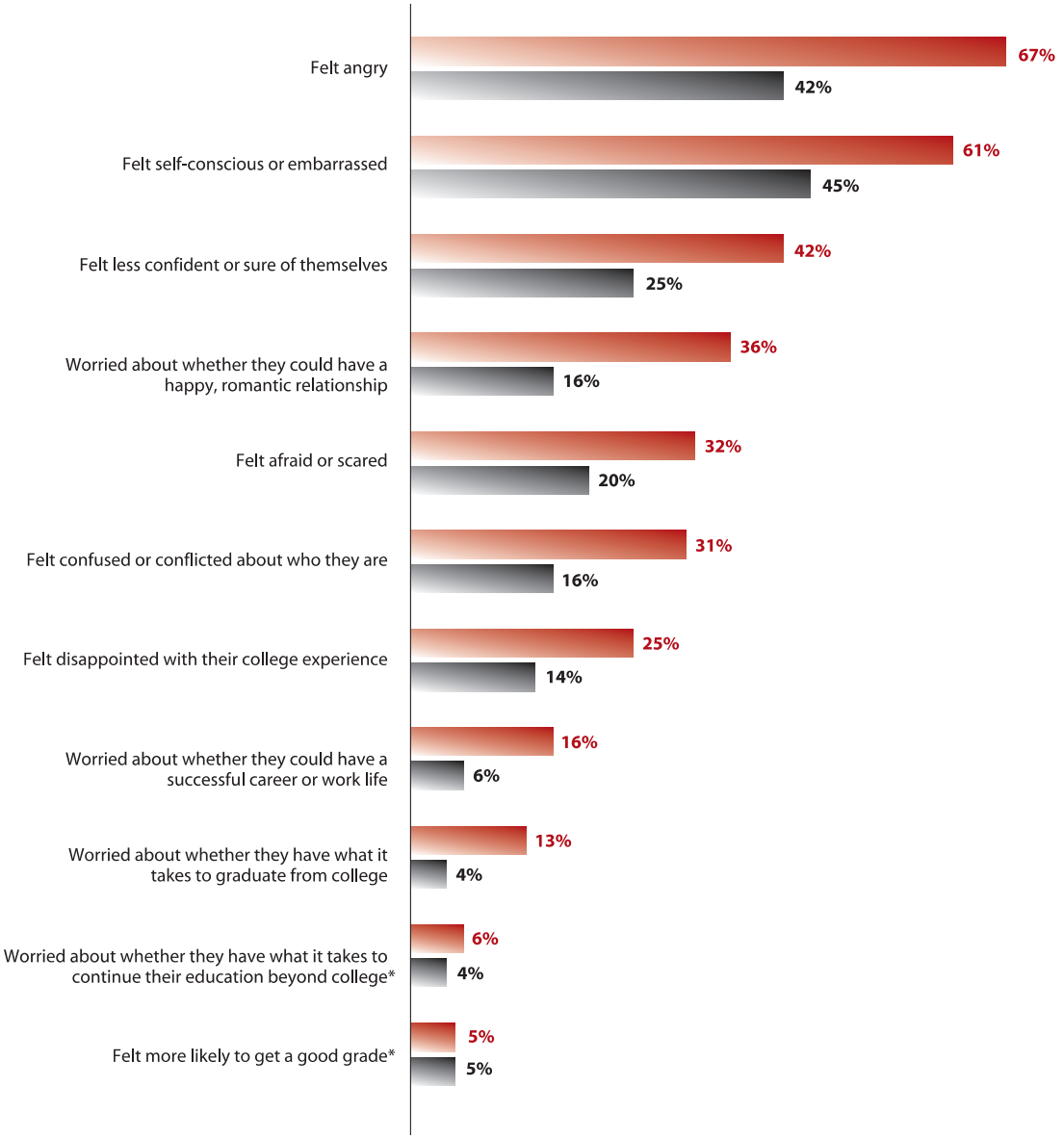


* This difference is not statistically significant.

Survey question: Has sexual harassment of any type related to your college life ever caused you to ...? All possible answers are listed above.

Base = Respondents who experienced harassment (n=1,225); 659 female and 566 male college students ages 18 to 24.

Figure 8. Reactions to Sexual Harassment Experiences (By Sexual Identity)

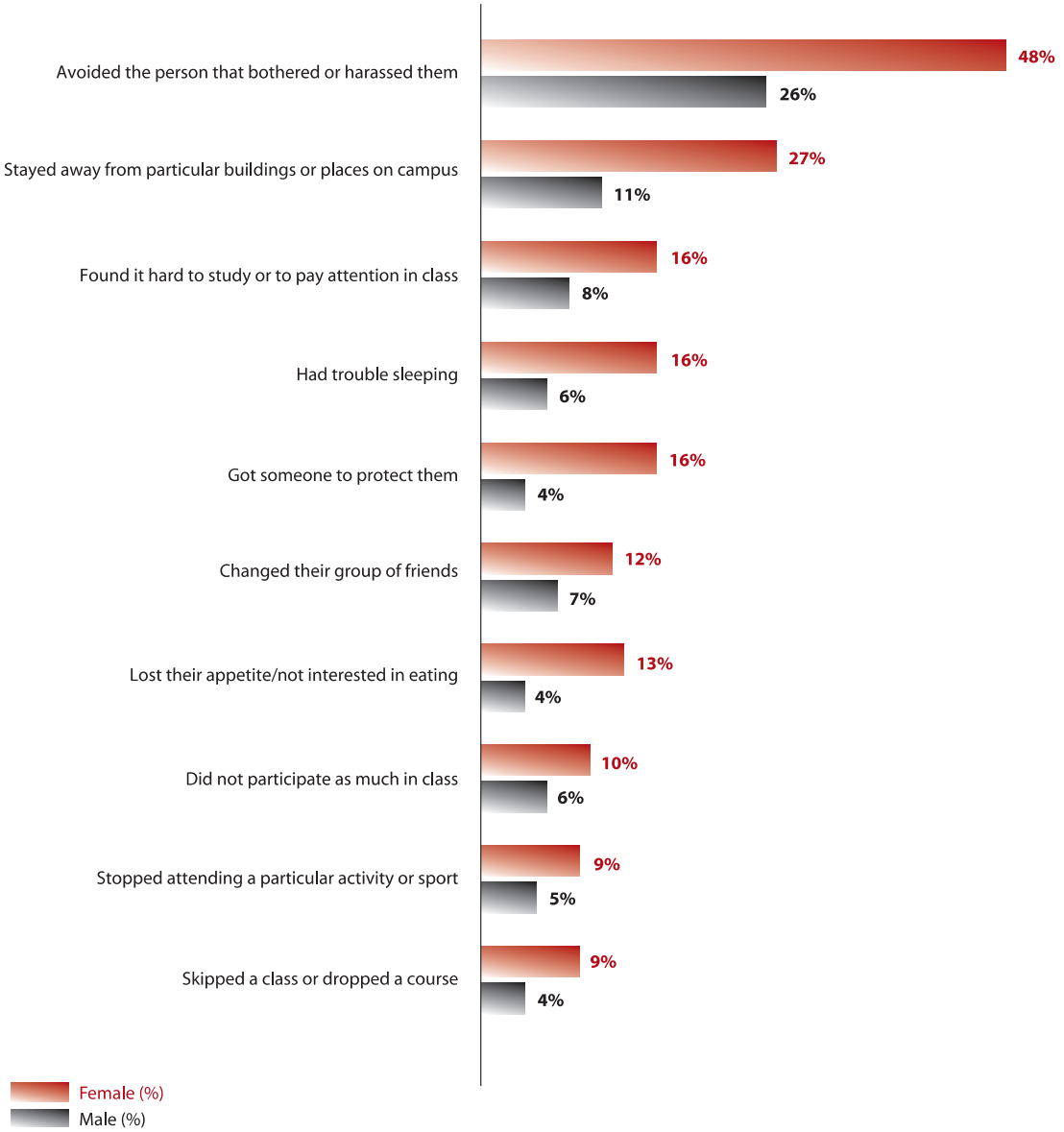


* This difference is not statistically significant.

Survey question: Has sexual harassment of any type related to your college life ever caused you to ...? All possible answers are listed above.

Base = Respondents who experienced harassment (n=1,225); 107 lesbian, gay, bisexual, or transgender students and 1,118 heterosexual students ages 18 to 24.

Figure 9. Effects of Sexual Harassment on the Educational Experience (By Gender)



Survey question: Has sexual harassment of any type related to your college life ever caused you to ...? Possible answers included the answers listed above plus the following: think about changing schools, avoid a study group, make a lower grade on a test or paper than you think you otherwise would have, not go to a professor's/teaching assistant's office hours, avoid the library, change your school, think about changing your major, change your major, and not sure. Only those answers in which the difference between males' and females' responses is statistically significant are displayed.

Base = Respondents who experienced harassment (n=1,225); 659 female and 566 male college students ages 18 to 24.

Student Voices

When I Told Someone About Sexual Harassment, They Said ...

"It was wrong." – Female, 4th year

"Stay away from the abuser." – Female, 4th year

"Just be cool and deal with it." – Male, 5th year

"They would look into it." – Female, 4th year

"Helped me out and gave me advice on what to do in that situation." – Female, 4th year

"They talked to the individual and made the person stop." – Female, 2nd year

"She told me that you must report these instances to the campus police, but I was scared to." – Female, 5th year

"Confront the person and ask them never to do it again." – Male, 3rd year

"I spoke to a therapist and from there I was able to start coping with the situation." – Female, 3rd year

"They offered consolation and discussed the situation with me a bit." – Male, 5th year

"It was all in good fun. I even knew that. We just laughed." – Male, 1st year

"They validated my feelings and told me that whatever choice I made they would support it." – Female, 5th year

"That I should report it." – Female, 3rd year

"That it was a serious matter and they would handle the situation. They advised me to stay away from the offending persons." – Female, 4th year

"One said stay away from him—cut off all contact. Others didn't offer any suggestions just sympathy." – Female, 2nd year

"Friends and family urged me to tell a campus police officer. The campus police officer contacted the offending employee's supervisor." – Female, 3rd year

Female students are more likely to avoid their harassers, find it hard to study or pay attention in class, avoid particular buildings or places on campus, or have trouble sleeping due to sexual harassment. Female students are also more likely to get someone to protect them.

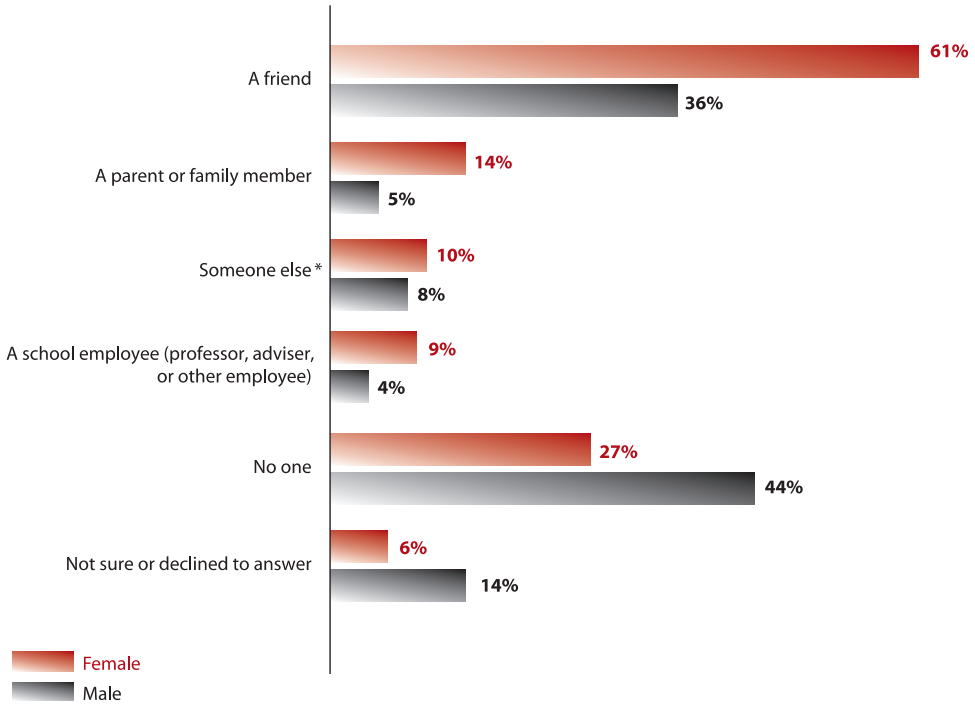
LGBT students are especially likely to have their educational experience disrupted by sexual harassment. Among LGBT students who encounter harassment at college, more than half (60 percent) take steps to avoid the harasser, about a quarter (24 percent) find it hard to study or pay attention in class, and 14 percent have participated less in class, skipped a class, or dropped a course. Perhaps most troubling, 17 percent of LGBT students found their experience so upsetting that they thought about changing schools, and 9 percent actually transferred to a different school. Because more than 70 percent of LGBT students encounter sexual harassment at college, an estimated 6 percent of all LGBT students either change their school or their major as a result of sexual harassment.

Reporting Sexual Harassment

Given the strong reactions to sexual harassment, we would expect students to report incidents, yet most do not. More than one-third (35 percent) tell no one. Almost half (49 percent) confide in a friend, but only about 7 percent report the incident to a college employee.

Female students are more likely than male students to tell someone about sexual harassment, although they, too, have reservations about discussing their experiences (see Figure 10). A common theme among female students is a feeling of nervousness or discomfort at reporting something that might not be "a big enough deal." One young woman describes an incident that made her feel "horrible" and "helpless," but she didn't report it because "it didn't seem to be that important."

Figure 10. Percentage of Harassed Students Who Tell Someone (By Gender)



Survey question: Thinking about the types of sexual harassment … that you have experienced in your college life, who, if anyone, did you tell about it/these instances? Possible answers: a friend, a parent or family member, a resident adviser, a professor or teaching assistant, a school employee (other than a teacher or RA), someone else, no one, not sure.

Base = Respondents who experienced harassment (n=1,125); 659 female and 566 male college students ages 18 to 24.

The top reason for not reporting an incident is that students believe it is not a big deal or it isn't serious. More than half of students (54 percent) mention this. Male students are more likely than female students to tell no one. LGBT students (64 percent) are more likely than heterosexual students (48 percent) to tell a friend. Black students (16 percent) are more likely than white students (9 percent) to tell someone other than a friend, parent or family member, or any kind of school employee. Black (51 percent) students are more likely than Hispanic (38 percent) and white students (38 percent) to complain to a college employee if sexually harassed by a fellow student.

Institutional Responses to Sexual Harassment

School Policies

Nearly all colleges and universities have policies on sexual harassment, and most students (79 percent) know this, with the remainder saying they aren't sure. More than half of college students (60 percent) say their college distributes written materials to students about sexual harass-

ment. A similar number (55 percent) are aware of a designated person or office to contact at their college if someone is the victim of sexual harassment (see Figure 11). Most students who report sexual harassment to a college employee do not know if that person is a Title IX representative (see Figure 12).

The size of the college seems to play a role in the existence of policies and written materials on sexual harassment. Students at larger colleges are more likely to be aware of policies and written materials. Students at institutions with 10,000 or more undergraduates are also more likely (57 percent) than students at smaller colleges (46 percent) to know of a designated person or office to contact.

Beyond Brochures

College students are eager to offer advice on how colleges can best address sexual harassment. Three-quarters of students suggest at least one way that their college can raise awareness about and deal effectively with sexual harassment issues and complaints. More than half (57 percent) would like their college to offer a confidential, web-based method for submitting complaints about sexual harassment. Nearly half (47 percent) suggest having a designated person or office to contact if someone is a victim or providing information about the school's sexual harassment policy on the college's website.

The suggestion to designate a person or office to deal with sexual harassment is particularly interesting. Although by law colleges and universities that receive federal funding must designate a Title IX representative, only half of college students (55 percent) say their college or university has a designated office or person to contact.

Male and female students hold different opinions about how and whether colleges and universities should do more to raise awareness about sexual harassment. More than one-third of male students (36 percent) suggest their college do nothing to raise awareness. In contrast, female students are more likely than male students to suggest the following:

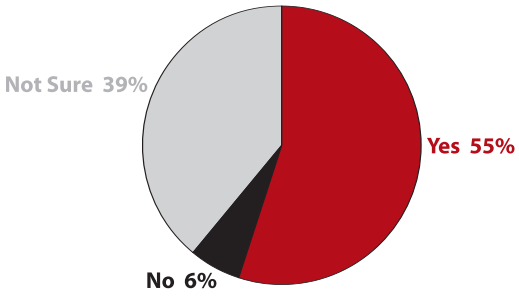
- Offer a confidential web-based method for submitting complaints (66 percent versus 46 percent)
- Have a designated person or office to contact if someone is a victim (55 percent versus 38 percent)
- Provide information about the college's sexual harassment policy on the college's website (53 percent versus 40 percent)

There are also differences by race and ethnicity, with white students (26 percent) more likely than Hispanic (23 percent) and black students (17 percent) to suggest that their college do nothing more to address the issue of sexual harassment.[12] Black students (67 percent) and Hispanic (63 percent) students, on the other hand, are more likely than white students (55 percent) to want their college to offer a confidential, web-based method for submitting complaints. Black students (55 percent) are more likely than white students (47 percent) to want their college to have a designated person or office to contact if someone is a victim. Very few students (2 percent) suggest that colleges raise awareness through classes, seminars, or workshops.

Students from public and private colleges differ somewhat in how they would like to see their colleges deal with and raise awareness of sexual harassment. Public college students are more

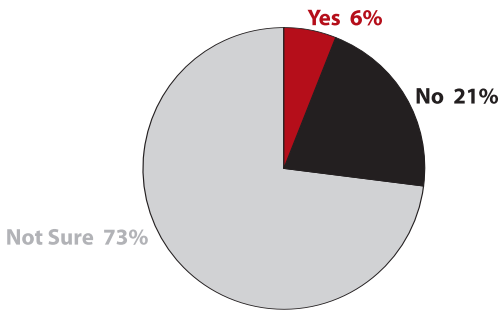
[12] Differences between Hispanic and either white or black students are not statistically significant.

Figure 11. Does Your College or University Have a Designated Person or Office to Contact If Someone Is a Victim of Sexual Harassment?



Base = All qualified respondents (n=2,036); 1,096 female and 940 male college students ages 18 to 24.

Figure 12. If You Told a School Employee, Was He or She a Title IX Representative?



Base = Told a school employee (n=49); college students ages 18 to 24. Because so few people told a school representative, there is an insufficient number of cases to conduct tests of statistical significance.

likely than private college students to want their college to offer a confidential web-based method for submitting complaints (59 percent versus 51 percent) and to provide information about the college's sexual harassment policy on the website (49 percent versus 41 percent). Private college students (31 percent) are more likely than public college students (23 percent) to suggest that their college do nothing.

For those students who suggest that their college do nothing more to address sexual harassment, it is unclear whether this is because they do not see harassment as a serious issue on their campus or because they believe that their campus is already adequately dealing with the problem. Alternatively, some students may simply be skeptical that anything can be done.

Summary

Sexual harassment affects college students in large and small ways. Students who experience sexual harassment feel more self-conscious, angry, and afraid and are less confident. For some students daily activities such as walking on campus, paying attention in class, or sleeping are difficult because of sexual harassment. Occasionally the impact is so severe that a student drops a class, changes his or her major, or transfers to a different college.

College students are deeply divided in their reaction to unwanted sexual conduct. As might be expected, female students are more negatively affected than are male students by sexual harassment. Female students are more likely to talk to someone, usually a friend, about sexual harassment. Yet a sizeable minority of male students are negatively affected by their encounters with sexual harassment as well. Likewise, some female students are not especially troubled by sexual harassment and are confident that they can handle it on their own.

More than one-third of college students never confide in anyone about their experience. At least half of these students say they never told anyone because their experiences were "nothing serious" or "no big deal."

College students have suggestions about what colleges and universities should do to deal with sexual harassment. The most common suggestions are to offer a confidential, web-based method for submitting complaints and to have a designated person or office to contact about sexual harassment. Female students are more likely than male students to suggest these and other strategies to combat sexual harassment. Male students are more likely to say their college should do nothing more.

The college experience is a critical time for young adults to develop attitudes about appropriate sexual conduct. In a culture marked with contradictory messages about sexuality and sexually aggressive behavior, it is no surprise that college students have different reactions to sexual harassment. As we conclude in the following chapter, colleges and universities should be leaders in helping students understand and promote respectful and appropriate sexual behavior that does not interfere with other students' educational experiences.

4

Implications

Eager to assert their adult independence, college students want to view sexual harassment as something they can prevent, avoid, or manage on their own. Most do not report it or even talk openly about it as a serious issue. Still, sexual harassment is a familiar topic for college students. Perhaps as their own test of boundaries, students joke about what is and isn't sexual harassment, sarcastically exclaiming, "That's sexual harassment" or "I'll sue you for sexual harassment." Meanwhile, many of these same students privately admit to being upset by sexual harassment.

College students' attitudes about sexual harassment are a combination of uncertainty and contradiction. Students recognize that lines are being crossed, but they also know that these lines are blurry and open to interpretation. When is sexual harassment a joke and when is it a problem? Who decides? These questions confound students and others in the academic community. Meanwhile, sexual harassment "happens all the time," is "just the way it is," and is "part of college life," according to students.

How is the standard of appropriate behavior determined on a college campus? At what point does one student's freedom of expression interfere with another student's access to education? Colleges and universities face the difficult test of promoting an atmosphere of free and creative expression while also enforcing standards of behavior that result in a climate that supports learning for all students. As it stands, college students are struggling to understand and determine these standards for themselves—and often failing.

College students may be struggling to draw the line on sexual harassment for several reasons. First, the pervasiveness of sexual harassment on campuses may diminish its perceived importance. Students may not want to get upset about something that "happens so often it almost feels normal." Some students may assume that the prevalence of sexual harassment is a sign that other people think that it is okay, and these students may prefer to ignore its negative effects rather than be singled out as different.

Second, changes in traditional gender roles further complicate the question of where to draw the line. For young men, asserting and exhibiting masculinity remains paramount. Be a man! Don't be a girl, a sissy, a fag. Yet college women also find themselves in strange waters. They, too, receive messages that they can and should assert themselves sexually, but the messages about how to do so are confusing. Should they be sexually aggressive? If so, are they to blame if they experience sexual harassment? These young women second-guess their actions (and inactions) and tend to sweep actual incidences of sexual harassment under the rug.

Third, questions remain about the role of sexual harassment as a precursor to more violent forms of sexual aggression. Do we need to draw the line on jokes and comments to prevent more severe behaviors? If we tolerate some behaviors, must we tolerate all? Is there a relationship between some forms of sexual humor and hostility toward female and LGBT students? These questions must be addressed as the relative silence of the campus community sends the wrong message and implies approval when, in fact, many students and educators may be unaware of the extent of the problem or unsure of how to tackle it.

Fourth, the line is not the same for everyone. Variations are evident among individuals and groups. For example, female and LGBT students are more negatively affected. To a lesser extent, differences also occur by race and ethnicity. These differences raise the issue of equity in education.

Sexual harassment on campus has serious implications for students. At the same time, a campus culture that tolerates sexual harassment has implications that extend far beyond the campus community. Attitudes and behaviors that are established in college will find their way into all aspects of society, from the workplace to the courtroom to family life.

Dialogue is the first step toward drawing the line on sexual harassment on campus. The point is not merely to avoid lawsuits—although dialogue on the issue should help to do this—but to foster a climate on college campuses that supports rather than stifles students' emotional well-being and intellectual growth.

Some important questions to consider for this dialogue include the following:

- Who is responsible for ensuring that this dialogue occurs? Is it the students themselves, college and university administrators, faculty, or someone else?
- How are college faculty and staff promoting a culture of respect and fairness? Are they tolerating or even initiating sexual harassment?
- Should there be different standards for different places on campus? For example, should there be special standards for student housing, classrooms, or other areas?
- How can colleges and universities help students deal with sexual harassment before it reaches the stage of a formal complaint?
- How can colleges and universities raise awareness of Title IX as a resource and a tool to stop sexual harassment?
- How can college students help each other deal with contradictory messages about sexually aggressive behavior?
- How can colleges and universities proactively seek information about the extent and nature of the problem on their campus?
- How can those outside the academic community participate in these efforts?

Sexual harassment defies a simple solution but demands action. It is unlikely to go away on its own. Talking candidly about the problem—seeking commonalities but acknowledging the inevitable conflicts—is a necessary step toward creating a harassment-free climate in which all students can reach their full potential.

Appendix A: Methodology

Overview

This report is based on an online survey commissioned by the AAUW Educational Foundation and conducted by Harris Interactive from May 5 to May 25, 2005. A large-panel-assembly method was used, meaning that a stratified random sample was selected from the Harris Poll Online, a panel of several million individuals who opt to participate in online surveys. Individuals were sent password-protected e-mail invitations to participate in a survey about college experiences. Interviews were completed with 2,036 U.S. residents ages 18 to 24 who were enrolled in college between January and May 2005. Online interviews averaged 17 minutes.

Population

The most recent census found that the population of college students ages 18 to 24 residing in the United States in 2000 was approximately nine million—about one-third (34 percent) of the 27 million Americans in this age group (U.S. Census Bureau, 2003, p. 9). About 4.9 million college students were women and about 4.2 million were men. More than six million (6.3 million) students identified themselves as white non-Hispanic (non-Latino/Latina). About one million black individuals and about 944,000 Hispanic individuals ages 18 to 24 were attending college in 2000.

The National Center for Education Statistics estimated that there were 13 million undergraduate college students in 2000, rising to 14.8 million by 2005 (U.S. Department of Education, National Center for Education Statistics, 2005). Assuming that the proportion of undergraduates (69 percent) who are between the ages of 18 and 24 does not change between 2000 and 2005, we estimate the population of undergraduate students in this age group to be about 10 million in 2005. We expect that a little more than half are female and a little less than half are male.

Sample

E-mail invitations for this study were sent to a stratified random sample of the Harris database identified as students ages 18 to 24 residing in the United States. Full-time and part-time students were included. Respondents were enrolled in an undergraduate program at a postsecondary college or university between January and May 2005 and did not take most of their classes online or by mail. Only current undergraduate students and individuals who had graduated within the past six months were included. The sample included students enrolled in public and private postsecondary schools, including institutions offering two- and four-year degrees. For example, students enrolled at a community college were included in the survey; students taking a class or classes in a nondegree program were not included. The age range was limited to facilitate analysis and does not reflect an assumption that sexual harassment is confined to this population.

Weighting of Data

Data were weighted to reflect the U.S. population ages 18 to 24 who are current or recent college students at either a two- or four-year college according to demographic variables such as gender, age, race/ethnicity, education, region, and income. A post weight was also applied to adjust qualified respondents to more accurately reflect the proportions of male and female students between the ages of 18 and 21 and the ages of 22 and 24. Demographic weights were based on U.S. Census data obtained from the March 2004 Current Population Survey.

Exhibit 1 provides a comparison of the demographic profile of the weighted and unweighted total sample.

Exhibit 1. Distribution of Sample of Students

Total Respondents: 2,036

	% Weighted Sample	% Unweighted Sample
Gender		
Female	53	54
Male	47	46
Age		
18–19	28	30
20–24	72	70
Age x Gender		
Female 18–19	15	15
Female 20–24	39	39
Male 18–19	13	15
Male 20–24	33	31
Race/Ethnicity		
Asian or Pacific Islander	4	3
Black/African American	8	17
Hispanic	8	16
Mixed racial background	4	3
Native American or Alaskan Native	*	*
White	73	58
Other race	1	1
Declined to answer	2	2
Sexual Orientation		
Bisexual	4	4
Gay	3	3
Heterosexual (straight)	89	90
Lesbian	1	1
Transgender	*	*
Not sure	1	1
Other	*	*
Declined to answer	2	2

	% Weighted Sample	% Unweighted Sample
Household Income		
Less than $50,000	28	50
$50,000–$99,999	25	18
More than $100,000	23	9
Declined to answer	25	23
Children in Household		
0	66	67
1 or more	34	33
Marital Status		
Divorced	1	1
Living with partner	3	3
Married	6	7
Single, never married	91	89
Separated	*	*
Widowed	-	-
Employment Status (respondents could choose more than one category)		
Employed full time	16	19
Employed part time	40	40
Homemaker	2	2
Retired	*	*
Self-employed	2	2
Student	85	84
Not employed, looking for work	9	9
Not employed, not looking for work	1	1
Region		
East	22	22
Midwest	24	25
South	30	31
West	24	22

* Less than 0.5 percent. - No one in the sample.

Sampling Error and Statistical Significance

Like all surveys, this research is subject to sampling error (the potential difference between results obtained from the sample and those that would have been obtained if the entire population had participated). The size of the potential sampling error varies with the number of people answering the survey question and the size of the difference expressed in the results. In other words, for a difference to be "real," it must be of a certain size. For example, this research found that 62 percent of students have experienced sexual harassment at college and 38 percent of students have not experienced it. The confidence interval is +/-2, meaning that if we were to ask this question 100 times to random groups of college students ages 18 to 24, we would expect that 95 times out of 100 between 60 and 64 percent of students would say they had experienced sexual harassment and between 36 and 40 percent of students would say that they have not. All comparisons discussed in this report are statistically significant at the 95 percent confidence level unless otherwise indicated.

Use of Online Methodology

An online survey was selected as the best methodology for this research for several reasons. First, research suggests that Internet surveys—specifically those using the large panel method—appear to be as reliable as telephone surveys (Berrens, Bohara, Jenkins-Smith, Silva, and Weimer, 2003). For the past 30 years, most surveys have been conducted by telephone, but this method has become increasingly difficult as telemarketing, solicitations for charities, and "push polls" compete with social scientists for the declining number of people willing to participate in phone surveys. Cellular telephones present another challenge as an increasingly large number of people, particularly college students, are disconnecting from the land-line system altogether.

Second, college students are more likely than the general population to have access to computers and the Internet and more likely to use them often. According to research by the Pew Internet & American Life Project (Jones, 2002), the vast majority of college students use the Internet for both research and entertainment. At the same time that college students are particularly difficult to reach by phone, they are especially easy to reach via the Internet.

Finally, the case for an online methodology was especially strong for this project because of its subject matter. Sexual harassment is a sensitive and personal topic. Some students may feel embarrassed to talk about these issues. As Chapter 3 reveals, a sizeable number of students —especially male students—have never discussed their sexual harassment experience with anyone, even a friend. An online format where questions are presented on the screen rather than asked in person is also preferable because the gender of the interviewer is not apparent.

Use of Language

Careful attention should be paid to the language used in the survey and in this report. For the exact wording of the questions, see the survey questionnaire at www.aauw.org/research. The survey included a standard definition and a list of 15 behaviors that could be considered sexual harassment if they are unwanted (see Page 6). The survey specifies that we are discussing sexual harassment in the context of the educational environment. Respondents are reminded at several points during the survey to consider only those experiences from "college-related events or activities." Sexual harassment outside of the college context is not the subject of this report.

At some places in this report, we delineate between contact and noncontact forms of harassment, with examples one through seven

in the questionnaire defined as noncontact and eight through 15 defined as contact. This is a point of analysis; no such distinction was made in the survey itself. The examples of these forms of harassment were grouped together but not differentiated as contact or noncontact to the respondent.

It should not be assumed that the impact of sexual harassment involving physical contact is necessarily "more severe" than the impact of nonphysical harassment. For example, unwanted sexual comments from a respected professor or a trusted friend could be more damaging for some students than being grabbed in a sexual way by a stranger. Because the examples listed begin with sexual comments and jokes and end with forced sexual activity, however, students may have assumed that this order represented a severity ranking. The list of behaviors was not rotated, and hence results may reflect a perception of a ranking.

Comparison With 2001 AAUW Report on Sexual Harassment Among K–12 Students

The survey instrument used in this research is based on the survey used for *Hostile Hallways: Bullying, Teasing, and Sexual Harassment in School* (2001), AAUW's report on sexual harassment among middle and high school students. Some changes were made to address updated technology usage (e.g., posting messages, instant messaging) or to address the age differences between college and younger students.

The methodology used in the two reports differs. Specifically, the survey for this report was conducted online, while the survey used in 2001 for *Hostile Hallways* included an in-class as well as an online component. Another difference is the time frame referenced. High school and middle school students were asked to think about their entire K–12 educational experience, which could mean experiences accumulated throughout 12 years for an 11th-grade student. The number of years considered by college students ages 18 to 24 would be fewer.

Appendix B: Selected Resources

Few national resources are dedicated solely to the issue of sexual harassment in higher education. This list, therefore, also includes organizations that aim to prevent sexual assault and sexual violence. A comprehensive collection of publications and practical resources on sexual harassment for college administrators, faculty, and students is available at www.bernicesandler.com.

The web addresses included below were current as of November 22, 2005.

Selected Organizations

American Association of University Women
www.aauw.org

With its nationwide network of more than 100,000 members and 1,300 branches, AAUW has been a leading advocate for equity for women and girls since 1881. The AAUW Educational Foundation, a nonprofit organization, plays a vital role in supporting gender equity for women and girls through research, fellowships and grants, special awards, and assistance to individuals challenging sex discrimination in higher education. AAUW's research and related program promotes a climate free from gender bias and sexual harassment at every level of education.

Feminist Majority Foundation
www.feminist.org/911/harass.html

The Feminist Majority Foundation is a membership-based organization committed to achieving political, economic, and social equality for women. It provides information about current legislation concerning equity issues in education, a list of national and state hotline numbers for sexual harassment and sexual assault, and links to websites about sexual harassment in schools and the workplace.

Men Can Stop Rape
www.mencanstoprape.org

Men Can Stop Rape empowers male youth and the institutions that serve them to work as allies with women in preventing rape and other forms of men's violence. The organization offers workshops and training for college students on preventing sexual harassment and assault on campus.

National Center on Domestic and Sexual Violence
www.ncdsv.org

The National Center on Domestic and Sexual Violence trains and consults with organizations on domestic and sexual violence. It also has resources for individuals, including 24-hour hotlines for those in immediate danger.

National Coalition of Anti-Violence Programs
www.avp.org/ncavp.htm

NCAVP is a coalition of more than 20 lesbian, gay, bisexual, and transgender victim advocacy and documentation programs located throughout the United States. The website includes reports on hate crimes and domestic violence.

National Gay and Lesbian Task Force
www.thetaskforce.org

The National Gay and Lesbian Task Force builds grassroots political strength by training state and local activists and leaders and organizing broad-based campaigns to defeat anti-lesbian, gay, bisexual, and transgender referenda and advance pro-lesbian, gay, bisexual, and transgender legislation. Its website provides resources and publications on campus climate and campus organizing.

National Women's Law Center
www.nwlc.org

The National Women's Law Center is a nonprofit legal advocacy organization dedicated to the advancement and protection of women's rights and the elimination of sex discrimination from all facets of life. Its website provides information on Title IX.

Rape, Abuse & Incest National Network
www.rainn.org

RAINN, the nation's largest anti-sexual assault organization, operates the National Sexual Assault Hotline at 800/656-HOPE. RAINN carries out programs to prevent sexual assault, help victims, and ensure that rapists are brought to justice. Its website provides contact information for local rape crisis centers and state coalitions against sexual assault.

Security on Campus Inc.
www.securityoncampus.org

Security On Campus Inc. is a grassroots organization dedicated to safe campuses for college and university students.

Sexual Harassment Support Forum
www.sexualharassmentsupport.org

This forum focuses on the effects of sexual harassment from the victim's point of view. Information on all different types of harassment, from personal stories of victims to statistics on stalking, is available.

Federal Resources

Federal law protects your right to learn and work in a safe environment free from harassment. The U.S. Department of Education, U.S. Department of Justice, and U.S. Equal Employment Opportunity Commission play a role in protecting these rights and ensuring safe and harassment-free schools and workplaces.

U.S. Department of Education Office for Civil Rights
www.ed.gov/about/offices/list/ocr

The Office for Civil Rights is charged with enforcing compliance with Title IX, which prohibits discrimination on the basis of sex, including sexual harassment, at educational institutions that receive federal funding (and nearly all do). OCR requires that these educational institutions designate one or more employees—administrators, coaches, teachers, guidance counselors, or other school employees—as Title IX coordinators. If you have trouble finding the Title IX coordinator at your school, contact a regional OCR office (listed below). OCR provides sexual harassment resources at www.ed.gov/about/offices/list/ocr/sexharassresources.html.

U.S. Department of Justice Civil Rights Division
www.usdoj.gov/crt

The Civil Rights Division is responsible for enforcing federal statutes prohibiting discrimination on the basis of race, sex, handicap, religion, and national origin. Its Educational Opportunities Section (www.usdoj.gov/crt/edo/overview.htm) covers legal issues involving elementary and secondary schools and institutions of higher education, including initiating enforcement activities under Title IX of the Education Amendments of 1972 when a referral is received from the U.S. Department of Education. The Coordination and Review Section (www.usdoj.gov/crt/cor/coord/titleix.htm) provides technical and legal assistance to ensure that federal agencies are effectively enforcing various statutes that prohibit discrimination, including Title IX.

U.S. Department of Justice, Office on Violence Against Women

www.usdoj.gov/ovw

The Office on Violence Against Women handles legal and policy issues regarding violence against women and provides resources and publications on sexual violence.

U.S. Equal Employment Opportunity Commission

www.eeoc.gov

People who experience harassment while working on campus should contact the EEOC. Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, religion, sex, and national origin. Under Title VII, just like Title IX, sexual harassment is prohibited as a form of sex discrimination. EEOC is responsible for handling charges of discrimination filed against employers.

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"This first-rate report reminds us that sexual harassment is not confined to K–12 public schools and is a critical issue for colleges. College students are still forming their beliefs about sexual behavior, and if sexual harassment is ignored by colleges, students will take negative attitudes and behaviors into their adulthood and the workplace. ***Drawing the Line*** should be required reading for those who care about our students."

— ***Bernice Sandler***, *Senior Scholar, Women's Research and Education Institute*

"I applaud AAUW for its ongoing commitment to exposing the issues surrounding sexual harassment on college and university campuses. This publication presents the most recent national data on sexual harassment on campus and acknowledges that the ramifications are serious and extensive. It is an excellent report on the unfortunate climate for collegiate women and men in this country and warrants your most careful review and action."

— ***Gregory Roberts***, *Executive Director, ACPA–College Student Educators International*

"***Drawing the Line*** indicates that more than one-third of college students who are sexually harassed do not tell anyone about their experience. Yet students report the adverse physical and emotional impact of the experience up to and including leaving school. The implication is clear. This report is a call for action for student affairs educators, administrators, and faculty to facilitate campus dialogues on the important question raised in this timely report: 'At what point does one student's freedom of expression interfere with another student's access to education?'"

— ***Gwendolyn Jordan Dungy***, *Executive Director, National Association of Student Personnel Administrators*

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Time's up for sexual harassment in medicine

Mint Images/Science Photo Library

See **Comment** page 2587

A career in medicine can be a gruelling endeavour. Long hours, heavy workloads, and high responsibilities make the job physically and emotionally demanding. Yet a report released this month by The National Academies of Sciences, Engineering, and Medicine (NASEM) reveals often under-recognised additional challenges for women: a staggering 58% of female faculty and staff across academia have experienced sexual harassment, and female medical students experience sexual harassment at much higher rates than their peers in science and engineering.

Sexual harassment is a form of gender-based violence that violates women's rights, harms their health, damages their careers, and undermines the credibility and success of organisations. As Adrienne O'Neil and colleagues outline in today's *Lancet*, sexual harassment can result in anxiety, depression, and post-traumatic stress disorder. In the workplace, sexual harassment decreases productivity, damages team relationships, and can cause women to leave their position, institution, or profession.

NASEM found that sexual harassment is most likely to occur in environments where such behaviour is perceived as tolerated. For clinicians, it is most common in surgery and emergency medicine, which tend to be male dominated and value hierarchical working environments. In a culture that accepts, and even glorifies, the conquest of challenges at work, abusive and sexually degrading behaviour, particularly towards residents, can become normalised—part of what women are expected to endure to succeed.

Recommendations for preventing sexual harassment include zero tolerance, improved transparency and accountability, and increased representation of women at all levels. *The Lancet* is committed to publishing scholarship that addresses gender inequality across science, medicine, and global health, and today launches an online collection on gender in advance of a planned #LancetWomen theme issue in February, 2019. Tolerance of sexual harassment must not continue to be the price that women pay for a career in medicine. ■ *The Lancet*

For the **NASEM report** see http://sites.nationalacademies.org/shstudy/index.htm

For the **#LancetWomen hub** see https://www.thelancet.com/lancet-women

Gender-affirming care needed for transgender children

The Royal Children's Hospital Creative Studio

The number of children and adolescents seeking support for gender dysphoria—the distress caused by incongruence between gender identity and sex assigned at birth—has soared in recent years. On June 18, the first guidelines focusing solely on the care of transgender and gender-diverse children and adolescents were published by the Royal Children's Hospital Gender Service, Melbourne, Australia. Initiated to advocate for legal reform in Australia, where until recently anyone younger than 18 years needed to obtain legal permission to access hormone treatment, the guidelines outline a framework for provision of respectful, gender-affirming care of transgender and gender diverse children and adolescents.

Based on empirical evidence, clinician consensus, and results of non-randomised and observational studies, the guidelines were developed in consultation with multidisciplinary experts, support groups, and transgender children and adolescents, and their families. The guidelines stand apart from existing recommendations by suggesting that social transition—the process by which a person changes their gender expression to more closely match their gender identity, for example, by changing one's name, hairstyle, or clothing—should be led by the child. They also move away from the idea that access to hormone treatment should be based on chronological age, instead suggesting that the transition to treatment should depend on an individual's ability to make informed decisions, duration of puberty suppression, any coexisting health issues, and the level of family support. Gaps in the evidence remain, however, and further research on development of gender identity and long-term outcomes after treatment is needed.

Spurred on by increasing acceptance of transgender individuals in society (and normalisation of the right for anyone to question their gender identity), the number of young people seeking support is likely to increase further. Children and adolescents with gender dysphoria often experience stigma, bullying, and abuse, resulting in high rates of mental illness, including depression, anxiety, and self-harm. But with supportive, gender-affirming management—as laid out by the Australian guidelines—these consequences can be minimised. ■ *The Lancet*

For the **Australian guidelines** see https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf

Sexual violence

Sexual violence encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force.

Sexual violence (**Box 1**) includes, but is not limited to:

- rape within marriage or dating relationships;
- rape by strangers or acquaintances;
- unwanted sexual advances or sexual harassment (at school, work etc.);
- systematic rape, sexual slavery and other forms of violence, which are particularly common in armed conflicts (e.g. forced impregnation);
- sexual abuse of mentally or physically disabled people;
- rape and sexual abuse of children; and
- 'customary' forms of sexual violence, such as forced marriage or cohabitation and wife inheritance.

How common is sexual violence?

The best quality prevalence data on sexual violence come from population-based surveys. Other sources of data on sexual violence include police reports and studies from clinical settings and nongovernmental organizations; however, because only a small proportion of cases are reported in these settings, they produce underestimates of prevalence. For example, a Latin American study estimated that only around 5% of adult victims of sexual violence reported the incident to the police (1).

There are many logical reasons women do not report sexual violence, including:

- inadequate support systems;
- shame;
- fear or risk of retaliation;
- fear or risk of being blamed;
- fear or risk of not being believed;
- fear or risk of being mistreated and/or socially ostracized.

While there remains a need for more research, data on different forms of sexual violence have been collected in population-based surveys such as the

BOX 1. DEFINITIONS OF SEXUAL VIOLENCE

The World Health Organization (WHO) defines sexual violence as: **'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work'**(*2*).

Coercion can encompass:

- varying degrees of force;
- psychological intimidation;
- blackmail; or
- threats (of physical harm or of not obtaining a job/grade etc.).

In addition, sexual violence may also take place when someone is not able to give consent – for instance, while intoxicated, drugged, asleep or mentally incapacitated.

While the WHO definition is quite broad, narrower definitions also exist. For example, for purposes of research, some definitions of sexual violence are limited to those acts that involve force or the threat of physical violence.

The *WHO multi-country study* (*3*) defined sexual violence as acts through which a woman:

- was physically forced to have sexual intercourse when she did not want to;
- had sexual intercourse when she did not want to, because she was afraid of what her partner might do; or
- was forced to do something sexual that she found degrading or humiliating.

Demographic and Health Surveys (4), CDC Reproductive Health Surveys (5), and the *WHO multi-country study on women's health and domestic violence against women* (3).[1]

Sexual violence by intimate partners

Data available from population-based surveys relate primarily to sexual assault perpetrated by intimate partners, but some also include sexual abuse during childhood and sexual abuse by non-partners. Sexual violence by intimate partners is usually accompanied by physical and emotional violence but can occur on its own.

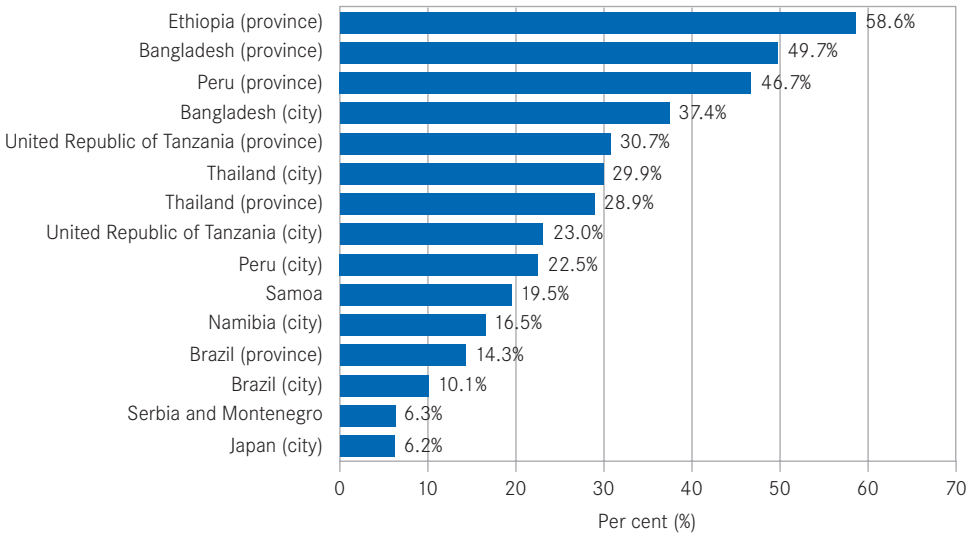
Lifetime prevalence of sexual partner violence reported by women, aged 15 to 49 years, in the *WHO multi-country study* ranged from 6% in Japan to 59% in Ethiopia, with rates in the majority of settings falling between 10% and 50% (**Figure 1**). A comparative analysis of surveys from Latin America and the Caribbean found that rates of sexual partner violence ever ranged from 5 to 15% (6).

Some new data on the prevalence of intimate partner sexual violence are based on reports by perpetrators. For example, in a cross-sectional survey among a randomly selected sample of men in South Africa, 14.3% of men reported having raped their current or former wife or girlfriend (*7*).

[1] Countries included: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Thailand, the former state union of Serbia and Montenegro, and the United Republic of Tanzania. More recently this study has been replicated in Kiribati, the Maldives, Solomon Islands and Viet Nam.

FIGURE 1

Percentage of ever-partnered women aged 15–49 years who reported sexual intimate partner violence ever, after the age of 15 years (*3*)



Sexual violence by non-partners

There are few representative studies on sexual violence committed by non-partners, and most available data come from crime surveys, police and justice records, rape crisis centres and retrospective studies of child sexual abuse (*8*). In the *WHO multi-country study*, 0.3–12% of women reported having been forced, after the age of 15 years, to have sexual intercourse or to perform a sexual act, by someone other than an intimate partner (*3*). Most studies indicate that women are likely to know their aggressors (e.g. in 8 out of 10 rape cases in the USA) (*9,10*). The most recent survey of the prevalence of rape in South Africa found that more than one in five men reported raping a woman who was not a partner (i.e. a stranger, acquaintance or family member), while one in seven reported raping a current or former partner (*7*). Sexual violence in humanitarian crises – particularly during conflict and post-conflict – is also common but, because of its unique characteristics, it is being addressed in a separate information sheet in this series.

Forced sexual initiation

For a substantial proportion of young women, their first sexual intercourse is forced. Data suggest that the younger the age of first sexual intercourse, the greater the likelihood that it is coerced. In the *WHO multi-country study*, women reported that their first sexual intercourse was forced, at rates ranging from less than 1% in Japan to nearly 30% in rural Bangladesh (*3*). In studies with both men and women, the prevalence of reported rape or sexual coercion has been reported to be higher among women. In Lima, Peru, for instance, the number of young women reporting forced sexual initiation (40%) was four times greater than for men (11%) (*11*). Moroever, surveys that ask women about 'unwanted' sexual debut typically find rates that are several times those of 'forced' debut (*6*).

Childhood sexual abuse

Researching sexual abuse against children is complex, as it remains a taboo and difficult to disclose in many settings. Methodological challenges include, for example, varying definitions of what constitutes 'abuse' and 'childhood', and whether differences in age and/or power between victim and victimizer should be taken into account. There are also ethical challenges to researching abuse among children. Despite these challenges, it is clear that childhood sexual abuse occurs in every country where it has been rigorously studied.

A 2004 WHO review of research estimated the global prevalence of childhood sexual victimization to be about 27% among girls and around 14% among boys (*12*). More specifically, that review found that the average prevalence of reported childhood sexual abuse among females was around 7–8% in studies from South and Central America and the Caribbean, as well as from Indonesia, Sri Lanka and Thailand. Estimated prevalence was as high as 28% in parts of eastern Europe, the Commonwealth of Independent States, the Asia–Pacific region and north Africa. In general, child sexual abuse was more common among girls than boys; however, recent studies from Asia have found boys to be as affected as girls.

In the *WHO multi-country study*, the reported prevalence of sexual abuse before the age of 15 years by someone other than an intimate partner, ranged from 1% in rural Bangladesh to over 21% in urban areas of Namibia.

Despite the widespread nature of childhood sexual abuse, there have been few studies of the prevalence in certain regions until recently. A number of new studies are currently under way in sub-Saharan Africa. In 2009, a nationally representative sample of 1242 girls and women, aged 13–24 years, in Swaziland, found that 33.2% of respondents reported an incident of sexual violence before they reached the age of 18 years (*13*). In that study, the most common perpetrators of the first incident were men or boys from the respondent's neighbourhood, boyfriends or husbands. The first incident most often took place in the respondent's home, so included sexual violence by intimate partners and dating sexual violence. A recent study compared the first national, population-based data available on child sexual abuse before the age of 15 years in three Central American countries (*14*). The prevalence ranged from 4.7% in Guatemala to 7.8% in Honduras and 6.4% in El Salvador, and the majority of reported cases first occurred before the age of 11 years. Perpetrators were usually people known to the victims.

Sexual harassment and violence in schools and at work

Sexual violence, including sexual harassment, frequently occurs in institutions assumed to be 'safe', such as schools, where perpetrators include peers and teachers. In studies from around the world, including Africa, south Asia, and Latin America, studies have documented that substantial proportions of girls report experiencing sexual harassment and abuse on the way to and from school, as well as on school and university premises, including classrooms lavatories and dormitories, by peers and by teachers (*15,16*).

For example, in a study among primary schools in the Machinga district of Malawi, primary school girls reported experiencing various types of sexual harassment and abuse at school, including sexual comments (7.8%), sexual touch (13.5%), 'rape' (2.3%), and 'coerced or unwanted' sex (1.3%) (*17*).

That same study found that teachers at 32 out of 40 schools reported knowing a male teacher at their school who had propositioned a student for sexual

intercourse; while teachers at 26 out of 40 schools reported that a male teacher at their school had got a student pregnant.

As an example from a high-income setting, a national representative (online) study of students in US middle and high schools found that out of 1002 female respondents, a majority of girls reported experiencing some form of sexual harassment at school during the 2010–2011 school year (*18*).

Research on sexual harassment in the workplace is in its infancy, but initial studies indicate that it is widespread, especially as more women enter the workforce. Surveys have found that 40–50% of women in the European Union report some form of sexual harassment or unwanted sexual behaviour in the workplace (*19*) .

Sexual violence against men and boys

While this information sheet focuses on sexual violence against girls and women, it is important to highlight that boys and men also suffer sexual violence. Rape and other forms of sexual coercion against men and boys take place in a variety of settings – including homes, workplaces, schools, streets, the military and prisons. Unfortunately, sexual violence against men is a very sensitive and neglected area of study. Methodological differences in study designs, small sample sizes, varying definitions of coercion, among other reasons, have resulted in wide variations of reported prevalence. Sexual victimization, especially during childhood, is associated with perpetration in later life, so it is important to address this gap in its own right and for prevention of subsequent sexual violence.

What are the root causes of and risk factors for sexual violence?

Understanding the factors associated with a higher risk of sexual violence against women is complex, given the various forms that sexual violence can take and the numerous contexts within which it occurs. The ecological model, which proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal, is helpful in understanding the interaction between factors and across levels.

The following lists of factors, which are common across studies and settings, are adapted primarily from the 2010 publication *Preventing intimate partner and sexual violence against women: taking action and generating evidence* (*20*) and the 2002 publication *World report on violence and health* (*21*).

Individual and relationship factors

Research into factors that increase men's risk of committing sexual violence is relatively recent and skewed towards those men who have been apprehended, particularly for rape. Among the factors that have been reported in multiple studies of this type are:

- gang membership;
- harmful or illicit use of alcohol or drugs;
- antisocial personality;
- exposure to intra-parental violence as a child;
- history of physical or sexual abuse as a child (*22*);
- limited education;

- acceptance of violence (e.g. belief that it is acceptable to beat one's wife or girlfriend);
- multiple partners/infidelity; and
- gender-inequitable views.

More recently, researchers in South Africa have completed a large cross-sectional survey of men in the population and found that having raped was associated with: higher levels of adversity in childhood; having been raped by a man; higher levels of maternal education; less equitable views on gender relations; having had more partners; and other gender-inequitable practices such as transactional sex (7).

Community and societal factors

From a public health perspective, community and societal factors may be the most important for identifying ways to prevent sexual violence before it happens, since society and culture may support and perpetuate beliefs that condone violence. Factors linked to higher rates of men's perpetration of sexual violence include:

- traditional gender and social norms related to male superiority (e.g. that sexual intercourse is a man's right in marriage, that women and girls are responsible for keeping men's sexual urges at bay or that rape is a sign of masculinity); and
- weak community and legal sanctions against violence.

What are the health consequences of sexual violence?

Evidence suggests that male and female survivors of sexual violence may experience similar mental health, behavioural and social consequences (12,23,24). However, girls and women bear the overwhelming burden of injury and disease from sexual violence and coercion (12), not only because they comprise the vast majority of victims but also because they are vulnerable to sexual and reproductive health consequences such as unwanted pregnancy, unsafe abortion and a higher risk of sexually transmitted infections, including from HIV, during vaginal intercourse (**Table 1**) (25). However, it is important to note that men are also vulnerable to HIV in cases of rape.

What are the best approaches to stopping sexual violence?

While approaches in the past to sexual violence have largely focused on the criminal justice system, there is a general movement towards a public health approach, which recognizes that violence is not the result of any single factor but is caused by multiple risk factors that interact at individual, relationship and community/societal levels. Thus, addressing sexual violence requires cooperation from diverse sectors, including health, education, welfare and criminal justice. The public health approach aims to extend care and safety to entire populations and focuses primarily on prevention, while ensuring that people who experience violence have access to appropriate services and support.

Effective interventions to prevent sexual violence

The evidence base is extremely limited in terms of effective interventions for preventing sexual violence. Some interventions aimed at preventing

TABLE 1

Examples of health consequences of sexual violence and coercion for women

Reproductive health	• Gynaecological trauma • Unintended pregnancy • Unsafe abortion • Sexual dysfunction • Sexually transmitted infections including HIV • Traumatic fistulae
Mental health	• Depression • Post-traumatic stress disorder • Anxiety • Sleep difficulties • Somatic complaints • Suicidal behaviour • Panic disorder
Behavioural	• High-risk behaviour (e.g. unprotected sexual intercourse, early consensual sexual initiation, multiple partners, alcohol and drug abuse) • Higher risk of perpetrating (for men) or of experiencing subsequent sexual violence (for women)
Fatal outcomes	Death from: • suicide • pregnancy complications • unsafe abortion • AIDS • murder during rape or for 'honour' • infanticide of a child born of rape

sexual violence against children, through registration of and community notification about local sex offenders, residence restrictions on sex offenders (e.g. prohibiting them from living near schools) and electronic monitoring of sex offenders, have taken place in a limited number of high-income countries. A review and critique of such policies suggests they are largely based on myths about sexual violence and coercion, rather than evidence, and have been ineffective in preventing sex crimes or protecting children (4,26).

Other interventions that aim to prevent sexual violence, or violence against girls and women in general, are designed to be delivered in schools, colleges and universities. A number of strategies to prevent dating violence among young people in high-income countries have been rigorously evaluated, and some evidence suggests they may be effective (20,27). Some school-based initiatives in low- and middle-income countries have also demonstrated promise for reducing levels of sexual harassment and abuse, particularly those that use comprehensive, 'whole-school' and community outreach approaches (28,29).

While interventions aimed at young people in schools are vital, there are other potential venues for intervention. These include homes, where, for example, prenatal and postnatal home-visiting programmes have been shown to reduce the risks of physical and psychological child maltreatment and neglect (30–32). These forms of abuse are known risk factors for sexual violence perpetration and victimization later in life. Health-care settings and services are also potential entry points for prevention of sexual violence, particularly in terms of addressing parenting/child abuse and alcohol misuse. Other promising

initiatives include community mobilization strategies to promote changes in gender norms and behaviours, and community-based efforts to improve the social and economic status of women.

General principles of good practice for addressing sexual violence

In addition to the limited evidence for effective interventions, the literature also provides some principles of good practice for addressing sexual violence.

Provide a comprehensive response to the needs of survivors (*33*)

Providing comprehensive health care and medico-legal services for rape survivors is paramount. In addition to compassionate care, victims need access to a range of specific health services from trained providers, including:

- psychological support (and referral for mental health care if needed);
- emergency contraception;
- treatment and prophylaxis for sexually transmitted infections;
- prophylaxis for HIV as appropriate;
- information on safe abortion; and
- forensic examination (if a woman decides to pursue prosecution).

From the legal system, survivors need to have access to competent and sensitized professionals who will assist them should they decide to prosecute the perpetrator.

Build the knowledge base and raise awareness about sexual violence

Expanding the knowledge base and disseminating existing and new information will advance the field, leading to better programmes and strategies. Data on prevalence and patterns can also be an important tool to engage governments and policy-makers in addressing this issue and convince them of the public health impact and costs of sexual violence.

Promote legal reforms

Improving existing laws and their implementation may serve to improve the quality of care afforded to survivors and may serve to curb sexual violence by strengthening sanctions against perpetrators. Some steps in this direction include:

- strengthening and expanding laws defining rape and sexual assault;
- sensitizing and training police and judges about sexual violence;
- improving the application of existing laws.

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The full series of "Understanding and Addressing Violence Against Women" information sheets can be downloaded from the WHO Department of Reproductive Health web site: http://www.who.int/reproductivehealth/publications/violence/en/index.html, and from the Pan American Health Organization web site: www.paho.org

Further information is available through WHO publications, including:

Preventing intimate partner and sexual violence against women: taking action and generating evidence
http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf

WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses
http://www.who.int/gender/violence/who_multicountry_study/en/

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Trauma-informed approaches to primary and community mental health care: protocol for a mixed-methods systematic review

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ABSTRACT

Introduction Exposure to different types of psychological trauma may lead to a range of adverse effects on trauma survivors, including poor mental and physical health, economic, social and cognitive functioning outcomes. Trauma-informed (TI) approaches to care are defined as a service system grounded in and directed by an understanding of how trauma affects the survivors' neurological, biological, physiological and social development. TI service system involves training of all staff, service improvements and sometimes screening for trauma experiences. The UK started incorporating TI approaches into the National Health Service. While policies recommend it, the evidence base for TI approaches to healthcare is not well established. We aim to conduct a systematic review to synthesise evidence on TI approaches in primary and community mental healthcare globally.

Methods and analysis We will undertake a systematic search for primary studies in Medline, Embase, PsycINFO, Cumulative Index to Nursing and Allied Health Literature, Cochrane library, websites of organisations involved in the development and implementation of TI approaches in healthcare, and databases of thesis and dissertation. Included studies will be in English published between 1990 and February 2020. Two reviewers will independently perform study selection with data extraction and quality appraisal undertaken by one reviewer and checked for accuracy by a second reviewer. A results-based convergent synthesis will be conducted where quantitative (narratively) and qualitative (thematically) evidence will be analysed separately and then integrated using another method of synthesis. We set up a trauma survivor group and a professional group to consult throughout this review.

Ethics and dissemination There is no requirement for ethical approval for this systematic review as no empirical data will be collected. The findings will be disseminated through a peer-reviewed publication, scientific and practitioner conferences, and policy briefings targeted at local and national policy makers.

PROSPERO registration number CRD42020164752.

Strengths and limitations of this study

- This is the first mixed-methods systematic review of trauma-informed (TI) approaches in primary and community mental healthcare.
- The review will include peer-reviewed and grey literature, providing a global view of TI approaches for informing healthcare services and future research in the UK.
- The involvement of people with lived experiences of trauma and healthcare professionals helps to produce evidence that is relevant to providers and recipients of healthcare and is therefore, more likely to be translated into practice.
- One limitation of the review is that it will exclude studies without an abstract in English which could lead to missing relevant studies.
- The review will not include policy documents. This might be an area for future research.

INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), which is the leading institution in the field of trauma-informed (TI) care, defines individual trauma as an 'event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that have lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being'.[1] According to the WHO World Mental Health Survey, 70% of respondents experienced lifetime traumas, with exposure averaging 3.2 traumatic events per person. The most frequently reported traumas were those that occurred to loved ones/witnessed (36%), those involving accidents (34%), unexpected death of loved ones (31%), physical violence (23%), intimate partner sexual violence (14%) and war-related traumas (13%).[2] In the English household survey, 47% of adults reported at least one adverse childhood experience (ACE). Prevalence of childhood sexual, physical and verbal abuse was 6%, 15% and 18%, respectively.[3] According to the Crime Survey

for England and Wales, 8% of women and 4% of men experienced domestic and sexual violence and abuse in the last year; lifetime prevalence was 29% and 13%, respectively.[4]

Experiencing trauma can have a wide range of adverse impacts on the victims, including poorer mental health, physical health, economic and social outcomes throughout the life span.[5] This means that a large proportion of people with health problems who access primary healthcare and community mental healthcare have experienced trauma in their lifetime. Primary healthcare and community mental healthcare is the first point of contact with a health system for an individual. It plays a vital role in making healthcare universally accessible.[6] The WHO has adopted primary care as the preferred method for providing comprehensive, equitable, affordable and universal healthcare services for individuals and communities.[6] The WHO has made a substantial investment to ensure that mental health services are integrated into primary care in the last decade.[7] The rationale for the integration of mental health services into primary care includes: reduced stigma, improved access to care, reduced chronicity and improved social integration, better health outcomes for people treated in primary care and improved human resource capacity for mental health.[7 8] Both primary healthcare and community mental healthcare provide more accessible outpatient services. Both deal with patients who have co-occurring conditions and multiple health and social needs. Both integrate patient care across medical specialities and varied service providers.

Several studies found strong evidence on the association between lifetime traumas and increased utilisation of primary healthcare. The household survey in England and Wales found that adults with four ACEs were twice as likely to visit a general practitioner six times or more in the last 12 months (OR 2.3, 95% CI 1.8 to 2.9) compared with adults with no ACEs.[9] The Australian Longitudinal Study of Women's Health found that women with lifetime violence experiences had almost twice the odds of higher general practice service use (Adjusted Odds Ratio (AOR) 1.82, 95% CI 1.37 to 2.40), compared with women without any violence experiences.[10] A majority of patients in community mental health and substance abuse services experienced repeated trauma throughout their life span.[11] Therefore, primary healthcare services must be designed in a way that will support the recovery of survivors. However, they often have the opposite effect and can trigger memories about traumatic experiences through invasive procedures and coercive practices (eg, the removal of choice regarding treatment or judgmental attitudes following a disclosure of abuse; lack of available and acceptable services).[12] Re-activation of traumatic experiences within health services can affect both service users and staff, with the latter experiencing vicarious trauma.[13]

The field of TI approach to care (synonyms *TI care, TI practice, TI model of care, TI service system*) is relatively new. The concept of TI approach was developed in the USA,[14] where it is widely used across all sectors.[1] Various organisations, expert panels and researchers proposed varied definitions of TI care. One of the consensus-based definitions describes TI care as 'a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment'.[15] Through consultations with the expert panel, SAMHSA developed a flexible framework comprising foundation assumptions, principles and implementation domains for a TI care[1] that can be adapted to any service system including primary healthcare.[16] SAMHSA's framework of TI approach is based on the four key assumptions of:

1. Recognition: all people in an organisation recognise how patients' and staff's experiences of trauma might affect the way they think, feel and behave.
2. Realisation: all staff in the organisation accept how trauma can affect people, and patient's behaviour is understood in the context of coping with their experiences.
3. Response: the organisation acts to effectively integrate knowledge about prevalence and impact of trauma into policies, procedures, and practices.
4. Resist the re-activation of traumatic memories: steps are taken to prevent further traumatising both service users and staff through a focus on the recovery of survivors, as well as the well-being of staff.[1]

SAMHSA's TI approach framework includes six key principles applicable to varied settings: (i) safety, (ii) trustworthiness and transparency, (iii) peer support, (iv) collaboration and mutuality, (v) empowerment, choice and choice and (vi) cultural/historical/gender issues.

A TI approach is distinct from trauma-specific interventions (eg, trauma-focused cognitive behavioural therapy) or trauma services (eg, Traumatic Stress Service) that treat trauma symptoms. A TI approach can include trauma-specific interventions, although the essential component is the application of the above assumptions and principles in the organisational/system levels.[1]

Most extant evidence for TI approaches comes from Northern America.[17–19] TI care has only recently been included in the UK National Health Service (NHS) long-term plan[20] and the NHS mental health implementation plan.[21] The Scottish Government[22] and the Safeguarding Board for Northern Ireland[23] endorsed TI approaches across healthcare, social care, education and justice sectors. Public Health Wales published reports recommending TI approaches across public services.[24] TI approaches were endorsed in local governments policies across England.[25] However, the evidence base for TI approaches to healthcare is not well established. A recent scoping review identified only a few examples of TI care implemented in Scotland[22] and England[26 27] and

recommended developing the evidence base to demonstrate the value of TI approaches in the UK healthcare context.[28]

The aim of this systematic review is to synthesise evidence on TI approaches in primary care and community mental healthcare globally, which will help inform the development of a UK specific model of TI in these settings. The synthesis will address the following research questions:

1. What models of TI care have been used in primary care and community mental health services?
2. What are the formal theories and empirically supported theories of change underpinning these models and their evaluations?
3. What evidence is available for the acceptability, effectiveness and cost-effectiveness of TI approaches to primary care and community mental healthcare?

METHODS AND ANALYSIS

This protocol follows the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols checklist (online supplemental appendix 1).[29] The systematic review will be conducted and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.[30]

Eligibility criteria

We will select studies according to the following criteria.

Population

Patients in primary and community mental healthcare (globally) aged 18 and over. Professionals who plan, commission and deliver primary or community mental healthcare.

Intervention

We will use the SAMHSA definitions of TI approach[1] and include evaluations of any model of TI care in primary or community mental health organisations. The SAMHSA framework of TI care covers ten implementation domains of organisational change in (i) governance and leadership, (ii) written policies and protocols, (iii) physical environment, (iv) training and workforce development, (v) engagement and involvement of service users, (vi) cross-sector collaboration, (vii) progress monitoring and quality assurance, (viii) financing, (ix) evaluation, (x) screening, assessment and treatment for trauma.

We will exclude studies of trauma-specific interventions that treat trauma symptoms.

Comparator

Primary and community mental healthcare not using TI approaches.

Outcomes

We identified outcomes from the prior literature on TI approaches to health care[17 31–34] and consultations with two study advisory groups of trauma survivors and professionals who plan, commission and deliver primary and community mental healthcare. To map the outcomes from all these sources on the draft logic model of a TI care, we adapted a published measurement model for TI primary care (figure 1).[34] Throughout review process, we will refine this draft logic model in discussions within the team and consultations with the study advisory groups.

To be included, a study must report a measure from at least one of the above outcome categories. The TI approach is an organisation level intervention. Therefore, we define outcomes at the organisation level as main outcomes and outcomes at the individual level as additional outcomes. We will also look at formal theories and empirically supported theories of change underpinning included TI approaches and their evaluations. We will pay special attention to adverse effects of TI approaches on patient health, healthcare providers (eg, vicarious trauma), service utilisation and quality of care.

Types of studies

Primary studies of any design that evaluated the acceptability and/or effectiveness and/or cost-effectiveness of TI approaches in primary and/or community mental healthcare will be included. We will include studies with mixed samples only if outcomes for the primary healthcare and/or community mental healthcare subsample are reported separately irrespective of the proportion of the subsample. Reference lists of systematic reviews that meet this criterion will be searched to identify relevant primary studies. Editorials, policy documents and books will be excluded.

Setting

Any setting providing primary care, including primary care mental health services. WHO defines a primary healthcare centre as setting providing services that are usually the first point of contact with a healthcare professional.[35] Depending on the country, they can include any open access, community based first point of care service, for example, general practice clinics, community-based units, basic health units, family health strategy, primary care home visits, day-care centres, multicentre health clinics, one stop crisis centre, improving access to psychological therapies services.[8]

Time frame

An early and influential paper[14] discussing TI approaches was published in 2001. However, 1990 was chosen as a starting point to capture any relevant and early discussions of TI care principles from a global perspective. We will limit the studies by date to ensure that the search identifies all relevant studies since this publication.

Language

There will be no language restrictions, provided an English language abstract is available for initial screening. During full-text screening, if the included papers are not available in English, we will translate them with help from multilingual colleagues and Google Translate.

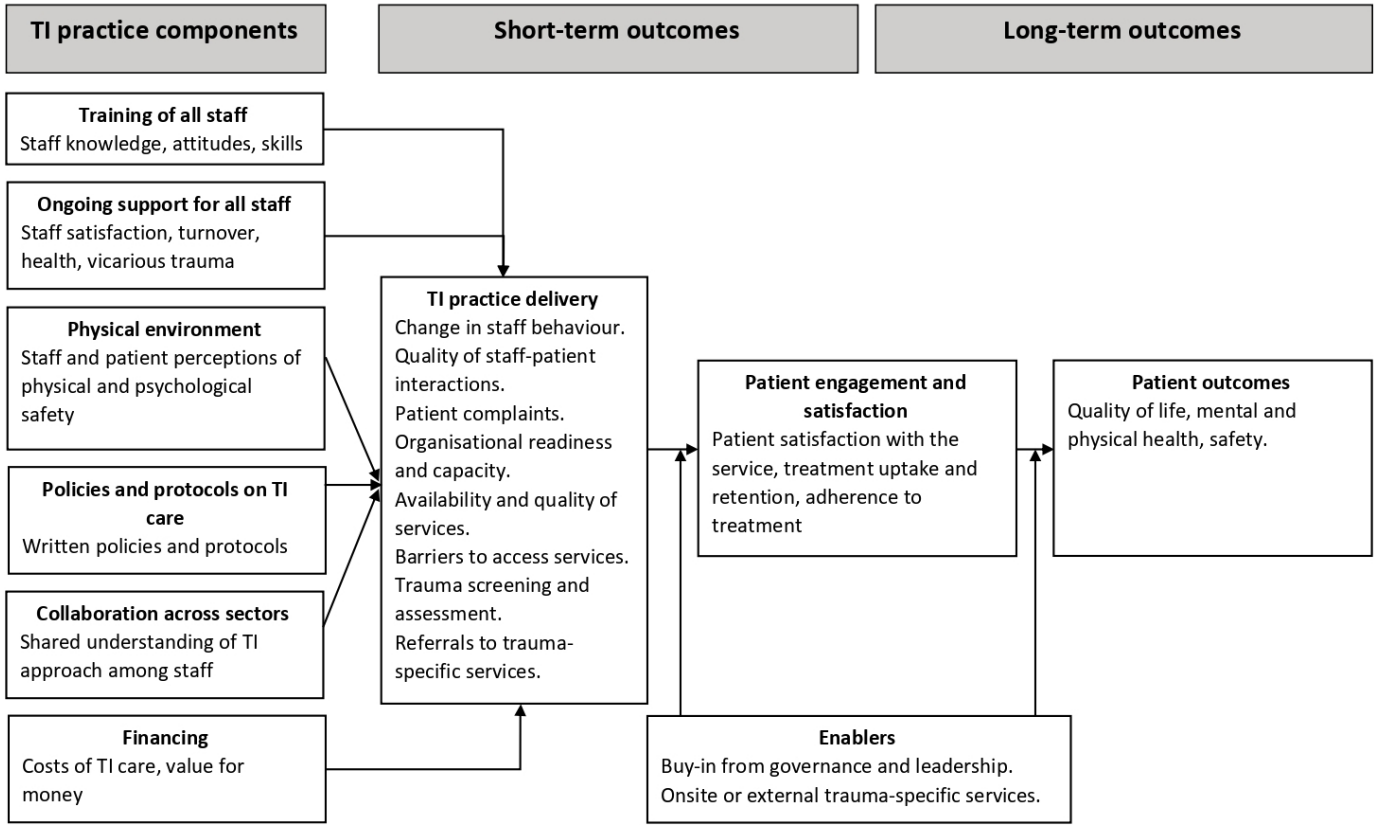

Figure 1 Draft logic model of trauma-informed primary and community mental healthcare. TI, trauma-informed. Adapted from Germán.[34]

Search strategy

SD and NVL will develop a comprehensive search strategy using a combination of MeSH and free-text terms, based on previous systematic reviews in the areas of TI care[32 36] and the expertise of the research team to identify relevant papers on TI approaches in primary and community mental healthcare for adults. SD will run several scoping exercises in different electronic databases to maximise the sensitivity and specificity of the developed search strategy (online supplemental appendix 2, example search strategy).

SD will search electronic bibliographic databases for potential primary studies from January 1990 to February 2020: Cochrane Library, MEDLINE, EMBASE, Cumulative Index to Nursing and Allied Health Literature (CINAHL EBSCO) and PsycINFO and update searches in the last 2 months of the study.

In addition, SD will search the PROSPERO database to identify any relevant systematic reviews in progress. She will also conduct a grey literature search to identify studies not indexed in the databases listed earlier. SD will search websites of organisations involved in development and implementation of TI care: UK national and local governments, King's Fund, SAMHSA, Violence, Abuse and Mental Health Network and Trello (Adverse Childhood Experiences Resource library). Theses and dissertations will be identified through ethos library and PROQUEST. SD, AB, NVL will carry out forward and backward referencing of included papers to supplement the database and grey literature searches to identify any further relevant articles.

SD and NVL will approach corresponding authors of included papers, study advisory groups and experts in the field of trauma and primary care for additional relevant articles.

Screening of studies

References will be managed in Rayyan (https://rayyan.qcri.org/). SD will export search results from the different databases into the Rayyan database and remove duplicates. Study selection will be completed in two stages: first, titles and abstracts will be screened; next full-text will be screened to identify studies eligible for inclusion. Two members of the research team (SD and AB or NVL) will independently screen titles, abstracts and full-text. Any discrepancies between reviewers will be discussed with other team members.

We will list excluded full text studies in the table categorised by reasons for exclusion. We will collate multiple reports of the same study so that each study, rather than each report, is the unit of analysis in the review. We will also provide any information we can obtain from corresponding authors about ongoing studies. We will record the screening process in detail to complete a PRISMA flow diagram.[37]

Data extraction

A data extraction form will be used to focus on the characteristics that are relevant to this review:

1. Methods: type of study (randomised trial, interrupted time series, controlled/uncontrolled before-after, cross-sectional, qualitative, mixed-method, service evaluation).
2. Study setting (country, key features of the healthcare system, healthcare setting).
3. Characteristics of the participants (age, sex, ethnicity, condition as described and identified by the authors of included studies).
4. Characteristics of the TI approach: components, comparison. We will map components of each TI model on the SAMHSA's 10-domains framework of organisational change.[1]
5. Outcomes: main and additional outcomes specified and collected, time points reported.
6. Theories underpinning the TI approach: formal theories and/or empirically developed theories of change explaining how the intervention works. We will also extract data on theories underpinning included evaluations.

We will seek input from the study advisory groups of trauma survivors and professionals on any other relevant data that should be extracted. SD will pilot the adapted extraction form on publications of a quantitative, qualitative and mixed-method study, and then refine it. To minimise bias and errors, one reviewer (SD) will extract the data and a second reviewer (AB or NVL) will check the extraction in detail. Any disagreements between reviewers will be resolved through discussions and, if required, with other team members. We will ask corresponding authors of included studies to check reconciled data extraction forms and provide missing information and clarifications.

Quality appraisal

We will use the Mixed Methods Appraisal Tool (MMAT) tool to appraise the studies.[38] Quality appraisal will be carried out as part of data extraction. SD will complete MMAT checklists for each study. Second reviewer (AB or NVL) will check completed checklists in detail. Any disagreement between the reviewers will be resolved through discussions and if required by other members of the team.

Data synthesis

Synthesis of quantitative data

Based on feasibility searches and background reading, we expect that included quantitative studies will report outcomes that vary substantially by the way they were defined and measured. For this reason, we anticipate that a quantitative synthesis of the results from the quantitative studies will not be appropriate. We will, therefore, employ narrative synthesis to summarise findings from quantitative studies. This will involve the use of descriptive text and tables to summarise data to allow readers to consider findings in the light of differences in study designs. We will describe all TI models in a table based on the TiDIER template.[39] For each model of TI care, we will describe the range of effects found in the studies and if possible, the theory of change through which the TI models were intended to affect specific outcomes.

Synthesis of qualitative data

For qualitative studies, we plan to use the thematic synthesis method.[40]

Synthesis of quantitative and qualitative findings

We will use a results-based convergent synthesis design,[41] following the Sandelowski's segregated method.[42] First, we will analyse and synthesise the quantitative (narrative synthesis) evidence and the qualitative (thematic synthesis) separately as described earlier. Next, we will then integrate the synthesis products (results of both syntheses) using another method of synthesis (eg, tables, matrices or reanalysing evidence as a result of both syntheses), which allows for comparing and/or juxtaposing the findings from the quantitative and qualitative evidence.[41] At this stage, we will map all the evidence on the refined logic model of TI care (figure 1) and finalise it through discussions within the team and consultations with the survivor and professional advisory groups.[43]

DISCUSSION

An effective response to (often) hidden trauma of patients in general practice and primary care mental health services is long overdue. This is a protocol for a systematic review on TI approaches in primary care and community mental healthcare that addresses the gap in evidence on the acceptability, effectiveness and cost-effectiveness of TI healthcare. The study includes both peer-reviewed and grey literature and offers a global view of TI approaches. Our findings will inform the development of an evidence-based UK-specific model of TI primary care and community mental healthcare. Although the output of this review will form the basis for further research, the findings will be relevant to current policy and practice, even before we have developed and tested the UK-specific TI model. UK policymakers can use this new evidence when developing/amending health policies on TI care. Involvement of two advisory groups of trauma survivors and providers of healthcare throughout all stages of this review helps to produce evidence that is relevant to end-users and is likely to be translated into policy and practice.

A limitation of this review is the use of search terms based on the current TI terminology, which was introduced in early 2000 (online supplemental appendix 2). We might miss the earlier studies which evaluated healthcare services with TI approaches that were not labelled as such. We addressed this limitation by designing a search strategy with input from our advisory groups. We included a term for psychologically informed environments from the pre-TI era and also undertook searches from 1990. Another limitation of the review is that it will exclude studies without an abstract in the English language, which could lead to missing relevant studies. Policy documents will be excluded from this review and is an area for a future policy review.

This study was conceived and designed at the pre-COVID-19 pandemic era and will be delivered and disseminated throughout and after the pandemic. The WHO[44] and statutory and third sector organisations[45 46] have already reported that stress, social isolation measures, quarantines at home and so on resulted in the increase of all forms of family violence. Consultation with our advisory groups on the impact of the pandemic has supported these findings. Our lay and professional contributors talked about the rise in traumatic experiences among patients and healthcare professionals, worsening mental health, increased demand for health and social services and transition of services from face-to-face delivery to phone or online delivery mode. This changing environment makes our systematic review of TI approaches to healthcare timely in providing evidence for effective and acceptable primary and community mental healthcare in the post-pandemic era.

Patient and public involvement

We have set up two advisory groups to work with researchers throughout the study: a trauma survivor group and a professional group. The trauma survivor advisory group consists of eight people with diverse lived experiences of trauma who had been recipients of care in the NHS and other care systems. The professional advisory group consists of eight professionals (eg, planning and development manager from the local authority, clinical psychologist, clinical lead specialist) from England and Wales who are involved in planning, funding, commissioning or delivering primary healthcare or community mental health services.

We organised separate meetings with the survivor and professional advisers where they were introduced to the study and systematic review process. Both groups took part in brainstorming exercises on formulating research questions and listing outcomes for the systematic review that are meaningful to patients, practitioners, service managers and commissioners. Based on their feedback, SD and NL mapped the outcomes to those identified in the existing literature independently, and any discrepancies were resolved through discussions. The professional advisory group developed a list of UK primary and community mental health services. The group highlighted inconsistent terminology used in the UK (ie, ACEs, TI approaches/care/practice, psychologically informed environments) and diverse approaches to developing policies on TI care across the UK (ie, top-down in Scotland, Northern Ireland and Wales vs bottom-up in England). They highlighted the need for synthesised research evidence about such approaches that are relevant to the UK and for using this evidence to inform health policy. We will meet with the survivor and professional advisory groups biannually to consult on data extraction, interpretation, and dissemination of study findings.

ETHICS AND DISSEMINATION

No ethical approval is required for this systematic review, as this does not involve the collection of primary data. Findings of this review will be disseminated through publication of a peer-reviewed paper, papers presented at conferences for academic and practitioner audiences, through local clinical commissioning groups and policy briefings targeted at local and national policymakers. Our survivor and professional advisers will be consulted for sources through which we should disseminate the findings. We will also work with survivor advisers to develop a lay summary of the study findings which will be disseminated through the Centre for Academic Primary Care PPI contributors. Finally, we will produce a policy brief of the study findings for dissemination among professional stakeholders involved in planning, funding, commissioning and delivery of primary and community mental healthcare.

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Contributors NVL conceived the idea and secured funding. NVL and SD designed the study. SD drafted the study protocol. SD, AB and NVL set up and coordinate study advisory groups. SD and NVL produced first draft of the manuscript. All coauthors (SD, AB, GF, JM, KMT, SZ, NVL) contributed to the refinement of the manuscript and approved the final version for submission.

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ORIGINAL PAPER

Trauma Informed Practice and Care: Implications for Field Instruction

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Abstract
This article summarizes the evolution in thinking about trauma and its impact on those who have experienced it. The nature of trauma-informed (TI) practice and care and implications for field instruction are then explained. This discussion is based upon the assumption that skills of social work field instruction that already have an evidence base lay the foundation for TI field instruction. Composite case examples drawn from the author's experiences as a field liaison, a practitioner who works with trauma survivors, and an instructor in the generalist practice curriculum illustrate methods and skills of field instruction from a trauma informed perspective.

Keywords Field instruction · Trauma · Trauma informed practice · Trauma informed supervision · Trauma informed field instruction

Introduction

In 2001, Harris and Fallot introduced the term "trauma-informed" to refer to social, behavioral, and mental health services that account for the possibility that clients may have experienced some form of past trauma. Since then, an ever-expanding body of conceptual and empirical literature has further delineated the trauma-informed perspective, the core characteristics of which are: trust, safety, choice, collaboration, and empowerment. A trauma-informed (TI) orientation conforms to the defining principles of social work. However, this orientation has yet to be routinely integrated into field and classroom curricula (Knight 2015; Berger and Quiros 2014; Levenson 2017). Further, field instructors often are unfamiliar with requisites of a trauma-informed orientation and their implications for practice and supervision. This problem is compounded by the lack of guidelines for trauma-informed supervision, generally (Knight 2018; Berger and Quiros 2016; Mattar 2011).

This article summarizes the evolution in thinking about trauma and its impact on survivors. The trauma-informed perspective and its implications for field instruction are then explained. The author argues that skills of field instruction that already have an evidence base lay the foundation for TI field instruction. Composite case examples drawn from the author's experiences as a field liaison, a practitioner who works with trauma survivors, and an instructor in the generalist practice curriculum illustrate methods and skills of field instruction.

The Nature of Trauma

Trauma and its aftereffects have received considerable attention from researchers and practitioners alike, beginning almost 40 years ago, resulting in significant advancements in understanding of the nature of trauma and its impact on those who experience it.

Emphasis on Precipitating Event

The earliest investigations of trauma and its impact focused on two different lines of inquiry: the experiences of veterans returning from the Vietnam War and the impact of childhood abuse (Courtois and Gold 2009). The focus expanded to natural and human-made disasters like the Oklahoma City bombing in 1995, the terrorist attacks in the United States in 2001, and Hurricane Katrina in 2005 (Scheeringa and Zeanah 2008; van der Kolk 2007). Sociopolitical events like civil wars, genocide, and human trafficking prompted further

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refinements in the understanding of trauma (Courtois and Gold 2009; Haans and Balke 2018).

Emphasis was placed on understanding the traumatic impact of a precipitating event. Traumatic exposure was found to be consistently associated with an array of social, psychiatric, psychological, behavioral, and physical problems. Researchers also sought to identify the relationship between trauma exposure and psychiatric problems (Brown et al. 2005; Garno et al. 2005; Mulvihill 2005; Randolph and Reddy 2006). In 1980, the American Psychiatric Association's third edition of the *Diagnostic and Statistical Manual* introduced a new diagnostic category, Post-Traumatic Stress Disorder (PTSD). The most recent, fifth, edition of the *DSM* (APA 2013), replaced the PTSD diagnosis with a new, broader diagnostic category, Trauma and Stressor-Related and Dissociative Disorders.

A different line of theoretical and empirical inquiry focused on changes in cognition. Constructivist self-development (CSD) theory addressed distortions in thinking about the self- characterized by feelings of powerlessness and worthlessness, and of others- in the form of mistrust, experienced by survivors of childhood trauma (McCann and Pearlman 1990). CSD theorists also noted how childhood victimization negatively impacted individuals' feelings of mastery- or self-capacities- regarding maintaining connections to others, establishing a stable sense of self and identity, and managing affect (Brock et al. 2006). Distortions in thinking about others were presumed to undermine the individual's ability to form secure attachments (Waldinger et al. 2006). CSD constructs were expanded from a focus on childhood victimization to address challenges faced by survivors of other forms of trauma. Research findings indicated that trauma exposure resulted in diminished feelings of power, control, and safety, and heightened feelings of fear (Cloitre et al. 2005; Giesen-Bloo and Arntz 2005; Kolts et al. 2004).

The Experience of Trauma is Unique to the Individual

Constructivist self-development theory and the research it prompted led to the realization that individuals exposed to a similar- or even the same- traumatic event experienced it in their own unique way based upon personal, social, and cultural variables (Elliott and Urquiza 2006; Ullman and Filipas 2005). Traumatic exposure was seen as a *psychological* event as well as a physical experience. This realization led to efforts to identify factors that increased or mitigated the risk of being traumatized.

Risk and Protective Factors

Individual and community support has emerged as a powerful variable that may mitigate or increase the risk of traumatization in response to a stressful event (Feinauer et al. 2003; Ruggiero et al. 2004; Twaite and Rodriguez-Srednicki 2004; Whiffen and MacIntosh 2005). Social support is important both at the time of exposure to trauma and long-term, as individuals struggle with aftereffects (Sippel et al. 2015). This factor is multi-dimensional and includes validation and understanding, acceptance, affirmation, and availability of appropriate resources. The absence of support, which includes blame and/or accusation, continued exposure to the experience, and the lack of acknowledgement of the impact of the event, places survivors at greater risk of experiencing the social, behavioral, emotional, and physical symptoms associated with traumatization.

Prior emotional functioning may either intensify or mitigate the impact of a traumatic event (Andres-Hyman et al. 2004; Bradley et al. 2005). Individuals with pre-existing mental health problems are at greater risk of being traumatized. Emotional, psychological, and psychiatric problems that are common responses to traumatic exposure may have *preceded* the exposure, or at least have been exacerbated by it (Breslau 2002).

Adversarial and Post-traumatic Growth

Researchers also examined how individuals who have been exposed to potentially traumatic events benefited from their experiences. Benefits have been found to include: reordering of priorities, an enhanced or new sense of spirituality, a deeper appreciation for life and for loved ones, and increased feelings of self-efficacy, empathy, and concern for others (Bonanno 2004; Linley and Joseph 2004; Tedeschi and Calhoun 2004). Research also indicates that when individuals can identify positive aspects of their traumatic experience, they are likely to experience fewer negative long-term consequences (Linley and Joseph 2004).

Trauma and Neurobiology

A recent advancement in the understanding of trauma is the recognition that trauma exposure results in neurobiological changes that interfere with the brain's ability to process trauma and affects the body's stress response systems (Nemeroff and Binder 2014). Ongoing research substantiates the role that these maladaptive brain processes play in explaining symptoms that had been viewed as purely psychological, emotional, and/or psychiatric. Physiological changes-including increased heart rate, respiration, and blood flow- in response to stress serve an adaptive function by allowing the body to rapidly respond to threat (Perry 2016). However, continued traumatic exposure or to an event that overwhelms the body's stress response system ultimately compromises the body's regulating systems including memory and affect. Research also indicates trauma exposure

in childhood- particularly when it is ongoing- affects brain development and can lead to permanent neurological damage in the same regulating systems (Nemeroff and Binder 2014; Perry 2016).

Indirect Exposure to Trauma

Studies of clinicians who work with survivors of trauma reveal that they are themselves at high risk of being indirectly traumatized. Three reactions have been discerned: secondary traumatic stress, vicarious trauma, and compassion fatigue. These terms often are used interchangeably, but each refers to a distinct manifestation. In this article, the term indirect trauma is employed to refer to the overall impact that working with trauma survivors has on clinicians.

The first two manifestations of indirect trauma mirror those of survivors. *Secondary traumatic stress* refers to symptoms clinicians working with trauma survivors experience that are with consistent with PTSD: persistent, intrusive thoughts and images of clients; hypervigilance; re-experiencing the client's trauma in recollections and dreams, and hyperarousal (Bride 2004). In the most recent *DSM* (APA 2013), the expanded stress disorders diagnosis includes secondary traumatic stress. The term *vicarious trauma* refers to changes in cognition that lead to clinicians adopting a worldview characterized by suspicion, pessimism, and powerlessness (Cunningham 2003, 2004; Pearlman and Saakvitne 1995; van Deusen and Way 2006).These cognitive changes parallel those experienced by trauma survivors themselves and stem from practitioners experiencing indirectly clients' vulnerability and powerlessness in the face of horrific events and/or interpersonal victimization. *Compassion fatigue* can and does occur in many practice contexts and reflects clinicians' inability to empathize with clients. It is particularly likely to occur among practitioners who work with trauma survivors due to the emotion toll that results from listening to survivors' narratives and witnessing their distress firsthand (Adams et al. 2006; Berzoff and Kita 2010; Figley 1995).

Indirect trauma is seen as an inevitable consequence of working with trauma survivors (Cieslak et al. 2014). Therefore, emphasis is placed on practitioners being proactive in mitigating and managing its effects. Indirect trauma is different from burnout and countertransference, but it may lead to one or both phenomena (Berzoff and Kita 2010; Salston and Figley 2003).

Risk and Protective Factors

Indirect trauma appears to be higher among professionals who have less education, are newer to their jobs, and have the most and least experience working with trauma survivors (Harr and Moore 2011; Molnar et al. 2017). In the author's study (Knight 2010) of social work students and their field instructors, virtually all participants evidenced signs of indirect trauma. For example, on a standardized measure of vicarious trauma, social work students scored higher than a sample of trauma therapists overall and on nine of ten subscales. This included measures of trust in self and others, personal safety, and control.

There is some evidence that clinicians who experienced childhood trauma are at higher risk of experiencing indirect trauma (Baird and Kracen 2006; Nelson-Gardell and; Harris 2003). It is unclear whether previous exposure to other forms of trauma predisposes practitioners to indirect trauma, since empirical inquiry has narrowly focused on childhood victimization.

An organizational climate that validates and normalizes workers' reactions mitigates the risk, while one that is perceived as unsupportive increases it (Brockhouse et al. 2011; Dombo and Blome 2016). Lower risk is associated with organizational and supervisory environments that promote self-care and convey to staff that ameliorating indirect trauma is an organizational responsibility as much as an individual one (Hensel et al. 2015; Layne et al. 2011; Salloum et al. 2017; Sprang et al. 2017).

Vicarious Resilience

Vicarious resilience- or vicarious posttraumatic growth- has been observed among clinicians working in varied practice contexts (Barrington and Shakespeare-Finch 2013; Cosden et al. 2016; Frey et al. 2017; Molnar et al. 2017). Consistent with the research of adversarial growth in trauma survivors, researchers have attempted to identify ways in which clinicians benefit from working with trauma survivors. Positive outcomes include enhanced appreciation for one's advantages in life, a re-ordering of personal goals and priorities, increased sense of professional competence and resourcefulness, and heightened capacity for compassion and empathy. Affirmation of strength and resilience also has been found to exist among clinicians who are themselves survivors of trauma (Killian et al. 2017).

Trauma-Informed Practice and Care

The trauma-informed conceptualization recognizes that "any person seeking services or support might be a trauma survivor… [Treatment must] recognize, understand, and counter the sequelae of trauma to facilitate recovery" (Goodman et al. 2016, p. 748). Epidemiological studies have found that most adults have been exposed to at least one event that could be characterized as traumatic (Beristianos et al. 2016; Gillikin et al. 2016). Further, a history of trauma exposure,

especially in childhood, is disproportionately high among clinical populations in mental health, substance abuse, forensic, domestic violence, child welfare, homeless, and sexual assault settings, among others (Alvarez et al. 2011; Glad et al. 2017; Helpman et al. 2015; Rossiter et al. 2015).

While TI "practice" and "care" often are used interchangeably, *practice* is more accurately applied to clinical intervention, while *care* refers to the organizational context within which services are provided to clients. TI practice requires an organizational climate that supports it through the assignment of caseloads, availability of TI supervision, and support for self-care (Bassuk et al. 2017; Conover et al. 2015).

Core Principles

Trauma-informed practice is based upon five principles that reflect the research findings summarized previously (Berger and Quiros 2016; Conover et al. 2015; Goodman et al. 2016). The principles reflect "the direct opposite conditions of persons who have experienced traumatic events" (Hales et al. 2017, p. 318).

Since trauma survivors often experience the world—and, in many cases, other people—as unsafe, *safety* is an essential feature of TI practice. This includes physical and emotional safety. Physical safety considerations include the location and nature of office furnishings, comfort of agency public spaces, and assurances of privacy. Emotional safety depends upon a working relationship in which clients experience validation, understanding, and support. Safety is interdependent with *trust*, the second principle, which requires clinicians to establish and uphold clear and consistent boundaries, protect confidentiality to the extent that is possible (and explain ahead of time when confidentiality may need to be violated), and maintain open and honest communication (Knight 2015; Becker-Blease 2017). Trustworthiness requires cultural awareness, since cultural identity influences individuals' experience of trauma exposure (Berger and Quiros 2014; Mattar 2011). Trust also includes helping clients trust themselves and develop the self-capacities needed to manage feelings and successfully address problems in living.

A third characteristic of TI practice is *empowerment*. The working relationship, itself, should be empowering, allowing clients as much control as possible over their goals and the means to achieve them. Regardless of the specific focus of intervention, emphasis is placed upon helping clients achieve greater mastery over their lives. Client empowerment depends upon clients having *choices*, the fourth characteristic of TIP. This requires that the worker adhere to core social work ethics: informed consent, clients are the experts of their lives, and respect for cultural identity. Finally, *collaboration* between worker and client reinforces client choice and empowerment.

Implications of Trauma-Informed Principles for Social Work Practice

Social work practitioners, educators, and researchers acknowledge the importance and necessity of integrating trauma-informed principles into the delivery of social work services. However, insufficient resources and continued misunderstanding of and confusion surrounding the application of a trauma-informed perspective have undermined implementation efforts. Therefore, research indicates that trauma-informed practice and care remain ideals rather than reality in most social work practice settings (Bassuk et al. 2017; Becker-Blease 2017; Branson et al. 2017; Conover et al. 2015).

In settings that provide services to clients in the immediate aftermath of trauma exposure, TI practice helps clients make meaning of their experience and develop ways of coping with associated behavioral, emotional, social, and psychological problems. Emphasis is placed upon promoting resilience and mitigating long-term negative effects (Burton et al. 2015; Kirst et al. 2016). These settings are best viewed as trauma *specific, focused*, or *centered*.

Most survivors of trauma are seen in practice settings that are neither trauma-focused nor specific (Jones and Cureton 2014). These settings- child welfare, forensics, health, school, mental health, homeless services, family services, addictions, and the like- are the ones in which social workers are most likely to be employed and social work students to be placed. In these settings, trauma survivors' concerns are likely to be associated with current problems in living rather than the past trauma that may explain and be associated with them (Becker-Blease 2017; Berthelot et al. 2014; Branson et al. 2017; Gillikin et al. 2016). TI practice in these settings requires that social workers adhere to the five core principles and understand "the ways in which current [client] problems can be understood in the context of past [trauma exposure]" (Knight 2015, p. 26). Social workers are likely to struggle with how to address past trauma when their practice is focused on, for example, addiction, child protection, or homelessness. If underlying trauma is dismissed, not recognized, or is responded to in a way that is uninformed, this increases the risk of re-traumatization and invalidates clients' experiences.

Integrating Trauma-Informed Principles into Field Instruction

Trauma-informed field instruction requires that field instructors be well-versed in trauma theory and research, as well as the principles of TI practice. In settings that are not trauma-specific, which are common for generalist and foundation year social work students, field instructors must learn how they and their students can work within their agency-defined

role and still adhere to the five TI principles. Without this understanding, social work students and their field instructors are likely to overlook the role that trauma plays in the present-day challenges faced by their clients as the following scenario demonstrates:

> Mark was placed in the public defenders office. He was tasked with collecting relevant history from clients awaiting sentencing that would be presented to the court in advance of their sentencing hearing. He meets with each of his clients once, usually in a detention facility. When Mark met with Travis, who had been charged with assault with a deadly weapon, the client disclosed that his mother's boyfriends "did sex stuff" with him. In his meeting with his field instructor, Mark said that he wanted to pursue what Travis meant by this but didn't think he should since he was "just supposed" to collect information that might help the client in court. His field instructor agreed that he made the right choice. Mark, however, believed that he let his client down.

Mark's assessment is correct. While it was beyond the scope of his role and purpose to encourage Travis to elaborate upon his comment, Mark's avoidance of the disclosure invalidated the client's experiences. Mark's field instructor failed to appreciate how Travis's possible sexual abuse as a child might factor into his current problems with the law *and* how this might affect the outcome of his trial.

Contrast the previous example with the following:

> Sandy is placed in a housing and rehabilitation program for homeless veterans. She has been working as a case manager with Tim, a 45-year-old Army veteran who has been homeless for more than 2 years. Tim also has an addiction to opiates and alcohol. Tim has been in the program for 1 month and is likely to remain a resident for another 3–4 months. She meets with him weekly to see how he is progressing on the goals that he and the clinical team have established. During these meetings, Tim has begun to disclose his memories of combat in the Mideast, which included seeing friends blown-up from improvised explosive devices and women and children killed by allied forces. When Sandy meets with her field instructor, Matthew, she tells him she does not know how to help Tim: "I'm not a therapist just a case manager". Sandy also becomes teary-eyed as she relates to Matthew some of the experiences that Tim shared with her. Matthew assures Sandy that she does have the skills needed to help Tim with what he has disclosed, and he also validates how difficult it is to hear stories such as Tim's:
>
> Matthew: A lot of our clients have seen and done terrible things. That's why a lot of them end up homeless and addicted. And it's really hard to hear their stories. Over the years, I've learned ways to deal with my feelings. I'm thinking we could take some time to help you do the same. No matter where you work or who you work with, your feelings can get the best of you. But, how about we first talk about how you can be- really how you are—being helpful to Tim.
>
> Sandy: Great, because I feel like I'm not qualified to help him!
>
> Matthew: You're not giving yourself enough credit! First off, you listened to his recollections and expressed your concern for him and sadness for what he experienced, right? That means you validated his experience and what it meant for him. By letting him talk about this, you are helping him manage his feelings.
>
> Sandy: But he needs so much more than I can provide.
>
> Matthew: Well, I agree, that your role doesn't allow you to provide him with in-depth counseling, but as his case manager, you do have the ability to validate his concerns, identify resources that can help him deal with his war experiences, and support the positive changes he has been making. Those are all incredibly important for Tim.

Matthew had not been trained in trauma-informed practice or supervision. However, his work with Sandy is consistent with TI principles. Trauma-informed supervision simultaneously addresses supervisees' potential for indirect trauma and assists them in responding appropriately and in non-traumatizing ways to clients with histories of trauma. The *content* of field instruction exists within a climate that reflects safety, trust, empowerment, choice, and collaboration.

Safety and trust seemed to already exist in this field instruction relationship, as evidenced by Sandy's willingness to disclose her feelings about her work. Matthew uses his own experiences with indirect trauma to normalize Sandy's reactions and suggests they spend time identifying ways to manage them, which is empowering and reinforces safety and trust. He does not intend to tell her *what* to do to manage her feelings; he will help her decide this for herself, consistent with collaboration, empowerment, and choice. Finally, Matthew helps Sandy see how she can practice within her role as a case manager and still address in a meaningful way Tim's underlying experience with trauma.

Trauma-informed field instruction builds upon three basic responsibilities that are required for effective field instruction. These functions are interdependent and include educating the student, creating a learning environment that is conducive to learning, and attending to students' personal and affective reactions to their work and the supervisory relationship.

Education: Convey Knowledge of Trauma and Trauma-Informed Practice

Since social work education continues to lag in its teaching about trauma and trauma-informed practice, it may fall to field instructors to assume this responsibility. Research indicates that instructors' educational responsibilities must be tailored to their students' unique learning needs (Bogo 2005). Findings further substantiate that field instructors' educational tasks are most effective when they occur in a climate of mutuality, in which students are active participants in their learning (Miehls et al. 2013). Consistent with TI principles, the field instructor and student should engage in a *collaborative* learning endeavor.

Knowledge of the following topics is critical to students' ability to work with survivors of trauma:

1. The meaning of trauma in clients' lives;
2. The short- and long-term effects of trauma exposure;
3. The relationship between trauma exposure and challenges that clients currently experience;
4. The impact that trauma exposure has on clients' beliefs about self and others;
5. The impact that these beliefs have on clients' willingness and ability to engage in a working relationship with students; and
6. Intervention techniques that promote the five principles of TI practice consistent with students' roles within the agency.

The following example comes from an outpatient drug treatment program. The agency has made concerted efforts to adhere to TI principles in service delivery, paying particular attention to a history of sexual abuse, since this is common among many of its clients. Erin has been assigned to conduct an intake for a new client, Sylvia, who is self-referred for an addiction to cocaine. This is the first time that Erin will be conducting an intake on her own, though she has observed and participated in several intake interviews with her field instructor, Susan, and other agency social workers. The intake includes several questions designed to elicit clients' experiences with trauma generally, and sexual abuse in particular. Erin and Susan meet in advance of the intake to prepare Erin for this client encounter.

> Susan: So, you're seeing Sylvia this afternoon. I'm wondering how you are feeling?
> Erin: Nervous! But also excited. I'm glad I've gotten to see how you do this. It makes me feel more like I won't mess up.
> Susan: Good to hear! I'm wondering what your thoughts are about asking Sylvia about any possible abuse history? I've been conducting these interviews for a lot of years, but I still find it hard to ask about this stuff. I hate to bring up a topic that might be painful for the client. I find myself holding my breath- hoping that when I ask, the client will say no!
> Erin: I'm kind of feeling the same way. I know that if our clients have been abused, it's important we know about it as soon as possible to make it part of our treatment plan. But, I'm scared that if she tells me something did happen, I won't know what to say.
> Susan: Okay, suppose Sylvia does disclose she was abused in some way? Where do you go from there? Remember we've talked about how important it is to validate our clients' experiences and feelings? That's a place to start. How might you go about doing that?

At this point, Erin and Susan discuss ways that Erin could respond to her client potential disclosures.

Susan's actions reflect a solid evidence base and are consistent with TI field instruction. First, she paved the way for Erin to be more independent by allowing her to sit in on and participate in sessions with clients. Encouraging students to observe professionals and debrief afterwards assists them in understanding the "nuanced" aspects of practice (Bogo 2015, p. 319). Second, Susan helps Erin prepare for her interview using a variant of role playing, fostering Erin's ability to integrate theory and research with practice and enhancing her confidence (Bennett and Deal 2012; Bogo 2015; Miehls et al. 2013).

Third, Susan refines Erin's understanding of the needs of trauma survivors as well as how to approach the topic in a sensitive way in the intake interview. Rather than lecturing Erin, Susan engages in a "mutual reflective dialogue" (Bogo 2015, p. 320). Fourth, Susan encourages Erin to play an active role in her learning and asks her to identify her learning needs-what she believes she needs to know before she meets with Sylvia for the first time.

Supervisory Environment: Creating a Climate that Promotes Learning

Framing the field instructor–student relationship as a reciprocal one reflects the TI principles of safety and trust. Evidence underscores the importance of attending to the relational aspects of the field instruction relationship (Bennett et al. 2012; Ornstein and Moses 2010). A supervisory relationship characterized by a secure attachment promotes learning as well as self-reflection and independent thought and action. Bennet and Sak's (2006) description of the "ideal" student scenario is consistent with trauma-informed supervision:

> [Students] are willing to ask for assistance and…they accept feedback and instructions…in a flexible manner, shifting from dependence to exploration…Self-

> reflective about their interventions and their own professional development, their presentations about their work are organized and coherent. They are able to discuss tough issues and examine their personal roles in their clinical relationships…(p. 674).

A supervisory environment that promotes safety and trust allows for exploration of students' experiences with indirect trauma. This environment also is one that empowers students. A collaborative relationship between student and field instructor enhances feelings of mastery and self-efficacy (Bennett and Saks 2006; Bogo 2015). This also encourages the student to be self-directive in identifying learning needs, a reflection of the TI principle of choice. The previous supervisory session between Susan and Erin continued, with Susan asking:

> Before we wrap up our session, how do you think you'd *feel* if Sylvia tells you she was abused? Have you thought about that?
> Erin: I think I'd feel sad, sorry for her, angry for her.
> Susan: All normal and understandable feelings, right? (*Erin nods*) And you and I are going to keep talking about how our work affects us, because it sure does, as you can tell from what I've told you before about my reactions.
> Erin: I'm finding that out! (*Smiles*)

Susan's disclosures about her struggles with indirect trauma normalize and validate Erin's reactions, indicating she attends to the relational aspects of her supervisory relationship with Erin (Ornstein and Moses 2010). Erin's willingness to discuss her anxieties about her upcoming meeting with her client suggests that Susan has created an environment that Erin experiences as supportive and one in which she can openly discuss her concerns (Strozier et al. 2000).

In a previous example, the field instructor, Matthew, also revealed to his supervisee, Sandy, his experiences with indirect trauma. Consistent with considerations associated with self-disclosure in social work practice, Susan's and Matthew's disclosures in supervision are limited and intentional; they validate and normalize their supervisee's reactions. In both instances, the supervisors' self-disclosures fostered their students' willingness to acknowledge and discuss their affective reactions to their work. This is consistent with research findings that reveal that supervisor self-disclosure is associated with supervisee comfort and willingness to disclose and discuss sensitive and difficult topics (Bennett et al. 2012; Mehr et al. 2010, 2015).

While not obviously apparent from the two excerpts, Susan and Matthew maintain appropriate boundaries, having clarified from the beginning of the placement how they and their students would work together (Ganzer and Ornstein 2004). Their disclosures about their reactions to their work with survivors pave the way for their students to do the same. The field instruction relationship is not a therapeutic one, but the "interpersonal worlds" of student and field instructor (Ornstein and Moses 2010, p. 108) are important considerations when discussing work with trauma survivors (Berger and Quiros 2016; Bride and Jones 2006).

Working with trauma supervisors will inevitably generate strong affective reactions for both field instructors and their students. Therefore, a notable aspect of trauma-informed supervision is understanding and making use of parallel process. It has long been accepted that interactions between supervisors and their supervisees will mirror reactions to and interactions with clients. Contemporary conceptualizations of parallel process recognize its inevitability and bidirectionality (Bennett et al. 2012; Miehls 2010). This dynamic is no longer viewed solely or even mostly as a manifestation of transference or countertransference. Authors observe that parallel process reflects the subtle interplay of the personalities of the supervisor and supervisee as they genuinely engage with one another and with clients (Miehls 2010). Further, it need not be a disruptive force in the supervisory alliance. When this is the case, however, the field instructor must address its manifestations directly. This is especially important when it is the field instructor's reactions that are at play.

Whether disruptive or not, parallel process provides the field instructor with unique teaching and learning opportunities (Strozier et al. 2000). As this dynamic is examined in supervision, both student and field instructor deepen their understanding of themselves and one another. The field instructor's actions in this regard model for students how to handle similar situations when they surface in their work with clients (Miehls et al. 2013; Schamess 2012). They also are consistent with the trauma informed principles of collaboration and empowerment. "Supervision relationships [in trauma work] are most meaningful, when co-created, and where supervisor and supervisee anticipate a reciprocal process that may reflect enactments of treatment scenarios that surface in the supervisory relationship" (Miehls 2010, p. 377).

In this last example, the setting is an inpatient psychiatric facility. The field instructor, Ricardo, addresses tension that has surfaced in his relationship with his student, Tanya. The student has been working with Marcus, a patient on the forensic unit, preparing a report for his court appearance on charges of assault with a deadly weapon. In previous supervisory sessions, Tanya emotionally described what she has learned about Marcus's childhood: he witnessed the murder of an older brother; was physically abused by his father; and was placed in numerous foster homes in which he was physically and sexually abused. In their current meeting- which occurred 3 weeks before Tanya's placement was ending- she reported that she had promised Marcus she would

accompany him to his court hearing, which was to occur after the placement ended.

> Ricardo: Whoa, Tanya, we need to talk about this. I understand you want to be there for Marcus for his trial, but once you leave us, you're no longer his social worker.
> Silence
> Ricardo: Tanya…..so…what are you thinking? You look pissed.
> Tanya: Marcus has nobody! Not one person! He's told me that I'm the first person who has been nice to him, been there for him. I have to go! It's not fair to not let me go!
> Ricardo: I'm not keeping you from going. I *am* reminding you that, when you terminate, your work with your clients is over, and I'm afraid that includes Marcus.
> Silence
> Ricardo: Tanya, I know this is tough. I know you care about him. And, yes, I know that Marcus has had no one, and you have been there for him. You seem angry with me? Maybe for reminding you of boundaries?
> Tanya: I just don't think boundaries should matter in this case. I have been his social worker for 4 months. You don't understand how hard it's been on him! I don't think you're being fair to him or me.
> Ricardo: I get that you're upset, and I'm glad you can tell me. I hope you'll consider the possibility that it's not really me you're angry at. Maybe you're angry at the situation- that you can't be there for him when he needs you to be. Angry at all those people that weren't there for him when he needed them. Maybe you're even feeling a little guilty? That you are'abandoning' him when he needs you the most?
> Silence
> Tanya: I'm sorry. I'm being disrespectful.
> Ricardo: Nothing to apologize for! You care about Marcus, and you have to terminate with him at a critical juncture in his life.

Tanya's willingness to reveal her anger to Ricardo suggests that their supervisory alliance promoted honest and open discussion. Ricardo does not respond defensively or in an accusatory manner to Tanya's reactions, consistent with research that indicates that negative reactions or no reaction at all undermine students' learning and the supervisory alliance (Bennett et al. 2012; Ornstein and Moses 2010). Instead, he normalizes Tanya's reactions and validates the understandable feelings of sadness, anger, and guilt that accompany ending her work with Marcus. As their discussion proceeded, Tanya was able to see how her personal feelings for Marcus- which were reasonable under the circumstances- led to a blurring of boundaries. Ricardo also helped Tanya see how she could terminate with Marcus in a way that would minimize feelings of abandonment and empower him to continue with his goals. Traditional conceptualizations of parallel process would frame Tanya's reactions to her client as countertransference and her field instructor as countertransference. As noted, contemporary notions view them as normal and expected components of practice and supervision.

Attend to Students' Reactions: Managing Indirect Trauma

The field instructor must be proactive in addressing manifestations of indirect trauma. This begins with normalizing and validating students' reactions. It can include making an "affective check-in" (Etherington 2009) a routine aspect of supervision. The field instructor queries students about their emotional responses to their work, and, as needed, offers students an opportunity to discuss reactions that are problematic and may interfere with their work and/or impact their personal lives.

Appropriate use of this strategy requires that students and field instructors have a clear understanding of boundaries as well as a shared understanding of why the check-in and the conversation that may follow are necessary for students' professional development. In an earlier example, the field instructor, Matthew, normalizes his student's reactions by disclosing the challenges he has faced working with traumatized clients. In another case scenario, the field instructor explores her student's possible feelings *in advance* of the student's meeting with the client, and in the final example, Ricardo directly addresses manifestations of transference. In each instance, students' reactions are normalized, lessening their negative impact.

Conclusion

Trauma-informed field instruction builds upon supervisory skills that already have a strong evidence-base and are widely acknowledged to further students' learning in the field practicum. School and programs of social work have a responsibility to educate field instructors about trauma, its impact on clients and workers, and the nature of trauma informed practice. TI field instruction can only be effective if supervisors understand the nature of their and their students' practice. Field instructors also must understand how they can integrate the five trauma informed principles into their supervision. Emphasis should be placed on helping field instructors understand how supervisory skills they *are already using* and that have a strong evidence base fit within a trauma informed context. A straightforward way to foster field instructors' education is to offer continuing education workshops on trauma that meet licensure requirements.

Trauma-informed field instruction cannot exist without organizational support and a climate that is itself trauma-informed (which is often referred to as trauma-informed care) and adheres to and promotes the five TI principles with respect to organizational climate and culture, the treatment of clients and staff, and physical plant. (Bassuk et al. 2017; Conover et al. 2015). This includes reinforcing the need and providing opportunities for self-care as well as other avenues for support for clinicians, administrative staff, and supervisors.

Unfortunately, organizations in which students are most likely to be placed have been slow to embrace trauma informed principles. Therefore, when field instructors engage in trauma-informed supervision, they and their students are likely to be challenged by an organizational environment that does not recognize the unique aspects of working with trauma survivors. Therefore, future efforts must not only be directed at helping field instructors adopt a trauma-informed orientation, but also at advocating that their employing organizations do the same. Most fundamentally, social work education, itself, must become more trauma informed. As social workers become more trauma informed, the agencies and organizations that employ must be encouraged to follow suit.

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