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Trauma-Informed Care: Victim's Advocacy at the Individual Level

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Advocacy on an Individual Level

At colleges and universities in the United States, victim/survivor¹ advocacy occurs on multiple levels: with the individual, within organizations, and at an institutional level. Professionals who perform these important advocacy responsibilities, at any level, may have professional training and formal education in a variety of academic disciplines with crisis and case management skills. The purpose of this brief is to investigate the specific skills needed, within a trauma-informed care lens, for individual level victim's advocacy² at differing institutional types (e.g., large public, small private, community college, mid-sized public/private institution).

Much of victim's advocacy is rooted in using a trauma-informed care approach and begins with a specific trauma survivor who is in immediate need of help or services. Individual advocacy includes re-establishing power and control to the survivor. Through a trauma-informed care approach, this brief will examine three categories of individual level victim's advocacy work 1.) crisis intervention and goal identification (Logan & Walker, 2018); 2.) university systems coordination: accessing the network of colleagues within institutions of higher education (IHEs) to coordinate appropriate academic, housing, and co-curricular accommodations; and 3.) process advocacy & post-intervention care. Process advocacy and post-intervention care provides the necessary space for survivors to evaluate their choices to file a report either with the university's conduct process and with the criminal justice system, to prepare for these proceedings with their advocate, and to refer survivors to medical professionals to help with the short-and long-term effects of this harm. Each of these categories requires a specific yet overlapping professional skill set. Within each category, basic knowledge and some skill competencies are described below.

Trauma-Informed Care During Crisis Intervention

Advocates are among the first psychological responders to help a victim³ access university service and support. Trauma, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) is “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 has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being” (p. 7).

Sexual assault, domestic/dating violence, sexual harassment, and stalking (collectively referred to as sexual and interpersonal violence in this brief) are traumatic events and survivors of these events may experience a wide range of traumatic responses that manifest physically, behaviorally, mentally, and emotionally (Klein & Martin, 2021). Survivors⁴ may experience hypervigilance, trauma reenactment, loss of feelings of safety, memory loss, and/or emotional dysregulation (Bloom & Farragher, 2013). Victim's advocates take great pride in valuing and enacting trauma-informed care approaches when helping the survivor. Borrowing from colleagues in community mental health services, trauma-informed care has five principles: safety, choice, collaboration, trustworthiness, and empowerment (Harris & Fallot, 2001).

1 Throughout this brief, I use the convention victim/survivor to encompass the broadest possible identification of students enrolled at a institutions of higher education (IHEs) who experience sexual/interpersonal violence.

2 Specifically, I refer to professionals who support, help, and provide intervention (at any level) to individual students enrolled at IHE's who have experienced sexual/interpersonal violence, as victim's advocates. Within this role, these professionals also support, help, and provide intervention for survivors of sexual violence. At Case Western Reserve University, the University Advocate, housed in the Mather Center, is required to complete Ohio Alliance to End Sexual Violence (OAESV) advocate training.

3 For clarity purposes only, I use the term victim to refer to students who may be initially accessing support services after choosing to disclose sexual/interpersonal violence regardless of when the violence occurred.

4 I use the term survivor when referring to situations where either the situation signifies on-going services and/or post-traumatic growth. Certainly, the individual student may identify more closely with the term survivor or victim (or another term) and advocates should use the term the person prefers.

Safety

Safety is a basic human need.

Centering physical, psychological, and social safety is an integral part of victim's advocacy.

Choice

Choice is victim-centered decision-making.

Honoring a victim's voice as they choose options that are in their best interest is trauma-informed care.

Collaboration

When victim's advocates collaborate with other professional helpers, they allow survivors to seek support options that best fit their individual needs.

Collaborative working relationships honor survivor disclosure choices.

Trustworthiness

The goal is to build trustworthy relationships among advocates and students before services are needed.

Providing options and process transparency is one way to build trust.

Empowerment

Validating and affirming survivor's choices empower their decision-making.

Prioritizing empowerment during conversations with survivor's helps to re-establishes power and control.

Trauma-Informed Care Principle One: Safety



Re-establishing a victim's sense and feelings of safety is an important initial step. Safety is a basic human need but does not have a universal definition in a trauma-informed space (Bloom & Farragher, 2013; SAMSHA, 2014). Creating a physically, psychologically, and socially safe environment is a baseline expectation for meeting with victims of sexual and interpersonal violence. East Tennessee State University, a regional comprehensive university located in the Appalachian region of the United States, trains its faculty to implement trauma-informed care in their classroom pedagogy.

Victim advocates can easily adapt one of ETSU's trauma-informed recommendations by describing the location and physical layout of their offices before a first meeting. Noting where windows are located, how tables and chairs are set up, and who will be present allow victims to prioritize their physical and psychological safety. Through this transparency at the beginning of the interaction, advocates prioritize the victim's voice. This allows victims a choice to change the meeting location to a more comfortable confidential setting. This practice centers trauma-informed care through victim's making choices that best meet their needs.

Trauma-Informed Care Principle Two: Choice

Choice, in this context, is victim-voiced and victim-centered decision-making. Advocates can empower choice-making by outlining options at the victim's pace. Understanding how certain populations of students may define safety and choice after experiencing sexual and interpersonal violence can help victim's advocates respond to students' choice in culturally appropriate ways. For example, due to the prevalence of White supremacy, racism, and hegemonic masculinity, victim's advocates should recognize the well-placed concerns Black victims may have toward accessing university



counseling services and their deep skepticism in trusting university disciplinary processes and criminal proceedings. Advocates who have education and training in interlocking systems of oppression may be better positioned to offer options that are more psychologically and socially safe. Walker (2015) in his study on Historically Black Colleges and Universities (HBCUs) recommended that institutions partner and collaborate with local, state, and federal mental health organizations. Not only can these social services bolster the services offered on campus, but some students may choose these agencies because they are separate from their university. For some, this separation may feel like a safer choice.

Trauma-Informed Care Principle Three: Collaboration

Creating a professional network of on and off-campus organizations and agencies center the third trauma-informed concept of collaboration. Collaboration, within the individual victim's advocacy level, means victim's advocates build and maintain strong working relationships among key professional colleagues who have direct contact with students. Having a strong collaborative relationship among colleagues allows students to access support from any person with whom they have built positive relationships. These colleagues, in conversation with students, can enlist the services of the victim advocate. For example, Cuyahoga Community College, in Cleveland, Ohio, sponsors the Black American Council (BAC) whose purpose is to support student retention and academic success. BAC sponsors a mentee/mentor program where students are paired with professionals with shared interests, common careers, or a shared identity. Although professional mentors meet with their mentee to encourage involvement in programs and services offered at the College, mentees may disclose experiences of sexual/interpersonal violence. Through forging strong collaborative partnerships among professionals with direct student contact, victim advocates can work with their colleagues to honor the disclosure choices for survivors of sexual/interpersonal violence. Another campus partnership that is particularly important for queer survivors of sexual violence is collaboration between victim's advocacy and the LGBTQ resource or support center. Gay and bisexual students felt more strongly than their heterosexual peers that their college/university does not respond to sexual assault in a way that meets their needs (Krebs et al., 2016); and trans*, gender-queer, those who question their gender identity, or gender-nonconforming (TGQN) students experience a greater prevalence of sexual violence than their cisgender peers (Marine, 2017). Queer students may find a haven in the community that LGBTQ centers work to provide.



Collaboration at CWRU

At Case Western Reserve University (CWRU), a decentralized private university in Cleveland, Ohio, professional staff members in the LGBT Center work to create and maintain physical and virtual spaces free from all forms of harm. The professional staff partner with students to create community-based norms and standards, specific to their community's needs. For example, students agree to seek and gain consent before physical touching (e.g., a hug) and pronouns that are used in the LGBT Center space stay within that space as students' gender identity and expression are considered fluid and may change depending on the safety of the environment and person's choice. These agreed upon norms maintain a respectful, close-knit community.

Allegations of sexual violence within the LGBTQ community may be particularly disruptive to kinship formed at these centers. If either a victim does not wish to seek formal accommodations (e.g., a No Contact Order, class change), or if the formal process has just begun, LGBTQ center professionals can work with both the victim and the alleged perpetrator to maintain their involvement within the community through informal accommodations. For example, staff in the LGBT Center at CRWU have worked with the involved parties to informally accommodate each other. Students have agreed to leave the space if the other is present, to stagger their participation in Center-sponsored events, and to refrain from any direct or indirect contact. Informal accommodations, especially in communities that are close-knit, are important options for those in victim's advocacy-adjacent roles to empower victim's to make choices that are in their best interest.

Trauma-Informed Care Principle Four: Trustworthiness

The third principle of trauma-informed care is trustworthiness. The goal is to build trustworthy relationships among advocates and students before advocacy services are needed. Then, if advocacy services are needed, students know to whom they can confidentially disclose their experiences. Ultimately, advocates who build trustworthy relationships with students contribute toward students trusting others at the University to help them. One way for victim's advocates to establish trustworthiness before their services are needed is to take genuine interest in attending students' programs, social, and community events. Advocates can work with student leaders of specific student groups (e.g., LGBTQ+, Black, Latinx/Hispanic, Disabled, Native/Indigenous, students affiliated with Greek letter organizations, athletes) to attend their key campus events. Building a relationship outside of a traumatic experience may allow for more open communication.

Another important way to build trustworthiness is through option and process transparency. Although most victim's advocates are confidential resources, there are ethical and potentially legal limits to confidentiality. One of the more common limits to confidentiality is if a student discloses that they actively plan to harm themselves or others. Other college and university victim support professionals, however, may have a legal duty to

disclose and report information to appropriate Title IX coordinators and offices of equity so these professionals can accurately track instances of interpersonal sexual violence. Clearly explaining the limitations of confidentiality before victims' disclosure engenders trust; this allows the survivor to feel and be empowered to make choices that best serve them.



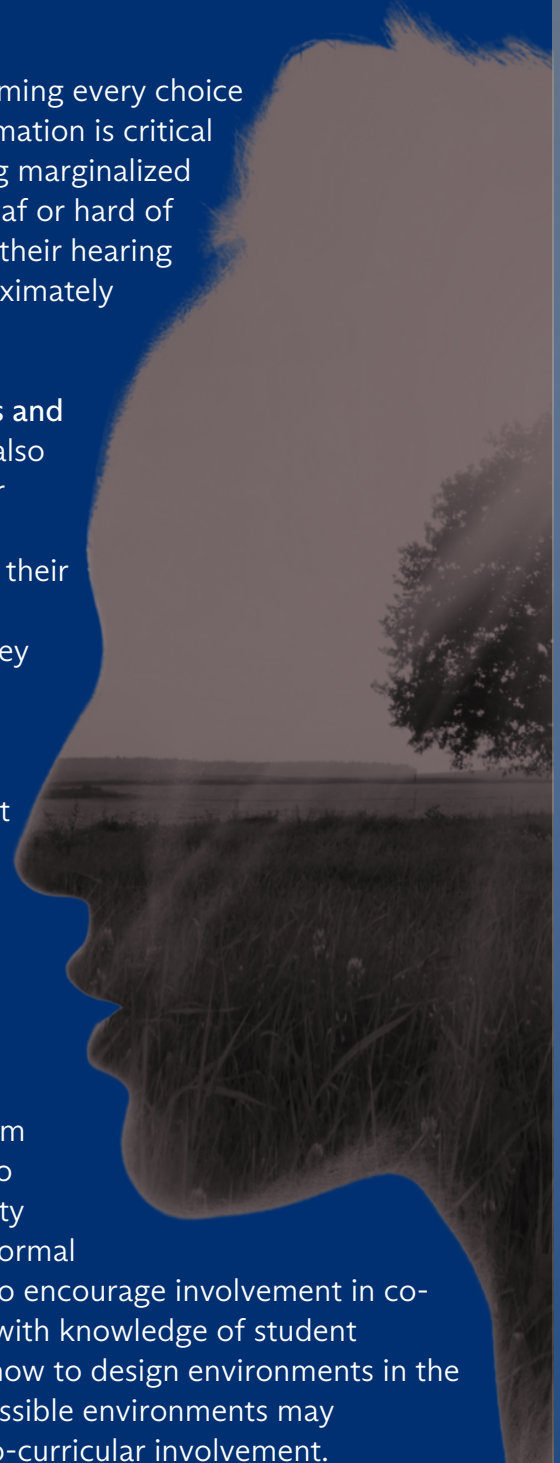
Trauma-Informed Care Principle Five: Empowerment

The final principle of trauma-informed care is empowerment. Empowering victims begins with informed decision-making. In essence, empowerment occurs when a person's strength is recognized, built on, and affirmed (SAMHSA, 2014). When advocates describe what they offer, explain the university conduct/ grievance process, what to expect from this process, and how to file a complaint, they help the victim identify their goals. When survivors identify goals, they are in a position of strength which the advocate can affirm and build on. One common goal is to reduce interaction with a perpetrator. Advocates can help victims identify and practice safety plans to achieve this goal. Common practices during safety plan conversations include making plans and contingencies for physical safety and practicing these plans empower survivors to feel more in control and to continue seeking resources (Logan & Walker, 2018). Practicing safety plans and identifying contingencies is trauma-informed care.

Advocates also empower survivors through validating and affirming every choice survivors make at every juncture. Although validation and affirmation is critical for all victims who access support from advocates, empowering marginalized student populations to seek help is important. For example, Deaf or hard of hearing students experienced sexual abuse at twice the rate of their hearing peers; risks of physical and psychological abuse increase approximately 2.5 times (Johnston-McCabe et al., 2011).

Advocates who are familiar with **identity development theories and applying** relevant theories in conversations with students may also be able to support students in different ways according to their identities. For example, advocates may be able to support a disabled student survivor who has not yet integrated their disability into their broader identity: the disabled survivor may internalize their disability as a weakness which, they believe, may have contributed to others abusing them. Internalized ableism may occur in addition to other areas of self-blame as survivors process through the abuse they experienced. Internalized ableism, like self-blame, may manifest as anger toward the disability itself. While in this angry space, survivors may not be able to advocate for what they need to create the most accessible environment to continue their decision-making (Forber-Pratt et al., 2020).

This contrasts with a disabled survivor who has accepted their disability as a part of their identity, and while they still may move through moments of self-blame, they may combat ableism through involvement. Students may extend their involvement to activism to advocate for specific accommodations and university supports for themselves and others. Accommodations can be formal (e.g., a No Contact Order) or informal (e.g., removing barriers to encourage involvement in co-curricular activities, see Evans et al., 2023). Victim's advocates with knowledge of student identity development theories may be particularly attuned on how to design environments in the most universally accessible way. Creating and maintaining accessible environments may encourage disabled students to continue their academic and co-curricular involvement.



Coordinating University Accommodations and Support

If victims need academic, residential, or co-curricular accommodations and supports, victim's advocates are key personnel to coordinate campus partners and systems to actualize these accommodations. Victim's advocates know university systems and collaborate with university colleagues to best meet the needs of the survivor. Victim's advocates may have an advanced listening skill set. Through active reflective listening (i.e., reflecting meaning, content, and feeling), victim's advocates can best analyze what information the survivor needs in the moment to empower their decision-making.

Survivors' needs, however, can, and do, change quickly. Flexibility is another key skill of victim's advocates (Globokar et al., 2019). Flexibility can engender survivor's long-term trustworthiness in both the specific advocate and broader university environment. For example, at CWRU, victim's advocates coordinate academic degree plans in collaboration with academic program colleagues and the Equity Office so the survivor and the alleged perpetrator are not in the same course at the same time. This coordination is done with the survivor's consent and participation. However, even with the best processes in place, students change courses and majors which could result in the survivor and perpetrator in the same class at the same time. Advocates and their academic affairs colleagues employ flexibility when they make changes to students' academic course registration while knowing this change could impact university systems, procedures, and budgets. These systems-level collaborations, among internal university stakeholders, are key partnerships to best support students.



Trauma-Informed Advocacy During University, Criminal, and Legal Processes

If survivors make decisions to file a complaint through a formalized university, criminal, and/or civil processes, victim's advocates demonstrate trauma-informed care through helping survivors navigate these systems. Victim's advocates transparently explain the differences among university conduct, criminal, and civil systems (e.g., why they differ, how and when they are employed, survivors' expectation for participation) so survivors can make the best-informed decision. Wood et al. (2021) found that although some survivors may be initially overwhelmed by the myriad options available to them, other survivors may feel empowered and more in control of their choices. Strong active listening and employing flexibility may help reduce the initial feelings of being overwhelmed to move to a more active state of empowerment regardless of the survivor's choices to move forward through conduct, criminal or civil systems of justice.

Victim's advocates who have knowledge of legal advocacy may be particularly suited to best explain the process to request a no-contact order and/or orders of protection. For example, no-contact orders are often imposed on both parties via the IHE's conduct system. No Contact Orders often serve as an interim measure until the formal conduct process concludes. Criminal or Civil orders of protection, however, may have a finite time (e.g., 5 years) and may be independent of filing a formal criminal or civil complaint. Victim's advocates who know how to explain these overlapping protective/no-contact orders can help survivors make the best choices to achieve their individual justice goals.

In addition to helping survivors navigate University systems, victim's advocates may also accompany survivors to all university conduct processes. Although accompaniment is an emotionally demanding aspect of advocates' roles, it demonstrates trustworthiness throughout a process that may not have victims' best interest in mind. For example, Lombardi (2019) suggested college and university conduct systems have practices that may re-victimize survivors. In giving the conduct/equity offices the benefit of the doubt about their own choices in implementing campus procedures, the offices may be limited in what they can do for survivors due to unclear legislation. For example, in the current Violence Against Women Act (VAWA), survivors, as reporting parties, are entitled to an advocate to accompany them to university-level hearings. Rebecca Veidlinger, an attorney and consultant who conducts sexual misconduct investigations and provides Title IX compliance counseling and training for institutions of higher education, suggested that a victim-centered attorney should accompany survivors to university hearings as their advocate; those who are university victim's advocates may be better suited to help with facilitating communication among university stakeholders (Veidlinger, 2015).

On one hand, having a victim-centered attorney may make the process more equitable, especially when responding parties may hire an attorney to serve as their advocate. However, survivors may not have established a trustworthy relationship with a victim's attorney and may choose to have the advocate who has helped them throughout the university process. Although the current Title IX regulations require advocates to have specific university policies and procedures training and limit advocates in their role (Title IX, Notice of Proposed Rulemaking, 2021), the legal training of a responding party's advocate may allow for victim-blaming questions situated as offering exculpatory evidence. A victim's advocate without advanced legal training may not be able to offer a quick argument to prohibit this type of questioning. Victim-blaming type of questioning could result in retraumatizing the survivor.

Post-Intervention Care

Another service that advocates provide is post-intervention care. Although post-intervention care may most likely be practiced after a survivor's experience a formalized process (e.g., University conduct system outcome, civil trial, etc.), survivors may need post-intervention care after any type of intervention (e.g., establishing a no-contact order, rearranging or changing courses). Some post-intervention strategies inherently use a trauma-informed care philosophy (Dougher, 2021). One common post-intervention care strategy is when the victim's advocate helps the survivor brainstorm and construct a plan for what happens after a university conduct process. In any type of formal conduct/judicial process, survivors need to describe the violence and communicate the impact this violence has had on their academic, social, physical and mental health. Adapting a safety and care plan after this experience enacts safety, choice, and empowerment. When survivors feel empowered, they may work to advocate for institutional change; victim's advocates may support survivors in work.

Final Thoughts

Advocates have myriad educational and experiential backgrounds. Across all backgrounds, victim's advocates have a strong foundation in trauma-informed care (i.e., safety, choice, collaboration, trustworthiness, and empowerment). Victim's advocates who have education and training in interlocking systems of oppression may be better positioned to offer choices to victim's that are psychologically safe. Advocates familiar with higher education administration have experience navigating complex organizational systems to best collaborate with others at IHE's to best serve survivors. Advocates with an understanding of higher education may know how to best validate and empower students to advocate for themselves in that environment. Foundationally, these backgrounds allow advocates to provide individual levels support in three ways: 1) during acute crisis phase; 2) coordinating University systems; and. 3) helping survivors navigate the complexities of university conduct and/or criminal and civil justice systems and by offering post-intervention care. We hope this brief helped advocates themselves, and those who hire and supervise them, examine ways their current skills/backgrounds best help those they serve.



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