

The Need for Trauma-Informed Care for Students Exposed to Sexual Violence

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Introduction

Violence and trauma of any nature can have long-lasting consequences and affect multiple areas of one's life directly and indirectly.

According to ACHA's Fall 2016 National College Health Assessment (NCHA) survey, Kent State University has a slightly higher prevalence of sexual violence than the national average.¹ We examine the sequelae of sexual violence on mental health-care needs, interpersonal relationships, feelings of safety, and stress levels of survivors of sexual violence compared to those not exposed to it in the last 12 months.

Research Questions

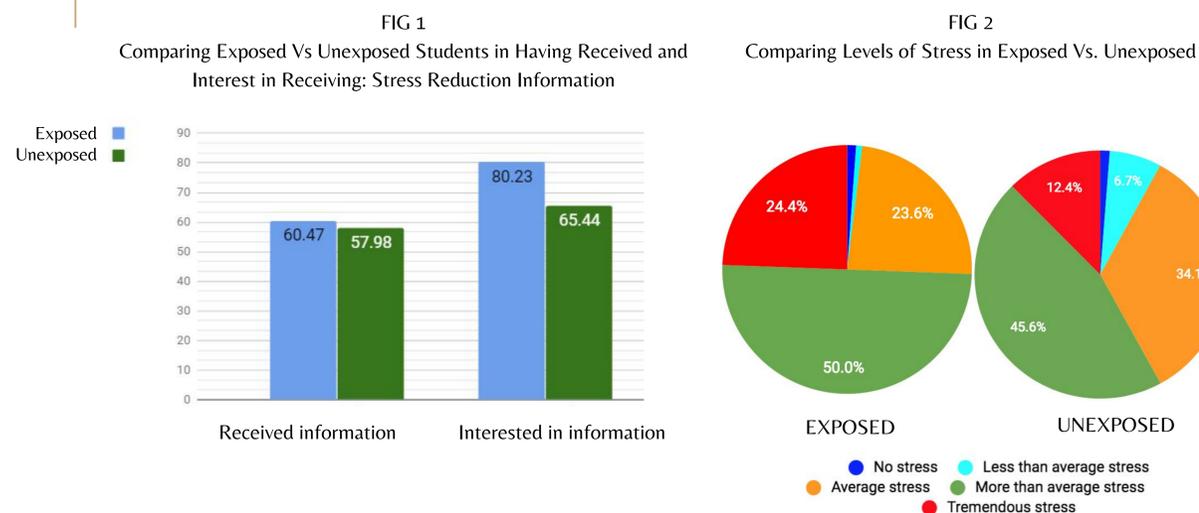
1. Do students at Kent State University who have experienced sexual violence significantly differ from those who have not experienced sexual violence regarding mental and physical health needs and utilization of support services?
2. Do these individuals report interest in receiving information and services related to the areas in which they differ from the unexposed population?

Methods

- Out of Kent State University's students' 2554 responses to the ACHA-NCHA IIc, our population of interest is students who have answered 'yes' to experiencing sexual violence (n = 258). Our variables of interest were general health, stress levels, mental health, feelings of safety on and around campus, and considering mental health support services in the future.
- While we want to focus only on the *reported* outcomes for the scope of this poster, i.e., descriptives, we also conducted bivariate analysis using Chi-square tests of association.
- In our study, sexual violence was defined as sexual touching, attempting, or succeeding in oral/vaginal/anal penetration without consent in the last 12 months.

Results

- Descriptives and Chi-square tests indicate that there are higher prevalences of undesirable interpersonal experiences, and lower perceptions of safety on and off campus among the survivors in comparison to students who have not reported experiencing sexual violence in the last 12 months. (FIG 3)
- Age (p-value <.0001) and Gender (p-value <.0001), and higher levels of stress (p-value <.0001) were also found to be significantly associated with being exposed to sexual violence using Chi-square tests of association.



Conclusions & Recommendations

- Although there was no statistically significant difference in terms of *having received* information about stress reduction (Chi-sq 0.59, p-value 0.4429) there was a significant difference in *interest in receiving information* about stress reduction. (Chi-sq 22.92, p-value <.0001).
- One possible explanation is that the stress reduction information available to students is geared towards managing academics, health, and substance use, not addressing stress associated with sexual violence. This highlights a need for mental health support for students with history of trauma.
- Schools and universities should adopt new and informed counseling techniques.

FIG 3. COMPARING VARIABLES OF INTEREST AMONG THOSE WHO EXPERIENCED SEXUAL VIOLENCE VS. THOSE WHO HAVE NOT EXPERIENCED SEXUAL VIOLENCE

Variable of interest	Exposed	Unexposed	Chi-Sq P-value
Good/Very Good/Excellent General health	75.59%	83.55%	10.15 (<.01)
Received information - Sexual assault/Relationship violence prevention	72.09%	64.33%	6.15 (<.05)
Interest in receiving information - Sexual assault/Relationship violence prevention	66.54%	42.17%	55.47 (<.0001)
Being in a relationship that was emotionally abusive	34.11%	9.16%	139.93 (<.001)
Being in a relationship that was Physically abusive	9.69%	1.53%	67.21 (<.001)
Being in a relationship that was sexually abusive	22.75%	1.23%	324 (<.001)
Feel safe on campus during daytime	98.83%	99.43%	10.42 (0.019)
Feel safe on campus during night time	76.68%	86.46%	19.11 (<.001)
Feel safe in the community during daytime	96.46%	97.7%	6.2525 (0.1000)
Feel safe in the community during night time	58.59%	74.56%	15.9 (0.0012)
Consider seeking help from mental health professional in the future	78.52%	76.76%	0.4 (0.5275)

What is Trauma-Informed Care?

- Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.²
- Having a counselor, therapist, or title IX coordinator trained in Trauma-Informed Care could help students manage stress symptoms stemming from sexual violence and affecting other aspects of their life.

References

American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2016. Hanover, MD: American College Health Association; 2017
Trauma Informed Care. (n.d.). Retrieved April 16, 2018, from <http://www.traumainformedcareproject.org/>