

2025 Public Description of Work for Action Collaborative on Preventing Sexual Harassment in Higher Education

Harvard University

Trauma-Informed Care in Dental Education

Relevant Rubric Area(s):

1. Response (Trauma-Informed Programs and Practices)
2. Prevention (Leadership Education and Skill Development)
3. Organizational Change (Diverse Stakeholder Partnerships)

Description of Work:

Part 1: Planning

During the 2023-2025 academic years, the confidential [Sexual Harassment, Assault, Resource, and Education Team](#) (hereinafter, SHARE Team) within the Office for Gender Equity at Harvard University partnered with the Harvard School of Dental Medicine (HSDM) to create a series of educational workshops teaching students, faculty, and staff how to provide trauma-informed care basics for survivors of sexual and interpersonal violence during dental appointments.

Over the past two years, The SHARE Team has had the privilege to be in partnership with teaching, advising, and administrative staff at HSDM. The staff observed that the current dental curricula, as well as general professional dental culture, could benefit from incorporating trauma-informed care into clinical education and practices. After conducting focus groups with students, faculty, staff, and clinic administrators, the SHARE Team and HSDM staff partnered to organize a series of ongoing tailored workshops for the HSDM community.

One of the principles that we incorporated with each other as a planning team was relationality. Utilizing relationality as a form of violence prevention builds coalitions across campus, raises awareness, strengthens collective capacity, and has the effect of increasing institutional buy-in (Centers for Disease Control and Prevention, n.d.). These factors create the conditions for this project to become an ongoing initiative instead of a one-time training.

The “how” of building coalition and moving at the speed of relationality has proven just as crucial as the “what” of the trauma-informed principles workshops. The success of the trainings, in parallel with prioritizing the community that we have built, leads to the perpetuity of the practices (Raffo, 2017).

Part 2: Identification of Area for Support

In The National Academies report (2018a), the authors discuss that violence prevention in an organization must take into consideration the community itself saying, “Understanding the meaning of a specific act [...] requires looking holistically at the ways in which power is played out in society and taking into account culture and cultural context” (p. 2).

With the understanding that culture and context are crucial to design an anti-violence intervention, and focus group feedback, a team of SHARE counselors and HSDM stakeholders began to meet on a regular basis to build relationships and identify strategic intervention points that would address trauma-

2025 Public Description of Work for Action Collaborative on Preventing Sexual Harassment in Higher Education

informed learning across the HSDM continuum (students, faculty, staff, and clinical providers). From this foundation, we designed a series of developmentally tailored trainings to serve as intervention points. These included:

- Trauma-Informed Practices for the general student body (2023)
- Trauma-Informed Practices for all first-year students (annually recurring)
- Trauma-Informed Practices for all in-house HSDM Cambridge Clinic dental assistants and hygienists. (2024) (Heaton & Cheung, 2024)
- Trauma-Informed Practices for advanced students and faculty/staff with American Dental Association (ADA) CERP continuing education credits for dentists. (2025)

Part 3: Training

In their seminal work, *Improving Clinical Practice: What Dentists Need to Know about the Association between Dental Fear and a History of Sexual Violence Victimization* (2015), authors Hadad Larijani and Guggisberg write, “Sexual violence victims are particularly likely to avoid visiting the dentist, which *per se* results in the deterioration of their oral health, and, as a consequence, problems including pain and discomfort” (p. 2). The Harvard School of Dental Medicine and The SHARE Team sought to reduce this disparity in access and experience with care through trainings to increase awareness and understanding for dental students, staff, and providers.

Additionally, these comprehensive trainings strengthen individual knowledge and promote community education (Cohen & Swift, 1995). The majority of the workshop participants were HSDM students. While participants were actively learning about trauma-informed strategies and practices that they could implement clinically, they were also learning about the impact of interpersonal violence and the existence of supportive resources on campus. All participants left being invited to reach out to the SHARE Team if they could benefit from free, confidential, individual support if they have been impacted by power-based interpersonal violence. This increase in knowledge and access has a noteworthy ripple effect within the community by highlighting resources, values, and ways to support oneself and one’s peers if needed (Cohen & Swift, 1995).

In considering a public-health framework of prevention of violence (Kisling & Das, 2023) many practitioners identify primary, secondary, and tertiary intervention points to prevent and reduce harm. Additionally, the idea of providing trauma-informed care training for dental providers also grew out of clinical conversations with survivors at SHARE who talked about how triggering it was to feel stuck, trapped, or anxious when a dentist was giving them an oral exam. With this knowledge, the project sought to develop a 3-pronged intervention strategy within the public- health prevention model:

1. **From a primary prevention lens:** The focus groups and needs assessments across stakeholder groups created buy-in, idea germination, norming around a culture of informed consent, and continuity around the process of longitudinal change (National Academies of Sciences, Engineering, and Medicine, 2018b). Additionally, the substantial secondary learning around how to refer to and access supportive confidential resources on campus highlights and amplifies community norms around preventing violence and publicly investing in resources that prevent and respond when people experience violence and harm.

2025 Public Description of Work for Action Collaborative on Preventing Sexual Harassment in Higher Education

2. **From a secondary prevention lens:** The trauma-informed care trainings provided strategies, language, role-play opportunities, and resources for providers to:
 - a. Identify patients who may have been impacted by power-based interpersonal violence.
 - b. Offer dental care from a place of informed consent as a universal practice (Centers for Disease Control and Prevention, 1988).
 - c. Model ways to provide grounding for patients who are experiencing fight/flight/freeze/fawn responses.
 - d. Utilize role play to practice trauma-informed responses through scenarios (e.g. working with an awareness of power dynamics, being predictable, previewing the appointment, honoring boundaries, normalizing common responses to procedures, prioritizing choice and agency, and offering resources) (Herman, 1997; Menakem, 2017; Substance Abuse and Mental Health Services Administration, 2014; United States Department of Veteran's Affairs, 2015).
 - e. Share and familiarize students with on and off-campus resources (Aja, Hoersch, Rajagopalan, & Chang, 2014).
3. **From a tertiary prevention lens:** The use of these tools equips providers to reduce the chance of triggering or duplicating the trauma of patients who have experienced sexual or interpersonal violence in the past. Furthermore, the strategies will increase the ability for patients to feel empowered during their visit. Through consensual interactions with dental providers, survivors are more likely to seek dental care when needed, rather than delay due to protective avoidance (Raja, Hoersch, Rajagopalan, & Chang, 2014).

Lastly, in addition to positive oral health outcomes, holistic trauma-informed medical care has the capacity to contribute to overall healing from certain PTSD mental health symptoms (Herman, 1997; Menakem, 2017). When providers are more grounded, more embodied, and less isolated or overwhelmed, they are more likely to attune to patients' needs. This attunement can ultimately reduce re/traumatization because providers will have an increased capacity to offer choice, consent, agency, transparency, predictability, and follow through for themselves and their patients (van Dernoot Lipsky & Burk, 2009; Substance Abuse and Mental Health Services Administration, 2014). Participants practiced these skills and learned about how to access support whether they were experiencing vicarious trauma or identified as a survivor or supportive other.

Part 4: Growth

As this project enters its third academic year, HSDM students have asked for more coaching and brainstorming around how to provide referrals to local social-service organizations as a piece of the trauma-informed continuum. Through partnership with students, faculty, and staff, the next phase of growth will be to provide a collaboratively generated list of organizations in the greater-Boston area to meet patient needs outside of solely dental care. In addition to continuing collective group brainstorming, this growth will provide and maintain ongoing, tangible, and accessible resources for students, dental clinic staff, and patients.

2025 Public Description of Work for Action Collaborative on Preventing Sexual Harassment in Higher Education

The growth and normalization of trauma-informed strategies in culture, pedagogy, and lexicon hold tremendous impact and promise for survivors who are patients and providers. And, we also know that change has limited impact within systems that maintain hierarchical imbalances in power for the benefit of some over the collective (National Academies of Sciences, Engineering, and Medicine, 2018b). The multiplicative growth of this project will be in the possible promise of long-term conversations and relationships that challenge conditions that perpetuate harm and violence.

Website for further information:

<https://www.hsdm.harvard.edu/event/lunch-learn-trauma-informed-dental-care-session-1> and
<https://www.hsdm.harvard.edu/event/lunch-learn-trauma-informed-dental-care-2>

Point of Contact Name:

- Claire Geruson, LICSW; SHARE Team
- Carrie Sylven; Director of Student Affairs, HSDM
- Dr. Alec Saul Eidelman, DMD, MPH, MEd; HSDM

Email Address for Point of Contact:

- claire_geruson@harvard.edu
- carrie_sylven@hsdm.harvard.edu
- alec_eidelman@hsdm.harvard.edu

References:

- Centers for Disease Control and Prevention. (n.d.). *About community violence*. Centers for Disease Control and Prevention. <https://www.cdc.gov/community-violence/about/index.html>
- Centers for Disease Control and Prevention. (1988). *Perspectives in disease prevention and health promotion update: Universal Precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings*. Centers for Disease Control and Prevention.
<https://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm>
- Cohen L., Swift S. (1995). *The spectrum of prevention: developing a comprehensive approach to injury prevention*. Injury Prevention.5:203-207.
- Davis, R., Fujie, L., & Cohen, L. (2006). *Sexual violence and the spectrum of prevention: Towards a community solution*. NSCRV Publications. <https://www.nsvrc.org/publications/nsvrc-publications/sexual-violence-and-spectrum-prevention-towards-community-solution>
- Hamilton, P. (2021). Researching parental leave during a pandemic: lessons from black feminist theory and relationality. *Families, Relationships and Societies*, 10(1), 197-203. Retrieved Jun 2, 2025, from <https://doi.org/10.1332/204674320X16076179802861>
- Heaton, L. J., & Cheung, H. J. (2024, August 1). *Trauma-informed care in oral health care: The role of dental hygienists*. Journal of Dental Hygiene. 98 (4) 50-55; <https://jdh.adha.org/content/98/4/50>
- Herman, J. (1997). *Trauma and recovery: The aftermath of violence – from domestic violence to political terror*. Basic Books A member of The Perseus Books Group.
- Kisling LA, Das JM. *Prevention Strategies*. [Updated 2023 Aug 1]. In: StatPearls [Internet].

2025 Public Description of Work for Action Collaborative on Preventing Sexual Harassment in Higher Education

- Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from:
<https://www.ncbi.nlm.nih.gov/books/NBK537222/>
- Koggel, C. M., Harbin, A., & Llewellyn, J. J. (2022). Feminist relational theory. *Journal of Global Ethics*, 18(1), 1–14. <https://doi.org/10.1080/17449626.2022.2073702>
- Larijani HH, Guggisberg M. *Improving Clinical Practice: What dentists need to know about the association between dental fear and a history of sexual violence victimisation*. *Int J Dent*. 2015;2015:452814. doi: 10.1155/2015/452814. Epub 2015 Jan 12. PMID: 25663839; PMCID: PMC4309219.
- Lokot, M., Pichon, M., Kalichman, B., Nardella, S., Falconer, J., Kyegombe, N., & Buller, A. M. (2024). Decolonising the field of violence against women and girls: A scoping review and recommendations for research and programming. *Social Science & Medicine*, 357. <https://doi.org/10.1016/j.socscimed.2024.117168>
- Menakem, R. (2017). *My grandmother's hands: Healing racial trauma in our minds and bodies*..Penguin Books, Limited.
- National Academies of Sciences, Engineering, and Medicine. (2018a.) *Addressing the Social and Cultural Norms That Underlie the Acceptance of Violence: Proceedings of a Workshop—in Brief*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25075>.
- National Academies of Sciences, Engineering, and Medicine. (2018b.) *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24994>.
- Raffo, S. (2017). *Healing justice is more than just words on a page*. Nexus Community Partners; LOCC. https://nexuscp.org/wp-content/uploads/2017/05/Healing-report_for-print-FINAL-6.19.17.pdf
- Raja S., Hoersch M., Rajagopalan C.F., & Chang P. (2014) *Treating patients with traumatic life experiences: Providing trauma-informed care*. The Journal of the American Dental Association 145(3), p.238-45
- Substance Abuse and Mental Health Services Administration. (2014) *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 144884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- United States Department of Veteran's Affairs. (2015) *Trauma-informed care while working with homeless veterans*. VA National Center on Homelessness Among Veterans. <https://www.va.gov/homeless/nchav/docs/Trauma-Informed-Care-Fact-Sheet.pdf>
- van Dernoot Lipsky, L., & Burk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco: Berrett-Koehler Publishers.