

# Trauma-Informed Approaches: Federal Activities and Initiatives


Federal Partners Committee on Women and Trauma

A Working Document / Second Report


SEPTEMBER 2013



# WOMEN AND TRAUMA



*Note: The views reflected in this report only reflect those of the authors or speakers, and not of their agencies or institutions of employment.*



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# Preface

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In the early 1990s, the Substance Abuse and Mental Health Services Administration (SAMHSA) began a series of initiatives to raise awareness regarding the increasing numbers of women who had experienced violence and trauma, frequently beginning in childhood, who were seeking services from public mental health and substance abuse programs. Initially, attention focused on the pervasiveness of the problem, with more than 80-90 percent of women seeking services reporting histories of violence. Troubling manifestations of traumatic stress included physical health consequences and precipitous spiritual questioning as well as psychiatric and substance use disorders. For women survivors, addressing trauma issues often involved the entire spectrum of public health services, including supported “safe” housing, education and employment assistance, family welfare supports, criminal justice involvement and/or victim assistance programs, and programs for female combat veterans.

At the time, existing providers and service systems lacked the capacity to assist women with histories of abuse and trauma. Problems included a widespread lack of screening or assessment for trauma; lack of training in clinical and community-based trauma treatment; and misdiagnosis, under-diagnosis or failure to diagnose trauma as the issue underlying a wide range of problems. Even when correctly diagnosed, trauma was typically viewed as one episode in the lives of women, rather than an ongoing series of events woven throughout the life cycle. Little or no attention was paid to the inter-generational cycle of trauma that kept recurring within trauma-impacted families and communities, often spanning several generations.


To address these issues, SAMHSA sponsored a five-year “Women, Co-Occurring Disorders and Violence” Study (1998-2003) to develop and evaluate new trauma service paradigms. This study was the first large-scale federal research project to involve trauma survivors as partners in research design, implementation and analysis. The study demonstrated that trauma requires a central focus in treatment and needs to be integrated into the provision of related public health and social services. It showed that empowering women to tell their own stories was both healing and a powerful force for change. New gender-specific group psychosocial empowerment and education counseling models introduced in the study are now evidence-based interventions that have been widely applied with significant impact on the recovery of women trauma survivors.

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*The “Us and Them” thing started to fade as mutual respect and acceptance began to take over. We felt heard and were able to hear. Together we worked toward solutions and answers...*

**Susan, Trauma Survivor,**  
SAMHSA’s Women, Co-Occurring Disorders and Violence Study

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The Women, Co-Occurring Disorders and Violence Study helped to spark national interest and action. Survivors, advocates, and providers across the country began to explore new ways of responding to trauma. It soon became clear that in addition to expanding access to trauma treatment modalities, existing services and systems would need to fundamentally re-think how they conceptualized and responded to a wide range of problems previously not seen as trauma-related. The distinction between “trauma-specific services” and “trauma-informed care,” first made by Maxine Harris and Roger Fallot, provided a new way of conceptualizing the response to trauma. Current interest in “trauma-informed” approaches grew from a variety of sources, including the stories and voices of survivors, research on trauma and violence, the emergence of evidence-based trauma treatment models, and social and political action to prevent and respond more effectively to violence. In 2004, SAMHSA’s National Center for Trauma-Informed Care (NCTIC) was funded to provide technical assistance to local and national public health programs interested in using a trauma-informed organizational paradigm to guide the development of program structure and service delivery. This SAMHSA support marked a major transition in the field from a focus on trauma and trauma-specific treatments to the recognition that knowledge about trauma and its impact could be translated into a set of principles applicable across a very wide range of services and settings.


The Federal Partners Committee on Women and Trauma was formed in 2009, in response to the President's Executive Order 13263 (2002), which established the President’s New Freedom Initiative Commission on Mental Health: <http://www.gpo.gov/fdsys/pkg/FR-2002-05-03/pdf/02-11166.pdf>. The Federal Partners Committee, first established as a Work Group, has been instrumental in stimulating interest in trauma-informed approaches with its more than 30 federal member agencies and in the people and organizations they influence through grants and contracts, training and education, research, and regulatory and policymaking responsibilities. The trauma-informed approach has gained converts very rapidly, not only across the United States but in a number of different countries and international programs.

In June, 2011, the Federal Partners Committee published a monograph documenting the scope and impact of trauma on women and girls across all involved agencies, and issuing a call to action. This new report describes the substantial progress that has been made since that time. It also demonstrates the collective impact of cross-agency collaboration. We look forward to the continued work of the Committee in addressing this critically important topic.

**Susan Salasin**, *Founding Chair*, 2009-2012 (DHHS/SAMHSA)

**Carol Boyer**, *Chair*, 2012 - present (DOL/ODEP)

**Mary Blake**, *Co-Chair*, 2012 - present (DHHS/SAMHSA)



# INTRODUCTION

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Over the last few years, an exponential awakening of interest in the impact of violence and abuse on women and girls has swept the country. The depth and breadth of trauma's impact on the health and well-being of individuals, communities, and our nation is staggering. Trauma is rarely an individual experience or an isolated event. Traumatic events create ripple effects beyond the individuals involved, often sweeping from person to family to community and even across generations. Trauma is a reality to people from all walks of life and in all settings. It is a major concern in communities devastated by natural and man-made disasters; in failing schools; in cities and suburbs plagued by violence, drugs, and human trafficking; and in families struggling with poverty or divorce or separated from loved ones by war or immigration.

Biological and epidemiological research and first-person reports provide a compelling picture of the impact of trauma across a wide variety of settings, and identify effective strategies for addressing its consequences. The Adverse Childhood Experience study, in particular, has formed the basic framework for the Committee's work. Key research findings and sources for additional information are summarized in the 2011 Report of the Federal Partners Committee on Women and Trauma: <http://nicic.gov/Library/025082>.


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*I was shocked by the sobering statistics. Thirty-seven percent of women with disabilities have experienced violence and abuse in their lifetime compared with 20 percent of women without disabilities . . . Part of the reason why this is such a big problem is because we are not considered credible witnesses, so if we go to the police, if we tell our parents, if we tell people in authority that something has happened, we are often discounted because of our disabilities.*

**Kathy Martinez**, Assistant Secretary, U.S. Department of Labor  
Office of Disability Employment Policy, at Roundtable II

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In the past decade, it has become increasingly clear that addressing trauma requires a multi-agency, multi-pronged approach. Public education, prevention, early identification, and effective trauma assessment and treatment are all necessary to break the cycle of trauma and violence. Significant progress has been made in creating organizational cultures based on knowledge of trauma and its impact ("trauma-informed approaches"), strategies to prevent or reduce rates of violence and trauma, and effective treatment interventions ("trauma-specific treatments"). Trauma-informed approaches are particularly suited to collaborative strategies because they transcend traditional organizational boundaries and professional roles, providing a common



framework for working together. This document reflects how the Federal Partners Committee on Women and Trauma's efforts to promote, adopt, and implement trauma-informed approaches have enhanced the effectiveness of a wide range of government services and supports. It also demonstrates the impact of the Committee's coordinated cross-agency efforts.

## The Federal Partners Committee: A Model for Cross-Agency Collaboration

The Federal Partners Committee on Women and Trauma is a unique intergovernmental effort to address the causes and consequences of trauma, with a particular focus on women and girls. Since its inception in 2009, the Committee has brought together representatives from a wide array of federal agencies to highlight the scope of the problem and to develop collective strategies for action. With more than three dozen federal agencies and sub-agencies involved, the Committee brings a vast array of perspectives and resources to the table. The Committee is open to all federal entities with an interest in women and girls and trauma. The agency updates in the next section demonstrate the breadth and depth of changes inspired by the Committee's work.

The Federal Partners Committee, which meets monthly, is an example of intergovernmental collaboration based on a shared concern about trauma. In the past two years, agencies have provided no-cost training to other agencies, assisted each other in data collection, provided input on the development of RFPs and policy guidance, and worked together on training curricula and public events. The Committee has hosted two national Roundtables and will launch a collaborative webinar series in the fall of 2013.

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*All of us have to be out there convincing folks that this is the right work to be done, and this is the right time to do it.*

**Bryan Samuels,**  
*Commissioner of the DHHS Administration on Children, Youth and Families*


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## The Importance of Survivor Voice and Participation

In both Roundtables, testimony from women trauma survivors emerged as one of the most powerful ways to educate the public and to bring the issues to the attention of policymakers. Personal testimony conveys the reality of violence and trauma in a way that can't be denied. It provides hope to other women and girls, demonstrating empowerment, voice, self-determination, and self-healing. It provides concrete examples of integrating survivor perspective into agency operations. Most importantly, it offers a role model of strength, resilience, and healing to the world.







The Federal Partners Committee recognizes the importance of survivor voice and peer involvement and holds these as the highest value in developing trauma-informed approaches. Peer involvement rests on the belief that healing and recovery are possible for everyone, that peer-to-peer relationships are a tool for healing, and that each of us has something to learn from the other. It requires time to build trust and to engage in difficult conversations, and it rests on a commitment to identifying and supporting natural leaders. The Federal Partners Committee affirms its leadership and commitment to the integration of female-survivor voices in all of its work.

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*The collective stories of survivors are powerful lessons for the human capacity to heal and move forward despite the challenges. Women who have overcome violence are purveyors of that which is possible, and as such, are poised to serve as a source of light and learning to those who struggle and to those who seek to assist the struggling.*

**Mary Blake**, Co-Chair, Federal Partners Committee, SAMHSA/CMHS

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*We must have the courage to hear the painful stories that abuse survivors have to tell us. They are suffering in their silence, and we are diminished as a society when we cannot, or will not, hear what they have to say . . . When we don't ask, we risk causing harm. We may misinterpret an abuse survivor's coping mechanisms as symptoms of a mental illness. Or worse, we may unintentionally recreate the abuse by the use of forced medication, seclusion, or restraints.*

**Kathryn Power**, Regional Administrator, SAMHSA Region One

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## **A Common Framework for Implementing a Trauma-Informed Approach**

The Federal Partners Committee has provided a significant impetus for the application of trauma-informed approaches in a wide variety of programs and services (e.g., institutions, hospitals and clinics, schools, courtrooms, social service agencies, the criminal justice system, homeless shelters, and others). To advance this work, SAMHSA embarked on a process in 2012 to develop a conceptual framework for trauma, a set of operating principles, and guidance for a trauma-informed approach that can be applied across multiple service sectors. The purpose was to advance a shared understanding of these concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups. As part of this



process, SAMHSA convened a group of national experts in May 2012, including trauma survivors, practitioners from multiple fields, researchers, and policy makers. The framework that emerged from this consensus group describes trauma in the following way: *Individual trauma results from an event, series of events, or set of circumstances that are experienced by an individual as physically and/or emotionally harmful or life-threatening, and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.* Information about the development of SAMHSA's principles for a trauma-informed approach and guidance for implementation can be obtained at <http://www.samhsa.gov/traumajustice/traumadefinition/>.

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***A program, organization or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.***

SAMHSA Draft Framework for Trauma-Informed Approaches

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## U.S. DEPARTMENT OF DEFENSE (DOD)

# Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE)

### IMPACT OF TRAUMA

Trauma is an important issue for the increasing number of women who make up the Armed Services and who deploy in supportive roles with their male counterparts. Women are now 20 percent of new recruits, 14 percent of the military as a whole, and 18 percent of the National Guard and Reserve. Traumatic experiences, such as receiving incoming fire or knowing someone who was seriously injured or killed, are common among service members deployed to hostile environments. These experiences can impact the lives of service members and their families upon their return. While women represent only 8 percent of veterans, their risk factors are rising disproportionately to their numbers <http://www.dol.gov/wb/trauma/>. Additional statistics on women in the military, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>. Two recent studies also address the impact of combat exposure on women in the military (see additional resources).

### How a Trauma-Informed Approach Can Make a Difference

The mission of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE) is to improve the lives of our nation's service members, families and veterans by advancing excellence in psychological health and traumatic brain injury prevention and care. Prevalence estimates of PTSD symptoms based on self-report surveys among warriors in the conflicts in Iraq and Afghanistan vary, but it has clearly been shown to be a significant problem, especially for those exposed to sustained ground combat. Knowledge about trauma and trauma-informed care helps DCOE to provide helpful information about PTSD treatment options, a 24/7 outreach center, services before and after deployment, suicide prevention services, a program to reduce the stigma of receiving services, and other trauma-informed supports for service members and their families.



## U.S. DEPARTMENT OF DEFENSE (DOD)

### Major Accomplishments 2010-2013

The Defense Science Board (DSB) recommendations on “Predicting Violent Behavior” were released in September 2012. A task force examined and evaluated: existing screening processes; programs and best practices in standards, training, and reporting; and indicators and procedures for predicting violence. This report will influence how the DOD addresses workplace violence. To support these recommendations, DCOE will conduct a literature review of studies on workplace violence and best practices within the Services, Postal Service, private industry and academic settings.

In response to Strategic Action #28, Gender Differences (of the DOD/VA Integrated Mental Health Strategy), DCOE conducted a literature review on the mental health needs of women; gender differences and disparities in treatment and prevention; and military sexual trauma (MST) in both men and women. A summary report makes recommendations for action to the VA, DOD and Services’ leadership.

DCOE also developed a paper on PTSD Prevention Strategies which summarizes existing literature on the most effective programs, interventions, efforts, and resources for pre- and post-trauma prevention strategies. This paper will be available on the DCOE website and will be used to develop Fact Sheets for distribution.

### New Directions and Collaborations

In the past two years, DCOE has collaborated with the Sexual Assault Prevention and Response Office (SAPRO) to define roles and responsibilities for the DOD Safe Helpline and Outreach Center, including warm hand-offs, telephone transfers, timeliness of calls, and access between the two systems. Enhanced collaboration will provide additional crisis support for sexual assault victims and information about reporting assaults securely and anonymously, with the goal of increasing sexual assault reporting and prevention of negative mental health outcomes.

Violence in the military has been identified as an area for further exploration. The goal for this next year is to identify, summarize, and define common and specific risk factors associated with various types of violence, including self-directed, sexual, family and workplace violence. After determining common themes, efforts will be made to improve collaboration between public and private stakeholders.

### Additional Resources

Update contact: [janet.l.hawkins.mil@mail.mil](mailto:janet.l.hawkins.mil@mail.mil)

<http://www.dcoe.health.mil/PsychologicalHealth/>

Luxton, D.D.et al. (2010) Gender differences in depression and PTSD symptoms following combat exposure. *Depression and Anxiety*, 27, 1027-1033.

Maguen, S. et al. (2012) Gender differences in traumatic experiences and mental health in soldiers redeployed from Iraq and Afghanistan. *Journal of Psychiatric Research*, 46, 311-316.

## U.S. DEPARTMENT OF DEFENSE (DOD)

# Family Advocacy Program, Office of the Assistant Secretary of Defense (FAP)

### IMPACT OF TRAUMA

Trauma is an important issue for the increasing number of women who make up the Armed Services and who deploy in supportive roles with their male counterparts. It is relevant to both civilian and active duty female spouses who experience trauma as a result of domestic abuse or intimate partner violence (IPV). Women are now 20 percent of new recruits, 14 percent of the military as a whole, and 18 percent of the National Guard and Reserve. While women represent only 8 percent of veterans, their risk factors are rising disproportionately to their numbers <http://www.dol.gov/wb/trauma/>. Additional statistics on women in the military, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>. Two recent studies also address the impact of combat exposure on women in the military (see additional resources).

### How a Trauma-Informed Approach Can Make a Difference

The Family Advocacy Program (FAP) provides services that promote relationship, health and family wellness as well as offers prevention, early identification and intervention services to victims and offenders of child abuse and domestic abuse in military families. For many women, trauma experiences start early in life and can have longstanding mental, psychological and social consequences. Validated research on the effects of trauma on lifespan development, especially on relationship patterns and skills, health, and socio-economic positioning, suggest that all FAP staff would benefit from core knowledge and competencies in trauma-informed approaches in both prevention and intervention services. Research has also demonstrated that offender behaviors, like victim behaviors, sometimes represent maladaptive responses to earlier trauma. Incorporating trauma-informed practices will assist FAP providers in delivering more sensitive and effective services for both victims and offenders.



## U.S. DEPARTMENT OF DEFENSE (DOD)

### Major Accomplishments 2010-2013

FAP is revising its current program policies and will include trauma-informed care as a core knowledge competency for all providers, including clinicians and victim advocates, who provide services to victims and offenders in domestic abuse and intimate partner violence cases. Training for FAP staff, beginning with the Services' Headquarters FAP managers, began in April, 2013.

FAP partnered with the Battered Women's Justice Project <http://www.bwjp.org/> in the development of web-based training for civilian victim advocates and attorneys on IPV within the military. Specific topics have included the DOD response to IPV, military justice and IPV, and IPV and combat-related PTSD. Feedback suggests that this training is filling a gap within the civilian community concerning domestic violence and IPV in military families, trauma responses to combat experiences, and the impact of trauma on individuals and on family relationships.

### New Directions and Collaborations

FAP partnered with Health and Human Services' Centers for Disease Control (CDC) and the Department of Justice (DOJ) to compare the prevalence of IPV among active duty women and female spouses of active duty men to that of women in the general public. This technical report from CDC will establish a prevalence baseline that will inform policy and resource decisions. These comparisons will be useful in helping DOD determine the need for universal IPV screening by medical practitioners and for training on trauma-informed practices for providers serving women.

### Additional Resources

Update contact: [janet.l.hawkins.mil@mail.mil](mailto:janet.l.hawkins.mil@mail.mil)

[http://www.militaryonesource.mil/phases-military-leadership?content\\_id=266712](http://www.militaryonesource.mil/phases-military-leadership?content_id=266712)

Luxton, D.D., Skopp, N.A., & Maguen, S. (2010) Gender differences in depression and PTSD symptoms following combat exposure. *Depression and Anxiety, 27*, 1027-1033.

Maguen, S., Luxton, D.D., Skopp, N.A., & Madden, E. (2012) Gender differences in traumatic experiences and mental health in soldiers redeployed from Iraq and Afghanistan. *Journal of Psychiatric Research, 46*, 311-316.

National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, (2010 Summary Report), National Intimate Partner Violence and Sexual Violence Survey (NISVIS).

## U.S. DEPARTMENT OF DEFENSE (DOD)

# Sexual Assault Prevention and Response Office, Office of the Secretary of Defense (SAPRO)

### IMPACT OF TRAUMA

Trauma is an important issue for the increasing number of women who make up the Armed Services and who deploy with their male counterparts. Women are now 20 percent of new recruits, 14 percent of the military as a whole, and 18 percent of the National Guard and Reserve. While women represent only 8 percent of veterans, their risk factors are rising disproportionately to their numbers <http://www.dol.gov/wb/trauma/>. Additional statistics on women in the military, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

The Sexual Assault Prevention and Response Office (SAPRO) is responsible for the oversight of Department of Defense (DOD) sexual assault policy. Its mission is to enable military readiness by establishing a culture free of sexual assault. DOD has implemented a comprehensive policy to ensure the safety, dignity and well being of all members of the Armed Force, and DOD leaders - both Military and civilian – are committed to maintaining a workplace environment that reinforces a culture of sexual assault prevention, response and accountability. SAPRO recognizes that trauma survivors are vulnerable and that service delivery approaches can inadvertently re-trigger trauma or exacerbate its consequences. SAPRO is working to make all services and programs trauma-informed so that they can be more culturally competent, gender-neutral and recovery-oriented and to avoid re-traumatization.



## U.S. DEPARTMENT OF DEFENSE (DOD)

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### Major Accomplishments 2010-2013

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The DoD Safe Helpline was launched to provide crisis support for victims of sexual assault. Administered by the nation's largest anti-sexual violence organization, the Helpline is available 24/7 worldwide. Users can "click, call or text" for anonymous and confidential support, access help via tablet computers and smart phones, and connect with professionals via phone or anonymous online chat.

SAPRO collaborated with the military service departments to establish an expedited process for individuals reporting sexual assault and requesting a change in duty station or assignment. Following a credible report of sexual assault, a presumption is established in favor of transferring the service member who initiated the request, or the service member can request that the offender be transferred.

SAPRO and the military services have standardized sexual assault victim advocacy across the Department, professionalized the roles of Sexual Assault Response Coordinators and Victim Advocates, and establish certification requirements.

Through an initiative with the Defense Equal Opportunity Management Institute, SAPRO trained Equal Opportunity (EO) Advisors on sexual assault definitions and reporting and response mechanisms. Basic education about SAPRO is now being integrated into ongoing EO courses.

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### New Directions and Collaborations

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SAPRO continues its collaborative training partnership with the Department of Justice (DOJ) Office for Victims of Crime (OVC). By working with civilian rape crisis centers, the Department helps ensure that Service members receive assistance that considers their military-specific needs, even when they seek assistance off base. In addition, a regional training program for civilians was conducted by the SAPRO Program representatives and civilians in regions with high populations of Service members.

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### Additional Resources

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Update contact:

[Maritza.m.saylewalker.civ@mail.mil](mailto:Maritza.m.saylewalker.civ@mail.mil)

DOD SAPRO website <http://www.sapr.mil/>

To access the Safe Helpline go to

<https://safehelpline.org/>

For information on Transitioning Service members: <https://safehelpline.org/tsm-overview.cfm>



## Office for Civil Rights (OCR)

### IMPACT OF TRAUMA

Sexual harassment and sexual violence against girls and women is a real and serious problem in education at all levels. Sexual harassment and sexual violence can affect any student, regardless of race or age. Sexual harassment and violence can threaten a student's physical or emotional well-being, influence how well a student does in school, and make it difficult for a student to achieve his or her career goals. Victims of sexual harassment and violence are more likely to suffer academically and from depression and post-traumatic stress disorder; to abuse alcohol and drugs; and to contemplate suicide [http://www.cdc.gov/violence/prevention/pdf/SV\\_factsheet\\_2011-a.pdf](http://www.cdc.gov/violence/prevention/pdf/SV_factsheet_2011-a.pdf).

Lack of education on and ineffective methods of combating sexual harassment and violence may create unsafe learning environments for women and girls, in particular. Additional statistics on women and girls in the education system, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

The Office for Civil Rights (OCR) is responsible for enforcing Title IX of the Education Amendments Act of 1972, which prohibits discrimination on the basis of sex, including sexual harassment and sexual violence, in all public and private educational institutions receiving federal funds. The law protects both male and female students from sexual harassment and sexual violence by school employees, other students, and third parties. OCR helps schools combat sexual harassment and sexual violence in a variety of ways: (1) OCR investigates and resolves complaints and compliance reviews alleging that schools receiving federal funds have failed to protect students from sexual harassment and sexual violence; (2) OCR issues policy guidance to inform schools of their obligation to provide an environment free from sexual harassment and sexual violence; and (3) OCR field offices offer schools technical assistance to encourage them to improve their anti-harassment policies and procedures and to assist students and their parents to work with schools to enhance the schools' anti-harassment capability.



## U.S. DEPARTMENT OF EDUCATION (ED)

### Major Accomplishments 2010-2013

In October 2010, OCR issued a first-of-its-kind policy guidance on harassment and bullying. The guidance explains that when bullying or other harassment based on sex or gender (as well as other bases) creates a hostile environment that is serious enough to limit or interfere with a student's ability to benefit from the services, activities, or opportunities offered by the school, the harassment violates Title IX. If an institution knows or has reason to know about student-on-student sexual harassment, Title IX requires that the school take immediate and effective action to eliminate the harassment, to prevent its recurrence, and, when appropriate, to address its effects on the harassed student and the school community.

In April 2011, OCR issued policy guidance on schools and colleges' Title IX obligations relating to sexual violence. The guidance advises institutions on how they can prevent sexual violence from occurring and ensure it gets identified and reported when it does occur. The guidance explains institutions' responsibility to resolve complaints of sexual violence promptly and equitably. It includes examples of the types of remedies institutions can implement for the victim and the entire school community and also describes proactive measures schools and colleges can take to prevent sexual violence. Since the guidance's release, dozens of colleges and universities have made changes to their policies and procedures consistent with the guidance, and institutions continue to work together to develop better practices for dealing with sexual violence.

OCR's complaint investigations and compliance reviews on sexual harassment and sexual violence have led to robust remedies such as implementing procedures by which schools address sexual violence as a Title IX civil rights

issue, rather than leaving this matter to be handled by the criminal justice system; providing interim protection and services for victims of sexual harassment and sexual violence; systematizing cooperation between school officials and local law enforcement authorities to ensure Title IX investigations are completed promptly; conducting climate surveys; establishing advisory committees comprising students, faculty, and community members to monitor the school climate and advise the school's administration; conducting peer-to-peer sexual harassment training; and publicizing school policies so that students know where and with whom to file reports and what to expect from the process.

### New Directions and Collaborations

OCR is committed to ensuring that all students feel safe at school so that they have the opportunity to fully benefit from the school's education programs and activities. OCR will continue to vigorously enforce Title IX to ensure that schools are meeting their obligations to respond to sexual harassment and sexual violence. OCR continues its collaboration with the Department of Justice's Civil Rights Division and Office on Violence Against Women on sexual harassment and sexual violence issues and will work with other federal agencies on these issues as needed.

### Additional Resources

Update contact: [phyllis.scattergood@ed.gov](mailto:phyllis.scattergood@ed.gov)

Office for Civil Rights website [www.ed.gov/ocr](http://www.ed.gov/ocr)

Dear Colleague letter on harassment and bullying  
<http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.pdf>

Dear Colleague letter on sexual violence  
<http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201104.pdf>

## Office of Elementary and Secondary Education (OESE)

### IMPACT OF TRAUMA

The U.S. Department of Education (ED) recognizes the negative impact of trauma resulting from violence against women and girls. ED also recognizes the important role that schools play in keeping all children safe. Violence against women and girls is a serious public health issue that impacts individuals, families and communities, negatively affecting the physical and mental health of those impacted, as well as contributing to lower academic achievement and completion.

Additional statistics on women and girls in the education system, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

In the February 2013 “Dear Colleague” letter, ED recommended actions for schools to consider to more effectively address gender-based violence. These actions include providing training to students and staff on behaviors of victims and perpetrators of gender-based violence, how to respond to trauma when incidents occur, and resources that are available for those who have become traumatized and victimized. Based on a wide body of research we know that youth exposed to violence are often at high risk for behavioral infractions as they struggle to cope – mentally and emotionally – with the trauma they have experienced. For this reason, it is imperative that school staff – including teachers, administrators, and support personnel (e.g., school counselors, school social workers, school psychologists, and school nurses) – have the skills and knowledge to recognize and respond appropriately to the behaviors of traumatized youth so as to avoid inflicting new trauma, and to provide students with the supports they need to return to the classroom.



## U.S. DEPARTMENT OF EDUCATION (ED)

### Major Accomplishments 2010-2013

ED provides resources to help educators implement effective programs and strategies designed to mitigate the effects of trauma, improve school climate, and prevent violence against youth. In February 2013, ED issued a “Dear Colleague” letter to chief state school officers, requesting voluntary action to reduce gender-based violence in schools and to help ensure that all students are safe. To accompany the letter, ED released a “What Schools Can Do” brief, outlining simple actions that schools and communities can take voluntarily, as well as resources available to support school leaders in reducing gender-based violence [www2.ed.gov/policy/gen/guid/secletter/index.html](http://www2.ed.gov/policy/gen/guid/secletter/index.html)

ED’s National Center on Safe Supportive Learning Environments <http://safesupportivelearning.ed.gov> released a training module targeted to education of specialized instructional personnel (e.g., counselors, school psychologists, school nurses, etc.) on teen dating violence intervention and prevention. Gender-based violence, including teen dating violence, was one of five major tracks and priority topics during the OESE, Office of Safe and Healthy Students National Conference in 2011. Sessions included review of research based interventions and an overview of environmental strategies that mitigate and prevent gender based violence. ED developed a fact sheet providing resources on preventing commercial sexual exploitation of children <http://www2.ed.gov/about/offices/list/ose/osh/factsheet.html>. ED is a founding member and participating federal agency in the National Forum on Youth Violence Prevention. The Forum is a network of communities and federal agencies that work together, share information and build local capacity to prevent and reduce youth violence. In 2013, OESE made funding available through an interagency agreement with DOJ to provide resources for Forum locality schools to implement or expand the use of a Positive Behavioral Interventions and Support (PBIS) model to improve school climate and reduce violence.

### New Directions and Collaborations

The Administration’s FY 2014 budget request includes \$280 million for a new Successful, Safe, and Healthy Students program that would support student achievement to high standards and help ensure that students are safe, and mentally and physically healthy and ready to learn. Within the \$280 million requested, \$112 million would be used to carry out several new school safety initiatives that are included in Now Is The Time, the President’s plan to protect our children and our communities by reducing gun violence, including efforts to improve school emergency plans, create positive school climates, and counter the effects of pervasive violence on students. Two initiatives include: \$50 million for School Climate Transformation Grants and related technical assistance to help 8,000 schools train their teachers and other school staff to implement evidence-based strategies to improve school climate. The School Climate Transformation Grants initiative builds on the development and testing of evidence-based multi-tiered decision-making frameworks, such as PBIS, which have been supported with funds from the Department’s Office of Special Education and Rehabilitative Services. \$25 million for Project Prevent grants to LEAs to help schools in communities with pervasive violence break the cycle of violence. Exposure to violence affects almost two out of every three children. And research shows that both direct and indirect exposure to community violence can impact children’s mental health and development and can increase the likelihood that these children will later commit violent acts themselves. Being the victim of, or being exposed to, community violence in childhood is also associated with post-traumatic stress disorder. Project Prevent would address this problem by supporting the deployment of resources and technical assistance through local projects.

### Additional Resources

Update contact: [Phyllis.Scattergood@ed.gov](mailto:Phyllis.Scattergood@ed.gov)  
<http://www2.ed.gov/about/offices/list/ose/index.html?src=oc>

## U.S. Department of Health and Human Services (DHHS)

# Administration for Children and Families (ACF) Family Violence Prevention and Services

### IMPACT OF TRAUMA

The Family Violence Prevention and Services Program (FVPSP) encounters trauma and violence against women in every aspect of its work, with each individual the program serves. Each year, FVPSP programs serve more than 1.2 million survivors of domestic violence (DV) and their children. Nationwide, approximately 15.5 million children are exposed to DV annually, and nearly half of all residents of FVPSP DV shelters are children. DV has been associated with a wide range of mental health consequences, including depression, post-traumatic stress disorder, and a range of behaviors related to trauma reactions. For many survivors, these issues may resolve with increased safety and support, but others may benefit from additional resources and treatment. Additional statistics and further information about family violence can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

The traumatic impact of domestic violence is often enduring; regardless of how much time has passed since the abuse, a domestic survivor's social and emotional wellbeing can be deeply affected. The FVPSA Program supports national training and technical assistance (TA) to build and sustain organizational capacity in delivering trauma-informed, developmentally sensitive, culturally relevant services for children, individuals, and families affected by domestic violence and other trauma. Trauma-informed domestic violence services are sensitive to the traumatic impact of violence and abuse, including how it affects a domestic violence survivor's ability to cope, to access services, and to feel safe both physically and emotionally. Such services are strengths-based and non-pathologizing; take steps to identify potential trauma triggers, reduce re-traumatization; and attend to the quality of interactions for survivors and program staff.



## U.S. Department of Health and Human Services (DHHS)

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### Major Accomplishments 2010-2013

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FVPSP's grantee the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) provides comprehensive, accessible, and culturally relevant TA on trauma-related issues. NCDVTMH: 1) promotes dialogue between domestic violence and mental health organizations, policy-makers, and survivor/advocacy groups about the complex intersections of domestic violence, trauma and mental health; 2) builds capacity among local agencies, state domestic violence coalitions, and state mental health systems; and 3) recommends policies, practices, and collaborative models to positively impact survivors and their children.

NCDVTMH offers a wide range of trainings, materials, and tools for practitioners. For example, 800 people participated in a 2012 webinar series; a handbook for attorneys was jointly authored with OVW; a series of tip sheets and conversation guides were published for domestic violence staff, and a new literature review provides an analysis of trauma-based treatments for survivors of DV. NCDVTMH also offers an online resource library, a searchable collection of materials, and an archive of research-based resources. [www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org)

In 2010, FVPSA began an initiative to support four statewide capacity-building projects and a national TA provider to expand support for children exposed to domestic violence. Products include an online resource center and a guide for advocates working with children.

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### New Directions and Collaborations

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NCDVTMH works with FVPSA's state domestic violence coalitions and culturally specific resource centers to build capacity to deliver culturally relevant, trauma-informed care [www.dvinstitute.org](http://www.dvinstitute.org), [www.apiidv.org](http://www.apiidv.org), [www.nationallatinonetwork.org](http://www.nationallatinonetwork.org).

In 2012-2013, NCDVTMH is working to build partnerships among domestic violence, mental health, and substance abuse providers to improve trauma-informed services for survivors and their children.

In 2012, NCDVTMH collaborated with the National Network to End Domestic Violence to assess the training and TA needs of state and territory domestic violence coalitions, and to gather information on trauma-informed work in coalitions and programs.

With the Institute for Domestic Violence in the African American Community, NCDVTMH is hosting community forums in the Detroit area to determine strengths, disparities and gaps in the current system and addressing unmet trauma and mental health needs.

The Battered Women's Justice Project, a FVPSP resource center, promotes trauma-informed services for the military community through online trainings and webinars.

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### Additional Resources

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Update contact: [shawndell.dawson@acf.hhs.gov](mailto:shawndell.dawson@acf.hhs.gov)  
[www.VAWnet.org](http://www.VAWnet.org)  
[www.futureswithoutviolence.org](http://www.futureswithoutviolence.org)  
[www.bwjp.org](http://www.bwjp.org)

## U.S. Department of Health and Human Services (DHHS)

# Agency for Healthcare Research and Quality (AHRQ)

### IMPACT OF TRAUMA

The Agency for Healthcare Research and Quality's (AHRQ) mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans through services research, knowledge synthesis, and development of tools for improving services and practice. Women's health is one of AHRQ's priority areas. Violence and trauma affect all areas of women's health. Healthcare providers need to be informed about and skilled in addressing the often unrecognizable health effects of violence and abuse. Research on the efficacy and effectiveness of trauma-informed care as well as tools to assist in training and implementation would contribute to this goal. Additional information about the impact of trauma on the health of women and girls, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

AHRQ works in partnership with other HHS agencies to develop and disseminate knowledge about trauma and trauma-informed care in primary care settings.

In the late 1990's, AHRQ issued a Request for Applications on violence against women, resulting in a number of tools currently available on the AHRQ website. Materials include an assessment instrument to evaluate domestic violence programs in hospital settings, a manual of evidence-based practices for medical examination and treatment of victims of sexual assault, and a review of programs and tools that improve care for victims of domestic violence. The Innovations Exchange, a fully searchable site hosted by AHRQ, includes a number of programs related to trauma. A user can find evidence-based innovations and quality tools, view new innovations and tools published biweekly, and learn from experts through events and articles.

<http://innovations.ahrq.gov>



## U.S. Department of Health and Human Services (DHHS)

### Major Accomplishments 2010-2013

In April 2013, AHRQ supported a conference grant to Yale University. The primary goal of the conference was to articulate and disseminate empirically-informed knowledge, attitudes, and skills that mental health practitioners working with trauma survivors should have from a “competency” perspective. Participants were experts in the field of trauma. They defined interdisciplinary competencies that apply across psychology, social work and psychiatry, and that are equally applicable to adults and children. Further, the participants defined the fewest number of essential competencies that focus on commonalities in the field rather than differences.

The competencies developed at this conference should serve as useful tools for training programs and for individual mental health providers. They will eventually be published and disseminated in multiple formats including brochures, newsletters, and presentations. The intent is for the competencies to form the basis for a trauma psychology guideline, specialty, or proficiency within the American Psychological Association.

### New Directions and Collaborations

AHRQ supports the US Preventive Services Task Force (USPSTF), an independent panel of non-Federal experts in prevention and evidence-based medicine. Members include primary care providers such as internists, pediatricians, family physicians, gynecologists/obstetricians, nurses, and health behavior specialists. The USPSTF conducts scientific evidence reviews of a broad range of clinical preventive health care services (such as screening, counseling, and preventive medications) and develops recommendations for primary care clinicians and health systems. Currently, there are two recommendations related to trauma:

Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults.

<http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderfinalrs.htm>.

Primary Care Interventions to Prevent Child Maltreatment: U.S. Preventive Services Task Force Recommendation Statement.

<http://www.uspreventiveservicestaskforce.org/recommendations.htm>

### Additional Resources

Update contact:

[Charlotte.Mullican@ahrq.hhs.gov](mailto:Charlotte.Mullican@ahrq.hhs.gov)

<http://www.ahrq.gov/research/womenix.htm>

Academy on Violence and Abuse

<http://www.avahealth.org/>



## U.S. Department of Health and Human Services (DHHS)

# Health Resources and Services Administration, Office of Women's Health (HRSA OWH)

### IMPACT OF TRAUMA

The Health Resources and Services Administration (HRSA) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA's strategic goals are to: 1) improve access to quality health care and services; 2) strengthen the health workforce; 3) build healthy communities; and 4) improve health equity. HRSA develops an annual publication, Women's Health USA, which is an easy-to-use collection of current and historical data related to the most pressing health challenges facing women, families, and communities. The 2012 edition highlighted several new topics including adverse childhood experiences and sexual violence. Additional statistics and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

HRSA focuses on strengthening the workforce through training providers and safety net providers. In addition, HRSA addresses the behavioral health needs of the populations it serves through training on trauma-informed approaches.

In 2011, President Obama challenged HRSA-funded community health centers funded to hire 8,000 veterans (approximately one veteran per health center) over three years. This effort, along with emerging collaborations between HRSA-funded health centers and community based Veteran's Affairs (VA) outpatient clinics will facilitate the provision of primary and behavioral health care to veterans, including trauma-sensitive health care practices.



## U.S. Department of Health and Human Services (DHHS)

### Major Accomplishments 2010-2013

In 2011, HRSA OWH partnered with the Health Care for the Homeless Program to increase the capacity of primary care providers to provide trauma-informed care to veterans, particularly women, and submitted recommendations resulting in a literature review and needs assessment on veterans and trauma-informed care.

In February 2013, HRSA OWH developed a Veterans Trauma-Informed Protocols Initiative to increase awareness about trauma and training on trauma-informed approaches for HRSA-funded health centers. The project is: 1) reviewing existing trauma-informed practices and service delivery models; 2) disseminating information about the benefits of trauma-informed services; 3) providing recommendations on the feasibility of and mechanisms for health centers to report the integration of trauma-informed approaches into systems of care; and 4) identifying successful examples of health centers using trauma-informed practices.

Also in 2013, HRSA OWH moderated a session on Trauma-Informed Care for Women Veterans Experiencing Homelessness at the National Healthcare for the Homeless Conference and Policy Symposium. The symposium addressed the prevalence and impact of trauma on women veterans; introduced trauma-informed care; and discussed trauma-informed strategies using the *Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers* tool developed by the Women's Bureau in the Department of Labor.

### New Directions and Collaborations

In 2013, the HRSA Office of Special Health Affairs will host a Trauma-Informed Care webinar for HRSA-funded safety net providers (with subject matter experts from SAMHSA), and will implement a new project on Meeting the Behavioral Health Care Needs of Veterans that will incorporate trauma-informed approaches. The program will include a Certificate program and a self-directed, 16-hour online course to train civilian behavioral health and primary care providers on military orientation and primary care and behavioral health issues affecting veterans and their families.

To address the behavioral health needs and the impact of trauma on the people they serve, HRSA has partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish the Center for Integrated Health Solutions. The Center provides continuing education for civilian, community-based primary care, and behavioral health providers regarding the needs of veterans, service members, and their families, and includes a focus on trauma-informed care. The goal is to train 10,000 providers by the end of FY2013.

### Additional Resources

Update contact: [MRice@hrsa.gov](mailto:MRice@hrsa.gov)

<http://www.hrsa.gov/index.html>

<http://www.integration.samhsa.gov/clinical-practice/trauma>

## U.S. Department of Health and Human Services (DHHS)

# National Institutes of Health (NIH)

### IMPACT OF TRAUMA

The mission of the National Institutes of Health (NIH) is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. As the federal government's main funder of research, NIH must address the full range of conditions, disorders and diseases affecting Americans. Research funded by NIH is informing the public how trauma changes the brain and alters behavior. In addition, NIH-funded research is underscoring the importance of trauma-informed care for the survivors and importance of tailoring the care for women as well as men because of unique needs of each, all to ensure that trauma is recognized and treated and that survivors are not re-victimized when they seek care. Many NIH Institutes place trauma and the ways to address it on their list of top research priorities as part of their strategic planning.

### How a Trauma-Informed Approach Can Make a Difference

Several Institutes within NIH are promoting discoveries within the brain and behavioral sciences in order to better understand the functioning of the brain that can be translated to the study of mental disorders, including the role of trauma. More specifically, NIH is making strides in its efforts to understand how changes in behavior and environment can lead to changes in the brain and, in turn, how changes in the brain can lead to mental illness. In addition, NIH is focusing on understanding how these changes can inform (and be informed by) fundamental research to understand the trajectories of trauma across the lifespan and across diverse populations. By learning more about the trajectories by which trauma develops, NIH is aiming at stimulating innovative psychosocial and biomedical approaches that can prevent or change these trajectories before the consequences of the trauma occur. Furthermore, NIH is placing a strong focus on public health impact by aiming to create better methods for ensuring that its funded research reaches all whose lives are affected by trauma, as well as those who are dedicated to their care.



## U.S. Department of Health and Human Services (DHHS)

### Major Accomplishments 2010-2013

NIH-funded research has made significant progress in identifying a wide array of genetic, neurobiological, and behavioral factors that affect many mental disorders, including trauma. Studies have shown that genetic variations can increase risk for developing a mental disorder.

Environmental and experiential influences, such as traumatic stress, have been shown to interact with specific genetic variations during sensitive periods of development, often in gender-specific ways, compounding risk for mental disorders by altering the structure and function of neural pathways.

A significant development in health care over the past several decades is the recognition that a history of serious traumatic experiences plays an often-unrecognized role in women's and girls' physical and mental health problems (Felitti et al, 1998; Messina & Grella, 2006). The inter-relationship between substance abuse and trauma in women's lives indicates the need for a multi-focused approach to services. The National Institute on Drug Abuse funded a randomized controlled trial of a brief intervention used to prepare women and girls for the procedures of a medical rape exam. Post-rape forensic exams may exacerbate traumatic distress because they include cues that may serve as reminders of the assault. A video was developed to minimize anxiety/discomfort during examinations, and prevent increased substance use and abuse following sexual assault. Among women who reported marijuana use prior to the

assault, those randomly assigned to view the video reported a significantly lower frequency of marijuana at 1.5, 3 and 6 months post-assault, a pattern that remained stable over time (Resnick et al., 2007; 2012).

### New Directions and Collaborations

NIH public access database with listings for multiple categories of injury; traumatic brain injury; violence; and violence against women.

[http://report.nih.gov/categorical\\_spending.aspx](http://report.nih.gov/categorical_spending.aspx)

NIH web portal [www.nih.gov](http://www.nih.gov)

Main website for the Office of Research on Women's Health <http://orwh.od.nih.gov/>

NIH National Library of Medicine Women's Health Resources, Violence and Abuse  
<http://www.womenshealthresources.nlm.nih.gov/healthtopics.html#b019>

### Additional Resources

Author's contact: [snoursi@nida.nih.gov](mailto:snoursi@nida.nih.gov)

Felitti, V.J. et al (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14 (4): 245–58.

Messina, N. & Grella C. (2006). Childhood trauma and women's health outcomes: A California prison population. *American Journal of Public Health*, 96 (10):1842-48.

Resnick, H. S. et al (2007). An acute post-sexual assault intervention to prevent drug abuse: Updated findings. *Addictive Behaviors*, 32, 2032–2045.

Resnick, H.S. et al (2012). Assault related substance use as a predictor of substance use over time within a sample of recent victims of sexual assault. *Addictive Behaviors*, 37, 914-921.

# U.S. Department of Health and Human Services (DHHS)

## Office on Women's Health (OWH)

### IMPACT OF TRAUMA

The Office on Women's Health provides national leadership and coordination to improve the health of women and girls through policy, education and model programs. The vision of OWH is for all women and girls to achieve the best possible health. To that end, the goals of OWH are to: inform and advance policies; educate the public; educate professionals; and support model programs. OWH leads the HHS Steering Committee on Violence Against Women and is an HHS representative to the White House Council on Women and Girls; the White House Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls and Gender-related Health Disparities; and the Office of the Vice President's Working Group on Violence Against Women. Statistics on the prevalence of trauma in the lives of women and girls, information about the impact of trauma on health status, and sources for information on women, trauma and health can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

OWH in the U.S. Department of Health and Human Services (HHS) was established in 1991 to improve the health of American women by advancing and coordinating a comprehensive women's health agenda throughout HHS. OWH also works with numerous government agencies, non-profit organizations, consumer groups, and associations of health care professionals. During the early 1990's, OWH focused on developing women's health as a specialized issue for government action and attention. With women's health now firmly rooted in the national health landscape, OWH is focusing on women's health priorities to meet the sweeping demographic trends of the next century and to focus on the millions of underserved women in America.

### Major Accomplishments 2010-2013

In 2010, in collaboration with ACF, OWH launched Project Connect: A Coordinated Public Health Initiative to Prevent Domestic and Sexual Violence. In 2012, the program expanded into six new states and five new sites that serve Native Americans/Alaskan Natives and Asian Pacific Islanders.



## U.S. Department of Health and Human Services (DHHS)

More than 1,500 health providers in eight states and two tribes were trained.

In 2012 OWH and OVW led the HHS Steering Committee on Violence Against Women in convening an event addressing sexual violence on campus in recognition of sexual assault awareness month.

In 2012, OWH convened the second National Conference on HIV and Violence Against Women, a pre-event for CDC's National HIV Prevention Conference. More than 300 service providers participated from the fields of domestic violence, sexual assault, and HIV/AIDS.

OWH, with support from SAMHSA, is conducting a webinar series on trauma-informed services for women and girls and trauma-informed services. More than 21,000 individuals have participated to date.

OWH is implementing a national training initiative for community-based organizations from diverse sectors on the impact of trauma, the role of gender in the trauma experience, and strategies to provide trauma-informed programs and services.

More than 35 presentations on how trauma-informed approaches can improve patient care have been given across HHS Region V, reaching more than 2,200 service providers.

OWH and SAMHSA are co-chairing the planning for a region-wide event in 2013 to advance the National Strategy for Suicide Prevention, a Report of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention.

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### New Directions and Collaborations

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Through 2014, OWH will continue developing a best practices model and recommendations for gender-specific services for women re-entering the community after release from incarceration.

Recognizing the importance of oral health, the role of the dental team in screening for domestic and intimate partner violence (DV/IPV), and ensuring that screening is trauma-informed is a priority for Region I, and a webinar is planned on the topic. In 2011, they began collecting information on dental teaching institutions incorporating DV/IPV education and awareness in the undergraduate curriculum. In conjunction with CCWH, OWH has developed resources for health care providers on screening, counseling, and referring victims of IPV. New private health plans must cover recommended women's preventive services, including domestic violence screening and counseling, with no cost-sharing.

OWH is the focal point for several HHS-wide initiatives on DV and human trafficking. Wallet-sized safety cards have also been created to give to patients or put in healthcare settings to help prevent DV/IPV.

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### Additional Resources

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Update contacts:

[Sandra.Bennett-Pagan@hhs.gov](mailto:Sandra.Bennett-Pagan@hhs.gov)

[Michelle.Hoersch@hhs.gov](mailto:Michelle.Hoersch@hhs.gov)

[Aleisha.Langhorne@hhs.gov](mailto:Aleisha.Langhorne@hhs.gov)

<http://www.womenshealth.gov>

## U.S. Department of Health and Human Services (DHHS)

# Substance Abuse and Mental Health Services Administration (SAMHSA)

### IMPACT OF TRAUMA

Interest in the impact of trauma on behavioral health has been steadily increasing since the 1970's. Models for the treatment of trauma have been developed and tested and a growing number of organizations have explored ways to make their services more responsive to people who have experienced trauma. Recently, multiple federal agencies representing varied sectors, including child welfare, primary health care, criminal justice, education, and labor have recognized the impact of trauma on the children, adults, and families they serve, and have requested assistance from SAMHSA in addressing these issues. This has compelled SAMHSA to revisit trauma-related concepts and their applicability not only to behavioral health but also to other related fields. Additional statistics on women and behavioral health, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

In 2011, the Substance Abuse and Mental Health Services Administration (SAMHSA) identified Trauma and Justice as one of its top priority Strategic Initiatives. This reflected SAMHSA's leadership in the emerging understanding of the central role of trauma in mental and substance use disorders and of the high rates of trauma and trauma histories among people with behavioral health problems and in the justice system. The goals of the Strategic Initiative are: 1) to create trauma-informed systems to implement prevention and treatment interventions and to reduce the incidence of trauma and its impact on the behavioral health of individuals and communities; and 2) to better address the needs of people with mental health and substance use issues involved with, or at-risk of involvement with, the criminal and juvenile justice systems.

### Major Accomplishments 2010-2013

The organizing framework for SAMHSA's trauma work over the last three years has included: 1) developing a measurement



## U.S. Department of Health and Human Services (DHHS)

strategy for trauma and trauma-informed care; 2) enhancing SAMHSA's cross-systems work; 3) developing a coordinated technical assistance strategy; and 4) developing a shared concept of trauma and trauma-informed approaches.

In May 2012, SAMHSA convened an expert panel to assist in the creation of a working concept of trauma and trauma informed-approaches as well as principles and guidance for implementing trauma-informed approaches. In December 2012, SAMHSA released for public comment a draft document designed to solicit input on the working concept of trauma and a trauma-informed approach.

During the public comment period, SAMHSA received feedback from over two thousand individuals, including over 500 comments and 20,800 votes. The public feedback is currently being used to create a revised version of the concept, principles, and guidance. This public engagement process was a critical piece in creating a more unified framework for the many sectors who serve survivors and their families.

SAMHSA is in the process of further developing its measurement strategy to include trauma measures at the population, facilities, and client levels. To date, fiscal year 2013 Government Performance and Results Act (GPRA) data collected by the Center for Mental Health Services (CMHS) shows approximately 74 percent of women in CMHS-funded grant programs responded affirmatively to having experienced violence or trauma in any setting.

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### New Directions and Collaborations

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SAMHSA Co-Chairs the Federal Partner's Committee on Women, Girls and Trauma.

SAMHSA is partnering with the Administration for Children and Families and the Centers for Medicare and Medicaid Services to increase the number of trauma-exposed children in child welfare who receive appropriate and timely services.

SAMHSA participates in the White House working group on HIV/Aids, violence against women and gender-related health disparities.

Coordination across SAMHSA-funded technical assistance centers serves to develop uniform core messages concerning trauma and trauma-informed approaches.

SAMHSA is collaborating with HHS Office on Women's Health in development of training and curricula on trauma-informed care addressing the needs of women and girls.

SAMHSA is a partner in the Attorney General's Defending Childhood Initiative, including the Children Exposed to Violence Task Force and Grant program and the National Forum on Youth Violence Prevention 10 Cities Initiative.

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### Additional Resources

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Update contact:

[larke.huang@samhsa.hhs.gov](mailto:larke.huang@samhsa.hhs.gov)

SAMHSA Concept Paper on Trauma and Trauma-Informed Approaches

<http://www.samhsa.gov/traumaJustice/>



## U.S. Department of Health and Human Services (DHHS)

# Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (CMHS)

### IMPACT OF TRAUMA

More than half of the people served by mental health systems across the country are female, and the vast majority have histories of trauma. To date, fiscal year 2013 Government Performance and Results Act (GPRA) data for Center for Mental Health Services (CMHS) grantees show approximately 74 percent of women have experienced violence or trauma, many from multiple sources. While people often recover from even severely traumatizing experiences, trauma can affect the brain by overloading the stress response system; mental health “symptoms” are often adaptations to these neurological changes. Unless recognized and addressed, trauma can affect every aspect of life, including health, behavior, ability to learn, and relationships. Additional statistics on women in the mental health system and information about the impact of trauma can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

Services that are not trauma-informed may inadvertently do serious psychological damage through practices that replicate trauma dynamics. Trauma-informed approaches promote collaboration and healing, especially when coupled with access to trauma-specific treatment interventions. CMHS has provided national leadership in the emerging trauma-informed care movement. In 1994, the Dare to Vision Conference focused attention on women's experience of violence and re-traumatization in the mental health system. The subsequent cross-Center SAMHSA-funded Women, Co-Occurring Disorders and Violence Study developed and tested models for trauma-integrated care that have since been widely adopted. Currently, SAMHSA is developing a concept of trauma and principles of trauma-informed approaches that will provide consistent guidance to all health, behavioral health and human service systems as they move to becoming trauma-informed.



## U.S. Department of Health and Human Services (DHHS)

### Major Accomplishments 2010-2013

CMHS' National Center on Trauma-Informed Care (NCTIC's) working draft *Engaging Women in Trauma-Informed Peer Support: A Guidebook*, is the most downloaded resource from the TA Center, requested by over 30 health, human, and social service systems. This reflects increased recognition that integration of consumers/survivors/peers must be the cornerstone of implementing trauma-informed change strategies.

<http://www.nasmhpd.org/publications/engagingWomen.aspx>

CMHS' Jail Diversion Trauma Recovery - Priority Focus on Veterans Program supports implementation and expansion of local and statewide trauma-integrated jail diversion programs. Over 2,100 justice system personnel have been trained.

National Childhood Traumatic Stress Network hosted speaker series: 1) creating trauma-informed child-serving systems; and 2) terrorism, disaster and children.

NCTIC provided training and consultation on the implementation of trauma-informed approaches to over 20,000 people in 33 states. A frequently requested topic is the elimination of seclusion and restraint, reflecting the recognition that trauma-informed change strategies are essential to eliminating these harmful practices.

CMHS partnered with DOJ to develop principles and a best practices statement to reduce the use of restraints among pregnant women who are incarcerated.

### New Directions and Collaborations

CMHS is collaborating with the National Institutes of Health Department of Bioethics Clinical Center on a peer support project to obtain qualitative input from adult women volunteers on desirable physician approaches to obtaining a trauma history during prenatal care.

CMHS' NCTIC is developing a core curriculum based on SAMHSA's concept paper on trauma and trauma-informed approaches to guide TA efforts.

CMHS is working with a number of local communities (including San Mateo, CA; Tarpon Springs, FL; and King County, WA) to create models for trauma-informed communities.

CMHS provides leadership on integrating peers in trauma-informed change strategies.

### Additional Resources

Update contact: [mary.blake@samhsa.hhs.gov](mailto:mary.blake@samhsa.hhs.gov)

<http://www.samhsa.gov/nctic>  
<http://www.nctsn.org>  
<http://gainscenter.samhsa.gov/>  
<http://www.samhsa.gov/dtac/>

*The Trauma-Informed Care Initiative at the Women's Community Correctional Center of Hawaii*

*Child Traumatic Stress: What Every Policymaker Should Know*

*Responding to Crisis in the Aftermath of Disasters (DVD series)*

## U.S. Department of Health and Human Services (DHHS)

# Substance Abuse and Mental Health Service Administration's Center for Substance Abuse Treatment (CSAT)

### IMPACT OF TRAUMA

SAMHSA's Center for Substance Abuse Treatment has known since the early 1990's that many women in substance abuse treatment have trauma histories that include but extend far beyond domestic violence. A high percentage of women who are addicted to substances have experienced trauma as children or adults. Alcohol and drug use can be, for some women, an effort to manage trauma-related symptoms, and helping clients to gain control over these symptoms greatly improves their chances of recovery. CSAT's approach emphasizes working with all kinship arrangements, including fathers, children, extended family members, foster care families, and others. Statistics about the impact of trauma on women in substance abuse treatment and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

As a partner in the Women, Co-Occurring Disorders and Violence Study, CSAT learned that in order to be effective, substance abuse and mental health services need to work together to address the trauma underlying the symptoms; and in order to interrupt the intergenerational cycle of violence, services must focus on the entire family. It is of critical importance that substance abuse programs become trauma-informed. A universal precautions approach is essential, staff must be able to work with the person "where she is" and environments must clearly demonstrate safety and protection for both mothers and their children. Women can easily be re-traumatized if staff don't focus on relationship or are insensitive to women's trauma histories. For example, when women are separated from their children during an initial assessment, they may become extremely fearful for the safety of the child – especially if they see the child being led away by a male staff person.



## U.S. Department of Health and Human Services (DHHS)

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### Major Accomplishments 2010-2013

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All SAMHSA/CSAT's criminal justice grant solicitations contain language ensuring alignment with SAMHSA goals of reducing the health impact of violence and trauma by integrating trauma-informed approaches into treatment models. All grantees must assure that grant personnel and service providers are trauma-informed and that clients are screened, assessed, and treated for trauma-related disorders. Specialized clinical training on trauma and trauma-informed care is provided at regional grantee trainings. Online training modules on trauma-informed practices are under development and will be available by the end of this fiscal year.

SAMHSA/CSAT's Pregnant and Postpartum Women Program is designed to expand the availability of comprehensive residential substance abuse treatment, prevention, and recovery services for pregnant and postpartum women and their minor children, including services for non-residential family members. One primary focus is to decrease involvement in and exposure to crime, violence, neglect, and abuse for all family members. Projects funded under this program provide evidence-based trauma informed care including assessments and interventions that consider the individual's adverse life experiences within the context of their culture, history, and exposure to traumatic events. Technical assistance is provided to address clinical practices and infrastructure changes to strengthen capacity to provide trauma-informed care.

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### New Directions and Collaborations

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CSAT's Co-Occurring and Homeless Activities Branch and CMHS's Homeless Programs Branch manage 208 targeted homeless grantees. TA on trauma-informed care and trauma-specific services is frequently requested by grantees. SAMHSA, through support from TA contracts, provides TA through individual and group training, site visits, phone consultation, research requests, webinars, and conference presentations. Recently, a Trauma-Informed Care Virtual Classroom has been developed combining webcasts with small group and individual consultations. Participants have the opportunity to learn about traumatic stress and how to infuse their practice and organizational culture with a trauma-informed perspective. The Trauma-Informed Care Virtual Classroom has been conducted three times, training 72 participants across 22 grantees.

The Treatment Improvement Protocol on Trauma-Informed Care in Behavioral Health Services will provide best practices guidance to clinicians, program administrators, and payers to improve the quality and effectiveness of service delivery. It is in final copy edit, and it is expected to be completed late summer of this year (2013).

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### Additional Resources

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Update contact: [linda.white-young@samhsa.hhs.gov](mailto:linda.white-young@samhsa.hhs.gov)

## U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

# Office of Special Needs Assistance Programs (SNAPS)

### IMPACT OF TRAUMA

The Office of Special Needs Assistance Programs (SNAPS) administers HUD's homeless assistance programs. Survivors of domestic and dating violence, sexual assault and stalking often find themselves homeless or at risk of homelessness. According to the 2012 Point-in-Time Count, there were 54,122 sheltered survivors of domestic violence and 20,148 unsheltered survivors of domestic violence. Survivors of domestic violence are often isolated from support networks and financial resources by their abusers. They may lack steady income, employment history, credit history, or landlord references, making affordable housing options difficult to find. In the long-term, survivors need options that let them transition into safe, stable, and affordable housing. This requires an adequate supply of affordable transitional and permanent housing and appropriate social services. Further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

HUD's two targeted homeless assistance grants programs are the Emergency Solutions Grants and the Continuum of Care program. While neither is specifically focused on survivors, many domestic violence providers receive funding from these programs. HUD's definition of homelessness specifically includes any individual or family who is fleeing or attempting to flee domestic or dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions. In 2011, HUD provided over \$40 million in targeted homeless assistance grants for this population. HUD homeless assistance grants allow for flexible program design, including innovative trauma informed care models. Trauma-specific service models have become increasingly common in homeless and mental health programs, including residential and non-residential programs designed for specific subpopulations. Many victim service providers have already started using HUD funds for trauma-informed care models as well as rapid re-housing projects for survivors of domestic violence.



## U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

### Major Accomplishments 2010-2013

Under the American Recovery and Reinvestment Act of 2009, Congress established the Homelessness Prevention and Rapid Re-Housing Program, a one-time allocation of \$1.5 billion, to provide short- and medium-term financial assistance and services to individuals and families who were homeless or at risk of becoming homeless. Persons fleeing domestic violence could receive assistance if they would be homeless “but for” the HPRP assistance. In the 3 years of the program, approximately 138 victim services providers received HPRP assistance, and rapidly re-housed or prevented homelessness for approximately 48,000 persons.

On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which amends and reauthorizes the McKinney-Vento Homeless Assistance Act. The Act includes a consolidation of HUD's competitive grant programs; creation of a Rural Housing Stability Assistance Program; a change in HUD's definition of homelessness and chronic homelessness; a simplified match requirement; an increase in prevention resources; and an increase in emphasis on performance. HUD has published regulations associated with the HEARTH Act, including rules related to the definition of homeless; Emergency Solutions Grants; Homeless Management Information Systems; Continuum of Care Program; and Rural Housing Stability Assistance Program.

### New Directions and Collaborations

HUD's Office of Special Needs Assistance Programs will continue to serve on the Women and Trauma Committee and is a part of HUD's Working Group on the Intersection of HIV/AIDS, Violence Against Women and Gender-related Health Disparities and provides support to HUD staff on the President's Interagency Taskforce on Human Trafficking.

An example of a best practice in the field is the Trauma Recovery and Empowerment Model developed at Community Connections in Washington, DC. This evidence based practice directly addresses trauma and its impact, and facilitates trauma recovery for people who often bring other complicating vulnerabilities (e.g., substance use, severe mental health problems, homelessness, contact with the criminal justice system) to the service setting.

### Additional Resources

Update contact: [lisa.r.coffman@hud.gov](mailto:lisa.r.coffman@hud.gov)

<https://www.onecpd.info/>

<http://www.communityconnectionsdc.org/web/page/656/interior.html>

Saunders, D. G. (1994). Posttraumatic stress symptom profiles of battered women: A comparison of survivors in two settings. *Violence and Victims*, 9 (10), 31-44.

## National Institute of Corrections (NIC)

### IMPACT OF TRAUMA

Justice-involved women have high rates of identified mental health problems, substance abuse disorders, interpersonal trauma, and specific trauma-related conditions such as post-traumatic stress disorder (PTSD). Correctional policy and practice have historically been developed with male offenders in mind, and minimal recognition has been given to the risk (often informed by needs) of women. Women's pathways into criminal justice often include histories of abuse. This impacts how they serve time, and creates challenges to re-entry and to their success under community supervision. Behavioral disruptions in women's prison facilities are most likely to involve disturbed female inmates with histories of trauma, mental illness and substance abuse. Additionally, parental stress and challenges to housing safety contribute to failure under community supervision (Van Voorhis et al, 2008). Additional statistics on women in the justice system, information about the impact of trauma on justice-involved women, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

In 1974, the National Institute of Corrections (NIC) was created by legislative action as a direct result of the riots at the Attica Prison in New York in which thirty-nine correctional staff, inmates and civilians were killed. NIC's mission is to provide innovation and leadership in advancing effective correctional practice and policy to jails, prisons and community corrections across the country.

Over the years, NIC has developed research-informed products and initiatives that address the risk, needs and strengths of women in our nation's jails, prisons and on community supervision. Drawn from research internal and external to criminal justice, NIC has incorporated information addressing women's physical and behavioral health issues; patterns of dependence and addiction; sexual, physical and interpersonal violence experiences; relationships and relational theory; parenting and childcare responsibilities; and the financial impact of poverty. The implementation of trauma-informed policies and practices will assist correctional systems to meet safety and security needs as well as assisting in systems improvement and risk reduction, to include decreased recidivism of justice-involved women.



## U.S. DEPARTMENT OF JUSTICE (DOJ)

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### Major Accomplishments 2010-2013

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NIC funded a project addressing secondary (vicarious) trauma in non-clinical correctional professionals. Exposure to difficult and often dangerous working conditions and troubled populations takes a toll on correctional staff, with rates of PTSD exceeding other first responders. Materials to be released in FY13 include a white paper, resource guide, and content for a series of webinars and a webpage.

An E-Learning training has been developed specific to working with women offenders. One module is on trauma and trauma-informed practices with women, and another on building individual and organizational resilience among staff working with this population.

Additionally, NIC has provided numerous training and technical assistance events to jails, prisons and community corrections on managing the risk and needs presented by justice involved women, for whom trauma is often an underlying issue.

A document was developed entitled Pregnancy and Child Related Legal and Policy Issues Concerning Justice Involved Women, highlighting the impact of trauma on justice involved women.

As a response to the Prison Rape Elimination Act of 2003 (PREA), NIC funded through a cooperative agreement a project to validate a measurement instrument for use in improving safety in women's correctional facilities and to provide a template for data-driven decisions to enhance safety.

A two-part satellite broadcast focused on justice involved women's health was aired in 2012-2013, with over 5500 registered viewers. Topics included the prevalence of trauma in justice-involved women and behavioral and reproductive health issues. Both broadcasts are available through the NIC website.

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### New Directions and Collaborations

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NIC is partnering with a broad group of Federal, state and local partners to address the use of restraints with pregnant women in institutional settings.

NIC will be developing a training curriculum and materials based to assist agencies in improving safety in women's institutions. This work will build upon the PREA work noted above.

NIC is developing a dedicated website on trauma and trauma-informed practices for addressing the needs of justice-involved women.

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### Additional Resources

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Update contact: [mbuell@bop.gov](mailto:mbuell@bop.gov)

[www.nicic.gov/womenoffenders](http://www.nicic.gov/womenoffenders)

<http://www.bop.gov/about/co/nic.jsp>

Van Voorhis, P. et al (2008) Achieving accurate pictures of risk and identifying gender responsive needs: Two new assessments for women offenders. Washington, DC: NIC.



# Office of Juvenile Justice and Delinquency Prevention (OJJDP)

## IMPACT OF TRAUMA

Traumatic stress can interfere with a child's physical, emotional and intellectual development. The Attorney General (AG) recognizes the epidemic levels of exposure to violence faced by our nation's children. A 2009 DOJ study showed that more than 60 percent of the children surveyed were exposed to violence within the past year, either directly or indirectly. Children's exposure to violence, whether as victims or witnesses, is often associated with long-term physical, psychological, and emotional harm. Children exposed to violence are also at a higher risk of engaging in criminal behavior later in life and becoming part of a cycle of violence. Approximately 90 percent of juvenile detainees reported having experienced at least one traumatic event and 75 percent reported having been exposed to severe victimization. Additional statistics on girls in the juvenile justice system and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

## How a Trauma-Informed Approach Can Make a Difference

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides national leadership, coordination and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides effective and responsive treatment and rehabilitation. OJJDP recognizes the need to incorporate a trauma-informed approach in all aspects of programming. The AG's Defending Childhood Initiative is at the forefront of this issue. The goals are to prevent children's exposure to violence, mitigate the negative effects of exposure to violence, and develop knowledge and awareness about this issue. OJJDP supports the Defending Childhood Initiative's trauma-informed approach by encouraging programs to improve the identification, screening, assessment, and referral of children and their families to appropriate programs and services; to increase access to and utilization of quality programs and services; and to develop new programs and services where gaps exist.



## U.S. DEPARTMENT OF JUSTICE (DOJ)

### Major Accomplishments 2010-2013

In 2010, DOJ awarded grants to eight sites in cities and tribal communities to develop plans for comprehensive community-based efforts to further the goals of the Defending Childhood Initiative. Each of these sites received additional support in 2011 to help launch, sustain, and expand programs.

The final report of the AG's Defending Childhood Task Force presents findings and policy recommendations, serving as a blueprint for preventing children's exposure to violence and reducing its negative effects.

OJJDP and the John D. and Catherine T. MacArthur Foundation provided \$2 million to support reforms in treatment and services for youth involved in the juvenile justice and child welfare systems.

In 2013 OJJDP will award funding to implement or enhance family drug courts for individuals with substance abuse disorders or co-occurring mental health disorders, including histories of trauma. Two additional OJJDP programs focusing on mental health and trauma are the Tribal Youth Program and the Second Chance Act Re-entry Program.

The OJJDP Suicide Prevention Task Force for Youth in Contact with the Juvenile Justice System is currently disseminating findings.

A study examining trauma assessment and treatment for youth in juvenile justice is currently underway in five Michigan counties. Outcomes to be measured include recidivism, academic standing, resilience, behavior, and trauma symptoms.

### New Directions and Collaborations

OJJDP will implement the recommendations of the Defending Childhood Task Force, continue to support programs that mitigate the effects of trauma, and offer successful strategies to move the field in the direction of utilizing a trauma-informed approach when working with all children.

OJJDP supports a joint initiative of the International Association of Chiefs of Police and Yale University's National Center for Children Exposed to Violence to better equip law enforcement professionals with information and tools to identify trauma and to use trauma-informed responses to violent events.

### Additional Resources

Update contact: [Stephanie.Rapp@usdoj.gov](mailto:Stephanie.Rapp@usdoj.gov)

[www.ojjdp.gov](http://www.ojjdp.gov)

[www.justice.gov/defendingchildhood/cev-rpt-full.pdf](http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf)

Questions and Answers about the National Survey of Children's Exposure to Violence, OJJDP, Oct. 2011.

OJJDP Bulletin Series (2013) The Northwestern Juvenile Project.

Ford et al (2007) Trauma among Youth in the Juvenile Justice System: Critical Issues and New Directions.

Cocozza et al (2006) Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study. National Center for Mental Health and Juvenile Justice.

## Office for Victims of Crime (OVC)

### IMPACT OF TRAUMA

Victimization and exposure to violence can have serious, long-lasting consequences. Traumatic experiences early in life can even affect the developing brain. The Adverse Childhood Experiences (ACE) study, which analyzed detailed personal histories given to medical providers by more than 17,000 adults, demonstrated significant links between traumatic experiences in childhood and a wide range of physical, emotional, and behavioral problems later in life. This study, along with the results of the National Survey of Children's Exposure to Violence, confirms that the consequences of victimization are many times worse for individuals who witness or experience multiple types of crime, violence, or abuse.

[www.ncjrs.gov/pdffiles1/ojdp/235504.pdf](http://www.ncjrs.gov/pdffiles1/ojdp/235504.pdf)

Vision 21: Transforming Victim Services, recently released by the DOJ's OVC, Office of Justice Programs, acknowledges these critical findings and calls for greater attention to the holistic needs of crime victims.

[www.ovc.gov/vision21](http://www.ovc.gov/vision21) Additional information on women crime victims can be found in the first Federal Partners Report on Women and Trauma. <http://nicic.gov/Library/025082>

### How a Trauma-Informed Approach Can Make a Difference

OVC is committed to enhancing the Nation's capacity to assist crime victims and to providing leadership in changing attitudes, policies, and practices to promote justice and healing for all victims of crime. Recognizing that exposure to multiple types of violence and other adverse experiences, sometimes called "poly-victimization," is highly predictive of trauma among children and adults, OVC supports initiatives to raise awareness among the general public and a wide range of professionals, and to educate victim service providers about effective interventions.

Through grants that support partnerships with professional associations and development of easily accessible public awareness materials, OVC seeks to engage every member of every community throughout the country. This work supports the Attorney General's Defending Childhood Initiative, a national effort to protect children from exposure to violence, to help them heal from trauma they may have experienced, and to help them thrive and resume healthy, rewarding lives.

[www.justice.gov/defendingchildhood/](http://www.justice.gov/defendingchildhood/)



## U.S. DEPARTMENT OF JUSTICE (DOJ)

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### Major Accomplishments 2010-2013

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OVC recently released a series of videos and resources to raise awareness about children who have been exposed to violence, highlight promising practices, and show how trauma-informed care can help child victims recover. [www.ovc.gov/throughoureyes](http://www.ovc.gov/throughoureyes) One video introduces evidence-based mental health interventions to address trauma, including Trauma-Focused Cognitive Behavioral Therapy and Child-Parent Psychotherapy.

OVC focuses attention on the critical role of medical and mental health professionals in identifying and intervening with children exposed to violence. With OVC's support, the American Academy of Pediatrics developed educational materials to promote the medical home approach, an evidence-based intervention for children exposed to violence. OVC also awarded funding to the American Psychological Association to develop a curriculum about effective trauma-focused, evidence-based interventions for children exposed to violence. OVC is collaborating with the Administration for Children, Youth, and Families to adapt this curriculum for child welfare professionals.

OVC plans to publish Achieving Excellence: Model Standards for Serving Victims and Survivors of Crime in late 2013. Originally released in 2003, the Model Standards promote competence and ethical integrity of victim service providers; quality and consistency of service for crime victims and their families; and the importance of a victim-centered and trauma-informed approach.

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### New Directions and Collaborations

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With the publication of the Vision 21 report, OVC will build on its legacy of partnerships within the Justice Department, other federal agencies, and stakeholder constituency groups to expand the body of knowledge about victimization and extend the reach of its services to victims in communities throughout America and beyond.

OVC will continue to support collaborations to improve the response to victims of crime, including sexual violence and human trafficking. OVC coordinates with DOD's Sexual Assault Prevention and Response Office to encourage partnerships between victim assistance providers and military personnel. OVC also spearheads an initiative to address the needs of American Indian/Alaska Native sexual violence victims. Numerous federal and tribal agency representatives contribute to this effort, which will result in national guidelines for a coordinated, multidisciplinary approach to victimized tribal women and children. OVC is also working in partnership with DHHS and the Department of Homeland Security to develop and implement a Federal Strategic Action Plan on Services for Victims of Human Trafficking.

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### Additional Resources

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Update contact: [mary.atlas-terry@usdoj.gov](mailto:mary.atlas-terry@usdoj.gov)  
[www.ovc.gov](http://www.ovc.gov)  
[www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence/Pages/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence/Pages/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence.aspx)

## Office on Violence Against Women (OVW)

### IMPACT OF TRAUMA

The Office on Violence Against Women (OVW) provides federal leadership in developing the nation's capacity to reduce violence against women and to administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking. Since 1995, OVW has distributed more than \$5 billion to provide services to victims, hold offenders accountable, ensure justice for survivors, and prevent violence. Domestic violence and sexual assault are often associated with depression, suicide, and other mental health consequences; PTSD rates after sexual assault can be as high as 94 percent. For some survivors, these issues may be managed with increased safety and support. Others may benefit from additional resources and treatment. In recent years, a significant effort has formed across the country to encourage domestic and sexual violence programs to ensure that their services are trauma-informed. Additional statistics on women and violence and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

Trauma-informed services are sensitive to the pervasiveness of trauma and its impact on survivors, including how trauma affects a survivor's ability to cope, to access services, and to feel safe both physically and emotionally. Trauma-informed services are strength-based and non-pathologizing. They take steps to identify potential trauma triggers, reduce re-traumatization, and attend to the quality of interactions between staff and survivors receiving services. Trauma-informed organizations provide survivors and staff with an environment and structure that is inclusive, welcoming, de-stigmatizing, and not re-traumatizing. A critical component of trauma-informed service delivery is attending to the emotional needs of direct service staff, including recognizing vicarious trauma, and addressing self-care in substantive ways.

### Major Accomplishments 2010-2013

OVW's Children Exposed to Violence program provides training to programs on Trauma-Focused Cognitive Behavior Therapy for children. This form of therapy is highly successful in improving mental health outcomes for children with a history of experiencing trauma, such as witnessing



## U.S. DEPARTMENT OF JUSTICE (DOJ)

domestic violence. Parents also receive education and training because they play a critical role in their child's therapy.

As we continue our work to help survivors heal it is important to understand the underlying mechanism of trauma. The National Sexual Violence Resource Center used OVW funding to develop an innovative course entitled "The Brain, Body, and Trauma." This course gives victim service providers: 1) an overview of the neurobiological and psychological implications of sexually violent trauma; and 2) the information and skills necessary to provide trauma-informed services.

After a sexual assault, survivors often engage the criminal justice system when seeking safety and support. It is crucial that law enforcement and other members of the criminal justice community are trained to use trauma-informed approaches with survivors. The International Association of Chiefs of Police, an OVW grantee, developed the Trauma Informed Sexual Assault Investigation curriculum, which will be implemented in selected law enforcement agencies nationwide. The curriculum focuses on helping officers to develop the skills they need to effectively respond to and investigate sexual assault cases. Officers will learn about the effects of trauma on sexual assault victims, as well as enhancing an officers' ability to identify and document perpetrator behaviors.

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### New Directions and Collaborations

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OVW is working with the Rose Brooks Center in Kansas City to integrate trauma-informed practices into services for domestic violence survivors and their children. Using "The Three C's" - a universal trauma-informed approach - the Rose Brooks Center is seeking to ensure all practices and environments are trauma-informed, including a building expansion that provides a quiet room for shelter residents, an improved security system, and a pet shelter.

Integrating trauma-informed philosophies throughout the work of community and local government agencies improves the quality of services and results in improved health outcomes. An OVW Disability grantee in Wisconsin is employing multi-faceted strategies to infuse trauma-informed thinking and practices throughout their work. This led to the establishment of the Leadership Group of Learning and Infusion Initiative that cultivates leadership at the intersection of disabilities and anti-violence efforts. The project focuses on personal leadership development within a statewide collaboration of partner organizations and pilot communities to foster long-term sustainability of trauma-informed leadership development.

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### Additional Resources

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Update contact: [Allison.Randall@usdoj.gov](mailto:Allison.Randall@usdoj.gov)  
<http://www.ovw.usdoj.gov/>  
[www.VAWnet.org](http://www.VAWnet.org)  
<http://www.nationalcenterdvtraumamh.org/>

## U.S. DEPARTMENT OF LABOR (DOL)

# Office of Worklife, Leave, and Benefits Policy & Programs (OWLBPP)

### IMPACT OF TRAUMA

The Office of Worklife, Leave, and Benefits Policy & Programs provides guidance for the Department and manages programs that assist DOL employees in managing their work and personal life. Areas of responsibility consist of Federal Employees' Benefits; Worklife Programs: telework, childcare subsidy, information and referral, support groups, elder care; oversight of Department-wide health and wellness programs, health clinics, and coordination of the Department-wide Employee Assistance Program; Leave Administration; Awards Program; and the Drug Free Workplace Program. The Office provides operational services for the National Office Leave Bank and Leave Transfer Programs and to the Office of the Assistant Secretary for Administration and Management (OASAM) and OASAM client agencies. Statistics on women in the workplace, information on the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

The Department recognizes the impact violence in the workplace can have on employees and their family members. DOL's Workplace Violence Program Handbook outlines that it will promote a safe environment for its employees and the visiting public, and work with employees to maintain a work environment that is free from violence, harassment, intimidation, and other disruptive behavior. The document also emphasizes that violence or threats of violence, in all forms, are unacceptable behaviors. They will not be tolerated and will be dealt with appropriately.



## U.S. DEPARTMENT OF LABOR (DOL)

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### Major Accomplishments 2010-2013

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On June 6, 2012 the OASAM/Human Resource Center Director issued guidance to all employees reminding them the Department has a Workplace Violence Handbook with guidance on who to contact in the event of an incident. The guidance was issued as an HR News You Can Use, Volume 2, Issue 4, DOL Workplace Violence Program, posted on its intranet. Employees were encouraged to review the handbook to become familiar with the information and to contact the appropriate offices for assistance.

Former Secretary of Labor Hilda Solis issued a Policy Statement on Harassing Conduct in the Workplace on August 6, 2012 to reiterate the definition of harassing conduct and the responsibilities of all employees including the actions managers and supervisors must take to resolve the reported situations.

In support of National Domestic Violence Awareness Month in October 2012, the former Secretary issued a Message: "October is National Domestic Violence Awareness Month. It is important to shed light on the devastating effects of domestic violence and show support for those who are or have been victims." The Message also mentioned that workplace violence is another issue of concern because it represents a serious safety and health issue.

Also in October 2012, as part of its weekly Frances Perkins Building elevator poster campaign, the Department highlighted October is National Domestic Violence (DV) Awareness Month, noting that: 1) DV is the

leading cause of injury to women; 2) Ten million children witness DV annually; 3) Eight million days of paid work per year are lost by DV victims; and 4) \$5.8 billion per year is the cost of intimate partner violence in the United States: \$4.1 billion is spent on direct medical and health care services, while productivity losses account for nearly \$1.8 billion. Our Employee Assistance Program offers free personal, legal and financial consultation twenty-four hours a day, seven days a week, three hundred and sixty five days a year.

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### New Directions and Collaborations

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After receipt of the February 2013 Executive Order and OPM's guidance on domestic violence, the OWLBPP is reviewing the current guidance and is in the process of redrafting the handbook and developing additional guidance. This effort will include representatives from other DOL agencies and the unions to ensure a joint effort to protect DOL employees and the visiting public.

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### Additional Resources

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Update contact: [Allen.Susan@dol.gov](mailto:Allen.Susan@dol.gov)



## Office of Disability Employment Policy (ODEP)

### IMPACT OF TRAUMA

It is essential for workplaces and workforce systems to be trauma-informed. While women workers experience high rates of sexual harassment, workplace bullying, and other types of violence, women with disabilities have an even higher incidence of trauma-related issues. They are subject to trauma by their partners and personal care providers, and are more likely to be unemployed or underemployed and live in poverty.

Having a disability can result from a traumatic event, and can present other mental health issues such as depression or post-traumatic stress disorder. Trauma can dramatically increase the costs of absenteeism, turnover, and other workforce issues.

Statistics on women with disabilities and the impact of trauma on women with disabilities in the workplace can be found in the first Federal Partners' Report on Women and Trauma at <http://nicic.gov/Library/025082>

### How a Trauma-Informed Approach Can Make a Difference

ODEP's mission is to ensure that people with disabilities are fully integrated into the 21st century workforce, and to increase the hiring, retention, and promotion of people with disabilities. Trauma-informed approaches are essential, not only because women with disabilities experience violence at a higher rate than women without disabilities, but also because women may become disabled after experiencing a traumatic event, with a resulting physical, emotional, or cognitive disability.

ODEP has worked to develop various partnerships, initiatives, and programs to examine the issues that women with disabilities experience, while working to eliminate employment barriers and ensure that workplace policies, benefits, and practices are structurally and programmatically accessible to all.

Trauma-informed workplace policies are valuable in multiple ways. The ability to work and return to work in a healthy environment and continue to be employed is a central to both recovery and economic self-sufficiency.



## U.S. DEPARTMENT OF LABOR (DOL)

### Major Accomplishments 2010-2013

In 2012, ODEP contributed to the Office of Personnel Management's Guidance for Agency-Specific Domestic Violence, Sexual Assault, and Stalking Policies. ODEP reported that 37.3 percent of women with disabilities experience intimate partner violence in their lifetime, compared with 20.6 percent of women without disabilities. Agencies should consider the needs and risk factors of employees with disabilities in training, workplace flexibility arrangements and reasonable accommodations.

In 2012, ODEP and the DOL's Women's Bureau released a Workplace Flexibility Toolkit for employers, policymakers and researchers. The Toolkit provides case studies, fact/tip sheets, issue briefs, reports, and articles; discusses universal strategies around time, place, and tasks; and can assist employees who have experienced trauma to be productive in the workplace.

Also in 2012, ODEP, in collaboration with the National Working Positive Coalition, sponsored an Institute on HIV/AIDS and Employment at the XIX International AIDS Conference. The U.S. Department of Labor is among six lead federal agencies responsible for implementing President Obama's National HIV/AIDS Strategy – a first for the nation. A conference report was published in 2012. With childhood and adult trauma increasingly being recognized as important factors associated with the HIV/AIDS epidemic among women, this conference report can serve as an important tool for this community.

### New Directions and Collaborations

ODEP is working on an Information Memorandum that will address successful strategies for returning to work after experiencing a traumatic event, using a trauma-informed approach. The Memorandum will be disseminated to approximately 3,000 American Job Centers and state and local Workforce Investment Boards throughout the United States, as well as to other stakeholder groups within the disability community.

### Additional Resources

Update contact: [Thal.Adrienne@dol.gov](mailto:Thal.Adrienne@dol.gov)

Women with Disabilities

<http://www.cdc.gov/ncbddd/disabilityandhealth/women.html>

Employees with Post Traumatic Stress Disorder (PTSD)

<http://askjan.org/media/ptsd.html>

Employees with Mental Health Impairments

<http://askjan.org/media/psychiatric.html>

HIV/Aids report

<http://www.dol.gov/odep/pdf/20120728HIV/AIDSReports.pdf>

Workplaces Respond to Domestic and Sexual Violence, DOJ/OVW site

[www.workplacesrespond.org/](http://www.workplacesrespond.org/)

## Women's Bureau

### IMPACT OF TRAUMA

Violence and trauma can have a profound impact on women in the workplace. Some women workers may have histories of trauma and abuse, and in addition, they may be subjected to workplace bullying, domestic violence within the work setting, or sexual harassment which impacts them as workers. Women in traditionally male jobs such as the construction trades may experience different forms of gender-based harassment. Research has shown that these are common occurrences and that they not only affect women's job experience, but also her job performance and possible career advancement. Statistics on women, information about the impact of trauma on women in the workplace, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

The Women's Bureau was created by law in 1920 to formulate standards and policies to promote the welfare of wage-earning women, improve their working conditions, increase their efficiency, and advance their opportunities for profitable employment. Trauma-informed approaches help the Women's Bureau to meet its mission: to develop policies and standards and conduct inquiries to safeguard the interests of working women; to advocate for their equality and economic security for themselves and their families; and to promote quality work environments. The Women's Bureau places particular focus upon vulnerable women workers, including women veterans who have experienced trauma.



## U.S. DEPARTMENT OF LABOR (DOL)

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### Major Accomplishments 2010-2013

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In 2010, the Women's Bureau held the first-ever Stand Down events for homeless women veterans to address the unique needs of homeless women veterans and their families. Women-to-women Stand Down events help women veterans who are homeless and those at risk for homelessness to regain stability and sustainability for themselves and their families. The focus is on providing women veterans services and engaging community-based resources that integrate housing, employment support and reintegration services.

In 2011, the Women's Bureau released the publication Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers, which underscores the need to recognize how trauma from military experiences impacts the reintegration process for women veterans and offers a comprehensive approach for creating effective trauma-informed care environments. The guide includes information on the experiences of women veterans, a step-by-step process for organizational self-assessment, and resource lists.

The Women's Bureau also developed a web-based training curriculum designed to help community-based service providers use the Guide to meet the unique needs of the populations they serve, and assesses how service providers use this information to change policies and/or practices to better serve women veterans.

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### New Directions and Collaborations

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The Women's Bureau is partnering with the Veterans Employment and Training Service (VETS) to establish a formal women veterans program. The first of its kind, this program will identify distinct women veteran economic and employment needs, and determine how to maximize DOL resources to meet these needs. This initiative will engage experts in workforce development and on women employment issues to develop a strategic plan focused on improving employment and training services for women veterans.

In the future, the Women's Bureau will expand outreach to the broader woman veterans' population. The Bureau will conduct outreach to raise awareness of the challenges women veterans face in finding good jobs, including trauma-related challenges. The Bureau will also provide technical assistance to organizations to facilitate better recruitment and retention of women veterans in employment or in job training programs.

The Women's Bureau will also continue to serve on the White House Council on Women and Girls.

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### Additional Resources

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Update contact: [thompson.tonya@dol.gov](mailto:thompson.tonya@dol.gov)

<http://www.dol.gov/wb/>

<http://www.dol.gov/wb/trauma/>

## U.S. DEPARTMENT OF VETERANS AFFAIRS (DVA)

### IMPACT OF TRAUMA

The Department of Veterans Affairs (VA) is committed to honoring America's Veterans by providing exceptional health care that improves their health and well-being.

Veterans may experience trauma prior to, during, and/or following their military service, making it an issue of key concern for VA. VA has a special emphasis on addressing issues related to combat trauma, military sexual trauma (sexual assault or repeated, threatening sexual harassment occurring during military service), and other traumas experienced during service. However, experiences of trauma at any point during a Veteran's lifetime can have a significant impact upon his/her health, treatment needs, and need for assistance with other issues, such as employment or homelessness.

Additional statistics on women, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

VA offers a full continuum of mental health services for women Veterans, including assessment, outpatient treatment, and inpatient and residential care. Having trauma-informed and gender-sensitive medical and mental health treatment programming available is key to ensuring that Veterans' needs secondary to trauma are adequately addressed.

The VA's National Center for PTSD is a long-standing center of excellence for research and education on the prevention, understanding, and treatment of Posttraumatic Stress Disorder. The Center's highest priority is supporting VA clinicians and Veterans through the development of evidence-based treatments for PTSD and the dissemination of best-practices throughout the VA system.

Because trauma is associated with a range of mental health problems, VA's services for PTSD, depression, anxiety, substance use disorders, and general mental health are a key component of VA's efforts. Starting in 2007, VA began a rollout of trainings on evidence-based treatments for trauma-related mental health disorders for its mental health providers.



## U.S. DEPARTMENT OF VETERANS AFFAIRS (DVA)

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### Major Accomplishments 2010-2013

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Since 2006, VA has funded a national Military Sexual Trauma (MST) Support Team that monitors MST screening and treatment, expands national MST-related education and training, and promotes best practices in care for Veterans who experienced MST. The team hosts an annual conference and monthly training calls available to all VA staff, and develops a range of MST-specific resources and initiatives targeting both VA staff and Veterans.

National policy requires all mental health and primary care providers to complete training on issues related to MST. VA has also established national policy that all Veterans seen for health care services are screened for experiences of MST to ensure that they are aware of free, specialized services available and that their trauma history is considered in provision of care.

Since August 2012, the Women's Mental Health Section of VA Mental Health Services has hosted a teleconference educational series to provide information and training to VA staff about women's mental health. Examples of training topics include: gender differences in PTSD and their implications for the mental health care of Veterans; women Veterans and homelessness; and providing care to women Veterans who are experiencing interpersonal violence.

The National Center on PTSD has also developed a number of online courses, continuing education opportunities, clinician guides, and mobile apps in support of trauma-focused care in the VA.

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### New Directions and Collaborations

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During FY 2012, the Women's Mental Health Section of VA Mental Health Services completed a national survey of all VA facilities to assess availability of current mental health care services for women Veterans and those who experience MST, including existing services, challenges, and best practices for provision of gender-sensitive mental health care. The results of this survey will be used to identify gaps in services available and inform future program development efforts.

In order to lower barriers to engagement in mental health treatment, VA is transforming its systems of care delivery to prioritize integrated primary/behavioral health care [http://www.ptsd.va.gov/about/mission/looking\\_ahead.asp](http://www.ptsd.va.gov/about/mission/looking_ahead.asp).

VA continues to collaborate with the Department of Defense and community agencies working with Active Duty, National Guard, and Reserve personnel, in order to ensure that Veterans who have been exposed to trauma are able to access appropriate services more smoothly and expediently.

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### Additional Resources

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Update contact: [Heidi.Kar@va.gov](mailto:Heidi.Kar@va.gov)

<http://www.ptsd.va.gov/>

<http://www.mentalhealth.va.gov/msthome.asp>

<http://Veteranscrisisline.net>

<http://vaww.mst.va.gov>

## Peace Corps

### IMPACT OF TRAUMA

The Peace Corps is a federal agency that works to build capacity in developing countries. Currently 8,073 Peace Corps Volunteers are serving 27-month tours in 76 countries. Trauma can impact both Volunteers and staff, who may be victims of crime, be exposed to civil unrest and political violence, live through natural disasters, or suffer accidents. Volunteers and staff may suffer vicarious trauma living in post-conflict nations where they are exposed to the lingering effects of violence through close association with their communities. Other personnel may witness the devastating effects of poverty, famine, disease, or disaster on a daily basis. Because the Peace Corps is a tight-knit community, trauma that directly impacts a staff member or Volunteer may ripple across the entire agency. Additional sources of information about the impact of trauma can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

The Peace Corps has designed and implemented a new trauma-informed approach to care. As of October 2012, all Peace Corps medical officers have received clinically accredited training on trauma-informed care at Peace Corps annual continuing medical education conferences. All Volunteers are now treated with methods consistent with trauma-informed care approaches, which improve the quality of services, reduce re-traumatization, and support the healing process.

Every Peace Corps post provides comprehensive medical services under the direction of PCMOs. Volunteers may also receive mental health services via long distance or medical evacuation from trained mental health clinicians. PCMOs are always among the first staff members to become aware of assaults and other traumatic events affecting Volunteers. Approximately 70 percent of the PCMOs are physicians; the remaining 30 percent are physicians' assistants, nurse practitioners, or registered nurses. The PCMOs are supervised by regional and headquarters-based physicians in Washington, D.C.



## Peace Corps

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### Major Accomplishments 2010-2013

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The Peace Corps has worked collaboratively with the departments of Defense and Veterans Affairs on developing staff training for PCMOs and the adoption of evidence-based trauma treatment modalities. The Peace Corps has also partnered with the departments of Justice and Defense to support the design and development of a Peace Corps sexual assault risk reduction and response program and several new policies related to trauma-informed care.

Since 2008 the Peace Corps has been working to develop a victim-centered, trauma-informed global sexual assault risk reduction and response program. As part of the program, more than 1,500 overseas and headquarters staff who work directly with Volunteers have received online training on the impact of sexual assault and sexual assault awareness and sensitivity. From 2012–13, all Volunteers received training on sexual assault awareness, risk reduction, reporting and response protocols, and bystander intervention.

In 2011, the Peace Corps established an Office of Victim Advocacy with victim advocates available 24 hours a day for any Volunteer who has been a victim of crime. These victim advocates ensure that Volunteers have access to Peace Corps support services, are available to answer questions, and help Volunteers make informed choices. Advocates also work to ensure that staff at both headquarters and posts understand the wishes of the Volunteer and take them into consideration.

In 2012, the Counseling and Outreach Unit (COU) hired two counselors with experience in the treatment of sexual assault and other traumas and specialized expertise in cognitive process therapy and prolonged exposure therapy, two evidence-based trauma-specific treatment modalities. All current licensed mental health clinicians in the COU are being trained in these approaches.

The Peace Corps instituted a medical evacuation program for sexual assault trauma survivors that includes the choice of accompaniment by a Peace Corps staff member, being met at the airport by a staff member or representative, choice of medical and mental health providers, and a new online survey asking Volunteers about the care they received.

The Peace Corps is developing a multi-level reporting process for sexual assault victims that includes an anonymous hotline as well as options for standard and restricted reporting (which strictly limits those informed about the assault to safety and security staff and medical and mental health providers).

Starting in July 2013, trained sexual assault response liaisons will be available at each post at the request of the victim to accompany him/her through the in-country response.

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### Additional Resources

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Update contact: [CKuric@peacecorps.gov](mailto:CKuric@peacecorps.gov)

<http://www.peacecorps.gov/>



## White House Office on National Drug Control Policy (ONDCP)

### IMPACT OF TRAUMA

Victims of trauma often self-medicate with alcohol or other drugs, rather than seeking proper medical attention. Furthermore, women who experience trauma are more likely to experience mental health and substance abuse problems. Because addiction is a disease of the brain, it is critical to address trauma and its psychological aftereffects. The Office of National Drug Control Policy (ONDCP) recognizes that women trauma survivors may feel inhibited from sharing their experiences in group therapy sessions with men, or may be re-traumatized in such intimate settings. In response, ONDCP is focusing on expanding access to gender-responsive treatment and recovery services. Additional statistics on women and addiction, information about the impact of trauma, and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

### How a Trauma-Informed Approach Can Make a Difference

Given the significant correlation between lifetime history of drug and alcohol-facilitated rape, posttraumatic stress disorder, and nonmedical use of prescription drugs, medical professionals working with these populations should be aware of the importance of screening for drug abuse to avoid further health and safety issues. Treatment providers should also be aware of this connection and seek to address the underlying traumatic experiences that have led their patients to abuse substances. By addressing the underlying causes of substance abuse, treatment providers may experience greater successes in sustained recovery for their clients.



## White House Office on National Drug Control Policy (ONDCP)

### Major Accomplishments 2010-2013

The President's National Drug Control Strategy calls for evidence-based treatment for substance use disorders for all people, including those with co-occurring substance use and mental health disorders. The Office of National Drug Control Policy (ONDCP) is working to expand access to treatment for substance use disorders at the Federal and state levels, including identifying specialty treatment modalities that can be expanded. Additionally, ONDCP has worked with its partners at the Departments of Justice and Health and Human Services to ensure access to care for women, and supports partner agencies in their efforts to reach more people with appropriate care, including trauma-informed treatment.

### New Directions and Collaborations

ONDCP encourages the advancement of research on the nexus between substance abuse and mental health, including the effects of trauma on the brain. As further research on the effect of trauma on women and substance abuse is developed, ONDCP will continue to advocate for the provision of trauma-informed care and urge substance abuse treatment providers to adopt the latest evidence-based approaches.

### Additional Resources

Update contact:

[Meredith L. DeFraitess@ONDCP.EOP.GOV](mailto:Meredith_L_DeFraitess@ONDCP.EOP.GOV)

<http://www.whitehouse.gov/ondcp>

McCauley, J.A., Amstadter, A., Danielson, C., Ruggiero, K., Kilpatrick, D., and Resnick, H. (2009) Mental Health and Rape History in Relation to Non-Medical Use of Prescription Drugs in a National Sample of Women, *Addictive Behaviors*, 34: 641-648.

# Additional Committee Members

The Federal Partners Committee on Women and Trauma is constantly evolving. The group is open to members representing any federal department, agency, division or office with an interest in trauma and trauma-informed care. In addition to those represented in the “Update” section of this report, the following agencies are members of the committee.

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## **US Department of Defense – Office of the Secretary of Defense, Health Affairs (ASD-HA)**

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The Assistant Secretary of Defense for Health Affairs is chartered under United States Department of Defense Directive 5136.1, which states that the ASD(HA) is the principal advisor to the U.S. Secretary of Defense on all "DoD health policies, programs and activities." In addition to exercising oversight of all DoD health resources, ASD(HA) serves as director of the Tricare Management Activity, an extensive network of private physicians and hospitals providing health maintenance to service members. While the ASD(HA) does not have any specific policies on trauma-informed care, women are screened for previous trauma during healthcare visits. The ASD(HA) also oversees the Uniformed Services University of Health Sciences, which educates uniform physicians and other health professionals for the Army, Navy, Air Force and Public Health Service. The ASD(HA) is an active participant in the

Federal Partners Committee, and has worked collaboratively with the Office of the Secretary of Defense, Family Advocacy Program (OSD, FAP) on the medical components of their trauma-informed initiatives, and with the Sexual Assault Prevention and Response Office (SAPRO) in the development of a Special Victim's Capacity (see DOD updates).

[http://www.health.mil/About\\_MHS/Organizations/Index.aspx](http://www.health.mil/About_MHS/Organizations/Index.aspx)

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## **US Department of Health and Human Services – Center for Faith-based and Neighborhood Partnerships**

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The White House Office of Faith-based and Neighborhood Partnerships works to build bridges between the federal government and nonprofit organizations, both secular and faith-based, to better serve Americans in need. The Office advances this work through Centers in various Federal agencies.

The HHS Center for Faith-based and Neighborhood Partnerships (the Partnership Center) leads the Department's efforts to build and support partnerships with faith-based and community organizations in order to better serve individuals, families and communities in need. The Partnership Center is a mechanism for the department to engage and communicate with the grassroots, ensuring that local institutions that hold community trust have up-to-date information regarding health and human service activities and resources in their area.

The Partnership Center is focused on four major objectives: 1) improving access to health care through enrollment in health insurance, understanding the system, and increasing access points and accessibility; 2) facilitating the faith portion of the National Dialogue on Mental Health; 3) promoting responsible fatherhood and healthy families; and 4) leading the faith communities “Let’s Move” campaign. The President’s Advisory Council on Faith has created an advisory on human trafficking:

<http://www.whitehouse.gov/blog/2013/04/10/receiving-advisory-council-recommendations-end-human-trafficking>

<http://www.hhs.gov/partnerships>

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## **US Department of Justice – National Institute of Justice (NIJ)**

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The National Institute of Justice is the research, development and evaluation agency of the U.S. Department of Justice. NIJ provides objective and independent knowledge and tools to reduce crime and promote justice, particularly at the state and local levels. NIJ has five strategic goals: 1) Fostering science-based criminal justice practice; 2) Translating knowledge to practice; 3) Advancing technology; 4) Working across disciplines; and 5) Adopting a global perspective. NIJ performs research in and evaluations of many specific types of crime — from more traditional crime, such as gun crime and child abuse, to emerging crime, such as identity theft and human trafficking. NIJ addresses many topics of concern to the Federal Partners Committee, including violence against women, intimate

partner violence, rape and sexual violence, child abuse, elder abuse, and dating violence. NIJ has an established violence against women research portfolio that has been funding studies since the 1970’s. They house a research compendium of completed and ongoing funded projects:

<http://nij.gov/nij/pubs-sum/vaw-compendium.htm>

Other NIJ-funded projects of particular interest include a multi-site examination of sexual assault case attrition; testing and evaluation of a lethality assessment program to identify lethal/high risk cases of intimate partner violence; examination of help-seeking patterns and outcomes for sexual assault survivors with disabilities; testing the Social Reactions Questionnaire and Secondary Victimization Scale among a diverse group of sexual assault survivors; an evaluation of community strategies to address childhood exposure to violence; and a report on how law enforcement and community partnerships can assist children exposed to domestic violence.

<http://www.nij.gov>

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## **US Department of Labor – Occupational Safety and Health Administration (OSHA)**

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Congress created the Occupational Safety and Health Administration (OSHA) to assure safe and healthful working conditions for U.S. workers by setting and enforcing standards and by providing training, outreach, education and assistance. OSHA education and assistance focuses primarily on ways employers can prevent occupational

injuries and illnesses from occurring. The application of trauma-informed care, while not at the core of OSHA's mission, is relevant to some of the work OSHA does. For example, OSHA provides guidance to employers concerning the prevention of workplace violence. This guidance, which focuses on the development of workplace violence prevention programs, includes information on how employers can assist workers after an incident of workplace violence, which can include trauma-informed care. <http://www.osha.gov/>

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## **US Department of Labor – Veterans Employment and Training Services (VETS)**

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VETS serves America's veterans and separating service members by preparing them for meaningful careers, providing employment resources and expertise, and protecting their employment rights. The Office of the Assistant Secretary for Veterans' Employment and Training (OASVET) was established by Secretary's Order No. 5-81 in 1981. The Assistant Secretary position was created by P.L. 96-466 in 1980 to replace the Deputy Assistant Secretary for Veterans' Employment position created by P.L. 94-502 in 1976. The bipartisan Congressional intent was to establish leadership of the Department's programs for services to veterans at the policy-making level, and help to ensure that Congressional mandates for effective job training and placement services for eligible veterans are carried out by DOL. The application of trauma-informed practice is essential to the work of VETS due to the high

rates of trauma exposure experienced by military personnel, documented in the DOD sections of this monograph. VETS is collaborating with the DOL Women's Bureau to increase women's participation in VETS-funded programs; to increase women's reintegration into the workforce; and to promote programs for women veteran and service providers, including a joint effort of the Employment and Training Administration (ETA) and VETS to provide unemployed post-9/11 era veterans with the intensive follow-up services they need to succeed in today's job market.

VETS has made a formal commitment to improve employment outcomes for Women Veterans with the August 2013 creation of the first-ever full time Women Veterans Program Manager. The Women Veterans Program has three main objectives:

1. Identify distinct challenges that exist for Women Veteran employment.
2. Identify DOL services required to close the gap in employment.
3. Elevate the Women Veteran issue among diverse stakeholders to maximize impact.

While current research shows a strong correlation between high rates of trauma exposure experienced by Women Veterans and employment/housing challenges, more data is needed to better understand and address issues specific to Women Veterans. The Women Veterans Program will work toward an evidence-based approach to improve employment outcomes for Women Veterans. <http://www.dol.gov/vets/>

# The Work of the Federal Partners Committee on Women and Trauma

## The Roundtables and Webinar Series

The Federal Partners Committee has used several strategies to expand public and agency awareness about trauma and trauma-informed approaches. On April 29, 2010, the Committee hosted its first Roundtable on Women and Trauma, which brought together more than 80 representatives from the Federal, State, academic, survivor, and practice arenas to examine the impact of trauma on the work of those who attended. Roundtable I highlighted the prevalence of violence, abuse and trauma experienced by women and girls across all segments of society and demonstrated the scope and gendered nature of women's and girls' experiences of trauma and violence. The Roundtable highlighted the public health consequences of violence and trauma across a wide range of issues including childhood sexual abuse, military sexual trauma, bullying, teen dating violence, domestic and intimate partner violence, trauma in the workplace, witnessing of violence in the household, and trauma experienced within health and social service systems themselves. The Roundtable also generated a call to action.

The proceedings of the Roundtable were distributed in the *2011 Report of the Federal Partners Committee on Women and Trauma* (available at: <http://nicic.gov/Library/025082>). The report summarizes research data documenting the level of violence against women and girls in our society and examining the consequences, provides background information on the Federal Partners Committee, identifies key issues facing participating agencies, and summarizes the first Roundtable meeting. The report also highlights action items identified by the Committee.

On December 6-7, 2011, a second Roundtable was held. More than 230 people attended. Using a public health framework, Roundtable II focused on promising practices and high-priority interagency issues. Keynote and plenary presentations from noted leaders in the field described new and promising approaches addressing the impact of trauma on women and girls, and workshops provided an opportunity for participant engagement. Topics included the implementation of trauma-informed care with community-based front-line providers; military and veteran women; integration of the first-person experience and voices of women exposed to trauma; new approaches to trauma prevention and screening assessment; cross-cultural settings, diversity issues, and other underserved populations; and the workplace. Agendas from both Roundtables can be found in the Appendix.

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*What are the implications of the legacy of cultural oppression? If people have lived with racial epithets, those will be the trauma triggers for them.*

**Firoza Chic Daby-Chinoy**, Director,  
Asian and Pacific Islander Domestic Violence Institute Roundtable II

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In 2013-2014, the Committee will initiate a webinar series that will take the message to an even wider audience, including those who cannot travel to a DC-based Roundtable. The webinar series will be designed to deepen participant understanding of the complex impacts of trauma, particularly ways in which trauma manifests across multiple domains; to showcase promising and evidence-based practices; to increase participants' ability to assess current practice and to implement change; and to disseminate key resources and tools. All webinars will include speakers from different service systems and will be archived for future use.


After polling Committee members, the following emerged as high-priority webinar topics: the intersection of domestic violence, sexual violence, and trauma; workplace violence and trauma; the intersection of substance abuse, mental health, and trauma; culturally relevant trauma-informed programming; trauma-informed healthcare; and veterans and trauma. The first webinar is planned for the fall of 2013.

## The Coordinating Committees

Seven coordinating committees provide a structured platform for ongoing collaboration on topics directly affecting multiple agencies. The coordinating committees were instrumental in planning Roundtable II and also work on a variety of ongoing projects of mutual concern. While topics and membership vary over time, current coordinating committees include:

**Veteran and Military Women and Trauma-Informed Approaches.** Participants include DOD (DCOE, FAP, SAPRO, and OASD-HA), VA, HHS (OWH, SAMHSA), HUD (SNAPS), ONDCP, and DOL. Veterans often face issues getting jobs, finding housing, or dealing with family problems, all of which can be affected by trauma. Members of this committee work together to find solutions through sharing research and information, joint program and policy development, training, and other initiatives.

**Workplace and Trauma-Informed Approaches.** Participants include DOL (ODEP, OSHA, and WB) and HHS (SAMHSA, HRSA, OWH). Recognizing that trauma can affect both individual workers and organizational culture, this committee is focusing on products and resources that will be helpful to employers and employees. Best practices for a trauma-informed workplace include trauma training for all staff, support for organizational change, trauma-informed human



resource and supervisory practices, policies on domestic violence and the workplace, linguistic and cultural accessibility, and addressing sources of conflict within the workplace. The committee is currently working on a short policy memo for employers on trauma-informed workplaces and workforce development systems.

**Integration of First Person Experience and Voice.** Participants include HHS (SAMHSA), DOL (ODEP) and DOJ (OVC). The mission of this committee is: to identify and disseminate federal/state/local and nonprofit initiatives, research literature, training, technical assistance, and other resources that address peer-support models and integration of survivor experience and voice in workforce development, policy, planning, programming, and evaluation. Work to date has included assisting other coordinating committees to identify and integrate survivor voice and disseminating key resources, including SAMHSA's *Engaging Women in Trauma-Informed Peer Support: A Guidebook*.

**New Approaches to Trauma Screening and Assessment.** Participants include HHS (SAMHSA, OWH, ACF), and DOJ (NIC, OJJDP). This committee is working towards accomplishing goals generated at Roundtable II, including the development of a set of guidelines for the field about trauma screening and assessment. Guidelines will address issues such as: where should screening and assessment be done and by whom; what should happen afterwards; what tools currently exist; etc. A set of "Frequently Asked Questions about Trauma Screening and Assessment" is currently under development.

**Implementation of Trauma-Informed Care with Community-based Providers.** Participants include HHS (ACYF, OWH) and HUD. This committee is moving beyond the health and human service systems to support the application of trauma-informed approaches by front-line providers, with a particular emphasis on resilience. A curriculum on trauma and women's health issues, developed by HHS (OWH and SAMHSA) and currently being pilot tested, is an outgrowth of this committee.

**Cross-Cultural Settings and Diversity Issues.** Participants include HHS (ACF), Peace Corps, and DOL (ODEP). The domain of this committee spans an extremely broad range of different groups and circumstances. This diversity brought real strength to the discussion at the second roundtable, where underserved groups that rarely meet together had a chance to learn from each other. The committee is focusing on education and justice issues which form an important part of trauma-informed approaches.



**Outreach/Promotion.** Participants include HHS (SAMHSA, OWH) and DOJ (NIC). This committee was formed in response to Roundtable II, as members became aware of the increasing demand in the field for information about trauma-informed approaches. The committee has focused on ways to move beyond the federal partners to include federal legislators and state, regional, territorial and community partners; to increase the visibility of the issue through media exposure; and to partner with community-based and faith-based organizations and individuals with the lived experience of trauma.

## Conclusion

The Federal Partners Committee on Women and Trauma has played a pivotal role in highlighting the scope of the problem of violence against women and girls. More importantly, it has championed emerging knowledge, innovations, strategies, practices and collaborations to address these problems through trauma-informed approaches, regardless of setting, system, sector, or community. Through its development of a common understanding of the problem, the Committee has opened new doors. This work has far-reaching impact, as grant programs stimulate innovation in local communities, new tools are made available for a variety of applications, and new partnerships devise creative solutions to persistent problems.

The Committee's success in bringing together, prevention, promotion, assessment and treatment efforts is stimulating similar work at the state and local levels. Statewide interagency trauma task forces and steering committees have sprung up in many states. Other efforts have begun at the county and municipal levels. Each effort is organized differently, but all bring new players to the table, develop local leadership and broad-based support for trauma-informed approaches, and create synergy by working across silos. The number of interagency efforts that have emerged in states and localities is testimony to the power of working across agencies.

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*One thing was immediately self-evident: no organization would ever be “done” implementing trauma-informed care. Once begun, it would be a continuous process requiring ongoing reflection on practices and policies, training for new staff and boosters for long-time staff, and an attentive eye on the organization’s culture to prevent returning to prior practices.*

**Valorie Carson**, Johnson County (Kansas) Interagency  
Trauma-Informed Care Task Force

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# Federal Partner Committee Members

## U.S. Department of Agriculture (USDA)

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# Agenda Roundtable I

## *Roundtable on Women and Trauma*

**DAY 1: DECEMBER 6, 2011**

**7:45-8:30 Registration**

*Central Area*

**8:30-9:05 Welcome/Introductions**

*Conference Rooms 7 & 8*

Barbara J. Bazron, *Roundtable Moderator and Facilitator*

Susan Salasin (CMHS), *Chair of Women and Trauma Committee*

Carol Boyer (DOL), *Co-Chair of Women and Trauma Committee*

**Lead Federal Agency Perspectives**

Susan Parker, *Department of Labor*

Kana Enomoto, *Substance Abuse and Mental Health Services Administration*

Jennifer Kaplan, *Deputy Director of the White House Council on Women and Girls*

**9:05-10:20 Panel Plenary 1: Contextualizing Trauma in the Lives of Women and Girls**

*Conference Rooms 7 & 8*

- *Gender Matters: Creating a Trauma-Informed Culture*, S. Covington
- *Adverse Childhood Experiences (ACE) Study: Setting the Context for Anna's Story*, A. Jennings
- *From Trauma to Trauma-Informed: Environments That Support Healing*, A. Blanch

**10:20-10:30 BREAK**

**10:30-11:15 Panel Plenary 2: Cross Systems Issues and Interventions**

*Conference Rooms 7 & 8*

- *Trauma-Informed Care and Health: Secondary Victimization in Medical and Dental Systems*, S. Raja
- *Seeking Safety: An Evidence-Based Model for Trauma-Specific Service*, L. Najavits

**11:15-12:15 Facilitated Break-Out Sessions**

Color-Coded Session Assignments

**12:15-1:00 LUNCH & NETWORKING**

*Box Lunches Provided in the Two Pantries of the Conference Center*

**1:00-1:25 Opening of Afternoon Session**

*Conference Rooms 7 & 8*

Sarah Lynn Rosenthal, *White House Advisor on Violence Against Women*

A. Kathryn Power, *Director Center for Mental Health Services*

**1:25-1:55 Panel Plenary 3: The Voice of Lived Experiences:  
Power of Recovery In Action**

*Conference Rooms 7 & 8*

- *From Trauma to Healing*, T. Cain
- *Trauma Across the Lifespan*, J. McKinney

**1:55-2:40 Panel Plenary 4: Implications for Youth-Serving Systems**

*Conference Rooms 7 & 8*

- *Juvenile Justice: Addressing Trauma with Young Women and Girls*, S. Gonsoulin
- *Legal Perspective: Policies and Practices Related to Rights, Responsibilities of Schools and Students*, K. Bleyer
- *Child Welfare: Opportunities for Collaboration to Support Women & Girls Affected by Trauma*, S. Cadiz

**2:40-3:25 Panel Plenary 5: Workforce and Veterans' Issues**

*Conference Rooms 7 & 8*

- *Veterans' Issues and Pathways to Recovery*, S. McCutcheon
- *Triggering Traumatic Responses: Bullying in the Workplace*, G. Namie
- *Impact of Employee Assistance Program Models on Systems Reform to Create Trauma-Sensitive Work Environments*, N. Pentz

**3:25-3:35 BREAK**

**3:35-4:35 Facilitated Break-Out Sessions**

Color-Coded Session Assignments

**4:35-5:15 Final Plenary**

*Conference Rooms 7 & 8*

- Report on Break-Out Work
- *Mandate for Action Supporting Women and Trauma Programs*, J. Gillece

5:15-6:00 NETWORKING RECEPTION

## Agenda Roundtable II

### *Transforming Trauma: Working Toward Effective Policies and Promising Practices*

DAY 1: DECEMBER 6, 2011

8:00 am Registration

8:30

#### Welcome from the Chair and Co-Chair of the Women and Trauma Federal Partners' Committee

- **Looking Forward** – Susan Salasin, *Director of Trauma and Trauma-Informed Care Program, Substance Abuse and Mental Health Services Administration*
- **About the Roundtables** – Carol Boyer, *Policy Advisor, Office of Disability Employment Policy, U.S. Department of Labor*

#### Opening Comments

Pamela S. Hyde, *Administrator, Substance Abuse and Mental Health Services Administration*

Lynn Rosenthal, *White House Advisor on Violence Against Women*

Jeff Slowikowski, *Acting Administrator, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice*

#### Contextualizing Trauma-Informed Care as a Public Health Response

A. Kathryn Power, *Director, SAMHSA's Center for Mental Health Services*

#### Keynote Address

Vincent Felitti  
*Principal Investigator of the Adverse Childhood Experiences (ACE) Study*

10:25 Break

#### Women and Trauma Federal Partners' Roundtable Overview

Barbara Bazron, *Deputy Director, DC Dept. of Mental Health, Roundtable Facilitator*



### **Impact of Roundtable I: Success Stories**

Jeannie Campbell, *National Council for Community Behavioral Healthcare*  
Maureen Buell, *Bureau of Prisons, U.S. Department of Justice*

### **Centering Activity**

Sandra Bennett-Pagan, *Office on Women's Health –  
Region II, U.S. Department of Health and Human Services*

### **Healing Invisible Wounds: The Health Practitioner, the Survivor, and the Administrator**

Richard Mollica, *Harvard University*

**11:30 Lunch (on your own)**

**12:30 pm**

### **Afternoon Opening Remarks**

Tina Tchen, *Executive Director of the White House Council on  
Women and Girls and the Chief of Staff to the First Lady*

### **Plenary Presentation: Implementation of Trauma-Informed Care with Community-Based Front-Line Providers**

Rene Anderson and Maria Taranjo-Rodman,  
*Western Massachusetts Training Consortium*

### **Panel Discussion: Implementation of Trauma-Informed Care with Community-Based Front-Line Providers**

Cheryl Sharp, *The National Council for Community Behavioral Healthcare*  
Annira Bodden, *Taller Salud*  
Grace Aron, *Sauti Yeu Center for African Women*  
LaDessa Foster, *Idaho Coalition Against Sexual and Domestic Violence*

### **Plenary Presentation: Military and Veteran Women and Trauma-Informed Care**

April Gerlock, *VA Puget Sound Healthcare System in Tacoma, Washington*

### **Panel Discussion: Military and Veteran Women and Trauma-Informed Care**

Kathleen McCracken, *U.S. Department of Defense, Health Affairs*  
Kate McGraw, *U.S. Department of Defense, DCoE*  
Janice Manary, *Bureau of Medicine and Surgery, U.S. Navy*  
Susan McCutcheon, *U.S. Department of Veterans Affairs*  
Darlene Sullivan, *U.S. Department of Defense, SAPRO*  
April Gerlock, *VA Puget Sound Healthcare System in Tacoma, Washington*

3:05 Break

3:15

**Plenary Presentation: Integration of the First Person Experience and Voice of Women Exposed to Trauma**

Laura Prescott, *Sister Witness, International*

**Panel Discussion: Integration of the First Person Experience and Voice of Women Exposed to Trauma**

Cathy Cave, *National Center for Trauma-Informed Care*

Valerie Ennis, *The Transformation Center*

Catherine Quinerly, *The Transformation Center*

Joan Gillece, *National Center for Trauma-Informed Care*

4:30 Breakout Sessions

- **Breakout Session 1:** Implementation of Trauma-Informed Care with Community-Based Front-Line Providers
- **Breakout Session 2:** Military and Veteran Women and Trauma-Informed Care
- **Breakout Session 3:** Integration of the First Person Experience and Voice of Women Exposed to Trauma

5:30 End of Day 1 (Adjourn from breakout sessions)

6:30 Reception at the Westin Washington, D.C. City Center

Please join us for a reception to honor the Roundtable II speakers. The reception will be held at the Westin Washington, D.C. City Center from 6:30 – 8:00 pm in Room 1400. The Westin is located at 1400 M Street, NW, Washington, D.C.

## Day 2: December 7, 2011

8:00 am Registration

8:30

**Welcome from the Chair of the Women and Trauma Federal Partners' Committee**

Susan Salasin, *Director of Trauma and Trauma-Informed Care Program, Substance Abuse and Mental Health Services Administration*

**Opening Comments**

Nancy Lee, *Deputy Assistant Secretary for Health – Women's Health and Director of the Office on Women's Health, U.S. Department of Health and Human Services*

**Keynote Address**

April Naturale, *Senior Advisor, SAMHSA Disaster Technical Assistance Center*

**New Opportunities for Women and Trauma Program Development**

Kana Enomoto, *Deputy Director, Substance Abuse and Mental Health Services Administration*

**Plenary Presentation: New Approaches to Trauma Prevention and Screening Assessment**

Bryan Samuels, *Commissioner, Administration on Children, Youth and Families*

10:30 Break

**10:40 Panel Discussion: New Approaches to Trauma Prevention and Screening Assessment**

Mary Ann Dutton, *Georgetown University Department of Psychiatry*

Bonita Veysey, *Rutgers University*

Nancy Gottlieb, *Santa Barbara County*

Merith Cosden, *University of California at Santa Barbara*

Maria de Lourdes, *Carrillo, Safe Place*

Jacki McKinney, *Trauma, Knowledge, Utilization, Practice (TKUP)*

11:25 Lunch (on your own)

12:30 pm

**Afternoon Opening Remarks**

Kathy Martinez, *Assistant Secretary, Office of Disability Employment Policy, U.S. Department of Labor*

**Plenary Presentation: Trauma-Informed Care in Cross-Cultural Settings: Diversity Issues within National Minorities; People with Disabilities; American Indians and Alaskan Natives, the Lesbian, Gay, Bi-Sexual and Transgender Communities; and other Underserved Populations**

Firoza Chic Dabby, *Asian and Pacific Islander Domestic Violence Institute*

**Panel Discussion: Trauma-Informed Care in Cross-Cultural Settings: Diversity Issues within National Minorities; People with Disabilities; American Indians and Alaskan Natives, the Lesbian, Gay, Bi-Sexual and Transgender Communities; and other Underserved Populations**

Judy Heumann, *U.S. Department of State*

Julia Perilla, *National Latina Research Center on Family and Social Change*

Shelia Hankins, *Institute on Domestic Violence in the African American Community*

Shakira Cruz Román, *The Network la Red*

2:00

Break

**Plenary Presentation: Workplace and Trauma-Informed Care**

Sandra Bloom, *Drexel School of Public Health*

**Panel Discussion: Workplace and Trauma-Informed Care**

Cheryl Sharp, *The National Council for Community Behavioral Healthcare*

Carole Warshaw, *Domestic Violence & Mental Health Policy Initiative, National Center on Domestic Violence, Trauma & Mental Health*

Lisalyn Jacobs, *Legal Momentum and Workplaces Respond to Domestic Violence & Sexual Violence*

Anne E. Hirsh, *Job Accommodation Network*

**3:40 Breakout Sessions**

**Breakout Session 4:** New Approaches to Trauma Prevention and Screening Assessment

**Breakout Session 5:** Trauma-Informed Care in Cross-Cultural Settings: Diversity Issues within National Minorities; People with Disabilities; the Lesbian, Gay, Bi-Sexual and Transgender Communities; and other Underserved Populations

**Breakout Session 6:** Workplace and Trauma-Informed Care

**4:40 Closing Session**

**5:00 End of Roundtable II**