Women and Trauma

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SAMHSA
SAMHSA’s Trauma and Justice Strategic Initiative

• Integrating a trauma informed approach throughout health, behavioral health and related systems in order to reduce the harmful effects of trauma and violence on individuals, families and communities.

• Utilizing innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.
### SAMHSA’s Comprehensive Public Health Approach to Trauma

**VISION:** An integrated trauma-informed approach throughout health, behavioral health, and related systems that addresses the behavioral health needs of individuals, families, and communities across the lifespan.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Prevention</th>
<th>Early Identification and Intervention</th>
<th>Treatment</th>
<th>Recovery and Well-being</th>
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<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>Reduce the impact of trauma on communities and individuals across the lifespan.</td>
<td>Making trauma-informed screening and early intervention common practice.</td>
<td>Making trauma-informed treatment common practice.</td>
<td>Promote recovery, well-being, and resilience by addressing the needs of individuals using a trauma-informed approach.</td>
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<td><strong>Grants</strong></td>
<td>- Early Jail Diversion - (DFC) - (SSHS) - (Suicide) - (Launch)</td>
<td>- Early Jail Diversion - (PHBCI) - (GATSBI)</td>
<td>- NCTSI - ATR - BHTCC - ORP - CMH</td>
<td>- Mental Health Transformation - State-wide Consumer and Family Grants</td>
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<td><strong>TA</strong></td>
<td>- Seclusion and Restraint - (NACE) - (Native Aspirations)</td>
<td>- NCTIC - DTAC - GAINS</td>
<td>- NCTIC - NCTIC - DTAC - DTAC - GAINS</td>
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<tr>
<td><strong>Policy/Initiatives</strong></td>
<td>- Prevention SI - Forum Youth Violence Prevention - Defending Childhood Initiative - Reducing/ Eliminating Seclusion and Restraint - Trauma and Trauma-informed Approach Concept</td>
<td>- HHS Child Trauma Goal - NCTSI</td>
<td>- HHS Child Trauma Goal - NCTIC</td>
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**Measures Strategy**
- Surveillance: NSDUH
- Facilities: 2010 National Mental Health Services Survey; 2013 National Survey of Substance Abuse Treatment Services
- Grant Data: CSAT GPRA Client-Level Outcome Measures for Discretionary Programs; CMHS NOMs Client-Level Outcome Measures for Discretionary Programs; GPRA Data from NCTSI; GPRA Data from NCTSI Cat II and CAT III Program Specific Guidance

**Workforce Strategy**
- (Trauma Training and Technical Assistance Center Pilot)

**Partners**
- ACF, CDC, DOI - (Debt Ed), (HRSA, DOL)
- OAH (Adolescent Health WG)
- ASPE (IWG on Youth Programs)
- Federal Partners Committee on Women and Trauma - Justice Federal Partners

**Outcomes**
- Improved behavioral health outcomes for individuals in SAMHSA-supported service programs who are experiencing or at risk of experiencing trauma.
- Increased SAMHSA staff that are trauma-informed and increased trauma and trauma-informed approach trainings across different service sectors.

**Impact**
- Promote recovery, well-being, and resilience
- Trauma-informed communities that understand the impact of trauma
- A trauma-aware and trauma-informed behavioral health workforce
## SAMHSA’s Developmental Approach to Trauma Across Service Sectors

<table>
<thead>
<tr>
<th>Policy/Initiatives</th>
<th>Infancy and Early Childhood (0-5)</th>
<th>Middle Childhood (6-12)</th>
<th>Adolescence (13-18)</th>
<th>Young Adult and Adulthood</th>
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<tbody>
<tr>
<td>HHS High Priority Child Trauma Goal (ACYF, CMS, SAMHSA)</td>
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<td>Defending Childhood Initiative (DOJ)</td>
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<td>Children of Incarcerated Parents (ASPE)</td>
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<td>National Forum on Youth Violence Prevention (DOJ)</td>
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<td>Interagency Forum on Disconnected Youth (OMB)</td>
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<td>Reducing/Eliminating Seclusion and Restraint</td>
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<td>Restraint and Seclusion: Resource Document (Dept of Ed)</td>
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<td>Gender-Focused Trauma (Office of Women’s Health/HHS) and Men in Trauma (SAMHSA)</td>
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<td>SAMHSA Trauma and Trauma-Informed Approach Definition, Principles, Guidelines</td>
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### Grant Programs
- **Project Launch**
  - National Child Traumatic Stress Initiative
  - Children’s Mental Health Initiative
  - Safe Schools Healthy Students

- **Offender Reentry Program**
  - Behavioral Health Treatment Court Collaborative
  - Post Partum Women in Tx for Addiction
  - Jail Diversion and Trauma Recovery (GATSBI)

### TA Centers
- Seclusion and Restraint
  - National Child Traumatic Stress Initiative
  - National Center on Substance Abuse and Child Welfare

- GAINS Center for Behavioral Health and Justice Transformation
  - National Center for Trauma-Informed Care
  - Technical Assistance Partnership
  - National Center for Mental Health Promotion and Youth Violence Prevention
  - Disaster Technical Assistance Center
Measurement System

SAMHSA Trauma Measures
Grantee (GPRA, GAINS Data)
Surveillance Data
Facilities Data
Have you ever experienced violence or trauma in any setting?

- Men: Yes 60.55%, No 39.45%
- Women: Yes 74.02%, No 25.98%

Data in table for:

- **Interview Type:** Baseline
- **Record Type:** Interview
- **Administrative**
- **FFY - Federal Fiscal Year:** 2009-2013
- **Federal Fiscal Year - Quarter:** 1st-4th quarter
- **Program:** CMHI, ENBH-OA, ErmhrkAG, ErmhrkCG, HIV/AIDS, HTI, Jail Div, MAI-TCE, MHTG, NCTSI NCTSI-A, Older Adult, PBHCI, SOCXI, SSH
Have had nightmares about it or thought about it when you did not want to: 22.14%

Tried hard not to think about it or went out of your way to avoid situations that remind you of it: 16.88%

Were constantly on guard, watchful, or easily startled: 23.65%

Felt numb and detached from others, activities, or your surroundings: 27.39%

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**FY 2013: TRAC Crosstabulation/Frequency Report - Trauma Measures**
Severity of Victimization by Age

SAMHSA 2011 GAIN Summary Analytic Data Set (n=29,501)
Severity of Victimization Scale

- Ever attacked w/ gun, knife, other weapon: 41%
- Ever hurt by striking/beating: 34%
- Ever abused emotionally: 28%
- Ever forced sex acts against your will: 7%
- Age of 1st abuse < 18*: 97%

- Happened several times or for long time: 32%
- By multiple people: 32%
- By family member/trusted one: 24%
- Victim afraid for life/injury: 18%

- People you told not believe you/help you: 12%
- Result in oral, vaginal, anal sex: 6%
- Currently worried someone attack: 10%
- Currently worried someone abuse: 8%
- Currently worried someone beat/hurt: 8%
- Currently worried someone force sex acts: 2%

General Victimization Scale**
- Low Severity (0): 36%
- Moderate Severity (1-3): 20%
- High Severity (4-15): 45%

* n=3,230
** Mean of 15 items

Source: SAMSHA CSAT 2011 GAIN AT Summary Analytic Data Set subset to AAFT (n=5,321)
Count of Major Clinical Problems* at Intake by Severity of Victimization

*Based on count of self reporting criteria to suggest alcohol, cannabis, or other drug disorder, depression, anxiety, trauma, suicide, ADHD, CD, victimization, violence/ illegal activity

Source: SAMHSA CSAT 2011 GAIN AT Summary Analytic Data Set subset to AAFT (n=5,489)
SAMHSA Concept Paper on Trauma and a Trauma-Informed Approach
TIMELINE: THE EVOLUTION OF TRAUMA-INFORMED CARE

1970’s: Feminist and domestic violence movements promote open dialogue between women regarding their experiences of violence in rape and domestic violence.

2001: Creating Cultures of a Trauma-Informed Care; core values of a TIC approach by Fallot and Harris.

1995: The first national trauma conference, Dare to Vision, creates national momentum on trauma and violence, bringing together 350+ consumer/survivors, practitioners, and policymakers.

2001: State Public Systems Coalition (SPSCOT), an informal network of 12 states is formed to share ideas and support development of TIC, using a listserv to dialogue among members.

TIMELINE: THE EVOLUTION OF TRAUMA-INFORMED CARE

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2004: Second national conference on trauma: Dare To Act: Trauma Survivors, Practitioners, Researchers and Policymakers Creating a Blueprint for Change is funded by SAMHSA/CMHS

2005: National Center on Domestic Violence, Trauma and Mental Health is established through a grant to the Domestic Violence and Mental Health Initiative (DV/MIHI) from the Family Violence Prevention and Services Program (PVSP) at ACY.

2006: SAMHSA/CMHS re-names CWVT as the National Center for Trauma-Informed Care in response to cascading numbers of requests for training in TIC.

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2010: Federal Partners Committee on Women and Trauma holds 1st roundtable.

2011: Federal Partners Committee on Women and Trauma holds 2nd roundtable.
SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach

• Gain shared understanding of what we mean by trauma and a trauma-informed approach (TIA)
• Get agreement to enable discussions of trauma/TIA across different service sectors
• Provide the basis for measurement
• Provide the basis for training and Technical Assistance
SAMHSA’s – Experts Panel, Concept Development & Public Comment

• Trauma and Trauma-Informed Care Experts Panel (May, 2012)

• Leading experts included: Raul Almazar, Rene Anderson, Andy Blanch, Robyn Boustead, Roger Fallot, Norma Finkelstein, Julian Ford, Joan Gillece, Dan Griffin, Gene Griffin, Maxine Harris, Jacki McKinney, Cheryl Sharp, John Rich, Hank Steadman, Charles Wilson and facilitated by Barbara Bazron and Larke Huang

• Concept/Framework:
  • Experts’ Working Definitions of Individual Trauma and Trauma-Informed Approach
  • Core Values and Principles of Trauma-Informed Approach
  • Guidelines for Developing a Trauma-Informed Approach
  • Preliminary discussion on the definition of community trauma

• Public Comment (December, 2012) Online posting; >2,000 respondents; 20,000 comments or endorsements
**SAMHSA’s Concept of Trauma (draft)**

**Trauma**: Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and that has **lasting adverse effects** on the individual’s functioning and mental, physical, social, emotional, and/or spiritual well-being.
SAMHSA’s Concept of a Trauma-Informed Approach (draft)

A program, organization or system that is trauma-informed

(1) *realizes* the prevalence of trauma and taking a universal precautions position;

(2) *recognizes* how trauma affects all individuals involved with the program, organization, or system, including its own workforce;

(3) *responds* by putting this knowledge into practice; and

(4) *resists retraumatization.*
Principles of a Trauma-Informed Approach (draft)

- **Safety**: Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

- **Trustworthiness and transparency**: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

- **Peer support** (peers refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery) and mutual self-help are key vehicles for establishing safety, building trust, enhancing collaboration, and maximizing a sense of empowerment.

- **Collaboration and mutuality**: Partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators; demonstrates that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach; one does not have to be a therapist to be therapeutic.

- **Empowerment, Voice and Choice**: throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed. The organization fosters a belief in resilience and in the ability of individuals, organizations, & communities to heal and promote recovery from trauma; building on strengths & not just addressing perceived deficits.

- **Cultural, historical, and gender issues**: the organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
Guidance for a Trauma-Informed Approach (draft)

1. Governance and leadership
2. Policy
3. Physical environment of the organization
4. Engagement and involvement of people in recovery, trauma survivors, consumers, and family members of children receiving services
5. Cross sector collaboration
6. Trauma-specific screening, assessment, and interventions
7. Training and workforce development
8. Progress monitoring and quality assurance
9. Financing
10. Evaluation
Women- and Trauma-Related Activities at SAMHSA
SAMHSA’s Women, Co-Occurring Disorders and Violence Study

- Mission: Generate knowledge on the development of integrated services approaches for women with co-occurring mental health and substance abuse disorders who also have histories of physical and or sexual abuse.
- Timeframe: 1998-2003
- Scope: Initially began with 14 sites, and then narrowed to 9.
Key Understandings

- Trauma is a pervasive experience for women (and men) and especially those seeking services for substance abuse and mental health issues
- There is a difference between trauma specific services and trauma informed care/organizations
- Consumer/Survivors/Peers are an important part of the healing process and their voice matters
Through the WCDV Study into current times, a number of psychosocial empowerment/treatment models have been developed, refined and building an evidence base.

- Seeking Safety
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
- Sanctuary Model
- Trauma, Addictions, Mental Health, and Recover (TAMAR) Model
- Risking Connections
- The Essence of Being Real
Developing Core Competencies

- “Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals.” (SAMHSA, 2011)

- A framework for the knowledge, skills, and attitudes/attributes to provide effective services for women and girls in behavioral health settings.
Core Competencies

Topics Addressed

- Sex and Gender Differences
- Relational Approaches to Working with Women and Girls
- Understanding Trauma in Women and Girls
- Family Centered Needs of Woman and Girls
- Special Considerations during Pregnancy
- Women’s Health and Health Care
- Collaboration and Interdisciplinary Effectiveness
- Attitudes and Attributes (across all topics)
  - Respect and Empathy
  - Recovery Orientation
  - Service-Specific Attitudes and Attributes
  - Self Awareness and Professional Development
Trauma-Informed Peer Support

For Download:  
http://www.nasmhpd.org/EngagingWomen.cfm
Engaging Women in Trauma-Informed Peer Support

- A new technical assistance document from the SAMHSA-funded National Center on Trauma-Informed Care

Purpose:
- To help make trauma-informed peer support available to women who are trauma survivors
- To serve as a resource on integrating trauma-informed principles into peer support relationships and into independent peer support groups
- To provide peer supporters—both male and female—with the understanding, tools, and resources to engage in culturally responsive, trauma-informed peer support relationships with women trauma survivors.
Engaging Women in Trauma-Informed Peer Support

Audience

• Peer supporters working in behavioral health and other human service settings
• Peers who are members of independent peer support groups
• Policymakers, administrators, clinicians and others interested in supporting the development of trauma-informed peer support in their organizations
Cross-Agency Collaboration
Federal Partner’s Committee on Women and Trauma

• Established by SAMHSA in 2009
• SAMHSA Co-Chairs Committee with Department of Labor: Currently have active representation from 34 agencies/OpDivs.
• Ongoing webinar series highlighting key aspects of trauma-informed approaches across multiple arenas, including health, workplace, veterans, criminal justice, intimate partner violence, etc.
• Revision to Federal Report on Women and Trauma currently in progress to provide member agency/OpDiv updates.
Goals of the Federal Partners Committee

- Build awareness and stimulate cross-agency action regarding women, girls, and trauma

- Coordinate and promote the development of policies and services among Federal agencies which effectively support women and girls affected by exposure to trauma
2010: 2011: Federal Roundtables on Women and Trauma

- Initiate a dialogue on the behavioral impacts of trauma affecting women and girls
- Identify gaps in addressing these impacts
- Develop recommendations for an agenda for comprehensive systems change, integration, and collaboration

Developed more than 16 trauma-informed actions or initiatives

- Priority actions for the committee
- Six subcommittees to examine specific issues in depth and further cross-agency collaboration efforts.

Monograph on Women and Trauma

Highlights of Agency Work on Women and Trauma (2-pagers - current)

Downloadable at: http://static.nicic.gov/Library/025082.pdf
Other Collaborations

- Men, Trauma, and Recovery special experts meeting (SAMHSA CMHS/CSAT – currently in planning stage)

- Child Trauma Collaborations (ACYF, CMS, SAMHSA)- increase number of trauma-exposed children in child welfare who receive the right services at the right time to improve social-emotional well-being.

- Adoptions, Foster Care, Safe Families Reauthorization - new focus on emotional well-being

- Children Exposed to Violence – Dept of Justice grants and task force

- National Forum on Youth Violence Prevention – DOJ 10 cities initiative

- The National Center on Substance Abuse and Child Welfare- SAMHSA Contract, IAA with ACYF

- National Community-Based Trauma Training Initiative (OWH/SAMHSA)
The Office of Women’s Health and Trauma

- The Office of Women’s Health (OWH) has started a 5 year Trauma Training Initiative as a public health approach to address violence and trauma at the individual, system and community level.
- Developing and piloting a “trauma-informed training curriculum.”
- 3 pilot trainings held this year in 1) Monroe, LA, 2) Kansas City, MO, 3) Athens, OH
- Goals of the Trauma-Informed Training
  - Increase knowledge base and skills of service providers and program participants in the area of trauma informed practice
  - Increase capacity of providers and program participants from diverse service sectors to adopt trauma informed practice
  - Develop a community of trauma informed providers and program participants across the country
- After completion of pilot, plan is to have trauma informed training be implemented nationwide, to any provider or agency requesting the training
- OWH to incorporate SAMHSA’s working definition of trauma and trauma informed approach, principles, and guidance into their Trauma Informed Training Curriculum – this is still in development
- Sharing Evaluation approach with SAMHSA
Engaging Women in Trauma-Informed Peer Support – Topics

Section 1. Fundamentals:
- Basics of trauma and trauma-informed practices
- Peer support basics
- Gender politics

Section 2. Cultural Considerations:
- Culture and trauma
- Religion, spirituality and trauma
- Trauma issues across the lifespan

Section 3. Moving Into Action
- Trauma and peer support relationships
- Self-awareness and self-care
- Organizational context: working in systems
- Trauma-informed storytelling and other healing practices
- Self-inflicted violence and peer support
- Reclaiming power through social action