Federal Partners Committee on Women and Trauma

The Past, Present, & Future of Federal Government’s Commitment to Addressing the Impact of Trauma on Women

Session 1: Overview
WELCOME

By:
Carol Boyer, Chair, Women and Trauma Federal Partners Committee
Senior Policy Advisor, DOL/ODEP
OVERVIEW OF COMMITTEE FOUNDING, PAST ACCOMPLISHMENTS & KEY PARTNERSHIPS

Mary Blake, Co-chair Women and Trauma Federal Partners Committee
Public Health Advisor, SAMHSA/CMHS
Women and Trauma
Federal Partners Committee

- Initiated by SAMHSA’s Center for Mental Health Services in April 2009
- Currently chaired by the Department of Labor and Co-chaired by SAMHSA

Federal Representation:
- Health and Human Services
- Labor
- Justice
- Homeland Security
- Housing and Urban Development
- Defense
- Education
- Agriculture
- Office of National Drug Control Policy
- State
- Veterans Affairs
- The Peace Corps
Purpose

The Committee’s work is guided by the recognition that the impact of violence and trauma on women and girls is a public health problem with profound consequences for many different agencies.
Why a Focus on Trauma?

• Violence is gendered: While men are most likely to experience violence from strangers, women and girls are most likely to be hurt by people they know intimately.

• Interest in the impact of violence and abuse on women and girls is at a peak.

• Violence against women and girls occurs to females of all ages and in all settings, and it affects all of our social institutions.

• The depth and breadth of trauma’s impact on the health and well-being of individuals, communities, and our nation is staggering.

• Epidemiological research on “adverse childhood experiences” demonstrates convincingly that violence against children is a significant public health issue, and documents strong relationships between adverse childhood experiences and adult health and behavioral health problems, social and economic costs, and early mortality.
Consider the Facts

• One in every five girls is sexually abused before adulthood.\(^v\)

• While both boys and girls are affected by violence, adolescent girls between the ages of 16-19 are four times more likely than boys to be a victim of rape, attempted rape, or sexual assault.\(^vii\)

• More than one thousand women are murdered every year by their partners\(^viii\),

• One of six women will be sexually assaulted in her lifetime.\(^ix\)
Impacts of Trauma

Trauma impacts our relationships and connections to ourselves and others: spiritually, socially, physically...

...Trauma often creates a profound feeling of isolation and can alter our sense of self and relationship to the world around us.

The experience of abuse and neglect often fosters a lack of safety or trust...

...Violence raises inherently spiritual questions, such as “why me?”
From Trauma to Healing

• Impacts of violence and abuse are felt across the lifespan and inter-generationally.

• The effects are neurological, biological, psychological, and social in nature.

• Trauma-informed approaches constitute a public health response.

• Healing from trauma is possible.
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
In the Beginning . . .

• Initial activities focused on identifying the extent of the impact on each agency, developing a technical assistance agenda, and promoting evidence-based public health practices.

• The workgroup rapidly expanded in membership, coordinated two successful national roundtables, released two reports highlighting what has been learned, and gained the attention of the White House.

• In 2011 it became an ongoing committee.
April 29, 2010

Goals:

- 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

Between 2010 and 2011, developed more than 16 trauma-informed actions or initiatives

- Priority actions for the committee in 2011; and
- Six Coordinating Committees formed: 1) trauma-informed care for front-line community providers; 2) screening and assessment; 3) integration of the first-person experience; 4) cross-cultural and diversity issues; 5) the workplace and trauma-informed care; and 6) military women and trauma-informed care.
First Report of the Women and Trauma Federal Partners Committee

- Serves as a “call to action” to highlight the scope of unaddressed trauma and violence in the lives of women and to develop collaborative strategies for action.
- Provides an introduction to the key issues facing each participating agency, with statistics documenting the impact of violence against women and girls on their mission and information on how each department is responding.
- Includes executive summary, introduction and call to action, importance of first-hand experience, trauma as cross-cutting issue, and more.
- Available at: http://nicic.gov/Library/025082.
Implementing Trauma-Informed Approaches

• Committee looks at trauma-informed approaches and implementation strategies in diverse areas and sectors.

• “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; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”*

• Through the 6 coordinating committees, planning for Roundtable II focused on trauma-informed implementation strategies to address trauma and violence in the lives of women and girls.

*SAMHSA’s Conceptual for a trauma-informed approach. (Taken from SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, in development)
Second Federal Partners’ Roundtable on Women and Trauma

- December 6-7, 2011

- Goals:
  - 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

- Areas of inquiry included the health consequences of adverse experiences and implementation of trauma-informed care across service and life domains

- Featured Speakers included representatives from the White House and leading experts in from multiple systems.
SPOTLIGHT ON THE EDUCATIONAL INITIATIVE OF THE PEACE CORPS

Timothy Lawler, Deputy Director, VS/Counseling and Outreach Unit, Peace Corps

Claudia Kuric, Chief of Operations Support, Office of Safety and Security, Peace Corps
PEACE CORPS: BUILDING A GLOBAL TRAUMA INFORMED/VICTIM CENTERED PROGRAM
CONTENTS

- About Peace Corps
- How to Build a Victim-Centered Program
- Peace Corps Program Map
- Challenges
- Lessons Learned
ABOUT PEACE CORPS

- Programs in 70+ countries; 8,000+ Volunteers
- Most overseas staff are local citizens
- Volunteers serve for two years
- Normally in remote areas
- Limited access to resources
- Volunteer is private US citizen
HOW TO BUILD A PROGRAM

- Influencing policy and legislation
- Changing organizational practices
- Fostering coalitions and networks
- Educating providers
- Promoting community education
- Strengthening individual knowledge and skills
### SARRRP Mission
To employ comprehensive measures to reduce the risk of sexual assault against Volunteers and provide compassionate and highly competent support through an approach that addresses the needs of the individual and the agency.

### SARRRP Program Area
#### INFRASTRUCTURE
1. Advisory Council
2. Office of Victim Advocacy
3. Outreach & communication
4. PCV Misconduct Policy
5. IDEAL Council
6. SARLs Policy

#### RISK REDUCTION
7. Restricted Reporting Policy
8. Stalking Policy
9. Medical Policies
10. Sexual Assault Policy
11. Hotline Policy
13. PCV training
14. Site ID preparation & selection
15. Host Family training
16. Counterpart Training

#### RESPONSE
17. CARS
18. SARLs
19. Restricted reporting
20. 24 hour hotline
21. reporting procedures training
22. Peer Support Networks

#### RESEARCH & EVALUATION
23. Medical Response & Procedures
24. Staff response training
25. Design M&E System
26. Launch M&E tools
27. Collect data
28. Data analysis & fusion center
29. Victimization survey
30. Case studies & assessments
CHALLENGES IN IMPLEMENTING A GLOBAL VICTIM CENTERED, TRAUMA INFORMED PROGRAM

- Increasing knowledge and changing attitudes in hundreds of cultures
- Building applicable policies in global organization-involving key stakeholders
- Involving staff
- Communicating messages
- Providing layered, global training
LESSONS LEARNED

- Give consistent, layered messages
- Train leaders and ensure they are on board with change and all are promoting same key messages
- Ensure you have the IT infrastructure
- Measure learning & effectiveness
PEACE CORPS: MEETING THE FOUNDATIONAL PRINCIPLES OF TRAUMA INFORMED CARE
ADVANTAGES IN INSTITUTING TIC IN PEACE CORPS

- We have total support from PC administration
- OMS and COU have full control over Continuing Medical Education every year
- PCMO panel sizes are about 70
- As a small agency, we can even complete Level 3 evaluations
- We get incredible support from HHS, VHA, DoD, DoJ and the Federal Women and Trauma group
CHALLENGES TO INSTITUTING TIC IN PEACE CORPS

- Majority of PC medical officers receive their training out of the US
- Given the distance of Volunteer sites from the health unit, many contacts are by phone
TRAUMA INFORMED CARE
FOUNDATIONAL PRINCIPLES

- Understanding trauma and its impact
- Promoting safety
- Ensuring cultural competence
- Supporting consumer control, choice and autonomy
- Sharing power and governance
- Integrating care within and among service providers and systems.
- Healing happens in relationships
- Recovery is possible
PCMOs are Volunteers’ primary medical and mental health providers. Have always received training in mental health

- 2011 CME: Teach For Success (from VHA)
- 2012: ACE (V.Felitti) and resilience training (from DoD)
VOLUNTEER EDUCATION: TEACH FOR SUCCESS

2011
PHILOSOPHY OF COURSE

- Evidence-based best practice
- Holistic approach to Volunteer care
- Volunteer-centered
- Shared decision making
- Practical, specific techniques
- Meets The Joint Commission standards
TEACH COURSE UNITS

T  Tune in to the Volunteer
E  Explore the Volunteer’s Concerns, Preferences, and Needs
A  Assist the Volunteer with Behavior Changes
C  Communicate Effectively
H  Honor the Volunteer as a Partner
TUNE IN TO THE VOLUNTEER

- Most effective approaches to build rapport with Volunteers
- How to quickly establish and maintain effective relationships with Volunteers
- PCMO behaviors that help or hinder effective PCMO-Volunteer relationships
- Effective listening and questioning skills
EXPLORE THE VOLUNTEER’S CONCERNS, PREFERENCES AND NEEDS

- Components of a learning assessment
- How to assess a Volunteer’s level of importance and confidence for a health behavior
- Quick needs assessment method
- How to detect limitations to learning
ASSIST THE VOLUNTEER WITH BEHAVIOR CHANGE

- Health coaching framework
- Health coaching practice
COMMUNICATE EFFECTIVELY

- How to incorporate tailoring into your communications with Volunteers
- How to help Volunteers deal with strong emotions such as fear
- How to deal with Volunteer ambivalence and/or resistance
HONOR THE VOLUNTEER AS A PARTNER

- Characteristics of effective PCMO-Volunteer partnerships
- How to assess your own and the Volunteer’s preferences for partnering
- How to involve Volunteers in goal setting, decision making, treatment & learning activities
- How to incorporate both PCMO and Volunteer perspectives into treatment planning to reach mutually agreed-upon goals
Conclusions: There is a strong, graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

There is a significantly greater number of traumatic events reported generationally.
RESILIENCE

- A set of processes that enables good outcomes in spite of serious threats
- The ability to persist in the face of challenges and bounce back from adversity
PROTECTIVE FACTORS THAT CONTRIBUTE TO RESILIENCE

- Optimism
- Faith
- Sense of meaning
- Self-efficacy
- Flexibility
- Impulse control
- Empathy
- Close relationships
- Spirituality
- Effective problem solving
TRAINING FOR RESILIENCE

- Three phases
  - Preparation (UPenn’s Positive Psychology)
    - Four modules:
      - Resilience
      - Building mental toughness
      - Identifying character strengths
      - Strengthening relationships
  - Sustainment (Walter Reed Army psychologists)
  - Enhancement (West Point sports psychologists)
Peace Corps has enhanced its safety training; instituted a ToT model.

Peace Corps has hired two licensed MH professionals with experience as trainers in evidence-supported therapies.

PTSD Coach.
Future of the Committee: Monograph II Launch

Carol Boyer, Chair, Women and Trauma Federal Partners Committee
Senior Policy Advisor, DOL/ODEP
Women & Trauma Committee 2nd Report

September 2013

- Trauma-informed Approaches: Federal Activities and Initiatives Federal Partners Committee on Women and Trauma, Working Document

- 24 agencies’ two-page reports on:
  - Impact of Trauma
  - How a Trauma-informed Approach Can Make a Difference
  - Major Agency Accomplishments, 2010-2013
  - New Directions & Collaborations

- 5 agencies’ shorter reports

www.nasmhpd.org/Publications/Women_and_Trauma.aspx
Significance of 2nd Report

• Groundbreaking—one of the largest interagency collaborations in federal government history!

• Highlights agencies' commitment to implementing gender-responsive, trauma-informed approaches.

• Developed with support from SAMHSA's National Center for Trauma-Informed Care.

• Clearly demonstrates the application of trauma-informed approaches across a wide range of settings and systems.

• Encourages other governmental and non-governmental agencies to implement a cross-sector, interagency, inter-systems' realization, recognition, and response to trauma.
Webinar Series

➢ Launched January 2014
➢ Future Webinar Topics:

• Intersection of Domestic Violence, Sexual Assault and Trauma
• Substance Abuse, Mental Health, and Trauma
• Workplace Violence and Trauma
Resources

• 2013 Women and Trauma Federal Partners Committee’s Trauma Report
  (http://www.nasmhpd.org/Publications/Women_and_Trauma.aspx)

• National Center on Domestic Violence, Trauma, & Mental Health
  (http://www.nationalcenterdvtraumamh.org/)
Resources

• National Center for Trauma Informed Care
  • http://www.nasmhpd.org/TA/NCTIC.aspx

• NASMHPD:
  • http://www.nasmhpd.org/docs/TechnicalAssistance/AndreaBlanchTraumaInformedWritings.pdf
Resources

• Trauma-Informed Domestic Violence Services Special Collection: [http://www.vawnet.org/special-collections/DVTraumaInformed-Overview](http://www.vawnet.org/special-collections/DVTraumaInformed-Overview)
Questions?
For More Information

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