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# Annotated Bibliography

## Trauma

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# Trauma Annotated Bibliography

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## Introduction

This bibliography attempts to offer a compilation of information on trauma-informed care by reviewing general information about trauma as well as focusing on the criminal justice system and corrections (women, adults, and younger people), peer support, and screening/assessment for trauma. In addition, definitions of many of these tools are provided. We invite contributions to this list, as well as additions submitted material to the NIC Library, such as articles and training resources.

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## Trauma-Informed Care - General

Collins, K., K. Connors, S. Davis, A. Donohue, S. Gardner, E. Goldblatt, A. Hayward, L. Kiser, F. Strieder, and E. Thompson. "Understanding the Impact of Trauma and Urban Poverty on Family Systems: Risks, Resilience, and Interventions" (2010). Baltimore: Family Informed Trauma Treatment Center. Accessed June 22, 2017.

[http://www.nctsnet.org/sites/default/files/assets/pdfs/understanding\\_the\\_impact\\_of\\_trauma.pdf](http://www.nctsnet.org/sites/default/files/assets/pdfs/understanding_the_impact_of_trauma.pdf).

"This white paper reviews the clinical and research literatures on the impact of trauma in the context of urban poverty on the family system including the individual child or adult, adult intimate partnership, parent-child, siblings and intergenerational relationships, as well as the family as a whole" (p. i).

"Creating Trauma-Informed Services Tipsheet Series" (2012). Chicago: National Center on Domestic Violence, Trauma & Mental Health. Accessed June 22, 2017.

<http://www.nationalcenterdvtraumamh.org/publications-products/creating-trauma-informed-services-tipsheet-series-for-advocates/>.

"These tipsheets provide practical advice on creating trauma-informed services at domestic violence programs and working with survivors who are experiencing trauma symptoms and/or mental health conditions."

DeCandia, Carmela J., Kathleen Guarino, and Rose Clervil. "Trauma-Informed Care and Trauma-Specific Services: A Comprehensive Approach to Trauma Intervention" (2014). Washington, DC: American Institutes for Research (AIR). Accessed June 22, 2017.

[http://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20Care%20White%20Paper\\_October%202014.pdf](http://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20Care%20White%20Paper_October%202014.pdf).

"This brief addresses the need for a comprehensive approach to trauma intervention across service settings. In doing so, we define these complementary approaches, identify core principles and current practice for each, and discuss how both are being integrated across service sectors. Finally, we identify next steps for providers, researchers, and policymakers to ensure that all service systems are prepared to sustain this comprehensive approach to trauma intervention" (p. 1).

Ferencik, Sonia D., and Rachel Ramirez-Hammond. "Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs" (2011). Columbus: Ohio Domestic Violence Network. Accessed June 22, 2017. [http://www.ncdsv.org/images/ODVN\\_Trauma-InformedCareBestPracticesAndProtocols.pdf](http://www.ncdsv.org/images/ODVN_Trauma-InformedCareBestPracticesAndProtocols.pdf).

Best practices and protocols integrating trauma-informed care into domestic violence programs are described. While this manual is designed for domestic violence programs outside of correctional settings, the content can easily be used in institutional and community based programming.

"Healing Together: Community-Level Trauma Its Causes, Consequences and Solutions Lessons Learned and the Path Forward" (2015). Baltimore: Johns Hopkins Urban Health Institute. Accessed June 22, 2017. [http://urbanhealth.jhu.edu/\\_PDFs/SDH\\_2015\\_Summary\\_Report.pdf](http://urbanhealth.jhu.edu/_PDFs/SDH_2015_Summary_Report.pdf).

Summary of the Fourth Annual Social Determinants of Health Symposium; includes Trauma-Informed Systems: Police, the Community and the Courts.

"Healing Together: Community-Level Trauma Its Causes, Consequences and Solutions In Brief 1: Introduction to "Trauma-Informed" Care: Important Components and Key Resources" (2015). Baltimore: Johns Hopkins Urban Health Institute. Accessed June 22, 2017. [http://urbanhealth.jhu.edu/\\_PDFs/SDH\\_2015\\_Brief\\_1.pdf](http://urbanhealth.jhu.edu/_PDFs/SDH_2015_Brief_1.pdf).

This brief: presents an overview of the negative consequences of trauma for both individuals and communities; discusses the prevalence of trauma in the United States and, more specifically, within the city of Baltimore; defines what is meant by trauma-informed care and list key components; and provides a "tool-kit" of resources on trauma-informed care.

Horowitz, Deborah, Margaret Guyer, and Kathy Sanders. "Psychosocial Approaches to Violence and Aggression: Contextually Anchored and Trauma-Informed Interventions." *CNS Spectrums* 20, no. 3(2015): 190-199. Accessed June 22, 2017.

<http://journals.cambridge.org/action/displayFulltext?type=1&fid=9710493&jid=CNS&volumeId=20&issueId=03&aid=9710468&bodyId=&membershipNumber=&societyETOCSession=>.

"This article seeks to explore the ways in which TPR [trauma-informed, person-centered, recovery-focused] informed psychosocial interventions can ameliorate the negative impact of violence for persons served and for staff" (p. 191).

"Infographic: What is Trauma?" (2017). Colorado Springs, CO: Justice Clearinghouse (JCH). Accessed June 22, 2017. <http://justiceclearinghouse.com/resource/infographic-what-is-trauma/>.

This infographic illustrates: event or incidents that can cause trauma; short and long term crisis or trauma reactions; what a person may experience following a traumatic event; resiliency versus recovery; and the process of post-action strategic debriefing.

Kennedy, Stephanie C. "Trauma-Informed Care: Strengths and Opportunities for Florida Child Welfare Professionals" (2015). Tallahassee: Florida Institute for Child Welfare. Accessed June 22, 2017. <http://csw.fsu.edu/sites/g/files/upcbnu1131/files/documents/Trauma-Informed-Care.pdf>.

"In this report the key principles of trauma-informed practice are reviewed and application of the trauma-informed care perspective is applied to Florida's child welfare practice model. Three family-based trauma-informed interventions are discussed and two case applications are provided as examples" (p. 1).

Mechelfelder, Mollie, and Eileen Swoboda. "Trauma 101 [Powerpoint Presentation]" (2012). Des Moines: Trauma Informed Care Stakeholders Group Training Subcommittee. Accessed June 22, 2017.

<http://www.traumainformedcareproject.org/resources/Trauma%20101%20Powerpoint%20PresentationV1.pdf>.

An overview of trauma, impact of trauma, and trauma informed care is provided.

"SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach" (2014). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed June 22, 2017. <http://www.traumainformedcareproject.org/resources/SAMHSA%20TIC.pdf>.

"The purpose of this paper is to develop a working concept of trauma and a trauma-informed approach and to develop a shared understanding of these concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups" (p. 3).

"Seeking Safety: A Treatment Model for PTSD and Substance Abuse" (2013). Newton Centre, MA: Treatment Innovations. Accessed June 22, 2017. <http://www.treatment-innovations.org/seeking-safety.html>.

"Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement." Access is provided to information about this model.

Trauma-Informed Approach and Trauma-Specific Interventions. Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), 2015. Accessed June 22, 2017. <http://www.samhsa.gov/nctic/trauma-interventions>.

This website explains SAMHSA's six key principles of a trauma-informed approach and trauma-specific interventions which address trauma's consequences and facilitate healing.

"Using Out Knowledge to Provide Trauma Informed Care Treatment Services: A 3-Part Series" (2016). Chicago: Addiction Technology Transfer Center Network (ATTC) Great Lakes (HHS Region 5). Accessed June 22, 2017. <http://www.attcnetwork.org/regional-centers/content.aspx?rc=greatlakes&content=DISTCUSTOM2>.

"This 3-part "Trauma Informed Care" hybrid series is designed to raise awareness, education, inform, and move participants from a working knowledge to focusing on the impact of trauma on families and communities and potential treatment mechanisms." Part I: Trauma and Trauma Informed Care Defined. Part II: The Prevalence of Trauma in Families and Community—A Virtual Conference: Plenary Presentation by Karen Goodman; and Breakout Sessions—"The Prevalence of Trauma in Women and Children" by Karen Goodman, "Trauma Informed Treatment for Men with Substance Use Disorders" by Mark Sanders, and "The Prevalence of Trauma in Veterans" by Pamela Woll. Part III: Practicing Trauma Informed Care: Using Our Trauma-Informed Knowledge To Provide Treatment Services and Self-Care.

"Webinars Series on Trauma-Informed Peer Support" (2014). Alexandria, VA: National Center for Trauma-Informed Care (NCTIC). Accessed June 22, 2017. <http://www.nasmhpd.org/content/webinar-series-trauma-informed-peer-support>.

Links are provided to recordings and corresponding PowerPoint slides for a series of three 75-minute webinars "that introduced key concepts in NCTIC's day-long Trauma-Informed Peer Support (TIPS) training": "Trauma and Its Impact/ Cultural Considerations"; "Peer Support Basics /Trauma-Informed Practices"; and "Peer Support Basics /Trauma-Informed Practices."

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## Trauma-Informed Care in the Criminal Justice System/Corrections

Ardino, Vittoria. "Offending Behaviour: The Role of Trauma and PTSD." *European Journal of Psychotraumatology* 3, no. s1 (2012). Accessed June 22, 2017.

<http://www.tandfonline.com/doi/full/10.3402/ejpt.v3i0.18968>.

This article provides an introduction to the relation of trauma and Post-traumatic Stress Disorder (PTSD) to criminal behavior.

Haugebrook, Sabrina, Kristen M. Zgoba, Tina Maschi, Keith Morgen, and Derek Brown. "Trauma, Stress, Health, and Mental Health Issues among Ethnically Diverse Older Adult Prisoners." *Journal of Correctional Health Care* 16, no. 3(2010): 220-229. Accessed June 22, 2017.

[https://www.researchgate.net/publication/44602060\\_Trauma\\_Stress\\_Health\\_and\\_Mental\\_Health\\_Issues\\_Among\\_Ethnically\\_Diverse\\_Older\\_Adult\\_Prisoners](https://www.researchgate.net/publication/44602060_Trauma_Stress_Health_and_Mental_Health_Issues_Among_Ethnically_Diverse_Older_Adult_Prisoners).

"The United States' older adult prison population is growing rapidly. This study identifies and describes important psychosocial characteristics, particularly trauma, life-event stressors, health, mental health, and substance abuse, among older adults in prison ... Understanding the problems and needs of older adult prisoners may help improve practice, promote advocacy, and prompt research that can enhance the quality of life of this population" (p. 220).

"Healing Together: Community-Level Trauma Its Causes, Consequences and Solutions In Brief 2: Creating a Trauma-Informed Criminal Justice System: Success Stories, Challenges and Potential Solutions" (2015). Baltimore: Johns Hopkins Urban Health Institute.

[http://urbanhealth.jhu.edu/\\_PDFs/SDH\\_2015\\_Brief\\_2.pdf](http://urbanhealth.jhu.edu/_PDFs/SDH_2015_Brief_2.pdf).

This brief covers: the cyclical relationship between trauma and the criminal justice system; vicarious traumatization of criminal justice workers; components of a "trauma-informed" justice system; examples of trauma-informed criminal justice initiatives; challenges and attitudes surrounding trauma-informed criminal justice; and questions raised.

Miller, Niki. "RSAT [Residential Substance Abuse Treatment] Training Tool: Trauma-Informed Approaches in Correctional Settings" (2011). Sudbury, MA: Advocates for Human Potential, Inc. (AHP). Accessed June 22, 2017. [http://www.rsat-tta.com/Files/Trainings/Trauma\\_Informed\\_Manual](http://www.rsat-tta.com/Files/Trainings/Trauma_Informed_Manual).

[http://www.rsat-tta.com/Files/Trainings/Trauma\\_Informed\\_Manual](http://www.rsat-tta.com/Files/Trainings/Trauma_Informed_Manual).

"This manual is a cross-disciplinary training curriculum designed to increase knowledge and awareness of the relationship between trauma and substance use disorders among people involved in RSAT jail and prison programs and aftercare. The goal of this training is to introduce trauma theory, research and practice related to people involved in the justice system with substance use disorders who may also have histories of exposure to violence and trauma" (p. 3).

Miller, Niki A., and Lisa M. Najavits. "Creating Trauma-Informed Correctional Care: A Balance of Goals and Environment." *European Journal of Psychotraumatology* 3, s1 (2012). Accessed June 22, 2017. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3402099/>.

"This article discusses the centrality of trauma in the lives of inmates and explores components of what we will call trauma-informed correctional care (TICC). TICC is the adaptation of trauma-informed care for correctional settings in particular, which have their own unique challenges, strengths, culture, and needs. We will address a variety of themes related to TICC, including institutional and personal safety, staff training, cultural change

and relevant clinical approaches. We also focus on gender differences in relation to both trauma and criminal justice" (p. 2).

"Trauma-Informed Court Approaches for Mental Health Court Curriculum Trainers [Webinar]" (2016). New York: Council of State Governments (CSG); and Washington, DC: Justice Center and the National Resource Center on Justice Involved Women (NRCJIW). Accessed June 22, 2017. <https://csgjusticecenter.org/courts/webinars/trauma-informed-court-approaches-for-mental-health-court-curriculum-trainers/>.

This webinar for mental health court curriculum state trainers discusses strategies to utilize trauma-informed court approaches in mental health courts. Alyssa Benedict, a trainer for the NRCJIW, discusses the essential role of trauma-informed care within a mental health court, and Judge Marcia Hirsch from the Queens County Supreme Court Criminal Term in the 11th Judicial District of New York talks about managing a trauma-informed court room.

"Trauma-Specific Interventions for Justice-Involved Individuals" (2011). Rockville, MD: The SAMHSA National GAINS Center. Accessed June 22, 2017. <http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/Justice/Trauma%20Specific%20Interventions%20for%20Justice%20Involved%20Individuals.pdf>.

"With an increased recognition of the prevalence of trauma and its impact on an individual, the principles of trauma-informed care and trauma-specific treatment interventions have been incorporated into an array of services" (p. 1). This publication covers: some evidence based trauma-specific interventions; the use of trauma specific interventions with justice-involved individuals; the use of trauma specific interventions with justice-involved veterans; and implications for research and practice.

Vooris, Alicia. "In Brief 2: Creating a Trauma-Informed Criminal Justice System: Success Stories, Challenges and Potential Solutions" (2015). Baltimore: Johns Hopkins Urban Health Institute. Accessed June 22, 2017. [http://urbanhealth.jhu.edu/\\_PDFs/SDH\\_2015\\_Brief\\_2.pdf](http://urbanhealth.jhu.edu/_PDFs/SDH_2015_Brief_2.pdf).

This is the second brief from the Fourth Annual Social Determinants of Health Symposium, "Healing Together: Community-Level Trauma – Its Causes, Consequences and Solutions." Topics discussed include: the cycle of trauma in criminal justice; vicarious traumatization of criminal justice workers; when community-level trauma converges with vicarious traumatization of service workers; a list of practical recommendations for developing a "trauma informed" justice system; four successful models nationwide; and challenges to creating a trauma-informed system.

Wolff, Nancy, and Jing Shi. "Childhood and Adult Trauma Experiences of Incarcerated Persons and Their Relationship to Adult Behavioral Health Problems and Treatment." *International Journal of Environmental Research and Public Health* 9, no. 5(2012): 1908-1926. Accessed June 22, 2017, <http://www.mdpi.com/1660-4601/9/5/1908>.

"Rates of childhood and adult trauma are high among incarcerated persons. In addition to criminality, childhood trauma is associated with the risk for emotional disorders (e.g., depression and anxiety) and co-morbid conditions such as alcohol and drug abuse and antisocial behaviors in adulthood. This paper develops rates of childhood and adult trauma and examines the impact of age-of-onset and type-specific trauma on emotional problems and behavior for a sample of incarcerated males" (p. 1908).



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## Corrections Staff

"Corrections Stress" (2017). Aurora, CO: National Institute of Corrections Information Center. Accessed June 22, 2017. <https://nicic.gov/library/package/correctionsfatigue>.

Resources examining corrections stress are provided. "Corrections Stress refers to the emotional challenges faced by correctional personnel and the potentially cumulative negative side effects of what staff experience through daily interactions with justice-involved individuals and immersion in uniquely challenging workplace conditions."

Denhof, Michael D., and Caterina G. Spinaris. "Depression, PTSD, and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning" (2013). Florence, CO: Desert Waters Correctional Outreach. Accessed June 22, 2017. [http://desertwaters.com/wp-content/uploads/2013/09/Comorbidity\\_Study\\_09-03-131.pdf](http://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf).

"The purpose of this study was to estimate prevalence rates for depression, post-traumatic stress disorder (PTSD), and comorbid PTSD/depression in corrections professionals, and to explore the relationship between particular disorder conditions and a variety of variables including job type and numerous indices of health, well-being, and life functioning (e.g., number of doctor visits, number of absences from work, extent of substance use, satisfaction with life, job functioning, and other variables)" (p. 4).

Denhof, Michael D., Gregory R. Morton, and Caterina G. Spinaris. "Occupational Stressors in Corrections Organizations: Types, Effects and Solutions" (2014). Florence, CO: Desert Waters Correctional Outreach, and Washington, DC: National Institute of Corrections. Accessed June 22, 2017. <http://nicic.gov/Library/files/028299.pdf>.

"The primary goal of corrections work is the safe and secure management and rehabilitation of justice-involved individuals, whether in locked facilities or within community supervision programs. Pursuit of this goal comes with demanding requirements such as the necessity of staff to maintain constant heightened vigilance while they work and also adhere to strict security protocols ... This paper presents an evidence-supported model and framework for the comprehensive understanding of occupational threats to corrections workplace health and functioning as well as a data-driven and evidence-based strategy for addressing them" (p. 1).

Denhof, Michael D., and Caterina G. Spinaris. "Prevalence of Trauma-related Health Conditions in Correctional Officers: A Profile of Michigan Corrections Organization Members" (2016). Florence, CO: Desert Waters Correctional Outreach. Accessed June 22, 2017. [http://www.mco-seiu.org/files/2016/05/MCO-Paper\\_FINAL.pdf](http://www.mco-seiu.org/files/2016/05/MCO-Paper_FINAL.pdf).

"A formal research inquiry was performed into the prevalence of various health status conditions among Michigan Corrections Organization members, primarily white male Corrections Officers, working in prison environments. The relationship between magnitude of exposure to work-related events involving violence, injury and death (VID), and several health conditions was examined."

Elliot, Diane, Kerry Kuehl, Mazen El Ghaziri, Martin Cherniack. "Stress and Corrections: Addressing the Safety and Well-Being of Correctional Officers" (2015). *Corrections Today* 77, no. 4 (2015): 40-43. Accessed June 22, 2017. [http://www.aca.org/ACA\\_PROD\\_IMIS/Docs/Corrections%20Today/2015%20Articles/July%202015/Elliot.pdf](http://www.aca.org/ACA_PROD_IMIS/Docs/Corrections%20Today/2015%20Articles/July%202015/Elliot.pdf).

"This article is a snapshot of ongoing work and a growing national consortium of individuals interested in advancing the well-being of COs" (p. 40).

Hatcher, Schnavia Smith, Brian E. Bride, Hyejung Oh, Dione Moultrie King, and James Franklin Catrett. "An Assessment of Secondary Traumatic Stress in Juvenile Justice Education Workers." *Journal of Correctional Health Care* 17, no. 3 (2011): 208-217. Accessed June 22, 2017. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3740517/>.

"There has been limited research evaluating the impact of STS [secondary traumatic stress] among service professionals in adult and juvenile correctional settings. The research presented in this article seeks to lessen the knowledge gap by exploring the presence of STS among service professionals in the juvenile justice system" (p. 209).

"Health and Wellness for Corrections Professionals" (2017). Aurora, CO: National Institute of Corrections Information Center. Accessed June 22, 2017. <https://nicic.gov/healthwellnesscorrectionsprofessionals/>.

"Correctional staff are the professions' most valuable resource. What steps will we take to hire the best, keep our staff well trained and prepared to carry out their responsibilities? How can we ensure they go home safely at the end of the shift, and return each day, motivated to perform at their very best for this important public safety work?" These resources explain how.

Masotta, Maria. "Vicarious Traumatization: A Guide to Recognizing, Responding to, and Preventing a Serious Consequence of Providing Mental Health Care in Jails, Prisons, and Community Corrections" (2011). Chicago: American College of Correctional Physicians (ACCP). Accessed June 22, 2017. <https://community.nicic.gov/blogs/mentalhealth/archive/2011/03/11/vicarious-traumatization-a-guide-to-recognizing-responding-to-and-preventing-a-serious-consequence-of-providing-mental-health-care-in-jails-prisons-and-community-corrections.aspx>.

Prevention and intervention tools to reduce the impact of vicarious traumatization in our workforce are presented and discussed.

Spinaris, Caterina G., Michael D. Denhof, and Julie A. Kellaway. "Posttraumatic Stress Disorder in United States Corrections Professionals: Prevalence and Impact on Health and Functioning" (2012). Florence, CO: Desert Waters Correctional Outreach. Accessed June 22, 2017. [http://desertwaters.com/wp-content/uploads/2013/09/PTSD\\_Prev\\_in\\_Corrections\\_09-03-131.pdf](http://desertwaters.com/wp-content/uploads/2013/09/PTSD_Prev_in_Corrections_09-03-131.pdf).

"The purpose of this study was to estimate current posttraumatic stress disorder (PTSD) prevalence rates among United States' corrections professionals, and explore indices of psychological, physical, and occupational status and functioning in relation to PTSD" (p. 4).

Spinaris, Caterina G. "Occupational Stressors in Corrections Work Annotated Bibliography" (2015). Washington, DC: National Institute of Corrections (NIC). Accessed June 22, 2017. <http://nicic.gov/Library/files/029743.pdf>.

"This annotated bibliography was developed in an effort to provide current and useful information to corrections professionals regarding possible effects of traumatic and other high-stress exposure on staff health and wellness. In addition to literature on traumatic stress in corrections, research on organizational stress, operational stress and burnout in corrections is included. The reason for this is that exposure to traumatic stress frequently co-occurs with operational and organizational stressors, and contributes to the overall outcome of traumatization and burnout. Non-corrections literature is referenced on the subject of psychological trauma and resilience in the general population and in other high-

risk occupations to provide a context for and meaningful comparisons with the corrections-related findings" (p. 2).

"Suicide in Corrections" (2017). Aurora, CO: National Institute of Corrections Information Center. Accessed June 22, 2017. <https://nicic.gov/library/package/suicide>.

"Suicide is a threat to all persons involved in corrections. The rates of inmate suicide are far higher than the national averages, and even higher still for special populations (including juvenile and LGBTI inmates), even corrections officers have a much greater occupational suicide rate. The resources provided will help give an overview of the problems surrounding correctional suicides and the ways one can implement strategies to turn around the alarming upward trajectory of suicide rates."

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## Justice-Involved Women

Benedict, Alyssa. "Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities" (2014). Silver Spring, MD: National Resource Center on Justice Involved Women. Accessed June 22, 2017. <http://cjininvolvedwomen.org/wp-content/uploads/2015/09/Using-Trauma-Informed-Practices-Apr-14.pdf>.

"This document provides a brief overview of trauma and its effects on women offenders, and specifically defines trauma-informed practices for women's correctional facilities. It also provides key actions that facility administrators, managers, and staff can take to better align their operational practices with the research on trauma and to create a more trauma-informed facility culture" (p. 2).

Blanch, Andrea, Beth Filson, Darby Penney, and Cathy Cave. "Engaging Women in Trauma-Informed Peer Support: A Guidebook" (2012). Falls Church: National Association of State Mental Health Program Directors (NASMHPD); and Sudbury, MA: Advocates for Human Potential, Inc. [http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide\\_Color\\_REVISED\\_10\\_2012.pdf](http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf).

"This guide was created for a very specific purpose: to help make trauma-informed peer support available to women who are trauma survivors and who receive or have received mental health and/or substance abuse services. It is designed as a resource for peer supporters in these or other settings who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into the peer support groups they are members of" (p. 1).

Buell, Maureen. "NIC Services in Managing Justice-Involved Women." *American Jails* 27, no. 6(2014): 51-54. Accessed June 22, 2017.

[http://community.nicic.gov/blogs/national\\_jail\\_exchange/archive/2014/02/13/nic-services-in-managing-justice-involved-women.aspx](http://community.nicic.gov/blogs/national_jail_exchange/archive/2014/02/13/nic-services-in-managing-justice-involved-women.aspx).

"The article provides an overview of NIC technical assistance, training, reports, and tools agencies can access to examine and refine their services for women in contact with the justice system."

Cain, Laura. "Healing Neen." Elliott City, MD: In the Hollow Films, 2010. Accessed June 22, 2017. <https://vimeo.com/15851924>.

The transcendent story of Tonier "Neen" Cain's emergence from drug addiction, multiple incarcerations and two decades of homelessness to become a tireless advocate and educator on the devastating impact of childhood abuse...and the need to rethink how we treat the shattered adults severely traumatized children become.

Covington, Stephanie. "Articles and Publications" (2016). La Jolla: Stephanie Covington. Accessed June 22, 2017. <http://www.stephaniecovington.com/articles-and-publications.php>.

"Dr. Stephanie Covington is a clinician, author, organizational consultant, and lecturer. Recognized for her pioneering work in the area of women's issues, Dr. Covington specializes in the development and implementation of gender-responsive and trauma-informed services in both the public and private sectors."

Covington, Stephanie. "Justice-Involved Women: Understanding Trauma and Violence [Webinar]" (2014). Philadelphia: National Clearinghouse for the Defense of Battered Women (NCDBW).

Accessed June 22, 2017. <https://csgjusticecenter.org/corrections/webinars/archived-webinar-justice-involved-women-understanding-trauma-and-violence/>.

These slides provide "an overview of violence among females involved with the criminal justice system, trauma-informed and gender responsive services, and a social-ecological model of violence. In addition, it will highlight Beyond Violence, a multi-level intervention for women that uses evidence-based therapeutic strategies to address anger. This intervention also considers the complex interplay between individual, relationship, and the community, as well as societal factors."

"Creating a Trauma-Informed Criminal Justice System for Women: Why and How" (2011). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed June 22, 2017.

[http://www.nasmhpd.org/sites/default/files/Women%20in%20Corrections%20TIC%20SR\(2\).pdf](http://www.nasmhpd.org/sites/default/files/Women%20in%20Corrections%20TIC%20SR(2).pdf).

"Why do far too many women keep cycling through the criminal justice system, wrestling with persistent mental health and substance abuse issues, unable to find a footing in the community and reclaim their lives?" (p. 1). This publication answers this question and offers a solution—the "Sequential Intercept Model."

"Health, Justice, Women: Transforming Systems—Changing Lives [Satellite/Internet Broadcast]" (2013). Washington, DC: National Institute of Corrections. Accessed June 22, 2017.

<http://nicic.gov/library/026332>.

During this national discussion held on August 15, 2012, participants will explore research, strategies, and resources designed to effect health care practices used with justice-involved women.

"Impact of Trauma on Women and Girls across the Lifespan: What Every Health and Social Service Provider Needs to Know about the Importance of Providing Trauma-informed Services to Women and Girls" [A Webinar Series]" (2012). Washington, DC: Department of Health and Human Services. Accessed June 22, 2017. <https://services.choruscall.com/links/womenshealth.html>.

"The impact of violence, abuse, neglect, disaster, war, and other harmful experiences continues long after the traumatic event has ended. Exposure to trauma is a pervasive issue that has significantly impacted the health and well-being of millions of Americans and nearly everyone seeking services in the public health and social services systems. Understanding how trauma affects the emotional, behavioral, cognitive, social, and physical functioning of the people we care for can improve our services."

"Justice Involved Women Course 3: Effects of Trauma" (2015). Washington, DC: NIC Learn Center. Accessed June 22, 2017. <https://nicic.gov/training/nicwbt48>.

"This e-course defines trauma, the impact of traumatic experiences on justice involved women, and the introduction to the Adverse Childhood Experiences study (ACEs) and its' relevance. Participants will learn about symptoms and reactions to trauma by women involved in the justice system and will receive tips on effectively and safely working with this population and moving them toward reductions in symptoms more positive behaviors. Estimated duration: 1 hour."

Kristiansson, Victoria, and Charlene Whitman-Barr. "Integrating a Trauma-Informed Response in Violence Against Women and Human Trafficking Prosecutions" (2015). Washington, DC: AEquitas. Accessed June 22, 2017. <http://www.aequitasresource.org/Integrating-A-Trauma-Informed-Response-In-VAW-and-HT-Strategies.pdf>.

This newsletter "will describe a trauma-informed approach to responding to these crimes [violence against women and human trafficking] and discuss practices where such an approach has already been incorporated, highlighting areas where continued, additional integration is necessary ... [and] also identify gaps in the application of the approach, specifically in reference to other co-occurring, violence against women and human trafficking crimes, and suggest strategies to more effectively integrate trauma-informed investigative and prosecutorial practices" (p. 2).

Kubiak, Sheryl, Woo Jong Kim, Gina Fedock, and Deborah Bybee. "Assessing Short-Term Outcomes of an Intervention for Women Convicted of Violent Crimes." *Journal of the Society for Social Work and Research* 3, no. 3(2012): 197-212. Accessed June 22, 2017.

[http://www.centerforgenderandjustice.org/assets/files/2013/assessingshort-](http://www.centerforgenderandjustice.org/assets/files/2013/assessingshort-termoutcomesofaninterventionwomenconvictedofviolentcrimes_kubiakoctober2012.pdf)

[termoutcomesofaninterventionwomenconvictedofviolentcrimes\\_kubiakoctober2012.pdf](http://www.centerforgenderandjustice.org/assets/files/2013/assessingshort-termoutcomesofaninterventionwomenconvictedofviolentcrimes_kubiakoctober2012.pdf).

"As attention grows in the research literature and in community settings about "women who use force" it is important to develop interventions that effectively modify aggressive behavior as well as the underlying precursors of such aggression. This paper describes a pilot study as one step in a developmental approach to intervention research. Beyond Violence, a gender specific and trauma-informed intervention, was piloted with 35 women incarcerated in a state prison with a conviction for a felony-level assault" (p. 197).

Lynch, Shannon. "Pathways Project—Research Factsheet: Mental Health & Trauma among Women in Jails" (2012). Pocatello: Idaho State University Pathways Project. Accessed June 22, 2017.

<http://www.prainc.com/wp-content/uploads/2015/10/mental-health-trauma-women-jails.pdf>.

Findings are presented from a national study showing the prevalence of serious mental illness (SMI), substance use disorders (SUD), and posttraumatic stress disorder (PTSD) in the United States female jail population.

Lynch, Shannon M., Dana D. DeHart, Joanne Belknap, and Bonnie L. Green. "Women's Pathways to Jail: The Roles and Intersections of Serious Mental Illness and Trauma" (2012). Accessed June 22, 2017. [https://www.bja.gov/publications/women\\_pathways\\_to\\_jail.pdf](https://www.bja.gov/publications/women_pathways_to_jail.pdf).

"This multi-site study addressed critical gaps in the literature by assessing the prevalence of serious mental illness (SMI), posttraumatic stress disorder (PTSD), and substance use disorders (SUD) in women in jail and pathways to offending for women with and without SMI" (p. iii).

Messina, Nena, Stacy Calhoun, and Jeremy Braithwaite. "Trauma-Informed Treatment Decreases Posttraumatic Stress Disorder among Women Offenders." *Journal of Trauma & Dissociation* 15, no. 1(2015): 6-21. Accessed June 22, 2017. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3877926/>.

"Traumatic experiences among women offenders can impact their psychological well-being and patterns of substance use and offending. However, rigorous research in this area for women offenders with a history of trauma is sparse. This study combined data from two previous studies of women offenders in order to provide greater statistical power in examining the psychological trends found in the individual studies" (p. 6).

Messina, Nena, Christine E. Grella, Jerry Cartier, and Stephanie Torres. "A Randomized Experimental Study of Gender-Responsive Substance Abuse Treatment for Women in Prison." *Journal of Substance Abuse Treatment* 38(2010): 97-107. Accessed June 22, 2017.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815183/>.



"The current study is the first to conduct a randomized controlled trial in a prison setting to determine the relative effectiveness of a theoretically based and trauma-informed gender-responsive treatment (GRT) program, compared to a standard prison TC treatment program" (p. 98).

"NIC Knowledgebase: What Are Trauma-Informed Practices with Justice-Involved Women?" <http://nicic.gov/topics/5202-what-are-trauma-informed-practices-with-justice-involved-women>.  
Links to specifically selected items are provided.

"The Past, Present, & Future of Federal Government's Commitment to Addressing the Impact of Trauma on Women, May 29, 2014" (2014). Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD). Women and Trauma Federal Partners Committee. Accessed June 22, 2017. <http://www.nasmhpd.org/content/women-and-trauma-webinar-info>.

Webinar presentations include: "SAMHSA's Women and Violence Study: Trauma Services in Public Mental Health" by Susan E. Salasin; "Adverse Childhood Experiences: Impact on Health & Wellbeing across the Life Course" by Melissa Merrick; Seeking Safety: An Evidence-based Model for Trauma and/or Addition" by Lisa M. Najavits; and "If it Works in Miami...a Model Program for Serving Traumatized Human Beings" by Teresa Descilo.

Patterson, Mark K., Patrick Uchigakiuchi, and Toni Bissen. "Can Prison Be a Place of Healing? The Trauma-Informed Care Initiative at the Women's Community Correctional Center." *Hūlili: Multidisciplinary Research on Hawaiian Well-Being* 9(2013). Accessed June 22, 2017. [http://www.ksbe.edu/\\_assets/spi/hulili/hulili\\_vol\\_9/11\\_2013\\_Vol9\\_Patterson\\_Uchigakiuchi\\_Bissen.pdf](http://www.ksbe.edu/_assets/spi/hulili/hulili_vol_9/11_2013_Vol9_Patterson_Uchigakiuchi_Bissen.pdf).

This article describes the Trauma-Informed Care Initiative (TICI), including preliminary study findings on the prevalence of trauma, and concludes with Warden Patterson's personal account relating the issue of trauma to his own genealogical history.

Penney, Darby. "Creating a Place of Healing and Forgiveness: The Trauma-Informed Care Initiative at the Women's Community Correctional Center of Hawaii" (2013). Alexandria, VA: National Center for Trauma-Informed Care (NCTIC). Accessed June 22, 2017. [http://www.nasmhpd.org/sites/default/files/7014\\_hawaiian\\_trauma\\_brief\\_2013%281%29.pdf](http://www.nasmhpd.org/sites/default/files/7014_hawaiian_trauma_brief_2013%281%29.pdf).

"Recognizing that most inmates are trauma survivors and many common prison routines can re-traumatize women, the Women's Community Correctional Center [WCCC] of Hawaii, under the leadership of Warden Mark Kawika Patterson, works to create "a place of healing and forgiveness" [pu'uhonua] through its Trauma-Informed Care Initiative (TICI) ... Reducing the use of restraints and isolation has been a focus of the training and activities of TICI, since these interventions are likely to re-traumatize women who are trauma survivors and cause trauma responses in women who had not previously experienced trauma" (p. 1).

Rowan-Szal, Grace A. , George W. Joe, Norma G Bartholomew, Jennifer Pankow, and D. Dwayne Simpson. "Brief Trauma and Mental Health Assessments for Female Offenders in Addiction Treatment." *Journal of Offender Rehabilitation* 51, no. 1/2(2012): 57-77. Accessed June 22, 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3474366/>.

"This study focuses on brief instruments that address specialized trauma and health problems, along with related psychosocial functioning. Women from two prison-based treatment programs for substance abuse were assessed ... including one facility for special needs and one for regular female offenders. Results affirmed that admissions to the special needs facility reported more posttraumatic stress symptoms, higher rates of psychological

stress and previous hospitalizations, and more health issues than those in the regular treatment facility" (p. 57).

Saxena, Preeta, Christine E. Grella, and Nena P. Messina. "Continuing Care and Trauma in Women Offenders' Substance Use, Psychiatric Status, and Self-Efficacy Outcomes." *Women & Criminal Justice* 26, no. 2(2016): 99–121. Accessed June 22, 2017, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4767708/>.

This study is a secondary analysis of samples drawn from three prior studies on women offenders who received substance abuse treatment in prison and/or in community-based aftercare settings.

Saxena, Preeta, Nena P. Messina, and Christine E. Grella. "Who Benefits from Gender-Responsive Treatment? Accounting for Abuse History on Longitudinal Outcomes for Women in Prison." *Criminal Justice and Behavior* 41, no. 4(2014): 417-432. Accessed June 22, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4045615/>.

This study explores outcome variation among women offenders who participated in gender-responsive substance abuse treatment (GRT).

"Trauma-Informed Care: Principles & Practices for Justice-Involved Women with Serious Mental Illness and Co-occurring Substance Use" (2012). Tempe, AZ: Arizona State University Center for Applied Behavioral Health Policy. Accessed June 22, 2017. <http://www.azceh.org/resources/Documents/Conference%202015/2015%20Session%20Presentations/Session6%20-%20TIC%20Practices%20and%20Strategies%20-%20Handout1.pdf>.

This publication provides a very good overview of trauma-informed care.

"Women and Trauma: Trauma-informed Approaches: Federal Activities and Initiatives: A Working Document / Second Report" (2013). Washington, DC: Federal Partners Committee on Women and Trauma. Accessed June 22, 2017. <https://permanent.access.gpo.gov/gpo56229/2013FederalPartnersReportFinal.pdf>.

"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" (p. 6).

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## Justice-Involved Veterans

Brown, William B. "From War Zones to Jail: Veteran Reintegration Problems." *Justice Policy Journal* 8, no. 1 (2011): 1-48. Accessed June 22, 2017. [http://www.cjcj.org/uploads/cjcj/documents/From\\_war.pdf](http://www.cjcj.org/uploads/cjcj/documents/From_war.pdf).



"In many instances the experiences of war, PTSD, alcohol, combined with lethargic civilian attitudes of the problems veterans confront provides the ingredients of a recipe designed to accelerate the probability of increased veteran incarceration. This article addresses the aforementioned issues by analyzing the data collected during a study of 162 Iraq and Afghanistan veterans during a 15-month period, and spanning across 16 states. The data strongly suggest that veterans with PTSD and alcohol use/dependency issues related to combat increase the probability of veteran criminal justice entanglements" (p. 2).

Blodgett, Janet C., Tigran Avoundjian, Andrea K. Finlay, Joel Rosenthal, Steven M. Asch, Natalya C. Maisel, and Amanda M. Midboe. "Prevalence of Mental Health Disorders Among Justice-Involved Veterans." *Epidemiologic Reviews* 37, no. 1 (2015): 163-176.  
<https://academic.oup.com/epirev/article/37/1/163/411730/Prevalence-of-Mental-Health-Disorders-Among>.

"We provide a systematic review of the research literature to describe the prevalence of mental health problems among justice-involved veterans. We present rates as they relate to mental health concerns generally followed by rates for more specific concerns and diagnoses. These concerns include trauma and post-traumatic stress disorder (PTSD), substance use disorders, mood disorders, psychotic disorders, personality disorders, and suicidality. Finally, we examine direct comparisons of justice-involved veterans with other justice-involved adults and with other veterans" (p. 164).

"Justice-Involved Veterans." Washington, DC: National Institute of Correction (NIC). Accessed June 22, 2017. <https://nicic.gov/veterans>.

"This broadcast addresses the combat veteran and the issues they bring with them when they enter the criminal justice system at the local, state and federal level; highlight the key components of an effective Veterans Treatment Court (VTC); identify the "how to" in terms of implementation of an effective VTC; share the successes and challenges of implementing a successful VTC; provide resources to jurisdictions looking to implement a VTC or for existing jurisdictions looking to improve upon existing programs."

Ramirez, Rachelle, and Marilyn Van Dietsen. "Responding to the Needs of Women Veterans Involved in the Criminal Justice System" (2013). Washington, DC: National Resource Center on Justice Involved Women (NRCJIW). Accessed June 22, 2017. <http://cjincludedwomen.org/wp-content/uploads/2015/09/WomenVeteransREV1-21-14.pdf>.

"This brief provides criminal justice practitioners with information about the unique needs of female veterans and what is known about their involvement in the criminal justice system. It offers a gender and trauma informed approach that criminal justice practitioners can use to more effectively manage this population" (p. 1).

"A Structured Evidence Review to Identify Treatment Needs of Justice-Involved Veterans and Associated Psychological Interventions" (2013). Menlo Park, CA: VA Palo Alto Health Care System Center for Health Care Evaluation. Accessed June 22, 2017. <http://ndcrc.org/resource/a-structured-evidence-review-to-identify-treatment-needs-of-justice-involved-veterans-and-associated-psychological-interventions/>.

"To support the mission of VJP [Veterans Justice Programs], this review synthesizes research relevant to (1) the unique treatment needs of justice-involved Veterans, with a primary focus on mental health needs, and (2) evidence-based and promising treatments for addressing these needs" (p. 3).

Tsai, Jack, Robert A. Rosenheck, Wesley J. Kaspro, and James F. McGuire. "Risk of Incarceration and Other Characteristics of Iraq and Afghanistan Era Veterans in State and Federal Prisons." *Psychiatric Services* 64, no. 1 (2013): 36-43. Accessed June 22, 2017. <http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201200188>.

The Health Care for Reentry Veterans (HCRV) program provides Veterans Health Administration outreach services to veterans incarcerated in state and federal prisons. This study used HCRV data to compare risk of incarceration of veterans of Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND) and other veterans and to identify sociodemographic and clinical characteristics of incarcerated veterans of OEF/OIF/OND.

"Veterans and Criminal Justice: A Review of the Literature" (2012). San Francisco: Swords to Plowshares Institute for Veteran Policy. Accessed June 22, 2017. [https://www.swords-to-plowshares.org/sites/default/files/Veterans%20and%20Criminal-Justice%20-%20A%20Review%20Literature%20\(2012\).pdf](https://www.swords-to-plowshares.org/sites/default/files/Veterans%20and%20Criminal-Justice%20-%20A%20Review%20Literature%20(2012).pdf).

"This review focuses on veterans and criminal behavior stemming from service-related mental health issues, and highlights the need for more comprehensive care and support to prevent incarceration and justice involvement."

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## Justice-Involved Youth

Abram, Kren M., Linda A. Teplin, Devon C. King, Sandra A. Longworth, Kristin M. Emanuel, Erin G. Romero, Gary M. McClelland, Mina K. Dulcan, Jason J. Washburn, Leah J. Welty, and Nicole D. Olson. "PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth" (2013). Washington, DC: Office of Juvenile Justice and Delinquency Prevention (OJJDP); and Washington, DC: National Institute of Corrections. Accessed June 22, 2017. <http://www.ojjdp.gov/pubs/239603.pdf>.

"This bulletin examines the results of the Northwestern Juvenile Project—a prospective longitudinal study of youth detained at the Cook County Juvenile Temporary Detention Center in Chicago, IL. The authors discuss their findings on the prevalence of trauma and

posttraumatic stress disorder (PTSD) among juvenile detainees and PTSD's tendency to co-occur with other psychiatric disorders" (p. 1).

Adams, Erica J. "Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense" (2012). Washington, DC: Justice Policy Institute (JPI). Accessed June 22, 2017.

[http://www.justicepolicy.org/images/upload/10-07\\_REP\\_HealingInvisibleWounds\\_JJ-PS.pdf](http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf).

The need to fund services for juveniles affected by traumatic events is explained. Topics discussed include: traumatic experiences effect on brain development in children; traumatic brain injury and juvenile justice; children are rarely screened for trauma, especially in the juvenile justice system; children who experience trauma have disproportionate contact with the justice system; the current juvenile justice system does not meet the needs of youth who have experienced trauma; incarceration itself can be traumatic; and youth who spend time in juvenile facilities have poorer outcomes than youth who stay in the community.

Buffington, Kristine, Carly B. Dierkhising, and Shawn C. Marsh. "Ten Things Every Juvenile Court Judge Should Know about Trauma and Delinquency." *Juvenile Justice Update* 20, no. 1(2014): 1-18.

Accessed June 22, 2017, [http://www.ncjfcj.org/sites/default/files/trauma%20bulletin\\_1.pdf](http://www.ncjfcj.org/sites/default/files/trauma%20bulletin_1.pdf).

The purpose of this technical assistance bulletin "is to highlight ten crucial areas that judges need to be familiar with in order to best assist traumatized youth who enter the juvenile justice system" (p. 2).

"Children, Violence, and Trauma—Innovations in Juvenile Justice" (2014). Washington, DC: Office for Victims of Crime (OVC). Accessed June 22, 2017.

<https://www.youtube.com/watch?v=tbmwq0HzgC8>.

"Many of the behaviors that lead to children's and adolescents' involvement in the juvenile justice system can be traced to childhood maltreatment. For these young people, successful intervention requires acknowledging and understanding their traumatic histories. This video features three alternative approaches to addressing trauma in young offenders' lives while still holding them accountable for their actions."

Covington, Stephanie S., Angie Wolf, and Callie Long. "Girls at Risk: A Trauma-Informed Approach [Webinar]" (2013). Washington, DC: National Girls Institute; Washington, DC: National Council on Crime and Delinquency; and Washington, DC: OJJDP National Training and Technical Assistance Center. Accessed June 22, 2017.

<https://www.nttac.org/index.cfm?event=trainingCenter.traininginfo&eventID=100>.

"This webinar explores the specifics of becoming trauma-informed, as well as the guiding principles for gender-responsive services. Learning objectives are: define the terms trauma-informed and gender-responsive; discuss the process of trauma; and provide specific examples of effective interventions for girls."

Cuevas, Carlos, David Finkelhor, Anne Shattuck, Heather Turner, and Sherry Hamby. "Children's Exposure to Violence and the Intersection between Delinquency and Victimization" (2013). Washington, DC: Office of Juvenile Justice and Delinquency Prevention (OJJDP). Accessed June 22, 2017. <http://www.ojjdp.gov/pubs/240555.pdf>.

"Under Safe Start, OJJDP conducted the National Survey of Children's Exposure to Violence, the most comprehensive effort to date to measure the extent and nature of the violence that children endure and its consequences on their lives. This is the first study to ask children

and caregivers about exposure to a range of violence, crime, and abuse in children's lives" (p. 1).

Dierkhising, Carly B., and Christopher E. Branson. "Looking Forward: A Research and Policy Agenda for Creating Trauma-Informed Juvenile Justice Systems." *Journal of Juvenile Justice* 5, no. 1 (2016). Accessed June 22, 2017. <http://www.journalofjuvjustice.org/JOJJ0501/article02.htm>.

"In this article, we outline a research and policy agenda by highlighting four core domains of a trauma-informed juvenile justice system: (a) screening, assessment, and intervention; (b) workforce development; (c) vulnerable populations; and (d) system reform."

Dierkhising, Carly B., Susan J. Ko, Briana Woods-Jaeger, Ernestine C. Briggs, Robert Lee, and Robert S. Pynoos. "Trauma Histories Among Justice-Involved Youth: Findings from the National Child Traumatic Stress Network." *European Journal of Psychotraumatology* 4, no. 1 (2013). Accessed June 22, 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/>.

"This study describes detailed trauma histories, mental health problems, and associated risk factors (i.e., academic problems, substance/alcohol use, and concurrent child welfare involvement) among adolescents with recent involvement in the juvenile justice system" (p. 1).

Epstein, Rebecca, and Thalia Gonzalez. "Gender & Trauma: Somatic Interventions for Girls in Juvenile Justice: Implications for Policy and Practice" (2017). Washington, DC: Georgetown Law Center on Poverty and Inequality. Accessed June 22, 2017.

[http://www.law.georgetown.edu/academics/centers-institutes/poverty-inequality/upload/17\\_COPI\\_report-FPO.pdf](http://www.law.georgetown.edu/academics/centers-institutes/poverty-inequality/upload/17_COPI_report-FPO.pdf).

"Gender-specific somatic interventions can be transformative for system-involved girls who have experienced trauma. Through the research, analysis, and recommendations presented in this report, the Center on Poverty seeks to expand the understanding of such programs and make their healing potential accessible to all girls in the juvenile justice system" (p. 5).

Ford, Julian B., and Margaret E. Blaustein. "Systematic Self-Regulation: A Framework for Trauma-Informed Services in Residential Juvenile Justice Programs." *Journal of Family Violence* 28, no. 7 (2013): 665-677. Accessed June 22, 2017.

[http://www.traumacenter.org/products/pdf\\_files/Trauma%20Services%20in%20Residential%20Juvenile%20Justice%20Settings\\_Ford\\_Blaustein.pdf](http://www.traumacenter.org/products/pdf_files/Trauma%20Services%20in%20Residential%20Juvenile%20Justice%20Settings_Ford_Blaustein.pdf).

"Most youth detained in juvenile justice facilities have extensive histories of exposure to psychological trauma. Traumatic stress plays a key role in their mental health and behavioral problems and needs, and in their safety and rehabilitation and the security and effectiveness of detention facilities. We provide an overview of the barriers to successful provision of mental health services for youths in juvenile justice facilities, including those involving youth, parents, and juvenile justice residential facility staff and administrators" (p. 1).

Foy, David W., Iya K. Ritchie, and Alison H. Conway. "Trauma Exposure, Posttraumatic Stress, and Comorbidities in Female Adolescent Offenders: Findings and Implications from Recent Studies." *European Journal of Psychotraumatology* 3, no. 1 (2012). Accessed June 22, 2017.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3402101/>.

"While males constitute the majority, female adolescent offenders are a sizeable minority of the overall delinquent population. Further, those females who become involved in delinquent activities appear to be doing so at a younger age, and they are involved in a wide

range of criminal activities, including violent offenses ... The goal of this article is to consolidate an empirical base for our current knowledge about female juvenile offenders' trauma-related mental health and rehabilitation issues [including posttraumatic stress disorder (PTSD)]" (p. 1).

Kerig, Patricia K., Julian D. Ford, and Erna Olafson. "Assessing Exposure to Psychological Trauma and Posttraumatic Stress Symptoms in the Juvenile Justice Population" (2014). Los Angeles: National Center for Child Traumatic Stress (NCTSN). Accessed June 22, 2017.

[http://www.nctsn.org/sites/default/files/assets/pdfs/assessing\\_trauma\\_in\\_jj\\_2014.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/assessing_trauma_in_jj_2014.pdf).

"Screening and assessment of traumatic stress and its psychosocial after-effects play an important role in a trauma-informed juvenile justice system. Trauma exposure and its negative consequences are highly prevalent among justice-involved youth" (p. 1). This publication addresses various issues related to screening, assessment, and diagnosis of posttraumatic stress disorder (PTSD) among traumatized youth.

Kerig, P.K. "Trauma-Informed Assessment and Intervention" (2013). Los Angeles: National Center for Child Traumatic Stress (NCTSN). Accessed June 22, 2017.

[http://www.nctsn.org/sites/default/files/assets/pdfs/jj\\_trauma\\_brief\\_assessment\\_kerig\\_final.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/jj_trauma_brief_assessment_kerig_final.pdf).

Issues surrounding trauma-informed assessment and intervention are discussed. Sections comprising this brief are: Trauma-Informed Assessment and Intervention Are Key Elements of a Trauma-Informed Juvenile Justice System; How to Integrate Trauma-Informed Assessment and Intervention in Juvenile Justice Systems; Challenges for Trauma-Informed Assessment; Challenges for Trauma-Informed Treatment; What is an Evidence-Based Practice and How Do You Know If You've Got One?; Success Stories; [and] Concluding Comments.

Lang, Jason, M., Kim Campbell, and Jeffrey J. Vanderploeg. "Advancing Trauma-Informed Systems for Children" (2015). Farmington, CT: Child Health and Development Institute of Connecticut.

Accessed June 22, 2017. [http://www.chdi.org/files/7514/4405/4524/Trauma\\_IMPACT\\_-\\_FINAL.pdf](http://www.chdi.org/files/7514/4405/4524/Trauma_IMPACT_-_FINAL.pdf).

"This IMPACT [report] provides a framework for developing a comprehensive and integrated trauma-informed system of care for children. Examples are provided from Connecticut's child-serving systems implementing trauma-informed programs and services. This report is intended to help child serving systems advance trauma-informed care in order to provide more effective and cost-efficient services that result in better outcomes for all children" (p. 4). These efforts can provide guidance for other states considering trauma-informed care for children.

Marsiglio, Mary C., Krista M. Chronister, Brandon Gibson, and Leslie D. Leve. "Examining the Link between Traumatic Events and Delinquency Among Juvenile Delinquent Girls: A Longitudinal Study." *Journal of Child & Adolescent Trauma* 7, no. 4(2014): 217-225. Accessed June 22, 2017.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4286894/>.

"The purpose of this study was to examine the relationship between traumatic events and delinquency for girls in the juvenile justice system using a cross-lagged model" (p. 217).

Marrow, Monique T., Kraig J. Knudsen, Erna Olafson, and Sarah E. Bucher. "The Value of Implementing TARGET within a Trauma-Informed Juvenile Justice Setting." *Journal of Adolescent Trauma* 5, no. 3(2012): 257-270. Accessed June 22, 2017,

[http://www.advancedtrauma.com/marrow2012jcat\\_targetoutcomestudyjuvenileincarceration.pdf](http://www.advancedtrauma.com/marrow2012jcat_targetoutcomestudyjuvenileincarceration.pdf).

"This article describes a non-randomized program evaluation study of a trauma-focused intervention for youth incarcerated for felony-level offenses in a juvenile justice setting" (p. 257).

"Strengthening Our Future: Key Elements to Developing a Trauma-Informed Juvenile Justice Diversion Program for Youth with Behavioral Health Conditions" (2016). New York: National Center for Mental Health and Juvenile Justice (NCMHJJ). Accessed June 22, 2017.

<http://www.ncmhjj.com/wp-content/uploads/2016/01/traumadoc012216-reduced-003.pdf>.

"This report is intended to offer a description of a trauma-informed juvenile justice diversion approach with examples of how some states are beginning to address and implement trauma-informed systems of care for youth and their families" (p. 2).

"Think Trauma: A Training for Staff in Juvenile Justice Residential Settings" (2013). Los Angeles: National Center for Child Traumatic Stress (NCTSN). Accessed June 22, 2017.

<http://www.nctsn.org/products/think-trauma-training-staff-juvenile-justice-residential-settings>.

"This training provides an overview for juvenile justice staff of how to work towards creating a trauma-informed juvenile justice residential setting. Creating a trauma-informed setting is a process that requires not only knowledge acquisition and behavioral modification, but also cultural and organizational paradigm shifts, and ultimately policy and procedural change at every level of the facility."

"Through Our Eyes: Children, Violence, and Trauma Videos and Resources" (2014). Washington, DC: Office For Victims of Crime (OVC). Accessed June 22, 2017.

<http://www.ovc.gov/pubs/ThroughOurEyes/>.

"Violence and trauma can have serious and long-lasting consequences for children's physical and mental health, and the cost to families, communities, and the Nation is staggering. Victims lend their voices to this video to provide first-hand accounts of how their exposure to violence as children affected them."

"Trauma Among Youth in the Juvenile Justice System" (2015). Delmar, NY: Mental Health and Juvenile Justice Collaborative for Change (NCMHJJ). Accessed June 22, 2017.

<https://www.ncmhjj.com/wp-content/uploads/2016/09/Trauma-Among-Youth-in-the-Juvenile-Justice-System-for-WEBSITE.pdf>.

"Many types of traumatic experiences occur in the lives of children and adolescents from all walks of life. Often, the after-effects of these experiences – persistent, post-traumatic stress reactions – play a role in the legal and behavioral problems that bring youth in contact with law enforcement and the juvenile justice system ... Using a trauma-informed approach, juvenile justice systems can improve outcomes for justice-involved youth by: Better matching youth with trauma services that can reduce the impact of traumatic stress; Improving general conditions of confinement; [and] Preventing the harmful and inadvertent "re-traumatization" of youth."

"Trauma-Informed Juvenile Justice and Mental Health Systems: Why We Need Them, How to Move Forward Toward Them" (2013). Delmar, NY: Policy Research Associates and Storrs, CT: University of Connecticut. Accessed June 22, 2017. <https://www.youtube.com/watch?v=g17Re1Ba604>.

"This webinar provides an overview of evidence-based and efficient methods of screening and assessment to identify youth in need of trauma-informed services or trauma-specific treatment in juvenile diversion programs. Evidence-based or evidence-informed trauma-



specific treatments to which youth diverted from the juvenile justice system can be referred are discussed."

"Understanding Child Trauma" (2015). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed June 22, 2017. <https://www.samhsa.gov/child-trauma/understanding-child-trauma>.

Resources for understanding trauma that may be experienced by children are provided.

Woodson, Kamilah, Courtney C. Hives, and Kathy Sanders-Phillips. "Violence Exposure and Health-Related Risk Among African American Adolescent Female Detainees: A Strategy for Reducing Recidivism." *Journal of Offender Rehabilitation* 49, no. 8 (2010): 571-594. Accessed June 22, 2017. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3045759/>.

"The authors briefly describe a pilot program to be implemented in the juvenile justice system that is based on the Model of Accumulated Risk and the Positive Youth Justice Model" (p. 571).

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## Screenings and Assessments

"Adverse Childhood Experiences (ACEs)" 2016). Atlanta: Centers for Disease Control and Prevention (CDC). Accessed June 22, 2017. <http://www.cdc.gov/violenceprevention/acestudy/>.

This webpage provides a description of the ACE Study and model, major findings, questionnaires, data and statistics on the prevalence of experiences and participant demographics, future directions, related links and a list of publications involving the study.

Carlson, Eve B., Steve R. Smith, Patrick A. Palmieri, Constance Dalenberg, Josef I. Ruzek, Rachel Kimerling, Thomas A. Burling, and David A. Spain. "Development and Validation of a Brief Self-Report Measure of Trauma Exposure: The Trauma History Screen." *Psychological Assessment* 23, no.

2(2011): 463-477. Accessed June 22, 2017.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3115408/>.

"The Trauma History Screen was developed to provide a very brief and easy-to-complete self-report measure of exposure to high magnitude stressor (HMS) events and of events associated with significant and persisting posttraumatic distress (PPD). The measure assesses the frequency of HMS and PPD events, and it provides detailed information about PPD events. Test-retest reliability was studied in four samples, and temporal stability was good to excellent for items and trauma types and excellent for overall HMS and PPD scores" (p. 463).

"Gender-Responsive Policy & Practice (GRPPA)" (2016). Washington, DC: National Institute of Correction. <http://nicic.gov/grppa/>.

The Gender-Responsive Policy & Practice Assessment (GRPPA) is a process designed to guide assessment of research-based, gender-responsive policies and practices in jails, prisons, and community corrections programs for women.

Hansen, Maj, Tonny Elmo Anderson, Cherie Armour, Ask Elklit, Sabina Palic, and Thomas Mackrill. "PTSD-8: A Short PTSD Inventory." *Clinical Practice & Epidemiology in Mental*

*Health* 6, no. 1 (2010): 101-108. Accessed June 22, 2017.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3023946/>.

"Traumatic events pose great challenges on mental health services in scarcity of specialist trauma clinicians and services. Simple short screening instruments for detecting adverse psychological responses are needed. Several brief screening instruments have been developed... The scope of this article is therefore to present a short screening instrument, based on this research; Posttraumatic Stress Disorder (PTSD) – 8 items" (p. 101).

Hooper, Lisa M., Patricia Stockton, Janice L. Krupnick, and Bonnie L. Green. 2011. "Development, Use, and Psychometric Properties of the Trauma History Questionnaire." *Journal of Loss & Trauma* 16, no. 3 (2011): 258-283. Accessed June 22, 2017.

[https://www.researchgate.net/publication/233159509\\_Development\\_Use\\_and\\_Psychometric\\_Properties\\_of\\_the\\_Trauma\\_History\\_Questionnaire](https://www.researchgate.net/publication/233159509_Development_Use_and_Psychometric_Properties_of_the_Trauma_History_Questionnaire).

"The authors describe the development and psychometric properties of the widely used Trauma History Questionnaire (THQ). Additionally, they describe how the THQ has been used both nationally and internationally in a range of studies conducted in the past 14 years (1996-2010). The reviewed studies provide accumulated, although preliminary, evidence that the THQ is reliable and valid in clinical and nonclinical samples" (p. 258).

"List of All PTSD Measures" (2016). Washington, DC: United States Department of Veterans Affairs National Center for PTSD. Accessed June 22, 2017.

[http://www.ptsd.va.gov/professional/assessment/all\\_measures.asp](http://www.ptsd.va.gov/professional/assessment/all_measures.asp).

A list of over 60 PTSD, post-traumatic stress disorder, measures is provided, along with a link to a description of the measure and the type of measure. The type of measure can be a screening, evaluation, self-report or interview. The measures cover both children and adults.

Souci, Frissa, Stephani L. Hatch, Nicola T. Fear, Sarah Dorrington, Laura Goodwin, and Matthew Hotopf. "Challenges in the Retrospective Assessment of Trauma: Comparing a Checklist Approach to a Single Item Trauma Experience Screening Question." *BMC Psychiatry* 16, no. 1 (2016): 20-28.

Accessed June 22, 2017.



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4736664/>.

"Research on trauma and its impact on mental health typically relies on self-reports which can be influenced by recall bias and an individual's subjective interpretation of events. This study aims to compare responses on a checklist of life events with a trauma experience screening question, both of which assessed trauma experience retrospectively" (p. 20).

*Standardized Measures to Assess Complex Trauma*. Los Angeles: National Center for Child Traumatic Stress (NCTSN), 2014. Accessed June 22, 2017. <http://www.nctsn.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma>.

"This table lists specific tools that can be used either to assess a broad range of complex trauma domains or tap into a specific domain in greater detail. Please note that this is not an exhaustive list of assessments; other tools may be available that are not listed here."

"Trauma-Informed Care in Behavioral Health Issues: A Treatment Improvement Protocol: TIP 57" (2014). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed June 22, 2017. <http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf>.

"This TIP provides evidence-based and best practice information for behavioral health service providers and administrators who want to work more effectively with people who have been exposed to acute and chronic traumas and/or are at risk of developing traumatic stress reactions. Using key trauma-informed principles, this TIP addresses trauma-related prevention, intervention, and treatment issues and strategies in behavioral health services. The content is adaptable across behavioral health settings that service individuals, families, and communities—placing emphasis on the importance of coordinating as well as integrating services" (p. 4).

"Trauma-Informed Care in Behavioral Health Services: KAP Keys for Clinicians" (2015). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed June 22, 2017. <http://store.samhsa.gov/shin/content/SMA15-4420/SMA15-4420.pdf>.

"Keys were developed to accompany the Treatment Improvement Protocol (TIP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA). These Knowledge Application Program (KAP) Keys are based entirely on TIP 57 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information. TIP 57 endorses a trauma-informed model of care. This model emphasizes the importance of behavioral health practitioners and organizations recognizing the prevalence and pervasive impact of trauma on the lives of the people they serve and of developing trauma-responsive services" (p. i).

"Trauma-Informed Care in Behavioral Health Services: Quick Guide for Clinicians" (2015). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed June 22, 2017. <http://store.samhsa.gov/shin/content/SMA15-4912/SMA15-4912.pdf>.

"This Quick Guide accompanies the service improvement guidelines set forth in Trauma-Informed Care in Behavioral Health Services, Number 57 in the Treatment Improvement Protocol (TIP) series. It summarizes the how-to information in TIP 57 pertinent to behavioral health counselors and clinicians, focusing on principles, tools, and approaches in providing trauma-informed care" (p. i).

"Trauma-Informed Human Trafficking Screenings [Webinar]" (2015). Washington, DC: National Human Trafficking Resource Center (NHTRC). Accessed June 22, 2017. <http://traffickingresourcecenter.org/resources/trauma-informed-human-trafficking-screenings>.

"Human trafficking victims often experience high levels of trauma, which can have a profound negative impact on their ability to function, their behavior, and their self-identity. This webinar will provide concrete recommendations for first responders to ensure that interviews with potential victims of trafficking are sensitive to trauma. This presentation will encourage law enforcement and service providers to consider ways to tailor engagement that meet the needs each potential victim, build trust, and increase receptivity to services."

Wevodau, Amy. "Review of Trauma Screening Tools for Children and Adolescents" (2016). Worcester, MA: University of Massachusetts Medical School National Youth Screening & Assessment Partners (NYSAP). Accessed June 22, 2017.  
<http://www.nysap.us/Review%20of%20Trauma%20Screening%20Tools%20for%20Children%20&%20Adolescents.pdf>.

"This document describes eleven screening tools designed to provide information about trauma in children and adolescents. The descriptions review their intended purposes, administration formats, administration requirements, age ranges, samples on which they have been validated, and available evidence of their psychometric reliability and validity" (p. 1).

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## Tool Definitions

### Adverse Childhood Experiences (ACE)

The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente. Led by Co-principal Investigators Robert F. Anda, MD, MS, and Vincent J. Felitti, MD, the ACE Study is perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life. An ACE occurs when an individual grows up experiencing any of the following conditions in the household prior to age 18: Recurrent physical abuse; Recurrent emotional abuse; Contact sexual abuse; An alcohol and/or drug abuser in the household; An incarcerated household member; Someone who is chronically depressed, mentally ill,

institutionalized, or suicidal; Mother is treated violently; One or no parents; and/or Emotional or physical neglect.<sup>1</sup>

### **Child Behavior Checklist (CBCL)**

The Child Behavior Checklist (CBCL) was a parent-report questionnaire on which the child was rated on various behavioral and emotional problems. It was first developed by Thomas M. Achenbach and has been one of the most widely-used standardized measures in child psychology for evaluating maladaptive behavioral and emotional problems in preschool subjects aged 2 to 3 or in subjects between the ages of 4 and 18. It assessed internalizing (i.e., anxious, depressive, and over-controlled) and externalizing (i.e., aggressive, hyperactive, noncompliant, and under-controlled) behaviors. Several subareas were measured including social withdrawal, somatic complaints, anxiety and depression, destructive behavior, social problems, thought problems, attention problems, aggressive behavior, and delinquent behaviors.<sup>2</sup>

### **Clinician-Administered PTSD Scale (CAPS)**

The CAPS is the gold standard in PTSD assessment. The CAPS is a 30-item structured interview that corresponds to the DSM-IV criteria for PTSD. The CAPS can be used to make a current (past month) or lifetime diagnosis of PTSD or to assess symptoms over the past week. In addition to assessing the 17 PTSD symptoms, questions target the impact of symptoms on social and occupational functioning, improvement in symptoms since a previous CAPS administration, overall response validity, overall PTSD severity, and frequency and intensity of five associated symptoms (guilt over acts, survivor guilt, gaps in awareness, depersonalization, and derealization). For each item, standardized questions and probes are provided. As part of the trauma assessment (Criterion A), the Life Events Checklist (LEC) is used to identify traumatic stressors experienced. CAPS items are asked in reference to up to three traumatic stressors. The CAPS was designed to be administered by clinicians and clinical researchers who have a working knowledge of PTSD, but can also be administered by appropriately trained paraprofessionals. The full interview takes 45-60 minutes to administer, but it is not necessary to administer all parts (e.g., associated symptoms).<sup>3</sup>

### **Impact of Events Scale – Revised (IES-R)**

The IES-R is a 22-item self-report measure that assesses subjective distress caused by traumatic events. It is a revised version of the older version, the 15-item IES (Horowitz, Wilner, & Alvarez, 1979). The IES-R contains 7 additional items related to the hyperarousal symptoms of PTSD, which were not included in the original IES. Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. Respondents are asked to identify a specific stressful life event and then indicate how much they were distressed or bothered during the past seven days by each "difficulty" listed. Items are rated on a 5-point scale ranging from 0 ("not at all") to 4 ("extremely"). The IES-R yields a total score (ranging from 0 to 88) and subscale scores can also be calculated for the Intrusion, Avoidance,

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<sup>1</sup> "The Adverse Childhood Experiences (ACE) Study: Bridging the Gap between Childhood Trauma and Negative Consequences Later in Life," *ACE Study*, accessed June 22, 2017, <http://www.cestudy.org/>.

<sup>2</sup> "Child Behavior Checklist," *Inter-university Consortium for Political and Social Research Project on Human Development in Chicago Neighborhoods*, accessed June 22, 2017, <http://www.icpsr.umich.edu/icpsrweb/PHDCN/descriptions/cbcl-w1-w2-w3.jsp>.

<sup>3</sup> Blake, Weathers, Nagy, Kaloupek, Charney, and Keane, "Clinician-Administered PTSD Scale (CAPS)," *U.S. Department of Veteran Affairs National Center for PTSD*, accessed June 22, 2017, [https://www.istss.org/ISTSS\\_Main/media/Documents/CAPSManual1.pdf](https://www.istss.org/ISTSS_Main/media/Documents/CAPSManual1.pdf).

and Hyperarousal subscales. The authors recommend using means instead of raw sums for each of these subscales scores to allow comparison with scores from the Symptom Checklist 90 – Revised (SCL-90-R; Derogatis, 1994). In general, the IES-R (and IES) is not used to diagnosis PTSD, however, cutoff scores for a preliminary diagnosis of PTSD have been cited in the literature.<sup>4</sup>

### **Life Events Checklist (LEC)**

The Life Events Checklist (LEC) is a brief, 17-item, self-report measure designed to screen for potentially traumatic events in a respondent's lifetime. The LEC assesses exposure to 16 events known to potentially result in PTSD or distress and includes one item assessing any other extraordinarily stressful event not captured in the first 16 items. For each item, the respondent checks whether the event (a) happened to them personally, (b) they witnessed the event, (c) they learned about the event, (d) they are not sure if the item applies to them, and (e) the item does not apply to them. The LEC was developed concurrently with the Clinician Administered PTSD Scale (CAPS) and is administered before the CAPS. The LEC has demonstrated adequate psychometric properties as a stand-alone assessment of traumatic exposure, particularly when evaluating consistency of events that actually happened to a respondent. The LEC has also demonstrated convergent validity with measures assessing varying levels of exposure to potentially traumatic events and psychopathology known to relate to traumatic exposure. However, the LEC does not establish that the respondent has experienced an event with sufficient severity to meet DSM-IV criteria for a traumatic exposure (Criterion A1), and it does not assess peritraumatic emotional experiences (Criterion A2).<sup>5</sup>

### **Posttraumatic Stress Diagnostic Scale (PDS)**

The Post-traumatic Stress Diagnostic Scale (PDS) was developed and validated by Edna Foa to provide a brief but reliable self-report measure of post-traumatic stress disorder (PTSD) for use in both clinical and research settings. The scale is intended to screen for the presence of PTSD in patients who have identified themselves as victims of a traumatic event or to assess symptom severity and functioning in patients already identified as suffering from PTSD. The test is self-administered and can usually be completed within 10–15 min and requires a reading age of ~13 years. The pencil and paper and computerized scoring versions of the PDS are available from the test distributor. Test items mirror DSM IV criteria for PTSD and items are framed in accessible language. Questions relate to the frequency of distressing and intrusive thoughts, post-traumatic avoidance and hyperarousal.<sup>6</sup>

### **PTSD Checklist (PCL)**

The PCL is a 17-item self-report measure of the 17 DSM-IV symptoms of PTSD. The PCL has a variety of purposes, including: Screening individuals for PTSD, Diagnosing PTSD, and Monitoring symptom change during and after treatment. There are three versions of the PCL: The PCL-M (military) asks about symptoms in response to "stressful military experiences." It is often used with

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<sup>4</sup> Weiss and Marmar, "Impact of Events Scale – Revised (IES-R)," *U.S. Department of Veteran Affairs National Center for PTSD*, accessed June 22, 2017, <http://www.ptsd.va.gov/professional/assessment/adult-sr/ies-r.asp>.

<sup>5</sup> Blake, Weathers, Nagy, Kaloupek, Charney, and Keane, "Life Events Checklist (LEC)," *U.S. Department of Veteran Affairs National Center for PTSD*, accessed June 22, 2017, <http://www.integration.samhsa.gov/clinical-practice/life-event-checklist-lec.pdf>.

<sup>6</sup> McCarthy, "Post-Traumatic Stress Diagnostic Scale (PDS)." *Occupational Medicine* 58, no. 5 (2008): 379, accessed June 22, 2017, <http://occm.oxfordjournals.org/content/58/5/379.full.pdf>.

active service members and Veterans; The PCL-C (civilian) asks about symptoms in relation to "stressful experiences." The PCL-C is useful because it can be used with any population. The symptoms endorsed may not be specific to just one event, which can be helpful when assessing survivors who have symptoms due to multiple events. Typically, it is optimal to assess traumatic event exposure to ensure that a respondent has experienced at least one Criterion A event' and the The PCL-S (specific) asks about symptoms in relation to an identified "stressful experience." The PCL-S is useful because the symptoms endorsed are clearly linked to a specified event. Typically, it is optimal to assess traumatic event exposure to ensure that the event meets Criterion A. Respondents also may be instructed to complete the PCL-S in reference to a specific type of event.<sup>7</sup>

### **Sexual Assault Symptom Scale (SASS)**

The SASS is a 32-item (plus two global emotional trauma items) instrument designed to measure trauma in the immediate aftermath of sexual assault. This is one of the few available self-report measures that is relatively brief and is used to assess initial symptom of sexual assault trauma syndrome (i.e., immediately following the assault). The SASS has four subscales discovered through factor analysis: disclosure shame (DS: items 4, 7, 16, 20-22); safety fears (SF: items 1,9,14,18); depression (D: items 23-25); and self-blame (SB: items 5,6, 13, 29). The items are read by the clinician to the client, who then reports her response.<sup>8</sup>

### **Sexual Experiences Survey (SES)**

The four Sexual Experiences Survey (SES) instruments are widely used to measure degrees of sexual victimization. Questions are used to assess whether/if victimization occurred as a result of coercion, threats, drugs, authority, or use of force. One example is "Have you ever had sexual intercourse when you didn't want to because a man gave you alcohol or drugs?"<sup>9</sup>

### **State-Trait Anxiety Inventory for Children (STAIC™)**

The STAIC consists of two 20-item scales that measure state and trait anxiety in children between the ages of 8 and 14. The A-State scale examines the shorter-term state anxiety that is commonly specific to situations. It prompts the child to rate 20 statements from hardly ever true to often true. The A-Trait scale measures longer-term trait anxiety, which addresses how the child generally feels. A separate score is produced for the State scale and the Trait scale to determine which type of anxiety is dominant and which type of treatment is the most appropriate.<sup>10</sup>

### **Symptom Checklist-90-Revised (SCL-90-R)**

The Symptom Checklist-90-R (SCL-90-R) instrument helps evaluate a broad range of psychological problems and symptoms of psychopathology. The instrument is also useful in measuring patient

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<sup>7</sup> Weathers, "PTSD Checklist (PCL)," *U.S. Department of Veterans Affairs National Center for PTSD*, accessed June 22, 2017, <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>.

<sup>8</sup> Ruch, Gartell, Amedeo, and Coyne, "Sexual Assault Symptom Scale (SASS)" in Joel Fischer and Kevin J. Corcoran, *Measures for Clinical Practice: Adults* 2<sup>nd</sup> ed. (New York: The Free Press, 1987), 562, accessed June 22, 2017, <http://tinyurl.com/j25b3c7>.

<sup>9</sup> "Sexual Experiences Survey" Instruments: Short and Long Form Victimization, and Short and Long Form Perpetration, *Measurement Instrument Database for the Social Sciences (MIDSS)*, accessed June 22, 2017, [http://www.midss.org/tools/search?search\\_api\\_views\\_fulltext=SES](http://www.midss.org/tools/search?search_api_views_fulltext=SES).

<sup>10</sup> Spielberger, Edwards, Lushene, Montuori, and Platzek, "STAIC™: State-Trait Anxiety Inventory for Children," *Multi-Health Systems Inc.*, accessed June 22, 2017, <https://www.mhs.com//MHS-Assessment?id=54>.

progress or treatment outcomes. The SCL-90-R instrument is used by clinical psychologists, psychiatrists, and professionals in mental health, medical, and educational settings as well as for research purposes. It can be useful in: Initial evaluation of patients at intake as an objective method for symptom assessment; Measuring patient progress during and after treatment to monitor change; Outcomes measurement for treatment programs and providers through aggregated patient information; and Clinical trials to help measure the changes in symptoms such as depression and anxiety.<sup>11</sup>

### **Trauma History Questionnaire (THQ)**

The Trauma History Questionnaire (THQ) is a 24-item self report measure that examines experiences with potentially traumatic events such as crime, general disaster, and sexual and physical assault using a yes/no format. For each event endorsed, respondents are asked to provide the frequency of the event as well as their age at the time of the event. The THQ can be used in both clinical and research settings, and is available in English and Spanish.<sup>12</sup>

### **Trauma Symptom Checklist for Children (TSCC)**

The TSCC evaluates posttraumatic symptomatology in children and adolescents (ages 8 to 16, with normative adjustments for 17 year-olds), including the effects of child abuse (sexual, physical, and psychological) and neglect, other interpersonal violence, witnessing trauma to others, major accidents, and disasters. The scale measures not only posttraumatic stress, but also other symptom clusters found in some traumatized children.<sup>13</sup>

### **Trauma Symptom Inventory (TSI)**

The TSI is used in the evaluation of acute and chronic posttraumatic symptomatology, including the effects of rape, spouse abuse, physical assault, combat experiences, major accidents, and natural disasters, as well as the lasting sequelae [aftereffects] of childhood abuse and other early traumatic events. The various scales of the TSI assess a wide range of psychological impacts. These include not only symptoms typically associated with posttraumatic stress disorder (PTSD) or acute stress disorder (ASD), but also those intra- and interpersonal difficulties often associated with more chronic psychological trauma.<sup>14</sup>

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<sup>11</sup> Derogatis, "Symptom Checklist-90-Revised (SCL-90-R)," *Pearson Education, Inc.*, accessed June 22, 2017, <http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAg514>.

<sup>12</sup> Green, "Trauma History Questionnaire (THQ)," *U.S. Department of Veteran Affairs National Center for PTSD*, accessed June 22, 2017, <http://www.ptsd.va.gov/professional/assessment/te-measures/thq.asp>.

<sup>13</sup> Briere, "Trauma Symptom Checklist for Children (TSCC)," *U.S. Department of Veterans Affairs*, accessed June 22, 2017. <https://www.ptsd.va.gov/professional/assessment/adult-sr/tsi.asp>.

<sup>14</sup> Briere, "Trauma Symptom Inventory (TSI)," *University of Southern California School of Medicine Clinical Sciences Center*, accessed June 22, 2017, <https://www.ptsd.va.gov/professional/assessment/adult-sr/tsi.asp>.