ALLIANCE for HOPE INTERNATIONAL

# Creating Cultures of Trauma Informed Care: A Planning Protocol

Developed by: Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D. July, 2009

Adapted by: Alliance for HOPE International

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# INTRODUCTION

This Creating Cultures of Trauma informed Care (CCTIC): A Planning Protocol was developed by Roger D. Fallot, Ph.D. and Maxine Harris (2009). This version has been adapted to fit the context of a Family Justice Center for the Office for Victims of Crime (OVC) Demonstration Initiative: Creating Pathways to Justice, Hope, and Healing. This tool should be used by the Center's Directors, staff, partner agencies, and leadership team to assess the level of trauma informed care and ensure a trauma informed approach dictates Center policies and practices. The CCTIC should be utilized to further integrate and evaluate policies and protocols in Family Justice Centers (Centers). It should also be used in conjunction with the Alliance's Intake Toolkit.

Trauma has been shown to not only affect and have lasting impacts on those we serve, but also on staff, their families, and our work. As such, it is imperative that Centers look to facilitate trauma informed approaches and changes in their Centers, and that this process is taken seriously and infused into the organizational culture of the Center. The authors of this tool and Alliance for HOPE International, emphasize the importance of addressing organizational culture because it represents the most inclusive and general level of an agency or program's fundamental approach to its work. Organizational culture reflects what Centers consider important and unimportant, what warrants attention, how it understands the people it serves and the people who serve them, and how it puts these understandings into daily practice. In short, culture expresses the basic values of a program. Culture thus extends well beyond the introduction of new services or the training of a particular subset of staff members; it is pervasive, including all aspects of an agency's functioning (Fallot & Harris, 2009).

As a result, adequate resources and leadership should be allocated to bring about change. The original authors of this tool and the Alliance recommend using this as a point of dialogue and shared decision-making with partner agencies at Centers. It is also recommended that the tool be presented and utilized in a well thought out process that includes: initial planning, a Kickoff Training Event(s), short-term follow-up and long-term follow-up with adequate technical assistance from the Alliance. Due to the extensive and intensive process this tool may entail, it is recommended each Center establish a Trauma Informed Approaches workgroup that is comprised of leadership and partner agency staff to assess and then bring about changes into the Center. These changes should be phased in, and allow for feedback from partners, staff, and the technical assistance provider, Alliance for HOPE international. Creating shared decision making about this process, as well as ownership will help solidify a culture of trauma informed care at Centers.

The Self-Assessment and Planning Protocol is divided into six domains that address both services-level and administrative or systems-level changes. In each domain, there are guiding questions for a collaborative discussion by a comprehensive workgroup of a program's activities and physical settings, followed by a list of more specific questions and/or possible indicators of a trauma informed approach. Many of these questions and indicators are drawn from the experiences of human service agencies that have previously engaged in this self-assessment by Fallot and Harris (2009). In addition, some domains have been added and updated based on the National Center for Trauma Informed Care and the trauma informed approaches curriculum developed by Joan Gillece and Raul Almazar in partnership with Alliance for HOPE International.


**VISIONS FOR FAMILY JUSTICE CENTERS: PURPLE STICKY WALL SESSION, AT THE OVC POLYVICTIMIZATION KICKOFF**

To accomplish these changes, Fallot and Harris strongly recommend several steps:

1) **Initial Planning**: In this phase, the program considers the importance of, and weighs its commitment to, a trauma informed change process. The following elements are key to the successful planning of organizational trauma informed change: a) administrative commitment to and support of the initiative (see Domain 4 below); b) the formation of a trauma informed workgroup to lead and oversee the change process; c) the full representation of each significant stakeholder group on the workgroup—administrators, supervisors, direct service staff, support staff, and clients; d) identification of trauma "champions" to keep the initiative alive and "on the front burner;" e) programmatic awareness of the scope (the entire agency and its culture) and timeline (usually up to two years) of the culture shift.

Discussions of trauma informed program modifications constitute an opportunity to involve all key groups in the review and planning process. In our experience, the more inclusive and fully representative these discussions are, the more effective and substantial the resulting changes.

2) **A Kickoff Training Event**: Usually two days long, the kickoff training is attended by as many of the staff as practical and includes significant client representation; it certainly includes all members of the trauma initiative workgroup. During this event, there are at least three presentations. In the first, central ideas of trauma informed cultures are presented, emphasizing shifts in both understanding and in practice. Second, the importance of staff support and care is emphasized, ensuring that staff members experience the same values in the organizational culture that clients need to experience. Finally, a third presentation addresses the importance of trauma in the work of the specific agency (e.g., trauma and substance use, trauma and children or youth, trauma and mental health problems). There is also a great deal of time for the workgroup members and other attendees to discuss the planning process in more detail and to conduct preliminary conversations that will mirror those to be held in the larger agency after the kickoff. The goal of the kickoff is to motivate and energize the change process while simultaneously providing a beginning sense of direction. The kickoff ends with discussion of next steps in the implementation of this change initiative.

3) **Short-term Follow-up**: Over the next several months, the agency takes the ideas from the training and applies them in more detail, using this Self-Assessment and Planning Protocol. First, the workgroup develops an Implementation Plan for review by the rest of the administration, staff, and consumers, as well as by outside consultants with experience in facilitating agency change. The first is on “Understanding Trauma” or “Trauma 101.” This training is designed to discuss the prevalence and impact of trauma as well as some of the multiple paths to recovery, emphasizing the ways in which trauma may be seen in the lives of clients and in the work experience of staff. The second training focuses more directly on “Staff Support and Care,” emphasizing that a culture shift toward a trauma informed system of care rests on staff members’ experiences of safety, trustworthiness, choice, collaboration, and empowerment.

**4) Longer-term Follow-up:** After about six to nine months consultants revisit the program site to meet with the workgroup and selected others, in order to review and discuss progress to date. At that time, ongoing processes may be put in place to sustain the initiative to its conclusion. For example, many agencies build trauma informed questions into their Client Satisfaction Survey. Many add the Implementation Plans to the quality assurance or improvement process. Still others, in larger systems, discuss ways to build in consultation to their own and other agencies through a “train the consultant” approach. The most important goal at this phase is to maintain the momentum established after the kickoff training until the culture change is thoroughgoing.

# THE SIX DOMAINS

1 **Program Procedures and Settings**

2 **Formal Services Policies**

3 **Trauma Screening, Assessment, Service Planning, and Trauma Specific Services**

4 **Administrative Support for Center-Wide Trauma informed Services**

5 **Staff Trauma Training and Education**

6 **Human Resources Practices**

# PART A:
# SERVICES LEVEL CHANGES

## DOMAIN 1. PROGRAM PROCEDURES AND SETTINGS

**Key Questions: T**o what extent are program activities and settings consistent with the six guiding principles of trauma informed practice: safety; trustworthiness and transparency; peer support; collaboration and mutuality; choice, empowerment and voice; and cultural, historical and gender issues?

This section of the protocol can be used to assess the extent to which formal and informal procedures and the physical environment in a human services program are trauma informed and to plan corresponding modifications in service delivery practices. Survivors should be actively involved in the review process as should support staff, direct service staff, supervisors, partners front line staff, partner executive staff, and administrators.

**Step One:** Identify Key Formal and Informal Activities and Settings

The goal of Step One is to gain a comprehensive sense of the experiences of both survivors and staff/partner members as they come to the Center and receive services, participate in its activities, build relationships, and shape its physical settings. The goal of this review is to capture for each of these groups—survivor and staff/partners—their experiences in detail from their very first to their very last contact with the services or agency. The most helpful way to assure Centers are abiding the Family Justice Center Guiding Principles and embodying the principles of trauma informed care is to engage in a "walk-through." A walk-through is a process in which staff/partner members come to the setting "as if" they are new clients and thus enter the setting with a survivor-oriented perspective. This was a similar process utilized by Alliance technical assistance staff during the site visits in 2017, which produced the Site Profiles for the six demonstration sites. It is encouraged Directors and leadership staff routinely utilize walk-throughs to assess and improve services and protocols in the Center. Centers should begin by focusing on the experiences of survivor and then repeat the process for staff/partners.

1. List the sequence of service activities in which new survivors are usually involved (e.g., reception, outreach, intake, assessment, service planning). Think broadly to include informal as well as formal contacts. For example, survivors may be greeted and given directions by a number of people prior to formal service delivery – this may include hotlines, emergency personnel, receptionists, and volunteers, etc.
2. Identify the staff members (positions and individuals) who have contact with survivors at each point in these processes.
3. Identify the settings in which the various activities are likely to take place (e.g., home, waiting room, telephone, office, hospital, partner agencies).

**Step Two**: Ask Key Questions about Each of the Activities and Settings (See list of questions for Domains 1A-1E following Step Four)

Tour of Sojourner Family Peace Center

**Step Three**: Prioritize Goals for Change

After the workgroup has reviewed services and has developed a list of possible trauma informed changes in service delivery procedures, these goals for change should be prioritized. Among the factors to consider in this prioritizing are the following:

1. Feasibility (which goals are most likely to be accomplished because of their scale and the kind of change involved?);
2. Resources (which goals are most consistent with the financial, personal, and other resources available?);
3. System support (which goals have the most influential and widespread support?);
4. Breadth of impact (which goals are most likely to have a broad impact on services?);
5. Quality of impact (which goals will make the most difference in the lives of clients?);
6. Risks and costs of not changing (which practices, if not changed, will have the most negative impact?).

**Step Four:** Identify Specific Objectives and Responsible Persons

After goals have been prioritized, specific objectives (measurable outcomes with timelines for achievement) can be stated and persons responsible for implementing and monitoring the corresponding tasks can be named. These objectives are incorporated into the program's Implementation Plan and should be part of the long term strategic planning of the Center. For those participating in the OVC Initiative it would be recommended that these goals and timelines are part of the broader OVC Demonstration Initiative Strategic Planning for each Center.

## Domain 1A. Safety — Ensuring Physical and Emotional Safety

**Key Questions**: To what extent do the Center's activities and settings ensure the physical and emotional safety of survivors? How can services be modified to ensure this safety more effectively and consistently?

**SAMPLE SPECIFIC QUESTIONS:**

How safe is the area around the Center's building? Are sidewalks and parking areas well-lit? How far do survivors need to walk to get to the building or Center entrance? Is this walk a safe one?

Are directions to the program's location readily available? Are they clear?

Once a survivor arrives, are directions to the receptionist or other offices clear? Where are services delivered? In an office, cubicle, interview room, at their home, or community? What safety considerations are important in the location of various services?

When are they delivered? Are there services available in addition to usual office hours?

If so, what safety considerations are important in the timing of various services?
Who is present (other survivors, etc.)?
Are security personnel present? What impact do these others have?

What signs and other visual materials are there? Are they welcoming? Clear? Legible? Are doors locked or open? Are there easily accessible exits?

How would you describe the reception and waiting areas, interview rooms, etc.? Are they comfortable and inviting?

SOJOURNER FAMILY PEACE CENTER RECEPTION AT MILWAUKEE, WISCONSIN


QUEENS FAMILY JUSTICE CENTER RECEPTION AT QUEENS, NEW YORK

Are restrooms easily accessible? Are there signs indicating their location?

Are the first contacts with survivors welcoming, respectful, and engaging? Do survivors receive clear explanations and information about each task and procedure? Are the rationales made explicit?

Is the Center mission explained? Are specific goals and objectives made clear? Does each contact conclude with information about what comes next?

Are staff attentive to signs of client discomfort or unease? Do they understand these signs in a trauma informed way?

What events have occurred that indicate a lack of safety—physically or emotionally (e.g., arguments, conflicts, assaults)? What triggered these incidents? What alternatives could be put in place to minimize the likelihood of their recurrence?

Is there adequate personal space for individual survivors?

In making contact with survivors, is there sensitivity to potentially unsafe situations (e.g., asking for safe numbers or times to call)?

## Safety for Staff/Partners—Ensuring Physical and Emotional Safety

**Key Questions:** To what extent do the Center's activities and settings ensure the physical and emotional safety of staff/partner members? How can services be modified to ensure this safety more effectively and consistently?

**SAMPLE SPECIFIC QUESTIONS:**

Do staff/partner members feel physically safe?

Do staff/partner members provide services in areas other than the office? If so, what safety considerations are important?

**FAMILY JUSTICE CENTER SONOMA COUNTY WAITING ROOM**

Do staff/partner members feel emotionally safe? In relationships with administrators and supervisors, do staff members feel supported? Do staff feel like they have a voice?

Is the physical environment safe--with accessible exits, readily contacted assistance if it is needed, enough space for people to be comfortable, and adequate privacy?

Do staff/partner members feel comfortable bringing their clinical concerns, vulnerabilities, and emotional responses to client care to team meetings, supervision sessions, or a supervisor?

Does the program attend to the emotional safety needs of support staff as well as those of clinicians?

## Domain 1B. Trustworthiness and Transparency — Maximizing Trustworthiness Through Transparency and Consistency

**Key Questions:** To what extent do the Center's activities and settings maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency in practice, and by maintaining boundaries that are appropriate to the program? How can services be modified to ensure that tasks and boundaries are established and maintained clearly and appropriately? How can the program maximize honesty and transparency?

**SAMPLE SPECIFIC QUESTIONS:**

Does the Center provide clear information about what will be done, by whom, when, why, under what circumstances, at what cost, with what goals?

When, if at all, do boundaries veer from those of the respectful professional? Are there pulls toward more friendly (personal information sharing, touching, exchanging home phone numbers, contacts outside professional appointments, loaning money, etc.) and less professional contacts in this setting?

How does the program handle dilemmas between role clarity and accomplishing multiple tasks (e.g., especially in residential work, counseling, or case management, there are significant possibilities for more personal and less professional relationships)?

How does the Center communicate reasonable expectations regarding the completion of particular tasks or the receipt of services? Is the information realistic about the program's lack of control in certain circumstances (e.g., in housing or time to go through the criminal justice system process)? Is unnecessary survivor disappointment avoided?

What is involved in the informed consent process? Is both the information provided and the consent obtained taken seriously? That is, are the goals, risks, and benefits clearly outlined and does the client have a genuine choice to withhold consent or give partial consent?

### Trustworthiness for Staff — Maximizing Trustworthiness through Task Clarity, Consistency, and Interpersonal Boundaries

**Key Questions**: To what extent do the Center's activities and settings maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency in practice, and by maintaining boundaries that are appropriate to the program? How can services and work tasks be modified to ensure that tasks and boundaries are established and maintained clearly and appropriately? How can the program maximize honesty and transparency?

**SAMPLE SPECIFIC QUESTIONS:**

Do directors and supervisors have an understanding of the work of front-line staff and partners? Is there an understanding of the emotional impact (burnout, vicarious trauma,

Is self-care encouraged and supported with policy and practice?

Do all staff/partner members receive supervision that attends to both survivor and front-line concerns in the context of the relationship developed with the survivor? Is this supervision clearly separated from administrative supervision that focuses on such issues as paperwork and data collection?

Do directors and supervisors make their expectations of staff and partners clear? Are these consistent and fair for all positions, including support staff?

Do directors and supervisors make the program's mission, goals, and objectives clear?

Do directors and supervisors make specific plans for program implementation and changes clear? Is there consistent follow through on announced plans? Or, in the event of changed plans, are these announced and reasons for changes explained?

Can supervisors and administrators be trusted to listen respectfully to supervisees' concerns—even if they don't agree with some of the possible implications?

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# Domain 1C. Choice and Voice — Maximizing Survivor Choice and Control.

## Survivor Choice

**Key Questions:** To what extent do the Center's activities and settings maximize survivor experiences of choice and control? How can services be modified to ensure that survivor experiences of choice and control are maximized?

**SAMPLE SPECIFIC QUESTIONS:**

How much choice does each survivor have over what services he or she receives? Over when, where, and by whom the service is provided (e.g., time of day or week, office vs. home vs. other locale, gender/cultural background of provider)? Does the survivor choose how contact is made (e.g., by phone, mail, to home, or other address)?

Does the Center build in small choices that make a difference to survivors (e.g., When would you like me to call? Is this the best number for you? Is there some other way you would like me to reach you or would you prefer to get in touch with me?)

How much control does the survivor have over starting and stopping services (both overall service involvement and specific service times and dates)?

Is each survivor informed about the choices and options available? To what extent are the individual survivor's priorities given weight in terms of services received and goals established? How many services are contingent on participating in other services? Do survivors get the message that they have to "prove" themselves in order to "earn" other services?

Do survivors get a clear and appropriate message about their rights and responsibilities? Does the Center communicate that its services are a privilege over which the survivor has little control?

Are there negative consequences for exercising particular choices? Are these necessary or arbitrary consequences?

Does the survivor have choices about who attends various meetings? Are support persons permitted to join planning and other appropriate meetings? Does a survivor have a choice about who has access to their information?

## Choice for Staff/Partners — Maximizing Staff Choice and Control

**Key Questions:** To what extent do the Center's activities and settings maximize staff/partner experiences of choice and control? How can services and work tasks be modified to ensure that staff/partner experiences of choice and control are maximized, especially in the way that staff/partner's work goals are met?

**SAMPLE SPECIFIC QUESTIONS:**

Is there a balance of autonomy and clear guidelines in performing job duties? Is there attention paid to ways in which staff/partner members can make choices in how they meet job requirements?

When possible, are staff/partner members given the opportunity to have meaningful input into factors affecting their work: size and diversity of caseload, hours and flex-time, when to take vacation or other leave, kinds of training that are offered, approaches to care, location and décor of office space?

## Domain 1D. Collaboration and Mutuality — Maximizing Collaboration and Sharing Power

**Key Questions:** To what extent do the Center's activities and settings maximize collaboration and sharing of power between staff and survivors? How can services be modified to ensure that collaboration and power-sharing are maximized?

**SAMPLE SPECIFIC QUESTIONS:**

Do survivors have a significant role in planning and evaluating the agency's services? How is this "built in" to the agency's activities? Is there a Survivor Advisory Board (VOICES Advocacy Network)? Are there members who identify themselves as trauma survivors? Do these individuals understand part of their role to serve as survivor advocates? As trauma educators?


Do providers communicate respect for the survivor's life experiences and history, allowing the survivor to place them in context (recognizing survivor strengths and skills)?

In service planning, goal setting, and the development of priorities, are client preferences given substantial weight?

Are survivors involved as frequently as feasible in-service planning meetings? Are their priorities elicited and then validated in formulating the plan? Is there follow through in implementing their priorities?

Does the Center cultivate a model of doing "with" rather than "to" or "for" survivors?

Does the Center and its providers communicate a conviction that the survivor is the ultimate expert on her or his own experience? Do providers identify tasks on which both they and survivors can work simultaneously (e.g., information-gathering)?

### Collaboration for Staff—Maximizing Collaboration and Sharing Power

**Key Questions:** To what extent do the program's activities and settings maximize collaboration and sharing of power among staff/partners, supervisors, and administrators (as well as survivors)? How can services be modified to ensure that collaboration and power-sharing are maximized?

**SAMPLE SPECIFIC QUESTIONS:**

Does the agency have a thoughtful and planned response to implementing change that encourages collaboration among staff/partners at all levels, including front-line staff/partners?

Are staff/partners encouraged to provide suggestions, feedback, and ideas to their team and the larger agency? Is there a formal and structured way that program administrators solicit staff/partner's input?

Do program directors and supervisors communicate that staff/partners opinions are valued even if they are not always implemented?

# Domain 1E. Empowerment: Maximizing the Experience of Survivor Empowerment — Prioritizing Empowerment and Skill-Building

**Key Questions:** To what extent do the Center's activities and settings prioritize survivor empowerment and skill-building? How can services be modified to ensure that experiences of empowerment and the development or enhancement of survivors skills are maximized?

**SAMPLE SPECIFIC QUESTIONS:**

Do survivors have significant advisory voice in the planning and evaluation of services?

In routine service provision, how are each survivors' strengths and skills recognized?

Does the Center communicate a sense of realistic optimism about the capacity of survivors to reach their goals?

Does the Center emphasize survivor growth more than maintenance or stability?

Does the Center foster the involvement of survivors in key roles wherever possible (e.g., in planning, implementation, or evaluation of services)?

For each contact, how can the survivors feel validated and affirmed?

How can each contact or service be focused on skill-development or enhancement?

Does each contact aim at two endpoints whenever possible:
(1) accomplishing the given task and;
(2) skill-building on the part of the survivor?

## Empowerment for Staff/Partners— Prioritizing Empowerment and Skill- Building

**Key Questions**: To what extent do the Center's activities and settings prioritize staff/partner empowerment and skill-building? How can services be modified to ensure that experiences of empowerment and the development or enhancement of staff/partner skills are maximized? How can the Center ensure that staff members have the resources necessary to do their jobs well?

**SAMPLE SPECIFIC QUESTIONS:**

Are each staff/partner member's strengths and skills utilized to provide the best quality care to survivors/clients and a high degree of job satisfaction to that staff/partner member?

Are staff/partner members offered development, training, or other support opportunities to assist with work-related challenges and difficulties? To build on staff skills and abilities? To further their career goals?

Do all staff/partner members receive annual training in areas related to trauma, including the impact of workplace stressors? Do program directors and supervisors adopt a positive, affirming attitude in encouraging staff, both clinicians and support staff, to fulfill work tasks?

Is there appropriate attention to staff/partner accountability and shared responsibility or is there a "blame the person with the least power" approach? Is supervisory feedback constructive, even when critical?

## Domain 1F. Peer Support

**Key Questions**: To what extent does the Center encourage and facilitate peer support and mutual self-help for survivors? How are programs and interactions built to develop community and networks of support for survivors, their children and supporting family members?

**SAMPLE SPECIFIC QUESTIONS:**

Do supervisors, managers and front-line staff and partners support and actively look for ways to build peer support and community among survivors? Do they facilitate support groups for children and/or families of survivors? Are these communities of support and programs focused on creating emotionally safe spaces that develop hope, trust and empowerment for those involved? Do these programs contribute to healing and maximizing a sense of empowerment among those involved?

Do survivor peer support programs include diverse groups of individuals with real decision-making power in activities? Do these activities and/or findings influence or affect service delivery at the Center? Do these activities build collaboration between survivors, staff, and partner members at the Center?

SOJOURNER FAMILY PEACE CENTER PRESENTING AT OVC KICKOFF

QUEENS FAMILY JUSTICE CENTER PRESENTING AT OVC KICKOFF

NEW ORLEANS FAMILY JUSTICE CENTER PRESENTING AT OVC KICKOFF

## Domain 1G. Cultural, Historical, and Gender Issues

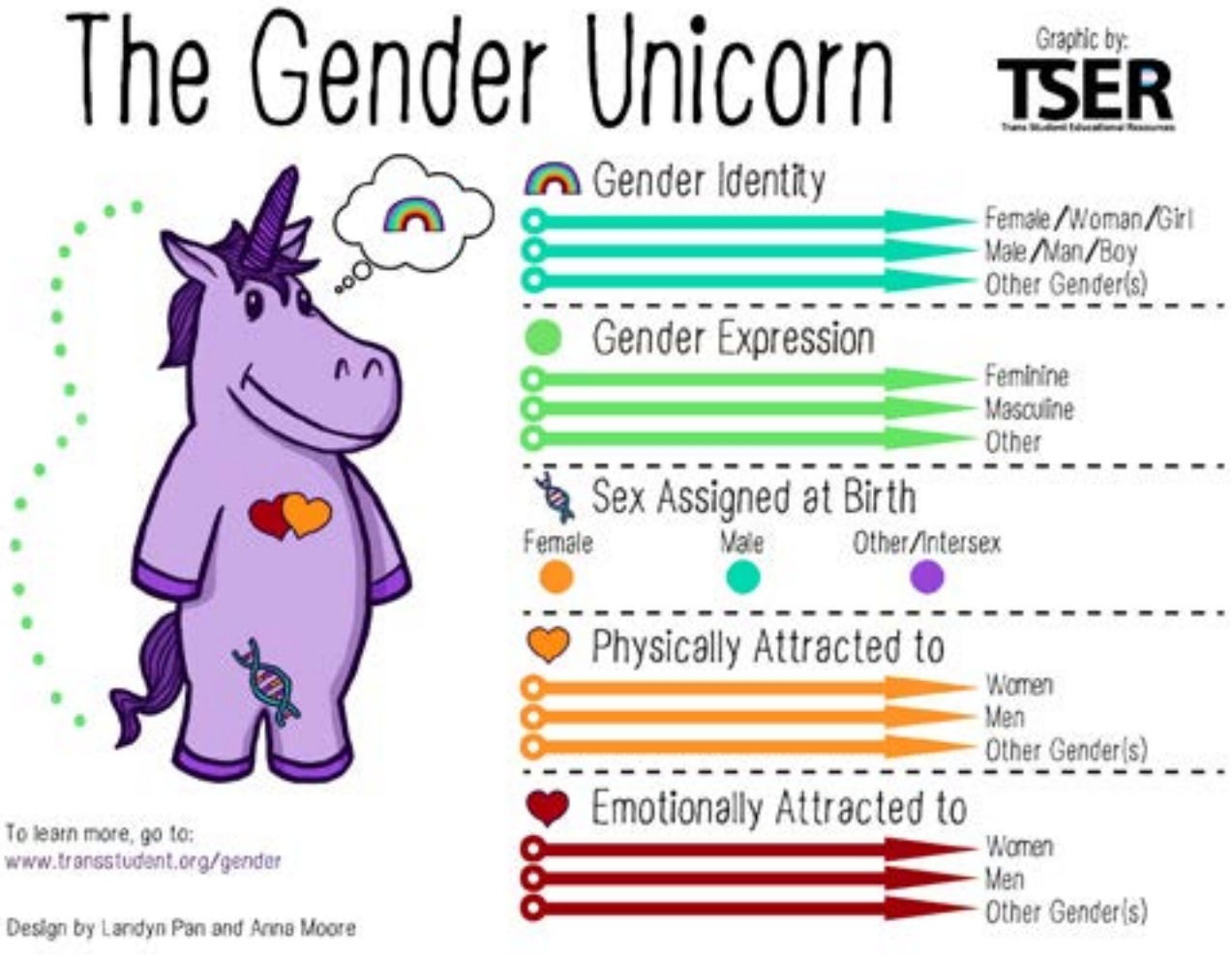
**Key Questions**: Does the Center acknowledge and recognize cultural, historical and gender differences among survivors, staff and partners? Do Center policies create safe spaces to discuss and mitigate the impact of cultural and gender issues in service delivery?

**SAMPLE SPECIFIC QUESTIONS:**

Are staff and partners at the Center representative of the community at large? Do trainings address cultural sensitivity and implicit biases? Does the Center offer community-specific services? Does the program acknowledge and emphasize appropriately the differences between women's and men's responses to trauma? (or simply gender differences in trauma?) Does the program take into account gender differences in trauma recovery?

Does the program acknowledge and take seriously the ways that trauma may have been experienced and the ways that trauma recovery may proceed in different cultures and time periods for specific cultural or ethnic groups?

**THE GENDER UNICORN**
**(IMAGE SOURCE: TRANS STUDENT EDUCATION RESOURCES, 2017)**



## DOMAIN 2. FORMAL SERVICES POLICIES

**Key Questions**: To what extent do the formal policies of the Center reflect an understanding of trauma survivors' needs, strengths, and challenges? Of staff/partner needs? Are these policies monitored and implemented consistently?

**SOME POSSIBLE INDICATORS:**

Policies regarding confidentiality and access to information are clear; provide adequate protection for the privacy of both survivors and staff members; and are communicated to survivors and staff/partners in an appropriate way.

The Center avoids involuntary or potentially coercive aspects of treatment—involuntary hospitalization, outpatient commitment, interactions with systems such as the criminal justice system—whenever possible.

The Center has developed a de-escalation or "code blue" policy that minimizes the possibility of re-traumatization.

The Center has developed ways to respect survivor preferences in responding to crises—via "advance directives" or formal statements of survivor choice.

The program has a clearly written, easily accessible statement of survivors and staff members' rights and responsibilities as well as a grievance policy.

The Centers policies address issues related to staff/partner safety. For example: Policies address if and when a staff member may be alone in the building or on duty. Policies govern specific ways for staff to offer home or community based services. Incident reviews follow verbal or physical confrontations and lead to effective plans to reduce staff vulnerability.

> **"The Center avoids involuntary or potentially coercive aspects of treatment... whenever possible"**

# DOMAIN 3. TRAUMA SCREENING, ASSESSMENT, SERVICE PLANNING, AND TRAUMA-SPECIFIC SERVICES

**Key Question:** To what extent does the Center have a consistent way to identify individuals who have been exposed to trauma, to conduct appropriate follow-up assessments, to include trauma-related information in planning services with the survivor, and to provide access to effective and affordable trauma-specific services?

**SOME POSSIBLE INDICATORS:**

Staff/partner members have reviewed existing instruments to see the range of possible screening tools.

At least minimal questions addressing physical and sexual abuse are included in trauma screening.

Screening avoids over complication and unnecessary detail so as to minimize stress for survivors.

The program recognizes that the process of trauma screening is usually much more important than the content of the questions.

The program offers trauma-specific services that are accessible, affordable, effective, and reflect the values and choices of the participants.

The following have been considered:

What will it mean to ask these questions?

How can they be addressed most appropriately — for the likely survivors, for the service context, time available, prior relationship, possible future relationship, at various points in the intake/ assessment process?

The need for standardization of screening across sites is balanced with the unique needs of each program or setting.

The screening process avoids unnecessary repetition. While there is no need to ask the same questions at multiple points in the intake or assessment process, there is often a good rationale for returning to the questions after some appropriate time interval.

Screening is followed as appropriate (given the nature and goals of the program, the length of time survivors are involved, and the specific relationships established with staff/partner members) by a more extensive assessment of trauma history (type, duration, and timing of trauma) and of trauma-related sequelae (addressing resilience-related strengths and coping skills as well as vulnerabilities and problems).

In service planning, navigators, advocates, clinicians, and survivors discuss ways in which trauma may be taken into account in staff/ partner work with the survivor to achieve the survivors' goals (e.g., the place of trauma and trauma-related strengths and problems in giving shape to the recovery plan, its priorities, and the services, and other supports that may be useful). Group and individual approaches to trauma recovery and healing are both available.

# PART B: SYSTEMS-LEVEL AND ADMINISTRATIVE CHANGES

## DOMAIN 4. ADMINISTRATIVE SUPPORT FOR CENTER-WIDE TRAUMA INFORMED SERVICES

**Key Question:** To what extent do the programs or the Center as a whole support the integration of knowledge about violence and abuse into all program practices?

**SOME POSSIBLE INDICATORS:**

The existence of a policy statement or the adoption of general policy statement from other organizations that refers to the importance of trauma and the need to account for survivor experiences of trauma in service delivery.

The existence of a "trauma initiative" (e.g., workgroup, trauma specialist). Designation of a competent person with administrative skills and organizational credibility for this task.

Chief administrator meets periodically with trauma workgroup or specialist. Administrator supports the recommendations of the trauma workgroup or specialist and follows through on these plans. Administrators work closely with a Survivor Advisory (VOICES) group that includes significant trauma survivor membership. Survivor members of this group identify themselves as trauma survivors and understand a part of their role is client advocacy. They play an active role in all aspects of service planning, implementation, and evaluation.

Administrators make collaboration and shared decision-making a key part of their leadership style. When working with staff/partner members and survivor advisors, they listen respectfully and solicit ideas for project development. Whenever possible and practical, they involve both staff and survivors in planning, implementing, and evaluating program changes.

Administrators make basic resources available in support of trauma informed service modifications (e.g., time, space, training money). Administrators support the availability and accessibility of trauma-specific services where appropriate; they are willing to be creative about finding alternative reimbursement strategies for trauma services.

Administrators find necessary sources of funding for trauma training and education (this sometimes requires going outside the usual funding mechanisms in a creative way). Administrators are willing to release both direct service and support staff from their usual duties so that they may attend trainings, plan trauma informed changes, and deliver trauma-specific services. Funding is sought in support of these activities.

Administrators are willing to attend trauma training themselves (vs. sending designees in their places); they allocate some of their own time to trauma-focused work (e.g., meeting with trauma initiative representatives, keeping abreast of trauma initiatives in similar program areas). administrators participate actively in identifying objectives for systems change.

Administrators monitor the program's progress by identifying and tracking core objectives of the trauma informed change process. Administrators may arrange pilot projects for trauma informed parts of the system.

# DOMAIN 5. STAFF TRAUMA TRAINING AND EDUCATION

**Key Question**: To what extent have all staff members received appropriate training in trauma and its implications for their work?

**SOME POSSIBLE INDICATORS:**

General education (including basic information about trauma and its impact) has been offered for all employees in the program with a primary goal of sensitization to trauma-related dynamics and the avoidance of re-traumatization.

Staff/partner members have received education in a trauma informed understanding of unusual or difficult behaviors. (One of the emphases in such training is on respect for people's coping attempts and avoiding a rush to negative judgments.)

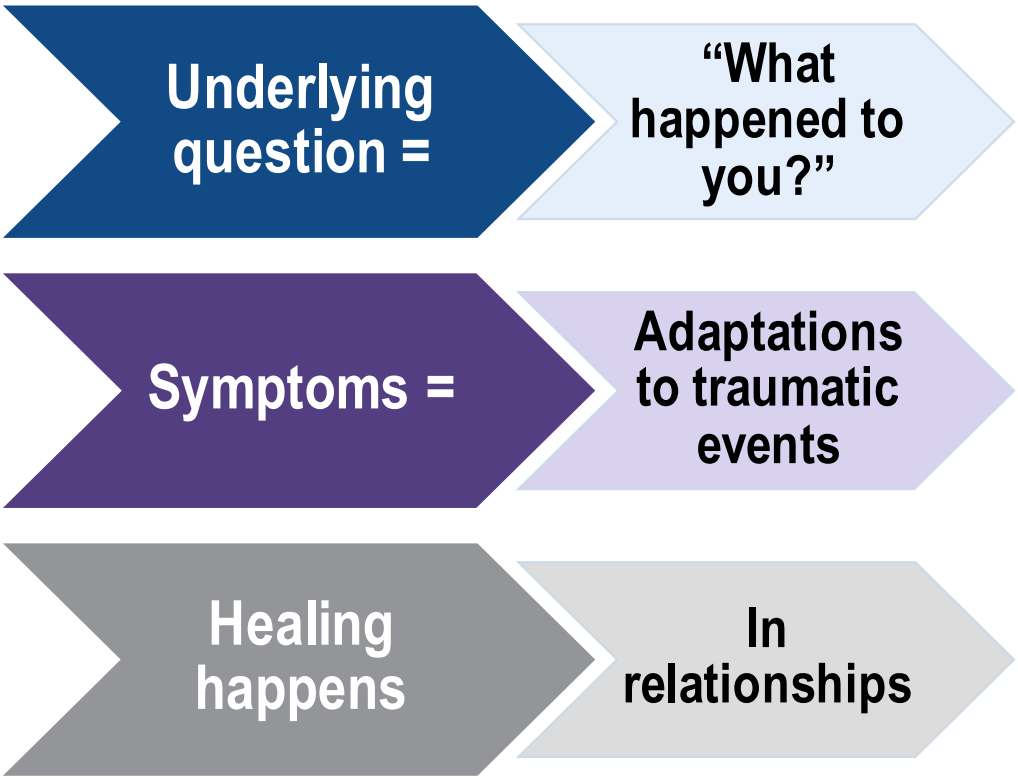
Staff members have received basic education in the maintenance of personal and professional boundaries (e.g., confidentiality, dual relationships, sexual harassment).

Staff members have received trauma education involving specific modifications of services in their content area: clinical, residential, case management, substance use, for example.

Staff members have received training in basic coping skills for trauma survivors, including psychoeducational framing of trauma-related experiences and coping responses, grounding and emotional modulation techniques, and safety planning.

Trauma clinicians have received training in additional skills-based and other trauma-specific approaches.

Staff members offering trauma-specific services are provided adequate support via supervision and/or consultation (including the topics of vicarious traumatization and clinician self-care).



# DOMAIN 6. HUMAN RESOURCE PRACTICES

**Key Question:** To what extent are trauma-related concerns part of the hiring and performance review process?

**SOME POSSIBLE INDICATORS:**

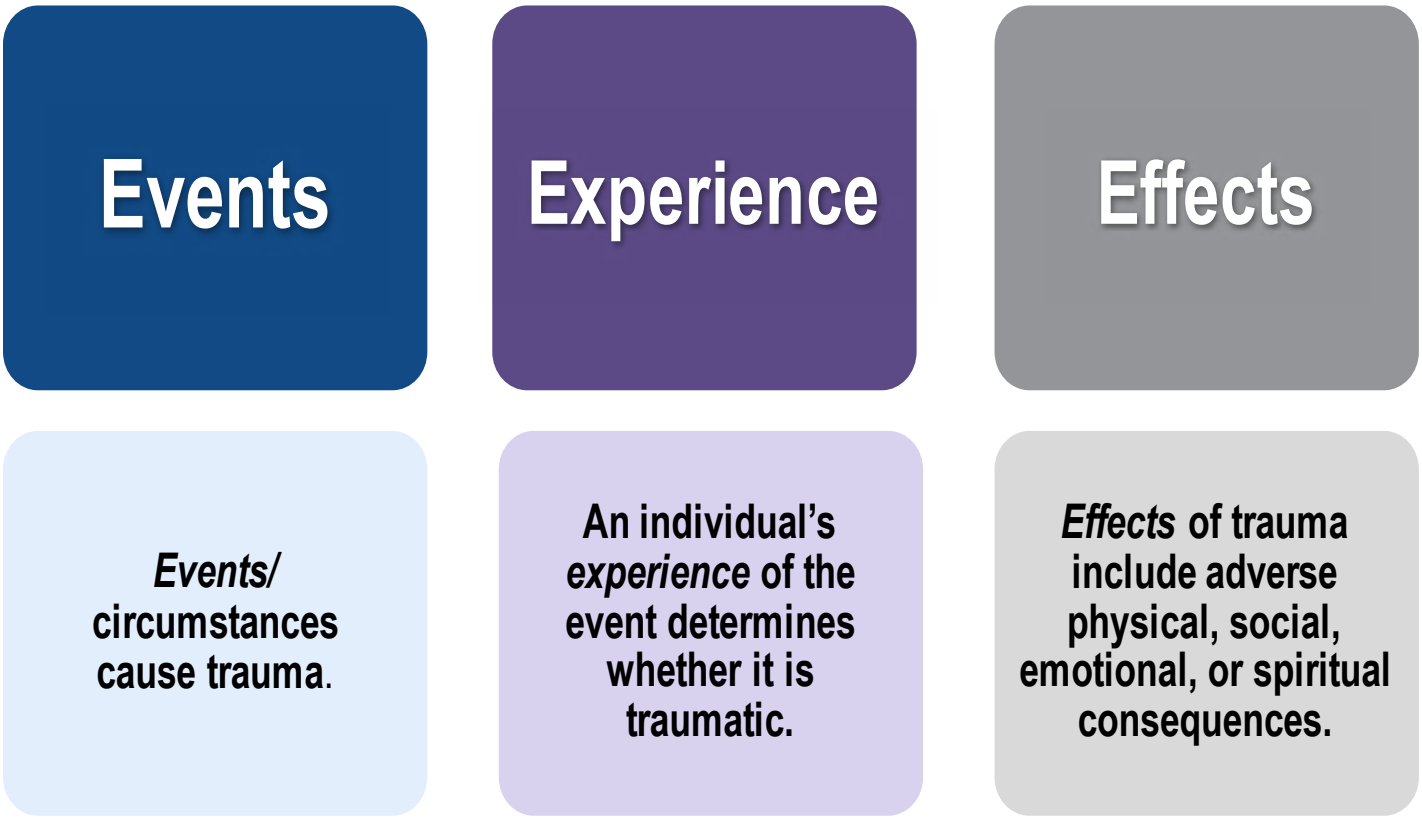
The Center and its partners seek to hire (or identify among current staff) trauma "champions," individuals who are knowledgeable about trauma and its effects; who prioritize trauma sensitivity in service provision; who communicate the importance of trauma to others in their work groups; and who support trauma informed changes in service delivery.

Prospective staff interviews include trauma content (What do applicants know about trauma? about domestic violence? about the impact of childhood sexual abuse?

Do they understand the long-term consequences of abuse?

What are applicants' initial responses to questions about abuse and violence?)

Incentives, bonuses, and promotions for line staff and supervisors take into account the staff member's role in trauma-related activities (for example: specialized training, program development, etc.).



# Addendum A: Possible Items for Survivor/Client Satisfaction Surveys

Items are worded to be consistent with a Likert response scale from “strongly disagree”  “agree” “don’t know” “disagree” to “strongly agree;” specific items and wording should be tailored to the Centers goals and services). There are two survey examples below:

### Safety
When I come to [Center], I feel physically safe. When I come to [Center], I feel emotionally safe.

### Trustworthiness
I trust the people who work here at [Center].

[Center] provides me good information about what to expect from its staff/partners and services.

I trust that people here at [Center] will do what they say they are going to do, when they say they are going to do it.

The people who work here at [Center] act in a respectful and professional way toward me.

### Choice
[Center] offers me a lot of choices about the services I receive.

I have a great deal of control over the kinds of services I receive, including when, where, and by whom the services are offered.

People here at [Center] really listen to what I have to say about things.

### Collaboration
At [Center], the staff/partners are willing to work with me (rather than doing things for me or to me).

When decisions about my services or recovery plan are made, I feel like I am a partner with the staff, that they really listen to what I want to accomplish.

Survivors play a big role in deciding how things are done here at [Center].

### Empowerment
[Center] recognizes that I have strengths and skills as well as challenges and difficulties.

The staff/partners here at [Center] are very good at letting me know that they value me as a person.

The staff/partners here at [Center] help me learn new skills that are helpful in reaching my goals.

I feel stronger as a person because I have been coming to [Center].

### Trauma Screening Process
The staff explained to me why they asked about difficult experiences in my life (like violence or abuse).

The staff are as sensitive as possible when they ask me about difficult or frightening experiences I may have had.

I feel safe talking with staff here about my experiences with violence or abuse.

# ADULT SURVEY
# Spring 2017

**ENGLISH**
**With QOL**

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.** ***EXAMPLE:*** Correct ● Incorrect ✖ ✔

## MHSIP Consumer Survey*:

Please answer the following questions based on the **LAST 6 MONTHS** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree**, **Agree**, are **Neutral**, **Disagree**, or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

| | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. I like the services that I received here. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. If I had other choices, I would still get services from this agency. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I would recommend this agency to a friend or family member. | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. The location of services was convenient (parking, public transportation, distance, etc.). | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. Staff were willing to see me as often as I felt it was necessary. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. Staff returned my calls within 24 hours. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. Services were available at times that were good for me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. I was able to get all the services I thought I needed. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. I was able to see a psychiatrist when I wanted to. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. Staff here believe that I can grow, change and recover. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. I felt comfortable asking questions about my treatment and medication. | ○ | ○ | ○ | ○ | ○ | ○ |
| 12. I felt free to complain. | ○ | ○ | ○ | ○ | ○ | ○ |
| 13. I was given information about my rights. | ○ | ○ | ○ | ○ | ○ | ○ |
| 14. Staff encouraged me to take responsibility for how I live my life. | ○ | ○ | ○ | ○ | ○ | ○ |
| 15. Staff told me what side effects to watch out for. | ○ | ○ | ○ | ○ | ○ | ○ |
| 16. Staff respected my wishes about who is, and who is not to be given information about my treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. I, not staff, decided my treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. Staff were sensitive to my cultural background (race, religion, language, etc.). | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). | ○ | ○ | ○ | ○ | ○ | ○ |

| **As a direct result of the services I received:** | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|---|
| 21. I deal more effectively with daily problems. | ○ | ○ | ○ | ○ | ○ | ○ |
| 22. I am better able to control my life. | ○ | ○ | ○ | ○ | ○ | ○ |

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

**CONTINUED ON NEXT PAGE...**

CSI County Client Number
***Must be entered on EVERY page***

| As a direct result of the services I received: | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|---|
| 23. I am better able to deal with crisis. | ○ | ○ | ○ | ○ | ○ | ○ |
| 24. I am getting along better with my family. | ○ | ○ | ○ | ○ | ○ | ○ |
| 25. I do better in social situations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 26. I do better in school and /or work. | ○ | ○ | ○ | ○ | ○ | ○ |
| 27. My housing situation has improved. | ○ | ○ | ○ | ○ | ○ | ○ |
| 28. My symptoms are not bothering me as much. | ○ | ○ | ○ | ○ | ○ | ○ |
| 29. I do things that are more meaningful to me. | ○ | ○ | ○ | ○ | ○ | ○ |
| 30. I am better able to take care of my needs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 31. I am better able to handle things when they go wrong. | ○ | ○ | ○ | ○ | ○ | ○ |
| 32. I am better able to do things that I want to do. | ○ | ○ | ○ | ○ | ○ | ○ |

***For Questions #33-36, please answer for relationships with persons other than your mental health provider(s).***

| As a direct result of the services I received: | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|---|
| 33. I am happy with the friendships I have. | ○ | ○ | ○ | ○ | ○ | ○ |
| 34. I have people with whom I can do enjoyable things. | ○ | ○ | ○ | ○ | ○ | ○ |
| 35. I feel I belong in my community. | ○ | ○ | ○ | ○ | ○ | ○ |
| 36. In a crisis, I would have the support I need from family or friends. | ○ | ○ | ○ | ○ | ○ | ○ |

# Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

| General Life Satisfaction | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted |
|---|---|---|---|---|---|---|---|
| 1. How do you feel about your life in general? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**Living Situation**

| 2. Think about your current living situation. How do you feel about: | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted |
|---|---|---|---|---|---|---|---|
| A. The living arrangements where you live? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B. The privacy you have there? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| C. The prospect of staying on where you currently live for a long period of time? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**Daily Activities & Functioning**

| 3. Think about how you spend your spare time. How do you feel about: | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted |
|---|---|---|---|---|---|---|---|
| A. The way you spend your spare time? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B. The chance you have to enjoy pleasant or beautiful things? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| C. The amount of fun you have? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| D. The amount of relaxation in your life? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

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## Family

4. In general, how often do you get together with a member of your family?

○ at least once a day ○ at least once a month ○ not at all
○ at least once a week ○ less than once a month ○ no family / not applicable

| 5. How do you feel about: | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted | Not Applicable |
|---|---|---|---|---|---|---|---|---|
| A. The way you and your family act toward each other? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B. The way things are in general between you and your family? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Social Relations

6. About how often do you do the following?

A. Visit with someone who does not live with you?
○ at least once a day ○ at least once a month ○ not at all
○ at least once a week ○ less than once a month ○ not applicable

B. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?
○ at least once a day ○ at least once a month ○ not at all
○ at least once a week ○ less than once a month ○ not applicable

| 7. How do you feel about: | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted | Not Applicable |
|---|---|---|---|---|---|---|---|---|
| A. The things you do with other people? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B. The amount of time you spend with other people? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| C. The people you see socially? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| D. The amount of friendship in your life? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Finances

| 8. During the past month, did you generally have enough money to cover the following items? | No | Yes |
|---|---|---|
| A. Food? | ○ | ○ |
| B. Clothing? | ○ | ○ |
| C. Housing? | ○ | ○ |
| D. Traveling around for things like shopping, medical appointments, or visiting friends and relatives? | ○ | ○ |
| E. Social activities like movies or eating in restaurants? | ○ | ○ |

## Legal & Safety

| 9. In the past MONTH, were you a victim of: | No | Yes |
|---|---|---|
| A. Any violent crimes such as assault, rape, mugging or robbery? | ○ | ○ |
| B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated? | ○ | ○ |

10. In the past MONTH, how many times have you been arrested for any crimes?

○ No arrests ○ 1 arrest ○ 2 arrests ○ 3 arrests ○ 4 or more arrests

| 11. How do you feel about: | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted |
|---|---|---|---|---|---|---|---|
| A. How safe you are on the streets in your neighborhood? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B. How safe you are where you live? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| C. The protection you have against being robbed or attacked? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

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**Health**

| 12. How do you feel about: | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted |
|---|---|---|---|---|---|---|---|
| A. Your health in general? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| B. Your physical condition? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| C. Your emotional well-being? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Please answer the following questions to let us know how you are doing.

**1. Approximately, how long have you received services here?**

○ This is my first visit here.
○ I have had more than one visit but I have received services for less than one month.
○ 1 - 2 Months
○ 3 - 5 Months
○ 6 months to 1 year
○ More than 1 year

**Please answer Questions #2 - 4, below, if you have been receiving services for ONE YEAR OR LESS. If you have been receiving services for "MORE THAN ONE YEAR," please SKIP to Questions #5.**

**2. Were you arrested since you began to receive mental health services?** ○ Yes ○ No

**3. Were you arrested during the 12 months prior to that?** ○ Yes ○ No

**4. Since you began to receive mental health services, have your encounters with the police . . .**

○ been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
○ stayed the same
○ increased
○ not applicable (I had no police encounters this year or last year)

**SKIP to Question #8, below**

**Please answer Questions #5 - 7 only if you have been receiving mental health services for "MORE THAN ONE YEAR."**

**5. Were you arrested during the last 12 months?** ○ Yes ○ No

**6. Were you arrested during the 12 months prior to that?** ○ Yes ○ No

**7. Over the last year, have your encounters with the police . . .**

○ been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
○ stayed the same
○ increased
○ not applicable (I had no police encounters this year or last year)

## Please answer the following questions to let us know a little about you.

**8. What is your gender?** ○ Female ○ Male ○ Other

**9. Are you of Mexican / Hispanic / Latino origin?** ○ Yes ○ No ○ Unknown

**10. What is your race? (Please mark all that apply.)**

○ American Indian / Alaskan Native
○ Asian
○ Black / African American
○ Native Hawaiian / Other Pacific Islander
○ White / Caucasian
○ Other
○ Unknown

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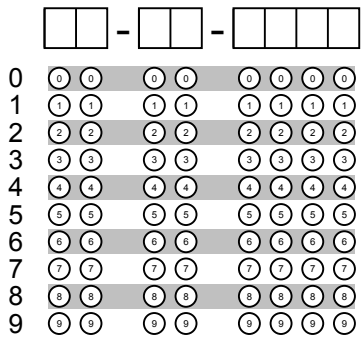
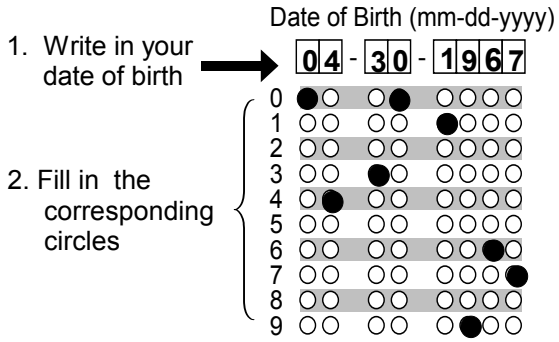
**11. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)**

**Date of Birth (mm-dd-yyyy)**



*EXAMPLE: Date of birth on April 30, 1967:*




**12. Were the services you received provided in the language you prefer?** ○ Yes ○ No

**13. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?** ○ Yes ○ No

**14. What was the primary reason you became involved with this program? (Mark one):**

○ I decided to come in on my own.
○ Someone else recommended that I come in.
○ I came in against my will.

**15. Please identify who helped you complete any part of this survey (Mark all that apply):**

○ I did not need any help.
○ A professional interviewer helped me.
○ A mental health advocate / volunteer helped me.
○ My clinician / case manager helped me.
○ Another mental health consumer helped me.
○ A staff member other than my clinician or case manager helped me.
○ A member of my family helped me.
○ Someone else helped me. Who?: _____

**16. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.**

***Thank you for taking the time to answer these questions!***

## FOR OFFICE USE ONLY:

### REQUIRED Information:

**County Code:** ☐☐

**Date of Survey Administration:** 05 - ☐☐ - 2017

**Reason (if applicable):**

○ Ref ○ Imp ○ Lan ○ Oth

**Make sure the same CSI County Client Number is written on all pages of this survey.**

☐☐☐☐☐☐☐☐☐☐

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### Optional County Questions:

County Question #1 (mark only ONE bubble):

○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10
○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #2 (mark only ONE bubble):

○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10
○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

County Question #3 (mark only ONE bubble):

○ 01 ○ 02 ○ 03 ○ 04 ○ 05 ○ 06 ○ 07 ○ 08 ○ 09 ○ 10
○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20

**County Reporting Unit:** ☐☐☐☐☐☐☐☐

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