

Resources

for Evaluating Trauma- and
Violence-Informed Practice



Western

Centre for Research & Education on
Violence Against Women & Children

Acknowledgements

The **Knowledge Hub** is an initiative of the Centre for Research & Education on Violence against Women & Children (CREVAWC) at Western University. The Knowledge Hub actively supports projects across Canada funded through the Public Health Agency of Canada that use trauma- and violence-informed approaches to promote the health and wellbeing related to preventing and addressing family violence. This support includes:

1. Facilitating a national community of practice (CoP) for members of projects funded through the investment to share and enhance learning regarding trauma- and violence-informed research and practice.
2. Coordinating knowledge mobilization activities for projects and the broader community through live events, written resources, and videos.

Trauma- and violence-informed approaches are at the heart of all work conducted by the Knowledge Hub and are central to each project brought together into the CoP. This includes the research methods, practices, intervention, and prevention efforts carried out by the projects, the research methods and practices of the Knowledge Hub, and the activities of the CoP, including regular meetings and gatherings of CoP and Knowledge Hub team members. Learn more at learningtoendabuse.ca.

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Introduction

The Knowledge Hub at the Centre for Research & Education on Violence against Women & Children at Western University with financial contributions from the Public Health Agency of Canada (2022-2026) facilitates a trauma-informed community of practice. This community of practice is implementing and evaluating trauma- and violence-informed interventions to prevent and address family violence across the lifespan.

Trauma- and violence-informed principles have emerged as credible frameworks for delivering programming to address the needs of those who have experienced trauma or violence. These approaches prioritize safety, trustworthiness and transparency, peer support, collaboration, empowerment, and cultural humility (SAMHSA, 2014). However, the development and publication of evaluation tools related to trauma and violence-informed care and practices is still in its infancy (Thirkle, 2021).

Resource Overview

This resource provides an overview of over twenty qualitative and quantitative evaluation tools designed to measure trauma- and violence-informed practices of individuals and /or organizations. These tools were meticulously selected through a comprehensive search of academic literature, grey literature, and websites. The literature search spanned from 2010 to 2023, and included websites that did not provide dates of publication. These tools have been specifically designed to support individuals and organizations in assessing trauma- and violence-informed (TVI) practices at various stages:

- Organizational readiness to become trauma- and violence-informed
- Individual preparedness (staff, teams, etc.) to become trauma- and violence-informed
- Individual performance utilizing trauma- and violence-informed practice and principles
- Client perceptions of service received related to trauma- and violence-informed principles.

Resources for Evaluating Trauma- and Violence-Informed Practice



Did You Know?

Trauma-informed care is a universal framework that any organization can implement to build a culture that acknowledges and anticipates that many people we serve or interact with have histories of trauma and that the environment and interpersonal interactions within an organization can exacerbate the physical, mental, and behavioral manifestations of trauma.

For more information about Trauma-Informed Care, visit traumapolicy.org.

Who is this Resource For?

Youth over 18 years of age receiving treatment

STBBI services Youth

Organizations

Serving children and families, youth, people experiencing homelessness

Health care workers

Frontline child welfare workers

Counseling clients

Nurses

Schools

Shelter residents

Parent-infant mental health

Sexual health organizations

Harm reduction organizations

Substance use disorder health clinics

Human care services

Community-based organizations

Social services

Organizations looking to become trauma-informed

Health care services

Domestic violence program participants

Description of Tools

Several tools for assessing organizational readiness and capacity have been designed by organizations in the process of becoming trauma-informed. While these tools are tailored to the specific needs of these organizations, they are shared with the broader community for possible adaptation for other organizations as well. One example from a member of the Trauma-informed Community of Practice is the Your Starting Point Story Readiness Assessment Tool developed for the Building Connections project. It can be used to evaluate how ready an organization is to engage in a community-based intervention project, with a focus on collaboration, safety, and competency identification. Some tools rely on checklist or Likert scales for evaluation of items, others offer frameworks for assessing and reflecting on readiness to change. For example, the Trauma-Informed Care Screening Tool developed by Trauma-Informed Oregon identifies 4 phases of organizational change (Trauma Aware; Trauma Sensitive, Trauma Responsive, and Trauma-informed) with items related to these phases to assess actions that have been started or completed in the process of becoming a trauma-informed organization.

The Trauma-and Violence-Informed Care Toolkit developed by the Canadian Public Health Association and the Centre for Sexuality offers reflection tools for the organization and individual service providers to consider where they are at in the path to becoming trauma-informed, as well as suggestions for evaluation methods.

Other tools such as ARTIC (Attitudes Related to Trauma-Informed Care) may be useful to the projects funded by the Public Health Agency of Canada through the Preventing and Addressing Family Violence: The Health Perspective investment. Some of these projects deliver programming to increase the capacity of professionals/service providers to provide safe and effective support to survivors or those at risk of family violence, and are required to report on the following indicators in their annual reports:

- % of professionals/service providers reporting satisfaction with the training, resources and/or supports
- % of professionals/service providers reporting changes in knowledge and/or skills
- % of professionals/service providers reporting changes in behaviour (ie., changes in their programming or policy work).

It is important to note however, that not all tools have been developed and tested with diverse populations, as is the case of the ARTIC, so may have limited applicability with diverse populations.

Three scales have been identified which were developed to measure service user's perceptions of trauma-informed care received in various health and social service settings. The Trauma-Informed Practice Scale (Goodman, Sullivan et al., 2016) was developed to measure the degree to which domestic violence programs are using trauma-informed practices from survivors' perspectives.

Conclusion

Although not exhaustive, this document offers a comprehensive compendium of existing tools for professionals, organizations, and researchers seeking to evaluate trauma-informed care, practice, and organizations. We do not offer an evaluation of the tools, however, some recent review articles have highlighted that the development and validation of trauma and violence-informed evaluation tools is very much in its infancy, and that further validation is required (Thirkle et al, 2021; Purtle, 2020). A scoping review conducted by Wathen et al (2021) of tools to measure trauma and violence-informed principles and practices among service providers found that most measures identified in their review focused primarily on the principles of knowledge and safety. The authors concluded that if one was to attempt to measure the full range of TVI principles that it would be necessary to adapt and or combine one or two measures (Wathen et al, 2020). A systematic review of trauma-informed organizational interventions that include staff training found that evaluations were unsophisticated in design and were inconsistent in use of assessment measurements (Purtle, 2020).

Trauma-informed, and trauma-and violence-informed principles and frameworks have received increasing attention and uptake in recent years. The development of evaluation measures to assess organizational readiness for change, knowledge, skills, and adherence to these principles is relatively new. The measures identified in this document may represent a starting point for researchers who are implementing trauma-informed evaluation projects.

In conclusion, it is essential to emphasize that adopting trauma-informed practices is not a one-time implementation but an ongoing process. Being trauma-informed is not merely about integrating specific tools or strategies; instead, it is an ongoing commitment to understanding and responding to the impact of trauma.

The realization that trauma-informed care or practice is an unending process is paramount. It goes beyond the initial steps of implementation and necessitates a sustained effort to create an environment that fosters safety, trust, choice, and empowerment for individuals who have experienced trauma, and acknowledges the roles of culture, gender, racism, and historical trauma. Readers should be aware that there is no endpoint to this journey; rather, it is a dynamic and evolving approach to ensure that practices remain sensitive to the diverse needs of those affected by trauma.

It's important to dispel the misconception that merely adopting a set of policies and procedures, training and practice, automatically renders an organization or individual trauma-informed. Instead, the emphasis should be on the ongoing cultivation of a trauma-informed mindset and the integration of evolving knowledge and insights. This understanding ensures that practitioners remain vigilant, responsive, and adaptable to the ever-changing landscape of trauma research and the unique experiences of those they serve.

How to Use This Resource

Organization and Navigation

- The selected tools are organized in alphabetical order for ease of reference.
- Each entry provides comprehensive information, including the tool's:
 - Purpose
 - Intended audience
 - Availability
 - Brief description and
 - References for further exploration.
- To enhance accessibility, we have also included many of these resources when available.

Sections

The resource guide is organized into three sections:

1 [Resources and tools for establishing and evaluating organizational capacity to be trauma- and violence-informed:](#)
This section is dedicated to tools that help organizations assess their readiness and capacity to embrace trauma-informed practices.

2 [Evaluation tools to assess abilities and propensities of service providers to be trauma- and violence-informed:](#) Here, we provide tools that focus on the competence and readiness of service providers to deliver trauma-informed care.

3 [Tools to be administered to service users to evaluate the degree that the services they received were trauma- and violence-informed:](#) This section is dedicated to instruments that allow service users to provide feedback on their experiences with trauma-informed services.

Section 1:

Resources and tools for establishing and evaluating organizational capacity to be trauma- and violence-informed

1.1. NCTSN TIOA (National Child Traumatic Stress Network Trauma-informed Organization Assessment)

Purpose

Intended for organisations serving children and families to measure where an organisation is at a given point in time.

Intended Audience

Organizations serving children and families

Brief Description

Takes 30-45 minutes to complete. Items assessed using a Likert rating scale.

Assesses 9 domains including:

- 1) Trauma Screening
- 2) Assessment, Care Planning and Treatment
- 3) Workforce Development
- 4) Strengthening Resilience and Protective Factors
- 5) Addressing Parent/Caregiver Trauma
- 6) Continuity of Care and Cross-System Collaboration
- 7) Addressing, Minimizing, and Treating Secondary Traumatic Stress
- 8) Partnering with Youth and Families
- 9) Addressing the Intersections of Culture, Race, and Trauma.

References

National Child Traumatic Stress Network. (2020).

[NCTSN Trauma-Informed Organizational Assessment | The National Child Traumatic Stress Network Trauma_informed_organizational_assessment_information_packet.pdf \(nctsn.org\)](#)

Availability

Free and available online. Contact TIOA@nctsn.org

1.2. National Health Care for the Homeless Council Trauma-Informed Organization Assessment Toolkit

Purpose

To assist health care and homeless serving agencies to assess and implement trauma-informed practices.

Intended Audience

Health care settings and organizations serving people experiencing homelessness

Brief Description

An assessment tool based on trauma-informed principles.

Four components:

1. Consumer survey
2. Staff Survey
3. Observation
4. Policies & Procedures Review.

References

National Health Care for the Homeless Council

[Conducting the NHCHC's Trauma-Informed Organizational Assessment - National Health Care for the Homeless Council](#)

Availability

[NHCHC-TIO-Assessment-Manual.pdf](#)

Links to surveys and checklists available at:

[Conducting the NHCHC's Trauma-Informed Organizational Assessment - National Health Care for the Homeless Council](#)

1.3. Organizational Trauma-Informed Practices Measure (O-TIPs)

Purpose

A tool that can be self-administered by staff across different types of human services organisations to assess the extent to which the organisation is implementing TIPs. Can be used at various timepoints to assess change over time.

Intended Audience

Developed and tested with health care workers

Brief Description

The final 31-item tool consists of three domains and eight subscales:

- 1) Supporting Staff Development:
 - Training and education (1 item with 6 subitems)
 - Staff knowledge, awareness, and understanding (1 item with 6 subitems)
 - Staff supervision, support, and self-care (5 items)
- 2) Creating a Safe and Supportive Environment:
 - Establishing a safe physical environment (5 items)
 - Staff communication and interaction (5 items)
 - Communication and interaction with clients (6 items)
- 3) Organizational Policies and Commitment:
 - Organizational policies (4 items)
 - Agency commitment and endorsement (4 items)

References

Manian, N., Rog, D., Lieberman, L. Kerr, E. (2021) The organizational trauma-informed practices tool (O-TIPs): Development and preliminary validation. *Journal of Community Psychology*, 50 (1). doi: [10.1002/jcop.22628](https://doi.org/10.1002/jcop.22628)

Availability

See next page.

1.3.1. The Organizational Trauma-Informed Practices Measure (O-TIPs)

I. Supporting staff development					
A. Training and education	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1) I have received training and education on the following topics:					
a) What is toxic stress					
b) How toxic stress affects the brain and body					
c) Generational impact of toxic stress and trauma					
d) What is trauma-informed practice					
e) How working with people that have past or current experiences of toxic stress can affect the staff					
f) Specific strategies and responses that are helpful when the consumer is feeling upset or overwhelmed					
2) Questions about your knowledge, awareness, and understanding:					
a) I understand how toxic stress affects the brain and body					
b) I understand how trauma can affect brain development and functioning such as memory, attention, and perception					
c) I understand the importance of self-care for the workforce					
d) I can explain to others the principles of trauma-informed care					
e) I know about the Adverse Childhood Experiences (ACEs) study conducted by Kaiser Permanente and the CDC					
f) I understand the generational impacts of trauma					

I. Supporting staff development					
B. Staff supervision, support, and self-care	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
3) My organization has supervisors who are trained in trauma-informed practices					
4) Topics related to self-care are addressed in team meetings or during supervision (e.g., vicarious trauma, burn-out, stress-reducing strategies)					
5) Direct service staff have adequate resources for self-care, including supervision, consultation, and/or peer support					
6) My organization helps staff members debrief after negative situations					
7) My organization provides opportunities for staff input into practices and policies					

II. Creating a safe and supportive environment					
A. Establishing a safe physical environment	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
8) My organization provides consumers with opportunities to make suggestions about ways to improve/change the physical space					
9) My organization provides staff with opportunities to make suggestions about ways to improve/change the physical space					
10) My organization has conducted a review of physical spaces (external environment, exits and entrances, waiting room, offices, halls, lighting, restrooms, etc.) for safety concerns that may affect staff and consumers					
11) There is a designated "safe space"(permanent or temporary) for staff to practice self-care					
12) There are private, confidential spaces available, when needed, to talk with consumers.					

II. Creating a safe and supportive environment					
B. Establishing a supportive environment	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
Staff communications and interaction:					
13) Staff shows acceptance for personal religious, cultural, or spiritual practices					
14) Staff does not talk about consumers outside of the organization unless appropriate meetings					
15) Staff maintain communication that is respectful					
16) Staff shows acceptance for personal identification such as gender, sexual orientation, partner status					
17) Staff maintains healthy professional boundaries with consumers					
Communication and interaction with consumers:					
18) My organization uses “people first” language rather than labels (e.g., “people who are experiencing homelessness” rather than “homeless people”)					
19) Current consumers are given opportunities to offer their suggestions for program improvement in anonymous and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements, etc.)					
20) Materials are posted about toxic stress and resilience					
21) The program educates consumers about traumatic stress and triggers					
22) Agency has written easy-to-read documentation for consumers that explain core services, key rules and policies, and process for concerns/complaints					
23) The program ensures that consumers who report the need and/or desire for trauma-specific services are referred for appropriately matched services					
III. Organizational policies					
24) My organization has a written statement that includes a commitment to trauma-informed practices					
25) Our hiring protocols indicate our organization’s priority of trauma-informed practices					
26) Staff (or consumers) with lived experience participate in the hiring process					

27) Performance reviews assess staff member's increased understanding of trauma-informed practices					
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IV. Agency commitment and endorsement					
	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
28) Our leadership team (including administration and governance) has received training on trauma-informed practices					
29) Trauma-informed care is a core principle in the organizational policies, mission statement, or written program/service information					
30) My organization has a regular process for communicating to staff about emerging trauma-informed practices					
31) My organization has a core team (or trauma-informed practices implementation team)					

Additional Questions

32) To what extent do you think your organization is implementing trauma-informed practices and why? (Note: "extent" refers to how widespread the trauma-informed practices and policies are implemented within the organization, and the different levels of staff that practice trauma-informed care). *1 = Not yet, 2 = A little, 3 = A lot, 4 = Fully trauma-informed*

1 2 3 4

1.4. TICOMETER

Purpose

A brief assessment tool that can measure trauma-informed care (TIC) in health and human service organizations at a single point in time or repeatedly, as well as determine training needs. To be completed by staff members online.

Intended Audience

Health and human service organizations

Brief Description

35 items assessing 5 domains:

- Building trauma-informed knowledge and skills
- Establishing trusting relationships
- Respecting service users
- Fostering trauma-informed service delivery
- Promoting trauma-informed policies and procedures.

References

Bassuk, E. L., Unick, G. J., Paquette, K., & Richard, M. K. (2017). Developing an instrument to measure organizational trauma-informed care in human services: The TICOMETER. *Psychology of Violence*, 7(1), 150–157. <https://doi.org/10.1037/vio0000030>

American Institutes for Research (2016).

Availability

Available for purchase from: [TICOMETER: Measures Levels of Trauma-Informed Care - C4 Innovations \(c4innovates.com\)](https://www.c4innovates.com/TICOMETER)

1.5. Trauma-and Violence-Informed Care Toolkit

Purpose

Offers 3 tools:

1. Provider Self-reflection tool
2. Organizational Assessment tool
3. TVIC Monitoring and Evaluation tool

Intended Audience

Health and social service organizations, particularly those that provide sexual health, harm reduction or STBBI services

Brief Description

1. Provider self-reflection tool – offers resources for education and focuses questions on i) knowledge and attitudes; ii) skills and practice; iii) personal feelings and experiences; iv) action and intentions.
2. Organizational Assessment Tool – helps to identify how your organization understands TVIC principles; set realistic areas for improvement and evaluate your progress.
3. TVIC Monitoring and Evaluation Tool identifies a number of approaches for evaluation including walkthrough, assessing client perspectives, client behaviours and outcomes, staff knowledge and attitudes, staff safety, and empowerment.

References

Canadian Public Health Association & Centre for Sexuality. (2020). *Trauma- and Violence-Informed Care Toolkit for reducing stigma related to sexually transmitted and blood-borne infections (STBBIs)*.

Availability

Available at: [STBBI-TVIC-toolkit_e.pdf \(cpha.ca\)](#)

Also available in French: [STBBI-TVIC-toolkit_f.pdf \(cpha.ca\)](#)

1.6. Trauma-Informed Care Implementation Tool

Purpose

This tool was created to assist organizations, systems, and agencies in implementing trauma-informed care and tracking their progress.

Intended Audience

Organizations looking to become trauma-informed

Brief Description

Identifies 5 key elements required for sustainable infrastructure:

1. Organizational Commitment
2. Culture and Climate
3. Training and Education
4. Policy, Procedure, and Practice Review
5. Feedback and Quality Assurance.

References

[TIO | Trauma Informed Care Implementation Tool \(traumainformedoregon.org\)](https://traumainformedoregon.org/)

PSU/TIO Trauma-Informed Care Implementation Assessment Instrument, v1.2 (2023)

Availability

[TIO-Trauma-Informed-Care-Fidelity-Assessment-Instrument-V1.2.pdf \(traumainformedoregon.org\)](https://traumainformedoregon.org/TIO-Trauma-Informed-Care-Fidelity-Assessment-Instrument-V1.2.pdf)

1.7. Trauma-Informed Care Organizational Assessment

Purpose

A tool for organizations to assess their implementation of trauma -informed care in many domains.

Intended Audience

Youth serving organizations

Brief Description

Using a Likert scale measures:

- trauma-informed care values
- administrative support
- organizational structure
- trauma screening and assessment
- behaviour management
- clinical treatment practices
- restraint and seclusion reduction
- workforce development and
- monitoring trauma-informed initiatives.

References

Traumatic Stress Institute. [Trauma-Informed Care Organizational Assessment | Traumatic Stress Institute - Klingberg Family Centers](#)

Availability

[Trauma-Informed-Care-Org-Self-Assessment-Final.pdf \(traumaticstressinstitute.org\)](#)

1.8. Trauma-Informed Care Screening Tool

Purpose

This tool has been created to assist organizations implementing TIC. You can begin by circling the actions that have either been started or completed in the organization. From there, users are encouraged to use it in whatever ways make the most sense for their organization.

Intended Audience

Organizations looking to become trauma-informed

Brief Description

Identifies 4 sequential phases:

1. Trauma Aware
2. Trauma Sensitive
3. Trauma Responsive
4. Trauma-informed.

References

Trauma Informed Oregon. (2018). *Trauma informed care screening tool*. Portland, OR: Trauma Informed Oregon. [Screening-Tool-and-Guidelines-Letter-Size-12-12-18.pdf \(traumainformedoregon.org\)](https://traumainformedoregon.org/Screening-Tool-and-Guidelines-Letter-Size-12-12-18.pdf)

Availability

[TIO | Trauma Informed Care Screening Tool \(traumainformedoregon.org\)](https://traumainformedoregon.org/TIO-Trauma-Informed-Care-Screening-Tool)

1.9. Trauma-Informed Organizational Capacity Scale (TIC Scale)

Purpose

An agency wide assessment. Organizations can use the TIC Scale to:

- Determine their baseline for organization-wide trauma-informed care
- Target strategic planning and professional development activities
- Monitor change over time and
- Assess whether improvements in organizational trauma-informed care influence success for service users.

Intended Audience

Health and human service organizations; to be completed by all staff at all levels of the organization

Brief Description

35 items across 5 domains:

- 1) Build trauma-Informed knowledge and skills
- 2) Establish trusting relationships
- 3) Respect service users
- 4) Foster trauma-informed service delivery
- 5) Promote trauma-informed procedures and policies.

References

[Trauma-Informed Organizational Capacity Scale | American Institutes for Research \(air.org\) 2016 trauma-informed-organizational-capacity-scale.pdf \(air.org\)](#)

Availability

Administered online, available from the American Institutes for Research (AIR) which provides a comprehensive analysis of results tailored to each organization or system. Takes approximately 15 minutes to complete.

1.10. Trauma-Informed Practice Organizational Checklist

Purpose

A checklist tool to be used as a starting point for organizations in the implementation of trauma-informed practice.

Intended Audience

Mental health and addictions organizations. Can be used by program administrators, program evaluators, and staff to evaluate trauma-informed principles.

Brief Description

The checklist tool offers the opportunity for discussion and a reflection on the ability of an organization to provide the best available trauma-informed services.

Considers the following 8 areas of organizational practice:

- 1) Overall Policy and Program Mandate
- 2) Leadership
- 3) Hiring Practices
- 4) Training for Staff
- 5) Support and Supervision of Staff
- 6) Screening and Assessment
- 7) Policies and Procedures
- 8) Monitoring and Evaluation

References

TIP Project Team and TIP Advisory Committee. (2013). Trauma-Informed Practice Guide. BC Provincial Mental Health and Substance Use Planning Council.

Availability

Free and available online. [2013_TIP-Guide.pdf \(cewh.ca\)](#)

1.11. Trauma-Informed Workplace Assessment

Purpose

For individuals to assess how and if the workplace is trauma-informed.

Intended Audience

Individuals working in organizations

Brief Description

Uses a Likert scale 0 to 4 to assess how trauma-informed principles are experienced within an organization.

References

Crisis & Trauma Resource Institute. [Trauma-Informed Workplace Assessment - Crisis & Trauma Resource Institute \(ctrinstitute.com\)](https://ctrinstitute.com/trauma-informed-workplace-assessment)

Availability

Available online: [Workplace Assessment 2021 - Crisis & Trauma Resource Institute \(ctrinstitute.com\)](https://ctrinstitute.com/workplace-assessment-2021)

Upon completion of assessment a report is provided.

1.12. Your Starting Point Story Readiness Assessment Tool (YSPS)

Purpose

YSPS has two main uses:

- 1) For those wishing to form a partnership with a community-based project to ensure that:
 - a) there is awareness of a need in the community for the intervention
 - b) the project has the necessary competencies (or consider whether the researcher/program developer is able to provide additional resources and/or fill in for missing competencies)
 - c) the project has appropriate collaborations within the community (or consider whether the researcher/program developer is able to support or facilitate additional collaborations) and
 - d) safety of all those involved will be the highest priority.
- 2) Staff members can use the YSPS to learn about their own project and help it grow.

Intended Audience

Community-based organizations with which you plan to implement a Building Connections project. Can be adapted for use with other projects.

Brief Description

YSPS consists of 25 total components, based on four key principles:

- a) awareness of IPV and a need for an intervention
- b) existing competencies related to trauma-informed practice and evaluation
- c) collaborations with community services and supports and
- d) systems of safety in place.

References

Andrews, N., Motz, M., Pepler, D. J. (2020). Developing and testing a readiness tool for interpersonal violence prevention partnerships with community-based projects. *Journal of Community Psychology*, 48 (6), 1715-1731. <https://doi.org/10.1002/jcop.22361>

Availability

See next page.



BUILDING CONNECTIONS

Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment



1.12.1. Your Starting Point Story

What is the name of your sponsoring agency?

What is the name of your CAPC/CPNP/AHSUNC project?

Is your project:

CAPC

CPNP

Aboriginal Head Start

Where is your project located?

Please provide the following information for the person whom we can contact about Your Starting Point Story:

Name: _____

Email: _____

Position: _____

Phone Number: _____

1.2. Your Sponsoring Agency's Policies and Risk Management

In all projects and agencies, there may be some degree of risk. These risks may be different and managed in different ways depending on the type of project, the services offered, and the families served. We want to know whether your sponsoring agency has policies to protect the people who are involved with your project.

1. Does your sponsoring agency have policies relating to:

	Yes	No	Partial	Please Comment
Documentation, confidentiality and information sharing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Making referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Staff safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Crisis management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Emotional safety; e.g., <i>helping staff understand their own stress reactions, promotion of self-care</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reflective supervision; e.g., <i>staff working with families who have trauma histories have supervision from someone who understands trauma</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Maintaining a safe, clear, confidential and accessible reporting structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Section 2: Your CAPC/CPNP/AHSUNC Project

Reminder: If there is more than one CAPC/CPNP/AHSUNC project interested in the training from the same sponsoring agency, please fill out Section 2 separately for each project.

2.1. Tell Us a Bit About your CAPC/CPNP/AHSUNC project

We want to hear the story of your project, who comes to your project, what you do, and how your project is situated within the community that you work.

1. What services does your project provide to the community?

2. Over the years, has your project adapted to changing community needs? If so, what changes have been made?

3. In what language(s) do you deliver programming? Please select all that apply.

English	<input type="radio"/>
French	<input type="radio"/>
Other _____	<input type="radio"/>

4. Do you serve Indigenous families?

- Yes
- No

5. Is your community:

- Urban
- Rural
- Remote

6. Please tell us about all the people who work in your project, including volunteers, by filling out the table below. Rather than including individuals' names, please list their title.

Position Title	Service(s) they Provide	Number of Years in the Project	Who Supervises this Person? (please provide the title)

7. Do you currently provide any training to your staff to support them in working with families in your community? If so, what type of training?

Type of Training	For Whom

2.2. Tell us About the Families that Your CAPC/CPNP/AHSUNC Project Serves

1. Please describe the families that your project serves.

2. On average, how long are families engaged with your project? How often do families come to your project?

3. Do you collect any information/data about the families you work with?
 - Yes
 - No

4. Do you collect any information/data on the outcomes or effectiveness of the services your project provides?
 - Yes
 - No

5. Have you ever had an evaluation of your project?
 - Yes
 - No

6. What are your project's areas of success? Please share a story of your project's success below.

2.3. Tell us About the Families that Your CAPC/CPNP/AHSUNC Project Serves

We want to learn about the needs of the families you serve and the wider community that you work with. Specifically, we want to know the impact of IPV in the community and in the lives of the families you work with.

1. What are the challenges that families in your community face? Please select all that apply.

Poverty/income insecurity	<input type="radio"/>
Food insecurity	<input type="radio"/>
Parenting problems	<input type="radio"/>
Housing insecurity/homelessness	<input type="radio"/>
Parent mental health problems	<input type="radio"/>
Parent substance misuse	<input type="radio"/>
Isolation	<input type="radio"/>
Interpersonal violence	<input type="radio"/>
Child maltreatment	<input type="radio"/>
Trauma	<input type="radio"/>
FASD	<input type="radio"/>
Developmental delays	<input type="radio"/>
Other _____	<input type="radio"/>

2. In your opinion, how big a problem is interpersonal violence (IPV) for families in your community?

Type of IPV	A big problem	Somewhat of a problem	Not really a problem	Not a problem at all
Emotional abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic abuse (e.g., withholding money; denying access to bank accounts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spiritual abuse (e.g., ridicule for holding religious or cultural beliefs; forcing a woman to follow religious practices of the abuser)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal harassment/stalking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital (or electronic or technological) abuse (e.g., Internet stalking; emailing inappropriate pictures or texts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Do you currently work with families that would benefit from an intervention focused on IPV?
- Yes
 - No

4. Is addressing IPV a current priority for your project?
- Yes
 - No

If not, is there room within your project to make IPV a greater priority

- Yes
- No

5. What are the successes your project has in supporting families where IPV is a concern?

6. What are the challenges your project has in supporting families where IPV is a concern?

2.4. Existing Resources within Your CAPC/CPNP/AHSUNC Project

We want to learn more about the resources and skills that exist within your project and in the community where you work. We know that no project can work alone, therefore we want to know what systems of support you have in place that help you in your work with families.

1. We often need to work with other programs or organizations to provide comprehensive services to the families with whom we work. In the table below, please indicate the types of services provided to the families your project works with. Please also indicate whether your project delivers these services, if they are delivered by your sponsoring agency, or if they are delivered by another program/organization. What type of relationship does your project have with these other organizations?

We have provided two examples below to help depict how to fill out the table.

Service or Support Provided	Does your project deliver this service?						Please Comment
	Yes	No	If no, who delivers this service? (Type of Program / Organization)	Type of Relationship			
				Formal	Informal	Other	
Example: Child Protective Services	<input type="radio"/>	<input checked="" type="radio"/>	Children's Aid Society of Toronto	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	We have had a formal partnership for 10 years
Example: Child care	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Our project provides childcare for children ages 0-6.
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2. Does your project provide instrumental supports to families? Please select all that apply.

Food bank	<input type="radio"/>
Childminding	<input type="radio"/>
Transport reimbursement	<input type="radio"/>
Clothing	<input type="radio"/>
Other _____	<input type="radio"/>

3. Does your project offer any counselling services (either group or individual)? What are the topics of these counselling services and what information do you provide?

Counselling Services		Topic	Information Shared	Please Comment
Group	Individual			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>			

4. There are many community service sectors that provide support to projects that address IPV. Do you have relationships in these sectors? If you don't, how likely is it that your project could develop these relationships? You may have listed relationships with projects that provide these services above. Please note this in the comments.

Community Service Sectors	Do you have a relationship with programs/people who provide these services?			Please Comment
	Yes	No		
		Is a relationship possible?		
	Likely	Unlikely		
Justice/corrections/police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child protection services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Child advocacy centres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Basic needs (e.g., housing, food, clothing, transportation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Childminding/child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parenting services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Infant/child development/children's mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Public health/medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Spiritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Woman abuse/family shelters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Women's counselling services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Early years programs/early child development programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

5. Are there any barriers to developing systems of support within your community? What are these barriers?

Section 3: Moving Forward with *Building Connections*

As a part of the Building Connections initiative, we will be providing an opportunity for 30 community-based projects across Canada to receive training for the delivery and evaluation of the Connections intervention, a 6-week group intervention on IPV and building healthy relationships. We want to know whether your agency would be able to allocate the time and resources necessary for the training, facilitation, and evaluation associated with delivering this intervention.

Because, at this time, we will only be training 30 sites across Canada, we can only accommodate one training per sponsoring agency. Therefore, even if there is more than one CAPC/CPNP/AHSUNC project from the same sponsoring agency, please *ONLY COMPLETE THIS SECTION ONCE.*

Tip: You may find it helpful to fill out this section with someone from your sponsoring agency who can help determine who would be the appropriate staff to attend training.

1. Consistent with a trauma-informed framework, we encourage you to build in supports for staff who will deliver this intervention. The training focuses on considering unhealthy relationships from the past, how these relationships impact current relationships and parenting, and the impact of trauma on developing children. This content may be challenging for some facilitators due to their own past personal or professional experiences, of which we may or may not be aware. For this reason, we strongly encourage projects that participate in the Connections intervention to include reflective supervision¹ as part of their supervision practices. This approach provides facilitators with an opportunity to receive support if they experience any distress as a result of delivering the intervention. We also believe that it is best practice to review program policies related to staff safety, specifically related to supporting staff who may become distressed related to issues surrounding interpersonal violence.

Who would facilitate the Connections intervention within your project? Please tell us: (a) what is/are their title(s); (b) qualifications; (c) whom they report to; (d) their current role in relation to the families you work with; and (e) whether they have experience in working with families who struggle with interpersonal violence. Please also indicate whether they could attend a one-week training in Toronto. Please share individuals' titles and not their names.

¹ For more information, please visit <https://www.zerotothree.org/resource/three-building-blocks-of-reflective-supervision>

Position Title	Qualifications	Who Supervises this Person? (please provide the title)	Role/ Relationship with Families	Experience with Families who Struggle with IPV	Capable of Facilitating the Intervention?	Able to Attend One-Week Training in Toronto?
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>

2. How do you recruit women to your project(s) and/or groups your project offers?

3. How might you recruit women for an intervention on IPV and healthy relationships?

4. Could the facilitator(s) commit to spending at least two hours every week for six weeks delivering the *Connections* intervention?
- Yes
 - No
 - Unsure
5. Could the facilitator(s) commit time to actively participate in a weekly community of practice telephone meeting to share experiences and information with other trained facilitators and members of the *Building Connections* Team?
- Yes
 - No
 - Unsure
6. Could your project commit to engaging in an evaluation of the *Connections* intervention in your project? This would include collecting information from staff members who facilitate the intervention, as well as from the families who receive the intervention.
- Yes
 - No
 - Unsure
7. Over the years that we have offered the *Connections* intervention, we have come to understand that there are certain facilities and project supports necessary for successfully delivering the intervention. Does your project have the following facilities and project supports available? Keep in mind that, although we are interested in the facilities and supports that your project currently has, we will be offering support for childminding and administration to projects delivering the *Connections* intervention.

Type of Facilities/Project Supports	Yes	No
Space to run a group session	<input type="radio"/>	<input type="radio"/>
Space for a private conversation	<input type="radio"/>	<input type="radio"/>
Childminding	<input type="radio"/>	<input type="radio"/>
Food e.g. <i>snacks or lunch</i>	<input type="radio"/>	<input type="radio"/>

8. Given what you know about the *Connections* intervention, do you feel that your project has the policies, resources, community supports, and qualified personnel necessary to safely and effectively deliver and help evaluate the *Connections* intervention?
- Yes
 - No
 - Unsure

Thank you for completing **Your Starting Point Story**. We hope that this provides you with a picture of your project as it is today. After sending **Your Starting Point Story** to us, you can feel free to continue using it as a resource within your project – you might want to add, reshape, and edit the document as you continue to reflect upon your project and the services you provide to families. Before sending us **Your Starting Point Story**, please ensure that you have not included personal information (except the name of a staff member who has agreed to act as a contact person).

Please email a copy of Your Starting Point Story to buildingconnections@mothercraft.org. A member of our research team will review Your Starting Point Story and will then be in touch to discuss with you the possibility of moving forward with the training, delivery, and evaluation of the *Connections* intervention.



Section 2:

Evaluation tools to assess abilities and propensities of service providers to be trauma- and violence-informed

2.1. ARTIC (Attitudes Related to Trauma-Informed Care)

Purpose

Measure staff attitudes and beliefs towards trauma-informed care in schools, health care and human services. Can be used as a screening tool to determine for prospective personnel to determine if they have attitudes that would support a trauma-informed culture.

Intended Audience

Schools, health, human care services. Has been used to measure nurses' attitudes to TIC: substance use disorder health clinics, parent-infant mental health. May not be a good fit with diverse ethno-racial groups.

Brief Description

ARTIC-45 includes 5 core and 2 supplementary scales: (a) underlying causes of problem behavior and symptoms, (b) responses to problem behavior and symptoms, (c) on-the-job behavior, (d) self-efficacy at work, (e) reactions to the work, (f) personal support of TIC, and (g) system-wide support for TIC.

- ARTIC-35 excludes the 2 supplementary scales
- ARTIC-10 includes content from the core scales
- ARTIC-45 takes 10-12 minutes to complete
- ARTIC-35 takes 8-10 minutes to complete
- ARTIC-10 takes 2-3 minutes to complete.

References

Baker, C., Brown, S., Wilcox, P.D., Overstreet, S., Arora, P. (2015) Development and psychometric evaluation of the attitudes related to trauma-informed care (ARTIC) Scale. *School Mental Health*, 8, 61-76. DOI: [10.1007/s12310-015-9161-0](https://doi.org/10.1007/s12310-015-9161-0)

Baker, C. N., Brown, S. M., Overstreet, S., Wilcox, P. D., & New Orleans Trauma-Informed Schools Learning Collaborative. (2021). Validation of the Attitudes Related to Trauma-Informed Care Scale (ARTIC). *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(5), 505–513. <https://doi.org/10.1037/tra0000989>

Mendez, A., Bosk, E., Keller, A., Williams-Butler, A., Hardan, T., Ruisard, D., MacKenzie, M. (2023). Expanding the trauma-informed care measurement toolkit: An evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC-45) Scale with SUD workers in PIMH. *Behavioural Science*, 13 (6) <https://doi.org/10.3390/bs13060471>

Stokes, Y., Jean-Daniel, J., Squires, J. (2020). Using the ARTIC-35 to measure nurses' attitudes related to trauma-informed care. *Journal of Nursing Measurement*, 28 (1) DOI: [10.1891/JNM-D-18-00073](https://doi.org/10.1891/JNM-D-18-00073)

Availability

Versions exist for school and human health settings, online and pencil paper versions.

Information on acquiring the ARTIC including scoring directions can be found at [The ARTIC Scale | Traumatic Stress Institute - Klingberg Family Centers](#)

2.2. Knowledge, Attitudes, and Practices of Trauma-Informed Practice

Purpose

This validated tool will allow organizations to identify gaps in knowledge, attitude, and practice among staff to subsequently begin developing pointed strategies to achieve a culture of trauma-informed practice.

Intended Audience

Health care professionals working primarily with children

Brief Description

21 item scale to assess staff knowledge, attitudes and practice related to trauma-informed care, utilizing a 5-point Likert scale from strongly disagree, disagree, neutral, agree, strongly agree. See [Shier and Turpin \(2017\)](#) for a further summary of the conceptualization of factors and scale item.

References

King S, Chen KD, Chokshi B. Becoming Trauma Informed: Validating a Tool to Assess Health Professional's Knowledge, Attitude, and Practice. *Pediatr Qual Saf*. 2019 Sep 9;4(5):e215. doi: [10.1097/pq9.0000000000000215](https://doi.org/10.1097/pq9.0000000000000215). PMID: 31745518; PMCID: PMC6831052.

Availability

See next page.

2.2.1. Knowledge, Attitudes, and Practices of Trauma-Informed Practice

Latent Variable	Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Knowledge	Exposure to trauma is common					
	Trauma affects physical, emotional, and mental well-being					
	Substance use issues can be indicative of past traumatic experiences or ACEs					
	There is a connection between mental health issues and past traumatic experiences or ACEs					
	Distrusting behavior can be indicative of past traumatic experiences or ACEs					
	Retraumatization can occur unintentionally					
Attitude	Recovery from trauma is possible					
	Paths to healing/recovery from trauma are different for everyone					
	People are experts in their own healing/recovery from trauma					
	Informed choice is essential in healing/recovery from trauma					
	TIP is essential for working effectively with our patients and their families					
	I have a comprehensive understanding of TIP					
	I believe in and support the principles of TIP					
	I share my expertise and collaborate effectively with colleagues regarding the use of TIP					
I would like to receive more training on TIP						
Practice	I maintain transparency in all interactions with patients					
	I offer patients choices and respect their decisions					
	I help patients and peers to recognize their own strengths					
	I inform all patients of my actions before I perform them					
	My interaction with each patient is unique and tailored to their specific needs					
	I practice self-care (taking care of my own needs and well-being)					

2.3. Trauma-Informed Belief Scale (TIBS)

Purpose

To assess the beliefs about trauma-informed care of child welfare carers. The scale can be used as an efficient and practical way for welfare agencies and clinicians to assess the need for TIC training, the benefits of TIC training, and matching youth with carers.

Intended Audience

Frontline child welfare workers

Brief Description

13-items using a Likert scale to assess the need for TIC training, benefits of TIC training and matching youth with carers. Likert Scale: (1 = strongly disagree, 5 = strongly agree)

The TIBS covers 3 main areas:

1. Knowledge of the psychological and medical impact of ACE
2. Evidence-based interventions for ACE
3. Carer self-awareness and self-care.

References

Beehag,N., Dryer, R., McGrath , A. et al (2023) Design and development of the trauma informed care beliefs scale-brief. *Children and Youth Services Review*, <https://doi.org/10.1016/j.chilyouth.2023.107087>.

Availability

See next page. Connect with authors for scoring instructions.

2.3.1. Trauma-Informed Belief Scale (TIBS)

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. It's very important to learn how to make the young person with a trauma history feel safe. (TIC specific interventions)					
2. One of the most important things for caring for traumatised young people is that they feel safe in their environment. (TIC specific interventions)					
3. Knowing the impact of trauma on young people helps me to understand their challenging behaviours. (TIC specific interventions)					
4. It's important to role model how I manage my own emotions. (Carer's self-care/self-awareness)					
5. When I am stressed from caring for the young person in my care, it's important to talk to someone about it. (Carer's self-care/self-awareness)					
6. It's important to understand how the child welfare system works. (TIC specific interventions)					
7. It is important to maintain the young person's connections within the community (TIC specific interventions)					
8. Young people with trauma histories are more likely to have drug and alcohol problems when they are older. (Beliefs about impact of trauma)					
9. Young people with trauma histories often develop mental health conditions. (Beliefs about impact of trauma)					
10. Young people with trauma histories are often on the alert for danger. (Beliefs about impact of trauma)					
11. Young people with trauma histories often blame themselves for the bad things that have happened to them. (Beliefs about impact of trauma)					
12. Young people with trauma histories often struggle to maintain relationships. (Beliefs about impact of trauma)					
13. Young people with trauma histories can be overly trusting and/or not very trusting of others. (Beliefs about impact of trauma)					

2.4. Trauma-Informed Care Belief Measure Version 3.2

Purpose

Assess staff attitudes favourable to trauma-informed care.

Intended Audience

Support workers in agencies

Brief Description

19 items, 5-point Likert scale assess level of agreement with statements that may or may not support trauma-informed care.

References

Traumatic Stress Institute [TSI Measures Related to Trauma-Informed Care | Traumatic Stress Institute - Klingberg Family Centers](#)

Availability

[Trauma-Informed-Belief-Measure-Final-3.2-5-12.pdf \(traumaticstressinstitute.org\)](#)

2.5. Trauma-Informed Climate Scale (TICS)

Purpose

The TICS is composed of 34 items that measure staff's psychological perceptions of the work environment. The TICS-10 is best utilized in trauma-informed training and implementation projects to identify your agency's strengths and limitations along the five values of TIC.

Intended Audience

Staff in service organizations

Brief Description

The scale is based on a 5-point Likert rating with scores ranging from *strongly disagree* (1) to *strongly agree* (5). The instrument contains five scales (safety, trust, choice, collaboration, and empowerment).

The TICS-10 is a simple, easy to administer tool to assess staff perceptions of safety, trust, choice, collaboration, and empowerment within the service environment.

References

Hales, T., Kusmaul, N., Nochajski, T. (2017) Exploring the Dimensionality of Trauma-Informed Care: Implications for Theory and Practice, *Human Service Organizations: Management, Leadership & Governance*, 41:3, 317-325, DOI: [10.1080/23303131.2016.1268988](https://doi.org/10.1080/23303131.2016.1268988)

Hales, T., Kusmaul, N., Sundborg, S., Nochajski, T. (2019) The Trauma-Informed Climate Scale-10 (TICS-10): A Reduced Measure of Staff Perceptions of the Service Environment. *Human Service Organizations: Management, Leadership & Governance*, 43:5, 443-453, DOI: [10.1080/23303131.2019.1671928](https://doi.org/10.1080/23303131.2019.1671928)

Availability

See next page.

2.5.1. Trauma-Informed Climate Scale 10 (TICS-10)

Latent Variable	Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Safety	1. When I come to work here, I feel emotionally safe.					
	2. If I am upset at work, I know that other staff and supervisors will understand.					
Trust	3. I'm not sure who I can trust among my coworkers, supervisors, and administrators.*					
	4. I can trust my supervisor to be fair in dealing with all staff					
Choice	5. I feel like I have a great deal of control over my job satisfaction.					
	6. I don't have many choices when it comes to doing my job.*					
Collaboration	7. The leadership listens only to their favorite employees.*					
	8. The administration here does not share decision-making with the rest of the staff.*					
Empowerment	9. This organization doesn't seem to care whether staff gets what they need to do their jobs well.*					
	10. Staff is not supported when they try to find new and better ways to do things.*					

*Indicates reverse scored items.

2.6. Trauma-Informed Practice Scales – Supervision Version (TIPS-SV)

Purpose

Based on the TIP Scale developed by Goodman, 2016 but used by staff to evaluate their supervisors adherence to trauma-informed supervision.

Intended Audience

Staff evaluation of supervisors

Brief Description

Uses the same items as the TIP scale administered to service users but replaces the word “staff” with “supervisor.”

References

Ryan M. Cook, Stefanie A. Wind & Heather J. Fye (2023) Development of the Trauma-Informed Practice Scales – Supervision Version (TIPS-SV), *Measurement and Evaluation in Counseling and Development*, 56:1, 13-32, DOI: [10.1080/07481756.2022.2034480](https://doi.org/10.1080/07481756.2022.2034480)

Availability

See next page.

2.6.1. Trauma-Informed Practice Scales – Supervision Version (TIPS-SV)

How Do You Feel About Your Supervisor?					
We would like to ask you some questions about how it feels to participate in supervision with your supervisor. We are especially interested in the extent to which your supervisor recognizes your challenges and difficulties, as well as your strengths and coping strategies. Please let us know how true the following statements are as you think about your interactions with your supervisor on a scale from 0 to 3. Please respond with your overall impression of supervision with your supervisor. This picture will help you think about that.					
	Not at all true	A little true	Somewhat true	Very true	
1. My supervisor respects my privacy.	0	1	2	3	
2. My supervisor is supportive when I'm feeling stressed out or overwhelmed.	0	1	2	3	
3. I decide what I want to work on in supervision.	0	1	2	3	
4. I have the opportunity to learn how abuse and other difficulties affect responses in the body.	0	1	2	3	
5. I have the opportunity to learn how abuse and other difficulties affect peoples' mental health.	0	1	2	3	
6. My supervisor treats me with dignity.	0	1	2	3	
7. My supervisor respects the strengths I have gained through my life experiences.	0	1	2	3	
8. My supervisor respects the strengths I get from my culture or family ties.	0	1	2	3	
9. My supervisor understands that I know what's best for me.	0	1	2	3	
10. In supervision, I have the opportunity to connect with others.	0	1	2	3	
11. I have opportunities to help other survivors of abuse in supervision.	0	1	2	3	
12. My supervisor creates opportunities for me to learn how abuse and other hardships affect peoples' relationships.	0	1	2	3	
13. The strengths I bring to my relationships with my children, my family, or others are recognized by my supervisor.	0	1	2	3	
14. My supervisor respects the choices that I make.	0	1	2	3	

15. In supervision, I can share things about my life on my own terms and at my own pace.	0	1	2	3	
16. My supervisor gives me opportunities to learn how abuse, and other difficulties affect peoples' ability to think clearly and remember things.	0	1	2	3	
17. I have the option to get support from peers or others who have had experiences similar to my own.	0	1	2	3	
18. My supervisor can handle difficult situations.	0	1	2	3	
19. I am learning more about how to handle unexpected reminders of the abuse and difficulties I have endured.	0	1	2	3	
20. I can trust my supervisor.	0	1	2	3	
The next set of statements are also about your experience of supervision with your supervisor . Please let us know how true the following statements are on a scale from 0 to 3. This picture will help you think about that. Note that as you think about these statements you have the option to circle "I don't know." Please respond with your overall impression of supervision with your supervisor.					
	Not at all true	A little true	Somewhat true	Very true	I don't know
21. Peoples' cultural backgrounds are respected by my supervisor.	0	1	2	3	?
22. Peoples' religious or spiritual beliefs are respected by my supervisor.	0	1	2	3	?
23. My supervisor respects peoples' sexual orientations and gender expressions.	0	1	2	3	?
24. My supervisor understands what it means to be in my financial situation.	0	1	2	3	?
25. My supervisor understands the challenges faced by people who are immigrants.	0	1	2	3	?
26. My supervisor understands how discrimination impacts peoples' everyday experience.	0	1	2	3	?
27. My supervisor recognizes that some people or cultures have endured generations of violence, abuse, and other hardships.	0	1	2	3	?
28. My supervisor treats people who face physical or mental health challenges with compassion.	0	1	2	3	?

2.7. Trauma-Informed Self-Care – Revised (TISC-R)

Purpose

A measure for child welfare case managers to assess, monitor, and improve trauma-informed self-care practices to help workers who face high stress environments.

Intended Audience

Child welfare workers

Brief Description

10 items, with the following subscales:

1. Utilizing organizational resources
2. Organizational practices
3. Professional self-care practices.

References

Salloum, A., Choi, M.J., Smith Stover, C. (2018) Development of a trauma-informed self-care measure with child welfare workers. *Child and Youth Services Review*, 93, 108-116. <https://doi.org/10.1016/j.childyouth.2018.07.008>

Availability

See next page.

2.7.1. Trauma-Informed Self-Care – Revised (TISC-R)

INSTRUCTIONS: Please circle the answer that applies to you. Please circle only ONE response.	Not At All	To A Slight Extent	To A Moderate Extent	To A Great Extent	To A Very Great Extent
1. I attend trainings on stress management.	0	1	2	3	4
2. I attend trainings on secondary trauma.	0	1	2	3	4
3. I attend trainings on how trauma affects people.	0	1	2	3	4
4. I seek continuing education on the effects of trauma on helping professionals.	0	1	2	3	4
5. I utilize peer support.	0	1	2	3	4
6. I request and accept feedback from others about my work performance.	0	1	2	3	4
7. I request and expect regular supervision and supportive consultation.	0	1	2	3	4
8. I practice stress management through meditation, prayer, conscious relaxation, deep breathing, and exercise.	0	1	2	3	4
9. I have a developed a written plan for myself that is focused on work-life balance.	0	1	2	3	4
10. I practice work-life balance strategies.	0	1	2	3	4

Section 3:

Tools to be administered to service users to evaluate the degree that the services they received were trauma- and violence-informed

3.1. TIC Grade

Purpose

Based on the National Center for Trauma-Informed Care Principles of TIC to assess the patient or client perception of the TIC provided in settings that serve adolescents and emerging adults.

Intended Audience

Youth over 18 years of age receiving treatment

Brief Description

20 item grade measure:

- The first section consists of five items asking about how staff “seem to keep trauma in mind”
- The second section of the measure consists of 11 items, highlighting elements of the six key principles of a trauma-informed approach
- The questionnaire items related to trauma-informed practices (TIPs) and principles were rated as not at all (-2), somewhat (-1), you can't tell (0), a little bit (+1), and very much so (+2)
- There is a final item in this section that asks the respondent to assign an overall letter grade (ranging from A = excellent to F = failing, unacceptable) as a global appraisal of how well the agency/provider is providing TIC. Last, there is a space asking the respondents to provide comments to help the organization improve their TIC.

References

Boucher, N., Darling-Fisher, C., Sinko, L., Beck, D., Granner, J., Seng, J. (2023) Psychometric evaluation of the TIC Grade, a self-report measure to assess youth perceptions of the quality of trauma-informed care they received. *Journal of the American Psychiatric Nurses Association*, 28 (4) 319-325.

<https://doi.org/10.1177/1078390320953896>

Sinko L, Beck D, Seng J. Developing the TIC Grade: A Youth Self-Report Measure of Perceptions of Trauma-Informed Care. *Journal of the American Psychiatric Nurses Association*. 2022;28(6):455-463. [doi:10.1177/1078390320970652](https://doi.org/10.1177/1078390320970652)

Availability

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3.2. Trauma-Informed Organizational Environment Scale

Purpose

A survey to determine the effects of trauma-informed organizational dynamics (safety, trust, collaboration, empowerment) on service user intrapersonal development outcomes.

Intended Audience

Service users seeking support or treatment for concurrent disorders

Brief Description

Developed from a qualitative study.
Items using a 6-point Likert scale from strongly agree to strongly disagree.

References

Shier, M.L., Turpin, A. (2021). Trauma-informed organizational dynamics and client outcomes in concurrent disorder treatment. *Research on Social Work Practice*, 32 (1) <https://doi.org/10.1177/10497315211013908>

Availability

See next page.

3.2.1. Trauma-Informed Organizational Environment Scale

Latent Variable	Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Safety	My information has been kept confidential					
	I have felt physically safe here					
	Staff have assured me of my ability to succeed					
	Rules are enforced that support my well-being					
	I have experienced positive peer relationships					
Trust	I have felt comfortable sharing my experience with program staff					
	Program staff have been available when I needed to talk					
	I have not felt judged by program staff					
	I have had a positive relationship with program staff					
	Program staff have cared about my recovery					
Choice	Program staff asked me what I needed to support my recovery					
	Expectations of program participants have been clearly defined					
	I have been able to engage in the program at my own pace					
	There have been multiple program opportunities to support my recovery					
	I have been able to focus on what I need to support my recovery					
Collaboration	I have been able to give feedback to program staff					
	I was actively involved in the planning of my program involvement					
	I established goals that were important to me					
	I was able to work on issues that were affecting me specifically					
	Program staff supported me in achieving my goals					
Empowerment	I have been allowed to share information when I have felt comfortable to do so					
	When triggered I have been able to leave group or individual therapy					
	I have become aware of how my past experiences affect my present behaviour					
	Program staff understood my past experiences					
	Programming was tailored to my unique past experience					

Note. See [Shier and Turpin \(2017\)](#) for a further summary of the conceptualization of factors and scale items.

3.3. Trauma-Informed Practice Scale (TIP)

Purpose

To measure the degree to which DV programs are using trauma-informed practices from survivors' perspectives. The TIP Scales were intentionally created to be used easily by community programs so that they can (a) identify areas of relative strength and weakness, (b) improve their practices, (c) demonstrate to funders and other key stakeholders that they are incorporating TI principles, and (d) begin to understand the ways in which TI practice is related to survivor outcomes.

Intended Audience

Domestic violence program participants, shelter residents, and counselling clients

Brief Description

Comprised of 6 sub-scales:

1. Environment of Agency and Mutual Respect (Agency; 9 items)
2. Access to Information on Trauma (Information; 5 items)
3. Opportunities for Connection (Connection; 3 items)
4. Emphasis on Strengths (Strengths; 3 items)
5. Cultural Responsiveness and Inclusivity (Inclusivity; 8 items)
6. Support for Parenting (Parenting; 5 items).

References

Goodman, L., Sullivan, C., Serrata, J., Perilla, J., Wilson, J., Fauci, J. DiGiovanni, C. (2016). Development and validation of the trauma-informed practice scales. *Journal of Community Psychology*, 44 (6) 747-764. <https://doi.org/10.1002/jcop.21799>

A Guide for Using the Trauma-informed Practice Scales. [tips_using_tips_sullivan_goodman_2015.pdf \(unm.edu\)](#)

Availability

See next page.

3.3.1. Trauma-Informed Practice Scale (TIP)

How Do You Feel About This Program?				
We would like to ask you some questions about how it feels to participate in this program. We are especially interested in the extent to which staff at this program recognize your challenges and difficulties, as well as your strengths and coping strategies.				
A. Please let us know how true the following statements are as you think about your interactions with staff in this program on a scale from 0 to 3. You may feel different ways about different staff members. Please respond with your overall impression of the staff. This picture will help you think about that:	Not at all true	A little true	Somewh at true	Very true
1. Staff respect my privacy.	0	1	2	3
2. Staff are supportive when I'm feeling stressed out or overwhelmed.	0	1	2	3
3. I decide what I want to work on in this program.	0	1	2	3
4. I have the opportunity to learn how abuse and other difficulties affect responses in the body.	0	1	2	3
5. I have the opportunity to learn how abuse and other difficulties affect peoples' mental health.	0	1	2	3
6. Staff treat me with dignity.	0	1	2	3
7. Staff respect the strengths I have gained through my life experiences.	0	1	2	3
8. Staff respect the strengths I get from my culture or family ties.	0	1	2	3
9. Staff understand that I know what's best for me.	0	1	2	3
10. In this program, I have the opportunity to connect with others.	0	1	2	3
11. I have opportunities to help other survivors of abuse in this program.	0	1	2	3
12. This program creates opportunities for me to learn how abuse and other hardships affect peoples' relationships.	0	1	2	3
13. The strengths I bring to my relationships with my children, my family, or others are recognized in this program.	0	1	2	3

14. Staff respect the choices that I make.	0	1	2	3
15. In this program, I can share things about my life on my own terms and at my own pace.	0	1	2	3
16. This program gives me opportunities to learn how abuse, and other difficulties affect peoples' ability to think clearly and remember things.	0	1	2	3
17. I have the option to get support from peers or others who have had experiences similar to my own.	0	1	2	3
18. Staff can handle difficult situations.	0	1	2	3
19. I am learning more about how to handle unexpected reminders of the abuse and difficulties I have endured.	0	1	2	3
20. I can trust staff.	0	1	2	3
B. The next set of statements are also about your experience of this program . Please let us know how true the following statements are on a scale from 0 to 3. This picture will help you think about that. Note that as you think about these statements you have the option to circle "I don't know." Also note that you may feel different ways about different staff members. Please respond with your overall impression of the staff.	Not at all true	A little true	Somewh at true	Very true
1. Peoples' cultural backgrounds are respected in this program.	0	1	2	3
2. Peoples' religious or spiritual beliefs are respected in this program.	0	1	2	3
3. Staff respect peoples' sexual orientations and gender expressions.	0	1	2	3
4. Staff understand what it means to be in my financial situation.	0	1	2	3
5. Staff understand the challenges faced by people who are immigrants.	0	1	2	3
6. Staff understand how discrimination impacts peoples' everyday experience.	0	1	2	3
7. Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.	0	1	2	3
8. This program treats people who face physical or mental health challenges with compassion.	0	1	2	3

<p>C. If you have children, please respond to the following questions. (If you do not have children, please skip these questions).</p> <p>Please let us know how true the following statements are as you think about your interactions with staff in this program on a scale from 0 to 3. Note that as you think about these statements you have the option to circle “I don’t know.” You may feel different ways about different staff members. Please respond with your overall impression of the staff. This picture will help you think about that:</p>	Not at all true	A little true	Somewhat true	Very true
1. I am learning more about how children react emotionally when they have witnessed or experienced abuse, and other hardships.	0	1	2	3
2. Staff help me explore how children’s relationships can be affected by witnessing or experiencing abuse, and other life difficulties.	0	1	2	3
3. I am learning more about how my own experience of abuse can influence my relationships with my children.	0	1	2	3
4. The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.	0	1	2	3
5. Staff support me to strengthen my relationships with my children.	0	1	2	3

References

- Andrews, N., Motz, M., Pepler, D. J. (2020). Developing and testing a readiness tool for interpersonal violence prevention partnerships with community-based projects. *Journal of Community Psychology, 48*(6), 1715-1731. <https://doi.org/10.1002/jcop.22361>
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- Purtle, J. (2020). Systematic Review of Evaluations of Trauma-Informed Organizational Interventions That Include Staff Trainings. *Trauma, Violence, & Abuse, 21*(4), 725-740. <https://doi.org/10.1177/1524838018791304>
- Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. [sma14-4884.pdf \(samhsa.gov\)](https://www.samhsa.gov/4884.pdf)
- Wathen, C. N., Schmitt, B., & MacGregor, J. C. D (2023). Measuring Trauma- (and Violence-) Informed Care: A Scoping Review. *Trauma, Violence, & Abuse, 24*(1), 261-277. <https://doi.org/10.1177/15248380211029399>