Creating Cultures of Trauma-Informed and Gender-Responsive Care: Program Fidelity Scale   Version 1.2 (4-13)
Community Connections, Institute for Relational Development, Connecticut Women's Consortium, CT Department of Mental Health and Addiction Services (*Draft; not for distribution without the written permission of the authors*.)

<u>**Overview of the Fidelity Scale**</u>
Please note: Full, detailed instructions are available in the Fidelity Scale Instruction Guide. It is essential that the full guide be reviewed prior to beginning this process.

1) The intent of this instrument is to gauge the extent to which a program or agency has developed a culture of trauma-informed, gender-responsive care. By trauma-informed, we mean a culture that incorporates knowledge about trauma—its prevalence, impact, and the complex paths to recovery and healing—into every aspect of the program's contacts, activities, relationships, and physical settings. Safety, trustworthiness, choice, collaboration, and empowerment are the core values of that culture. By gender-responsive, we mean creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of the lives of women/girls as well as men/boys and that addresses and responds to their respective strengths and challenges.

2) The emphasis on women and men (as well as on persons in recovery and staff) needs to be maintained throughout this scale. Due to space and clarity considerations, we decided not to reiterate the importance of considering the program's impact on both men and women in every item. However, it is important in rating the program to do so.

3) When scoring a program, we recommend being conservative in deciding whether or not a specific indicator is met. For instance, in #1.d., if some of the signage is missing or unclear or unwelcoming, then the score should indicate that the standard has not been met (even if some of the signs are welcoming and hospitable). This may mean that, especially the first time the fidelity scale is administered, the scores may be quite low. That is fine. It simply means there is more room for growth in the program's culture.

4) The Source of Evidence column should indicate the specific sources of information used to arrive at a decision about a score. More than one source of evidence may be used to score a particular item. For example, item #2.b. may call for input not only from the staff (STINT), but from the Executive Director or CEO (CEOINT), from clients (CONSINT), via in-person observation (IPOBS), and possibly from client or staff surveys (SURR).

5) In the row below the scoring, there is space for documenting findings, both strengths and challenges. Notes under "challenges" should be used to guide your plans for changes and enhancements. These should also be noted in your Implementation Plans, to ensure action steps are taken to remedy the issues.

6) Scoring should be done on a program-specific basis, acknowledging that there are many items that may apply to the larger, multi-program agency or organization. Programs may then be combined to arrive at an organization-wide score. Simply put an "X" in the column indicating your score and fill in the scoring summary on last page of this document.

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Domain 1. Program Procedures and Settings: "To what extent are program activities and settings consistent with five core values of trauma-informed cultures of care: safety, trustworthiness, choice, collaboration, and empowerment? For women and for men?"

Domain 1A. Safety for Clients and Staff—Ensuring Physical and Emotional Safety: *"To what extent do the program's activities and settings ensure the physical and emotional safety of female and male clients and staff members?"*

Criterion/Indicators	1 None of the possible indicators is present.	2 One or two indicators are present.	3 Three indicators are present.	4 Four or five indicators are present.	5 Six or seven indicators are present.	Source of Evidence
1. Physical Setting: a) a) The area around the program (sidewalks and parking lots, e.g.) is safe for women and men and the program is accessible for both clients and staff. b) The program's entrance area and waiting room is safe and hospitable, offering adequate personal space; exits are clearly marked and accessible; c) If there are security personnel present, they are trained in customer service as well as in maintaining safety; d) The program's signage is clear and welcoming; it directs people to the most frequently used areas (e.g., rest rooms, intake and reception areas); e) The program's décor includes gender-specific images and colors that fit well with the recovery goals of the clients; ideally, some of the art work, paint, and flooring should have been created or selected by a team of clients; f) The program has designated "quiet spaces" for use by <u>clients and staff</u> who need or want a place of respite; g) Staff offices are safe and/or have appropriate safety back-ups like "panic buttons."			**Findings** *Strengths:* *Challenges:*			CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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2. Interpersonal Contacts: a) The program's first contact (by phone or in person) with prospective clients is welcoming and respectful. b) The staff (including the reception staff) are attuned to signs of distress among clients and respond in a gentle, compassionate way. c) In making contact with clients, staff take into account whether clients may be involved in potentially dangerous situations (e.g., domestic violence or living in a shelter); d) Clients are given clear guidelines in advance about what to expect of the program; e) All staff are given clear guidelines in advance about what to expect of the program; supervisors and managers set the tone by offering clear and reassuring messages about the program's tasks and expectations; f) All staff members (including senior administrators) feel supported when they have challenges in their work; "we are all in this together." g) Staff doing work that takes them into areas away from the office feel safe and supported by the program.	**1** None of the possible indicators is present.	**2** One or two indicators are present.	**3** Three indicators are present.	**4** Four or five indicators are present.	**5** Six or seven indicators are present.	**Source of Evidence**
						CEO Interview (CEOINT)
	Findings *Strengths:* *Challenges:*					Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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Domain 1B. Trustworthiness for Clients and Staff—Maximizing Trustworthiness through Task Clarity, Consistency, Transparency, and Interpersonal Boundaries: *"To what extent do the program's activities and settings maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency and transparency in practice, and by maintaining boundaries that are appropriate to the program? For men and for women?"*

Criterion/Indicators	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five indicators are present.	Source of Evidence
a) The program makes it clear who will do what, when and with what goals in mind; it is clear which actions will be taken and who is responsible for these actions—this is true in all aspects of the program's functioning, for both clients and staff.						CEO Interview (CEOINT)
b) The program is transparent in the way it operates; administration and managers share information openly with staff and clients (without violating their own responsibilities regarding confidentiality) c) The program reviews its services with each prospective client, based on clear statements of the goals, risks, and benefits of program participation, and obtains informed consent from each client; new staff go through a parallel process in which expectations are clarified and responsibilities made clear. d) The program has a clear procedure for the review of any allegations of boundary violations, including sexual harassment and inappropriate social contacts. e) Administrators and supervisors consistently validate the importance of staff support.	**Findings** *Strengths:* *Challenges:*					Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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Domain 1C. Choice for Clients and Staff —Maximizing Client and Staff Choice and Control. *"To what extent do the program's activities and settings maximize client and staff experiences of choice and control? For women and men?"*

Criterion/Indicators	1 None of the possible indicators is present.	2 One indicators are present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five or six indicators are present.	Source of Evidence
1. Routine Practice: a) Staff members review the program's service options (e.g., types of services offered, locations, housing possibilities, choices regarding clinicians—including gender) with each client prior to the development of an initial recovery or service plan b) The program routinely asks clients about how and when they would like to be contacted. c) The program ensures that each service option is as independent of others as possible, so that a client's choice about one service does not necessarily affect another. d) The client's goals are given the greatest weight in recovery planning. e) Staff members are provided options, when possible, regarding factors that affect their daily work (hours and flex-time; timing of leave; décor of office; trainings offered). f) The program offers a balance between autonomy and clear guidelines for staff members' work responsibilities; it is alert for ways to maximize staff choice regarding how they meet their job requirements.			**Findings** *Strengths:* *Challenges:*			CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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Criterion/Indicators	**1** None of the possible indicators is present.	**2**	**3** One indicator is present.	**4**	**5** Both indicators are present.	**Source of Evidence**
Crisis Preferences: a) The client collaborates in developing a plan (e.g., Wellness Recovery Action Plan and/or a crisis/safety plan) that indicates the client's preferred options, including responses from staff, in crisis situations. b) The program consistently takes into account these preferences in responding to client crises, including preferences regarding gender of supportive others.		**Findings** *Strengths:* *Challenges:*				CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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Domain 1D. Collaboration for Clients and Staff —Maximizing Collaboration and Sharing Power: *"To what extent do the program's activities and settings maximize collaboration and sharing of power between staff and clients? Between staff and supervisors and administrators? For women and men?"*

Criterion/Indicators	**1** None of the possible indicators is present.	**2** One indicator is present.	**3** Two indicators are present.	**4** Three indicators are present.	**5** Four indicators are present.	**Source of Evidence**
a) The program has a routine and effective way of gathering <u>client</u> opinions about the program's direction and operations; weighs clients' opinions in their decision-making; and communicates clearly with clients the process of decision-making. Alternatives include a Client Advisory Board, regularly used focus groups, suggestion boxes, etc. b) The program has a routine and effective way of gathering <u>staff</u> opinions about the program's direction and operations; weighs staff opinions in their decision-making; and communicates clearly with staff the process of decision-making. All staff are included in any change process, including support staff. c) The program cultivates a model of doing things "with" rather than "to" or "for" clients. d) The program creates ways to engage clients as <u>partners</u> in plans for the recovery support services they need and want.	**Findings** *Strengths:* *Challenges:*					CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

Domain 1E. Empowerment for Clients and Staff—Prioritizing Empowerment and Skill-Building: *"To what extent do the program's activities and settings prioritize client and staff empowerment and growth? For women and men?"*

Criterion/Indicators	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five or six indicators are present.	Source of Evidence
a) The program routine recognizes <u>client</u> strengths and skills in the planning, implementation, and evaluation of its services. b) The program routine recognizes <u>all staff members'</u> strengths and skills in the planning, implementation, and evaluation of its services. c) In each formal activity, the program helps to develop or enhance client skills explicitly. d) In each contact, the client feels validated and affirmed. e) The program offers training designed to strengthen or develop specific skills needed by staff in order to perform their jobs well. f) The program emphasizes shared accountability and responsibility throughout its hierarchy (in contrast to blaming the person with the least power).						CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

Findings

Strengths:

Challenges:

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<u>**Domain 2. Formal Service Policies**</u>: **"To what extent do the formal policies and procedures of the program reflect an understanding of trauma, gender, and recovery?"**

<u>**Criterion/Indicators**</u>	**1** None of the indicators are present.	**2** One or two indicators are present.	**3** Three or four indicators are present.	**4** Five or six indicators are present.	**5** Seven or eight indicators are present.	**Source of Evidence**
a) The program has developed written policies that seek to eliminate involuntary or coercive practices (seclusion and restraint, involuntary hospitalization or medication, outpatient commitment). For those programs whose clients are "mandated" to treatment, efforts are made to maximize the realistic choices enrollees have. These efforts are part of the program's written policies. b) The program has a written de-escalation policy that minimizes possibility of re-traumatization; the policy includes reference to a client's statement of preference for crisis response, including preferences regarding gender of those involved as supports. c) The program's policies regarding confidentiality (incl. limits and mandated reporting) and access to information are clearly written, maximize legal protection of privacy, and are communicated to each client. e) The program has clearly written and easily accessible policies outlining <u>client</u> and <u>staff</u> rights and responsibilities as well as a grievance policy. f) The program's policies address issues related to staff safety, e.g., community visits, being alone in an area of the building, incident reviews reduce staff vulnerability g) The program's policies address the need for debriefing after critical incidents, Both staff and clients involved in the incident are also engaged in the debriefing, which has as its goal an understanding and preventive approach (in contrast to a blaming one).. h) All services are based on gender-responsive principles and the curricula and materials used are gender-responsive.	**Findings** *Strengths:* *Challenges:*					CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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Domain 3. Trauma and Gender Screening, Assessment, Service Planning and Trauma-Specific, Gender-Specific Services: **"To what extent does the program have a consistent way to identify individuals who have been exposed to trauma and to include trauma-related information in planning services with the client? For women and for men? To what extent is gender-specific assessment built into the program? To what extent are trauma-specific, gender-specific services readily available"**

Criterion/Indicators	**1** None of the possible indicators is present.	**2** One indicator is present.	**3** Two or three indicators are present.	**4** Four indicators are present.	**5** Five or six indicators are present.	**Source of Evidence**
1. Screening, Assessment, and Service Planning: a) Universal Trauma Screening. Within the first month of service participation, every client has been asked about exposure to trauma. b) The trauma screening includes questions about lifetime exposure to sexual, physical, and emotional abuse. c) The trauma screening is implemented in ways that minimize client stress; it reflects considerations given to gender of interviewer, timing, setting, relationship to interviewer, client choice about answering, and unnecessary repetition. d) Unless specifically contraindicated due to client distress, the program conducts a more extensive assessment of trauma history and needs and preferences for trauma-specific services for those clients who report trauma exposure. e) The program conducts gender-specific assessments for women and men, and for girls and boys, if applicable. These assessments are based on knowledge of gender differences in <u>socialization</u> as well as biology. f) Recovery planning is conducted in an individualized, person-centered way that is based on gender-responsive theory and knowledge.	**Findings** *Strengths:* *Challenges:*					CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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__Criterion/Indicators__	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five or six indicators are present.	**Source of Evidence**
2. Trauma-Specific, Gender-Specific Services: a) The program ensures that those individuals who report the need and/or desire for trauma-specific and gender-specific (TSGS) services are either offered them on-site or referred for appropriately matched services. b) Trauma-specific group services provided by the program are offered entirely in gender-specific groups. c) TSGS services are <u>effective</u>; they have an evidence base for the population being served. d) TSGS services are <u>accessible</u>. People can get to them easily and they are offered at times that meet the members' needs. e) TSGS services are <u>affordable</u> for the members. f) TSGS services, in style and content, are responsive to the <u>preferences</u> of the program's clients.						CEO Interview (CEOINT)
	Findings *Strengths:* *Challenges:*					Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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<u>**Domain 4. Administrative Support for Program-Wide Trauma-Informed, Gender-Responsive Services**</u>: **"To what extent do agency administrators support the integration of knowledge about trauma and recovery and about gender-responsiveness into all program practices?"**

Criterion/Indicators	**1** None of the possible indicators is present.	**2** One indicator is present.	**3** Two or three indicators are present.	**4** Four indicators are present.	**5** Five indicators are present.	**Source of Evidence**
1. Overall Administrative Support: a) The program has adopted a formal policy or mission statement that refers to the importance of both trauma and gender and the need to account for clients' gendered experiences of trauma in all aspects of program operation. b) The program has a clear philosophy, reflected in its day-to-day operations, that takes both trauma and gender into account. The philosophy is reflected in written materials as well as in informal practices. c) The program has named a trauma and gender specialist ("champion") and workgroup(s) to lead agency activities in trauma- and gender-related areas and provides needed support for these initiatives. d) The group reflects the composition of the staff and people in recovery in terms of gender, race, and cultural background. All constituencies in the program are represented on the workgroup. e) Program administrators monitor and participate actively in responding to the recommendations and activities of the trauma and gender (TAG) leadership.						CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

Findings row (spanning columns 2–6):

Findings

Strengths:

Challenges:

Criterion/Indicators	**1** None of the possible indicators is present.	**2** One indicator is present.	**3** Two or three indicators are present.	**4** Four indicators are present.	**5** Five indicators are present.	**Source of Evidence**
2. Services Offered by the Program: a) The program offers simultaneous, integrated services for mental health, substance abuse, and trauma. b) The program uses gender-specific role models and mentors, who may also be people in recovery. c) The program makes available, on site or by referral, primary care, spiritual, employment, and parenting services that are gender-responsive. d) The program offers specific services for pregnant women or makes referrals to such programs. e) The program offers child care or helps make arrangements for such care for parents who need it						CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

Findings

Strengths:

Challenges:

Criterion/Indicators	1 None of the possible indicators is present.	2	3 One indicator is present.	4	5 Both indicators are present.	Source of Evidence
3. Trauma Survivor/Person in Recovery Involvement: a) Administrators actively solicit the opinions of people in recovery who have had experiences of trauma. By membership on a Client Advisory Board (CAB), by focus groups, by individual interviews, and/or by suggestion boxes, people in recovery can have their voices heard. Both male and female survivors are represented. b) People in recovery who have had lived experiences of trauma are actively involved in all aspects of program planning and oversight. Both female and male (and transgendered) survivors are represented.						CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)
	Findings *Strengths:* *Challenges:*					

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Criterion/Indicators	1 None of the possible indicators is present.	2 One indicator is present.	3 Two indicators are present.	4 Three indicators are present.	5 Four indicators are present.	Source of Evidence
4. Program Data-Gathering and Program Evaluation: a) Program gathers data addressing the needs and strengths of clients who are trauma survivors and evaluates the effectiveness of the program and trauma-specific services. Gender is a category of importance in these data. b) Administrators include at least five key values of trauma-informed cultures in <u>client</u> satisfaction surveys: safety, trustworthiness, choice, collaboration, and empowerment. The respondent's gender is a factor considered in understanding these data. c) Administrators include at least five key values of trauma-informed cultures in <u>staff</u> satisfaction surveys: safety, trustworthiness, choice, collaboration, and empowerment. The respondent's gender is a factor considered in understanding these data. d) Results of both the client and staff surveys are consistent with a trauma-informed culture. All ten of the key values ratings are at the "agree" or higher level on the rating scale.						CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

Findings
Strengths:

Challenges:

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Domain 5. <u>Staff Trauma and Gender Training, Education, and Support</u>: "To what extent have all staff members received appropriate training in trauma and gender and its implications for their work?"

<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five indicators are present.	**Source of Evidence**
a) All staff (including administrative and support personnel) have participated in at least 2.5 hours of "basic" trauma and gender education that addresses at <u>least</u> the following: 1) trauma prevalence, impact, and recovery; 2) ensuring safety and avoiding re-traumatization; 3) maximizing trustworthiness (clear tasks and boundaries); 4) enhancing client choice; 5) maximizing collaboration; 6) emphasizing empowerment; 7) gender differences relevant for the program. b) All staff have participated in at least 2.5 hours of education addressing the necessity of staff support and care in a trauma-informed context. c) All new staff receive at least one hour of trauma and gender education as part of orientation. d) Direct service staff have received at least three hours of education involving trauma-specific techniques (e.g., grounding, teaching trauma recovery skills). e) All staff are provided adequate resources for self-care, including supervision, consultation, and/or peer support that addresses secondary traumatization.			**Findings** *Strengths:* *Challenges:*			CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

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Domain 6. Human Resources Practices: "To what extent are trauma- and gender-related considerations part of the hiring and performance review process?"

Criterion/Indicators	1 None of the possible indicators is present.	2 One indicator is present.	3 Two indicators are present.	4 Three indicators are present.	5 Four indicators are present.	Source of Evidence
a) Prospective staff interviews include trauma- and gender-related questions. (What do applicants know about trauma, including sexual, physical, and emotional abuse? About its impact on men and women? About recovery and healing for women and men? Is there a "blaming the victim" bias? Is there potential to be a TAG "champion?") b) Staff performance reviews include trauma-informed, gender-responsive skills and tasks, including the development of safe, trustworthy, collaborative, and empowering relationships with clients that maximize client choice for both women and men. c) The program routinely assesses staff members' knowledge of trauma and gender relevant for the program's goals (see content in Domain 5). This may be done following educational events <u>or</u> as part of performance reviews <u>or</u> in ongoing supervision. d) The program has a consistent way to recognize outstanding performance among staff.						CEO Interview (CEOINT) Client Interview (CLINT) Staff Interview (STINT) Clinical Record Review (CRR) Policy Document Review (PDR) In-Person Observation (IPOBS) Survey Review (SURR)

Findings

Strengths:

Challenges:

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Agency/Program _____   Date _____

Person(s) Completing Scale:_____

Domain 1. Program Procedures and Settings
1A.1.   # of indicators_____   Rating. _____
1.A.2.   # of indicators_____   Rating. _____
1B.   # of indicators_____   Rating. _____
1C.1.   # of indicators_____   Rating. _____
1C.2.   # of indicators_____   Rating. _____
1D.   # of indicators_____   Rating. _____
1E.   # of indicators_____   Rating. _____
    Domain 1 Subtotal   # of indicators_____   Rating. _____

Domain 2. Formal Services Policies
    Domain 2 Subtotal   # of indicators_____   Rating. _____

Domain 3: Trauma and Gender Screening, Assessment, and Service Planning
1.   # of indicators_____   Rating. _____
2.   # of indicators_____   Rating. _____
    Domain 3 Subtotal   # of indicators_____   Rating. _____

Domain 4: Administrative Support for Program-Wide Trauma-Informed, Gender-Responsive Services
1.   # of indicators_____   Rating. _____
2.   # of indicators_____   Rating. _____
3.   # of indicators_____   Rating. _____
4.   # of indicators_____   Rating. _____
    Domain 4 Subtotal   # of indicators_____   Rating. _____

Domain 5: Staff Trauma and Gender Training and Education
    Domain 5 Subtotal   # of indicators_____   Rating. _____

Domain 6: Human Resources Practices
    Domain 6 Subtotal   # of indicators_____   Rating. _____

Grand Total of Ratings_____ ÷ 16 = Overall Mean of _____
Interpretive ranges for overall mean: **1.00-2.00 = *Beginning the trauma-informed, gender-responsive process;* 2.00-3.00 = *Not very trauma-informed or gender-responsive;* 3.00-4.00 = *Somewhat trauma-informed and gender-responsive;* 4.00-5.00 = *Very trauma-informed and gender-responsive;* 5.00 = *Fully trauma-informed and gender-responsive.***

Grand Total of Indicators _____