Connecting the Dots: Conceptualizing and Measuring Trauma-Informed Practice in the Domestic Violence Context
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Introduction
Over the last decade, the movement towards trauma-informed practice (TIP) has gained ground among domestic violence (DV) service providers (Warshaw, Gugenheim, Moroney, & Barnes, 2003). Recent evidence suggests that TIP contributes to positive outcomes for survivors of interpersonal violence (e.g. Cocozza et al., 2005; Markoff et al., 2005); yet, there is limited guidance on the key domains of DV-specific TIP or how to evaluate the extent of its presence from survivors’ perspective.

DV services often address a broader array of concerns than traditional mental health services (e.g. housing, employment, children’s issues, immigration), and therefore engages a broader set of practices. This complexity requires a careful analysis of how DV-specific TIP has been conceptualized and experienced. As a step towards both theoretical consensus and the development of tools for evaluation, we are developing a DV-specific measure of program participants’ experience of TIP. We have conducted stakeholder interviews and qualitative analysis of publications of DV organizations. However, as one of the foundational principles of TIP is that it should be shaped by those receiving services (Elliot et al., 2005; Markoff et al., 2005), it is critical to develop a rigorous tool that will explicitly assess participants’ experience of TIP in DV services.

Methods
Stakeholder Interviews
- Interviews were conducted by phone and in person with experts in DV policy, practice, and research.
- Four dimensions emerged that guided publications analysis.

Qualitative analysis of publications/manuals
- We conducted a qualitative analysis of 13 publications from a variety of national, state, and community organizations.
- Qualitative descriptive coding occurred on 3 levels:
  - Level 1 identified and counted specific practices.
  - Level 2 organized these into categories via constant comparison.
  - Level 3 synthesized categories into 5 meaningful clusters.

Results
- Figure 1 captures main categories in each cluster and sample measures for each.
- Figure 2 shows the distribution of policies and practices within each cluster across all publications.
- The highest proportion of practices could be classified under Emotional Safety.

Discussion
Throughout this analysis we found that a solid theoretical coherence emerged across publications and stakeholders. This working consensus not only facilitated the ongoing development of the measure, but also suggested that current inconsistencies reflect variations in language rather than content. We hope that this agreement will strengthen use of the measure and subsequent discourse about TIP in the DV context.

As a measure of participant experience, our tool is not designed to evaluate certain aspects of TIP (e.g. staff training). Because participants’ experience are at the center of TIP, we believe that this measure will still be able drive significant shifts in DV services.

We will continue to develop the measure by conducting focus groups with DV staff and survivors to assess the face validity of the items. We will then pilot the final measure with a sample of 300 DV survivors in programs across the Boston area and evaluate its psychometric properties. Ultimately, we hope that this measure will be a useful tool for programs to reflect and evaluate their progress as they continue to implement TIP in their work.