Can Prison Be a Place of Healing?
The Trauma-Informed Care Initiative at the
Women's Community Correctional Center

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Native Hawaiian women represent 44% of the female prison population in Hawaiʻi, although only 19.8% of the general population of women identify as Native Hawaiian. Research indicates that major factors contributing to the disproportionate representation of Native Hawaiian women in the criminal justice system include the psychological, social, educational, and economic effects of trauma, physical and sexual abuse, neglect, and other forms of maltreatment. In response, the Women's Community Correctional Center (WCCC) developed the Trauma-Informed Care Initiative (TICI). This article examines the efforts of the TICI to create a place of healing and inspire systemic change within the criminal justice system and beyond and the initial steps taken to incorporate informed trauma care at WCCC.

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Hawaiʻi has a sizable population of women in prison, 44% of whom are Native Hawaiian women although this demographic only comprises 19.8% of the general population of women in Hawaiʻi (Office of Hawaiian Affairs et al., 2010). Major factors contributing to the disproportionate representation of Native Hawaiian women in the criminal justice system include the psychological, social, educational, and economic effects of trauma, including physical and sexual abuse, neglect and other forms of maltreatment during childhood, and interpersonal violence and trauma experienced in adolescence and early adulthood (Bloom, Owen, & Covington, 2003; Chesney-Lind & Pasko, 2013; Daly, 1992; Gaarder & Belknap, 2002; Gilfus, 1992; Macmillan, 2001; Maeve, 2000; Richie, 2000; Topitzes, Mersky, & Reynolds, 2012; Widom, 2000).
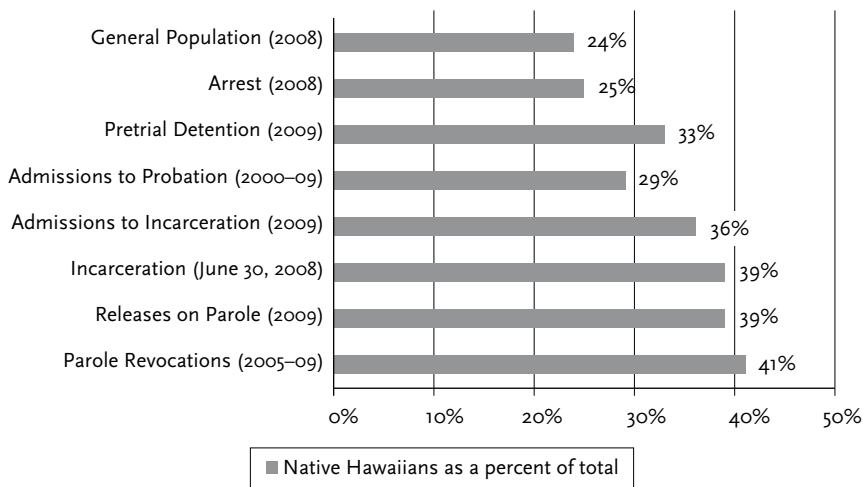
The Women's Community Correctional Center (WCCC) recognizes the unique characteristics of its female population, including trauma-related factors. Under the leadership of Warden Mark Patterson, WCCC is working on cultural change to create a place of healing and transformation. Through his work and as a result of his own personal experiences, Warden Patterson is implementing a visionary framework for creating a puʻuhonua (place of refuge)—a place to live a forgiven life, a place for transformation, a place that nurtures healing within the individual, family, and community and can reduce recidivism. WCCC is taking a community-building approach using a mind, body, spirit, and place perspective. To incorporate a better-informed care framework, the Trauma-Informed Care Initiative (TICI) was begun in 2009.

This article describes the TICI, including preliminary study findings on the prevalence of trauma, and concludes with Warden Patterson's personal account relating the issue of trauma to his own genealogical history. Intertwining personal stories with his professional journey, the warden expands on the importance of trauma-informed care and why advocacy for systemic change "from twinkle to wrinkle" is critical for strengthening families in the system and beyond.

OVERVIEW OF THE DISPROPORTIONATE NUMBERS OF NATIVE HAWAIIANS IN HAWAI'I'S CRIMINAL JUSTICE SYSTEM

Native Hawaiians are disproportionately represented in Hawai'i's criminal justice system. A study developed as a collaboration between the State of Hawai'i and the Office of Hawaiian Affairs (OHA et al., 2010) found that the disproportion in Native Hawaiians in the criminal justice system increased at each stage of the criminal justice process. While Native Hawaiians make up 24% of the general population in Hawai'i, they represent 27% of all arrests, 33% of those in pretrial detention, 29% sentenced to probation, 36% admitted to prison, 39% of the incarcerated population, 39% of releases on parole, and 41% of parole revocations (see Figure 1). The study also found that Native Hawaiians found guilty were more likely to get a prison sentence than other racial/ethnic groups, and receive longer prison sentences and longer probation terms than most other groups.
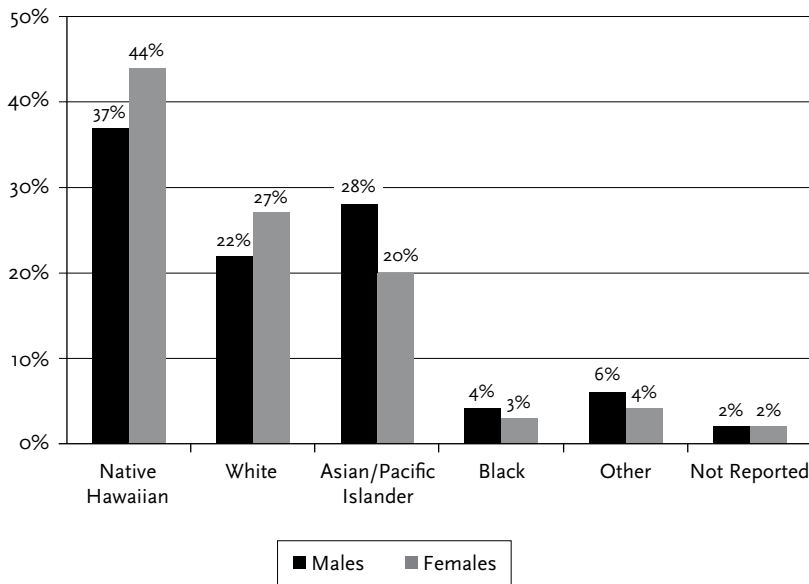
FIGURE 1 The disproportionate impact of the criminal justice system on Native Hawaiians accumulates at each stage

Source: The Disparate Treatment of Native Hawaiians in the Criminal Justice System, by the Office of Hawaiian Affairs, Justice Policy Institute, University of Hawai'i, and Georgetown University, 2010. Honolulu, HI: Office of Hawaiian Affairs. Available at http://www.oha.org/page/native-hawaiians-criminal-justice-system

Native Hawaiian women are particularly affected. Compared to other places, Hawai'i has the largest proportion of women in prison. Native Hawaiian women represent 44% of this female prison population, though only 19.8% of the general population of women in Hawai'i identified as Native Hawaiian or part Native Hawaiian (see Figure 2).

FIGURE 2 Native Hawaiian women make up a larger proportion of the total number of women under the custody of the Hawai'i Department of Public Safety than Native Hawaiian men

Source: The Disparate Treatment of Native Hawaiians in the Criminal Justice System, by the Office of Hawaiian Affairs, Justice Policy Institute, University of Hawai'i, and Georgetown University, 2010. Honolulu, HI: Office of Hawaiian Affairs. Available at http://www.oha.org/page/native-hawaiians-criminal-justice-system

Trauma and the Pathway to Prison for Native Hawaiian Women

What is trauma? The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) provides the following definition:

> Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's function and physical, social, emotional, or spiritual well-being. (http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx)

This definition of trauma summarizes the interaction of (a) the traumatic event or events, (b) the personal experience of the event, and (c) the adverse effects of the event. Traumatic events or circumstances involve actual physical or psychological harm or the extreme threat of harm as well as the "withholding of material or relational resources essential to healthy development." Trauma may involve violence, including physical, sexual, and institutional abuse, neglect, or natural or man-made disasters. Whether an individual experiences such events or circumstances as traumatic depends on "how the individual labels, assigns meaning to, and is disrupted physically and psychologically" by them. "Traumatic experiences can be dehumanizing, shocking or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety. They may induce feelings of powerlessness, fear, recurrent hopelessness, and a constant state of alert" (SAMHSA, 2012). Adverse effects of traumatic experiences may include a range of serious psychological, physiological, and behavioral problems. Traumatic experiences may also impact an individual's spirituality and relationships with self, others, communities, and environment, resulting in feelings of shame, guilt, rage, isolation, and disconnection (http://www.samhsa.gov/nctic).

The effects of traumatic experiences throughout life and the intergenerational transmission of the harmful effects of historical traumas experienced by Native Hawaiians are significant contributors to Native Hawaiian women's involvement in the criminal justice system. This relationship between significant trauma history and subsequent juvenile and criminal offending among women is supported through studies focused on understanding "gender pathways to lawbreaking" (Arnold, 1990; Chesney-Lind, 2000; Bloom, Owen, & Covington, 2003; Gilfus, 1992; Maeve, 2000; Widom, 2000). The gender pathways framework examines individual life course events, such as childhood maltreatment, in the context of broader issues of gender, race/ethnicity, class, history, and place, and provides an explanation of what puts many women on the path to prison (Daly, 1998, p. 95). Life for these women includes living on the margins of poverty, educational underachievement, lack of employable skills, belonging to disadvantaged ethnic minority groups, and engaging in criminal activities as sources of income when other alternatives are unavailable (Daly, 1998).

Employing this gendered pathways framework, Marilyn Brown (2003, 2006) described a pathway specific to Native Hawaiian women involved in the criminal justice system. Brown's pathway is based on her own and other research findings that describe Native Hawaiian women's criminal offending as an outcome of agency and action by individuals burdened by dysfunctional families, childhood maltreatment, interpersonal violence, substance abuse, personal losses including for many women the loss of custody of their children, and the sequelae of these disruptive and traumatic events. These life course events that render individuals more vulnerable to criminal offending are structured by gender; women experience them differently than men, and consequences differ for women compared to men. These "gendered lives" (Fineman, 1990) are further shaped and contextualized by the issues of race-ethnicity, culture, society, and historical events specific to Native Hawaiians. For example, cultural supports important to recovery such as family and land are denied by sending prisoners to distant locations, and traditional ways of healing are marginalized, constricting access to effective health care.

In a study of incarcerated women in a community residential transition facility that included Native Hawaiians and non-Hawaiians, Yuen, Hu, and Engel (2005) found common histories of adverse childhood experiences including drug or alcohol-abusing parents, exposure to domestic violence, sexual abuse, foster home placement, and family members with histories of involvement with the criminal justice system. In a study of Hawaiian adolescent psychopathology, Nahulu

et al. (1996) found that gender roles and culture significantly affected psychosocial risk factors. While Native Hawaiians are closely tied to their families, adolescent girls were found to be far more susceptible than boys to the influence of negative family relationships. Negative familial interactions like abuse, violence, and neglect affected females more severely than males in terms of exacerbating psychological distress.

Brown (2006) found that most incarcerated women in Hawai'i were introduced to drug use and criminal activities by significant others on whom they were economically dependent. In studies on gender differences between men and women offenders, women's "common pathways to crime are based on survival (abuse and poverty) and substance abuse" (Covington & Bloom, 2006, p. 6; Gaarder & Belknap, 2002). Such women often find themselves trapped in abusive and dangerous familial environments, often being introduced to drugs by intimate partners. Crimes related to this gendered pathway to criminal offending typically involve nonviolent minor offenses (Chesney-Lind & Pasko, 2013). Studies estimate that in Hawai'i women are incarcerated more frequently for property crimes (36–48%) and drug offenses (35–44.5%) compared to men (37.4% for property offenses and 21.9% drug offenses; Brown, 2006; Chesney-Lind, 2000, as cited on the Ka Hale Ho'āla Hou No Nā Wāhine website; Johnson, Davidson & Perrone, 2011). Very few women are incarcerated for violent crimes (5.6–12%) compared to men (32.6%; Johnson, Davidson & Perrone, 2011).

Poor educational achievement and lack of vocational skills can increase young women's exposure to trauma. Without a high school diploma and related job skills, women have difficulty finding work. The result is often economic dependence on family members and intimate partners and involvement in violent and traumatic relationships as adults. Women become dependent on abusive and/or drug-abusing partners, leading further down the pathway to crime. Fifty-four percent of incarcerated women in Hawai'i did not graduate from high school (Brown, 2006). In WCCC's Ke Alaula substance abuse treatment program, 25% of women had never obtained their high school diploma and 30% had never been gainfully employed. Without adequate education, many Native Hawaiian women find themselves living below the poverty line, increasingly vulnerable to criminal offending.

Separation from their children is a significant stressor and source of trauma for many incarcerated women. For Native Hawaiian women, the impact of this separation is uniquely meaningful because of traditional cultural values related

to connections to family, the community, and place. Further, for many women the long-term outcome may involve permanent separation. According to Hawai'i state law, Family Court may terminate parental rights when a parent is found to be unable to provide care that ensures the well-being of her child in the foreseeable future. Hawai'i's laws also bar individuals with a criminal history from becoming foster or adoptive parents. Parents who are incarcerated and subsequently lose their children may never get them back, a common occurrence for many incarcerated women in Hawai'i. In a study involving a small sample of 74 men and 37 women incarcerated on the island of Hawai'i at the Hawai'i Community Correctional Center, Hale Nani, and PSD House for Women, researchers Brown and Kay from the University of Hawai'i found that nearly 84% of the sample of women and 70% of the men had at least one child (Brady & Sakai, 2008). In this sample, 52% identified themselves as Native Hawaiian. Thirty-eight percent of the respondents who reported having children stated that they had a history of involvement with Child Protective Services, and 39% of the women and 19% of the men reported having their parental rights terminated at some point in the past. When asked if they had ever been convicted for domestic violence, terroristic threatening, or child abuse, 6% of the women and 30% of the men reported convictions related to family-related violence. Though the sample size in this study was small, it represents the first attempt in Hawai'i to document the number of incarcerated parents, the number of children in their families, and the specific needs of incarcerated parents and their children.

Table 1 presents the demographic profile of women offenders in Hawai'i based on a sample studied by Meda Chesney-Lind in 2000 (as cited on the Ka Hale Ho'āla Hou No Nā Wāhine website). It highlights the multitude of factors on their pathways to criminality, of which sexual victimization and experiences of violence along with substance abuse are the most common characteristics.

TABLE 1 Profile of Hawai'i's female offenders

Demographic Characteristic	Percent
Likely to be a woman of Hawaiian/part Hawaiian ethnicity	40
Likely to report childhood and sexual victimization	60
Has experienced some violence in her life	80
Has a history of substance abuse	95
Has a history of mental health problems	33
Is the mother of at least one child	60
Serving time for a felony drug charges	35
Serving time for property offenses	36

Source: Women's Pathways to Criminality, by M. Chesney-Lind, 2000 (as cited on the Ka Hale Hoʻāla Hou No Nā Wāhine website, http://reawakeningforwomen.org/index.php?view=4.0)

The perspective of "historical trauma" provides an additional approach to understanding the gender pathways approach to Native Hawaiian women involved in the criminal justice system in the context of the social, cultural, environmental, and political history of Hawai'i and Native Hawaiians (Brown, 2006; Cook & Tarallo-Jensen, 2006; Cook, Withy, & Tarallo-Jensen, 2003; and McCubbin, Ishikawa, & McCubbin, 2008). A broad perspective on historical trauma provided by Maria Yellow Horse Brave Heart is useful in understanding the experiences of Native Hawaiians. In her work with the Takini Network Inc., a Lakota organization, Brave Heart (2003) defines historical trauma as the "cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (p. 7). Brave Heart further elaborates the severe symptoms among group members as a "historical trauma response" (p. 7). Historical trauma responses may take different forms for different individuals or communities and may include "substance abuse, suicidal thoughts and gestures, depression, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions" (p. 7).

There are specific gender differences in how these symptoms of historical trauma are expressed. Men may experience a loss of their traditional roles as protectors and providers. These destructive feelings may be displayed as violence toward

their loved ones, substance abuse, acts of self-harm including suicide, and an inability to communicate feelings and experiences. Native men may even adopt their oppressor's ways of gaining and abusing power through control, intimidation, manipulation, showing lack of respect for equality and nurturance of women, abandoning family and responsibility, and becoming dishonest (Brave Heart, 1999).

Brave Heart (1999) observed that native women experience severe losses in their traditional roles as "educator, healer, nurturer, head of the home, and sustainers of the family and Nation" (p. 111). As victims of sexual, physical, and emotional abuse and abandonment, they also turn to substance abuse, suicide, and hopelessness. In trying to provide for and protect their children, they often find themselves living in poverty, unable to cope with multiple stressors alone. The sense of failure, loss of traditional roles that would be sources of strength and resiliency, and hopelessness in the face of overwhelming stressors are transmitted across generations, "affecting future generations with a sense of pain, anger and powerlessness" (p. 112). Descendants of ancestors who have suffered genocide strongly identify with the past losses and "re-experience it in the present" (p. 113). Transmittal of historic trauma across generations as "especially prevalent among those native people who have very strong loyalty to their ancestors and relatives who suffered and died, and often find they perpetuate suffering in their own lives as a result" (Wesley-Esquiaux & Smolewski, 2004, p. 76).

Trauma-Informed Care Initiative at the Women's Community Correctional Center

How It Got Started

> When I started work at the Women's Community Correctional Center in 2006, I came to a few realizations quickly. One third of the women were on medication for psychiatric disorders, 90% of their crimes were drug related, and of those who were addicts, 75% had a history of emotional, physical, or sexual trauma. Although most of the 270 women were incarcerated for minor infractions and classified as minimum security, the entire inmate population was treated like the 80 inmates who required higher security measures. I thought, these women don't need punishment, they need a place to heal. Inspired by the ancient Hawaiian concept of pu'uhonua, a place of refuge, asylum, peace and safety, I set out to create such a place at WCCC.
>
> —Warden Mark Patterson

Recognizing the unique characteristics of the female inmate population, Warden Patterson, his staff, and colleagues set out to create institutional cultural change at WCCC within the visionary framework of creating a pu'uhonua—a place to live a forgiven life, a place for transformation that nurtures healing within the individual, family, and community, and can reduce recidivism. Striving toward community healing and well-being, WCCC takes a community-building approach, using a mind, body, spirit, and place perspective in a trauma-informed care framework. Some critical definitions are listed below.

PU'UHONUA. A pu'uhonua is a place of refuge, sanctuary, asylum, place of peace and safety (Pukui & Elbert, 1986; Andrews, 1865/2003). In Hawaiian history and the ancient kapu (taboo) system, pu'uhonua referred to places or persons who were sacrosanct. Those who broke a kapu and reached the pu'uhonua were safe. In times of war, noncombatants and defeated warriors sought the sanctity of a pu'uhonua as a refuge (Kamakau, 1991).

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HEALING. Healing is the process of becoming sound or healthy again: the gift of healing; tending to heal; therapeutic: a healing experience (Oxford U.S. English Dictionary).

WELL-BEING. Well-being is the state of being comfortable, healthy, or happy (Oxford U.S. English Dictionary).

COMMUNITY BUILDING. Community building refers to forming partnerships, utilizing and sharing one's gifts, talents, and resources, and working together to achieve a common goal—like building a puʻuhonua or striving to achieve community healing and well-being. A Hawaiian saying commonly used in this context is "ʻaʻohe hana nui ke alu ʻia"—no task is too big when done together by all (Pukui, 1983, ʻŌlelo Noʻeau no. 142). Similar sayings and sentiments include "Working together to be part of the solution" and "Who Is Bringing What to the Lūʻau."

MIND-BODY-SPIRIT-PLACE PERSPECTIVE. This perspective takes into account the healing, health, and well-being of the whole person. It addresses all of oneself—MIND, BODY, and SPIRIT, as well as a connection to the PLACE where the person is.

TRAUMA-INFORMED CARE FRAMEWORK. A trauma-informed care framework creates a supportive and comprehensively integrated environment by providing ways for staff to understand trauma and its effects, recognize some of the central issues at the root of a person's beliefs and behaviors, and develop knowledge-based programs. SAMHSA (2012) identifies the following basic principles of trauma-informed care:

1. Safety: people feel physically and psychologically safe.

2. Trustworthiness and transparency: operations are conducted with transparency and with the goal of building trust among staff, clients, and family members.

3. Collaboration and mutuality: true partnering with the recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.

4. Empowerment: individuals' strengths are recognized, built on, and validated and new skills developed as necessary.

5. Voice and choice: recognize that every person's experience is unique and requires an individualized approach.

6. Peer support and mutual self-help: are integral and key to building trust, establishing safety, and empowerment.

7. Resilience and strengths based: a belief in resilience and the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

8. Inclusiveness and shared purpose: everyone is involved in a trauma-informed approach.

9. Cultural, historical, and gender issues: offers gender-specific services; embraces the healing value of traditional cultural connections; historical trauma is recognized and addressed.

10. Change process: becomes a learning community, responds to new knowledge and changes. (http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx)

To create a puʻuhonua at WCCC by incorporating the concepts listed above, Warden Patterson and his colleagues developed the TICI, a community-based participatory research project that began in 2009. The TICI is a collaborative effort on the part of the facility administration, staff, inmates, community-based nonprofit organizations and foundations, state and federal government agencies, educators, researchers, and volunteers from churches, civic organizations, and the broader community. The goal of the project was to implement a culturally appropriate trauma-informed system with staff training to provide a model of quality treatment and care that better prepares inmates for reintegration into society after prison. The primary activities include: (1) establishment of universal trauma screening for women placed at WCCC, (2) establishment of uniform trauma assessment for women with positive responses to trauma screening, and (3) providing basic trauma awareness and sensitivity training to all WCCC staff members.

As the first step, a needs assessment was conducted in 2009 to identify the level of trauma-informed services provided by the 13 onsite programs, contractors, and volunteers at WCCC. Analysis of the data from the 12 respondents (one program did not respond to the survey) found a need for a consistent, comprehensive, and

coordinated effort involving all providers and programs for trauma-informed assessment and care at WCCC. Specific findings included: (1) 6 of the 12 programs provided trauma assessments, but they did not use a common framework or standardized assessment instruments; (2) there was no mechanism in place for sharing assessment findings among the providers and programs; and (3) only 2 programs or providers inquired about cultural issues. Four respondents asked about historical trauma, but their questions were about individual intergenerational trauma, not historical trauma that affected an entire community or group. Six programs provided trauma-specific treatment, but there was little commonality among the approaches offered.

The completed assessment indicated the need for a uniform system of trauma screening and assessment. Additionally, it revealed a need for basic trauma training at WCCC. The planning process for the TICI began in late 2009.

Overall TICI Project Planning

The planning process was an inclusive, participatory approach involving key Department of Public Safety (PSD) and WCCC staff, staff and cultural consultants from the Pūʻā Foundation, and evaluation staff from the University of Hawaiʻi. This group received valuable assistance from consultants from the National Center for Trauma-Informed Care (NCTIC). Community members on advisory work groups, staff from OHA, the Mental Health Transformation State Incentive Grant (MHT SIG), and most importantly a nine-member inmate focus group made major contributions.

The core planning and implementation group adopted the following six primary principles: (1) *Inspiration*—to inspire people to want to bring of themselves to the project for the sake of service or to make a difference; (2) *Relationship/Community Building*—to build strong, solid, sustainable relationships, establish a community, and create a family (ʻohana); (3) *Create a positive environment*—to inspire and support the people who are involved in the project; (4) *Strengths-based/gift-based approach*—to appropriately align the strengths/gifts of people with program initiatives; (5) *Good planning and organization*—to establish well-run project operations; and (6) *Story-telling*—to use parables as an effective communication tool.

*Implementing Universal Trauma Screening and
Uniform Trauma Assessment*

INTRODUCTION. The TICI project developed protocols for universal trauma screening and uniform trauma assessment of clients entering the prison system. Universal trauma screening facilitates the early identification of those suffering from trauma-inducing experiences who require further assessment to determine their treatment needs. This provides the foundation for more effective programs at WCCC including specific interventions for trauma and related behavioral and emotional problems.

An Assessment Work Group was created including PSD and WCCC staff and individuals identified by the core planning and implementation group as important stakeholders, experts in social and cultural issues related to incarcerated women, and experts in the field of trauma. A work plan developed by the Assessment Work Group guided the development of screening and assessment protocols. A focus group of nine women in WCCC provided information, suggestions, and feedback on the proposed protocols; they also served as interviewers, soliciting feedback from a sample of 45 women in WCCC. Development of the protocols also included a literature review of research involving the trauma screening and assessment of women, particularly women involved with the criminal justice system and women in prison settings.

PLANNING. A summary of the research literature presented to the Assessment Work Group as the starting point for developing the trauma screening and assessment protocols highlighted the following important guidelines:

1. Establish explicit screening and assessment goals, including:

   a. Screening for possible trauma exposure and Post Traumatic Stress Disorder (PTSD).

   b. Quantifying PTSD/trauma symptom severity.

   c. Producing desired end products (i.e., inferences, conclusions, and decisions based on the assessment.

2. Consider the target population (women involved in criminal justice system) and assessment context (prison setting) in collecting sensitive personal information, including:

   a. Key variables such as age, type of traumatic events experienced, whether the traumatic events were relatively circumscribed or chronic, and the level of severity of the traumatic events.

   b. Selecting measures that have been validated for the specific population.

   c. Determining what domains other than the core syndrome of PTSD to emphasize, such as lifetime trauma history, comorbidity, associated features of PTSD, malingering, and other types of response bias.

3. Consider the available resources for the setting (WCCC):

   a. How much time and personnel would be available to sustain the assessment protocol? For example, structured interviews are useful for diagnosis and, in some cases, for quantifying symptom severity, but are too inefficient for large-scale screening. Time considerations would also determine the emphasis given to the various assessment domains.

   b. How would the assessment data be managed?

   c. Would respondents be able to tolerate the assessment procedure and provide valid information?

   d. What trade-offs would be involved? Most assessment protocols prioritize more time and resources to PTSD diagnostic status and symptom severity and relatively less time to other factors such as comorbidity and response bias.

4. Enhance compliance with the assessment:

    a. Work to ensure that respondents are invested in the assessment process.

    b. Address central issues such as the sense of powerlessness and helplessness, and extensive avoidance and lack of trust that are often associated with trauma.

    c. Engage and empower respondents by offering encouragement and support to cope with feared material, and increase predictability and controllability in the assessment process.

The nine-member focus group of women in WCCC was divided into two smaller groups consisting of five women in one group and four in the second group. Each group met for four sessions facilitated by Puanani Burgess, a consultant with the Pūʻā Foundation. Burgess utilized her "Building the Beloved Community" activities to create an environment of safety and trust and elicit authentic feedback about methods of assessing individual histories of traumatic experiences and their long-term effects among women entering prison. (See her essay, "Building the Beloved Community: A Life in Practice," in this volume for more information.) These sessions involved a check-in exercise followed by sharing information about their names, communities they came from, identification of their personal gifts, and the cultures they identified with. Women also developed "maps" of visions for their future and how they would be achieved. Burgess shared stories that served to illustrate how this personal information could provide deeper insight into their life histories, which allowed further sharing of stories by the group participants. The Building the Beloved Community activities created an environment of safety and trust among individual group members. In the final session, the group members discussed ways to develop a trauma assessment process consistent with creating WCCC as a place of healing. Group members identified the following points to consider when conducting mental health screening and assessment for women entering the criminal justice system:

1. There is a validity issue regarding responses to the PSD Mental Health screening administered during the intake session when women are first processed into the prison system. Women are still responding in ways that address only their own needs, specifically survival and how to get out of jail. Answering personal questions is the last thing on their minds.

2. The women may not be "awake" yet or may still be coming off drugs. Many do not even remember the Mental Health screening interview.

3. Women may not have seen a judge yet, so they are careful not to share any information that might affect their sentencing or their legal rights related to custody of their children. They are not sure what a judge might focus on and are suspicious of anyone asking them for personal information.

4. Entering prison is traumatizing for first-time inmates. The women do not know what to expect or what "sentencing" means. They do not know where to go when guards yell instructions at them and direct them to unfamiliar places. Their fears may be heightened by stories they might have heard about WCCC being a "jungle."

5. It would be helpful for new inmates to have peer support from someone who can be a role model or big sister. Upon arrival, the women want information from someone who is also currently incarcerated and familiar with the system.

6. Puanani Burgess' Building the Beloved Community processes are effective in creating an environment of safety and trust where the women feel secure enough to start to share their traumatic experiences and other personal information.

A critical and unanticipated outcome of meeting with the focus group women was the idea for a peer support workline consisting of the nine focus group women as group facilitators and peer supports for women entering WCCC for the first time. The focus group women expressed a strong commitment to helping new inmates effectively use their time in prison for personal healing, preparing for eventual reentry to the community, developing inner resources to address difficult family issues, and learning strategically how to prevent reoffending after release from prison.

Screening and Assessment Protocols

Based on information and recommendations from the focus group women and the Assessment Work Group, the trauma screening and uniform trauma assessment protocols were embedded into a larger Orientation Program for women entering WCCC after sentencing. Administration of the trauma assessment measures was delayed until the end of the Orientation Program, rather than at the time of entry into WCCC. This decision was an important strategy to increase the validity of the responses. Entering prison is a traumatizing experience with the distinct potential to trigger distressful emotional outbursts and behavioral difficulties. Peer support is invaluable for providing useful information about prison operations, rehabilitation, and the names and positions of prison personnel. This orientation process creates more adaptive responses among women initially adjusting to the stressful demands of life in prison and avoiding re-traumatization. After these orientation activities, women are more likely to accurately share personal information. Burgess's Building the Beloved Community, a gift-based approach to developing safety and trust among individuals, was incorporated as the core process in the Orientation Program to achieve the objective of establishing an environment of safety and trust before inquiring about sensitive personal information.

Trauma-informed care makes the assumption that all clients have experienced some form of trauma at some point in their lives. Based on reports from WCCC focus groups and WCCC mental health staff, almost all women at WCCC have experienced serious and often multiple traumatic events. Using a trauma screening measure at time of intake would probably confirm what was already known while increasing the possibility of retraumatizing the new inmate. It is clinically more useful to screen with a brief symptom inventory to identify those experiencing levels of distress that need to be addressed immediately, and conduct a more complete trauma assessment at the conclusion of the Orientation Program.

The following is an overview of the Orientation Program, which includes a series of orientation workshops followed by combined trauma screening and trauma assessment measures for new inmates entering WCCC. The Program is called "You Hold the Key to Getting Out and Staying Out: A Transformative Process of Hope and Opportunity."

The Program strives to:

- Minimize further trauma to WCCC inmates.

- Create a true puʻuhonua, or place of healing.

- Identify trauma-related problems that contribute to substance abuse, depression, anxiety, and other harmful behaviors.

- Create a behavior management plan that minimizes trauma triggers.

- Identify appropriate programs for women to maximize healing and reduce recidivism.

PHASE 1 (WEEKS 1–2): ORIENTATION

- Orientation: Explanation of the Trauma Initiative at WCCC and what to expect in the coming weeks (conducted by WCCC peers).

- Healing Opportunities Workshop (HOW) "*Hope, Trust, and Possibilities*": Information on WCCC Staff, Housing, Programs, Medical Services, Substance Abuse Treatment, Education, Electives, and Work lines.

- Mental Health Screening: "Brief Symptom Inventory."

PHASE 2 (WEEKS 3–6): BUILDING THE BELOVED COMMUNITY

Two 2-hour group sessions to develop safety and trust.

PHASE 3 (WEEKS 7–8): SELF-CARE AND STRATEGIC THINKING

- Plan what you do to take care of yourself.

- Examine what things dampen or darken your life.

PHASE 4 (WEEKS 9–10): TRAUMA ASSESSMENT

- "Brief Symptom Inventory."

- "Life Stressor Checklist-Revised."

- "Trauma Symptom Inventory-2."

- Clinical interview.

- Closure activity.

POST-ASSESSMENT

- Feedback on trauma assessment measures.

- Review individual map, integrate feedback.

- Peer follow-up meeting.

After developing the Orientation Program, the TICI initiative conducted a small pilot of the Program to assess women's responses to the different components of the Program. Training was provided to project staff, contributors, researchers, the peer support work line, and administration. Twenty-four consecutive women entering WCCC went through "You Hold the Key to Getting Out and Staying Out," with a total of 21 completing the Orientation Program. Two of the women who initially participated in the Orientation Program were released from WCCC prior to completing all the Program group sessions. The third woman decided not to complete all of the assessment measures, so was not included in the final summary.

Preliminary findings and informal feedback from participants indicated that the Orientation Program and the work of the Peer Supports as facilitators of the Orientation activities did help increase feelings of safety and trust in adapting to incarceration at WCCC. Information obtained through the trauma assessment measures at the conclusion of the program indicated a high prevalence of lifetime trauma experiences as indicated by the Life Stressor Checklist—Revised (LSC-R) (see Table 2). All 21 women reported trauma histories, with 81% of the women reporting physical and/or sexual abuse, 66.7% reporting physical and/or sexual abuse before age 18, and 28.6% reporting physical and/or sexual abuse before age 10.

TABLE 2 Life stressor checklist—revised: Summary of results

Summary Information	Totals
Total number of participants reporting 1 or more traumatic events	21 (100%)
Average number of types of traumatic events reported from LSC–R	12 per respondent
Number reporting sexual and/or physical abuse	17 (81.0%)
Number reporting sexual and/or physical abuse before age 18	14 (66.7%)
Number reporting sexual and/or physical abuse before age 10	6 (28.6%)
If before age 18, average age of first occurrence	10.7 yrs
If before age 18, average duration of abuse	7.4 yrs

Basic Trauma Awareness and Sensitivity Training for WCCC Staff

The National Center for Trauma-Informed Care (NCTIC) provides the following description of trauma-informed care that further elaborates on SAMHSA's basic principles and provides a more focused approach for agencies and organizations developing programs targeting populations such as the women in WCCC:

> Most individuals seeking public behavioral health services and many other public services, such as homeless and domestic violence services have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system.

> When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of

how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. (http://www.samhsa.gov/nctic/trauma.asp)

Concurrently with the formation of the Assessment Work Group, the core planning and implementation group created the Training Work Group. Members consisted of individuals involved in the TICI project at the initiation stage who were interested in developing basic trauma awareness and sensitivity training for WCCC staff. NCTIC staff also provided important information, resources, and staff in planning, implementing, and conducting training activities. NCTIC training consultants conducted two training sessions for WCCC staff which were also open to staff from other PSD facilities and organizations, agencies, and individuals interested in trauma-informed care. The first training session, "Understanding and Responding in a Trauma-Informed Way," familiarized participants with (a) the characteristics and positive impact of operating as a trauma-informed system, (b) the neurobiological and psychological effects of stress and trauma, and (c) avoiding or mitigating trauma and re-traumatization, particularly in forensic settings. The training focused on reinforcing the understanding that trauma also affects the lives of care deliverers, and provided essentials and strategies for optimizing interactions with persons receiving care.

Training Agenda:

1. What Is Trauma?

2. The Biopsychosocial Impact of Trauma

3. Trauma-Informed Care

4. Prevalence of Trauma

5. Trauma Interventions

The second training session, "Trauma, Addiction, Mental Health, and Recovery (TAMAR) Trauma Treatment Group Model" provided basic education on trauma, including its developmental effects, symptom appraisal and management, the impact of early chaotic relationships on health care needs, and coping skills.

Follow-up training was provided, with individual consultation from a NCTIC consultant who provided workshops on strategic planning with the senior leadership of WCCC and further training with middle management to reinforce trauma-informed care principles and build broader staff support for the initiative.

Preliminary feedback from select WCCC staff on the trauma training included personal comments about understanding their families better. For additional reflections, Warden Patterson shares insight on trauma and his ʻohana. See the text box, "Words From Warden Mark Patterson."

Words from Warden Mark Patterson

As I learn about trauma in my professional life and its effect on female offenders assigned to the Women's Community Correctional Center, much of my own life and the lives of my kūpuna (ancestors) come to light regarding experiences of the past and present. When we began training the staff of WCCC on trauma-informed care, I would ask some of them about their thoughts. Many of them replied, "It helped me to understand my family better." It was not the response I expected, and it left me intrigued.

We often find out late in our life's journey how significant historical events of the past touch us personally today. Since becoming the warden of WCCC, and supporting trauma-informed care, I often reflect on my paternal grandmother, Esther Kekoanui Patterson Lee.

My sister, Mahealani Ana, was the kahu at the Waiʻanae Pūnana Leo (Hawaiian language immersion preschool) in the early 1990s. Her two daughters, Kaleikaumaka and Ulualoha, were in the program. One Sunday afternoon while visiting our grandmother in Wahiawā I watched as she engaged in play with Kaleikaumaka and Ulualoha. I heard my young nieces begin to speak in Hawaiian. My grandmother responded in Hawaiian and a conversation ensued. I was utterly speechless for I had never heard my grandmother speak Hawaiian. I immediately went to my father, Baldo Patterson, and told him, "I didn't know Grandma could speak Hawaiian." My father replied, "It is her first language." "Why didn't she teach you?" I asked my father. My father looked at me and said that I needed to ask my grandmother for the answer to that question. Later that night when I was alone with my grandmother I posed the question to her, and this is her story.

Makanoii Nahuina Hekeko Kekoanui (b.1860) is the mother of Esther Kalani Kekoanui (b.1895), my great grandmother. Esther, at the age of 18, married 56-year-old Wilbur Patterson. Wilbur was previously married to Esther's sister Lillian who passed away, leaving behind five children. In 1916, one year before the death of Queen Liliʻuokalani, Esther Kekoanui Patterson was born to Esther and Wilbur. Several years later Wilbur Patterson decided to return to the North Pacific Oregon coast. He took his wife and children. Makanoii, seeing the family preparing to leave, made a request of her daughter—that the child Esther be left behind for her to care for. She was about 5 years old. Thus begins the life of my grandmother, Esther Kekoanui Patterson. Makanoii raised her granddaughter from living off the land and fishing in the ocean. It was a struggle for my great-great-grandmother Makanoii. By the time little Esther was 8 years old (1924), Makanoii decided to move to Honolulu for job opportunities. Little Esther was enrolled into a Catholic school in Honolulu. It was here where Esther learned a harsh reality. Esther remembers being physically abused by the Catholic teacher for the simple reason that she could not speak English. Every utterance of the Hawaiian language received corporal punishment. This is how she learned to speak English, and this was the last time she spoke Hawaiian.

In 1932 at the age of 15, Esther gave birth to a son whom she named Baldo Alfred Patterson. She was not married and named her son giving him her maiden name. Baldo's father was a Filipino. She did not want him to carry his father's name because the Filipinos were a minority group that was often discriminated against. She felt that Patterson was a name that would offer him more opportunities in life. The relationship was short lived, and Esther left her young toddler with her tūtū (grandmother), Makanoii, and Aunt Emi and her family. They lived in Wahiawā on a plantation camp called Brodie 2 and later at Pomoho camp. Even though he was close to his Tūtū Makanoii, his aunt and her family physically abused him. Young Baldo was not to see his mother again till four years later and also discovered he had a sister.

Eventually after several failed marriages, Esther settled down and worked for the Dole Plantation in Wahiawā. She married a Korean man named Paul Lee. Esther by this time became an alcoholic. Her drinking did not affect her job, and she was able to work and finally retire. She slowly stopped drinking after attending Alcoholics Anonymous after retirement. She managed to live out her last years in peace.

My grandmother experienced many challenges that could be termed "trauma" through abandonment at a young age by her parents, hardship with her tūtū, abuse and loss of language, becoming a mother at a young age, abandonment of own child, failed relationships and marriages. Alcohol and addiction became her relief, and finally she was able to free herself through her own Christian faith and attending Alcoholics Anonymous.

Young Baldo, being abandoned more than once during his young life and never forgetting the abuse suffered from his family, finally went to live with his mother and stepfather. He periodically spent time with his biological father. He remembers begging his father to take him to live with him. His father was never able to do so, and the rejection became very traumatic for him.

The war years followed. There was World War II when young Baldo at the age of 9 was with his stepfather driving toward Pearl Harbor to visit an uncle. He was able to witness firsthand the Japanese bombing from the very shores of Pearl Harbor (1941). Today at age 81 my father can vividly see the destruction in the water, ships sinking, and burning bodies. He can describe the characteristics of the Japanese pilots' faces because they were flying so low. It was a frightful experience for a young boy to have to witness.

In 1946 while plowing the field at Halemano school two strange men came looking for my father. They asked my father if he wanted to attend Kamehameha Schools. My father never heard of the Kamehameha Schools and was afraid it was a reformatory school. The men took him outside, stopped at a telephone pole and made my father go to the next one. The man told my father to run toward him as fast as he could. When my father did what he was told he noticed the man was looking at a stopwatch. The man came up to him and informed my father that in a few weeks, he would be receiving a letter inviting him to attend the Kamehameha Schools. The men from Kamehameha were the Reverend Stephen Desha and Uncle Bill Taylor.

In 1950 my father, after graduating from Kamehameha, enlisted in the Army and was sent to Korea in the early months of the Korean Conflict. My dad was assigned to the Eighth Army Rangers Company where he fought against the North Koreans and eventually the Chinese. He fought on the front line and today suffers from PTSD (post-traumatic stress disorder).

In 1969 while living in Anaheim, California, married with six children, my father was ordered to go to Vietnam. My father arranged for us to return to Hawai'i and move in with our maternal grandmother, Helen Iaea, in Mākaha before he left for Vietnam. Dad served with the Ninety-Third Construction Engineer Battalion at Dong Tam in the town of My To along the Cambodian border. The fighting and the results of that war surfaced with more PTSD and Agent Orange, a chemical that causes illness for those who come into contact with it.

Dad retired after Vietnam in 1970. At 81 years old, my father is receiving 90% disability for PTSD and other related injuries. He still has the same recurring dreams of fighting in the war, of friends being killed, and often wakes up shaking. He is unable to forget.

Trauma for him has been experienced through abandonment by his parents, abuse from his family, and the war years. His own Christian faith and the desire to achieve a gratifying and fulfilled lifestyle helped him to control his own destiny.

Here we see abandonment that could be a source of trauma. In old Hawai'i, it wasn't all considered abandonment. Tūtū always was given a child to raise. It was cultural. Children were also given away to other family members or friends which we call "hānai." Perhaps, it may have had some kind of effect on the children as they were handed over or as they later found out when they got older.

Beating a child with a belt or a stick was not called abuse in the old days. More like punishing them for doing something bad. Today, we would call it abuse. My grandfather would beat my two uncles with a belt whenever they did something wrong. My mother would cringe at the sight, and it made her upset and sorry to see them get such a beating. My grandfather was not a mean person. It was just one of the ways children were punished for misbehaving.

One of the reasons children may be abused by relatives is because of the resentment the relatives may have for the parents leaving their child for them to care. Therefore, any small infraction by the child may be cause for abuse. When families have their own children to care for, it may become a hardship to add another child to care for or feed. They become easy targets for predators in the family and all kinds of abuse.

Formal education in old Hawai'i was helped along with a wooden ruler. If you didn't know the answer or you misbehaved, you would get a whack on the back of your hand. It was the experience of my dad, that Catholic schools were quite strict. He recalls rulers were used a lot to instill discipline. He was whacked with a ruler, his sideburns pulled, because his penmanship was poor. No matter how much the priest hit him, his writing did not improve. I can imagine how it was for my grandmother when she was trying to learn English.

For Native Hawaiians, perhaps traumatic instances and events over time experienced personally in a family setting, and then in a larger setting in the community, help to explain the core of pain and hurt that may have been transmitted to other successive family relationships—the next generation. How did the effects of immediate family abandonment, child abuse from extended family members, and then beatings from teachers affect my grandmother Esther? How did she learn to cope with her circumstances? Looking at being unmarried and getting pregnant as a teen, the dependency on alcohol, and the failed marriages perhaps provides some insight.

With statistics being what they are, as a Native Hawaiian male, why am I not incarcerated? What was my pathway to becoming the Warden at WCCC? I posed that question to my father, and his emphatic reply was, "you nevah grow up in one dysfunctional family that's why!" He made the point that he was committed to treating his children differently from how he was raised. With the love and support from my mom and dad, their guidance, emphasis on a strong sense of 'ohana, of service to others, the educational opportunities I was given, and the choices I made both personally and professionally—all of that to some extent summarizes my pathway to work in corrections, and not be an added statistic into its rolls.

Conclusion

Efforts continue at WCCC and are growing. Examples of projects similar to the WCCC-TICI include potential Trauma-Informed Care Initiatives at the Office of Youth Services and the Judiciary at Family Court. Another example of community building and forming partnerships for systemic change involving the Criminal Justice System and beyond is the collective formed to present testimony at the Native Hawaiian Justice Task Force in June 2012. The collective included Warden Patterson, Community Partners from the WCCC-TICI, and other community nonprofit organizations.

In 2010 OHA released *The Disparate Treatment of Native Hawaiians in the Criminal Justice System.* This report made clear the overwhelming and disproportionate number of Native Hawaiians incarcerated in Hawai'i and on the continent. As the next step following the report, OHA advocated the creation of a Native Hawaiian Justice Task Force (NHJTF) in what eventually became Act 170 of the 2011 Legislature.

The NHJTF consists of agency stakeholders in the justice community. OHA administers the NHJTF, which includes the following members:

- Judge Michael Broderick (retired), Task Force Chair, CEO, YMCA Honolulu

- Kamana'opono Crabbe, PhD, Ka Pouhana (CEO), OHA

- Honorable Richard K. Perkins, First Circuit Court Judge

- Paul Perrone, Chief of Research & Statistics, Department of Attorney General

- Jack Tonaki, Public Defender, State of Hawai'i

- Tricia Nakamatsu, Deputy Prosecuting Attorney, City & County of Honolulu

- Cheryl Marlow, Adult Client Services Branch, Administrator

- RaeDeen Keahiolalo-Karasuda, PhD, Director of the Office of Native Hawaiian Partnerships, Chaminade University

- Martha Torney, MA, Deputy Director for Administration, Department of Public Safety

The Task Force's charge is to report its findings and recommendations to the legislature for eliminating the disparate representation noted above. A summit was held in June 2012 as Part 1 of the work of the Task Force. Part 2 will be to review Summit findings, and part 3 will be to conduct community listening meetings and deliver its findings to the Legislature in 2013.

On June 8, 2012, at the State Capitol Auditorium, Oral and Written Recommendations for the Native Hawaiian Justice Task Force Summit to Address and Eliminate Disparate Treatment of Native Hawaiians in The Criminal Justice System were submitted by Warden Patterson, WCCC and WCCC-TICI Team; Malia Taum Deenik, Community Coordinator, ZERO TO THREE, Court Team; Momi Akana, Executive Director, Keiki O Ka ʻĀina; Tia Roberts, Director, Project Kealahou; Anthony Pfaltzgraff, Executive Director, YMCA of Honolulu–Kalihi Branch; Alan Johnson, Executive Director, and Bill Mousser, Director of Adult Services, Hina Mauka; Lorraine Robinson, Executive Director, TJ Mahoney; Stuart Zimmerman, Director, Transcendental Meditation Program Hawaii; Dr. Aukahi Austin, Executive Director, Dr. Robin Miyamoto, Director of Training, Dr. Jill Oliveira Gray, Director of Research and Evaluation, I Ola Lāhui; Daphne Hoʻokano, Peer Support Specialist and WCCC-TICI Team; Dr. Patrick Uchigakiuchi, University of Hawaiʻi Social Science Research Institute and WCCC-TICI Team; and Toni Bissen, Executive Director, Pūʻā Foundation and WCCC-TICI Team.

The oral testimony submitted is listed below. Due to illness Warden Patterson was unable to attend, and Daphne Hoʻokano and Toni Bissen presented the recommendations.

> To Chair Judge Michael Broderick (retired) and Members of the Task Force:
>
> Aloha Kākou, mahalo for this opportunity to come before the Task Force. My name is Mark Patterson and I am here with Daphne Hoʻokano. We are here today as a group of colleagues and professionals that are in the process of coalescing while standing in agreement about the need for a comprehensive systems approach that creates public, private, and individual and family partnerships, while incorporating a Trauma Informed Systems of Care approach common across all partners. We include in our group individuals and agencies that work with our keiki (children), and families, men and women, within and/or affected by the criminal justice system—we call the gamut ranging from twinkle to wrinkle.

We are here today to share our recommendations on addressing and eliminating the disparate treatment of Native Hawaiians in our Criminal Justice system. These recommendations focus on SYSTEMIC CHANGE that holds at its core the following visions, aspirations, and approaches:

- **VISION:** Creating puʻuhonua—places of healing and transformation—places to learn to live a forgiven life, places that nurture healing and well-being within the individual, family, and community.

- **ASPIRATION:** Healing and well-being for our keiki, moms, dads, women, men, families, our Community, and addressing intergenerational transmission of risk and vulnerability as well as the effects of historical trauma.

- **APPROACH:** Community-building approach, forming partnerships for community healing and well-being using a MIND, BODY, SPIRIT, PLACE perspective, and incorporating a *Trauma Informed Systems of Care* framework to work toward community healing and well-being.

We offer the following recommendations, first from our group, followed by recommendations from our individual colleagues.

Three Recommendations to Effect Systemic Change

1. Form public-private-individual/family partnerships for community healing and well-being using a MIND, BODY, SPIRIT, PLACE perspective, and incorporating a *Trauma Informed Systems of Care* framework to work toward community healing and well-being

2. Make every community partner, public and private, a puʻuhonua, a place of healing, including state agencies, private providers, nonprofit organizations, churches, schools, community health centers, etc.

3. Create an Integrated System of Care including public and private entities that incorporates a *Trauma Informed System of Care* as a shared core approach that encompasses the "twinkle to wrinkle" span of life and provides prevention, intervention, and after care support for infants, children, adolescents, adults, and families that is *connected—inclusive—dynamic* and founded on *shared values* and *common principles.*

Creating the TICI provided an opportunity for many different sectors to work together to create a place of healing and transformation, a puʻuhonua at WCCC. Begun in 2009 by Warden Mark Patterson and a team of representatives from government agencies, nonprofit organizations, academia, and the WCCC inmate population, the TICI has produced protocols for universal trauma screening and uniform trauma assessment along with basic trauma awareness and sensitivity training for staff members and tested their work in a pilot project. Plans for submission of the pilot Orientation Program to the National Registry for Evidence-Based Practices are underway, and there is the need to collect more data and to further evaluate the program.

There is so much more work to be done at WCCC and beyond. The complex societal problems that pave the pathway to prison, and the problems of families involved with the Criminal Justices System, require comprehensive solutions. Creating places of healing and transformation, forming partnerships, sharing resources and working together as a community are important parts of those solutions.

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About the Authors

Mark Patterson is the warden of the Women's Community Correctional Center (WCCC), Patrick Uchigakiuchi, PhD, is with the University of Hawai'i Social Science Research Institute, and Toni Bissen is the executive director of the Pū'ā Foundation. The authors are part of the leadership team for the WCCC's Trauma-Informed Care Initiative that comes from the public sector, academia, and the community nonprofit sector. They have been working together on this Initiative for the past 4 years.