

# Congressional Issue Briefing on the Nature and Impact of Psychological Trauma

## Background

Hurricane Katrina revealed alarming emergency preparedness concerns as they relate to crime victimization and mental health. Witness Justice has been working with service providers, government agencies, victim advocates, law enforcement officials, and federal lawmakers to identify and evaluate these problems and gaps in services—the goal being to foster meaningful changes to ensure that individuals, families, and communities have the best opportunity to receive support, assistance connection, justice, and healing.

It is from this place of need that Witness Justice has been advocating on issues ranging from a national crime reporting procedure to the need for trauma education and awareness (see National Public Radio, *Morning Edition*, Dec. 21, 2005; Associated Press, Oct. 29, 2005), so that we can begin to effectively address the highly pervasive and destructive—but virtually ignored—public health issue of trauma.

A primary goal of the briefing is to help set the stage for a broader national trauma education and awareness campaign. The briefing will address the human, social, and economic costs of unaddressed or untreated trauma—whether that trauma results from *war* (e.g. Iraq), *disaster* (e.g. 9/11, Katrina), or any one of the many forms of *criminal and violent victimization* (e.g. child abuse and neglect, sexual assault, domestic violence, stalking, attempted murder)—and to set the stage for policy-related support and advancements. ***Special emphasis will be given to the mental health aspects of trauma***—what can be done to effectively treat trauma survivors and how we can prevent or mitigate the effects of trauma, related mental health concerns, and common unhealthy means of coping (e.g. alcohol/substance, eating disorders, self-injury), which themselves can have devastating human, social, and economic impacts.

Witness Justice is hosting the briefing in partnership with a wide range of service provider and advocacy organizations, and the event will take place in cooperation with a number of members of Congress—both Democrat and Republican—who have come together to voice broad, bi-partisan support. The briefing is not specific to any particular bill or legislative agenda; rather, **our goal is to educate and advocate for legislative attention to the issue of trauma as a public health issue.**

## Briefing Details

Wednesday, Sept. 13, 2006  
8:30 am – 9:30 am (meet & greet breakfast starting at 8:00 am)

B339 Rayburn House Office Building

## Key Briefing Perspectives

We will use the briefing to address trauma as it relates to all violence and disaster victims, with a particular emphasis on:

- **War-induced** (i.e. soldiers returning from Iraq)
  - Prevention/Mitigation—How can we bolster the “Psychological Kevlar” of soldiers and their families?

- Making the connections—the **science** (e.g. ACE Study, WCDVS) of trauma and co-occurring substance abuse and mental health concerns (including violent victimization and aggression)
- **Disaster-induced** (e.g. Hurricane Katrina, September 11)
  - Childhood Trauma (violence- and disaster-induced) can be the most devastating—and childhood trauma is more common than we might think
  - Policy and systems change—moving into the “trauma-informed” era
- **Violence/Crime-induced**
  - Long-term trauma support often eludes violent crime victims
  - Individual conditions too often treated in isolation—a more integrated approach to victim services is needed
  - Crime victim and mental health concerns revealed by Katrina

Confirmed Speakers: **A. Kathryn Power, M.Ed.**, Director of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Prospective speakers: **Richard K. Nakamura, Ph.D.**, Deputy Director, National Institute of Mental Health; **Frances M. Murphy, M.D., M.P.H.**, Deputy Under Secretary for Health Policy Coordination, Department of Veterans Affairs (VA); **Robert J. Ursano M.D.**, Professor and Chair, Department of Psychiatry, Uniformed Services University of the Health Sciences; **Vincent J. Felitti, M.D.**, Physician, Department of Preventive Medicine, Kaiser Permanente Medical Care Program

### Call to Action

The briefing will set the stage to mobilize support for:

- A National Trauma Education and Awareness Campaign
- Outreach and consensus-building to consider how trauma education and trauma-informed models and programs might affect pending or future legislation

### Partnering Sponsorship and Support

Select organizations, corporations, and individuals are being invited to support the briefing as sponsoring partners by making a tax-deductible donation to Witness Justice to help offset direct costs associated with the briefing. Sponsorship starts at \$1,000.

Supporting organizations will receive:

- Attendance at the briefing.
- Prominent recognition in all media/outreach materials.
- Inclusion of your organization’s one-paragraph position statement on trauma in the briefing kits, which will be distributed to every member of Congress.
- Opportunity to provide organizational information and resources at the briefing resource table.
- Possible inclusion in media engagements.
- Visibility on the highly trafficked Witness Justice web site (which receives more than 200,000 hits per month).
- Priority collaboration consideration for the National Trauma Education and Awareness Campaign that Witness Justice plans to launch in the coming year.

**In addition, all organizations and individuals with supporting perspectives on trauma and that recognize the need for this briefing are invited to submit 1-paragraph position statements and be listed as supporting organizations of trauma education and awareness.** Position statements and the list of supporting organizations will be compiled and provided to legislators as a means of demonstrating the impact and importance of this issue. Witness Justice recognizes that a wide range of individuals hold a great stake in trauma education, including (but certainly not limited to):

- Alcohol/substance abuse specialists;
- Attorneys;
- Counselors;
- Crime Victims and their family, friends, and advocates;
- Crisis Counselors;
- Disaster Victims and their family, friends, and advocates;
- Domestic Violence Service Providers;
- Elder Abuse Victims and Service Providers
- Emergency Preparedness Advisors;
- Employers of veterans and crime/disaster survivors;
- Family Counselors;
- Hate Crime Victims and Service Providers;
- Homicide survivors and their family, friends, and advocates;
- Healthcare professionals (doctors, nurses, pediatricians, etc.);
- Human Trafficking Victims and Service Providers;
- Kidnapping/Abduction Victims;
- Law Enforcement Officials;
- Legislators at all levels of government;
- Male Victims of violence or disaster;
- Mental Health Practitioners;
- Physical Assault Victims and their family, friends, and advocates;
- Psychiatrists;
- Psychologists;
- Psycho-pharmacologists;
- Relationship Experts;
- Ritual Abuse Victims and Service Providers;
- Road Rage Victims and their family, friends, and advocates
- Safety/Security Experts;
- School/Teen Violence Victims and their family, friends, and advocates;
- Sexual Assault (including rape, incest and molestation)Victims and Service Providers;
- Social Workers;
- Sociologists;
- Sleep Experts;
- Stalking Victims and their family, friends, and advocates
- Terrorism Victims and their family, friends, and advocates;
- Therapists;
- Veterans and their family, friends, and advocates; and
- Workplace Violence Victims and their family, friends, and advocates.