

## Child Welfare Trauma Referral Tool (CWT)

(Nicole Taylor, Charles Wilson, & Alan Steinberg, 2006)

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This measure is designed to help child welfare workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. It is to be completed by the child welfare worker through record review and key informants (i.e., natural parent, foster parent, child therapist, school-aged children or adolescents if appropriate, and other significant individuals in the child's life).

Section A allows the child welfare worker to document history of exposure to a variety of types of trauma and indicate the age range over which the child experienced each trauma. Section B allows the child welfare worker to document the severity of the child's traumatic stress reactions. Section C allows the child welfare worker to document attachment problems. Section D allows the child welfare worker to document behaviors requiring immediate stabilization. Section E allows the child welfare worker to document the severity of the child's other reactions/behaviors/functioning. Section F provides strategies for making recommendations to general or trauma-specific mental health services by linking the child's experiences to their reactions.

*To obtain permission to use the Child Welfare Trauma Referral Tool, please contact Lisa Conradi, at [lconradi@rchsd.org](mailto:lconradi@rchsd.org) or 858-576-1700, ext. 6008.*

Form Completed by (Name/Title/ID Code): \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Number of Months in Current Placement: \_\_\_\_\_

**Reason for Current Evaluation (check all that apply):**

- Baseline Assessment: New client  New Trauma Reported  Problematic Reactions/Behaviors Reported
- Change in Placement (Specify): \_\_\_\_\_  Other (Specify): \_\_\_\_\_

**A. Behaviors Requiring Immediate Stabilization (Refer to Flow Chart for Specific Referrals for each type of problem)**

|                        |  | How to Recognize Problem Behaviors:<br>(Check Yes if child presents with any of the descriptors listed below) |                          |
|------------------------|--|---|--------------------------|
|                        |  | Yes   | No Suspected             |
| Suicidal Ideation      |  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Active Substance Abuse | An unhealthy pattern of substance (alcohol or drug) use that results in significant problems in one of the following ways: (1) An inability to adequately take care of your responsibilities or fill your role at work, school, or home; (2) The frequent use of substances in situations where it might be dangerous to do so (for example, driving while under the influence); (3) Repeated legal problems due to substance use (for example, public intoxication or disorderly conduct); and (4) The continued use of substances even though the substance use is causing considerable problems in your life. | <input type="checkbox"/>  | <input type="checkbox"/> |
| Eating Disorder        | Any of several psychological disorders (as anorexia nervosa or bulimia) characterized by serious disturbances of eating behavior.  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Serious Sleep Disorder | Disturbance in the patient's amount of sleep, quality or timing of sleep, or in behaviors or physiological conditions associated with sleep.   | <input type="checkbox"/>  | <input type="checkbox"/> |

## B. Current Reactions/Behaviors/Functioning

|                          | Does this interfere with child's daily functioning at home, school or in the community? |                          | How to Recognize Problem Behaviors:<br>(Check Yes if child presents with any of the descriptors listed below)  |
|--------------------------|---|--------------------------|--|
|                          | Yes   | No Suspected             |  |
| Affect Dysregulation     | <input type="checkbox"/>  | <input type="checkbox"/> | Children with affect dysregulation may have difficulty expressing specific feelings, whether positive or negative, and may have trouble fully engaging in activities. They may have problems modulating or expressing emotions, experience intense fear or helplessness, or have difficulties regulating sleep/wake cycle.   |
| Anxiety                  | <input type="checkbox"/>  | <input type="checkbox"/> | Anxious children often appear tense or uptight. Worries may interfere with activities and they may seek reassurance from others or be clingy. These children may be quiet, compliant and eager to please, so they may be overlooked. They may report phobias, panic symptoms, and report physical complaints, startle easily, or have repetitive unwanted thoughts or actions.   |
| Attachment Difficulties  | <input type="checkbox"/>  | <input type="checkbox"/> | This category refers to a child's difficulty forming or maintaining relationships with significant parental or caregiver figures. It relates to the child's sense of security and trust in interacting with others. Often children with attachment difficulties interact with new acquaintances in unusual ways. They may bond too quickly (e.g., hugging strangers and climbing on their laps), or fail to engage in appropriate ways (e.g., avoid eye contact and fail to engage in appropriate conversations/interactions). |
| Attention/ Concentration | <input type="checkbox"/>  | <input type="checkbox"/> | Children with problems with attention, concentration and task completion often have difficulty completing schoolwork or may have difficulty forming strong peer relationships.   |
| Conduct Problems         | <input type="checkbox"/>  | <input type="checkbox"/> | Defined by a variety of different conduct problems. Child may be physically or verbally aggressive to other people or animals. Children with conduct problems may destroy property, steal, break the law, or start fires. They may run away from home or act in a sexually promiscuous or aggressive fashion.  |
| Depression               | <input type="checkbox"/>  | <input type="checkbox"/> | Depressed children may appear tearful/sad, show decreased interest in previous activities, have difficulty concentrating, or display irritability. They may present with depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, loss of motivation, verbal aggression, sullenness, grouchiness, hopelessness, or negativity. They may have frequent complaints of physical problems.   |

|                        |   | How to Recognize Problem Behaviors:<br>(Check Yes if child presents with any of the descriptors listed below)   |              |
|------------------------|---|---|--------------|
|                        | Does this interfere with child's daily functioning at home, school or in the community?     |   |              |
|                        |   | Yes   | No Suspected |
| Dissociation           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | Children experiencing dissociation may daydream frequently. They may seem to be spacing out and be emotionally detached or numb. They are often forgetful and sometimes they experience rapid changes in personality often associated with traumatic experiences. |              |
| Impulsivity            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | Acting or speaking without first thinking of the consequences.  |              |
| Oppositional Behaviors | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | Defined by negativistic, hostile and defiant behaviors. Child may lose temper frequently, argue with adults, and refuse to comply with adult rules. Child may deliberately annoy people and blame others for mistakes or misbehaviors.                            |              |
| Regression             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | Child ceases using previously adaptive behaviors. Child may begin wetting or soiling themselves after they had been potty trained, and may begin using baby talk or refusing to sleep alone when these skills were previously mastered.                           |              |
| Somatization           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | Somatization is characterized by recurrent physical complaints without apparent physical cause. Children may report stomachaches or headaches, or on the more serious end of the spectrum, they may report blindness, pseudoseizures, or paralysis.               |              |
| Suicidal Behavior      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | Includes both superficial and more serious actions with potentially life-threatening consequences. Examples include overdosing, deliberately crashing a car, or slashing wrists.  |              |
| Self-Harm              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | When someone deliberately harms him or herself. Includes cutting behaviors, punching oneself, pulling out hair or eyelashes, picking skin causing sores, burning, inhaling or overdosing on medications.  |              |

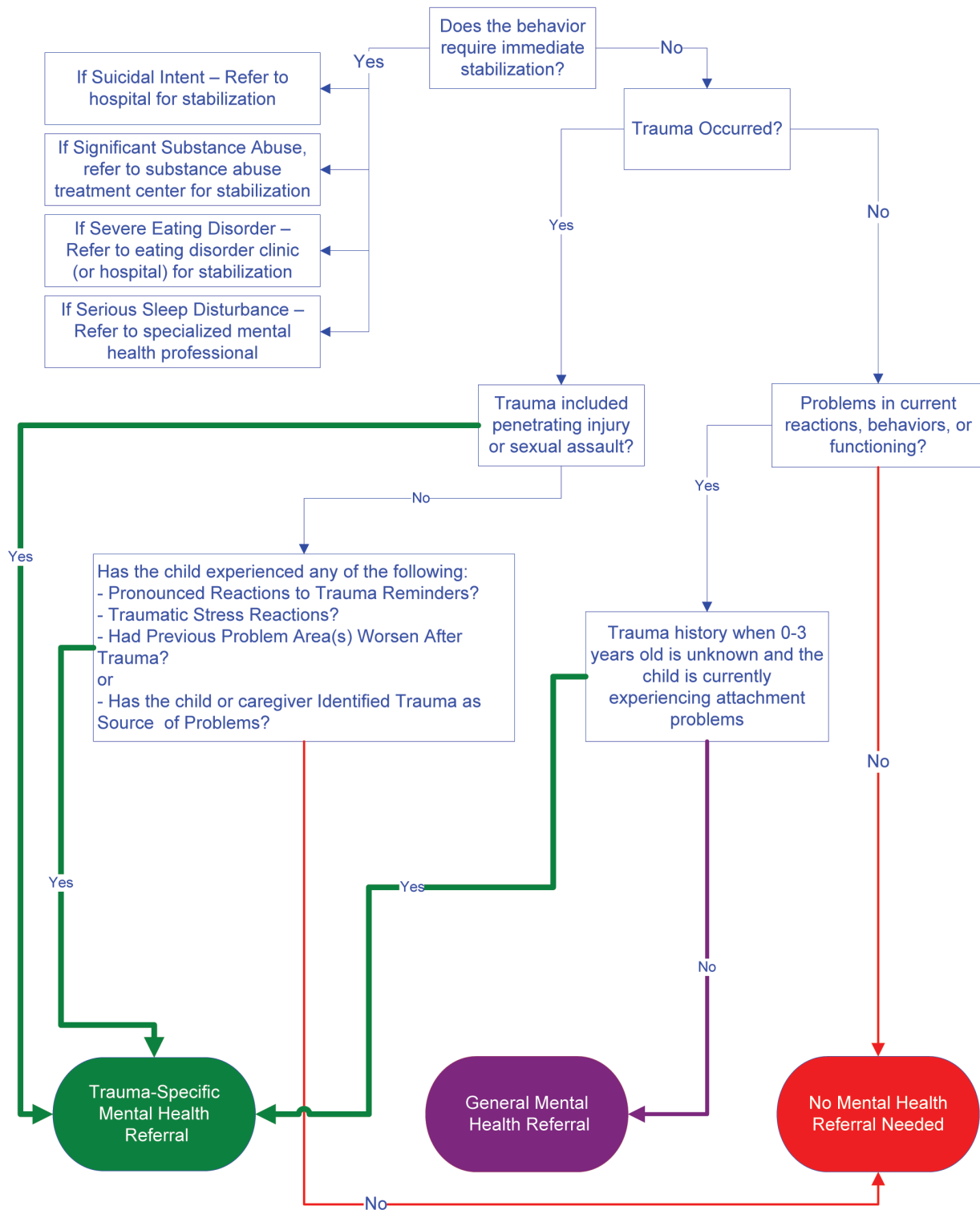
### C. Trauma/Loss Exposure History

| Trauma Type<br>(Definitions attached)                                  | Age(s) Experienced (Check each box as appropriate—example: sexual abuse from ages 6–9 would check 6, 7, 8, and 9) |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No Suspected             | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | 11                       | 12                       | 13                       | 14                       | 15                       | 16                       | 17                       | 18                       | 19                       | 20                       |
| Community Violence Exposure  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Exposure   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Abuse  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme Personal/Interpersonal Violence Exposure                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Forced Displacement  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural or Manmade Disasters   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neglect  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Abuse or Assault  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School Violence Exposure   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serious Accident/Illness/Medical Procedure                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Abuse or Assault/Rape   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Systems-Induced Trauma   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Traumatic Grief/Separation (does not include placement in foster care) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| War/Terrorism/Political Violence                                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## D. Current Traumatic Stress Reactions

|                 |   | Definition<br>(Check Yes if child presents with any of the descriptors listed below) |                          |  |
|-----------------|---|--|--------------------------|--|
|                 |   | Yes  | No Suspected             |  |
| Re-experiencing | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | <input type="checkbox"/>   | <input type="checkbox"/> | <p>These symptoms consist of difficulties with intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. Also included is pronounced reactivity to trauma or loss reminders. These symptoms are part of the DSM-IV criteria for PTSD.</p>              |
| Avoidance       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | <input type="checkbox"/>   | <input type="checkbox"/> | <p>These symptoms include efforts to avoid stimuli associated with traumatic experiences. The child may avoid certain places or people, or avoid discussing the specifics of the trauma. These symptoms are part of the DSM-IV criteria for PTSD.</p>  |
| Numbing         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | <input type="checkbox"/>   | <input type="checkbox"/> | <p>These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma. Numbing symptoms include feelings of detachment or estrangement from others, restricted range of emotion (e.g., unable to have loving feelings), feeling out of sync with others, or having a sense of a foreshortened future.</p>      |
| Arousal         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected | <input type="checkbox"/>   | <input type="checkbox"/> | <p>These symptoms consist of difficulties with hypervigilance (an exaggerated awareness of potential dangers), difficulty concentrating, exaggerated startle reactions, difficulties falling or staying asleep, and irritability or outbursts of anger. Children with these symptoms often seem distractible, impulsive and inattentive, leading to a common misdiagnosis of ADHD.</p> |

## Child Welfare Trauma Referral Tool: Referral Flowchart—Linking Experiences to Reactions



# Referral Guidelines

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In scoring the Child Welfare Trauma Referral Tool, the following guidelines are recommended (as outlined in the referral flowchart):

## Trauma-Specific Mental Health Referral:

- The child has a trauma exposure history with a penetrating injury or sexual assault.
- The child exhibits traumatic stress reactions, regardless of the child's trauma history.
- The child had a trauma history before the age of three or the caregiver is unaware of the child's history before the age of three, and the child is experiencing attachment difficulties.
- The child has a history of trauma and this history is linked to current reactions/ behaviors/functioning problems.

## General Mental Health Referral:

- If the child exhibits current reactions/behaviors/functioning problems (other than traumatic stress reactions) in the absence of a trauma history.
- If the child exhibits behavior problems and these are not linked to the traumatic experiences.

## Specific Mental Health Referral:

- Hospital: If the child presents with suicidal intent, a referral to the hospital for stabilization is recommended. The child should be re-assessed once they are stabilized.
- Substance-Abuse Program: If the child presents with a significant substance abuse problem, a referral to a substance-abuse specific program is recommended. The child should be re-assessed once substance-abuse problem is stabilized.
- Eating Disorder Program: If the child presents with a significant eating disorder, a referral to an eating disorder program for stabilization is recommended. The child should be re-assessed once they are stabilized.

## No Mental Health Referral:

- If the child has a trauma exposure history but there are no traumatic stress reactions and the child is functioning well.



## Definitions of Different Trauma/Loss Exposure History Categories

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- **COMMUNITY VIOLENCE EXPOSURE** – Extreme violence in the community (i.e., neighborhood and gang violence).
- **DOMESTIC VIOLENCE EXPOSURE** – Exposure to emotional abuse, actual/ attempted physical or sexual assault, or aggressive control perpetrated between a parent/caretaker and another adult in the child victim’s home environment.
- **EMOTIONAL ABUSE** – Acts of commission against a minor child, including: Verbal abuse (e.g., insults; debasement; threats of violence), emotional abuse (e.g., bullying; terrorizing; coercive control), excessive demands on a child’s performance (e.g., scholastic; athletic; musical; pageantry) that may lead to negative self-image and disturbed behavior.
- **EXTREME PERSONAL/INTERPERSONAL VIOLENCE** – Includes extreme violence by or between individuals that has not been reported elsewhere, including exposure to homicide, suicide and other similar extreme events.
- **FORCED DISPLACEMENT** – Forced relocation to a new home due to political reasons.
- **NATURAL/MANMADE DISASTERS** – Major accident or disaster that is an unintentional result of a manmade or natural event.
- **NEGLECT** – Failure by the child victim’s caretaker(s) to provide needed, age-appropriate care although financially able to do so, or offered financial or other means to do so. Includes: Physical neglect (e.g., deprivation of food, clothing, shelter), Medical neglect (e.g., failure to provide child victim with access to needed medical or mental health treatments and services; failure to consistently disperse or administer prescribed medications or treatments (e.g., insulin shots), and Educational neglect (e.g., withholding child victim from school; failure to attend to special educational needs; truancy).
- **PHYSICAL ABUSE OR ASSAULT** – Actual or attempted infliction of physical pain (e.g., stabbings; bruising; burns; suffocation) by an adult, another child, or group of children to a minor child including use of severe corporal punishment.
- **SCHOOL VIOLENCE EXPOSURE** – Violence that occurs in a school setting (i.e., school shootings, bullying, classmate suicide).
- **SERIOUS ACCIDENT/ILLNESS/MEDICAL PROCEDURE** – UNINTENTIONAL injury or accident such as car accident, house fire, or accidental fall down stairs. Having a physical illness or experiencing medical procedures that are painful and/or life threatening.

- **SEXUAL ABUSE OR ASSAULT/RAPE** – Actual or attempted sexual contact (e.g., fondling; genital contact; penetration, etc.) and/or exposure to age-inappropriate sexual material or environments by an adult to a minor child.
- **SYSTEMS-INDUCTED TRAUMA** – Traumatic removal from the home, traumatic foster placement, sibling separation, or multiple placements in a short amount of time.
- **TRAUMATIC GRIEF/SEPARATION** – Includes: Death of a parent, primary caretaker or sibling; Abrupt, unexpected, accidental or premature death or homicide of a close friend, family member, or other close relative; Abrupt, unexplained and/or indefinite separation from a parent, primary caretaker, or sibling due to circumstances beyond the child victim’s control.
- **WAR/TERRORISM/POLITICAL VIOLENCE** – Exposure to acts of war/terrorism/political violence. Includes incidents both within the U.S. (i.e., Oklahoma bombing, 9-11) and outside of the U.S. (i.e., bombing, shooting, or accidents that are a result of terrorist activity).