Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity (SO/GI):

Part II: The Screener

SCREENING FOR GENDER IDENTITY, SEXUAL ORIENTATION, PREVALENT TRAUMAS AND RISKS FOR LGBTQ YOUTH

Below, you will find a brief screener that we would like to see administered to every youth (and caregiver) receiving services in your organization. We understand that each organization is unique, that some might already be administering a similar screener or a more comprehensive one, and that for others this might be novel or not aligned with your day-to-day practice. You may use this tool in conjunction with other screening or assessment tools focused on more general traumatic experiences faced by all youth (e.g., UCLA PTSD RI). For those of you who believe your organization is not quite ready to implement the Screener for the Intersection of Trauma and Sexual Orientation and Gender Identity, consider presenting it for discussion at a staff meeting or creating a “study group” to consider how it might be used in the future. Importantly, we are mindful that this screener does not stand by itself; it is just one tool an organization can use to create safe and affirming spaces for LGBTQ youth and their caregivers.

For more information about why it is important to use this tool with all children and families, we invite you to watch the following:

- LGBTQ Youth: Voices of Trauma Lives of Promise - [https://www.nctsn.org/resources/lgbtq-youth-voices-trauma-lives-promise](https://www.nctsn.org/resources/lgbtq-youth-voices-trauma-lives-promise)

Please make sure to read the accompanying Screening for the Intersection of Trauma and Sexual Orientation and Gender Identify (SO/GI): Part I: Key Considerations before you administer this screener.

THE GOALS FOR ADMINISTERING THE SCREENER FOR THE INTERSECTION OF TRAUMA AND SEXUAL ORIENTATION AND GENDER IDENTITY ARE:

1. To provide early, effective trauma-focused screening and intervention to LGBTQ youth
2. To provide mental health professionals working with LGBTQ youth a screening tool to assess (a) sexual orientation (SO); (b) gender identity (GI); and (c) the presence of potentially traumatic events (PTEs). The Screener for the Intersection of Trauma and Sexual Orientation and Gender Identity can augment a more general trauma screening and should be used in a safe, affirming, and validating manner
3. To promote a shared language and mutual understanding of the strengths and challenges faced by—and to facilitate meaningful engagement with—LGBTQ youth
4. To contribute to the visibility of the alarming prevalence of violence and abuse against LGBTQ youth in our society
5. To highlight the common risk factors for LGBTQ youth and the critical importance of screening for trauma exposure, PTSD, and PTSS symptoms, while keeping in mind that the experiences of LGBTQ youth are not one-dimensional and may vary significantly according to race/ethnicity, socio-economic status, religious affiliation, and area of residency (urban center vs rural areas)

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6 To screen youth who identify as heterosexual and/or cisgender and have experienced trauma and traumatic events due to being perceived as LGBTQ

7 It normalizes the development of gender identity and sexual orientation for all youth and this is a safe place to talk about these topics

VERSIONS OF THE SCREENER FOR THE INTERSECTION OF TRAUMA AND SEXUAL ORIENTATION AND GENDER IDENTITY

The screener includes youth and caregiver versions and was designed to be asked of every child and caregiver at some point in treatment. We recommend that the screener be administered separately to youth and their caregivers to promote honesty and safety. The clinician should ask the questions in a calm, sensitive, and caregiver- and youth-friendly manner.

The screener includes questions about gender identity intended for children ages 7-21 and questions about sexual orientation and behaviors intended for children ages 12-21. There are recommendations included in the screener with adaptations for age and prompts for younger children included in each relevant question. Each question allows an opportunity to provide psycho-education about gender identity and sexual orientation. We recommend using your clinical judgment in deciding whether and how to ask these questions of children younger than the suggested ages.

Youth Version: Administer without caregiver present to promote safety and honesty

Part 1:
4 questions about gender identity to be asked of all youth
4 questions about sexual orientation to be asked of all youth 12 years and older

Part 2:
6 questions screening for potentially traumatic events that are prevalent among LGBTQ youth. To be asked of all youth who have identified as LGBTQ or are questioning.

Caregiver Version: Administer without youth present to promote safety and honesty

Part 1:
4 questions about gender identity to be asked of all caregivers
1 question about sexual orientation to be asked of caregivers of youth 12 years and older

Part 2:
6 questions screening for potentially traumatic events that are prevalent among LGBTQ youth. To be asked of caregivers of youth who have identified as LGBTQ or are questioning.

Screening and Follow-Up Care

This tool is intended as a supplement to your intake, engagement and assessment protocols as a means for safely and respectfully learning about a child’s identity and its potential relevance to treatment. If you are working with a child and caregiver who have endorsed experiencing traumatic events related to their actual or perceived sexual orientation and gender identity, we recommend that you do further assessment for the presence of PTSD, trauma symptoms, and other behavioral health challenges, and that you address any imminent risks or safety concerns that are raised. Further information about how to support children and caregivers of LGBTQ youth impacted by trauma can be found https://www.nctsn.org/treatments-and-practices/screening-and-assessment
INTRODUCING THE SCREENER FOR THE INTERSECTION OF TRAUMA AND SEXUAL ORIENTATION AND GENDER IDENTITY

- Consider the child's age and cognitive development when asking the questions. Use language/words that the child understands and concepts that are relatable. Language, words, and concepts might vary across ethnicities, cultures, religions, and geographical context. For example, ask a 5-year-old "Are you a boy?" or "Are you a girl?" instead of "What is your pronoun?"

- Have adolescents and caregivers answer these questions separately to promote honesty and openness in the responses. Screening separately is not only for safety purposes (e.g., rejecting or even violent responses from caregiver after disclosure), but also to recognize the autonomy of the youth and their control over when, how, and to whom to come out. Moreover, it gives the opportunity to both youth and caregiver to openly talk about potentially sensitive issues. Use your clinical judgment about how to explain and administer these questions to youth and their caregivers. See the Screening for the Intersection of Trauma and Sexual Orientation and Gender Identify (SO/GI): Part I: Key Considerations Identity for more information.

- Give the rationale for the screening tool. Explain why you are using it and how it might benefit the youth or caregiver before beginning to ask the questions. See Screening for the Intersection of Trauma and Sexual Orientation and Gender Identity (SO/GI): Part I: Key Considerations for more information regarding the safety risks and health concerns for LGBTQ youth and use that information to inform caregivers about why it's important to ask these questions of all youth. Validate caregivers who might feel uncomfortable or even offended when asked questions regarding their child's sexual orientation and gender identity due to personal or religious beliefs. The same may apply to youth when asked.

- Understand that some youth might identify a "family of choice" and will not want to include their biological or primary caregiver in treatment.

- You might be asking questions about a known trauma but not thinking about it in connection with sexual orientation or gender identity. It is critical for youth development to understand when a traumatic event is connected to a perceived aspect of their sexual orientation or gender identity. When youth are being harmed due to a perceived identity, they need to be provided with resiliency factors to increase self-esteem and avoid the internalization of blame.

- Be mindful that when you are asking questions about a known trauma, there may be aspects of the experience related to a youth's sexual orientation and/or gender identity that have not yet been disclosed.

- Use gender-neutral language such as "Are you dating someone?" or "Is there someone you like?" versus "Do you have a girlfriend or boyfriend?"
SCREENING TOOL FOR YOUTH:

Part I:
This section should be administered to all youth without their caregiver(s) in the room.
The following language might be helpful to share with youth and caregivers to introduce what you are asking about and explain why you are having these conversations separately.

It may seem like we’re asking for some personal information here. Our goal is simply to learn more about you and to ensure that when we meet we are treating you in a respectful way.

You may be unsure how to answer some of the questions or uncomfortable sharing this information. We encourage you to ask if you don’t understand what we are asking or why.

The information you share with us is confidential unless we believe your safety or the safety of someone else is at risk.

1. Legal Name: What is the name you were given at birth?
2. Name: What name do you like to be called?

Note: Do not assume that youth will use their legal name. If a youth uses a name other than their legal name, respect this. Once a child has expressed their chosen name and pronouns and given permission for their use, it is best practice for clinicians and other program staff to use this name and those pronouns during interactions and in clinical documentation. You can make a note within the medical file that this is the name that should be used in all interactions with that child except in cases where the legal name is required (for example: billing purposes).

Suggested language if child gives a different name: “Does that name have meaning for you; would you like to talk about that?”

3. Pronoun: What are your pronouns? (check all that apply) for children typically under the age of 12: Do you like being called “He, she, or they”? If youth doesn’t understand what a pronoun is, it can be helpful to provide an example: “If I were to leave the room, how would you want people to refer to you?”
   - He/Him
   - She/Her
   - They/Them
   - Other: __ __
   - Unsure/don’t know
   - Prefer not to respond

4. Gender Identity: What is your gender? What is the gender you identify with/identify the most? Suggested language for children typically under the age of 12: “How do you feel about being a boy or a girl? Sometimes a kid feels like a boy or feels like a girl or feels like both at the same time or feels like something else altogether? How do you feel?” “There are things that people like or dislike about their body. Are there things that you like or dislike about your body and why?”
   - Male (boy)
   - Female (girl)
   - Agender
   - Gender Fluid
   - Transgender Female
   - Transgender Male
   - Non-binary
   - Other: __ __
   - Unsure/don’t know
   - Prefer not to respond
For youth 12 or older:

5. Sexual Orientation: Who are you sexually or romantically attracted to? Who do you like?
   - Boys
   - Girls
   - Boys & Girls
   - Not-sure (Questioning)
   - No one
   - Other: ____________
   - Prefer not to respond

6. Sexual Behavior: Are you dating/seeing someone?
   - Yes
   - No
   - Unsure/don’t know
   - Prefer not to respond

7. Are you sexually active?
   - Yes
   - No
   - Unsure/don’t know
   - Prefer not to respond

If yes, with whom?
   - Boys
   - Girls
   - Boys & Girls
   - Not-sure (Questioning)
   - Other: ____________

8. What is your sexual identity? How do you identify?
   - Straight
   - Gay
   - Bisexual
   - Lesbian
   - Pansexual
   - Questioning
   - Other: ____________
   - Prefer not to respond

Part II:

If youth identifies as LGBTQ or Questioning: This portion of the tool is screening for potentially traumatic events (PTES) that are prevalent among LGBTQ youth and potentially by youth who are perceived to be LGBTQ by their peers and caregivers (impact LGBTQ youth with higher frequency than their straight and cisgender peers). We recommend providers ask the following questions and explain the rationale behind them in a safe and non-pathologizing way (refer to Screening for the Intersection of Trauma and Sexual Orientation and Gender Identify (SO/GI): Part I: The Rationale).

Providers can introduce these questions by saying, “Some of these questions focus on experiences you may have had based on how others perceive your Sexual Orientation and Gender Identity, and we ask them in order to determine other ways we can help keep you safe and work on different aspects of your care in treatment.”
Youth (without caregiver in the room):

10. Have you ever felt unsafe at home, school, or in the community based on your (actual or perceived) Gender Identity or Sexual Orientation?
   O Yes
   O No
   O Unsure/don’t know
   O Prefer not to respond
   If yes, when: ____________________________

11. Have you ever been bullied (called names; make fun of) at home, school, or in the community based on your (actual or perceived) GI or SO?
   O Yes
   O No
   O Unsure/don’t know
   O Prefer not to respond
   If yes, when: ____________________________

12. Have you ever been physically harassed (pushed, kicked, punched) at home, school, or in the community based on your (actual or perceived) GI or SO?
   O Yes
   O No
   O Unsure/don’t know
   O Prefer not to respond
   If yes, when: ____________________________

13. Have you ever experienced sexual mistreatment (harassed, touched when you didn’t want to in a sexual way, etc.) at home, school, or in the community based on your (actual or perceived) GI or SO?
   O Yes
   O No
   O Unsure/don’t know
   O Prefer not to respond
   If yes, when: ____________________________

14. Were you ever homeless because of your identity or orientation? (For example, to escape physical or emotional abuse from a family member or being “kicked out” of your home for your LGBTQ identity)
   O Yes
   O No
   O Unsure/don’t know
   O Prefer not to respond
   If yes, when: ____________________________

If youth responds yes to 1 or more questions: When this happened to you, did you share with a trusted peer or adult (caregiver; teacher; coach)? If you shared, which was their response? Did you feel supported?

15. Have you ever received LGBTQ specific sexual education?
   O Yes
   O No
   O Unsure/don’t know
   O Prefer not to respond
   If yes, was it helpful?
SCREENING TOOL FOR CAREGIVERS:

Part I:
This section should be administered to all caregivers without their child in the room.
The following language might be helpful to share with caregivers to introduce what you are asking about and explain why you are having these conversations separately.

We are asking these questions out of concern for the safety of your child. LGBTQ youth (and those who are at a higher risk for bullying, physical abuse, verbal abuse and homelessness). The reason we are asking you as the parent is to find out what kind of supports we can provide you with, and what type of supports we can offer your child if they are necessary.

If you don't understand why we are asking something, please let us know and we can talk more about where the request for this information is coming from.

The information you share with us is confidential unless we believe your safety or the safety of someone else is at risk.

1. Legal Name: What is your child's legal name? What is the name they were given at birth?
2. Name: What name does your child like to go by?

Note: Do not to assume that 100% of youth will use their legal name. If caregiver uses a name other than the legal name we recommend respecting this.

3. Pronoun: What pronouns does your child use? Does your child like being called "He, she, or they"? If the parent or caregiver doesn't understand what a pronoun is, it can be helpful to provide an example: "If your child were to leave the room, how would you refer to them?" She/Her, He/Him, They/Them (singular), Other ______

4. Gender Identity: What is your child's gender? What gender does your child identify with/identify the most?
   - Male
   - Female
   - Agender
   - Gender Fluid
   - Transgender Female
   - Transgender Male
   - Other: __________

Only for caregivers of youth 12 or older:

5. Sexual Orientation: Does your child identify as? What is your child's sexual orientation?
   - Heterosexual/Straight
   - Gay
   - Bisexual
   - Lesbian
   - Pansexual
   - Other: __________
Part II:
If youth (or caregiver on behalf of youth) identifies as LGBTQ:
This portion of the tool is screening for potentially traumatic events (PTES) that are prevalent among LGBTQ youth and potentially by youth who are perceived to be LGBTQ by their peers and caregivers (impact LGBTQ youth with higher frequency than their straight and cisgender peers). We recommend providers ask the following questions and explain the rationale behind them in a safe and non-pathologizing way (refer to Screening for the Intersection of Trauma and Sexual Orientation and Gender Identity (SO/GI): Part I: The Rationale).

Providers can introduce these questions by saying, “Some of these questions focus on experiences your child may have had based on how others perceive their Sexual Orientation and Gender Identity, and we ask them in order to determine other ways we can help promote safety and work on different aspects of their care in treatment.”

Caregiver of youth (without youth in the room):

6. Has your child ever expressed feeling unsafe at home, school, or in the community based on their (actual or perceived) GI or SO?
   - [ ] Yes
   - [ ] No
   If yes, when:

7. Has your child expressed being bullied (called names; make fun of) at home, school, or in the community based on their (actual or perceived) GI or SO?
   - [ ] Yes
   - [ ] No

8. Has your child being physically harassed (pushed, kicked, punched) at home, school, or in the community based on their (actual or perceived) GI or SO?
   - [ ] Yes
   - [ ] No
   If yes, when:

9. Has your child ever experienced sexual mistreatment (harassed, touched when they didn’t want to in a sexual way, etc.) at home, school, or in the community based on their (actual or perceived) GI or SO?
   - [ ] Yes
   - [ ] No
   If yes, when:

For more information, visit http://nctsn.org/
CLINICAL CONSIDERATIONS AND NEXT STEPS

If the child and/or caregiver has endorsed experiencing traumatic events related to their actual or perceived sexual orientation and gender identity, we recommend that you do further assessment for the presence of PTSD, trauma symptoms, and other behavioral health challenges, and that you address any imminent risks or safety concerns that are raised.

Potential next steps may include:

- Consider what type of treatment is best for the child and family. Further information about how to support children and caregivers of LGBTQ youth impacted by trauma can be found https://www.nctsn.org/treatments-and-practices/screening-and-assessment

- Consider whether every family member needs psychotherapy or if there are other forms of support that would be helpful (for example: LGBTQ youth support groups, Gay Straight Alliances, support groups for caregivers of transgender youth).

- Connect family to resources in their community

- If there are concerns about a child’s safety, discuss with a supervisor to determine what steps need to be taken in keeping with ethical and legal regulations.

- Parents sometimes have personal perception that need to be addressed outside of joint/family work in order to come to terms with their child’s identity. Please see the following resources for more information about how to support LGBTQ youth and their parents and caregivers:

  - Family Acceptance Project, Supporting Families, Healthy Children, https://familyproject.sfsu.edu/publications

For Glossary of Terms please refer to: LGBTQ and Sexual Abuse: Information for Mental Health Professionals (NCTSN) for relevant LGBTQ terms: http://nctsn.org/products/lgbtq-youth-and-sexual-abuse-information-mental-health-professionals

LGBTQ Youth Resources

For resources for LGBTQ Youth and adults working with them please refer to the Center for Disease and Prevention (CDC) website: Lesbian, Gay, Bisexual and Transgender Health https://www.cdc.gov/-lgbthealth/youth-resources.htm