# Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity:

### Part II: The Screener

This screener, intended for use with children and youth ages 7-18 and their caregiver(s), seeks to highlight common risk factors and the critical importance of screening for trauma exposure, post-traumatic stress disorder (PTSD), and post-traumatic stress symptoms. The screener includes questions about gender identity intended for children ages 7-18 and questions about sexual orientation and behaviors intended for children ages 12-18. Using this screener with all youth in this age range helps you, as a provider, avoid assumptions or stigmatization and affirms that sexual orientation and gender identity are important parts of everyone's identities.

Before administering this screener, please read usage recommendations in the accompanying guidance document, *Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity Part I: Key Considerations*. While time to administer will vary depending on youth's experiences, each part of the screener (youth and caregiver) will take approximately 20 minutes to administer.

#### Please remember the following:

- Ask these questions with youth and caregiver(s) separately from each other in order to promote honesty, openness, and safety.
- Be transparent and honest with youth about confidentiality and mandatory reporting to help them make informed decisions about what to share.
- Consider the youth's age and cognitive development, as well as cultural considerations, when asking the questions. Use language that the youth understands and concepts that are relatable. Language, words, and concepts might vary across ethnicities, cultures, religions, and geographical context.
- Help youth define their treatment goals and whether their LGBTQ+ identities are part of what they want to address in treatment. Understand that this may change over the course of treatment. Assuming that youth's LGBTQ+ identities are their primary reason for seeking treatment may be inaccurate and may cause you to overlook other critical needs.

#### CITATION

Barba, A., Mooney, M., Giovanni, K., Clarke, M., Grady, J.B., and Cohen, J. A. *Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity Part II: The Screener.* Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

### **SCREENER FOR YOUTH:**

This screener should be administered to all youth without their caregiver(s) in the room. If you have experience engaging youth in conversations about sexual orientation and gender identity, you may paraphrase the questions or ask them in an open-ended way. If you are not experienced asking about sexual orientation and gender identity, you can use the recommended language as you build familiarity and comfort.

Talk with the youth about the purpose of the screener as a tool that will help you to learn more about them in order to provide personalized and improved care. Explain why you are having these conversations separately from their caregiver(s). The following language may be helpful to use for children and youth of different ages and developmental stages. Please use clinical judgment to adapt as needed.

#### Suggested language for youth under 10:

I am going to ask you some questions about who you are as a person. These are questions to help me understand who you are as a person and how you want other people to refer to you. This is so I can be sure to respect you every time we meet. I am asking these questions without your grown-up in the room to give you a private space to share any information about who you are and any experiences that you want to share with me. The information you share with me is confidential, which means I will not be sharing it with anyone else, unless I think your safety or the safety of someone else is at risk. I will also ask your grown-up some similar questions separately, to get to know you and your family. Sometimes kids have thoughts or questions about this process. Do you have any questions about what I've said to you so far?

Some of these words are new to a lot of kids. Please ask me questions about the words I'm using, what I'm asking, or why I'm asking. The words people use to talk about themselves are constantly changing, so please share whichever words work best for you, even if they're not one of the answers to my questions.

You may also feel uncomfortable sharing this information, especially if you have never shared this information about yourself before. You do not have to answer any question you are not comfortable answering, and you do not have to share any information you wish to keep to yourself.

#### Suggested language for youth over 10:

I am going to ask you for some personal information about your identities. I want to learn more about who you are, and I want to make sure that I am respecting you whenever we meet. I am asking these questions without your caregiver(s) in the room to give you a private and confidential space to share any information about your identities and experiences that you want to share with me. The information you share with me is confidential, unless I think your safety or the safety of someone else is at risk. I will also ask your caregiver(s) some similar questions separately, to get to know you and your family. Sometimes youth have thoughts or questions about this process. Do you have any questions about what I've discussed so far?

Some of these concepts or terms are new to a lot of youth. Please ask me questions about the words I'm using, what I'm asking, or why I'm asking. Language is constantly changing, so please share whichever words work best for you, even if they're not listed as an answer to my questions.

You may also feel uncomfortable sharing this information, especially if you have never shared this information about yourself before. You do not have to answer any question you are not comfortable answering, and you do not have to share any information you wish to keep to yourself.

### PART I FOR YOUTH OF ALL AGES:

1. Name: What name should I use for you while you're here?

If a youth identifies a name that differs from their intake documentation or the name that is used by their caregiver(s), please proceed with asking the following three questions.

Is there anyone you would like me not to use this name around? What name should I use around them?

Would you like me to talk to other staff at this organization to let them know they should use this name?

Are you comfortable with me writing this name in your records, where other people might see it? This would include other staff at our organization, but also could possibly include your caregiver(s).

Once a youth has expressed their chosen name and pronouns, it is best practice for clinicians and all other program staff to use this name and pronouns during all interactions and in clinical documentation, according to the specific permissions given by the youth. If the youth gives permission, you can make a note within the medical file that this is the name that should be used in all interactions with that youth, except in cases where the legal name is required (for example: billing purposes). If a youth has expressed their chosen name and pronouns, but has asked you to use a different name or pronouns around others, you should reflect their wishes in documentation in order to avoid sharing information about their name and pronouns they would rather keep confidential.

2. Pronouns: What are your pronouns? I'm going to list some commonly used pro-

nouns. You can choose from these options or tell me the pronouns you feel best describe you. You can choose more than one.

If youth does not understand what a pronoun is, you can ask, "Do you like being called he, she, they, or something else?"

If youth still does not understand what a pronoun is, it can be helpful to provide an example: "If I were to leave the room you would say, 'She left the room.' She and her are my pronouns. If you were to leave the room, how would you want people to refer to you?"

- ◯ He/Him
- ◯ She/Her
- They/Them
- ◯ Ze/Zir/Hir
- I'm not sure

 $\bigcirc$  Prefer not to respond

 $\bigcirc$ 

If a youth identifies pronouns that differ from their intake documentation or that are not used by caregiver(s), please proceed with asking the following three questions.

Is there anyone you do not want me to use these pronouns around? What pronouns should I use around them?

Would you like me to talk to other staff at this organization to let them know they should use these pronouns?

Are you comfortable with me writing these pronouns in your records, where other people might see them? This would include other staff at our organization, but also could possibly include your caregiver(s).

**3. Gender Identity:** What is your gender? What gender or genders do you identify with the most? I'm going to list some common gender identities. You can choose from these options or tell me the terms that best describe your gender. You can choose more than one.

If the youth does not understand the question or for younger youth, you can ask, "How do you feel about being a boy or a girl?" or "Sometimes people feel like a boy or feel like a girl or feel like both at the same time or feel like something else altogether. How do you feel?" If the youth does not understand the questions asked or terms listed, remind them that these terms are new to a lot of youth and encourage them to ask questions.

If the youth still does not understand the question, reading through the options can often help clarify.

O Male (Boy)
Female (Girl)
○ Agender
Gender Fluid
🔘 Gender Queer
Gender Expansive
O Non-Binary
Trans Female
Trans Male
Questioning/Exploring
I'm not sure
Prefer not to respond
0

# **4.** Were you born with intersex traits or possible differences in genitalia, hormones, internal anatomy, or chromosomes?

If youth is younger and does not understand the question you can say, "Sometimes when children are born the doctors caring for them may not have known if they were a boy or a girl, but will make a decision if someone is a boy or a girl based on what they see when the baby is born. Sometimes children may have had medical procedures to change how their genitals look or to change their internal sex organs."

If youth is older and does not understand the question you can say, "Being intersex could mean that when you were born and while growing up you have biological chromosomes, genitalia or reproductive organs that are not easily categorized as man or woman or boy or girl. Youth may have some of both sets of sex organs, differently developed sex organs, unique sex chromosomes, and/or unexpected levels of hormones for their body type."

- ⊖ Yes
- ⊖ No
- I'm not sure
- Prefer not to respond

#### FOR YOUTH 12 OR OLDER:

**5. What is your sexual orientation?** I'm going to list some common sexual orientations. You can choose from these options or tell me the terms that best describe your sexual orientation. You can choose more than one.

If the youth does not understand the question, you can say, "Your sexual orientation is based on the identities of the person or people you are attracted to, romantically, emotionally and/or physically. How you feel, how you identify, and the terms you use to describe yourself may change over time."

$\bigcirc$	Gay
$\bigcirc$	Lesbian
$\bigcirc$	Bisexual
$\bigcirc$	Pansexual
$\bigcirc$	Queer
$\bigcirc$	Demisexual
$\bigcirc$	Asexual
$\bigcirc$	Heterosexual/Straight
$\bigcirc$	Questioning/Exploring
$\bigcirc$	I'm not sure
$\bigcirc$	Prefer not to respond
$\bigcirc$	

6. What are the genders of the people you find yourself physically, romantically, and/or emotionally attracted to? I'm going to list some common gender identities. You can choose from these options or tell me the terms that best describe this for you. You can choose more than one.

Ο	Male (Boy)
$\bigcirc$	Female (Girl)
$\bigcirc$	Agender
Ο	Gender Fluid
Ο	Gender Queer
Ο	Gender Expansive
$\bigcirc$	Non-Binary
$\bigcirc$	Trans Female
Ο	Trans Male
Ο	Questioning/Exploring
Ο	I'm not sure
$\bigcirc$	Prefer not to respond
$\bigcirc$	

7. Have you ever engaged in consensual physical or sexual activity?

◯ Yes

 $\bigcirc$  No

○ I'm not sure

O Prefer not to respond

8. If yes, what are the genders of the people you have been involved with? I'm going to list some common gender identities. You can choose from these options or tell me the terms that best describe this for you. You can choose more than one.

- Male (Boy)
  Female (Girl)
  Agender
  Gender Fluid
  Gender Queer
  Gender Expansive
  Non-Binary
  Trans Female
  Trans Male
- O Questioning/Exploring
- I'm not sure
- Prefer not to respond

 $\bigcirc$ 

### 9. Have you ever received helpful education about healthy relationships and sexual health that included information relevant to you and your experiences?

Yes
 No
 I'm not sure
 Prefer not to respond

### PART II FOR YOUTH OF ALL AGES:

Talk with the youth about the purpose of this section of the screener and that you will be asking these questions to help identify ways you might be able to support them. The following language may be helpful to include:

"I am going to ask some questions about experiences you may have had based on your gender identity or sexual orientation, or what other people think about your gender identity or sexual orientation. This will help us identify the ways I can be the most helpful to you while we are working together. Like with the other questions I've asked, the information you share with me is confidential, unless I believe your safety or the safety of some-one else is at risk. You do not have to answer any question you are not comfortable answering, and you do not have to share any information you wish to keep to yourself."

**10**. Have you ever felt unsafe at home, at school, or in your community based on your actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
 No
 I'm not sure
 Prefer not to respond

**11**. Have you ever been bullied or experienced verbal harassment (such as being called names or being made fun of) at home, at school, or in your community based on your actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
No
I'm not sure
Prefer not to respond

**12**. Have you ever experienced physical harassment (such as being pushed, kicked, or punched) at home, at school, or in your community based on your actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
 No
 I'm not sure
 Prefer not to respond

**13**. Have you ever experienced sexual mistreatment (such as being harassed, touched when you didn't want to be in a sexual way, or shown sexual images) at home, at school, or in your community based on your actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
No
I'm not sure
Prefer not to respond

**14**. Have you ever been unsure of where you will be able to sleep at night (due to, for example, experiencing homelessness, couch surfing, or being "kicked out" of your home) based on your actual or perceived gender identity, sexual orientation, or intersex traits?

0	Yes
Ο	No
$\bigcirc$	I'm not sure
$\bigcirc$	Prefer not to respond

**15**. Have you ever experienced any form of mistreatment, harassment, or rejection by a medical or mental health provider based on your actual or perceived gender identity, sexual orientation, or intersex traits?

$\bigcirc$	Yes
$\bigcirc$	No
0	I'm not sure
$\bigcirc$	Prefer not to respond

If youth answers yes to 1 or more of questions 10-15, ask questions 16 and 17 before proceeding to question 18.

If the youth does not answer yes to questions 10-15, proceed directly to question 18.

#### 16. When this/these things happened to you, have you ever shared with a trusted peer or adult?

Yes
 No
 I'm not sure
 Prefer not to respond

**17**. Based on what you've told me, would you be willing to share anything more about these experiences with me now?

#### 18. Is there anything else you need more support about?

### **SCREENER FOR CAREGIVERS:**

This section should be administered to all caregivers without the youth in the room. If you are familiar with and practiced at engaging adults and families in conversations about sexual orientation and gender identity, you may paraphrase the questions or ask them in an open-ended way. If asking about sexual orientation and gender identity is new to you, you can use the recommended language as you build familiarity and comfort.

Talk with the caregiver(s) about the purpose of the screener as one way to learn more about their youth in order to provide personalized and improved care. Explain why you are having these conversations separately from their youth. The following language may be helpful to include:

"I am going to ask you for some personal information about your child's identities. My reason for asking these questions is to learn more about your child and family to ensure that when we meet, I am treating you and your child with respect and providing your family the best possible support. I am asking this information away from your child to allow you a private and confidential space to share information about their identities and for you to ask any questions or share any concerns you may have. The information you share with me is confidential, unless I think your safety, your child's safety, or the safety of someone else is at risk. I have also asked your child some similar questions separately. Sometimes caregivers have thoughts or questions about this process. Do you have any questions about what I've discussed so far?

Some of these concepts or terms are new to a lot of caregivers. I encourage you to ask questions about the words I'm using, what I am asking, or why.

You may also be uncomfortable sharing this information, especially if you have never spoken to someone outside of your family about your child's identities. You do not have to answer any question you are not comfortable answering, and you do not have to share any information you wish to keep to yourself."

#### PART I FOR CAREGIVERS OF YOUTH OF ALL AGES:

1. Name: What name does your child like to go by?

**2. Pronouns:** What pronouns does your child use? I'm going to list some commonly used pronouns. You can choose from these options or tell me the pronouns your child uses. You can choose more than one.

If the caregiver does not understand what a pronoun is, you can ask, "Does your child like being called he, she, they or something else?"

If the caregiver still doesn't understand what a pronoun is, it can be helpful to provide an example: "If I were to leave the room you would say, 'She left the room.' She and her are my pronouns. If your child were to leave the room, how would your child want people to refer to them?"

- ◯ He/Him
- She/Her
- ◯ They/Them
- ◯ Ze/Zir/Hir
- I'm not sure
- O Prefer not to respond

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**3. Gender Identity:** What gender or genders does your child identify with or identify with the most? I'm going to list some common gender identities. You can choose from these options or tell me the terms your child uses to describe their gender. You can choose more than one.

If the caregiver does not understand the question, you can say, "How does your child feel about being a boy or a girl?" or "Sometimes kids feel like a boy or feel like a girl or feel like both at the same time or feel like something else altogether. Has your child ever told you about how they feel?" If the caregiver does not understand the questions asked for terms listed, remind them that these terms are new to a lot of people and encourage them to ask questions.

O Male (Boy)
○ Female (Girl)
○ Agender
🔘 Gender Fluid
○ Gender Queer
○ Gender Expansive
○ Non-Binary
$\bigcirc$ Trans Female
$\bigcirc$ Trans Male
Questioning/Exploring
O I'm not sure
Prefer not to respond
$\bigcirc$

# 4. Was your child born with intersex traits or possible differences in genitalia, hormones, internal anatomy or chromosomes?

If the caregiver does not understand the question, you can say, "Being intersex could mean that when your child was born and while growing up they have biological chromosomes, genitalia or reproductive organs that are not easily categorized as man or woman or boy or girl. Your child may have some of both sets of sex organs, differently developed sex organs, unique sex chromosomes, and/or unexpected levels of hormones for their body type."

⊖ Yes

⊖ No

○ I'm not sure

○ Prefer not to respond

#### FOR CAREGIVERS OF YOUTH 12 OR OLDER:

**5. Sexual Orientation:** How does your child identify their sexual orientation? I'm going to list some common sexual orientations. You can choose from these options or tell me the terms your child uses to describe their sexual orientation. You can choose more than one.

If the caregiver does not understand the question, you can say, "An individual's sexual orientation is based on the identities of the person or people they are attracted to, romantically, emotionally and/or physically. How one feels, how one identifies, and the terms they use to describe themselves may change over time."

$\bigcirc$	Gay
$\bigcirc$	Lesbian
$\bigcirc$	Bisexual
$\bigcirc$	Pansexual
$\bigcirc$	Queer
$\bigcirc$	Demisexual
$\bigcirc$	Asexual
$\bigcirc$	Heterosexual/Straight
$\bigcirc$	Questioning/Exploring
$\bigcirc$	I'm not sure
$\bigcirc$	Prefer not to respond
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Talk with caregiver(s) about the purpose of this section of the screener and that you will be asking these questions to help identify ways that you can support their youth and their family. The following language may be helpful to include:

"I am going to ask some questions about experiences your child may have had based on their gender identity and sexual orientation, or others' perceptions of their gender identity and sexual orientation, in order to explore ways we can help promote safety and identify the types of support your child and family may need."

6. Has your child ever expressed feeling unsafe at home, at school, or in your community based on their actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
No
I'm not sure
Prefer not to respond

7. Has your child expressed being bullied or experiencing verbal harassment (such as being called names or being made fun of) at home, at school, or in your community based on their actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
 No
 I'm not sure
 Prefer not to respond

8. Has your child ever experienced physical harassment (such as being pushed, kicked, or punched) at home, at school, or in your community based on their actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
 No
 I'm not sure
 Prefer not to respond

9. Has your child ever experienced sexual mistreatment (such as being harassed, touched in a sexual way when they didn't want to be, or shown unwanted sexual imagery) at home, at school, or in your community based on their actual or perceived gender identity, sexual orientation, or intersex traits?

$\bigcirc$	Yes
$\bigcirc$	No
$\bigcirc$	I'm not sure
$\bigcirc$	Prefer not to respond

**10.** Have you ever had concerns about your child having a safe place to sleep at night or a safe place to stay based on their actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
 No
 I'm not sure
 Prefer not to respond

**11**. Has your child ever experienced any form of mistreatment, harassment, or rejection by a medical or mental health provider based on their actual or perceived gender identity, sexual orientation, or intersex traits?

Yes
 No
 I'm not sure
 Prefer not to respond

# **12**. Based on what you've told me, would you be willing to share anything more about experiences your child has shared with you or anything more that you think is important to understand about your child?

Use your clinical judgment to follow up on any additional details about these experiences.