Niagara County Department of Mental Health Children Single Point of Access (CSPOA) Program Application

*** Please ONLY complete if the individual has Medicaid or Managed Care***

Complex Trauma Exposure Screen

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g. self- or caregiver report, review of records, etc). ***To avoid undue distress, if speaking directly with the child, ask only about types for which you do not already have information*****. If information for a particular trauma is known,** ***you do not need to request additional details from the child*** **for that type. For example, if the child has a documented history of physical maltreatment, endorse "Y", and move on to the next category.**

Sources of Information (circle all that apply): Parents/Caregiver Chart/Records Review Child/Youth Report Other (specify):

Questions/Prompts (suggested questions for assessing trauma exposure within eachcategory)	Trauma Type	Present? Y/N	> 6 mos?
Was there a time when adults who were supposed to be taking care of you didn't? Has there ever been a time when you did not have enough food to eat? Did a parent or other adult in the household often … Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt? Did other children often tease or insult you, put you down, or threaten you physically? Did they spread lies about you or turn other people against you?	**Physical/Emotional Neglect** Or **Emotional Maltreatment (inc. bullying)**		
Have you lived with someone other than your parents/caregiver while you were growing up (because they couldn't take care of you or you were kicked out)? Have you ever been homeless? This means you ran away or were kicked out and lived on the street for more than a few days? Or you and your family had no place to stay and lived on the street, or in a car, or in a shelter?	**Displacement**		
Have you lost a primary caregiver through death or incarceration? Have you been left in the care of different people due to parental incapacity or dysfunction, even if your primary place of residence did not change? Have you had two or more changes in your primary caregiver or guardian, either formally (legally) or informally?	**Attachment Disruption**		
Has anyone ever made you do sexual things you didn't want to do, like touch you, make you touch them, or try to have any kind of sex with you? Has anyone ever *tried* to make you do sexual things you didn't want to do? Has anyone ever forced you (or tried to force you) to have intercourse?	**Sexual abuse Sexual assault/rape**		
Have you ever been hit or intentionally hurt by a family member? If yes, did you have bruises, marks or injuries?	**Physical Abuse**		
Have you ever *seen* or *heard* someone in your family/house being beaten up or Have you ever *seen* or *heard* someone in your family/house get threatened with harm?	**Domestic violence**		
Have you ever *seen or heard* someone being beaten, or who was badly hurt? Have you seen someone who was dead or dying, or *watched or heard* them being killed? Has anyone ever hit you or beaten you up (physically assaulted you?) Has anyone ever threatened to physically assault you (with or without a weapon)?	**Community Violence (chronic)** or **Interpersonal Violence (episodic)**		
Have you or anyone in your family been involved in, or *directly* affected by, a war?	**War/Polit. Violence**		
Has anyone ever stalked you? Did anyone ever try to kidnap you?	**Stalking/Kidnapping**		
Have you ever been *directly* affected by a terrorist attack like 9/11?	**Terrorism**		
Is there anything else really scary or very upsetting that has happened to you that I haven't asked you about? Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?	**Other trauma**		
Number of different types of traumas experienced (total # Trauma Types = Yes)			
Number of chronic traumas experienced (total # Trauma Types Experienced for more than 6 months			