



## Complex Trauma Exposure Assessment (CTEA)

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g. self- and caregiver report, clinical interviews, review of records, standardized instruments, etc.). Please review and complete each category. Include significant details and characteristics of the event where indicated, including the child/adolescent’s role in the event (i.e., victim or witness), as well as additional information, such as the child’s relationship to the perpetrator, or the extent of a child’s injuries in the “additional details” column. *When interviewing the child, it is important to be sensitive to the child’s level of distress and ensure that the child does not feel pressured to reveal or discuss details they are not ready to disclose.* When conducting the CTEA to determine the presence of complex trauma exposure, *you do not need to inquire about specific characteristics of each trauma*, however, if information is offered/obtained, note it in the “Characteristics” column. When conducting the CTEA as part of a clinical interview during the course of treatment, and once a therapeutic relationship has been established, the clinician can inquire about additional trauma details.

It will not always be clear whether a particular event rises to the level of a Trauma, or would be better categorized as a significant stressor (but not a Trauma). Therefore, you will have to use your clinical judgment to determine whether an event qualifies as a Trauma. Some traumatic events may fit in more than one category (for example, physical bullying could also be considered to be an assault). When this happens, please choose the one category that you feel *best describes* the traumatic event. Any time you endorse the box labeled “other”, please specify or elaborate. After you have endorsed “Y”, that a trauma has occurred, note whether it was experienced for more than 18 months, and provide the child’s actual ages during which the trauma occurred (e.g., ages 6-8, 11-15, or 9, 13, 14 if multiple discrete events).

Please note, for young children (ages 0-5) a determination of “chronic” exposure can be made for periods less than 18 months. For infants and very young children, especially those birth to three years of age, clinical judgment can be applied to reflect: a) the duration of trauma relative to their lifespan (e.g., a child who is 12 months of age may only have been exposed to traumatic events for 6 months, which is half of their lifespan), and b) the critical developmental period of these young children who are fully dependent on adult caregivers. After completing this assessment, determine whether the child/adolescent has been exposed to complex trauma based on *interpersonal traumas* experienced or witnessed. Additionally, assess for the presence of non-interpersonal traumas (but do not include these in the complex trauma determination).


Sources of Information (check all that apply):  Parents/Caregiver  Chart/Records Review  Standardized Instrument (list all):  
 Child/Youth Report  Structured interview  Other (specify):


INTERPERSONAL TRAUMAS					
Prompts/Questions <small>(suggested questions for assessing trauma exposure within each category)</small>	Present? Y/N	> 18* mos?	Age Range	Characteristics <small>(check all that apply)</small>	Additional Details <small>(e.g. relationship to perpetrator)</small>
<b>Psychological Maltreatment (Emotional Abuse or Neglect)</b> Did a parent or other adult in the household often ... Curse at you, insult you, put you down, or humiliate or ridicule you? Act in a way that made you afraid that you might be physically hurt? Withhold love or affection? Did an adult ever intentionally hurt a family pet or animal?				<input type="checkbox"/> verbal abuse <input type="checkbox"/> emotional neglect <input type="checkbox"/> extreme/harsh (non-physical) punishment	

<b>Prompts/Questions</b> <small>(suggested questions for assessing trauma exposure within each category)</small>	<b>Present?</b> <b>Y/N</b>	<b>&gt; 18*</b> <b>mos?</b>	<b>Age</b> <b>Range</b>	<b>Characteristics</b> <small>(check all that apply)</small>	<b>Additional Details</b> <small>(e.g. relationship to perpetrator)</small>
<b>Neglect</b> (assuming adequate financial and social programs exist...) Was there a time when adults who were supposed to take care of you didn't? E.g.: Fail to get you proper medical care? Did not give you clothing or shelter? Didn't give you enough food to eat? Didn't make sure you were safe? Leave you alone for long periods of time (e.g. days) without supervision? Strongly discouraged or prevented you from getting an education? Or did not try to make sure you went to school?				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> physical <input type="checkbox"/> medical <input type="checkbox"/> educational	
<b>Displacement</b> 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?				<input type="checkbox"/> runaway <input type="checkbox"/> foster care placement <input type="checkbox"/> forced to leave by caregivers <input type="checkbox"/> poverty (no home) <input type="checkbox"/> political violence (war, etc)	
<b>Attachment Disruption</b> Have you lost a primary caregiver through death, incarceration, deportation, migration, or for other reasons? Have you been left in the care of different people because your caregiver couldn't or wouldn't take care of you, (even if you still lived in the same place)? Have you had two or more changes in your primary caregiver or guardian, either formally (legally) or informally?				<input type="checkbox"/> caregiver mental illness <input type="checkbox"/> caregiver substance use <input type="checkbox"/> caregiver medical illness <input type="checkbox"/> other parental incapacity/dysfunction (specify: _____)	
<b>Sexual abuse</b> Has anyone <i>in a position of power or authority</i> (e.g. caregiver, teacher, coach, religious leader), ever made you..... <ul style="list-style-type: none"> <li>Do sexual things you didn't want to do, like touch you, make you touch them, or have any kind of sex with you (including intercourse, oral sex, etc)?</li> <li>Ever <i>tried</i> to make you do sexual things you didn't want to do?</li> <li>Ever forced you to look at pornography, took pictures of you in sexual situations or forced you to watch them do sexual things.</li> </ul> <i>Did you see or hear other people being forced to do sexual things by someone in a position of power?</i>				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> penetration <input type="checkbox"/> injury <input type="checkbox"/> attempted abuse only <input type="checkbox"/> pornography <u>perpetrator:</u> <input type="checkbox"/> caregiver <input type="checkbox"/> sibling <input type="checkbox"/> religious professional <input type="checkbox"/> coach/teacher/mentor <input type="checkbox"/> other: _____	
<b>Sexual assault/rape</b> (not otherwise included in "sexual abuse" above) Has anyone ever made you or someone else... <ul style="list-style-type: none"> <li>Do sexual things you didn't want to do, like touch you, make you touch them, or have any kind of sex with you (including intercourse, oral sex, etc)?</li> <li>Ever <i>tried</i> to make you do sexual things you didn't want to do?</li> </ul> <i>Did you see or hear other people being forced to do sexual things.</i>				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> penetration <input type="checkbox"/> injury <input type="checkbox"/> attempted only <input type="checkbox"/> stranger <input type="checkbox"/> date rape <input type="checkbox"/> weapon used	

<b>Prompts/Questions</b> <small>(suggested questions for assessing trauma exposure within each category)</small>	<b>Present?</b> <b>Y/N</b>	<b>&gt; 18*</b> <b>mos?</b>	<b>Age</b> <b>Range</b>	<b>Characteristics</b> <small>(check all that apply)</small>	<b>Additional Details</b> <small>(e.g. relationship to perpetrator)</small>
<b>Trafficking/Commercial Sexual Exploitation</b> Have you ever traded sexual services for money, food, drugs, or anything valuable (even if someone else took the valuable things)? Have you worked doing sexual things (like at a club, for a movie, or where you lived)? Has anyone made you take pictures or make videos in your underwear or naked?				<input type="checkbox"/> prostitution <input type="checkbox"/> sexual trafficking <input type="checkbox"/> confined, held captive <input type="checkbox"/> pornography	
<b>Physical Abuse</b> Have you ever been hit or intentionally hurt <i>by a caregiver or sibling</i> ? If yes, did you have bruises, marks or injuries? Did you ever receive very harsh physical punishments, like kneeling on something hard and painful, or holding heavy things until your arms hurt? <i>Did you see or hear other children receiving very harsh punishments or being intentionally hurt by a caregiver?</i>				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> serious injury <input type="checkbox"/> object/weapon used <u>perpetrator:</u> <input type="checkbox"/> caregiver <input type="checkbox"/> sibling <input type="checkbox"/> other: _____	
<b>Domestic violence</b> Have you ever <i>seen or heard</i> an adult in your family/house being beaten up by their partner or spouse, or have you ever <i>seen or heard</i> an adult in your family/house get threatened with serious harm by a partner or spouse? Have you been physically harmed or threatened by a boyfriend/girlfriend?				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> serious injury <input type="checkbox"/> homicide <input type="checkbox"/> object/weapon used	
<b>Physical Assault/Interpersonal Violence (Episodic) - (not as a result of DV)</b> Have you ever <i>seen or heard</i> someone being beaten, or who was badly hurt? Have you ever seen someone who was dead or dying, or <i>watched or heard</i> them being killed? Has anyone ever hit you or beaten you up (physically assaulted you)? Has anyone ever physically threatened you or <i>tried</i> to physically assault you? Have you ever seen a <i>close</i> relative or friend physically threatened?				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> >1 assault <input type="checkbox"/> attempted only <input type="checkbox"/> weapon used <input type="checkbox"/> injury <input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> stranger <input type="checkbox"/> relative/friend <input type="checkbox"/> event occurred in school <input type="checkbox"/> occurred while living in a violent community	
<b>Community Violence (Chronic) - i.e., living with constant neighborhood danger</b> Did you live or go to school in an area where there was a lot of violence (e.g., where you heard gunshots or people fighting or getting jumped)? Did you live or go to school in an area where it wasn't safe to leave the house or building? Did you live in an area with a lot of gang violence or drugs?				<input type="checkbox"/> > 6 mos. <input type="checkbox"/> 1-2 yrs. <input type="checkbox"/> 2-4 yrs. <input type="checkbox"/> > 4 yrs. <input type="checkbox"/> serious injury <input type="checkbox"/> homicide <input type="checkbox"/> threatened w/weapon <input type="checkbox"/> gang-related	

<b>Prompts/Questions</b> <small>(suggested questions for assessing trauma exposure within each category)</small>	<b>Present?</b> <b>Y/N</b>	<b>&gt; 18*</b> <b>mos?</b>	<b>Age</b> <b>Range</b>	<b>Characteristics</b> <small>(check all that apply)</small>	<b>Additional Details</b> <small>(e.g. relationship to perpetrator)</small>
<b>Terrorism/War/Political Violence</b> Have you, a <i>close</i> relative or friend been involved in, or in <i>direct danger</i> from a terrorist attack or war. Or, been involved in, or directly affected by, political violence resulting in mass injuries?				<input type="checkbox"/> death <input type="checkbox"/> injury <input type="checkbox"/> relative <input type="checkbox"/> friend	
<b>Stalking/Kidnapping</b> Has anyone ever stalked you? Have you ever been kidnapped? Did anyone ever <i>try</i> to kidnap you?				<u>perpetrator:</u> <input type="checkbox"/> relative <input type="checkbox"/> stranger <input type="checkbox"/> other: _____ <hr/> <input type="checkbox"/> stalked <input type="checkbox"/> kidnapped <input type="checkbox"/> weapon used <input type="checkbox"/> injury <input type="checkbox"/> custody dispute	
<b>Bullying</b> (ongoing pattern vs. episodic/occasional difficulties with friends) Did other children/adolescents <i>often</i> ... <ul style="list-style-type: none"> <li>• Curse at you, insult you, put you down, or humiliate or tease you?</li> <li>• Physically intimidate or bother you (e.g. trip, shove you, break or destroy your things), or act in a way that made you afraid that you might be physically hurt?</li> <li>• Do things to turn people against you or isolate you (e.g. spread lies/rumors)?</li> </ul>				<input type="checkbox"/> cyber-bullying <hr/> based on: <input type="checkbox"/> sexual orientation/identity <input type="checkbox"/> race/ethnicity <input type="checkbox"/> religion <input type="checkbox"/> gender	
<b>Other trauma</b> 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?				<input type="checkbox"/> specify: _____	
<b>Number of different types of interpersonal traumas experienced</b> <small>(total # Trauma Types endorsed "Yes")</small>					
<b>Number of chronic interpersonal traumas experienced</b> <small>(total # Trauma Types Experienced for more than 18 months*)</small>					

**If number of Trauma Types = 2 or greater:**     Child has had exposure to Complex Trauma. Assess for impairment in Complex Trauma Domains

**If 1 Trauma type lasting > 18\* months (i.e. chronic):**  Child has had exposure to Complex Trauma. Assess for impairment in Complex Trauma Domains

\* For young children (ages 0-5) "chronic" can be endorsed for traumas lasting less than 18 months

Prompts derived from Trauma History Checklist & Interview and NYS Complex Trauma Workgroup. Trauma Categories and Characteristics adapted from Trauma History Profile. The determination as to whether or not the child/adolescent has been exposed to complex trauma should be based on exposure to *interpersonal traumas only*. However, an assessment of non-interpersonal traumas will create a more comprehensive picture of the child’s trauma history and provide important clinical information regarding additional exposures that may impact the child’s functioning.

Document exposure to non-interpersonal traumas in the space provided below, but do not include these exposures when making a determination of complex trauma.

### NON-INTERPERSONAL TRAUMAS

Prompts/Questions <small>(suggested questions for assessing trauma exposure within each category)</small>	Present? Y/N	> 18 mos?	Age Range	Characteristics (check all that apply)	Additional Details
<b>Disaster (Natural or Man-made)</b> Were you, or a <i>close</i> friend or relative, ever in a disaster where your/their life was in danger? For example, like in a hurricane, earthquake, tornado, flood, building collapse, or plane/train accident?				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> natural <input type="checkbox"/> man-made	
<b>Medical Trauma (Illness or Injury)</b> Have you ever been in the hospital or been treated for a serious injury (e.g. from a car accident or dog bite) or life-threatening illness? Has a sibling or caregiver ever had a serious injury or life threatening illness?				<input type="checkbox"/> self <input type="checkbox"/> sibling <input type="checkbox"/> caregiver <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> death <input type="checkbox"/> accident/injury <input type="checkbox"/> life-threatening illness	
<b>Other Life-Threatening Traumas (not requiring medical attention)</b> Have you ever... been in a scary car accident or serious fire? been unable to breath (e.g. from an asthma attack or choking on something)? nearly drowned? Is there anything else that has happened to you that was life-threatening but didn’t require medical attention?				<input type="checkbox"/> car accident <input type="checkbox"/> fire <input type="checkbox"/> impaired breathing <input type="checkbox"/> other: _____	
<b>Number of different types of non-interpersonal traumas experienced</b> <small>(total # Trauma Types = Yes)</small>					

Prompts derived from Trauma History Checklist & Interview and NYS Complex Trauma Workgroup. Trauma Categories and Characteristics adapted from Trauma History Profile.