Trauma-Responsive Risk Assessment

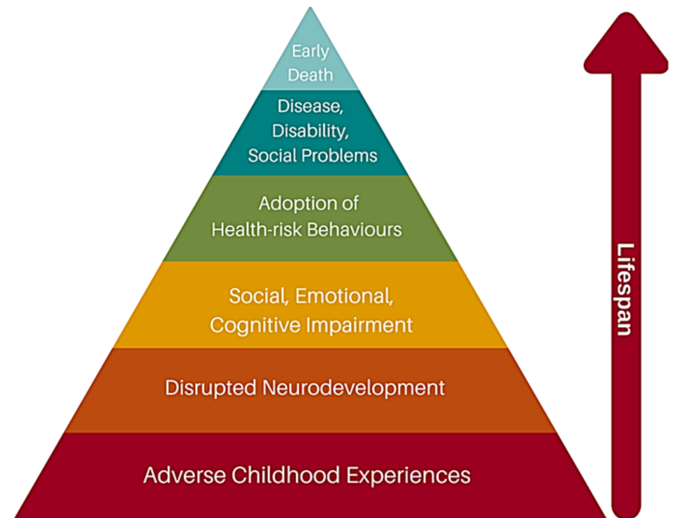
LGBTQ+ Youth Suicide Risk Reduction Series: Part 2 of 3

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACE) scale is a standardized measure that captures multiple developmental risk factors, including physical, sexual and emotional abuse, neglect, exposure to domestic violence, parental discord, familial mental illness, incarceration and substance abuse. ACEs can have systemic negative effects on health across the lifespan.

Approximately 67% of adults have at least one ACE, and one in eight adults have more than four ACEs. LGBTQ+ individuals are more likely to experience ACEs. In addition, LGBTQ+ individuals are also more likely to have experienced six or more ACEs compared to heterosexual individuals.

More ACEs increase the health risks presented by the experiences. Those with four or more ACEs are more than ten times as likely to use intravenous drugs or attempt suicide, and those with six or more ACEs can die up to 20 years earlier than those without.



Socially Engineered Trauma

Many traumatic events LGBTQ+ youth face are rooted in social forces of oppression and inequality. The cisgender-heteropatriarchy – systems of legal, economic, and social power held by heterosexual cisgender males – cause suffering that is not as easily addressed on an individual level.

LGBTQ+ youth face unique complications to their adolescent development because of these factors. Developing moral reasoning may be skewed when raised in an environment where one's identity is seen as immoral, especially if they lack access to LGBTQ+ role models to mirror for identity formation. They also lack healthy outlets for sexual exploration, putting them at greater risk of infection and violence.

Socioeducation "demystifies" socially engineered trauma through raising awareness of oppressive macro systems. Therapeutic treatment focuses on structural oppression as well as the suffering caused by it, and interventions include connecting clients with grassroots social justice movements, providing education on economies or political movements, referring to area advocacy groups.

By creating opportunities for peer connection and ensuring that the therapeutic environment is affirming, LGBTQ+ youth can build resilience.

Assessing Clients for Trauma

- Screen clients who have trauma history of for related psychological symptoms and mental disorders
- **Do not require clients to describe traumatic events in detail**
- Screen for suicidal thoughts and behaviors
- Be aware that some clients have not made the connection between their trauma and current patterns of behavior (e.g., alcohol and drug use and/or avoidant behavior) -- be delicate in exploring this area
- Focus assessment on how trauma symptoms affect clients' current functioning
- Do not delay screening; do not wait for a period of abstinence or stabilization of symptoms
- Talk about how you will use the findings:
  - to plan the client's treatment
  - problem solving and arranging for interpersonal support
  - referrals to community agencies
- At the end of the session, make sure the client is grounded and safe before leaving
- Assess readiness to leave by checking:
  - the degree to which the client is conscious of the current environment
  - what the client's plan is for maintaining personal safety
  - what the client's plans are for the rest of the day

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SAMHSA
Substance Abuse and Mental Health Services Administration

Trauma-Responsive Interventions

EMPOWERMENT
Noticing capabilities in the individual

COLLABORATION
Making Decisions together

TRUSTWORTHINESS
Providing clear and consistent information

SAFETY
Creating areas that are calm and comfortable; setting boundaries

CHOICE
Providing options for their services and treatment

Trauma-responsive care centers consent.

Clients have the right to refuse:

- to engage with the agency at all
- to engage specifically with you, or any other staff person
- to complete the assessment, today or at all
- to answer any question
- to continue the interview

Re-empowering clients by offering choices and respecting their boundaries is crucial. Be clear about how you will use any information they share to help plan their treatment.

Helpful and Harmful Responses

How you respond to your clients can make a big difference in patient outcomes.

Some helpful responses include:

- Expressing gratitude that the patient communicated their suicidality and encouraging them to keep communication open
- Exploring how concrete their suicide plan is- access to firearms or other means of self-injury, if they have a specific plan of how they would kill themselves, etc
- "What's going on that makes you want to die?" and other questions that invite more information without passing judgement on the suicidal thoughts

Meanwhile, some responses that should be avoided:

- "I hope you're not planning on doing anything stupid," "You don't mean that," and other taunting, mocking, or dismissive comments
- Avoid guilt-tripping, as guilt and self-blame are part of the overall cycle of self-harm that can lead to suicide
- Threatening the patient, either with external forces such as contacting 911 or with emotional threats about suicide's morality
- "But you have so much to live for!" Conception of the future is very difficult for those struggling with suicidality, and comforting words need to be concrete and provable.
- Encouraging patients to just tough it out or push through their negative feelings.

References

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