

Introduction to Trauma Exposure Assessment

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COMPLEX TRAUMA TREATMENT NETWORK

Northeast Region Systems of Care Conference
Springfield, Massachusetts April 13-14, 2010

Trauma History Profile

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TRAUMA TYPE	Trauma Features		Primary	AGE(S) EXPERIENCED
<u>Chronic/Repeated</u>			<input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Neglect/Maltreatment	<input type="checkbox"/> Physical <input type="checkbox"/> Emotional	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/> Penetration <input type="checkbox"/> Non- Family <input type="checkbox"/> Intra-familial <input type="checkbox"/> CPS Report	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Physical Abuse	<input type="checkbox"/> Serious Injury <input type="checkbox"/> Weapon Used <input type="checkbox"/> CPS Report	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/> Caregiver Substance Abuse	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Domestic Violence	<input type="checkbox"/> Weapon Used <input type="checkbox"/> Reported <input type="checkbox"/> Serious Injury <input type="checkbox"/> Report Filed	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Community Violence	<input type="checkbox"/> Gang-Related <input type="checkbox"/> High Crime <input type="checkbox"/> Drug Traffic		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
War/Political Violence	<input type="checkbox"/> _____		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Life-Threatening Medical Illness	<input type="checkbox"/> _____		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<u>Circumscribed</u>				AGE(S) EXPERIENCED
Serious Accident	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Hospitalized <input type="checkbox"/> Dog Bite <input type="checkbox"/> _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
School Violence	<input type="checkbox"/> Shooting <input type="checkbox"/> Bullying <input type="checkbox"/> Suicide <input type="checkbox"/> Assault	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disaster	<input type="checkbox"/> Earthquake <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Tornado <input type="checkbox"/> _____	<input type="checkbox"/> Lost home <input type="checkbox"/> Injured	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Terrorism	<input type="checkbox"/> Conventional <input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Radiological		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kidnapping		<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sexual Assault/Rape	<input type="checkbox"/> Weapon Used <input type="checkbox"/> Stranger <input type="checkbox"/> Date Rape <input type="checkbox"/> Prosecution	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interpersonal Violence	<input type="checkbox"/> Robbery <input type="checkbox"/> Assault <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Bullying/Discrimination	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<u>Loss/Separations</u>				AGE(S) EXPERIENCED
Traumatic Bereavement	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Other Relative	<input type="checkbox"/> Violence <input type="checkbox"/> Accident <input type="checkbox"/> Illness <input type="checkbox"/> Disaster <input type="checkbox"/> Terrorism	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Divorce			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Extended Separation and Displacement	<input type="checkbox"/> Foster Care <input type="checkbox"/> Refugee <input type="checkbox"/> Parent in Prison <input type="checkbox"/> Parent Hospitalized		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Trauma History Timeline: Female Age 5

Trauma Information	Age In Years																			
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Unk
Sexual Maltreatment/Abuse																				
Sexual Assault/Rape																				
Physical Maltreatment/Abuse																				
Physical Assault						■														
Emotional Abuse/Psychological Maltreatment	■	■	■	■	■	■														
Neglect		■	■	■	■															
Domestic Violence	■	■	■	■	■	■														
War/Terrorism/Political Violence Inside U.S.																				
War/Terrorism/Political Violence Outside U.S.																				
Illness/Medical					■															
Serious Injury/Accident					■															
Natural Disaster																				
Kidnapping						■														
Trauma Loss or Bereavement			■	■	■															
Forced Displacement																				
Impaired Caregiver					■	■														
Extreme Violence																				
Community Violence																				

Trauma History Timeline: Male Age 18

Trauma Information	Age In Years																			
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Unk
Sexual Maltreatment/Abuse											█									
Sexual Assault/Rape																				
Physical Maltreatment/Abuse					█	█	█	█	█	█	█									
Physical Assault																				
Emotional Abuse/Psychological Maltreatment					█	█	█	█	█	█	█									
Neglect					█	█	█	█	█	█	█									
Domestic Violence																				
War/Terrorism/Political Violence Inside U.S.																				
War/Terrorism/Political Violence Outside U.S.																				
Illness/Medical																				
Serious Injury/Accident																				
Natural Disaster																				
Kidnapping																				
Trauma Loss or Bereavement											█									
Forced Displacement																				█
Impaired Caregiver	█	█	█	█	█	█	█	█	█	█	█									
Extreme Violence																				
Community Violence																				

Trauma History Timeline: Male Age 17

Trauma Information	Age In Years																					
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Unk		
Sexual Maltreatment/Abuse																						
Sexual Assault/Rape																						
Physical Maltreatment/Abuse																						
Physical Assault																						
Emotional Abuse/Psychological Maltreatment																						
Neglect																						
Domestic Violence																						
War/Terrorism/Political Violence Inside U.S.																						
War/Terrorism/Political Violence Outside U.S.																						
Illness/Medical																						
Serious Injury/Accident																						
Natural Disaster																						
Kidnapping																						
Trauma Loss or Bereavement																						
Forced Displacement																						
Impaired Caregiver																						
Extreme Violence																						
Community Violence																						