

## Trauma Screening Tool

To recognize severe reactions to trauma in a child, look at life events that might be traumatic and at the child's symptoms. These symptoms might be emotional or behavioral and can include changes in a child's ability to concentrate or pay attention. Other symptoms may include changes in sleeping or eating.

Use this tool to explore events and symptoms that might mean your child is reacting to trauma.

If you are concerned about your answers on this screening tool, please consider seeking professional help. Ask your child's doctor or school counselor for referrals. You can also call 817-335-3022 or 1-800-866-2465 for referrals.

Call 9-1-1 *immediately* if a child or teen talks about death by suicide, harming anyone, or inflicting self harm. For help with any other behavioral crisis, call 817-335-3022.

[Click here](#) for a list of trauma therapies in Tarrant County.

[Click here](#) to see how you can help a child who may be experiencing a reaction to a traumatic event.

### Potentially Traumatizing Events

- |  |                    |
|--|--------------------|
| Domestic or community violence (as a victim or a witness)  | Yes _____ No _____ |
| Violent crime, such as robbery or sexual assault<br>(as a victim or a witness)   | Yes _____ No _____ |
| Ongoing bullying (may include threats, damaging rumors,<br>physical or verbal attacks, exclusion from groups or<br>activities) | Yes _____ No _____ |
| Alcohol or other drug abuse by adults in the home  | Yes _____ No _____ |
| Medical problems, disabilities or multiple hospitalizations  | Yes _____ No _____ |
| Serious illness in the child or other close family member  | Yes _____ No _____ |
| Involvement with CPS, foster care, Juvenile Services   | Yes _____ No _____ |
| Death of a close friend or relative  | Yes _____ No _____ |
| Divorce or other loss of a parent, including a parent in jail  | Yes _____ No _____ |
| Involvement with inpatient or outpatient psychiatric care  | Yes _____ No _____ |
| Two or more moves in a school year   | Yes _____ No _____ |
| Car accident   | Yes _____ No _____ |
| Homelessness (in a shelter, on the street or living<br>with relatives)   | Yes _____ No _____ |

Neglect (a period when adults do not fulfill a child's physical, mental or emotional needs) Yes \_\_\_\_\_ No \_\_\_\_\_

Natural disasters, such as hurricanes tornadoes, and fires Yes \_\_\_\_\_ No \_\_\_\_\_

Physical, emotional or sexual abuse Yes \_\_\_\_\_ No \_\_\_\_\_

Attack by an animal that results in serious injury Yes \_\_\_\_\_ No \_\_\_\_\_

Kidnapping or threatened kidnapping Yes \_\_\_\_\_ No \_\_\_\_\_

Attempted suicide or other self harm witnessed Yes \_\_\_\_\_ No \_\_\_\_\_

Cruelty to an animal by an adult or other child Yes \_\_\_\_\_ No \_\_\_\_\_

Forced confinement in a closet or dark place Yes \_\_\_\_\_ No \_\_\_\_\_

**Possible Post-Trauma Behaviors/Symptoms**

Academic problems (drop in grades, truancy, fighting) Yes \_\_\_\_\_ No \_\_\_\_\_

Behavior problems (community or at home) Yes \_\_\_\_\_ No \_\_\_\_\_

Sleep problems or frequent nightmares Yes \_\_\_\_\_ No \_\_\_\_\_

Re-living the traumatic event through play, art, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Flashbacks of the traumatic event Yes \_\_\_\_\_ No \_\_\_\_\_

Suicide attempts or thoughts Yes \_\_\_\_\_ No \_\_\_\_\_

Alcohol or drug abuse Yes \_\_\_\_\_ No \_\_\_\_\_

Self-Injury (minor cutting, banging self against walls, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Inappropriate, advanced sexual behaviors Yes \_\_\_\_\_ No \_\_\_\_\_

Attachment Issues (difficulty forming and maintaining trusting relationships) Yes \_\_\_\_\_ No \_\_\_\_\_

Bullying of others Yes \_\_\_\_\_ No \_\_\_\_\_

*Special thanks to Fort Worth Independent School District, the Mental Health Connection Trauma Implementation Team and others for allowing us to base this trauma screening tool on tools they have developed.*