

Trauma from Discrimination Interview

Discrimination can be defined as the unfair treatment of individuals based on socially marginalized aspects of their identities, such as race, ethnicity, sexual orientation, gender, immigration status, or ability.

Use the questions below (as applicable) to discuss potential trauma resulting from discrimination. Boldface text is for the interviewer to read. This sheet is a tool; you do not have to read the questions verbatim. Notes for interviewer are italicized throughout.

Definitions. Race: A group society puts a person in based on their appearance; Ethnicity: A person's culture based on their heritage; Gender: The cultural norms and expectations associated with biological sex; LGBTQ: A broad term encompassing individuals with marginalized sexual orientations and gender identities and expressions (i.e. gay, transgender, pansexual).

Some people have difficult experiences over a lifetime that are manageable individually, but together they lead to feelings of stress or trauma. I want to talk to you about some of your experiences of stress or trauma as it relates to your race or ethnicity (racism). You may have been discriminated against or mistreated for other reasons, such as your sexual orientation, gender, disability, faith, or a combination of reasons.

Experiences of Overt Racism/Discrimination

Can you share with me a time you were impacted by racism or other forms of discrimination? This could be something that someone else either said or did to you. I am especially interested in any experiences where you were concerned about your safety or the event was very upsetting.

If yes, describe below. If needed, examples could include harassment at work/school, victimization by law enforcement, incarceration, assault, medical issue, torture, etc. For multiple events, use another copy of this page.

 YES

 NO

Description of Event:

How old were you when this happened? _____

How did you know this event happened due to your _____ <race/ethnicity, gender, sexual orientation, other aspect of identity>? Be careful to not communicate doubt that this was in fact a racist/discriminatory event.

How upset were you by this experience? If distress was present: Are you still upset by it? Assess for degree and type of distress experienced (e.g., anger, depression, anxiety).

Did you fear for your life, health, or safety? If yes: In what way? Determine if experience was a trauma.

How did you cope with this experience? Assess for adaptive vs. maladaptive coping strategies.

Who in your life did you tell and how did they respond when you told them about this? *Assess for availability and use of support system.*

Experiences of Racism/Discrimination Experienced by Loved Ones

Can you share with me a time you were impacted by racism/discrimination as a result of something that happened to someone close to you?

If yes, describe below. If needed, examples could include witnessing an assault or torture, murder, unexpected loss of a family member to life in prison, deportation, or sub-standard medical care, etc. For multiple events, use another copy of this page.

YES

NO

Description of Event:

How old were you when this happened? _____

What led you to believe this event happened due to their _____ <race/ethnicity, sexual orientation, or other aspect of identity>? *Be careful to not communicate doubt that this was in fact a racist/discriminatory event.*

How upset were you by this experience? *If distress was present: Are you still upset by it? Assess for degree and type of distress experienced (e.g., anger, depression, anxiety).*

Did you fear for the life, health, or safety of your loved one? *If yes: In what way? Determine if experience was a trauma.*

How did you cope with this experience? *Assess for adaptive vs. maladaptive coping strategies.*

How did other people in your life react to this? *Assess for availability and use of support system.*

Experiences of Covert Racism/Discrimination

Often minorities and other groups devalued by society are the target of subtle or covert racist/sexist/heterosexist/discriminatory experiences, which we sometimes call microaggressions. Microaggressions include seemingly innocent or harmless comments, subtle or dismissive gestures, and tones that send degrading messages to a certain group (i.e., people of color, immigrants, women, LGBTQ people). Have you ever experienced something like this?

 YES NO

These incidents alone would not qualify for a PTSD diagnosis, but may contribute to traumatization.

How often would you say that you experience these?

Can you give me a recent example?

Can you give me another example?

Can you give me another example?

How stressful is it for you when these sorts of things happen to you?

How do you cope with these experiences? *Assess for adaptive vs. maladaptive coping strategies.*

Have you experienced any changes in your ability to manage microaggressions (covert discrimination)?

Notes/Comments

Are there any other life events or circumstances that provide helpful context for this participant and their trauma history (i.e., recent divorce, previous substance abuse, major life changes, recent changes in medications)?

Date Completed:

Clinician Name & Signature:

Discrimination Trauma Scale (beta)

Assess for PTSD if any experiences previously described qualify for a DSM-5 Criterion A event.

When answering the following questions, keep in mind that discrimination is defined as being unfairly treated due to an individual characteristic of yourself that may be devalued by society (e.g., race/ethnicity, gender, sexual orientation, religion, etc.)

Experiencing discrimination can be very stressful, and sometimes people can feel certain types of stress due to discrimination that impact their daily lives. This can be caused by one very stressful experience of discrimination, or several smaller experiences of discrimination over the course of one's life. Based on these experiences in your life, answer the following questions. Please keep in mind that ratings should reflect whether the type of stress was caused by discrimination.

Think about all of the experiences we discussed concerning discrimination as you answer the following questions...

Note: For each positive response, ask for an example then rate the item.

| <i>Re-Experiencing</i> (Need 1 or more for PTSD Diagnosis) | Not at All (or almost never) | A Little (or once a week or less) | Somewhat (or 2-3 times a week) | Very Much (or 4-6 times a week) | Severe (or 7+ times a week) |
|---|---------------------------------|--------------------------------------|-----------------------------------|------------------------------------|--------------------------------|
| 1. Have you had reoccurring, unwanted distressing memories about discrimination-related experiences? | 0 | 1 | 2 | 3 | 4 |
| 2. Have you been having bad dreams or nightmares related to discrimination, or about feeling powerless or excluded? | 0 | 1 | 2 | 3 | 4 |
| 3. Have you had the experience of feeling as if a past discrimination-related event was happening to you all over again (like a flashback)? | 0 | 1 | 2 | 3 | 4 |
| 4. Do you get very <i>emotionally</i> upset when reminded of discrimination-related experiences? | 0 | 1 | 2 | 3 | 4 |
| 5. Have you had negative <i>physical</i> reactions when reminded of discrimination-related experiences (e.g., stomach ache, heart racing, shaking)? | 0 | 1 | 2 | 3 | 4 |

| <i>Avoidance</i> (Need 1 or more for PTSD Diagnosis) | Not at All (or almost never) | A Little (or once a week or less) | Somewhat (or 2-3 times a week) | Very Much (or 4-6 times a week) | Severe (or 7+ times a week) |
|--|---------------------------------|--------------------------------------|-----------------------------------|------------------------------------|--------------------------------|
| 6. Have you been trying hard not to think about upsetting discriminatory experiences you've had? | 0 | 1 | 2 | 3 | 4 |
| 7. Have you tried to avoid activities, places, things, or situations that remind you of the discrimination-related experiences you have had? | 0 | 1 | 2 | 3 | 4 |

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|--|--|---|--|---|---------------------------------------|
| 8. Have you tried to avoid certain types of people because you worry they will behave in a discriminatory way (i.e., White people, law enforcement, bosses, etc.)? | 0 | 1 | 2 | 3 | 4 |
| <i>Negative Changes in Cognition & Mood</i> <i>(Need 2 or more for PTSD Diagnosis – count only one from #10-12 and/or #13-14)</i> | Not at All (or almost never) | A Little (or once a week or less) | Somewhat (or 2-3 times a week) | Very Much (or 4-6 times a week) | Severe (or 7+ times a week) |
| 9. Are there any important parts of your experiences with discrimination that you cannot remember? | 0 | 1 | 2 | 3 | 4 |
| 10. Have you been viewing yourself in a more negative way because of discrimination (e.g., “I should be a stronger person”)? | 0 | 1 | 2 | 3 | 4 |
| 11. Have you been viewing others in a more negative way due to discrimination (e.g., “I can’t trust White people”)? | 0 | 1 | 2 | 3 | 4 |
| 12. Do you feel as if the world is a dangerous place because of your experiences with discrimination? | 0 | 1 | 2 | 3 | 4 |
| 13. Have you blamed yourself for your experiences of discrimination, or for things that may have happened afterwards due to discrimination? | 0 | 1 | 2 | 3 | 4 |
| 14. Have you blamed others who were not involved for your experience, or for things that may have happened afterwards? | 0 | 1 | 2 | 3 | 4 |
| 15. Have you had ongoing negative feelings such as fear, horror, anger, guilt or shame because of your discrimination-related experiences? | 0 | 1 | 2 | 3 | 4 |
| 16. Have you lost interest in activities you used to enjoy? | 0 | 1 | 2 | 3 | 4 |
| 17. Have you been feeling detached, cut-off, or alienated from other people? | 0 | 1 | 2 | 3 | 4 |
| 18. Have you had difficulty experiencing positive feelings? Or do you feel emotionally numb? | 0 | 1 | 2 | 3 | 4 |
| <i>Physiological Arousal & Reactivity</i> <i>(Need 2 or more for PTSD Diagnosis)</i> | Not at All (or almost never) | A Little (or once a week or less) | Somewhat (or 2-3 times a week) | Very Much (or 4-6 times a week) | Severe (or 7+ times a week) |
| 19. Have you been more irritable or (physically or verbally) aggressive? | 0 | 1 | 2 | 3 | 4 |
| 20. Have you been taking more risks or doing things that might harm you or others (e.g., driving recklessly, taking drugs, having unprotected sex)? | 0 | 1 | 2 | 3 | 4 |

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|--|--|---|--|---|---------------------------------------|
| 21. Have you been overly alert or on-guard (e.g., checking to see who is around you, sitting in places where you can see everyone, etc.)? | 0 | 1 | 2 | 3 | 4 |
| 22. Have you been jumpy or more easily startled? | 0 | 1 | 2 | 3 | 4 |
| 23. Have you had a hard time staying focused or concentrating? | 0 | 1 | 2 | 3 | 4 |
| 24. Have you had a hard time falling asleep or staying asleep? | 0 | 1 | 2 | 3 | 4 |
| <i>Dissociative Symptoms (None needed for PTSD dx)</i> | | | | | |
| <i>Note: These may be more likely when you get upset or stressed, esp. when triggered by experiences of discrimination.</i> | Not at All (or almost never) | A Little (or once a week or less) | Somewhat (or 2-3 times a week) | Very Much (or 4-6 times a week) | Severe (or 7+ times a week) |
| 25. Do you ever have times that you feel detached from your body, disconnected from your sense of self, or like a robot? (depersonalization) | 0 | 1 | 2 | 3 | 4 |
| 26. Do you ever have times that everything seems rather unreal, dreamlike, distant, or distorted? (derealization) | 0 | 1 | 2 | 3 | 4 |

Add all items above for total score (1-26): _____

| <i>Distress & Interference (Need 1 or more for PTSD Diagnosis, scored 2 or higher)</i> | Not at All | A Little | Somewhat | Very Much | Severely |
|---|-------------------|-----------------|-----------------|------------------|-----------------|
| 27. How much have these difficulties been bothering you? (all symptoms discussed so far) | 0 | 1 | 2 | 3 | 4 |
| 28. How much have these difficulties been getting in the way of your everyday life (e.g., relationships, work, school, parenting, or other important activities)? | 0 | 1 | 2 | 3 | 4 |

Please indicate the **types** of discrimination you have experienced in your lifetime. Please note that you must enter a corresponding percentage to the type of discrimination experienced. For example, if you've experienced discrimination due to your racial/ethnic background **and** gender, attach a percentage indicating how much of each you have experienced (i.e., Racial/Ethnic = 70%, Gender = 30%).

Racial or ethnic group, skin color, indigenous features _____ percent
 Gender (esp. being female) _____ percent
 Sexual orientation or gender identity/expression (LGBTQ status) _____ percent
 Religion (i.e. Islam, Judaism, Sikhs, etc.) _____ percent
 Material hardship (lack of food, housing, heat, basic necessities) _____ percent
 Educational status (no high school diploma, lack of access to schooling) _____ percent
 Other (write in: _____) _____ percent