

# SOR/SOR2 CSAT GPRA Interviews Asking Highly Sensitive Questions

*Substance Abuse and Mental Health Services Administration (SAMHSA)*

*State Opioid Response (SOR) No Cost Extension*

*State Opioid Response 2*

*State of Michigan*



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## Trauma in Childhood

- » 1 in 6 children experience physical or emotional neglect (Stoltenborgh et al., 2013)
- » 1 in 3 children experience physical abuse (CDC, 2014)
- » 1 in 4 girls and 1 in 6 boys experience sexual abuse (CDC, 2014)

## Trauma in Adulthood

- » More than 1 in 3 women and 1 in 4 men report experiencing rape, physical violence, or stalking in their lifetime (Black et al., 2011)
- » 1 in 3 women report experiencing multiple forms of violence in their lifetimes (Black et al., 2011)
- » 1 in 5 women and 1 in 59 men are raped in their lifetime (Black et al., 2011)

# Best Practices

- Review the CSAT GPRA interview tool thoroughly, making note of sections that contain highly sensitive questions.
- Prepare your client for sections of the CSAT GPRA interview tool that contain highly sensitive questions by using a prompt:
  - *“This next section contains questions about your mental health. Some of them might be difficult to answer. I am required to ask every question, but you are entitled to refuse to answer any questions.”*
- Remind your client that they have the right to refuse to answer any question.

# Asking Highly Sensitive Questions

In this section, we highlight several categories of questions that may have a greater likelihood to evoke negative memories or activate posttrauma responses.

- Gender Identity
- Sexual Orientation
- Sexual Activity
- Military Experience
- Housing
- Family
- Suicidality
- Abuse and Trauma

# Gender Identity

SAMHSA's tools for data collection do include an option for "other" or "different" gender identity, which does not fit neatly either male or female. However, people who do not identify as *male or female* exclusively have experienced a history of not being included among answer choices on most surveys they encounter. Additionally, some people may fear that an honest answer to this question will result in the agency treating them differently than it does others. They may worry about discrimination, fewer services, or substandard services.

 For further reading:

- ◆ Center of Excellence for Transgender Health | University of California, San Francisco | <http://transhealth.ucsf.edu/trans?page=lib-data-collection>
- ◆ SAMHSA and the Health Resources and Services Administration compiled a list of professional training curricula to improve the LGBT population's health and well-being | <http://www.samhsa.gov/behavioral-health-equity/lgbt/curricula>

# Sexual Orientation

Interview questions that seek to identify an individual's sexual orientation may be upsetting to people whose life experiences related to gender identity, sexual orientation, or sexual activity have been misunderstood or filled with conflict and discrimination. Family, friends, and communities may have ostracized them or generally made them feel excluded. As a result, these individuals may feel vulnerable and not want to risk being revealing, especially to a stranger.

 For further reading:

- ◆ *Improving Data Collection for the LGBT Community* | <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=57>
- ◆ *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children* | <http://store.samhsa.gov/shin/content/PEP14-LGBTKIDS/PEP14-LGBTKIDS.pdf>

In a 2010 national representative survey of adults, one in five women and one in 71 men reported experiencing rape at some time in their lives, while one in 20 women and men experienced sexual violence other than rape in the 12 months before the survey.

—The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report, Black et al., 2011

# Sexual Activity

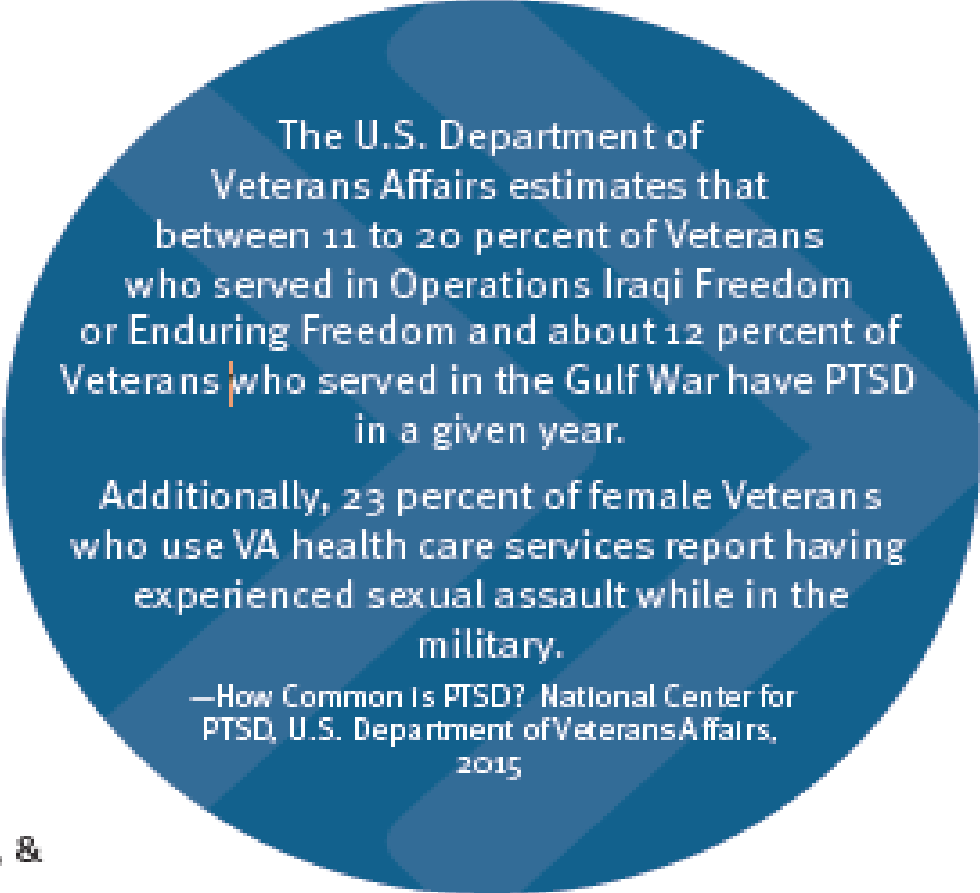
Questions related to an individual's sexual activity might bring up feelings of surprise, embarrassment, or confusion depending on the person's age, experience, background, and mistrust of the interviewer. If the person has experienced sexual trauma, these questions may be particularly triggering.

 For further reading:

- Rape, Abuse & Incest National Network (RAINN) | <https://rainn.org>
- National Sexual Violence Resource Center | <http://www.nsvrc.org>

# Military Experience

People who have served in the military may be hesitant or vague in response to questions about their service and, when applicable, combat experience. Individuals who have experienced, or have family members who have experienced, trauma while serving in the military, either during or outside of combat operations, may have posttrauma responses to inquiries about the trauma. Women veterans report high prevalence rates of sexual harassment, sexual assault, and intimate partner violence, so take particular care when interviewing women who have served in the military (Gerber, Iverson, Dichter, Klap, & Latta, 2014; Kimerling et al., 2010).



The U.S. Department of Veterans Affairs estimates that between 11 to 20 percent of Veterans who served in Operations Iraqi Freedom or Enduring Freedom and about 12 percent of Veterans who served in the Gulf War have PTSD in a given year.

Additionally, 23 percent of female Veterans who use VA health care services report having experienced sexual assault while in the military.

—How Common Is PTSD? National Center for PTSD, U.S. Department of Veterans Affairs, 2015

 For further reading:

- ◆ U.S. Department of Veterans Affairs | <http://www.mentalhealth.va.gov/msthome.asp>
- ◆ SWAN Service Women's Action Network | <http://servicewomen.org>



# Housing

People who are experiencing homelessness or have experienced near homelessness may have memories of traumatic experience. Further, the experience of homelessness is traumatic in and of itself, and it may have been the cause of many other losses.

 For further reading:

- ◆ SAMHSA's Homelessness Resource Center | <http://homeless.samhsa.gov/channel/trauma-29.aspx>
- ◆ *America's Youngest Outcasts* documents the number of homeless children in every state, their well-being, their risk for child homelessness, and state-level planning and policy efforts | <http://www.homelesschildrenamerica.org>

# Family

Questions related to the person's family situation have the potential to raise complex and potentially strong emotional reactions of shame, loss, guilt or grief. Even if questions do not ask explicitly about traumatic events, asking individuals about their family situations may bring up memories of childhood neglect or abuse, death of a parent/child/spouse/sibling, intimate partner violence or other difficult family situations. Experiencing interpersonal trauma in both childhood and adulthood is sadly common.

 For further reading:

- ◆ Future Without Violence: <http://www.futureswithoutviolence.org/resources-events/get-the-facts>
- ◆ The National Domestic Violence Hotline: <http://www.thehotline.org>
- ◆ Open to Hope—Finding Hope After Loss: <http://www.opentohope.com>

# Suicidality

Risk factors for suicide include existing serious mental health condition(s); alcohol and drug misuse; marital, family, or other interpersonal conflict; and a background involving abuse or violence. These factors may be present in almost all of the people you serve, so there is increased potential for suicidal thoughts or past attempts among this population. Interviewers should follow their organization's predetermined protocol in the case of reports of recent thoughts or attempts of suicide to determine if the person requires immediate referral to specialized suicide interventions.

 For further reading:

- ◆ American Foundation for Suicide Prevention | <https://www.afsp.org>
- ◆ Suicide prevention resources from the National Institute of Mental Health | <http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>
- ◆ SAMHSA's suicide prevention resources | <http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>

# Abuse and Trauma

Asking directly about the person's experience of violence is essential, but it can also be difficult for both interviewer and interviewee. Some individuals are able to discuss their experience; they have come to understand it as abuse and have begun to consider its long-term effects. Others have neither labeled the specific acts of violence as being *abuse* or *traumatic*, nor identified some of their behaviors as being coping mechanisms. Just hearing these questions can create turmoil within the trauma survivor, and putting new "labels" on experiences can be disconcerting.

It is important to understand that often these experiences are not in the past. The abuse may be current and very much in the present. In the case of intimate partner violence, it may not be safe for the person to disclose the abuse for fear the information may leak to the perpetrator. Within the context of abusive relationships, it is not uncommon for the violence to escalate when one partner decides to seek help or treatment. Thus, the interviewer must be cautious and not press a person to disclose if they do not feel safe doing so, but also find and offer appropriate referrals for the individual if they are concerned for a person's well-being.

# Abuse and Trauma, continued.

Throughout this process, a well-trained, trauma-informed interviewer will stay present with the person for each question and response, attend to cues that the person is upset, and respond accordingly. Safety planning is essential if the person answers these questions positively. All individuals should leave the interview with a resource list that includes local and national hotlines for domestic and sexual violence services.

 For further reading:

- ◆ The Trauma Center at Justice Resource Institute | [http://www.traumacenter.org/about/about\\_landing.php](http://www.traumacenter.org/about/about_landing.php)
- ◆ National Center on Domestic Violence, Trauma & Mental Health | <http://www.nationalcenterdvtraumamh.org/about>
- ◆ The National Child Traumatic Stress Network | <http://www.nctsn.org>
- ◆ The National Domestic Violence Hotline | <http://www.thehotline.org>

# Concluding the Interview

As the interview ends, the staff member should check in with the individual to assess whether the interview experience has evoked any negative or emotional response that may require program support or a referral to other services. Always ask the individual if they would like follow-up or additional resources or information. It is also essential for interviewers to be mindful of their own reactions to each individual and interview.