Young Children Receiving Child Welfare Services: What Factors Contribute to Trauma Symptomology?
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Background/Relevance
Although trauma has been documented in maltreated children, findings are equivocal. Early trauma is associated with a range of negative outcomes including delinquency, substance abuse, and re-victimization. Few studies have examined child welfare samples prospectively. Research has documented trauma in infants and preschool-aged children exposed to interpersonal violence (IPV). However, there are no known studies on trauma symptomology in maltreated preschool-aged children.

Research Questions
(1) How many child welfare-involved young children show clinical levels of trauma symptomology?
(2) Is there a relationship between maternal childhood history of child welfare involvement and child trauma symptoms?
(3) Among children receiving child welfare services, which child, maternal, and maltreatment-related characteristics predict trauma symptomology?

Study Design
This three phase study is funded by the Pennsylvania Department of Public Welfare, Office of Children, Youth & Families.

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<tr>
<th>Focus</th>
<th>Source</th>
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<tbody>
<tr>
<td>Phase I</td>
<td>What policies and procedures do agencies put in place to implement screening?</td>
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<tr>
<td>Phase II</td>
<td>What are children’s needs?</td>
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<td>Phase III</td>
<td>How do caregivers experience screening and do children in need receive services?</td>
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Measures
- Caseworker reports of key characteristics entered into Screening Database
- Caregiver Interview
  - Trauma Symptom Checklist for Young Children (TSYC; Briere, 2002)
  - Brief Michigan Alcoholism Screening Test (Brief MAST; Selzer, 1971)
  - Drug Abuse Screening Test (DAST, Skinner, 1982)
  - Brief Patient Health Questionnaire (Brief PHQ; Kroenke, et al., 2001)
- Project-developed questions

Caregiver Interviews
- Pennsylvania's 67 counties were randomly selected to participate in caregiver interviews by population density, poverty rates, number of young children, and child welfare caseload
- Protocol developed by project staff and included valid and reliable measures
- Interviews were conducted in family homes by former child welfare workers

Sample
- Representative sample of caregivers across the state
- 195 mothers with children 3-5 years old included in current study
- Data collected between 2009-2011

Trauma Symptom Checklist for Young Children (TSYC)
- Standardized, caretaker-reported measure of trauma symptoms in children aged 3-12
- Normed with a sample of 750 children who represented the ethnic/racial composition of the U.S.
- Parents with lower education levels were oversampled in norming procedure
- Total score sums on the intrusion, avoidance, and arousal scales
- Reflects posttraumatic re-experiencing, avoidance, and hyperarousal symptoms in the child
- High validity and reliability

Data Analysis
The results give a descriptive picture of child, maternal, and maltreatment characteristics. The variables were tested for bivariate correlations (chi-square or t-tests). Significant variables were entered into a logistic regression with trauma symptoms as the dependent variable.

Demographics
- Characteristic | Total % |
- Mean age in months (SE) | 41.8 (1.0) |
- Race |
  - African-American | 16.2 |
  - White | 77.5 |
- Biracial | 6.3 |
- Hispanic | 7.1 |
- Ever in out-of-home care | 36.8 |
- Trauma symptomology | 27.3 |

Maternal Demographics
- Mean age at child's birth (SE) | 19.8 |
- High school diploma | 78.3 |
- Cash assistance | 31.8 |
- Problems with alcohol | 29.8 |
- Problems with drugs | 30.1 |
- Depression symptoms | 42.6 |
- Intimate partner violence | 19.2 |
- Childhood involvement with CWS | 40.7 |
- Childhood time in foster care | 20.7 |

Maltreatment Characteristics
- Physical Abuse | 13.1 |
- Sexual Abuse | 1.6 |
- Neglect | 25.4 |
- Caregiver mental health | 10.0 |
- Caregiver substance abuse | 23.3 |
- Parenting concerns | 20.4 |
- Other referral reason | 6.2 |
- Substantiated case | 36.4 |

Logistic Regression Analyses

<table>
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<tr>
<th>Trauma Symptoms</th>
<th>OR</th>
<th>β</th>
<th>SE</th>
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<tbody>
<tr>
<td>Biracial Child</td>
<td>3.03*</td>
<td>0.01</td>
<td>0.47</td>
</tr>
<tr>
<td>Child neglect</td>
<td>1.24*</td>
<td>0.01</td>
<td>0.49</td>
</tr>
<tr>
<td>Time spent in out-of-home care</td>
<td>1.01</td>
<td>0.01</td>
<td>0.07</td>
</tr>
<tr>
<td>IPV</td>
<td>1.77**</td>
<td>0.01</td>
<td>0.61</td>
</tr>
<tr>
<td>Maternal childhood involvement in CWS</td>
<td>0.67*</td>
<td>-0.01</td>
<td>0.42</td>
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Significant Findings
- Maltreatment was not significantly related to child trauma
- Almost 30% of children showed trauma symptomology
- Roughly 40% of mothers had a childhood history of CWS involvement
- More than 20% of mothers spent time in foster care
- Biracial children are three times more likely to show trauma symptoms
- Neglected children were 34% more likely to have trauma symptomology
- Children of mothers with their own history of CWS involvement were 33% less likely to show trauma symptoms

Implications:
- Biracial children and their families may need more support in their communities
- Children with a history of neglect may be at greater risk for mental health problems
- Exposure to IPV poses significant risks to healthy child development
- Maternal finding was unexpected
- Mothers' childhood involvement in CWS may function as a protective factor for their children
- These mothers may also underreport trauma symptomology

Limitations:
- Only know primary child welfare referral reason- cannot explore multiple types
- No information on perpetrator of maltreatment

Future Directions
- Examination of trauma-focused interventions
- Analysis of service access and gaps
- Implementation of developmental specialists in the child welfare workforce

References