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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.

	Focus	Source
Phase I	What policies and procedures do agencies put in place to implement screening?	Phone survey interviews with CWS and EI
Phase II	What are children's needs?	Statewide database of children screened
Phase III	How do caregivers experience screening and do children in need receive services?	Interviews with caregivers and link to state EI database

Measures

- Caseworker reports of key characteristics entered into Screening Database
- Caregiver Interview
  - -Trauma Symptom Checklist for Young Children (TSCYC; 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 (TSCYC)

- 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 %
Child Demographics	
Mean age in months (SE)	41.8 (1.0)
Male	56.3
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

*p<.05. **p<.01.

Logistic Regression Analyses

	Trauma Symptoms		
	OR	**β**	SE
Biracial Child	3.03*	.94	.47
Child neglect	1.24*	.49	.23
Time spent in out-of-home care	1.01	.07	.34
IPV	1.77**	.56	.31
Maternal childhood involvement in CWS	0.67*	-.42	.22

*p<.05. **p<.01.

Significant Findings

- Substantiated 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

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