NCCD | National Council on Crime & Delinquency

Developing an Actuarial Index for Child Exposure to Trauma

Trauma

Children served by the child welfare system are especially vulnerable to traumatic events. Effects can be long term and range from depression, panic, anxiety, and other depression-related disturbances to brief psychotic disorders or dissociative personality disorders.

The effects of a traumatic event on a child depend on a number of factors: the characteristics of the traumatic event, the characteristics of the child, the presence of protective factors that promote resilience, and how the child responds to immediate signs of stress.

In 2012, the Administration on Children, Youth and Families called for universal trauma screening of children involved with child welfare. Since then, if not before, child welfare agency managers have sought ways to ensure that all children with a high likelihood of emotional and/or behavioral needs receive a comprehensive screening for trauma symptoms and/or therapeutic assessment and treatment.

Study Takeaways

- The constructed index has a **strong relationship** both to any emotional and/or behavioral health needs and to significant emotional and/or behavioral health needs.
- **One third** of children with an open service case were identified as having a higher than average likelihood of cumulative trauma exposure.
- This means that **risk and safety factors can be used to estimate the likelihood of trauma symptoms in children.**

Targeting Interventions

The Minnesota Department of Human Services (DHS) and the NCCD Children's Research Center (CRC) studied how Structured Decision Making® (SDM) safety and risk assessment factors could be used to identify children at higher risk of exposure to trauma. Staff could then ensure that children with numerous valid indicators of trauma exposure receive more comprehensive trauma screening.

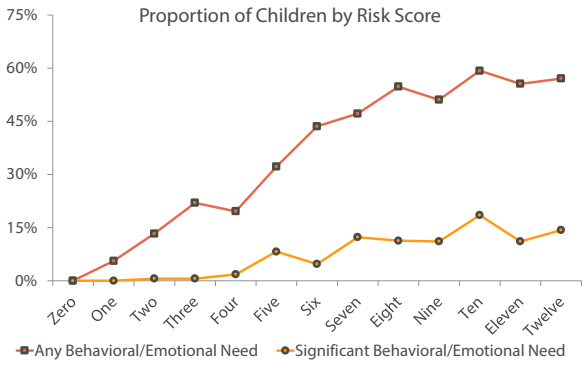
The Study

For this study, whether a given child actually experienced trauma symptoms was unknown; therefore, caseworker identification of child emotional and/or behavioral health needs was the proxy measure of trauma symptoms. CRC examined the concurrent relationship between safety and risk factors identified during a family investigation response and child emotional and/or behavioral needs recorded by DHS caseworkers at case initiation or after.

The Results

Increases in the index score corresponded to higher proportions of emotional and/or behavioral needs (both "any" or "significant").

Actuarial Index Corresponds to Observed Needs

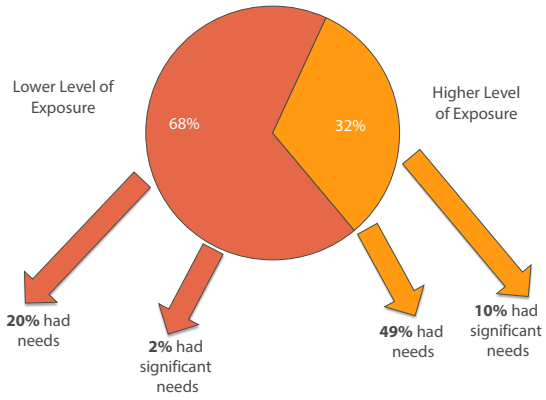


The classification level was set at a score of less than six (average exposure to trauma based on SDM® assessment findings) and greater than or equal to six (higher than average exposure to trauma based on SDM assessment findings).

Children classified as having higher levels of trauma exposure had more needs identified.

- High exposure-level children had, on average, two needs identified and 0.4 significant needs.
- Children classified at the lower level averaged one need identified and 0.2 significant needs.

Actuarial Index Corresponds to Observed Needs



Refinement and Next Steps

This actuarial trauma exposure prescreen index cannot substitute for a comprehensive screening for trauma symptoms. The proxy measure of trauma exposure is limited both by the accuracy of the information collected and by the accuracy with which the measure corresponds to trauma symptoms, as CRC staff were unable to discern how well the current index corresponded to actual trauma exposure. Furthermore, only a subset of children with new cases opened during the sample period had completed child needs items, making it impossible to measure likelihood of trauma exposure using the child emotional and/or behavioral needs items for all other new cases.

DHS staff plan to test the validity and utility of this index more rigorously. Assuming that further testing shows the index to be valid and useful, the classification index for trauma exposure must be implemented within a more comprehensive approach to trauma assessment and treatment. The approach has the potential to help agency managers improve practice with information that is already being collected.

For more information, please contact research@nccdglobal.org; visit our website, www.nccdglobal.org; or call (800) 306-6223.