

Youth in the Dependency and Delinquency Systems and the Importance of Trauma-Informed Care

Trauma-informed care is a strengths-based framework grounded in an understanding of, and responsiveness to, the impact of trauma and providing survivors with opportunities to rebuild a sense of control and empowerment. Events are considered traumatic if they are sudden, unexpected and extreme, and involve physical harm or perceived as life threatening. When multiple traumatic events are experienced, chronic trauma may result. Research has shown that children who become involved in the Child Welfare System (CWS) are more likely to have had multiple exposures to trauma, including family violence, physical/substance/sexual abuse, and removal of a primary caregiver from the home. In many situations, the long-term effects of this trauma, if not addressed, may lead to an increased risk for substance abuse, mental health issues, promiscuity, and criminal behavior.

To better understand the prevalence of CWS contact among justice system-involved youth, data recently compiled for the Substance Abuse Monitoring (SAM) program for 2013 were analyzed. As part of SAM, youth booked into Juvenile Hall are interviewed regarding their substance use history and other risk behaviors. Of the 134 youth interviewed in 2013 (who also provided a urine sample for drug testing), 40 reported that they, or their families, had some prior contact with the dependency system: 23 said their families had prior contact with CWS, 10 that their families had prior CWS contact and they had been in foster care, and 7 that they had been in foster care. As Table 1 shows, those youth with dependency system contact varied significantly in a number of ways from those with no self-reported contact. Specifically, those with dependency contact were significantly more likely to be female, describe themselves as African-American, and report parental and sibling involvement in risky behavior. In addition, they were more likely to report having ever run away from home and to have either thought about committing suicide, or to actually attempt suicide. In fact, all nine youth who reported a previous suicide attempt had prior dependency contact, compared to none of those with no contact.

Table 1: RISK FACTORS OF DEPENDENCY-INVOLVED VERSUS NON-INVOLVED YOUTH AT JUVENILE HALL

	Prior Dependency Contact	No Prior Dependency Contact
Parents ever arrested	69%	36%
Ever run away from home	55%	30%
Parents ever used drugs	51%	21%
Siblings served time in Juvenile Hall	50%	25%
Parents ever abused alcohol	45%	23%
Female	40%	12%
African-American	28%	10%
Ever thought of committing suicide	25%	4%
Ever tried to commit suicide	23%	0%
TOTAL	36-40	89-94

NOTE: Cases with missing information not included. All variables shown significantly different at $p < .05$.

SOURCE: SANDAG 2013 SAM Data

As described in the San Diego County Report Card on Children and Families recently released by The Children’s Initiative (available at www.thechildrensinitiative.org), trauma-informed service systems are necessary so that children are supported and have access to appropriate and effective interventions. To ensure this is the norm in San Diego County, it is important that stakeholders across systems – including health, mental health, education, child welfare, juvenile justice, and others – continue to collaborate to increase awareness, form partnerships, and provide training.