



Project Broadcast
Trauma Screening Report
 Data Collected through March 2017

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SECTION 1: OVERVIEW

In January 2013, Project Broadcast began piloting a trauma screening process with select staff from nine demonstration counties (screening has since expanded to 13 counties). Two one-page screening forms were created to capture possible trauma exposure and social, emotional, and behavioral issues often associated with trauma histories. One version was designed with children under the age of 6 in mind, and the other was designed for children ages 6 to 18. The older children were asked about their trauma histories directly.

To ensure North Carolina is addressing the emotional trauma associated with child maltreatment and with placement into foster care, a decision has been made to continue to spread trauma screening across the state. The Project Broadcast trauma screening tool will be embedded into the new child welfare module of NC FAST (North Carolina Families Accessing Services through Technology). We currently have at least 29 counties working to develop a trauma-informed system, 13 of which are actively screening children for trauma.

Table 1. Trauma Screens by County		
County	# Screens	Percent
Alamance	3575	17.66%
Buncombe	861	4.25%
Chatham	426	2.10%
Craven	1826	9.02%
Cumberland	2638	13.03%
Forsyth	1663	8.22%
Hoke	2019	9.97%
Pender	710	3.51%
Pitt	417	2.06%
Rowan	131	0.65%
Scotland	102	0.50%
Union	3116	15.39%
Wilson	2757	13.62%
Total	20,241	100%

Table 1 shows the number of total screening forms received through March 2017. A total of 20,241 trauma screening forms have been received during this 39-month period, averaging 519 per month. The wide variation of the number children in the custody of each county (ranging from 30 to 883) accounts for much of the variation in the number of screens completed by each county.

Counties are rescreening children at various intervals based on the child’s situation or length of time in care. 29% (n=5,842) received multiple trauma screens during October 2013-March 2017. The total number of unique children screened is 14,399 as shown in Table 2 below. The information contained in this report captures the information on the last trauma screening form received. Nearly 38% of the trauma screens were children under the age of six and 62% were over the age of six.

Counties implementing trauma screening were asked to ensure all children who entered foster care received a trauma screen, but counties were also free to implement it in other programmatic areas. As the table indicates, many counties are screening primarily on assessment and investigative cases rather than foster care cases. In total, 81.75% of these screenings were completed during

assessment/investigative phase of case, 4.06% in the In-Home Services phase, 13.29% in foster care and 0.90% noted as other (with 2.70% missing case type).

Phase of Case	Under Age 6	Over Age 6
Assessment/Investigation	4376	7087
In-Home Services	223	344
Foster Care	757	1105
Other	36	90
Total	5392	8626

Table 2. Trauma Screens by County/by Case Type (Unique Children)

County	Assessment/Investigation	In-Home Services	Foster Care	Other	Missing Case Type	Total
Alamance	2215	60	9	1	41	2326
Buncombe	375	88	214	1	45	723
Chatham	352	1	30	0	1	384
Craven	1303	44	57	10	19	1433
Cumberland	34	14	1141	76	73	1338
Forsyth	1388	2	3	8	0	1401
Hoke	1348	5	42	1	51	1447
Pender	366	23	101	0	7	497
Pitt	111	119	84	12	0	326
Rowan	3	79	13	0	8	103
Scotland	4	2	47	4	1	58
Union	2139	93	59	10	63	2364
Wilson	1765	36	54	3	68	1926
Total	11403	566	1854	126	377	14326
Missing Case Type and County = 73						

These unique screens were equally split between male and female; 41% were Caucasian, 14% were Hispanic, 37% African-American, 2% American Indian/Alaskan, and 6% other. Approximately 14% of the children were rescreened during this time period.

Forty percent of the total trauma screens (n=8,009) were completed on children under the age of six which represented 5,500 unique children. Sixty percent (n=12,359) of the total trauma screens were completed on children over the age of six which represented more than 8,800 unique children. The Table below shows the age of the unique children in further age categories.

Age Range	# Screened	% Screened
Ages 0 to 5	4533	32%
Ages 5 to 10	4409	31%
Ages 10 to 15	3511	24%
Ages 15 and older	1935	13%

SECTION 2: EXPOSURE

The potential trauma exposure was captured based on the social worker's and/or caregiver's knowledge/suspicions. Table 5 represents the prevalence of trauma exposures for the 14,399 unique screening forms received. Given the high number of trauma screens completed during the assessment phase, approximately half of the children's screening forms (n=7,215) did not endorse trauma exposure.

For those children whose form indicates trauma exposure (n=7,184), exposure to domestic violence was the most prevalent at 45% (n=3,245). Exposure to drug/substance abuse or related activity was the second most prevalent at 39% (n=2,791).

As expected with the foster care population, multiple caregivers and/or separations from primary caregiver was indicated 25% of the time (n=1,793). A number of the forms (n=1,193) indicated that a primary caregiver had been incarcerated and/or the child witnessed the caregiver's arrest. For the typical child abuse and neglect categories, basic physical needs not met (i.e., neglect) was ranked highest (n=1,071), followed by physical maltreatment (n=922), then emotional maltreatment (n=882) and sexual maltreatment (n=790). There are over 743 screens that indicated a traumatic death of a loved one and 396 screens that indicated exposure to school violence or severe bullying.

Children with Any Exposure (n=7184)	Number	%
Exposure to domestic violence	3245	45%
Exposure to drug/substance abuse or related activity	2791	39%
Multiple separations from/or changes in primary caregiver	1793	25%
Incarceration and/or witnessing arrest of primary caregiver	1193	17%
Basic physical needs not met	1071	15%
Physical maltreatment or assault	922	13%
Emotional maltreatment	882	12%
Sexual maltreatment or assault/rape	790	11%
Traumatic death of a loved one	743	10%
Other	589	8%
Homelessness	543	8%
Serious accident/illness/medical procedure	304	4%
Exposure to school violence and/or severe bullying	296	4%
Exposure to community violence	234	3%
Immigration trauma	55	1%
Natural disaster/war/terrorism	32	0%

Children with Any Exposure (n=7184)	Number	%
Human trafficking	7	0%
Total Exposures	15490	

The following table shows the number of trauma exposures recorded on each of the 14,399 unique children who were screened. Half of the children screened in the assessment/investigation phase had no trauma exposure. Thirty-six percent had one or two trauma exposures and 14% had three or more. Nearly 700 children had five or more possible trauma exposures.

Number of Trauma Exposures on Unique Children (noting that 81.75% were in the Assessment/Investigation phase)	Frequency	Percent
0	7215	50.11%
1	3514	24.40%
2	1609	11.17%
3	865	6.01%
4	503	3.49%
5	321	2.23%
6	192	1.33%
7	95	0.66%
8	56	0.39%
9	16	0.11%
10	9	0.06%
11	2	0.01%
12	1	0.01%
13	1	0.01%

SECTION 3: THE FOUR QUESTIONS

The older children are asked four questions about their exposure to trauma. Those questions are designed to solicit information about physical abuse, domestic violence, sexual abuse, and other traumatic events. Those questions are listed below:

- Have you ever been hit, punched, and/or kicked very hard at home (exclude ordinary fights between brothers and sisters)?
- Have you ever seen a family member being hit, punched, and/or kicked very hard?
- Have you ever had an adult or someone bigger or older than you touch, or try to touch, your private sexual body parts, or want you to touch them in those areas? This question was modified in November 2015 to Have you ever had an adult or someone bigger or older than you touch, or try to touch, you in areas that a bathing suit covers, or want you to touch them in those areas?
- Tell me about any other scary things that have happened that we haven't already talked about.

Table 11 shows the total number of affirmative answers to those questions.

TABLE 11: Yes Responses

	Yes Responses
Domestic violence	1537
Sexual abuse	637
Physical abuse	983
Other (new traumatic event)	109

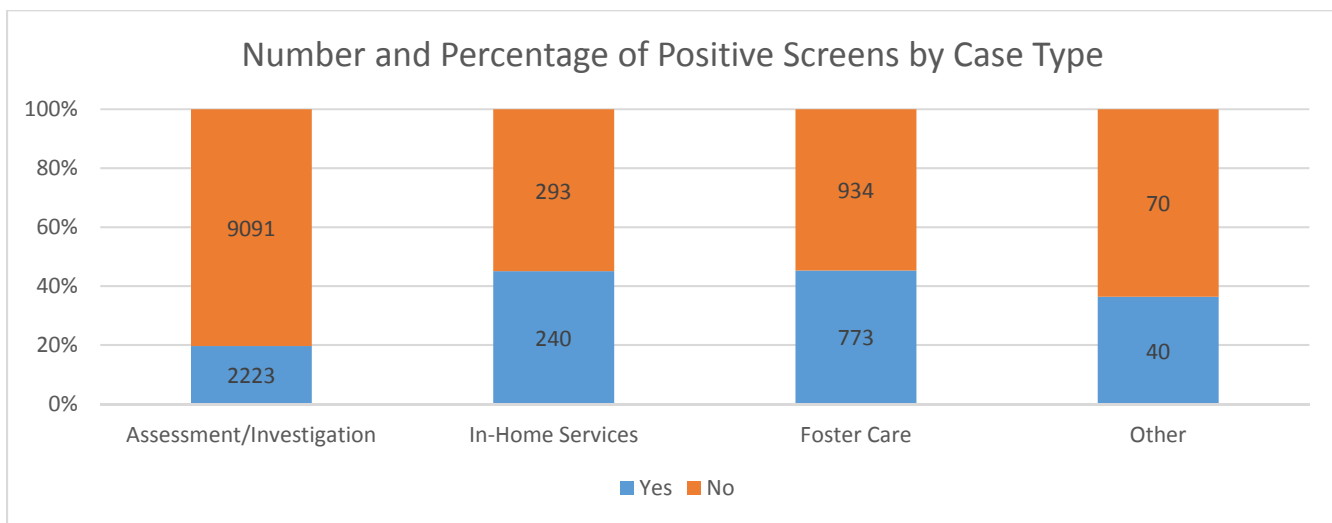
Asking these four specific questions yielded new information that was unknown to the agency on 191 of the screening forms conducted. Thirty-two of these were serious enough to require a new CPS investigation.

SECTION 4: DECISION

Table 13 shows that approximately 24% of the screening forms received (n=3377) resulted in a “screened-in” status. More children over the age of 6 were “screened-in” than the younger children.

Table 13: Screened-In	Under 6	% within	6 to 18	% within
Yes	758	14%	2619	30%
No	4613	86%	6021	70%

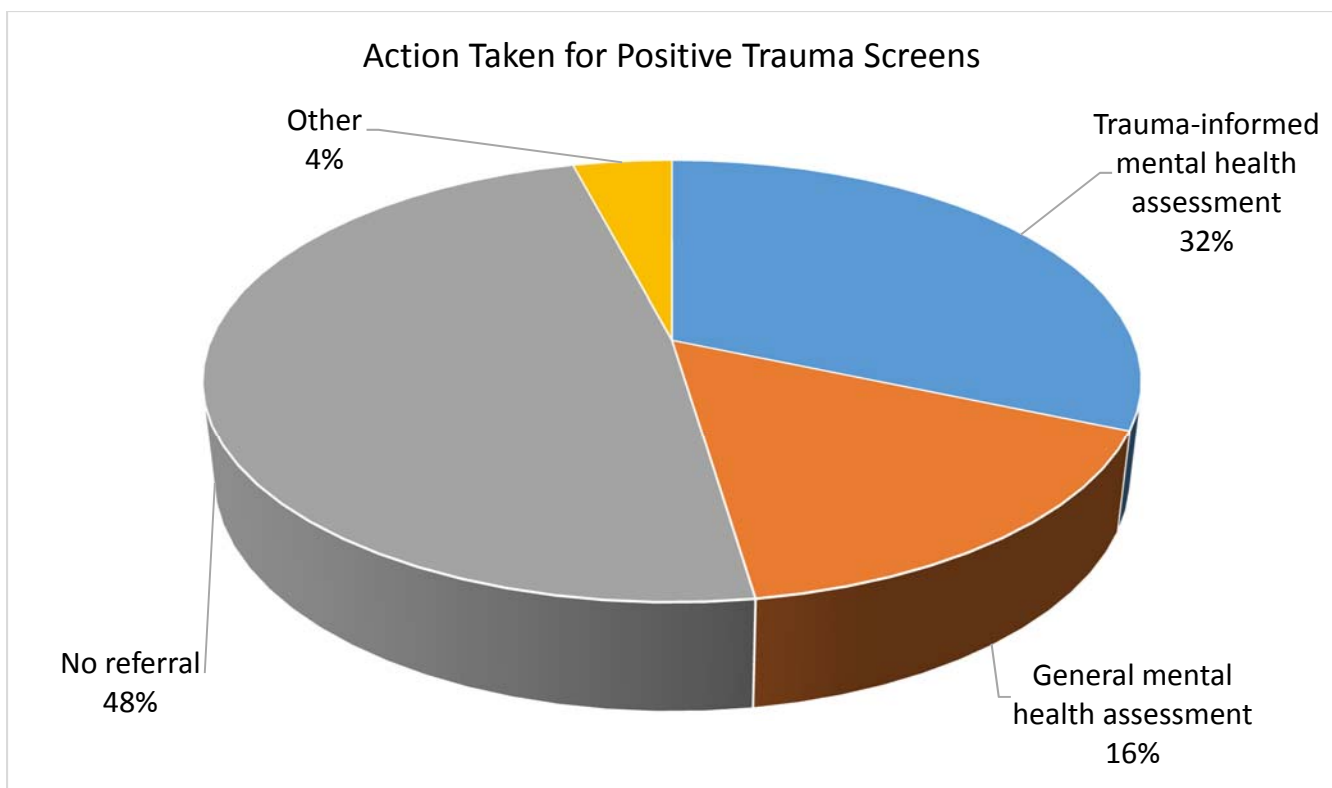
As you can see by the graph below the “screened-in” decision varied by case type.



SECTION 5: ACTIONS

A primary reason for implementing the trauma screen was to guide decision social workers in referring children for a trauma-informed mental health assessment. Among those children referred, 48% were made to clinicians for further assessments (32% of those were to trauma-informed clinicians and 16% were referred for a general mental health assessment). It is not clear whether referrals for a general mental health assessment were made due to lack of available trauma-informed clinicians or based on the child's needs.

The following chart illustrates the action taken for youth who were "screened-in" for trauma exposure. Beginning in November 2015, we began to capture if the reason there was no referral made was because the youth was already in treatment. At least 27% of those children who were not referred for services were already in treatment, which is likely a low estimate overall.



SECTION 6: SUMMARY OF FINDINGS

This analysis is based on data collected and entered through March 2017. Additional analysis is being conducted to observe trends and significant correlations as well as to explore the connection between the results of the trauma screen, Medicaid claims data, the use of evidence-based treatments, and the child's experience in foster care.

The trauma screen has a number of benefits for child welfare practice. These include:

- Helping social workers clearly see the connection between trauma exposure and behaviors
- Informing placement decisions for the youth
- Informing case work practice
- Guiding supervisors in assigning cases
- Prioritizing children who might need to receive treatment quickly
- Providing a clearer picture for the mental health professional working with the child regarding exposure and current concerning behavior
- Guiding mental health treatment planning

If you have any questions about this document, Project Broadcast, or trauma screening in general, please contact Jeanne Preisler at 336-209-5844 or Jeanne.Preisler@dhhs.nc.gov.