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Report of study findings prepared for the Office of
Juvenile Justice and Delinquency Prevention (OJJDP)

Youth Trauma Experiences and the Path from Child Welfare to Juvenile Justice



December 2018

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Executive Summary

Youth involved in the child welfare system and the juvenile justice system face high rates of trauma. In addition, youth involved in the child welfare system are likely to also be involved in the juvenile justice system. This study explores how trauma experiences can contribute to youth being involved in both systems. Of specific interest is the combined impact of trauma, history of child welfare involvement, and additional child, family, and community factors. We examine these relationships in a cohort of foster care youth from the Chicago area on whom the Illinois child welfare agency collected information on trauma, risks, and strengths as part of intake for foster care placement.

Using an observational longitudinal cohort study design, we identify a cohort of youth from Chicago who have been involved in the child welfare system at some point in their lives. For this cohort, we capture all child welfare system events (e.g., investigations, substantiated maltreatment allegations, out-of-home placements) along with demographic characteristics. We observe these youth over time to identify if and when they experience a juvenile justice system contact, specifically, any instance of arrest, detention, court involvement, probation sentence, or juvenile corrections. We use survival analysis to assess the characteristics and timing associated with these outcomes. Survival analyses produce an estimate of the amount of time that passes between one event (e.g., child welfare intake) and an outcome that follows it (e.g., a juvenile arrest). The analyses take into account the characteristics of persons in the sample and can contribute to an understanding of how those characteristics influence the outcome of interest.

Results suggest cumulative trauma exposure, as measured in our study, does not add significantly to our understanding of the likelihood for juvenile justice contacts once we account for observed youth characteristics, child welfare history, and risks and strengths. Some types of involvement with the juvenile justice system are more likely among children exposed to violence in the community and at school. Exposure to family violence, however, is associated with a decreased risk of experiencing detention, court, and probation. Risk behaviors, as measured by the Child and Adolescent Needs and Strengths (CANS) assessment, are highly correlated with increased risk of detention, court filing, probation, and juvenile corrections. In particular, a high score on the delinquency risk behavior item is associated with all types of system crossover. Having a high number of out-of-home placements is another key factor associated with juvenile justice contact. We find no evidence that community factors, as measured by the Urban Hardship Index or CANS, are associated with crossover events.

We also investigate the relationship between trauma exposure and juvenile justice involvement by looking separately at young men and young women in the study cohort. Males and females in the study cohort experience similar levels of trauma exposure, although

the type of trauma differs. Girls experience increased rates of sexual abuse and boys experience increased rates of exposure to violence outside the home. Males have significantly higher levels of crossover into the juvenile justice system. For young men, several dimensions of child welfare history and CANS risk behaviors relate to the probability of crossover. For young women, the number of out-of-home placements, exposure to community violence, and having behavioral or emotional needs increase the probability of crossover.

For all youth, recognizing placement instability as a key risk factor for crossover is important. Inquiring about youth's exposure to community and school violence could be a potential strategy for identifying youth at high risk for juvenile justice involvement. Improving our understanding of crossover risk factors would enable providers to target interventions designed to help these youth address their trauma.

Introduction

Trauma exposure is high among child welfare and juvenile justice populations. In addition, children in one of the populations is likely to crossover into the other group. Less is known about how the impact of trauma combined with child, family and community factors, affect the likelihood of youth becoming involved with both systems (i.e., becoming dually involved). The goal of this project is to explore pathways from trauma exposure to juvenile justice involvement for children and youth who have been involved in the child welfare system.

The project aims to answer the research question: “How do child characteristics, measures of trauma, risks and strengths, type and duration of child welfare involvement, and ecological factors affect the likelihood of child welfare system-involved youth entering the juvenile justice system?” We examine the relationships between these factors and crossover from the child welfare system to the juvenile justice system in Chicago, IL.

The analysis uses administrative data from the Illinois Department of Children and Family Services (IDCFS) to identify a cohort of Chicago-area youth and capture a measure of their trauma experiences. Individual youth exposure to trauma is measured with the comprehensive assessment from the Child and Adolescent Needs and Strengths (CANS; an instrument administered by IDCFS used to assess youth and caregiver needs and strengths across a number of domains, including trauma). Juvenile justice involvement is captured through linking with administrative records for arrests from the Chicago Police Department (CPD); records on detention, court involvement, and probation from the Juvenile Probation and Court Services (JPCS) Department of the Cook County Circuit Court; and juvenile corrections from the Illinois Department of Juvenile Justice (IDJJ). We also capture local ecological factors with a measure of urban hardship, generated from publicly available data from the American Community Survey (ACS).

By examining a cohort of youth with child welfare system involvement and their individual, family, and ecological exposure to trauma, this study informs the development of community-based, trauma-informed interventions which may prevent youth from “crossing over.” The aim is to produce a model that accurately describes the factors associated with increased likelihood of juvenile justice involvement, based on available administrative data, which could be used to inform interventions targeted to youth with specific experiences.

Background

Trauma

Exposure to trauma among youth is pervasive in the United States. Trauma, as defined by the Substance Abuse and Mental Health Services Administration, refers to

experiences that cause intense physical and psychological stress reactions. . . [whether from] a single event, multiple events, or a set of circumstances. . . experienced by an individual as physically and emotionally harmful or threatening and that [have] lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being (SAMHSA, 2014).

SAMHSA describes 17 types of traumatic events that can influence behavioral health: sexual abuse or assault; physical abuse or assault; emotional abuse or psychological maltreatment; neglect; serious accident, illness, or medical procedure; victim or witness to domestic violence; victim or witness to community violence; historical trauma; school violence; bullying; natural or manmade disasters; forced displacement; war, terrorism, or political violence; military trauma; victim or witness to extreme personal or interpersonal violence; traumatic grief or separation; system-induced trauma and re-traumatization.¹

According to a recent national survey on children's exposure to violence, approximately two out of every three children will be exposed to violence, crime, or abuse in their homes, schools, and communities (Finkelhor, Turner, Ormrod, & Hamby, 2009). Trauma-exposed youth tend to be involved in multiple service systems, including child welfare, juvenile justice, special education, and mental health or substance abuse treatment (Ford, Chapman, Hawke, & Albert, 2007; Dierkhising, Ko, & Goldman, 2013; Garland et al., 2001). Approximately 85% of youth involved in the child welfare system have been exposed to at least one traumatic event (Miller, Green, Fettes, & Aarons, 2011), and these children are nearly four times more likely to have experienced four or more traumatic events and related adverse experiences than youth not involved in the child welfare system (Stambaugh et al., 2013).

Youth involved in the juvenile justice system are disproportionally exposed to traumatic events compared to the general adolescent population (Finkelhor, Ormrod, Turner, & Hamby, 2005). A study conducted in Cook County, IL found that more than 80% of youth in juvenile justice settings have experienced traumatic events (Abram et al., 2004). Similarly, more than 75% of youth in the juvenile justice system have experienced traumatic victimization (Abram et al., 2004; Ford, Chapman, Connor, & Cruise, 2012). Commonly reported traumatic events include witnessing someone getting seriously injured or killed, being threatened with a weapon, being in a bad accident, or being forced to do something sexual (Abram et al., 2004). In addition, youth with maltreatment histories who become involved in the juvenile justice system are at

¹ Retrieved from the Substance Abuse and Mental Health Services Administration (SAMHSA) government website: <https://www.samhsa.gov/trauma-violence/types>.

higher risk for reoffending than their counterparts without maltreatment histories (Herz et al., 2010; Huang, Ryan, & Herz, 2012; Ryan, Herz, Hernandez, & Marshall., 2007).

How does exposure to trauma affect the likelihood of youth moving from the child welfare system into the juvenile justice system? Prior research has looked at some determinants of this movement; characteristics such as gender (Salisbury & Van Voorhis, 2009), race (Ryan et al., 2007), and placement in substitute care (Ryan & Testa, 2005) have been shown to have differential effects on youth crossing over from child welfare to the juvenile justice system. Less is known about how trauma, risks, and strengths, identified at both the individual and ecological levels, are associated with becoming involved in both systems.

Crossover from child welfare to juvenile justice

Researchers have documented that entrance into the child welfare system makes youth more likely to become involved with the juvenile justice system. Estimates vary by study, but about one-third of child welfare system-involved youth have had contact with the juvenile justice system (Halemba, Siegel, Lord, & Sawacki, 2004; Herz, Ryan & Bilchick, 2010; Kelley, Thornberry, & Smith, 1997). Overall, maltreated youth are estimated to be at a 47% greater risk for becoming involved in delinquency than youth from the general population (Ryan & Testa, 2005). Similarly, a history of neglect or abuse is shown to increase the risk of youth arrest by 55% and increase the risk of committing violent crimes by 96% (Halemba & Siegal, 2011; Kaufman & Widom, 1999).

Much of the extant research has focused on defining the demographic characteristics of youth in the child welfare and juvenile justice systems. In general, boys are more likely than girls to be dually involved, with African American boys at greatest risk for dual involvement (Goodkind, Shook, Kim, Pohlig, & Herring, 2013; Jonson-Reid, 2002; Jonson-Reid & Barth, 2000). Similarly, previous studies have found that youth who are older when they enter the child welfare system are more likely to cross over (Goodkind et al., 2013; Ireland, Smith, & Thornberry, 2002; Thornberry, Ireland, & Smith, 2001). Type of involvement in the child welfare system, most notably out-of-home placement and group home settings, is also strongly associated with crossing over (Doyle, 2007; Jonson-Reid, 2002; Ryan, Marshall, Herz, & Hernandez, 2008). While this evidence is helpful in shedding light on disparities, the program or policy responses to demographic or placement characteristics are large and related to greater societal change (i.e., reducing racism or poverty). Creating interventions to address these issues represents a great challenge (Watson & Edelman, 2012; Sian, Law, & Sayyid, 2013).

Youth involved in the child welfare system generally receive harsher treatment within the juvenile justice system. For example, they are less likely than delinquent youth without maltreatment histories to receive probation and more likely to be placed in group homes or correctional facilities (Ryan et al., 2007; Ryan et al., 2008; Morris & Freundlich, 2004; Jonson-Reid & Barth, 2000). Other research suggests that as involvement with the juvenile justice system deepens, youth with a history of child welfare system involvement comprise a larger share of the population (Halemba et al, 2004).

Youth who are dually involved have been found to have higher rates of mental and substance use disorders, academic problems, suicide attempts, and premature death (DeHart & Moran, 2015; Ford, Chapman, Mack, & Pearson, 2006; Kerig, Becker, & Egan, 2010). A majority of youth in contact with the juvenile justice system in this country have a diagnosable behavioral health condition (Shufelt & Cocozza, 2006; Teplin et al., 2013; Wasserman, McReynolds, Schwalbe, Keating, & Jones, 2010). Additionally, being dually involved is linked to harsher legal outcomes for adolescents (Cauffman, Monahan, & Thomas, 2015; Chauhan, Reppucci, & Turkheimer, 2009; Li, Chu, Goh, Ng, & Zeng, 2015).

While the focus in understanding systems-involved youth has often centered on a deficit model, assets or strengths in a youth's life can have mediating effects on the impact of trauma on their well-being (Helton & Smith, 2014). Strengths refers to the idea that "individuals possess abilities and inner resources that allow them to cope effectively with the challenges of living" (Brun & Rapp, 2001, p. 279). Augmenting assets and strengths has been tied to improved outcomes among homeless youth (Heinze, 2013), improved outcomes among youth in foster care (Schofield & Beek, 2009), and lower levels of risk behaviors among youth (Scales, Benson, Leffert, & Blyth, 2000). Even so, many youth simply do not have strong enough assets to prevent system involvement.

Findings from previous studies focus on youth characteristics and experiences, but less is known about how community context intersects with or impacts child welfare and juvenile justice system-related outcomes. Researchers studying crime have a long history of integrating ecological context into their understanding of criminality (see Sampson, Morenoff, & Gannon-Rowley, 2002 for an overview). Scholars studying youth well-being and youth systems involvement also integrate this perspective to complement other youth or family-centered explanations (Baglivio, Wolff, Epps, & Nelson, 2017; Browning, Soller, & Jackson, 2015; Weiner, Leon, & Stiehl, 2011). The integration of ecological factors into studies of crossover youth remains rare, as scholars often look at demographics, psychological/mental health characteristics, or system-related characteristics (i.e., placements for child welfare or type of offense for juvenile justice) for explanations as to why youth cross over (Jonson-Reid & Barth, 2000; Ireland et al., 2002; Kerig et al., 2010; Lee & Villagana, 2015; Li et al., 2015).

This study builds on prior work that has examined the relationship between childhood maltreatment and delinquency, how patterns of child welfare involvement are related to delinquency and juvenile justice involvement, and the role of youth characteristics in becoming dually involved. We examine dual involvement in light of traumas, risks, strengths, and community factors in youth's lives.

Current Study

This study examines how child characteristics, measures of trauma, risks, strengths, type and duration of child welfare involvement, and community factors affect the likelihood of child welfare system-involved youth encountering the juvenile justice system in Chicago, IL.

We use an observational, longitudinal cohort study design. We identify a cohort of youth that have been involved in the child welfare system at some point in their lives and capture all child welfare system events (e.g., investigations, substantiated allegations of maltreatment, out-of-home placements, etc.) along with demographic characteristics of the youth. We then observe these youth over time to identify if and when they experience a juvenile justice system contact—specifically an instance of arrest, detention, court involvement, probation sentence, or juvenile corrections—before age 18.

We use a survival analysis approach to assess the characteristics and timing associated with youth crossing over into the juvenile justice system and having particular types of juvenile justice system involvement (arrest, detention, court involvement, probation sentence, or juvenile corrections). Survival analyses are ideal for modeling the association between characteristics of interest (i.e., youth trauma experiences) with the risk or likelihood of an outcome (i.e., juvenile justice involvement) where the timing of a particular event occurring or not occurring varies by individual (Jones & Branton, 2005). The survival approach is appropriate for this study as different youth will (potentially) cross over to the juvenile justice system at different times. Thus, the associated risk or likelihood of crossing over must account for the indeterminate duration (Jones & Branton, 2005). This study aims to build on previous investigations of this population of youth by focusing on key variables with the potential to inform service development (i.e., specific forms of trauma directly experienced by the youth that potentially may exacerbate risk if not addressed).

A note on terms: the population in this study consists of youth who may be referred to as “crossover” youth, “dually involved” youth, or “dually adjudicated” youth (Lee & Villagrana, 2015). We define “crossover” as youth who have been involved with the child welfare system (current or historical) and experience any juvenile justice system contact. We define “dually involved” as youth that have an active child welfare case at the time the juvenile justice contact (i.e., the “crossover”) occurs. Therefore, all dually involved youth are a subset of the crossover youth population.

Data

Data Sources

This study draws on four sources of administrative data. Data were obtained from the Illinois Department of Child and Family Services (IDCFS) and the Illinois Department of Juvenile Justice (IDJJ); from one county juvenile court and probation services division (Juvenile Probation and Court Services [JPCS] of the Cook County Circuit Court); and from one municipal police department (the Chicago Police Department [CPD]). We use these data to match youth across systems and to provide detailed knowledge about child welfare system involvement, trauma experiences, child strengths and risks, and particular juvenile justice outcomes. Arrest data is available through September 2017. Child welfare and juvenile court data are available through December 2017. Data for juvenile corrections from the IDJJ is only available through June 2016; however, we are able to use a corresponding indicator in the juvenile court data to capture this outcome through December 2017. Table 1 presents details on data sources and available years. Figure 1 shows what ages are captured by some of the data sources.

Study data are restricted to Chicago, IL, the jurisdiction for which data is available from all four sources. While the data is only available for this one geographic area, Chicago is the third-largest city in the nation, and approximately 22% of its population (over 685,000 residents) are age 19 or younger (U.S. Census Bureau, 2015).

Table 1. Linked Administrative Data Sources for Chicago

Data	Data Provider	Available Data
Child and Adolescent Needs and Strengths (CANS)	Illinois Department of Child and Family Services (IDCFS)	2007–December 2017
Child and Youth Centered Information System (CYCIS)	Illinois Department of Child and Family Services (IDCFS)	1992–December 2017
Child Abuse & Neglect Tracking System (CANTS/SACWIS)	Illinois Department of Child and Family Services (IDCFS)	1992–December 2017
Chicago Police Department - Arrest and disposition data	Chicago Police Department (CPD)	1991–September 2017
Juvenile Enterprise Management System (JEMS)	Juvenile Probation and Court Services (JPCS) Circuit Court of Cook County	2010–December 2017
Juvenile Tracking System - Admissions	Illinois Department of Juvenile Justice (IDJJ)	1993–June 2016

Child welfare

Data on child welfare involvement were obtained through an agreement with IDCFS, the state child welfare agency in Illinois. IDCFS maintains several information systems. These systems track two types of data: (1) children and households to which it provides services and (2) the providers it contracts for services. The Child and Youth Centered Information System (CYCIS) captures data for any person or family that currently receives or historically received services through IDCFS. The system records demographic information on all clients, as well as placement and permanency goal information for all children for whom IDCFS is legally responsible. IDCFS uses the Child Abuse & Neglect Tracking System (CANTS/SACWIS) to record all allegations of abuse or neglect, investigation dates, and outcomes of the investigation. Chapin Hall at the University of Chicago receives extracts from these databases on an ongoing basis.

In addition to the data on youth's experience in the child welfare system, IDCFS includes information from the Child and Adolescent Needs and Strengths (CANS) comprehensive assessment instrument. The instrument contains a trauma experiences domain designed to assess exposure to different types of trauma, along with other domains that assess levels of needs and strengths in a youth's life (Lyons, 2009).

Juvenile justice

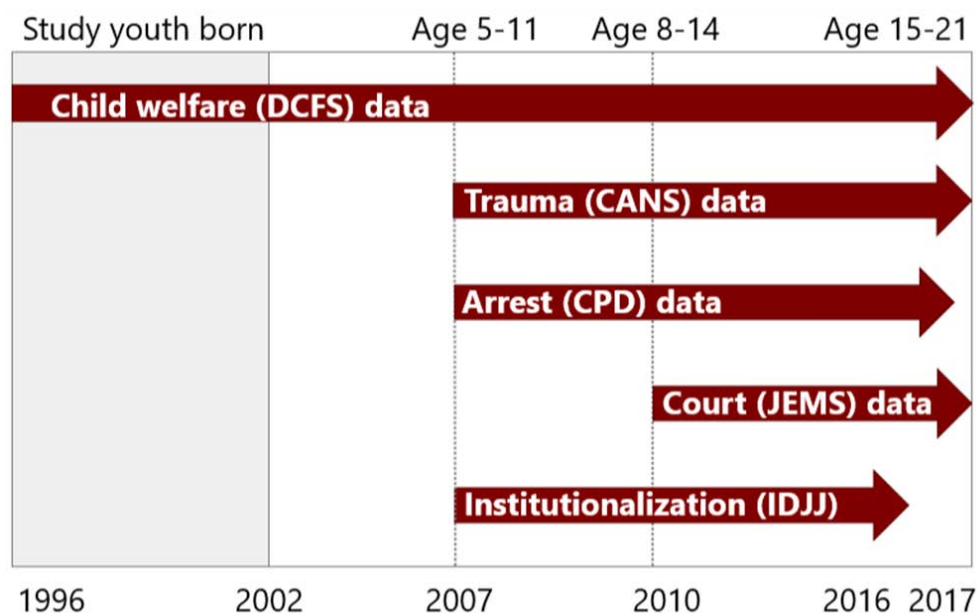
Data from CPD, JPCS, and IDJJ were used to analyze involvement of our study cohort in the juvenile justice system. The CPD Criminal Incident Database tracks all arrests and criminal incidents in the City of Chicago. Data files accessed for this project included arrest and disposition, which documents the outcomes of a youth's arrest. The JEMS data contains a series of tables maintained by the court's Juvenile Probation and Court Services Department. The tables track information about youth with delinquency cases referred to the court and monitor any services ordered by the court to help rehabilitate the minor. The data set used in this project contains detention, court referral, and sentence disposition information on all youth with a first court referral between January 1, 2010 and December 31, 2017. The Juvenile Tracking System maintains information on all youth admitted to an IDJJ correctional facility, including demographic information, holding charge information, and admission and release dates for youth in IDJJ.

Analytic Sample

The study cohort was drawn from all youth residing in Chicago who had a first child welfare case opened after January 1, 2007. Chapin Hall used this cutoff date for case opening because that is when the CANS (trauma) data first became available in Illinois, due to the IDCFS statewide implementation of the CANS Assessment during all Integrated Assessments (IA). The CANS is a tool administered to young people who are placed in foster care and has not been used consistently across time. It helps clarify (among other things) the extent to which young people have experienced trauma.

The sample was further restricted to youth born between 1996 and 2002 to allow enough time to follow youth through the age we would expect to see them in the juvenile justice system. Approximately 80–95% of youth who are arrested or in detention in Illinois are age 14 or older (Kaba, 2014). This resulted in a sample of 22,885 youth. Because we are interested in trauma experiences among children and youth who crossed over from child welfare to juvenile justice, we included in the study only those young people for whom we had CANS information. To do this, the sample was then linked to the CANS assessment through the IDCFS CYCIS system identifier. We restrict the sample to youth with at least one completed CANS assessment ($n = 2,072$) who do not have pre-existing juvenile justice involvement at the time of the CANS. The resulting study cohort contained 1,633 youth. Figure 1 displays the timeline of data coverage for each data source and the age range of youth in the sample cohort.

Figure 1. Data Source Timeline



We then link the study cohort to the three sources of juvenile justice administrative data. We used probabilistic record linkage and BigMatch software on a secured server to link individual children's records from IDCFS to CPD, JCPS, and IDJJ data. Each data source file was first unduplicated to identify duplicate records for individuals in the same data system. Matching variables include name, birth dates, race, sex, social security numbers, identification record (IR) number (fingerprint ID), and central booking number. The resulting linked files were assigned a unique identifier. All identifying information was removed from the analytic files prior to analysis.

Measures

Juvenile justice system involvement

The timing and types of juvenile justice system involvement are the key outcomes of this analysis. Juvenile justice contacts information for cohort youth is obtained in administrative data from three agencies: CPD, JCPS, and IDJJ (see Table 1 and Figure 1). In this study, we focus on the initial crossover points and measure each of five types of juvenile justice system contacts or experiences that occur before a youth's 18th birthday: arrests, detention, court involvement, probation, and juvenile corrections. Note that while these system contacts generally increase in severity and decrease in overall instance in the presented order, the path through these touchpoints for a given youth is not always strictly linear. Table 2 presents descriptions of the data elements and data source for each of the five types of juvenile justice contacts.

Table 2. Measures of Juvenile Justice System Involvement

Juvenile Justice Contact	Data Source	Data Elements
Arrest	CPD Arrest and Disposition data	<p><i>Total number of arrests:</i> Count of all arrest records (unique Central Booking Numbers) for a youth</p> <p><i>Date of first arrest:</i> Earliest date of an arrest for a youth</p> <p><i>Age at first arrest:</i> Age of youth on date of first arrest using birthdate from IDCFS data</p> <p><i>Dually involved at first arrest:</i> Whether youth had an open child welfare case at the time of first arrest</p>
Detention	JCPS JEMS data	<p><i>Detained secure ever:</i> If a youth was ever held in short-term secure confinement pending disposition. Includes detention prior to screening or a hearing.</p> <p><i>Date of first secure detention:</i> The date a youth was first ordered held in secure confinement</p> <p><i>Dually involved at first detention:</i> Whether the youth had an open child welfare case at the time of first secure detention</p>
Court involvement	JCPS JEMS data	<p><i>Referred to court ever:</i> If a youth had a screening referral record in the JEMS data</p> <p><i>Delinquency petition filed:</i> If youth ever had a screening decision code of file</p> <p><i>Date first delinquency petition filed:</i> Filing date of youth's first juvenile delinquency petition</p> <p><i>Dually involved at first delinquency petition filing:</i> Whether the youth had an open child welfare case at the time of first delinquency petition filing</p>
Probation	JCPS JEMS data	<p><i>Probation or supervision:</i> Youth ever had a court-ordered service for probation or supervision</p> <p><i>Date of first probation/supervision:</i> Earliest court order date for probation or supervision</p> <p><i>Dually involved at first probation/supervision:</i> Whether the youth had an open child welfare case at the time of first court order for probation or supervision</p>

Juvenile Justice Contact	Data Source	Data Elements
Juvenile corrections	IDJJ Admissions and JCPS/JEMS data	<p><i>Juvenile corrections (IDJJ)</i> – youth was released by the court to the custody of IDJJ</p> <p><i>Date of first probation/supervision</i> – earliest court ordered release upon request initiation date to IDJJ</p> <p><i>Dually involved at first juvenile corrections</i> – whether the youth had an open child welfare case at the time of first release to the custody of IDJJ</p>

Note: We use IDJJ data to capture juvenile corrections up to June 2016, the most recent data available, we then use comparable indicators from the JCPS data from July 2016 to December 2017.

Trauma experiences, risks, and strengths

Youth exposure to trauma is the key variable of interest in this analysis of crossover from child welfare to juvenile justice. We measure youth trauma experiences from the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment data collected by IDCFS. The CANS is designed to assess exposure to trauma, levels of risk, and strengths in a youth's life (Lyons, 2009). In Illinois, IDCFS administers the CANS at the time of intake for all youth. Within IDCFS this is called the integrated assessment (IA); it is completed within the first 45 days. Subsequent CANS are administered at various intervals depending on the youth's circumstances. For youth in residential (congregate care) placements, follow up is every 3 months until case closure. For youth in out-of-home placements, follow up is every 6 months with the youth, and every 3 months with parents (with goal of reunification), until case closure. For youth in intact families, follow up is every 6 months until case closure. As is common in child welfare systems, there are some irregularities related to assessment timing. However, previous work by Chapin Hall has found this to be limited.

The CANS includes eight domains: exposure to potentially traumatic experiences, symptoms related to traumatic childhood experiences, child strengths, life domain functioning, acculturation, child behavioral/emotional needs, child risk behaviors, and caregiver needs and strengths (Kisiel, Fehrenbach, Small, & Lyons, 2009). Trained caseworkers administer the CANS and use it to assign scores to indicate levels of need related to a domain. The CANS domains have been found to be valid and reliable across populations (Lyons, 2009).

The CANS instrument is designed to identify needs in order to guide service planning. Each item has four levels (0–3) with anchored definitions that translate to action levels for case planning and service provision. Higher item scores indicate areas where youth have highest needs. The four levels for the trauma experiences domain are:

0: No evidence of any trauma of this type

1: A single incident or trauma occurred or suspicion exists of this type of trauma

2: Multiple incidents or a moderate degree of trauma of this type

3: Repeated and severe incidents of trauma of this type

It is important to note that the trauma experiences domain is retrospective and cumulative in nature. The domain captures information about anything that has occurred in the youth's life up to the time of the assessment. The other CANS domains primarily focus on youth's current status and on status and needs within the 30 days immediately preceding the assessment. The items and scoring for each of the CANS domains are presented in Appendix C (Illinois CANS Comprehensive Assessment instrument manual from 2005).

In this study, the primary measure of trauma is a youth's total average score in the trauma experiences domain from their baseline CANS assessment. For reporting and analysis, we categorize youth into four groups (quartiles) based on the distribution of the trauma score (Q1: 0–25%; Q2: 26–50%; Q3: 51–75%; and Q4: 76–100%).

Child welfare system involvement

We use youth's involvement with the child welfare system to characterize the study cohort and include this information as important control variables in the analysis models. Child welfare history needs to be considered in analyzing the connection between child welfare system involvement, trauma, and juvenile justice system involvement. We obtained information about child welfare system involvement from the IDCFS data (specifically, the Child Abuse and Neglect Tracking System and the Child and Youth Centered Information System data). In this analysis, we incorporate the following information on each youth: total number of investigations; substantiated investigations (i.e., occurrence of maltreatment has been confirmed) by type for neglect, physical abuse, and sexual abuse; total number of out-of-home placements; and the age at first out-of-home placement.

Community factors

We use a measure of community factors to capture youth exposure to the economic and social conditions of the neighborhood in which they live. We use this information descriptively to visualize the residence and local conditions of the study cohort within the City of Chicago and also include this information as a control variable in the analysis. There are many established measures for gauging community or neighborhood hardship (see, for example, Carstairs, 1995; Townsend, Phillimore, & Beattie, 1988; Krieger et al., 2002; and Jennings, 2012; among others). In this study, we use the Urban Hardship Index. First published in 1976, the Urban Hardship Index (also known as the Intercity) captures economic and social conditions in populous metropolitan areas in the U.S. (Nathan & Adams, 1976; 1989). It has been used to measure and report on conditions in major cities for over 40 years. This study uses the Urban Hardship Index in part because it is a relevant metric at the local level for the study location. The Urban Hardship Index is featured in the city plan "Healthy Chicago 2.0: Partnering to Improve Health Equity 2016–2020" and is reported via the City of Chicago data portal.

The Urban Hardship Index is a composite of six factors: unemployment (defined as the percentage of the unemployed civilian population over the age of 16); dependency (the

percentage of the population under the age of 18 or over the age of 64); education (the percentage of those over the age of 25 with less than a high school education); income level (per capita); crowded housing (measured by the percentage of occupied housing units with more than one person per room); and poverty (the percentage of people living below the federal poverty level). The composite score ranges from 0 to 100; a higher composite score indicates higher levels of local hardship. Urban Hardship Index data is calculated from the U.S. Census Bureau 2007–2011 American Community Survey 5-year estimates. We use calculations generated by the Chicago Department of Public Health and made publicly available on the City of Chicago data portal.² The 2007–2011 estimates correspond with the time when the majority of the youth enter the study cohort. We assign an Urban Hardship Index score to a given youth based on their residential address in the IDCFS data at the time of the child welfare event that brings them into the study cohort.

Youth characteristics

We also include youth characteristics in the analysis. These include birth year; age at time of entry into the child welfare system; age at time of the CANS assessment; race/ethnicity; and gender. Prior research indicates that these are the most salient characteristics for dually involved youth (Ryan et al, 2008; Goodkind et al., 2013; Lee & Villagrana, 2015). Youth demographics are initially drawn from IDCFS data and compared with demographic data in the other datasets for disparities and to replace missing values.

² Technical documentation for the Urban Hardship Index data is available from the City of Chicago data portal: <https://data.cityofchicago.org/api/assets/8D10B9D1-CCA3-4E7E-92C7-5125E9AB46E9>

Method

Based on the need for a greater understanding of how trauma, risks, and strengths affect the likelihood of child welfare-involved youth becoming involved in the juvenile justice system, we focus on the following research question:

“How do child characteristics, measures of trauma, risks and strengths, type and duration of child welfare involvement, and ecological factors affect the likelihood of child welfare system-involved youth entering the juvenile justice system?”

This research question expands upon previous efforts to understand how types of risks impact crossing over (Lee & Villagrana, 2015), differing pathways through the child welfare system (Randall et al., 2015), and ecological factors shown to be associated with juvenile justice involvement (Browning, Gardner, Maimon, & Brooks-Gunn, 2014; Fagan, Wright, & Pinchevsky, 2014). We approach this research question with a descriptive analysis of the relationships between trauma exposure and system crossover. We then model the relationships with a survival analysis approach to assess the timing and conditions associated with crossover, accounting for child welfare history, strengths, risks, and community factors. Finally, we conduct a supplemental analysis that examines results separately by youth gender.

Descriptive Statistics

We characterize the cohort by providing descriptive statistics of the youth characteristics and child welfare history. We visualize the cohort youth’s location in the city and the location’s Urban Hardship Index by Chicago Community Area. We report the trauma experiences from the CANS assessment along with item and domain scores for the other CANS domains. We show juvenile justice contacts occurring before 18 years of age and display rates of juvenile justice contacts by quartile of trauma exposure.

Survival Analysis

The primary analytic strategy is a survival analysis. We use a survival analysis approach to assess the characteristics and timing associated with youth within the cohort crossing over into the juvenile justice system and having particular types of juvenile justice system involvement (arrest, detention, court involvement, probation sentence, or juvenile corrections)³.

Survival analyses produce an estimate of the amount of time that passes between one event and an outcome that follows it. It can answer questions such as “what proportion of the population will have outcome Y (e.g., an arrest) in a given time span (e.g., before age 18)?”

³ Specifically, we use Cox proportional-hazard regressions.

Originally applied in fields such as engineering and medicine, survival analysis can take into account the characteristics of persons in the sample and contribute to an understanding of how those characteristics influence the outcome of interest. Survival models have been routinely applied in the social sciences to analyze the risk of events occurring (Box-Steffensmeier & Jones, 2004). Weiner et al. (2011) used this method to estimate the risk related to placement disruption among child welfare system youth in Illinois. However, the application to crossover youth is relatively novel.

To operationalize the research question, we examine the following hypotheses:

Hypothesis 1: Controlling for youth characteristics, age of entry into the child welfare system, type/duration of child welfare system involvement, and community factors, the probability of youth entering the juvenile justice system will increase as the severity of **trauma exposure** (as measured by the CANS) increases.

Hypothesis 2: Controlling for youth characteristics, age of entry into the child welfare system, and type/duration of child welfare system involvement, the probability of youth entering the juvenile justice system will increase as the severity of **community distress** as measured by the Urban Hardship Index increases.

Hypothesis 3: Controlling for youth characteristics, age of entry into the child welfare system, type/duration of child welfare system involvement, and community factors, the probability of youth entering the juvenile justice system will increase as the severity of **youth risks** (as measured by the CANS risks, trauma stress symptoms, and behavioral/emotional needs domains) increases.

Hypothesis 4: Controlling for youth characteristics, age of entry into the child welfare system, type/duration of child welfare system involvement, and community factors; the probability of youth entering the juvenile justice system will increase as the number of **youth strengths** (as measured by the CANS strengths and life domain functioning domains) in a youth's life decreases.

We test each of the four hypotheses using survival models to analyze how trauma exposure, community distress, youth risk, and youth strengths affect the probability of juvenile justice involvement.

There are three possible outcomes for youth in the study. First, youth may become juvenile justice system-involved after the IDCFS involvement that prompts their inclusion in the study cohort. Second, youth may have no juvenile justice system involvement by the time they reach age 18, meaning they are not observed in the available administrative juvenile justice data. Third, youth may have no juvenile justice involvement during the time of the study, but may be under 18 years of age at the end point of the study data. This final set of youth may yet become juvenile justice system-involved, but such involvement is not observed in study period.

To best account for these different outcomes, we use survival analyses, specifically Cox regression analyses (see Figure 2). Cox regression models are appropriate for analyzing the relationship between characteristics of individuals and the risk of an event occurring, such as involvement with the juvenile justice system (Box-Steffensmeier & Jones, 2004). Survival models can account for the data being “right censored”—that is, the risk associated with an outcome is unknown for some individuals because it does not take place during the study period (e.g., youth in the cohort that do not reach age 18 by the end of the study period).

Figure 2. Survival Analysis (Cox regression)

The general model for the Cox regressions is:

$$\ln H(t) = H_0(t) * (b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5)$$

Where

$H(t)$ = the hazard (of entering the juvenile justice system) at time t

$H_0(t)$ = the baseline hazard (of entering the juvenile justice system)

b_1X_1 = represents the CANS trauma experiences

b_2X_2 = represents the array of child characteristics variables

b_3X_3 = represents the array of variables related to child welfare history

b_4X_4 = represents the Urban Hardship Index score

b_5X_5 = represents the array of variables for the remaining CANS domains

We examine the four hypotheses with separate Cox regression models that assess the impact of covariates on the time until five types of juvenile justice involvement: arrests, detention, court involvement, probation, and juvenile corrections. For simplicity, we focus on models for arrest and synthesize and compare the arrest results with the four remaining juvenile justice contact types.

Supplemental Analyses

We also investigate the relationship between trauma exposure and juvenile justice involvement by looking separately at young men and young women in the study cohort. Prior research suggests that girls and boys will likely report different types of trauma experiences. For example, girls are at much higher risk for sexual abuse (Abram et al., 2004; Belknap & Holsinger, 2006; Ford, Hartman, Hawke, & Chapman, 2008; Johansson & Kempf-Leonard, 2009; Kerig et al, 2010; Wareham & Dembo, 2007). However, in general, boys (relative to girls)

are at greatest risk for dual-system involvement (Goodkind et al., 2013; Jonson-Reid, 2002; Jonson-Reid & Barth, 2000).

To examine key differences by gender for this study, we report descriptive statistics for trauma experiences and juvenile justice involvement. We also conduct separate Cox regression models by gender.

Findings

Descriptive statistics

Cohort characteristics

Youth characteristics are presented in Table 3. The study cohort contains almost equal proportions of females (52%) and males (48%). The majority of the cohort is African American (79%). Youth in the study cohort were born between 1996 and 2002 and the cohort is relatively evenly distributed by birth year. Because youth born in 2000 and after do not reach age 18 during the study timeframe, we use a survival model to account for these differences in the available observation period.

Table 3. Youth Characteristics and Child Welfare History

Youth Characteristics	Mean	SD
Female	0.52	(0.50)
African American	0.79	(0.40)
Hispanic	0.12	(0.32)
Other race	0.023	(0.15)
White	0.064	(0.24)
Born 1996 (age 18 in 2014)	0.14	(0.34)
Born 1997 (age 18 in 2015)	0.13	(0.34)
Born 1998 (age 18 in 2016)	0.15	(0.35)
Born 1999 (age 18 in 2017)	0.15	(0.35)
Born 2000 (age 18 in 2018)	0.15	(0.36)
Born 2001 (age 18 in 2019)	0.14	(0.35)
Born 2002 (age 18 in 2020)	0.15	(0.36)
Urban Hardship Index (0-100)	63.9	(26.3)
Child welfare history	Mean	SD
Any investigations	0.97	(0.18)
Total investigations	5.15	(3.74)
Any substantiated investigations	0.83	(0.38)
Neglect substantiated	0.59	(0.49)
Physical abuse substantiated	0.46	(0.50)
Sexual abuse substantiated	0.20	(0.40)
Any out-of-home placements	0.97	(0.17)
Total out-of-home placements	7.45	(7.75)
Age of first placement (years)	8.56	(5.06)
Observations	1,633	

The cohort is drawn from Chicago-area youth in IDCFS for whom a CANS assessment is conducted. The CANS is administered as part of the Integrated Assessment (IA), the specialized assessment process used for foster care placement cases. As a result, the study cohort is comprised of youth with one or more out-of-home foster care placements. As a group, these youth have extensive histories of child welfare involvement. On average, the cohort youth have been the subject of five IDCFS investigations for allegations of maltreatment. Four out of five youth (83%), have at least one “substantiated” investigation. A “substantiated” allegation is an allegation of maltreatment that IDCFS has confirmed to have occurred. In the cohort, 59% have at least one substantiated incident of neglect, 46% have substantiated physical abuse, and 20% have substantiated sexual abuse. Almost all youth have at least one documented out-of-home placement. This is expected given that a placement qualifies youth entry into the study cohort. Youth in the cohort have had an average of seven different placements. The high number of placements include very short and transitional placements, such as those lasting only one or two nights. Nevertheless, this group of children has extensive system involvement. The average age at first placement is 8.5 years old. The older age of placement entry distinguishes the study cohort.

To help understand how the study cohort relates to a broader population of children and youth that have been touched by the child welfare system, we compare the cohort characteristics with all children in the Chicago area born between 1996 and 2002 who were investigated by IDCFS after January 1, 2007. The comparison results are presented in Appendix Table B-1.

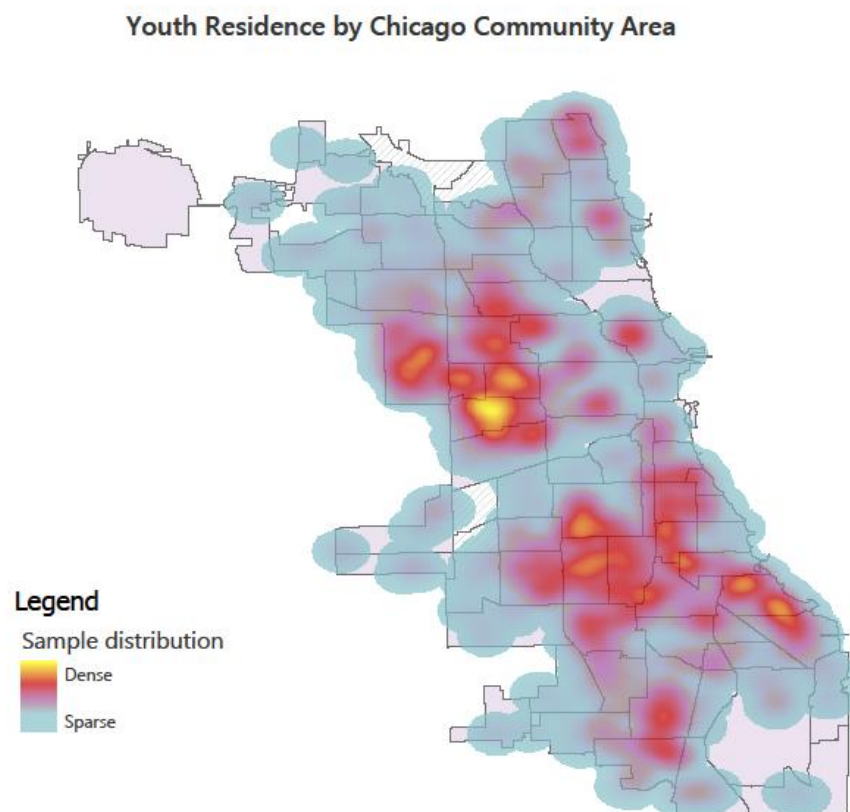
We found that the two groups are similar in composition with regards to gender and birth year. The study cohort contains a slightly higher proportion of Hispanic youth and a lower proportion of white youth than the broader Chicago child welfare group. The study cohort has significantly more instances of all listed types of child welfare history indicators. Study youth have been the subject of more investigations (5 vs. 2) and are more likely to have substantiated investigations overall (83% vs. 66%) and by type (neglect 59% vs. 49%; physical abuse 46% vs. 37%; and sexual abuse 20% vs. 4%). The cohort has much higher rates of out-of-home placement (97% vs 71%) and number of placements (7 vs. 2). Perhaps most striking, the average age at first placement was 8.5 years old for the study cohort and 1.5 years old in the comparison group. Children entering the child welfare system at older ages tend to follow very different pathways of system involvement than very young children. Cohort youth also have significantly higher rates of crossover into the juvenile justice system than the comparison group (see Appendix Table B-2). For example, cohort youth are twice as likely to be arrested and four times as likely to be held in detention as youth in the comparison Chicago child welfare group.

Overall, the study cohort has relatively extensive involvement with the child welfare system and juvenile justice systems. As a result, study results are specific to this relatively unique population and are not generalizable to the broader child welfare population. This is a limitation of the study.

Also of interest in this study are the ecological or community factors of the youth's neighborhoods. The community environment may contribute to their overall experiences of trauma or of supportive environments. Figure 3 displays where youth lived at the time of entry into the study cohort (their first Integrated Assessment for foster care placement after January 1, 2007), by Chicago Community Area. Figure 4 displays the Urban Hardship Index score for each Chicago Community Area.

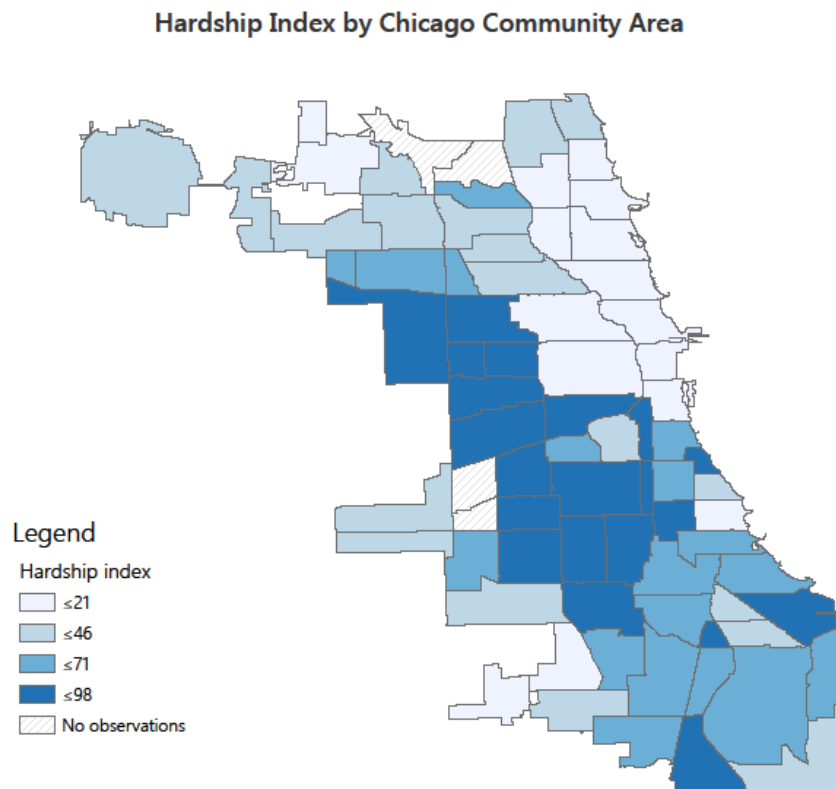
A visual comparison of the maps in Figure 3 and Figure 4 reveals that, in general, the study youth are located in the Chicago Community Areas that experienced high levels of urban hardship during the study timeframe, characterized by high rates of unemployment, poverty, crowded housing; high proportions of children and senior citizens; and low levels of adult education attainment and per capita income.

Figure 3. Youth Residence by Chicago Community Area



Source: Study sample. Youth residence obtained from DCFS data at the time of entry into the study sample, 2007 – 2017.

Figure 4. Urban Hardship by Chicago Community Area



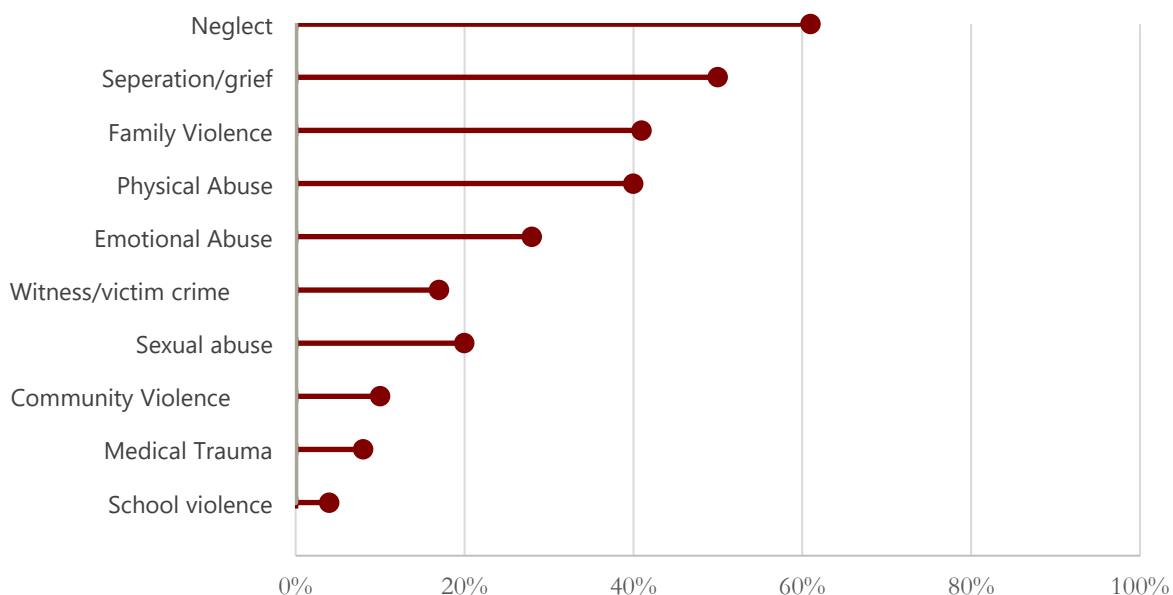
Source: U.S. Census Bureau 2007-2011 American Community Survey. Estimates for Chicago Community Areas, calculated by the Chicago Department of Public Health. Urban Hardship Index designed by Nathan and Adams (1976).

Trauma experiences

Cohort youth report significant exposure to traumatic experiences. Figure 5 presents the proportion of youth experiencing a moderate degree or repeated instances of each trauma type. Neglect is the most frequently reported trauma experience (61%). The proportions of child neglect, physical abuse (40%), and sexual abuse (20%) are comparable to the instances of substantiated maltreatment identified by the child welfare system. The trauma domain also captures items not available in the child welfare data. Half of the youth report traumatic grief due to loss or separation from a significant caregiver. Over one-quarter of youth have experienced emotional abuse (28%). Significant portions of the cohort report exposure to violence inside and outside their home environments. Over 40% of youth report exposure to family violence. Almost one in five youth (17%) have been witness to or victims of crime. Youth also report experiencing community violence (10%), medical trauma (8%), and school violence

(4%). Less than 0.5% of the cohort experienced natural or manmade disasters, or were affected by war or terrorism.

Figure 5. CANS Trauma Experiences, Moderate Trauma Exposure by Type



Note: CANS Trauma experiences are scored 0 to 3. This graph represents youth with a score of 2 or 3, indicating multiple incidents or a moderate degree of this type of trauma. Three additional items in the trauma experiences domain—natural or manmade disasters, war affected, or terrorism affected—are not shown due to fewer than 0.5% of youth reporting those experiences.

In the CANS assessment each item is scored 0 to 3 (see Measure section for more detail). Table 4 presents the average score for each trauma experiences item. In the study cohort, the total average trauma experiences score is 0.66. In the analysis models, we incorporate trauma experiences by quartiles (Q1: 0–25%; Q2: 26–50%; Q3: 51–75%; and Q4: 76–100%) of the total average score and as individual items, in separate models. Item and domain scores for the other CANS domains are presented in supplemental tables in Appendix B (Table B-3. Traumatic stress symptoms, Table B-4. Strengths, Table B-5. Risk behaviors, Table B-6. Life domain functioning, and Table B-7. Behavioral/emotional needs).

We examine youth characteristics by trauma quartile to look for patterns of characteristics related to higher or lower levels of trauma exposure. Youth characteristics by trauma quartile are presented in Appendix Table B-8. There are almost no observed differences in youth demographics, urban hardship, or child welfare history by level of trauma exposure. Youth in the

lowest quartile of trauma exposure are half as likely to have an instance of substantiated sexual abuse as youth in the highest quartile (14% in Q1 vs. 16% in Q2, 21% in Q3, and 30% in Q4). All other reported covariate means are similar across youth grouped by trauma quartile.

Table 4. CANS Trauma Experiences

CANS Trauma Experience	Mean (0 – 3)	SD
Sexual abuse	0.58	(0.94)
Physical abuse	1.10	(0.97)
Emotional abuse	0.94	(0.89)
Neglect	1.64	(0.91)
Medical trauma	0.33	(0.69)
Family violence	1.15	(1.01)
Community violence	0.44	(0.72)
School violence	0.27	(0.53)
Natural or manmade disasters	0.037	(0.27)
Traumatic grief/separation	1.43	(0.85)
Affected by war	0.0049	(0.099)
Affected by terrorism	0.0012	(0.035)
Witness/victim to criminal activity	0.61	(0.85)
<i>Total average trauma experiences</i>	0.66	(0.32)
Observations	1,633	

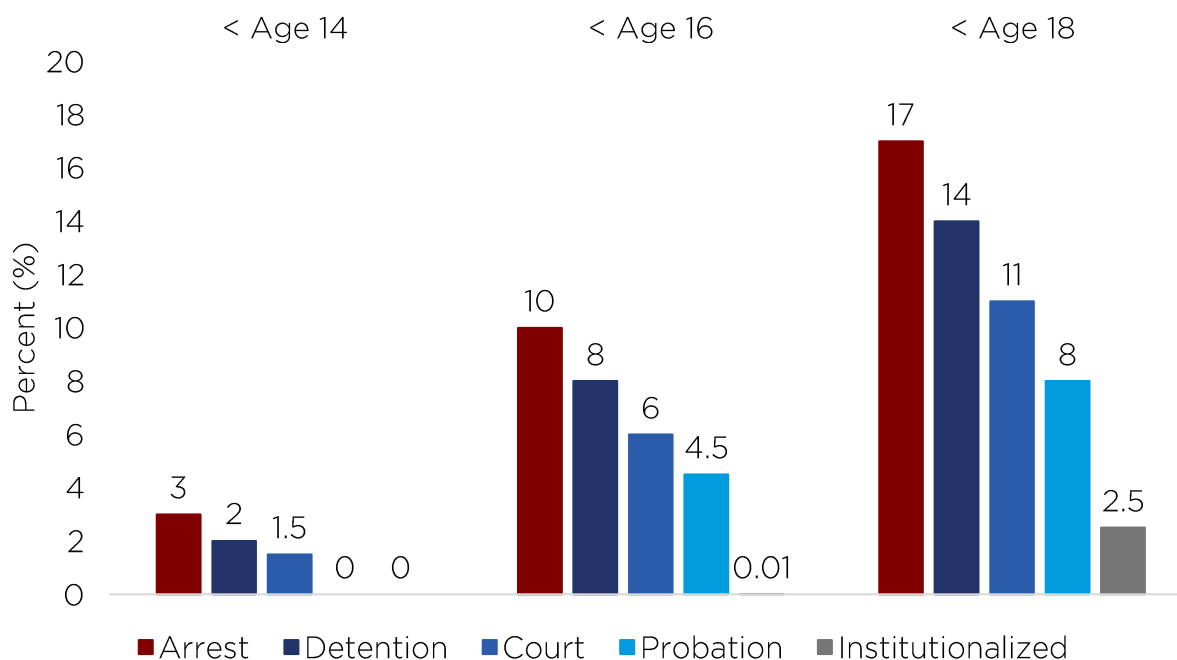
Juvenile justice system involvement

We wanted to know what proportion of cohort youth crossover into the juvenile justice system. Here, we report observed instances of arrest, detention, court involvement, probation, and juvenile corrections occurring before a youth’s 18th birthday.

Figure 6 displays instances of crossover by type of juvenile justice contact by age 18 (the right most set of columns), along with the rates of system contact among cohort youth by age 14 and age 16. Seventeen percent of the cohort youth are arrested before age 18. Almost one in six youth are held at least one night in secure detention (14%) and one in ten are referred to juvenile court (11%). Of the study cohort, 8% have been sentenced to probation or supervision and just under 3% have ever been sentenced to juvenile corrections.

Among youth with system involvement, the average age of first system contact ranges from 15.6 to 16.1 years (See Appendix Table B-2 for a complete listing of mean rates of juvenile justice system contact by ages 14, 16, and 18, and age of first contact for the study cohort and the Chicago child welfare comparison group.)

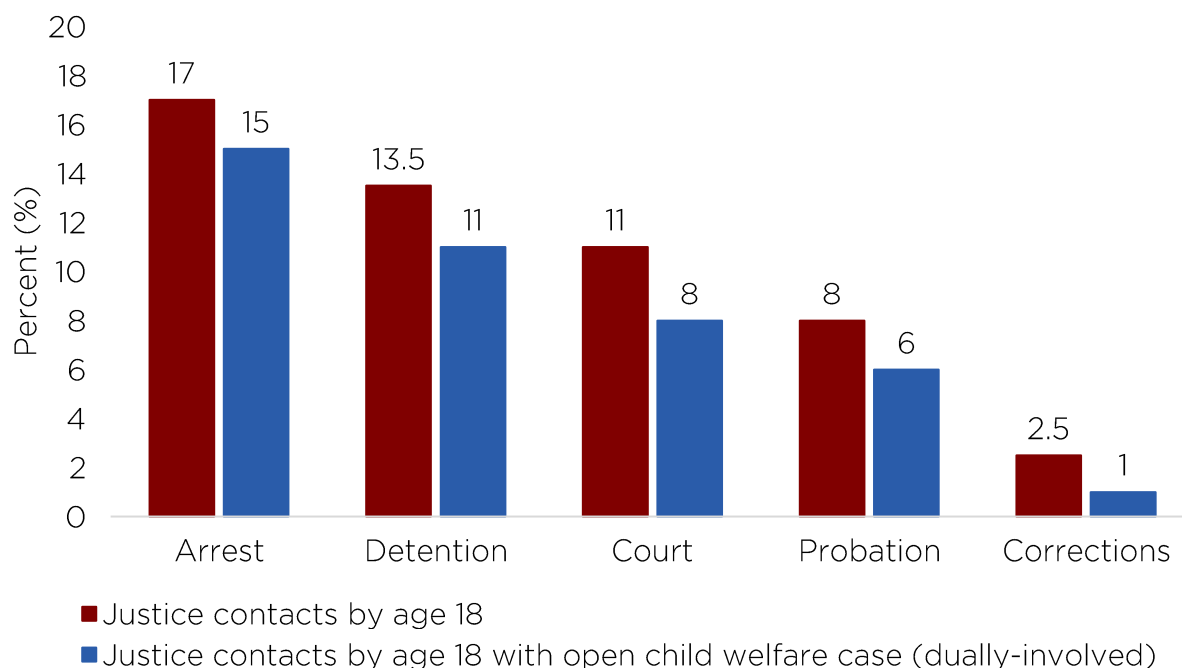
Figure 6. Juvenile Justice Contacts by Ages 14, 16, and 18



We also wanted to study what proportion of cohort youth crossover into the juvenile justice system occurs while youth have an active case with IDCFS—that is, what proportion of cohort youth are dually involved. We report whether a youth’s first instance of arrest, detention, court involvement, probation, and juvenile corrections occurs while the youth has an active case with the child welfare system. Figure 7 presents the overall proportion of first juvenile justice system contacts and the proportion of first juvenile justice system contacts that represent dual-involvement.

In the study cohort, the vast majority of youth first arrests, first instances of detention, court filing, and probation represent dual involvement. Specifically, 15% of cohort youth had a first arrest occur while they had an active IDCFS case, 11% of youth experienced a first detention, 8% a first probation, and 1.5% a first transfer to IDJJ while dually-involved.

Figure 7. Juvenile Justice Contacts by Age 18 and Proportion Dually Involved



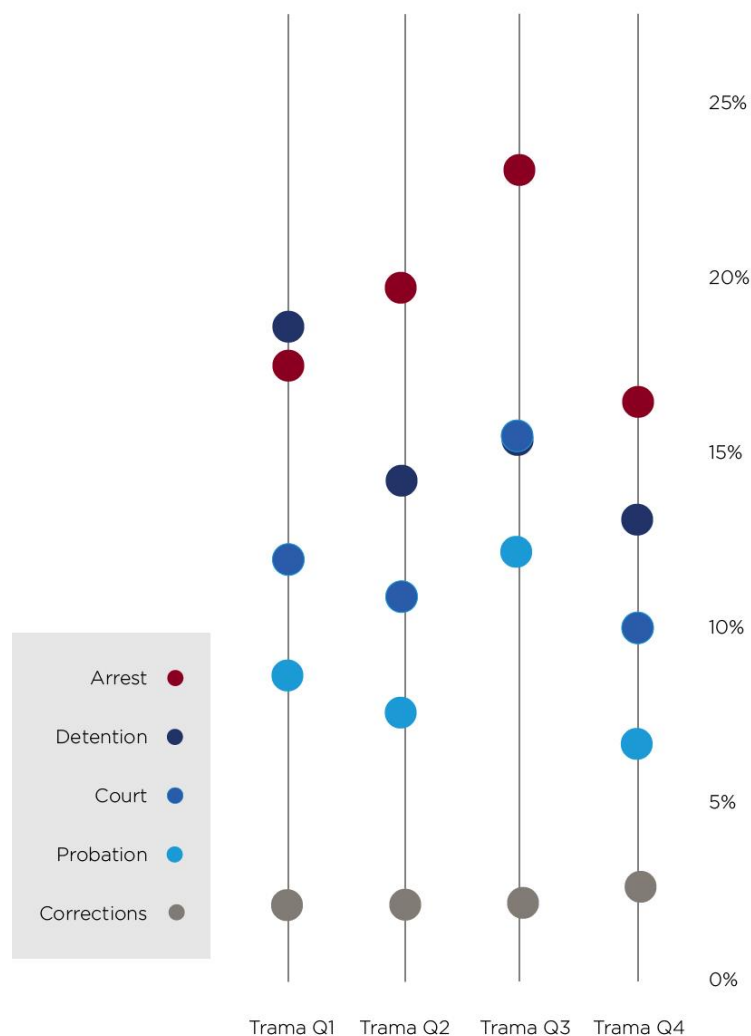
Note: The maroon bar displays percentage of sample youth with each type of justice contact. The blue bar shows the percentage of youth where the first justice contact for each type occurred while the youth had an open child welfare case.

Of particular interest to this study is whether there are different rates of crossover into the juvenile justice system for youth with higher trauma exposure. Figure 8 presents proportions of youth with juvenile justice system contact by type and trauma quartile (see Appendix Table B-9 for additional detail). In general, we observe the lowest rates of juvenile justice contacts for youth in the lowest quartile (Q1) of trauma exposure for arrest, detention, court, and probation. Frequency of crossover events is higher among the second, third, and fourth quartile of trauma exposure (relative to Q1) but the pattern is not linear. There is no significant pattern of frequency of juvenile corrections by level of trauma exposure. Rates of juvenile justice contact by age of youth and trauma quartile are displayed in life tables graphs for each type of juvenile justice contact in Appendix A (see supplemental Figures A1, A2, A3, A4 and A5.)

Figure 8. Juvenile Justice Contacts by Age 18 and Trauma Quartile

Survival analysis results

We use survival analysis to examine if these descriptive patterns persist once we account for other factors, including child characteristics, risks and strengths, type and duration of child welfare involvement, and community factors. Table 5 presents the final models, including all relevant covariates, for each type of juvenile justice contact. Trauma experiences are included in the model as a categorical variable with four values representing total average trauma experience scores by quartile. Table 6 presents the same models except that trauma experiences are captured by the individual item scores rather than the domain average to look for relationships between specific trauma types and crossover events. In all Cox regression tables the coefficients are presented as odds ratios, where values below one indicate a negative relationship (i.e., less likely) and values above one indicate a positive relationship (i.e., more likely) with the outcome variable. Coefficients very close to one indicate no evidence of a relationship (e.g., “zero” effect).



Note: Trauma experiences total average score by quartile (scored 0 to 3). Average trauma score Quartile 1 (0-25%) = 0.32; Quartile 2 (26-50%) = 0.58; Quartile 3 (51-75%) = 0.76; Quartile 4 (76%-100%) = 1.12.

Table 5. Cox Proportional Hazards Regression for Juvenile Justice by Age 18, Trauma Quartile

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Trauma Q2	1.377 (0.23)	0.939 (0.19)	1.315 (0.28)	1.387 (0.35)	0.627 (0.31)
Trauma Q3	1.002 (0.17)	0.720 (0.15)	0.742 (0.17)	0.779 (0.21)	0.663 (0.31)
Trauma Q4	0.910 (0.19)	0.985 (0.21)	0.736 (0.19)	0.715 (0.21)	0.842 (0.42)
Hispanic	0.712 (0.17)	0.770 (0.20)	0.438* (0.16)	0.475 (0.20)	1.591 (0.89)
Other race	0.808 (0.34)	0.637 (0.33)	0.348 (0.25)	0.235 (0.24)	0.748 (0.81)
White	0.573 (0.18)	0.671 (0.22)	0.619 (0.23)	0.523 (0.25)	0.317 (0.33)
Female	0.653*** (0.08)	0.319*** (0.05)	0.318*** (0.06)	0.298*** (0.06)	0.204*** (0.08)
Age at CANS assessment	0.909*** (0.03)	1.013 (0.03)	0.906* (0.04)	0.892* (0.04)	0.833 (0.08)
Urban Hardship Index (0-100)	1.004 (0.00)	0.999 (0.00)	1.000 (0.00)	0.998 (0.00)	0.996 (0.01)
Total out-of-home placements	1.035*** (0.01)	1.053*** (0.01)	1.040*** (0.01)	1.032*** (0.01)	1.043*** (0.01)
Age of first placement	1.019 (0.01)	1.027 (0.02)	1.043* (0.02)	1.042 (0.02)	1.069 (0.05)
Sexual abuse substantiated	0.823 (0.14)	0.780 (0.16)	0.798 (0.19)	0.649 (0.20)	0.455 (0.29)
Physical abuse substantiated	1.368* (0.18)	1.025 (0.15)	1.373 (0.23)	1.564* (0.31)	0.806 (0.29)
Neglect substantiated	1.065 (0.13)	0.780 (0.11)	0.962 (0.15)	1.019 (0.19)	1.049 (0.35)
Trauma stress symptoms (CANS)	0.820 (0.13)	0.679* (0.11)	1.113 (0.20)	1.214 (0.25)	0.769 (0.30)

Table 5, cont'd

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Risk behaviors (CANS)	0.875 (0.21)	2.345*** (0.56)	1.795* (0.49)	2.284* (0.74)	2.950* (1.60)
Behavioral/emotional needs (CANS)	2.286** (0.61)	1.711 (0.49)	2.165* (0.70)	1.212 (0.46)	1.985 (1.35)
Strengths (CANS)	1.086 (0.16)	0.943 (0.16)	1.003 (0.19)	1.147 (0.25)	1.186 (0.48)
Life domain functioning (CANS)	0.807 (0.19)	1.592 (0.39)	0.827 (0.23)	1.045 (0.34)	1.282 (0.77)
Observations	1,633	1,633	1,633	1,633	1,633

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Notes: Exponentiated coefficients

Reference group for Trauma = Q1; race/ethnicity = Black/African American. Indicator variables for year of birth 1996-2002 are included but not shown in all models.

Table 6. Cox Proportional Hazards Regression for Juvenile Justice by Age 18, Trauma Items

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Trauma: Sexual abuse	0.994 (0.08)	0.907 (0.08)	1.099 (0.11)	1.017 (0.12)	0.899 (0.21)
Trauma: Physical abuse	0.974 (0.08)	0.950 (0.09)	1.025 (0.11)	1.007 (0.12)	0.855 (0.20)
Trauma: Emotional abuse	1.055 (0.09)	1.053 (0.10)	0.962 (0.11)	1.050 (0.14)	1.035 (0.26)
Trauma: Neglect	0.880 (0.06)	0.904 (0.08)	0.929 (0.09)	1.038 (0.11)	0.778 (0.16)
Trauma: Medical trauma	0.939 (0.09)	0.999 (0.10)	0.918 (0.11)	0.877 (0.13)	0.880 (0.24)
Trauma: Family violence	0.925 (0.07)	0.846* (0.07)	0.769** (0.07)	0.732** (0.08)	0.936 (0.20)
Trauma: Community violence	1.133 (0.10)	1.099 (0.11)	1.289* (0.14)	1.284* (0.16)	1.465 (0.32)

Table 6, cont'd

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Trauma: School violence	1.032 (0.12)	1.295* (0.16)	1.077 (0.15)	1.227 (0.19)	1.066 (0.29)
Trauma: Traumatic grief/separation	1.046 (0.08)	0.981 (0.09)	0.982 (0.10)	0.976 (0.11)	0.805 (0.18)
Trauma: Witness/victim to crime	0.990 (0.08)	1.150 (0.10)	0.993 (0.11)	0.906 (0.12)	1.172 (0.26)
Hispanic	0.702 (0.16)	0.787 (0.21)	0.452* (0.17)	0.504 (0.21)	1.533 (0.87)
Other race	0.902 (0.38)	0.795 (0.42)	0.467 (0.34)	0.320 (0.32)	1.002 (1.07)
White	0.591 (0.19)	0.716 (0.23)	0.705 (0.27)	0.646 (0.31)	0.347 (0.37)
Female	0.660** (0.09)	0.360*** (0.06)	0.322*** (0.06)	0.320*** (0.07)	0.258** (0.11)
Age at CANS assessment	0.902*** (0.03)	0.995 (0.03)	0.891** (0.03)	0.880** (0.04)	0.826* (0.07)
Urban Hardship Index (0-100)	1.004 (0.00)	0.999 (0.00)	0.999 (0.00)	0.997 (0.00)	0.997 (0.01)
Total out-of-home placements	1.035*** (0.01)	1.051*** (0.01)	1.041*** (0.01)	1.030*** (0.01)	1.040** (0.01)
Age of first placement	1.022 (0.01)	1.025 (0.02)	1.049* (0.02)	1.049* (0.02)	1.039 (0.05)
Sexual abuse substantiated	0.821 (0.15)	0.884 (0.19)	0.754 (0.19)	0.643 (0.20)	0.603 (0.40)
Physical abuse substantiated	1.348* (0.18)	1.093 (0.17)	1.342 (0.23)	1.612* (0.33)	0.891 (0.34)
Neglect substantiated	1.149 (0.15)	0.836 (0.13)	1.011 (0.17)	0.998 (0.19)	1.064 (0.37)
Trauma stress symptoms (CANS)	0.820 (0.13)	0.709* (0.12)	1.095 (0.20)	1.186 (0.25)	0.862 (0.35)
Risk behaviors (CANS)	0.826 (0.20)	2.285*** (0.57)	1.515 (0.44)	2.066* (0.71)	2.270 (1.35)
Behavioral/emotional needs (CANS)	2.247** (0.61)	1.791* (0.53)	2.309* (0.76)	1.258 (0.50)	2.264 (1.55)

Table 6, cont'd

Strengths (CANS)	1.089 (0.17)	0.944 (0.17)	1.039 (0.20)	1.112 (0.26)	1.446 (0.63)
Life domain functioning (CANS)	0.767 (0.19)	1.314 (0.34)	0.634 (0.18)	0.810 (0.28)	0.863 (0.54)
Observations	1633	1633	1633	1633	1633

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Notes: Exponentiated coefficients

All trauma items scored 0 – 3. Reference group for race/ethnicity = Black/African American. Indicator variables for year of birth 1996-2002 are included but not shown in all models.

We expect youth with more extensive child welfare system involvement to be at higher risk of juvenile justice involvement given the combination of circumstances and experiences that have resulted in and from being placed in out-of-home care. In this study, the number of out-of-home placements correlates with an increased probability of all five types of juvenile justice system involvement. Specifically, one additional placement increases the risk of a juvenile justice system contact by 3 to 5%. We found that substantiated instances of physical abuse related to probability of crossover; however, these findings are not consistent across models. Having an instance of substantiated physical abuse is related to an increased probability of arrest (37% increased risk) and probation (56% increased risk).

In our data, young women have about a 35% lower risk of arrest, a 70% lower risk of detention, court filing, and probation, and an 80% lower risk of juvenile correction involvement, relative to young men. To investigate this issue we conducted gender-specific analyses and report those results in the Supplemental Analyses section.

We next discuss the Cox regression results as they relate to each study hypothesis.

Hypothesis 1: Controlling for youth characteristics, age of entry into the child welfare system, type/duration of child welfare system involvement, and community factors, the probability of youth entering the juvenile justice system will increase as the severity of trauma exposure (as measured by the CANS) increases.

We find no evidence for the hypothesis that greater total trauma exposure is related to increased probability of crossover. Level of trauma exposure, measured by quartile, has no significant relationship with arrests, detention, court filing, probation, and juvenile corrections in our models (see Table 5). We also input trauma exposure into the survival models using the individual item scores. Experiencing community violence correlates to about a 30% increased risk of both court filing and probation. Exposure to school violence correlates to a 30% increased risk of detention. Family violence, however, is associated with a decreased risk of detention (15% decreased risk), court filing (23% decreased risk), and probation (27% decreased risk).

Hypothesis 2: Controlling for youth characteristics, age of entry into the child welfare system, and type/duration of child welfare system involvement, the probability of youth entering the juvenile justice system will increase as the severity of community distress as measured by the Urban Hardship Index increases.

We find no evidence to support the hypothesis that increased community distress is related to crossover. Urban hardship is not correlated with any type of juvenile justice involvement in models for the full study cohort nor separately by gender. This is true when urban hardship was specified as a continuous variable (see Tables 5 and 6) and as indicator variables for hardship quartile (not shown). The study cohort does contain variation in urban hardship but that variation is relatively evenly dispersed by trauma exposure, meaning that we do not observe higher scores of urban hardship among youth with higher trauma exposure. Average urban hardship scores are similar across trauma quartiles (see Appendix Table B-8).

Hypothesis 3: Controlling for youth characteristics, age of entry into the child welfare system, type/duration of child welfare system involvement, and community factors, the probability of children and youth entering the juvenile justice system will increase as the severity of youth risks (as measured by the CANS risks, trauma stress symptoms, and behavioral/emotional needs domains) increases.

We find mixed evidence for the hypothesis that risks and related behaviors are related to crossover. Results vary by type of juvenile justice involvement. Risk behaviors are highly correlated with increased risk of detention, court filing, probation, and juvenile corrections. Additional models (not shown) with the individual risk items suggest that delinquency risk behavior is highly correlated with all types of system crossover. For youth without formal juvenile justice involvement, this item captures status offenses (e.g., truancy) and suspected criminal or delinquent behavior that may be precursors to formal juvenile justice involvement.

The behavioral/emotional needs domain score correlates to an increased risk of arrest and detention. Results of this domain score for other juvenile justice system contacts all suggest a positive relationship but are not statistically significant. Increased trauma stress symptom scores are related to a decreased risk for detention (32% decreased risk) but there are no significant results for other crossover events.

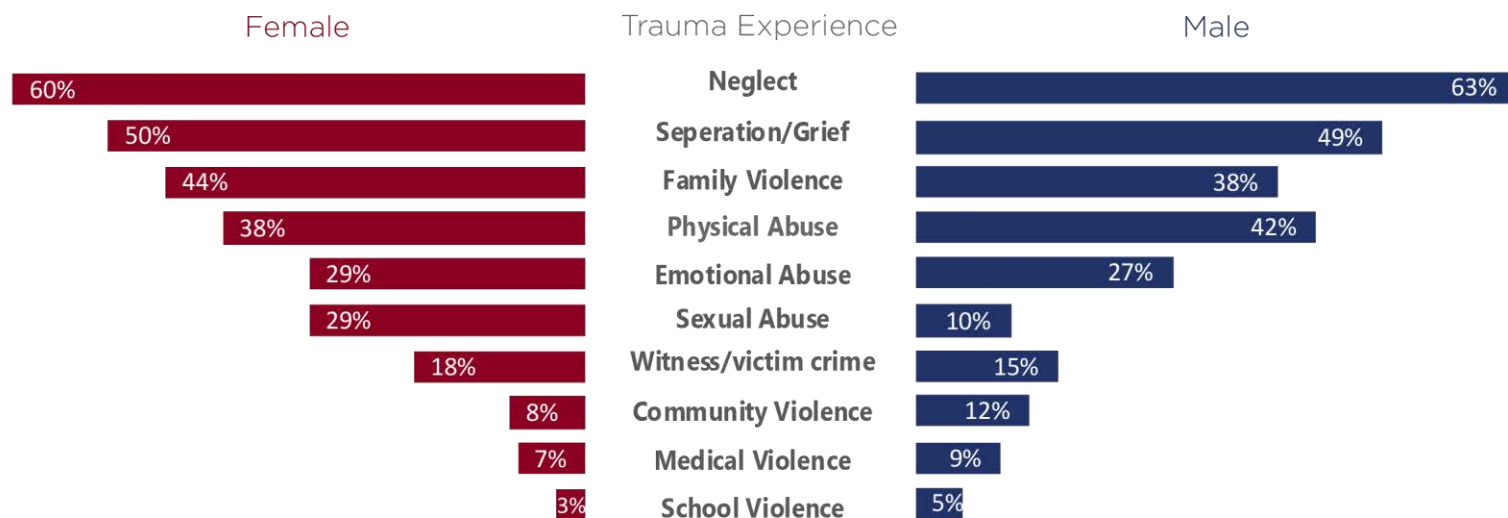
Hypothesis 4: Controlling for youth characteristics, age of entry into the child welfare system, type/duration of child welfare system involvement, and community factors, the probability of children and youth entering the juvenile justice system will increase as the number of strengths (as measured by the CANS strengths and life domain functioning domains) in a youth's life decreases.

We find no evidence for the hypothesis that decreased strengths as measured by the CANS are correlated with the likelihood of juvenile justice system involvement.

Supplemental analyses

We also investigate the relationship between trauma exposure and juvenile justice involvement by looking separately at young men and young women in the study cohort. To examine any key differences by gender for this study, we present descriptive statistics for trauma experiences, juvenile justice involvement, and results for separate Cox regression models by gender (see Figure 9).

Figure 9. CANS Trauma Experiences, by Gender

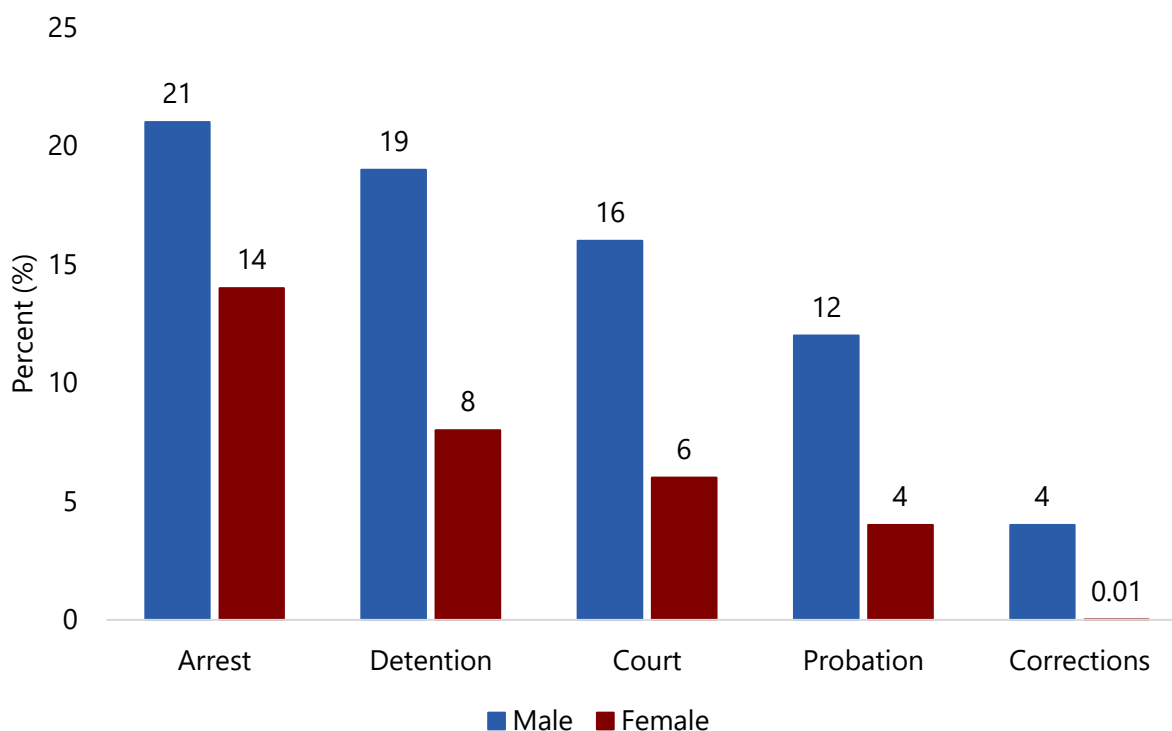


Note: CANS Trauma experiences are scored 0 to 3. This graph represents youth with a score between 2 and 3, indicating multiple incidents or a moderate degree of this type of trauma. Three additional items in the trauma experiences domain (natural or manmade disasters, affected by war, or affected by terrorism) are not shown due to fewer than 0.5% of youth reporting those experiences.

Given the emphasis on trauma in this report, we examine the patterns of trauma experiences by gender for any evidence of the role trauma might play in explaining observed gender differences in justice contacts. In the study cohort, males and females have similar levels of trauma exposure. Average trauma experience scores by gender are almost equivalent in the study cohort with 0.67 for females and 0.64 males (see Appendix Table B-10). There is variation by individual trauma experiences. Experiences of neglect, community violence, and school violence are more prevalent among young men while sexual abuse and family violence are more prevalent among young women (see Figure 9). Our finding of high rates of sexual abuse among system-involved girls is consistent with prior research (Belknap & Holsinger, 2006; Johansson & Kempf-Leonard, 2009; Kerig et al., 2010; Wareham & Dembo, 2007).

Patterns and rates of juvenile justice contacts are different for young men and young women. Among cohort youth, males are much more likely than females to experience juvenile justice events. Figure 10 shows stark differences by gender in the rates of juvenile justice contacts for all events (arrest, detention, court involvement, probation sentence, and juvenile corrections). The differential rates of juvenile justice contacts for males and females widens as the depth of system involvement increases, beginning with arrests and continuing through juvenile corrections. The disparate rates are likely the result of many societal- and system-level factors (see, for example, MacDonald & Chesney-Lind, 2001; Peck, Leiber, & Brubaker, 2014).

Figure 10. Juvenile Justice Contacts by Age 18, by Gender



For comparison with the main results, we conduct separate survival analyses by gender for trauma quartiles (Appendix Table B-12 for males and Table B-13 for females) and individual trauma experiences item scores (Appendix Table B-14 for males and Table B-15 for females).

For males, we observe no evidence of trauma exposure overall or particular trauma experiences correlating to the probability of crossover from child welfare into juvenile justice. Out-of-home placements are related to an increased probability of crossover (one additional placement is related to a 3 to 7% increased risk of juvenile justice events) and older age at first placement (one additional year of age related to a 5 to 7% increased risk of arrest, detention, court, and probation). A history of substantiated physical abuse is related to increased risk of

arrest (54%), detention (65%), and probation (70%). CANS risk behaviors highly correlated with detention, court filing, and probation.

For females, having total trauma exposure in the second quartile is related to an increased risk of arrest relative to the lowest trauma quartile. However, there is no evidence of a relationship for other levels of trauma exposure or other juvenile justice events. Among the individual trauma experiences, exposure to community violence is associated with increased risk of court filing and probation. Similar to males, the number of out-of-home placement is related to an increased probability of crossover (one additional placement is related to a 3 to 5% increased risk of juvenile justice events). The only other significant factor for females is the behavioral/emotional needs domain. This domain correlates to an increased risk of arrest and court filing. Coefficients for detention and probation are similar but not statistically significant.

Discussion

Summary of results

In this study, we examined four hypotheses about how the traumatic experiences of youth in the child welfare system relate to the risk of five types of juvenile justice involvement. We use a cohort of youth that have been involved in the child welfare system and observe these youth over time to identify if and when they experience a juvenile justice system contact, specifically an instance of arrest, detention, court involvement, probation sentence, or juvenile corrections before age 18.

Descriptively, study youth report significant exposure to traumatic experiences. The most common types of trauma relate to instances of child maltreatment (neglect, emotional abuse, and physical abuse). We observe significant rates of youth crossover. Seventeen percent of the cohort youth are arrested before age 18 and almost one in six youth have been held in secure detention. Fewer youth are referred to juvenile court, or sentenced to probation or juvenile corrections. We find the lowest rates of juvenile justice contacts among youth with the lowest levels of trauma exposure for arrest, detention, court, and probation. Frequency of crossover events is higher among youth with increased trauma exposure.

We use a survival analysis approach to assess the characteristics and timing associated with youth crossing over into the juvenile justice system and having particular types of juvenile justice system involvement. Child welfare history, number of out-of-home placements, and confirmed instances of physical abuse are related to increased risk of crossover into the juvenile justice system. Model results suggest cumulative trauma exposure, measured by the Child and Adolescent Needs and Strengths (CANS), does not add significantly to our understanding of the likelihood for juvenile justice contact once we account for observed youth characteristics, child welfare history (particularly, the number of out-of-home placements), and risks and strengths. These results are consistent with research conducted by Baglivio and colleagues, who find that traumatic childhood experiences do not have a direct effect on juvenile re-offending. However, they do find evidence of an indirect effect working through child welfare placements (Baglivio et al., 2016).

Specific trauma experiences of exposure to violence in the community and at school are related to an increased probability of some types of juvenile justice involvement. Exposure to family violence, however, is associated with a decreased risk of detention, court involvement, and probation. Risk behaviors, as measured by the CANS, are highly correlated with increased risk of detention, court filing, probation, and juvenile corrections. In particular, a high score on the delinquency risk behavior item is associated with all types of system crossover. We find no evidence that community factors, as measured by the Urban Hardship Index, or CANS strengths are associated with crossover events.

Males and females in the study cohort experience similar levels of trauma exposure, although the type of trauma differs. Girls experience increased rates of sexual abuse and boys experience increased rates of exposure to violence outside the home. Males have significantly higher levels of crossover into the juvenile justice system. In survival models for males, several dimensions of child welfare history and CANS risk behaviors relate to the probability of crossover. In survival models for females, the number of out-of-home placements, exposure to community violence, and CANS behavioral/emotional needs increase the probability of crossover.

Limitations

Study results should be interpreted in light of several important limitations of the data and study cohort. We use data from Chicago; those data are not necessarily representative of other parts of the United States. Findings from the analyses may be informative to other metropolitan areas. However, further studies would be needed to determine how accurate the results of this study are in other metropolitan contexts.

The data also inherently present some limitations. First, our data likely undercount arrests, as they only capture arrests made by the Chicago Police Department. Cohort youth arrested by other police departments in the Chicago area could be represented in the detention, court, and probation outcomes data (which cover all of Cook County), and the IDJJ data (which covers the state) but we do not observe the initial arrest. The arrest data also ends 3 months before the other sources of juvenile justice data (i.e., September 2017 instead of December 2017). Second, the CANS data have only been collected since 2007, which limits the time period for which analyses can be conducted (which means lower levels of internal validity). Specifically, we cannot observe a cohort of youth for whom the CANS would have been universally implemented at their first foster care placement (this would entail using children born after 2007, who would only be 10 years old at the end of the study period). Third, the CANS data is only collected for youth undergoing an intake for foster care placement. As a consequence, the youth in our sample are likely to have had one or more out-of-home foster care placements and an extensive child welfare history. Therefore, results are not generalizable to a broader child welfare population. Fourth, the data are time limited, in that youth younger than age 18 prior to the end of the study period (2017) may yet become involved in the juvenile justice system. Finally, overall, our sample size is such that we have limited power to estimate results, especially when predicting rare events like juvenile corrections and splitting the cohort by gender.

In addition to the limits imposed by using specific datasets, there are also the more general limits of using administrative data. Administrative data only contain information about activities recorded by administrative agencies, and not all relevant youth activities or circumstances may be recorded. Administrative data may also contain errors or omissions. Inconsistencies in the identifying information (e.g., names and birthdates) collected by the different agencies may have resulted in improper matching of youth records across the four administrative data sources.

While these limitations challenge the study results in terms of internal and external validity, the benefits of the data far outweigh the limitations. The data are geographically limited, but they represent one of the largest and most complex child welfare and juvenile justice systems in the country. Administrative data, though imperfect, are the most efficient and cost-effective way to capture the experiences of several thousand young people who have been in foster care.

Implications for practice and policy

Findings from this study could help inform policy and programming related to targeting services to children and youth in effective ways. The analyses provide evidence of the types of trauma experienced by youth who cross over from child welfare to the juvenile justice system. Identification of the association of particular trauma patterns, risks, or strengths, with the increased risk of juvenile justice system involvement, could lead the child welfare system to better target scarce resources at youth at pivotal junctures rather than creating blanket programs that cover all youth.

Youth with high numbers of out-of-home placements and those who are older at the time of their first placement appear to be at particular risk for crossover into the juvenile justice system. This was true for both young men and young women. This finding speaks to the importance of targeting child welfare resources to ensure placement stability, using strategies such as improved recruitment, matching, payment, foster parent training, wraparound services, and respite for all children. Such investments may be particularly important for older youth entering care. These youth typically experience a high rate of placement instability and multiple moves. Increased resources for utilization of intensive home-based wraparound services to prevent the initial foster care placement for older youth could also be helpful.

Trauma does not directly predict crossover in our analysis. However, the observed placement disruption may be a result of placements that are ill-equipped to handle youth dealing with trauma. Additionally, youth with highly disruptive traumatic experiences may demonstrate hyperarousal and related symptoms that are mistakenly interpreted as challenging behaviors. Providing service models that help minimize placement disruptions for youth who have experienced trauma could help reduce the risk of placement instability and juvenile justice involvement (see, for example, Treatment Foster Care Oregon (previously Multidimensional Treatment Foster Care) Eddy, Whaley, & Chamberlain, 2004; Leve & Chamberlain, 2005; Leve, Chamberlain, & Reid, 2005).

With regards to trauma experiences, results indicate that exposure to community and school violence may place youth at heightened risk for juvenile justice involvement. Perhaps not surprisingly, youth with a history of status offenses, or who are suspected of participation in criminal activity, are at increased risk of crossover events. For these youth, it is important to identify that risk and take action steps before behavior escalates.

Study findings highlight the importance of screening for trauma (as well as other emotional, behavioral, or mental health symptomology and risk behaviors) within each system (child

welfare and juvenile justice) and across touchpoints (e.g., detention, court, probation, corrections). Having tools that screen for different types of trauma may be important. At the time of youth entering the system, agency staff should be enabled to 'triage' those youth who have past experiences more highly associated with the risk of juvenile justice system involvement.

In addition to identifying trauma, there is a need to ensure that pertinent information about youth—such as trauma concerns or crossover events—is available to relevant agency staff as youth move across placements, programs, and agencies. It is also important for both systems to offer a diverse array of evidence-based, trauma-informed interventions so that, once identified, youth needs can be addressed.

Conclusion

In summary, this study aimed to explore the role of trauma experiences in the path of crossing over from the child welfare system into the juvenile justice system. Of specific interest was the combined impact of trauma, history of child welfare involvement, and additional child, family, and community factors. We examined these relationships in a cohort of foster care youth from the Chicago area for whom the Illinois child welfare agency collected information on trauma, risks, and strengths as part of their intake for foster care placement. In the study cohort, youth with higher trauma exposure have slightly higher rates of arrest, detention, court filing, and probation. Results of the survival models suggest that total level of trauma exposure is not related to likelihood of crossover once youth characteristics, child welfare history, and risks and strengths are accounted for in the model. There is evidence to suggest that some types of traumatic experiences—specifically, exposure to violence in the community and at school—may increase the risk for crossover juvenile justice involvement. Having a high number of out-of-home placements is another key factor associated with juvenile justice contact.

Trauma experiences are only one piece of a complicated puzzle contributing to crossover from child welfare to juvenile justice. Recognizing placement instability and the factors surrounding it as a key risk factor for crossover is important. Inquiring about youth's exposure to community and school violence could be a potential strategy for identifying youth at high risk for juvenile justice system involvement. That group could be targeted with interventions designed to help youth address any trauma from those experiences.

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Appendix A. Supplemental Figures

Figure 11. Life table of arrest before age 18 by trauma quartile

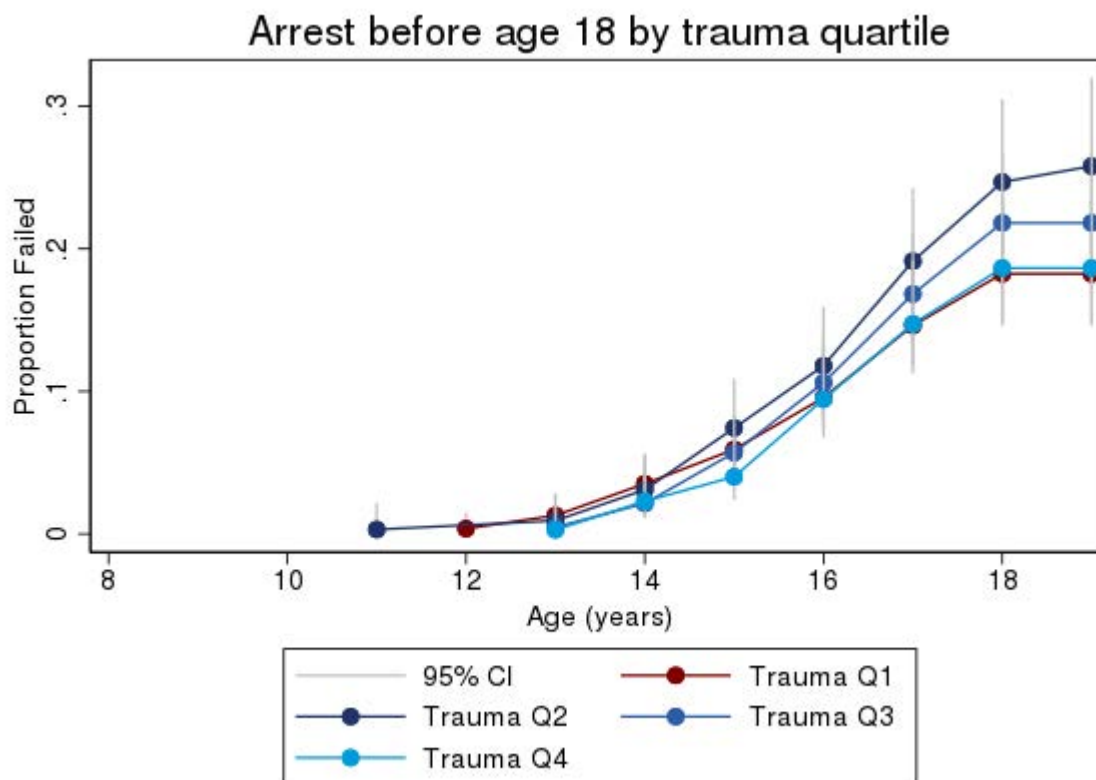


Figure 12. Life table of detention before age 18 by trauma quartile

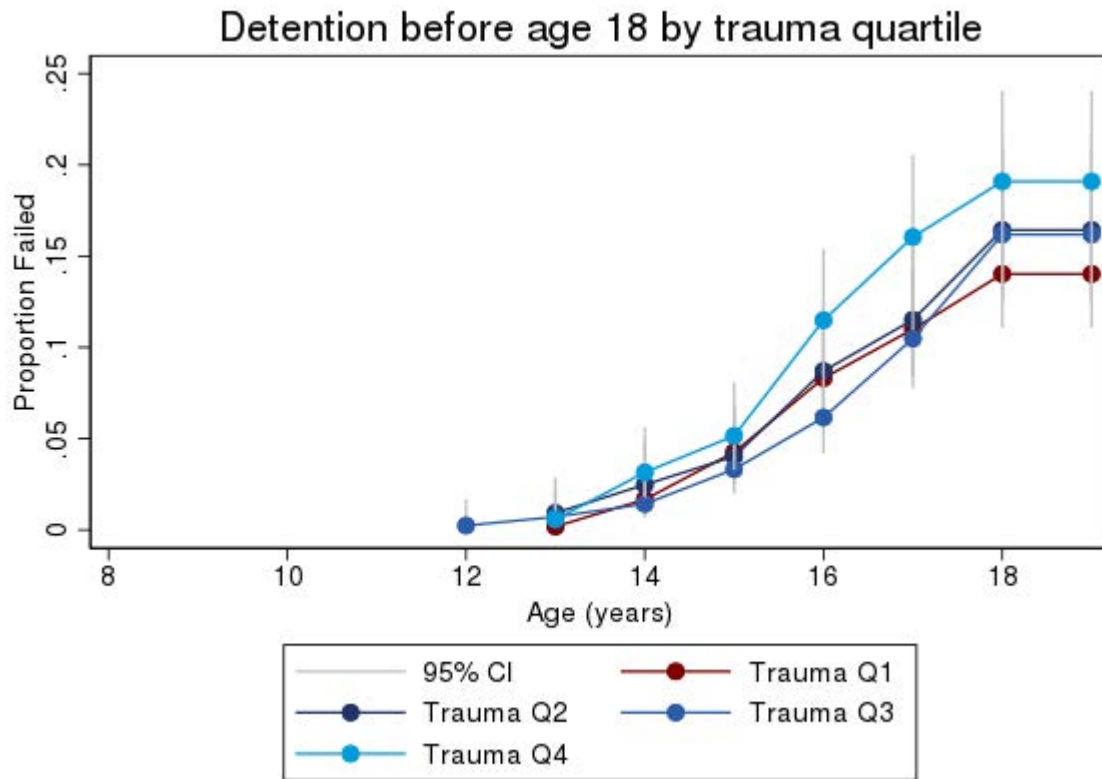


Figure 13. Life table of court before age 18 by trauma quartile

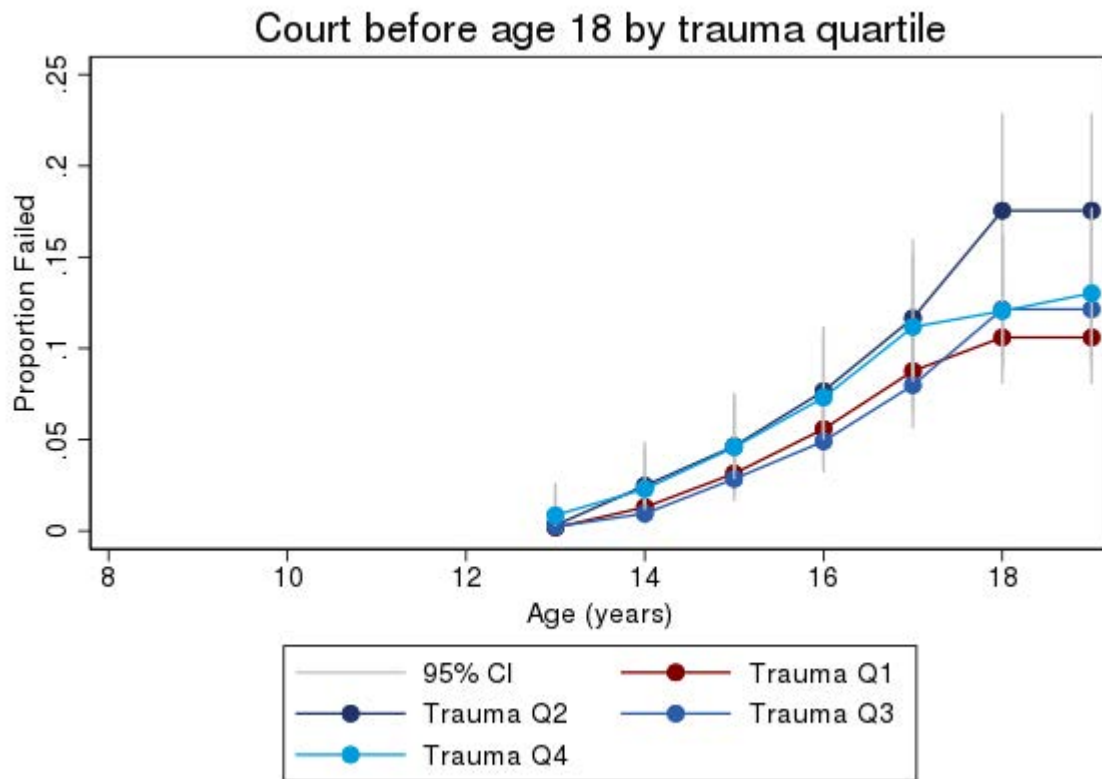


Figure 14. Life table of probation before age 18 by trauma quartile

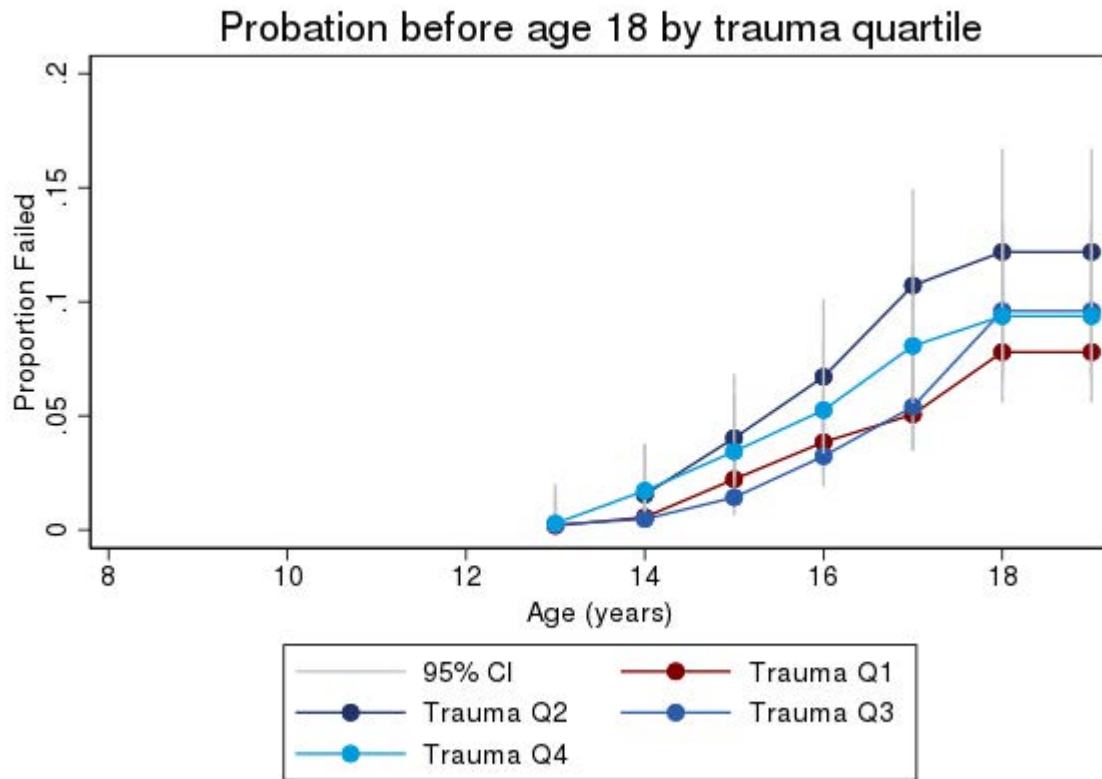
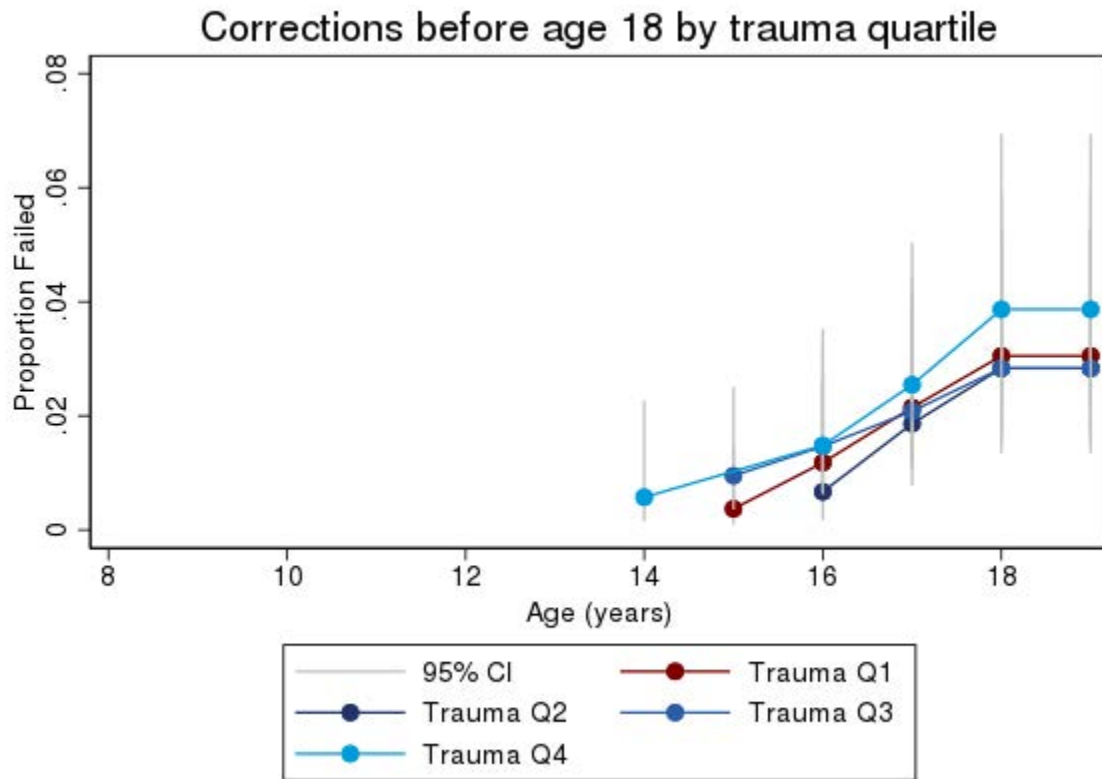


Figure 15. Life table of juvenile corrections before age 18 by trauma quartile



Appendix B. Supplemental Tables

Table B-1. Youth characteristics, cohort sample and Chicago, IL comparison

	Sample Cohort mean	sd	Chicago Comparison Mean	sd	Test of difference p-value
Female	0.52	(0.50)	0.49	(0.50)	0.191
African American	0.79	(0.40)	0.81	(0.40)	0.911
Hispanic	0.12	(0.32)	0.078	(0.27)	0.000
Other race	0.023	(0.15)	0.022	(0.15)	0.987
White	0.064	(0.24)	0.095	(0.29)	0.000
Born 1996 (age 18 in 2014)	0.14	(0.34)	0.22	(0.41)	0.000
Born 1997 (age 18 in 2015)	0.13	(0.34)	0.19	(0.39)	0.000
Born 1998 (age 18 in 2016)	0.15	(0.35)	0.17	(0.37)	0.452
Born 1999 (age 18 in 2017)	0.15	(0.35)	0.13	(0.33)	0.054
Born 2000 (age 18 in 2018)	0.15	(0.36)	0.11	(0.31)	0.000
Born 2001 (age 18 in 2019)	0.14	(0.35)	0.11	(0.31)	0.006
Born 2002 (age 18 in 2020)	0.15	(0.36)	0.090	(0.29)	0.000
Any investigations	0.97	(0.18)	0.76	(0.43)	0.000
Total investigations	5.15	(3.74)	1.99	(2.33)	0.000
Any substantiated investigations	0.83	(0.38)	0.66	(0.47)	0.000
Neglect substantiated	0.59	(0.49)	0.49	(0.50)	0.000
Physical abuse substantiated	0.46	(0.50)	0.37	(0.48)	0.000
Sexual abuse substantiated	0.20	(0.40)	0.040	(0.20)	0.000
Any out-of-home placements	0.97	(0.17)	0.71	(0.46)	0.000
Total out-of-home placements	7.45	(7.75)	1.93	(2.25)	0.000
Age of first placement	8.56	(5.06)	1.46	(3.22)	0.000
Observations	1633		18396		

Table B-2. Juvenile justice contacts by age, cohort sample and Chicago, IL comparison

	Sample Cohort mean	sd	Chicago Comparison mean	sd	Test of difference p-value
<i>JJ contact by age 14</i>					
Arrest by age 14	0.028	(0.17)	0.023	(0.15)	0.000
Detention by age 14	0.021	(0.14)	0.0019	(0.044)	0.000
Court by age 14	0.017	(0.13)	0.0051	(0.071)	0.000
Probation by age 14	0.0098	(0.099)	0.0022	(0.047)	0.000
Corrections by age 14	0.0012	(0.035)	0.00011	(0.010)	0.000
<i>JJ contact by age 16</i>					
Arrest by age 16	0.10	(0.30)	0.064	(0.24)	0.000
Detention by age 16	0.084	(0.28)	0.013	(0.12)	0.000
Court by age 16	0.060	(0.24)	0.028	(0.16)	0.000
Probation by age 16	0.045	(0.21)	0.016	(0.13)	0.000
Corrections by age 16	0.012	(0.11)	0.0020	(0.044)	
<i>JJ contact by age 18</i>					
Arrest by age 18	0.17	(0.47)	0.091	(0.29)	0.000
Detention by age 18	0.14	(0.42)	0.027	(0.16)	0.000
Court by age 18	0.11	(0.41)	0.047	(0.21)	0.000
Probation by age 18	0.078	(0.38)	0.031	(0.17)	0.000
Corrections by age 18	0.025	(0.22)	0.0061	(0.078)	0.000
<i>Age of first contact ^a</i>					
First arrest age	15.9	(2.11)	15.5	(2.12)	0.000
First detention age	16.1	(1.87)	16.0	(1.54)	0.002
First probation age	15.8	(1.39)	16.0	(1.27)	0.000
First court age	15.6	(1.45)	15.7	(1.30)	0.000
Corrections age	16.0	(1.29)	16.5	(1.07)	0.054
Observations	1633		18396		

^a Age of first contact reported for youth with at least one contact by that type prior to age 18.

Note: Chicago comparison group represents all youth known to IDCFS with Chicago residence born 1996-2002.

Table B-3. CANS Traumatic stress symptoms

	mean (0-3)	sd
Adjustment to trauma	1.50	(0.80)
Re-experiencing	0.68	(0.82)
Avoidance	0.90	(0.82)
Numbing	0.62	(0.78)
Dissociation	0.25	(0.53)
<i>Total average traumatic stress symptoms</i>	0.79	(0.53)
Observations	1633	

Table B-4. CANS Strengths

	mean (0-3)	sd
Family	1.61	(0.75)
Interpersonal skills	1.03	(0.79)
Educational setting	1.11	(0.92)
Vocational	1.12	(1.07)
Well-being	1.29	(0.76)
Optimism	1.01	(0.74)
Talents/interests	0.91	(0.81)
Spiritual/religious	0.93	(0.97)
Community life	1.18	(0.96)
Relationship permanence	1.44	(0.81)
<i>Total average strengths</i>	1.17	(0.54)
Observations	1633	

Note: Strength items are scored where 0 indicates a well-developed or centerpiece strength and 3 indicates an area with no current strength identified

Table B-5. CANS Risk behaviors

	mean (0-3)	sd
Suicide risk	0.32	(0.61)
Self-mutilation	0.19	(0.50)
Other self-harm	0.30	(0.63)
Danger to others	0.53	(0.78)
Sexual aggression	0.14	(0.47)
Runaway	0.43	(0.81)
Delinquency	0.21	(0.55)
Judgment	0.92	(0.93)
Fire setting	0.10	(0.39)
Social behavior	0.59	(0.78)
Sexually reactive behaviors	0.28	(0.62)
<i>Total average risk behaviors</i>	0.36	(0.39)
Observations	1633	

Table B-6. CANS Life domain functioning

	mean	sd
Family	1.47	(0.89)
Living situation	0.87	(0.92)
Social functioning	0.95	(0.86)
Developmental/intellectual	0.36	(0.69)
Recreational	0.69	(0.79)
Job functioning	1.67	(1.39)
Legal	0.17	(0.57)
Medical	0.47	(0.70)
Physical	0.20	(0.50)
Sexual development	0.27	(0.62)
School achievement	0.98	(0.95)
School attendance	0.58	(0.91)
<i>Total average life domain functioning</i>	0.67	(0.41)
Observations	1633	

Table B-7. CANS Behavioral/emotional needs

	mean	sd
Psychosis	0.16	(0.47)
Attention/impulse	0.86	(0.89)
Depression	1.30	(0.75)
Anxiety	1.05	(0.74)
Oppositional	0.74	(0.79)
Conduct	0.39	(0.67)
Substance abuse	0.23	(0.57)
Attachment	0.91	(0.83)
Eating disturbances	0.17	(0.48)
Affect dysregulation	0.68	(0.82)
Behavior regressions	0.21	(0.55)
Somatization	0.13	(0.41)
Anger control	0.97	(0.91)
<i>Total average behavioral/emotional needs</i>	0.60	(0.37)
Observations	1633	

Table B-8. Youth characteristics and child welfare history by trauma quartile

	Total mean	Trauma Q1 mean	Trauma Q2 mean	Trauma Q3 mean	Trauma Q4 mean
Female	0.52	0.50	0.50	0.51	0.56
African American	0.79	0.82	0.79	0.79	0.77
Hispanic	0.12	0.089	0.12	0.13	0.15
Other race	0.023	0.028	0.028	0.019	0.014
White	0.064	0.063	0.065	0.062	0.066
Urban hardship index (0-100)	63.9	62.7	62.1	66.3	64.6
Any investigations	0.97	0.96	0.96	0.97	0.97
Total investigations	5.15	4.48	5.18	4.98	6.34
Any substantiated investigations	0.83	0.78	0.83	0.86	0.86
Neglect substantiated	0.59	0.57	0.64	0.55	0.61
Physical abuse substantiated	0.46	0.38	0.39	0.53	0.57
Sexual abuse substantiated	0.20	0.14	0.16	0.21	0.30
Any out-of-home placements	0.97	0.97	0.97	0.97	0.97
Total out-of-home placements	7.45	6.67	7.06	8.11	8.22
Age of first placement	8.56	8.06	9.00	8.68	8.77
Observations	1633	540	323	421	349

Table B-9. Juvenile justice contacts by age 18 and age of first contact by trauma quartile

	Total mean	Trauma Q1 mean	Trauma Q2 mean	Trauma Q3 mean	Trauma Q4 mean
Arrest by age 18	0.17	0.15	0.21	0.18	0.16
Detention by age 18	0.14	0.12	0.14	0.13	0.17
Court by age 18	0.11	0.089	0.14	0.097	0.11
Probation by age 18	0.078	0.063	0.11	0.074	0.083
Corrections by age 18	0.025	0.024	0.022	0.024	0.032
First arrest age	15.9	15.9	15.8	16.0	16.0
First detention age	16.1	15.9	16.0	16.5	15.9
First court age	15.8	15.8	15.7	16.1	15.5
First probation age	15.6	15.5	15.7	15.9	15.3
First corrections age	16.0	16.1	16.5	15.8	15.8
Observations	1633	540	323	421	349

Table B-10. CANS Trauma experiences (scored 0-3), by gender

	Female mean	sd	Male mean	sd
Sexual abuse	0.81	(1.04)	0.34	(0.74)
Physical abuse	1.10	(0.95)	1.11	(0.98)
Emotional abuse	0.97	(0.90)	0.91	(0.87)
Neglect	1.60	(0.90)	1.67	(0.92)
Medical trauma	0.29	(0.65)	0.37	(0.72)
Family violence	1.21	(1.02)	1.08	(0.99)
Community violence	0.39	(0.67)	0.49	(0.76)
School violence	0.23	(0.49)	0.31	(0.57)
Natural or manmade disasters	0.034	(0.26)	0.039	(0.28)
Traumatic grief/separation	1.42	(0.86)	1.43	(0.83)
War affected	0.0036	(0.077)	0.0063	(0.12)
Terrorism affected	0.0012	(0.034)	0.0013	(0.036)
Witness/victim to criminal activity	0.63	(0.88)	0.58	(0.81)
<i>Total average trauma experiences</i>	0.67	(0.33)	0.64	(0.30)
Observations	842		1061	

Table B-11. Juvenile justice contacts by gender

	Total mean	Males mean	Females mean
<i>JJ contact by age 14</i>			
Arrest by age 14	0.028	0.039	0.018
Detention by age 14	0.021	0.034	0.0083
Court by age 14	0.017	0.025	0.0083
Probation by age 14	0.0098	0.016	0.0036
Corrections by age 14	0.0012	0.0013	0.0012
<i>JJ contact by age 16</i>			
Arrest by age 16	0.10	0.13	0.075
Detention by age 16	0.084	0.13	0.045
Court by age 16	0.060	0.092	0.030
Probation by age 16	0.045	0.072	0.020
Corrections by age 16	0.012	0.019	0.0059
<i>JJ contact by age 18</i>			
Arrest by age 18	0.17	0.21	0.14
Detention by age 18	0.14	0.19	0.084
Court by age 18	0.11	0.16	0.057
Probation by age 18	0.078	0.12	0.039
Corrections by age 18	0.025	0.042	0.0095
<i>Age at first contact^a</i>			
First arrest age	15.9	15.7	16.3
First detention age	16.1	15.9	16.4
First probation age	15.8	15.7	15.9
First court age	15.6	15.5	15.7
First corrections age	16.0	16.1	15.6
Observations	1633	791	842

^a Age of first contact reported for youth with at least one contact by that type prior to age 18.

Table B-12. Cox proportional hazards regression for juvenile justice by age 18, males

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Trauma Q2	1.118 (0.24)	0.915 (0.23)	1.239 (0.32)	1.288 (0.38)	0.476 (0.27)
Trauma Q3	0.750 (0.17)	0.607* (0.15)	0.655 (0.18)	0.766 (0.24)	0.453 (0.24)
Trauma Q4	0.806 (0.22)	0.924 (0.25)	0.867 (0.26)	0.819 (0.29)	0.643 (0.37)
Hispanic	0.736 (0.23)	0.891 (0.28)	0.628 (0.23)	0.662 (0.29)	2.491 (1.46)
Other race	0.848 (0.40)	0.734 (0.44)	0.202 (0.20)	0.281 (0.29)	0.000 (0.00)
White	0.421* (0.18)	0.644 (0.26)	0.570 (0.25)	0.400 (0.24)	0.403 (0.43)
Age at CANS assessment	0.871*** (0.03)	1.016 (0.04)	0.896* (0.04)	0.883* (0.05)	0.841 (0.09)
Urban Hardship Index (0-100)	1.003 (0.00)	1.003 (0.00)	0.997 (0.00)	0.996 (0.00)	0.995 (0.01)
Total out-of-home placements	1.032*** (0.01)	1.077*** (0.01)	1.043*** (0.01)	1.034** (0.01)	1.049*** (0.01)
Age of first placement	1.055** (0.02)	1.054** (0.02)	1.069** (0.02)	1.066* (0.03)	1.051 (0.05)
Sexual abuse substantiated	0.731 (0.19)	0.563* (0.16)	0.650 (0.20)	0.477 (0.19)	0.613 (0.40)
Physical abuse substantiated	1.543* (0.26)	1.409 (0.26)	1.647* (0.33)	1.713* (0.40)	1.015 (0.45)
Neglect substantiated	0.919 (0.15)	0.775 (0.13)	0.827 (0.15)	0.873 (0.19)	0.958 (0.36)
Trauma stress symptoms (CANS)	0.875 (0.17)	0.823 (0.16)	1.086 (0.22)	1.220 (0.28)	0.646 (0.30)
Risk behaviors (CANS)	0.957 (0.29)	2.300** (0.64)	1.936* (0.62)	2.982** (1.11)	3.107 (1.86)
Behavioral/emotional needs (CANS)	2.198* (0.79)	1.541 (0.55)	1.900 (0.75)	1.022 (0.47)	1.757 (1.37)
Strengths (CANS)	0.945 (0.18)	1.030 (0.22)	0.957 (0.21)	1.059 (0.27)	1.325 (0.59)
Life domain functioning (CANS)	0.757 (0.24)	1.602 (0.48)	0.842 (0.28)	0.902 (0.35)	1.694 (1.18)
Observations	791	791	791	791	791

Exponentiated coefficients

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Note: Reference group for Trauma = Q1; race/ethnicity = Black/African American. Indicator variables for year of birth 1996-2002 are included but not shown in all models.

Table B-13. Cox proportional hazards regression for juvenile justice by age 18, females

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Trauma Q2	2.064*	1.028	1.491	1.647	---
	(0.58)	(0.38)	(0.63)	(0.84)	---
Trauma Q3	1.708	0.989	0.958	0.762	---
	(0.48)	(0.36)	(0.42)	(0.42)	---
Trauma Q4	1.123	0.901	0.406	0.436	---
	(0.38)	(0.36)	(0.23)	(0.28)	---
Hispanic	0.799	0.627	0.000	0.000	---
	(0.29)	(0.31)	(0.00)	(0.00)	---
Other race	0.540	0.216	0.897	0.000	---
	(0.55)	(0.26)	(0.97)	(0.00)	---
White	0.954	1.059	1.094	1.255	---
	(0.46)	(0.58)	(0.82)	(0.98)	---
Age at CANS assessment	0.968	0.985	0.945	0.953	---
	(0.04)	(0.06)	(0.07)	(0.08)	---
Urban Hardship Index (0-100)	1.006	0.993	1.013	1.006	---
	(0.00)	(0.00)	(0.01)	(0.01)	---
Total out-of-home placements	1.042***	1.041***	1.048***	1.035**	---
	(0.01)	(0.01)	(0.01)	(0.01)	---
Age of first placement	0.969	1.008	1.003	1.003	---
	(0.02)	(0.03)	(0.03)	(0.04)	---
Sexual abuse substantiated	0.848	0.996	0.970	1.034	---
	(0.21)	(0.32)	(0.38)	(0.50)	---
Physical abuse substantiated	1.120	0.675	0.851	1.229	---
	(0.22)	(0.18)	(0.27)	(0.47)	---
Neglect substantiated	1.347	0.813	1.454	1.728	---
	(0.28)	(0.21)	(0.48)	(0.72)	---
Trauma stress symptoms (CANS)	0.651	0.489*	1.138	0.981	---
	(0.17)	(0.15)	(0.42)	(0.43)	---
Risk behaviors (CANS)	0.671	2.554*	1.490	0.997	---
	(0.27)	(1.21)	(0.88)	(0.73)	---
Behavioral/emotional needs (CANS)	3.326**	1.589	3.498*	2.463	---
	(1.47)	(0.87)	(2.20)	(1.86)	---
Strengths (CANS)	1.491	0.751	1.565	1.791	---
	(0.38)	(0.25)	(0.63)	(0.90)	---
Life domain functioning (CANS)	0.810	2.764*	0.560	1.313	---
	(0.29)	(1.20)	(0.32)	(0.88)	---
Observations	842	842	842	842	

Exponentiated coefficients

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Note: Corrections is too rare an outcome among females to generate meaningful regression estimates. Reference group for Trauma = Q1; race/ethnicity = Black/African American. Indicator variables for year of birth 1996-2002 are included but not shown in all models.

Table B-14. Cox proportional hazards regression for juvenile justice by age 18, trauma items, males

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Trauma: Sexual abuse	0.969 (0.12)	0.889 (0.11)	1.163 (0.14)	1.149 (0.16)	0.732 (0.21)
Trauma: Physical abuse	0.953 (0.10)	0.924 (0.11)	0.999 (0.12)	0.996 (0.14)	0.853 (0.24)
Trauma: Emotional abuse	1.020 (0.12)	1.082 (0.13)	0.908 (0.12)	0.944 (0.15)	1.025 (0.30)
Trauma: Neglect	0.970 (0.09)	0.939 (0.10)	1.016 (0.11)	1.134 (0.14)	0.726 (0.17)
Trauma: Medical trauma	0.921 (0.12)	0.922 (0.12)	0.919 (0.13)	0.904 (0.15)	0.572 (0.22)
Trauma: Family violence	0.884 (0.09)	0.824 (0.09)	0.871 (0.10)	0.794 (0.10)	0.841 (0.21)
Trauma: Community violence	1.015 (0.12)	1.061 (0.12)	1.164 (0.15)	1.080 (0.16)	1.252 (0.33)
Trauma: School violence	1.177 (0.18)	1.188 (0.18)	1.084 (0.18)	1.339 (0.24)	1.326 (0.40)
Trauma: Traumatic grief/separation	0.941 (0.10)	1.013 (0.11)	1.001 (0.12)	0.928 (0.13)	0.698 (0.18)
Trauma: Witness/victim to crime	0.966 (0.11)	1.129 (0.13)	0.922 (0.12)	0.825 (0.13)	1.024 (0.28)
Hispanic	0.734 (0.23)	0.890 (0.28)	0.652 (0.24)	0.719 (0.31)	2.274 (1.39)
Other race	0.984 (0.48)	0.875 (0.53)	0.230 (0.23)	0.321 (0.33)	0.000 (0.00)
White	0.439 (0.19)	0.646 (0.27)	0.623 (0.28)	0.491 (0.30)	0.497 (0.55)
Age at CANS assessment	0.857*** (0.03)	0.993 (0.04)	0.881** (0.04)	0.865** (0.05)	0.821 (0.09)
Urban Hardship Index (0-100)	1.003 (0.00)	1.003 (0.00)	0.996 (0.00)	0.996 (0.00)	0.998 (0.01)
Total out-of-home placements	1.031*** (0.01)	1.070*** (0.01)	1.043*** (0.01)	1.034** (0.01)	1.042* (0.02)
Age of first placement	1.059** (0.02)	1.049* (0.02)	1.077** (0.03)	1.082** (0.03)	1.021 (0.05)
Sexual abuse substantiated	0.749 (0.20)	0.702 (0.21)	0.599 (0.19)	0.427* (0.18)	1.101 (0.78)
Physical abuse substantiated	1.578* (0.29)	1.418 (0.27)	1.612* (0.34)	1.860* (0.45)	1.267 (0.59)
Neglect substantiated	0.919 (0.16)	0.803 (0.14)	0.827 (0.16)	0.802 (0.18)	0.882 (0.35)

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Trauma stress symptoms (CANS)	0.924 (0.18)	0.862 (0.17)	1.131 (0.23)	1.314 (0.31)	0.809 (0.37)
Risk behaviors (CANS)	0.921 (0.29)	2.437** (0.71)	1.725 (0.58)	2.524* (0.99)	2.701 (1.87)
Behavioral/emotional needs (CANS)	2.242* (0.82)	1.552 (0.57)	1.999 (0.80)	1.060 (0.50)	1.598 (1.26)
Strengths (CANS)	0.935 (0.18)	1.032 (0.22)	0.931 (0.21)	0.991 (0.26)	1.733 (0.86)
Life domain functioning (CANS)	0.703 (0.23)	1.292 (0.41)	0.724 (0.26)	0.837 (0.34)	1.356 (1.01)
Observations	791	791	791	791	791

Exponentiated coefficients

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Note: All trauma items scored 0 – 3. Reference group for race/ethnicity = Black/African American.

Indicator variables for year of birth 1996-2002 are included but not shown in all models.

Table B-15. Cox proportional hazards regression for juvenile justice by age 18, trauma items, females

	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Trauma: Sexual abuse	0.923 (0.11)	1.024 (0.15)	0.936 (0.17)	0.723 (0.16)	---
Trauma: Physical abuse	0.996 (0.13)	0.967 (0.18)	1.056 (0.22)	1.022 (0.27)	---
Trauma: Emotional abuse	1.128 (0.16)	1.026 (0.20)	1.171 (0.27)	1.488 (0.43)	---
Trauma: Neglect	0.784* (0.09)	0.846 (0.14)	0.733 (0.14)	0.766 (0.19)	---
Trauma: Medical trauma	0.966 (0.15)	1.062 (0.20)	0.770 (0.22)	0.561 (0.22)	---
Trauma: Family violence	0.942 (0.10)	0.879 (0.13)	0.569** (0.11)	0.523** (0.12)	---
Trauma: Community violence	1.281 (0.19)	1.074 (0.22)	1.737* (0.38)	2.067** (0.52)	---
Trauma: School violence	1.007 (0.21)	1.487 (0.35)	1.026 (0.31)	0.962 (0.33)	---
Trauma: Traumatic grief/separation	1.197 (0.15)	0.888 (0.15)	0.956 (0.19)	1.178 (0.29)	---
Trauma: Witness/victim to crime	1.004 (0.12)	1.151 (0.18)	1.078 (0.21)	1.023 (0.25)	---
Hispanic	0.741 (0.27)	0.643 (0.32)	0.000 (0.00)	0.000 (0.00)	---
Other race	0.468 (0.48)	0.264 (0.31)	1.214 (1.34)	0.000 (0.00)	---
White	0.950 (0.46)	1.170 (0.66)	1.357 (1.06)	1.293 (1.10)	---
Age at CANS assessment	0.955 (0.04)	0.979 (0.06)	0.907 (0.07)	0.909 (0.08)	---
Urban Hardship Index (0-100)	1.006 (0.00)	0.992 (0.00)	1.011 (0.01)	1.002 (0.01)	---
Total out-of-home placements	1.044*** (0.01)	1.044*** (0.01)	1.051*** (0.01)	1.035* (0.01)	---
Age of first placement	0.981 (0.02)	1.006 (0.03)	1.028 (0.04)	1.036 (0.04)	---
Sexual abuse substantiated	0.898 (0.24)	0.983 (0.33)	0.934 (0.41)	1.155 (0.62)	---
Physical abuse substantiated	1.152 (0.24)	0.736 (0.21)	0.930 (0.32)	1.478 (0.60)	---
Neglect substantiated	1.551* (0.33)	0.902 (0.25)	1.669 (0.57)	1.879 (0.82)	---
Trauma stress symptoms (CANS)	0.664	0.473*	1.030	0.964	---

Chapin Hall at the University of Chicago
2018 report prepared for OJJDP

Youth Trauma Experiences and the Path from the Child
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	Arrest	Detention	Court	Probation	Corrections
	b/se	b/se	b/se	b/se	b/se
Risk behaviors (CANS)	(0.17) 0.647	(0.16) 1.970	(0.41) 1.123	(0.46) 1.056	---
Behavioral/emotional needs (CANS)	(0.27) 2.784*	(0.99) 1.738	(0.72) 3.135	(0.80) 1.709	---
Strengths (CANS)	(1.24) 1.547	(0.98) 0.723	(2.05) 1.560	(1.39) 1.625	---
Life domain functioning (CANS)	(0.40) 0.780	(0.25) 2.692*	(0.65) 0.475	(0.82) 1.048	---
	(0.30)	(1.20)	(0.30)	(0.78)	---
Observations	842	842	842	842	

Exponentiated coefficients

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Note: All trauma items scored 0 – 3. Corrections is too rare an outcome among females to generate meaningful regression estimates. Reference group for Trauma = Q1; race/ethnicity = Black/African American. Indicator variables for year of birth 1996-2002 are included but not shown in all models.

Appendix C. Illinois CANS Manual

5/1/2005

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

**COMPREHENSIVE ASSESSMENT
For**

Illinois Department of Children and Family Services

Manual

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CHILD AND ADOLESCENT NEEDS AND STRENGTHS

A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. For more information about alternative versions of the CANS to use please contact Melanie Lyons of the Foundation. For more information on the **CANS-Comprehensive IDCFS** assessment tool contact:

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CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Child's Name: _____ **DOB** _____ **Gender** _____ **Race/Ethnicity** _____

Please check appropriate use: ☐ Initial ☐ Reassessment **Date of this Assessment:** _____

☐ Transition/Discharge

Medicaid Number: _____ **DCFS ID:** _____

Current Living Situation: _____

Assessor (Print Name): _____ **Agency:** _____

Signature of Assessor: _____ **Phone:** _____

KEY: 0 = no evidence or no reason to believe that the rated item requires any action.
 1 = a need for watchful waiting, monitoring or possibly preventive action.
 2 = a need for action. Some strategy is needed to address the problem/need.
 3 = a need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.

Trauma Experiences

	0	1	2	3		0	1	2	3
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	School Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Natural or manmade disasters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Traumatic Grief/Separation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	War Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Terrorism Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Witness to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

Traumatic Stress Symptoms

	0	1	2	3	NA
Adj. to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Re-experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CHILD STRENGTHS

0=centerpiece
 1=useful
 2=identified
 3=not yet identified

	0	1	2	3	NA		0	1	2	3	NA
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

LIFE DOMAIN FUNCTIONING

	0	1	2	3	NA
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Job Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

LIFE DOMAIN FUNCTIONING

	0	1	2	3	NA
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCULTURATION

	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS

	0	1	2	3	NA
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attention/Impulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Affect Dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Behavioral Regression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Somatization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS

	0	1	2	3	NA
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self Mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Required if child is less than 5 years old or if any of these are relevant needs regardless of age:

	0	1	2	3	NA
Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to Thrive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0	1	2	3	NA
Labor & Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Sibling Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Required if a youth is 18 years or older or if any of these are relevant needs regardless of the youth's age:

	0	1	2	3
Independent Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0	1	2	3
Intimate Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

CAREGIVER NEEDS & STRENGTHS (parents, relatives and prospective adoptive parents)

Caregiver Name(s): _____

Caregiver Relationship/s to child: _____

	0	1	2	3		0	1	2	3
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Marital/Partner Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Posttraumatic Reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER NEEDS & STRENGTHS (parents, relatives and prospective adoptive parents)

Caregiver Name(s): _____

Caregiver Relationship/s to child: _____

	0	1	2	3		0	1	2	3
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Marital/Partner Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Posttraumatic Reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CODING DEFINITIONS & GUIDELINES

TRAUMA EXPERIENCES

These ratings are made based on lifetime exposure of trauma

For **Trauma Experiences**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any trauma of this type.
- 1** indicates a dimension where a single even trauma occurred or suspicion exists of trauma experiences.
- 2** indicates a dimension on which the child has experienced multiple traumas.
- 3** indicates a dimension describes repeated and severe trauma with medical and physical consequences.

SEXUAL ABUSE

This rating describes child's experience of sexual abuse or the impact of the abuse on child's functioning.

- 0** **There is no evidence that child has experienced sexual abuse.**
- 1** **Child has experienced single incident sexual abuse with no penetration.**
- 2** **Child has experienced multiple incidents of sexual abuse without penetration or a single incident of penetration.**
- 3** **Child has experienced severe, chronic sexual abuse that could include penetration or associated physical injury.**

PHYSICAL ABUSE

This rating describes the degree of severity of the child physical abuse.

- 0** **There is no evidence that child has experienced physical abuse.**
- 1** **There is a suspicion that child has experienced physical abuse but no confirming evidence. Spanking without physical harm or intention to commit harm also qualifies.**
- 2** **Child has experienced a moderate level of physical abuse and/or repeated forms of physical punishment (e.g., hitting, punching).**
- 3** **Child has experienced severe and repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment.**

EMOTIONAL ABUSE

This rating describes the degree of severity of emotional abuse, including verbal and nonverbal forms.

- 0** **There is no evidence that child has experienced emotional abuse.**
- 1** **Child has experienced mild emotional abuse. For instance, child may experience some insults or is occasionally referred to in a derogatory manner by caregivers.**
- 2** **Child has experienced moderate degree of emotional abuse. For instance, child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.**
- 3** **Child has experienced significant emotional abuse over an extended period of time (at least one year). For instance, child is completely ignored by caregivers, or threatened/terrorized by others.**

NEGLECT

This rating describes the degree of severity of neglect.

- 0** **There is no evidence that child has experienced neglect.**
- 1** **Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child.**
- 2** **Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.**
- 3** **Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.**

MEDICAL TRAUMA

This rating describes the degree of severity of medical trauma.

- 0** **There is no evidence that child has experienced any medical trauma.**
- 1** **Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).**
- 2** **Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.**
- 3** **Child has experienced life threatening medical trauma.**

WITNESS TO FAMILY VIOLENCE

This rating describes the degree of severity of exposure to family violence.

- 0** **There is no evidence that child has witnessed family violence.**
- 1** **Child has witnessed one episode of family violence.**
- 2** **Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.**
- 3** **Child has witnessed repeated and severe episode of family violence or has had to intervene in episodes of family violence. Significant injuries have occurred and have been witnessed by the child as a direct result of the violence.**

COMMUNITY VIOLENCE

This rating describes the degree of severity of exposure to community violence.

- 0** **There is no evidence that child has witnessed or experienced violence in the community.**
- 1** **Child has witnessed occasional fighting or other forms of violence in the community. Child has not been directly impacted by the community violence (e.g., violence not directed at self, family, or friends) and exposure has been limited.**
- 2** **Child has witnessed the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence/criminal activity that was not life threatening, or has witnessed/experienced chronic or ongoing community violence.**
- 3** **Child has witnessed or experienced the death of another person in his/her community as a result of violence, or is the direct victim of violence/criminal activity in the community that was life threatening, or has experienced chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).**

SCHOOL VIOLENCE

This rating describes the degree of severity of exposure to community violence.

- 0** **There is no evidence that child has witnessed violence in the school setting.**
- 1** **Child has witnessed occasional fighting or other forms of violence in the school setting. Child has not been directly impacted by the violence (e.g., violence not directed at self or close friends) and exposure has been limited.**
- 2** **Child has witnessed the significant injury of others in his/her school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury, or has witnessed ongoing/chronic violence in the school setting.**
- 3** **Child has witnessed the death of another person in his/her school setting, or has had friends who were seriously injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to significant injury or lasting impact.**

NATURAL OR MANMADE DISASTERS

This rating describes the degree of severity of exposure to either natural or man-made disasters.

- 0** **There is no evidence that child has been exposed to natural or man-made disasters.**
- 1** **Child has been exposed to disasters second hand (i.e., on television, hearing others discuss disasters). This would include second hand exposure to natural disasters such as a fire or earthquake or man-made disaster, including car accident, plane crashes, or bombings.**
- 2** **Child has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a child may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down.**
- 3** **Child has been directly exposed to a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g., house burns down, caregiver loses job).**

TRAUMATIC GRIEF/SEPARATION

This rating describes the level of traumatic grief due to death or loss or separation from significant caregivers.

- 0** **There is no evidence that child has experienced traumatic grief or separation from significant caregivers.**
- 1** **Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation.**
- 2** **Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs function in certain but not all areas. This could include withdrawal or isolation from others.**
- 3** **Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation.**

WAR AFFECTED

This rating describes the degree of severity of exposure to war, political violence, or torture. Violence or trauma related to Terrorism is not included here.

- 0** **There is no evidence that child has been exposed to war, political violence, or torture.**
- 1** **Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war, or both. This does not include children who have lost one or both parents during the war.**
- 2** **Child has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.**
- 3** **Child has experienced the direct affects of war. Child may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas or other combatants in their home countries.**

TERRORISM AFFECTED

This rating describes the degree to which a child has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

- 0** **There is no evidence that child has been affected by terrorism or terrorist activities.**
- 1** **Child's community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. child lives close enough to site of terrorism that they may have visited before or child recognized the location when seen on TV, but child's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.**
- 2** **Child has been affected by terrorism within his/her community, but did not directly witness the attack. Child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child's daily life may be disrupted due to attack (e.g. utilities or school), and child may see signs of the attack in neighborhood (e.g. destroyed building). Child may know people who were injured in the attack.**
- 3** **Child has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.**

WITNESS/VICTIM TO CRIMINAL ACTIVITY

This rating describes the degree of severity of exposure to criminal activity.

- 0** **There is no evidence that child has been victimized or witnessed significant criminal activity.**
- 1** **Child is a witness of significant criminal activity.**
- 2** **Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.**
- 3** **Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.**

TRAUMATIC STRESS SYMPTOMS

These ratings describe a range of reactions that children and adolescents may exhibit to any of a variety of traumatic experiences from child abuse and neglect to community violence to disasters.

For **Trauma Stress Symptoms**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

ADJUSTMENT TO TRAUMA

This item covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. This dimension covers both adjustment disorders and posttraumatic stress disorder from DSM-IV.

- 0** **Child has not experienced any significant trauma or has adjusted well to traumatic experiences.**
- 1** **Child has some mild adjustment problems to trauma. Child may have an adjustment disorder or other reaction that might ease with the passage of time. Or, child may be recovering from a more extreme reaction to a traumatic experience.**
- 2** **Child has marked adjustment problems associated with traumatic experiences. Child may have nightmares or other notable symptoms of adjustment difficulties.**
- 3** **Child has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD).**

REEXPERIENCING

These symptoms consist of difficulties with intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.

- 0** This rating is given to a child with no evidence of intrusive symptoms.
- 1** This rating is given to a child with some problems with intrusions, including occasional nightmares about traumatic events.
- 2** This rating is given to a child with moderate difficulties with intrusive symptoms. This child may have more recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions at exposure to traumatic cues.
- 3** This rating is given to a child with severe intrusive symptoms. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function.

AVOIDANCE

These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.

- 0** This rating is given to a child with no evidence of avoidance symptoms.
- 1** This rating is given to a child who exhibits some problems with avoidance. This child may exhibit one primary avoidant symptom, including efforts to try and avoid thoughts, feelings or conversations associated with the trauma.
- 2** This rating is given to a child with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
- 3** This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and have an inability to recall important aspects of the trauma.

NUMBING

These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses are not present before the trauma.

- 0** This rating is given to a child with no evidence of numbing responses.
- 1** This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).
- 2** This rating is given to a child with moderate difficulties with numbing responses. This child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
- 3** This rating is given to a child with significant numbing responses or multiple symptoms of numbing. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

DISSOCIATION

Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, emotional numbing, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).

- 0** This rating is given to a child with no evidence of dissociation.
- 1** This rating is given to a child with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
- 2** This rating is given to a child with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified “with dissociative features.”
- 3** This rating is given to a child with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of alter personalities. Child who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

CHILD STRENGTHS

For **Child's Strengths**, the following categories and action levels are used:

- 0** indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan
- 1** indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2** indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.
- 3** indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

FAMILY

Family refers to all biological or adoptive relatives with whom the child or youth remains in contact along with other individuals in relationships with these relatives.

- 0** **Significant family strengths.** This level indicates a family with much love and mutual respect for each other. Family members are central in each other's lives. Child is fully included in family activities.
- 1** **Moderate level of family strengths.** This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members. Child is generally included.
- 2** **Mild level of family strengths.** Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other. Child is often not included in family activities.
- 3** **This level indicates a child with no known family strengths.** Child is not included in normal family activities.

INTERPERSONAL

This rating refers to the interpersonal skills of the child or youth both with peers and adults.

- 0** **Significant interpersonal strengths.** Child is seen as well liked by others and has significant ability to form and maintain positive relationships with both peers and adults. Individual has multiple close friends and is friendly with others.
- 1** **Moderate level of interpersonal strengths.** Child has formed positive interpersonal relationships with peers and/or other non-caregivers. Child may have one friend, if that friendship is a healthy 'best friendship model.
- 2** **Mild level of interpersonal strengths.** Child has some social skills that facilitate positive relationships with peers and adults but may not have any current relationships, but has a history of making and maintaining healthy friendships with others.
- 3** **This level indicates a child with no known interpersonal strengths.** Child currently does not have any friends nor has he/she had any friends in the past. Child does not have positive relationships with adults.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

EDUCATIONAL

This rating refers to the strengths of the school system and may or may not reflect any specific educational skills possessed by the child or youth.

- 0** This level indicates a child who is in school and is involved with an educational plan that appears to exceed expectations. School works exceptionally well with family and caregivers to create a special learning environment. A child in a mainstream educational system who does not require an individual plan would be rated here.
- 1** This level indicates a child who is in school and has a plan that appears to be effective. School works fairly well with family and caregivers to ensure appropriate educational development.
- 2** This level indicates a child who is in school but has a plan that does not appear to be effective.
- 3** This level indicates a child who is either not in school or is in a school setting that does not further his/her education.

VOCATIONAL

Generally this rating is reserved for adolescents and is not applicable for children 12 years and under. Computer skills would be rated here.

- 0** This level indicates an adolescent with vocational skills who is currently working in a natural environment.
- 1** This level indicates an adolescent with pre-vocational and some vocational skills but limited work experience.
- 2** This level indicates an adolescent with some pre-vocational skills. This also may indicate a child or youth with a clear vocational preference.
- 3** This level indicates an adolescent with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.

WELL-BEING

This rating should be based on the psychological strengths that the child or adolescent might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's current level of distress.

- 0** This level indicates a child with exceptional psychological strengths. Both coping and savoring skills are well developed.
- 1** This level indicates a child with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.
- 2** This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
- 3** This level indicates a child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

OPTIMISM

This rating should be based on the child or adolescent's sense of him/herself in his/her own future. This is intended to rate the child's positive future orientation.

- 0** Child has a strong and stable optimistic outlook on his/her life. Child is future oriented.
- 1** Child is generally optimistic. Child is likely able to articulate some positive future vision.
- 2** Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
- 3** Child has difficulties seeing any positives about him/herself or his/her life.

TALENT/INTERESTS

This rating should be based broadly on any talent, creative or artistic skill a child or adolescent may have including art, theatre, music, athletics, etc.

- 0** This level indicates a child with significant creative/artistic strengths. A child/youth who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
- 1** This level indicates a child with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument, etc. would be rated here.
- 2** This level indicates a child who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.
- 3** This level indicates a child with no known talents, interests, or hobbies.

SPIRITUAL/RELIGIOUS

This rating should be based on the child or adolescent's and their family's involvement in spiritual or religious beliefs and activities.

- 0** This level indicates a child with strong moral and spiritual strengths. Child may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times.
- 1** This level indicates a child with some moral and spiritual strengths. Child may be involved in a religious community.
- 2** This level indicates a child with few spiritual or religious strengths. Child may have little contact with religious institutions.
- 3** This level indicates a child with no known spiritual or religious involvement.

COMMUNITY LIFE

This rating should be based on the child or adolescent's level of involvement in the cultural aspects of life in his/her community.

- 0** This level indicates a child with extensive and substantial, long-term ties with the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout etc.) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
- 1** This level indicates a child with significant community ties although they may be relatively short term (e.g. past year).
- 2** This level indicates a child with limited ties and/or supports from the community.
- 3** This level indicates a child with no known ties or supports from the community.

RELATIONSHIP PERMANENCE

This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.

- 0** This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
- 1** This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A child who has a stable relationship with only one parent may be rated here.
- 2** This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
- 3** This level indicates a child who does not have any stability in relationships.

LIFE DOMAIN FUNCTIONING

For **Life Functioning Domains**, the following categories and action levels are used:

- 0** indicates a life domain in which the child is excelling. This is an area of considerable strength
- 1** indicates a life domain in which the child is doing OK. This is an area of potential strength
- 2** indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3** indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

FAMILY

Family ideally should be defined by the child; however, in the absence of this knowledge consider biological relatives and their significant others with whom the child still has contact as the definition of family.

- 0** Child is doing well in relationships with family members.
- 1** Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
- 2** Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
- 3** Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

LIVING SITUATION

This item refers to how the child is functioning in their current living arrangement which could be a relative, a temporary foster home, shelter, etc.

- 0** No evidence of problem with functioning in current living environment.
- 1** Mild problems with functioning in current living situation. Caregivers concerned about child's behavior in living situation.
- 2** Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
- 3** Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

SOCIAL FUNCTIONING

This item refers to the child's social functioning from a developmental perspective.

- 0** Child is on a healthy social development pathway.
- 1** Child is having some minor problems with his/her social functioning.
- 2** Child is having some moderate problems with his/her social functioning.
- 3** Child is experiencing severe disruptions in his/her social functioning.

DEVELOPMENTAL/INTELLECTUAL

This rating describes the child's development as compared to standard developmental milestones such as talking, walking, toileting, cooperative play, etc.

- 0** No evidence of developmental problems or mental retardation.
- 1** Evidence of a mild developmental delay or low IQ (70 to 85)
- 2** Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay or child's has mild mental retardation (50 to 69).
- 3** Severe developmental disorder or IQ below 50.

RECREATIONAL

This item is intended to reflect the child access to and use of leisure time activities.

- 0** Child has and enjoys positive recreation activities on an ongoing basis.
- 1** Child is doing adequately with recreational activities although some problems may exist.
- 2** Child is having moderate problems with recreational activities. Child may experience some problems with effective use of leisure time.
- 3** Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

JOB FUNCTIONING

This item is intended to describe functioning in vocational settings. If a child or youth is not working, rate a '3'.

- 0** Child is gainfully employed in a job and performing well.
- 1** Child is gainfully employed but may have some difficulties at work.
- 2** Child works intermittently for money (e.g. babysitting) or child has job history but is currently not working.
- 3** Child has no job history.
- NA** Not applicable based on child's age.

LEGAL

This item involves only the child's (not the families') involvement with the legal system.

- 0** Child has no known legal difficulties.
- 1** Child has a history of legal problems but currently is not involved with the legal system.
- 2** Child has some legal problems and is currently involved in the legal system.
- 3** Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement

MEDICAL

This item refers to the child's health.

- 0** Child is healthy.
- 1** Child has some medical problems that require medical treatment.
- 2** Child has chronic illness that requires ongoing medical intervention.
- 3** Child has life threatening illness or medical condition.

PHYSICAL

This item describes any physical limitations the child may experience due to health or other factors.

- 0** Child has no physical limitations.
- 1** Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
- 2** Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
- 3** Child has severe physical limitations due to multiple physical conditions.

SEXUAL DEVELOPMENT

This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.

- 0** No evidence of any problems with sexual development.
- 1** Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reactions of others.
- 2** Significant problems with sexual development. May include multiple older partners or high-risk sexual behavior.
- 3** Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.

SCHOOL BEHAVIOR.

This item rates the behavior of the child or youth in school or school-like settings (e.g. Head Start, pre-school). A rating of 3 would indicate a child who is still having problems after special efforts have been made, i.e., problems in a special education class.

- 0** **No evidence of behavior problems at school or day care. Child is behaving well.**
- 1** **Mild problems with school behavioral problems. May be related to either relationships with teachers or peers. A single detention might be rated here.**
- 2** **Child is having moderate behavioral difficulties at school. He/she is disruptive and may receive sanctions including suspensions or multiple detentions.**
- 3** **Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.**
- NA** **Not applicable for children five years and younger**

SCHOOL ACHIEVEMENT

This item describes academic achievement and functioning.

- 0** **Child is doing well in school.**
- 1** **Child is doing adequately in school, although some problem with achievement exist.**
- 2** **Child is having moderate problems with school achievement. He/she may be failing some subjects.**
- 3** **Child is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement.**
- NA** **Not applicable for children five years and younger**

SCHOOL ATTENDANCE

If school is not in session, rate the last 30 days when school was in session.

- 0** **No evidence of attendance problems. Child attends regularly.**
- 1** **Child has some problems attending school, although he/she generally goes to school. He/she may miss up to one day per week on average. Or, he/she may have had moderate to severe problems in the past six months but has been attending school regularly in the past month.**
- 2** **Child is having problems with school attendance. He/she is missing at least two days per week on average.**
- 3** **Child is generally truant or refusing to go to school.**

ACCULTURATION

For **Acculturation**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

LANGUAGE

This item includes both spoken and sign language.

- 0** **Child and family speak English well.**
- 1** **Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.**
- 2** **Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.**
- 3** **Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.**

IDENTITY

Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.

- 0** **Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.**
- 1** **Child is experiencing some confusion or concern regarding cultural identity.**
- 2** **Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.**
- 3** **Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.**

RITUAL

Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media)

- 0** Child and family are consistently able to practice rituals consistent with their cultural identity
- 1** Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
- 2** Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
- 3** Child and family are unable to practice rituals consistent with their cultural identity.

CULTURE STRESS

Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identify and the predominant culture in which he/she lives.

- 0** No evidence of stress between individual's cultural identify and current living situation.
- 1** Some mild or occasional stress resulting from friction between the individual's cultural identify and his/her current living situation.
- 2** Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.
- 3** Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

For **Behavioral/Emotional Needs**, the following categories and symbols are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

PSYCHOSIS

This item is used to rate symptoms of psychiatric disorders with a known neurological base. DSM-IV disorders included on this dimension are Schizophrenia and Psychotic disorders (unipolar, bipolar, NOS). The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idiosyncratic behavior.

- 0** This rating indicates a child with no evidence of thought disturbances. Both thought processes and content are within normal range.
- 1** This rating indicates a child with evidence of mild disruption in thought processes or content. The child may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes children with a history of hallucinations but none currently. The category would be used for children who are subthreshold for one of the DSM diagnoses listed above.
- 2** This rating indicates a child with evidence of moderate disturbance in thought processes or content. The child may be somewhat delusional or have brief or intermittent hallucinations. The child's speech may be at times quite tangential or illogical. This level would be used for children who meet the diagnostic criteria for one of the disorders listed above.
- 3** This rating indicates a child with severe psychotic disorder. The child frequently is experiencing symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions or hallucinations or both. Command hallucinations would be coded here. This level is used for extreme cases of the diagnoses listed above.

ATTENTION DEFICIT/IMPULSE CONTROL

Symptoms of Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here.

- 0** This rating is used to indicate a child with no evidence of attention/hyperactivity problems.
- 1** This rating is used to indicate a child with evidence of mild problems with attention/hyperactivity or impulse control problems. Child may have some difficulties staying on task for an age appropriate time period.
- 2** This rating is used to indicate a child with moderate symptoms attention/hyperactivity or impulse control problems. A child who meets DSM-IV diagnostic criteria for ADHD would be rated here.
- 3** This rating is used to indicate a child with severe impairment of attention or dangerous impulse control problems. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g. running into the street, dangerous driving or bike riding). A child with profound symptoms of ADHD would be rated here.

DEPRESSION

Symptoms included in this dimension are irritable or depressed mood, social withdrawal, and anxious mood; sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in DSM-IV: Depression (unipolar, dysthymia, NOS), Bipolar,

- 0** This rating is given to a child with no emotional problems. No evidence of depression.
- 1** This rating is given to a child with mild emotional problems. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior.
- 2** This rating is given to a child with a moderate level of emotional disturbance. This could include major, depression, or school avoidance. Any diagnosis of depression would be coded here. This level is used to rate children who meet the criteria for an affective disorder listed above.
- 3** This rating is given to a child with a severe level of depression. This would include a child who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

ANXIETY

This item describes the child's level of fearfulness, worrying or other characteristics of anxiety.

- 0** No evidence of any anxiety or fearfulness.
- 1** History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the other listed disorders.
- 2** Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
- 3** Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain

OPPOSITIONAL BEHAVIOR (Compliance with authority)

This item is intended to capture how the child relates to authority. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance to authority rather than on seriously breaking social rules, norms, and laws.

- 0** This rating indicates that the child/adolescent is generally compliant.
- 1** This rating indicates that the child/adolescent has mild problems with compliance to some rules or adult instructions. Child may occasionally talk back to teacher, parent/caregiver may be letters or calls from school.
- 2** This rating indicates that the child/adolescent has moderate problems with compliance to rules or adult instructions. A child who meets the criteria for Oppositional Defiant Disorder in DSM-IV would be rated here.
- 3** This rating indicates that the child/adolescent has severe problems with compliance to rules or adult instructions. A child rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always noncompliant. Child repeatedly ignores authority.

CONDUCT

These symptoms include antisocial behaviors like shoplifting, lying, vandalism, and cruelty to animals, assault. This dimension would include the symptoms of Conduct Disorder as specified in DSM-IV.

- 0** This rating indicates a child with no evidence of behavior disorder.
- 1** This rating indicates a child with a mild level of conduct problems. The child may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community. This might include occasional truancy, repeated severe lying, or petty theft from family.
- 2** This rating indicates a child with a moderate level of conduct disorder. This could include episodes of planned aggressive or other anti-social behavior. A child rated at this level should meet the criteria for a diagnosis of Conduct Disorder.
- 3** This rating indicates a child with a severe Conduct Disorder. This could include frequent episodes of unprovoked, planned aggressive or other anti-social behavior.

SUBSTANCE ABUSE

These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM-IV Substance-related Disorders.

- 0** This rating is for a child who has no substance use difficulties at the present time. If the person is in recovery for greater than 1 year, they should be coded here, although this is unlikely for a child or adolescent.
- 1** This rating is for a child with mild substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least 30 days.
- 2** This rating is for a child with a moderate substance abuse problem that both requires treatment and interacts with and exacerbates the psychiatric illness. Substance abuse problems consistently interfere with the ability to function optimally but do not completely preclude functioning in an unstructured setting.
- 3** This rating is for a child with a severe substance dependence condition that presents a significant complication to the coordination of care (e.g. need for detoxification) of the individual. A substance-exposed infant who demonstrates symptoms of substance dependence would be rated here.

ATTACHMENT DIFFICULTIES

This item should be rated within the context of the child's significant parental or caregiver relationships.

- 0** No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver appears able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
- 1** Mild problems with attachment. There is some evidence of insecurity in the child-caregiver relationship. Caregiver may at times have difficulty accurately reading child bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child may have mild problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.
- 2** Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and may have ongoing difficulties with physical or emotional boundaries with others.
- 3** Severe problems with attachment. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of his/her attachment behaviors. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

EATING DISTURBANCES

These symptoms include problems with eating including disturbances in body image, refusal to maintain normal body weight and recurrent episodes of binge eating. These ratings are consistent with DSM-IV Eating Disorders.

- 0** This rating is for a child with no evidence of eating disturbances.
- 1** This rating is for a child with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
- 2** This rating is for a child with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa).
- 3** This rating is for a child with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

AFFECT DYSREGULATION

These symptoms include difficulties modulating or expressing emotions, intense fear or helplessness, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

- 0** This rating is given to a child with no difficulties regulating emotional responses. Emotional responses are appropriate to the situation.
- 1** This rating is given to a child with some minor difficulties with affect regulation. This child could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable, in response to emotionally charged stimuli or more watchful or hypervigilant in general. This child may have some difficulty sustaining involvement in activities for any length of time.
- 2** This rating is given to a child with moderate problems with affect regulation. This child may be unable to modulate emotional responses. This child may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). This child may also exhibit persistent anxiety, intense fear or helplessness, or lethargy/loss of motivation.
- 3** This rating is given to a child with severe problems with highly dysregulated affect. This child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions). This child may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this child may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally “shut down”).
- NA** Not applicable due to child’s age. See section for children 0 to 5 years old.

BEHAVIORAL REGRESSIONS

These ratings are used to describe shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

- 0** This rating is given to a child with no evidence of behavioral regression.
- 1** This rating is given to a child with some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate).
- 2** This rating is given to a child with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
- 3** This rating is given to a child with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

SOMATIZATION

These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

- 0** This rating is for a child with no evidence of somatic symptoms.
- 1** This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
- 2** This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
- 3** This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

ANGER CONTROL

This item captures the youth's ability to identify and manage their anger when frustrated.

- 0** This rating indicates a child with no evidence of any significant anger control problems.
- 1** This rating indicates a child with some problems with controlling anger. He/she may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts.
- 2** This rating indicates a child with moderate anger control problems. His/her temper has gotten him/her in significant trouble with peers, family, and/or school. This level may be associated with some physical violence. Others are likely quite aware of anger potential.
- 3** This rating indicates a child with severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.
- NA** Not applicable due to child's age.

CHILD RISK BEHAVIORS

For **Risk Behaviors**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

SUICIDE RISK

This rating describes both suicidal and significant self-injurious behavior. A rating of 2 or 3 would indicate the need for a safety plan.

- 0** Child has no evidence or history of suicidal or self-injurious behaviors.
- 1** History of suicidal or self-injurious behaviors or significant ideation but no self-injurious behavior during the past 30 days.
- 2** Recent, (last 30 days) but not acute (today) suicidal ideation or gesture. Self-injurious in the past 30 days (including today) without suicidal ideation or intent.
- 3** Current suicidal ideation and intent in the past 24 hours.

SELF-MUTILATION

This rating includes repetitive physically harmful behavior that generally serves a self-soothing functioning with the child.

- 0** No evidence of any forms of self-mutilation (e.g. cutting, burning, face slapping, head banging)
- 1** History of self-mutilation but none evident in the past 30 days.
- 2** Engaged in self mutilation that does not require medical attention.
- 3** Engaged in self mutilation that requires medical attention.

OTHER SELF HARM

This rating includes reckless and dangerous behaviors that while not intended to harm self or others, place the child or others at some jeopardy. Suicidal or self-mutilative behavior is NOT rated here.

- 0** No evidence of behaviors that place the child at risk of physical harm.
- 1** History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
- 2** Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
- 3** Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

DANGER TO OTHERS

This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.

- 0** Child has no evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
- 1** History of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. History of fire setting (not in past year) would be rated here.
- 2** Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression.
- 3** Frequent or dangerous (significant harm) level of aggression to others. Child or youth is an immediate risk to others.

SEXUAL AGGRESSION

Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which the child or adolescent takes advantage of a younger or less powerful child through seduction, coercion, or force.

- 0** No evidence of problems with sexual behavior in the past year.
- 1** Mild problems of sexually abusive behavior. For example, occasional inappropriate sexually aggressive/harassing language or behavior.
- 2** Moderate problems with sexually abusive behavior, For example, frequent inappropriate sexual behavior. Frequent disrobing would be rated here only if it was sexually provocative. Frequent inappropriate touching would be rated here.
- 3** Severe problems with sexually abusive behavior. This would include the rape or sexual abuse of another person involving sexual penetration.

RUNAWAY

In general, to classify as a runaway or elopement, the child is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.

- 0** This rating is for a child with no history of running away and no ideation involving escaping from the present living situation.
- 1** This rating is for a child with no recent history of running away but who has expressed ideation about escaping present living situation or treatment. Child may have threatened running away on one or more occasions or have a history (lifetime) of running away but not in the past year.
- 2** This rating is for a child who has run away from home once or run away from one treatment setting within the past year. Also rated here is a child who has run away to home (parental or relative) in the past year.
- 3** This rating is for a child who has (1) run away from home and/or treatment settings within the last 7 days or (2) run away from home and/or treatment setting twice or more overnight during the past 30 days. Destination is not a return to home of parent or relative.

DELINQUENCY

This rating includes both criminal behavior and status offenses that may result from child or youth failing to follow required behavioral standards (e.g. truancy). Sexual offenses should be included as criminal behavior.

- 0** **Child shows no evidence or has no history of criminal or delinquent behavior.**
- 1** **History of criminal or delinquent behavior but none in the past 30 days. Status offenses in the past 30 days would be rated here.**
- 2** **Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days. Examples would include vandalism, shoplifting, etc.**
- 3** **Serious level of criminal or delinquent activity in the past 30 days. Examples would include car theft, residential burglary, gang involvement, etc.**

JUDGMENT

This item describes the child's decision-making processes and awareness of consequences.

- 0** **No evidence of problems with judgment or poor decision making that result in harm.**
- 1** **History of problems with judgment in which the child makes decisions that are in some way harmful. For example, a child who has a history of hanging out with other children who shoplift.**
- 2** **Problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being.**
- 3** **Problems with judgment that place the child at risk of significant physical harm.**

FIRE SETTING

This item refers to behavior involving the intentional setting of fires that might be dangerous to the child or others. This does not include the use of candles or incense or matches to smoke.

- 0** **No evidence or history of fire setting behavior**
- 1** **History or fire-setting but not in past six months**
- 2** **Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others (e.g. playing with matches) OR repeated fire setting behavior over a period of at least two years even if not in the past six months.**
- 3** **Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).**

SOCIAL BEHAVIOR

This rating describes obnoxious social behaviors that a child engages in to intentionally force adults to sanction him/her. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which he/she lives) that put the child at some risk sanctions (e.g. not excessive shyness).

- 0** Child shows no evidence of problematic social behaviors.
- 1** Mild level of problematic social behaviors. This might include occasionally inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included at this level.
- 2** Moderate level of problematic social behaviors. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home.
- 3** Severe level of problematic social behaviors. This would be indicated by frequent seriously inappropriate social behavior that force adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community).

SEXUALLY REACTIVE BEHAVIORS

Sexually reactive behavior includes both age-inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexual practices.

- 0** No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.
- 1** Some evidence of sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here.
- 2** Moderate problems with sexually reactive behavior that place child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
- 3** Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that places child or others at immediate risk.

RATINGS OF CHILDREN FIVE YEARS OLD AND YOUNGER

The following items are required for any child who is five years old or younger; however, they may be rated for any child if they represent a need for that specific individual.

MOTOR

This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning.

- 0** Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.
- 1** The child has mild fine (e.g. using scissors) or gross motor skill deficits. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
- 2** The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn who does not have a sucking reflex in the first few days of life would be rated here.
- 3** The child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.

SENSORY

This rating describes the child's ability to use all senses including vision, hearing, smell, touch, and kinesthetics.

- 0** The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
- 1** The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
- 2** The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
- 3** The child has significant impairment on one or more senses (e.g. profound hearing or vision loss).

COMMUNICATION

This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations.

- 0** Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
- 1** Child's receptive abilities are intact, but child has limited expressive capabilities (e.g. if the child is an infant, he or she engages in limited vocalizations; if older than 24 months, he or she can understand verbal communication, but others have unusual difficulty understanding child).
- 2** Child has limited receptive and expressive capabilities.
- 3** Child is unable to communicate in any way, including pointing or grunting.

FAILURE TO THRIVE

Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

- 0** The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
- 1** The child has mild delays in physical development (e.g. is below the 25th percentile in terms of height or weight).
- 2** The child has significant delays in physical development that could be described as failure to thrive (e.g. is below the 10th percentile in terms of height or weight).
- 3** The child has severe problems with physical development that puts their life at risk (e.g. is at or beneath the 1st percentile in height or weight).

REGULATORY PROBLEMS

This category refer to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

- 0** Child does not appear to have any problems with self-regulation.
- 1** Child has mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).
- 2** Child has moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).
- 3** Child has profound problems with self-regulation that place his/her safety, well being, and/or development at risk (e.g. child cannot be soothed at all when distressed, child cannot feed properly).

BIRTH WEIGHT

This dimension describes the child's weight as compared to normal development.

- 0** Child is within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
- 1** Child was born under weight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.
- 2** Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
- 3** Child is extremely under weight to the point of the child's life is threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

PICA

This item describes an eating disorder involving the compulsive ingestion of non-nutritive substances. Generally, the child must be older than 18 months to be considered with this problem.

- 0** No evidence that the child eats unusual or dangerous materials.
- 1** Child has repeatedly eaten unusual or dangerous materials consistent with the diagnosis of Pica; however, this behavior has not occurred in the past 30 days.
- 2** Child has eaten unusual or dangerous materials consistent with the diagnosis of Pica in the past 30 days.
- 3** Child has become physically ill during the past 30 days by eating dangerous materials (e.g. lead paint).

PRENATAL CARE

This dimension refers to the health care and birth circumstances experience by the child in utero.

- 0** Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
- 1** Child's mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
- 2** Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
- 3** Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/pre-eclampsia would be rated here.

LABOR AND DELIVERY

This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child.

- 0** Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
- 1** Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the child would be rated here.
- 2** Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
- 3** Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

SUBSTANCE EXPOSURE

This dimension describes the child's exposure to substance use and abuse both before and after birth.

- 0** Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
- 1** Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
- 2** Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
- 3** Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

PARENT OR SIBLING PROBLEMS

This dimension describes how this child's parents and older siblings have done/are doing in their respective developments.

- 0** The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems
- 1** The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g. Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that child has at least one healthy sibling.
- 2** The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g. a severe version of any of the disorders cited above, or any developmental disorder).
- 3** One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).

MATERNAL AVAILABILITY

This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.

- 0** **The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.**
- 1** **The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).**
- 2** **The primary caretaker experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children in the house under four years of age).**
- 3** **The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).**

CURIOSITY

This rating describes the child's self-initiated efforts to discover his/her world.

- 0** **This level indicates a child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.**
- 1** **This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.**
- 2** **This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.**
- 3** **This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.**

PLAYFULNESS

This rating describes the child's enjoyment of play alone and with others.

- 0** **This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.**
- 1** **This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.**
- 2** **This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.**
- 3** **This level indicates a child who has significant difficulty with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.**

TRANSITION TO ADULTHOOD

The following items are required for youth 17 and older. However, any of these items can be rated regardless of age if they represent a need for a specific youth.

INDEPENDENT LIVING SKILLS

This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.

- 0** This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
- 1** This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
- 2** This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.
- 3** This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.

TRANSPORTATION

This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities. Only unmet transportation needs should be rated here.

- 0** The individual has no transportation needs.
- 1** The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.
- 2** The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.
- 3** The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

PARENTING ROLES

This item is intended to rate the individual in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

- 0** **The individual has no role as a parent.**
- 1** **The individual has responsibilities as a parent but is currently able to manage these responsibilities.**
- 2** **The individual has responsibilities as a parent and either the individual is struggling with these responsibilities or they are currently interfering with the individual's functioning in other life domains.**
- 3** **The individual has responsibilities as a parent and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains.**

PERSONALITY DISORDER

This rating identifies the presence of any DSM-IV Axis II personality disorder

- 0** **No evidence of symptoms of a personality disorder.**
- 1** **Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here; or, some evidence of antisocial or narcissistic behavior. An unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.**
- 2** **Evidence of sufficient degree of personality disorder to warrant a DSM-IV Axis II diagnosis.**
- 3** **Evidence of a severe personality disorder that has significant implications for the individual long-term functioning. Personality disorder dramatically interferes with the individuals ability to function independently.**

INTIMATE RELATIONSHIPS

This item is used to rate the individuals current status in terms of romantic/intimate relationships.

- 0** **Adaptive partner relationship. Individual has a strong, positive, partner relationship with another adult. This adult functions as a member of the family.**
- 1** **Mostly adaptive partner relationship. Individual has a generally positive partner relationship with another adult. This adult may not function as a member of the family.**
- 2** **Limited adaptive partner relationship. Individual is currently not involved in any partner relationship with another adult.**
- 3** **Significant difficulties with partner relationships. Individual is currently involved in a negative, unhealthy relationship with another adult.**

MEDICATION COMPLIANCE

This rating focuses on the level of the individual's willingness and participation in taking prescribed medications.

- 0** This level indicates a person who takes psychotropic medications as prescribed and without reminders, or a person who is not currently on any psychotropic medication.
- 1** This level indicates a person who will take psychotropic medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.
- 2** This level indicates a person who is somewhat non-compliant. This person may be resistant to taking psychotropic medications or this person may tend to overuse his or her medications. He/she might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol.
- 3** This level indicates a person who has refused to take prescribed psychotropic medications during the past 30 day period or a person who has abused his or her medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree).

EDUCATIONAL ATTAINMENT

This rates the degree to which the individual has completed his/her planned education.

- 0** Individual has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
- 1** Individual has set educational goals and is currently making progress towards achieving them.
- 2** Individual has set educational goals but is currently not making progress towards achieving them.
- 3** Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.

VICTIMIZATION

This item is used to examine a history and level of current risk for victimization.

- 0** **This level indicates a person with no evidence of recent victimization and no significant history of victimization within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization.**
- 1** **This level indicates a person with a history of victimization but who has not been victimized to any significant degree in the past year. Person is not presently at risk for re-victimization.**
- 2** **This level indicates a person who has been recently victimized (within the past year) but is not in acute risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.**
- 3** **This level indicates a person who has been recently victimized and is in acute risk of re-victimization. Examples include working as a prostitute and living in an abusive relationship.**

CAREGIVER NEEDS AND STRENGTHS

These ratings should be done focused on permanency plan caregivers. Caregiver ratings should be completed by household. If multiple households are involved in the permanency planning, then this section should be completed once for each household under consideration.

For Caregiver Needs and Strengths the following definitions and action levels apply:

- 0** indicates a dimension where there is no evidence of any needs. This is a strength
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

PHYSICAL HEALTH

Physical health includes medical and physical challenges faced by the caregiver(s)

- 0** Caregiver(s) has no physical health limitations that impact assistance or attendant care.
- 1** Caregiver(s) has some physical health limitations that interfere with provision of assistance or attendant care.
- 2** Caregiver(s) has significant physical health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
- 3** Caregiver(s) is physically unable to provide any needed assistance or attendant care.

MENTAL HEALTH

This item refers to the caregiver's mental health status. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery.

- 0** Caregiver(s) has no mental health limitations that impact assistance or attendant care.
- 1** Caregiver(s) has some mental health limitations that interfere with provision of assistance or attendant care.
- 2** Caregiver(s) has significant mental health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
- 3** Caregiver(s) is unable to provide any needed assistance or attendant care due to serious mental illness.

SUBSTANCE USE

This item rates the caregiver's pattern of alcohol and/or drug use. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.

- 0** Caregiver(s) has no substance-related limitations that impact assistance or attendant care.
- 1** Caregiver(s) has some substance-related limitations that interfere with provision of assistance or attendant care.
- 2** Caregiver(s) has significant substance-related limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
- 3** Caregiver(s) is unable to provide any needed assistance or attendant care due to serious substance dependency or abuse.

DEVELOPMENTAL

This item describes the caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities.

- 0** Caregiver(s) has no developmental limitations that impact assistance or attendant care.
- 1** Caregiver(s) has some developmental limitations that interfere with provision of assistance or attendant care.
- 2** Caregiver(s) has significant developmental limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
- 3** Caregiver(s) is unable to provide any needed assistance or attendant care due to serious developmental disabilities.

SUPERVISION

This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the child.

- 0** This rating is used to indicate a caregiver circumstance in which supervision and monitoring are appropriate and functioning well.
- 1** This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.
- 2** This level indicates a caregiver circumstance in which appropriate supervision and monitoring are very inconsistent and frequently absent.

- 3** This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.

INVOLVEMENT WITH CARE

This rating should be based on the level of involvement the caregiver(s) has in the planning and provision of child welfare and related services.

- 0** This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adolescent.
- 1** This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the child or adolescent but is not an active advocate on behalf of the child or adolescent.
- 2** This level indicates a caregiver(s) who is minimally involved in the care of the child or adolescent. Caregiver may visit individual when in out of home placement, but does not become involved in service planning and implementation.
- 3** This level indicates a caregiver(s) who is uninvolved with the care of the child or adolescent. Caregiver may want individual out of home or fails to visit individual when in residential placement.

KNOWLEDGE

This rating should be based on caregiver's knowledge of the specific strengths of the child and any problems experienced by the child and their ability to understand the rationale for the treatment or management of these problems.

- 0** This level indicates that the present caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents and limitations.
- 1** This level indicates that the present caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's psychological condition of his/her talents, skills and assets.
- 2** This level indicates that the caregiver does not know or understand the child well and that significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.
- 3** This level indicates that the present caregiver has little or no understanding of the child's current condition. The placement is unable to cope with the child given his/her status at the time, not because of the needs of the child but because the caregiver does not understand or accept the situation.

ORGANIZATION

This rating should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities.

- 0** Caregiver(s) is well organized and efficient.
- 1** Caregiver(s) has minimal difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager.
- 2** Caregiver(s) has moderate difficulty organizing or maintaining household to support needed services.
- 3** Caregiver(s) is unable to organize household to support needed services.

RESOURCES

This item refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.

- 0** Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the child.
- 1** Caregiver(s) has the necessary resources to help address the child's major and basic needs but those resources might be stretched.
- 2** Caregiver(s) has limited resources (e.g. a grandmother living in same town who is sometimes available to watch the child).
- 3** Caregiver(s) has severely limited resources that are available to assist in the care and treatment of the child.

RESIDENTIAL STABILITY

This item rates the caregivers current and likely future housing circumstances

- 0** This rating indicates a family/caregiver in stable housing with no known risks of instability.
- 1** This rating indicates a family/caregiver who is currently in stable housing but there are significant risks of housing disruption (e.g. loss of job).
- 2** This rating indicates a family/caregiver who has moved frequently or has very unstable housing.
- 3** This rating indicates a family/caregiver who is currently homeless.

SAFETY

This rating refers to the safety of the assessed child. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.

- 0** This level indicates that the present placement is as safe or safer for the child (in his or her present condition) as could be reasonably expected.
- 1** This level indicates that the present placement environment presents some mild risk of neglect, exposure to undesirable environments (e.g. drug use or gangs in neighborhood, etc.) but that no immediate risk is present.
- 2** This level indicates that the present placement environment presents a moderate level of risk to the child, including such things as the risk of neglect or abuse or exposure to individuals who could harm the child.
- 3** This level indicates that the present placement environment presents a significant risk to the well being of the child. Risk of neglect or abuse is imminent and immediate. Individuals in the environment offer the potential of significantly harming the child.

MARITAL/PARTNER VIOLENCE

This rating describes the degree of difficult or conflict in the caregiver relationship.

- 0** Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
- 1** Mild to moderate level of family problems including marital difficulties and caregiver arguments. Caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
- 2** Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.
- 3** Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

CAREGIVER POSTTRAUMATIC REACTIONS

This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.

- 0** Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
- 1** Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.
- 2** Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.
- 3** Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

PARENTAL CRIMINAL BEHAVIOR

This item rates the criminal behavior of both biological and stepparents.

- 0** There is no evidence that youth's parents have ever engaged in criminal behavior.
- 1** One of youth's parents has history of criminal behavior but youth has not been in contact with this parent for at least one year.
- 2** One of youth's parents has history of criminal behavior resulting in incarceration and youth has been in contact with this parent in the past year.
- 3** Both of youth's parents have history of criminal behavior resulting in incarceration.