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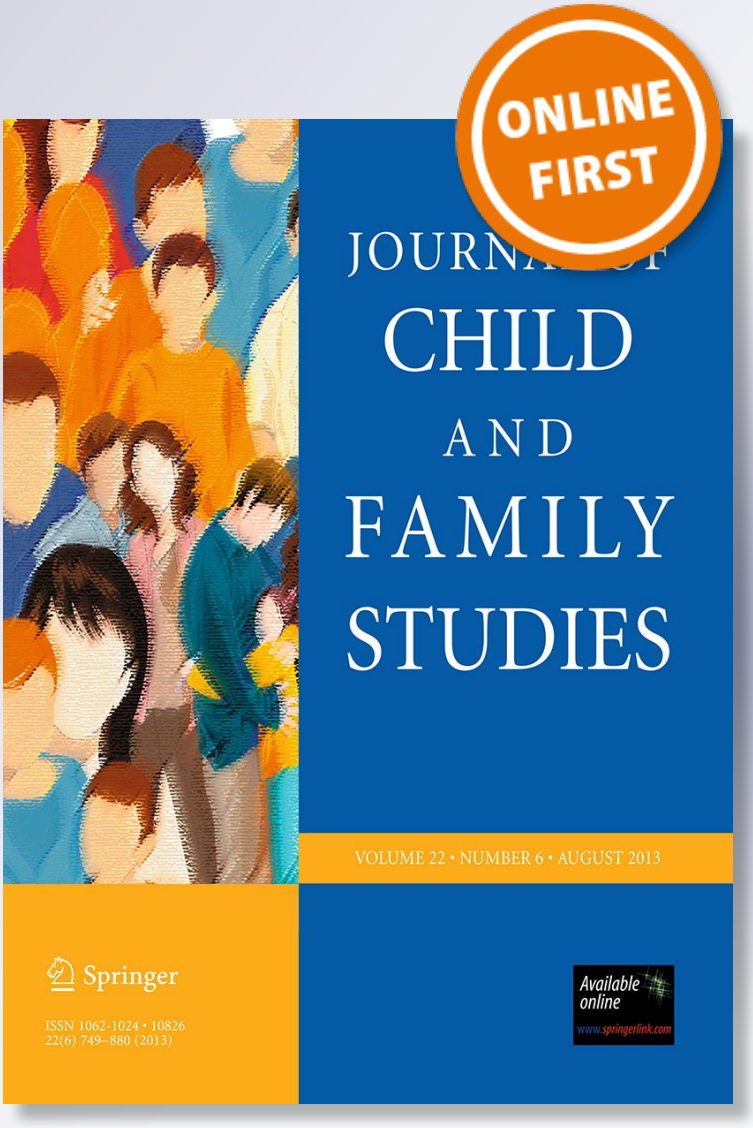

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ORIGINAL PAPER

Examining School Attachment, Social Support, and Trauma Symptomatology Among Court-Involved, Female Students

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Abstract Court-involved youth (i.e., youth in the foster care and/or juvenile justice systems), and particularly those in residential placement facilities, often present with trauma histories that can impede various areas of development and functioning. These traumatic histories can negatively impact academic performance and school success, leading to poorer outcomes later in life. In particular, female youth in these systems exhibit unique responses to traumatic experiences that further complicate healthy development. This study assesses female, court-involved students ($n = 141$), exploring the relationship between school attachment and school involvement, school social support (from peers, teachers, and other staff), and trauma symptomatology among a sample of residential placement students exposed to a trauma-informed teaching intervention over the course of a school year. It was hypothesized that higher school attachment/involvement and social support would be associated with lower student trauma symptomatology. As expected, findings demonstrated that students in the sample had experienced high trauma exposure, as indicated by their high trauma symptomatology. Unexpectedly, they also had high school attachment. Furthermore, higher school attachment was associated with lower trauma symptoms among students. On the other hand, students reported lower levels of social support from classmates, which was associated with significantly higher trauma symptomatology. Implications for future research are addressed.

Keywords Court-involved youth · Childhood trauma · School social support · Trauma-informed teaching · Trauma symptomatology

Introduction

Across the U.S., thousands of youth in the foster care and juvenile justice systems experience a unique host of challenges throughout their development (Anda et al. 2006; Salazar et al. 2012; Wasserman and McReynolds 2011). Court-involved youth, especially those residing in residential treatment facilities, have often encountered trauma and adverse life experiences and may lack many of the protective factors that promote resiliency and healthy outcomes (Brown et al. 2013; Zelechoski et al. 2013). In particular, female, court-involved youth experience unique trauma responses, such as higher prevalence of Post-Traumatic Stress Disorder (PTSD) and internalizing behaviors in comparison to their male counterparts (Postlethwait et al. 2010). Such experiences can negatively impact youth functioning, including academic performance and success (Burley and Halpern 2001; Pecora et al. 2005). Ultimately, trauma increases the risk of negative outcomes for court-involved youth, including higher occurrences of delinquency and recidivism (Bruce and Waelde 2008; Day et al. 2013), unemployment, and poverty (Lawrence and Hesse 2010).

Psychological trauma has been defined as acute experiences or a set of chronic circumstances that create on-going

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physical or socioemotional distress (SAMHSA 2012). Research has consistently demonstrated the high prevalence of trauma among court-involved youth, both before entry into the foster care and juvenile justice systems and while youth are in these systems (Greeson et al. 2011; Pecora et al. 2005; Ryan et al. 2006; Wasserman and McReynolds 2011). For example, self-report data has illustrated that traumatic life events are a reality for most youth residing in residential placement (Brown et al. 2013; Zelechoski et al. 2013). Such exposure can place youth at an increased risk for various psychosocial problems, including PTSD (Salazar et al. 2012), major depression, low self-esteem, and difficulty regulating emotions (Cook et al. 2005). These youth may also demonstrate verbal and physical aggression, weak problem-solving skills, and a host of other life-long problems that can impact their overall functioning and development (Cole et al. 2005).

Trauma also has a significant impact on school functioning. Poor concentration, difficulty processing information, and negative classroom behavior can all result from childhood trauma and the subsequent cognitive and emotional impairments that often follow (Cole et al. 2005). As students struggle to perform and meet classroom expectations, they often fall behind academically. For example, studies have illustrated tremendous academic achievement gaps among court-involved youth (Burley 2010; Coleman 2009; Griffin 2011). When compared to non-court-involved peers, these youth more commonly receive special education services (Macomber 2009; Shin and Poertner 2002; Smithgall et al. 2004) and school discipline, such as school suspension and expulsion (Burley 2010; Courtney et al. 2004). Female students from racial/ethnic minority backgrounds encounter additional academic barriers, as they are both racially overrepresented in the foster care and juvenile justice systems (Brandt 2006; Lawrence and Hesse 2010; U.S. Department of Health and Human Services 2013) and disproportionately suspended from school (U.S. Department of Education, Office for Civil Rights 2014), and yet continue to be an understudied population (Crenshaw et al. 2015).

Many factors contribute to student outcomes. For example, school attachment has been described as encompassing several aspects of student connection with their school experience. These include students' sense of belonging, belief that school has value (Carolan and Chesky 2012; Somers and Gizzi 2001; Voelkl 1996), feelings of being supported by school staff, and overall school interest (Somers and Gizzi 2001; Wentzel 1998). School involvement and attachment are illustrated through students' engagement in academics and other school activities, including participation in class and extracurricular clubs and groups (Carolan and Chesky 2012). When students are strongly attached to and involved in school they exhibit less maladaptive and disruptive behavior, and stronger academic motivation (Bergin and Bergin 2009; Learner and Kruger 1997; Wentzel 1998), as well as better classroom attention, grades (Bergin and Bergin 2009; Wentzel 1998), and academic achievement (Bryan et al. 2012).

Strong school attachment and involvement can also reduce behaviors that place youth at risk of court-involvement. For example, Liljeberg et al. (2011) found that youth have a stronger proclivity for delinquent behavior when they are less bonded to school. However, the development of strong school attachments is often impeded for court-involved students due to high school mobility (Pecora et al. 2005). In schools with large populations of transient students (e.g., residential schools), lower school attachment is common, even among students who are present for the duration of the school year (South et al. 2007). Along with the pronounced academic disadvantages, school instability and lack of school bonding also hinders the development of interpersonal skills (Editorial Projects in Education Research Center 2004), and can eventually lead to a higher likelihood of school drop-out (Rumberger and Larson 1998).

Social support is another potential protective factor that may mitigate the effects of trauma in the school setting and help court-involved students to be successful. Social support, which has been defined as one's perception of supportive actions or behaviors from individuals in the environment, can counteract the negative effects of adverse experiences (Malecki et al. 2000). Bogat et al. (1993) posit that social support positively impacts individuals who encounter environmental stress by providing stability, resources, and opportunities for more positive circumstances. However, D'Imperio et al. (2000) found no significant associations between social support and resiliency in youth. This may be due to the variation in types of stressors experienced by participants in this study and a lack of social support that compatibly addressed those particular stressors. On the other hand, other studies have yielded vastly different results. For example, researchers found peer support to be a strong positive influence on youth with high community stress exposure (Salzinger et al. 2011), and to also buffer the impact of stress among African American youth (McMahon et al. 2013).

Studies have also shown the positive impact of natural mentorship, where foster youth experience strong relationships with adults as a source of social support (Ahrens et al. 2008; Munson and McMillen 2009; Osterling and Hines 2006). Such support has been found to improve various aspects of youth mental, emotional, and social functioning and behavior. This is particularly important for court-involved youth, as the weaker caregiver attachments experienced by this population leave them without consistent familial support (Manning 2008; Rushton et al. 2003), and can lead to poor interpersonal relationships with others

(Ungar et al. 2013). However, schools may be able to provide youth with these much needed opportunities for adaptive interpersonal connection. Therefore, examination of school support structures is vital, and specifically for youth residing in out-of-home care who have limited access to family and potentially strained relationships with caregivers.

Teachers and school staff, two sources of potential social support at residential treatment facilities, are in proximal contact with students, providing the opportunity to connect with youth and foster positive relationships. Secure attachments to teachers/staff are related to fewer delinquent incidents (Harder et al. 2012), positive perceptions of self and others (Rudasill et al. 2013), and more positive self-concept and feelings of self-worth (Luke and Coyne 2008). Through their relationships with students, teachers and school staff also have the opportunity to model healthy behaviors and social skills. As staff interact in the classroom, they can illustrate appropriate boundaries, conflict resolution, and coping skills to counteract the maladaptive behaviors that traumatized students may have formed over time. Students with strong and supportive relationships with teachers may learn new ways to socialize with others and manage stress in the school setting.

However, negative experiences with school staff could be detrimental to maximizing student success and contribute to negative self-esteem (Emerson and Lovitt 2003). Training school staff with skills and increasing their awareness of childhood trauma helps to increase students' perceived levels of teacher support, improves academic efficacy, and decreases aggression, deviant behavior, and psychological stress (Nichols 2011). However, school staff are not traditionally trained on trauma and its effect on youth functioning. Also, few studies have examined how such training might influence teacher–student relationships in residential treatment settings (Brown et al. 2013), particularly in relation to improving students' emotional health.

Peers, another source of potential support, can have varying effects on youth behavior. A study of the experiences of court-involved students found that observing the negative activities and attitudes of peers, older siblings, and classmates influenced youth to engage in drug use, truancy, and to be disruptive and oppositional in the classroom (West et al. 2014). Furthermore, research has shown that associating with delinquent peers can contribute to subsequent delinquent behavior (Lawrence and Hesse 2010; Stewart 2003). On the other hand, support from peers can promote mental and emotional health in the face of environmental stress (McMahon et al. 2013; Salzinger et al. 2011). This may be even more relevant for court-involved youth, who may have been exposed to abuse or neglect and may not have strong relationships with their caretakers. However, little research has examined classmate social support in residential treatment settings.

The purpose of this study was to examine the relationship between trauma symptomatology and school attachment, school involvement, and school social support among a sample of female students in residential placement who have been exposed to a trauma-informed teaching intervention. The intervention was designed to increase trauma-informed school practices and policies and to promote positive student outcomes (Day et al. 2015). It includes a training curriculum that educates school staff on childhood trauma and its impact on student functioning, as well as trauma-sensitive disciplinary policies to support court-involved students and address their complex needs. Variables of interest (i.e., attachment, involvement, and social support) were situated in an ecological context (Bronfenbrenner 1979; Bronfenbrenner and Morris 1998), focusing on factors at the individual/intrapersonal level as well as at the microsystem level, which includes peers, school staff, and teachers to whom youth have the most regular and proximal exposure. The study sought to address the following research questions: 1) Is school attachment/involvement associated with court-involved students' trauma symptomatology? 2) Are teacher social support, classmate social support, and school staff social support associated with court-involved students' trauma symptomatology? It was hypothesized that higher school attachment/involvement and social support would be associated with lower student trauma symptomatology.

Method

Participants

A total of 141 students ranging from 13 to 19 years old (15.5 was the average age) opted to participate in this study during the 2013–2014 school year. All of the participants were enrolled at a public charter school that works exclusively with female, court-involved youth from a residential program that is co-located on the school's campus. The school and residential treatment campus are located in southeast Michigan, and a majority of the female participants (approximately 65%), were African–American students, followed by white (18.5%), then other races/ethnicities (approximately 16.5%). Table 1 provides demographic information for all participants. Students were generally of lower socio-economic status from the surrounding, urban community, and had a history of neglect and abuse. Approximately 56% of participants were placed as a result of abuse and neglect petitions and the other 44% were required by the court due to juvenile delinquency. The majority of the participants (86%), enrolled for the academic 2013–2014 school year, were current residents while the other participants were recent residents who were

Table 1 Participant demographics ($N = 141$)

	N	%
Total	141	100
Race		
African American	92	65.25
White	26	18.44
Other	23	16.31
Grade Level		
Underclassmen (9^{th} and 10^{th} Grade)	90	63.83
Upperclassmen (11^{th} and 12^{th} Grade)	51	36.17

Note Age: $\mu = 15.50$, SD = 1.56

returned to the community and attended school on-campus. In general, the school population experiences high student turn-over due to exiting (and sometimes re-entering) the court system. In a recent study, approximately 45% of students were reported to have had multiple stays at the adjoined child welfare agency (Baroni et al. 2016).

Since 2012, the school has implemented a two-pronged intervention to improve students' socio-emotional development and student–teacher relationships, and to reduce exclusionary school discipline, which has been associated with decreased student attachment (Christle et al. 2004) and psychosocial functioning (Cameron and Sheppard 2006). The first part of the intervention consisted of an integrated staff training curriculum, including information on childhood trauma, attachment and ecological theories, gender, diversity and racial identity (Day et al. 2015), and Theraplay (Booth and Jemberg 1998). The training modules were conducted with all school staff in eight professional development sessions over the course of each school year, and included specific trauma-informed strategies, role plays, case vignettes, collaborative problem-solving (Greene and Ablon 2006), and self-care. Trainings were facilitated by a trauma-trained, master's level social worker as well as two certified occupational therapists, who also provided six additional training sessions throughout each school year on sensory integration theory (Ayres 2005) and how sensory tools can be used to assist students in self-regulation, self-soothing, and de-escalation (Dorman et al. 2009). Trainers provided classroom observations and individual coaching sessions to assess fidelity and to assist teachers in implementing new attachment-focused and trauma-sensitive strategies with students.

The second part of the intervention consisted of the implementation of the Monarch Room (MR), a trauma-sensitive, non-punitive alternative to traditional school discipline policies. The MR is available throughout the school day, and managed by trauma-trained staff who provide support to help students de-escalate when needed. When students' emotional states or behavior begin to interfere with learning in the classroom, they may be referred by school staff or may refer themselves to the MR. Once in the MR, brief intervention strategies (i.e., problem-solving, talk therapy, sensory-motor activities) are utilized to assist students in gaining socio-emotional skills in a supportive environment. The goal of the MR is to help students to de-escalate and return to the classroom in 10 min or less.

Procedure

Following IRB approval, all students in the school were invited to voluntarily complete survey questionnaires at the end of the school year (i.e., one time point). The survey was comprised of the following standardized measures and was administered in-person by school personnel, under the supervision of members of the research team. Students who opted to participate did not receive incentives, and completed the surveys simultaneously during a classroom period, at their respective desks.

Measures

Trauma symptomatology

Trauma symptomatology was measured using the Child Report of Post-traumatic Symptoms (CROPS), a 25 item, self-report tool that assesses symptoms of post-traumatic stress disorder in youth (Greenwald and Rubin 1999). Each item is rated using a 3-point scale, with responses ranging from 0 (none) to 2 (lots). Scores higher than 19 indicate more significant issues with PTSD symptoms. Original Cronbach's alpha was .73. In the current sample, the Cronbach's alpha was .95.

School attachment

A shortened version of a ten item scale (Somers and Gizzi 2001) was used to identify participant's level of school attachment/connectedness, e.g., "School is important in my life" and "School is one of my favorite places." Students responded on a five point scale (1 = "Strongly Disagree" to 5 = "Strongly Agree"). Original Cronbach's alpha was .88. For the current study, the alpha was .84.

School involvement

Researchers measured school involvement using a five-item scale expanded from Somers and Gizzi (2001), e.g., "I participate in my classes" and "I participate in school activities when we have them (clubs, sports, or other school groups or organizations)." Students responded on a five

point scale (1 = "Strongly Disagree" to 5 = "Strongly Agree"). Original Cronbach's alpha was .72. In the current sample, the Cronbach's alpha was .76.

Social support

Three subscales of the Child and Adolescent Social Support Scale (CASSS) (Malecki et al. 2000) were used: Social Support from Teachers, Social Support from People in my School in General (e.g., school staff, administrators), and Social Support from Classmates. Each subscale is 12 items reflecting how much perceived support students receive from each source. Students responded on a six point Likert scale (1 = "Never" to 6 = "Always"). Sample items included "My Teacher(s)…tells me I did a good job when I've done something well", "People in My School…listen to me when I talk", and "My Classmates…give me good advice". Original internal consistency was .92 for each of the Teacher, Classmate, and People in My School subscales and test-retest reliability for the total CASSS was r = .78. The current internal consistency coefficients were .94, .96, and .97, respectively.

Data Analyses

SPSS was used to analyze survey data, beginning with descriptive statistics (i.e., means, standard deviations, and frequencies), and correlations among variables. Data met the assumptions of normality and multicollinearity. A hierarchical multiple regression that predicted students' trauma symptomatology (i.e., CROPS scores) was estimated. Situating the intrapersonal and microsystem variables in an ecological context, the intrapersonal variable of race/ethnicity (i.e., African American or not African American) was entered for step one. The related microsystem level variables of school attachment and school involvement were entered at step two of the model to capture more global perceptions of school. Finally, the related microsystem variables of perceived social support from teachers, classmates, and other people in the school setting were entered in step three, as these variables were all related to individual aspects of school.

Results

Descriptive statistics for all continuous variables are included in Table 2. Participants reported high levels of trauma symptomatology, moderate to high levels of school attachment, school involvement, and perceived teacher support, moderate levels of perceived support from people (in general) in school, and low to moderate levels of perceived classmate support.

Table 2 Descriptive statistics for study variables by race

Variables	Mean	Standard deviation
Trauma Symptoms (Scores range from 0 to 50)	23.05	10.66
White Students	24.56	10.66
African American and Other	22.15	10.62
School Attachment (Scores range from 10 to 50)	36.07	8.33
White Students	36.68	7.05
African American and Other	35.7	9.03
School Involvement (Scores range from 5 to 25)	19.7	3.77
White Students	19.58	2.79
African American and Other	19.78	4.26
Teacher Social Support (Scores range from 12 to 72)	58.23	12.85
White Students	59.88	12.25
African American and Other	57.23	13.17
People Social Support (Scores range from 12 to 72)	47.76	16.08
White Students	40.21	15.63
African American and Other	46.28	16.25
Classmates Social Support (Scores range from 12 to 72)	41.62	16.86
White Students	40.25	17.67
African American and Other	42.45	16.4

Table 3 Regression analysis—school attachment, involvement, and social support in relation to Trauma symptoms

Predictor Variables	B	*B*	*t*	sig
Step 1				
Student race	−1.52	−.07	−.83	.41
Step 2				
School attachment	−.32	−.25	−2.06	.04*
School involvement	.27	.10	.84	.41
Step 3				
Teacher social support	.10	.12	1.13	.26
People social support	.15	.23	1.86	.07
Classmate social support	−.18	−.29	−2.84	.00*

*$R^2 = .11$, $p < .05$

The results of the hierarchical linear regression analysis are shown in Table 3. With student attachment and involvement in school, as well as teacher, people, and classmate social support as predictors, the variance in trauma symptom scores explained was statistically significant, $F(6, 134) = 2.79$, $p < 0.05$, $R^2 = .11$). Although race did not contribute significantly to the model in step one, school attachment ($B = -.32$, $p < .05$) made a significant

contribution in step two. In step three, both school attachment and classmate social support (B = −.18, $p < .01$) were significant. For every unit increase in school attachment, students' trauma symptoms decreased by 0.32. Similarly, for every unit increase in classmate social support, students' trauma symptoms decreased by 0.18.

Discussion

The purpose of this study was to assess the relationship between trauma symptomatology and school attachment, school involvement, and perceived school social support among female, court-involved students. Students in the sample demonstrated high trauma symptomatology, which is not surprising based on the high prevalence of trauma exposure among court-involved youth (Greeson et al. 2011; Ryan et al. 2006; Wasserman and McReynolds 2011). Students reported relatively strong school attachment, school involvement, and social support from teachers, but moderate social support from other school personnel, and lower levels of social support from classmates. This finding of strong attachment, involvement, and teacher support was unexpected, as court-involved students often have difficulty maintaining strong school connections (Pecora et al. 2005). However, it could be a consequence of the trauma-informed teaching intervention adopted by the school, which promotes the use of attachment-driven, trauma-sensitive teaching strategies and disciplinary methods through integrated staff development, coaching, and the MR. Future research would be needed to confirm this hypothesis.

The results of the hierarchical multiple regression indicated that only school attachment was associated with lower student trauma symptoms. This supports current efforts to reduce school instability among court-involved students. Lower perceived support from classmates was associated with higher trauma symptoms among students. This is consistent with prior research on the influence of peer relationships (McMahon et al. 2013; Salzinger et al. 2011). For example, one recent study of female, court-involved youth found that some students feel emotionally triggered by the derogatory words and aggressive behaviors of their classmates (West et al. 2014). This may provide a meaningful explanation for our current findings. Students may have been re-traumatized by the words and actions of other students, creating an environment where students do not feel supported by one another. This also illuminates the importance of positive peer interactions and social skills training in school settings that serve court-involved youth.

While this study contributes to the literature on trauma symptomatology among female, court-involved students, it does have limitations. First, this research is cross-sectional in nature and only 11% of the variance in the regression model was explained by the predictor variables. Therefore, longitudinal research designed to tease out causal relationships is needed. Second, the nature of our sample and data collection did not allow us to determine if school attachment, school involvement, and social support are critical mediators of the students' responses to the school intervention, and future studies should explore their potential mediating role. Third, this study did not examine how school instability, residential history, or factors related to student performance (e.g., grades, student behavior, disciplinary referrals) may have impacted students' perceived school attachment, school involvement, and social support, or their trauma symptomatology.

Our findings contribute to the emerging discourse on socio-emotional learning (SEL) and the U.S. Department of Education's acknowledgement of SEL's importance in schools (CASEL 2015). This study also provides grounds for future research to explore ways of improving the emotional health of youth exposed to trauma who are living and learning in residential treatment settings. First, trauma-informed school practices and policies should be examined, along with trauma-sensitive alternatives to exclusionary discipline (i.e., suspension, expulsion), which may help court-involved students to feel more connected to school and foster stronger feelings of school attachment and support. Second, there may be a need to explore on-going social skills training in school settings that serve court-involved students. For example, it may be useful to expand the trauma-informed teaching curriculum described in this study to include opportunities for students to learn about psychological trauma and how they can support, rather than trigger, each other during the school day. It is also important for schools to be mindful of how school staff can model appropriate and supportive behavior in the classroom. If students feel supported by their teachers and school support staff, they may begin to replicate those supportive behaviors with their peers. Third, research may need to investigate the use of pre-service and in-service professional development to train teachers on the effects of psychological trauma, how it impacts students of different races and genders, and how to effectively respond to ensure student success.

Authors' Contributions S.C.: collaborated to design and execute the study, completed the data analyses, and wrote the paper. C.S.: collaborated to design and execute the study and contributed to the writing and editing of the final manuscript. A.D.: collaborated to design and execute the study and contributed to the writing and editing of the final manuscript. M.Z.: contributed to the writing of the study. J.S.: contributed to the writing of the study. B.B.: collaborated to design and execute the study and contributed to the editing of the final manuscript.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no competing interests.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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