BEYOND TRAUMA: DISRUPTING CYCLES, EFFECTING CHANGE

13-YEAR-OLD TINA

16-YEAR-OLD SHIRLEY

19-YEAR-OLD JAZMINE

An Investigative Review

ocya
OFFICE OF THE CHILD AND YOUTH ADVOCATE ALBERTA

NOVEMBER 2017

OFFICE OF THE CHILD AND YOUTH ADVOCATE ALBERTA

Under my authority and duty as identified in the *Child and Youth Advocate Act* (*CYAA*), I am providing the following Investigative Review regarding the deaths of three girls of Indigenous heritage.

In accordance with the *CYAA*, Investigative Reviews must be non-identifying. Therefore, the names used in this report are pseudonyms (false names). Finding an appropriate pseudonym can be difficult; however, it is a requirement that my office takes seriously and respectfully. Names for the girls were chosen in consultation with family members.

While this is a public report, it contains detailed information about children and families. Although my office has taken great care to protect the privacy of these young people and their families, I cannot guarantee that interested parties will not be able to identify them. Accordingly, I would request that readers and interested parties, including the media, respect this privacy and not focus on identifying the individuals and locations involved.

During the Investigative Review process, I decided to examine the circumstances and experiences of Tina, Shirley and Jazmine as part of a collective review. As with any Investigative Review, focused and dedicated attention was given to each young person's circumstance.

Tina, Shirley and Jazmine experienced early childhood trauma from exposure to domestic violence, parental addictions and/or parental mental health issues. At times, they were cared for by relatives who required support. They experienced disruptions in significant attachments and two of them experienced multiple moves. All three girls were exposed to suicide within their families. These events had a significant impact on the trajectory of their lives.

It is imperative that we explore the ongoing vulnerability of children who have been exposed to early childhood trauma and work quickly to identify opportunities for child-serving systems to find solutions. I sincerely hope that the recommendations arising from this review will be acted on, along with relevant recommendations made in other reports, to improve services for Alberta's vulnerable children and youth.

[Original signed by Del Graff]

Del Graff
Child and Youth Advocate

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EXECUTIVE SUMMARY

Over seven months in 2015, the Child and Youth Advocate (the "Advocate") received reports regarding the deaths of three girls:

- 13-Year-Old Tina[1]
- 16-Year-Old Shirley
- 19-Year-Old Jazmine

Although these girls had unique life experiences, through our Investigative Review processes, some common themes emerged. Their mothers abused substances and were unable to care for them. The girls experienced early childhood trauma through exposure to violence, addictions and neglect. They had multiple caregivers. Research indicates that early childhood trauma has a profound impact on children, especially on how their brains develop.[2]

In adolescence, the brain goes through another phase of development. It was during this time that these girls began to show the effects of the trauma they experienced. Each struggled with their thoughts, emotions and relationships. Youth who experience trauma can feel hopeless; for these three girls this was displayed (in varying degrees) through self-harm, addictions, abusive relationships and suicide.

By examining Tina's, Shirley's and Jazmine's circumstances, a key theme emerged: the effect of trauma on the developing brain.

Addressing Trauma

A person experiences trauma when there is an event or series of events that overwhelms their ability to cope. "Central to the experience of trauma is helplessness, isolation and the loss of power and control. The guiding principles of trauma recovery are the restoration of safety and empowerment."[3] Becoming "trauma-informed" means recognizing that young people involved with child welfare have experienced different types of trauma and need deliberate support and understanding.[4] A system is trauma-informed when workers:

- have an understanding of the impact that trauma has during different developmental stages;

1 All names throughout this report are pseudonyms to ensure privacy of the young person and their family.

2 Lieberman, Chu, Van Horn & Harris, 2013

3 Manitoba Trauma Information & Education Centre, 2013

4 Trauma Informed Care Project, (n.d.)

- recognize and document the signs and symptoms of trauma;
- provide appropriate interventions to promote trauma recovery; and
- respond by fully integrating knowledge about trauma into policies, procedures, and practices.[5]

Tina, Shirley and Jazmine had a number of life experiences and losses that impacted their ability to be in healthy relationships. They lived with relatives who cared about them and wanted to help; however, they needed supports. Child welfare must recognize the long-term, ongoing nature of vulnerability and risk. There must be a shift from short-term responses that deal with one incident at a time, to a culture of long-term support.[6]

Recommendation 1

The Government of Alberta should create and implement cross-ministry training for all child-serving ministries specifically related to the impact of trauma at every stage of childhood development so that appropriate interventions can be provided.

Recommendation 2

The Ministry of Children's Services should make certain that children and caregivers receive culturally appropriate, timely interventions that directly address the impact of trauma on the developing brain.

5 Substance Abuse and Mental Health Services Administration, (n.d.)

6 Sidebotham, et al. 2016

INTRODUCTION

The Office of the Child and Youth Advocate

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the *Child and Youth Advocate Act* (*CYAA*).[7]

The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the *Child, Youth and Family Enhancement Act*[8] (the *Enhancement Act*), the *Protection of Sexually Exploited Children Act*[9] (*PSECA*), or from the youth justice system.

Investigative Reviews

The *CYAA* provides the Advocate with the authority to conduct Investigative Reviews. The Advocate may investigate systemic issues arising from the death of a child who was receiving child intervention services at the time of their death. The Advocate may also investigate systemic issues arising from the death of a child who was receiving child intervention services within two years of their death if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

Upon completion of an investigation, the Advocate releases a public Investigative Review report. The purpose is to make findings regarding the services that were provided to the young person and make recommendations that may help prevent similar incidents from occurring in the future.

An Investigative Review does not assign legal responsibilities, nor does it replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific individuals, but to identify key issues along with meaningful recommendations, which are:

- prepared in such a way that they address systemic issue(s); and,
- specific enough that progress made on recommendations can be evaluated; yet,
- not so prescriptive to direct the practice of Alberta government ministries.

It is expected that ministries will take careful consideration of the recommendations,

7 Child and Youth Advocate Act, S.A. 2011, c. C-11.5

8 *Child, Youth and Family Enhancement Act*, RSA 2000, c. C-12

9 Protection of Sexually Exploited Children Act, RSA 2000, c. P-30.3

and plan and manage their implementation along with existing service responsibilities. The Advocate provides an external review and advocates for system improvements that will help enhance the overall safety and well-being of children who are receiving designated services. Fundamentally, an Investigative Review is about learning, and making recommendations that result in systemic improvements for young people, when acted upon.

About this Review

The Advocate learned of the deaths of three young girls of Indigenous heritage who died in 2015:

- 13-Year-Old Tina[10]
- 16-Year-Old Shirley
- 19-Year-Old Jazmine

Tina and Shirley were receiving Child Intervention Services when they passed away; Jazmine had received services within two years of her death.

Each young person's child intervention record was thoroughly reviewed by investigative staff from the Office of the Child and Youth Advocate (the "OCYA"). Initial reports were completed that identified potential systemic issues and the Advocate determined that full Investigative Reviews were required. The Ministry of Children's Services was subsequently notified.

Terms of Reference for each review were established and are in Appendices 1B, 2B and 3B. A team gathered information and conducted an analysis of each young person's circumstances through a review of relevant documentation, interviews and research.

The Investigative Review team spoke to family members and those closest to the young person, including caregivers, support people, caseworkers and other professionals.

A preliminary report was completed and presented to three committees of subject matter experts. Membership included Elders and professionals with expertise in the areas of trauma, attachment, mental health, childhood development, and service provision to children and families involved with Child Intervention Services. Committee members provided advice related to findings and recommendations. A list of committee membership is provided in Appendix 5.

During the Investigative Review process, the Advocate made the decision to examine the experiences of Tina, Shirley and Jazmine as part of a collective review. All three experienced early childhood trauma resulting from exposure to domestic violence,

10 All names throughout this report are pseudonyms to ensure the privacy of the young person and their family.

parental addictions and/or parental mental health issues. At times, the girls were cared for by relatives who required supports. They experienced disruptions in significant attachments; both Shirley and Jazmine had multiple moves. All three young people were exposed to suicide within their families. As with any Investigative Review, focused and dedicated attention was given to each young person's unique circumstance.

The Advocate examined the girls' experiences together to focus on and bring attention to the long-lasting and adverse impacts of early childhood trauma on a child's development. If left unaddressed, this trauma continues to impact the developing brain into adolescence which can alter the trajectory of a young person's life.

It is imperative that all professionals, caregivers and families understand the significant impact of trauma on brain development. Meaningful work must be done to enhance the safety and well-being of children and youth involved with Child Intervention Services.

13-Year-Old Tina

TINA AND HER FAMILY

Tina was a petite and energetic girl of Indigenous heritage. She loved horses and going to cultural events. She was from a large family. Tina was described as quiet and shy. She died by suicide shortly after her 13th birthday.

Information indicated that Tina's father was not involved in her life. Tina's mother (Julia) had multiple mental health diagnoses, abused substances, had periods of depression and attempted suicide several times. It was reported that she abused substances while she was pregnant. Julia was unable to raise her six children. Tina and her older brother were cared for by their grandparents (Helen and Carl) and the rest of their siblings were in care or lived with relatives.

Tina's family had significant child intervention involvement. Concerns were related to Helen and Carl's substance abuse, neglect, and physical and verbal abuse. Their children also struggled with addictions and mental health challenges.

Tina from Birth to 4 Years Old

When Tina was an infant, Child Intervention Services received a report that Julia was being abused by a relative. She moved to a shelter with two of her children. Tina remained with her grandparents and child intervention involvement ended. Within a year, there was a second report alleging the same relative was physically and emotionally abusive to Tina, her siblings and her mother. A caseworker spoke to Helen and Carl about the frequent domestic violence and conflict in their home. Julia left with Tina and her siblings and child intervention involvement ended. Shortly after, Julia and her children returned to live with Helen and Carl.

When Tina was four years old, her siblings were taken into foster care because there were concerns about Julia's mental health, substance abuse and family violence. At the time, Tina was living with Helen and Carl.

Later that year, Julia took Tina to the hospital where she was diagnosed with pneumonia. Child Intervention Services received a report when Julia tried to remove Tina from the hospital against medical advice. There were concerns about physical abuse and neglect. Julia was unable to take care of her children and wanted Tina and her brother to be placed in foster care.

Caseworkers spoke to Helen and Carl who asked that all of their grandchildren be placed with them. They were told that three of the children would remain in foster care because of the criminal activity, inappropriate caregivers and the violence in their home. They would be given another chance to have Tina and her brother stay with them. Child intervention involvement ended.

Tina from 5 to 8 Years Old

Child Intervention Services had no involvement with Tina for the following three years.

Tina from 9 to 13 Years Old

When Tina was nine years old, Child Intervention Services became involved after Helen and Carl left her with a relative, who was intoxicated and violent. It was reported that the police had frequently responded to the home because of concerns about violence and substance abuse. Helen and Carl acknowledged that they should not have left Tina; however, they said that she was old enough to leave if she felt unsafe. Tina said that she did not like the drinking at home and that she would stay with other family members if it happened again. Caseworkers told her grandparents to take the children with them the next time a similar incident happened. Child intervention involvement ended.

Approximately nine months later, 10-year-old Tina was with her grandparents when they were arrested for selling drugs. Helen and Carl said that they sold drugs when they were short of money and expressed regret about their actions. Caseworkers warned them that more intrusive measures would be taken if they continued to sell drugs. Child intervention involvement ended.

Child Intervention Services had no involvement with Tina for approximately two years; however, there was involvement with Helen and Carl's adult children who were living in the home in relation to addictions, violence and mental health concerns.

When Tina was 12 years old, she was with her grandparents when they were arrested for breaching the conditions of their probation. Tina's aunt picked her up and said that she would apply for private guardianship. Child intervention involvement ended.

Four months later, Child Intervention Services received a report that Tina had been inappropriately touched by a relative. She confirmed the assault, but did not want to speak to the police and told a caseworker that she felt safe at home. Julia was concerned about Tina's safety and wanted her to grow up in a "normal" home where she could go to school and have access to supports and services. Helen and Carl said that they were connected to traditional healing and a community therapist. They assured the caseworker that they would keep Tina safe and refused additional supports. Child intervention involvement ended.

One week later, Tina's aunt whom she was very close to, died; leaving her young children in Helen and Carl's care. This had a significant impact on Tina, which was compounded by the deaths of three family members, all of whom died by suicide. Tina's mother and another relative had also recently attempted suicide in the home. Tina's family, friends and school staff noted that she was withdrawn and depressed, had lost weight, was quiet and did not attend school regularly.

Soon after, Tina ran away and was picked up by police. She said she was unhappy at home, overwhelmed with the responsibility of babysitting her younger cousins and upset because her mother was in jail. The police were concerned about Tina's exposure to the chronic violence, substance abuse and suicide in the home. Tina had scars on her arm from cutting herself. She said that she "felt numb and only dealt with the negative stuff in life" and cutting helped her cope with the pain. She asked to be placed in a foster home.

Tina remained with her grandparents. They said they were worried that she would die by suicide. Helen and Carl assured the caseworker that they would take Tina to see a therapist and an Elder.[11] They said that she would not have to babysit as much and child intervention involvement ended.

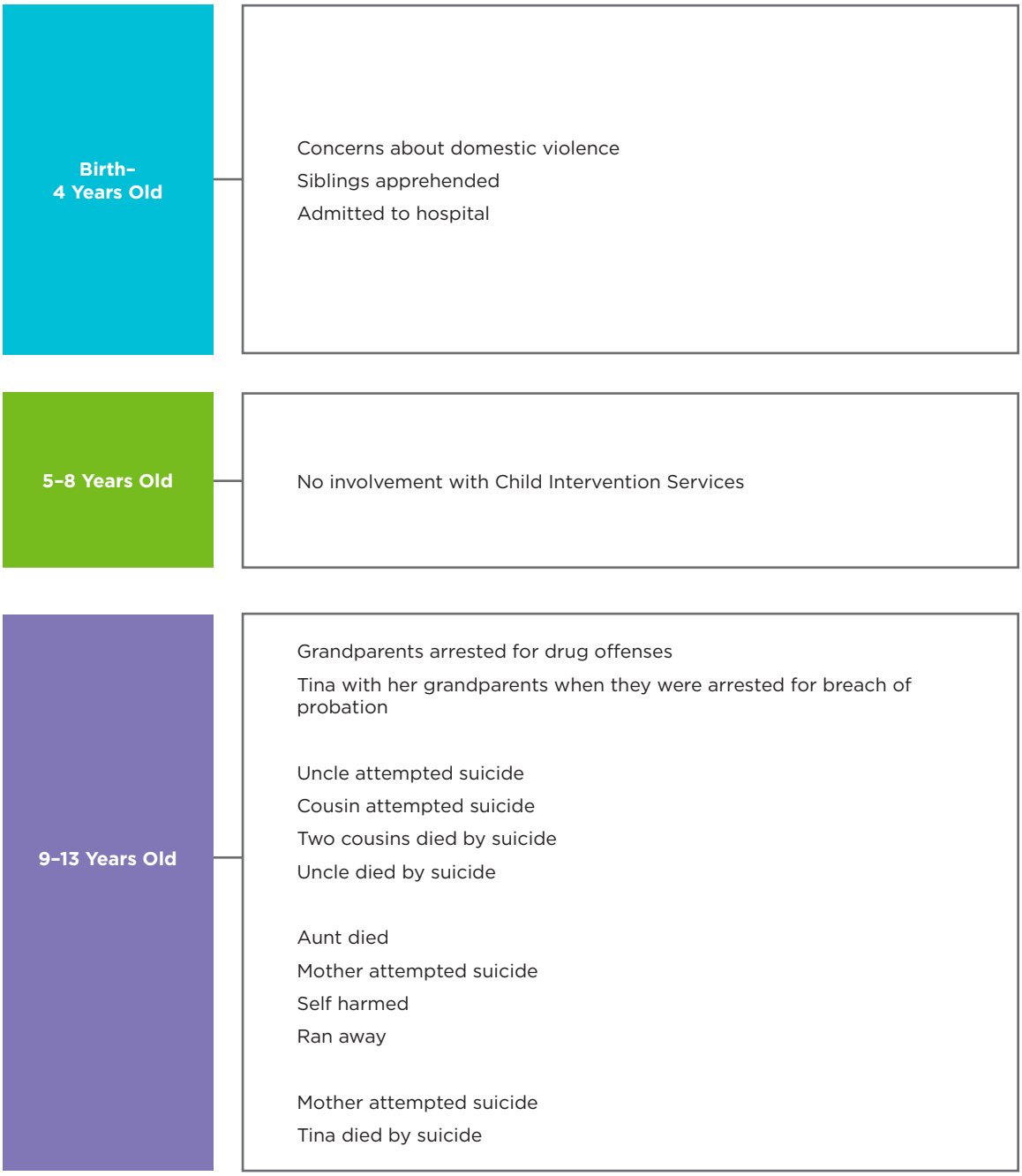
Circumstances Surrounding Tina's Death

Little is known about Tina and her family after child intervention involvement ended, but approximately two months later, Tina's mother attempted suicide and was hospitalized.

Within a week following her mother's attempted suicide, Tina (who had recently turned 13 years old) was babysitting when she died by suicide.

11 The Investigative Review could not confirm whether Tina saw a therapist or Elder.

APPENDIX 1A: TIMELINE (TINA)



APPENDIX 1B: TERMS OF REFERENCE (TINA)

Authority

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the *Child and Youth Advocate Act* (*CYAA*). The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the *Child, Youth and Family Enhancement Act*, the *Protection of Sexually Exploited Children Act* or from the youth justice system.

The *CYAA* provides the Advocate with the authority to investigate systemic issues arising from the death of a child who was receiving a designated service at the time of death, or within two years of receiving intervention services, if in the opinion of the Advocate, the investigation is warranted or in the public interest.

Incident Description

In 2015, 13-year-old Tina died by suicide while living with her grandparents. She had received Child Intervention Services within two years of her death.

The decision to conduct an investigation was made by Del Graff, the Child and Youth Advocate.

Objectives of the Investigative Review

To review and examine services and supports provided to Tina and her family specifically related to:

- Risk assessment
- Case planning

To review relevant protocols, policies and procedures, and standards and legislation.

To prepare and submit a report which includes findings and recommendations arising from the Investigative Review.

Scope/Limitations

An Investigative Review does not assign legal responsibilities, nor does it replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific individuals, but to identify and advocate for system improvements that will enhance the overall safety and well-being of children who are receiving designated services.

Methodology

The investigative process will include:

- Examination of critical issues
- Review of documentation and reports
- Review of policies, procedures and casework practice
- Personal interviews
- Consultation with experts
- Other factors that may arise for consideration

Investigative Review Committee

The membership of the committee is determined by the Advocate and the OCYA Director of Investigations and may include individuals with expertise in the areas of:

- Risk and suicide assessments
- Child intervention best practice

Reporting Requirement

The Child and Youth Advocate will release a public non-identifying report when the Investigative Review is complete.

16-Year-Old Shirley

SHIRLEY AND HER FAMILY

Those close to Shirley described her as loving and caring. She was proud of her Indigenous heritage and when she was young, she helped tan hides and liked to go to traditional ceremonies. She was a gifted writer and wanted to become a doctor to help others. Shirley had many losses and could be impulsive and negatively influenced by her peers. In her adolescence, she abused substances. Shirley was 16 years old when she was hit by a car and passed away.

Shirley's parents (Rhonda and Dylan) frequently separated and reconciled. Their relationship was volatile and they abused substances. Their children were exposed to domestic violence. It was reported that Rhonda drank when she was pregnant.

Shirley from Birth to 3 Years Old

During Shirley's first year, there were a number of concerns about Rhonda's depression, addictions and Shirley being left with multiple caregivers. To protect Shirley and to teach her their cultural traditions, she was sent to live with her paternal grandparents.

When Shirley was almost three years old, she was in a car accident in which both of her grandparents died. Child Intervention Services became involved to ensure that Rhonda could take care of Shirley, along with her two younger children. Rhonda had family and community supports, so child intervention involvement ended.

Approximately seven months later, Shirley and her siblings were apprehended[12] and placed in foster care after several reports were received that Rhonda was drinking and neglecting her children. The children were returned to their mother after she completed treatment and accessed traditional supports.

Shirley from 4 to 11 Years Old

Over the next three years, Child Intervention Services was involved with Shirley and her family a number of times. The children were exposed to chronic substance abuse and domestic violence. During this period, there were a number of Support Agreements[13] with Rhonda and Dylan.

12 When a child is removed from their guardians' care because there are reasonable and probable grounds to believe that a child is in need of intervention in accordance with the *Enhancement Act*.

13 Also known as an Enhancement Agreement or a Family Enhancement Agreement; Support Agreement was the terminology used prior to the *Enhancement Act*. A voluntary agreement with Child Intervention Services to provide supports, and intended to address protection concerns, while the child remains with their guardian or lives independently. The Agreement can be with a guardian or a young person between the ages of 16 and 18 years.

Relatives were worried that the children would be apprehended, so they made arrangements for seven-year-old Shirley and her younger brother to live with their Aunt Maureen. She lived in a remote community and practiced traditional Indigenous ways. Shirley and her aunt were very close and spent a lot of time together while Maureen taught Shirley their culture and traditions. When Shirley was nine years old, Maureen obtained legal guardianship of her and her younger brother.

When Shirley was ten years old, Rhonda was seriously injured in a car accident that left her a quadriplegic.

Shirley from 12 to 16 Years Old

When Shirley was 12 years old, her father died by suicide. Child Intervention Services received concerns that Shirley was affected by her father's death and struggled with her emotions and behaviours. Maureen was provided information on grief and loss services and child intervention involvement ended.

Approximately two years later, shortly after Shirley's 14th birthday, Child Intervention Services received a report that Maureen's health had declined, Shirley was not following house rules and she was aggressive towards her aunt. Shirley moved to her Aunt Shannon's and child intervention involvement ended. Although Shirley had been with Maureen for seven years, there was minimal contact after her move.

Shannon, who was also caring for several young grandchildren, struggled to take care of Shirley. She arranged for Shirley to have a number of community-based resources including a school counsellor; an Elder; a Fetal Alcohol Spectrum Disorder (FASD) support worker; and, she obtained legal guardianship of Shirley.[14] Within three months, Child Intervention Services received a report that Shirley was not attending school regularly and not following house rules. She was taken into care and placed in a foster home where she refused to stay. She ran away to the extended care facility where her mother was living before returning to Shannon's home.

Shirley frequently left and eventually went to stay with relatives on her First Nation. She abused drugs and alcohol and refused to live with family members, of whom Shannon approved. After about two months, Shannon obtained a *Protection of Children Abusing Drugs Act*[15] (*PChAD*) Order and Shirley was placed in a protective safe house. Upon her discharge, Shirley was placed in a foster home which she left. She was found at her mother's extended care facility.

Shirley was then placed in a residential treatment facility for two months. During her stay, she had daily telephone contact with her mother and visited her three times per week. Shirley responded well to the structure of the program.

14 She also had guardianship of several grandchildren.

15 The legislation that enables children who are abusing drugs and placing themselves at risk, to be confined in a secure facility for a defined period of time.

When she left treatment, her family made a plan for Shirley to live with her Aunt Mary. At the time, Mary did not have her own home. Shirley was to stay in a foster home while Mary found housing and secured financial supports. However, Shirley refused to stay in foster care and remained with Mary. Chid intervention involvement ended.

Several months later, Mary became ill and 16-year-old Shirley went to live with relatives on her First Nation. While there, she was assaulted and subsequently returned to live with Mary. Shirley frequently talked about her previous suicide attempts, self-inflicted injuries and wanting to be with her deceased father. Mary's health continued to decline. Approximately one month later, relatives took Shirley to a youth shelter because she was drinking and aggressive. Soon after, Mary passed away.

Shirley stayed in the shelter and visited her mother regularly. An application was made for a Permanent Guardianship Order.[16]

Close to the anniversary of her father's death, another of Shirley's relatives died by suicide. Her addictions escalated, she became more aggressive and had suicidal thoughts. She returned to the shelter a number of times after she had been drinking or using drugs. She said that she felt safe there and trusted the staff. However, she had to be moved because of conflict with a peer. She was placed in a different shelter that was located closer to the extended care facility where her mother was living.

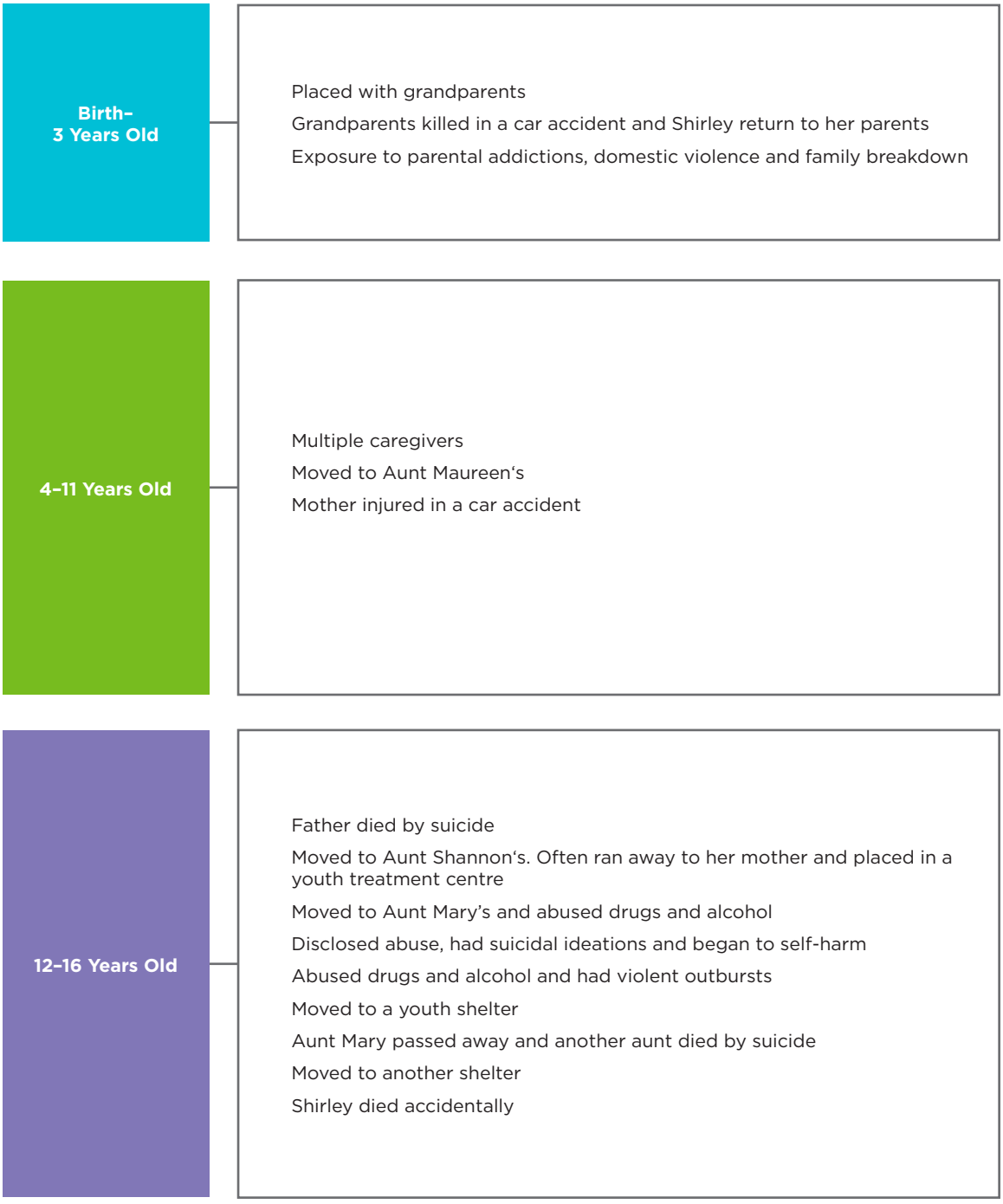
Circumstances Surrounding Shirley's Death

Shirley often left the shelter and there is limited information about where she stayed over the two weeks following her move. Through the Advocate's review, it was learned that while visiting her mother, Shirley had been outside drinking. She walked away from the building and was hit by a car. She died from the injuries she sustained in the accident.

Shirley passed away near the fourth anniversary of her father's death. Through the Investigative Review process, it could not be determined whether Shirley put herself in danger.

16 The Director is the sole guardian of the child. This Order is sought when it is believed that the child cannot be safely returned to their guardian within a specified period of time.

APPENDIX 2A: TIMELINE (SHIRLEY)



APPENDIX 2B: TERMS OF REFERENCE (SHIRLEY)

Authority

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the *Child and Youth Advocate Act* (*CYAA*). The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the *Child, Youth and Family Enhancement Act*, the *Protection of Sexually Exploited Children Act* or from the youth justice system.

The *CYAA* provides the Advocate with the authority to investigate systemic issues arising from the death of a child who was receiving a designated service at the time of death, or within two years of receiving intervention services, if in the opinion of the Advocate, the investigation is warranted or in the public interest.

Incident Description

In 2015, 16-year-old Shirley was hit by a car and passed away from her injuries. Shirley was in care at the time of her death.

The decision to conduct an investigation was made by Del Graff, the Child and Youth Advocate.

Objectives of the Investigative Review

To review and examine services and supports provided to Shirley and her family specifically related to:

- Child intervention service delivery for hard to serve or resistant children and families
- Placement assessments

To review relevant protocols, policies and procedures, and standards and legislation.

To prepare and submit a report which includes findings and recommendations arising from the Investigative Review.

Scope/Limitations

An Investigative Review does not assign legal responsibilities, nor does it replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific individuals, but to identify and advocate for system improvements that will enhance the overall safety and well-being of children who are receiving designated services.

Methodology

The investigative process will include:

- Examination of critical issues
- Review of documentation and reports
- Review of policies, procedures and casework practice
- Personal interviews
- Consultation with experts
- Other factors that may arise for consideration

Investigative Review Committee

The membership of the committee is determined by the Advocate and the OCYA Director of Investigations and may include individuals with expertise in the areas of:

- Family placement assessments
- Child intervention best practice

Reporting Requirement

The Child and Youth Advocate will release a public non-identifying report when the Investigative Review is complete.

19-Year-Old Jazmine

JAZMINE AND HER FAMILY

Jazmine was a young woman of Indigenous heritage who was well-spoken, artistic, intelligent and determined. She did well in school and completed the requirements to become a lifeguard. She often gave personalized gifts and cards to others. Jazmine had a baby (Mark) when she was 14 years old. He was raised by his paternal grandparents. Although Jazmine had many strengths, she frequently abused substances and became involved with partners who were violent. When Jazmine was 19 years old, she died by suicide.

Jazmine's maternal grandmother was a residential school survivor and struggled with parenting. Jazmine's mother (Lily) had addictions issues and was frequently involved in violent relationships. It was reported that Lily abused substances when she was pregnant. Jazmine had minimal involvement with her father.

Jazmine from Birth to 11 Years Old

When Jazmine was two months old, she was taken into care because of her mother's drinking. She thrived in her foster home.

Approximately three years later, Jazmine was moved to a kinship placement. She had a difficult time adjusting and was not responsive to her caregivers' attempts to bond with her. She moved two more times prior to being placed with her Aunt Darla, who obtained legal guardianship. Jazmine was four years old when child intervention involvement ended.

Child Intervention Services had no involvement for approximately nine years. Jazmine and Darla lived close to Lily. When Jazmine was unhappy with Darla, she went to Lily's.

Jazmine from 12 to 15 Years Old

When Jazmine was 12 years old, she had trouble following rules. She left Darla's and moved in with her mother. Six months later, Lily found out that 13-year-old Jazmine was pregnant and asked her to leave. She went to live with her boyfriend, Derrick, and his parents.

When Jazmine was 14 years old, she had her son (Mark). Child Intervention Services received a report that Jazmine was suicidal and that Derrick was physically and emotionally abusive. Jazmine moved back to Darla's with Mark. Shortly after, Jazmine placed Mark with his paternal grandparents and child intervention involvement ended.

Approximately one year later, 15-year-old Jazmine attempted suicide. She said that she had no place to go and felt that her relatives blamed her for the death of her friends.[17] Jazmine was taken into care and placed in a group home while Mark stayed with his grandparents.

Jazmine from 16 to 19 Years Old

About four months later, 16-year-old Jazmine moved into Supported Independent Living (SIL).[18] Two months after moving in, she was drinking and had a fight with a boyfriend. During the altercation, Jazmine intentionally cut her arm. She was taken to the hospital where she was found not to be at risk of suicide and was discharged.

Approximately one month later, Jazmine's caseworker accompanied her to family court and helped work out a legal arrangement in which Mark would remain with his grandparents and she would be able to see him. Shortly after, Jazmine was assaulted by another boyfriend.

That summer, Jazmine had some difficulties following expectations in her SIL placement. She was in a new relationship with Tony. They had a fight where in which he caused significant damage to her apartment and the police removed him from her home. Subsequently, there was an Order for Tony not to have contact with Jazmine.

Over the next seven months, Jazmine did well in school, received her bronze medallion in swimming and spent time with Mark. Later that year, Tony had his conditions altered so that he could go to the same school as Jazmine. Tony was charged with assault after he stabbed Jazmine multiple times.

After the incident, Jazmine resumed abusing alcohol and drugs. She used the Internet to meet men and said that she hoped that they would hurt her. About one month later, Jazmine was temporarily placed in a secure treatment facility. She was then moved to a high-risk youth shelter but did not stay there regularly and continued to abuse substances.

Five months later, Jazmine asked to be placed in secure treatment. She said she felt "messed up," her addictions were out of control and she did not want to live. It was determined that Jazmine was not imminently at-risk and her request was denied. The rationale for the decision could not be ascertained through the Investigative Review. Within days Jazmine overdosed, was hospitalized and released.

17 Details of this incident have been redacted for privacy reasons.

18 The term used when Child Intervention Services provides support for young people to live independently and help them transition to adulthood. Might include residing in their own residence or with a roommate(s) with various levels of support.

Jazmine returned to the shelter and began a day program for addictions. She left the program several times, but eventually completed the program.

When Jazmine was 18 years old, she went to a residential addictions treatment center. After two weeks, she left and moved to a First Nation that was far from her family (with a boyfriend). Approximately four months after her 18th birthday, child intervention involvement ended.

Circumstances Surrounding Jazmine's Death

Little is known about Jazmine's life over the 14 months before she died. Child Intervention Services was not involved and she had limited contact with her family. Jazmine returned once to visit, but her boyfriend insisted she return to his First Nation with him. She abused substances and was involved in violent relationships. She did not have her own place, was not in her home community and had limited contact with her son. Jazmine was 19 years old when she died by suicide.

APPENDIX 3A: TIMELINE (JAZMINE)

Birth–11 Years Old

Apprehended and placed in foster care
Moved to kinship home
Two family placement breakdowns
Placed with Aunt Darla

12–15 Years Old

Went to live with her mother
Abusive relationship and pregnant
Son was born
Suicidal ideations

16–19 Years Old

Three physically abusive relationships, abused substances and harmed herself

Assaulted by her boyfriend and stabbed multiple times
Moved to a shelter
Abused substances, suicidal ideations and overdosed

Completed a day treatment program
Began a residential treatment but left shortly after

Abusive relationship
Jazmine died by suicide

APPENDIX 3B: TERMS OF REFERENCE (JAZMINE)

Authority

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the *Child and Youth Advocate Act* (*CYAA*). The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the *Child, Youth and Family Enhancement Act*, the *Protection of Sexually Exploited Children Act* or from the youth justice system.

The *CYAA* provides the Advocate with the authority to investigate systemic issues arising from the death of a child who was receiving a designated service at the time of death, or within two years of receiving intervention services, if in the opinion of the Advocate, the investigation is warranted or in the public interest.

Incident Description

In 2015, 19-year-old Jazmine died by suicide. Jazmine had received Child Intervention Services within two years of her death.

The decision to conduct an investigation was made by Del Graff, the Child and Youth Advocate.

Objectives of the Investigative Review

To review and examine services and supports provided to Jazmine and her family specifically related to:

- Service delivery for youth who are parents
- Intimate partner violence
- Impact of placement moves
- Internet safety and sexual exploitation

To review relevant protocols, policies and procedures, and standards and legislation.

To prepare and submit a report which includes findings and recommendations arising from the Investigative Review.

Scope/Limitations

An Investigative Review does not assign legal responsibilities, nor does it replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific

individuals, but to identify and advocate for system improvements that will enhance the overall safety and well-being of children who are receiving designated services.

Methodology

The investigative process will include:

- Examination of critical issues
- Review of documentation and reports
- Review of policies, procedures and casework practice
- Personal interviews
- Consultation with experts
- Other factors that may arise for consideration

Investigative Review Committee

The membership of the committee is determined by the Advocate and the OCYA Director of Investigations and may include individuals with expertise in the areas of:

- Youth in care who are parents
- Internet sexual exploitation
- Intimate partner/domestic violence
- Child intervention best practice

Reporting Requirement

The Child and Youth Advocate will release a public non-identifying report when the Investigative Review is complete.

DISCUSSION AND RECOMMENDATIONS

In 2015, the Advocate received reports regarding the deaths of three girls:

- 13-Year-Old Tina[19]
- 16-Year-Old Shirley
- 19-Year-Old Jazmine

Tina, Shirley and Jazmine each had their own unique experiences and lived in different parts of Alberta. Shirley passed away after being hit by a car. Tina and Jazmine died by suicide. In 2016, the Advocate released a report, "Toward a Better Tomorrow: Addressing the Challenge of Aboriginal Youth Suicide."[20] The young people discussed in that report had similar circumstances to those of Tina, Shirley and Jazmine. The Advocate made twelve recommendations, six of which are specifically related to the supports children require when they have experienced trauma.

Through reviewing Tina's, Shirley's and Jazmine's circumstances, some common themes emerged. They came from families who faced intergenerational trauma. Their mothers abused substances and were unable to care for them. They experienced early childhood trauma through exposure to violence, addictions and neglect. They lived with multiple caregivers. These events had a significant impact on them.

In adolescence, these girls began to show the effects of the trauma they suffered. Each struggled with their thoughts, emotions and relationships. This was displayed, in varying degrees, through self-harm, addictions, abusive relationships, sexual exploitation and suicide.

Impact of Childhood Trauma

Trauma has a significant impact on children. A person experiences trauma when there is an event or series of events that overwhelms their ability to cope and leaves them feeling helpless. It can be triggered by witnessing and/or being the victim of violence, a serious injury, physical or sexual abuse or the death of a loved one.[21] If unaddressed, childhood trauma has negative life-long implications on physical, emotional and

19 All names throughout this report are pseudonyms to ensure privacy of the young person and their family.

20 Office of the Child and Youth Advocate – Alberta, March 2016. Retrieved from http://www.ocya.alberta.ca/wp-content/uploads/2014/08/InvRev_Toward-a-BetterTomorrow_2016April.pdf

21 National Child Traumatic Stress Network, (n.d.), Early Childhood Trauma

cognitive development.[22] Although Tina's, Shirley's and Jazmine's circumstances are unique, they all experienced significant trauma, loss and attachment disruptions.

Complex trauma is exposure to multiple traumatic events and the resulting impact. These events are severe, pervasive and can begin early in life. They can disrupt many aspects of a child's development such as impulse control, relationships and the way a child sees and defines themselves.[23]

Young children who experience trauma are particularly at risk because of their rapidly developing brains. Early childhood trauma has been associated with changes in the area of the brain that is responsible for functions such as memory, attention, perceptual awareness, thinking, language and consciousness. These changes may affect how a child thinks and their ability to regulate their emotions. Children become more fearful and may not feel as safe or as protected.[24] Since these traumatic events often occur in the relationship between the child and their caregiver, they interfere with the child's ability to form secure attachment bonds.[25]

Tina's mother abused substances when she was pregnant. Tina lived with her grandparents because of her mother's addictions and mental health concerns. She had unpredictable contact with her mother and experienced ongoing exposure to substance abuse, violence and suicide while in her grandparents' care.

Shirley's mother abused substances when she was pregnant. Shirley was exposed to parental substance abuse, family violence and mental health concerns. She moved between multiple caregivers in her first year. When Shirley was three years old, she was in a car accident in which her grandparents died.

Jazmine's mother abused substances when she was pregnant. During Jazmine's first two months, she moved between multiple caregivers. Jazmine was in two foster homes before being placed with relatives when she was three years old. Over the next year, Jazmine had two family placements break down before being placed with her aunt.

22 National Child Traumatic Stress Network, (2008), Understanding Traumatic Stress in Adolescents: A Primer for Substance Abuse Professionals

23 National Child Traumatic Stress Network, (2008), Understanding Traumatic Stress in Adolescents: A Primer for Substance Abuse Professionals

24 National Child Traumatic Stress Network, (n.d.), How Is Early Childhood Trauma Unique?

25 National Child Traumatic Stress Network, (n.d), Complex Trauma

Impact of Trauma in Adolescence

The brain goes through another phase of accelerated development in adolescence.[26] "Especially the part of the brain that supports attention, concentration, reasoning and advanced thinking."[27] Young peoples' brains do not reach maturity until well into their twenties. Much of their cognitive and emotional immaturity is attributed to this incomplete brain development.[28]

During adolescence, young people become more aware of the world around them. As they become conscious of how their actions affect others, they also gain an understanding of how the actions of others have affected them. Although they are gaining an understanding of the world around them, they need help from others to make sense of what they are experiencing.

When Tina reached adolescence, she became aware of her ongoing exposure to violence and instability, which may have led to her request to be placed in foster care.

As Shirley reached adolescence, she began to question where she belonged. Her age and maturity may have impacted her ability to understand the risks associated with leaving her placements to seek out her mother. She struggled to understand her father's suicide as well as the deaths of other close relatives.

Early in her adolescence, Jazmine left her long-term placement with her Aunt Darla to live with her mother. She may not have fully understood how her mother's addictions could affect her. Within six months, Jazmine's mother asked her to leave.

Adolescence is a time of social, physical and emotional development. During puberty, young peoples' emotions and reactions become affected by fluctuating hormones and changes in their sleeping patterns.[29] As their brains and bodies are maturing, they are better able to understand and be in charge of their emotions. Exposure to early

26 North Carolina Division of Social Services and the Family and Children's Resource Program, 2012

27 North Carolina Division of Social Services and the Family and Children's Resource Program, 2012

28 Oswalt, 2010

29 Oswalt, 2010

childhood trauma can lead to problems with managing or understanding emotions, resulting in what research refers to as low Emotional Intelligence:

- Lack of self-awareness or ability to recognize and understand their emotions
- Problems with self-regulation or the ability to manage their emotions
- Misunderstanding of how their emotions motivate them
- Difficulty with empathy and the ability to recognize the emotions that others are experiencing
- An inability to navigate their interactions with others[30]

When she was 12 years old, Tina said that she only experienced bad things in life and felt numb. She hurt herself by cutting her arms and began to disengage from her friends.

When Shirley struggled with her emotions, she often left her relatives and school. She could be physically aggressive, abused substances and she hurt herself by cutting.

When things were not going well for Jazmine, she distanced herself from caregivers and her son. She hurt herself, abused substances and was involved in violent relationships. She used the Internet to meet men and said that she hoped they would hurt her.

Young people are forming an understanding of their world which is constantly changing. Some youth who have experienced trauma can create a sense of hopelessness and feel that things can go wrong at any time and that no one can protect them.[31]

30 Hosier, 2014

31 National Child Traumatic Stress Network, (n.d.), Effects of Complex Trauma

Tina had many significant losses; a number of relatives died by suicide. She began to hurt herself by cutting and shortly after her 13th birthday, she died by suicide.

Shirley moved often and lost contact with her caregivers each time. Several relatives died. Her substance abuse escalated which contributed to her death at 16 years old.

When Jazmine was 19 years old, she died by suicide. She lost connections with her son and her family. She was in an abusive relationship and abused substances.

Addressing Trauma

Tina, Shirley and Jazmine were exposed to alcohol and the effects of their mother's stress in utero.[32] They were born into unpredictability and violence. They had multiple caregivers. As they got older, they experienced ongoing trauma which had a compounding effect because it remained unaddressed. Research refers to these kinds of circumstances as Adverse Childhood Experiences (ACE's) which have been linked to negative outcomes such as poor physical health, increased mental health issues, a higher rate of addictions, and increased risk of suicide.[33]

Individuals who experience traumatic events often develop negative behaviours to cope with their feelings.[34] Tina, Shirley and Jazmine harmed themselves. Tina indicated that she hurt herself because she only dealt with negative things in life and she felt numb; cutting helped her cope with the pain. Shirley and Jazmine abused substances and placed themselves in dangerous situations. Jazmine sought out men on the Internet and said that she wanted them to hurt her. Although these behaviours were unhealthy, it is important to understand that they were an attempt to deal with their unmet needs.[35] Their behaviours needed to be viewed as symptoms rather than problems.

"Central to the experience of trauma is helplessness, isolation and the loss of power and control. The guiding principles of trauma recovery are the restoration of safety and empowerment."[36] Research identifies three phases to working with people who experience trauma:

32 In a women's uterus; before birth

33 Centres for Disease Control and Prevention, (n.d.)

34 Unger, 2002

35 Unger, 2002

36 Manitoba Trauma Information & Education Centre, 2013

- **Safety and Stabilization**: people affected by trauma feel unsafe in themselves and their relationships.
- **Remembrance and Mourning**: exploring and mourning the losses associated with the trauma and providing space to grieve and express emotions.
- **Reconnection and Integration**: The trauma becomes integrated in a person's story but is not the only story that defines them.[37]

To effectively incorporate these principles and become "trauma-informed" it is essential to recognize that young people involved with Child Intervention Services have experienced different types of trauma and need deliberate support and understanding.[38] A system is trauma-informed when workers:

- have an understanding of the impact that trauma has during different developmental stages;
- recognize and document the signs and symptoms of trauma;
- provide appropriate interventions to promote trauma recovery; and,
- respond by fully integrating knowledge about trauma into policies, procedures, and practices.[39]

It is essential to recognize the long-term impact trauma has on children and youth and the importance of addressing it throughout different developmental stages. Early trauma can affect a child's ability to form attachments, yet the formation of supportive relationships is an important part in recovery from traumatic stress.[40]

The Advocate has made previous recommendations regarding trauma. In 2016, the Advocate released "Toward a Better Tomorrow: Addressing the Challenge of Aboriginal Youth Suicide"[41] regarding seven young people who died by suicide. All seven experienced early childhood trauma from exposure to domestic violence, parental addictions and/or parental mental health concerns. Most were separated from their loved ones and from healthy family connections and they experienced multiple moves. A number of these young people also experienced the death of family members by suicide. The Advocate made 12 recommendations, 6 of which are (see Appendix 4) specifically related to supports children require when they have experienced trauma.

37 Manitoba Trauma Information & Education Centre, 2013

38 Trauma Informed Care Project, (n.d.)

39 Substance Abuse and Mental Health Services Administration, (n.d.)

40 Centre for Substance Abuse Treatment, 2014.

41 Office of the Child and Youth Advocate – Alberta, March 2016. Retrieved from http://www.ocya.alberta.ca/wp-content/uploads/2014/08/InvRev_Toward-a-BetterTomorrow_2016April.pdf

In 2015, the Advocate released a report, "17-Year-Old Makayla: Serious Injury, An Investigative Review,"[42] and recommended that young people involved with Child Intervention Services be assessed to identify the impact traumatic events have had on them. Case plans should detail interventions to directly address the identified trauma and interventions should be reviewed on a regular basis to ensure their effectiveness.[43] Although some progress has been made on this recommendation, more work needs to be done.

Recommendation 1

The Government of Alberta should create and implement cross-ministry training for all child-serving ministries specifically related to the impact of trauma at every stage of childhood development so that appropriate interventions can be provided.

There were periods when Tina, Shirley and Jazmine were connected to their family and culture. Traditions and culture are critical to enhancing meaning in a young person's life and contribute to healthy development and identity. It is essential to recognize that for some families, trauma has been experienced throughout generations and can have serious implications for child-rearing. Historical and intergenerational trauma must be considered when placing children with relatives.

Like many children who are involved with the child welfare system, Tina, Shirley and Jazmine lived through trauma and attachment disruptions. There was a marked change in their behaviours when they entered adolescence that were difficult to manage. Their caregivers likely could not recognize that the girls' behaviours were a result of their unaddressed trauma histories. They were referred to community supports and the girls did not receive the help they needed. When children who have experienced trauma begin to struggle, it is critical that they receive timely, intensive trauma-informed interventions.

Recommendation 2

The Ministry of Children's Services should make certain that children and caregivers receive culturally appropriate, timely interventions that directly address the impact of trauma on the developing brain.

42 Office of the Child and Youth Advocate – Alberta, December 2015. Retrieved from: http://www.ocya.alberta.ca/wp-content/uploads/2014/08/InvRev_17-Year-Old-Makayla_2015December.pdf

43 The Advocate regularly reports on the progress of recommendations at: http://www.ocya.alberta.ca/adult/publications/recommendations/

The Ministry of Children's Services also publicly responds to recommendations at: http://www.humanservices.alberta.ca/publications/15896.html

CLOSING REMARKS

Tina, Shirley and Jazmine were loved by many. We spoke to their relatives and those who knew them well. Their thoughts were critical in helping us understand what these girls faced. I wish to extend my most sincere condolences to those who continue to feel their loss.

These girls experienced significant early childhood trauma that was not addressed and impacted them throughout their young lives.

Government must take action on my recommendations so that young people in similar circumstances to those of Tina, Shirley and Jazmine can succeed and reach their full potential.

[Original signed by Del Graff]

Del Graff
Child and Youth Advocate

Appendices

APPENDIX 4: RECOMMENDATIONS RELATED TO TRAUMA FROM "TOWARD A BETTER TOMORROW: ADDRESSING THE CHALLENGE OF ABORIGINAL YOUTH SUICIDE"

Recommendation 3

Alberta Human Services, with their service delivery partners, should ensure that supports are available to Aboriginal young people who have lost someone significant to suicide and that those services are deliberate and proactive.

Recommendation 4

Child Intervention Services should review case practice to ensure that intervention is focused on the child's needs. The impact on a child exposed to domestic violence, parental substance abuse and other forms of abuse must be addressed early in conjunction with their caregivers' treatment plans.

Recommendation 5

The Ministry of Human Services, with its service delivery partners, should ensure that case practice reflects a strength-based approach that focuses on the attachment needs of children while ensuring that their risk for harm is addressed.

Recommendation 7

Alberta Mental Health Services should ensure that cultural components are incorporated in treatment strategies for young people.

Recommendation 8

The Government of Alberta should ensure that mental health programs are more accessible, holistic and readily available in First Nations communities.

Recommendation 10

The Ministries of Human Services, Education and Health, along with their service delivery partners, should require that professionals working with Aboriginal Peoples have adequate training regarding the pre and post-colonial history specific to Aboriginal Peoples so that they have a good understanding of the potential risks, strengths and needs within Aboriginal families.

The Ministry of Children's Services publicly responds to recommendations at:
http://www.humanservices.alberta.ca/publications/15896.html

The Advocate regularly reports on the progress of recommendations at:
http://www.ocya.alberta.ca/adult/publications/recommendations/

APPENDIX 5: COMMITTEE MEMBERSHIP

Del Graff, MSW, RSW (Committee Chair)

Mr. Graff is the Child and Youth Advocate for the Province of Alberta. He has worked in a variety of social work, supervisory and management capacities in communities in British Columbia and Alberta. He brings experience in residential care, family support, child welfare, youth and family services, community development, addictions treatment and prevention services. He has demonstrated leadership in moving forward organizational development initiatives to improve service results for children, youth and families.

Elder Dakota Eagle Woman (Shirley's Committee)

Elder Eagle Woman is of Ojibwa descent and worked in the provincial correctional system under Elder Services starting in 2009 at the Calgary Remand Centre and Youth Correctional Services. She has hosted healing circles with the Elizabeth Fry Society of Calgary. In 2013, she was awarded the YMCA Peace Medal for Community Individual in Calgary. She has been involved in community assisting women leaders with the female Sundancers and carries a pipe. She worked with the Canadian Indigenous Women's Resource Institute and was involved with the Calgary Urban Aboriginal Initiative on their Justice Committee. She is involved with the Rocky Mountain House Kis Sai Wah Toe Tat Towin Society, a non-profit organization that connects communities.

Elder Francis Whiskeyjack (Tina's Committee)

Elder Whiskeyjack is employed by the Edmonton Public School Board. He wears a coat of many colours at Amiskwaciy Academy in his capacity as Elder, traditional art, song and Cree instructor and Community Cultural Resource Advisor. He has been with Amiskwaciy Academy for the past 13 years. Elder Whiskeyjack is also an Adjunct Professor and Cultural Advisor at the University of Alberta.

Elder Mary Moonias (Jazmine's Committee)

Elder Moonias is a Cree Elder from Maskwacis. She is the cultural advisor to Indigenous students attending NorQuest College along with other post-secondary institutions. Elder Moonias grew up in her First Nation community and provides cultural support to the Delegated First Nation Agency.

Cheryl Whiskeyjack (Shirley's Committee)

Ms. Whiskeyjack is the Executive Director of the Bent Arrow Traditional Healing Society. She has a Diploma in Child and Youth Care from Grant MacEwan University and a Certificate in Indigenous Leadership & Governance from the Banff Centre. She was a participant at the Aboriginal Round Table for the Mayor's Taskforce on Poverty Elimination, participated in training for the Edmonton Police Service in preparation for the Truth & Reconciliation National Event and presented at the National St Vincent de Paul Conference on "Making Successful Transitions."

Dr. Emily Wang, PhD, R. Psych. (Shirley's and Jazmine's Committees)

Dr. Wang is the Director of Trauma Informed Services and NMT Site Supervisor at Hull Services, a Flagship Site with the Child Trauma Academy. Hull Services is a non-profit organization that works with children and families in areas of early intervention and prevention, school based services, community services and residential care. Dr. Wang has been responsible for overseeing the implementation of NMT across all 28 programs at Hull. Her responsibilities include training, program development, clinical consultation and mentoring both within Hull and externally. Dr. Wang is a Fellow with the Child Trauma Academy (CTA) and is currently completing a Fellowship with the Napa Infant Parent Mental Fellowship Program through the University of California Davis Extension Program. Dr. Wang holds a Master of Science in Educational Psychology, a Master of Art and a Doctorate of Philosophy in clinical Psychology.

Dr. Indira Gajraj, PhD, R. Psych. (Jazmine's Committee)

Dr. Indira Gajraj has been a Registered Psychologist for over 25 years. She specializes in the treatment of individuals with emotional and behavioral disorders often associated with a history of trauma and attachment disorders. She consults with schools and other community agencies in Northern Alberta on the management and treatment of children and adolescents with severe emotional and behavioral challenges associated with trauma and attachment disorders. Dr. Gajraj regularly trains caregivers, school personnel and other frontline workers in strategies to help individuals heal.

Dr. Kelly Dean Schwartz PhD, Reg. Psychologist (Tina's Committee)

Dr. Schwartz is an Associate Professor in the School of Applied Child Psychology and Director of Applied Psychological and Educational Services at the University of Calgary. He has a PhD in social Psychology and an MSc in Educational Psychology. His specialization includes the psychosocial factors contributing to adolescent and family development, particularly identity and parent-child relationships. Dr. Schwartz has worked extensively with children and youth with severe learning and or social/emotional needs. He has received several national and international grants for his research in positive youth development and the psychology of family. His work has been featured in numerous publications and he serves as a reviewer for several academic journals.

Dr. Robbie Babins-Wagner, PhD (Jazmine's Committee)

Dr. Babins-Wagner has a PhD in Social Work from the University of Calgary with a focus on Outcome Research, a Masters of Social Work from Carlton University, and Bachelor Degrees in Social Work and Psychology – both from McGill University. She has extensive experience in counselling, domestic abuse, mental health, child welfare and health care. She is a recognized Social Work Supervisor with the Alberta College of Social Workers and is a Fellow and Approved Supervisor with the American Association of Marriage and Family Therapy. Dr. Babins-Wagner has an appointment as an Adjunct Professor within the Faculty of Social Work at the University of Calgary where she teaches as a Sessional Instructor. She is also a Senior Associate and Trainer with the International Center for Clinical Excellence in Chicago. In 2015, Dr. Babins-Wagner was awarded the University of Calgary Alumni Achievement Award and the True Leadership Award for Mental Health and Addictions by the Lieutenant Governor of Alberta's Circle on Mental Health and Addiction.

Dr. Tara Turner, PhD (Shirley's Committee)

Dr. Turner is an Assistant Professor in Indigenous Social Work with the First Nations University of Canada in Saskatoon. She teaches Social Policy Development and Service Delivery. Dr. Turner's research interests include child welfare, grief, disenfranchised grief, cultural models of grief, determinants of health and suicide.

Dr. Peter Choate, PhD, MSW. (Tina's Committee)

Dr. Choate is an assistant professor at Mount Royal University. His areas of instruction include: child and adolescent mental health, social work methods, and social work with families. Dr. Choate's scholarly interests include: child protection practice errors, parenting capacity assessment in child protection systems, youth addiction and suicide.

John Walker, MSW, RSW (Tina's Committee)

Mr. Walker is a Clinical Social Worker and Pastoral Counselling Specialist. His specialties include addressing anxiety, depression, dissociation and recovery from complex PTSD. He has provided trauma-informed training for frontline staff. Since 2002, Mr. Walker has worked collaboratively with health and social justice professionals to address sexual exploitation, violence, poverty, homelessness and addictions.

Marliss Taylor (Tina's Committee)

Ms. Taylor is the Program Manager for the Streetworks program in Edmonton and sits on the Steering Committee for the Canadian Drug Policy Coalition. She has worked in Harm Reduction for the past 20 years. Ms. Taylor has been involved in Health Promotion/Harm Reduction Initiatives in Siberia and Guyana, and a multitude of local, provincial and national research projects. In 2006, she won the YWCA Woman of Distinction Award in Health and Medicine, and the Nursing Honor Society Community Leadership Award. In 2014, Ms. Taylor was awarded the Clinical Innovation Award, also from the Nursing Honor Society.

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BEYOND TRAUMA: DISRUPTING CYCLES, EFFECTING CHANGE

13-YEAR-OLD TINA

16-YEAR-OLD SHIRLEY

19-YEAR-OLD JAZMINE

AN INVESTIGATIVE REVIEW

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