



Photo Bob Madden, White Shield Center, OR

Summary of Results: Crittenton Adverse Childhood Experiences (ACE) Pilot

From Adverse Childhood Experiences (ACE) to Success for Young Mother Led Families

October 24, 2012



BACKGROUND

The National Crittenton Foundation (TNCF) is the umbrella organization for the 27 members of the Crittenton family of agencies. Crittenton agencies provide gender and culturally responsive, trauma informed, strength based and developmentally appropriate services to girls and young women in 31 states and the District of Columbia. Comprehensive services and supports are provided in an array of settings including in the community, in home, foster care, and residential. Crittenton agencies have provided continuous services for more than a century to girls, young women and their families who are impacted by violence, abuse and neglect as well as by complex intergenerational trauma, poverty and early parenthood.

Founded in 1883, TNCF and the family of agencies have long advocated for young women who are invisible and living at the margin of the American dream. As the decades have passed, one compelling truth has held constant – the severity of the childhood trauma experienced by the girls and young women who enter the doors of Crittenton agencies. Given their long history of supporting girls and young women with complex trauma, the agencies are staunchly committed to early identification and treatment that addresses root causes. We have found that terms such as “at risk,” “marginalized” and “vulnerable” do little to accurately reflect the obstacles they face and the accompanying services required to support their efforts to heal and thrive.

The Adverse Childhood Experiences (ACE) questionnaire has been identified as a tool that could be administered across all Crittenton agencies to generate data that would define the degree of trauma faced by girls and young women in Crittenton agencies. This brief summarizes the results of a pilot data collection effort that took place in the spring and summer of 2012.

METHODOLOGY

Early in 2012, representatives of the Crittenton family of agencies met with Dr. Vincent Felitti, one of the principal investigators of the original ACE study. After learning more about the findings of the study and the possible applications of the ACE questionnaire, the decision was made to move quickly to pilot the use of ACE in all interested agencies. Rather than undergoing a lengthy process to delineate the administration process the choice was made to “just do it” and to use the results to inform the future institutionalization of the use of ACE across agencies.

TNCF worked with agency representatives to create the demographic section that was added to the ten item ACE instrument. Questionnaires were either completed online or sent to TNCF to be manually entered and analyzed. Agencies provided the questionnaire to current and former consumers of services, both male and female. Parents were provided the opportunity to complete the ACE for their children. Each agency determined how the ACE would be administered and to whom.

RESULTS: CRITTENTON AND ACE

The data below provides a glimpse into the level of exposure to trauma of young mothers served by the Crittenton family of agencies. Lessons learned through this process will inform the development of a standardized process for institutionalizing the use of ACE across Crittenton agencies.

Additionally, ACE findings will serve as the foundation for the definition and development of the continuum of services and settings needed to support girls and young women across the ACE score continuum. Defining this continuum will be critical to future efforts to help young families heal, achieve stability and thrive. Former “consumers” of services are serving as advisors throughout this process.



Photo Bob Madden, DePelchin Children's Center, TX

Crittenton scores are compared to the Centers for Disease Control (CDC), Adverse Childhood Experience (ACE) Study results of more than 17,000 patients of Kaiser Permanente in the San Diego area. It is important to note that the CDC study was conducted with adults, while those completing the ACE in Crittenton agencies are primarily adolescents. Since there is no national data pool for the ACE and adolescents, the CDC study findings are the only comparative data available.

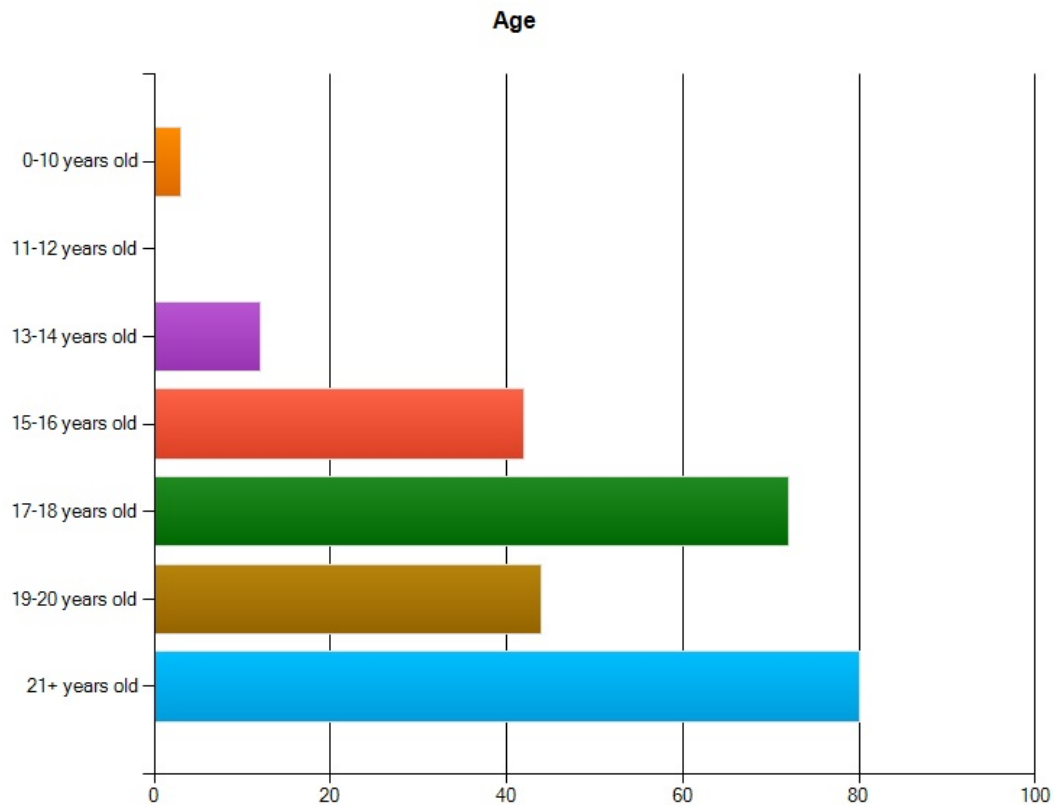
Agencies from 18 states participated in the pilot, including: Arizona, California (Southern), Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, North Carolina, Mississippi, Missouri, Montana, New York, Pennsylvania, South Carolina, Tennessee, Texas, and West Virginia. A total of 1350 usable responses were received from 916 females (70%) and 435 males (30%). **While data was gathered for males and females, this first brief will focus on the findings gleaned through this pilot specifically for young mothers, with a comparison to the CDC study population and all young women involved with Crittenton.** Future briefs will look at additional data sets for females, including those who are not pregnant or parenting, as well as males. Twenty-eight percent of the total females who took the ACE indicated they are pregnant or parenting and 88% of them are currently at Crittenton agencies while 12 % were formerly at the agencies. The total number of young mothers in this sample is 253.

Demographic data of young mothers respondents

The charts and graphs below present some of the demographic information collected about the young mothers in Crittenton agencies who completed the ACE questionnaire. Information about the age, racial/ethnic group membership and referring agency for 253 mothers are found below.

Age of mothers

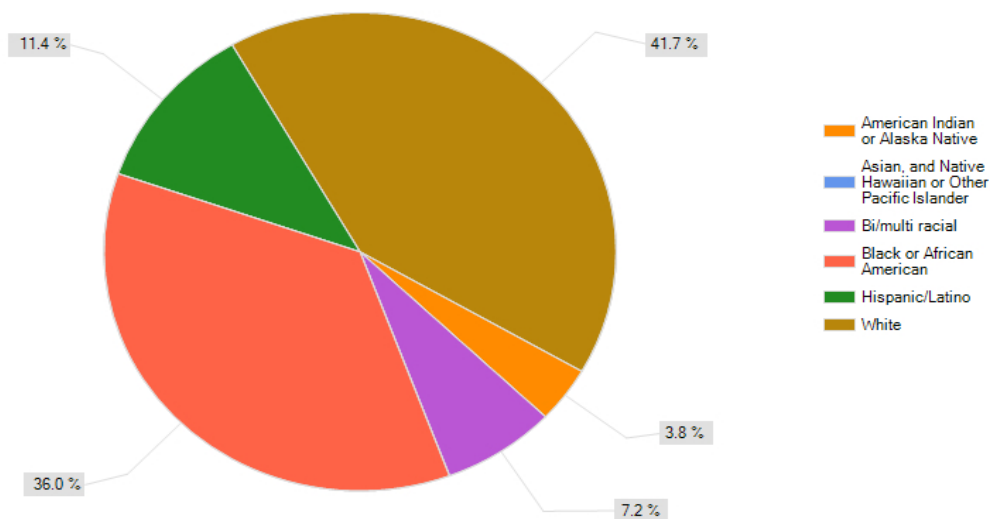
The following graph presents the age breakdown of young mothers completing the ACE questionnaire.



Racial/ethnic group membership of young mothers

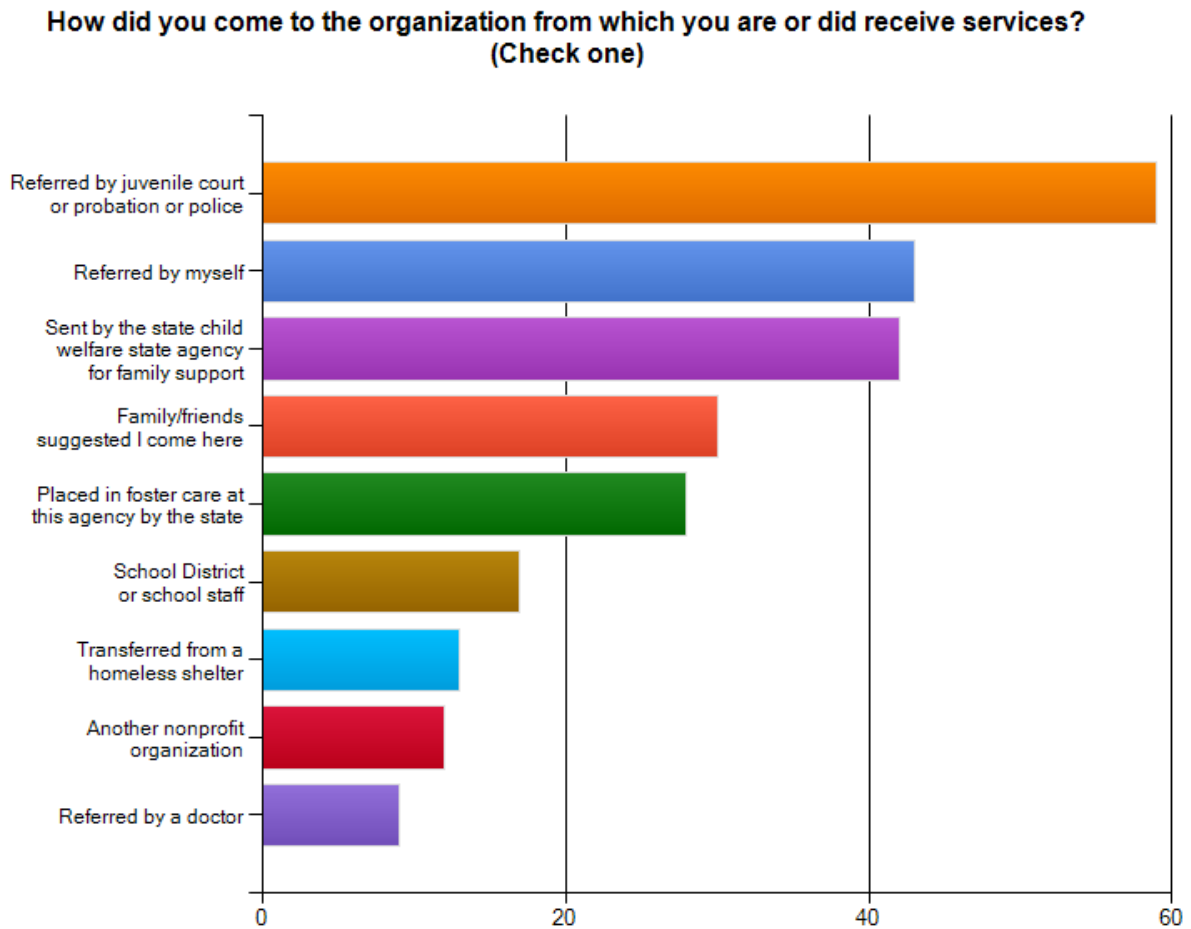
The pie chart presents the racial and ethnic group membership as self identified by young mothers, who were asked to select only one. Of the total, 58.4% self identified as youth of color or bi/ multiracial and 41.7% as white.

Racial/ethnic group membership (Choose one)



Referral Sources

The following bar graph outlines the referral source for young mothers involved with Crittenton agencies. The horizontal axis represents the number of people selecting each referral source. Participants were asked to select only one option.



The tables presented below provide a snap shot of some of the data from the pilot administration of ACE.

Total Score by Group

This table summarizes the percentage of each group with scores of 4+, 5+ and 10. The highest percentage in each score group is highlighted in yellow.

Group	Total Score		
	4+	5+	10
Original CDC study women	15%		
All girls served by Crittenton (n=916)	53%	42%	3%
All young mothers served by Crittenton (n = 253)	61%	48%	4%
Young mothers in juvenile justice and served by Crittenton (n=59)	74%	69%	7%
Young moms in child welfare and referred to Crittenton (n=42)	63%	48%	8%

Total Score by Program/Treatment Setting for Young mothers

This table compares the scores or exposure to trauma of young mothers based on the treatment or program setting in which they are receiving services. Again, the highest scores are highlighted in yellow.

Setting	4+	5+	10
Residential	82%	73%	12%
Community based	51%	41%	3%
In/ after school program	17%	17%	0%

Mother and their Children by Total Score

The information presented below reflects a very small sample of responses completed by mothers for their children, ages 5 -7 and 11-13. The table compares ACE scores of Crittenton current and former young mothers overall and two age groups of children. While the sample size is small, additional information will be gathered at a future date to analyze the extent to which ACE scores can be reduced for future generations.

Group	Total Score		
	4+	5+	10
All young mothers	61%	48%	4%
Children 5-7 years old (13)	9%	9%	0%
Teen children 11-13 years old (9)	28%	28%	0%



Photo Bob Madden, Crittenton Services of Greater Washington, DC

Trauma Categories and “Yes” Responses by Group

The table below outlines the 10 categories of trauma and presents the percentage of “Yes” responses for each item for three groups of young mothers. Responses that received 50% or greater are highlighted in yellow.

Category of Trauma	CDC Study – All Respondents % Yes	Crittenton Girls % YES	All Crittenton young mothers % Yes	Young mothers in juvenile justice % Yes	Young mothers in child welfare % Yes
Psychological abuse (by parents)	11	48	56	65	58
Physical abuse (by parents)	28	37	41	39	54
Sexual abuse (contact with anyone)	22	32	42	49	40
Emotional Neglect	15	46	50	37	48
Physical Neglect	10	24	30	35	27
Alcoholism or drug use in home	27	56	63	67	54
Loss of biological parent from home	23	32	42	83	60
Depression or mental illness in home	17	46	51	46	48
Mother treated violently	13	37	42	56	48
Imprisoned household member	5	34	37	49	33

Next Steps

Supporting the needs and potential of young mothers and their children is a wise investment in our future, an investment that can result in healthier families, and by extension, stronger economic stability for our country. Using a two or multiple generation approach provides us with the opportunity to intervene with young mothers and to do prevention work at the same time. TNCF and the Crittenton family of agencies look forward to re-administering the ACE questionnaire in 2013 employing the lessons learned as summarized below.

Lessons Learned

Agency staff viewed the results from the ACE pilot as fairly accurate though there is agreement that there was an understatement of the level of trauma and violence faced by young mothers receiving services from Crittenton agencies. Possible explanations include the tendency of youth to “normalize” their life experiences, i.e. because it’s what they have always known it is not viewed as “traumatic or violent.” Agency staff also observed varying degrees of insight about traumatic experiences based on where young mothers are in their healing process or treatment program. Thus, those who received services for the shortest period of time (at the time they took the ACE) may have understated their trauma histories the most.

The following are specific procedural items being discussed for future use of ACE across agencies:

- Administration of ACE will be done with staff support for participants in one-on-one or small group settings.
- The decision to have clients taking ACE without staff present will be made by clinical staff.
- Additional training will be provided to non-clinical staff administering the survey.
- Those completing the survey will be able to select more than one referring system.
- Demographic information collected will be reviewed and refined.

These changes and others are being considered in preparation for the second round of ACE data collection across Crittenton agencies. We expect to re-administer in early 2013 with broader participation from agencies, including those that were not able to participate in the initial pilot.

Some agencies have already made decisions about the use of ACE in their organizations. Some have included ACE as an additional screening tool, others are administering it at various points in a client's program, and others are still in discussion about internal use of ACE.



At the national level TNCF looks forward to working with agencies to:

- Refine the administration, use and analysis of ACE across agencies
- Delineate the policy implications of the results
- Advocate for the need to develop a deeper data pool for ACE and adolescents impacted with our systems of care, and
- Blend the data provide by ACE with what we know about child and adolescent brain development to articulate a continuum of services for young families.

Florence Crittenton Home and Services, MT

We believe that results of this ACE pilot and future data we collect across the family of agencies will help us clearly delineate a continuum of services needed by young families. This continuum will help us to effectively support their efforts to break intergenerational cycles of abuse, reduce poverty, and increase well being for young mother led families.

Believe
Achieve
Empower