BEYOND ACE

Summary Findings from the Crittenton Family of Agencies 2014-2015 Administration of the Adverse Childhood Experiences (ACE) Survey.

The National Crittenton Foundation

BELIEVE IN **THE POWER OF POTENTIAL**

Why ACE?

The National Crittenton Foundation (TNCF) has long shared the struggle that many face to define the depths of the challenges and the invisibility of marginalized girls and young women in the United States. This is crucial if we are to advance policies and programs that support the needs and potential of marginalized girls. TNCF believes that ACE brings the challenges they face to life through a simple ten-item survey and because everyone has an ACE score it enables us to relate to each other in that context.

The ACE Survey is a valuable tool that harnesses the power of data to foster social change. ACE data increases awareness about the breadth and impact of exposure to childhood adversity and the resulting complex trauma. Combined with brain research and the science of epigenetics, we now know more about the damage that adverse childhood experiences creates, and about the life-long process of healing. Thankfully, we also know about the tremendous capacity of young women to heal and thrive. We know that the ACE Survey is limited in scope, and that it does not include all the forms of adversity that children and youth today face. As such, you will read in this brief how we intend to work with young women as leaders to address these limitations.

We believe that the key to accessing the resources and policies needed to promote the potential of this very marginalized population is our ability to define the obstacles that confront them through no fault of their own. This must be done in terms that can be understood by a broad cross-section of stakeholders – from family members, clinicians, the public, and policy makers, to the young women themselves, and ACE enables us to do so. To this end, we share our experience with others, imperfect as it is, with the hope that it will encourage others to continue this journey with us.

Background

The National Crittenton Foundation (TNCF) is the umbrella organization for the 26 members of the Crittenton Family of Agencies, advancing the self-empowerment, health, economic security and civic engagement of the most marginalized girls and young women in communities across the country through advocacy and public will building. Crittenton agencies provide gender and culturally-responsive, trauma-informed and developmentally-appropriate services to girls, young women and their families in 31 states across the country. Intersecting forms of oppression, compounded by childhood adversity, violence and the resulting trauma, has impacted girls and young women supported by Crittenton agencies for generations.

Comprehensive services are provided in a variety of settings such as in home, in and after school, in community-based programs, in foster care, and in residential programs. Girls tend to be involved in multiple systems, including juvenile justice, mental health and child welfare. Many have experienced homelessness, young motherhood, domestic minor sex trafficking, substance abuse disorders and school push-out.

In 2012, Crittenton piloted the use of the Adverse Child Experiences (ACE) questionnaire to learn more about the adverse childhood histories of the individuals with whom the agencies work. The results of the pilot of the ACE survey can be found at http://www.nationalcrittenton.org/wp-content/uploads/2015/03/ACEresults.pdf.

In 2014, a second administration of the ACE survey included additional demographic information, and the pilot use of well-being questions. Well-being questions were added to provide information that would enable for better understanding of the connections between ACEs and well-being. Additionally, based on lessons from the 2012 survey administration, lead by Crittenton agencies, a survey administration protocol was developed to guide the second administration of the ACE survey.

Consistent with the 2012 study, we learned that the girls and young women supported by TNCF agencies have unusually high levels of childhood adversity that are significantly greater than respondents from other ACE studies. Additional findings help to guide efforts to support girls, young women and their families to break the cycle of exposure to childhood adversity and the resulting trauma for future generations.

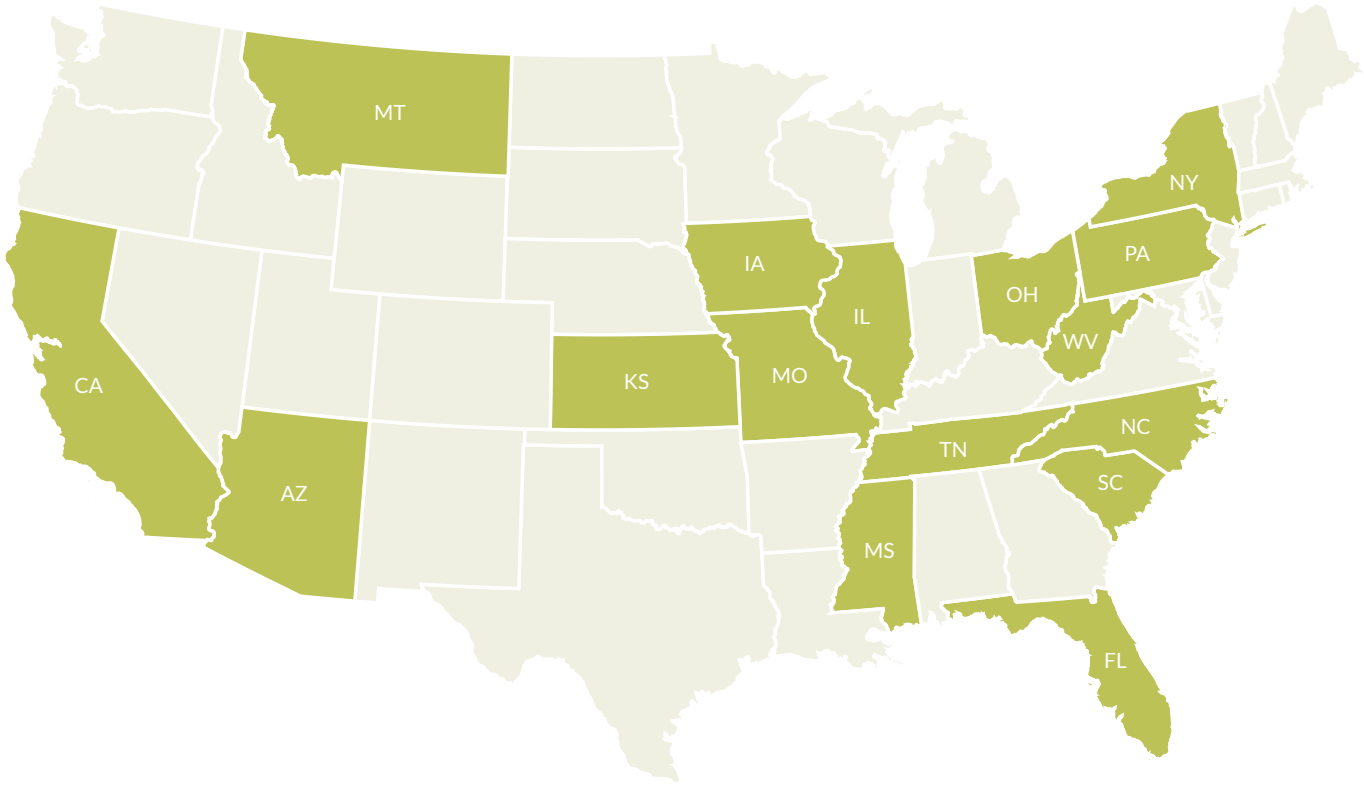
THIS ISSUE BRIEF:

- Summarizes the results of this administration
- Highlights the significance of the findings for our future work
- Outlines next steps for research on ACEs and well-being for TNCF girls, young women and their families in the coming years.

Methodology

All aspects of the ACE research is overseen by Catalyst, a practitioner-driven research collaborative created and made up of representatives of the Crittenton family of agencies. Catalyst guides all research that relies on agency research subjects, and helps direct research priorities. The second administration of the ACE survey provided an opportunity for Crittenton agencies to fine tune their approach to administering the ACE. Eighteen agencies in 16 states administered the survey.

Figure 1.
ACE Survey – 16 States and 18 agencies



A total of 1015 individuals were surveyed, including 745 females, 270 males. The survey was also completed for 109 children whose mothers were receiving support from Crittenton agencies and took the survey for them. Agencies administered the survey in settings and programs of their own choosing, including community-based programs, foster family placements, and residential treatment. The survey was administered between November 2014 and June 2015.

ACE scores from the CDC/Kaiser Adverse Childhood Experience Study and the Philadelphia Urban ACE study were compared with the TNCF ACE scores. Both the Kaiser-CDC and the Philadelphia Urban ACE study use 4 or more ACEs as a marker for significant trauma histories and increased risk of chronic disease, and social and emotional problems. In analyzing TNCF ACE data, we used two specific breakdowns of scores looking at respondents with ACE scores in the 4-7 and 8-10 ranges.

TNCF made several refinements for the second administration to improve upon the 2012 pilot:

- The agencies developed and implemented the use of a standardized administration and training protocols to guide the administration of the survey. ***The Adverse Childhood Experiences (ACEs) Toolkit for Providers, 2015*** which includes the protocols can be found at http://nationalcrittenton.org/wp-content/uploads/2015/10/ACEs_Toolkit.pdf

- TNCF was fortunate to be able to partner with Dr. Roy Wade, a leading ACE researcher from Children's Hospital of Philadelphia (CHOP) in the development.

- The agencies used a common database, REDCap, to input the data.

- The demographic section of the survey was expanded to include additional factors such as country of birth, and additional outcomes such as involvement in domestic minor sex trafficking and more.

- Seven agencies chose to pilot the addition of questions addressing indicators of social and emotional health to look at the relationship between ACEs and well-being. Using the youth well being framework developed by Dr. Wade Jr., the agencies chose to examine the indicators of stress, coping and connections.

One of the goals of the second administration was to move beyond simply looking at ACE scores to exploring the relationship between well-being measures and ACE scores. Well-being questions reflect girls' experience at the point at which participants took the ACE survey, not to measure the impact of the interventions used by the agencies, which will be the subject of future research studies.

DEMOGRAPHICS

The survey gathered basic demographic information on all survey respondents, 74% of which were female.

DEMOGRAPHIC	RESPONSE	FEMALE	MALE	TOTAL
Age in years (%)	10 to 18	72	89	73
	19 to 34	19	8	15
	35 to 65	9	3	8
Gender (%)	Female	--	--	74
	Male	--	--	26
Race/Ethnicity (%)	Hispanic/Latino	16	31	19
	White	54	50	55
	Black	20	11	17
	American Indian/ Native American	5	1	4
	Asian/Native Hawaiian/ Pacific Islander	1	<1	1
	Multiracial	5	6	5
Education (%)	Less than high school	75	92	80
	High school	14	5	11
	Some college or more	12	3	9

SERVICES RECEIVED

The majority of female respondents were receiving mental health services (37%), followed by residential treatment (20%).

Figure 2.
Services Received by TNCF Survey Female Respondents

- Early childhood
- Family support
- Mental & behavioral health
- Supportive housing
- Residential treatment
- Other
- Don't know/refused

SERVICE SETTINGS

Survey respondents lived in a variety of settings, but primarily with their biological family (27%), and in residential treatment (29%).

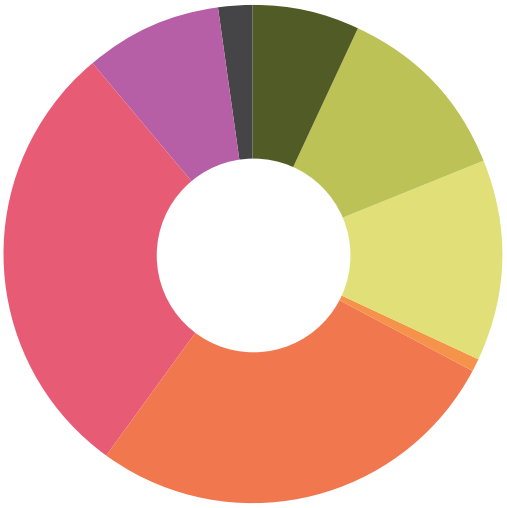


Figure 3.
Service Settings of TNCF Survey Female Respondents

- Foster care / kinship foster care
- Group home
- Living alone
- Living with friends
- Living with my biological or extended family
- Residential treatment center
- Shelter (emergency, domestic violence, homeless)
- Other

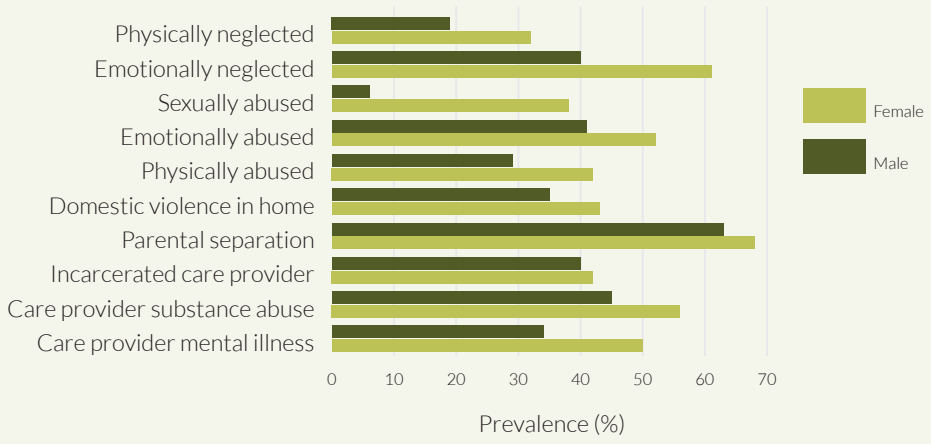
Key Findings

The primary findings from TNCF's second administration of the ACE study are highlighted below. These findings were shared at a briefing in Washington, DC in October 2015. Additional analyses will be conducted throughout 2016 to further explore the ACE profiles for girls and young women participating in TNCF services and supports.

We have been asked why TNCF looked at the survey from a gender perspective. TNCF is a national organization that advocates for gender-responsive services to address the unique needs of systems-involved girls and young women. Given this mission, we wanted to better understand the differences in ACE histories between females and males. This gender lens does not deny or negate the ACE histories of males. Rather, it is meant to illuminate the specific ACE histories of females that may be instructive to efforts in addressing their unique needs. It should be noted that we also explore ACEs for TNCF recipients as a group – both male and female – so we don't lose the collective experience of the individuals with whom we work.

The major takeaways from our study are as follows:

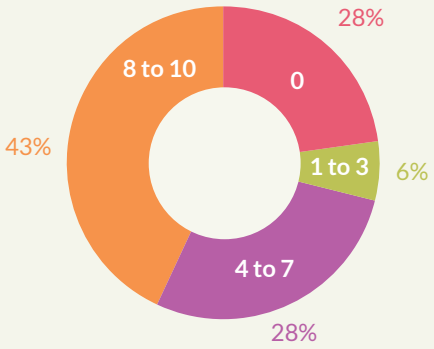
- TNCF female and male survey respondents have significantly higher ACE scores than respondents in both the original Kaiser Permanente–CDC ACE study and the Philadelphia Urban ACE study.
- TNCF female respondents have higher ACE scores than TNCF male respondents, particularly in the ACE score range of 8 to 10.
- All variables scored on the ACE were common among female participants, and high ACE scores for TNCF females cuts across all racial/ethnic lines.
- TNCF females have higher prevalence of individual ACEs than males, and females have a higher prevalence of individual ACEs across all ACE categories. However, the largest differences are for sexual abuse (32% difference), emotional neglect (21% difference), and provider-care mental illness (16%).



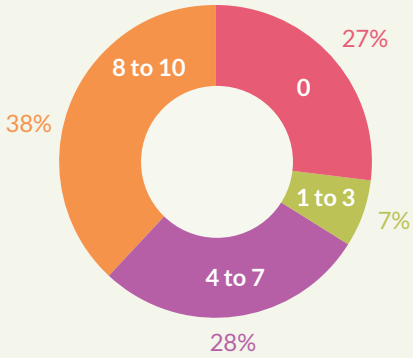
- Females with ACE scores of four or more who are in the foster-care system experience more placement instability. The number of placements nearly doubled when comparing those who scored 4-7, to those who scored 8-10.

- A significant percentage of girls and young women receiving residential treatment services have high ACE scores. – not surprisingly, 65% of TNCF females in residential treatment have ACE scores of four or more, including 27% with scores of 8 or more. These scores suggest trauma histories that make residential treatment an essential component of their treatment plan.

- Females with at least one child, or parents who had their first pregnancy as teens, have high ACE scores.



- Children of respondents have significant ACE histories before the age of 10.



WELL-BEING MEASURES

As described above, a subset of agencies participating in the survey chose to pilot the use of questions in three well-being domains. These included coping, stress, and connections – three measures they felt were critical to the ability of participants in their agencies to self regulate, stabilize and ultimately thrive. These findings confirm a correlation between ACEs and well-being as evidenced in Figure 4.

As ACE scores increase, **psychological stress** also increases.

As ACE scores increase, **coping skills** decrease.

As ACE scores increase, **sense of connection to others** decreases

Summary

The findings above suggest that both males and females participating in TNCF services and supports have significant childhood trauma that is normative to their lives, and that their adverse childhood experiences are being replicated for their children. While this in itself is not a surprise, the prevalence of significantly high ACE scores (4-7 and 8 or more) across all individual ACE categories is indeed troubling to both the agencies and our research partners. Our principal researcher, Dr. Roy Wade, confirmed that the incidence of 8 or more ACEs in this type of research is both rare and disconcerting.

"The incidence of 8 or more ACEs in this type of research is both rate and disconcerting, and suggests the critical importance of trauma-informed services for this population."

Dr. Roy Wade Jr.

Additional findings are equally troubling, including the differences in ACE scores and ACE prevalence between males and females; the high number of females experiencing sexual abuse; and the significantly higher ACE scores for females who have experienced trafficking, young motherhood and who have histories of placement instability. The finding that ACEs are prevalent across racial and ethnic groups is informative, and suggests additional research that's required to understand the nuances for these groups across all ACE categories.

"The ACE information proved to me that I am a survivor and not a damaged person full of blame and shame. Most importantly, I know it is in my power to take actions to protect my children from exposure to adverse experiences – I can stop the cycle that is my family legacy."

- Cassaundra

Implications

The illuminating implications of the second administration of the ACE in Crittenton agencies are as follows:

1 Four or more ACEs alone is not a nuanced enough cutoff for ACEs research.

It is clear that the traditional approach of looking at scores of 4 or more misses the unique needs of girls with very high ACE scores of 8-10. **The relatively high percentage of TNCF clients with scores of 8 or more indicates that there are particularly vulnerable subgroups that warrant further attention.** Notably, the highest percentage of females who experienced sex trafficking and multiple-placement moves had scores of 8 or higher. Additionally, nearly 25% of all young mothers surveyed had scores of 8 or more.

Figure 1.
ACE Scores for Females with History of Trafficking

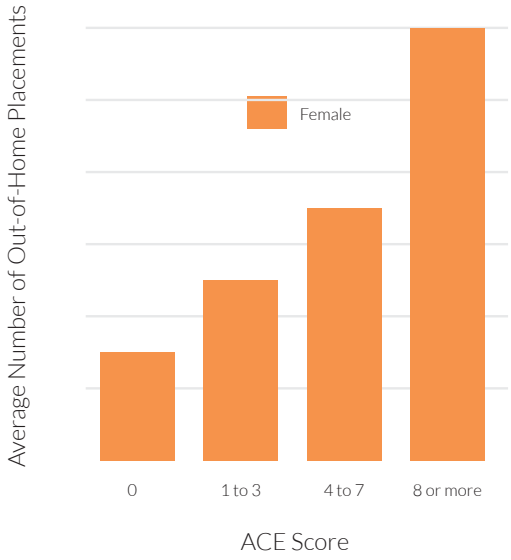
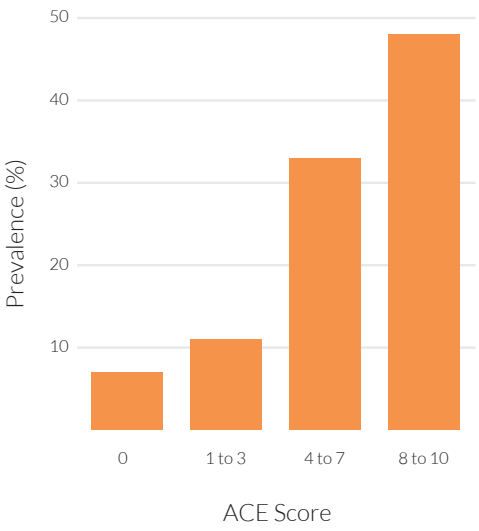


Figure 2.
Average Number of Out-of-Home Placements by ACE Score and Gender



These findings are particularly relevant for TNCF agencies who are committed to addressing the impact of childhood adversity for young, systems-involved women who have been impacted by trafficking, multiple-placement moves, and multiple-trauma experiences in their families and communities. In addition, well-being findings indicated that as ACE scores increased for female respondents, their psychological stress also increased, and coping skills and sense of connection decreased. Further disaggregating the ACE profiles for young women with 4 or more ACES will help us better address their unique needs, while also educating schools, public systems, and our community stakeholders about the depth of their childhood trauma histories.

2 A gender lens is critical to both ACE research and systems interventions, particularly child welfare interventions.

When compared to males, females have higher ACE scores, particularly in the ACE score range of 8 to 10. The differences between males and females suggest that gender matters when it comes to addressing childhood adversity and the resulting trauma. The juvenile justice system has recognized this for many years and federal juvenile justice statute includes a mandate for gender responsiveness. In our experience, the child welfare system does not currently use a gender lens, particularly in assessing the interventions that will make a difference to address their unique developmental needs. More attention to gender is a critical future step for the child welfare and all other child/youth supporting fields.

3 Using an intersectional lens in all ACE research is essential. We must acknowledge that all racial and ethnic groups experience ACEs–and that disaggregation by racial and ethnic groups, gender and class is essential in understanding and developing effective means of interrupting the cycles of childhood adversity.

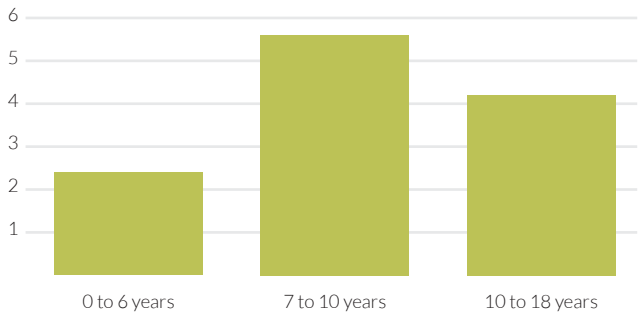
Additionally, we must address the limitations of the ACE survey itself in addressing cultural trauma and other social determinants of health faced by girls and young women. Through the future development of a girl-informed survey, TNCF hopes to address these limitations. High ACE scores cut across racial, ethnic and gender lines, but we must learn more about the differences and similarities in root causes, exposure and effective gender and culturally-responsive interventions. Future TNCF studies will explore the possible differences in childhood adversity between rural and urban populations as a way of testing our hypothesis that the high percentage of young white women with scores of 8 to 10 might be a function of rural poverty.

"The ACE information has given me insight – I now know that I sometimes revert to my childhood protective gear in my adult life, because I'm still learning to trust that there is an adult (me) that can take care of herself."

Tanya

4 A multigenerational approach to reducing childhood adversity and the resulting trauma is absolutely critical to our work.

The high ACE scores for the 109 children in this study confirm the absolute necessity of a multigenerational approach to breaking the cycle of trauma and adversity. It also highlights the vicious cycle that is perpetuated in many young women's lives - that ACEs lead to traumatic experiences later in life, which can transfer to their children. An overwhelming majority of parenting youth, or youth who had their first child in their teens, had ACE scores of 4 or higher. Also, the average score for children 7-10 years of age was 5.6, while children over 10 had an average score of 4.2.



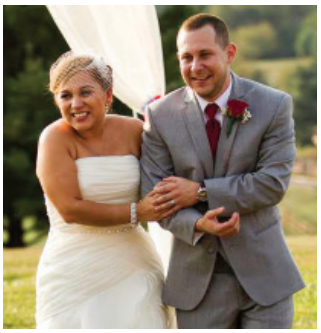
TNCF agency interventions are designed to address the needs of parents and children together, and to help young parents view their own healing as a way to reduce ACEs for their children. This study confirms the importance of doing this as early in the life of a child as possible, as well as the importance of advocating for policies that facilitate working with parents and children together. ASCEND's publication, *Top Ten for 2Gen: Policy Ideas and Principles that Advance Two Generation Efforts* (http://ascend.aspeninstitute.org/resources/top-ten-for-2gen) provides a blueprint for two-generation policy development.

"The startling and sobering finding was that children had a prevalence of ACE scores that mirrored that of the adults."

Dr. Roy Wade Jr.

5 We must become more certain about which interventions work to build resilience.

There's a clear link between ACE scores and well-being domains that compels us to do further research on what works to impact well-being. Crittenton agencies differ considerably in the populations with whom they work, the services they provide, and the systems and community contexts in which they operate. Yet the initial foray into collecting well-being data suggests that we have much more to learn about which interventions work to improve well-being among a population with significant childhood adversity. Expanding our well-being research is critical to our ability to articulate which interventions are making a difference, and in turn, to influence funding and policy decisions.



"I became pregnant at age 15 and I felt invisible and no longer believed in myself. But it only takes one person to change that and luckily, one person grew to be many, and while my journey to self-empowerment has not always been easy – it's worth the work."

Lisette

6 We must redouble our efforts to educate communities and systems about the impact of childhood adversity and the toxic stress high exposure creates, as well as, the urgent need for appropriate gender and culturally-responsive approaches to supporting individuals healing from complex trauma.

When confronted with the high percentage of individuals with scores of 4 or more ACEs, it reinforces for us the critical importance of educating schools, child welfare and juvenile justice systems, and the community at large about how trauma can manifest itself in children and young people, the importance of a compassionate response to behaviors rooted in trauma, and the urgency with which we need to help young people address the root causes of their behaviors. Also, having ACE data allows agencies to have a more thoughtful and data-informed approach to effectively advocate for resources and policies that acknowledge and consider the traumatic experiences of the clients we serve. TNCF will continue to use every forum possible to share this message through these and future findings from our research.

Future Research

Crittenton's journey in the first and second administration of ACE has been an important undertaking. We have learned more about the girls and young women whose lives we are hoping to positively impact, and we now know more than we did before about the adversity they faced and the depth of the resulting trauma. Additionally, several agencies are using the ACE survey as a screening tool to get a better understanding of trauma histories early in the treatment planning process. As outlined in our Toolkit for Providers (cited above), the agencies are also using ACE findings to educate their communities about childhood adversity and the resulting trauma, and ways they can help to identify and support the healing process.

Our research, however, is far from over. We have identified several next steps for 2017 and 2018, including:

- Additional analysis of data from the second Administration of ACE to better understand population-specific trauma experiences and the relationship to the three well-being domains of stress, coping and connections;
- Pending funding - Creation of a "girl/young women-informed survey" that uses participatory action research and the original ACE survey as a starting point, and refines it to be reflective of the how girls and young women define and experience adversity in their communities;
- Development of a centralized database so agencies can use the information in real time for continuous quality improvement, community education, and policy influence;
- The use by all agencies of the three well-being domain questions used in this pilot, and the addition of more well-being indicators that agencies can use over time to track improvements to social, emotional, and physical well-being.

This issue brief was developed through the generous support of Catalyst, a practitioner-driven research collaborative supported by the family of agencies of the National Crittenton Foundation. The collaborative guides all research that relies on agency research subjects, and helps direct future research priorities. The Collaborative is designed to ensure that the individuals with whom they work are treated with the upmost dignity and respect while also allowing research to inform their daily practice, agency programs and standards, and the policy environment in which they operate. We thank them for their support.

The National Crittenton Foundation (TNCF), a 133-year-old institution, is the national umbrella for the 26 members of the Crittenton family of agencies, which supports more than 135,000 girls and young women annually in 31 states and the District of Columbia. Crittenton agencies provide a comprehensive mix of gender and culturally-responsive, trauma-informed, developmentally-appropriate, strength-based services to girls, young women and their families impacted by intersecting forms of oppression compounded by childhood adversity, violence, and the resulting trauma. TNCF's mission is to advance the self-empowerment, health, economic security and civic engagement of girls and young women impacted by violence and trauma. TNCF leads national advocacy efforts, supports its girl and young women-lead BOLD Program, and provides capacity building support to Crittenton agencies and others supporting the needs and potential of marginalized girls.

We would like to thank Dr. Roy Wade Jr. and the Children's Hospital of Philadelphia for their time and support of the 2014 administration of ACE.