



Photo Bob Madden, Families First, Atlanta, GA

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

Girls and the Juvenile Justice System

May 17, 2013



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 girls and young women involved with the juvenile justice system 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.



Photo Bob Madden, Inwood House, NY

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.

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.

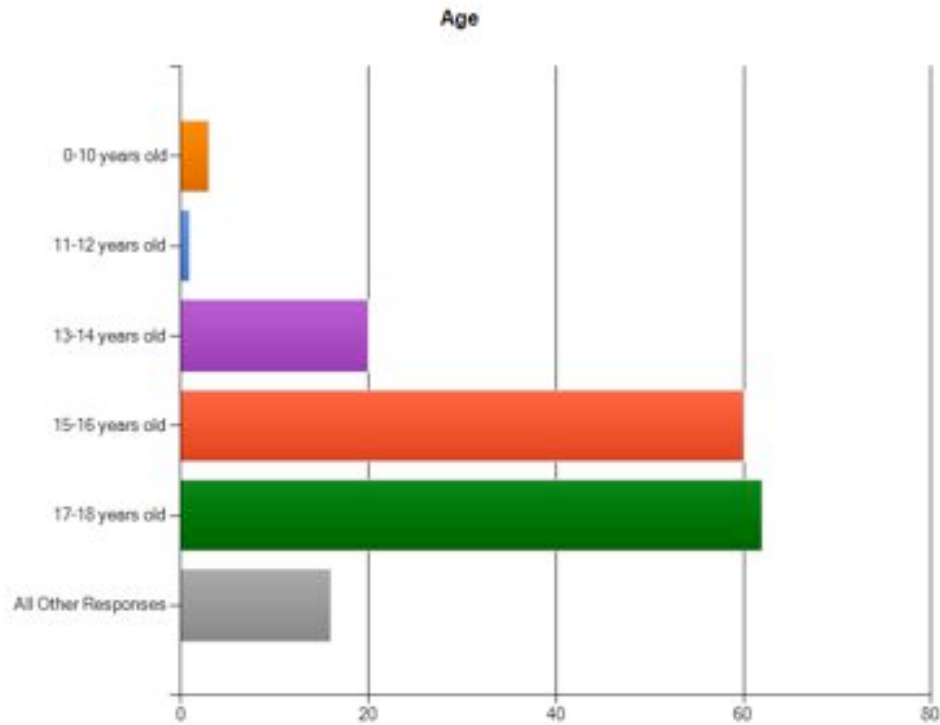
Agencies from 18 states participated in the pilot, including: Arizona, California (Southern), Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, North Carolina, Mississippi, Missouri, Montana, New York, Pennsylvania, South Carolina, Tennessee, Texas, and West Virginia. A total of 1350 usable responses 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 women involved with the juvenile justice system, 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, as well as males. Twenty-eight percent of the total females who took the ACE indicated they are pregnant or parenting.

Demographic data of Girls Referred by Juvenile Justice

The charts and graphs below present some of the demographic information collected about 162 girls involved with the juvenile justice system receiving services from Crittenton agencies who completed the ACE questionnaire. Information about the age and racial/ethnic group membership is found below.

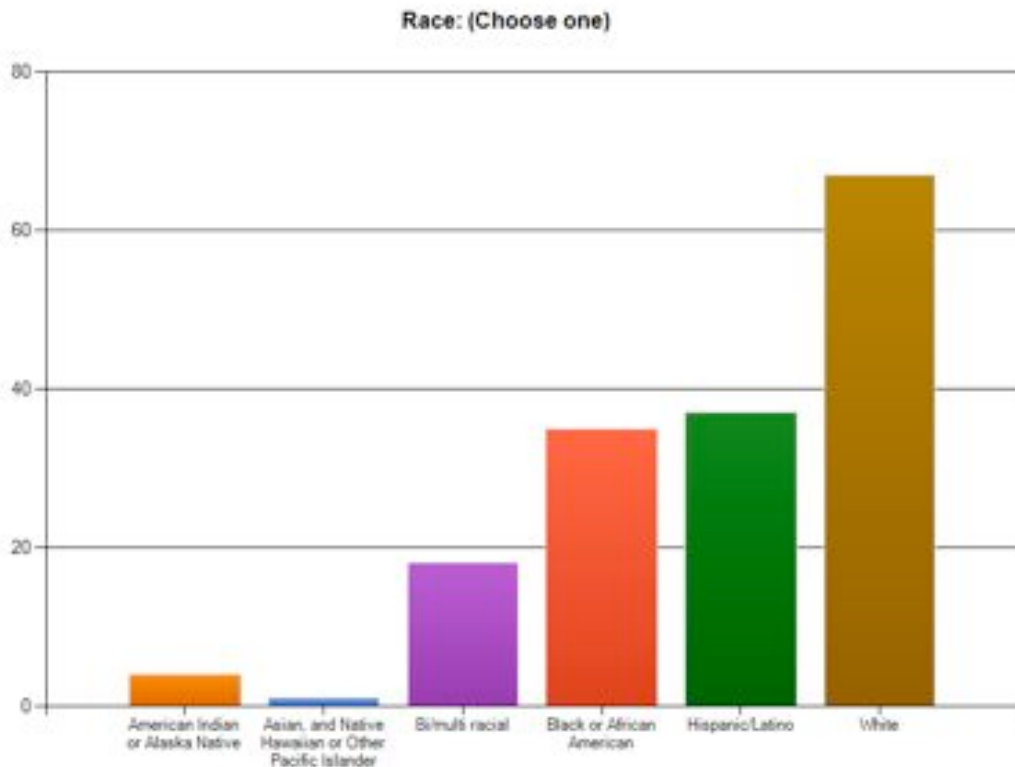
Age of Girls Referred by Juvenile Justice

The following graph presents the age breakdown of girls referred by juvenile justice who completed the ACE questionnaire.



Racial/ethnic group membership of girls and young women referred by Juvenile Justice

The pie chart presents the racial and ethnic group membership. Of the total, 59% self identified as youth of color or bi/ multiracial and 41% as white.



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%
Girls referred by juvenile justice (n = 162)	62%	44%	4%
Young mothers in juvenile justice and served by Crittenton (n=59)	74%	69%	7%

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 the CDC Study, All Crittenton Girls taking the ACE, girls referred by juvenile justice and young mothers referred by juvenile justice. Responses that received 50% or greater are highlighted in yellow.

Category of Adverse Childhood Experiences	CDC Study – All Respondents % Yes	All Crittenton Girls % YES	Girls Referred by Juvenile Justice % Yes	Young Mothers in Juvenile Justice % Yes
Psychological abuse (by parents)	11	48	58	65
Physical abuse (by parents)	28	37	44	39
Sexual abuse (contact with anyone)	22	32	44	49
Emotional Neglect	15	46	53	37
Physical Neglect	10	24	33	35
Alcoholism or drug use in home	27	56	71	67
Loss of biological parent from home	23	32	39	83
Depression or mental illness in home	17	46	57	46
Mother treated violently	13	37	45%	56
Imprisoned household member	5	34	46%	49

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 girls and young women referred by juvenile justice 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 girls and young women 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 youth involved with the juvenile justice system.

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