

ACE ASSESSMENT PILOT

Using Adverse Childhood Experiences Exposure to
Identify Risks for Children Receiving Services

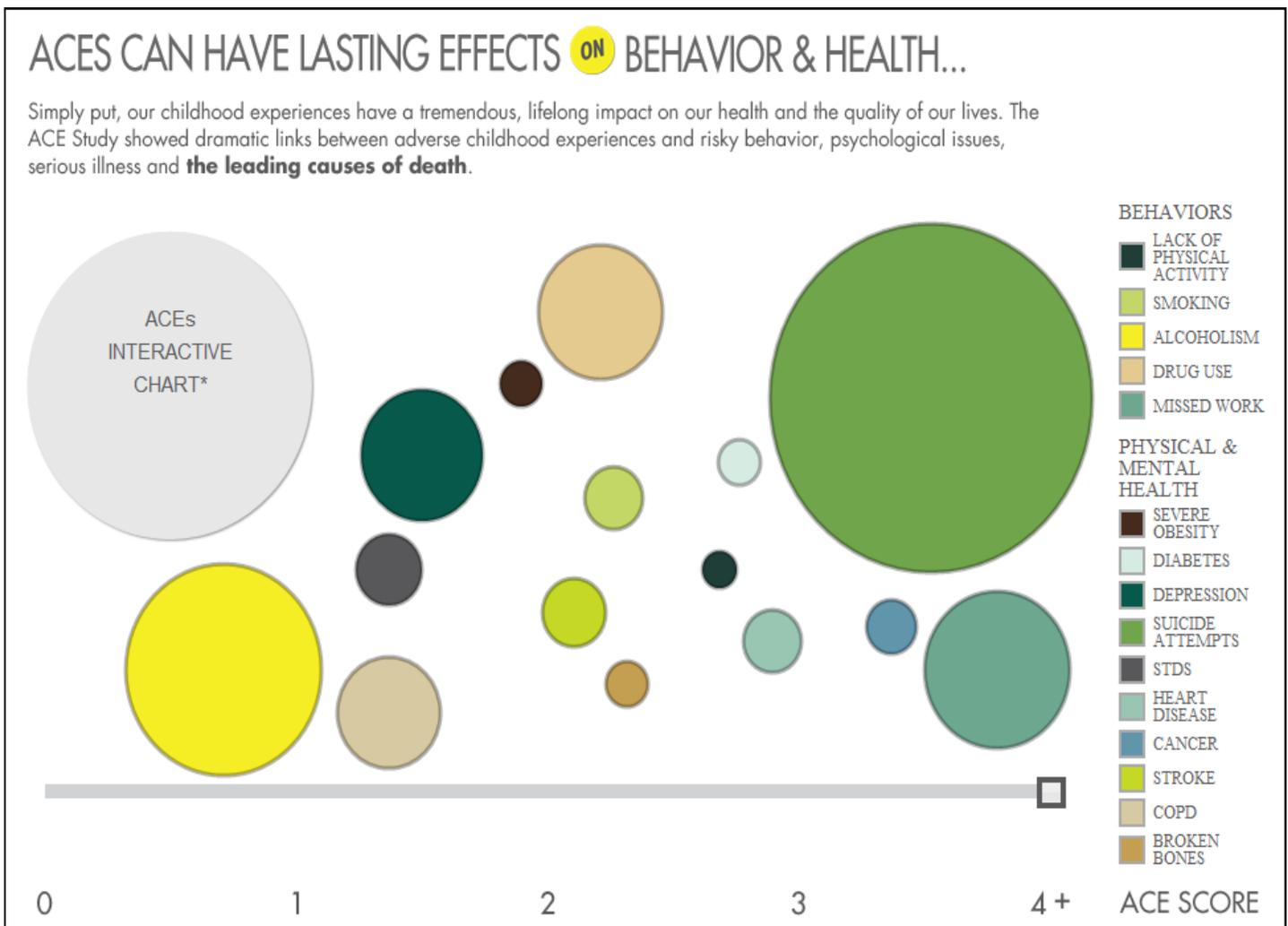


**OFFICE FOR
WOMEN**
A Division of
Community Services

INTRODUCTION

Research examining Adverse Childhood Experiences has been able to connect the childhood experiences of adults to risk factors and long lasting effects on health and well-being.

Now we have the opportunity to use that information to identify, in real time, children whose future health and well-being are at risk due to adverse childhood experiences; improve how we work with families; and implement targeted trauma informed programming and prevention measures.



http://vetoviolenecdc.gov/apps/phl/resource_center_infographic.html

ACE ASSESSMENT PILOT

OVERVIEW

Premise: The Center for Disease Control retrospective studies of adults on Adverse Childhood Experiences (ACEs) can assist service providers and families in identifying and understanding future risks to the health and well-being of children based on current family information. Such information offers opportunities to provide support and work more closely with parents, children, service providers and funders to mitigate risks and prevent ACEs. That when working with families, staff should consider the likelihood of parents having experienced ACEs.

Survey Tool: Issues Identified as Adverse Childhood Experiences (Page 6)

Survey Conducted: August 11-12, 2015 by the Office For Women.

Population: Families Receiving Services—Eligible due to Risk or History of Domestic Violence between parents

Objective: To use Adverse Childhood Experience survey scores to help staff identify families with greater potential to have unmet needs. The initial review of 15% of active family files found children of families in the program had been exposed to 4 - 7 ACEs. The results indicated all families should be offered additional opportunities to identify needed services.

Families: There is a history or risk of domestic violence between the parents of each child receiving services through the program. The parents are estranged. Therefore, all children of families eligible for services are considered to have a minimum of two ACE exposures: Domestic Violence and Parental Separation. Unlike the initial effort, the follow-up review included all families currently in the program (81% of files reviewed) and some recently closed cases (19% of files reviewed). The information on the following pages is based on the follow up review of 158 family files.

LIMITATIONS AND REDUNDANCY

The information and interpretation of facts in the files is limited to what was asked at intake (self-reported) or noted later by staff. Emotional neglect and physical neglect may be under-reported—family files do not contain details of Child Protective Services reports or investigations; files may contain the information under another category or a general category of “child abuse” which was not on the survey. Definitions may not be consistent for categorizing “family issues” reported at intake and/or by those applying the ACE checklist. For example “parent treated violently” may be interpreted as being limited to physical violence by some and others may include emotional abuse. Such inconsistencies would be typical in other programs/agencies and need to be addressed in the design of a community survey. Other inconsistencies may occur due to most information being self-reported.

Because all children in the program are considered to have domestic violence exposures over a period of time, domestic violence might be scored as “Parent treated violently” and also as “physical abuse” if violent incidents are noted. Others may only score “physical abuse” related to children. To examine and reduce the potential impact of redundancy, ACE pilot scores are reported with and without the “Parent treated violently” category.

ANTICIPATED RESULTS

According to a [study](#) published by the National Institute of Health, multiple ACEs are anticipated for children exposed to intimate partner violence, with increased exposures increasing the number of ACEs.

“... the adjusted odds ratio for any individual ACE was approximately two to six times higher if IPV occurred ($p < 0.05$). There was a powerful graded increase in the prevalence of every category of ACE as the frequency of witnessing IPV increased. In addition, the total number of ACEs was increased dramatically for persons who had witnessed IPV during childhood.”

(<http://www.ncbi.nlm.nih.gov/pubmed/11991154>)

CASE REVIEW RESULTS

After reviewing files of 158 program families the total number of ACEs was 1047.

116 families scored greater than 5.0 when the category “Parent treated violently” was included for every family to represent “domestic violence.” With all categories included, the ACE average for families was 6.63.

When “Parent treated violently” was removed to allow for possible redundancy due to inclusion of other categories of abuse, the ACE average was 5.62. However, some categories such as health, emotional and physical neglect may be under-counted due to no common definition or need by agency and parents to report. Both 5.6 and 6.6 scores indicate high levels of risk related to future health, including potential reduction of lifespan by up to 20 years.

WHAT DO THE ACE VALUES MEAN? *

Compared to 0 ACEs, Exposure to 4 or more ACEs Indicates a person is:

- 7.4x as likely to self-identify as “alcoholic”
- 4.6x as likely to report feeling depressed for 2 weeks or more in a year
- 4.7x as likely to admit using illicit drugs
- 3.9x as likely to complain of chronic bronchitis or emphysema
- 12.2x as likely to have attempted suicide
- 5.5x as likely to have missed 14 work days due to mental illness

High ACE scores in childhood, particularly 4 for or more exposures, indicate that in adulthood those persons are more likely to be diagnosed with diabetes, certain types of heart disease, depression and substance abuse issues considered to be related to chronic stress. This offers an opportunity to examine probabilities and better target or cluster services to assist individuals and families in recognizing adverse experiences and the potential outcomes.

Once aware, families can be better motivated and equipped to assist in the work of preventing exposures and mitigating the long-term effects of trauma and other adverse experiences. Using ACE surveys also offers training opportunities for staff in trauma informed support, with consideration given to the specific experiences of populations being served.

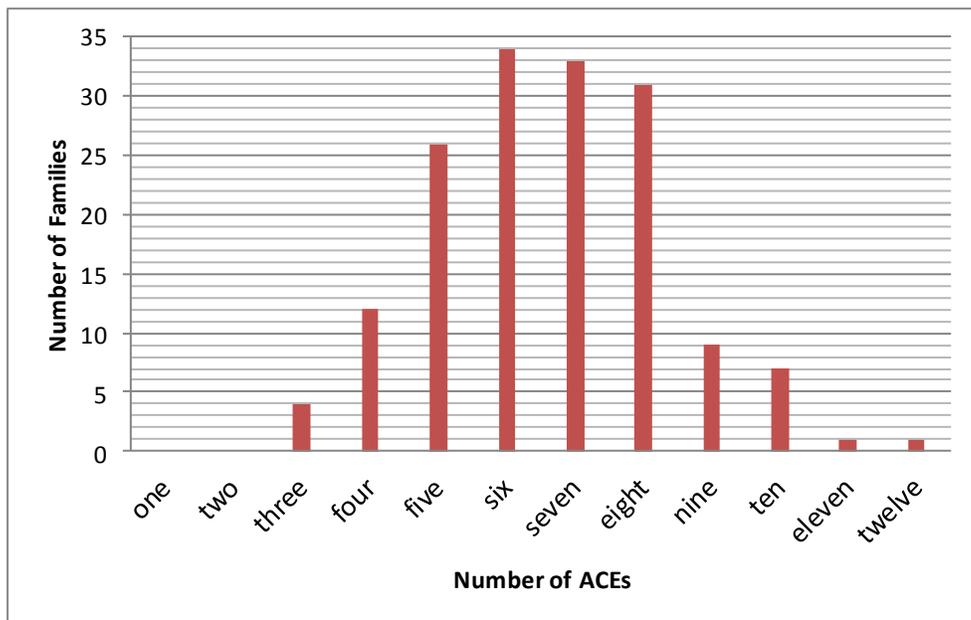
MOST COMMON ACE EXPOSURES for Children

Program Families	Kentucky **
1. Parental separation/divorce (100%)	1. Economic Hardship (30%)
2. Parent treated violently (100%)	2. Divorce (29%)
3. Emotional Abuse (91%)	3. Alcohol problems (14%)
4. Physical Abuse (80%)	4. Incarceration (13%)
5. Economic Hardship (75%)	5. Mental Illness (11%)
6. Substance Abuse (61%)	6. Domestic Violence (10%)

OVERVIEW OF PROGRAM FAMILIES

How Categories Were Scored

Of the 158 families reviewed, 31 were recently closed cases (within the past 6 months); 9 use the program occasionally when other arrangements are not available, and another 8 families were “on hold” for services to resume (example: seasonal family schedule changes). Families are eligible for services due to a history or risk of domestic violence between the parents. All program families reviewed were referred by Family Court.



Children in families receiving services would have been exposed to a pattern of domestic violence over time, not a one time incident. Therefore, “Parent Treated Violently” was scored as an ACE for all families as the most appropriate category to represent “Domestic Violence.”

No families scored less than three ACEs. Of the four families (2.5%) with three ACEs, two were recently closed cases. One family receives services only during holidays.

The program’s federal grantor requires reports on specific information under the designation “Family Issues.” This information is self-reported except for some information from Family Court. Family Issues correlate well to specific Adverse Childhood Experiences (ACEs): Domestic Violence, Homelessness, Sexual Abuse, Mental Illness, and others. In the process of doing intake and working with families some additional information is obtained. Although categories such as health may be under-scored as a result of not re-interviewing parents, most relevant information was available by reviewing existing files.

The program does not serve families while a parent is incarcerated. However, “Incarceration” was scored for families where records indicated a parent had been incarcerated. “Crime” was marked when criminal activity by a parent was documented but the file indicated: the parent was only put on probation, it was unclear whether charges were filed, or it was unknown whether charges resulted in incarceration.

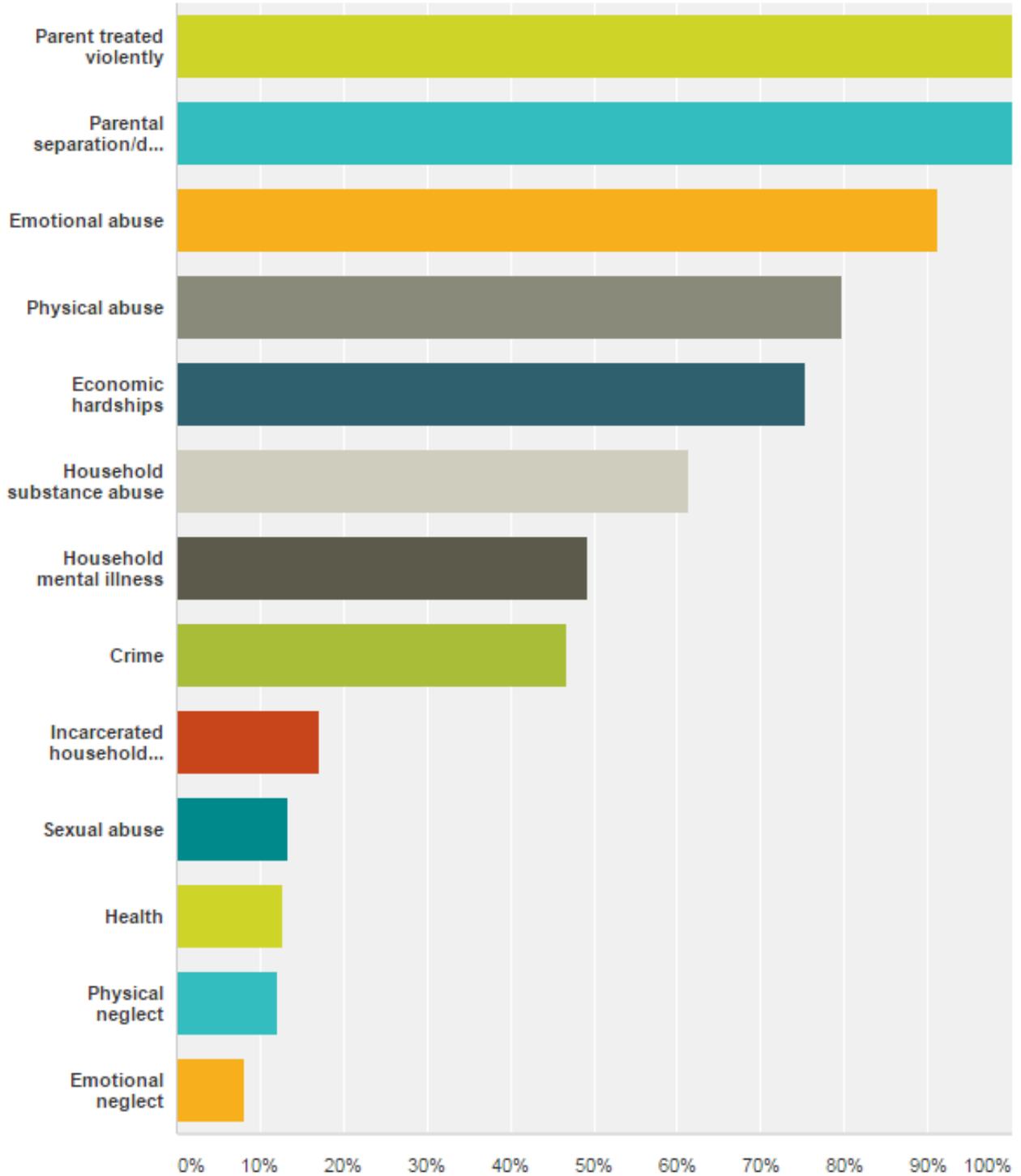
“Economic Hardship” was recorded for families when at least one parent was unemployed or claimed an income of less than \$20,000. Federal Poverty Guidelines for 2015-2016 were used as a reference: Two-person household income is listed at \$15,930 and a three-person household with an income of \$20,090. The ability of a parent to maintain a household while caring for a child or children or ability to pay child support, and eligibility for assistance was considered in using the \$20,000 income level.

Community exposures were not included. They may be at a later time. The Department of Health and Wellness through the Center for Health Equity has examined and reported on health disparities in Jefferson County for several years. The [2014 report on Social Determinants of Health](#)* reported that 63% of the county’s population lived in neighborhoods where life expectancy was below the national average. Diabetes, cancer and homicide rates were also greater than the national average in neighborhoods encompassing more than 60% of the Jefferson County population.

SURVEY RESULTS (with all categories included)

Adverse Childhood Experiences

Answered: 158 Skipped: 0



THE POTENTIAL

Although ACE surveys utilize information commonly collected by many service providers, the ACE Assessment Pilot identified some challenges in implementing a survey across service providers in the community.

EXAMPLES:

1. Specific definitions provided to those completing the survey would result in more accurate information than third party client file reviews.

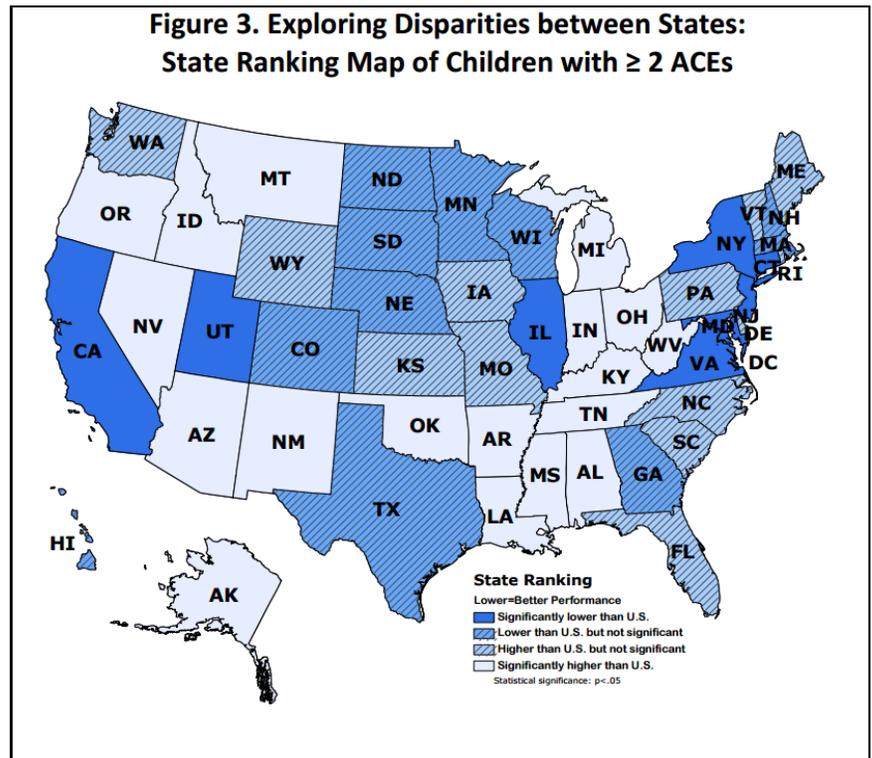
2. The zip codes where the largest number of parents reside were: 40211, 40214, 40215 and 40216. The pilot sample was too small and widely dispersed to provide useful data through mapping zip codes. A larger sample using street addresses or census tracts is needed to compare health disparity information, neighborhoods and potentially identify underserved areas.

Even though the sample was relatively small, when compared to validated ACE studies for similar populations and staff knowledge of the families, results of this pilot are in line with anticipated results.

As can be seen by comparing the two maps (right) the Kentucky region shows a strong correlation between states with high ACEs and low health rankings. A communitywide sample or multiple program sample, has the potential to more accurately project health risks, protect client confidentiality, identify needed interventions based on current ACEs, and to eventually track programming successes.

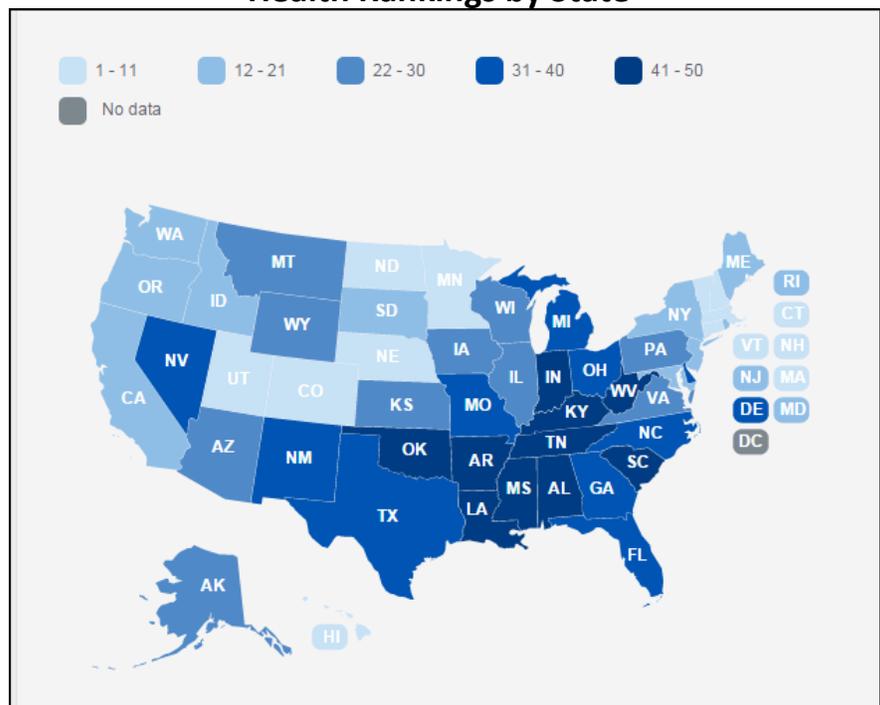
NOTE:

One next step will be to look for clusters by mapping approximate addresses, color coded according to the number of ACEs children are exposed to per family.



[Child Health Data](#) 2011/2012 National Survey of Children’s Health—includes parent reported ACE data. (Lighter color areas are “significantly higher” than U.S. average)

Health Rankings by State

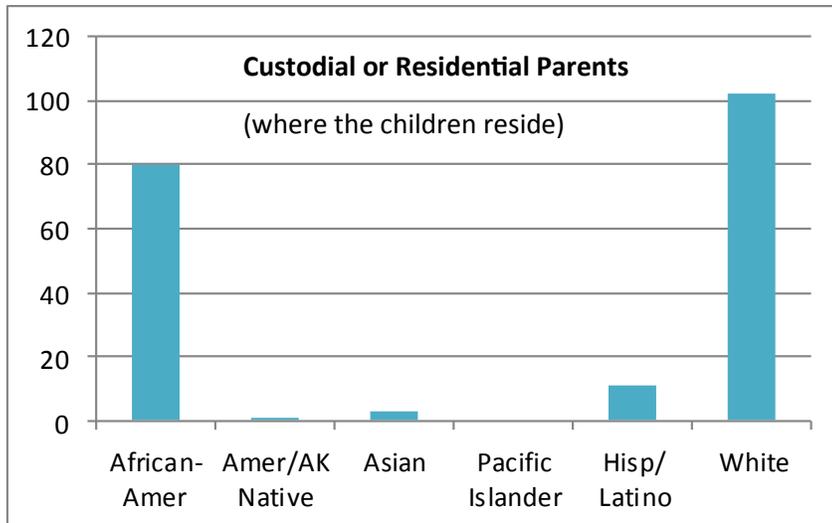


[America’s Health Rankings](#) (2013) - Kentucky ranks 47th. It is one of 9 contiguous states with significantly higher than average ACEs and low health rankings.

ABOUT THE FAMILIES—A six month snapshot of 195 families*

Self-reported Ethnic or Racial Identity.

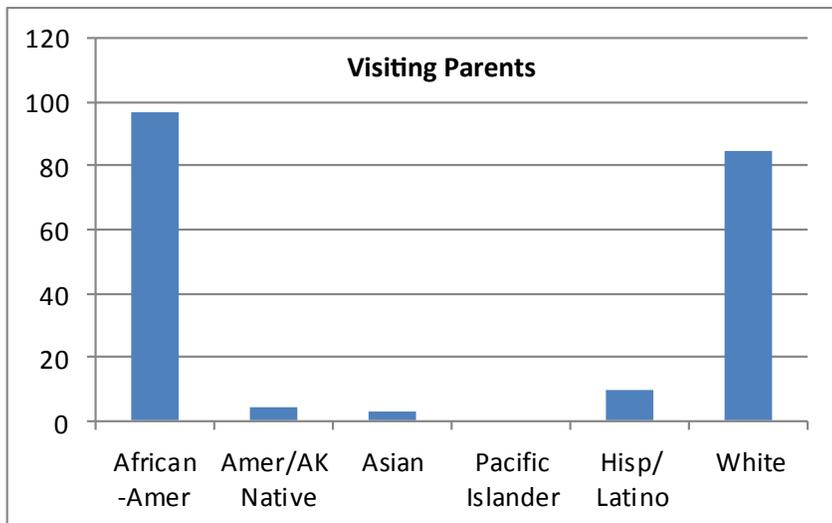
(May Include more than one designation per person.)



Approximately 80% of parents are between the ages of 25 and 59.

Typically, the remainder are ages 18 to 24. It is unusual for program parents to be under 18 years of age or older than 59.

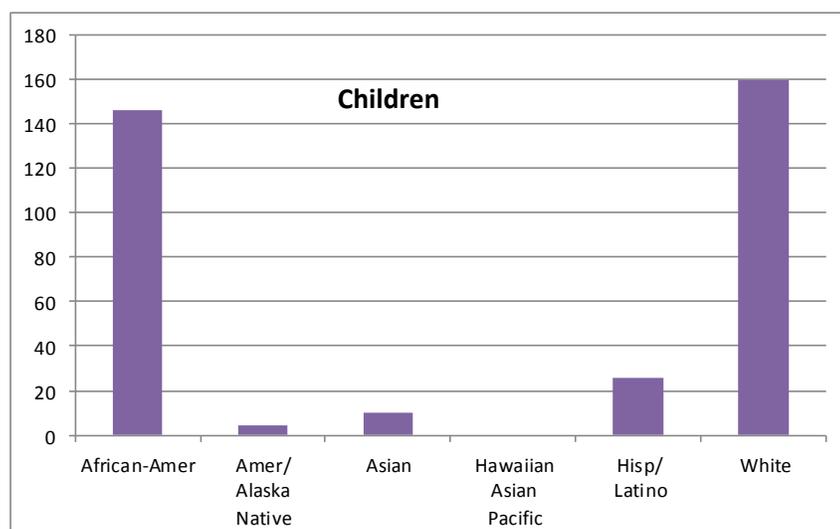
More than 40% of program family children are between the ages of 0-6.



Approximately 50% of the children are ages 7-12.

The remainder, a much smaller percent of teens participate in the program.

* 158 (81%) of these 195 families were included in the Ace Assessment Pilot.



ACE PILOT SURVEY INSTRUMENT

Date: _____

ACE Total: _____

Parent Zip _____

Parent Zip _____

Service:

Adverse Childhood Experiences:

- Parent treated violently
- Parental separation/divorce
- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Household substance abuse
- Household mental illness
- Incarcerated household member

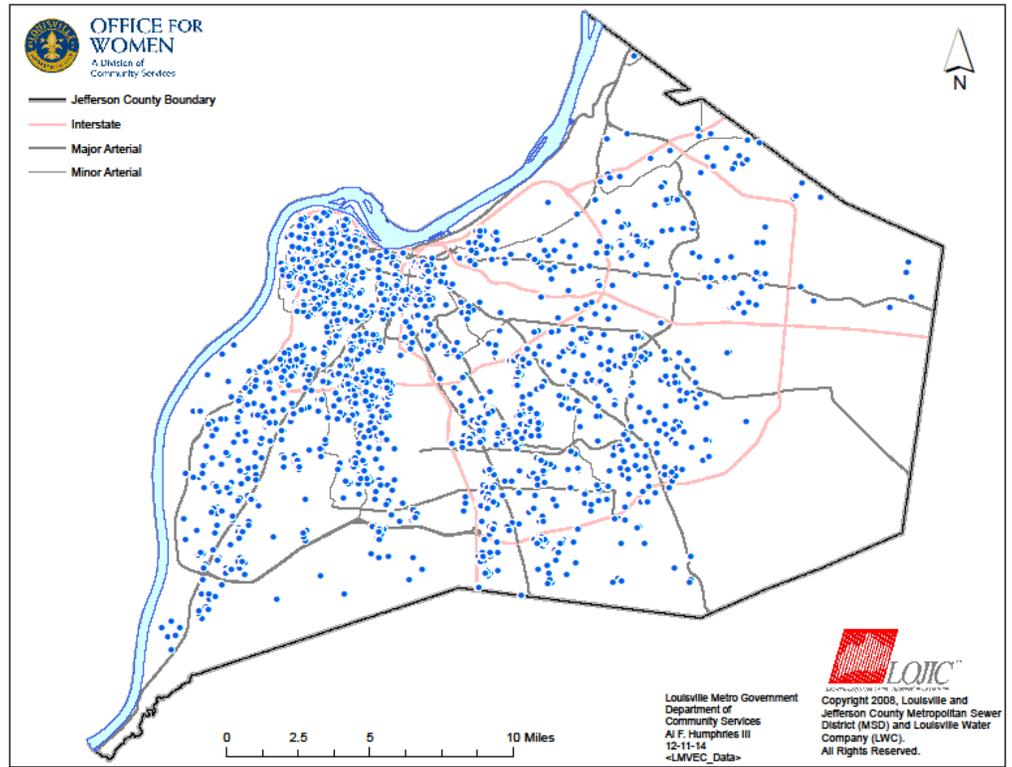
Status:

- Regular
- Holidays
- On hold
- PRN
- Closed

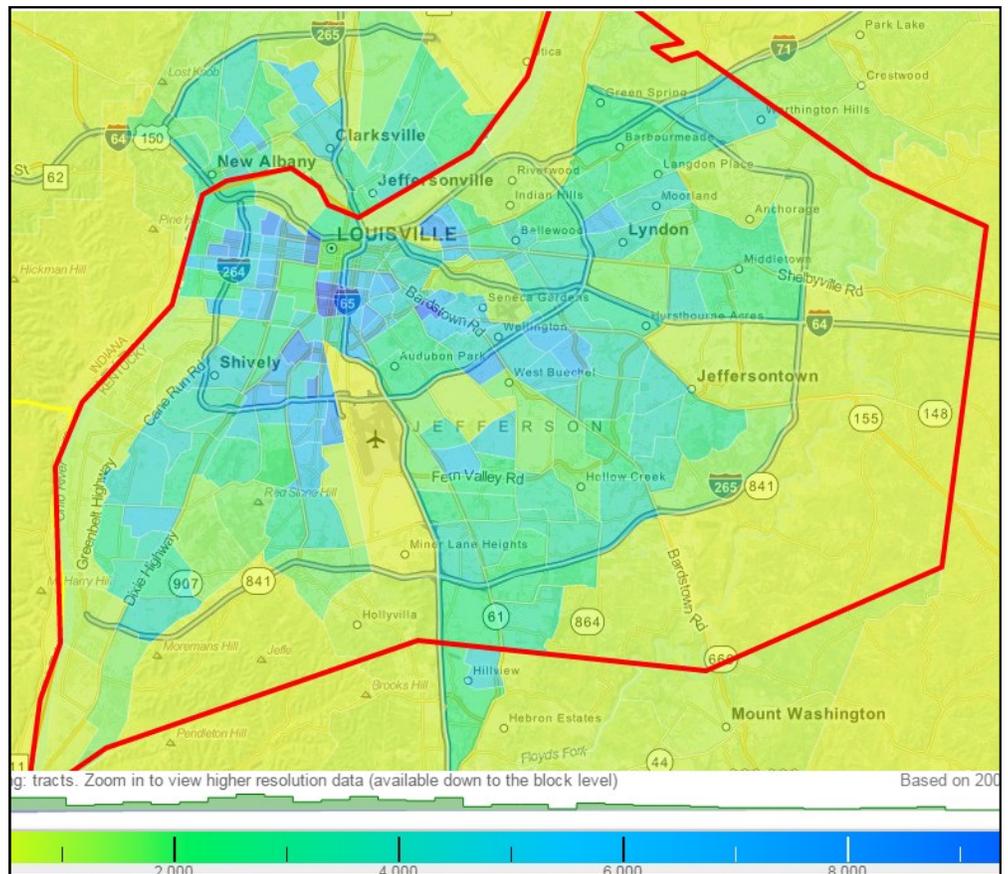
Additional Adversities:

- | Personal | Community Exposure |
|--|--------------------------|
| <input type="checkbox"/> Crime | <input type="checkbox"/> |
| <input type="checkbox"/> Health | <input type="checkbox"/> |
| <input type="checkbox"/> Economic hardship | <input type="checkbox"/> |

Parent Addresses
(2009-2014)



Population Density
(2000-2011 Data)



http://www.city-data.com/county/Jefferson_County-KY.html