



Adverse Childhood Experiences: Economy

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Adverse Childhood Experiences (ACEs) are traumatic events experienced from birth through age 17. Research shows that these experiences disrupt neurodevelopment, causing social, emotional, and cognitive impairments that affect behaviors, educational performance, and adult employment stability and income.¹

Jefferson County has relatively low educational attainment, and the median household income is below the state median. The Jefferson County community-wide ACEs survey is an attempt to document the prevalence of ACEs and draw connections between experiences of childhood trauma and adult outcomes in the community.

Key Findings

Based on a weighted sample:

- The estimated average ACE score for Jefferson County adults is 2.4.
- 30.4% of Jefferson County adults have an ACE score of 4 or higher.
- Roughly 9.7% of Jefferson County adults have an ACE score of 7 or higher.
- More than a third of Jefferson County adults report that before age 18 they experienced one or more of the following: separation or divorce

of parents, emotional abuse, or living with someone who suffered from substance use disorder (an alcoholic or drug user).

- 32.2% of Jefferson County adults have no ACEs.

Employment and Income

- Those with higher income and educational attainment have lower ACE scores than those with lower income and educational attainment.²
- Among the mechanisms by which ACEs produce poorer outcomes in education and employment are the health and mental health outcomes that affect work performance and stability.³
- Research in Wales suggests the impact of ACEs on educational attainment is largely explained by failure to complete high school.⁴
- Research indicates that a combination of lower educational attainment and challenges with employment stability explain negative income outcomes for those with higher ACE scores.⁵

In the Jefferson County weighted sample, educational attainment is significantly associated with ACE scores.

Figure 1: Percent with Zero ACEs and Four or More ACEs that Report Having Struggled with Employment Stability (Sample N=637|Weighted N=24,391, p<.001)

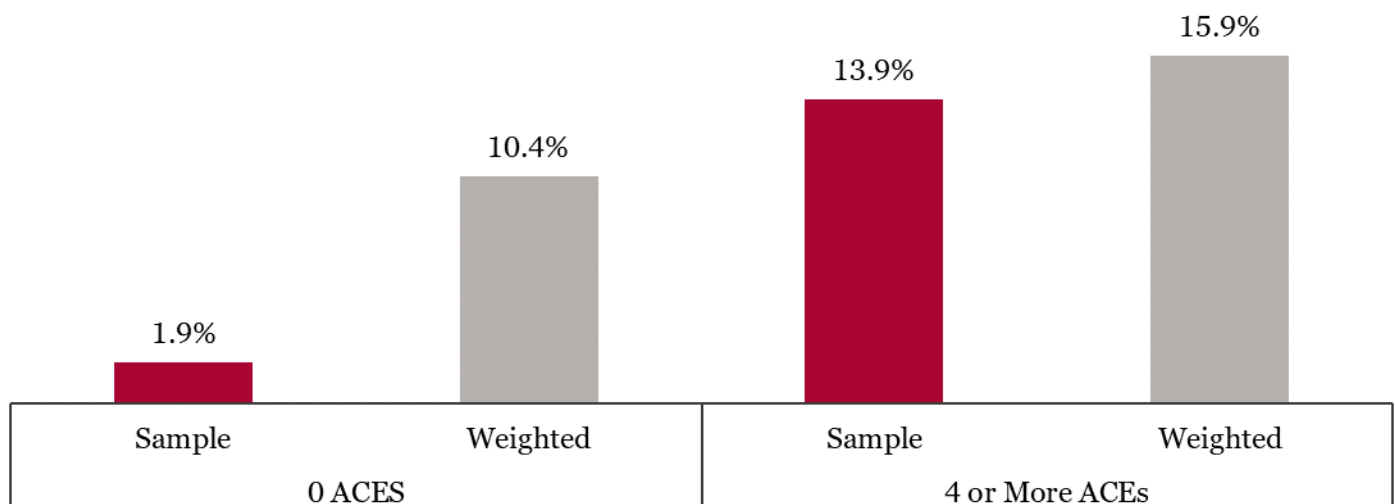
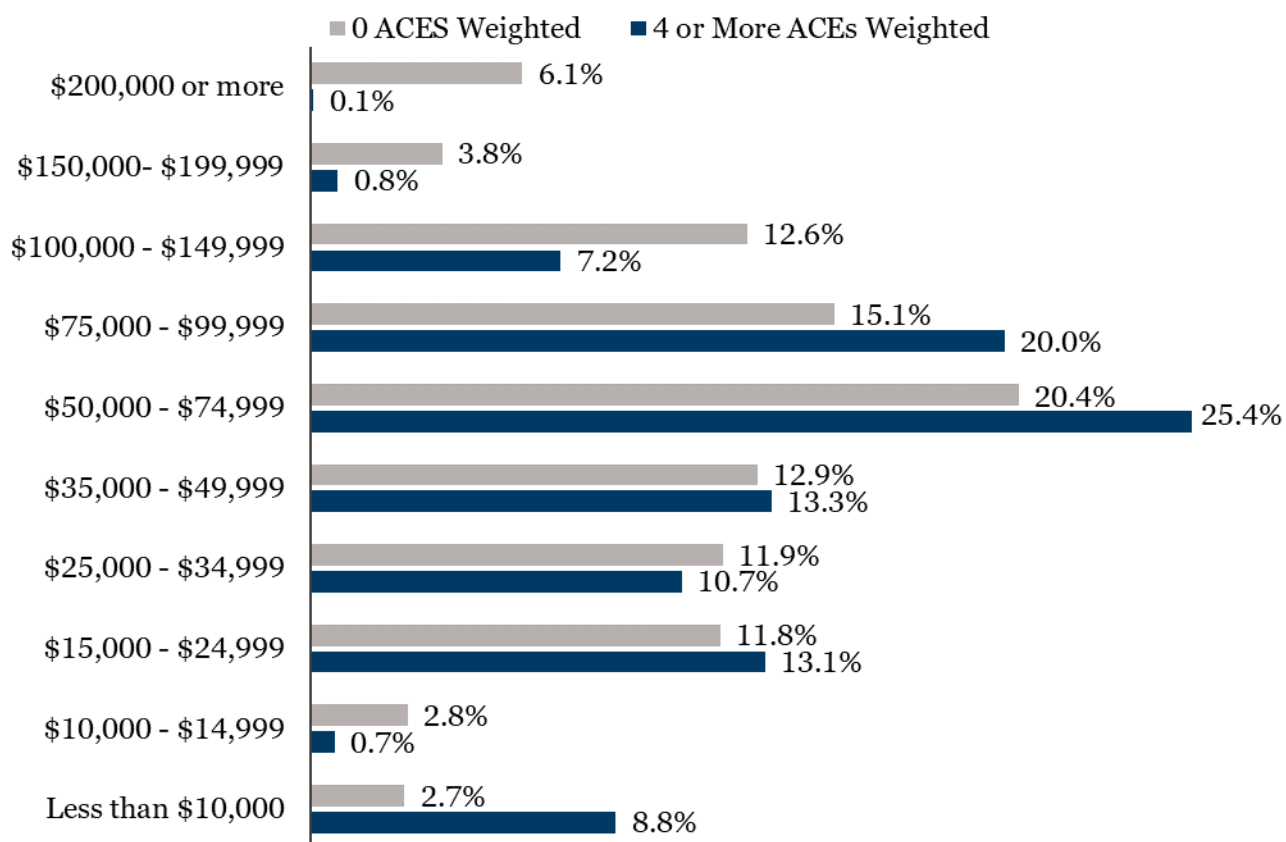


Figure 2: Income Distribution for those with Zero ACEs and those With 4 or More ACEs, weighted sample (N=24,476, <001)



- Those with four or more ACEs are significantly less likely to have a college degree or higher, are less likely to have a high school diploma or equivalency, and are more likely to have less than high school (Figure 9).
- Among those who report 4 or more ACEs, 19.2% of the weighted sample reported that they had struggled to maintain consistent employment compared to 10.1% of the weighted sample with zero ACEs. The association is statistically significant (Figure 10, $p < .001$).

Struggles with employment stability for those with higher ACE scores are likely the result of challenges with health, mental health, and substance abuse. When combined with lower educational attainment, these issues yield lower income levels. In the Jefferson County weighted sample the pattern is notable in higher percentages of those with four or more ACEs at lower income levels and lower percentages at the highest income levels than for those with zero ACEs. The significantly lower income levels of

those with higher ACE scores makes it more likely that children in their households will also experience chronic stress associated with poverty.

Effective and sustainable community and economic development efforts can reduce household financial stressors that contribute to the prevalence of ACEs. Prevention and mitigation priorities may include the following economic strategies³⁴:

- Create and redesign policies and jobs that support workers with living wages.
- Build early care, school, and extracurricular youth programs that support families (birth to 18).

References

- ¹Felitti, Vincent J. et al. 1998; Anda, Robert F. et al. 2010. Verbitsky-Savitz et al. 2016.
- ²Giano, Wheeler, and Hubach 2020.
- ³ DeVenter et al. 2020; Blodgett 2018; Hardcastle et al. 2018;
- ⁴ Hardcastle et al. 2018.
- ⁵DeVenter et al. 2020; Metzler et al. 2017; Liu et al. 2012; Zielinski. 2009.
- ³⁴ Bethell et al. 2017; Bledsoe et al. 2021; Centers for Disease Control and Prevention 2019; Hargreaves et al. 2017; Kagi and Regala 2012; Pachter et al. 2017; Shonkoff et al. 2009; Verbitsky-Savitz et al. 2016.