



ACE: ADVERSE CHILDHOOD EXPERIENCES

Before age 18

LIVED WITH ANYONE WHO WAS...

a problem drinker or alcoholic or who used street drugs



HAD NO ONE IN YOUR FAMILY WHO

loved you or thought you were important or special



HAD A MOTHER OR STEPMOTHER WHO WAS OFTEN...

slapped, hit, grabbed, kicked, pushed or had things thrown at her



HAD A PARENT OR ADULT IN YOUR HOME WHO OFTEN...

swore at you, insulted you, or put you down



HAD ANYONE AT LEAST 5 YEARS OLDER THAN YOU OR AN ADULT WHO OFTEN...

touched you sexually or tried to make you touch sexually



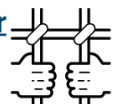
LIVED WITH ANYONE WHO WAS...

depressed, mentally ill, or suicidal



LIVED WITH ANYONE WHO...

served time or was sentenced to serve time in a prison, jail or other correctional facility



HAD PARENTS WHO WERE...

separated or divorced



HAD PARENTS OR ADULTS IN YOUR HOME WHO OFTEN...

hit, beat, kicked, or physically hurt you in any way before you were age 18



HAD ANYONE AT LEAST 5 YEARS OLDER THAN YOU OR AN ADULT WHO OFTEN...

forced you to have sex



To learn more, visit www.sccease.org

Adverse Childhood Experiences (ACEs) are traumatic events experienced from birth to age 17. Research shows that these experiences disrupt neurodevelopment, causing social, emotional, and cognitive impairments that affect behaviors, including health behaviors. These impacts lead to negative outcomes in health, mental health, education, and social success and well being, ultimately resulting in early death.

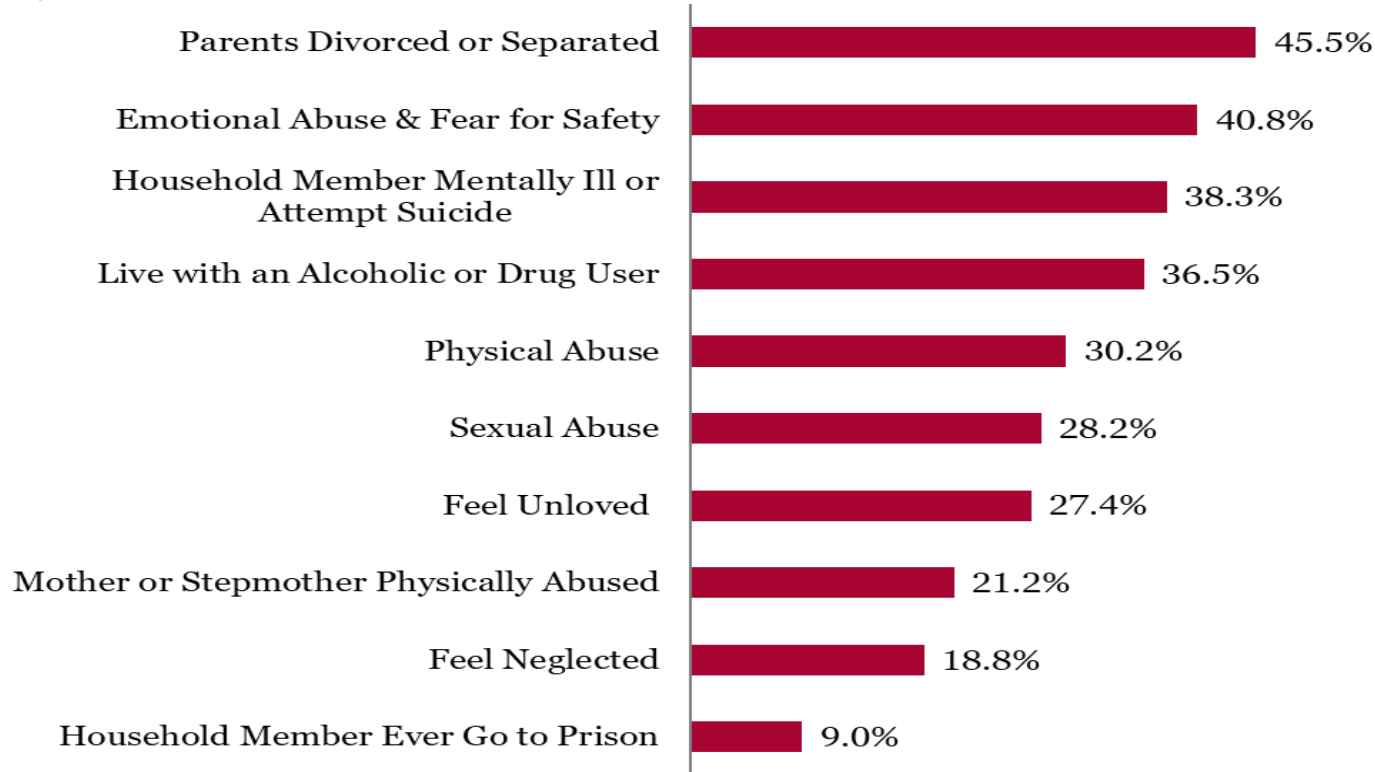
Scott County is home to high rates of obesity, physical inactivity, drug overdose deaths, diabetes, and heart disease. The community has relatively low educational attainment, a high poverty rate, and the Median Household Income is below the state median. In the face of these challenges, identifying leverage points for improving outcomes is vitally important.

The Scott County Community-Wide ACEs survey is an attempt to document the prevalence of ACEs, draw connections between high levels of trauma in the population and the challenges the community faces, and identify the highest priorities for prevention and intervention.

Key Findings

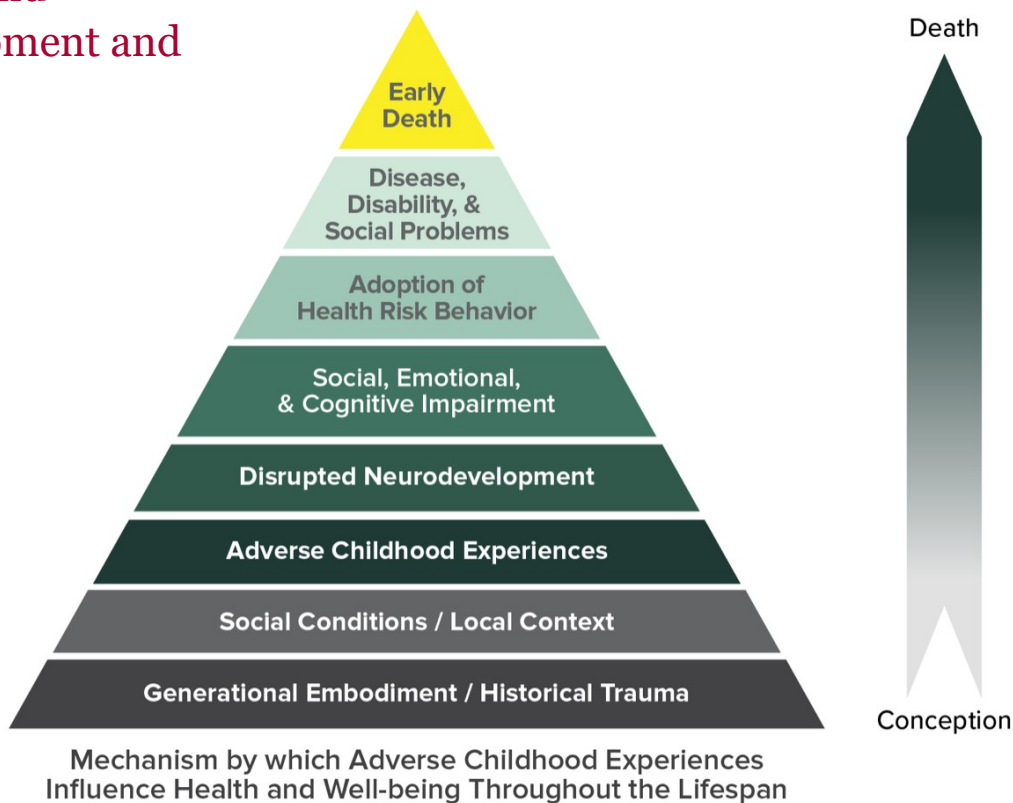
- Based on survey findings, the average ACE score for a Scott County adult is 4.1.
- Less than one percent of Scott County adults report zero ACEs.
- In a sample of 328 Scott County adults (skewed to higher education and income), a full 15% reported 7 or more ACEs.
- Women report higher ACE prevalence than men.
- People of low SES with 4 or more ACEs are significantly more likely to suffer from substance abuse, depression, anxiety, obesity, physical inactivity and heart disease—all high prevalence health problems in Scott County.
- People with higher ACE scores have lower life expectancy and lower educational attainment—Scott County falls well behind Indiana and national levels for both.

Percent of Scott County Respondents that Report Each of the Listed Adverse Childhood Experiences (N=326)



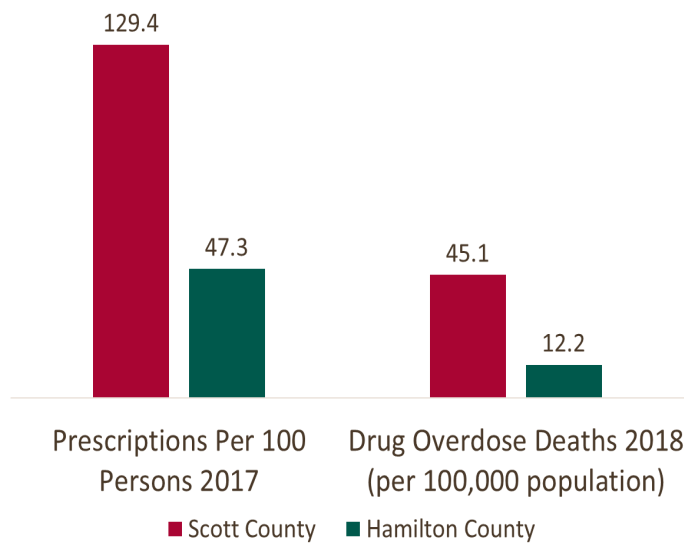
Cognitive, Social, and Emotional Development and Well-Being

High levels of chronic stress alter brain development in ways that affect learning and behavior. These chemical impacts can also damage chromosomes and lead to intergenerational transfer of the impacts of trauma. Because ACEs affect cognitive processes and shape emotional development and behavior patterns, they impact community level outcomes. Those outcomes then shape the context in which children are raised. A high ACE prevalence in a locality is thus likely to produce a high ACE prevalence in successive generations creating a vicious feedback loop that limits a community's ability to thrive.



Source: CDC-Kaiser Health. 2020[1998]. "About the CDC-Kaiser ACE Study." *Violence Prevention* (<https://www.cdc.gov/violenceprevention/aces/about.html>).

Prescription and Drug Overdose Death Rates, 2017-2018



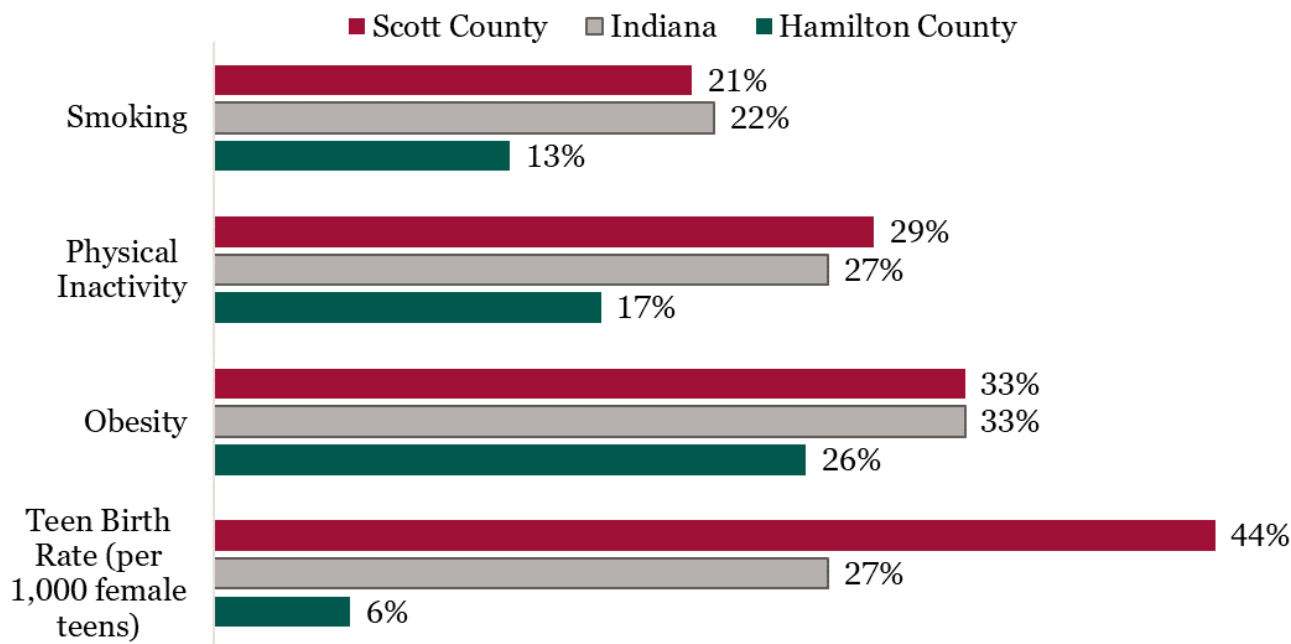
Sources: Centers for Disease Control and Prevention. 2020. *U.S. County Prescribing Rates, 2017*. Retrieved 09-02-20 (<https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html>). Indiana Department of Health. 2020. "Deaths." *Indiana Drug Overdose Dashboard*. <https://www.in.gov/isdh/27393.htm>. Wade, Roy et al. 2016. "Household and Community-Level Adverse Childhood Experiences and Adult Health Outcomes in a Diverse Urban Population." *Child Abuse & Neglect* 52:135-145.

ACEs have been shown to contribute to a wide range of health problems. Scott County has a high prevalence of ACEs as well as high rates of chronic disease and early death.

Health Impacts

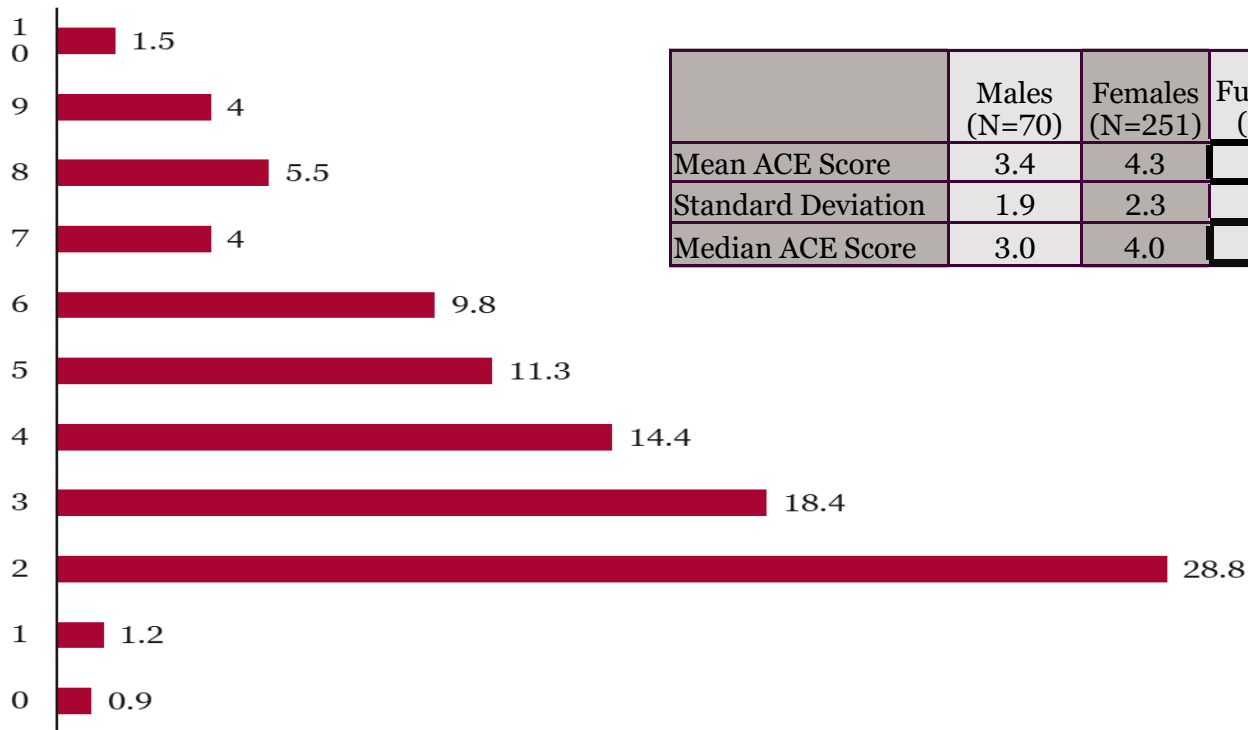
Hamilton County ranks #1 out of 92 counties in Indiana for health factors and health outcomes. Scott County ranks #80 for health factors and #90 for health outcomes. We compare the two to illustrate key differences between healthy and unhealthy communities.

- People with 4 or more ACEs and lower socioeconomic status were roughly 1.5 times more likely to be physically inactive and suffer from severe obesity.
- Those with 4 or more ACEs (compared to none) had 4 to 12 times more risk for alcoholism, substance abuse, depression, and suicide attempt.
- Those of low socioeconomic status with 4 or more ACEs had a 7-fold increase in risk for substance abuse compared to those with zero ACEs. Scott County has high ACE prevalence as well as a higher poverty rate than state and national figures.
- Scott County has a heart disease death rate of 386 per 100,000 compared to 264 per 100,000 in Hamilton County.
- ACE scores show a step-wise, dose-dependent, relationship with risky behaviors: drug use, multiple sex partners, smoking, and early sexual activity resulting in higher rates of teen pregnancy.



Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 2020. *County Health Rankings & Roadmaps*. Retrieved August 2020 (<https://www.countyhealthrankings.org/>).

ACE Score Distribution: Percent of respondents with each ACE Score



	Males (N=70)	Females (N=251)	Full Sample (N=326)
Mean ACE Score	3.4	4.3	4.1
Standard Deviation	1.9	2.3	2.2
Median ACE Score	3.0	4.0	4.0

Strategies for Building a Resilient Community

(CDC Violence Prevention Strategies)

Strengthen economic supports to families.

- Strengthen household financial security.
- Family-friendly work policies.

Promote social norms that protect against violence and adversity.

- Public education.
- Bystander prevention.
- Reduce corporal punishment.

Ensure a strong start for children.

- Early childhood home visitation.
- High-quality early care and education.
- Preschool enrichment with family engagement.

Teach skills

- Social-Emotional Learning.
- Safe dating and health relationship skills programs.
- Parenting skills and family relationship approaches.

Connect youth to caring adults and activities.

- Mentoring programs.
- After-school programs.

Intervene to lessen immediate and long-term harms

- Enhance primary care.
- Victim-centered services.
- Treatment to lessen the harms of ACEs.
- Treatment to prevent problem behavior and future involvement in violence.
- Family-centered treatment for substance use disorders.

A growing body of research and implementation studies support efforts to harness community resources to prevent and respond to ACEs. Strong leadership and communication across sectors is essential to the success of these efforts. Infrastructure, including consistent financial and personnel support is vital as is a universal trauma-informed curriculum that may be tailored to each sector of the community. The key is to align community resources and structures toward achieving shared goals to prevent violence and support individuals and families. Success in these efforts has the capacity to improve a community's health, mental health, education, and social and economic well-being.