

# Adverse Childhood Experiences: Substance Abuse and Mental Health

2021 IU Southeast Sociology Research Lab

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, including health behaviors.<sup>1</sup> These impacts lead to negative outcomes in health, mental health, education, and social success and well being, ultimately resulting in early death.

Jefferson County is home to relatively high rates of poor mental health days and far higher suicide rate than the state or nation.

The Jefferson County community-wide ACEs survey is an attempt to document the prevalence of ACEs, draw connections between experiences of childhood trauma and health, mental health, education, and economic outcomes, and identify the highest priorities for prevention and intervention. This fact sheet focuses on connections to substance abuse and mental health.

## Key Findings on ACEs

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.

## ACEs, Mental Health, & Substance Use Disorder

Childhood trauma increases risk for a range of mental health concerns and for substance use disorder (SUD). Bryant (2020) found that each individual ACE type was significantly associated with SUD.<sup>2</sup> These issues may impact employment stability. Studies find associations between early adversity and each of the following:

Figure 1: Prevalence of Reported Mental Health Issues for those with Zero ACEs Compared to those with 4 or More ACEs

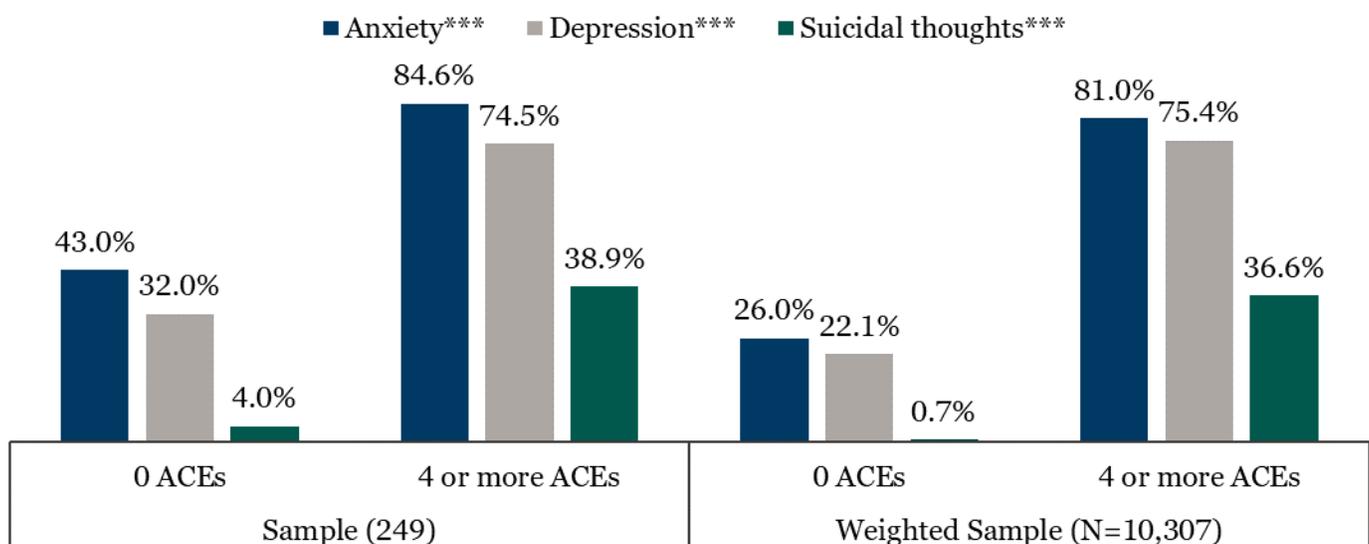
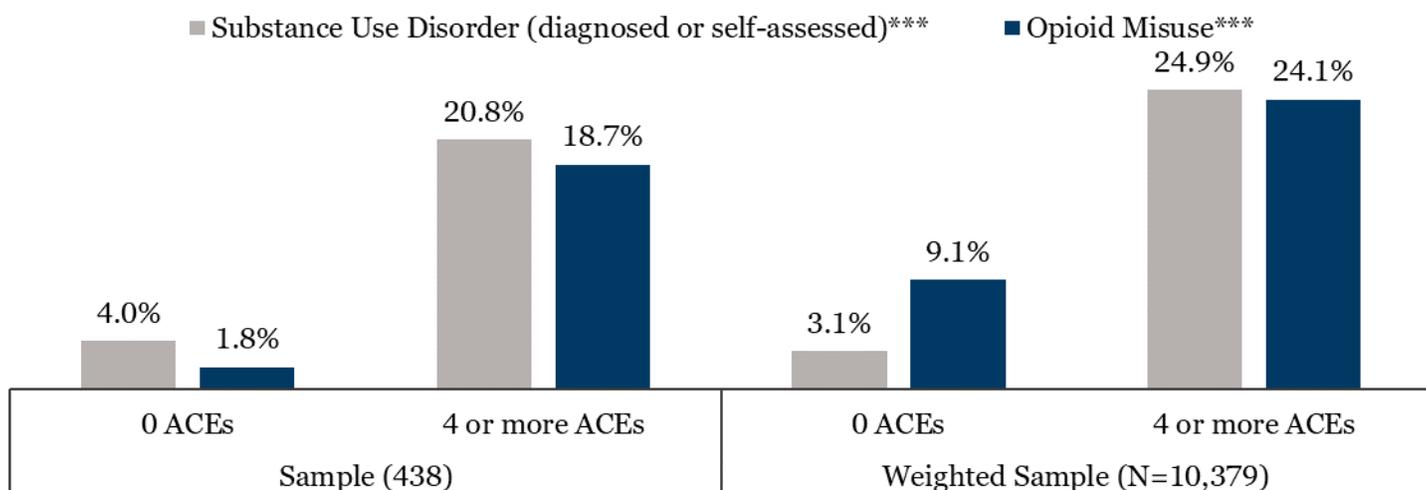


Figure 2: Percent Indicating any Substance Use Disorder and Misuse of Prescription Painkillers or Use of Street Opioids Such as Heroin among those with Zero ACEs and those with Four or More ACEs



- Frequent mental distress.<sup>3</sup>
- Depression.<sup>4</sup>
- Suicide attempts.<sup>5</sup>
- Smoking.<sup>6</sup>
- Alcohol abuse.<sup>7</sup>
- Substance abuse.<sup>8</sup>

In addition, sexual abuse and parental/other family member’s mental illness increase the odds for having a suicide attempt for both men and women and emotional neglect is also a factor for men.<sup>9</sup>

### ACEs, Mental Health & Substance Abuse in Jefferson County, IN

County Health Rankings data indicate that Jefferson County residents report an average 5.2 poor mental health days per month compared to 4.7 for the state and 3.8 among U.S. top performers.

In Jefferson County, as one moves up in ACE score category, so too does the likelihood of depression, anxiety, and suicidal thoughts. The ACEs survey revealed that those who report four or more ACEs are significantly more likely than those with zero ACEs to report:

- A history of depression.
- Struggling with anxiety.
- Experiencing suicidal thoughts.

Finally, in a state and region beset with some of the worst of the opioid epidemic, when

compared to those with zero ACEs, those with four or more ACEs are

- 10 times more likely to report a diagnosis or self-assessment of substance use disorder.
- To have ever misused prescription pain killers or to have used street opioids such as heroin (Figure 16).

Findings from Jefferson County confirm the existing research on the association between ACEs and adult mental health and substance abuse outcomes. With a higher average ACE score than the nation, it is not surprising that Jefferson County also sees higher rates of mental health challenges and substance use disorder.

### References

<sup>1</sup>Felitti, Vincent J. et al. 1998; Anda, Robert F. et al. 2010. Verbitsky-Savitz et al. 2016.  
<sup>2</sup>Bryant, Coman, and Damian 2020.  
<sup>3</sup>Gilbert et al 2015.  
<sup>4</sup>Gilbert et al 2015; Danese et al 2009; Chapman et al. 2004.  
<sup>5</sup>Fuller-Thomson et al 2016; Dube et al. 2003.  
<sup>6</sup>Ford et al. 2011; Felitti et al. 1998.  
<sup>7</sup>Dube et al 2003; Dube et al. 2002.  
<sup>8</sup>Bryant et al. 2020; Dube et al 2003.  
<sup>9</sup>Choi et al. 2017.

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