



# Adverse Childhood Experiences: Education

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.

## 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.

## ACES and Education

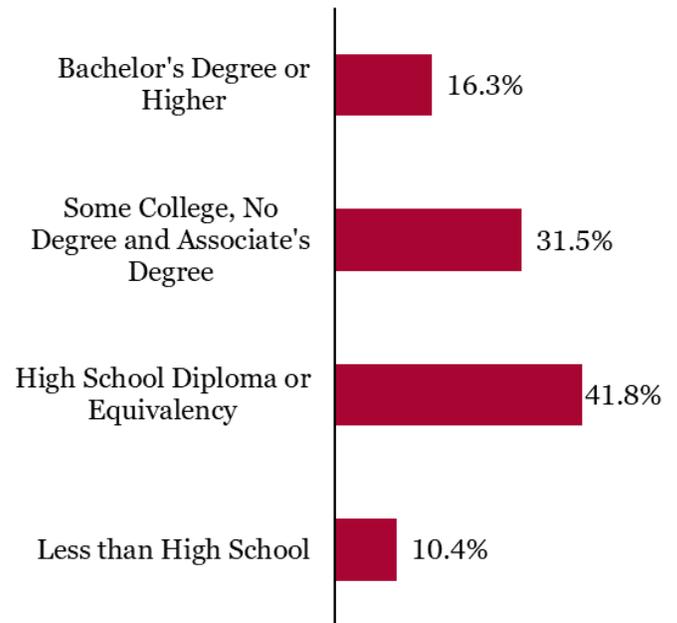
High ACE scores affect educational attainment.

Research indicates that high ACE scores are associated with the following:

- Below average literacy skills.
- Behavior problems that affect school performance.
- Frequent somatic symptoms when a teacher asks a child to do something.
- Departure from formal education with no qualifications.

In addition, behavior issues associated with ACEs can impact the classroom environment for all children.

Figure 1: Educational Attainment in Jefferson County, Indiana



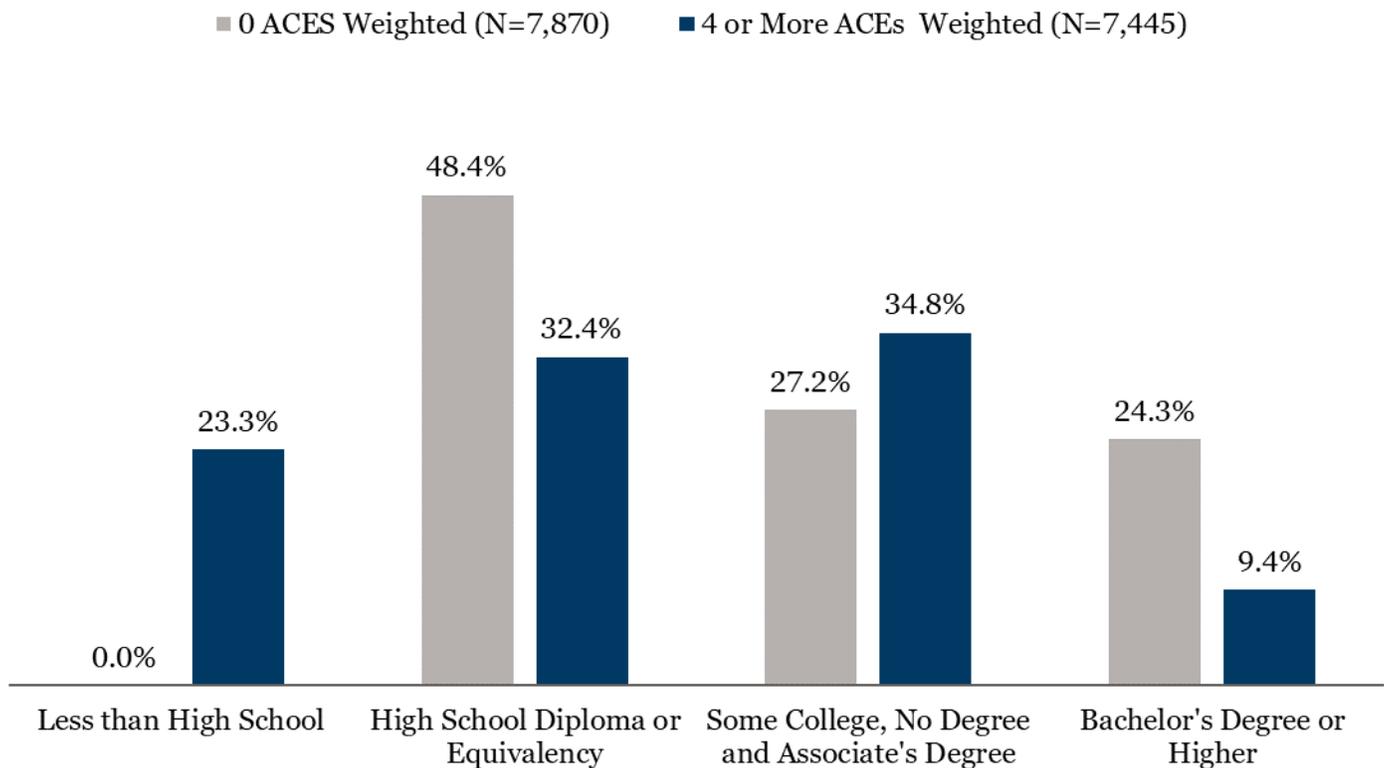
Those with higher educational attainment have lower ACE scores than those with lower educational attainment.<sup>2</sup> Research suggests that among the mechanisms by which ACEs produce poorer outcomes in education and employment are the health and mental health outcomes that affect school engagement.<sup>3</sup>

Research in Wales finds the impact of ACEs on educational attainment is largely explained by failure to complete high school.<sup>4</sup>

Childhood trauma disrupts neurodevelopment, causing social, emotional, and cognitive impairments that affect behaviors.<sup>5</sup> These impacts lead to negative outcomes in several areas, including education.

Aggregated across a county, a higher than average prevalence of such experiences can result in lower than average educational attainment. Among Jefferson County residents age 25 and older, 16.3% have a bachelor's degree or higher compared with 32.7 percent nationally and 26.5% in the state of Indiana.

Figure 2: Educational Attainment for those with Zero ACEs and those with 4 or More ACEs, weighted sample ( $p < .001$ )



In the Jefferson County weighted sample, educational attainment is significantly associated with ACE scores. 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 2).

## Recommendations

While educational attainment is an outcome shaped by ACEs, it can also play an important role in prevention and mitigation of the impacts of ACEs. Priorities may include the following<sup>34</sup>:

- 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).
- Teach social-emotional skills with attention to safe and healthy relationships and healthy parenting and family dynamics.
- Connect youth to caring adults.
- Provide widespread access to physical and

mental health care and family-centered treatment for substance use disorders.

The data from Jefferson County suggest significant opportunities to improve quality of life and community well-being through preventing and mitigating the impacts of childhood trauma. A focus on resilience and social support for healthy individuals and families can provide leverage for stronger and more sustainable community and economic development.

## References

- <sup>1</sup>Felitti, Vincent J. et al. 1998; Anda, Robert F. et al. 2010. Verbitsky-Savitz et al. 2016.
- <sup>2</sup>Giano, Wheeler, and Hubach 2020.
- <sup>3</sup>DeVenter et al. 2020; Blodgett 2018; Hardcastle et al. 2018;
- <sup>4</sup>Hardcastle et al. 2018.
- <sup>5</sup>McRory et al. 2011; Shonkoff et al. 2009.
- <sup>34</sup>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.

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