Impact of childhood trauma reaches rural Wisconsin

Wisconsin’s rural underclass shares a bond with some of the worst neighborhoods in Milwaukee. It’s just better hidden.

By John Schmid and Andrew Mollica of the Milwaukee Journal Sentinel

The first of two parts


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MONTELLO – Jodi Williams has just returned from the Marquette County jail, where she met an unemployed 27-year-old man who had been busted after jumping bail on charges of battery, property damage and disorderly conduct.

He and his girlfriend used heroin until two years ago when their child was born. Instead of cleaning up, he switched to alcohol, which angered his girlfriend, who left with their child. Now, he’s dangerously depressed, locked up and dealing with his first sustained sobriety since he was 13.
Marquette County, in rural central Wisconsin, harbors many of the same social symptoms as distressed communities in aging urban centers like Milwaukee: high rates of childhood poverty, single-parent homes, FoodShare entitlements, an uncompetitive economy and an extreme drug epidemic.

“These people are in constant survival mode,” Williams says of the distressed couple and so many others like them in the vast impoverished regions of the nation’s rural heartland. Williams is one of Marquette County’s few mental health and substance abuse case workers.

Crisis calls take her up and down lonely country roads, often past the county’s single stoplight.

Marquette County – boyhood home of John Muir, founding father of America’s national parks – is known for its bounty of sparkling lakes, forests, rustic vacation homes and big walleye.

But in Marquette County and across rural Wisconsin, small communities increasingly resemble the distressed neighborhoods within post-industrial cities like Milwaukee. Both are marked by the same downward dynamic of uncompetitive economies, broken families, rampant drug and alcohol abuse and other social toxins.

**Video:** [How economic decline and neurological trauma create a self-reinforcing downward dynamic](#)

Marquette County lost industry in the last century, but never had much in the first place. Its main employers now consist of family dairy farms, tree farmers, a federal prison, a few Amish furniture shops and a big meat-processing plant. It’s poor, rural and nearly all white.

Of Wisconsin’s 72 counties, Marquette ranks in the worst of five tiers for opioid overdose deaths and hospitalizations, measured as a share of the population, as well as the frequency in which paramedics administer Narcan, a medication that can revive a person that has overdosed on heroin or opioids, according to the state Department of Health Services.
Marquette County Human Services social worker Jodi Williams is one of the few mental health and substance abuse case workers in Marquette County. She sits in a room used by clients to talk with a psychiatrist via a video link. “This is our way of getting around not having a psychiatrist on site due to the lack of psychiatrists in the area,” she said.

Households in the county receiving FoodShare entitlements rose 258% in the last 20 years. The childhood poverty rate rose 148% in the last 15 years. There are so few grocery stores — three by generous definition — that the entire county is a fresh food desert, leaving residents with the same junk and processed food choices as poor neighborhoods in Milwaukee.

Eight of Williams’ 11 current family clients are single parents in a county where more than one in three children are raised by single parents, according to U.S. Census Bureau data.

Of her current clients, one was born with methamphetamines in her bloodstream, another with heroin, meaning their first experience in life, after
breathing, was addiction withdrawal. In three-year data samples, Marquette County is ranked among the worst in the state for neonatal abstinence syndrome — drug dependency before birth.

“They say you can’t die going through withdrawal, but I don’t think you’d believe that when you go through it,” said Frank Buress, former opioid addict in Marquette County turned anti-drug activist. He now sits on multiple committees in the county, which try to fill the vacuum of drug treatment services in the region.

“They say you can’t die going through withdrawal but I don’t think you’d believe that when you go through it,” said Frank Buress, a former opioid addict in Marquette County turned anti-drug activist, who now sits on multiple committees in the county. Buress became addicted to prescription painkillers while being treated for shingles.

Marquette County also has another epidemic that gives its rural underclass a kindred bond to its urban peers, one that researchers say sticks families in a cycle of dysfunction from one generation to the next.

It’s called childhood trauma – growing up in an environment of violence, neglect and abuse that can leave neurological scars that saddle children with
the lifelong burden of physical and mental illness. Such data didn’t exist in a standardized way until the last decade, meaning widespread childhood trauma has been statistically invisible, cloaked in taboos and shame and silence.

The ACE test

Rob Anda, an Atlanta public health physician, helped create the world’s most widely used metric of civilian trauma. Data from the adverse childhood experience study, known as the ACE test, has been collected and validated around the globe.

The test consists of yes-or-no questions: When you were growing up, did a parent or adult in the house beat you? Beat each other? Did any of them verbally or sexually abuse you? Emotionally ignore you? Were any of them alcoholics? Drug users? Incarcerated? Mentally ill?

Compared to someone with zero “yes” answers, a person with four or more is six times more likely to struggle with depression; seven times more likely to become alcoholic; and 12 times more likely to attempt suicide. They’re twice as likely to have heart disease, twice as likely to be diagnosed with cancer.

Those with scores four or higher are 10 times more likely to inject street drugs. Those odds increase exponentially as the ACE score rises.

People with high scores are less likely to maintain relationships, collaborate at work and hold a job. They’re more likely to end up in foster care, homeless or in jail. They’re more likely to suffer post-traumatic stress disorders similar to those experienced by soldiers who have fought in battle.

One other dynamic proves just as universal wherever ACE’s are tested: trauma scores always spike higher amid economic shock or chronic economic
uncertainty. That can mean a layoff in the household of an alcoholic investment banker, or an unexpected medical bill in the household of a low-income retail worker. Even in affluent suburbs, the share of high-risk four-plus scores typically represents more than one in 10.

“It’s not about race,” Anda said.

U.S. census tracts in which 20% or more live below the federal poverty line – labeled “concentrated poverty” – are a defining feature of aging urban economies like Milwaukee. Social scientists consider it the combustion point for social toxins like crime, teen pregnancies and dropping out of school.

The Brookings Institution found that more of such 20%-plus census tracts now exist in the nation’s suburban and rural regions (5,496 and 4,125 tracts, respectively) than in the 100 largest cities (7,626). A Milwaukee census tract averages about 3,000 people. “Poverty and concentrated disadvantage have spread rapidly beyond the urban core in recent years,” says Brookings researcher Elizabeth Kneebone.

“If you only look for hardship in minorities, you are going to miss a lot of what’s going on,” said Stephanie Hoopes, an economist who created a new metric of the working poor called ALICE: “Asset-Limited – Income-Constrained – Employed.”

Most counties with large ALICE populations are in central and northern Wisconsin. These households often live paycheck to paycheck, struggle to make ends meet and are bankrupted easily by a single medical bill. By Hoopes' count, 42% of the state’s households meet the ALICE criteria – “triple the number previously thought.”
A Time to Heal: From generation to generation

The challenge facing Milwaukee and similar high-poverty cities goes beyond education, crime and jobs.

A five-part special report published earlier this year through a fellowship from the Marquette University Law School’s Sheldon B. Lubar Fund for Public Policy Research and Civic Education.

More than 88% of the state’s ALICE households are white.

“We try not to use the word ‘poverty’ – there are so many moral connotations with that,” said Hoopes, who began her work at Rutgers University and now conducts ALICE research at the national headquarters for the United Way charity.

All the counties in Wisconsin’s worst tier of neonatal abstinence syndrome — as a share of the population — are also in central or northern Wisconsin. In the three years from 2013-’15, state authorities counted 1,509 white fatalities
linked to opioids or heroin – compared to 186 for African-Americans. The proportions mirror the state’s demographics.

“If you look at straight counts, it is a predominately white phenomenon because Wisconsin is predominately white,” said Jennifer Broad, a senior research analyst in Madison at the state Department of Health Services. “However, when you look at rates, you see that it’s unfortunately killing all races and ethnicities.”

Cities like Milwaukee — the nation’s fourth poorest among large cities as of 2016 — have dense neighborhoods mired in post-traumatic stress disorder and concentrated poverty, violence and stress, with little space for safe zones, green parks and streets without sirens. “A Time to Heal,” a five-part multimedia series published in March by the Journal Sentinel, examined such neighborhoods, where four-plus ACE scores are the norm, creating a widening cycle of struggling adults and incapacitated economies.

Related: By understanding trauma, Wisconsin youth find path to healing

ACE research reveals a near-identical dynamic at work in some non-urban areas. One big difference: Rural communities like Marquette County have isolated homes in sparsely populated spaces. “We just hide it better,” said Williams, who grew up in rural Wisconsin and did a stint in public health work in Dallas before moving back. “We have these issues, too, even if sometimes we don’t like to talk about them.”

“The biggest need is not in Milwaukee,” said Heather Perkins, a social activist in Milwaukee’s urban center. “And I don’t like to admit that because I’m always lobbying to try to get funding into the city.”

Distress in the Heartland
Wisconsin’s public health agencies have conducted more statewide ACE surveys than any of the other 50 states, starting in 2009. In the process, Wisconsin’s researchers have created the most thorough statewide ACE database in the nation.

At the request of the Journal Sentinel, the state Child Abuse and Neglect Prevention Board aggregated five years of statewide data, from 2011 through 2015, creating a polling sample of 25,518 randomly selected people. The survey data was sorted to rank the share of each county’s population that has zero ACE indicators and the share that is at high-risk of four-plus.

None of the 10 highest ACE counties landed in southeastern Wisconsin, where Milwaukee, Racine and Kenosha cluster at numbers 11, 12 and 13 respectively. The state’s ACE researchers caution that ACE surveys don’t ask if a person was living in the county before age 18.

At the request of the Journal Sentinel, the researchers broke out scores for the City of Milwaukee, minus its immediate suburbs within the county. The city score: 20% with four-plus (versus a statewide average of 14%) and 30% with none (versus 43%).

Of the state’s 72 counties, the one with the highest ACE scores is Rock County, which hosts the largest share of its population with four-plus (24%) and the smallest percent with zero (31%). While much of Rock County consists of rolling farmland, the factory towns of Beloit and Janesville have hemorrhaged manufacturing jobs, seen incomes plunge and child poverty rates rise. The county is home to a raging heroin and opioid epidemic.

None of the next nine counties on the list have such urban pockets. Lincoln County, at No. 2, has a languid economy in a region that has endured multiple paper mill closures. Jackson County in western Wisconsin, at No. 3, has a
large population of working poor who live paycheck to paycheck – and the state’s fastest growing rate of child poverty from 2000-‘15. And then there’s Marquette, at No. 4.

Measured from 2000-2015, the counties of Marquette, Jackson and Lincoln also are among the top counties for suicide rates, state data show.

Social distress signals

In his best-selling 2016 memoir, “Hillbilly Elegy,” J.D. Vance uses Wisconsin ACE studies to explain his experience growing up in a white rural underclass
in Appalachia and Ohio. Vance, a self-described conservative, scores a six. He grew up amid addictions, abuse and poverty.

“This was my world – a world of truly irrational behavior,” Vance writes. “The weird ones were the ones who hadn’t faced any childhood trauma.”

Not all high ACE hotspots end up with equally high social dysfunction. The availability, affordability and quality of mental health, drug and alcohol counseling — which are not measured in ACE tests — can help offset the impact of trauma exposure.

Again, Marquette County and urban Milwaukee have common ground: Both have a screaming demand for mental health and drug rehabilitation that far outstrip available resources.

“We are a community that needs services but don’t have the tax base to pay for those services,” said Jayme Schenk, director of the Marquette County Health Department.
Marquette County Human Services clinic keeps a supply of Narcan on hand for clients at risk of an overdose from opioids or heroin.

Marquette joined five neighboring counties to form the Central Wisconsin Health Partnership in order to pool whatever resources do exist. Together, they encompass a rural population of 157,800 with an average income of $23,500 – “among the poorest in the state,” according to the Partnership’s website.
Even with the consortium, anyone in Marquette County needing a hospital or residential mental health clinic needs to drive to Madison, Wausau, Oshkosh or Fond du Lac – each nearly two hours away.

“This whole area is kind of known as a black hole of services,” Williams said.

For all the rural-urban similarities, trauma researchers draw one crucial distinction between the black urban underclass and its white rural counterpart.

It’s called historical trauma or the “ripple effect” — the transfer of trauma from generation to generation. It’s been documented in the descendants of people who experienced the Holocaust, the bombing at Hiroshima, the purges in Soviet Russia.

For African-Americans, researchers argue that the neurological impact can be traced through generations back to slavery. The phenomenon — and this has proven true regardless of ethnicity — is attributed to conditioned behaviors that are passed down, or vulnerability that is transmitted genetically, or both. The genetic component has yielded a new medical field that studies how toxins build up in the body and are passed through DNA to children who become vulnerable to anxiety, stress and depression. Then they are passed to grandchildren and beyond.

Black or white, urban or rural, the cycle is only broken in cases of naturally resilient people; children who find a loving and attentive adult; or a successful intervention.

“I don’t want this to be about racial division or labeling,” said Anda, the ACE test co-creator. “And not about ‘The bad people who are messed up.’

"I want it to be about healing."
Part two: Rock County finds itself in the perfect storm – plunging incomes, lost industry, extreme trauma scores and a raging heroin epidemic.

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