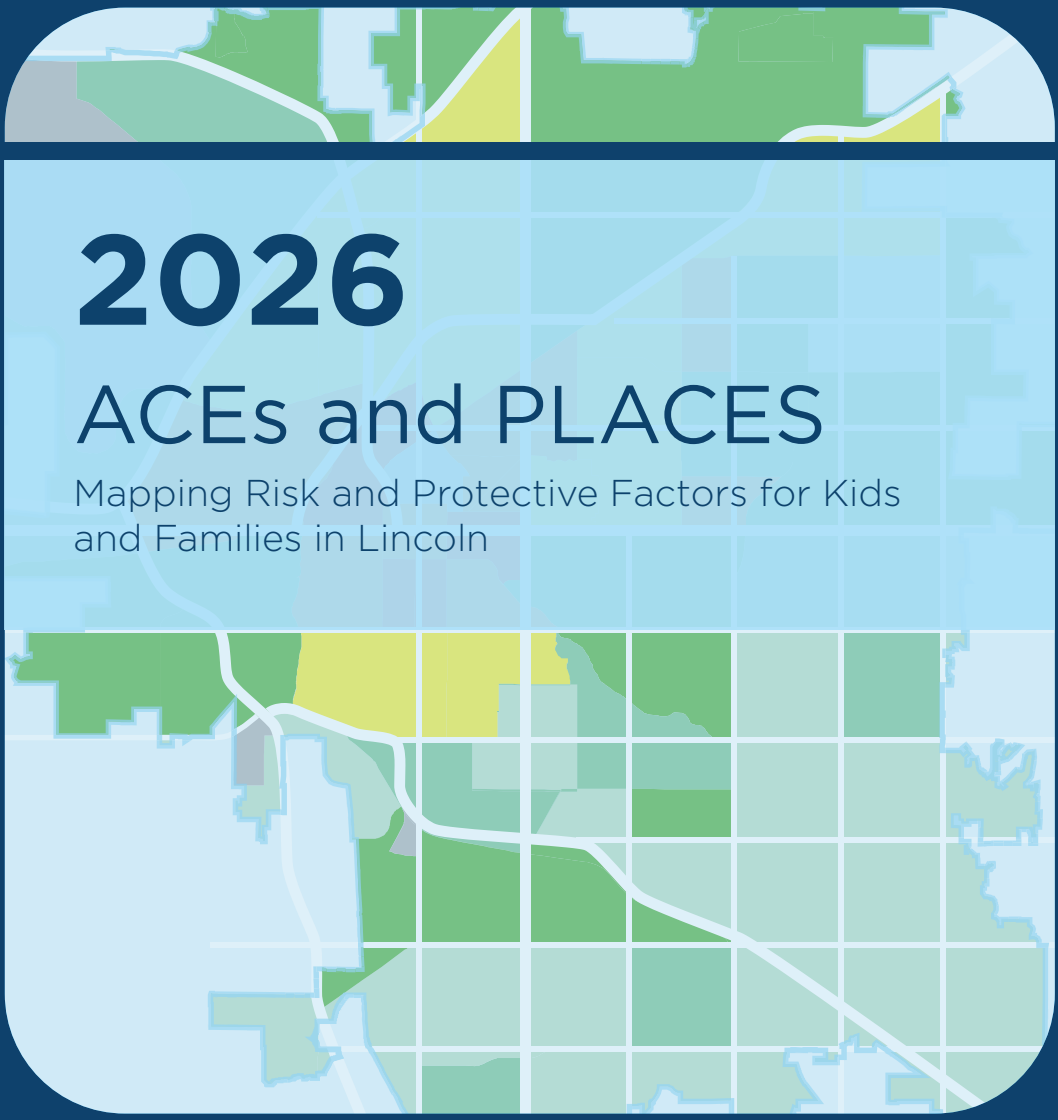


2026

ACEs and PLACES

Mapping Risk and Protective Factors for Kids and Families in Lincoln

COMMUNITY HEALTH ENDOWMENT OF LINCOLN

brave-FACES

Community Health Endowment of Lincoln

in partnership with

BraveBe Child Advocacy Center

Report Child Abuse 1-800-652-1999

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Introduction

This report maps community risk and protective factors in Lincoln that are associated with Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that occur before age 18 and are linked to poorer health, educational, and social outcomes throughout life.

According to the Centers for Disease Control and Prevention (CDC), ACEs result from a combination of individual, relationship, community, and societal factors. Risk factors increase the likelihood of ACEs, while protective factors buffer their impact. No child is at fault for the adversity they experience.

Rather than identifying neighborhoods where abuse is more or less likely to occur, this report highlights community conditions that influence childhood well-being. These indicators should not be interpreted as an ACE score for a neighborhood. Mapping these factors helps identify community strengths and challenges, allowing organizations and leaders to better target prevention efforts and support children and families across Lincoln.

Understanding ACEs

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before age 18 and are associated with poorer health, educational, and social outcomes across the lifespan. A landmark ACEs study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente (thrivingschools.kaiserpermanente.org/mental-health/aces) found that these experiences are common, and that as ACE scores increase, so does the risk for chronic disease, mental health challenges, substance use, and other adverse outcomes. Individuals with four or more ACEs are at significantly greater risk for negative health outcomes, while those with six or more ACEs may experience a life expectancy nearly 20 years shorter than those with no ACEs, without intervention.

ACEs are influenced by factors at the individual, family, community, and societal levels. Recognizing these factors can help communities prevent adversity while strengthening resilience.

While research on ACEs often focuses on adversity and its negative long-term impacts, there is also reason for hope. There are strengths that can be fostered by individuals, families, organizations, and communities, creating pathways toward lifelong health and well-being. Protective factors, Positive Childhood Experiences (PCEs), and supportive relationships help build resilience and improve long-term outcomes.

Preventing and mitigating Adverse Childhood Experiences (ACEs) and strengthening resilience requires a coordinated community response. ACEs are associated with increased risk for poor physical and mental health, educational challenges, and other lifelong outcomes, making prevention and early support critical for healthy communities. Across Lincoln, organizations, schools, healthcare providers, businesses, faith communities, and local leaders are working together to increase awareness of ACEs, strengthen protective factors, and build opportunities for resilience and healing.

This report examines both risk and opportunity, recognizing that communities can reduce adversity while strengthening the conditions that help children, families, and neighborhoods flourish.

See the Glossary of Terms on page 22 for definitions of ACEs, risk factors, protective factors, PCEs, and hope.

About the ACEs and Places Maps

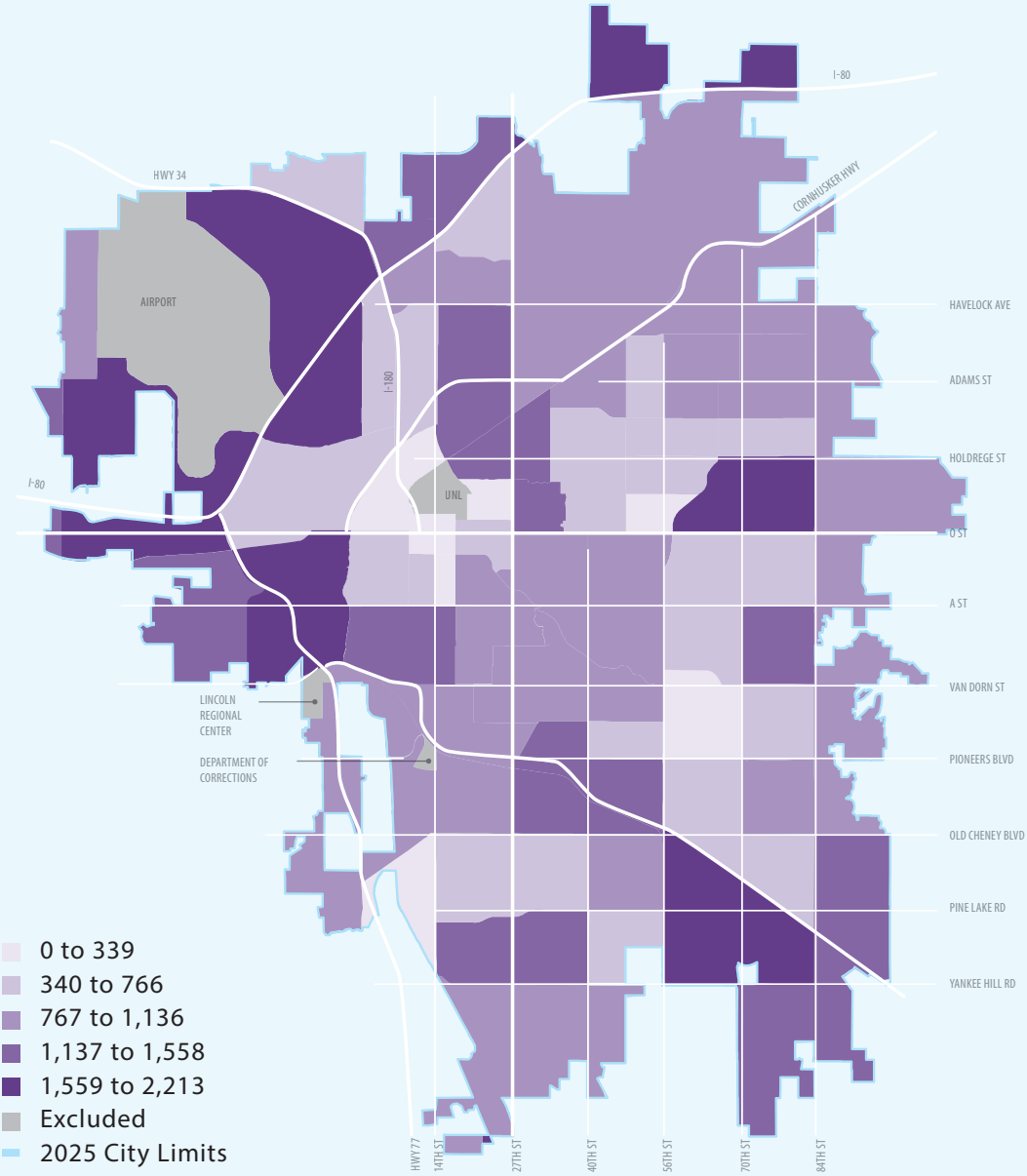
Brave fACEs is a community prevention initiative of BraveBe Child Advocacy Center focused on increasing awareness of ACEs, promoting resilience, and preventing childhood adversity through education, partnerships, and data-informed action. The initiative was launched in part with seed funding from the Community Health Endowment of Lincoln (CHE). (bravebe.org/brave-faces)

In 2026, CHE partnered with BraveBe Child Advocacy Center to develop the ACEs and Places maps. The maps visualize community-level risk and protective factors, helping illustrate how community conditions relate to health, opportunity, and well-being across Lincoln. They are intended to inform discussion, support collaborative planning, and identify opportunities to strengthen protective factors and prevent childhood adversity. Importantly, risk factors do not correlate directly with challenges or instability, rather, they provide data that offer insights into community trends.

Methodology

The maps use publicly available data to illustrate community-level risk and protective factors across Lincoln. They are intended to identify patterns and inform community planning, not to describe the experiences of individual children or families. Maps do not always directly correlate with the precise risk or protective factors defined by the Centers for Disease Control and Prevention. The data illustrates trends and patterns that are associated with the factors.

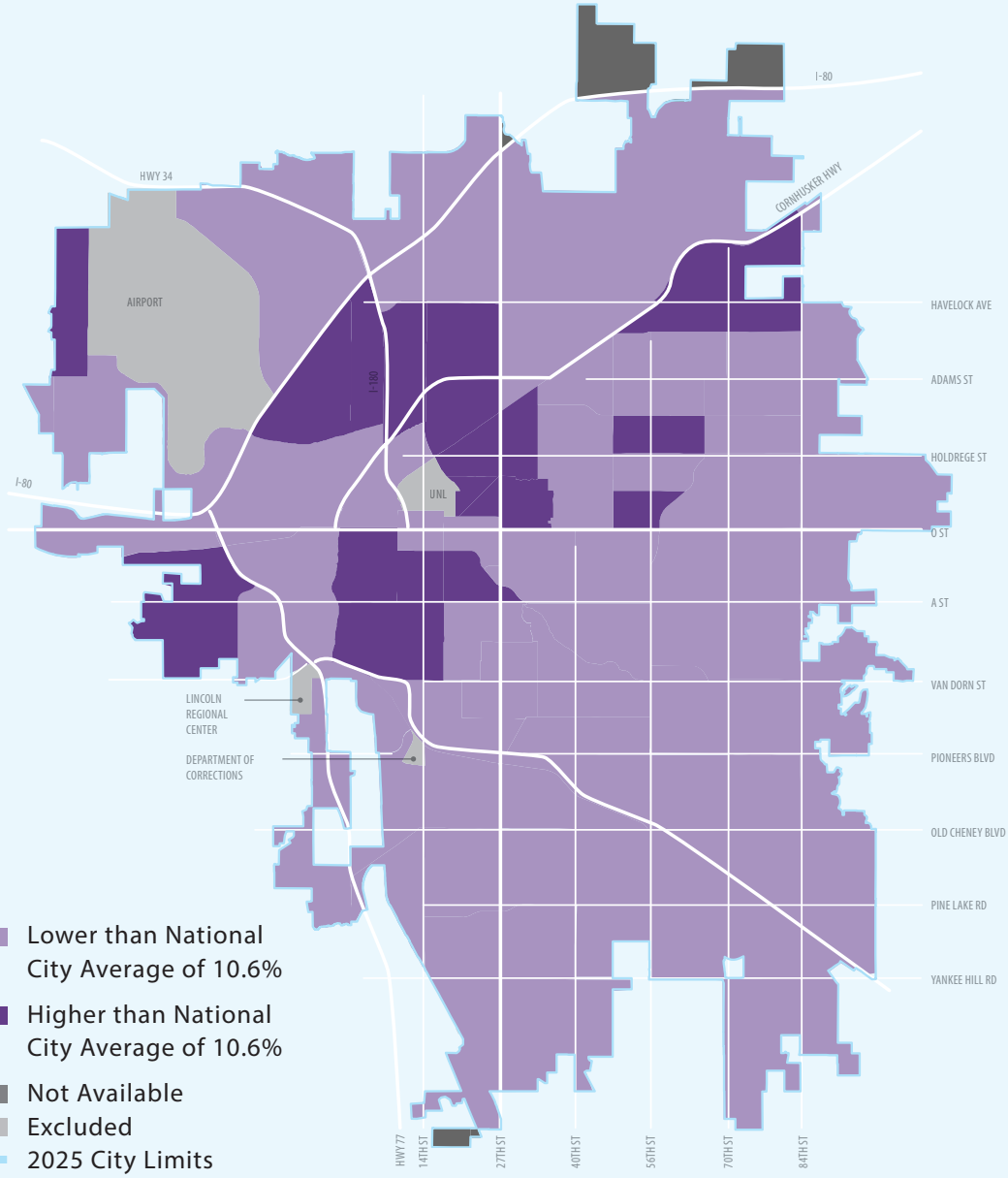
Unless otherwise noted, data are presented at the census tract level. Census tracts where institutions are located are excluded, including the Lincoln Regional Center, the University of Nebraska, Lincoln, and the Nebraska State Penitentiary. Some maps also indicate census tracts where a small number of children means that data is insufficient to illustrate on the map. Maps included in the publication were based on availability of data and input from local stakeholders. Some maps reference a national city average. This refers to data published by the City Health Dashboard and represents an average of over 1,200 cities nationwide.



Estimated Number of Children Under 18 – 2024

The U.S. Census Bureau estimates that there are 63,741 people under the age of 18 in Lincoln, Nebraska, 21.2% of the population. This map illustrates the estimated number of people in each census tract under the age of 18. It shows census tracts where more children live versus where fewer children live.

Data Source: American Community Survey, U.S. Census Bureau. Calculated by the Dashboard Team using data from 2024, 5-year estimate

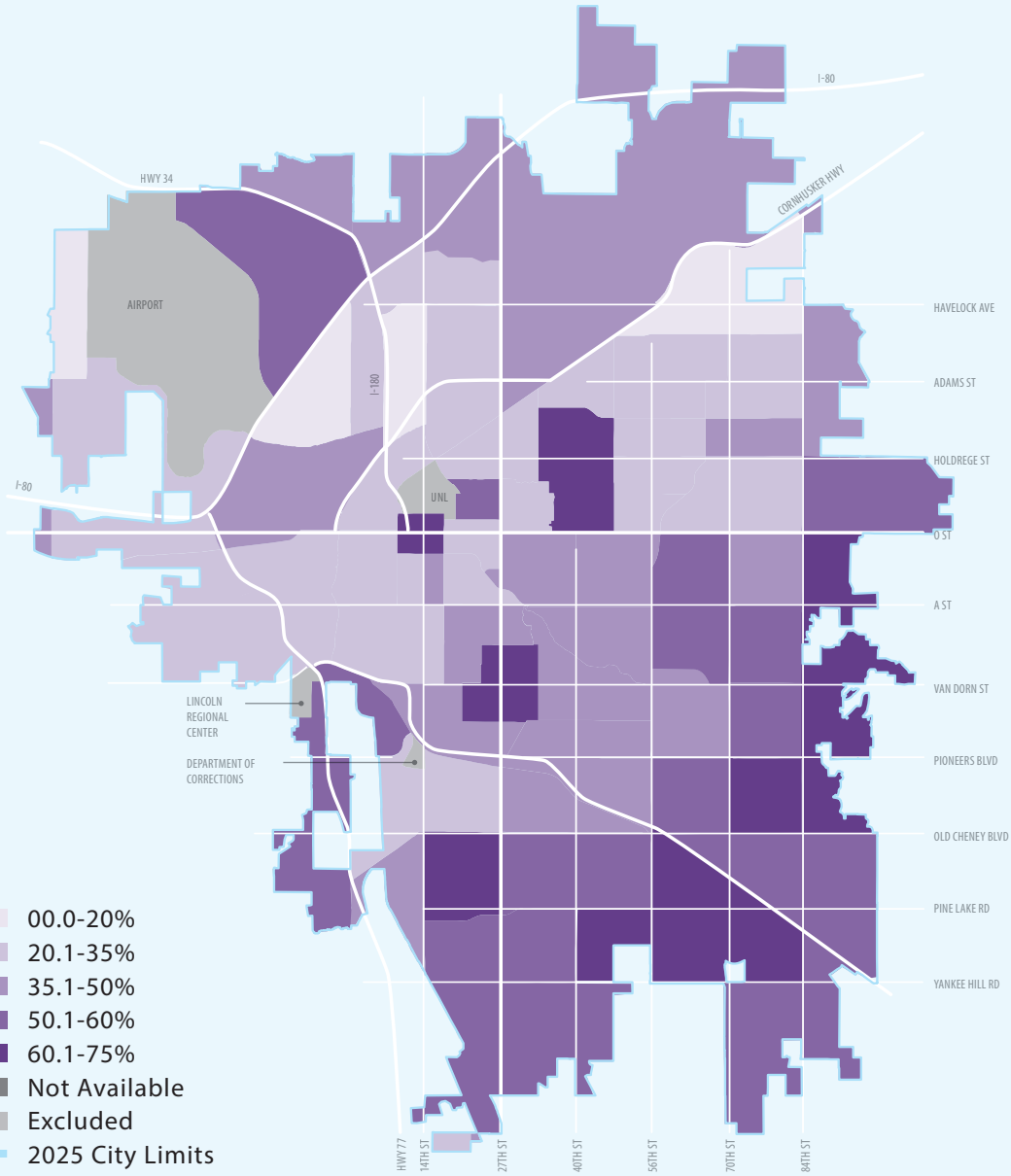


RISK FACTOR

Adults Over 25 without a High School Diploma or Equivalent – 2023

The Centers for Disease Control and Prevention (CDC) have identified families with low levels of education as a risk factor for ACEs. The map displays the percentage of adults over 25 years old without a high school diploma or equivalent, or higher degree. The census tracts highlighted have an average percent of adults without a high school diploma higher than the national city average of 10.6%, ranging from 11.7% to 27.1%

Data Source: American Community Survey, U.S. Census Bureau, 2023, 5-Year Estimate; Calculated by the City Health Dashboard team

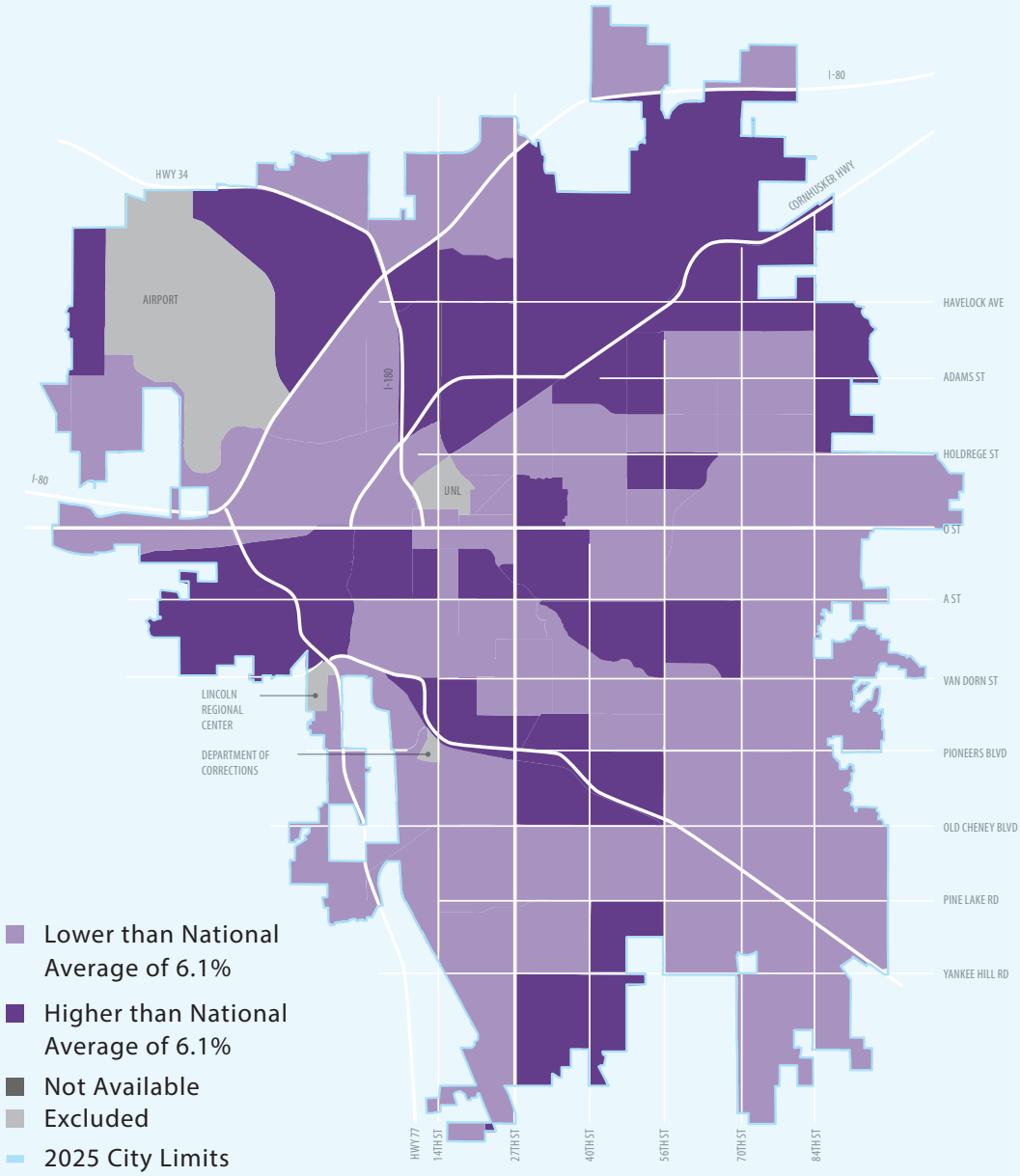


PROTECTIVE FACTOR

Adults over 25 Years Old with Bachelor's Degrees or Higher – 2024

The CDC has identified families where caregivers have a college degree or higher as having a protective factor for ACEs. This map illustrates the percentage of adults that have higher education by census tract. While not all individuals reflected in the data are caregivers, the map illustrates the prevalence of people with higher education in the community.

Data Source: U.S Census Bureau, American Community Survey, 2024, 5-Year Estimates

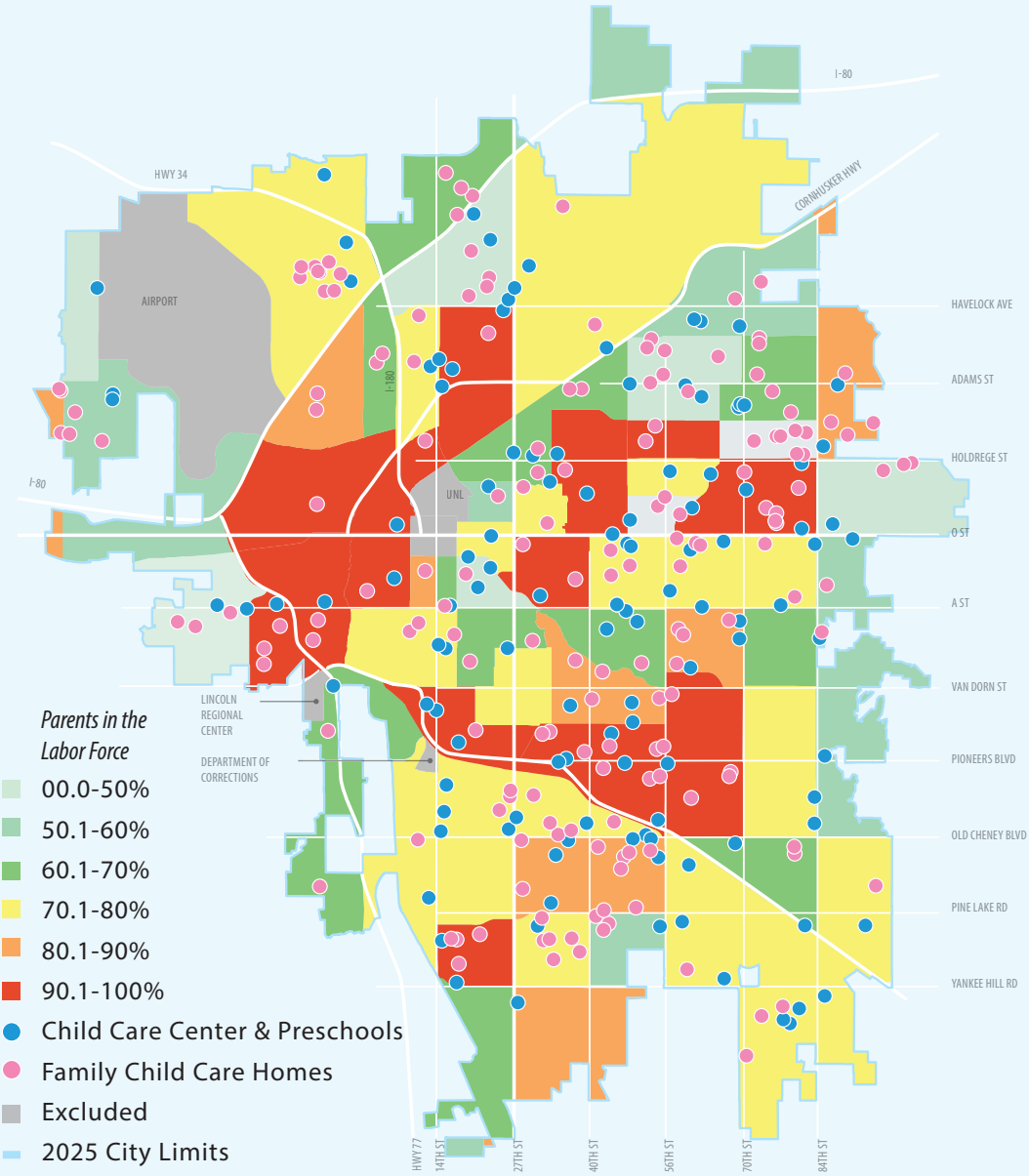


RISK FACTOR

Children Under 18 Years Old in Single-Parent Families – 2024

The CDC identifies families with single parents as a risk factor for ACEs. This is not specific to any individual family but recognizes that some economic and social pressures may be associated with this family type. The map shows the percentage of children under 18 years old living in single parent families (single male/single female) with no spouse present. It is noted that this is one of many factors impacting ACEs and that other social supports, such as extended family networks create positive buffers to the impact of ACEs.

Data Source: US Census Bureau American Community Survey, 2024 5-Year Data

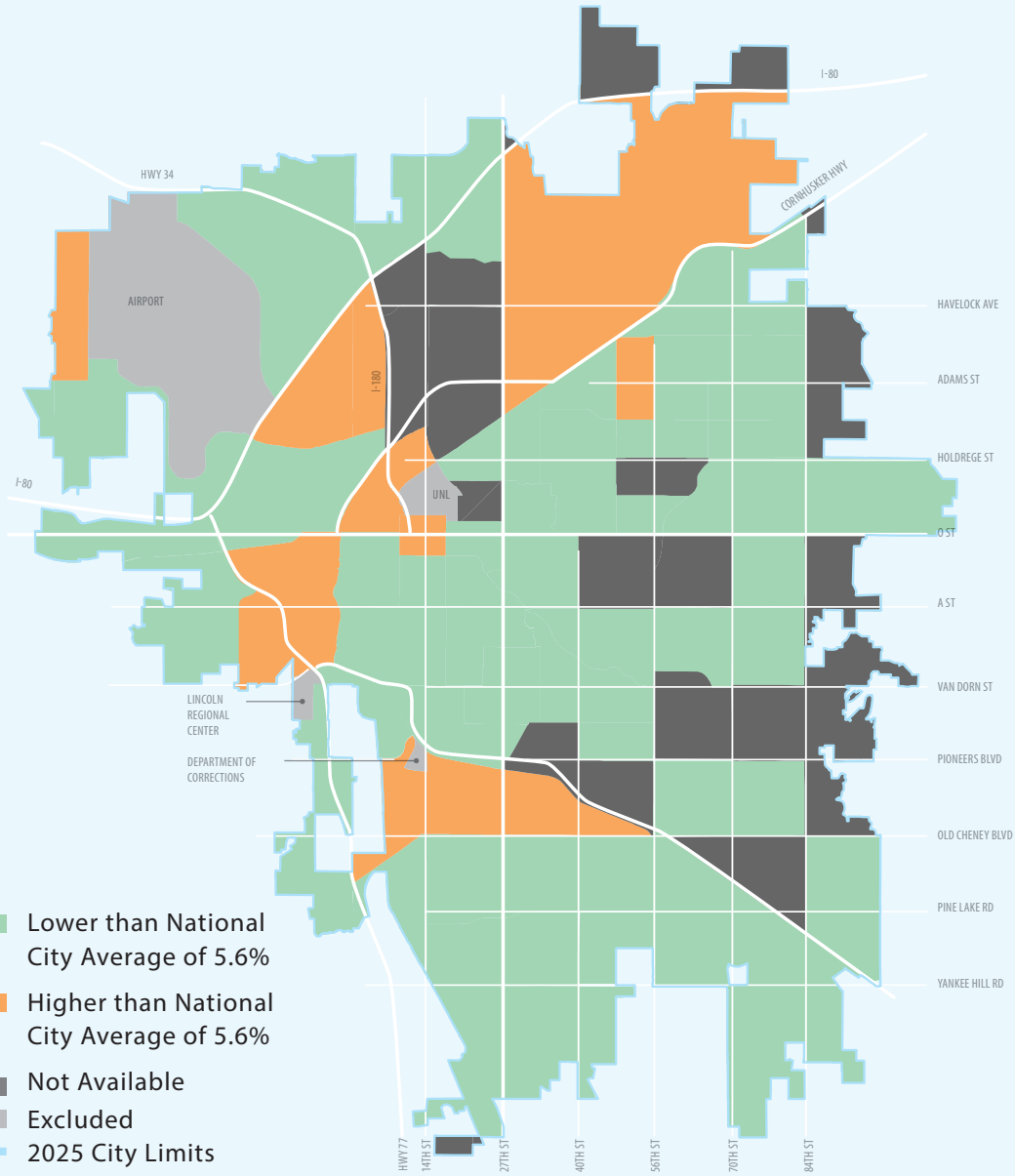


PROTECTIVE FACTOR

Parents in the Labor Force – 2024 and Licensed Childcare Programs – 2026

The CDC identifies the following as a protective factor as it relates to ACEs: Communities where families have access to nurturing and safe childcare. This map illustrates licensed childcare providers in the community. This map also illustrates the percentage of households with children under the age of six that have all parents in the labor force, indicating the intensity of need for childcare by working parents. There are many licensed childcare providers in Lincoln, and, at the same time, a high demand for quality care due to strong engagement in work by Lincoln families.

Data Source: U.S. Census Bureau, American Community Survey, 2024 ACS 5-Year Estimates; Nebraska Department of Health and Human Services, (2026, January.) Licensed childcare programs roster

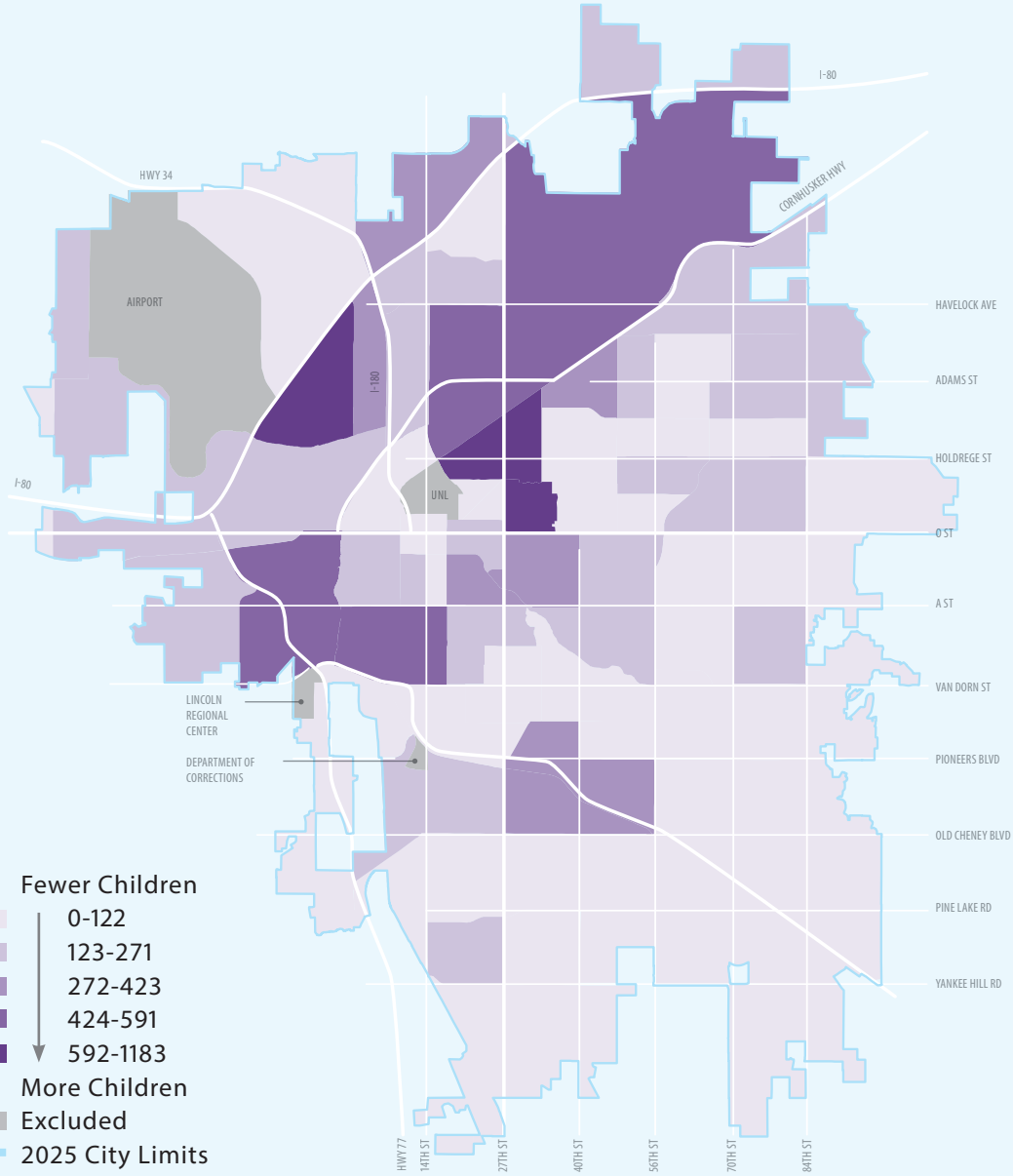


RISK FACTOR

Unemployment – 2023

Communities with high unemployment rates are identified by the CDC as having a risk factor for ACEs. This map illustrates census tracts higher than the city average nationally, compared to a national average of 5.6%. In Lincoln, an estimated 3.3% of the labor force was unemployed in 2023, compared to an average of 5.6%. Unemployed is defined as being without work but actively seeking employment. Individuals who are not actively seeking work, such as retirees, are not included. Unemployment in Lincoln census tracts ranges from 0.6% to 9.3%.

Data Source: American Community Survey, U.S. Census Bureau. Calculated by the Dashboard Team using data from 2023, 5-year estimate.

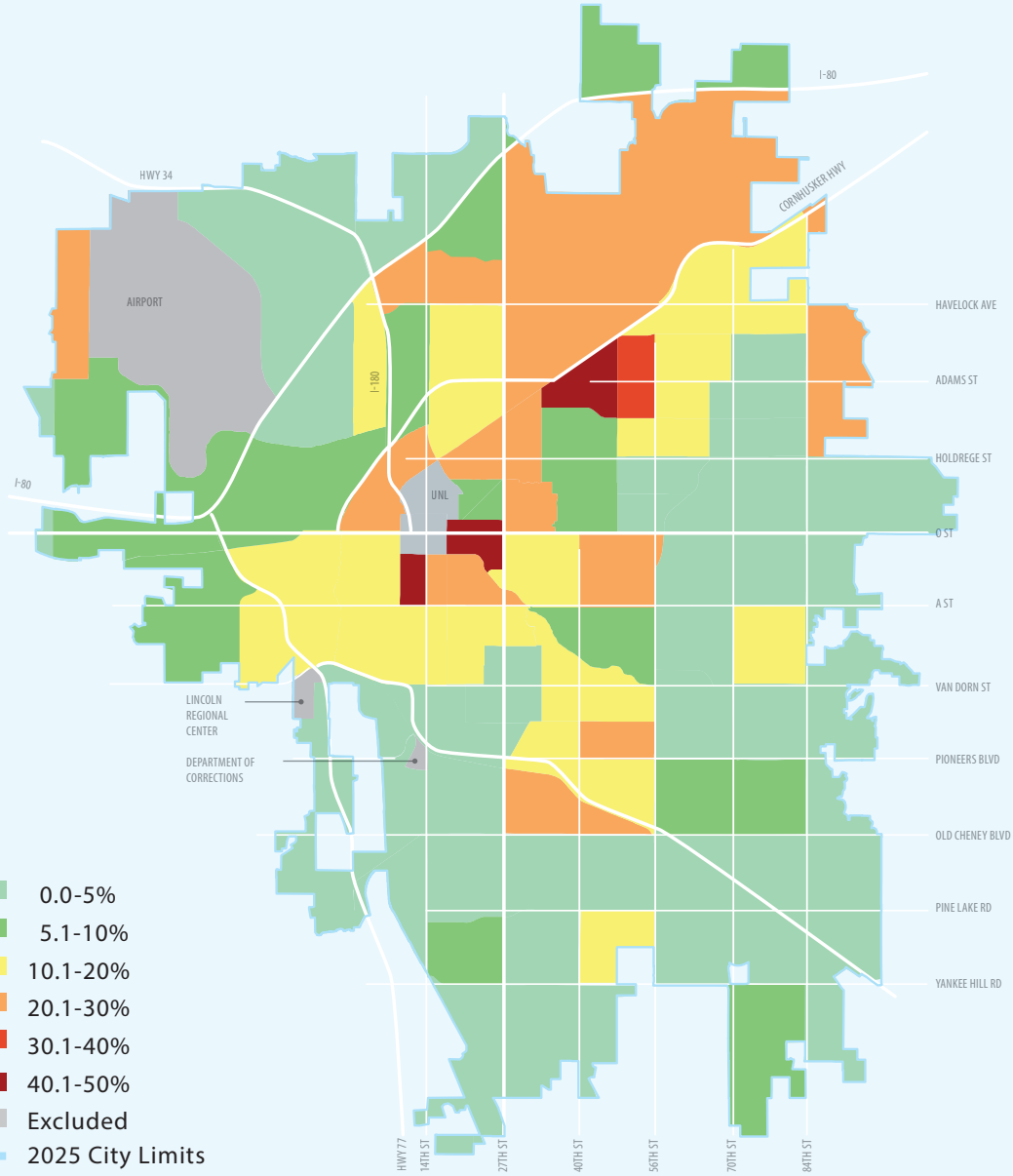


PROTECTIVE FACTOR

Receipt of Social Security, Public Assistance, or SNAP – 2024

The CDC identifies communities where families have access to economic and financial help as having protective factors. This map displays the number of children under 18 years old living in a household that received supplemental security income, cash public assistance income, or food stamps/Supplemental Nutrition Assistance Program in the last 12 months by census tracts. Other valuable economic assistance programs are available in the city in addition to these public programs, such as local food and utility assistance programs. As a protective factor, this map may represent community strengths in outreach and education for these programs.

Data Source: US Census Bureau American Community Survey 2024 5 year data.

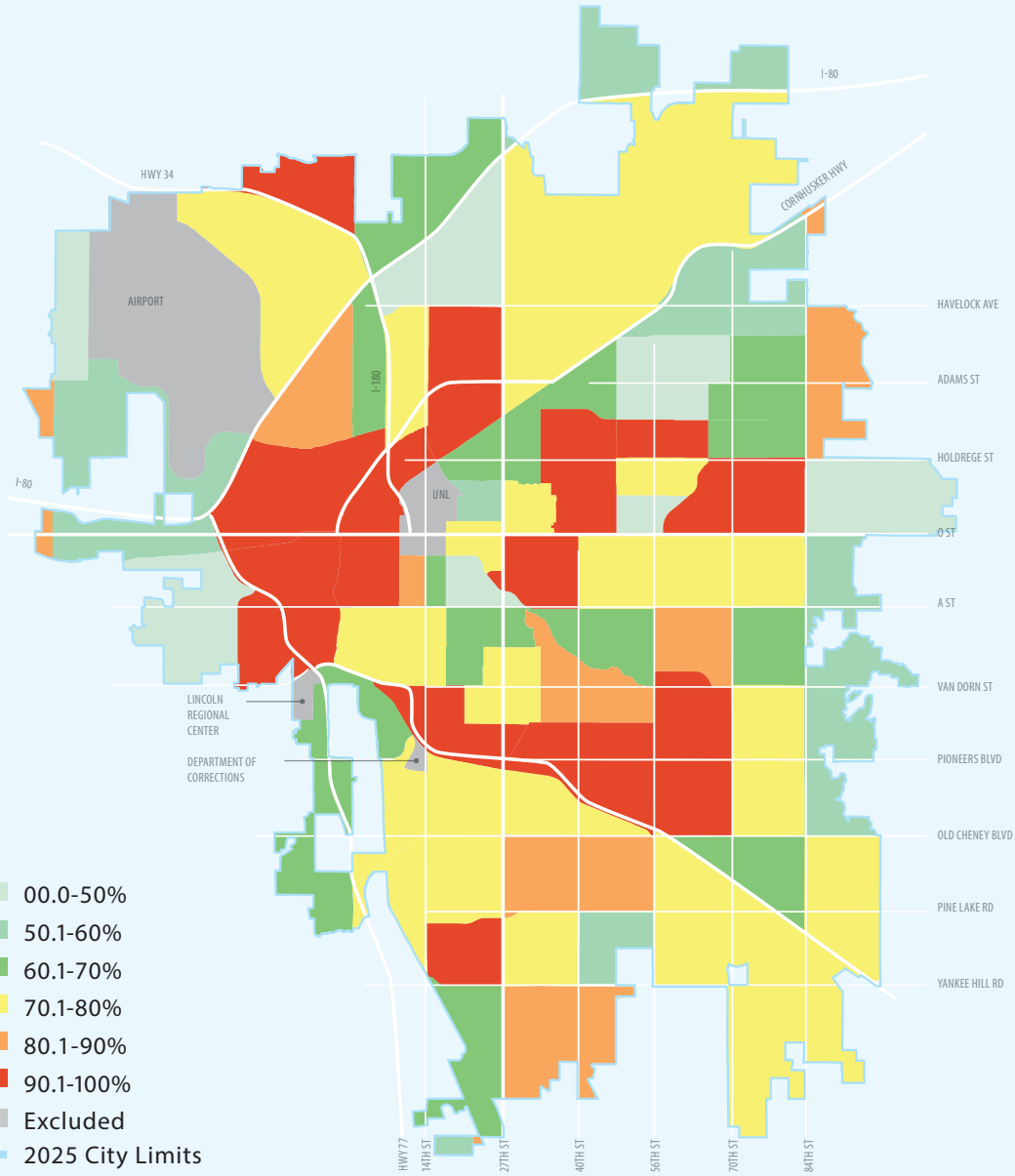


RISK FACTOR

Families Below Poverty with Children Under 18 – 2024

Families with low incomes are identified as having a risk factor for adverse childhood experiences according to the CDC. The map displays the percentage of families below the poverty level that contain children related to the householder. In 16 census tracts, more than one in five families with children (20%) are below the poverty level. The federal poverty guideline for a family of four in 2024 was $31,200.

Data Source: U.S. Census Bureau, 2024 American Community Survey, 5-Year Estimates

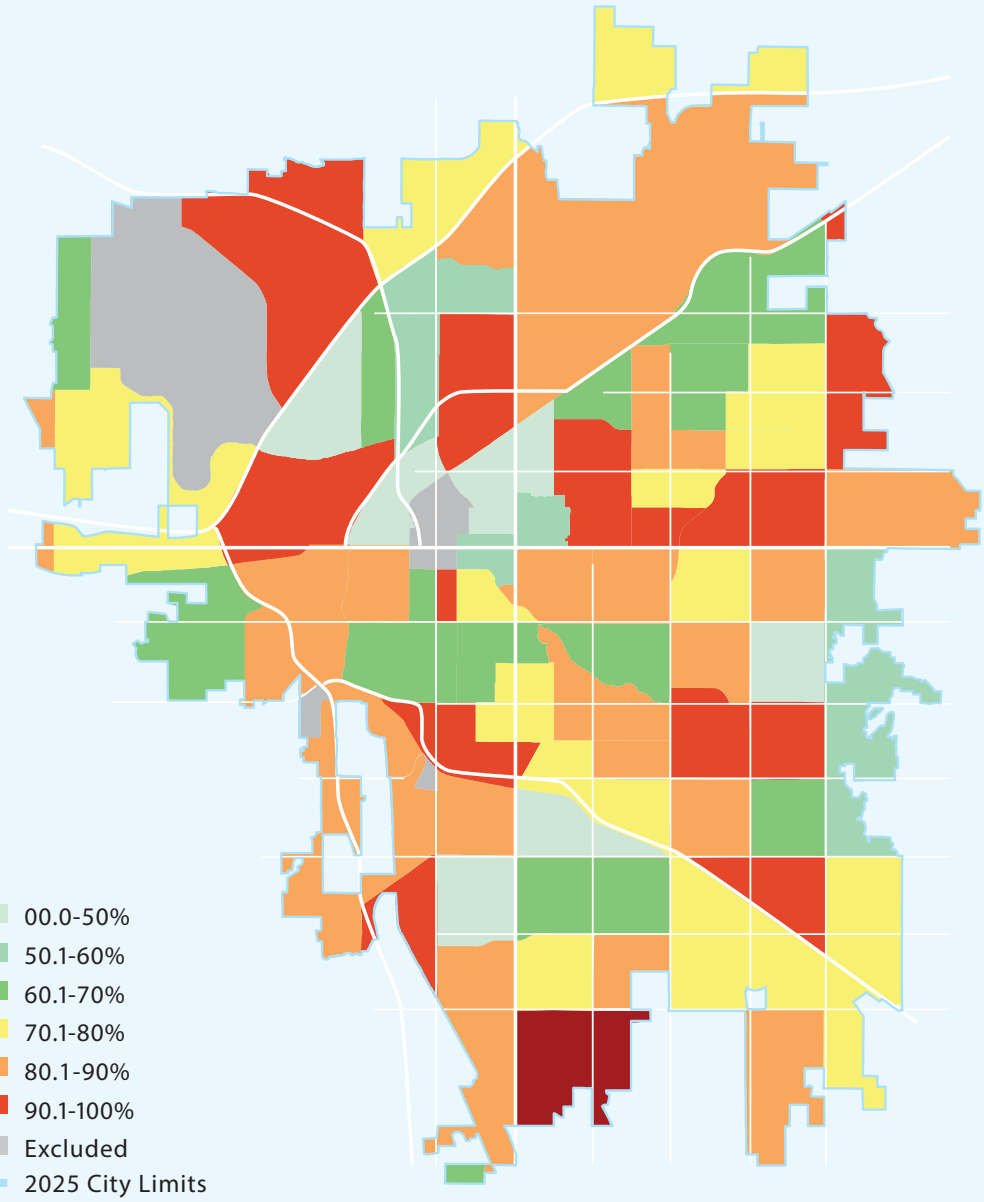


PROTECTIVE FACTOR

Families with Children Under 6 with All Parents in the Labor Force – 2024

The CDC identifies the following as a protective factor as it relates to ACEs: Families where caregivers have steady employment. This map displays the percentage of families with children under 6 years old with all parents in the labor force. Labor force participation is considered members of the civilian, non-institutionalized population that are either working or actively looking for work.

Data Source: U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates

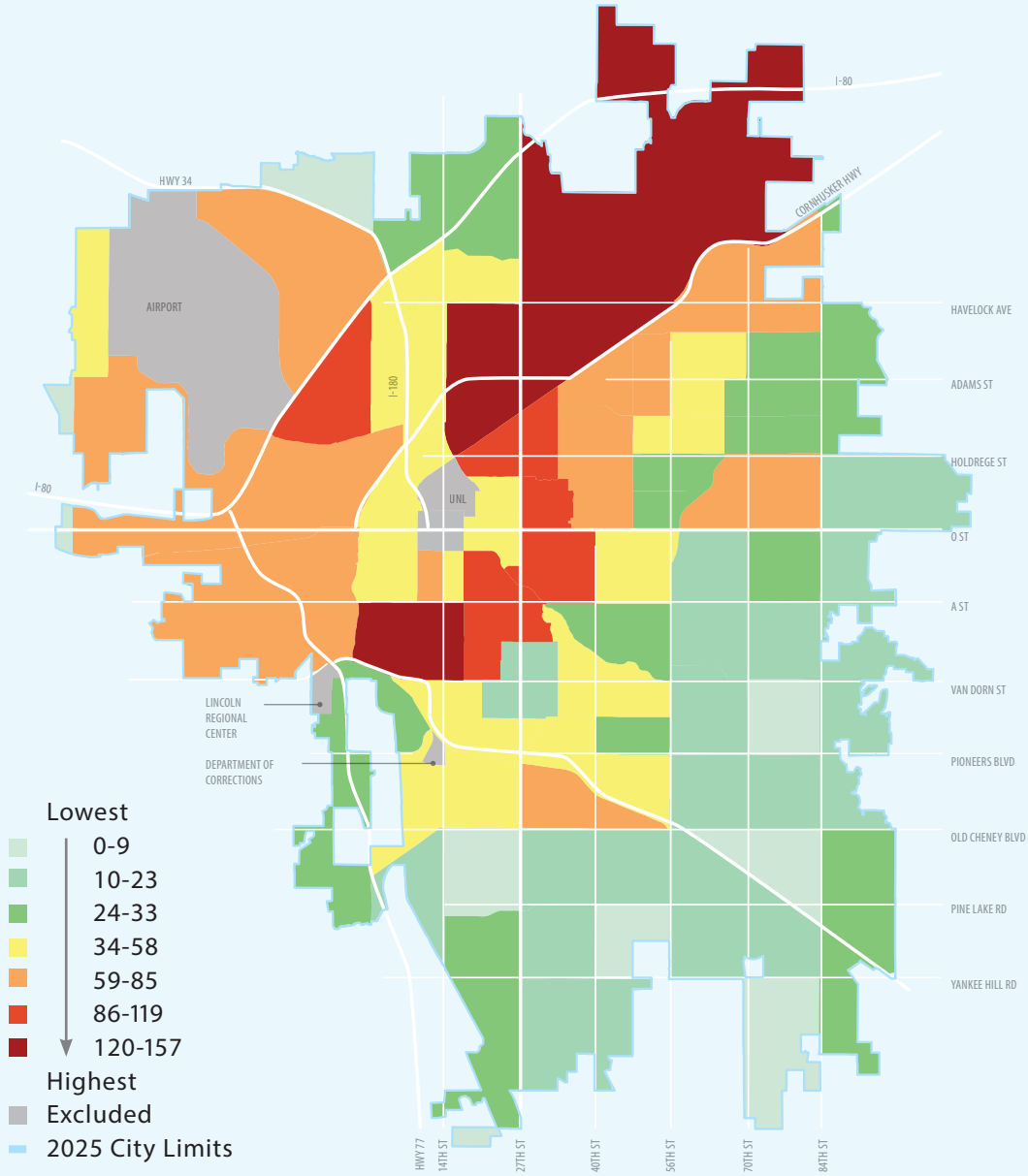


PROTECTIVE FACTOR

Families with Children Between 6-17 with All Parents in the Labor Force – 2024

This map displays the percentage of families with children between 6 and 17 years old with all parents in the labor force. The data is separated by age in this report due to school participation.

Data Source: U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates

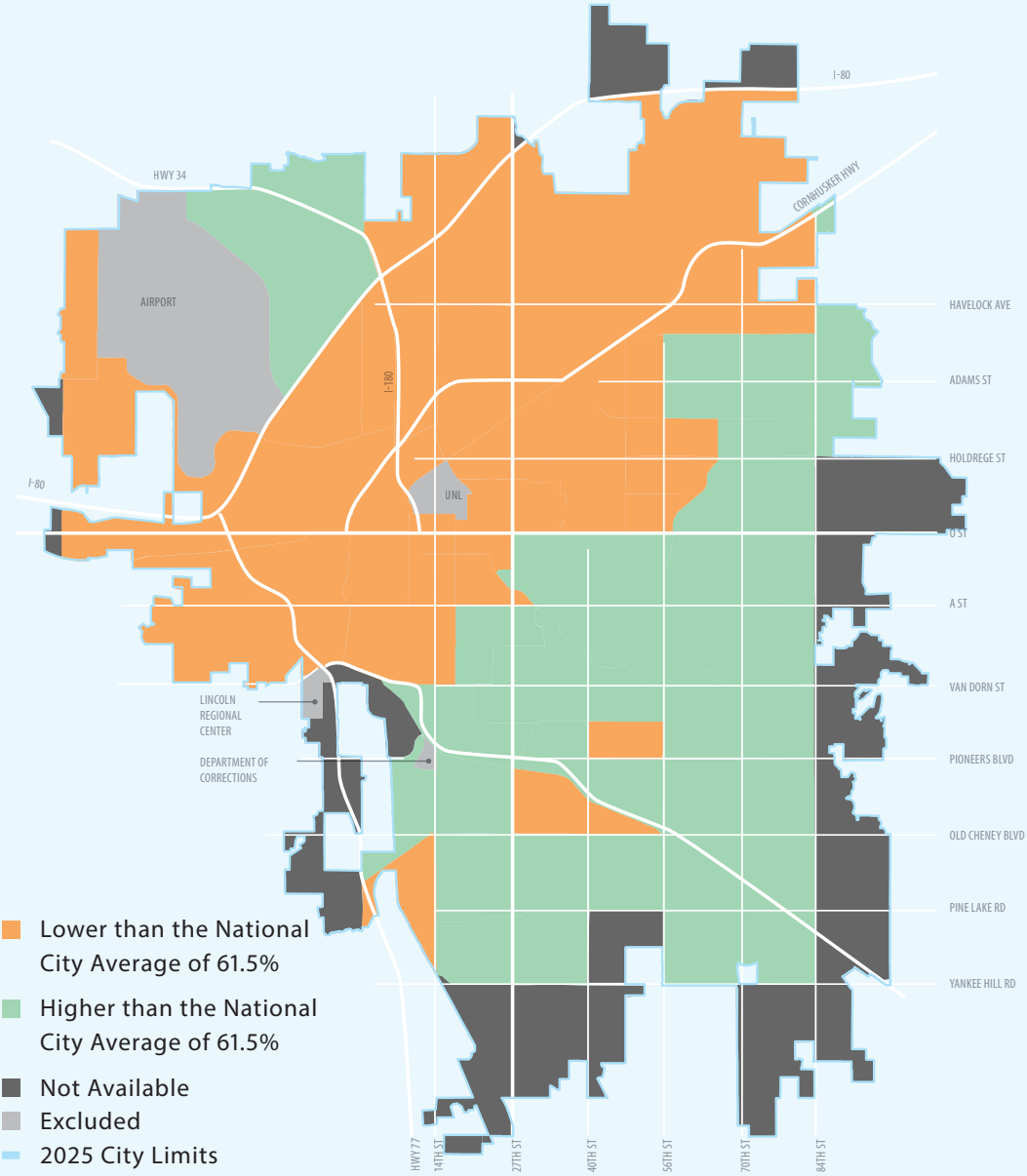


RISK FACTOR

Bellwether Crimes 2024-2025

Communities with high rates of violence and crime are considered risk factors for ACEs by the CDC. This map shows how cases of child abuse/neglect, domestic violence, protection orders and residential burglary are concentrated across the city (2024-2025). These "bellwether crimes" are often symptomatic of more complex issues related to economic and neighborhood distress.

Data Source: Lincoln Police Department Crime Analysis Unit, 2024-2025

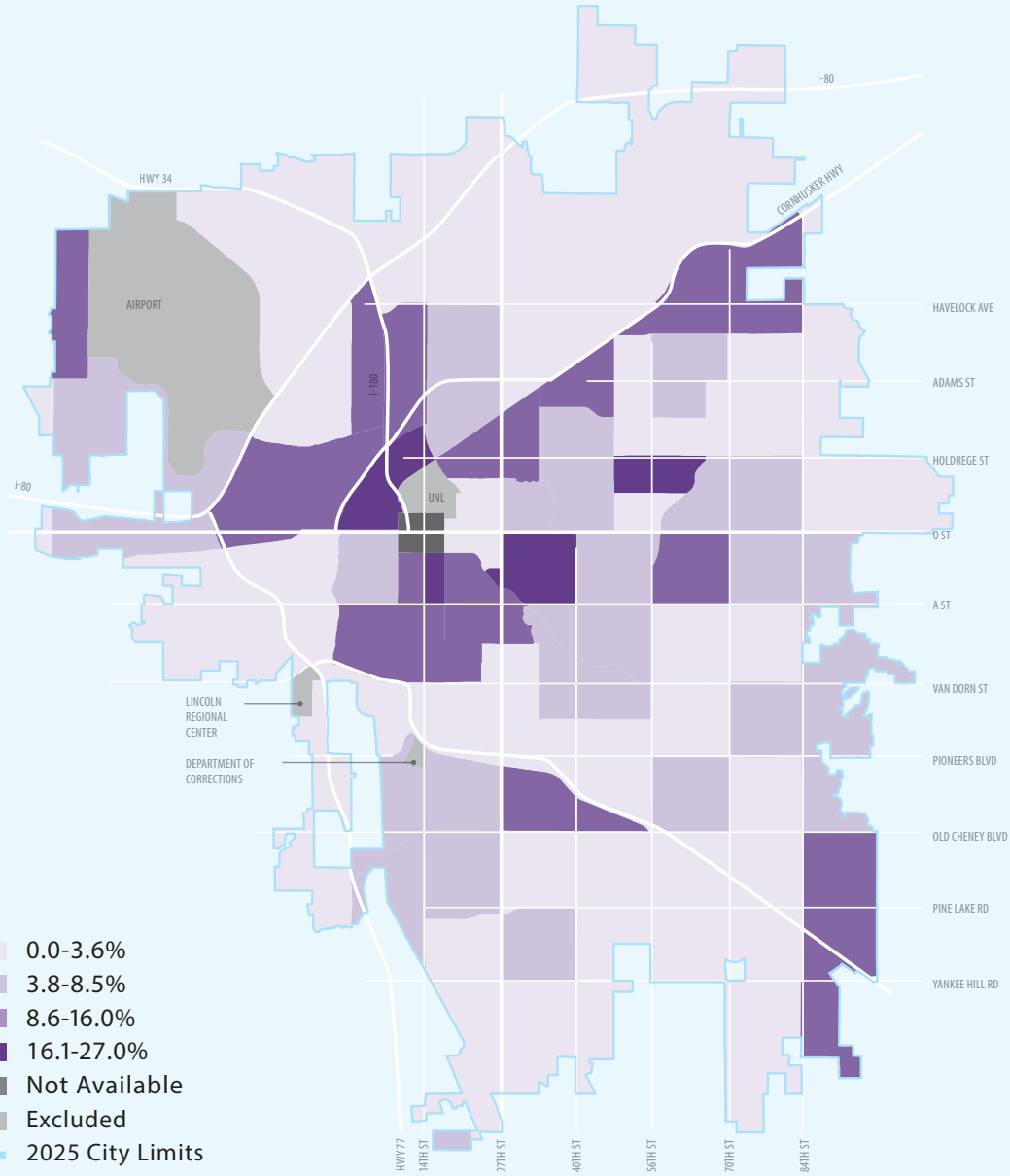


PROTECTIVE FACTOR

Voter Participation – 2024

The CDC identifies communities where residents feel connected to each other and are involved in the community as having a protective factor for ACEs. This map illustrates areas where voter participation is higher than the national city average of 61.5%. Voting is a key aspect of civic engagement and generally associated with higher levels of social trust, social cohesion, and resource sharing. In census tracts where data is excluded, an estimate is unavailable from the data source.

Data Source: L2 and American Community Survey. Calculated by the Dashboard Team using data from 2024, general election

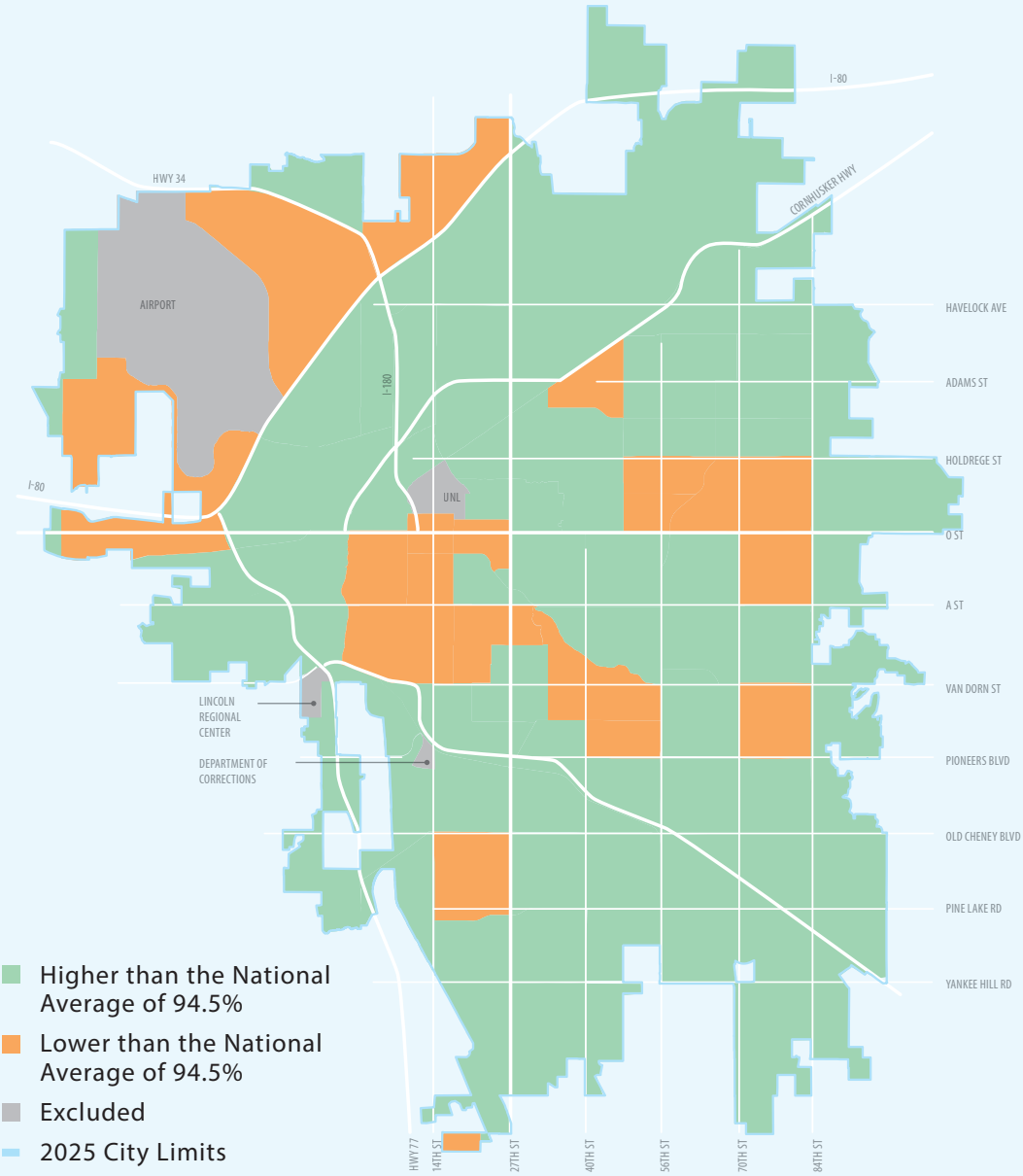


RISK FACTOR

Children 5-17 with Disabilities – 2024

The CDC identifies families experiencing caregiving challenges related to children with special needs as a risk factor for ACEs. Note that the risk factor is about challenges related to caregiving, not simply the presence of a disability. The map shows the percentage of children ages 5-17 with disabilities by census tract. Disability includes hearing, vision, cognition, walking or climbing stairs, self-care, or independent living. Children age 0-5 do experience disability, but due to the small sample size and challenges related to diagnosis, this map illustrates children age 5-17.

Data Source: U.S. Census Bureau, 2024 American Community Survey, 5-Year Estimates

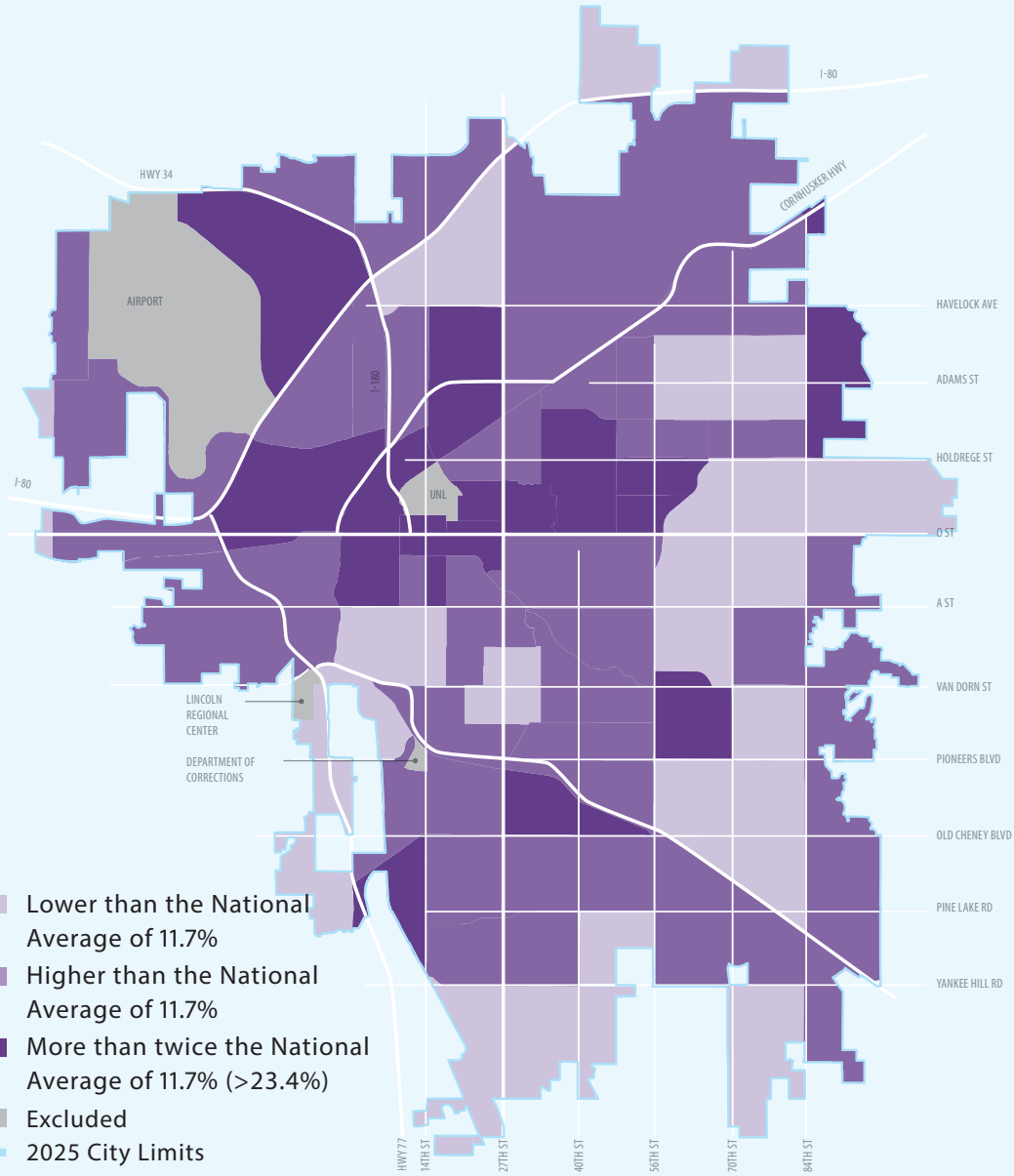


PROTECTIVE FACTOR

Children Under 19 with Health Insurance – 2024

The CDC identifies communities where families have access to medical care and mental health services as having a protective factor for ACEs. This map illustrates the percentage of children under 19 years old with health insurance coverage by census tract. Health insurance is not precisely the same as access to care and it is notable that policies related to co-pays, services covered, and available providers vary among different types of insurance. This map illustrates strong performance for access to coverage for children.

Data Source: U.S. Census Bureau, 2024 American Community Survey, 5-Year Estimates

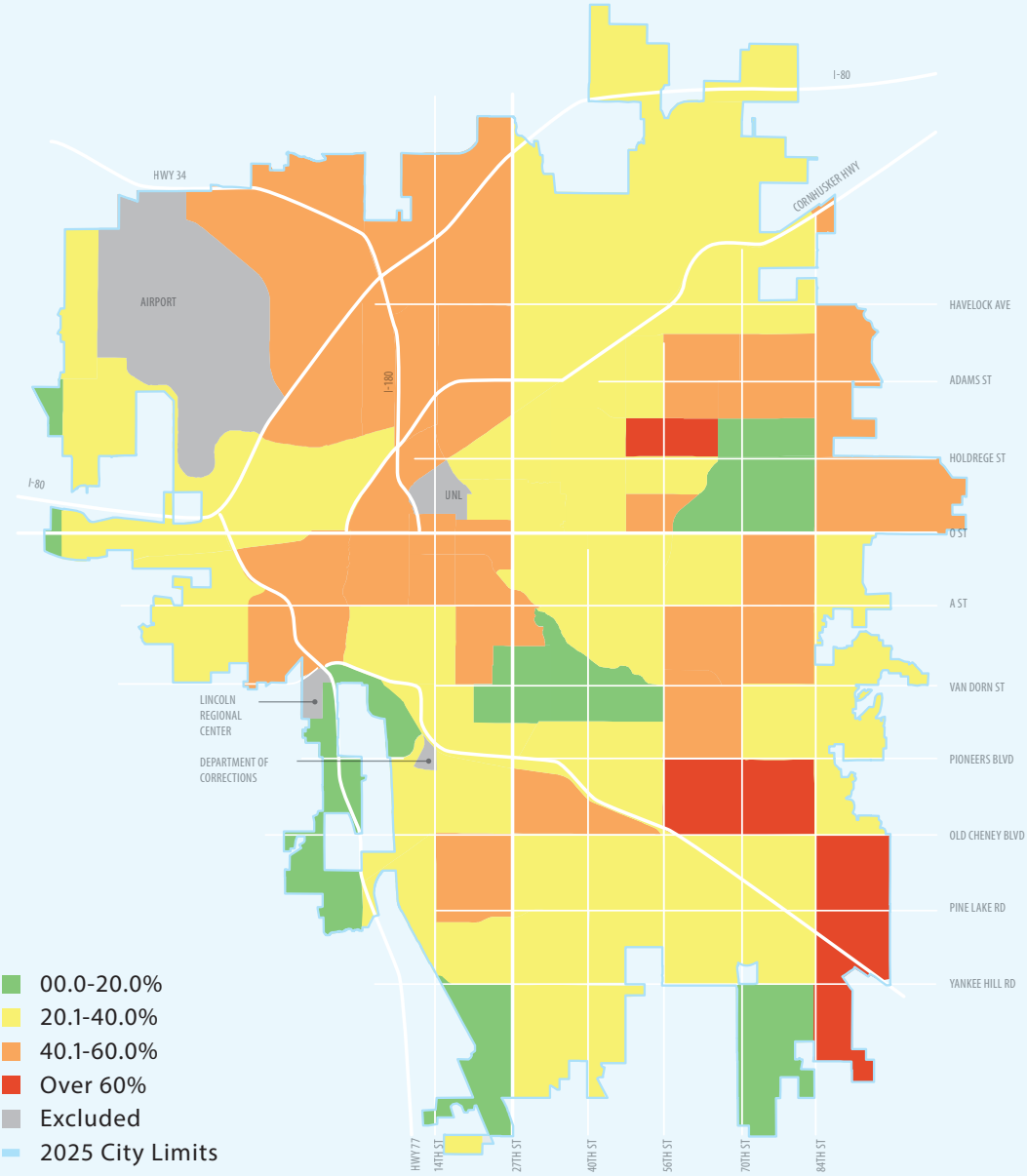


RISK FACTOR

Residence in a Different House 1 Year Ago – 2024

The CDC identifies communities with unstable housing and where residents move frequently as a community risk factor. The map shows the percentage of people who lived in a different residence one year ago by census tract, indicating whether the change is higher or lower than the national average reported by the US Census Bureau of 11.7%. It is notable that some census tracts with significant changes are near institutions of higher education.

Data Source: U.S. Census Bureau , 2024 American Community Survey, 5-Year Estimates



PROTECTIVE FACTOR

Percentage of Households Facing Severe Rent Burden - 2024

Communities with stable housing are considered to have a protective factor for ACEs by the CDC. This map illustrates that most census tracts in Lincoln, renters are not considered severely rent burdened. Paying over 35% of household income for rent is considered severely rent burdened and can impact stability.

Data Source: U.S. Census Bureau , 2024 American Community Survey, 5-Year Estimates









Resources and Initiatives

Brave fACEs

In 2024, BraveBe Child Advocacy Center launched the Brave fACEs prevention initiative. Brave fACEs was created in response to a growing recognition that while communities have made significant investments in responding to child abuse and supporting families after adversity occurs, there must also be a greater focus on preventing Adverse Childhood Experiences before they happen. The mission of Brave fACEs is to prevent ACEs and equip the Lincoln community with the knowledge, resources, and strategies needed to build resilience and promote well-being.

Brave fACEs provides training and education opportunities for anyone interested in learning more about ACEs, resilience, trauma, and prevention. Trainings and resources are available to any person, group, or organization in Lincoln who wants to better understand adversity and help create supportive environments where children and families can thrive.

Brave fACEs provides training that increases awareness of Adverse Childhood Experiences, toxic stress, resilience, protective factors, positive childhood experiences, and trauma-informed care. Participants learn to recognize the effects of trauma, implement trauma-informed and resilience-focused practices, appropriately screen for ACEs and related risk factors, connect individuals with local resources and supports, and strengthen coordinated referral pathways across healthcare, education, behavioral health, child welfare, and other community systems.

Information about training, educational resources, and the ACEs Assessment can be found at Bravefaces.org.

Themes and Areas for Further Analysis

Themes

This report identifies many strengths for kids and families in Lincoln. Many neighborhoods with high numbers of children enjoy overlapping protective factors, such as high educational attainment, strong participation in the labor force, availability of health insurance, as well as lower risk factors. It is important to celebrate these strengths and identify ways to help all our neighborhoods and families succeed. We encourage community members to use this information to identify community assets and ways to strengthen protective factors.

At the same time, a review of the census tracts with the highest concentration of children found several experience multiple community factors associated with increased risk. These challenges also represent opportunities to focus community resources and energy on areas where the benefit to children may be the greatest. Census tract level data does not describe the experiences or strengths of individual families, rather it provides information to help identify opportunities for further engagement in our city.

Areas for Further Analysis

Many of the risk and protective factors identified by the CDC are not included in this report and/or cannot be effectively represented in a map. Community risk factors such as access to drugs and alcohol and availability, could be data points to identify in the future. Community protective factors, such as access to safe, engaging access to afterschool programs and activities, may also be an area to explore. Additional data collection specifically about how people in our community score on the ACE assessment would help us to better understand trauma and resilience in Lincoln.

The Community Health Endowment and Brave Be encourage continued thoughtful analysis of this report to help our community understand—and respond to—the needs of children and families.

Glossary

Adverse Childhood Experiences (ACEs)

Ten categories of potentially traumatic events that occur before age 18, including physical, emotional, and sexual abuse; physical and emotional neglect; witnessing domestic violence; living with household substance misuse, mental illness, or incarceration; and experiencing parental separation or divorce. Individuals with four or more ACEs are at significantly greater risk for negative health outcomes, while those with six or more ACEs may experience a life expectancy nearly 20 years shorter than those with no ACEs.

Risk Factors of ACEs

The Centers for Disease Control and Prevention (CDC) identifies several factors that can increase the likelihood of children experiencing ACEs cdc.gov/aces/risk-factors/index.html. These risk factors exist at the individual, family, community, and societal levels and may include poverty, community violence, lack of social support, and limited access to resources. Understanding these factors can help communities target prevention efforts and reduce the conditions that contribute to childhood adversity.

Protective Factors

The Center for the Study of Social Policy's Strengthening Families Framework identifies five protective factors that help families thrive and reduce the risk of child maltreatment: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and children's social and emotional competence cssp.org/project/strengthening-families/. Together, these factors help families build strong relationships, navigate challenges, and create safe, stable, and nurturing environments for children.

Positive Childhood Experience

Positive Childhood Experiences (PCEs) are the supportive relationships, connections, and opportunities that help children feel safe, valued, and connected. Research shows that PCEs can buffer the effects of adversity, strengthen resilience, and contribute to healthier outcomes throughout life jamanetwork.com/journals/jamapediatrics/fullarticle/2749336.

Hope Science

Hope is a measurable strength that helps individuals overcome challenges and work toward positive goals. Hope Science, as defined by the Hope Research Center at the University of Oklahoma, is having both the belief that goals can be achieved and the ability to identify pathways to reach them ou.edu/tulsa/hope. Research shows that hope is linked to improved well-being and resilience, and can be strengthened through supportive relationships, positive experiences, and opportunities for growth. Learn more at hopescore.com.



SPECIAL THANKS TO

Lincoln-Lancaster County Health Department
Early Futures Partnership
City of Lincoln
Lincoln Police Department
Lincoln Community Foundation
Lincoln Public Schools
Bryan Health
CHI / Common Spirit
City Health Dashboard
NYU Langone Health

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