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Early-Life Adversity and Preferences for Redistribution: A Global Perspective

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Abstract

This paper is the first to examine how adverse childhood experiences (ACEs) influence the support for income redistribution in adulthood. Using data from the 2022-2024 wave of the Global Flourishing Study on over 160,000 individuals from 22 countries, we construct measures of ACEs based on retrospective information on parental relationships, abuse, health, and household finances while growing up. We document marked cross-country variation in both ACE prevalence and redistributive preferences between high-income and low- and middle-income countries. Specifically, exposure to ACEs is associated with stronger support for redistribution only in high-income countries, suggesting that the relationship between early-life adversity and economic preferences is context-dependent. We explore several mechanisms that could underpin our relationship. We find evidence for a material self-interest channel, whereby childhood adversity lowers adult income and increases demand for government support. Yet, this mechanism explains only a small fraction of the total association, suggesting that alternative pathways drive the relationship. Overall, the results show that early-life adversity is a previously overlooked and context-dependent determinant of redistributive preferences.

JEL classification

D31, D72, H23, J12

Keywords

preferences for redistribution, adverse childhood experiences (ACEs), early-life conditions, inequality attitudes, Global Flourishing Study

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1 Introduction

Income inequality levels have risen in many countries, triggering political backlash and polarization. Indeed, 80% of individuals in OECD countries believe that income disparities are too large, and this share has increased over the past three decades (OECD, 2021). Redistributive policies by governments act as a key tool to address these disparities (Chancel et al., 2025). People's understanding of inequality and their support for redistribution are a key factor for the likelihood of implementing such policies. Therefore, the study of individual preferences for redistribution, along with their causes and consequences, remains central in economic literature since the seminal work of Meltzer and Richard (1981).

An extensive body of literature documents the determinants of redistributive preferences, highlighting substantial variation across countries and individuals. At the macro level, support depends not only on income inequality but also on economic conditions, cultural norms, and institutional settings (Alesina & Fuchs-Schündeln, 2007; Alesina & Giuliano, 2011; Clark & D'Ambrosio, 2015; Luttmer & Singhal, 2011; Mengel & Weidenholzer, 2023; Roth & Wohlfart, 2018; Svallfors, 1997). At the individual level, individual preferences regarding redistribution arise from material self-interest**,** i.e., the economic utility individuals expect to receive from such policies given their income, education, and employment status. Other factors that matter include political ideology, attitudes towards inequality, fairness beliefs, trust, and demographic factors such as gender (Alesina & Fuchs-Schündeln, 2007; Alesina & Giuliano, 2011; Barnes, 2015; Bussolo et al., 2021; Clark & D'Ambrosio, 2015; Luttmer & Singhal, 2011; Tejero-Peregrina et al., 2025; Tóth & Keller, 2011).

Beyond these relatively stable determinants, research also emphasizes that preferences evolve in response to economic shocks and traumatic experiences. Contemporary macro-level events, such as wars or natural disasters, and individual-level hardships, such as health and economic difficulties during the Covid-19 pandemic, unemployment or personal trauma, tend to raise support for redistribution (Alesina & Giuliano, 2011; Cross et al., 2023; Gualtieri et al., 2019; Luttmer & Singhal, 2011; OECD, 2021; Shai, 2023). Crucially, the literature also shows that exposure to macroeconomic volatility and recessions during youth shapes redistributive preferences in adulthood (Alesina & Giuliano, 2011; Roth & Wohlfart, 2018). This aligns with the evidence that while the effects of adult shocks on attitudes and preferences often fade over time, events occurring during the so-called "formative years" leave persistent imprints (Margalit, 2019). Consequently, analyzing individual-specific childhood adversity can provide new insights into the long-term formation of redistributive preferences.

This paper provides the first investigation into how such individual-level, early-life adversities influence preferences for redistribution in adulthood. Specifically, we utilize novel data from the first wave of the Global Flourishing Study (GFS), collected from 2022 to 2024, to construct a measure of adverse childhood experiences

(ACEs) based on retrospective questions regarding individual conditions during childhood. We include dimensions of adversity, such as abuse, feeling like an outsider, parental relationships, parental separation, health issues, and household financial insecurity.[1] We then explore the association between cumulative ACEs and preferences for redistribution in adulthood. Additionally, we test for potential mechanisms that could explain this relationship, including self-interest (proxied by financial security in adulthood), altruism (proxied by volunteering), and interpersonal trust.

The GFS allows us to utilize a relatively large sample of 164,281 individuals across 22 countries in high-income countries (HICs) and low- and middle-income countries (LMICs) across world regions, representing over 60% of the world's adult population. Because the existing literature on both determinants of redistributive preferences and consequences of ACEs has only focused on high-income Western contexts, our study adds significant value by providing rare empirical evidence from LMICs.

We find a positive association between ACEs and preferences for redistribution in our global sample, though this relationship depends on the context. Specifically, we observe this positive link only in HICs, whereas it is absent in LMICs, indicating caution when generalizing findings from Western contexts. Furthermore, several ACE components drive this result within HICs countries: abuse, feeling like an outsider, and difficult health and financial conditions correlate with higher demand for redistribution, while negative relationships with the mother correlate with lower demand. In HICs, we also find the positive association between ACEs and redistributive preferences to be marginally stronger for women and underpinned by a wider array of specific adversities.

An important question is what channels underpin the relationships we uncover. When testing for potential mechanisms, we find that ACEs negatively correlate with income and trust in adulthood. However, adult income and trust do not explain the relationship between early adversity and redistributive preferences.

[1] The importance of early life is well-established in the literature on ACEs, which shows the lasting consequences of early-life adversities across life domains. First introduced by the ACE Study (Felitti et al., 1998) cumulative ACE measures count exposure to several dimensions of adversity. Empirical literature utilizes these measures to show how early-life conditions influence health and economic outcomes, including earnings, subjective poverty, and productivity (Anda & Felitti, 2004; Metzler et al., 2017; Schurer et al., 2019). They also affect employment histories (Liu et al., 2013; Metzler et al., 2017; Sansone et al., 2012), educational attainment (Metzler et al., 2017), mental health (Angelini et al., 2021), and traits such as patience, altruism, risk preferences, and social behaviors (Angelini et al., 2018; J.-K. Choi et al., 2019; Falk & Kosse, 2016; Pollock, 1990). Furthermore, ACEs impose large economic costs on society, accounting for over 1% of national GDP in all the 28 European countries in Hughes et al. (2021).

This paper contributes to three strands of literature. First, it extends the research on the determinants of preferences for redistribution by examining the role of adverse childhood experiences, a factor that has received limited attention. Second, it adds to the scholarship on how shocks and adverse circumstances shape attitudes and beliefs by conceptualizing and explicitly testing three potential mechanisms: i) self-interest, ii) altruism, and iii) social trust. Third, the paper contributes to the ACE literature by finding empirical support to a novel long-term consequence of early-life adversities. Finally, a key contribution of this paper involves expanding the geographic scope of both the literature on preferences for redistribution and on ACEs by relying on novel data with global coverage. This approach enables the comparison of patterns between HICs and LMICs, a perspective frequently overlooked in existing research.

2 Conceptual framework

2.1 ACEs and preferences for redistribution

Since no studies have examined whether childhood circumstances predict preferences for redistribution, deriving a straightforward prediction regarding this relationship is non-trivial. However, based on related studies, we develop a conceptual framework that guides our empirical investigations.

First, the extant literature demonstrates that exposure to *contemporaneous* macroeconomic shocks or adverse life events increases support for redistribution. When societies face large-scale crises, such as wars, recessions, or natural disasters, individuals tend to favor stronger government intervention to reduce inequality (Gualtieri et al., 2019; Margalit, 2013; Shai, 2023). Similarly, at the individual level, those who experience unemployment, income loss, or other personal hardships typically express greater support for redistributive policies (Alesina & Giuliano, 2011; Cross et al., 2023; Luttmer & Singhal, 2011; OECD, 2021).

Second, early-life circumstances and adversities exert a lasting influence on beliefs, attitudes, and economic preferences (Cappelen et al., 2020; Margalit, 2019). These results apply to redistributive preferences in the context of macroeconomic conditions: periods of economic volatility or high inequality during childhood correlate with stronger redistributive preferences later in life (Alesina & Giuliano, 2011; Roth & Wohlfart, 2018). While these studies do not address individual-level ACEs, collectively, their findings imply that experiencing adversity tends to strengthen support for redistribution.

However, a closer examination of the potential mechanisms underpinning this relationship reveals a greater complexity. We identify three primary channels linking early-life adversities to preferences for redistribution: (i) material self-interest, (ii) altruism, and (iii) trust.[2]

(i) *Material Self-interest (+)* Material self-interest refers to support for redistribution for the purposes of maximizing personal utility. This includes, for instance, individuals who are net beneficiaries of redistribution, i.e., receiving more in transfers than they pay in taxes, or who temporarily rely on government support (e.g., unemployment benefits). This channel leads to the prediction of a positive long-term effect of ACEs on preferences for redistribution. Specifically, widespread consensus exists within the ACE literature regarding the negative effect of early-life adversity on educational attainment and economic outcomes throughout adulthood, including income, wealth, employment stability, and economic security (Anda & Felitti, 2004; Covey et al., 2013; Currie et al., 2014; Currie & Spatz Widom, 2010; Flores & Kalwij, 2014; Liu et al., 2013; Metzler et al., 2017; Schurer et al., 2019; Zielinski, 2009). Individuals who face disadvantages in childhood rely more frequently on welfare-state programs, such as unemployment or health-related subsidies, and therefore benefit directly from redistributive policies (Conti et al., 2021; Zielinski, 2009). Furthermore, ACEs may shape risk preferences; those who experience adversity in childhood often display greater risk aversion and a stronger desire for protection against future shocks (Cheng et al., 2024; Falk & Kosse, 2016).

Empirical evidence consistently shows that material position strongly predicts redistributive preferences. Higher income and education correlate with weaker support for redistribution, while being unemployed or in a low-skill occupation, and reliance on public transfers are associated with stronger support (Alesina & Fuchs-Schündeln, 2007; Alesina & Giuliano, 2011; Barnes, 2015; Bussolo et al., 2021; G. Choi, 2021; Guillaud, 2013; Habibov, 2013; Luttmer & Singhal, 2011; Tóth & Keller, 2011). Additionally, higher risk tolerance, measured, for example, by self-employment, correlates with lower redistribution preferences, as redistribution represents a form of insurance against future income uncertainty (Barnes, 2015; Guillaud, 2013; Luttmer & Singhal, 2011; Tóth & Keller, 2011). We therefore expect ACEs to lastingly increase support for redistribution by placing individuals in less favorable economic positions and by fostering greater risk aversion.

(ii) *Altruism (+/-)* Adverse childhood experiences may also shape redistributive preferences by influencing prosocial behavior. Whether this mechanism drives a positive or negative link between ACEs and redistributive preferences remains unclear. On one hand, growing up in difficult environments can foster solidarity and cooperation, as individuals recognize the importance of mutual support for survival or as adversity strengthens

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[2] Section 8 discusses alternative mechanisms that we cannot test with our data.

social ties within communities (Mengel & Weidenholzer, 2023). On the other hand, early-life hardship can heighten competition over scarce resources and encourage antisocial behaviors (Mengel & Weidenholzer, 2023; Pollock, 1990; Prino & Peyrot, 1994). Falk and Kosse (2016), for instance, find that a difficult early childhood environment negatively affects altruism later in life.

Preferences for redistribution reflect broader attitudes and prosocial preferences. Individuals who are inequality-averse or display higher levels of altruism, evidenced by volunteering, charitable giving, or civic participation, tend to support stronger redistribution (Bussolo et al., 2021; G. Choi, 2021; Clark & D'Ambrosio, 2015; Duch & Rueda, 2015; Kambayashi & Lechevalier, 2022; Mengel & Weidenholzer, 2023). Thus, while there is a positive association between altruism and preferences for redistribution, the indirect effect of ACEs via this channel depends on whether early adversity encourages cooperation and prosocial behavior or fosters competition.

(iii) *Trust (-)* Finally, adverse experiences can exert a negative impact on redistributive preferences by reducing trust. Exposure to collective adversities, such as wars, dictatorships, repression, or famine, has often a lasting negative effect on both social trust and confidence in institutions (Brum, 2018; Chen & Yang, 2015; Nikolova et al., 2022; Shai, 2023). Similarly, at the individual level, researchers link ACEs to relationship problems and lower interpersonal trust (Anda & Felitti, 2004; Salokangas et al., 2018). Low trust undermines social cohesion, fuels conflict, and reduces the willingness to engage in collective action. Since support for redistributive policies relies on mutual trust, i.e., individuals must believe that others will contribute fairly and that public institutions will implement redistribution effectively, higher trust reduces fears of free-riding and strengthens support for redistribution (Barnes, 2015; Mengel & Weidenholzer, 2023). Consequently, individuals exposed to ACEs may display lower preferences for redistribution due to a reduction in interpersonal or institutional trust.

In summary, prior empirical research shows that adverse events in adulthood and macroeconomic shocks during childhood tend to increase support for redistributive policies, which suggests a similar effect may hold for individual-level ACEs. However, a closer examination of the underlying mechanisms introduces nuance. The self-interest channel, well-established in both the ACE and redistribution literatures, points to a positive association between early adversity and redistributive preferences. In contrast, the ambiguous effects of ACEs on altruism and their negative effect on social and institutional trust may reduce support. These contrasting predictions make the overall relationship an open question that necessitates empirical investigation and give rise to our first conjecture:

> *Hypothesis 1*: Exposure to ACEs is associated with preferences for redistribution in adulthood. Given the competing mechanisms of material self-interest, altruism, and trust, the direction of this association is *a priori* ambiguous.

2.2 Regional differences

Our dataset's global scope permits an examination of the relationship between ACEs and preferences for redistribution across highly diverse contexts. This breadth raises the question of whether the mechanisms discussed above, i.e., self-interest, altruism, and trust, operate uniformly across countries at different levels of economic development. Most existing evidence regarding both ACEs and preferences for redistribution originates from HICs. However, the nature of these phenomena potentially varies substantially across highly diverse countries.

First, evidence from LMICs indicates that the prevalence and composition of ACEs strongly depend on local conditions (Blum et al., 2019; Gilbert et al., 2024; Mwashala et al., 2022). Because composite ACE measures encompass multiple dimensions, the specific experiences that constitute "adversity" can differ significantly across borders. For instance, parental absence, community violence, or exposure to war and displacement, which are factors often excluded from standard ACE measures in Western studies, likely play a role in LMIC contexts (Currie & Vogl, 2013; Gilbert et al., 2024). Furthermore, culture shapes how individuals process and report sensitive issues; in settings where social norms discourage acknowledging family conflict, respondents may underreport certain forms of household dysfunction. Finally, contextual factors, such as the availability of mental health services, the strength of social support networks, and the role of religion, moderate how early-life adversities translate into adult outcomes (Blair et al., 2025; Ceccarelli et al., 2022; Currie & Vogl, 2013; Gilbert et al., 2024).

Second, substantial variation exists regarding preferences for redistribution and their determinants. While the existing literature links cross-country differences in these preferences to economic inequality, cultural norms, and institutional settings (Alesina & Fuchs-Schündeln, 2007; Luttmer & Singhal, 2011; Roth & Wohlfart, 2018), evidence suggests that individual-level drivers of support in the developing world can differ fundamentally from those in HICs (Almås et al., 2024; Chancel et al., 2025). Notably, the link between material self-interest and redistribution appears weaker in these contexts. For example, Dion and Birchfield (2010) find that individual economic status is *not* a clear determinant of support for redistribution in developing or highly unequal countries. This result questions the applicability of the self-interest channel, whereby ACEs lead to lower income and subsequently higher demand for redistribution, to the context of developing countries. The self-interest channel may not apply in the LMICs because of differences in state capacity (Besley & Persson, 2009). In HICs, the state is viewed as the primary insurer; thus, vulnerable individuals naturally demand government intervention. In contrast, in LMICs characterized by limited state capacity or weak social safety nets, individuals often rely on informal mechanisms, such as family and community networks, rather than the state (Morduch, 1999; Petrova, 2021).

Given these differences, we do not expect a uniform relationship between ACEs and redistributive preferences globally. Since the evidence from LMICs remains limited, we anticipate that the association between early-life adversity and preferences for redistribution in these countries may diverge from the patterns observed in the HIC-dominated literature.

Hypothesis 2: The association between ACEs and preferences for redistribution is context-dependent and differs significantly between HICs and LMICs.

2.3 Gender differences

The literature consistently documents that women express stronger support for government intervention than men. Large-scale survey studies confirm this gender gap across high-income Western countries (Alesina & Giuliano, 2011; Guillaud, 2013; Luttmer & Singhal, 2011; Tóth & Keller, 2011). Scholars propose several mechanisms to explain this gap. First, women often face more precarious labor-market positions, which increases their reliance on the welfare state (Svallfors, 1997). Second, women's distinct socialization and life experiences may prompt them to place a greater weight on concern for others, which translates into stronger preferences for equality (Buser et al., 2020; Svallfors, 1997). Finally, women generally display higher risk aversion and lower self-confidence than men (Buser et al., 2018; Croson & Gneezy, 2009). Experimental evidence from Buser et al. (2020) identifies risk aversion and confidence[3] as primary drivers of the gender gap in support for government intervention. They find that men support redistribution when income differences arise from luck rather than own performance, whereas women support redistribution regardless of the source of inequality. These findings suggest that confidence and risk aversion, rather than differing preferences for equality *per se*, drive the gap in preferences for redistribution. The authors also note substantial heterogeneity across contexts, implying that these gaps are not universal.

Gender differences also characterize exposure to early-life adversity. While many studies document higher rates of ACEs among women (Felitti et al., 1998; Liu et al., 2013), evidence from LMICs occasionally indicates the opposite (Blum et al., 2019; Gilbert et al., 2024). Crucially, women often suffer more severe socioeconomic consequences from such adversity (Currie & Spatz Widom, 2010; Flores & Kalwij, 2014). Given that women

[3] Buser et al. (2020) measure confidence by comparing the respondent's expected position in the income distribution with their actual position.

frequently start from a baseline of lower socioeconomic security, lower confidence, and higher risk aversion, and that ACEs tend to exacerbate these specific vulnerabilities more acutely in women,[4] we hypothesize that childhood adversity has a larger impact on the demand for redistribution among women than among men.

Hypothesis 3: In HICs, the association between ACEs and preferences for redistribution is stronger for women than men.

3 Data and method

3.1 The Global Flourishing Study

This paper utilizes data from the first wave of the Global Flourishing Study (GFS), a large-scale, multi-country longitudinal survey designed to examine the distribution and determinants of human well-being.[5] In this study, we use data on 164,281 individuals across a nationally representative sample of 22 countries.[6] The Gallup Organization collects data annually through telephone and web-based interviews with the same respondents over five planned waves beginning in 2022.

The GFS provides rich information on well-being alongside detailed demographic, social, economic, and psychological measures.[7] Crucially for this paper, it includes retrospective questions on childhood circumstances and preferences for redistribution in adulthood. Although the data are a panel, our study relies on the first wave, which is the only one that includes our outcome and main explanatory variables.

The 22 countries polled in the GFS account for more than 60 percent of the world's adult population and span diverse geographic regions (Figure A1). This dataset allows us to study redistributive preferences and adverse childhood experiences from a genuinely global perspective. It enables us to compare patterns in HICs, where existing evidence is concentrated, with those in LMICs, where empirical work on both ACEs and redistributive preferences remains limited.

[4] See, for instance, Salokangas et al. (2018).
[5] The GFS is a collaborative initiative involving the Human Flourishing Program at Harvard's Institute for Quantitative Social Science, the Baylor Institute for Studies of Religion, the Center for Open Science.
[6] The GFS conducts the survey in 23 countries: Argentina, Australia, Brazil, China, Egypt, Germany, Hong Kong, India, Indonesia, Israel (not included in this study due the lack of data on abuse in childhood), Japan, Kenya, Mexico, Nigeria, the Philippines, Poland, South Africa, Spain, Sweden, Tanzania, Türkiye, the United Kingdom, and the United States.
[7] The definitions of all variables used in the analysis are available in the Appendix Table A1.

3.2 Preferences for redistribution

Our outcome variable is the so-called *support* or *demand* for government redistribution, which is a standard measure in the literature (Alesina & Giuliano, 2011; Bussolo et al., 2021). The GFS includes a widely used item that captures the vertical dimension of redistribution preferences. Specifically, the GFS asks respondents whether "Government should take measures to reduce differences in income levels," rated on a five-point agree-disagree scale. We recode the variable so that 1 indicates strong disagreement and 5 indicates strong agreement, with higher values corresponding to greater support for redistribution (see Table A1 in the appendix for definitions of all variables used in this study). We exclude respondents who answered "Don't Know" or refused to respond (less than 0.1%).

In practice, redistribution encompasses a broad set of public expenditures, including direct income transfers, education, health, pensions, unemployment benefits, and subsidies. Consequently, our measure reflects a general orientation toward government-led redistribution rather than preferences over specific policy instruments or the precise design of the tax-transfer system.

3.3 Adverse Childhood Experiences

Our key explanatory variable is a retrospective measure of adverse childhood experiences (ACEs). Although medical and social science research has long used measures of child abuse and neglect to proxy early-life disadvantage, Felitti et al. (1998) introduced the first widely adopted cumulative ACE index. They collected retrospective reports from adult patients regarding exposure to several forms of adversity before age 18, including psychological, physical, and sexual abuse, household substance abuse or mental illness, domestic violence, and criminal behavior among household members. They coded each dimension as an indicator of whether any such experience occurred and summed the seven indicators to create an ACE score ranging from zero to seven.

Subsequent work has established cumulative ACE indices as a practical tool for capturing the joint influence of multiple early-life adversities on later health and socioeconomic outcomes. The ACE literature underscores the importance of considering clusters of childhood disadvantages rather than isolated events. Different adversities, such as direct trauma and household dysfunction, tend to co-occur and can reinforce one another across developmental stages. This motivated the use of simple cumulative indices (Anda & Felitti, 2004; Hughes et al., 2017). No single set of items or exposure window dominates the literature; while some studies adopt the "before age 18" frame used in Felitti et al. (1998), others focus on earlier childhood, such as before age 12 (Sansone et al., 2012), or specific ages such as 7, 11, and 16 in Schurer et al. (2019).

We construct our composite ACE measure using seven retrospective items in the GFS, each referring to conditions while growing up. We recode all variables into binary indicators, where 1 indicates the presence of adversity in childhood. The specific dimensions include physical and sexual abuse and feeling like an outsider in the family. They also capture a difficult relationship with the parents[8] and parental separation, defined as having experienced parental divorce or the death of one of them. Finally, we include poor self-reported health and financial insecurity, coded as adversity if the respondent found it (very) difficult getting by on household income.

We derive three composite measures from these seven indicators. The first is the ACE score, a cumulative ordinal index ranging from 0 to 7 that sums the binary indicators (intensive margin). The second, ACE1, is a binary variable set to one if the respondent reports at least one adversity (extensive margin). The third, ACE4, is a categorical measure that distinguishes varying intensities of exposure by grouping respondents into those with 0, 1, 2, 3, and 4 or more adversities.

The main analysis utilizes only observations with responses for all seven ACE items. We treat responses such as "does not apply," "don't know," "refused," "skipped," or "unsure" as missing.[9] To address this exclusion and other choices made in constructing our main ACE measures, we test for the robustness of our findings to a battery of alternative ACE measures.

3.4 Empirical strategy

The retrospective nature of the ACE measures provides a quasi-longitudinal structure; childhood experiences clearly precede adult preferences, which reduces concerns about reverse causality (VanderWeele et al., 2025). However, while empirical evidence suggests that retrospective questions reliably capture early-life conditions, unobserved confounders could plausibly influence both exposure to adversity and adult preferences.[10]

[8] We exclude two additional items available in the GFS, which asked whether the respondent felt loved by their mother and father, due to their high correlation with the variables capturing the quality of parental relationships (Padgett et al., 2025). Figure A4 reports the correlations.

[9] Figure A5 shows the missing share of missing observations per ACE component. The relationship with the father is the ACE component with the larger number of missing observations (almost 8% of the original GFS sample, excluding Israel). Specifically, these observations belong almost entirely to the "does not apply" category and are consistently present across most countries. In the robustness checks (Figure A8), we therefore recode the measure of relationship with the father to include the missing observations as either adversity or non-adversity in two alternative ACE measures. The relationship with the mother displays only half of the number of overall missing observations. The measure of parental separation is the only other components together with father relationship to have more than 4% missing observation in the original sample. A disproportional amount of them comes from "don't know" and "refuse" answers for India (15% and 23% of the Indian sample, respectively).

[10] We discuss these and other limitations in Section 6.

Therefore, our goal is to document robust associations between early-life adversity and preferences for redistribution, rather than make causal claims.

We estimate the following linear regression model for an individual i in country c:

$$PR_{i,c} = \alpha_0 + \alpha_1 ACE_{i,c} + X'_{i,c}\alpha_2 + \eta_c + \varepsilon_{i,c} \tag{1}$$

$PR_{i,c}$ represents our ordinal measure of preferences for redistribution. In the main specification, we estimate equation (1) using Ordinary Least Squares (OLS). Given the ordinal nature of the dependent variable, we also re-estimate the main specification using ordered logit.[11] The parameter of interest, α_1, captures the association between adverse childhood experiences and redistributive preferences. When we measure $ACE_{i,c}$ through the cumulative ACE score, α_1 represents the average change in redistributive support associated with one additional reported adversity. When using the binary ACE1 indicator, it captures the difference between individuals with at least one adversity and those with none. For the categorical ACE4 measure, we include dummy variables for one, two, three, and four-plus adversities, with zero adversities serving as the reference category. Here, we replace α_1 with a vector of coefficients capturing the difference in support for redistribution between individuals experiencing a given number of adversities and those experiencing none.

Because many adult characteristics may themselves function as outcomes of childhood adversity, the vector $X'_{i,c}$ includes only gender (female = 1), age, and age squared, as these are not determined directly by ACEs. We cannot distinguish between age and cohort effects in this specification because we lack a longitudinal dimension; therefore, age captures the baseline differences across cohorts in the support for redistribution. Nevertheless, we use year-of-birth cohorts to examine heterogeneities in the relationship between ACEs and preferences for redistribution in Section 6. In additional specifications, we follow the literature on preferences for redistribution and include marital status, household size, and an urban residence indicator. However, we note that these variables may reflect the long-run effects of ACEs and therefore do not constitute ideal controls (Metzler et al., 2017). We introduce further covariates used to test for mechanisms or in robustness checks (see Table A1 for variable definitions).

All models include country fixed effects, η_c, to account for cultural, institutional, and unobserved country-level differences in baseline redistributive attitudes. Country fixed effects are especially important in this context because they absorb systematic cross-country differences in how respondents interpret and report ACE items. Such differences may arise from translation, social norms, survey context, or country-specific patterns regarding

[11] The ordered logit results are not reported in the paper. They confirm the findings based on OLS estimates.

how societies recognize and address adverse experiences over the life course. Given the cross-sectional nature of our data, we cannot control for time-varying country-level factors, such as inequality or the welfare-state size.

Our final analytical sample comprises 164,281 individuals across 22 countries. Nine high-income countries constitute 57% of the sample, while thirteen low- and middle-income countries account for the remaining 43%.[12] We drop individuals with missing values in the ACE dimensions or in any of the main control variables used in the analysis.[13]

Sample sizes in the GFS vary significantly across countries and do not correspond to national population sizes. For example, the United States contributes over 30,000 observations, whereas China has approximately 4,000. Table A2 reports the number and share of observations for each country. To address these unequal sample sizes, in pooled analyses, we apply population weights, computed as the inverse of each country's sample size. These weights ensure that each country contributes equally to the estimates, preventing countries with large samples from skewing the results. Conversely, for country-specific descriptive statistics and regressions, we utilize the standard sampling weights provided by the GFS to ensure national representativeness.

Given the novelty of the GFS and its broad geographic coverage, the next section provides extensive descriptive statistics for both preferences for redistribution and ACEs. We highlight similarities and differences between HIC and LMIC contexts and situate the GFS patterns relative to earlier findings in the literature.

4 Descriptive statistics

4.1 Preferences for redistribution

Figure 1 ranks countries by their average score, ranging from 3.2 in the United States to 4.6 in Egypt, and maps their geographic distribution. A clear divide seems to emerge: on average, respondents in LMICs generally express stronger support for redistribution than those in HICs, where income inequality is lower, on average.[14] Consistent with earlier studies, the United States reports the lowest level of support not only compared to other HICs but also relative to countries where support is typically modest (Alesina & Angeletos, 2005; Alesina & Giuliano, 2011). Within Europe, support for redistribution exceeds that of the U.S., a finding consistent with

[12] We follow the World Bank classification for country income groups.
[13] An exception applies to income tertiles, which we utilize in robustness checks. Due to missing data rates exceeding 5% for this variable, we retain these observations by coding missing values as a distinct category to preserve sample size.
[14] Figure A2 shows income inequality, measured by the post-tax Gini coefficient, across the world in 2023 (World Inequality Database).

established literature (Alesina & Giuliano, 2011). Poland, the only Eastern European country in the dataset, records comparatively low support, which diverges from prior findings for the region (Bussolo et al., 2021; Habibov, 2013). Latin America and Southeast Asia show particularly high support, while Japan falls toward the lower end of the distribution, aligning with existing work (Alesina & Giuliano, 2011; Almås et al., 2025; Kambayashi & Lechevalier, 2022). African countries display substantial heterogeneity, with Egypt at the very top of the global ranking and Tanzania near the bottom.

Figure 2 demonstrates that 77.8% of the full sample supports increased redistribution, with 53.6% strongly agreeing and 24.2% agreeing that the government should reduce income differences. Approximately 11% expresses no opinion, while 11.2% disagrees or strongly disagrees with government intervention to equalize incomes.

Splitting the data between HICs and LMICs reveals the underlying distribution of responses that produces this overall gap. The share of respondents who strongly disagree is similar in both groups, but moderate disagreement is more common in HICs. Conversely, LMICs report less than half the share of neutral responses found in HICs. Moreover, while overall support is higher in LMICs, the *intensity* of support differs sharply. In HICs, affirmative responses split almost evenly between "agree" (31.6%) and "strongly agree" (37.6%). In LMICs, nearly 65% strongly agree, while only 18% agree.[15]

Figure 3 displays the average support for redistribution across gender and birth cohorts, the two exogenous control variables included in our analysis. Women (red) prefer greater redistribution than men (blue), consistent with the literature (Alesina & Giuliano, 2011). However, this pattern does not manifest uniformly across regions. While HICs show a significant gender difference (average of 3.78 for men vs. 3.95 for women), LMICs do not show a statistically significant difference.

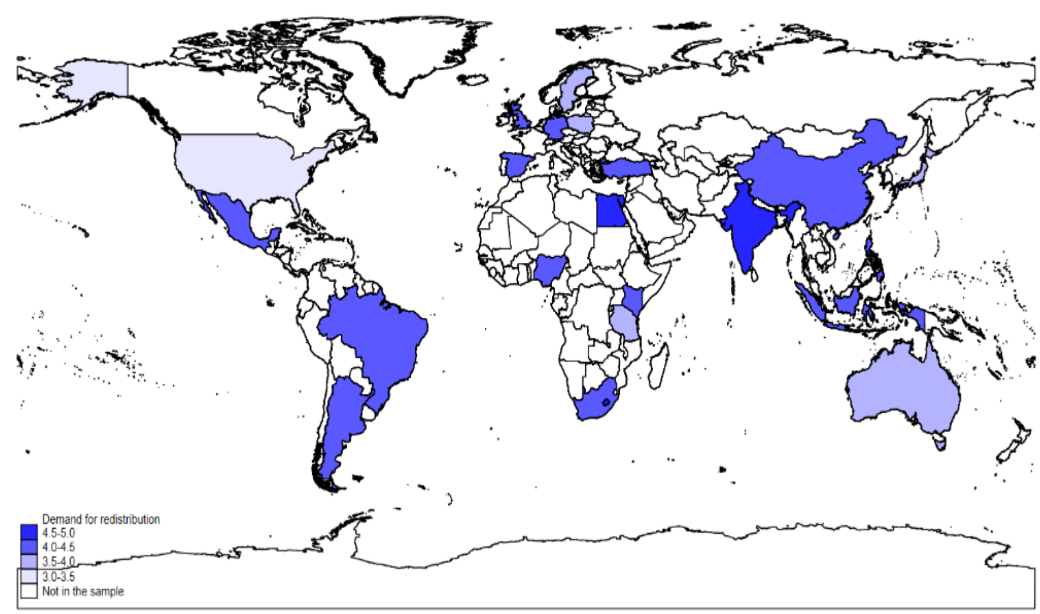
The right panel of Figure 3 illustrates average support for redistribution across six age cohorts, spanning from "earlier than 1955" to "later than 1995." Increasing support appears across the first four cohorts, ranging from 3.81 to 4.20, whereas the youngest two cohorts do not display significantly different support relative to the

[15] Summary statistics for preferences for redistribution and its components for the full sample, HICs, and LMICs are available in the Appendix Table A3. Appendix Figure A3 presents country-level results, sorted by the average redistribution score. This visualization reveals that similar averages can mask distinct underlying patterns. In Tanzania, the low overall score stems from a high share of respondents who strongly disagree combined with a relatively large share who agree rather than strongly agree, indicating polarization between opposition and moderate support. Indonesia's similarly low score, conversely, stems mainly from a large share of respondents choosing "neither agree nor disagree." China stands out for its extremely low level of disagreement coupled with a high share of neutral responses, perhaps reflecting a preference for non-committal answers in a politically sensitive context.

preceding one. This pattern holds for HICs, although the magnitude of the increase is smaller. Conversely, LMICs show no significant difference from one cohort to the next. As with gender, the demographic differences observed in Western, high-income countries do not generally hold for LMICs in the Global South.[16]

Figure 1: Average support for redistribution by country

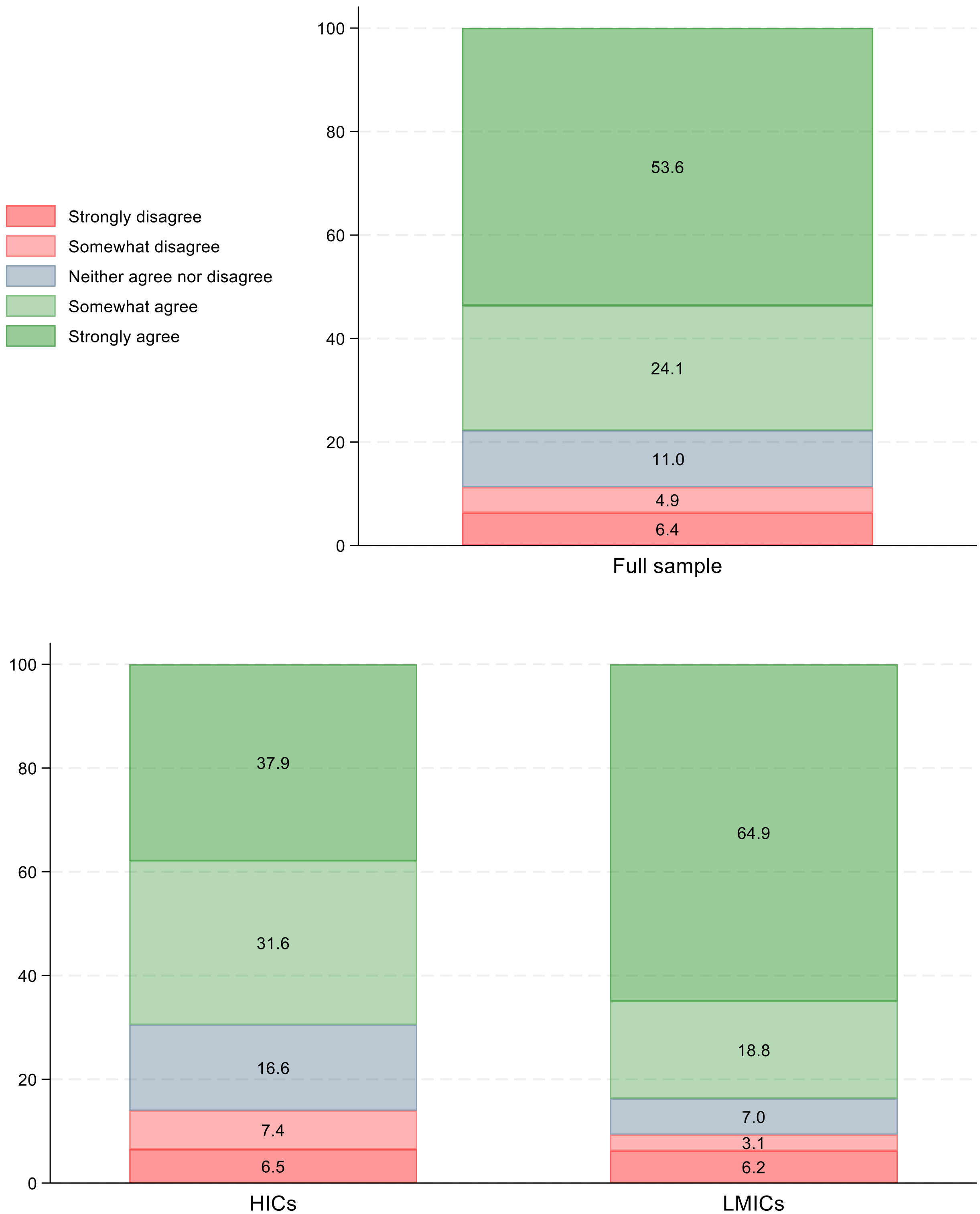
USA	3.22
Sweden	3.58
Poland	3.74
Australia	3.88
Japan	3.89
Tanzania	4.00
UK	4.11
South Africa	4.12
Indonesia	4.12
Hong Kong	4.12
Kenya	4.14
Germany	4.20
Argentina	4.21
Mexico	4.28
Spain	4.28
Nigeria	4.35
China	4.40
Philippines	4.41
Brazil	4.45
Türkiye	4.50
India	4.62
Egypt	4.68



Notes: The averages use sample weights. In green LMICs, in blue HICs. Preferences for redistribution measured on a 1-5 agree-disagree scale ("Government should take measures to reduce differences in income levels", 1=strongly disagree, 5=strongly agree). Full sample: mean 4.138, sd 1.181. LMICs: mean 4.331, sd 1.137. HICs: mean 3.869, sd 1.188.

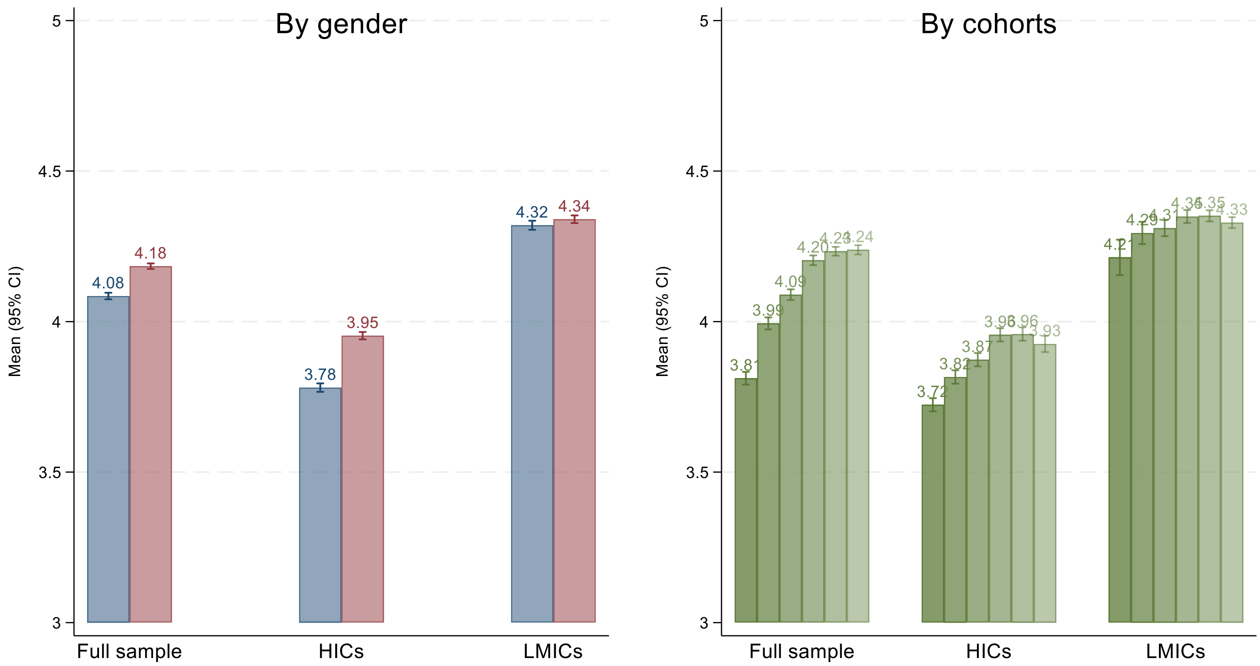
[16] Summary statistics for preferences for redistribution by gender and cohorts for the full sample, HICs, and LMICs are available in Appendix Table A4.

Figure 2: Disaggregation of answers to the question on preferences for redistribution



Notes: The averages use population weights. Preferences for redistribution measured on a 1-5 agree-disagree scale ("Government should take measures to reduce differences in income levels", 1=strongly disagree, 5=strongly agree). Full sample: mean 4.138, sd 1.181. LMICs: mean 4.331, sd 1.137. HICs: mean 3.869, sd 1.188.

Figure 3: Average support for redistribution across gender and cohorts



Blue = male, red = female.
Cohorts from darker to lighter: 1955 or earlier, 1956-65, 1966-75, 1976-85, 1986-95, 1995 or later.

Notes: The averages use population weights. Preferences for redistribution measured on a 1-5 agree-disagree scale ("Government should take measures to reduce differences in income levels"). Full sample: mean 4.138, sd 1.181. LMICs: mean 4.331, sd 1.137. HICs: mean 3.869, sd 1.188.

4.2 Adverse Childhood Experiences (ACEs)

Figure 4 reports country-level averages of the cumulative ACE score, sorted from the lowest prevalence (0.40 in Indonesia) to the highest (1.21 in the United States).[17] Both the table and the accompanying map show that while ACE prevalence differs largely across countries, no clear North-South geographic gradient exists.

Figure 5 compares the average values of our main ACE measures between the two regions. LMICs report a statistically significantly lower mean score (0.70) than HICs (0.79), indicating that the typical respondent experienced fewer than one adverse event during childhood. Comparing those who reported no adversities with

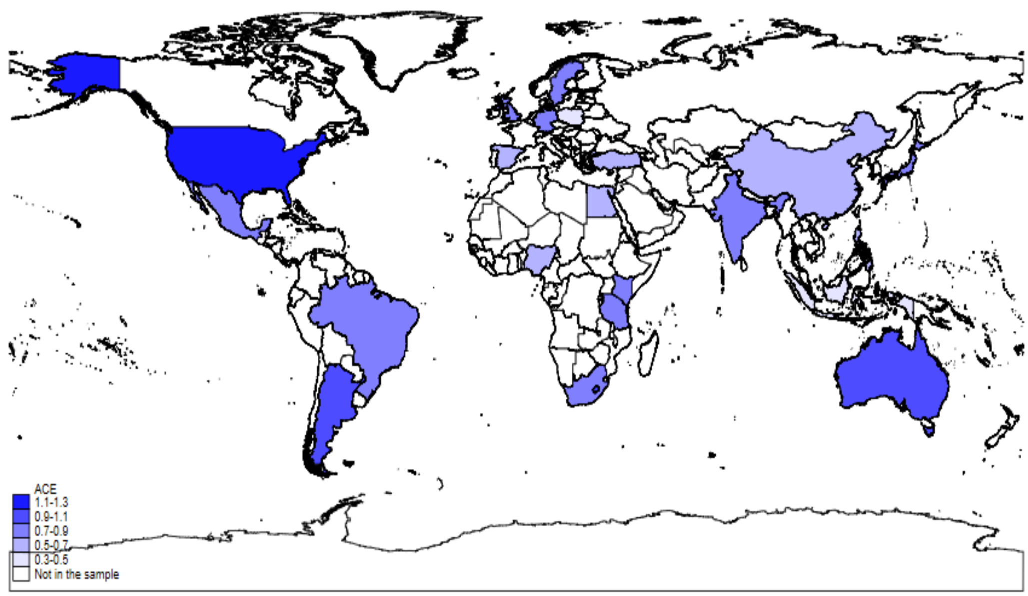
[17] Appendix Figure A6 displays the full distribution of the cumulative ACE score by country.

those who reported at least one (ACE = 1+), we observe a higher share of individuals experiencing at least one adversity in LMICs (0.46) compared to HICs (0.43). While statistically significant, these differences remain small in magnitude. Figure 4 also presents the shares of individuals experiencing zero, one, two, three, and four or more ACEs by region; all regional differences remain modest. Overall, relying on cumulative measures of ACEs yields no evidence of a substantial divide between HICs and LMICs.

The similarity in the composite ACE measures across the HICs and LMICs masks significant differences in the measure's underlying components. Figure 6 shows the relative contribution of each ACE component to the overall ACE score in HICs and LMICs. Experiences of abuse contribute similarly across regions (0.14 in HICs and 0.12 in LMICs), as does parental separation (0.09 in both). Difficult relationships with parents appear more prevalent in HICs (0.15 for fathers; 0.09 for mothers) compared to LMICs (0.08 and 0.03, respectively). Likewise, feeling like an outsider is more common in HICs (0.15 vs. 0.11). By contrast, self-reported financial difficulties are substantially more prevalent in LMICs than in HICs (0.26 vs. 0.15). Finally, poor childhood health contributes only a small share in both regions (0.017 in HICs; 0.024 in LMICs). However, when we classify individuals reporting "fair" health as experiencing adversity, this share increases considerably, particularly in LMICs (0.09 vs. 0.14), which reduces the overall ACE score gap between the regions. [18]

Figure 4: Average ACE score by country

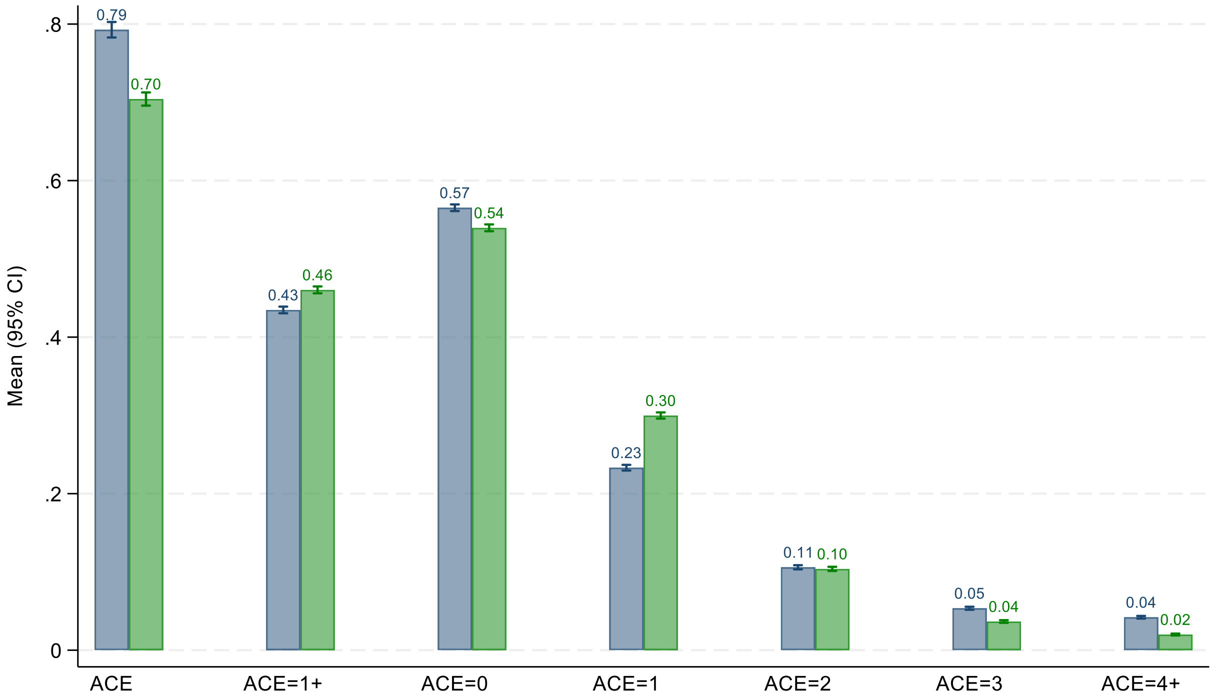
Indonesia	0.397
Poland	0.464
Egypt	0.498
China	0.512
Philippines	0.538
Spain	0.601
Türkiye	0.665
Nigeria	0.691
Germany	0.715
Tanzania	0.734
Sweden	0.762
Japan	0.785
Kenya	0.804
India	0.827
UK	0.838
South Africa	0.849
Brazil	0.893
Mexico	0.894
Hong Kong	0.907
Australia	0.934
Argentina	0.989
USA	1.205



Notes: The averages use sample weights. In green LMICs, in blue HICs. ACE score is the sum of the seven binary measures of adversities in childhood. Full sample: mean 0.741, sd 1.055. LMICs: mean 0.793, sd 1.166. HICs: mean 0.704, sd 0.965.

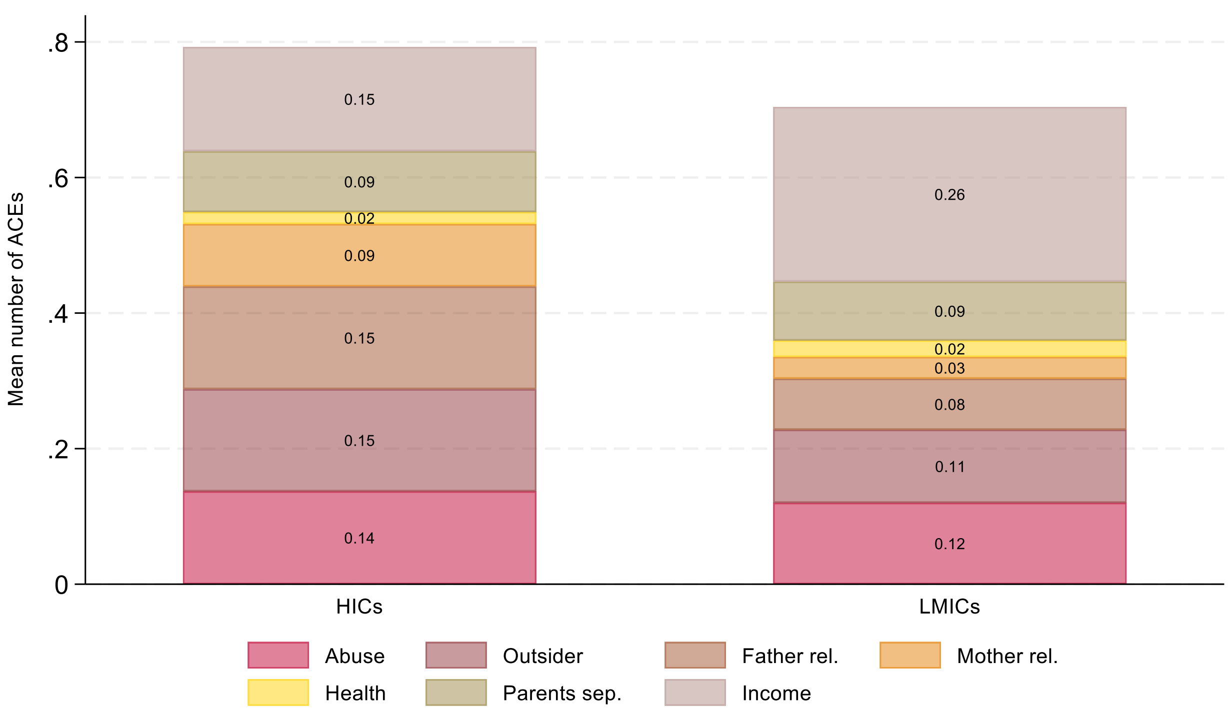
[18] Summary statistics for the main ACE measures, components, and alternative ACE measures are available in Appendix Table A5 and Table A6.

Figure 5: Average ACEs in HICs and LMICs



Notes: The averages use population weights. In green LMICs, in blue HICs. ACE refers to the summative ACE score (0-7). ACE = 1+ shows the share of individuals with at least one reported adversity in childhood. ACE = 0 to ACE = 4+ shows the share of individuals with 0, 1, 2, 3, and 4 or more adversities, respectively.

Figure 6: Average contribution of each ACE component in HICs and LMICs



Notes: The averages use population weights. The total height of each bar is the average ACE score (LMICs: mean 0.793, sd 1.166; HICs: mean 0.704, sd 0.965). The colored areas show the relative contribution of each component to the total ACE score.

Figure 7 further investigates the relative contribution of each ACE component across countries, highlighting cross-country heterogeneity. The regional patterns hold for many countries: in HICs, most components contribute similarly to the overall score (with health as the exception), while in LMICs, income plays the largest role. However, specific countries diverge from these trends. Japan sits near the middle of the overall ACE distribution but records the highest incidence of difficult relationships with both parents. India, by contrast, shows relatively positive parental relationships despite scoring poorly on other components. In Poland, despite a very low total ACE score, financial insecurity appears more relevant than in the rest of the region, aligning more closely with the LMIC average. At the extremes, Indonesians report one of the highest rates of parental separation despite their low overall ACE score, while respondents in the United States rarely identify poor health as a childhood issue.[19]

We now examine differences in ACE scores and their components across gender and cohorts (Figure 8). In HICs, women report higher ACE scores than men; this gap appears across all components but is driven primarily by a greater incidence of abuse, feelings of exclusion, and difficult relationships with mothers. In LMICs, the gender gap is much less evident. Similarly, an age trend in ACEs appears clearer in HICs, where younger generations (excepting the youngest cohort, 1996 or later) report more adversities. In LMICs, we observe a slight upward trend in the cumulative score, but the differences are modest. Looking at individual components in HICs, parental separation appears to drive the overall increase. In LMICs, the relative incidence of financial insecurity decreases significantly across cohorts, offsetting the increase in the share of individuals reporting abuse, feelings of exclusion, and parental separation.[20]

Finally, comparing our descriptive findings with the broader ACE literature provides confidence in the validity of the GFS measures. While we cannot compare cumulative ACE scores directly due to variations in the number and type of adversities used across studies, we can benchmark the share of individuals experiencing at least one adversity. We find that 45% of our sample experienced at least one adversity in childhood, with minimal difference between HICs and LMICs. This aligns closely with Hughes et al. (2021), who find a 47% prevalence in a meta-analysis of European countries. Our figure is slightly larger than findings from the World Mental Health Surveys (39%) (Kessler et al., 2010) but lower than the meta-analysis of US and European studies in Madigan et al. (2023) (60%).

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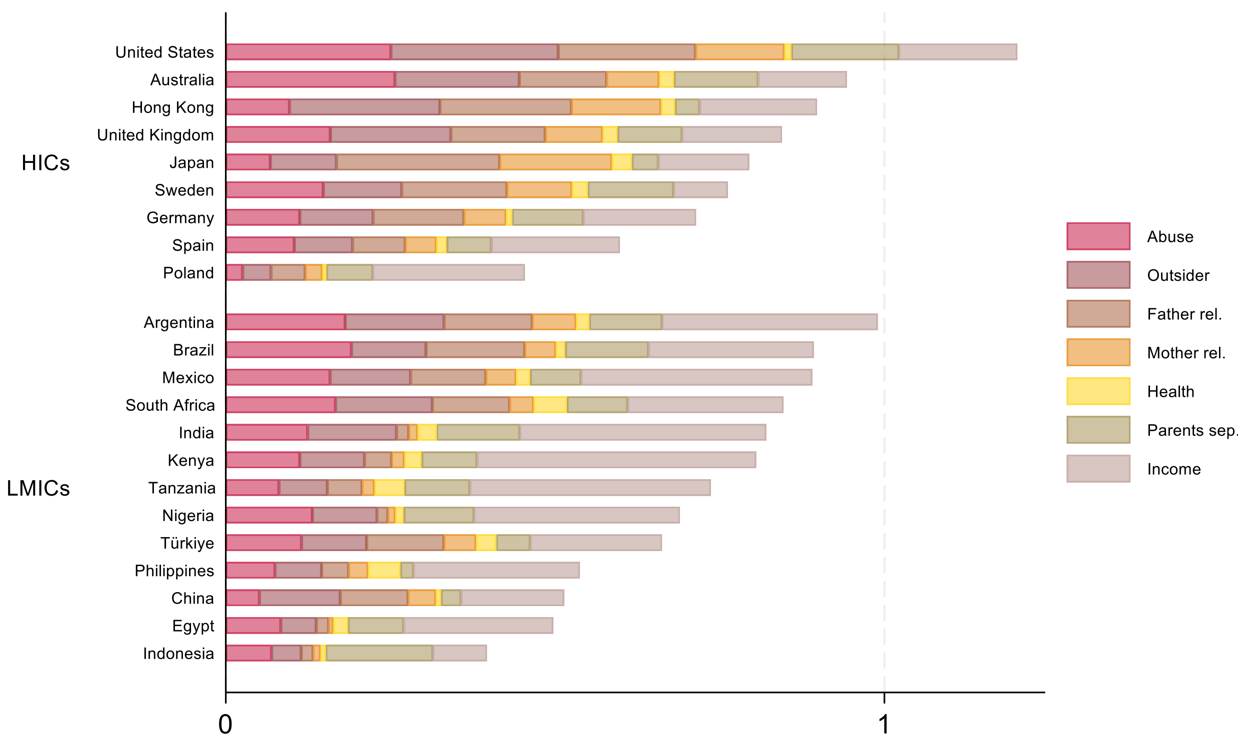
[19] Appendix Table A7 shows country-by-country averages for the main ACE measures and components, using color coding to highlight relative scores.

[20] Summary statistics for the main ACE measures and components by gender and cohorts for the full sample, HICs, and LMICs are available in Appendix Table A8.

Looking at specific countries, our data show that 47% of UK respondents report at least one ACE, closely resembling previous estimates of 52% (Felitti et al., 1998) and 46% (Hughes et al., 2021). Our data also align with Hughes et al. (2021) for Germany and Poland, though we report larger shares of exposure for Spain, Sweden, and Türkiye. Regarding specific components, our findings on abuse and health issues match Kessler et al. (2010) closely. However, measurement differences lead to divergences in other areas; for example, we find lower rates of parental separation (9% vs. 20%) but higher rates of financial insecurity (20% vs. 3%) compared to their estimates.

Regarding gender, our findings for HICs show a higher prevalence of ACEs among women, consistent with Metzler et al. (2017) for the US. In contrast to Blum et al. (2019), who find a higher prevalence of ACE components among boys in a sample of 15 mostly LMIC countries, we do not find that men report more adversities in LMICs.[21] However, we do confirm that the gender gap is smaller in LMICs than in HICs.

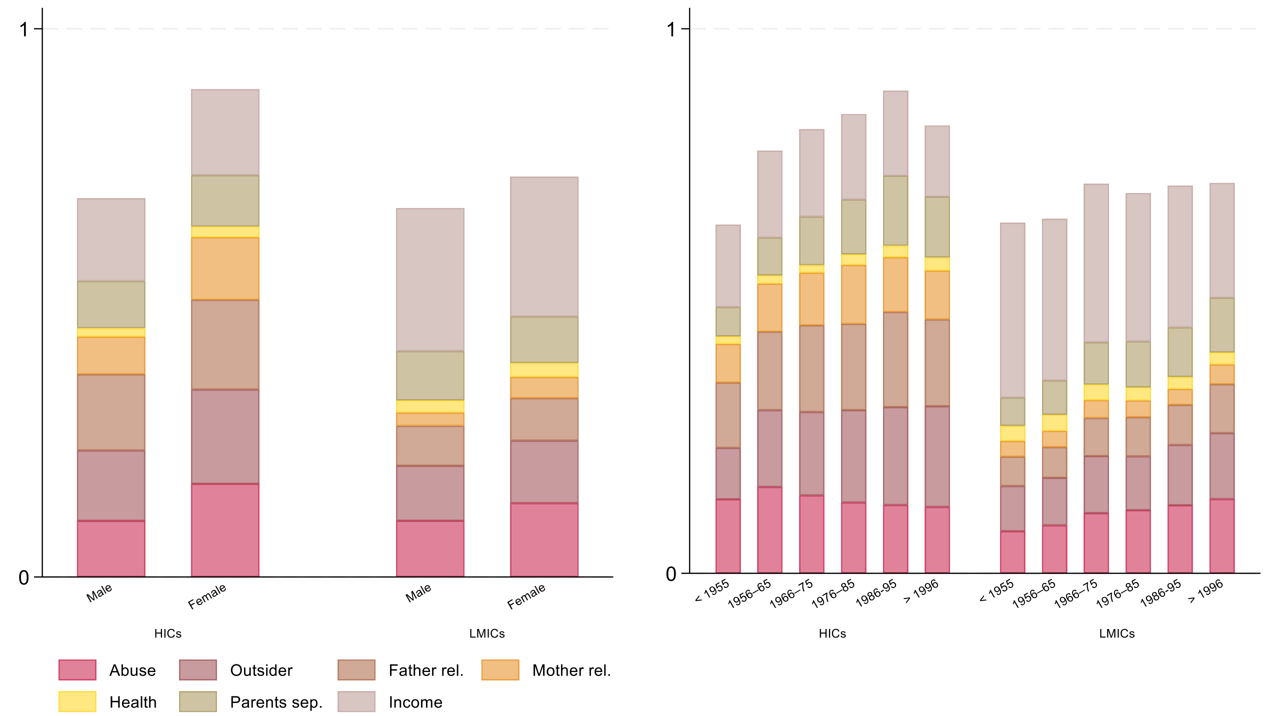
Figure 7: Average contribution of each ACE component in each country



Notes: The averages use population weights. The total size of each bar is the average ACE score for each country. The colored areas show the relative contribution of each component to the total ACE score.

[21] Note that no ACE component in Blum et al. (2019) is directly comparable to those used in this study.

Figure 8: Average contribution of each ACE component across gender and cohorts



Notes: The averages use population weights. The total height of each bar is the average ACE score. The colored areas show the relative contribution of each component to the total ACE score.

4.3 Demographic characteristics of the analysis sample

Table 1: Summary statistics, demographic controls

	Full		HICs		LMICs			
	mean	sd	mean	sd	mean	sd	min	Max
Female	0.532	0.499	0.513	0.500	0.546	0.498	0	1
Age	42.937	16.452	50.120	17.054	37.761	13.865	18	99
Cohort								
1955 or earlier	0.096	0.294	0.188	0.390	0.030	0.169	0	1
1956-1965	0.119	0.324	0.179	0.383	0.076	0.265	0	1
1966-1975	0.154	0.361	0.186	0.389	0.130	0.337	0	1
1976-1985	0.195	0.397	0.173	0.378	0.212	0.408	0	1
1986-1995	0.227	0.419	0.163	0.369	0.274	0.446	0	1
1996 or later	0.209	0.406	0.112	0.315	0.279	0.448	0	1
Married	0.535	0.499	0.540	0.498	0.532	0.499	0	1
Household size	2.285	1.336	2.182	1.797	2.352	1.422	1	20
Urban	0.478	0.500	0.545	0.498	0.429	0.495	0	1

Notes: N = 164,281 (93,590 for HICs and 70,691 for LMICs). The summary statistics are weighted using population weights.

Table 1 reports descriptive statistics for the controls used in Table 2, including gender, age, birth cohorts, and additional demographics.[22] The gender composition exhibits similarities across HICs and LMICs. Age distributions, however, differ substantially. The average respondent in HICs is approximately 50 years old, compared with 38 years in LMICs. We also divide respondents into ten-year birth cohorts (before 1955, 1956–65, 1966–75, ..., 1996 or later). HICs show a roughly even distribution across cohorts, while more than 75% of respondents in LMICs fall into the three most recent cohorts. These differences reflect underlying demographic patterns across world regions, but they also carry implications for the analysis because both ACEs and preferences for redistribution vary across age groups. Furthermore, the link between childhood adversity and adult preferences may follow distinct trajectories across the life course. We discuss this further in Section 6. Marital status, household size, and location (urban/rural) show smaller differences between the two country groups.

5 Results

5.1 Results related to H1: ACEs and preferences for redistribution

We begin by examining the relationship between ACEs and preferences for redistribution in the full analysis sample. Table 2 reports OLS estimates of equation (1), where the explanatory variable is the cumulative ACE score. Column 1 is our baseline model, where we regress preferences for redistribution on ACEs, age, age squared, and country fixed effects. The coefficient estimate is positive and statistically significant, indicating that individuals who experienced more childhood adversities report stronger support for redistribution. In Column 2, we include additional, potentially endogenous, individual-level covariates, such as marital status, household size, and an urban residence indicator. The coefficient on ACEs again remains similar in both magnitude and significance.

While the relationship is statistically robust, its magnitude is modest in absolute terms. One additional adversity in childhood correlates with a 0.5% increase in support for redistribution relative to the sample mean of 4.14 (Column 1). However, the marginal effect of one additional ACE may depend on the total level of exposure; moving from zero to one adversity likely differs from moving, for instance, from six to seven.[23]

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[22] Summary statistics for variables used to test mechanisms and additional controls are available in Appendix Table A9.

[23] Studies investigating the long-term consequences of ACEs suggest that the effects of exposure to additional adversities are not additive (Schurer et al., 2019). For example, Liu et al. (2013) find that exposure to one, two, or three ACEs has similar effects on employment status, whereas higher thresholds trigger different outcomes.

To address this potential non-linearity, Column 3 relies on the binary indicator for experiencing at least one adversity in childhood. Individuals with any childhood adversity show, on average, a 0.7% higher preference for redistribution, a magnitude comparable to the average estimate for having experienced one additional ACE. Column 4 further disaggregates ACE exposure by entering categorical dummies for one, two, three, and four or more adversities, with zero adversities serving as the baseline. We find that individuals with high exposure, defined as having experienced four or more adversities, have substantially higher support for redistribution relative to those with no adversities (3.2% increase relative to the mean 4.14). As a benchmark, this effect size is nearly double the coefficient estimate for being female (1.9%), a well-established determinant of redistributive preferences in the literature.

Column 5 decomposes the ACE score into its individual components to identify which experiences drive the overall result. The estimates reveal substantial heterogeneity across dimensions. Two specific forms of adversity underpin the overall positive association: physical or sexual abuse and the feeling of being an outsider. Individuals who report these experiences express 1% and 2.2% higher support for redistribution relative to the mean, respectively. In contrast, those who report a very difficult relationship with their mother during childhood express significantly lower support (1.4%). The remaining components show no statistically significant association. Notably, poor household financial conditions during childhood do not correlate with a stronger demand for redistribution in adulthood in the full sample. These findings underscore the heterogeneous nature of early adversity and suggest that different forms of hardship might shape redistributive attitudes through distinct channels.

Collectively, the estimates in Table 2 provide support for H1 by establishing an association between ACEs and preferences for redistribution. This aligns with findings in the literature on macroeconomic shocks and contemporaneous adverse events, and with two of the proposed channels: the "self-interest" and the "altruism" ones, which postulate that adversity fosters solidarity. However, the direction of the relationship depends critically on the type of adversity. Abuse and social exclusion drive the positive association, whereas a difficult maternal relationship predicts the opposite pattern, a finding consistent with the "trust" mechanism and the theory that early-life competition reduces prosocial behavior. We further investigate the motivations behind these differences in Section 5.4.

Table 2: ACEs and preferences for redistribution, full sample

	(1)	(2)	(3)	(4)	(5)
ACE score	0.022***	0.021***			
	(0.003)	(0.003)			
ACE = 1+			0.034***		
(baseline: ACE=0)			(0.007)		
ACE4					
(baseline: ACE=0)					
ACE = 1				0.027**	
				(0.008)	
ACE = 2				0.025	
				(0.013)	
ACE = 3				0.036*	
				(0.018)	
ACE = 4+				0.134***	
				(0.020)	
Abuse					0.044***
					(0.012)
Outsider					0.091***
					(0.012)
Rel. father					0.023
					(0.012)
Rel. mother					-0.060***
					(0.016)
Separation					-0.000
					(0.012)
Health					-0.024
					(0.028)
Income					0.008
					(0.009)
N	164281	164281	164281	164281	164281
Adj. R^2	0.098	0.099	0.098	0.098	0.099
Individual-level controls	standard	additional	standard	standard	standard

*Notes: OLS estimates. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale (sample average 4.138, sd 1.181). Standard errors (in parentheses) are clustered at the primary sampling unit level. Population weights included. Standard controls: gender, age, and age squared. Additional demographic controls: marital status, household size, and urban location. Country fixed effects are included in all models. * p<0.05, ** p<0.01, *** p<0.001*

5.2 Results related to H2: Regional differences

The full-sample estimates may mask substantial cross-country variation. Exploiting our data's global scope, we next examine whether the positive association between ACEs and support for redistribution holds across diverse contexts (Hypothesis 2).

To this end, we re-estimate the main specifications from Table 2 (columns 1, 3, 4, and 5) separately for LMICs and HICs. Figure 9 reports the resulting coefficient estimates for each group, with LMICs on the left and HICs on the right.[24] The contrast between the results for the two groups is striking. Regarding the cumulative ACE measure, the positive association documented in the full sample appears only in the HIC subsample. The coefficient for LMICs is negative and statistically insignificant. Conversely, in HICs, the coefficient is positive and significantly larger in magnitude than in the full-sample specification (0.05 vs 0.02). We observe the same pattern when using the binary indicator or the categorical specification: estimates for LMICs remain close to zero and insignificant, while those for HICs are consistently positive and economically larger.[25]

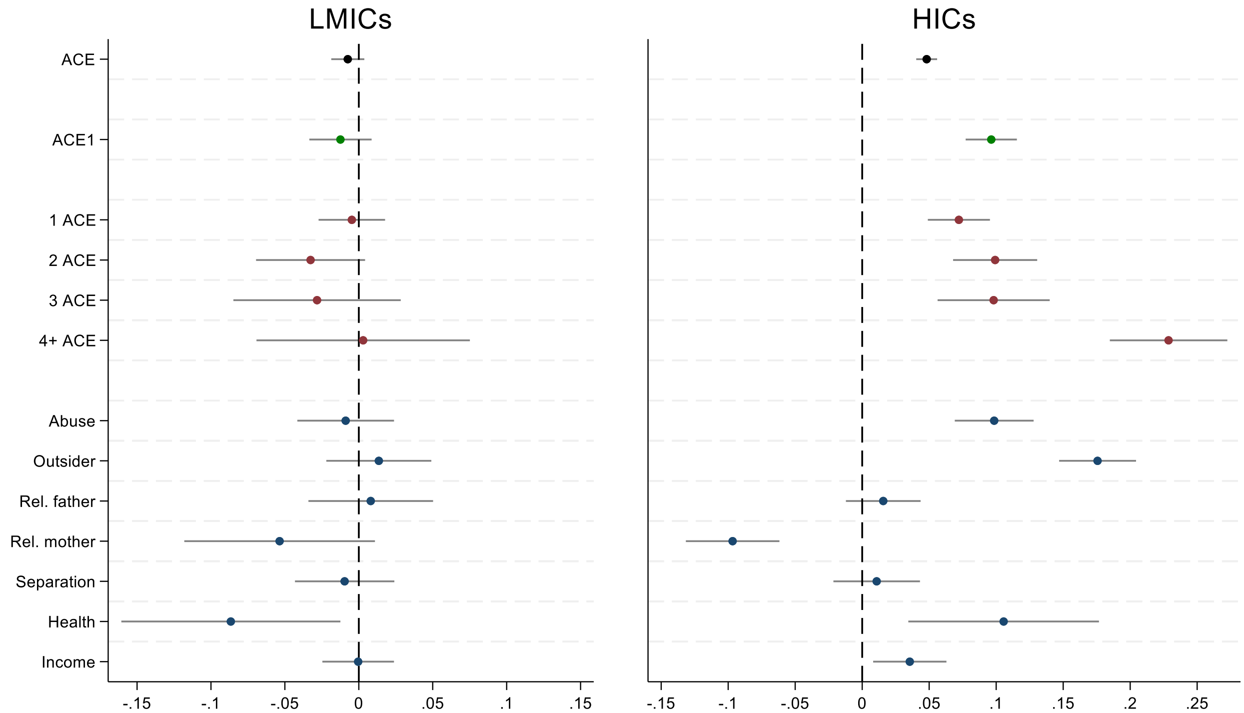
A similar geographic divergence appears when examining disaggregated ACE dimensions. The components that drive the full-sample results follow the HIC pattern: experiences of abuse and feeling like an outsider significantly predict redistributive preferences in HICs but show no detectable association in LMICs. Likewise, a difficult childhood relationship with the mother correlates negatively with support for redistribution in HICs, yet the coefficient is small and insignificant in LMICs. The comparison reveals further asymmetries. Self-reported poor financial conditions in childhood predict stronger redistributive preferences in HICs, although the magnitude remains smaller than for abuse or social exclusion. Having experienced poor childhood health displays the strongest contrast, exhibiting a positive association in HICs but a negative one in LMICs.

By splitting the analysis between HICs and LMICs, we find strong support for H2: the link between childhood adversity and redistributive preferences is fundamentally context-dependent. These results validate our caution against assuming that assumptions based on Western-centric studies generalize to LMICs. In these distinct contexts, specific ACE components vary in both prevalence and relevance, and likely operate through different channels or interact with distinct mitigation strategies to shape adult outcomes.

[24] Table A10 furnishes the full econometric output.

[25] We test for the significance in the differences of the coefficient estimates across groups using Paternoster et al., (1998). We reject the hypothesis of equal coefficient estimates for all the ACE measures.

Figure 9: ACEs and preferences for redistribution in HICs and LMICs



Notes: OLS estimates by country-income groups. In black specification equivalent to column 1 of Table 2, in green to column 3, in red to column 4, and in blue to column 5. LMICs: N = 70,691. HICs: N = 93,590. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale (LMICs: sample average 4.331, sd 1.137; HICs sample average 3.869, sd 1.188). Standard errors are clustered at the primary sampling unit level. Population weights included. Controls: gender, age, age squared, and country fixed effects. 95% confidence intervals.

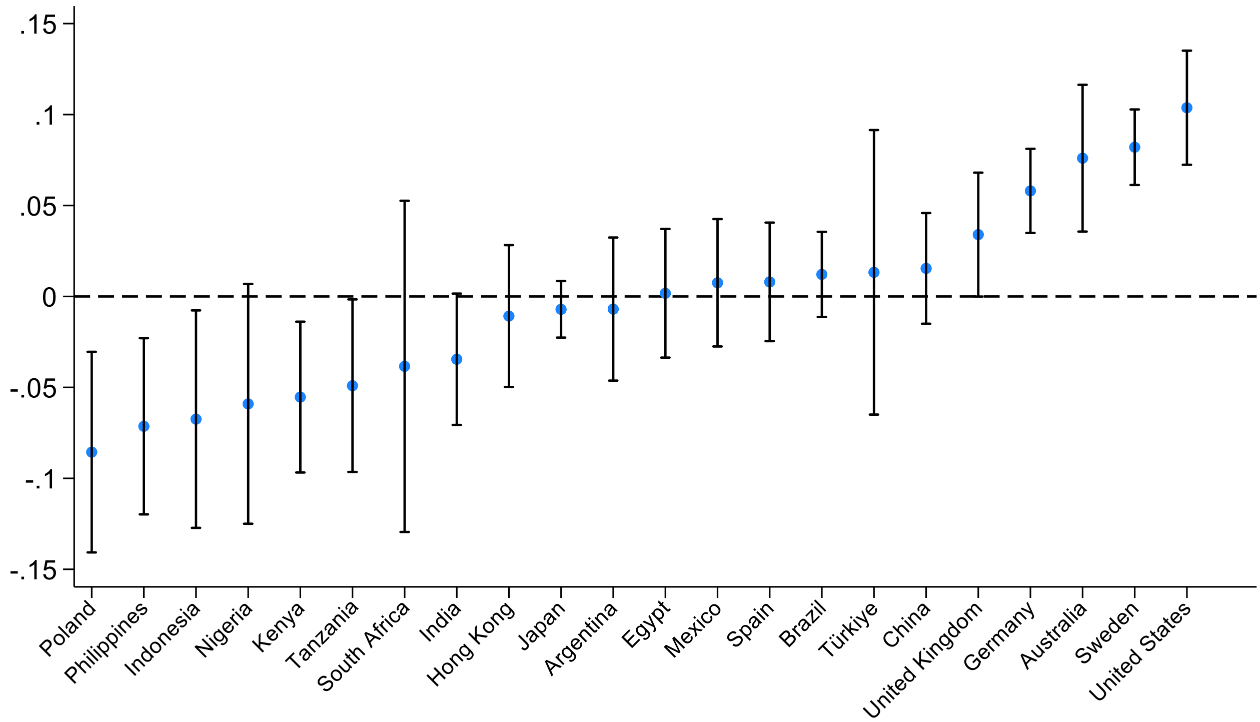
To examine this variation at a granular level, we extend the analysis by estimating the baseline specification (column 1 of Table 2) separately for each country. Figure 10 plots the coefficient for the cumulative ACE score for all 22 countries. [26] The results reveal substantial heterogeneity. The results reveal substantial heterogeneity. A small set of countries drives the positive association observed in the HIC subsample: Germany, Australia, Sweden, the United States, and, to a lesser extent, the United Kingdom. Most other countries, including both HICs and LMICs, show no meaningful association. Interestingly, a distinct cluster of LMICs (including the Philippines, Indonesia, Kenya, and Tanzania) alongside Poland, displays the opposite pattern: a negative relationship between childhood adversity and redistributive preferences.

In summary, the results highlighted in Figure 9 and Figure 10 demonstrate that the relationship between ACEs and redistributive preferences is not universal. Differences in the prevalence and interpretation of specific adversities, combined with broader cultural and institutional environments, likely shape how early-life hardship translates into adult preferences. These findings imply that results from single-country studies or samples

[26] More detailed in the Appendix Table A11.

dominated by Western nations do not generalize automatically to the global population. Caution is therefore required when drawing policy conclusions from research based on a narrow set of countries.

Figure 10: ACEs and preferences for redistribution by country



Notes: OLS estimates by country. Estimates are equivalent to column 1 of Table 2 for the subsample of each country. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale. Standard errors are clustered at the primary sampling unit level. Sample weights included. Controls: gender, age, age2, and country fixed effects. 95% confidence intervals.

5.3 Results related to H3: Gender differences

In Section 4.1 and in the baseline specification,[27] we confirmed the standard finding that women support larger redistribution efforts. However, this gender gap is context-dependent. It is substantially more pronounced in HICs (coefficient estimate for female in the baseline model = 0.143***) compared to LMICs (0.025*). Moreover, as shown in Section 4.2, while ACEs are generally more prevalent among women in our sample, this prevalence gap is also significantly wider in HICs. By splitting the sample between men and women in both HICs and LMICs, we test whether the gender differences also apply to the relationship between ACEs and preferences for redistribution in the way predicted in Hypothesis 3, with women displaying a larger association.

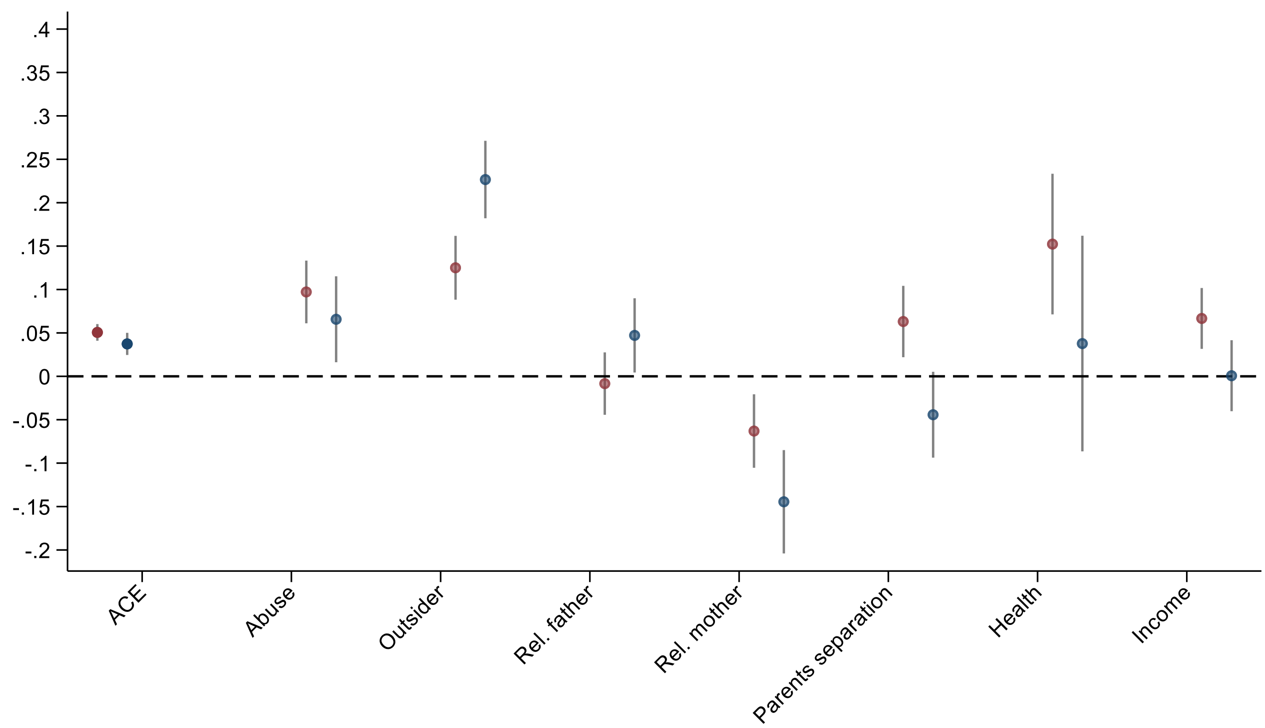
Figure 11 reports the coefficient estimates for women (red) and men (blue) within HICs. We first estimate two regressions equivalent to Column 1 of Table 2 for the gender subsamples. While the positive association between

[27] Coefficient estimates not reported in Table 2.

ACEs and preferences for redistribution is larger for women, the difference between the male and female coefficient estimates is only marginally statistically significant. However, a clearer divergence emerges when we use the sub-component of the ACE measure separately. We find that a broader set of adversities matters for women. In addition to abuse and feeling like an outsider, which matter for both genders, difficult childhood financial conditions, poor health, and parental separation correlate positively with redistributive preferences specifically for women. These patterns suggest that women's redistributive attitudes are sensitive to a wider array of early-life vulnerabilities than those of men.

In contrast to the HICs, the results for LMICs reveal no significant associations for either gender. The coefficients for the cumulative ACE score and its individual components remain statistically indistinguishable from zero for both men and women in low-income contexts (see Appendix Table A12).

Figure 11: ACEs and preferences for redistribution, women vs. men (HICs)



Notes: OLS estimates by gender. Estimates are equivalent to column 1 of Table 2 for the subsample of women (red) and men (blue). Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale (HICs: sample average 3.869, sd 1.188). Standard errors are clustered at the primary sampling unit level. Population weights included. Controls: gender, age, age squared, and country fixed effects. 95% confidence intervals. See Appendix Table A12 for LMICs.

5.4 Mechanisms

Our results show that the positive association between ACEs and redistributive preferences is unique to HICs and is driven primarily by abuse and social exclusion. Conversely, difficult maternal relationships predict lower support, while no robust link emerges in LMICs. Differences in the prevalence and interpretation of underlying ACE components across contexts could partially contribute to this divergence. To systematically explore these patterns, we now examine the role of the three mechanisms proposed in the conceptual framework: self-interest, altruism, and trust.

Our data do not permit a full causal mediation analysis because mechanisms and outcomes are measured contemporaneously in the survey. However, we provide suggestive evidence regarding the direct association between ACEs and redistributive preferences versus the indirect association through each mechanism. We adopt a two-step approach (Baron & Kenny, 1986). Given the cross-context differences in the baseline relationship presented in the previous section, and because not all the mechanisms discussed in Section 2 apply to LMICs, we conduct this analysis separately for the two country groups.

First, we estimate how ACEs predict each mechanism, $Z_{i,c}$, while including the same control variables as in equation (1):

$$Z_{i,c} = \beta_0 + \beta_1 ACE_{i,c} + X'_{i,c}\beta_2 + \eta_c + \nu_{i,c} \tag{2.1}$$

For comparability, $Z_{i,c}$ always takes a binary form. We proxy self-interest using perceived financial security, (where 0 indicates the respondent finds it difficult or very difficult to make ends meet, and 1 indicates that current income is sufficient) rather than absolute income, which lacks direct cross-country comparability in the GFS.[28] To address the cooperation-competition dichotomy, we proxy altruism with a measure of volunteering in the previous month. Finally, we test the role of social trust using a variable indicating whether the respondent believes that most people can be trusted.

In the second step, we re-estimate equation (1) for each mechanism, including $Z_{i,c}$ as an additional covariate:

$$PR_{i,c} = \gamma_0 + \gamma_1 ACE_{i,c} + X'_{i,c}\gamma_2 + \gamma_3 Z_{i,c} + \eta_c + \upsilon_{i,c} \tag{2.2}$$

The product of the coefficient estimates β_1 from equation (2.1) and γ_3 from equation (2.2) provides an estimate of the **i**ndirect association between ACEs and redistributive preferences through a given mechanism. The direct association is captured by γ_1. If a mechanism explains a meaningful share of the total relationship, we expect the magnitude of γ_1 to decrease relative to the baseline coefficient α_0 from Table 2.

This two-step analysis allows us to assess three elements. First, whether the data align with our predictions regarding how ACEs shape adult outcomes (expecting negative effects on income and trust, and ambiguous

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[28] As a robustness check, we also construct an alternative measure of self-interest using within-country income tertiles.

effects on altruism). Second, whether these mechanisms determine redistributive preferences in expected ways (negative for income; positive for altruism and trust). Third, whether the indirect association aligns with expectations (positive channel via income; negative via trust). Table 3 summarizes these hypotheses.

Table 3: Expected associations between mechanism, ACEs and preferences for redistribution

	First step ACEs → Z	Second step Z → PR	Indirect ACEs → PR
Z	β_1	γ_3	$\beta_1 * \gamma_3$
Self-interest (income)	-	-	+
Altruism (volunteer)	+/-	+	+/-
Trust	-	+	-

Notes: Predictions based on the conceptual framework discussed in Section 2.1.

Step 1: ACEs and Mechanisms Table 4 reports the OLS estimates for equation (2.1). We focus on the sign and significance of the β_1 coefficients. As expected, ACEs predict lower self-assessed financial security (Columns 1 and 4), a finding consistent with the broad literature on the long-run economic costs of early adversity. Columns 3 and 6 also support previous findings by showing that ACEs correlate with lower interpersonal trust. These patterns hold for both HICs and LMICs. Regarding altruism (volunteering), we observe a small negative association only in HICs (Column 2). This suggests that in wealthier contexts, adversity may reduce civic engagement, pointing toward the "competition" hypothesis rather than "cooperation".

Table 4: Mechanisms testing, first step

	HICs			LMICs		
	(1) Income	(2) Volunteer	(3) Trust	(4) Income	(5) Volunteer	(6) Trust
ACE	-0.056***	-0.005**	-0.040***	-0.075***	0.004	-0.020***
	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)
N	93590	93590	93590	70691	70691	70691
Adj. R2	0.080	0.089	0.089	0.111	0.090	0.164

*Notes: OLS estimates. Dependent variables: self-assessed financial security, volunteering in the past month, and trust in others. ACE is the summative ACE score. Standard errors (in parentheses) are clustered at the primary sampling unit level. Population weights included. Controls: gender, age, and age squared. Country fixed effects included. * p<0.05, ** p<0.01, *** p<0.001*

Step 2: Mechanisms and Redistribution We then turn to the second step and estimate equation (2.2) in Table 5. Columns 1 and 5 include the baseline specifications for HICs and LMICs. All three mechanisms operate in the expected direction: higher income correlates with lower support for redistribution, while altruism and trust correlate with higher support. These patterns hold in both income groups. However, the magnitude of these associations is generally small, except for self-assessed income in HICs, where respondents with financial difficulties report 4.7% higher preference for redistribution.[29]

Combining the signs of β_1 and γ_3, we find support for two opposing channels in both HICs and LMICs: a positive indirect association through self-interest and a negative indirect association through trust. In HICs, the negative effect on altruism further contributes to a negative indirect channel. However, the direct association between ACEs and preferences for redistribution, γ_1, remains almost unchanged relative to the baseline. This stability strengthens the robustness of our main finding, as it demonstrates that the link between early adversity and redistributive preferences persists even after accounting for current economic conditions. Simultaneously, the stability of γ_1, combined with the small estimated indirect effects reported in Table 5, suggests that these standard mechanisms explain only a small fraction of the total relationship. For HICs, the positive association partially captures material self-interest, but it also likely reflects a direct effect of early trauma on preferences or it operates through alternative mechanisms unobserved in our data.

Table 5: Mechanisms testing, second step and indirect association

	HICs				LMICs			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
ACE	0.048***	0.038***	0.048***	0.051***	-0.008	-0.010	-0.008	-0.007
	(0.004)	(0.004)	(0.004)	(0.004)	(0.006)	(0.006)	(0.006)	(0.006)
Income		-0.177***				-0.029**		
		(0.013)				(0.011)		
Volunteer			0.027*				0.038**	
			(0.012)				(0.013)	
Trust				0.075***				0.032**
				(0.012)				(0.011)
$\beta_1 * \gamma_3$		0.010	-0.000	-0.003		0.002	0.000	-0.001
N	93590	93590	93590	93590	70691	70691	70691	70691
Adj. R2	0.104	0.107	0.104	0.105	0.035	0.035	0.035	0.035

*Notes: OLS estimates. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale (LMICs: sample average 4.331, sd 1.137; HICs sample average 3.869, sd 1.188). ACE is the summative ACE score. Standard errors (in parentheses) are clustered at the primary sampling unit level. Population weights included. Standard controls: gender, age, and age squared. Country fixed effects included. $\beta_1 * \delta_2$ captures the indirect association between ACEs and preferences for redistribution through each mechanism. * p<0.05, ** p<0.01, *** p<0.001*

[29] In line with the findings by Dion and Birchfield (2010), material self-interest is not a large driver of support for redistribution in LMICs.

Component-Specific Heterogeneity A possible explanation for the limited mediation power is the heterogeneous relationship between different ACE components and preferences for redistribution. As noted earlier, the positive association in HICs is driven primarily by abuse and feeling like an outsider, while the negative association is driven by a difficult maternal relationship. Since these adversities are distinct, they may relate to the mechanisms in opposing ways. Furthermore, these specific drivers are not purely economic in nature, which may explain why the standard "self-interest" channel fails to capture their influence.

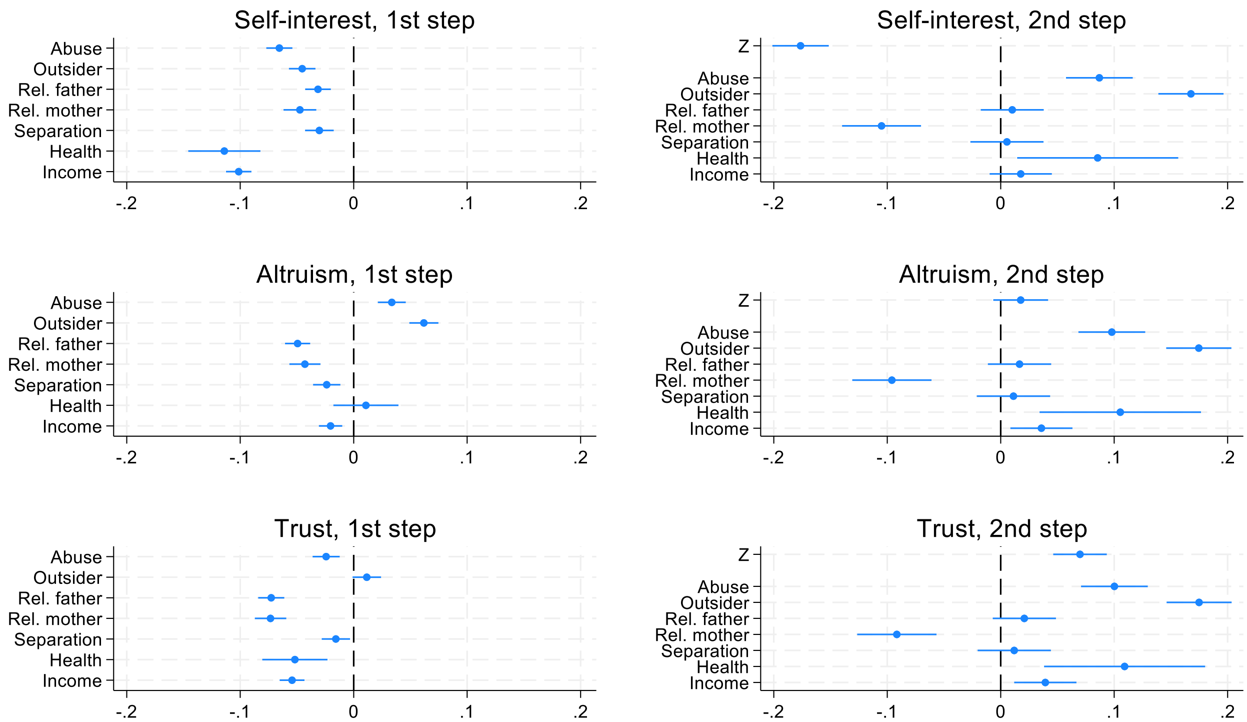
Figure 12 reports estimates of equations (2.1) (left panel) and (2.2) (right panel) for HICs, entering the seven ACE dimensions separately. The left panel shows that while income and trust display consistent negative associations across almost all adversities, the altruism channel is highly heterogeneous. Specifically, abuse and feeling like an outsider are positively associated with volunteering, whereas most other components (e.g., difficult parental relationships) are linked to less volunteering.

Turning to the second step on the right side of Figure 12, we report the estimates from Equation (2.2), which control for the potential mechanisms. We observe a notable change for one specific component: the coefficient for childhood financial difficulty. While it was small but significant in the baseline model for HICs, it becomes statistically insignificant after controlling for current adult income. This suggests that the "self-interest" mechanism operates more strongly for this specific dimension.

However, for the other components that drive the main results, the picture is different. The coefficients for abuse and social exclusion remain positive and stable, and the coefficient for a difficult maternal relationship remains negative. This persistence indicates that for these "non-economic" traumas, the inclusion of income, altruism, and trust does not absorb the direct association with redistributive preferences.

This component-level heterogeneity elucidates why the main analysis yielded little evidence of significant indirect effects. First, the "self-interest" channel appears valid mainly for the income component of ACEs, which is not the primary driver of the overall ACE effect in HICs. Second, the fact that some ACE dimensions predict an *increase* in altruism (supporting the "cooperation" hypothesis) while others predict a *decrease* (supporting the "competition" hypothesis) explains why the indirect channel through altruism appears null in the composite measure. Finally, it sheds light on the robust negative link between difficult maternal relationships and redistribution: this specific adversity correlates with a significant drop in volunteering, suggesting that for this dimension, the erosion of prosocial behavior may indeed dampen the demand for collective redistribution. Conversely, abuse and feeling like an outsider appear to foster solidarity.

Figure 12: Mechanisms testing, ACE components (HICs)



Notes: OLS estimates. Estimates on the left are equivalent to Table 4, estimates on the right are equivalent to Table 5. Z refers to self-assessed financial security, volunteering and trust, respectively. Standard errors are clustered at the primary sampling unit level. Population weights included. Controls: gender, age, age2, and country fixed effects. 95% confidence intervals.

6 Methodological challenges and mitigation strategies

Our study has methodological and measurement challenges common to research that links childhood conditions to adult outcomes. In this section, we outline these concerns, explain our mitigation strategies, and highlight areas where future work can improve upon our approach. We focus on five main issues: unobserved household heterogeneity, survivorship bias, recall and common method bias, cross-country comparability, measurement limitations, and overlap between government trust and outcome variable. Together, the robustness checks increase confidence in our results even though we are not specifically making causal claims.

Unobserved household heterogeneity A primary concern relates to selection into treatment; individuals with ACEs may differ systematically from those without ACEs in characteristics that also shape redistributive preferences. Economic disadvantage serves as a central example. While ACEs can occur across households with incomes spanning the entire income distribution, children from poorer households face a higher probability of exposure to adversity, which may confound the link between ACEs and later preferences (Halfon et al., 2017; Schurer et al., 2019). Our empirical strategy addresses this directly by including self-reported financial hardship while growing up as a distinct ACE component. By estimating separate associations for each adversity, we isolate how non-economic dimensions, such as abuse or exclusion, relate to redistributive preferences while conditioning on childhood economic background.

To further assess the potential bias from unobserved heterogeneity we employ the formal test proposed by Oster (2019). This method calculates the so-called δ, which represents the degree of selection on unobservables relative to selection on observables required to drive the coefficient estimate on ACEs, α_1, from equation (1) to zero. Setting $R^2_{max} = 1.3 * \widehat{R^2}$, where $\widehat{R^2}$ denotes the adjusted R^2 from our baseline specification (column 1 of Table 2), we estimate a delta of -7.09, suggesting that unobservables have to be 7 times stronger and work in the opposite direction than observables to nullify the estimated association. The negative value suggests that selection on unobservables likely biases our estimates downward, implying that the true association may be stronger than observed.[30] Finally, in the specification curve analysis[31] (Figure A7), we estimate models with additional contemporaneous controls that likely correlate with both ACEs and preferences or redistribution: self-reported health, education, and occupation. The coefficient estimates of the association between ACEs and support for redistribution do not significantly change in any of these specifications. Together, these checks suggest that omitted observable and unobservable factors are unlikely to be the main drivers of our results.

Survivorship Bias A second concern involves survivorship bias. Individuals who experience severe childhood adversity face higher mortality risks and lower long-term survey participation. This can lead to an underestimation of long-term effects on health and socioeconomic outcomes, particularly for older cohorts and individuals with multiple ACEs (Felitti et al., 1998; Schurer et al., 2019). If survivorship bias affects our sample, our estimates likely understate the true positive association between ACEs and redistributive preferences, as respondents with the most severe histories are less likely to appear in the data. Empirical evidence suggests this bias is limited in HICs due to low mortality rates (Bozzoli et al., 2009). In LMICs, however, the concern remains stronger and may contribute to the weaker associations we observe in these regions.

To investigate this, we examine heterogeneity by birth cohort (Table A13). While descriptive statistics indicate that younger cohorts in HICs report both higher support for redistribution and higher ACE prevalence, regression estimates reveal that the positive association between ACEs and preferences remains stable across age groups. In fact, the association is marginally larger in the oldest cohorts. Since survivorship bias concerns are stronger

[30] For the HIC subsample, the estimated delta is 30.45. This indicates that selection on unobservables would need to be over thirty times stronger than selection on observables to nullify the estimated association, providing strong evidence of robustness.

[31] The specification curve analysis is a diagnostic tool that visualizes the distribution of the coefficient estimate for our variable of interest across different model specifications. It allows us to observe how sensitive the main result is to the inclusion or exclusion of specific control variables (Simonsohn et al., 2020).

among the elderly, the persistence of the effect in this group mitigates concerns that differential mortality drives our findings. This pattern supports the interpretation that, if anything, our baseline estimates are downward biased.

Recall Bias and Common Method Variance A third challenge arises from the retrospective nature of ACE measures. Retrospective reports may reflect memory errors or current psychological states, generating recall bias or common method variance (Padgett et al., 2025). However, validation studies provide reassuring evidence. Havari and Mazzonna (2015) use SHARE data to demonstrate that respondents recall childhood health and living conditions with a high degree of accuracy. Other work indicates that respondents tend to underreport severe adversities rather than exaggerate them, and that recall accuracy remains stable across age groups (Felitti et al., 1998; Schurer et al., 2019). Collectively, these findings reduce concerns about substantial recall error, although some attenuation of associations remains possible.

A potential source of bias arises from common method variance, where unobserved individual characteristics or current psychological states systematically influence how respondents answer both retrospective questions about adversity and other self-assessed items. For example, specific personality traits could lead individuals to be consistently over-optimistic or pessimistic about both their past and present conditions. We directly address this by controlling for the Big Five personality traits as proxies for these underlying response styles (Figure A7). We find no significant change in the coefficient estimate for ACEs when these controls are included.[32] Additionally, the robustness of our findings to the inclusion of other subjective measures, such as self-assessed health, provides further evidence that common method bias does not drive our main results.

Cross-Country Comparability A fourth issue concerns the cross-country comparability of ACE scores. Cultural norms, translation differences, survey modes, and seasonal timing can affect how respondents interpret and report ACEs. These challenges are particularly salient in a diverse dataset like the GFS (Padgett et al., 2025; VanderWeele et al., 2025). We address these concerns by including country fixed effects in all specifications, which absorb country-specific reporting patterns and cultural baselines. In section 5.2, we also examine HICs and LMICs separately and, most importantly, we show country-by-country estimates in Figure 10. Furthermore, we control for survey mode and data collection timing to account for persistent reporting differences due to the way

[32] Coefficient estimate of ACE score reported in the specification curve analysis (Figure A7). We use the Ten-Item Personality Inventory (TIPI) available in the GFS to construct 5 measures capturing the big five personality traits: extraversion, agreeableness, conscientiousness, neuroticism, and openness (Gosling et al., 2003).

the interview was conducted and seasonality effects. The association between ACEs and preferences for redistribution does not significantly change after entering these additional controls. [33]

Measurement Limitations We rely on single GFS items to measure each ACE dimension, which fails to capture the severity, duration, or precise developmental timing of each adversity. Additionally, the cumulative ACE score assigns equal weight to all adversities, potentially masking differential effects (Hughes et al., 2017). We address these issues by estimating associations for each component separately and by constructing an alternative ACE index using factor analysis (Schurer et al., 2019). We report the coefficient estimates for this and other alternative measures of ACE in Figure A8.[34] The association between ACEs and preferences for redistribution is robust to the construction of the ACE measure. Moreover, although the GFS includes only a subset of standard ACEs components, these domains tend to co-occur with unmeasured forms of hardship (Anda & Felitti, 2004; Kessler et al., 2010); thus, our measure captures a broad pattern of early-life disadvantage.

Overlap between Government Trust and Preferences for Redistribution Finally, our measure of redistributive preferences relies on a survey item that explicitly mentions government responsibility. While widely used in the literature, this wording may in principle conflate support for redistribution with trust in government (Kambayashi & Lechevalier, 2022). However, the correlation between the evaluation of the government's job performance and preferences for redistribution is as small as 0.11 in our sample (0.04 in LMICs and 0.13 in HICs). We also include this variable as an additional control and find no significant change in the findings.[35]

Overall, while these methodological challenges warrant caution, our empirical strategy incorporates multiple safeguards. The main findings prove robust across a large set of specifications, subsamples, and alternative

[33] Coefficient estimate of ACE score reported in the specification curve analysis (Figure A7). Interview mode is measured by a categorical variable capturing whether the survey was conducted in person, via phone or via web. Timing is measured by the interview date.

[34] We build the ACE measure in several different ways. First, we follow Felitti et al. (1998) and Anda et al. (2004) in constructing a cumulative index in which missing items are coded as non-adverse. Second, we construct an ACE index via principal component analysis using a polychoric correlation matrix (Olsson, 1979). The seven items exhibit acceptable internal consistency ($\alpha = 0.53$) and sampling adequacy ($KMO = 0.72$). The first component (eigenvalue 3.02) explains 43.2% of the variance; the resulting factor scores are then rescaled to create the final ACE Index, which ranges from 0 to 100. Third, we consider an alternative coding of parental separation that also treats "never married" as adverse. In our main measures we want to capture the experience of separation, a break up or loss, rather than being raised by one parent, but this can also contribute as an adversity. Fourth, we account for the relatively frequent "does not apply" category on the father relationship question by creating measures that treat such responses as either adverse or non-adverse (Padgett et al. 2025). Fifth, we test a broader definition of childhood health adversity by classifying "fair" health as adverse. Finally, we compute seven indices that exclude one ACE item at a time. All measures are standardized with mean = 0 and sd = 1.

[35] Coefficient estimate of ACE score reported in the specification curve analysis (Figure A7).

constructions of variables. These limitations are inherent to most work using retrospective ACE measures but do not invalidate the robust patterns observed in the data.

7 Alternative mechanisms

The literature suggests additional mechanisms connecting ACEs to redistributive preferences that our data do not allow us to test directly but that should be investigated in future research if and when the appropriate information becomes available. We discuss three alternative channels: i) fairness beliefs, ii) prospects of upward mobility (POUM), and iii) perceptions of inequality. Each suggests a positive link between ACEs and support for redistribution, offering a plausible explanation for the positive association we find in HICs despite the limited explanatory power of the mechanisms tested in Section 5.4.

Fairness Beliefs Research demonstrates that large-scale shocks, such as natural disasters or wars, weaken meritocratic beliefs and strengthen the view that luck determines life chances (Gualtieri et al., 2019; Roland & Yang, 2017; Shai, 2023). ACEs may shift beliefs in a similar direction. Experiencing misfortune early in life likely increases awareness of uncontrollable circumstances and reduces the belief that effort alone determines success. These beliefs matter because they strongly predict support for redistribution; in HICs, individuals who attribute outcomes to luck or external conditions typically favor government intervention (Alesina & Fuchs-Schündeln, 2007; Alesina & Giuliano, 2011; Almås et al., 2025; Clark & D'Ambrosio, 2015; Cowell et al., 2025). ACEs may therefore strengthen redistributive preferences by fostering the belief that the socioeconomic system does not fairly reward effort. Crucially, however, fairness beliefs are not a strong predictor of demand for redistribution in LMICs (Almås et al., 2024). This divergence could partially explain the lack of significant findings in the Global South.

Prospects of Upward Mobility. ACEs may also affect how individuals assess their chances of moving up the income distribution. Because ACEs correlate strongly with poorer socioeconomic outcomes, growing up in adversity often reduces optimism about future mobility (Alesina & Giuliano, 2011). Early disadvantage shapes aspirations; for example, Alcaraz et al. (2024) show that adolescents with ACEs report lower educational aspirations. Tomer (2014) highlights that childhood inequality in educational investments and family stability creates gaps before even entering school. Consequently, individuals who grow up in adverse conditions face a steeper path to upward mobility and may internalize lower expectations for improvement. The "Prospect of Upward Mobility" (POUM) hypothesis (Benabou & Ok, 2001) predicts that individuals who expect to move upward oppose redistribution because they anticipate becoming net contributors (Clark & D'Ambrosio, 2015). Conversely, those who expect stagnation or downward mobility support it (Gugushvili, 2019; Guillaud, 2013). By lowering expectations of upward mobility, ACEs may weaken the POUM mechanism and increase the perceived value of redistribution as insurance against persistent disadvantage.

Inequality Perceptions While direct evidence linking ACEs to inequality perceptions is scarce, the literature suggests that experiences of economic hardship shape how individuals view the income distribution (Bussolo et al., 2021). Moreover, fairness beliefs and experienced mobility influence these perceptions (Brunori, 2017; Faggian et al., 2023; Marandola & Xu, 2021). Since perceived inequality is a strong predictor of redistributive preferences, ACEs may influence preferences indirectly by altering the lens through which individuals view societal disparities.

To empirically test these channels, future research should prioritize asking for all the information currently available in the GFS and complementing that with additional items. Testing the fairness channel would require standard questions assessing the perceived importance of hard work versus luck in determining economic success, or measures comparing perceived versus desired income differentials between skill groups (Bjørnskov et al., 2013; Osberg & Smeeding, 2006). To capture prospects of upward mobility, surveys could ask respondents to estimate the likelihood of improving their economic standing or to place themselves on an income ladder for both the present and the future; the difference between these positions would reveal mobility expectations (Cojocaru, 2014; Kuhn, 2019). Finally, testing the inequality perception channel would require instruments such as diagram-based selections of income distributions, subjective estimates of income ratios between societal groups, or questions regarding recent trends in inequality (G. Choi, 2021; Hauser & Norton, 2017; Marchesi et al., 2026). Ideally, to rigorously identify the mediating role of these factors, these measures should be collected in survey waves before the measurement of redistributive preferences.

8 Conclusion

This paper is the first to focus on the individual-level relationship between ACEs and support for redistribution in adulthood. In doing so, we provide new evidence on the long-term transmission of early-life shocks to economic preferences and attitudes later in life and complement the evidence on the relationship between macroeconomic adversity in childhood, as well as contemporaneous shocks, and preferences for redistribution (Alesina & Giuliano, 2011; Cross et al., 2023; Gualtieri et al., 2019; Luttmer & Singhal, 2011; Shai, 2023),

We utilize novel data from the first wave of the Global Flourishing Study (GFS), covering 164,281 individuals across 22 countries, to construct a retrospective ACE measure that captures exposure to abuse, sense of isolation, difficult parental relationships, parental separation, poor health, and financial hardship. Our descriptive analysis reveals that the prevalence of ACEs aligns with the existing literature, supporting the validity of our measure. While the average incidence of adversity is slightly higher in HICs than in LMICs (0.79 vs. 0.70), a larger share of individuals in LMICs report exposure to at least one adversity (46% vs. 43%). Furthermore, the composition of adversity varies by region, e.g., financial hardship is more prominent in LMICs, and by gender, with women in HICs reporting higher exposure to abuse, feelings of exclusion, and a difficult relationship with the mother.

Our empirical analysis tests three primary hypotheses. First, we identify a robust positive association between cumulative ACEs and preferences for redistribution in the global sample, consistent with the hypothesis that early-life shocks foster demand for welfare-state support. This aligns with previous studies linking macroeconomic hardship in childhood and contemporaneous shocks to more support for redistribution. While the average magnitude of our estimated association is modest, an additional adversity corresponds to a 0.5% increase in support, severe exposure (four or more adversities) is associated with a 3.2% increase relative to having no ACEs. However, this aggregate result masks significant heterogeneity: the positive association is primarily driven by experiences of abuse and the feeling of being an outsider, whereas difficult relationships with mothers are associated with lower support for redistribution.

Second, we confirm our hypothesis (H2) that this relationship is context-dependent. The positive association between ACEs and redistributive preferences is significant only in HICs; in LMICs, where institutional and cultural frameworks differ, we find no significant link. This suggests that the translation of personal trauma into political demand for state intervention is specific to advanced welfare economies.

This finding suggests that the link between childhood adversity and redistributive preferences may have implications for the long-term persistence of both inequality and adversities. In HICs, the positive association between ACEs and support for redistribution implies a potential self-correcting mechanism: exposure to adversity generates a 'demand-side' pressure for state intervention. To the extent that these preferences translate into policy (De Bresser & Knoef, 2022), this demand supports the expansion of the welfare state and public investment in education and health, which in turn reduces the prevalence of future adversities. In contrast, the absence of such an association, or even the negative relationship, in LMICS, which typically exhibit higher levels of inequality, points to a concerning inequality trap. If the individuals most exposed to adversity do not demand government intervention, relying instead on informal networks, the state receives limited bottom-up pressure or, in democratic contexts, no electoral signal to expand its capacity or strengthen safety nets. Consequently, the structural conditions that generate childhood adversity remain unchallenged, potentially creating a vicious cycle where disadvantage perpetuates itself across generations.

Third, we find evidence of gender-specific transmission channels. Consistent with our prediction that women may suffer more acute consequences from ACEs in terms of socioeconomic security, self-confidence, and risk tolerance, we observe a stronger transmission from adversity to redistributive preferences among women in HICs. This relationship is driven by a broader set of adversities than for men, suggesting that early-life trauma leaves a more complex imprint on women's preferences.

We additionally explore three potential mechanisms underpinning these results: material self-interest, altruism, and trust. Our two-step analysis identifies material self-interest as the most consistent channel: ACEs lead to lower adult income and subsequently higher demand for redistribution. Notably, the link between *childhood* financial hardship and preferences is almost entirely explained by *current* financial insecurity, supporting a direct "income-to-income" transmission channel. Regarding trust, while we find that the channel operates as predicted, with ACEs decreasing trust and trust, in turn, explaining lower support for redistribution, the size of the associations is relatively small and does not explain much of the ACE-redistribution relationship. Finally, the role of altruism is more complex since it operates in opposing directions depending on the specific type of adversity. While abuse and feeling like an outsider seem to stimulate altruistic solidarity (increasing support for redistribution), other adversities appear to erode prosocial behavior (decreasing support). These opposing forces likely cancel each other out in aggregate models, explaining why this mechanism appears weak in linking cumulative ACEs to preferences for redistribution. Overall, these analyses also suggest that different forms of hardship shape redistributive attitudes through distinct channels.

The robustness of our main results to the inclusion of the tested mechanisms, self-interest, altruism, and trust, reinforces the validity of the association between ACEs and redistributive preferences in HICs. However, the fact that these controls attenuate the estimated coefficient only modestly implies that they do not fully capture the pathways through which early-life adversity shapes political attitudes. This residual association suggests that other unobserved channels could be at play, as discussed in Section 7. Specifically, early-life adversity could operate through fairness beliefs (reducing belief in meritocracy), prospects of upward mobility (lowering expectations of future success), and inequality perceptions (heightening sensitivity to disparities).

While we do not make causal claims, a comprehensive battery of sensitivity checks confirms the robustness of our findings. We address concerns regarding unobserved household heterogeneity through the test proposed by Oster (2019), the inclusion of childhood financial hardship as an ACE component, and specification curve analyses demonstrating stability across a range of contemporaneous covariates. Furthermore, the consistency of our estimates across birth cohorts mitigates concerns regarding survivorship bias, while the inclusion of personality traits suggests that common method variance does not drive our results. We also account for potential methodological artifacts by controlling for survey mode and interview timing, and we verify that our findings hold across a wide set of alternative ACE measures. Collectively, these rigorous checks confirm the stability of our findings. Finally, the direction of the potential biases suggests that, if anything, our baseline estimates are conservative.

Our results contribute to the literature on preferences for redistribution by identifying ACEs as a novel determinant, specifically within HICs. In doing so, we provide new insights into the regional heterogeneity of preference formation. Extending the work of Dion and Birchfield (2010), who argue that economic self-interest is not a universal driver of redistributive support, we demonstrate that the self-interest channel linking early-life adversity to adult preferences appears active only in HICs. Furthermore, we contribute to the ACE literature by demonstrating that early-life conditions scar not only health and socioeconomic outcomes but also political preferences. Since these preferences influence voting behavior and policy demand, our findings suggest that a correct estimation of the societal costs of ACEs should take this into account as well. Finally, this study highlights profound divergences between HICs and LMICs. These regions differ not only in the prevalence of adversities and levels of support for redistribution but also in the determinants of these preferences and the channels through which they are formed. Our findings suggest that hypotheses derived from Western, high-income contexts cannot be blindly extrapolated to the Global South. Differences in cultural norms, institutional capacity, and welfare structures fundamentally alter how early-life shocks translate into adult attitudes, underscoring the need for future research in these understudied contexts.

Our findings offer valuable insights for policymakers navigating an increasingly fragmented political landscape. As standard socioeconomic indicators, such as income and education, no longer predict voting behaviors, the formation of coalitions supporting redistribution becomes especially challenging (Gethin et al., 2021). In this context, rather than framing redistribution solely as a mechanism for reducing income inequality, reforms may secure broader consensus if they are presented as a form of social insurance against life's hardships. Practically, this involves explicitly linking tax-and-transfer schemes to the prevention of early-life adversity and prioritizing targeted, in-kind transfers for the most vulnerable households.

This study has several limitations, which open opportune avenues for future research. The primary limitation is that, although the GFS is a longitudinal survey, the key variables for this analysis are currently available in only one wave. While our retrospective design yields valuable insights, the future availability of panel data would significantly strengthen the causal identification. A longitudinal structure would allow researchers to control for individual fixed effects, time trends, and measure potential mechanisms at time points that strictly precede the outcome, thereby enabling a rigorous mediation analysis. Furthermore, separating the measurement of childhood adversities and adult preferences across different survey waves would minimize concerns regarding common method variance.

Future research would also benefit from the development of harmonized ACE measures to facilitate systematic cross-study comparisons. While we provide suggestive evidence that our measure is consistent with those in the broader literature, direct comparability is hindered by differences in the specific components, survey items, and definitions of exposure timing across studies. Establishing standardized protocols would allow for more robust comparisons of the persistence of childhood adversities across different contexts. Additionally, as discussed, data limitations prevented us from directly testing alternative channels such as fairness beliefs, prospects of upward mobility, or perceptions of inequality. Future work should prioritize collecting data on these specific mechanisms to fully unpack the "black box" of transmission from ACEs to redistributive preferences. For example, confirming that fairness acts as a crucial channel only in HICs would offer a critical warning: policymakers in the Global South should avoid importing Western narratives of meritocracy in favor of arguments grounded in immediate economic security and poverty reduction. Finally, future studies would benefit from richer objective data on family background, such as parental occupation, education, and objective income. This would allow for a more precise isolation of the effects of childhood adversity from broader socioeconomic inheritance, further reducing the risk of selection bias.

Data availability and preregistration

Individual level data from the Global Flourishing Study (GFS) is available through the Open Science Foundation here: https://doi.org/10.17605/OSF.IO/3JTZ8, subject to preregistration (https://osf.io/9sked/overview). Information can be found here: https://www.cos.io/gfs-faqs.

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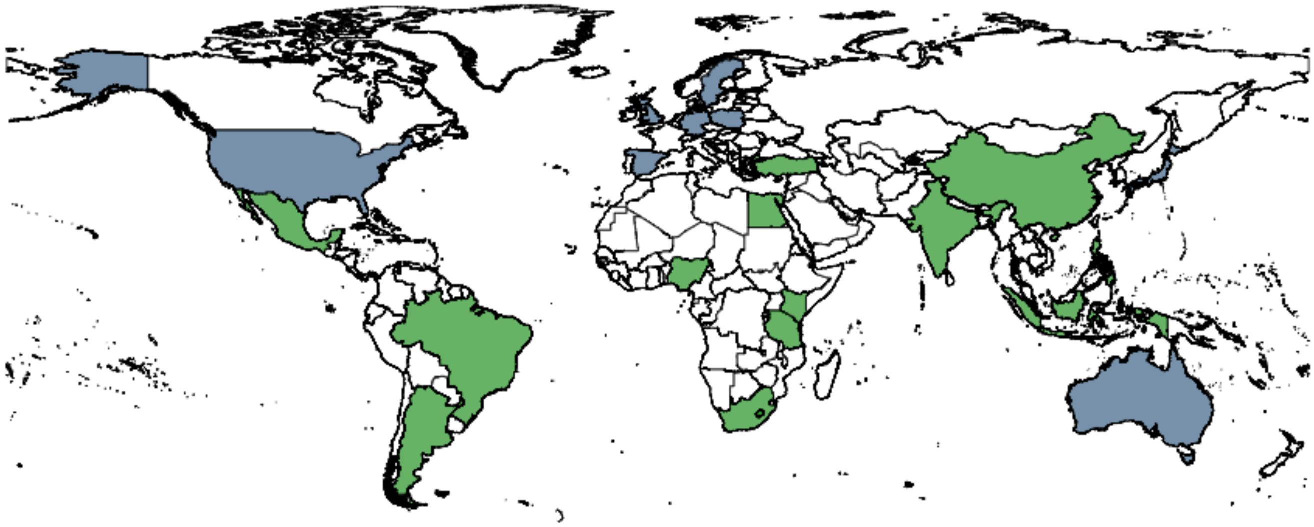
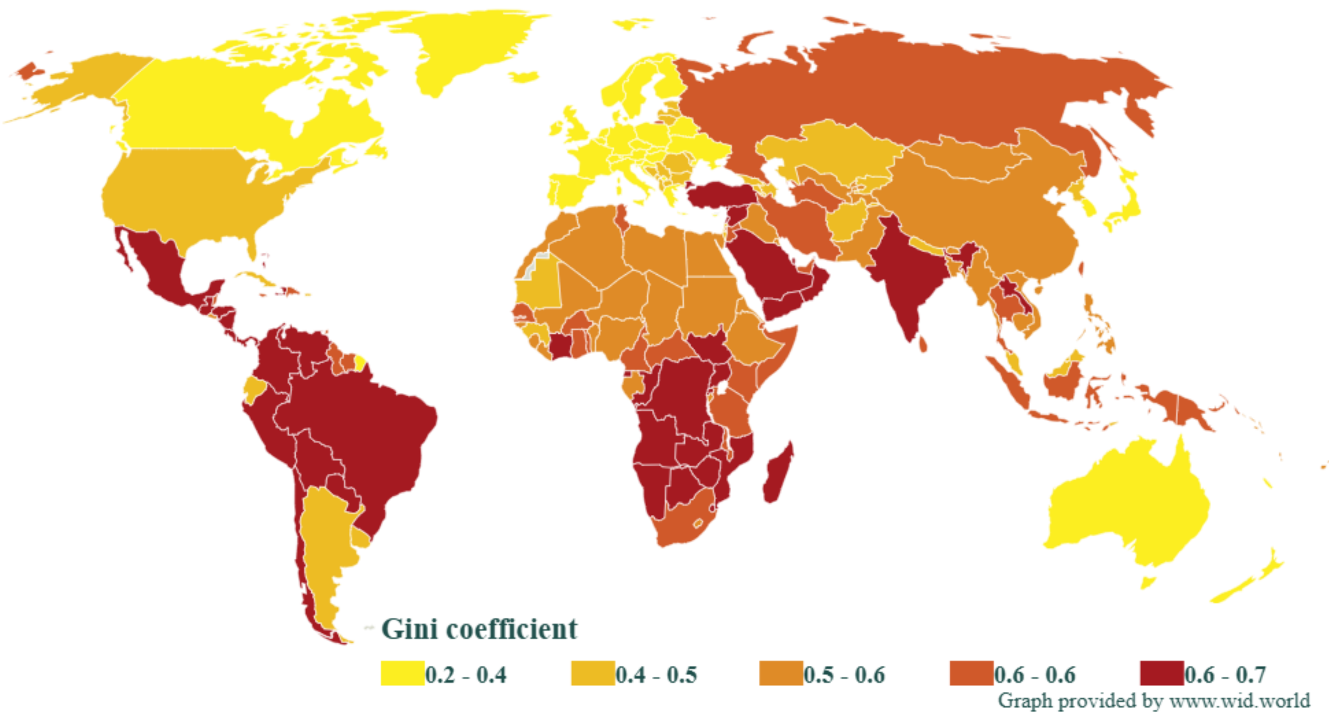
Appendix

Figure A1: Country coverage in the Global Flourishing Study



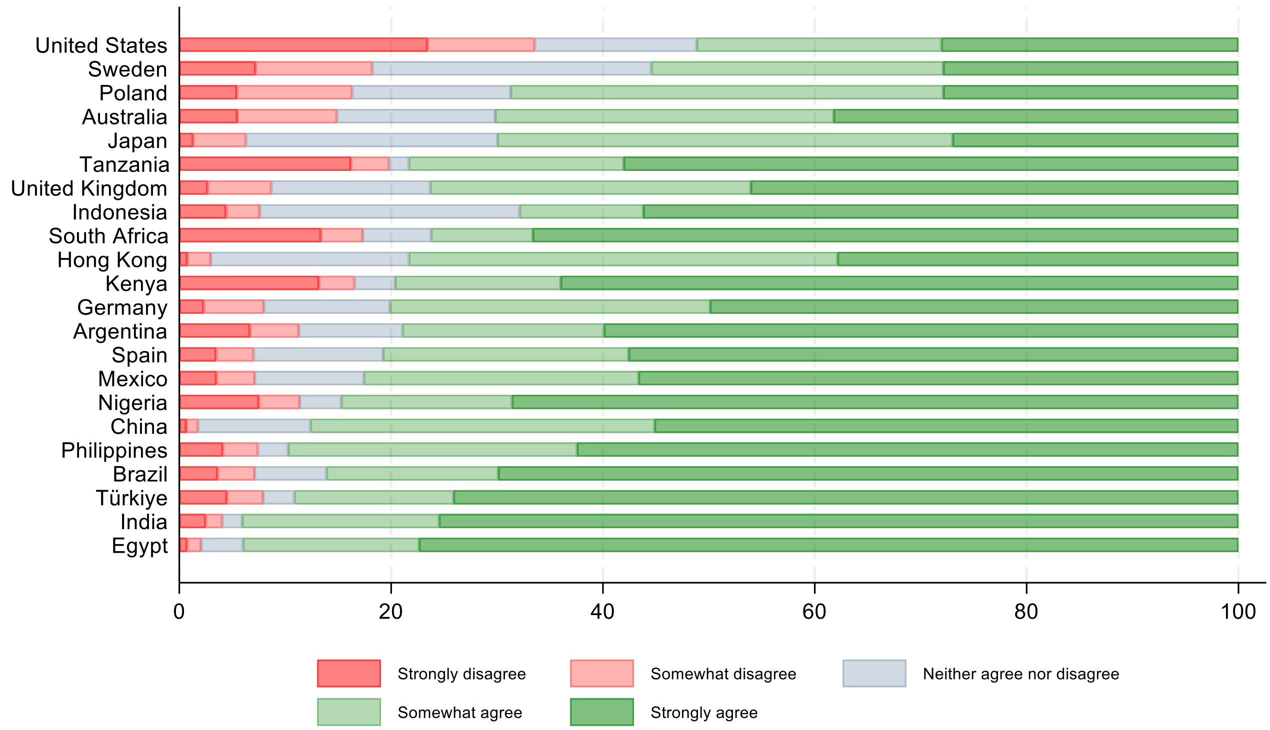
Notes: The colored countries are included in the GFS. In green LMICs: Argentina, Brazil, China, Egypt, India, Indonesia, Kenya, Mexico, Nigeria, the Philippines, South Africa, Tanzania, and Türkiye. In blue HICs: Australia, Germany, Hong Kong, Japan, Poland, Spain, Sweden, the United Kingdom, and the United States.

Figure A2: Within-country income inequality, 2023



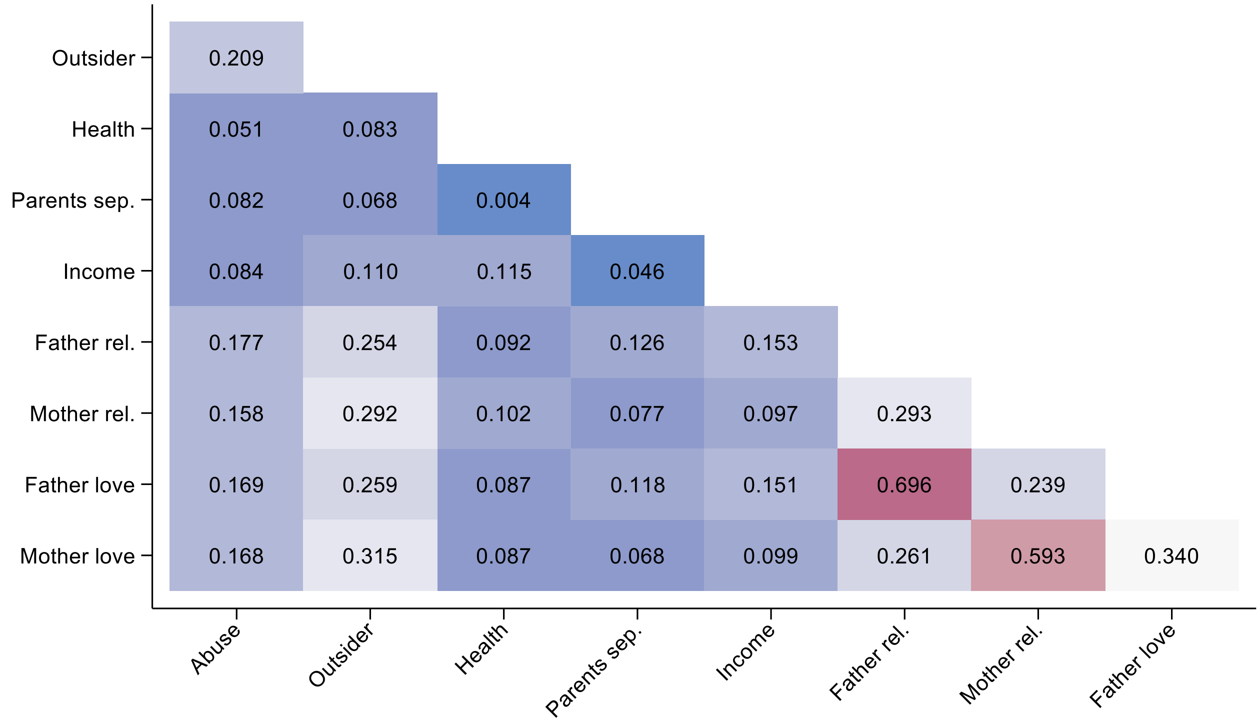
Source: www.wid.world. Gini index of post-tax national income by country (2023).

Figure A3: Preferences for redistribution by country



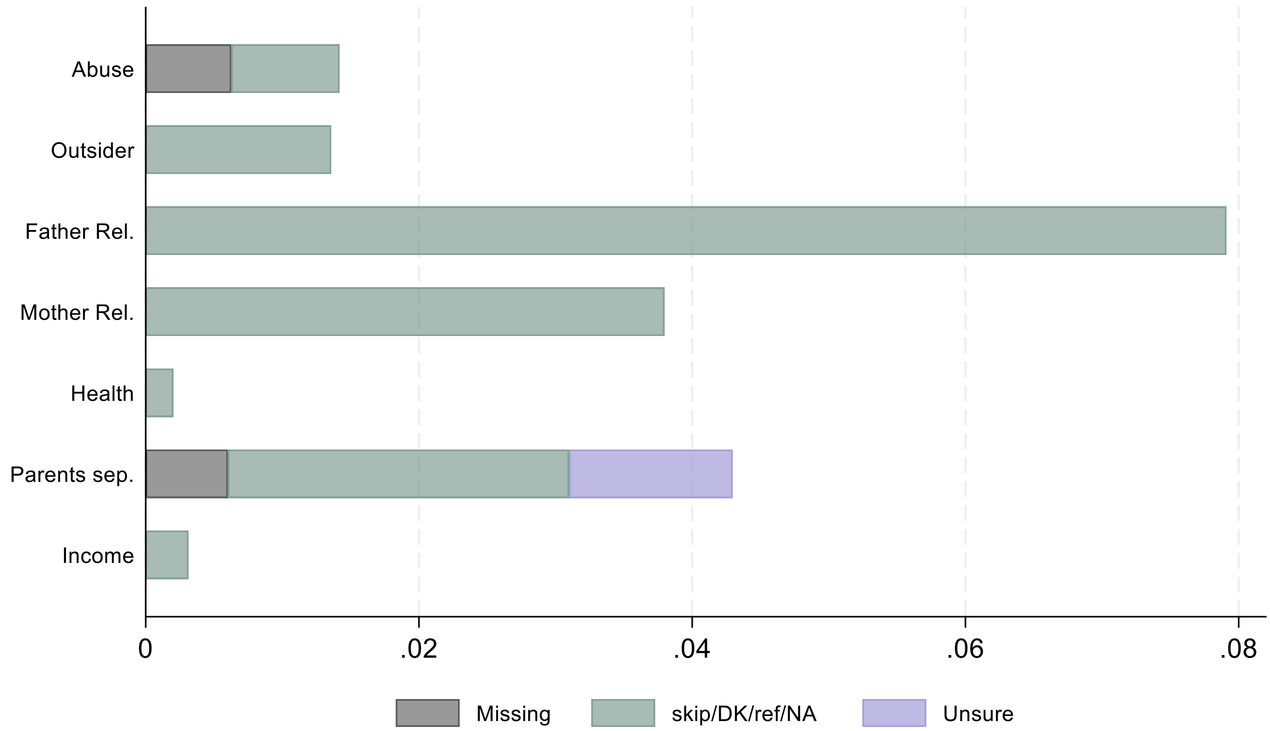
Notes: The averages use sample weights. Preferences for redistribution answer to the question "Government should take measures to reduce differences in income levels."

Figure A4: Correlation matrix: ACE components



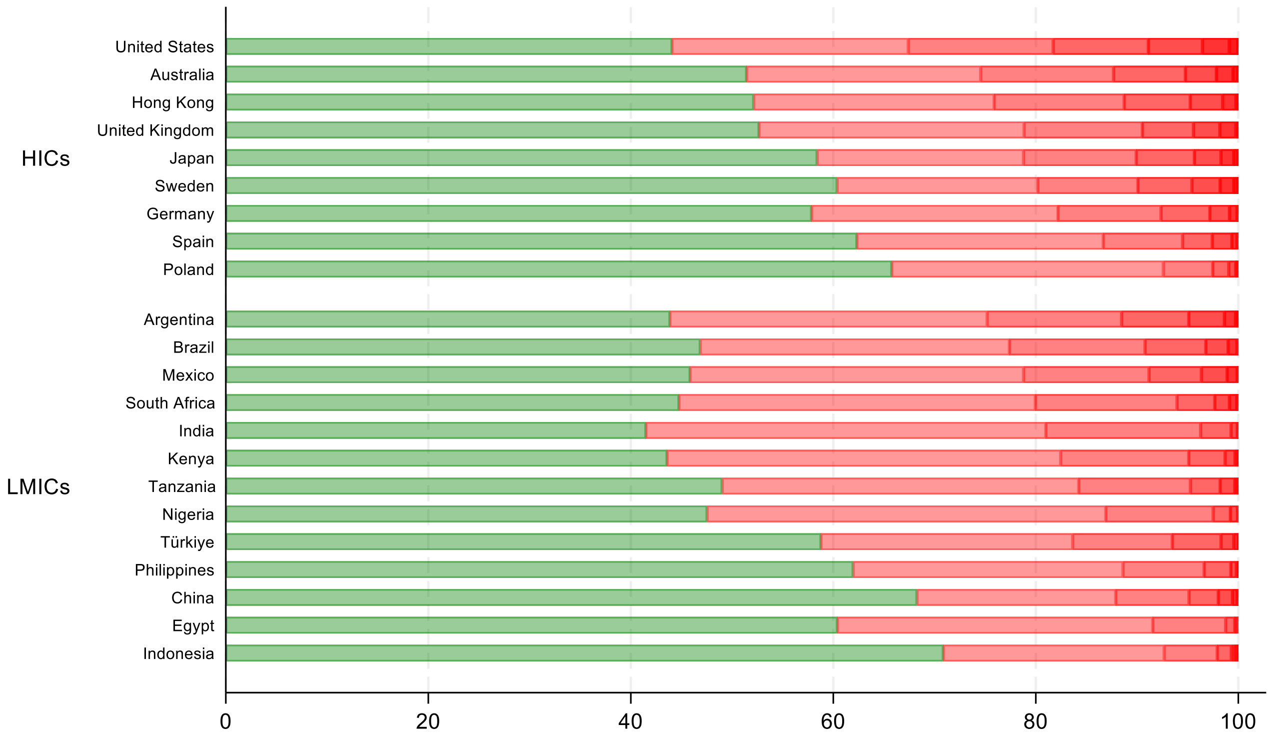
Notes: Correlation matrix for the seven ACE components used to construct the cumulative measures, plus feeling loved by mother and father in childhood. The analysis applies population weights. Mother and father love are not used in the analysis due to the high correlation with the measures of mother and father relationship, respectively.

Figure A5: Missing values in the ACE components



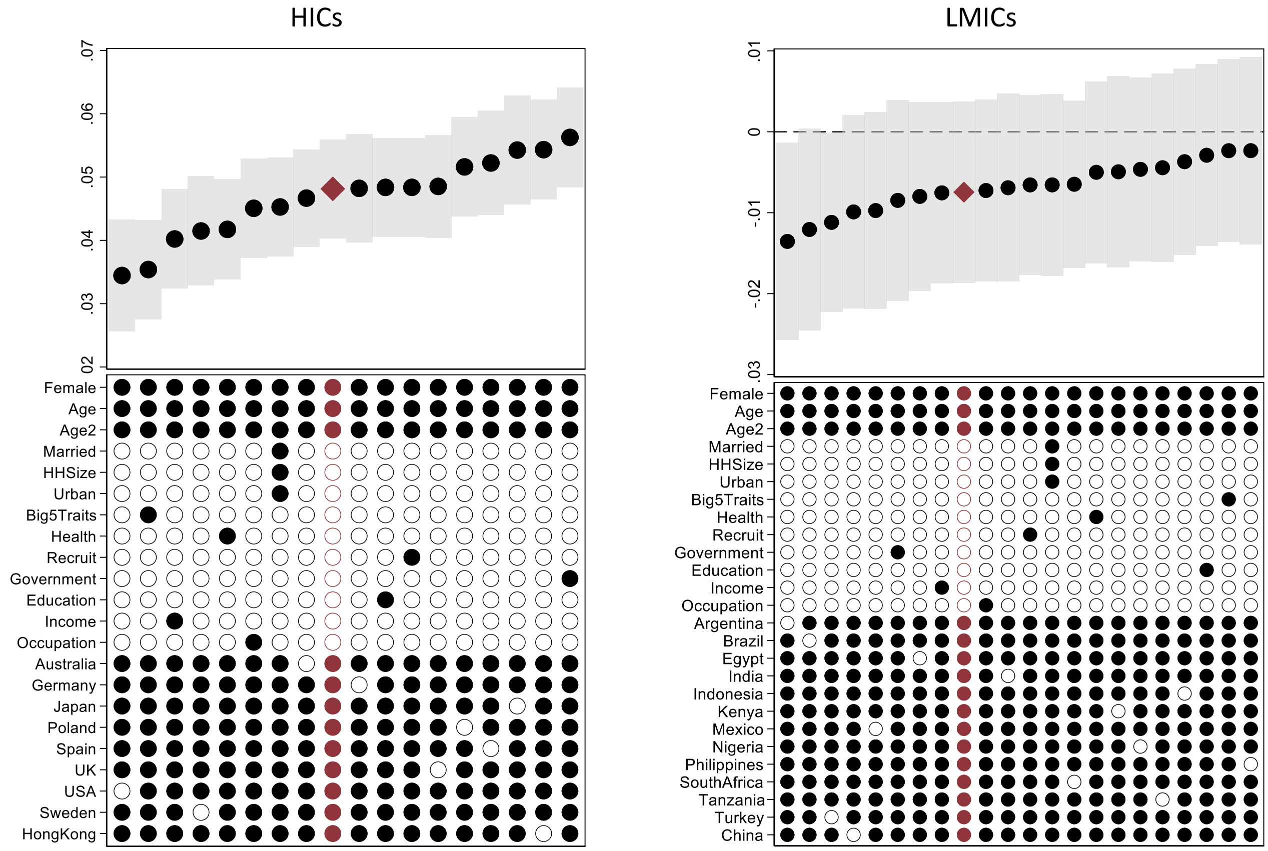
Notes: For each ACE component, the graph shows the share of missing observations, "skip", "don't know", "refuse" and "not apply" answers, and "unsure." In the main analysis we exclude all these observations. The averages use population weights.

Figure A6: ACE score by country



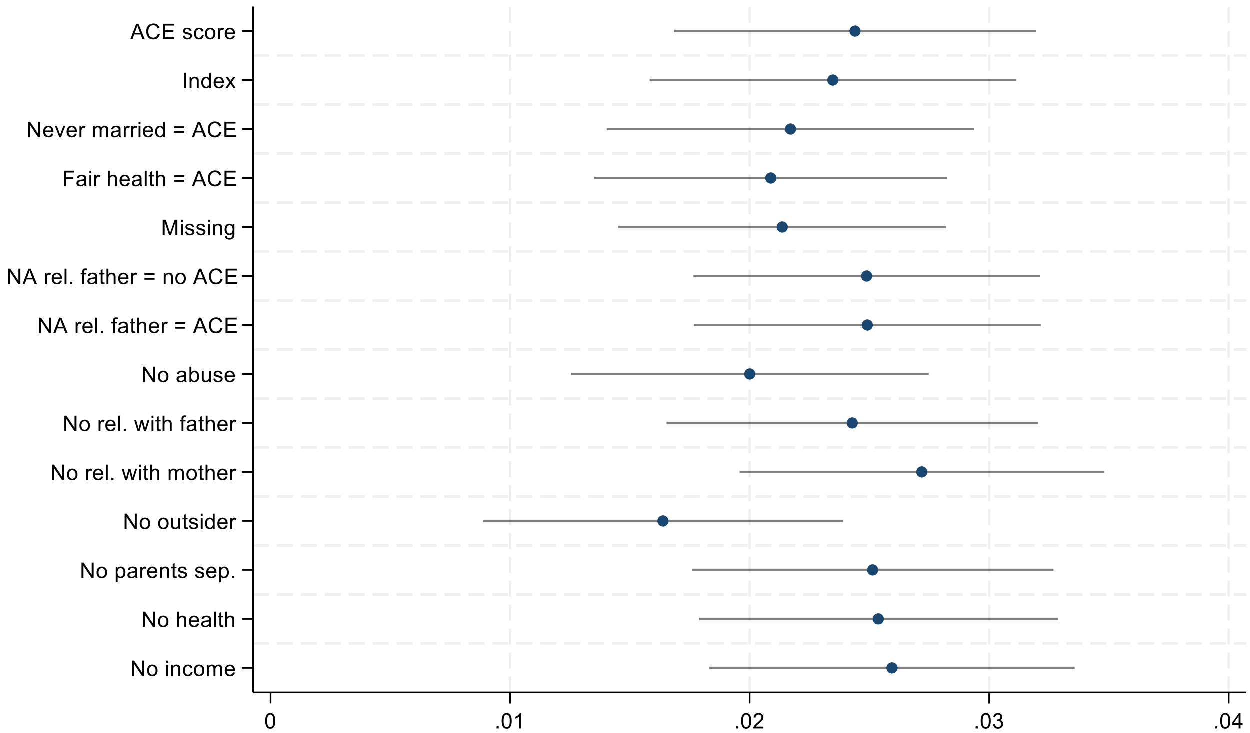
Notes: The averages use sample weights. ACE score is the sum of the seven binary measures of adversities in childhood. In green, the percentage of respondents with 0 adversities. Higher intensity of red indicates the percentage of respondents with 1 to 7 reported adversities in childhood.

Figure A7: Specification Curve Analysis



Notes: Specification curve analysis (Simonsohn et al., 2020) generated with the Stata command `speccurve` *developed by M.E. Andresen. The top panels show the coefficient estimates of ACE score (dots) and the confidence intervals (grey areas). The bottom panels display the controls included in the corresponding specification. An empty dot in the bottom panels indicates that the control is not included. All models follow the main specification (column 1 of Table 2). The Big5Traits indicates that five measures capturing the Big Five personality traits are included. Recruit indicates that measures capturing mode and time of interview are included.*

Figure A8: Main specification with alternative measures of ACEs



Notes: OLS estimates by gender. Estimates are equivalent to column 1 of Table 2. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale (HICs: sample average 3.869, sd 1.188). Standard errors are clustered at the primary sampling unit level. Population weights included. Controls: gender, age, age squared, and country fixed effects. 95% confidence intervals. N = 164,281 for all specifications, except the one with missing observations for ACE components (N = 201,414) and the ones with "not apply" answer to the question about the relationship with the father recoded as either ACE or non-ACE (N = 180,736). See Table A1 for the definitions of the alternative ACE measures.

Table A1: Variable definitions

Variable	Definition
Dependent variable	
Preferences for redistribution	"Government should take measures to reduce differences in income levels". Response scale: 1 = strongly disagree, 2 = somewhat disagree, 3 = neither agree nor disagree, 4 = somewhat agree, and 5 = strongly agree.
ACEs	
Dimensions	
Abuse	Physical or sexual abuse during childhood (coded as 1 if reported, 0 otherwise).
Outsider	Feeling like an outsider during childhood (coded as 1 if reported, 0 otherwise).
Mother rel.	Relationship with mother while growing up, recoded from a four-point scale (very good to very bad) into a binary variable (1 if the relationship was very bad or bad, 0 if good or very good).
Father rel.	Relationship with father while growing up, recoded from a four-point scale (very good to very bad) into a binary variable (1 if the relationship was very bad or bad, 0 if good or very good).
Parents separation	Parental marital status at age 12, (coded as 1 if parents were divorced or one was deceased, and 0 if married or never married).
Health	Self-reported health when growing up, recoded from a five-point scale (excellent to poor) into a binary variable (1 if health was reported as poor and 0 if fair, good, very good, or excellent).
Income	Feelings about family's household income while growing up (age 12), recoded from a four-point scale into a binary variable (1 if "found it (very) difficult, 0 if they "got by" or "lived comfortably").
Main ACE measures	
ACE score	Sum of the seven binary ACE dimensions.
ACE1	Binary measure based on ACE score, equal to 1 if the respondent experienced at least one adversity in childhood, 0 otherwise.
ACE4	Categorical measure based on ACE score, captures exposure to 0, 1, 2, 3, and 4 or more adversities in childhood. In the analysis we use those with no adversity as baseline category and enter four binary measures capturing 1, 2, 3, and 4+ adversities.
Alternative ACE measures	
Index	Index based on principal component analysis of the seven binary ACE dimensions.
Never married = ACE	Sum of the seven binary ACE dimensions, with answer "never married" to the parental marital status item coded as adversity.
Fair health = ACE	Sum of the seven binary ACE dimensions, with answer "fair" to the self-reported health item coded as adversity.
Missing	Sum of the seven binary ACE dimensions, with missing observations in any of the dimensions coded as 0.
NA rel. father = no ACE	Sum of the seven binary ACE dimensions, with answer "does not apply" to the father relationship item coded as non-adversity, instead of missing.
NA rel. father = ACE	Sum of the seven binary ACE dimensions, with answer "does not apply" to the father relationship item coded as adversity, instead of missing.
No abuse	Sum of the binary ACE dimensions except abuse.
No outsider	Sum of the binary ACE dimensions except outsider.
No rel. father	Sum of the binary ACE dimensions except father relationship.
No rel. mother	Sum of the binary ACE dimensions except mother relationship.
No parents' separation	Sum of the binary ACE dimensions except parents' separation.
No health	Sum of the binary ACE dimensions except health.
No income	Sum of the binary ACE dimensions except income.
Main controls	
Age	Age of the respondent.
Age2	Age squared.
Female	Gender of the respondent. 1 if female, 0 if male.
Additional demographics	
Married	Marital status of the respondent. 1 if married, 0 if single/never married, separated, divorced, widowed, domestic partner.
Household size	Size of the respondent's household. Values larger than 20 coded as 20.
Urban	Respondent's living location. 1 if a large city or suburb of a large city, 0 if a rural area, small town or village.

Mechanisms	
Self-interest	
Financial security	Feelings about family's current household income, recoded from a four-point scale into a binary variable (1 if "find it (very) difficult, 0 if they "get by" or "live comfortably").
Altruism	
Volunteering	Equal to 1 if the respondent reports volunteering activity in an organization in the previous month.
Trust	
Social trust	Equal to 1 if the respondent believes that "all", "most" or "some" most people can be trusted, 0 if "not very many" or "none."
Additional controls	
Income tertile	Categorical measure capturing the country-specific income tertile. Missing observations coded as a fourth category.
Education	Three categories: elementary education or less (≤ 8 years), secondary or some post-secondary education (9–15 years), and college or higher education (≥ 16 years).
Employment status	Employment categories: employed, self-employed, retired/student/homemaker, unemployed and looking for a job, none/other.
Health	Self-reported current physical health on a 0-10 scale, where 0 = poor and 10 = excellent.
Government support	Evaluation of the job performance of the national government on a 1 to 5 scale, where 1 is strongly disapprove and 5 is strongly approve.
Big 5 personality traits	
Agreeableness	Mean agreement with how much two pairs of traits apply to the respondent: critical-quarrelsome (reversed) and sympathetic-warm.
Conscientiousness	Mean agreement with how much two pairs of traits apply to the respondent: disorganized-careless (reversed) and dependable-self-disciplined.
Extraversion	Mean agreement with how much two pairs of traits apply to the respondent: reserved-quite (reversed) and extroverted-enthusiastic
Neuroticism	Mean agreement with how much two pair of traits apply to the respondent: calm-emotionally stable (reversed) and anxious-easily upset.
Openness	Mean agreement with how much two pairs of traits apply to the respondent: conventional-uncreative (reversed) and open to new experiences-complex.

Source: Authors based on GFS codebook (https://osf.io/et4yf/files/osfstorage).

Table A2: Number of observations in the analysis sample, by country

Country	N	%		N	%
LMICs			***HICs***		
Argentina	5,290	3.22	Australia	3,346	2.04
Brazil	9,429	5.74	Germany	8,069	4.91
China	4,195	2.55	Hong Kong	2,180	1.33
Egypt	4,058	2.47	Japan	14,931	9.09
India	6,546	3.98	Poland	8,325	5.07
Indonesia	6,208	3.78	Spain	5,344	3.25
Kenya	9,561	5.82	Sweden	13,112	7.98
Mexico	4,206	2.56	United Kingdom	4,637	2.82
Nigeria	5,944	3.62	United States	33,646	20.48
Philippines	4,812	2.93	*Total HICs*	*93,590*	*56.97*
South Africa	1,876	1.14			
Tanzania	7,270	4.43	***Full sample***	***164,281***	***100***
Türkiye	1,296	0.79			
Total LMICs	*70,691*	*43.03*			

Notes: Number of observations used in the main specifications, after dropping missing observations for each ACE components and control variables.

Table A3: Summary statistics, preferences for redistribution

	Full		HICs		LMICs			
	mean	sd	mean	sd	mean	sd	min	max
Preferences for redistribution	4.138	1.181	3.869	1.188	4.331	1.137	1	5
Decomposition								
Strongly disagree	0.064	0.244	0.065	0.247	0.062	0.242	0	1
Somewhat disagree	0.049	0.216	0.074	0.262	0.031	0.173	0	1
Neither agree nor disagree	0.110	0.313	0.166	0.372	0.070	0.254	0	1
Somewhat agree	0.241	0.428	0.316	0.465	0.188	0.391	0	1
Strongly agree	0.536	0.499	0.379	0.485	0.649	0.477	0	1

Notes: N = 164,281 (93,590 for HICs and 70,691 for LMICs). The summary statistics are weighted using population weights.

Table A4: Summary statistics, preferences for redistribution by gender and cohort

	Full		HICs		LMICs	
	mean	sd	mean	sd	mean	sd
Gender						
Male	4.085	1.234	3.781	1.257	4.320	1.162
Female	4.184	1.131	3.953	1.113	4.340	1.116
Cohort						
1955 or earlier	3.812	1.298	3.724	1.293	4.213	1.241
1956-65	3.994	1.241	3.816	1.249	4.294	1.168
1966-75	4.089	1.196	3.873	1.186	4.311	1.165
1976-85	4.204	1.143	3.956	1.119	4.349	1.131
1986-95	4.234	1.135	3.959	1.118	4.351	1.122
1995 or later	4.238	1.126	3.926	1.078	4.329	1.123

Notes: N = 164,281 (93,590 for HICs and 70,691 for LMICs). The summary statistics are weighted using population weights.

Table A5: Summary statistics, ACEs

	Full		HICs		LMICs			
	mean	sd	mean	sd	mean	sd	min	max
Main measures								
ACE score	0.741	1.055	0.793	1.166	0.704	0.965	0	7
ACE = 1+	0.450	0.497	0.435	0.496	0.460	0.498	0	1
ACE4								
ACE = 0	0.550	0.497	0.565	0.496	0.540	0.498	0	1
ACE = 1	0.272	0.445	0.233	0.423	0.300	0.458	0	1
ACE = 2	0.105	0.306	0.106	0.308	0.104	0.305	0	1
ACE = 3	0.044	0.204	0.054	0.225	0.037	0.188	0	1
ACE = 4+	0.029	0.168	0.042	0.201	0.020	0.140	0	1
Dimensions								
Abuse	0.127	0.333	0.137	0.344	0.120	0.325	0	1
Outsider	0.126	0.332	0.151	0.358	0.108	0.310	0	1
Rel. father	0.107	0.309	0.151	0.359	0.075	0.264	0	1
Rel. mother	0.057	0.232	0.092	0.289	0.032	0.176	0	1
Separation	0.088	0.283	0.090	0.286	0.087	0.282	0	1
Health	0.022	0.145	0.018	0.132	0.024	0.154	0	1
Income	0.214	0.410	0.154	0.361	0.258	0.437	0	1

Notes: N = 164,281 (93,590 for HICs and 70,691 for LMICs). The summary statistics are weighted using population weights.

Table A6: Summary statistics, alternative measures of ACEs

	Full				
	mean	sd	min	max	N
Index	8.865	14.007	0	100	164,281
Never married = ACE	0.811	1.102	0	7	164,281
Fair health = ACE	0.838	1.135	0	7	164,281
Missing	0.790	1.071	0	7	201,414
NA rel. father = no ACE	0.773	1.071	0	7	180,736
NA rel. father = ACE	0.824	1.118	0	7	180,736
No abuse	0.614	0.923	0	6	164,281
No outsider	0.615	0.899	0	6	164,281
No relationship with father	0.634	0.904	0	6	164,281
No relationship with mother	0.684	0.955	0	6	164,281
No parents' separation	0.653	0.980	0	6	164,281
No health	0.720	1.024	0	6	164,281
No income	0.527	0.899	0	6	164,281

Notes: N = 164,281. The summary statistics are weighted using population weights.

Table A7: Heatmap ACEs

	ACE score	ACE 1+	ACE 4+	Abuse	Outsider	Father rel.	Mother rel.	Parents sep.	Health	Income
Indonesia	0.40	0.29	0.01	0.07	0.05	0.02	0.01	0.16	0.01	0.08
Poland	0.45	0.34	0.01	0.03	0.04	0.05	0.03	0.07	0.01	0.23
Egypt	0.50	0.40	0.00	0.08	0.05	0.02	0.01	0.08	0.02	0.23
China	0.51	0.32	0.02	0.05	0.12	0.10	0.04	0.03	0.01	0.16
Philippines	0.54	0.38	0.01	0.07	0.07	0.04	0.03	0.02	0.05	0.25
Spain	0.60	0.38	0.03	0.10	0.09	0.08	0.05	0.07	0.02	0.20
Türkiye	0.66	0.41	0.02	0.12	0.10	0.12	0.05	0.05	0.03	0.20
Nigeria	0.69	0.52	0.01	0.13	0.10	0.02	0.01	0.11	0.01	0.31
Germany	0.71	0.42	0.03	0.11	0.11	0.14	0.06	0.11	0.01	0.17
Tanzania	0.74	0.51	0.02	0.08	0.07	0.05	0.02	0.10	0.05	0.37
Sweden	0.76	0.40	0.05	0.15	0.12	0.16	0.10	0.13	0.02	0.08
Japan	0.79	0.42	0.04	0.07	0.10	0.25	0.17	0.04	0.03	0.14
Kenya	0.81	0.56	0.01	0.11	0.10	0.04	0.02	0.08	0.03	0.42
India	0.82	0.59	0.01	0.12	0.13	0.02	0.01	0.13	0.03	0.37
United Kingdom	0.84	0.47	0.04	0.16	0.18	0.14	0.09	0.10	0.02	0.15
South Africa	0.85	0.55	0.02	0.17	0.15	0.12	0.04	0.09	0.05	0.24
Mexico	0.89	0.54	0.04	0.16	0.12	0.11	0.05	0.08	0.02	0.35
Brazil	0.89	0.53	0.03	0.19	0.11	0.15	0.05	0.13	0.01	0.25
Hong Kong	0.90	0.48	0.05	0.10	0.23	0.20	0.14	0.04	0.02	0.18
Australia	0.94	0.49	0.05	0.26	0.19	0.13	0.08	0.13	0.02	0.13
Argentina	0.99	0.56	0.05	0.18	0.15	0.13	0.07	0.11	0.02	0.33
United States	1.20	0.56	0.09	0.25	0.25	0.21	0.13	0.16	0.01	0.18

Notes: The averages use sample weights. In green LMICs, in blue HICs. ACE score is the sum of the seven binary measures of adversities in childhood. ACE 1+ captures the share of individuals reporting at least one adversity. ACE 4+ captures the share of individuals reporting at least four adversities. The heatmap captures the relative position of a country for each measure.

Table A8: Summary statistics, ACEs by gender and cohort

	ACE score	Abuse	Outsider	Father rel.	Mother rel.	Parents sep.	Health	Income
HICs								
Gender								
Male	0.691	0.102	0.128	0.139	0.069	0.086	0.016	0.151
Female	0.890	0.170	0.172	0.164	0.114	0.093	0.020	0.157
Cohort								
1955 or earlier	0.640	0.136	0.094	0.120	0.071	0.054	0.014	0.151
1956-65	0.776	0.159	0.141	0.144	0.088	0.069	0.016	0.160
1966-75	0.816	0.143	0.153	0.159	0.097	0.089	0.014	0.161
1976-85	0.843	0.130	0.170	0.158	0.108	0.100	0.020	0.157
1986-95	0.886	0.125	0.180	0.175	0.100	0.128	0.021	0.156
1995 or later	0.822	0.122	0.185	0.159	0.090	0.111	0.024	0.131
LMICs								
Gender								
Male	0.673	0.102	0.100	0.073	0.024	0.090	0.023	0.261
Female	0.730	0.135	0.114	0.077	0.039	0.085	0.026	0.255
Cohort								
1955 or earlier	0.644	0.077	0.083	0.054	0.029	0.052	0.028	0.321
1956-65	0.651	0.088	0.087	0.056	0.030	0.063	0.030	0.297
1966-75	0.715	0.110	0.105	0.070	0.033	0.077	0.029	0.291
1976-85	0.698	0.116	0.099	0.072	0.031	0.084	0.024	0.272
1986-95	0.712	0.125	0.111	0.074	0.029	0.091	0.022	0.260
1995 or later	0.717	0.136	0.121	0.090	0.036	0.100	0.022	0.211

Notes: N = 164,281 (93,590 for HICs and 70,691 for LMICs). The summary statistics are weighted using population weights. ACE score is the sum of the seven binary measures of adversities in childhood.

Table A9: Summary statistics, additional controls

	Full		HICs		LMICs			
	mean	sd	mean	sd	mean	sd	min	Max
Mechanisms								
Income feel	0.653	0.476	0.808	0.394	0.541	0.498	0	1
Volunteer	0.255	0.436	0.229	0.420	0.274	0.446	0	1
Trust	0.269	0.444	0.291	0.454	0.254	0.435	0	1
Other								
Education								
Low	0.031	0.174	0.031	0.174	0.286	0.452	0	1
Medium	0.611	0.488	0.611	0.488	0.582	0.493	0	1
High	0.358	0.480	0.358	0.479	0.132	0.339	0	1
Occupation								
Employed	0.528	0.499	0.528	0.499	0.241	0.428	0	1
Self-employed	0.083	0.276	0.083	0.276	0.282	0.450	0	1
Retired/student/homemaker	0.307	0.461	0.308	0.461	0.316	0.465	0	1
Unemployed	0.041	0.198	0.041	0.198	0.133	0.339	0	1
None/other	0.041	0.197	0.041	0.197	0.028	0.166	0	1
Traits								
Extraversion	3.744	1.432	3.912	1.437	3.623	1.416	1	7
Agreeableness	2.748	1.230	2.932	1.111	2.616	1.293	1	7
Conscientiousness	2.460	1.311	2.701	1.262	2.286	1.319	1	7
Neuroticism	4.808	1.385	4.791	1.343	4.820	1.414	1	7
Openness	3.158	1.350	3.207	1.180	3.123	1.459	1	7
Gov. support	3.007	1.369	2.746	1.125	3.234	1.423	1	5
Health	7.248	2.314	6.776	2.083	7.588	2.411	0	10

Notes: N = 164,281 (93,590 for HICs and 70,691 for LMICs). The summary statistics are weighted using population weights.

Table A10: ACE and preferences for redistribution in HICs and LMICs

	HICs				LMICs			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
ACE	0.048***				-0.008			
	(0.004)				(0.006)			
ACE1		0.097***				-0.015		
		(0.010)				(0.011)		
1 ACE			0.073***				-0.009	
			(0.012)				(0.011)	
2 ACE			0.100***				-0.031	
			(0.016)				(0.019)	
3 ACE			0.099***				-0.032	
			(0.021)				(0.028)	
4+ ACE			0.229***				-0.001	
			(0.022)				(0.036)	
Abuse				0.099***				-0.012
				(0.015)				(0.017)
Outsider				0.175***				0.014
				(0.015)				(0.018)
Rel. father				0.018				0.002
				(0.014)				(0.021)
Rel. mother				-0.098***				-0.053
				(0.018)				(0.033)
Separation				0.013				-0.012
				(0.016)				(0.017)
Health				0.102**				-0.085*
				(0.036)				(0.037)
Income				0.035*				0.002
				(0.014)				(0.012)
N	95211	95211	95211	95211	71718	71718	71718	71718
Adj. R2	0.104	0.104	0.104	0.106	0.034	0.034	0.034	0.034

*Notes: OLS estimates. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale (LMICs: sample average 4.331, sd 1.137; HICs sample average 3.869, sd 1.188). Standard errors (in parentheses) are clustered at the primary sampling unit level. Population weights included. Controls: gender, age, age squared, and country fixed effects. * p<0.05, ** p<0.01, *** p<0.001*

Table A11: ACEs and preferences for redistribution, country sub-samples

Country	b		SE	N	r2a
Philippines	-0.071	**	0.025	4,842	0.010
Indonesia	-0.069	*	0.030	6,348	0.009
Poland	-0.060	*	0.029	8,467	0.021
Kenya	-0.057	**	0.021	9,626	0.004
South Africa	-0.052		0.047	1,893	0.001
Nigeria	-0.051		0.033	6,036	0.002
Tanzania	-0.050	*	0.024	7,375	0.012
India	-0.032		0.018	6,802	0.002
Japan	-0.011		0.008	15,648	0.021
Argentina	-0.007		0.020	5,326	0.006
Hong Kong	-0.007		0.020	2,174	0.007
Egypt	-0.001		0.018	4,169	-0.001
Mexico	0.008		0.018	4,264	0.007
Spain	0.009		0.016	5,404	0.007
Brazil	0.010		0.012	9,530	0.008
Türkiye	0.016		0.039	1,323	0.005
China	0.017		0.015	4,184	0.002
United Kingdom	0.036	*	0.017	4,659	0.011
Germany	0.059	***	0.012	8,136	0.006
Australia	0.075	***	0.020	3,415	0.027
Sweden	0.081	***	0.011	13,296	0.039
United States	0.104	***	0.016	34,012	0.101

*Notes: OLS estimates. Each row is a different specification for the subsample of individuals within one country. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale. Standard errors are clustered at the primary sampling unit level. Sample weights included. Controls: gender, age, age squared, and country fixed effects. * p<0.05, ** p<0.01, *** p<0.001.*

Table A12: ACEs and preferences for redistribution, gender sub-samples

	HICs				LMICs			
	Female	Male	Female	Male	Female	Male	Female	Male
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
ACE score	0.051***	0.037***			-0.008	-0.014		
	(0.005)	(0.007)			(0.007)	(0.009)		
Abuse			0.097***	0.066**			0.004	-0.052
			(0.018)	(0.025)			(0.021)	(0.028)
Outsider			0.125***	0.227***			0.011	0.009
			(0.019)	(0.023)			(0.024)	(0.028)
Rel. father			-0.008	0.047*			0.002	0.017
			(0.018)	(0.022)			(0.028)	(0.033)
Rel. mother			-0.063**	-0.145***			-0.014	-0.146*
			(0.022)	(0.030)			(0.037)	(0.065)
Separation			0.063**	-0.044			-0.011	-0.005
			(0.021)	(0.025)			(0.023)	(0.025)
Health			0.152***	0.038			-0.066	-0.108
			(0.041)	(0.063)			(0.049)	(0.062)
Income			0.067***	0.001			-0.023	0.022
			(0.018)	(0.021)			(0.016)	(0.018)
N	47124	46466	47124	46466	38858	31833	38858	31833
Adj. R2	0.076	0.128	0.078	0.132	0.037	0.036	0.037	0.036

*Notes: OLS estimates. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale (LMICs: sample average 4.331, sd 1.137; HICs sample average 3.869, sd 1.188). Standard errors (in parentheses) are clustered at the primary sampling unit level. Population weights included. Controls: age, age squared, and country fixed effects. * p<0.05, ** p<0.01, *** p<0.001*

Table A13: ACEs and references for redistribution, cohorts' sub-samples (HICs)

	(1) 1955 or earlier	(2) 1956-65	(3) 1966-75	(4) 1976-85	(5) 1986-95	(6) 1995 or later
Panel A						
ACE score	0.063***	0.065***	0.050***	0.048***	0.015	0.044***
	(0.011)	(0.010)	(0.009)	(0.009)	(0.009)	(0.011)
Adj. R2	0.138	0.159	0.117	0.069	0.067	0.098
Panel B						
Abuse	0.075*	0.095**	0.092**	0.204***	0.083*	0.087*
	(0.036)	(0.034)	(0.035)	(0.034)	(0.038)	(0.042)
Outsider	0.099*	0.228***	0.235***	0.170***	0.107**	0.134***
	(0.044)	(0.034)	(0.033)	(0.032)	(0.033)	(0.040)
Rel. father	0.099**	0.004	-0.001	-0.026	0.008	0.061
	(0.034)	(0.034)	(0.034)	(0.034)	(0.034)	(0.040)
Rel. mother	0.002	-0.052	-0.099*	-0.113**	-0.135**	-0.133**
	(0.043)	(0.041)	(0.042)	(0.040)	(0.046)	(0.049)
Separation	0.054	0.010	0.075	-0.004	-0.031	-0.048
	(0.045)	(0.044)	(0.038)	(0.037)	(0.034)	(0.041)
Health	0.057	0.131	0.359***	0.059	0.039	0.130
	(0.116)	(0.093)	(0.072)	(0.073)	(0.082)	(0.086)
Income	0.033	0.038	-0.062	0.039	0.023	0.061
	(0.032)	(0.032)	(0.032)	(0.032)	(0.034)	(0.043)
Adj. R2	0.138	0.161	0.122	0.074	0.069	0.100
N	22468	18514	16306	14317	13780	8205

*Notes: OLS estimates. Dependent variable: preferences for redistribution measured on a 1-5 agree-disagree scale (in HICs sample average 3.869, sd 1.188). Standard errors (in parentheses) are clustered at the primary sampling unit level. Population weights included. Controls: gender and country fixed effects. * p<0.05, ** p<0.01, *** p<0.001*