Adverse Childhood Experiences (ACEs) are serious childhood traumas that result in toxic stress that can harm the child's brain. The toxic stress may prevent the child from playing in a healthy way with other children, and can result in long term health problems. The ACEs study by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) in the mid 1990s showed that there was a significant increase in health issues among individuals who had higher numbers of ACEs. According to the CDC, ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death.

**Toxic stress** is a survival mode response resulting in an increase in heart rate, blood pressure, and muscle tension. Learning, behavioral, and emotional regulation problems can occur as a result. Over time, toxic stress can change development and brain architecture.

**Idaho by the Numbers**

23.4% of children in Idaho have two or more ACEs, which is nearly two percent higher than the national average of 21.7%. While 50.9% of children have experienced one ACE in Idaho, just 46.3% have across the country. Among the household challenge indicators measured by the National Survey of Children’s Health (NSCH), Idaho falls above the national average in nearly every category. Notably, 13.4% of children in Idaho have lived with someone who is mentally ill, suicidal, or severely depressed. This is the third highest prevalence in the country and is significantly higher than the national average of 7.8%. The most prevalent ACE in the state, however, is “parent or guardian divorced or separated” at 25.6% in Idaho and 25.0% nationally.

**Prevalence of ACEs in Idaho**

ACEs data in Idaho is not widely collected. The existing data is from the 2016 NSCH, provides some insight into the prevalence of ACEs in Idaho. This survey includes a measure on ACEs, but focuses solely on the household challenges; not abuse or neglect. The next step is to acquire data on ACEs in Idaho from the upcoming Behavioral Risk Factors Surveillance System Questionnaire (BRFSS).
The Impact of ACEs on Youth in Idaho

As the graph shows, children with more ACEs tend to have fewer indicators of thriving as defined by the NSCH. 42.6% of children without any ACEs reported all three indicators of thriving compared to just 17.1% when they had two or more ACEs. Conversely, 23.6% of those with no ACEs reported 0-1 indicators compared with 48.1% of those with two or more ACEs.

Protective Factors

Though ACEs can have dramatic impacts on a child, there are many steps to help build resiliency and encourage healthy development. Creating a safe, stable, and nurturing environment is one very important component. Research also shows that when the five protective factors (outlined below) are well established, family strength and optimal child development can emerge.

How ACEs Influence the Ability to Thrive

Thriving is measured by inquiring about a child's interest and curiosity about learning new things, whether they finish tasks that they start, and whether they are able to stay calm and controlled when faced with a challenge.

How Positive Experiences Affect Adult Well-Being

Adults with >3 ACEs AND selected positive childhood experiences had lower rates of depression. (all p<0.05)

While ACEs can have negative impacts on later development and health, there is also a lot to be done to moderate the impact of them. The data above, from the Wisconsin Behavioral Risk Factors Survey, examines depression as the negative health outcome and family and friend support as the moderating factors. When someone with more than three ACES has family or friend support, their rates of depression are significantly lower than those without support. These factors in conjunction with the protective factors can help to improve child development, and ultimately, adult physical and mental health.