

Adverse Childhood Experiences and Fostering Well-being 2020

Introduction

The Center for Disease Control and Prevention (CDC) describes adverse childhood experiences (ACEs) as stressful or traumatic events occurring during childhood which are strongly related to a wide range of health problems throughout a person's lifetime.¹ ACEs can include physical and emotional abuse, neglect, divorce, death of a parent, caregiver mental illness, household violence, or racial/ethnic discrimination.

Issue Description

One in three US children under the age of 18 have experienced at least one ACE in their lifetime and 14% have been exposed to two or more ACEs.² The more ACEs a child experiences, the more likely they may be to have poor academic achievement, physical and mental health challenges, and substance use later in life.³

Experiencing several ACEs, racism, and community violence without supportive adults can create toxic stress. Activation of the stress-response system can lead to excessive hardships to one's physical, emotional, and mental health. Traumatic experiences complicate one's ability to make sense of their lives and create meaningful relationships.

Current efforts focus on recognizing risks and building protective factors. It is recommended healthcare providers use screening tools to identify ACEs, refer those experiencing ACEs to mental health professionals, and help families find ways to meet basic needs through social support services. Innovative approaches are being implemented in Nevada to buffer children from the effects of toxic stress. These include fostering strong responsive

relationships between children and their caregivers, as well as helping individuals build coping mechanisms and life skills.

Several Nevada agencies are using procedures from the *Substance Abuse and Mental Health Services Administration's (SAMSHA) Concept of Trauma and Guidance for a Trauma-Informed Approach*. Additionally, state and local organizations have received grant funding focused on building resilience to prepare children to tackle obstacles, adversity, and overcome challenges. Resilience helps children do better in school, reduces risky behaviors, and builds on individual strengths.

COVID-19 may amplify ACEs due to social isolation, school closures, and parental anxieties associated with job loss, food and housing insecurity.⁴ Thus, systems have been put into place to help build resiliency, such as the Nevada Resilience Project supporting people experiencing challenges due to COVID-19.

Nevada ACEs Data

Nevada has slightly more children with ACEs than the national average; 22% of Nevada children have 2 or more ACEs, compared to 18.6% of US children, and 58.2% of US children report no ACEs compared to 54.2% of children in Nevada.²

The table below summarizes ACEs exposure from the 2017 and 2019 Middle and High School Youth Risk Behavior Survey (YRBS): ACEs Special Reports.⁵

Nevada YRBS: ACEs Score	Middle School Students		High School Students	
	2017	2019	2017	2019
Students affected by a lifetime prevalence of ACEs	51.1%	55.7%	62.2%	64.1%
% Change from 2017 to 2019	+9%		+3%	

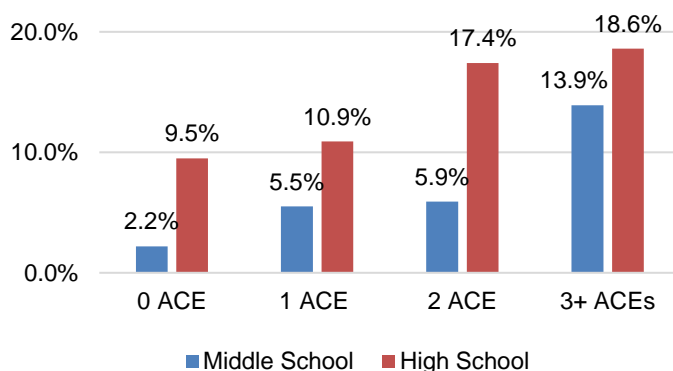
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The 2019 Nevada YRBS Middle and High School ACEs Special Reports⁵ reveal the following differences in ACE scores:

- Females were more likely to report 2 or more ACEs than males
- Children qualifying for free or reduced lunches were more likely to report one ACE score or higher
- Students identifying as gay, lesbian, or bisexual were more likely to report higher ACE scores than those identifying as heterosexual
- As the number of ACEs increased so did the likelihood of participating in violence, experiencing victimization, sexual and physical dating violence, as well as suicidal ideation.

The percentage of middle schoolers with 3 or more ACEs who reported feeling sad or hopeless almost every day was 292% higher than the percentage of middle schoolers with no ACEs (67.8% vs 17.3%). For high schoolers, there was a 237% difference between students reporting 3 or more ACEs and those reporting none (67% vs 19.9%).⁵

Percentage of students who did not go to school because they felt unsafe at school or on their way to or from school during the 30 days before the survey, by ACE score - Nevada, Youth Risk Behavior Survey, 2019



Strategies

Current efforts address ACEs by building resiliency, using trauma-informed approaches, and providing social and emotional support services to children and their families. The Department of Education, Division of Child and Family Services, several mental health consortia, and community agencies collaborate on specific issues and policy improvements, and systems-building projects.

Recommendations

Continue enhancement of partnerships with Nevada's Department of Education, Division of Child and Family Services, and Statewide Mental Health Consortium to recognize and assist children in need of intervention.

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