According to previous research, around 61.5% of adults and 48% of children have been exposed to adverse childhood experiences (ACEs). ACEs can negatively impact adult and child health. Children exposed to ACEs are at risk for changes in brain anatomy, gene expression, and delayed social, emotional, physical, and cognitive development. In adults, ACEs exposure is linked with adult mental health problems such as depression.

However, we know that ACEs do not paint a full picture. All of a child’s experiences—positive and adverse—matter. How do positive childhood experiences (PCEs) affect adult mental health? How do positive experiences interact with adverse ones to affect health?

To answer these questions, as well as to develop a standard measure for positive childhood experiences, Dr. Robert Sege, Dr. Christina Bethell, and others (see citation at bottom) conducted a 2015 population study in Wisconsin. In this study, seven questions about positive childhood experiences, based on HOPE and taken from the Child and Youth Resilience Measure (CYRM-28, a culturally inclusive and well-validated resilience instrument), were added to the Wisconsin Behavioral Risk Factor Survey. The survey also asked about adverse childhood experiences. These measures were then correlated with adult mental health.

Positive Childhood Experiences questions asked how often the respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

The study found that positive childhood experiences (PCEs) show a dose-response relationship with adult mental and relational health—in other words, for those with exposure to ACEs, those with more PCEs showed better lifelong mental and relational health than those with fewer PCEs.

As illustrated in the graphic above, for those with some exposure to ACEs, individuals who reported 3-5 positive childhood experiences had 50% lower odds of adulthood depression or poor mental health when compared to those with 0-2 positive childhood experiences, the least number of reported PCEs—odds of depression and poor mental health drop from 48.2% in those reporting 0-2 PCEs to 25.1% in those reporting 3-5 PCEs. Individuals with 6-7 reported PCEs, the highest number of reported positive childhood experiences, had even lower odds of adulthood depression or poor mental health — 72% lower — when compared to those with the least number of reported PCEs. These odds drop from 48.2% in those reporting the least number of PCEs to 12.6% in those reporting the most positive childhood experiences.

These findings demonstrate that positive childhood experiences have a cumulative effect on lifelong mental health outcomes:

Positive childhood experiences buffer against the negative lifelong health effects caused by exposure to ACEs.

The study looked at the effects of PCEs on groups of people with different ACE scores. Those who reported 4 or more ACEs were the most profoundly affected by positive experiences: their risk of depression or poor mental health dropped from nearly 60%, among those who recalled two or fewer positive experiences, to 21% in those who had at least six. As shown on the graph, there were intermediate results for intermediate levels of PCEs and ACEs – what scientists call a dose response. This population survey provides powerful evidence that positive experiences can help children be resilient in the face of adversity, and even heal from toxic stress.

In summary:

⇒ Positive childhood experiences mitigate the effects of ACEs and buffer against toxic stress
⇒ Positive childhood experiences promote healing and recovery

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