

The South Carolina Adverse Childhood Experiences Initiative

What's Predictable is Preventable



Child Maltreatment

- Prevalent
- Interrelated
- Intergenerational
- Health and social impact
- Preventable

- We can't do it alone.



Children's Trust of South Carolina

2

South Carolina ACE Initiative

Goals

- Increase awareness of ACEs in South Carolina
- Increase local and statewide prevention efforts
- Impact local and state-level policy

Key Activities

- Data collection and dissemination
- ACE Interface Master Training
- Prevention framework
- Policy Agenda

Children's Trust of South Carolina

3

Outline

- The original ACE study
 - Background
 - Findings
- South Carolina ACEs data
 - Overview of data collection
 - Overall prevalence findings
 - ACEs and outcomes



Children's Trust of South Carolina

4

The Original ACE Study: Overview and Findings

- **Investigators:** Drs. Vincent Felitti and Robert Anda
- **Participants:** 17,000 adults enrolled in healthcare through Kaiser Permanente
- **Findings:** Over half of the participants reported at least one ACE
 - *As exposure to ACEs increased, the likelihood for negative health outcomes also increased*

Children's Trust of South Carolina

5

The Original ACE Study: Implications

- ACEs are:
 - *Common*
 - *Interrelated*
 - *Powerful*
 - *Intergenerational*
 - *Dose-response*



Children's Trust of South Carolina

6

South Carolina ACEs Data

- Behavioral Risk Factor Surveillance Survey
 - Sample size ~ 11,027
- Sample period = January – December 2014
- ACE Survey = 11 items
 - Sample size ~10,285

Children's Trust of South Carolina

7

ACEs Survey Items

- Substance Use
- Mental Illness
- Domestic Violence
- Divorce
- Incarceration
- Physical Abuse
- Emotional Abuse
- Sexual Abuse

Children's Trust of South Carolina

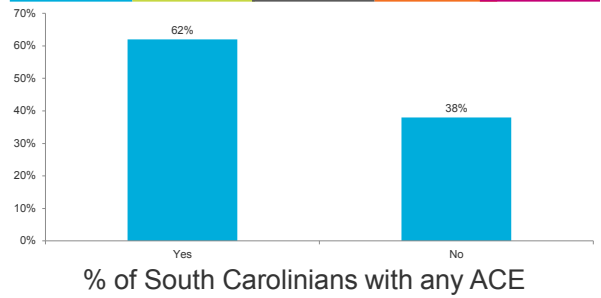
8

Overview: ACEs in South Carolina

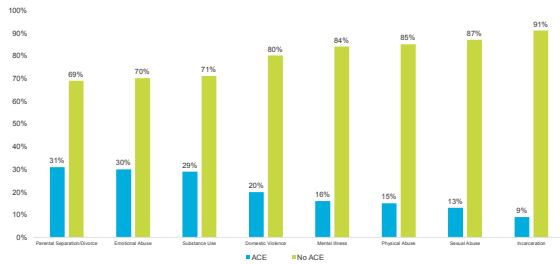
- How we look at ACEs
 - Prevalence (yes or no to any ACE)
 - Individual (e.g., emotional abuse ACE)
 - Cumulative (0, 1, 2, 3, or 4+ ACEs)
- Relationship to ACEs
 - Demographic variables (e.g., education)
 - Health-related outcomes (e.g., healthcare cost)
 - Quality of life (e.g., days missed due to poor health)
 - Risk behaviors (e.g., smoking)

Children's Trust of South Carolina

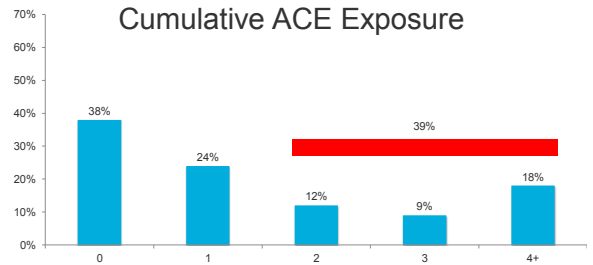
9



South Carolina ACEs



South Carolinians' Cumulative ACE Exposure



ACEs and Education

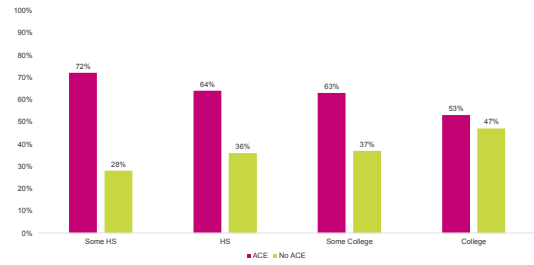
- ACE
 - Prevalence
 - Individual
 - Cumulative
- Education
 - Attainment



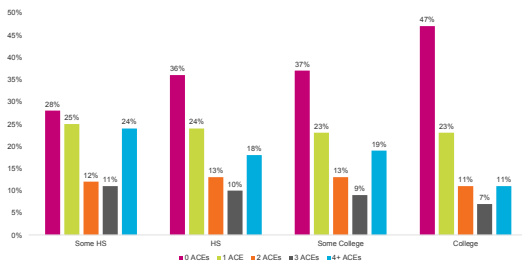
Children's Trust of South Carolina

13

ACEs and Education



Cumulative ACEs and Education



What does the data tell us?

- Prevalence: as exposure rises, education falls
- Cumulative: as exposure rises, education falls for individuals with 4 or more ACEs
- Individual: two patterns

Children's Trust of South Carolina

16

Individual ACEs and Education

Pattern 1: Constant

- Emotional Abuse
- Mental Illness

Pattern 2: Rise and Fall

- Separation/Divorce
- Substance Use
- Domestic Violence
- Physical Abuse
- Incarceration

Discussion Questions – At Your Table

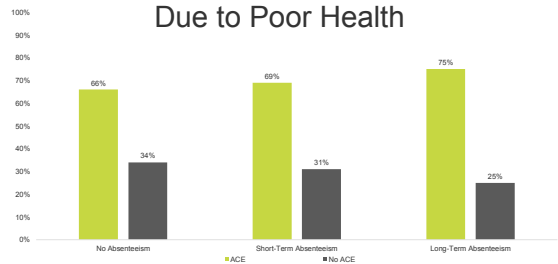
1. Why do you think emotional abuse has a constant relationship with educational attainment? What do you think makes people resilient?
2. Why do you think domestic violence has a “rise and fall” relationship with educational attainment? How could we help?

ACEs and Quality of Life

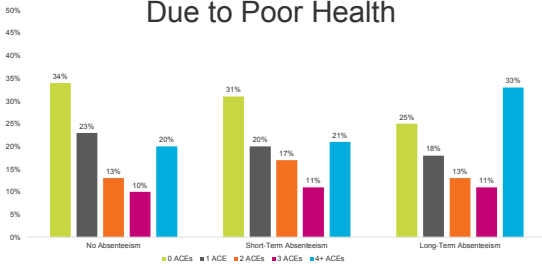
- ACE
 - Prevalence
 - Individual
 - Cumulative
- Quality of Life
 - Poor health



ACEs and Absenteeism Due to Poor Health



Cumulative ACEs and Absenteeism Due to Poor Health



What does the data tell us?

- Prevalence: as exposure rises, absenteeism rises
- Cumulative: as exposure rises, absenteeism rises for individuals with 4 or more ACEs
- Individual: two patterns

Individual ACEs and Quality of Life

Pattern 1: Constant

- Incarceration

Pattern 2: Rise and Rise

- Emotional Abuse
- Substance Use
- Domestic Violence
- Mental Illness
- Physical Abuse
- Sexual Abuse

Discussion Questions – At Your Table

1. Why do you think household incarceration is constant across days missed due to poor health? What do you think makes people resilient?
2. Why do you think physical abuse has a “rise and rise” relationship with days missed due to poor health? How could we help?

Thank you to staff and partners
of Children's Trust
for the data analysis and content

Children's Trust
Melissa Stropolis, PhD
Melanie Morse, MS

College of Social Work, UofSC
Nikki R. Wooten, PhD, LISW-CP
Mary Ann Priester, MSW



UNIVERSITY OF
SOUTH CAROLINA
College of Social Work

Questions? Comments?

For more information visit
www.scchildren.org/aces

scChildren.org



Melissa Stropolis, PhD

mstropolis@scchildren.org

803-744-4048

Melanie Morse, MS

mmorse@scchildren.org

scChildren.org

