Legislator Perspectives on Preventing Adverse Childhood Experiences in South Carolina

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This study explores policy approaches to prevent adverse childhood experiences (ACEs) in South Carolina’s children. In 2018, 24 state legislators were interviewed about the following:

- their experiences working on children’s health issues,
- their opinions about promoting children’s health and well-being through state policy, and
- their insight on the best ways to advocate for child and family policy issues.

This study was conducted in partnership with Children’s Trust of South Carolina and the University of South Carolina’s Arnold School of Public Health as part of Dr. Srivastav Bussells’ dissertation research. All names and identifying information have been removed to protect the confidentiality of the participants.

Why state legislators?

Legislators can influence programs and systems that serve children and families. By understanding their perspectives, researchers can better collaborate and communicate about evidence-based approaches to policymaking.

What did we learn?

State legislators provided unique insight on the policies and programs that can address ACEs in South Carolina. These results show legislators have a general understanding of ACEs and recognize the ways in which various sectors (i.e. health, child welfare, education, faith-based), policies and programs can play a role in helping children and families overcome the effects of traumatic experiences. The findings also show that while primary prevention is important to all policymakers, they are unsure about how to promote it through policy approaches.

While some of the policy and program approaches presented vary across party lines, many of the ideas speak to the importance of supporting community-based efforts through funding, improvement in the quality of services provided by child- and family-serving systems, and expansion of economic opportunities for families across the state. Overall, this study shows that state legislators were interested in making South Carolina a better state for children, which is a promising opportunity for child health advocates.

1 For more information on ACEs, please visit scChildren.org/aces
Who participated?

Diverse perspectives were represented.

**House**
- 58% Republican
- 42% Democrat
- 71% Male
- 29% Female
- 58% White
- 75% Black
- 46% Upstate
- 25% Midlands
- 21% Lowcountry
- 8% Pee Dee

**Senate**
- 42% Republican
- 58% Democrat
- 75% Male
- 25% Female
- 71% White
- 29% Black
- 46% Upstate
- 25% Midlands
- 21% Lowcountry
- 8% Pee Dee

Policymakers (n = 24)
How do legislators define ACEs?

Most legislators had learned about ACEs through community programs in their district, the Joint Citizens and Legislative Committee on Children, or a child- and family-serving interest group. Those who participated and were not familiar with ACEs were still able to guess the definition.

“I don’t know that I’ve heard that in that context...I’m very aware that there are enduring consequences of these traumatic experiences.”

Legislators frequently classified experiences such as bullying, being homeless and food insecurity as ACEs in addition to abuse, neglect and household dysfunction.

“...it’s things that draw the children’s attention away from being kids that are negative. Experiencing domestic violence, sexual molestation, abuse, seeing something violent, seeing someone die, having a tragedy, being removed from their home, being hungry...”

Most legislators also highlighted the impact of ACEs on a child’s development, behavior and ability to succeed in school. Five legislators could articulate the intergenerational nature of ACEs and the difficulty of breaking the cycle of traumatic experiences.

“The reason we don’t eat healthy or we don’t focus on education, that we’re OK with giving drugs and abusing and sexually abusing our children is because we’re the product of our parents.”

A majority of legislators suggested that poverty was something that increases the risk of ACEs. A few recognized that ACEs can happen in any socio-economic group.

“I think they are more pronounced in the poverty areas because there are no resources to help the kid. If you’re a couple of rich doctors and there’s domestic violence, there’s lots of resources to make sure your kid’s OK.”
Can ACEs be prevented through state-level policies?

All legislators recognized the benefits of primary prevention. One Republican legislator noted as much.

“An ounce of prevention’s worth 10 metric tons of cure. Getting this right on the front end will yield multi-generational dividends on the back end, not only for the state government’s fiscal health but also in terms of the supply and quality of human capital.”

They varied, however, on the extent to which the prevention of ACEs would be possible. Republican legislators pointed to the role of family culture and dynamics in influencing ACEs and felt that it was difficult to influence what happens “in the home.” They recommended that state efforts focus on responding to cases of abuse and neglect.

“…On the actual abuse of the children side, the sexual abuse, the physical abuse, the neglect…I think those are the ones where the state should directly intervene…”

Democratic legislators felt that primary prevention of ACEs is possible but would take time and significant investment to address complex issues such as poverty, education, and health disparities.

“A lot of my colleagues say things about you can’t just throw money at a problem. I say, ‘Guys, you don’t live in the same world I live.’ Here’s what funding does. Funding allows you to have Boys and Girls Club. Funding allows coaches to go interact with kids. Funding allows you to be a strong family.”

Legislators were divided on the role of state-level policy and programs. Republican legislators expressed that the role of the government should be limited, focusing on the importance of the will to succeed regardless of one's background. Democratic legislators believed that government should be more involved in ensuring children have the supports they need.

“These of our policies and make sure that they are strengthened to be able to support kids…”

The importance of community-state partnerships

Legislators across the aisle felt that community-based organizations were best suited to address ACEs. Legislators representing rural or minority districts pointed out the diverse needs of the state, emphasizing that community organizations are likely to understand these needs. All agreed that an important role for the state government is to support such efforts through funding, building of social infrastructure or generating awareness.
What factors can help protect children from ACEs?

In order to protect children from ACEs, legislators across the aisle identified three key factors.

**Loving, trustworthy and nurturing relationships**
Legislators suggested that relationships between a child and a parent or caring adult was an optimal way to help children overcome traumatic experiences and can prevent ACEs from occurring in the first place.

“Love and support. I think the security that comes from being in a loving, nurturing environment produces a foundation that can then survive or be resilient to other negative factors.”

**Safe home environment**
Legislators involved with child welfare issues talked about the importance of promoting healthy family practices such as car seat safety, safe sleep, reading with children or having family dinners together. Female legislators discussed eliminating exposure to violence in the home and noted that South Carolina has one of the highest rates of violence against women in the nation. Republican legislators emphasized that safe home environments are more likely to exist within two-parent households, pointing to the economic benefits and likelihood of reduced stress due to single parenting.

“ Ideally, every child in the state would come from a two-parent home and have a stable home life.”

**Opportunities to thrive**
Legislators across the aisle felt that every child and family should have, at a minimum, adequate housing, access to transportation, and food security. They also agreed that all parents should have the ability to meet their child's needs.

“I just want to see parents to be able to have jobs and those jobs are fulfilling their needs, which means that they are able to fulfill their children’s needs.”
What policy and program approaches do legislators suggest?

After discussing key factors that are needed in every child’s life, legislators were asked to share their “wish list” of policy and program ideas for improving child health and well-being in the state by promoting these factors. The following suggestions have been summarized from all the interviews conducted.

Loving, trustworthy and nurturing relationships

- Increase state funding for mentoring programs in after school and faith-based settings
- Improve the education system by hiring more support staff, increasing pay for teachers, and seeking consistency in quality of education
- Use schools as a setting to provide family services after school and on the weekends, such as health care, child care, and continuing education

Safe home environment

- Invest in higher quality group homes and foster care options
- Expand evidence-based parenting programs that encourage positive parent-child interactions
- Provide universal home visiting options for all first-time parents
- Develop laws that prevent child injury and exposure to violence in the home

Opportunities to thrive

- Expand Medicaid and access to other affordable health options
- Provide workforce readiness programs for single parents
- Offer affordable, high-quality child care options, including universal 3K
- Reform criminal justice policies to encourage reunification of parents with children and work opportunities
- Create data-sharing systems to provide quality and consistent services for children and families and to ensure accountability of state agencies
“Oh, yeah, our state motto, of course. It is about children and resilience. While I breathe, I hope. I’m always an optimist.”

- SOUTH CAROLINA STATE LEGISLATOR