

# Special Emphasis Report:

## Adverse Childhood Experiences (ACEs)

2024  
South Carolina

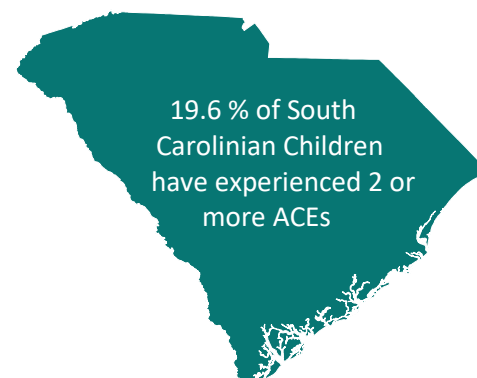
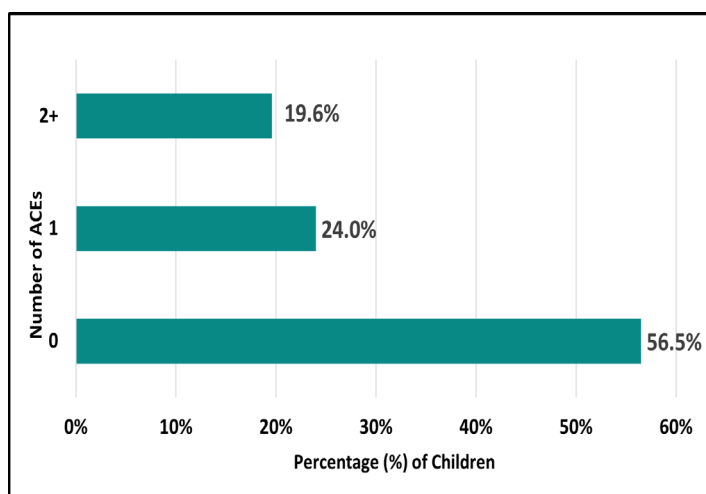
### UNDERSTANDING ACEs

Adverse childhood experiences, or ACEs, are potentially traumatic events or circumstances in childhood (0-17 years), including aspects of a child's environment that can undermine their sense of safety, stability, and bonding. ACEs can negatively impact physical, mental, emotional, and behavioral development and can also have lasting effects on health, well-being, and prosperity well into adulthood.

### Impact and Magnitude of ACEs<sup>1</sup>

The effects of ACEs can be passed down from one generation to the next, especially when positive childhood experiences are not in place in a child's life. Positive childhood experiences can include being in a safe, stable, and nurturing environment and having community and family support. As of 2022, 24% of children in South Carolina have experienced one ACE, and 19.6% have experienced 2 or more ACEs, as reported by a parent/caregiver. This is compared to the 21.9% of children who have experienced one ACE and 17.8% have experienced 2 or more ACEs nationally.

Figure 1: Percentage of ACEs in Children, South Carolina, 2022



### Types of ACEs<sup>2</sup>

The most prevalent type of ACE experienced in South Carolina was Divorce, impacting 26.5 percent of children.

Figure 2: Types of ACEs Experienced by Children, 2022

Type of ACE**	Percentage
1. Divorce	26.5%
2. Financial Troubles	16%
3. Jail	8.8%
4. Mental Illness	8.6%
5. Substance Use	7.9%
6. Witnessed Domestic Violence	6.9%
7. Discrimination	4.7%
8. Death of a parent or guardian	4.5%
9. Neighborhood Violence	4.1%

<sup>1</sup> This report uses data from the National Survey of Children's Health (NSCH), which does not include all potential ACEs, including the well-known ACEs of child abuse and neglect. The ACEs in this survey focus more on experiences that can impact a child's sense of safety, stability, and bonding in their environment. See [website](#) for more detail about the NSCH.

<sup>2</sup> All of the included ACEs, except Discrimination, are experienced by someone in the child's household. Discrimination is in regard to the child's experience.

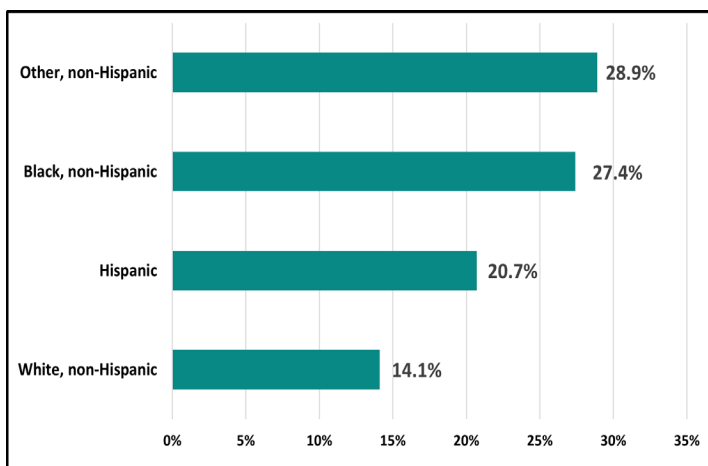


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## ACEs by Demographic

ACEs vary by individual and population-level characteristics. For the races most impacted by ACEs in South Carolina for 2022, of the children that had two or more ACEs, 28.9% identified as Other, non-Hispanic and 27.4% identified as Black, non-Hispanic. Non-Hispanic children reporting as American Indian or Alaskan Native, Native Hawaiian or Pacific Islander, or Multi-Race are grouped as Other, non-Hispanic due to small sample sizes in many states.

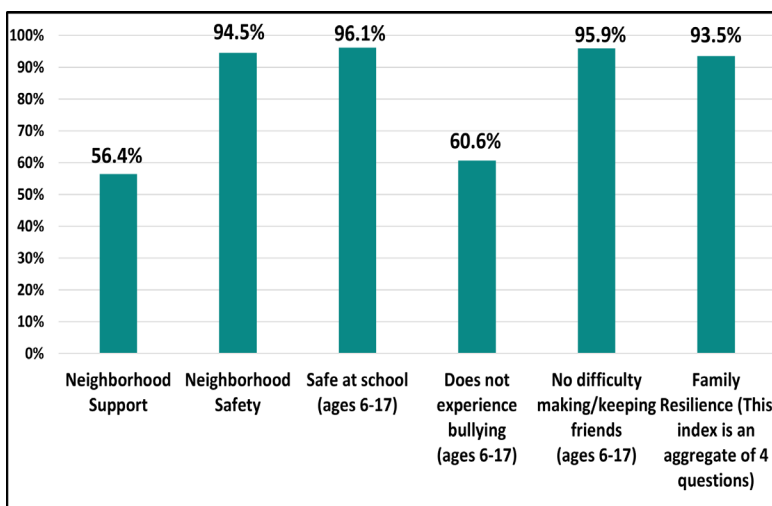
**Figure 3: Percentage of 2 or more ACE(s) by Race, 2022**



## Positive Childhood Experiences

There are opportunities to improve the lives of all children and adults. It starts with healthy childhoods, which can provide lasting benefits throughout life. In South Carolina, 96.1% of children have a safe and supportive school environment.

**Figure 4: Percentage of Positive Childhood Experiences, 2022**



## CDC Resources to Support State and Local Strategies

- [Adverse Childhood Experiences Prevention Strategy](#)
- [Preventing ACEs: Leveraging the Best Available Evidence](#)
- [Technical Packages for Violence Prevention](#)
- [VetoViolence – Violence Prevention in Practice](#)

## ACEs Prevention Strategies

The primary prevention of ACEs—stopping ACEs before they start—would result in fewer risks for unintentional and intentional injuries, reduction of poor health conditions, and less pressure on healthcare systems.

### Six Strategies for Preventing ACEs:

1. Strengthen economic supports for families (e.g., earned income tax credits, family-friendly work policies).
2. Promote social norms that protect against violence and adversity (e.g., public education campaigns and bystander approaches to support healthy relationship behaviors).
3. Ensure a strong start for children (e.g., early childhood home visitation, high quality/affordable childcare, preschool enrichment programs).
4. Enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges.
5. Connect children to caring adults and activities (e.g., social emotional learning, safe dating/healthy relationship, and parenting/family relationship programs).
6. Intervene to lessen immediate and long-term harms (e.g., enhanced primary care to address ACEs exposures and advancement of trauma-informed care for people with a history of exposure to ACEs). While not a primary prevention strategy, timely access to assessment, intervention, support, and treatment for children who have experienced ACEs can help mitigate the consequences of ACEs.

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## ACEs Activities in South Carolina

The SC Department of Public Health (DPH) CORE State Injury Prevention Program (CORE SIPP) has developed and maintained many collaborations with community partners that focus on ACEs prevention and PCE promotion. CORE SIPP has hired an ACEs Prevention Program Coordinator to build upon partnerships, present SC's ACEs data, and educate other state and local programs through a shared risk and protective factors lens. This includes increasing access to parenting classes and early intervention services, integrating community violence prevention strategies, organizing more law enforcement training, and promoting statewide firearm safety. The current ACEs programs and partnerships DPH participates in are highlighted below.

**South Carolina's Child Well-Being Coalition (CWBC)**<sup>3</sup> has partnered with the CORE SIPP Injury Prevention Program to increase statewide education about injury prevention especially for health care providers. In South Carolina, the CWBC hosted a series of lunch and learn meetings to address injury, violence, and adversity affecting children in SC. Some of the presentations included Gun Safety in the Home, Building Resilience to Help Students Thrive, and Injury Prevention: The 100 Deadliest Days. The CWBC also distributes gun locks to health care providers.

**Understanding ACEs and Building Resilience Training-of-Trainers**<sup>4</sup> is based on the ACE study which demonstrates that ACEs are a leading cause of health and social problems in our nation and state. The sustainable, Train-the-Trainer curriculum allows ACEs trainers to articulate the history and implications of ACEs and their impact on SC children. In SC during 2024, the ACEs Building Resilience class has been administered in Orangeburg and Horry Counties with 30 professionals trained.

**Strengthening Families Program (SFP)**<sup>5</sup> serves families with children ages 6 to 11 through local ACEs prevention partners in settings that include community centers, schools, and churches. In SC between 2021-2022, there have been 236 families that graduated from SFP. A process evaluation of the SFP program was the focus of the **Overdose Data to Action Case Study on ACEs**<sup>6</sup> that was prepared by SC's Injury and Substance Abuse Prevention Unit through the OD2A CDC Cooperative agreement.

**Handle With Care**<sup>7</sup> is a national notification model that allows schools to know that a child has been exposed to a traumatic event and, thus, "Handle With Care." In SC, the Handle With Care program will help children receive extra time to complete classroom assignments and obtain counseling or other behavioral health support. The Handle With Care program is a partnership between law enforcement and K-12 schools with an avenue to connect families and students to trauma informed care and resources about ACEs.

**Nurse-Family Partnership (NFP)**<sup>8</sup> is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time moms and their children affected by social and economic inequality. Since 2022, the Nurse Family Partnership Program funded through DPH has supported 127 new mothers and their families by providing referrals to essential services.

**Community Violence Intervention and Prevention (CVIP)**<sup>9</sup> has funded the SC Be Strong Families program to educate parents about youth gun violence and prevention. Participants meet at the Parent Café to discuss safe and nonviolent approaches to parenting inside the home. The Law Enforcement Against Drugs & Violence (L.E.A.D.) has implemented a national model of Too Good for Violence (TGFV) in schools within the Union County School District.

3 <https://scchildren.org/wp-content/uploads/Child-Well-Being-Coalition-flyer.pdf>

4 <https://scchildren.org/prevention-training/>

5 <https://scchildren.org/programs/strengthening-families-program/>

6 <https://www.cdc.gov/overdose-prevention/media/pdfs/OD2A-Case-Studies-Adverse-Childhood-Experiences-508.pdf>

7 <https://uscmcd.sc.libguides.com/cdr/>

8 <https://www.nursefamilypartnership.org/about/>

9 <https://dph.sc.gov/health-wellness/health-safety/community-violence-intervention-and-prevention-cvip>