PCE RESEARCH BRIEF: 1

Positive Childhood Experiences in South Carolina

Aditi Srivastav, PhD, MPH; Amanda Stafford McRell, MPA; Alyssa Koziarski

Significance of ACEs

What if our most serious public health problems – cardiovascular disease, smoking, obesity, depression – were attributable to experiences in childhood? The Adverse Childhood Experiences (ACE) Study set out to investigate the link between negative events in childhood and negative health outcomes in adulthood. Children's Trust of South Carolina (herein Children's Trust) has created a series of research briefs to help you understand data that has been collected as a part of the South Carolina ACE Initiative.

Introduction to ACEs

Childhood experiences of abuse, neglect, and household dysfunction (e.g., mental illness, domestic violence, incarceration of a parent, household substance abuse), or adverse childhood experiences (ACEs), can have long-term health and social consequences well into adulthood (Felitti et al., 1998).

Our first 12 briefs focused on examining ACEs in South Carolina.

This brief focuses on positive childhood experiences, known as PCEs. As we learn more about ACEs, we now know that experiences are fluid. Children, despite experiencing ACEs, can also experience many positive things as well.

PCEs include:

- Feeling safe and protected at home
- Feeling a sense of belonging in high school
- Feeling supported by friends
- Being able to share their feelings
- Enjoying participation in community traditions
- Feeling supported by family during difficult times
- Feeling that two or more people outside of their family cares about them

Many individuals thrive and succeed despite having ACEs. Studies show that through the presence of protective factors, a child can develop the resilience needed to reduce the negative effects of ACEs (Afifi & MacMillan, 2011). Protective factors include nurturing caregivers or role models during childhood, individual intelligence, personal drive, and an ability to socially connect with others (DuMont et al., 2007; Luthar & Brown, 2007; Masten et al., 1990; Masten & Coatsworth, 1998). As the understanding of ACEs and their impact across the lifespan has progressed, researchers have recognized that early childhood experiences are not static; that is, children who experience ACEs may also have many positive experiences as well. To better understand the influence of early life experiences, there has been a recent shift to examining positive childhood experiences (Bethell et al., 2014; Crouch et al., 2020; Crouch et al., 2021). Examining PCEs alongside ACEs recognizes the limitations in measuring adverse childhood experiences and the need for a strengths-based approach to responding to risks associated with ACEs. By studying positive and adverse childhood experiences we are better able to understand childhood experiences and better able to advocate for programs, policies and supports that will ensure all children have a chance to experience lifelong health and well-being.

Introduction to PCEs

Existing research demonstrates that protective factors and positive experiences, such as safe, stable, nurturing relationships (SSNRs); having a safe, stable, and protective environment to live and learn in; and social and emotional competencies can help a child to overcome adversity and become more resilient (Turner et al., 2017). Recent studies have shifted from a focus on buffering and promoting resilience to focusing on the promotion of protective factors for long-term positive health outcomes (Walsh et al., 2015; Crouch et al., 2019). Emphasizing protective factors in the context of ACEs is beneficial because it allows us to shift the way we think about childhood disadvantage from "what is wrong with you" to "what is right with you."

This shift to a positive mindset is known by researchers as positive childhood experiences (PCEs). PCEs are the factors that contribute to successful child development in the early stages of life. Through the presence of safe, stable, nurturing relationships (SSNRs) and environments that promote healthy attachments, a child is more likely to have successful development and positive outcomes (Rees, 2007; Shonkoff et al., 2012). While we know that childhood adversity can negatively impact adult health and behaviors, it is important to also examine the positive influences that can mitigate the effects of ACEs and prevent childhood disadvantage. By doing this, researchers and society can promote resilience in children, families and communities through the systems in which children and parents already participate, such as health care systems, education systems and social services systems (Bethell et al., 2019).

Existing Research on PCEs

Much of the literature on PCEs includes studies examining childhood adversity from a lens of promoting healthy development and attachments between adults and children in the developmental years and examining how PCEs can mitigate the effects of childhood adversity, or ACEs. Bethell et al., (2014) examined children's responses to questions related to ACEs, family relationships, school and neighborhood conditions, health care services and childhood flourishing. Researchers found that PCEs have a profound impact on promoting childhood resilience (Bethell et al., 2014). This demonstrates that protective factors and positive experiences in childhood can support the development of resilience in those with ACEs. Bethel also demonstrated the importance of collecting data on ACEs and resilience to measure the impact of mitigating factors such as positive childhood experiences.

Bethell et al., (2019) examined associations between ACEs and PCEs, and outcomes that include mental health difficulties and social and emotional support. Researchers found that PCEs had an association with mental and relational health, even in individuals who also experienced childhood adversity (Bethell et al., 2019). These results emphasize the importance of including PCEs as a positive health outcome in public health surveillance systems as a way of acknowledging and tracking their promotion to combat adversity among children and adults (Bethell et al., 2019).

Researchers also examined differences in positive childhood experiences by population groups using a national sample from the United States. Crouch et al., (2020) found racial and ethnic disparities in positive childhood experiences. Children who were non-Hispanic Black, Hispanic or other races had lower levels of PCEs compared to children who were non-Hispanic white (Crouch et al., 2020). Crouch et al., (2021) examined differences in PCEs for individuals living in rural or urban areas of the U.S. Researchers found some differences in the types of PCEs between rural or urban populations, but there were no significant differences in the amount of PCEs between rural or urban populations (Crouch et al., 2021).

This existing research on PCEs demonstrates that by promoting positive health outcomes associated with PCEs, communities can create resilience in their children, families, and systems (Bethell et al., 2014; Bethel et al., 2019; Crouch et al., 2020; Crouch et al., 2021).

PCEs in South Carolina

Children's Trust partnered with the South Carolina Department of Health and Environmental Control (SC DHEC) to better understand health and well-being experiences of individuals living in South Carolina through the Behavioral Risk Factor Surveillance System (BRFSS) (SC DHEC, 2019). The 2019 BRFSS collected data about positive and adverse childhood experiences of adults living in the state by calling cell phone and landline numbers using a randomized process (SC DHEC, 2019).

Building on existing PCE research (Bethell et al., 2014; Bethell et al., 2019; Crouch et al., 2020; Crouch et al., 2021), we examined the prevalence rates of PCEs and ACEs experienced by South Carolina adults who participated in the 2019 SC BRFSS. These results are shown in Tables 1 and 2.

Prevalence rates of PCEs experienced by adults who participated in the 2019 SC BRFSS are shown in Table 1.

Table 1: Positive Childhood Experiences (PCEs) Prevalence Rates

PCE Type	Yes (%)
Feeling safe and protected by an adult in their home	91%
Feeling a sense of belonging in high school	73%
Feeling supported by friends	77%
Feeling able to talk about feelings	61%
Feeling enjoyment when participating in community traditions	61%
Feeling that family stood by them during difficult times	81%
Feeling that two or more nonparent adults took a genuine interest in them	74%

Prevalence rates of ACEs experienced by adults who participated in the 2019 SC BRFSS are shown in Table 2.

Table 2: Adverse Childhood Experiences (ACEs) Prevalence Rates

ACE Type	Yes (%)
Household Mental Illness	20%
Household Substance Use	14%
Parental Incarceration	11%
Parental Divorce/Separation or Abandonment	32%
Domestic Violence	19%
Physical Abuse	24%
Emotional Abuse	34%
Sexual Abuse	11%

It is important to note that Tables 1 and 2 only indicate the prevalence of PCEs and ACEs, and whether a PCE or ACE occurred, not how often or how impactful the occurrence was.

Prevalence rates of PCEs and ACEs have important implications for the state's children, families and communities. Findings indicate that although childhood adversity is prevalent, positive childhood experiences are also prevalent. Most (97%) of adults experienced one or more PCE, and 81% of adults experienced four or more PCEs. The most common PCEs are feeling safe and protected by an adult in their home (91%), feeling that their family stood by them in difficult times (81%), and feeling supported by friends (77%). Even the less common PCEs were still prevalent, with 74% of adults reporting they had at least two nonparent adults who took a genuine interest in them, 73% reporting they felt a sense of belonging in high school, 61% reporting that they enjoyed participating in community traditions, and 61% reporting they were able to talk about feelings.

The most common ACEs are having a parent or adult in the home swear at them, insult them or put them down (34%); parental divorce/separation (31%); and living with a problem drinker/alcoholic (25%). The least common ACEs are living with someone who served time in prison or jail (11%), having someone at least five years older or an adult try to touch them sexually (10%), and having someone at least five years older or an adult force them to have sex (6%).

Conclusion and Next Steps

This brief describes the significance and prevalence of PCEs and ACEs in South Carolina. As the research area of PCEs and its relationship to ACEs grows, it is evident that further data collection on flourishing measures and protective factors be conducted. Focusing on promoting resilience for children, families, and communities may prevent childhood disadvantage and help adults overcome the effects of ACEs, leading to long-term health and well-being outcomes. As PCEs may contribute to long-term health and well-being, it is important to advocate for program and policies that support positive childhood experiences, such as those suggested in Table 3.

Table 3: Ways to Support Positive Childhood Experiences in South Carolina

PCE Type	Policies, programs and supports
Feeling safe and protected by an adult in their home	Increasing access and availability of affordable or no-cost positive parenting classes and other parent/caregiver training programs.
Feeling that family stood by them during difficult times	Ensure that parents have access to social supports, connections and resources to mitigate their own stressors and challenges.
Feeling a sense of belonging in high school	Promoting equity and inclusion in schools to ensure that the needs of diverse children are being met.
Feeling supported by friends	Building social supports within communities so that families and children can interact.
Feeling able to talk about feelings	Ensuring children and their parents have access to affordable or no-cost mental health services. Promoting positive social norms around mental health.
Feeling enjoyment when participating in community traditions	Investing in and recognizing the importance of community events and celebrations of community traditions. Creating safe, resilient communities that allow residents to interact regularly and meaningfully.
Feeling that two or more nonparent adults took a genuine interest in them	Advocating for community mentorship programs and other social and extracurricular activities for children and adolescents.

Importantly, further focus on addressing existing racial and ethnic health disparities affecting children, families and communities of color is critical to promote PCEs and equity across prevention and intervention systems.

For more information on ways that you or your organization can learn more or advocate, please visit scChildren.org or contact:

Aditi Srivastav, PhD, MPH
Director of Research
803-477-4062
asrivastav@scchildren.org

References

Afifi, T. O., & MacMillan, H. L. (2011). Resilience following Child Maltreatment: A Review of Protective Factors. *The Canadian Journal of Psychiatry, 56*(5), 266–272. https://doi.org/10.1177/070674371105600505

Bethell, C., Jones, J., Gombjav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics, 173*(11), e193007. https://doi.org/10.1001/jamapediatrics.2019.3007

Bethell, C., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs, 33*(12), 2106–2115. https://doi.org/10.1377/hlthaff.2014.0914

Crouch, E., Radcliff, E., Merrell, M., Bennett, K. J. (2020). Rural-Urban Differences in Positive Childhood Experiences Across a National Sample. *The Journal of Rural Health*. Online First. https://doi.org/10.1111/jrh.12493

Crouch, E., Radcliff, E., Merrell, M., Brown, M. J., Annang, I., Probst, J. (2021). Racial/ethnic differences in positive childhood experiences across a national sample. *Child abuse & Neglect, 115*. https://doi.org/10.1016/j.chiabu.2021.105012

Crouch, E., Radcliff, E., Strompolis, M., Srivastav, A. (2019). Safe, Stable, and Nurtured: Protective Factors against Poor Physical and Mental Health Outcomes Following Exposure to Adverse Childhood Experiences (ACEs). *Journal of Child and Adolescent Trauma, 12*, 165-173. https://doi.org/10.1007/s40653-018-0217-9

Collishaw, S., Pickles, A., Messer, J., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect, 31*(3), 211–229. https://doi.org/10.1016/j.chiabu.2007.02.004

DuMont, K. A., Spatz Widom, C., & Czaja, S. J. (2007). Predictors of resilience in abused and neglected children grown-up: The role of individual and neighborhood characteristics. *Child Abuse & Neglect, 31*(3), 255–274. https://doi.org/10.1016/j.chiabu.2005.11.015

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Luthar, S. S., & Brown, P. J. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing paradigms, possibilities, and priorities for the future. *Development and Psychopathology, 19*(3), 931–955. https://doi.org/10.1017/S0954579407000454

Marmot, M., Shipley, M., Brunner, E., & Hemingway, H. (2001). Relative contribution and adult socioeconomic factors to adult morbidity in the Whitehall II study. *Journal of Epidemiological Community Health, 55*(5), 301–307. https://doi.org/10.1136/jech.55.5.301

Masten, A. S., Best, K. M., & Garmenzy, N. (1990). *Resilience and development: Contributions from the study of children who overcome adversity. 2*(4), 425–444. https://doi.org/10.1017/S0954579400005812

Masten, A. S., & Coatsworth, D. J. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*(2), 205–220. https://doi.org/10.1037/0003-066X.53.2.205

Rees, C. (2007). Childhood attachment. *The British Journal of General Practice: The Journal of the Royal College of General Practitioners, 57*(544), 920–922. https://doi.org/10.3399/096016407782317955

Shonkoff, J. P., Garner, A. S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood Adoption and Dependent Care, & Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1), e232–e246. https://doi.org/10.1542/peds.2011-2663

South Carolina Behavioral Risk Factor Surveillance System (SC BRFSS). (2019). Behavioral Risk Factor Surveys. South Carolina Department of Health and Environmental Control. Retrieved from: https://scdhec.gov/behavioral-risk-factor-surveys

Turner, H. A., Merrick, M. T., Finkelhor, D., Hamby, S., Shattuck, A., & Henly, M. (2017). The prevalence of safe, stable, nurturing relationships among children and adolescents. *Juvenile Justice Bulletin Office of Juvenile Justice and Delinquency Prevention and Center for Disease Control and Prevention, September 2017.* https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/249197.pdf

Walsh, T.B., McCourt, S.N., Rostad, W.L., Byers, K., Ocasio, K. (2015). Promoting Protective Factors and Strengthening Resilience. In: Daro D., Cohn Donnelly A., Huang L., Powell B. (eds) Advances in Child Abuse Prevention Knowledge. Child Maltreatment (Contemporary Issues in Research and Policy), vol 5. Springer, Cham. https://doi.org/10.1007/978-3-319-16327-7_9