Examining Exposure to Adverse Childhood Experiences (ACEs) among South Carolina Adults

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ACEs are traumatic events a child experiences before age 18 that may have a lasting effects on well-being in adulthood.

Objectives
To examine ACE exposure among South Carolina (SC) adults in terms of 1) geographic differences (rural versus urban residence), 2) adult physical and mental health status, and 3) adult alcohol use.

Methods

Data sources
- 2014 and 2015 SC Behavioral Risk Factor Surveillance System (BRFSS) data
- ACE survey module (11 questions)

Variables examined
- ACE exposure (number and type)
- Rurality (urban influence codes)
- Self-reported alcohol use
- Self-reported physical and mental health

Study sample

2014-2015 SC BRFSS sample
- Responded to ACEs module
- Complete data for rural/urban
- Complete data for P/M health status
- Complete data for alcohol use

Study population

- Adults >18 years
- SC residents
- Non-institutionalized
- With phone access

Analytic methods

- Descriptive statistics
- Bivariate analyses
- Logistic regression

Results

• A significant proportion of the SC population has experienced at least one ACE.
• Although rural residents may have slightly lower ACE exposure than urban, they historically have fewer support services to help mitigate ACE effects.
• Men and women with four or more ACEs had greater odds of reporting binge and heavy drinking than their counterparts.
• The presence of sexual abuse in childhood increased the odds of reporting poor health and mental distress, supporting the idea that some ACEs may have stronger associations to long term health outcomes than other ACEs.
• Multigenerational strategies focused on building skills and attachment in both parents and children could result in reduced transmission of ACEs in families.

Public policy and program applications

• Fund infrastructure to provide ACE-related programs and services in SC communities.
• Promote policies and programs that facilitate access to social, mental, medical, or public health services.
• Engage health care providers as advocates for an ACE assessment in any comprehensive pediatric medical exam.
• Expand evidence-based home visiting and the Quality through Technology and Innovation in Pediatrics (QTIP) program in SC.
• Increase availability and access to parenting skills programs and pediatric care in rural communities.

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