NCIOM

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CHAPTER ONE
Background on Child Maltreatment

ESSENTIALS FOR CHILDHOOD

Since 2013, the Centers for Disease Control and Prevention (CDC) has implemented the Essentials for Childhood framework, a comprehensive initiative aimed at promoting safe, stable, and nurturing relationships and environments that are critical for children's healthy development. The framework provides a public health approach to preventing child abuse and neglect, focusing on fostering supportive relationships, engaging communities, and driving systems-level change. By addressing social drivers of health and economic stability, the CDC aims to reduce long-term negative health and social impacts, while creating conditions that enable all children to thrive and experience positive childhoods. The framework also targets ensuring a strong start for children, including high-quality child care and early childhood home visitation, connecting youth to caring adults and activities, promoting social norms that protect against violence and adversity, and interventions aimed at lessening immediate and long-term harms.

In 2023, as a part of the Essentials for Childhood initiative, the CDC chose the North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health (DPH) and 11 other recipients[a] to receive funding to implement the Essentials for Childhood framework with an expanded focus on preventing adverse childhood experiences (ACEs) and promoting positive childhood experiences (PCEs).

The Essentials for Childhood framework describes critical goals for creating and promoting safe, stable, nurturing relationships and environments, which may help to reduce the occurrence of harmful events such as child maltreatment and other adverse childhood experiences (ACEs). The 4 goals of Essentials for Childhood are:

- Raise awareness and commitment to promoting safe, stable, nurturing relationships, environments, and positive childhood experiences, and prevent child abuse and neglect.
- Use data to inform actions.
- Create the context for healthy children and families through social norms change and evidence-based programs.
- Create the context for healthy children and families through policies.

These goals will be accomplished in part through community engagement, evaluation, and cross-sector collaboration, with a focus on equity and inclusion. The framework is focused on both improving immediate outcomes and driving long-term societal change. The aim is to build healthy communities where children grow up in safe and nurturing environments, leading to a reduction in negative health and social outcomes in adulthood.

NORTH CAROLINA ESSENTIALS FOR CHILDHOOD UPDATE COMMITTEE

The North Carolina Institute of Medicine (NCIOM), in collaboration with the NCDHHS DPH, convened a statewide task force on Essentials for Childhood in 2014. The task force issued recommendations to inform the development of a collective, evidence-based state plan for reducing child maltreatment and prioritizing services, programs, and policies for the prevention of child maltreatment.

In May 2024, in collaboration with the NCDHHS DPH, the NCIOM convened an update committee for the Essentials for Childhood initiative to revisit recommendations from the 2014-2015 task force. The update committee's goals included measuring implementation progress, making necessary revisions based on new and emerging data, and making new recommendations to fill potential gaps not identified in the 2015 task force report.

The committee discussed a variety of issues related to the prevention of ACEs and the inclusion of positive childhood experiences (PCEs), as well as the role of schools, philanthropy, parents, caregivers, and the child care workforce. Between July 2024 and October 2024, the full update committee met 5 times through Zoom meetings and 1 hybrid meeting. In addition, NCIOM and DPH staff conducted many individual interviews and consulted a parent advisory group to reflect on drafted recommendations.

The update committee was co-chaired by Sharon Hirsch, BA, President and CEO of Positive Childhood Alliance North Carolina; and Meredith Archie, BA, President of the NC Chamber Foundation. They helped guide 7 steering committee members and over 30 update committee members through facilitated discussions that led to the revision and creation of the recommendations in this report. Research Specialist Ivana Muszkiewicz, MPH, managed the initiative for NCIOM and served as lead author for this report.

BACKGROUND AND CONTEXT

Child Maltreatment and Other Adverse Childhood Experiences

The CDC defines child maltreatment as behaviors that result in harm, potential for harm, or threat of harm toward a child by a parent, caregiver, or another person in an authoritative role. There are 4 typical types of child maltreatment:[1]

- **Physical**, which is the use of physical force against a child.
- **Sexual**, which involves engaging a child in sexual acts.
- **Emotional**, which refers to behaviors that harm a child's emotional well-being.
- **Neglect**, which is a failure to meet a child's basic needs, both physical and emotional.

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a   California Department of Public Health; Georgia Department of Public Health; Kansas Department of Health and Environment; Massachusetts Department of Public Health; Michigan Public Health Institute; Minnesota Department of Public Health; New Jersey Center for Health Care Strategies, Inc.; The Chickasaw Nation; The Research Institute at Nationwide Children's Hospital; University of Nevada - Reno; Virginia Department of Health. https://www.cdc.gov/aces/programs/index.html

Child maltreatment can have severe and long-lasting consequences for a child's physical, emotional, and psychological well-being. The effects of maltreatment can extend into adulthood, impacting all aspects of an individual's life. Some key consequences of child maltreatment may include:

- **Physical Health Problems**
  - Obesity, arthritis, back problems, high blood pressure, migraines, chronic fatigue syndrome, cancer, and stroke[2]
- **Emotional and Psychological Effects**
  - Depression, anxiety, substance use disorder[2], and post-traumatic stress disorder[3]
- **Cognitive and Educational Impacts**
  - Decreased focus or concentration, impaired short-term memory[4,5]
- **Behavioral Issues**
  - Aggression, social isolation, anxiety, destructive behaviors, trust issues, academic difficulties[6]
- **Increased Chance of Adult Risky Behavior**
  - Substance use, high-risk sexual behaviors, and self-destructive behaviors[4]
- **Long-term Socioeconomic Impact**
  - Increased rates of unemployment, poverty, and Medicaid usage[7]

> North Carolina spends more than **$4000** a minute on the downstream consequences of child maltreatment.[8]

Adverse childhood experiences (ACEs) include child maltreatment, but also many other types of adversity. They are potentially traumatic events that occur during childhood.[9] These negative experiences can affect a child's mental, physical, and emotional growth.

Children may also experience other ACEs, which impact a child's environment, undermine safety and stability, and can negatively impact their mental, emotional, and behavioral development.[10] Other ACEs include experiences such as adverse community, climate, or cultural experiences, poverty, death of a caregiver, poor housing, community violence, bullying, or separation of children from families through divorce, death, foster care, or incarceration.

The impact of ACEs can accumulate over time and influence a person throughout their lifetime.[10] ACEs are linked to a multitude of chronic health problems, mental illness, and substance misuse. Toxic stress is often triggered by ACEs, especially prolonged adversity, which affects brain development and can result in behavioral issues. Toxic stress differs from normal stress in many ways; for example, toxic stress is prolonged and without protective factors, whereas positive stress is brief and followed by relief or resolution.[11]

Previous studies have shown that adults with ACEs have a higher prevalence of injuries, self-reported disability, worse mental health, worse maternal health outcomes, and more infectious disease.[12–14] According to a 2019-2020 Behavioral Risk Factor Surveillance System (BRFSS) survey, an estimated 160 million people in the United States had 1 or more ACE, which was associated with an annual economic burden of $14.1 trillion. This was calculated with $183 billion in direct medical spending and nearly $14 trillion in lost healthy life-years. Adults with 4 or more ACEs comprised 58% of the total economic burden, at an estimated cost of $4 million per person over the span of a lifetime.[15]

> In North Carolina, the cost of ACE-related health conditions is estimated at **$552** billion annually.[16]

Despite the wide-spread prevalence of ACEs in North Carolina, measuring ACEs presents some difficulties. For example, local data are limited; the primary source for ACEs data, the National Survey of Children's Health, provides state-level information but lacks granularity at the county, school district, and community levels. This limitation hinders the development of targeted, community-specific interventions.[17] The National Survey of Children's health does not include all potential ACEs; questions that can be reported by parents are included, but questions about parental abuse and neglect are excluded. The evolving definitions and scope of the ACEs framework to include broader factors such as community environments, climate events, and cultural experiences create complications for consistent measurement and comparison across studies. ACEs scores are not a standardized measure of exposure; the frequency and intensity of an ACE may have a profound impact on how the experience affects a child and may lead to an underestimation of the potential harm caused by ACEs.[18]

Types of ACEs

Abuse
- Emotional
- Physical
- Sexual

Neglect
- Emotional
- Physical

Houshold Challenges
- Substance misuse
- Mental illness, including attempted suicide
- Divorce or separation
- Intimate Partner Violence or Domestic Violence
- Incarceration

Other Adversity
- Bullying
- Community violence
- Natural disasters
- Witnessing or experiencing acts of terrorism
- Refugee or wartime experiences

PREVENTION OF ACES

There are 3 different types of ACEs prevention:

- **Primary prevention** stops adverse experiences before they occur, through tools for families facing adversity, such as parent supports and classes, home-visiting programs, and family-friendly workplace policies.
- **Secondary prevention** includes immediate response targeting at-risk populations who are experiencing stress or adversity, such as Early Head Start.
- **Tertiary prevention** includes long-term responses to stop adversity and minimize its consequences. Examples of tertiary prevention include foster care, mental health therapy, and substance use treatment programs and supports.[19]

The work of the update committee and this report focused on primary prevention, as it proactively addresses and mitigates factors that can lead to ACEs before they occur. Primary prevention allows for the reduction of risk factors and the promotion of protective factors and long-term economic benefits, as well as the creation of sustainable, supportive systems.

RISK FACTORS AND PROTECTIVE FACTORS FOR ACES

ACEs most commonly result from a combination of factors at the individual, family, community, and societal levels that can increase or decrease the risk of individuals experiencing them. Some of these risk factors include:

Individual and family

- Children with few or no friends
- Children who don't feel close to their caregivers
- Families with high levels of economic stress
- Families with caregivers who were abused or neglected as children
- Families that are isolated from other people (e.g., extended family, friends, neighbors)

Community

- High rates of violence and/or crime
- High rates of poverty
- High unemployment rates
- Few community activities for children
- Families experiencing food insecurity[20,21]

There are also protective factors that can help reduce or eliminate abuse and neglect. Some of the protective factors include:

Individual and family

- Children who have caring adults outside the family who serve as role models
- Children who have positive friendships and networks
- Families where caregivers can meet basic needs (e.g., food, shelter, health services)
- Families where caregivers provide consistent enforcement of rules
- Families that engage in positive activities together[21]

Community

- Access to economic and financial help
- Access to medical care and mental health services
- Access to safe, stable housing
- Caregivers having jobs with family-friendly policies
- Resident involvement in the community[21]

Society

- Financial support for families
- Access to health care
- Comprehensive social safety nets
- Equity-focused policies
- Workplace protections

The prevention of ACEs requires a multifaceted approach that addresses risk and protective factors across individual, family, community, and societal levels. By focusing on primary prevention, it's possible to stop adversity before it begins by building a foundation of support and resilience for children and families. This proactive strategy not only reduces the risk of ACEs but also fosters environments where protective factors can thrive, leading to healthier communities and long-term economic benefits.

North Carolina By the Numbers

In 2022, **20%** of children experienced more than **1** ACE in North Carolina.[17]
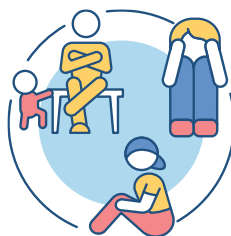
North Carolina ranks **19th** in ACEs in the United States.[22]

Between July 2022 and June 2023, there were more than **116,000** children with investigated reports of possible abuse and neglect.[23]

In 2022:

- Approximately **4 out of 10 children** in North Carolina experienced at least 1 ACE.
- **1 in 5 children** experienced 2 or more ACEs.
- **11% of children** experienced 3 or more ACEs.
- Black children were **1.7 times more likely** to experience 2 or more ACEs than White children.
- Hispanic children were **1.4 times more likely** to experience 2 or more ACEs than White children.[17]

There are also ways to prevent childhood abuse and neglect. According to the CDC, there are several strategies:

Figure 1.

- Change social norms to support parents and positive parenting
- Provide quality care and education early in life
- Enhance parenting skills to promote healthy child development
- Intervene to lessen harms and prevent future risk
- Strengthen economic supports to families
- Connect youth to caring adults and activities[24]
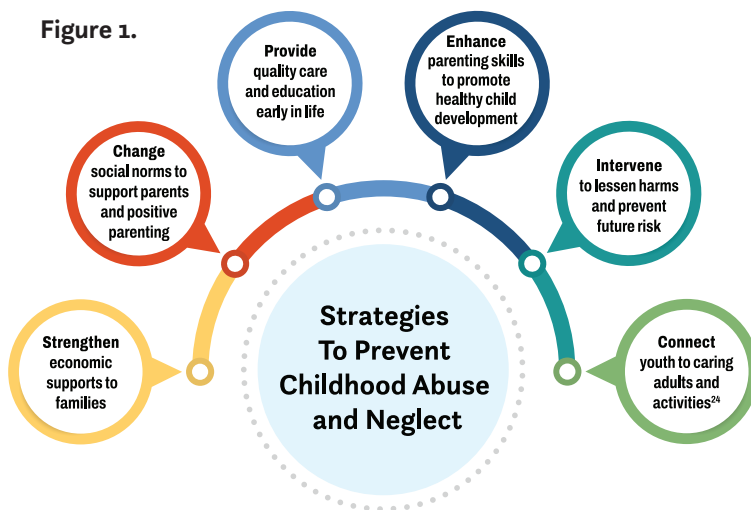
Strategies To Prevent Childhood Abuse and Neglect

Figure 2 shows some advantages of prevention of ACEs.

Figure 2.
Reduction in health conditions, risk behaviors and socioeconomic challenges resulting from ACEs prevention

HEALTH CONDITIONS

Depressive Disorder	Chronic Obstructive Pulmonary Disease	Asthma	Kidney Disease	Stroke	Coronary Heart Disease	Cancer	Diabetes	Overweight/ Obesity
-44%	-27%	-24%	-16%	-15%	-13%	-6%	-6%	-2%

HEALTH RISK BEHAVIORS

Current Smoking	Heavy Drinking
-33%	-24%

SOCIOECONOMIC CHALLENGES

Unemployment	Less than a High School Education	No Health Insurance
-15%	-5%	-4%

Source. BRFGG 2015-2017, CDC Vital Signs, November 2019

More than **84%** of adult mental health clients have histories that list trauma.[25]

Intergenerational transmission of ACEs occurs when the trauma experienced by parents impacts their parenting practices, physical and mental health, and emotional well-being. A parent's experience can, in turn, affect their children's development. Protective factors like positive relationships with caring adults, safe and stable environments, and supportive community resources can help break this cycle. These factors not only promote resilience in children but also offer parents the support they need to create nurturing and loving environments, ultimately fostering healthier outcomes for future generations.[26,27]

POSITIVE CHILDHOOD EXPERIENCES (PCES)

Positive childhood experiences (PCEs) are experiences during childhood that create and promote safe, stable, nurturing relationships and environments and promote child development.[28] Research has shown that PCEs shape brain development and improve health across the lifespan.[29] PCEs can also help mitigate the impacts of ACEs and contribute to reducing the likelihood of health risk behaviors in adulthood.[28] Individuals with 3-5 positive childhood experiences had a 50% less likelihood of adult depression or poor mental health than those with 0-2 PCEs.[30]

The 7 domains for PCEs are described as:

- An adult made me feel safe and protected in my home.
- I felt a sense of belonging in high school.
- I felt supported by friends.
- I had at least 2 non-parent adults who took a genuine interest in me.
- I felt my family stood by me during difficult times.
- I enjoyed participating in community traditions.
- I felt able to talk to my family about my feelings.[31]

Higher PCEs can lead to:

- more stable mental and emotional well-being
- lessened likelihood of adopting risky behaviors
- improved overall health across the lifespan
- strengthened resilience[32]

Different types of PCEs may have differing degrees of impacts on lifelong health.[33] For example, higher ratings for "peer support and healthy school climate" were associated with lower odds of reporting psychological stress or anxiety and depression diagnoses.[33] Additionally, having strong familial and community connections was linked to better physical health outcomes and higher levels of resilience. These 2023 findings highlight the potential of PCEs to mitigate the effects of early adversity and promote overall well-being.[34]
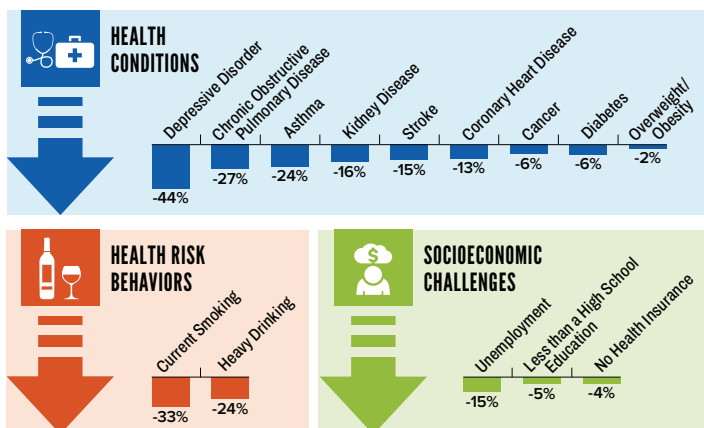
Multiple research articles report that the absence of PCEs results in more dramatic negative shifts in adult health than the presence of ACEs. It may be that PCEs positively influence the biology of stress, both by disrupting the toxic stress cycle brought on by ACEs as well as supporting the body's ability to manage regular life stressors regardless of ACE score.[35–38]

Families' access to paid time off, child tax credits, positive parenting practices, affordable preschool and child care programs, and other opportunities that encourage PCEs can enhance family stability, reduce stress, and create supportive environments that promote children's healthy development.

PCEs offer a valuable perspective on child development by highlighting the importance of supportive, nurturing experiences that foster resilience and well-being. Traditionally, much of the focus in addressing children's needs has centered on preventing or mitigating the negative impacts of ACEs, creating a more deficit-oriented approach. While it is essential to recognize and address these risks, an emphasis on PCEs balances this perspective by underscoring the strengths and resources that contribute positively to children's lives. By expanding our focus to include PCEs, we can create more comprehensive strategies that build upon positive factors and protective elements to help children thrive.

STRUCTURE OF THIS REPORT

> Recommendations from the update committee are described in Chapters 2-6 of this report:
>
> - *Chapter 2* **Social Norms**
> - *Chapter 3* **Economic Mobility and Financial Stability**
> - *Chapter 4* **Child Care**
> - *Chapter 5* **Mental and Behavioral Health**
> - *Chapter 6* **Data to Action**

New recommendations are integrated alongside revisited 2015 recommendations. The previous recommendations and their implementation status will be identified in the Appendix of this report.

Each recommendation will provide:
- **Context:** Data across the topic, current efforts, and relevant policies
- **Why the update committee recommends this strategy:** Reasoning behind the recommendation
- **Desired result:** What the recommendation hopes to accomplish
- **Alignment across North Carolina:** Other organizations working on similar strategies

ALIGNMENT AS A KEY TOOL

Alignment refers to the degree to which different programs, strategies, or efforts are coordinated and harmonized to achieve shared goals or outcomes. It ensures that the initiatives complement rather than duplicate or contradict each other, maximizing their collective impact. This is particularly important in fields such as child health; it ensures comprehensive, effective care for a population with diverse needs. The update committee recognized the need for alignment of Essentials for Childhood strategies with efforts across the state to address many aspects of child and family health:

- Children's healthy growth and development is multifaceted. Maternal health is a foundational aspect, as a mother's well-being directly affects a child's physical, emotional, and cognitive development from pregnancy to early life. As such, maternal health will be prioritized in many chapters, highlighting the ways in which improvements in maternal health can create a healthier foundation for children, reduce health care costs, and improve quality of life.
- Hurricane Helene had a profound impact on child health in North Carolina by disrupting essential services, increasing exposure to trauma, and placing significant strain on resources critical to children's physical and emotional well-being, including child care and education. This disaster highlighted the urgent need for strong disaster preparedness and recovery frameworks to protect vulnerable populations, particularly children. Due to its effect in Western North Carolina, this report will reference the storm's far-reaching implications for child health and related systems, as well as cite Hurricane Helene as an example of an adverse climate experience.

The alignment of partners throughout North Carolina is integral to the successful implementation of recommendations in this report. There are many organizations across the state doing complementary work, and it is necessary to make a concentrated effort to align and not duplicate or silo the work of other organizations. For this reason, those doing complementary work will be highlighted throughout the report to ensure mutual goals are met. The named organizations in the recommendations and alignment pieces are encouraged to consider sustainability and evaluation early in implementation and planning.

MATERNAL WELL-BEING AS A PROTECTIVE FACTOR AGAINST ACES

Maternal physical and mental health plays a critical role in the prevention of adverse childhood experiences (ACEs) and in fostering healthy childhood development. The health of the mother during pregnancy has lasting effects on the child, as the mother's physical and mental well-being directly influences fetal development.[39] The risks associated with poor maternal health, such as preterm birth and low birth weight, are linked to long-term developmental challenges, placing children at greater risk for experiencing ACEs. In North Carolina, where the preterm birth rate was 10.7% in 2023, the need for improved maternal health care is pressing.[40] This was especially apparent in Black birthing people, where the preterm birth rate was 1.4 times higher than the rate among all other babies.[40] The infant mortality rate was also highest among Black birthing people, at 1.7 times the state rate.[40]

The health of mothers during pregnancy directly shapes the physical, emotional, and cognitive development of their children, making maternal health a critical focus in efforts to reduce childhood adversity. In addition to the immediate impact of maternal health on fetal development, maternal well-being continues to influence the child's experiences and health long after birth. Healthy mothers are better able to engage in nurturing and responsive caregiving, which is essential for fostering secure attachment and promoting resilience in children. However, maternal mental health issues—such as depression and anxiety—can undermine a mother's ability to provide consistent, emotionally available care, increasing the likelihood of emotional neglect and other ACEs. In fact, in 2018-2019, mental health conditions were the leading cause of pregnancy-related deaths in North Carolina, underscoring the urgent need to address maternal mental health.[41]

It is also important to recognize that while maternal health is a key factor in ACE prevention, caregiving is a shared responsibility. Once a child is born, their caregiving network may include a variety of individuals who provide essential emotional, physical, and social support, such as partners, extended family members, legal guardians, and nonfamily caregivers like paid child care providers. **Each caregiving configuration plays a critical role in a child's well-being, helping to mitigate the risk of ACEs by providing stability, nurturing relationships, and additional sources of care and support.** Comprehensive approaches to child health must take into account the interconnectedness of maternal health and the broader network of caregivers, acknowledging that the presence and involvement of multiple caregivers can strengthen the foundation for a child's development. These caregiving approaches should also consider the importance of positive childhood experiences (PCEs) to reinforce the narrative shift to the positive, proactive frames.

Maternal health not only affects the current child but can have lasting implications for future generations. Poor maternal health outcomes can perpetuate cycles of adversity, as children who experience ACEs are more likely to encounter challenges in adulthood, which can affect their ability to parent effectively. By improving maternal health and addressing the socioeconomic drivers that contribute to poor outcomes, we can break these cycles and promote healthier future generations. Those giving birth in North Carolina are particularly vulnerable to poor health outcomes due to socioeconomic factors, with higher risks linked to limited access to health care, housing instability, and income inequality.[40] Addressing these disparities is key to improving both maternal health outcomes and the long-term health and well-being of children.

Moreover, research has indicated that maternal experiences of ACEs are linked to mental health challenges in their children.[39] This suggests that the effects of ACEs can be passed down from 1 generation to the next, influencing the mental health of offspring.[42] However, more research is needed to better understand the factors that mediate this intergenerational transmission, as well as to develop effective intervention strategies that can prevent both ACEs and associated mental health issues in future generations.

Additionally, economic stress plays a significant role in both maternal health and child well-being. Mothers who face financial insecurity are more likely to experience high levels of stress, which negatively impacts their physical and mental health. Economic strain also limits access to necessary health care, including prenatal and postpartum care, further compounding the risk of adverse outcomes. In North Carolina, where 37% of women have children in the home living with them, supporting economic stability—through policies like paid family leave, affordable health care, and access to mental health services—can reduce maternal stress and create a more secure home environment. Economic security is a crucial protective factor against ACEs, and improving it is essential for the well-being of both mothers and children.

To further reduce the impact of ACEs and improve maternal health, implementing solutions like ACEs screening as part of standard prenatal care can be a highly effective strategy.[43] Studies show that ACEs screening is feasible and generally acceptable to patients, offering health care providers critical information to address potential risks early. Integrating ACEs screening into prenatal care allows for timely interventions and support, helping mitigate the effects of early adversity on both the mother and child. Additionally, screening for mental health conditions such as depression and anxiety during pregnancy can allow for early identification and treatment, improving outcomes for both the mother and child.

While maternal health is central to preventing ACEs and fostering healthy childhoods, it is important to recognize the broader context of caregiving, which includes both the mother and other caregivers. Improving maternal health outcomes, particularly in areas like prenatal care and mental health, is essential for reducing the risk of ACEs. By addressing the socioeconomic drivers of maternal health, supporting economic stability, and strengthening caregiving networks, we can build a foundation for healthier children and families. Ultimately, promoting maternal health not only benefits the current generation of children but has the potential to break the intergenerational cycle of adversity, fostering long-term health and well-being for future generations.

HURRICANE HELENE

Hurricane Helene, which struck North Carolina in late September 2024, has significantly impacted children and families in Western NC (WNC), which is amplifying lessons and opportunities to strengthen family support. The storm caused catastrophic flooding and destruction, particularly in WNC, leading to widespread displacement and trauma among children and families. Many schools remained closed weeks after the hurricane, disrupting education and social support systems crucial for children's development. This also held true for those who had to temporarily or permanently relocate. Additionally, the loss of homes and community infrastructure has heightened stress and instability, factors known to contribute to adverse childhood experiences (ACEs). Mental health providers are actively working to help children cope with the aftermath, but the long-term effects on children, including on ACEs, are still unfolding. The disaster underscores the need for comprehensive support systems to mitigate the impact of such traumatic events on children's well-being.

To address the impact of Hurricane Helene in WNC, a multi-faceted approach is needed to support children and families in recovery. One program that assisted those affected by Hurricane Helene was the Disaster Supplemental Nutrition Assistance Program (D-SNAP), which approved more than 164,000 individuals for benefits. D-SNAP, operated by the North Carolina Department of Health and Human Services (NCDHHS), allowed for individuals in 25 western counties and members of the Eastern Band of Cherokee Indians living in zip code 28719 to apply for D-SNAP benefits from October 18 to October 24, 2024. A family of 4 was eligible for approximately $975 in benefits per month; these benefits are good for up to 9 months.[44]

Another form of state support was provided through assistance given to child care facilities. NCDHHS helped child care centers reopen quickly and safely to ensure that families could continue accessing essential services. Over 200 child care centers in 25 counties were affected, and NCDHHS is offering resources to facilitate the reopening process.[45]

In the aftermath of Hurricane Helene, WNC faces a long-term recovery process that requires sustained support and strategic planning. Sustained commitment from state and federal agencies, alongside community-driven initiatives, will be essential to rebuilding WNC and ensuring the well-being of its residents in the years to come.

Photo courtesy of Mountain Pathways School, Boone, North Carolina. https://mountain-pathways.org/updates

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