



2014 Annual Report
Joint Citizens and Legislative
Committee on Children



Joint Citizens and Legislative Committee on Children

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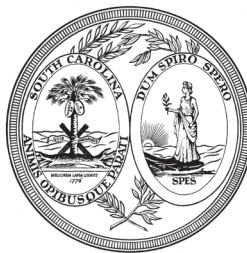
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STATE OF SOUTH CAROLINA
JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

February 1, 2014

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The Joint Citizens and Legislative Committee on Children is pleased to present its 2014 Annual Report. This Committee is charged with the important responsibility to identify and study key issues facing the children of South Carolina and make recommendations to the Governor and General Assembly.

The 2014 Annual Report addresses two topics of concern raised by citizens' testimony at the Committee's Town Hall Meetings held across the state last fall. These and other topics expand on existing priorities to focus on important matters of child well-being. The Committee's initiatives and recommendations can make a positive impact on difficult issues and are actionable within the context of the state's limited resources.

In this 2014 Annual Report the Committee gives primary focus to two issues: **Early Childhood Language and Literacy**, and **Adverse Childhood Experiences and the Effects of Toxic Stress**.

This Report also provides updates on previous initiatives and related topics: **immunizations, safe sleep, obesity, trauma-informed practice, and the *Silent Tears* Report**.

These issues affect child development and have long-term impacts on the well-being of South Carolina and its citizens. These child well-being issues are most worthy of our time and attention. Thank you for your consideration of the research and recommendations contained in the Committee's 2014 Annual Report.

Mike Fair

Chair

Shannon Erickson

Vice Chair

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Preface to the 2014 Annual Report

Last year, South Carolina was ranked 45th in the nation on overall child well-being by the Annie E. Casey Foundation in its annual *KIDS COUNT Data Book*.¹ There are 1,081,662 children living in South Carolina,² and last year approximately:

- 674,432 children were on Medicaid³
- 57% of students received subsidized school meals to access adequate nutrition⁴
- 17,971 children were the subject of a child maltreatment investigation⁵
- 6,089 children lived in foster care for some period of time⁶
- 16,754 cases of delinquency were referred to the family courts⁷
- 28,124 children received mental health treatment⁸
- 93,542 children received special education services⁹
- 21% of all students who start school will not graduate with their peers, reported by South Carolina Department of Education¹⁰

As evidenced by the data above, children in South Carolina face significant and complex issues in need of policy intervention. The Committee selected the topics of **early childhood language and literacy** and **adverse childhood experiences** as the focus of the 2014 Annual Report based on input provided by citizens in the 2013 Town Hall Meetings. This Annual Report gives attention to these topics by presenting sound research, state data, and policy and practice recommendations. The 2014 Annual Report also presents information on the following topics and initiative updates: immunizations, safe sleep, obesity, trauma-informed practice, and the *Silent Tears* study and its recommended responses to child sexual abuse.

The data contained in the following topical discussions reference the 1995/1996 Birth Cohort. This multi-year research study has been conducted to examine the relationships between known risk factors and certain child well-being outcomes.¹¹ This study, referenced hereinafter as the “Birth Cohort,” includes every child (nearly 50,000) born in South Carolina between September 2, 1995, and September 1, 1996, who later enrolled in public school.¹² The Birth Cohort contains data from multiple child-serving state agencies, linked longitudinally through 2013. Birth Cohort data establishes the relationships between various conditions, rather than simply reporting incidences of occurrence. In the topics included in this Annual Report, Birth Cohort data are

¹ Annie E. Casey Foundation, 2012 KIDS COUNT Rank, <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=7288> (last visited Feb. 5, 2014).

² U.S. Census, Quick Facts 2012 Estimates of Children under 18. <http://quickfacts.census.gov/qfd/states/45000.html> (last visited Feb.5, 2014).

³ S.C. eHealth Medicaid Statistics, Children on Medicaid, http://www.schealthvz.sc.edu/total-members-and-member-months/{%22path%22%3A%22http%3A//www.schealthvz.sc.edu/SCHealthvzReports/1.%20Medicaid%20Enrollment/1.%20Total%20Members%20and%20Member%20Months_1pg/2.%20By%20Age%20Group/2.%20Children.pdf%22%2C%22title%22%3A%22Children%22}} (last visited Feb. 5, 2014).

⁴ S.C. Department of Education, E-Rate - Free and Reduced Meal Eligibility Data 2012-13, <http://ed.sc.gov/data/erate/> (last visited Feb. 5, 2014).

⁵ Fostering Court Improvement, http://www.fosteringcourtimprovement.org/state_websites.php (last visited Feb. 5, 2014).

⁶ Fostering Court Improvement, http://www.fosteringcourtimprovement.org/state_websites.php (last visited Feb. 5, 2014).

⁷ S.C. Department of Juvenile Justice, Juvenile Charges, <http://www.djj.state.sc.us/juvenilecharges>.

<http://www.state.sc.us/djj/pdfs/2012-13%20Annual%20Statistical%20Report.pdf> (last visited, Feb. 5, 2014).

⁸ S.C. Department of Mental Health, unpublished report, Children Receiving Community Treatment. Generated December 2013.

⁹ S.C. Department of Education, unpublished report, Children Receiving Special Education Services. Generated January 2014.

¹⁰ S.C. Department of Education, unpublished report, Four Year High School Graduation Rate. Generated January 2014.

¹¹ S.C. Department of Health and Human Services funded the study conducted by the Office of Research and Statistics and the Children's Law Center.

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presented to enhance understanding of the consequences of poor language and literacy skills and of toxic stress. Analysis of these relationships provides insight regarding potential points of intervention.

Early Childhood Language and Literacy

In its 2013 Annual Report, this Committee addressed the issue of school readiness, with attention given to the importance of kindergarten to prepare children for the 1st grade. To continue with this initiative, the Committee now turns its focus to promote essential language and literacy skills in children from birth to age four. When parents and caregivers fail to read and communicate with very young children, there can be long-term educational consequences including:

- 1) deficiencies in school readiness;
- 2) increased likelihood of repeating a grade level;
- 3) poor performance on standardized tests; and
- 4) decreased likelihood of graduating from high school.¹³

Deficiencies in School Readiness: Leaders in early childhood education estimate that many children start kindergarten in South Carolina unprepared to learn age-appropriate curricula. In the Birth Cohort, 34% of children were identified as not ready in language and literacy for kindergarten on the South Carolina School Readiness Assessment.¹⁴ Children from low-income families fared even worse, as shown in Chart 1. With a quarter to a third of all kindergarteners in public schools not well-prepared to learn to read, write, or communicate, educators must provide meaningful opportunities for these children to accelerate the development of pre-requisite language and literacy skills.¹⁵ In spite of efforts to remediate deficiencies, 29% of these children still performed “below basic” on the English and Language Arts (ELA) standardized test in the 3rd grade.¹⁶

Likelihood of Repeating a Grade Level: Children must acquire literacy skills by the 3rd grade, since the 4th grade is the year students are expected to learn independently from text. This critical period in literacy development is when students move from “learning to read” to “reading to learn.” Undetected and unaddressed early educational deficits grow to critical proportions during elementary school. In the Birth Cohort, 15% of all children repeated a grade at least once in elementary school.¹⁷ This problem is magnified by poverty; as Chart 1 reflects, 24% of children born to low-income families (i.e., eligible for Medicaid) had to repeat at least one grade in elementary school. Nearly three times as many children born to low-income families had to

¹³ National Early Literacy Panel Report. <http://lincs.ed.gov/publications/pdf/NELPSummary.pdf> (last visited Jan. 11, 2014).

¹⁴ The most recent South Carolina Readiness Assessment in 2008 highlighted that 25% of all kindergarten and 1st grade students were rated not ready in reading, writing, and speaking, and 33% were rated not ready in communication skills.

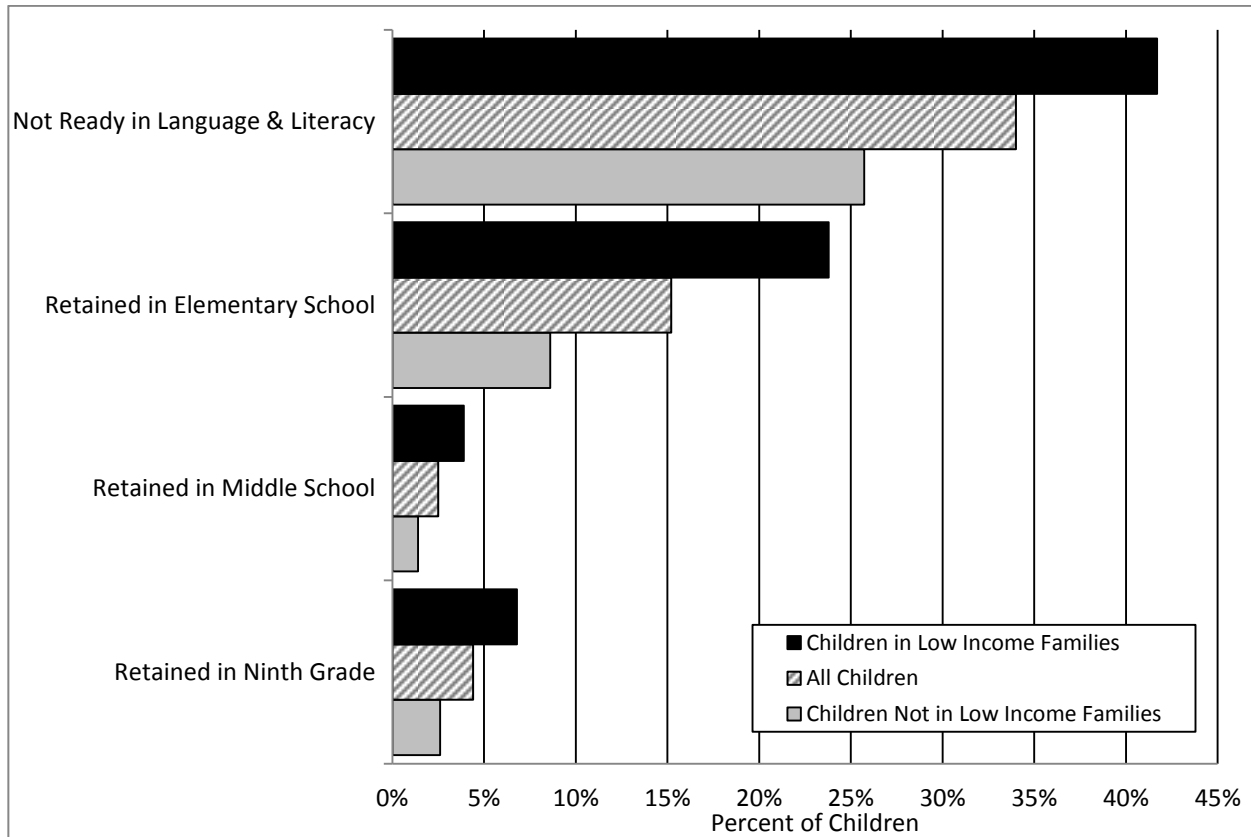
¹⁵ In a national study, over 50% of four year olds from low-income families were found to have low language development and be on a trajectory for poor academic performance. National Early Literacy Panel Report. <http://lincs.ed.gov/publications/pdf/NELPSummary.pdf> (last visited Jan. 22, 2014).

¹⁶ Analysis of 1995/96 Birth Cohort data.

¹⁷ In 2010, 7.4% of children in South Carolina public schools had to repeat grades 1, 2, or 3. KidsCount Data Book, <http://datacenter.kidscount.org/data/tables/2903-cumulative-percent-of-children-failing-grades-1-2-or-3?loc=42&loct=2#detailed/2/any/false/133,38,35,18,17/any/6010> (last visited Jan. 22, 2014). Children who repeat early grades in school are more likely to later drop out. Child Trends, Data Bank, Children Who Repeated a Grade. <http://www.childtrends.org/?indicators=children-who-repeated-a-grade#sthash.hvyqAJDe.dpuf> (last visited Jan. 22, 2014). Jimerson, S. R., Anderson, G. E., & Whipple, A. D. (2002). Winning the battle and losing the war: Examining the relation between grade retention and dropping out of high school. *Psychology in the Schools*, 39, 441-457. Randolph, K., Fraser, M. and Orthner, D. (2004). Educational Resilience among Youth at Risk. *Substance Use & Misuse*, 39(5), 747-767.

repeat a grade when compared to those children who were not born to low-income families (i.e., not eligible for Medicaid).

CHART 1
Educational Readiness¹⁸
Birth Cohort

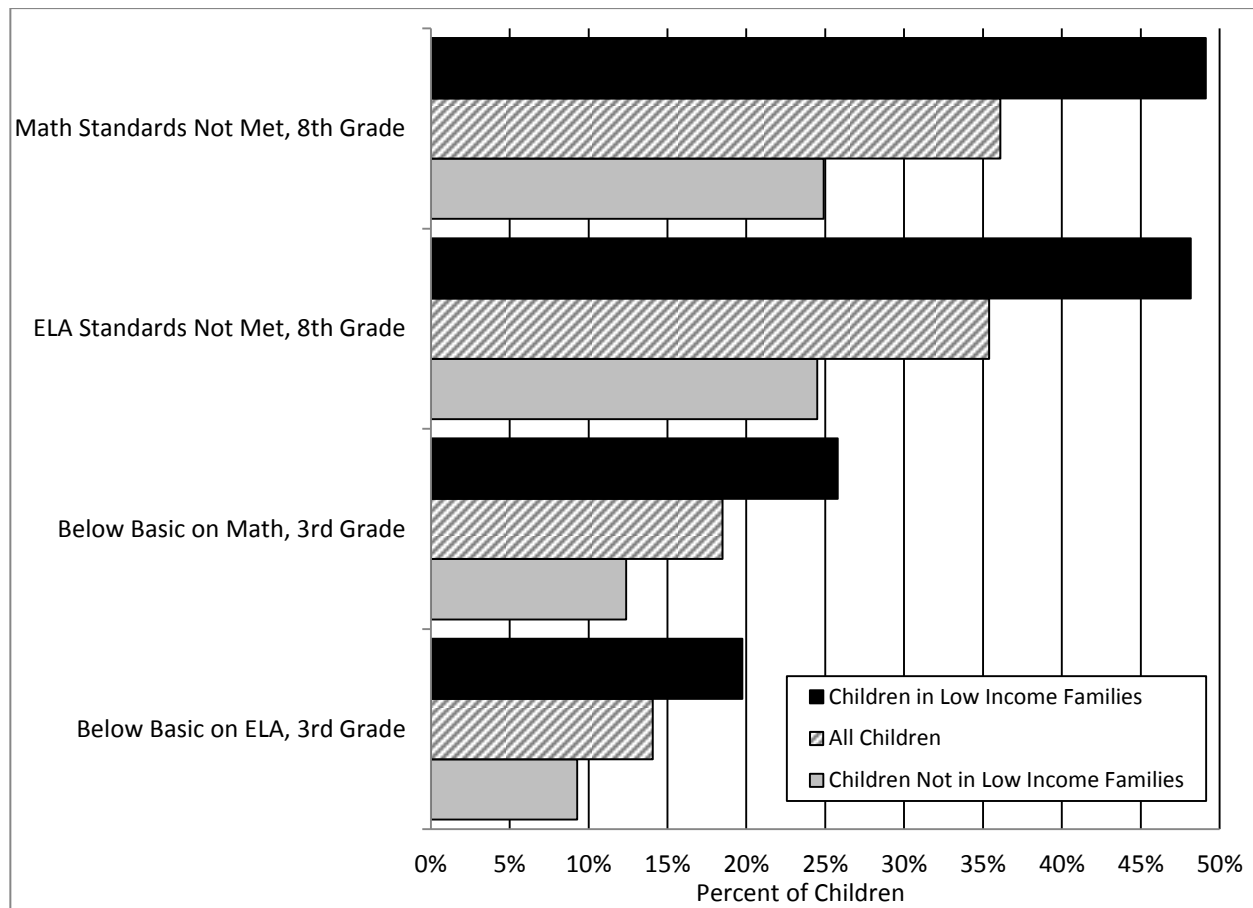


Performance on Standardized Tests: Too many students are not on course to successfully achieve language and literacy proficiency. Chart 2 shows the breakdown of standardized test scores in the 3rd and 8th grades for children in the Birth Cohort, with a distinction to reflect family income. While 9% of 3rd grade students not born to low-income families scored “below basic” on the English and Language Arts (ELA) portion of the state standardized test,¹⁹ 20% of children born to low-income families scored “below basic.” While 24% of 8th grade students not born to low-income families scored “below basic” on the English and Language Arts, 47% of students born to low-income families scored “below basic.” It is noteworthy that Math scores mirror English and Language Arts scores; 49% of children born to low-income families scored “not met” on the Math standards in the 8th grade.

¹⁸ Family income is determined by Medicaid eligibility at the time of the child’s birth. SCDOE records provide educational data. The South Carolina Readiness Assessment and the PASS scores were used.

¹⁹ The birth cohort data links to the PACT administered and recorded by the SC Department of Education. In 2011, 40% of all 4th grade students in South Carolina scored below the basic achievement level on the National Assessment of Educational Progress (NAEP) Reading Test. South Carolina Department of Education, NAEP scores. http://ed.sc.gov/data/national-assessments/documents/SC_NAEP_2011.pdf (last visited Jan. 23, 2014).

CHART 2
Educational Performance on Standardized Tests²⁰
Birth Cohort



Likelihood of Graduating from High School: Poor reading is one of the most common characteristics of high school dropouts.²¹ Twenty-three percent of children who are not proficient readers in 3rd grade fail to graduate.²² Children who do not have a command of language and literacy skills in early childhood are less likely to be proficient readers in 3rd grade.

While there are mediating factors in a child's educational experience between the first grade and graduation, this data illustrates the trajectory of poor performance in which children can be trapped. In the Birth Cohort, 34% of children who entered kindergarten were identified as not ready. Without effective intervention, students with low language and literacy development are likely to fail to comprehend grade-level texts throughout their K-12 education, are likely to be retained a grade in school, and ultimately are at greater risk of not graduating from high school.

²⁰ Family income is determined by Medicaid eligibility at the time of the child's birth. SCDOE records provide educational data. PASS scores were used for this data.

²¹ Denti L. G. & Guerin, G. (1999) Dropout Prevention: A Case for Enhanced Early Literacy Efforts, *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 72:4, 231-235 <http://www.tandfonline.com/doi/pdf/10.1080/00098659909599399> (last visited Jan. 22, 2014).

²² Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation by Hernandez, Donald J. <http://www.aecf.org/~media/Pubs/Topics/Education/Other/DoubleJeopardyHowThirdGradeReadingSkillsandPoverty/DoubleJeopardyReport030812forweb.pdf> (last visited Jan. 30, 2014).

Early Language and Literacy Practices:

The language and literacy skills required to become a good reader begin to develop long before a child reaches school age. It is essential for parents and early caregivers to read and communicate with infants and toddlers every day to prepare them for educational success.²³ To increase early language and literacy, targeted interventions with demonstrated success must be made available to families with children from birth to age four.

An important aspect of early literacy is the development of language awareness. Children develop language awareness and vocabulary before they are able to read.²⁴ The size and quality of a child's vocabulary ultimately impact how well they will read.²⁵ Because language and literacy are inextricably linked, interventions to support language also support literacy, and vice versa. Young children whose parents and caregivers routinely read with them have larger vocabularies, higher levels of letter name and sound awareness, and more success understanding how the alphabet is the foundation of language.²⁶

Researchers at the Child Development Center of the University of North Carolina describe examples of simple practices and activities for parents and practitioners that promote the language and communication skills of infants and toddlers in Chart 3.²⁷

CHART 3
Practices and Activities to Promote Language and Literacy²⁷

Simple Practice	Recommended Activity
Chat with Children	Engage in conversations with children
Comment	Give descriptions of objects, activities, and events
Mix It Up	Use different types of words and grammar
Label It	Provide children with the names of objects or actions
Tune In	Engage in activities or objects that interest children
Props, Please!	Introduce objects that spark conversations
Make Music	Engage in musical activities and sing songs
Sign It	Use gestures or simple signs with words
Read Interactively	Use books to engage children's participation in conversations
Read It Again & Again & Again!	Read books multiple times

²³ National Dropout Prevention Network, Early Literacy Development. <http://www.dropoutprevention.org/effective-strategies/early-literacy-development> (last visited Jan. 22, 2014).

²⁴ Burns, M.S., Griffin, P., & Snow, C. (Eds.) (1999) *Starting off right: A guide to promoting children's reading success*. Washington, DC: National Academy Press.

²⁵ Child Trends, Reading to Young Children. <http://www.childtrends.org/?indicators=reading-to-young-children> (last visited Jan. 22, 2014).

²⁶ Burgess, S. R., Hecht, S. A., & Lonigan, C. J. (2002). Relations of the home literacy environment (HLE) to the development of reading-related abilities: A one-year longitudinal study. *Reading Research Quarterly*, 37(4), 408-426.

²⁷ Gardner-Neblett, N., & Gallagher, K. C. (2013). *More than baby talk: 10 ways to promote the language and communication skills of infants and toddlers*. Chapel Hill: The University of North Carolina, FPG Child Development Institute. http://mtbt.fpg.unc.edu/sites/mtbt.fpg.unc.edu/files/imce/documents/BabyTalk_WEB.pdf (last visited Jan. 22, 2014).

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Activities that contribute to language and literacy proficiency, such as reading with a child, are delivered primarily through the following types of interventions:

- 1) family-based literacy activities;
- 2) center-based literacy programming; and
- 3) community-based literacy programming.

Family-Based Literacy Activities: Children benefit from growing up in families where adults converse and read with them every day.²⁸ Research suggests an activity as simple as reading a book with a child for 20 minutes a day can stimulate brain development, teach basic literacy skills before kindergarten, instill the value of literacy, and build a stronger relationship with the child.²⁹ Successful language and literacy programs provide models of proven learning techniques for parents and caregivers to use at home with children. Programs that communicate the importance of reading with children, increase access to books, and demonstrate techniques of book sharing with parents will impact the language and literacy skills of children.

Center-Based Literacy Programming: Center-based language and literacy instruction for young children is provided primarily in Head Start, 4K preschool, and child care settings. Hallmarks of quality center-based literacy programming include use of research-validated practices, highly trained staff, low teacher-to-student ratios, and periodic program evaluation to ensure fidelity to the literacy curriculum and prescribed practices.³⁰ However, it is important to note that even when children receive center-based language and literacy education, overextended parents may struggle to reinforce these learnings at home where children spend most of their time. Thus, modeled after the concept of school-family relationships, centers should similarly engage families in a center-family relationship to promote and reinforce literacy learning at home.³¹

Community-Based Literacy Programming: Another strategy is to promote language and literacy in children through community-based settings such as libraries, churches, non-profit sponsored community groups, and housing complexes. The language and literacy practices taught in center-based settings may not match the everyday language used in the community, which is where children practice and reinforce their language habits.³² Thus, it is important to incorporate community-based literacy strategies in interventions designed to promote language and literacy.

Committee Recommendations: Early Childhood Language and Literacy

It is important that children engage in language and literacy to prepare for school and life. Without the benefit of routine language and reading activities, children will enter kindergarten unprepared for the challenges involved in becoming independent readers and writers.

Unprepared children will be less likely to “read to learn” in the 4th grade and more likely to have negative, long-term educational outcomes. South Carolina should adopt a comprehensive

²⁸ Child Trends, Reading to Young Children. <http://www.childtrends.org/?indicators=reading-to-young-children> (last visited Jan. 22, 2014).

²⁹ The Children’s Reading Foundation <http://www.readingfoundation.org/parents.jsp> (last visited Jan. 22, 2014).

³⁰ National Early Literacy Panel Report. <http://lincs.ed.gov/publications/pdf/NELPSummary.pdf> (last visited Jan. 22, 2014).

³¹ Blazer, C. (2005). Literature review on family involvement: The home-school partnership. *Miami-Dade County Public Schools*. Retrieved from <http://drs.dadeschools.net/Reports/Family%20Involvement.pdf> on July 23, 2012.

³² Henderson, A., & Mapp, K. (2002). A new wave of evidence: Family and community connections with schools. *Southwest Educational Developmental Laboratory*. <http://www.sedl.org/connections/resources/evidence.pdf> (last visited Jan. 23, 2014).

statewide strategy to address early childhood language and literacy in families, center-based programs, and communities. Data show that children from low-income families and children from families who do not read and converse with them daily are most in need of targeted intervention to promote language and literacy. As a matter of policy, South Carolina should recognize and support the critical importance of early childhood language and literacy in programmatic and funding decisions.

To achieve school readiness, the committee recommends that early childhood language and literacy programs:

- 1) Offer assistance, training, and opportunities to parents to promote positive language and literacy for their young children.
- 2) Encourage center-based programs to utilize research-validated language and literacy curricula that engage both parents and children, maintain well-trained staff, and conduct periodic evaluation to ensure program fidelity.
- 3) Encourage and support community-based language and literacy programs that provide learning activities and opportunities both for families and communities.
- 4) Ensure access for underserved populations to language and literacy programs in their schools, homes, and community programs.
- 5) Increase access to children's reading materials by encouraging public and private entities to distribute children's reading materials with products, services, benefits, and periodic communications.³³

³³ Examples include story pamphlets in Happy Meals, service periodicals, and monthly bills.

Adverse Childhood Experiences

Research confirms that a child exposed to repeated or significant traumatic experiences can experience long-term, damaging toxic stress. The physiological effects of such toxic stress include increases in heart rate, blood pressure, and stress hormones. Prolonged activation of the body's stress response systems can disrupt development of the brain and other organ systems.³⁴ Unmitigated toxic stress caused by an Adverse Childhood Experience leads to a host of problems including mental disorders such as depression and anxiety, chronic physical health conditions, poor self-esteem, risk-taking behaviors, and impairments to the brain's executive decision-making functions.³⁴ Traumatic experiences that occur repeatedly or from multiple sources can have a cumulative impact on a person's long-term physical and mental health.³⁴ The toxic stress resulting from traumatic experiences may produce self-destructive behavior, academic difficulties, and workforce performance problems.³⁴

Adverse Childhood Experiences (ACEs) can generally be categorized as:

- Child Abuse (physical abuse, sexual abuse, neglect);
- Family Instability (mental illness, substance abuse, criminality, violence);
- Loss of Caregiver (parental death, parental divorce, other separation); or
- Hardship Experience (poverty, a life-threatening physical illness).

The nationally prominent *Adverse Childhood Experiences (ACE) Study* investigates the association between traumatic childhood experiences and life-time health and well-being. The Center for Disease Control (CDC) has found that ACEs may lead to social, emotional, and cognitive impairment, which increases the likelihood of health-risk behaviors. Such behaviors increase the likelihood of disease, disability, and social problems, which may ultimately result in early death.³⁵

Risk Behavior Outcomes:

Research demonstrates that the more ACEs experienced by a child and the greater the severity of an ACE, the greater the likelihood of long-lasting consequences.³⁶ Growing up in poverty is an ACE.³⁷ Abused or neglected children are very likely to have experienced multiple ACEs. In Chart 4, the Birth Cohort links the records of children in poverty-related programs and records of abused and neglected children to illustrate the significant consequences of ACEs. Children in the Birth Cohort are now 16 or 17 years old. These two ACEs, poverty and being the victim of child abuse, are related to risk-taking behaviors that lead to juvenile delinquency and teen pregnancy.³⁸

³⁴ Harvard Center on The Developing Child, Toxic Stress: The Facts.

http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/ (last visited Jan. 24, 2014).

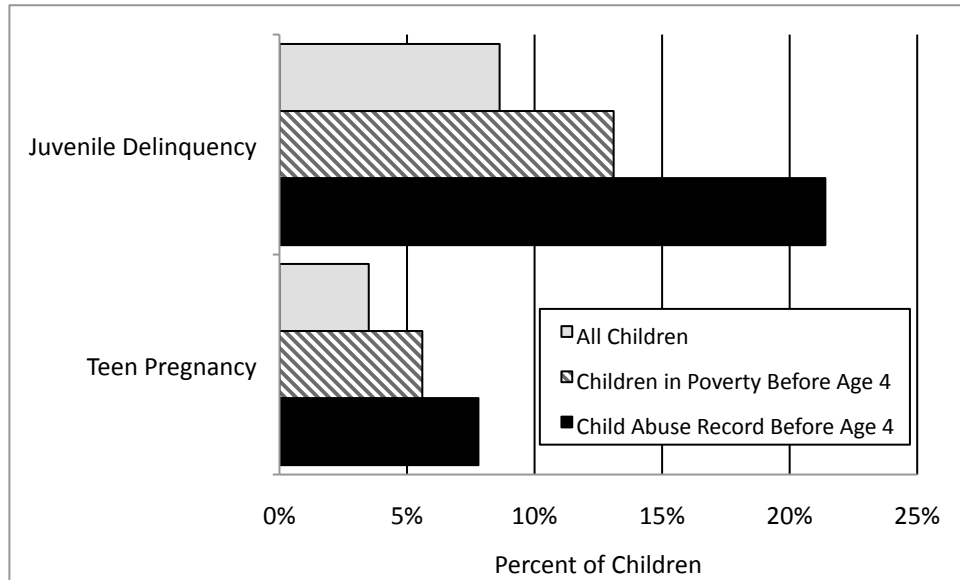
³⁵ The CDC, ACEs, <http://www.cdc.gov/ace/> (last visited 2-3-2014).

³⁶ Anda RF, Whitfield CL, Felitti VJ, Chapman D, Edwards VJ, Dube SR, Williamson DF. Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatric Services* 2002;53(8):1001–1009.

³⁷ In Chart 4, the category “Children in Poverty” includes all children in the Birth Cohort who received either TANF, SNAP, or Medicaid before the age of 4.

³⁸ Teen Pregnancy numbers represent the percentage of female adolescents only.

CHART 4
Risk Behavior Outcomes of Poverty and Child Abuse
Birth Cohort



Physical Health Outcomes:

Adverse Childhood Experiences (ACEs) have been found to increase the risk of an adult developing autoimmune diseases such as diabetes, arthritis, or anemia.³⁹ Research has found that ischemic heart disease (the leading cause of heart attacks) is related to ACEs and is a potential pathway to increased risk of cardiovascular disease.⁴⁰ ACEs increase the risk of lung cancer and chronic obstructive pulmonary disease (COPD), one of the most common lung diseases.⁴¹

Mental Health Outcomes:

ACEs are associated with an increased risk of lifetime mental health disorders.⁴² Chart 5 illustrates the relationship in the Birth Cohort between the number of child abuse and neglect reports and mental health diagnoses.

- Of those children who were the subject of one child abuse or neglect report, 70% were ultimately diagnosed as having a mental health problem.
- Of children who were the subject of multiple child abuse or neglect reports, at least 80% had been diagnosed as having a mental health problem.

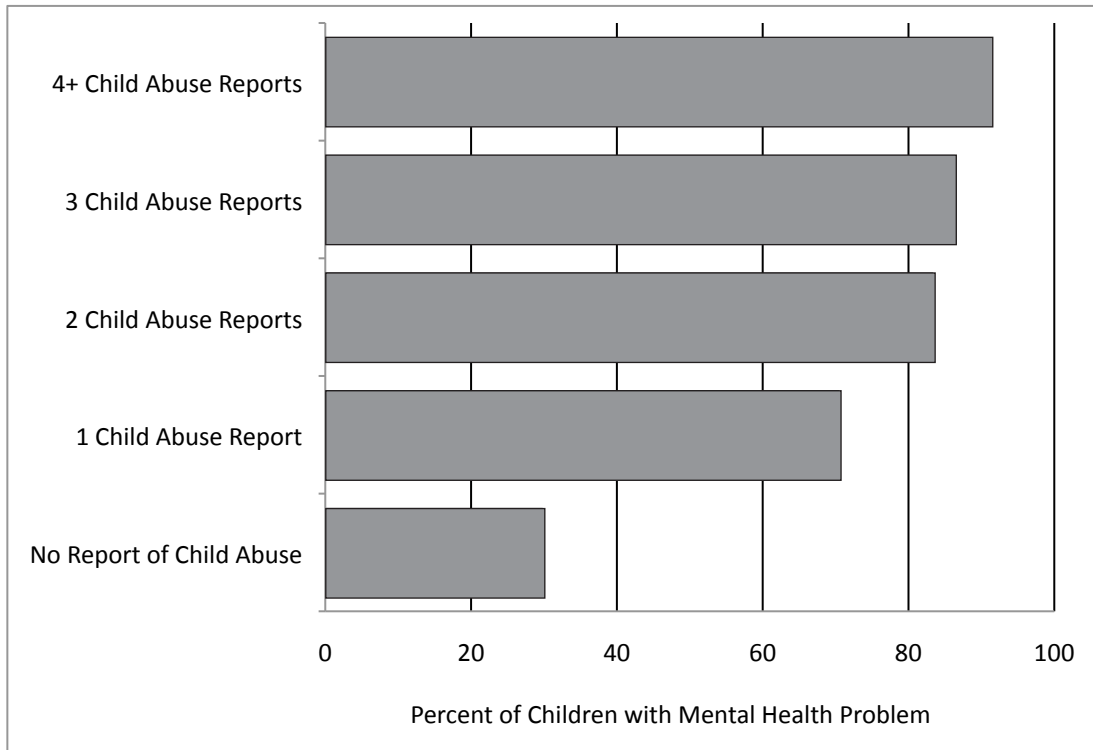
³⁹ Dube SR, Fairweather D, Pearson WS, Felitti VJ, Anda RF, Croft JB. (2009). Cumulative childhood stress and autoimmune disease. *Psychom Med* 2009;71, 243–250.

⁴⁰ Dong M, Giles WH, Felitti VJ, Dube, SR, Williams JE, Chapman DP, Anda RF. Insights into causal pathways for ischemic heart disease: Adverse Childhood Experiences Study. 2004;110:1761–1766.

⁴¹ Anda RF, Brown DW, Dube SR, Bremner JD, Felitti VJ, Giles WH. Adverse childhood experiences and chronic obstructive pulmonary disease in adults. *Am J Prev Med* 2008;34(5):396-403; Brown DW, Anda RF, Felitti VJ, Edwards VJ, Malarcher AM, Croft JB, Giles WH. Adverse childhood experiences and the risk of lung cancer. *BMC Public Health.* 2010;10:20.

⁴² Chapman DP, Anda RF, Felitti VJ, Dube SR, Edwards VJ, Whitfield CL. Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders* 2004;82:217–225.

CHART 5
Mental Health Diagnosis Based on Number of Child Abuse Reports
Birth Cohort



Research suggests that ACEs increase the likelihood of alcoholism, depression, illicit drug use, and attempted suicide among children and adults.⁴³

Educational Outcomes:

Broader research has found a strong correlation between ACEs and poor educational outcomes and criminality.⁴⁴ Data from the Birth Cohort in Chart 6 illustrate the impact of poverty⁴⁵ and child abuse on children's grade retention and performance on standardized tests:

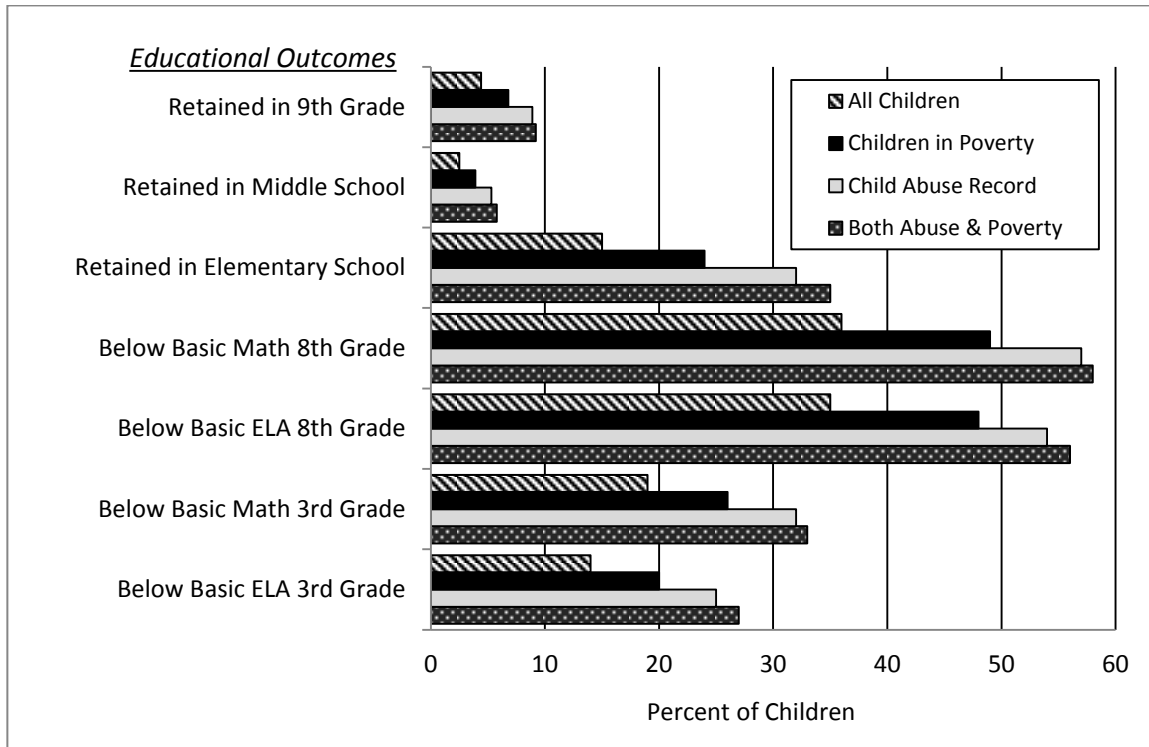
- Children who either grew up in poverty or suffered child abuse or neglect performed worse on standardized tests in the 3rd and 8th grades.
- More than twice as many children who were retained a grade in school had both grown up in poverty and experienced child abuse or neglect.

⁴³ Dube SR, Anda RF, Felitti VJ, Chapman D, Williamson DF, Giles WH. Childhood abuse, household dysfunction and the risk of attempted suicide throughout the life span: Findings from Adverse Childhood Experiences Study. *JAMA* 2001;286:3089–3096.

⁴⁴ Topitzes, J.D. Adverse Childhood Experiences (ACEs), High School Dropout and Crime: Extending the Study of ACE Effects Beyond Health Outcomes and With Mediation Analyses. Presentation at the Annual Conference of the Society for Social Work and Research.

⁴⁵ In Chart 6, the category "Children in Poverty" includes all children in the Birth Cohort who received either TANF, SNAP, or Medicaid before the age of 4.

CHART 6
Educational Outcomes Based on ACEs
Birth Cohort



Criminal Outcomes:

There is a correlation between ACEs and juvenile and adult criminality.⁴⁶ Research suggests that child abuse roughly doubles the probability that a person will engage in crime.⁴⁷ ACEs can result in school failure, which is a recognized pathway to crime.⁴⁸ Treatment interventions that focus on the effects of early traumatic life experiences can decrease criminal recidivism.⁴⁹

Adult Workforce Outcomes:

Workforce problems such as absenteeism and unemployment can be attributed to ACEs.⁵⁰ A child who experienced emotional abuse is almost twice as likely to experience job problems later.⁵¹ The national cost of work-related problems arising from toxic stress (e.g., absenteeism, reduced productivity, and health care costs) is estimated to be \$44 billion annually.⁵¹

⁴⁶ Study participants were among minority adults from economically disadvantaged backgrounds. Reavis, J.A., Looman, J., Franco, C.A., Rojas, B. (2013). Adverse Childhood Experiences and Adult Criminality: How Long Must We Live Before We Possess Our Own Lives? *The Permanente Journal*, Spring; 17(2): 44–48.

⁴⁷ The National Bureau of Economic Research, Does Child Abuse Cause Crime? <http://www.nber.org/digest/jan07/w12171.html> (last visited Feb. 2, 2014).

⁴⁸ Topitzes, J.D. Adverse Childhood Experiences (ACEs), High School Dropout and Crime: Extending the Study of ACE Effects Beyond Health Outcomes and With Mediation Analyses. Presentation at the Annual Conference of the Society for Social Work and Research.

⁴⁹ Anda RF, Felitti VJ, Fleisher VI, Edwards VJ, Whitfield CL, Dube SR, Williamson DF. Childhood abuse, household dysfunction and indicators of impaired worker performance in adulthood. *The Permanente Journal* 2004;8(1):30–38.

⁵⁰ Reavis, J.A., Looman, J., Franco, C.A., Rojas, B. (2013). Adverse Childhood Experiences and Adult Criminality: How Long Must We Live Before We Possess Our Own Lives? *The Permanente Journal*, Spring; 17(2): 44–48.

⁵¹ Anda RF, Felitti VJ, Fleisher VI, Edwards VJ, Whitfield CL, Dube SR, Williamson DF. Childhood abuse, household dysfunction and indicators of impaired worker performance in adulthood. *The Permanente Journal* 2004;8(1):30–38.

⁵¹ Anda RF, Felitti VJ, Fleisher VI, Edwards VJ, Whitfield CL, Dube SR, Williamson DF. Childhood abuse, household dysfunction and indicators of impaired worker performance in adulthood. *The Permanente Journal* 2004;8(1):30–38.

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Children with unmitigated ACEs will be at greater risk of developing mental disorders, chronic health conditions, risk behaviors, educational difficulties, and work-related problems.⁵² Without either the prevention of ACEs or the mitigation of resulting toxic stress, a child's health and well-being will suffer and society will pay the substantial costs incurred by state systems for health care, criminal justice, unemployment, and social support.⁵³ The prevention of ACEs should be paramount; however, when ACEs do occur, an effective intervention can help mitigate the consequences of toxic stress.

In 2013, this Committee adopted an initiative to promote "trauma-informed" services within child-serving agencies to encourage the detection and treatment of childhood trauma. Trauma-informed services are those influenced by understanding the impact that trauma, violence, toxic stress, and ACEs have on a child's development and life.⁵⁴ The Joint Council on Children and Adolescents accepted the leadership role for this initiative. The Joint Council has made major strides to expand training to implement trauma-informed practices⁵⁵ and to adopt the use of a common screening assessment for child-serving agencies to identify children who have experienced ACEs.⁵⁶ Several state agencies that are members of the Joint Council have commenced internal reviews of policies and procedures to promote the principals of trauma-informed services.

Committee Recommendations: Adverse Childhood Experiences and the Effects of Toxic Stress

The Center for Disease Control (CDC), Kaiser Permanente, World Health Organization, American Academy of Pediatrics, and other child well-being experts have called for action to address childhood toxic stress through changes to early childhood policy and services.⁵⁷ This Committee seeks to prevent adverse childhood experiences and to mitigate resulting negative outcomes to improve the well-being of children and to benefit society.

The Committee recommends:

1. Each child-serving state agency should conduct a systematic review to confirm that its policies and practices are consistent with the principles of trauma-informed services.
2. Each child-serving state agency should conduct an assessment of each child client to provide early detection of childhood trauma and appropriate treatment to mitigate the effects of toxic stress.
3. Public schools should include an assessment for childhood trauma whenever a disciplinary action is considered for a student.

⁵² The CDC, ACEs, <http://www.cdc.gov/ace/> (last visited Feb. 3, 2014).

⁵³ Garner, Andrew S., Shonkoff, Jack P., Siegel, Benjamin S., Dobbins, Mary I., Earls, Marian F., McGuinn, Laura, & Wood, David L. (2012). Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health. *Pediatrics*, 129 (1), 224-231.

⁵⁴ Elliott, D.E., Bjelajac, P., Fallot, R.D., Markoff, L.S., Reed, B.G. (2005). Trauma-informed or trauma-denied: principals and implementation of trauma-informed services for women. *Journal of Community Psychology* 33(4), 461-477.

⁵⁵ For further information on how to access training on Trauma-Informed Practices, contact Kelli Scurry at (803) 896-9256.

⁵⁶ For more information on the GAINS screener, contact Dan Walker at 803-896-1206.

⁵⁷ Garner, Andrew S., Shonkoff, Jack P., Siegel, Benjamin S., Dobbins, Mary I., Earls, Marian F., McGuinn, Laura, & Wood, David L. (2012). Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health. *Pediatrics*, 129 (1), 224-231.

4. The case of a child in the family court for delinquency or child abuse should include an assessment for childhood trauma and address services to mitigate the consequences of toxic stress.
5. State agencies that serve children should coordinate and expand the collection of uniform and standardized data regarding the number and type of Adverse Childhood Experiences (ACEs) children experience and share data to mitigate the effects of toxic stress.
6. Health care providers should be encouraged to screen and identify children with symptoms of toxic stress and refer those with evidence of trauma for further diagnostic assessment and appropriate services.

The Committee's Legislative Priorities for 2014 Include:

- Reauthorization of First Steps: The Committee has endorsed South Carolina First Steps to School Readiness Reauthorization bills S. 291 and H. 3428.
- Background Checks for Childcare Employees: Add certain crimes against children to the list of offenses that prohibit employment of a person by a childcare facility. The committee has endorsed S. 439 and H. 3856.
- Child Passenger Safety: Update the child passenger restraint laws to comply with the recommendations of the American Academy of Pediatrics. The committee has endorsed S. 823.
- Obesity: Create a central repository of data to confirm the prevalence of childhood obesity, and promote best practices and educational programs to prevent childhood obesity.
- Shackling of Juveniles: Prohibit the shackling of juveniles in family court proceedings unless found by the court to be necessary to prevent harm or because the juvenile is a flight risk. The Committee has endorsed S. 440, S. 520, and H. 3855.
- Summer Camp Safety: Require all volunteers and employees of summer camps to have background checks, and require lifeguards to be present at swimming activities. The Committee has endorsed S. 442.
- Teen Distracted Driving: Prohibit an individual with a beginner's permit or restricted license from texting while driving.
- Admissibility of Statements to Children's Advocacy Centers Interviewers: Add children's advocacy centers interviewers to the statutory list of professionals who may inform family court about a child's out-of-court statements regarding alleged abuse. The Committee has endorsed S. 915.
- Recreational Off-Road Vehicles (ROVs): Provide minimum age and safety requirements for ROV operators, similar to the requirements for ATV operation, e.g., an ROV operator must be 16 years old and have a driver's license. The Committee has endorsed S. 326.
- Methamphetamine Production and Child Safety: Prohibit placement of a child in foster care with a relative who has been involved in the use or manufacture of methamphetamine. The Committee has endorsed S. 447.
- Child Fatality Advisory Committee: Add two members to the Child Fatality Advisory Committee: one senator appointed by the President *Pro Tempore*, and one representative appointed by the Speaker of the House. The Committee has endorsed S. 355 and H. 4408.
- Sexting: Create tiered penalties for children under 18 who electronically transmit sexually explicit photos of themselves or others, but prohibit placement on the sex offender registry after a conviction. The Committee has endorsed S. 441 and H. 3857.
- Read to Succeed: Implement a statewide comprehensive plan to improve reading achievement. Automatically retain 3rd grade students who fail their standardized reading test. The Committee has endorsed S. 516.
- Family Childcare Homes: Require DSS to either withdraw the registration of a family home or require the home to meet the requirements for licensure and regulations of group childcare homes if the family childcare home has enrolled more children than allowed or if DSS has determined the health or safety of the children in the home is at risk.

Updates on Initiatives and Related Topics:

The Committee has previously adopted initiatives on children's issues that have been accepted by various agencies for implementation. Following are updates regarding the activities and progress for those initiatives.

Immunizations

While the 2007 to 2011 five year trend showed a 3% decrease in the rate of immunizations of two year olds in South Carolina, recent data show that the immunization rate increased by 2% during 2011 to 2012.⁵⁸ The South Carolina Department of Health and Environmental Control (DHEC) continues to lead the state's efforts to vaccinate children. From 2014 to 2016, DHEC will implement the South Carolina Immunization Registry Regulation, which requires reporting of all vaccines administered in South Carolina. Data from this registry will allow DHEC to tailor immunization messaging to target populations in a more timely and efficient manner.

Effective August 2013, the tetanus, diphtheria and pertussis (Tdap) vaccine is required for all children entering the 7th grade. In conjunction with this requirement, DHEC is working to educate parents and providers on all adolescent vaccines recommended by the Centers for Disease Control and Prevention and to increase the number of school-located vaccination clinics across the state for seasonal influenza vaccine. This effort allows working parents to have their school-aged children vaccinated without missing time from work and reduces school absences due to the flu.

To achieve maximum access to needed vaccinations, the State Vaccine Program continues to provide funding for vaccines for children who do not have full insurance coverage for vaccines or who have a financial hardship.

Safe Sleep

Unsafe sleep practices, which cause suffocation from blankets, toys, or the rollover of a co-sleeping adult, result in the death of 66 infants a year in South Carolina.⁵⁹ The Children's Trust of South Carolina continues to lead efforts to reduce infant mortality due to unsafe sleep practices through its Safe Sleep Coalition. The Coalition meets regularly to identify issues surrounding safe sleep, share best practices for prevention, and identify areas for improvement. The Children's Trust of South Carolina is hosting a statewide Safe Sleep Summit in 2014.

In partnership with DHEC, the Children's Trust joined the national Collaborative Innovation Network sponsored by the Health Resources and Services Administration. Based on recommendations by the Collaborative Innovation Network, the Safe Sleep Coalition has adopted three strategies to reduce infant deaths due to unsafe sleep practices:

⁵⁸ Committee on Children 2013 Data Reference Book, <http://www.sccommitteeonchildren.org/doc/2013%20Data%20Reference%20Book.pdf> (last visited 2-7-2014). Data from the National Immunization Survey (NIS).

⁵⁹ Average number of children killed by unsafe sleeping practices. Committee on Children 2013 Annual Report, <http://www.sccommitteeonchildren.org/doc/2013AnnualReport.pdf> (last visited Feb. 7, 2014).

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recommendations by the Collaborative Innovation Network, the Safe Sleep Coalition has adopted three strategies to reduce infant deaths due to unsafe sleep practices:

- 1) Educate and assist caregivers of infants to practice and promote safe sleep recommendations;
- 2) Standardize Safe Sleep education and training for health care providers, including obstetric, pediatric, nursing staff, discharge planner, home visitor, and clinic staff; and
- 3) Develop strategic cooperative partnerships to endorse the American Academy of Pediatrics safe sleep recommendations and promote parental smoking cessation.

Obesity

In 2012, over one-third of all children in South Carolina were either overweight or obese.⁶⁰ DHEC continues to lead the state's efforts to reduce obesity in South Carolina, through the following efforts.

- “Unified! One Voice Against Obesity” conducted quarterly reports to highlight and share local best practices.
- The South Carolina Obesity Council began drafting the five-year, statewide obesity strategic plan for 2014 – 2019.
- DHEC implemented a grant-funded⁶¹ initiative to study the feasibility of collecting BMI and other key fitness indicators through “Fitnessgram 10” and to plan appropriate wellness programs.
- *South Carolina Farm to School* expanded programs within child care centers, public schools, and the Department of Juvenile Justice.
- DHEC developed the *Grow Healthy Toolkit* to promote health and fitness standards in early care education as part of the *Eat Smart, Move More* initiative.
- During 2012 and 2013, Supplemental Nutrition Assistance Program (SNAP) education was provided in seven counties (Calhoun, Florence, Kershaw, Lexington, Richland, Orangeburg, and Sumter); three more counties (Bamberg, Fairfield, and Lee) will be added during 2013 and 2014.

In addition to DHEC's efforts, *Eat Smart, Move More South Carolina* received a grant from *Voices for Healthy Kids* to promote the United States Department of Agriculture guidelines for snack foods and beverages in schools. *Voices for Healthy Kids* is a new national campaign funded by the American Heart Association and the Robert Wood Johnson Foundation focused on strategies to reduce childhood obesity.

Trauma-Informed Practice

The goal of the Trauma-Informed Practice initiative is to identify trauma in children and to mitigate its effects through the use of evidenced-based treatment practices.

⁶⁰ The South Carolina Child Health Assessment Survey is an annual survey to capture the health status and behaviors of children 0-17.

⁶¹ Grant funding for this initiative comes from Blue Cross Blue Shield Foundation.

supported by the Department of Mental Health, Department of Social Services, Project BEST, the National Crime Victims Research and Treatment Center, Medical University of South Carolina, Dee Norton Lowcountry Children's Center, and other local community partners. Trauma-informed training curriculum includes Trauma-Focused Cognitive-Behavioral Therapy, evidenced-based interventions and treatment plans, and case management skills.

Response to Child Sexual Abuse - the *Silent Tears* Report

The 2012 *Silent Tears*⁶² report was prepared by the Gunderson National Child Protection Training Center. The report provides recommendations to improve South Carolina's response to child sexual abuse and is based on an extensive survey of frontline professionals. The recommendations are designed to improve the education and training of professionals, the collection of forensic evidence, DSS' Appropriate Response System, mandated reporting, and the juvenile sex offender registry. The report also proposes strategies to resolve cases more quickly, develop partnerships between faith and child protection communities, expand prevention initiatives, and reduce the vicarious trauma that may be experienced by child protection professionals. Related activities include: the development of a Chaplains for Children program; a Child Advocacy Studies graduate certificate program at USC Upstate; a requirement that medical students at the USC School of Medicine Greenville take mandated reporter training; a *Juris Doctor with a Certificate in Children's Law*, now offered by the USC School of Law; and expanded mandated reporter trainings offered by the Children's Law Center.

⁶² The Silent Tears project was funded by Bob and Lisa Castellani. For more information and updates, visit www.silenttears.org.

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