Every child is filled with tremendous promise, and we have a shared obligation to foster their potential. This means shoring up the ways we support families. Policymakers have a key role in determining where public investments are made, and with every policy that is implemented or program that is funded, there is an opportunity to reduce pressures on families and increase the time and capacity for supportive family relationships.

Child abuse and neglect are considered Adverse Childhood Experiences (ACEs), a grouping of potentially traumatic early experiences collectively cited by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics as a public health crisis correlated to five of the top ten leading causes of death in the United States. The original study on ACEs was conducted from 1995-1997 and, in addition to child maltreatment, forms of adversity included household dysfunction such as witnessing or experiencing violence and growing up in a household with a family member experiencing mental illness or substance misuse. A newer model for ACEs incorporates ‘Adverse Community Experiences (or Environments)’ as well, such as experiencing poverty, discrimination, and poor housing quality or affordability.

Both types of adverse experiences, in the absence of protective supports, can disrupt children’s healthy development. Sustained experiences of adversity can lead to toxic stress levels that overwhelm the body’s stress response and can lead to lasting health impacts from wear and tear on the body’s vital systems. Exposure to unhealthy environments where there is violence or poor living conditions can also have both immediate and lasting health effects. A few of the many long-term health consequences that can result from unbuffered childhood adversity are depression, heart disease, and cancer.

In 2020, 40% of all children who were confirmed by Child Protective Services as victims of maltreatment in North Carolina were between the ages of birth to four years old. The second largest group was from ages five to ten, at 32%. Infants and toddlers up to age four are the largest cohort of children who enter the child welfare system and are at the highest risk for child maltreatment. These ACEs are occurring during the most formative stage of development and can have the greatest impact on neurodevelopment relative to older children.
The Center for the Study of Social Policy developed the Strengthening Families Protective Factors Framework, a research-informed approach to increase family strengths, enhance child development, and prevent child abuse and neglect. These five protective factors include strengthening economic supports for families, which can be achieved through increased household financial security and family-friendly workplace policies and increasing parenting skills, which can be achieved through early childhood home visitation and parenting education. One strategy for increasing protective factors is through policy changes enacted by state legislators, local elected officials, and state leaders. However, there exists a gap between the evidence-based policies to reduce child abuse and neglect and actual legislation and policy-making in the state of North Carolina.

The policy and evaluation teams at Prevent Child Abuse North Carolina (PCANC) conducted a qualitative study in 2021-2022 that aimed to investigate state leaders’ understandings of primary prevention of child abuse and neglect to build knowledge to help bridge this gap. By interviewing North Carolina elected officials and leaders about their understanding of child maltreatment prevention and prevention-focused policies and programs, barriers to enacting policies that protect children from child abuse and neglect can be identified, as well as the potential path forward for enacting more of these types of policies and programs.

The findings of this study may be leveraged to address statewide gaps in enacting policies that have been shown to prevent child abuse. The study aimed to answer the following research questions:

- What do NC policymakers and leaders know about adverse childhood experiences (ACEs), adverse community experiences, social drivers of health (SDOHs), and their impacts on health and well-being?
- What do NC policymakers and leaders know about primary prevention of child abuse and neglect, and how is primary prevention connected to their role?
- What sources of information and beliefs influence NC policymakers’ and leaders’ decision making?
- What are NC policymaker and leaders’ perceptions of polices that have been linked to primary prevention and the potential paths forward for these policies?

The team conducted 26 interviews with policymakers in North Carolina over the course of four months. Typically, the sample size for qualitative research studies using interviews is around 10 to 20 due to reaching a saturation point where common themes have emerged, rendering additional interviews mostly redundant.

In this executive summary you will find some of the high-level themes from the study. More information including context for the research questions, methodology, quotes directly from the participants, and implications of findings can be found in the full text, Forward with Hope: Policymaker Perspectives on Child Maltreatment Prevention in North Carolina.

Findings

**ACEs are commonly understood in the household context, but not as well-known in the community context.** Participants were familiar with ACEs as Adverse Childhood Experiences but were not as familiar with the term Adverse Community Experiences. Familiarity with the documentary Resilience: The Biology of Stress and the Science of Hope was a common theme, which has been used in many sectors across North Carolina as an educational tool. The science behind ACEs seems to be well understood by the participants and most were able to explain the connection between toxic stress and lifelong challenges with health and well-being.

**‘Social Determinants/Drivers of Health’ (SDOHs) is a familiar term,** but the descriptions were inconsistent, with some referring to individual drivers (like household hunger) and others describing system-level drivers (like living in a food desert). A couple of participants connected SDOHs to how the zip code someone lives in can impact life expectancy, which is also highlighted in the Resilience documentary.

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For the purposes of this study, ‘policymakers’ was a term defined to be inclusive of policy-creators (e.g., legislators, council members, other elected officials), policy-implementers (e.g., leaders in various state agencies and entities), and policy-influencers (i.e., individuals with influence and sway over what policies are adopted and implemented).
Prevention is a worthwhile investment according to the participants, yet the concept of prevention does not have a universal meaning or understanding. Participants often equate prevention with child welfare intervention, which is a type of prevention, but not primary prevention.

Everyone has a role in preventing child abuse, including the government and elected officials, yet a consistent theme from the participants was that they were not sure exactly how to prevent maltreatment. Investments in prevention policies and programs were mentioned, but there was also hesitation around the government becoming too involved in the personal lives of families. There was acknowledgement that the government is not very good at prevention and is a system that is designed to respond and react instead of prevent.

People are a key source of information for policymakers, and trust is key. Participants mentioned many sources, often including constituents and/or communities their work is focused on as valuable sources of information. There was an undercurrent of the importance of trust for information sources. Sources of information influence policymakers’ decision-making processes, yet a critical factor in their decision-making is their own personal experience and judgment when weighing all the information.

Unhelpful sources of information are ones that the policymaker does not trust. Policymakers described untrustworthy sources as ones that seemingly have an agenda, are polarizing on either end of the political spectrum, and ones with ulterior or hidden motives. Once trust is questioned or lost, policymakers avoid information from that source.

Family-friendly workplace policies are widely known, and the benefits are understood. However, the mechanism for implementing family-friendly policies such as paid family and medical leave was not as well understood or agreed upon by participants. Participants were aware of the benefits, but not sure how to balance the needs of business and employees without causing harm.

Family support programs such as home visiting and parenting education are generally viewed favorably, but some concerns were raised. Some participants were not familiar with either type of program, and for those who were familiar, concerns about cultural relevance, sensitivity, and fit were mentioned.

Some of our current systems that could support families and help prevent child maltreatment are not functioning as intended. Participants spoke about a broken mental health system where needs of families go unmet, and how families do not have the support they need, often leading to isolation – a risk factor for child maltreatment.

Young people give policymakers hope for the future, and the resilience of children inspires them. Participants mentioned how they are encouraged by the curiosity of children, and that while older generations paved the way, they believe that young people are questioning the status quo and will be a driving force for change. They also referred to current movements around prevention and ACEs as a source of hope, and that it is encouraging to them that people are paying attention to important issues like child abuse and neglect. The conversations brought a sense of optimism for the participants, and they felt that the current moment is full of possibilities.

In summary, child maltreatment causes suffering to children and families, and can have lifelong consequences. The responsibility of preventing child maltreatment is not limited to caregivers, and everyone has a role in creating safe, stable, and nurturing environments where all families thrive. Policies reflect our values as a society, and by making investments in children and families, we can strengthen them and support their well-being. Hope is believing that change is possible, and one theme was common across all interviews: the prevention of child maltreatment is possible, and it is up to all of us to make this a reality.

For more information on the Policymaker Perspectives on Child Maltreatment Prevention in NC study, contact Melea Rose-Waters, Policy Director, at mrosewaters@preventchildabusenc.org. You can find the full report here and a webinar from May 2022 discussing the high-level themes here. You can find a short guide on taking action, summarizing this study’s findings and implications here.
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