

# The Empower Action Model™

Mobilizing Prevention to Promote Well-Being and Resilience



Aditi Srivastav, PhD, MPH<sup>1,2</sup>, Melissa Strompolis, PhD<sup>1</sup>, Amy Moseley, MA<sup>1</sup> & Kelsay Daniels, BA<sup>1,2</sup>

## About Children's Trust and the Adverse Childhood Experiences (ACEs) Initiative

Children's Trust of South Carolina's mission is to help communities build resilience. As the state leader in child abuse and neglect prevention, Children's Trust leads the South Carolina Adverse Childhood Experiences (ACEs) Initiative. The South Carolina ACE initiative aims to help children and their families prevent ACEs and promote well-being and overcome the effects of ACEs when they do occur and mitigate the effect on health. The initiative has four main components: training, data collection, community-based action, and policy. Children's Trust has a network of over 70 trainers who conduct ACE trainings across the state to educate on the link between childhood adversity and negative outcomes in adulthood while promoting prevention and resilience strategies. Through a partnership with the South Carolina Department of Health and Environmental Control (SCDHEC), Children's Trust also leads the collection and dissemination of data on ACEs to promote data-driven decision making. The training and data dissemination efforts have led to an interest in community-based action; Children's Trust has developed a model to meet this need. Finally, Children's Trust is committed to providing data and research expertise to help inform policy efforts.

## The Role of ACEs in Child Well-Being

Adverse Childhood Experiences (ACEs) are traumatic experiences in a child's life that result in toxic stress, which can harm a child's brain and development (Shonkoff et al., 2012). These experiences include household dysfunction (domestic violence, incarceration of a parent, parental divorce/separations, mental illness in the household, and substance use in the household), abuse (emotional, physical and sexual), and neglect (emotional and physical). This adversity may prevent a child from learning, playing in a healthy way with other children, and can result in long term health problems such as heart disease, obesity, cancer, depression and early mortality (Felitti et al., 1998).

Data on ACEs is currently being collected annually via the South Carolina Behavioral Risk Factor Surveillance System (SCBRFSS; Centers for Disease Control and Prevention [CDC], 2014a). South Carolina ACE data shows that about sixty percent of adults in South Carolina experienced at least

one ACE. (Morse et al., 2018). The prevalence of traumatic experiences in South Carolina puts our population at risk for many poor health and social outcomes. It presents a crucial need for preventing ACEs to ensure all children have the opportunity to meet their full potential (Morse, Strompolis, Priester, Wooten, & Srivastav, 2018).

### Children's Trust has a series of research briefs that explain the prevalence and impact of ACEs in South Carolina:

1. Overview of the Behavioral Risk Factor Surveillance System
2. The ACEs Study
3. Demographics and Prevalence and Cumulative ACEs
4. Demographics and Individual ACEs
5. ACEs and Preventable Chronic Diseases
6. ACEs and Health Care Utilization
7. ACEs and Behavioral Risk Factors
8. ACEs, Mental Health, and Quality of Life
9. The Interrelatedness of Adversity
10. ACEs in SC Veterans
11. ACEs and Consideration of Race/Ethnicity
12. Expanding Understanding of Childhood Adversity

## Protective Factors

While research demonstrates that ACEs are linked to many poor health and social outcomes, it also suggests that the long-term impact of ACEs can be prevented through the building of resilience (Afifi & Macmillan, 2011; Bethell, Gombojav, Solloway, & Wissow, 2016; Shonkoff et al., 2012). Resilience is developed through the presence of protective factors, which are promotive and buffering factors in a child's life. These factors can be classified in three broad areas which include 1) the presence of positive relationships; 2) safe, protective, and equitable environments; and 3) healthy development of social and

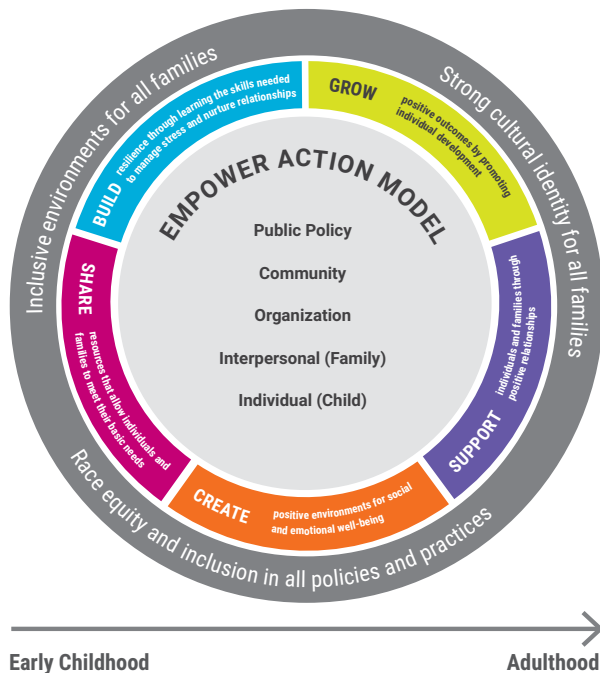
1. Children's Trust of South Carolina  
2. University of South Carolina, Arnold School of Public Health



emotional competencies (Crouch, Radcliff, Stropolis, & Srivastav, 2018). Research suggests that when protective factors are present, ACEs can be prevented, and the effects of ACEs can be reversed, allowing children to have more optimal health and well-being (Afifi & Macmillan, 2011; Moore & Ramirez, 2016; Shonkoff, 2016).

There are five widely recognized protective factor frameworks. These include 1) Center for the Study of Social Policy's (CSSP) *Strengthening Families*, 2) CSSPs' *Youth Thrive* (2018, n.d.) framework, 3) Administration for Children Youth and Families' *Protective Factors Framework* (Children's Bureau, 2017), 4) Center on the Developing Child's *Factors that Predispose Children to Positive Outcomes Framework* (Center on the Developing Child, n.d.), and 5) Center for Disease Control's *Essentials for Childhood Framework* (CDC, 2014). These frameworks have been endorsed in the areas of mental health, violence prevention, and substance use prevention (Children's Bureau, 2014, 2017). While these protective factors frameworks identify the key conditions needed for families and communities to thrive, they fall short of taking a multi-level approach and providing actions to apply these factors. Additionally, there continues to be a need to understand how these protective factors can be applied in diverse communities, considering the role that disparities play in public health outcomes (Braveman & Barclay, 2009). Knowledge of the protective factors alone is not likely to result in change, our model seeks to provide steps that will help build protective factors.

### The Empower Action Model



Through an environmental scan and evaluative feedback from trainers, trainees, grantees, key stakeholders and other experts, Children's Trust identified a need for a model that focuses on action for child well-being and the prevention of ACEs. The Empower Action Model merges important frameworks within key areas of public health and community psychology – the socio-ecological model, protective factors, life course perspective, and race equity and inclusion. The socio-ecological model is used as the foundation for the model, as it can be applied at multiple levels to prevent ACEs. Around the socio-ecological levels are key principles built on the protective factors literature which promote resilience: understanding, support, inclusion, connection and growth. These principles are developed with the understanding that they can be applied across the lifespan and across multiple levels of influence. Finally, each action suggested with each principle is grounded in the tenets of race equity and inclusion, framing all actionable steps to address determinants of equity and disadvantage that can lead to adversity in childhood. The Empower Action Model aims to provide clear and attainable steps to prevent ACEs and promote well-being for all individuals through the intentional building of protective factors.

### Application of the Model

While the Empower Action Model provides actionable steps to build protective factors at multiple levels and across all ages and stages, it recognizes that there is not a one-size fits all approach to implementing these steps, but gives guidance on the development of these factors. To assess whether each of the five protective factors have been applied effectively, the model has supplemental tools and resources that depict ideal conditions if the factors have been implemented at each level. Community leaders, advocates, and professionals can use these tools to build their action plan and assess their progress and future opportunities associated with building resilience within their own context.

### Next Steps

Over seventy ACE trainers are currently working to increase knowledge and understanding of ACEs in individuals and professionals in South Carolina. These trainers will be trained on the Empower Action Model to be able to provide an overview of the model as an example for how communities can build resilience to prevent and mitigate the negative effects of ACEs. Additionally, Children's Trust will be utilizing funding from Community-Based Child Abuse Prevention funds (CBCAP) and the BlueCross BlueShield of South Carolina Foundation® to support the implementation of the Empower Action Model within their community-based efforts as a part of the ACE initiative. These efforts, which center on regional coalitions, will be working at all levels of the model through a cross-sector approach to develop action plans are most useful and relevant to their respective populations. Children's Trust will be measuring the process and outcomes associated with the implementation of this model to develop best practices for promoting health and well-being through coalitions.



## Conclusion

The Empower Action Model can promote resilience in our individuals, children and families across the state. The model encompasses a range of theories and concepts that have proven successful in effective community planning but goes beyond acknowledging the various levels of impact by providing the steps necessary to accomplish the prevention of ACEs. With the support of stakeholders focused on health and well-being, application of this model across all levels can build resilience and well-being and promote positive effects on health outcomes while empowering South Carolinians to make a change for the future of our children.

## References

- Afifi, T. O., & Macmillan, H. L. (2011). Resilience following child maltreatment: A review of protective factors. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, 56(5), 266–272. <https://doi.org/10.1177/070674371105600505>
- Alwin, D. F. (2012). Integrating varieties of life course concepts. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 67B(2), 206–220. <https://doi.org/10.1093/geronb/gbr146>
- Berlin, L. J., Appleyard, K., & Dodge, K. A. (2011). Intergenerational continuity in child maltreatment: Mediating mechanisms and implications for prevention. *Child Development*, 82(1), 162–176. <https://doi.org/10.1111/j.1467-8624.2010.01547.x>
- Bethell, C., Gombojav, N., Solloway, M., & Wissow, L. (2016). Adverse Childhood Experiences, resilience and mindfulness-based approaches: Common denominator issues for children with emotional, mental, or behavioral problems. *Child and Adolescent Psychiatric Clinics of North America*, 25(2), 139–156. <https://doi.org/10.1016/j.chc.2015.12.001>
- Braveman, P., & Barclay, C. (2009). Health disparities beginning in childhood: A life-course perspective. *Pediatrics*, 124(Supplement 3), S163–S175. <https://doi.org/10.1542/peds.2009-1100D>
- Centers for Disease Control and Prevention. (2014). *Essentials for Childhood Framework: Steps to create safe, stable, nurturing relationships and environments for all children* (Essentials for Childhood). Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html>
- Centers for Disease Control and Prevention. (2015, March 25). The Social-Ecological Model: A framework for prevention. Retrieved May 10, 2017, from <https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
- Center for the Developing Child. (n.d.). Toxic stress derails healthy development. Retrieved March 15, 2017, from <http://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/>
- Children's Bureau, Administration of Children and Families. (2014). *Protective factors approaches in child welfare* (Issue Brief). Washington, DC: U.S. Department of Health and Human Services. Retrieved from [https://www.childwelfare.gov/pubPDFs/protective\\_factors.pdf](https://www.childwelfare.gov/pubPDFs/protective_factors.pdf)
- Children's Bureau, Administration of Children and Families. (2017). Protective factors to promote well-being. Retrieved May 26, 2017, from <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/>
- Crouch, E., Radcliff, E., Stropolis, M., & Srivastav, A. (2018). Safe, stable, and nurtured: Protective factors against poor physical and mental health outcomes following exposure to Adverse Childhood Experiences (ACEs). *Journal of Child & Adolescent Trauma*, 1–9. <https://doi.org/10.1007/s40653-018-0217-9>
- Center for the Study of Social Policy. (2018). Youth Thrive™. Retrieved July 13, 2018, from <https://www.cssp.org/reform/child-welfare/youththrive>
- Center for the Study of Social Policy. (n.d.). Strengthening Families™: A protective factors framework. Retrieved May 30, 2017, from <http://www.cssp.org/reform/strengtheningfamilies/about>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Griffith, D. M., Childs, E. L., Eng, E., & Jeffries, V. (2007). Racism in organizations: The case of a county public health department. *Journal of Community Psychology*, 35(3), 287–302. <https://doi.org/10.1002/jcop.20149>
- Griffith, D. M., Mason, M., Yonas, M., Eng, E., Jeffries, V., Plihcik, S., & Parks, B. (2007). Dismantling institutional racism: Theory and action. *American Journal of Community Psychology*, 39(3–4), 381–392. <https://doi.org/10.1007/s10464-007-9117-0>
- Jaffee, S. R., Bowes, L., Ouellet-Morin, I., Fisher, H. L., Moffitt, T. E., Merrick, M. T., & Arseneault, L. (2013). Safe, stable, nurturing relationships break the intergenerational cycle of abuse: A prospective nationally representative cohort of children in the United Kingdom. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, 53(4 0), S4-10. <https://doi.org/10.1016/j.jadohealth.2013.04.007>
- Moore, K. A., & Ramirez, A. N. (2016). Adverse Childhood Experiences and adolescent well-being: Do protective factors matter? *Child Indicators Research*, 9(2), 299–316. <https://doi.org/10.1007/s12187-015-9324-4>
- Morse, M., Stropolis, M., Priester, M. A., Wooten, N., & Srivastav, A. (2018). Adverse Childhood Experiences in South Carolina: A summary of demographics and prevalence and cumulative aces (Research Brief No. 3). Columbia, SC: Children's Trust of South Carolina. Retrieved from <https://scchildren.org/wp-content/uploads/ACE-Research-Brief-3-SC-Demographics-and-Prevalence.pdf>
- Shonkoff, J. P. (2016). Capitalizing on advances in science to reduce the health consequences of early childhood adversity. *JAMA Pediatrics*, 170(10), 1003–1007. <https://doi.org/10.1001/jamapediatrics.2016.1559>
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., ... Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>
- The Annie E. Casey Foundation. (2015, January 8). Race equity and inclusion action guide. Retrieved August 14, 2018, from <http://www.aecf.org/resources/race-equity-and-inclusion-action-guide/>
- Ungar, M. (2011). *The social ecology of resilience: A handbook of theory and practice*. Springer Science & Business Media.