

Municipality of Anchorage



AHD Recommendation on Proposed Municipal Alcohol Tax Revenues

Prevention of Child Maltreatment
and Adverse Childhood Experiences

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Contents

Summary..... 3

Background: Adverse Childhood Experiences..... 3

Adverse Childhood Experiences in Anchorage..... 4

Prevention of Adverse Childhood Experiences..... 8

Expanding Prevention Services in Anchorage..... 9

Appendix A..... 10

Appendix B..... 11

Summary

The Anchorage Health Department (AHD) recommends that a portion of the revenues from the proposed municipal alcohol tax be used to fund services and programming that prevent child maltreatment, sexual assault, and domestic violence. We recommend that these prevention services be structured around the prevention and mitigation of adverse childhood experiences (ACEs). ACEs can result in many negative health outcomes, including substance misuse and addiction, unintended pregnancy, crime, mental illness, and early death.

Preventing child maltreatment through programs that use an ACEs-informed framework is a sustainable, holistic, trauma-informed strategy that addresses the municipality's stated goals of reducing child maltreatment, sexual assault, domestic violence, substance misuse, behavioral health crises, and homelessness in Anchorage.

The evidence-informed programs and policies explored in this report offer a framework around which the meeting can be structured. These recommendations, along with input and support from the community stakeholders involved in child health and wellness, ACEs prevention, sexual abuse and domestic violence prevention, and public health can help shape a healthier future.

Background: Adverse Childhood Experiences

ACEs are potentially traumatic events that occur in childhood (0-17 years) that can lead to chronic physical and mental health problems, mental illness, substance misuse, early death, and a multitude of other negative health and social outcomes in adulthood. The Centers for Disease Control and Prevention (CDC) estimates that approximately 61% of American adults have experienced at least one ACE, and about 16% have experienced four or more.ⁱ The CDC classifies the following as ACEs:ⁱⁱ

- **Emotional abuse:** parent or adult living in your home swore at you, insulted you, or acted in a way that made you afraid you might be physically hurt
- **Physical abuse:** parent or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you
- **Sexual abuse:** an adult, relative, or stranger who was at least 5 years older than you ever touched you in a sexual way or attempted to have sexual intercourse with you
- **Mother treated violently:** mother or stepmother was pushed, grabbed, slapped, kicked, bitten, or otherwise injured or threatened by your father, stepfather, or mother's boyfriend
- **Substance misuse in the household:** a household member was a problem drinker or used street drugs
- **Mental illness in the household:** a household member was depressed or mentally ill or attempted suicide
- **Parental separation or divorce:** parents were ever separated or divorced
- **Incarcerated household member:** household member went to prison
- **Emotional neglect:** someone in your family made you feel important or special, you felt loved and cared for (reverse-scored)
- **Physical neglect:** someone took care of you, protected you, took you to the doctor (reverse-scored); you didn't have enough to eat, your parents were too drunk or high to take care of you, you wore dirty clothes

ACEs are associated with a wide range of negative, lifelong outcomes, including:ⁱⁱⁱ

- Traumatic Brain injury
- Fractures, burns
- Depression, anxiety, suicide, PTSD
- Unintended pregnancy, pregnancy complications
- Fetal death
- HIV, STIs
- Cancer
- Diabetes
- Alcohol and drug misuse
- Unsafe sex
- Higher smoking rates^{iv}
- Nonmedical prescription drug use among youth^v
- Involvement in sex trafficking^{vi}
- Negatively impact education, employment, and earnings potential^{vii}
- Involvement in crime and violence^{viii}

ACEs are also related to homelessness both directly and indirectly, with childhood adversity substantially overrepresented in homeless populations.^{ix} This is significant, because homeless populations experience higher rates of substance use disorder (SUD) than the general population – problematic alcohol use can be 6-7 times more prevalent in homeless populations, and the rate of SUD in homeless populations has been estimated at 30% (compared to about 5-7% in the general adult population).^x

ACEs exact an economic toll on society as well. The CDC estimates that the lifetime costs to the criminal justice, child welfare, special education, and health care systems, added to the productivity losses incurred by ACEs, result in about \$124 billion in costs.^{xi} In Alaska the estimated yearly health care, welfare, and special education cost of nonfatal child maltreatment is \$82 million.^{xii}

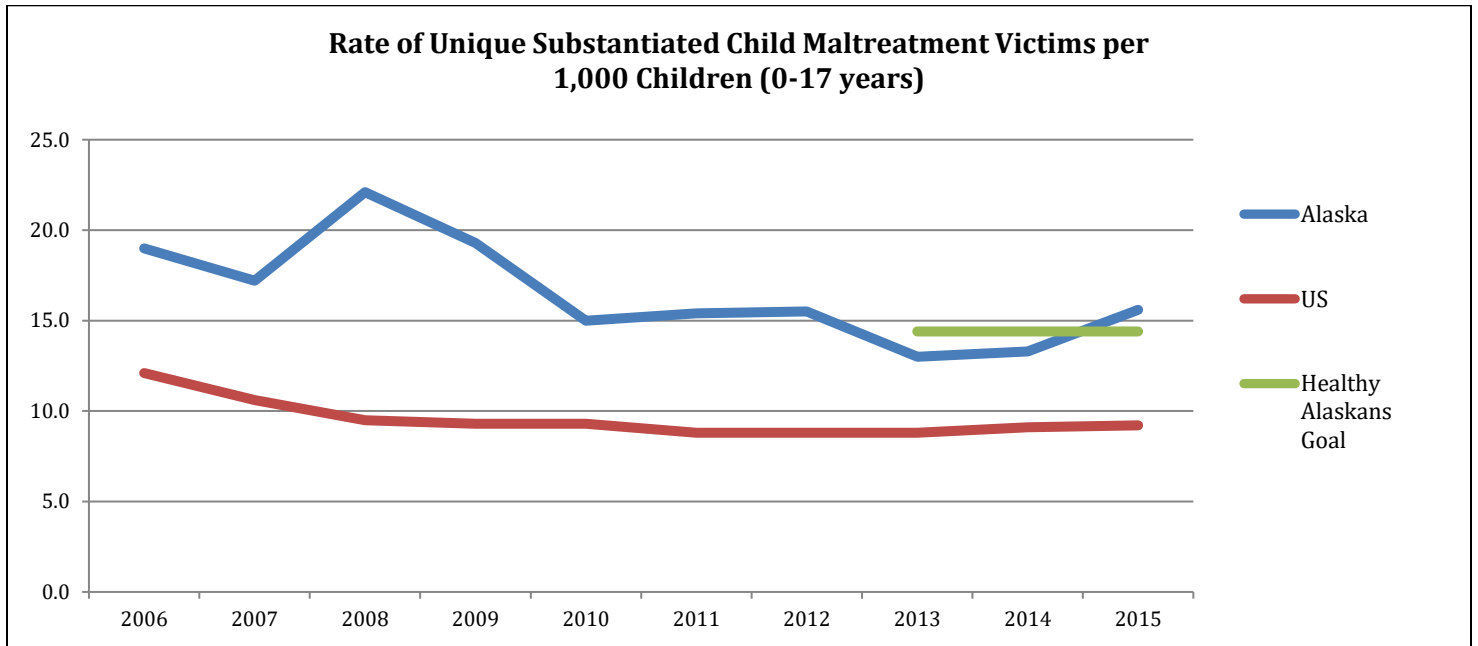
Adverse Childhood Experiences in Anchorage

Healthy Alaskans 2020 identifies child maltreatment cases as a key indicator of population health.^{xiii} In 2019, the State received 7,842 protective services reports from Anchorage, 55% of which (4,276) were not investigated because they did not meet the screening threshold that warrants state intervention. The State has limited capacity and only responds when the information received would indicate that children are unsafe or at high risk for maltreatment in the near future. The number of screened out reports may be used as a potential metric for understanding the number of children and families who could possibly benefit from family support or prevention services in Anchorage.^{xiv}

Office of Children’s Services: Count of All Protective Services Reports Received ^{xv}					
	2014	2015	2016	2017	2018
Anchorage	6354	6705	6688	7402	7871
Statewide	15695	16557	17418	20355	23143
Anchorage as Percent of State	0.40	0.40	0.38	0.36	0.34

**See Appendix A for more detail on Anchorage OCS data*

Healthy Alaskans 2020 reports that in 2015, the rate of substantiated child maltreatment victims per 1,000 children in Alaska (0-17 years) was 15.6, 70% higher than the national rate of 9.2 per 1,000 (Anchorage data not available). Although the child maltreatment rate in Alaska has fallen since 2006, it has remained consistently higher than the national rate, and in 2015 rose above the Healthy Alaskans goal of 14.4.^{xvi}



The Healthy Alaskans 2020 Scorecard also identifies the following indicators related to ACEs. The Scorecard reports that nearly all of these indicators have negative progress in Anchorage or statewide, meaning that the numbers have not fallen significantly since 2010. Compared to the United States, Alaska and Anchorage consistently score worse on these indicators, with the exception of adolescent and adult binge drinking.

Healthy Alaskans 2020 ACEs-Related Indicators^{xvii}					
Healthy Alaskans 2020 Health Indicator	Anchorage Baseline (2010)	HA2020 Target	Anchorage	Alaska	United States (2015)
Reduce the suicide mortality rate per 100,000 population, among the population age 15-24 years	28.5	43.2	41.8 (2015)	44.2 (2018)	12.5
Reduce the suicide mortality rate per 100,000 population, among the population age 25 years and older	23.2	23.5	30.7 (2015)	25.8 (2018)	17.6
Reduce the percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months	27.6%	23.0%	36.0% (2017)	33.6% (2015)	29.9%
Reduce the mean number of days in the past 30 days adults (age 18 and older) report being mentally unhealthy	3.3	2.9	3.3 (2018)	3.7 (2018)	3.7
Reduce the percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	7.2%	8.0%	8.8% (2017)	7.3% (2017)	No data
Reduce the rate of rape per 100,000 population	Statewide-74.6	67.5	Statewide data only	88.0 (2015)	28.1
Reduce the alcohol-induced mortality rate per 100,000 population	15.4	15.3	23.6 (2015)	26.2 (2018)	9.1
Reduce the percentage of adults (age 18 years and older) who report binge drinking in the past 30 days based on the following criteria: 5 or more alcoholic drinks for men; 4 or more alcoholic drinks for women, on one occasion.	23.6%	20%	15.4% (2018)	16.4% (2018)	16.3%
Reduce the percentage of adolescents (high school students in grades 9-12) who report binge drinking in the past 30 days based on the following criteria: 5 or more alcoholic drinks in a row within a couple of hours, at least once in the past 30 days	23.3%	17%	14.1% (2017)	14.6% (2017)	17.7%

The Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior System (YRBS) also collect data on ACEs in Anchorage. For the most part, Anchorage adults report similar levels of ACEs compared to Alaska and the United States. The largest differences occur in the rate of sexual abuse and mental illness in the household, for which the Anchorage and Alaska rates are higher than the national rate.^{xviii}

Adverse Childhood Experiences in Adult Population: Before Age 18, Ever Experienced... ^{xix}			
ACE	Anchorage (2015)	Alaska (2015)	United States (2011-2014)^{xx}
Physical abuse – parent or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you	17.6%	18.5%	17.9%
Sexual abuse – an adult, relative, or stranger who was at least 5 years older than you ever touched you in a sexual way or attempted to have sexual intercourse with you	16.1%	15.9%	11.6%
Alcohol misuse in the household – a household member was a problem drinker	29.0%	28.5%	No data
Mental illness in the household – a household member was depressed or mentally ill or attempted suicide	24.6%	22.0%	16.5%
Parental separation or divorce – parents were ever separated or divorced	29.1%	30.4%	27.6%
Incarcerated household member – household member went to prison	8.3%	9.8%	7.9%
Emotional neglect – someone in your family made you feel important or special, you felt loved and cared for (reverse-scored)	16.4%	14.9%	14.8% (1995-1997 Kaiser Study)
Physical neglect – someone took care of you, protected you, took you to the doctor (reverse-scored); you didn't have enough to eat, your parents were too drunk or high to take care of you, you wore dirty clothes	10.1%	10.3%	9.9% (1995-1997 Kaiser Study)

The YRBS does not ask specifically about ACEs, but several questions address traumatic or adverse experiences faced by youth. Anchorage data on these indicators does not vary significantly from Alaska or the United States.

Youth Risk Behavior Survey – High School Students, 2017^{xxi}			
Indicator	Anchorage School District	Alaska	United States^{xxii}
Among students who dated, ever physically hurt on purpose by someone they were dating in the past year	8.8%	8.2%	8.0%
Ever physically forced to have sexual intercourse in past year	7.8%	8.7%	7.4%
Attempted suicide that resulted in need for medical attention in past year	3.6%	3.4%	2.4%
Agree or Strongly Agree: Feel alone in life	22.3%	22.0%	No data
Disagree or Strongly Disagree: Teachers really care about them and give them a lot of encouragement	13.2%	13.8%	No data
Felt sad or hopeless for two or more weeks in a row in past year	36.0%	35.5%	31.5%

Prevention of Adverse Childhood Experiences

ACEs are a significant public health concern, but they are preventable. The CDC and the federal Department of Health and Human Services (DHHS) each outline prevention frameworks that address ACEs. DHHS breaks prevention approaches into primary, secondary, and tertiary prevention. Primary prevention focuses on universal, population-level services like public awareness campaigns and parenting classes. Secondary prevention is targeted at higher risk populations and includes programs like home visits and more targeted parenting supports. Tertiary prevention efforts are for families already affected by child maltreatment and ACEs, and include programs like family preservation services and mental health supports.^{xxiii}

Federal DHHS Child Maltreatment Prevention Framework^{xxiv}			
Prevention Level	Description	Types of services	Evidence-Based Programs*
Primary Prevention	Universal services aimed at the whole population	<ul style="list-style-type: none"> - Public awareness campaigns about child maltreatment - Parenting classes - Family supports and strengthening programs 	<ul style="list-style-type: none"> - Triple P Positive Parenting Program - Period of PURPLE Crying - Stewards of Children - ACT/Parents Raising Safe Kids - Parents as Teachers
Secondary Prevention	Services targeted to populations at higher risk for maltreatment	<ul style="list-style-type: none"> - Home visiting programs and parenting classes 	<ul style="list-style-type: none"> - The Incredible Years - SafeCare - Combined Parent-Child CBT - Effective Black Parenting Program
Tertiary Prevention	Services for families already affected by maltreatment	<ul style="list-style-type: none"> - Family preservation services - Parent mentoring and support groups - Mental health services 	<ul style="list-style-type: none"> - Attachment and Biobehavioral Catchup - Early Pathways - Promoting First Relationships - Parent-Child Interaction Therapy

The CDC’s prevention framework focuses on six areas: family economic support, social norms, child supports, skill building, connecting youth and adults, and treatment.

CDC ACEs Prevention Framework ^{xxv}		
Strategy	Approach	Evidence Based Programs/Policies*
Strengthen economic supports to families	<ul style="list-style-type: none"> - Strengthen household financial security - Family-friendly work policies 	<ul style="list-style-type: none"> - Paid family leave - Consistent work schedules - EITC and CTC - Childcare subsidies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> - Public education campaigns - Legislative approaches to reduce corporal punishment - Bystander approaches - Men and boys as allies in prevention 	<ul style="list-style-type: none"> - Green Dot - Coaching Boys into Men - Public education campaigns that help parents understand the cycle of abuse and campaigns targeting child physical maltreatment
Ensure a strong start for children	<ul style="list-style-type: none"> - Early childhood home visitation - High-quality child care - Preschool enrichment with family engagement 	<ul style="list-style-type: none"> - Nurse Family Partnership Program - Increasing access to affordable, high-quality childcare - Child Parent Centers
Teach skills	<ul style="list-style-type: none"> - Social-emotional learning - Safe dating and healthy relationship skill programs - Parenting skills and family relationship approaches 	<ul style="list-style-type: none"> - Life Skills Training - Good Behavior Game - PATHS - Dating Matters, Safe Dates - The Incredible Years - Strengthening Families 0-14
Connect youth to caring adults and activities	<ul style="list-style-type: none"> - Mentoring programs - After-school programs 	<ul style="list-style-type: none"> - Big Brothers, Big Sisters - After School Matters - Powerful Voices
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> - Enhanced primary care - Victim-centered services - Treatment to lessen the harms of ACEs - Treatment to prevent problem behavior and future involvement in violence - Family-centered treatment for SUDs 	<ul style="list-style-type: none"> - Safe Environment for Every Kid - Trauma-Focused CBT - Cognitive Behavioral Intervention for Trauma in Schools - Multisystemic Therapy

**See Appendix B for complete descriptions of the evidence-based practices listed here.*

Expanding Prevention Services in Anchorage

The Assembly aims to use the proposed alcohol tax revenues to address child maltreatment, sexual assault, domestic violence, substance misuse, behavioral health crises, and homelessness in Anchorage. While assisting and treating individuals currently in the midst of behavioral health crises or victims of child maltreatment or domestic violence are critical, the root causes of these problems must also be addressed. Thus, AHD recommends using a portion of the proposed alcohol tax revenue to fund ACEs prevention services.

In order to efficiently and effectively fund prevention services in Anchorage, AHD recommends holding a strategic stakeholder meeting to uncover the key prevention infrastructure service gaps in the community, using the above listed evidence-informed programs and policies as a framework around which services should be considered. This will ensure that all funded programming, policies, and services align with community needs and utilize tax revenues in a targeted and productive manner.

Appendix A

Office of Children's Services: Anchorage-specific data.

Alleged Victims, by Alleged Maltreatment: Anchorage^{xxvi} <i>Children may be in multiple regions and maltreatment categories</i>						Anchorage victims as percent of all statewide alleged victims, 2018
	2014	2015	2016	2017	2018	
Neglect	5097	5505	5076	5102	5412	25.3%
Mental Injury	1146	1859	2045	2211	2490	11.7%
Physical Abuse	1362	1497	1405	1738	1790	8.4%
Sexual Abuse	871	1017	1012	1271	1319	6.2%
All Alleged Victims (Statewide)	16447	17713	18284	20042	21367	

Alleged Victims, by Age: Anchorage^{xxvii} <i>Children may be in multiple regions and maltreatment categories</i> <i>Children of unknown age are included in the total only</i>					
	2014	2015	2016	2017	2018
0-2 years	1384	1501	1450	1434	1408
3-5 years	1257	1337	1263	1262	1274
6-8 years	1238	1394	1271	1415	1354
9-11 years	982	1080	1098	1204	1300
12-14 years	888	1006	1002	1063	1122
15+ years	776	895	893	951	1017
All Alleged Victims (Statewide)	16447	17713	18284	20042	21367

Children in Out of Home Placement^{xxviii}					
	2014	2015	2016	2017	2018
Anchorage	1314	1570	1710	1715	1687
Alaska	3231	3699	4116	4189	4116
Anchorage as portion of Alaska	40.7%	42.4%	41.5%	40.9%	41.0%

Appendix B

Evidence-informed child maltreatment and ACEs prevention strategies.

ACT/Parents Raising Safe Kids

An 8-week program to educate parents and other adults who care for children to create environments that protect children from violence early in their lives.

<http://www.apa.org/pi/prevent-violence/programs/act.aspx>

After School Matters

An apprenticeship program for high school youth that provides experiences in technology, science, communication, the arts, and sports. The program is associated with improved attitudes towards school, fewer course failures, higher graduation rates, and lower participation in drug use and gang activity.^{xxxix}

<https://www.afterschoolmatters.org/>

Attachment and Biobehavioral Catchup

A program for caregivers with infants or toddlers 6 months through 2 years who have experienced early maltreatment or a disruption in care. ABC helps caregivers provide a nurturing, responsive, and predictable environment to improve children's behavior and ability to self-regulate.

<http://www.infantcaregiverproject.com/>

Big Brothers, Big Sisters

A one-on-one mentoring program that is associated with higher rates of school attendance, lower drug and alcohol use, less physical fighting, better academic performance, and improved parental trust and relationships among youth.^{xxxix}

<https://www.bbbs.org/>

Child Parent Centers

Child Parent Centers provide family support, education, and healthcare to economically disadvantaged children ages 3-9. The centers are associated with lower rates of child maltreatment and neglect and out-of-home placements, youth depression and substance use, and arrests for nonviolent offenses, conviction and incarceration.^{xxxix}

Childcare Subsidies

Access to affordable childcare lowers parental stress and maternal depression, both of which are risk factors for child maltreatment and neglect.^{xxxix}

Coaching Boys into Men

A program that trains and motivates high schools coaches to teach male athletes about healthy relationships and violence.

<https://www.coachescorner.org/>

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

A treatment program for students in 5th-12th grade that is associated with PTSD symptom improvements, lowered rates of depression, and reduced parent-reported behavioral problems.

<https://cbitsprogram.org/>

Combined Parent-Child CBT

A strengths-based therapy program for children ages 3–17 and their parents (or caregivers) in families with a history of coercive parenting.

<http://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapycpc-cbt/detailed>

Consistent Work Schedules

Evidence indicates that children whose parents work inconsistent schedules have more cognitive deficits, and parents who work inconsistent hours are more likely to have work-family conflict and stress, risk factors for violence.^{xxxiii}

Dating Matters

A youth dating violence prevention curricula for teachers, coaches, professionals, and youth leaders.

<https://vetoviolence.cdc.gov/apps/datingmatters/>

Early Pathways

A home-based therapy program designed for children 6 years of age and younger with significant behavior and/or emotional problems. The program teaches parents and primary caregivers effective strategies for strengthening a child's positive behaviors while reducing challenging ones.

<http://www.marquette.edu/education/early-pathways/#>

Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)

The EITC brings families up out of poverty, and has positive effects on infant mortality, health insurance coverage, school performance, maternal stress, and mental health. Evidence suggests that CTCs can reduce child behavioral problems that are linked to later violence towards peers and intimate partners.^{xxxiv}

Effective Black Parenting Program

A program for families with children ages 0–18 to teach general parenting strategies and basic parenting skills and address topics such as single parenting and drug misuse prevention in a culturally sensitive manner.

<http://healthystartepic.org/resources/evidence-basedpractices/effective-black-parenting-program/>

Good Behavior Game

A prevention curriculum used in schools to support children's behavioral health and wellbeing.

<https://www.goodbehaviorgame.org/>

Green Dot Bystander Intervention

A program for children, teens, college campuses, and communities that teaches effective bystander intervention habits to counter bullying, violence, and unsafe environments.

<https://alteristic.org/services/green-dot/>

High-Quality, Affordable Childcare

Childcare that is enriching and supports parents is associated with better math, language, and social skills for children when they enter school. These children are also more likely to graduate from high school, attend college, and be employed as adults.^{xxxv}

Life Skills Training

A substance misuse prevention program for youth that teaches life skills, self-esteem, confidence, and social-emotional wellbeing. Evidence suggests Life Skills Training reduces alcohol and substance misuse and the initiation of other risky behaviors among youth.

<https://www.lifeskillstraining.com/>

Multisystemic Therapy (MST)

A treatment program for children with a history of ACE exposure. The program reduces rates of arrest for violent crimes and felonies, problematic sexual behavior, and out-of-home placements. Evidence also suggests that MST improves family functioning, parenting practices, youth substance use, academic performance, mental health, involvement in gangs, and sibling criminal behavior.^{xxxvi}

Nurse Family Partnership Program

NFP is a community health program that supports mothers and children. NFP is associated with a 48% relative reduction in rates of child maltreatment and neglect, and children in the program have higher cognitive and language development, academic achievement, lower rates of substance use, and fewer behavioral problems, arrests, convictions, and parole violations by age 19. Mothers have better pregnancy outcomes, improved parenting practices, lowered use of welfare programs, greater employment, lower rates of substance use, and reduced exposure to intimate partner violence.^{xxxvii}

<https://www.nursefamilypartnership.org/>

Paid Family Leave

Evidence suggests that women with paid maternity leave are more likely to retain their current employment and that the policy may help protect against depression and pediatric abusive head trauma. It can also be protective against intimate partner violence.^{xxxviii}

Parent-Child Interaction Therapy

A program for children ages 2 through 7 years with behavior and parent-child relationship problems. It was designed to help parents or caregivers reduce children's negative behaviors (e.g., defiance, aggression), increase children's social skills and cooperation, and improve parent-child attachment.

www.pcit.org

Parents as Teachers

A home visiting-based program for families during pregnancy and up to their children's entry into kindergarten. It is designed to increase parent knowledge of early childhood development and improve parenting practices, promote early detection of developmental delays and health issues, prevent child maltreatment and neglect, and encourage school readiness and success.

<http://parentsasteachers.org>

Period of PURPLE Crying

A program designed to help new parents and caregivers understand the scientific basis for an infant's prolonged crying

<http://purplecrying.info>

Powerful Voices

A leadership and skills training program for teenage girls that has been shown to improve girls' job skills, motivation, connections to their cultural identity, and ability to develop health relationships.

<https://www.powerfulvoices.org/>

Promoting Alternative Thinking Strategies (PATHS)

A social-emotional learning curricula for children in preschool through grade six.

<http://www.pathstraining.com/main/>

Promoting First Relationships Parent-Child Interaction Therapy

A home visiting intervention for infants and young children ages 0–3 and their primary caregivers to build caregivers' confidence in parenting skills and enrich their commitment to the children.

<http://pfrprogram.org/>

SafeCare

An in-home training program that teaches parents and caregivers how to interact with children in a positive manner, respond appropriately to challenging behaviors, recognize home hazards, and respond when a child is sick or injured.

<http://safecare.publichealth.gsu.edu>

Safe Dates

A program for middle and high school students that addresses dating violence. Evidence suggests that the program is associated with reductions in psychological, physical, and sexual abuse perpetration, and physical abuse victimization. <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=142>

Safe Environment for Every Kid (SEEK)

A primary care screening program that identifies ACEs. SEEK is associated with fewer reports to child protective services, less harsh physical punishment by parents, better adherence to medical care, and more timely childhood immunizations. The program is also associated with reductions in depression, substance misuse, intimate partner violence, and parental stress.^{xxxix}

<https://seekwellbeing.org/>

Stewards of Children

A sexual abuse prevention program offered by Darkness to Light, a nonprofit organization that seeks to empower and educate adults about preventing child sexual abuse.

<http://www.d2l.org/education/stewards-of-children>

Strengthening Families 10-14

A family skills training program that is associated with improved parenting skills, family relationships, academic performance, and social competencies, and reductions in delinquency and substance misuse.

<https://strengtheningfamiliesprogram.org/>

The Incredible Years

A program that provides three separate curricula for parents, teachers, and children (ages 4–8) to promote social and emotional competence and eliminate or treat behavioral or emotional problems. IY has demonstrated positive impacts for parents who self-reported a history of child maltreatment

www.incredibleyears.com

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

A treatment program for youth and families with ACEs. The program reduces symptoms of PTSD, depression, fear, anxiety, shame, and behavioral problems, as well as parental emotional distress and depressive symptoms.^{xi}

<https://tfcbt.org/>

Triple P Positive Parenting

A parenting and family support system for parents or caregivers of children from birth through age 16 to prevent and treat children's behavioral and emotional problems.

<http://www.triplep.net/glo-en/home>

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- ⁱ Violence Prevention Injury Center. "Preventing Adverse Childhood Experiences." *Centers for Disease Control and Prevention*, Violence Prevention, 31 Dec. 2019, https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html?CDC_AA_refVal=https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html.
- ⁱⁱ "About the CDC-Kaiser ACE Study." *Centers for Disease Control and Prevention*, Violence Prevention, 2 Apr. 2019, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>.
- ⁱⁱⁱ "About the CDC-Kaiser ACE Study." *Centers for Disease Control and Prevention*, Violence Prevention, 2 Apr. 2019, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>.
- ^{iv} Earl S. Ford et al., "Adverse Childhood Experiences and Smoking Status in Five States." *Preventive Medicine* 53, no. 3 (September 2011).
- ^v Myriam Forster et al., "Associations between Adverse Childhood Experiences, Student-teacher Relationships, and Non-medical Use of [SEP] Prescription Medications among Adolescents." *Addictive Behaviors* 68 (May 2017).
- ^{vi} Center for Disease Control and Prevention National Center for Injury Prevention and Control. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. 2019, <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>.
- ^{vii} Center for Disease Control and Prevention National Center for Injury Prevention and Control. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. 2019, <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>.
- ^{viii} Center for Disease Control and Prevention National Center for Injury Prevention and Control. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. 2019, <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>.
- ^{ix} Roos, Leslie E et al. "Relationship between adverse childhood experiences and homelessness and the impact of axis I and II disorders" *American journal of public health* vol. 103 Suppl 2 (2013): S275-81.
- ^x Hwang, S W. "Homelessness and health" *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne* vol. 164,2 (2001): 229-33.
- ^{xi} Centers for Disease Control and Prevention. "Adverse Childhood Experiences: Looking at How ACEs Affect Our Lives & Society." *Veto Violence*, CDC, https://vetoviolenecdc.gov/apps/phl/images/ACE_Accessible.pdf.
- ^{xii} Skidmore, Patrick. "Economic Costs of Adverse Childhood Experiences in Alaska The Price of Not Intervening Before Trauma Occurs." *Advisory Board on Alcoholism and Drug Abuse, Alaska Mental Health Board*, <http://dhss.alaska.gov/abada/ace-ak/Documents/ACEsEconomicCosts-AK.pdf>.
- ^{xiii} State of Alaska Department of Health and Social Services, Alaska Native Tribal Health Consortium. *Healthy Alaskans 2020 Scorecard Regional Edition - Anchorage*. 25 Sept. 2017, http://hss.state.ak.us/ha2020/assets/HA2020_Scorecard_Anchorage.pdf.
- ^{xiv} Anchorage Office of Children's Services
- ^{xv} Alaska Department of Health and Social Services. "Alaska Office of Children's Services Statistical Information." *Office of Children's Services*, 2019, <http://dhss.alaska.gov/ocs/Pages/statistics/default.aspx>.
- ^{xvi} Alaska Department of Health and Social Services. "Health Indicator Report of Child Abuse and Neglect (HA2020 Leading Health Indicator: 11)." *AK-IBIS*, Aug. 2017, <http://ibis.dhss.alaska.gov/indicator/view/ChildAbuse.HAR.html>.
- ^{xvii} Alaska Department of Health and Social Services. "Indicator Profiles by Topic Selection Index." *AK-IBIS*, <http://ibis.dhss.alaska.gov/indicator/index/Categorized.html>; State of Alaska Department of Health and Social Services, Alaska Native Tribal Health Consortium. *Healthy Alaskans 2020 Scorecard Regional Edition - Anchorage*. 25 Sept. 2017, http://hss.state.ak.us/ha2020/assets/HA2020_Scorecard_Anchorage.pdf.
- ^{xviii} Alaska Department of Health and Social Services. "Behavioral Risk Factor Surveillance System (BRFSS) ." *AK-IBIS*, <http://ibis.dhss.alaska.gov/query/selection/brfss23/BRFSSSelection.html>.
- ^{xix} Alaska Department of Health and Social Services. "Behavioral Risk Factor Surveillance System (BRFSS) ." *AK-IBIS*, <http://ibis.dhss.alaska.gov/query/selection/brfss23/BRFSSSelection.html>.
- ^{xx} Centers for Disease Control and Prevention. "Behavioral Risk Factor Surveillance System ACE Data ." *Violence Prevention*, Centers for Disease Control and Prevention, 9 Apr. 2019, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-brfss.html>.; "About the CDC-Kaiser ACE Study." *Centers for Disease Control and Prevention*, Violence Prevention, 2 Apr. 2019, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>.

-
- xxi <http://ibis.dhss.alaska.gov/query/selection/yrbsl23/YRBSSelection.html>
- xxii *Morbidity and Mortality Weekly Report Youth Risk Behavior Surveillance — United States, 2017*. Centers for Disease Control and Prevention, 2018, <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>.
- xxiii Child Welfare Information Gateway. *Child Maltreatment Prevention: Past, Present, and Future*. Children’s Bureau 2017, https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf.
- xxiii Child Welfare Information Gateway. *Child Maltreatment Prevention: Past, Present, and Future*. Children’s Bureau 2017, https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf.
- xxiv Child Welfare Information Gateway. *Child Maltreatment Prevention: Past, Present, and Future*. Children’s Bureau 2017, https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf.
- xxv Center for Disease Control and Prevention National Center for Injury Prevention and Control. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. 2019, <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>.
- xxvi Alaska Department of Health and Social Services. “Alaska Office of Children’s Services Statistical Information.” *Office of Children’s Services*, 2019, <http://dhss.alaska.gov/ocs/Pages/statistics/default.aspx>.
- xxvii Alaska Department of Health and Social Services. “Alaska Office of Children’s Services Statistical Information.” *Office of Children’s Services*, 2019, <http://dhss.alaska.gov/ocs/Pages/statistics/default.aspx>.
- xxviii Alaska Department of Health and Social Services. “Alaska Office of Children’s Services Statistical Information.” *Office of Children’s Services*, 2019, <http://dhss.alaska.gov/ocs/Pages/statistics/default.aspx>.
- xxix Centers for Disease Control and Prevention National Center for Injury Prevention and Control. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. 2019, <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>.
- xxx Centers for Disease Control and Prevention National Center for Injury Prevention and Control. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. 2019, <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>.
- xxxi School of Social Policy and Practice University of Pennsylvania. “Child-Parent Centers - Center for High Impact Philanthropy.” *Center for High Impact Philanthropy - University of Pennsylvania*, <https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/early-childhood-toolkit/strategies-for-donors/provide-great-places-to-learn/child-parent-centers/>.
- Centers for Disease Control and Prevention National Center for Injury Prevention and Control. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. 2019, <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>.
- xxxi Centers for Disease Control and Prevention National Center for Injury Prevention and Control. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. 2019, <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>.
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*
- xxxi *Ibid.*