

Adverse Childhood Experiences

Policy and Program Review



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Introduction

Adverse Childhood Experiences (ACEs) are traumatic events such as abuse, neglect, and household dysfunction that occur during childhood (before age 18) and have a negative and lasting impact on future health and functioning. ACEs include:¹

- emotional, physical, or sexual abuse
- physical or emotional neglect
- domestic violence
- parental substance abuse
- household mental illness
- divorce
- imprisoned family

The Arizona Department of Health Services (ADHS) adopted an Action Plan to address ACEs in Arizona by (1) enhancing surveillance and data visualization on ACEs and Positive Childhood Experiences (PCEs), (2) enhancing provider awareness of ACEs and PCEs, and (3) making ADHS a trauma-informed care agency.

ADHS collaborated with the Morrison Institute for Public Policy to (1) identify ACEs that are challenges in Arizona (2) review policies and programs in the state related to those ACEs and (3) identify policies and programs in other states that aim to reduce or mitigate ACEs.

Although there are many different data sources for ACEs including the Behavioral Risk Factor Surveillance System (BRFSS), this report uses the National Survey on Children's Health (NSCH) data because the survey structure is consistent for all states and the survey covers ACEs in more detail than the BRFSS.

The NSCH is a federally funded annual survey that collects data about many facets of children's lives—including physical and mental health, access to and quality of health care, and the child's family, neighborhood, school, and social context.²

A section of the NSCH asks parents to report which ACEs their child has encountered. There are some limitations to this data collection method because not all ACE experiences may be captured depending on parental awareness or willingness to report via survey. The NSCH provides the largest parent-reported data that represent non-institutionalized children, ages 0-17 years, residing in the United States. Data are collected for every state and accessible to the public through an online data exploration tool.

Looking at combined data from the 2020 and 2021 NSCH, we sought to identify the ACEs that children in Arizona experience at higher rates as compared to children in other states.³ The top ACEs that are challenging for Arizona are highlighted on the next page:

Adverse Childhood Experience	Arizona's Rank
Child has been a victim of or witnessed neighborhood violence	4 ^{th*}
Child's family found it hard to cover the basics, like food or housing, on family's income: Combined responses "somewhat often hard to get by" and "very often hard to get by"	13 ^{th*}
Child's parents have been divorced or separated	14 ^{th*}
Child has witnessed domestic violence	15 ^{th*}
Child has lived with someone who was mentally ill, suicidal, or severely depressed	17 ^{th*}
Child had a parent or guardian who served time in jail	18 ^{th*}
Child experienced being treated or judged unfairly because of their race or ethnic group	22 ^{nd**}
Child had a parent or guardian who died	24 ^{th*}
Child had a parent who had a problem with alcohol or drugs	31 ^{st**}
Child experienced being treated or judged unfairly because of their sexual orientation or gender	31 ^{st**}

 The top ACEs that are challenging for Arizona

* Highest prevalence compared to all other states
 ** Highest compared to all other states

According to the combined data from the 2020 and 2021 NSCH, 42% of children in Arizona have experienced one or more ACE.⁴ Experiencing adversity as a child can affect early brain development if a child does not have a supportive caregiver or positive experiences to help counteract the stressful ones. Prolonged exposure to stress as a child can also increase the risk of negative health outcomes later in life such as heart disease, cancer, stroke, and diabetes.⁵ For more information about stress and the developing brain, see the Arizona Department of Health Service's report on [Adverse Childhood Experiences in Arizona](#).

Policy and Program Review

Below we will review policies and programs related to the top ACEs in Arizona. Policies and programs highlighted in this report were selected based on a variety of factors including recommended practices based on literature, experts, and effectiveness of programs according to evaluations or randomized control trials.

This policy review is not comprehensive and instead aims to identify some of the effective or unique and innovative policies and programs that states are using to reduce or mitigate the impact of ACEs. For organizational purposes, this policy and program review is organized by topical area, but policies and programs may address multiple ACEs. It should also be noted that often the causes and effects of ACEs are intertwined and not easily separated.

Poverty

NSCH Question

Since this child was born, how often has it been very hard to cover the basics, like food or housing, on your family's income?

Arizona's Rank

13th*

* Highest compared to all other states

► 13.4% of children's parents responding that it was somewhat often or very often hard to get by on family income.

Poverty is a complex issue that spans different realms including food, housing, employment, and childcare. There is also an abundance of evidence showing that improvements in a family's economic status has ripple effects on many different areas including improved physical and mental health.⁶ Since improvements in a family's poverty or economic status has such wide-ranging implications, we will address this topic first.

It is no secret that poverty can have varied and wide-ranging effects on developing children. Low-income families often lack resources and ability to meet basic needs like nutrition, housing, healthcare and education. When children don't have access to healthy food on a regular basis, their brains and bodies lack the proper nutrients to develop.⁷ Poverty can lead to unstable housing which can increase stress in families leading to higher cortisol levels in children that fundamentally alter the way their bodies operate.⁸ Unfortunately, poverty is often concentrated in communities and this can limit social connection and support systems during times of need.⁹ However, the Center on Budget and Policy Priorities offers this hopeful statement:

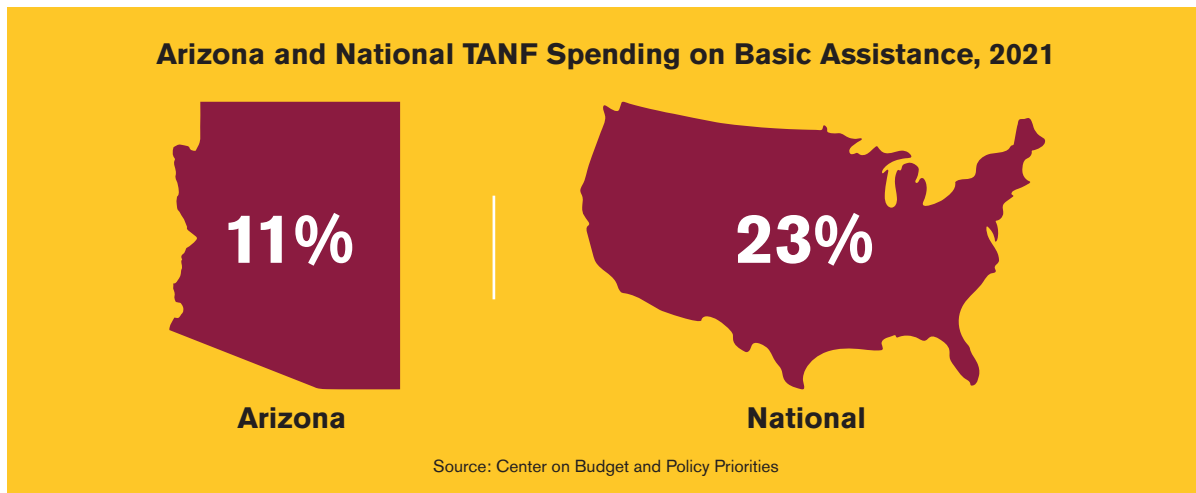
“ Considerable research has found that increasing low-income families' income when a child is young tends to improve a child's immediate well-being, as well as positive long-term effects such as better health and higher earnings in adulthood. ”¹⁰

There are many different ways families' economic situations can be influenced. Below are some potential mechanisms for supporting families via policy or programs.

Social Safety Net

- **Earned Income Tax Credit Programs:** The federal Earned Income Tax Credit (EITC) provides a refundable credit to taxpayers based on their income and family structure (like marital status and number of children). The federal EITC program is one of the largest anti-poverty programs that the United States has implemented, and data from 2018 show that the federal EITC lifted nearly 3 million children above the poverty line.¹¹
 - **Expanded EITC in other States:** In addition to the federal EITC, 31 states and the District of Columbia offer a state EITC, however, Arizona does not have a state EITC program. Most states offer a refundable EITC, meaning if the tax credit exceeds the taxpayer's state income tax liability, the taxpayer receives the excess amount as a payment from the state.¹² Four states (MS, OH, SC, UT) offer non-refundable tax credits which are designed to offset state income tax liability. Refundable tax credits offer larger benefits since most EITC-eligible households typically have little or no state income tax liability.¹³
- **Temporary Assistance for Needy Families (TANF):** TANF is a block grant that provides federal money to states to combine with their own spending on TANF-eligible families to meet the goals of TANF.¹⁴ The stated goals of TANF are to:
 - (1) Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives;
 - (2) End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
 - (3) Prevent and reduce the incidence of out-of-wedlock pregnancies; and
 - (4) Encourage the formation and maintenance of two-parent families.

Each state is required to spend a certain amount to receive the federal funds; this is called a “maintenance of effort” or MOE requirement.¹⁵ However, states can claim the spending of third-parties (like food banks or domestic violence shelters) on the TANF-eligible populations as qualifying expenditures to meet the MOE requirement.¹⁶ In 2021, Arizona spent the majority of its TANF funds on child welfare (67%) and only spent 11% of the TANF funds on providing basic assistance to families.¹⁷ The basic assistance portion of spending typically represents cash transfers that help families buy the things they need. Policies to qualify for and receive TANF basic assistance vary from state to state, but usually families are required to work or participate in workforce development activities and demonstrate that they are “needy” according to the state’s definition in order to receive benefits.¹⁸



In addition to these qualification requirements, there are unique barriers to families with immigrant parents that prevent them from accessing TANF supports. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 established a 5-year time period during which immigrants are ineligible to receive social safety net benefits like the Supplemental Nutrition Assistance Program (SNAP) and TANF. Children that are born in the United States in these families are able to receive SNAP benefits as of 2002, but families that have immigrant parents with citizen children are often unaware of this policy or unwilling to apply for benefits for fear they might jeopardize their chances of permanent residency.¹⁹ States do have the authority to provide TANF benefits to immigrant families through state funds, even if the federal government does not reimburse states.²⁰

- *Restrictive TANF policies in Arizona:* Arizona has some of the lowest benefit amounts and strictest requirements in the nation for families to qualify for TANF. The maximum amount of income a family of 3 can make per month in order to qualify for TANF is \$585.²¹ And the maximum amount a family of 3 can receive if they have no source of income at all is \$278.²² Federal policy allows for families to receive 60 months of support through TANF, but Arizona passed a bill in 2015 to limit the amount of time a family can receive support to 12 months (the most restrictive in the nation).²³ Families are allowed to receive an additional 12 months of support (total 24 months) if they meet certain requirements like participation in Arizona's TANF job program. Families with two parents are only allowed to receive benefits for a maximum of 6 months.²⁴

Small-scale Cash Transfer Programs

There have been a handful of smaller cash transfer programs and evaluations across the nation. In Washington, D.C. a program called THRIVE provided cash transfers of \$5,500 to low-income households between July 2020 and January 2022, allowing families to choose whether to receive the money as a lump sum or in monthly increments over the course of five months. An evaluation of the program showed that the cash transfers provided a significant boost to the recipient's financial stability. Participants reported that they were able to pay rent and pay for basic needs like food, medical expenses, and utilities. Additionally, participants reported the transfers improved mental well-being and reduced stress levels.²⁵

In Jackson, MI, 110 mothers living in federally subsidized housing received \$1,000 for 12 months. After one year in the program, participants were more likely to pay all their bills on time, have money saved for emergencies, have health insurance, and obtain professional medical help when needed.²⁶

In a randomized control trial spanning four cities in the US (New York City, Omaha, New Orleans, and the Twin Cities), mothers who received an unconditional cash gift of \$333 per month increased the amount of money spent on purchasing items for infants like books, diapers, and children's clothing, and spent more time in early learning activities with their infants.²⁷

Employment

A recent report from Child Trends found that a mother's participation in the workforce is associated with decreases in child poverty. Specifically, "each 1 percentage point increase in single mothers' labor force participation was associated with a 0.8 percent decrease in both child poverty rates and child deep poverty rates."²⁸

However, supports such as paid family leave and paid sick days are needed to help keep mothers in the workplace. According to the Center for American Progress, nearly half of low-wage earners do not have a single paid sick day available to them to care for themselves or their family members.²⁹ Additionally, the Center for American Progress states that a striking 90 percent of low-wage and part-time workers do not have access to family leave through their employer.³⁰

The federal Family Medical Leave Act (FMLA) provides up to 12 weeks of unpaid leave, but allows states to enact more expansive provisions. According to the National Conference of State Legislatures, 11 states offer paid family and medical leave. Additionally, 16 states (including Arizona) currently require paid sick leave.³¹

Policies in Arizona: In Arizona, voters passed Proposition 206 in 2016 to ensure all employees are entitled to a minimum of one hour of earned paid sick time for every 30 hours worked.³² However, use of sick time is restricted to 40 hours (about 5 days) per year if the employer has more than 15 employees. If an employer has fewer than 15 employees, use of sick time is restricted to 24 hours (about 3 days) per year.³³ In September 2023, Governor Hobbs made changes to family leave for all eligible state employees. These changes allowed for 12 weeks of paid leave for eligible employees following the birth of a child or placement of an adoptive or foster child, and increased accrual of sick leave from a maximum of 40 hours per year to 480 hour per year.³⁴

Child Care

Another important factor in allowing mothers to participate in the labor force is the availability and affordability of high-quality child care.

Recent analyses show that about a third of families paying for childcare are pushed into poverty because of those costs.³⁵ In Arizona, parents pay more (\$390 more) for infant care per year than they would for in-state tuition at a four-year public college.³⁶ Typical families struggle to pay for child care, but the situation is untenable for low-wage workers. In fact, a person earning minimum wage in Arizona would need to work full time for 23 weeks, or from January to June, just to pay for child care for one infant, and that doesn't include any other costs such as housing, transportation, or food.³⁷

Parents pay

\$390 more

per year for infant care than they would for in-state tuition at a four-year public college.

The Child Care and Development Block Grant (CCDBG) is a federal program that provides money to states to provide childcare subsidies to families so they can afford childcare. It is the only federal program dedicated to supporting the affordability and accessibility of quality child care. States typically use money from the CCDBG to reimburse daycares for the tuition of a child that has qualified for a childcare subsidy. The Administration for Children and Families recommends setting reimbursement rates at the 75th percentile of the market rate for child care. States generally establish market rates using surveys which are costly and time-consuming to implement and analyze.

According to the Center for American Progress, 45% of states contracted with academic researchers and 34% of states (including Arizona) worked with a private consulting firm to conduct a statistically valid and reliable market survey.³⁸ Even when implemented correctly, the market rate survey effectively sets future maximum reimbursement rates based on past market rates charged, which doesn't allow for increased costs over time and can result in payment rates that reflect the child care market rates from five years prior.³⁹

Policies in Other States: To address these issues, some states are moving towards using cost estimation modeling to establish reimbursement rates. Cost modeling uses regulatory requirements (like staffing ratios) and program characteristics (like ages of children served) to quantify typical expenses of childcare providers.⁴⁰ New Mexico and the District of Columbia use cost modeling which allows them to be more responsive to the needs of the child care sector, such as considering the cost of substitute teacher time and paid sick leave. Using a cost model enables states to account for all factors that affect child care businesses such as rent and utilities, compensation and benefits, staffing requirements and ratios, and local costs of living.⁴¹

A practical example of a state switching to this approach was New Mexico. To implement a cost modeling approach, New Mexico contracted with Prenatal to Five Fiscal Strategies in 2020 and adapted the publicly available Provider Cost of Quality Calculator from the Administration for Children and Families Office of Child Care and Office of Head Start.⁴² New Mexico used the cost-estimation model in its child care development fund plan for the 2022-24 submission to the U.S. Department of Health & Human Services Administration for Children & Families.⁴³

Housing

The gap between housing costs and poor families' incomes contributes to housing instability, which is a significant risk factor for healthy child development.⁴⁴ Frequent moves for low-income children and switching schools are linked with poor academic performance and attention and behavioral problems.⁴⁵

In Arizona, 20% of renter households are extremely low income, meaning they are at or below the poverty guideline.⁴⁶ Of those extremely low-income renter households, 80% of them are extremely cost-burdened, meaning they spend more than half of their income on housing.⁴⁷ The most cost-effective strategy for reducing childhood poverty is increasing access to affordable housing.⁴⁸ However, Arizona is experiencing a severe shortage of housing that is affordable for extremely low-income households. As of 2023, there are only 24 rental homes available for every 100 extremely low-income renter households, making Arizona the 5th lowest in the nation.⁴⁹

Federal rental assistance, such as housing choice vouchers, public housing, and emergency rental assistance is a common way of helping families afford the cost of housing.⁵⁰ As of 2022, 103,100 people (representing 49,000 Arizona households) use some form of federal rental assistance.⁵¹ Sixty-two percent of assisted people are in families with children.⁵² With the cost of housing in Arizona increasing to unprecedented levels since the COVID-19 pandemic,⁵³ federal rental assistance programs have become increasingly vital to addressing childhood poverty. Housing vouchers, in particular, work by subsidizing the rents of low-income families so they can afford units in the private market for about 30 percent of their income.⁵⁴ This allows families to not only secure stable housing but also provides them with more choice in where they live, including near child care or preferred schools.⁵⁵ Voucher programs have been shown to reduce homelessness, housing instability, overcrowding, and poverty, which can significantly impact childhood well-being.⁵⁶



Though the benefits of housing vouchers and other rental assistance programs are clear, the lack of availability, limited acceptance of vouchers by landlords, and barriers to obtaining rental assistance can be problematic. Often, those wishing to receive housing vouchers encounter lengthy waitlists from local housing authorities who administer them.⁵⁷ Sometimes, even waitlists are unavailable. For example, the Phoenix voucher program was closed to new applicants from 2005 to 2016.⁵⁸ Additionally, once vouchers are obtained they can be difficult to use as landlords can be unwilling to take them, even if they have vacancies.⁵⁹ Landlords often turn away applicants with vouchers because they see vouchers as more burdensome, and because market-rate rents often outpace the value of the vouchers.⁶⁰

With emergency rental assistance, some renters can struggle to gain assistance, as was shown during the COVID-19 pandemic. In particular, some renters had trouble demonstrating financial hardship in their applications because they needed to provide paystubs when some were in and out of work, gig workers, or paid in cash.⁶¹ Additionally, funds were slow to be distributed to households.⁶²

Improvements in Housing Choice Vouchers can occur at both federal and local levels. To address issues of availability and waitlists, the federal government can fund more housing choice vouchers.⁶³ The federal government can also reevaluate how often they calculate the value of housing vouchers using “fair market rent,” which is calculated as the 40th percentile of rents in a designated area.⁶⁴ Currently, fair market rent is calculated annually using the prior year’s data, which can be problematic for areas like Phoenix with rapid month-over-month price increases.⁶⁵ Calculating fair market rent more often could help alleviate the issue of vouchers not keeping up with market-rate prices.

Finally, state and local governments can streamline the Housing Choice Voucher program for landlords by conducting outreach and education programs with landlords to combat the perception that vouchers are not worth the difficulties of navigating the system.⁶⁶ Local governments can also encourage landlords to participate in the Housing Choice Voucher Program by providing incentives. For example, the Housing Authority of Maricopa County and Phoenix, Mesa, and Chandler housing authorities offer \$500 to \$2,000 bonuses for each unit rented to a tenant who holds a voucher.⁶⁷

Improvements to emergency rental assistance programs are of particular concern as the federal funds from the Coronavirus Aid, Relief, and Economic Security Act (CARES) expired in Arizona in October 2023.⁶⁸ Though the state will establish its own rental assistance program for households with children and seniors days after the federal program expires,⁶⁹ it is unclear how the state and local governments will cope with the loss of federal funding for rental assistance.

In 2022, the Morrison Institute completed a multi-year project focused on housing insecurity across Arizona. For more information please see publications on Morrison’s website [here](#).

COVID-19 Programs

The United States implemented a series of programs to provide relief and support to impoverished families who were disproportionately impacted during the COVID-19 pandemic. Examples of the new and expanded programs to provide relief during the pandemic include:

- The Government distributed direct cash payments to eligible families to stimulate economic activity and cover essential needs.
- Unemployment benefits were also extended to provide support to people who lost their jobs.
- The Supplemental Nutrition Assistance Program (SNAP) was expanded to address increased food insecurity at the time.
- Eviction moratoriums were enacted, and rental assistance programs were established.
- The Child Tax Credit was also expanded to aid low-income families.
- Health coverage was expanded by increasing premium tax credits.
- Additional funding was allocated to support affordable childcare.

While challenges and gaps remained, collectively these programs and policies had a huge impact in alleviating the impacts of COVID-19 on impoverished families.⁷⁰

Although long-term increased support in all areas above may be unsustainable for governments, the profound impact of relaxed eligibility criteria and extended timeframes for benefits demonstrates how administrative policy changes to implementation can have huge impacts on families. Below are some descriptions of programs unique to the COVID-19 pandemic and the effects seen as a result of the programs:

Unemployment Benefits: In March and April of 2020, as COVID-19 spread and the economy contracted, 22 million people lost their jobs. As a result, Congress passed the most expansive set of temporary unemployment benefits. As many as 46 million people received unemployment payments in 2020. Without this support, 4.7 million people, including 1.4 million children would have fallen below the poverty line. As a result of this program, poverty reduction was significant for all races but more so for African Americans with a 2.5 percent decline in poverty. These unemployment payments helped with household expenses, food insecurity, rent, and mental health services for those experiencing anxiety and depression due to unemployment during COVID-19.⁷¹

Supplemental Nutritional Assistance Program (SNAP): SNAP is a complex program but at the time of COVID-19, the federal government expanded the program to provide all recipients with an additional \$95 per month. According to the Urban Institute, Black and Latino households benefitted the most from the SNAP expansion. The emergency allotments kept 4.2 million people out of poverty in the last quarter of 2021 and decreased child poverty by 14 percent.⁷² Congress also relaxed eligibility criteria and removed the requirement that people must work in order to receive SNAP benefits.⁷³ The expanded SNAP benefits will also expire soon, and an expected 500,000 people will likely lose their increased access to food.⁷⁴

Rental Assistance: There were two separate Emergency Rental Assistance Programs. The ERA1 was authorized by Consolidated Appropriations Act, 2021 and this program provided \$25 billion for housing stability services. The ERA2 program was authorized by the American Rescue Plan Act of 2021 and this program provided \$25.55 billion to eligible households with to provide financial assistance and prevent eviction. The funds were provided directly to states, local governments, tribes etc.⁷⁵

Child Tax Credit: In 2021, the Rescue Plan increased the Child Tax Credit from \$2,000 to \$3,000 for children up to 17. This was the first time that 17-year-old children were included. The Credit was also made fully refundable, which meant that full credit was available to families with little to no earnings. This expansion allowed families to claim the tax credit for 27 million additional children compared to non-pandemic times. These changes significantly helped ameliorate the impacts of COVID-19 keeping 3.7 million children out of poverty.⁷⁶

Childcare Infrastructure: As part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, \$1.3 billion was provided to Arizona to stabilize the childcare system during COVID-19. The funding benefitted almost 3,000 childcare providers across Arizona and allowed them to remain open, obtain trainings, and improve childcare facilities. The remainder of the CARES Act funding will end in mid-2024. Of childcare centers that received the stabilization dollars in Arizona, more than half reported they would have to raise tuition after the funding ends, and 35% said they would have to cut wages or be unable to sustain salary/wage increases.⁷⁷

Divorce or Separation

NSCH Question

To the best of your knowledge, has this child ever experienced the following: parent or guardian who got divorced or separated?

Arizona's Rank

14^{th*}

* Highest compared to all other states

► 25.1% of children's parents responding that parents or guardian divorced or separated

Divorce or separation is more difficult to address from a policy perspective. Some data indicate that the top reasons for divorce include:⁷⁸

- Commitment
- Infidelity
- Conflict and arguing
- Marrying too young
- Financial problems
- Substance abuse
- Domestic violence

In this analysis, we chose to address this topic as it relates to mitigating the effects of divorce on children with the presence of supportive adults and programs that help children adjust to the changes they experience.

Divorce is one of the most common ACEs with about 25 percent of children nationally experiencing this event.⁷⁹ Because divorce and separation are so common, some researchers have wondered if it should be removed from the ACE questionnaire, but a recent confirmatory factor analysis showed that maintaining the question about parental divorce or separation along with the other original ACE questionnaire list is supported and relevant to understanding childhood adversity.⁸⁰

Divorce can present huge changes in a child's life, but researchers have found that interparental conflict, parent-child quality, and children's coping strategies specifically can affect a child's adjustment to divorce.⁸¹ Although divorce can prove to be a tumultuous time for children, there are some programs that can help reduce the impact of divorce.

Programs in Arizona: One program called the New Beginnings Program (NBP) seeks to affect the parent-child relationship and interparental conflict by working with parents. Outcomes of the program were positive and showed significantly higher parent-child relationship quality, more effective discipline, lower interparental conflict and lower child mental health problems.⁸² Recently, the New Beginnings Program started offering its content online (eNBP) and evaluated whether the impact of the program differed from the in-person delivery method. According to a recent randomized control trial, eNBP significantly reduced interparental conflict, improved positive parenting and reduced children's mental health problems.⁸³ Sharlene Wolchik Ph.D., Director of the REACH Institute, indicated that as of October 2023, the online version of the program has been delivered to 400 people.⁸⁴ Dr. Wolchik also indicated that although the program has not been officially adopted by any municipalities as the preferred program, some judges in Arizona and Indiana do rely on eNBP as their preferred program and court-order parents to participate in eNBP.⁸⁵

Neighborhood Violence

NSCH Question

To the best of your knowledge, has this child ever experienced the following: was a victim of violence or witnessed violence in neighborhood?

Arizona's Rank

4^{th*}

* Highest compared to all other states

► 6.5% of children's parents responding that child was a victim of violence or witnessed violence in their neighborhood.

The NSCH also asks parents questions about their perceptions of their neighborhood, whether people in the neighborhood support each other, amenities in the neighborhood, and potential detracting elements in the neighborhood. The combined data from these questions helps to paint a picture of families' experiences in their neighborhoods.

Although often overlooked, a child's neighborhood can have an impact on the child's well-being. Exposure to neighborhood violence can lead to various social, cognitive, and emotional issues in children and can affect their ability to regulate their emotions and concentrate in school.⁸⁶ A study conducted at the University of Southern California found that children who are victims or witnesses of abuse and violence experience stress hormones that shrink the hippocampus, a brain structure that plays a role in memory and learning.⁸⁷ Children exposed to violence on a regular basis can exhibit symptoms of post-traumatic stress which can limit their day-to-day functioning, and some kids exposed to violence regularly have a greater risk of becoming violent, aggressive and self-destructive themselves.⁸⁸

According to the NSCH, children in Arizona are exposed to neighborhood violence at higher rates than most other states across the nation.⁸⁹ While there can be many causes for neighborhood violence, there is some evidence that a breakdown in neighborhood cohesion can exacerbate the issue. Research supports the idea that collective efficacy, defined by Samson in 1997 as "social cohesion among neighbors combined with their willingness to intervene on behalf of the common good" (p991) is correlated with reduced levels of neighborhood violence and reduced intimate partner violence.⁹⁰ There is also some evidence that collective efficacy can buffer against the effects of neighborhood violence if it occurs.⁹¹ Additional evidence shows that trust among neighbors is a strong predictor of lower rates of violence in a neighborhood.⁹² As an added outcome, increasing trust and cohesion in a neighborhood can also help to reduce social isolation, which was identified in the ADHS Action Plan to Address ACEs as a public health priority.⁹³

One way to increase neighborhood cohesion and trust is by providing common safe spaces for neighbors to gather and interact to develop bonds.⁹⁴

Family Resource Centers

Building social cohesion and collective efficacy can help reduce neighborhood violence. According to a report from the National Institute of Justice, one way to build these elements to restore anchor points in the community which are, “public spaces where residents socialize, talk about what is going on in the neighborhood and become friends.”⁹⁵ These anchor points can take the form of parks, community centers, recreational areas and other public spaces.⁹⁶ Family resource centers can serve as one of these anchor points in a community.

Programs in Arizona: First Things First (FTF) is a statewide organization that provides public funding to communities to support local programs that address development, education, and health needs of children birth to age 5. According to FTF, there are seven regions across Arizona that have invested in family resource centers.⁹⁷







A desire for more of these types of community hubs has been expressed by communities throughout Arizona. A report from Lecroy & Milligan Associates presented feedback from communities regarding priorities for justice reinvestment. Feedback from 235 participants across 21 listening sessions throughout Arizona indicated that communities wanted “accessible or centralized locations or hubs,” where community members could learn about resources such as food, shelter, clothing and receive help accessing these resources.⁹⁸

One of these family resource centers was recently started in Glendale through the collective impact efforts of the Glendale Strong Family Network. The Glendale Elementary School District System of Care Center is a school-based center developed to provide services for students, family, and staff. GESD is considered a Title I school district with a high percentage of students living in poverty and receiving free or reduced-price lunches. Families in the Glendale community often experience multiple challenges – not just poverty, but also medical, transportation, and housing challenges. To help support families, the GESD decided in March 2021 to repurpose the former Coyote Ridge School into a system of care center, transforming the building into a hub where community members can gather and access services.⁹⁹

The GESD System of Care Center’s (Center) goal is to strengthen families through protective factors such as building community connections, helping families build resilience, and helping families obtain basics like food, housing, and health care.¹⁰⁰ The GESD Center recently started operating for the 2022-2023 school year and strives to provide the following services:

- **Mental Health Services**
- **Social Services**
- **Educational Services**
- **Health Services**
- **Substance Abuse Services**
- **Vocational Services**
- **Recreational Services**
- **Juvenile Justice Services**

In the first year of operation (2022-2023 school year) the GESD Center has provided numerous services to many individuals. Here is a snapshot of what the GESD Center accomplished with its partners during its first year:

<p>541 intakes at the GESD Center to connect households with multiple types of services such as mental health and income supports</p>	
<p>Partnership with St. Mary's provided food boxes for 5,609 households representing 28,681 individuals</p>	
<p>Market on the Move provided food to 616 households at the GESD System of Care</p>	
<p>Vita Tax Returns service helped 281 clients file taxes and receive an estimated \$370,000 in refunds</p>	
<p>607 families attended classes or events at the Family Hub</p>	
<p>1,087 GESD employees were able to obtain supplies they needed for free</p>	

Although the current school year (2023-2024) is in progress at the time of this report, the GESD Center has already conducted 385 intakes. According to the Director, this drastic increase early on is likely due to the co-location of the City of Glendale Crisis Assistance Program, which helps provide rental and utility assistance to families. This co-location model is also bringing more families into the Center and allowing them to see other services that are available at the campus.¹⁰¹

Programs in Other States: Family resource centers also exist in other states across the country. A report from Casey Family Programs indicates that although more rigorous evaluations are needed, some positive impacts seen in other states include:¹⁰²

- A reduction in child maltreatment in the area served by a family resource center in Alachua County, Florida;
- Statistically significant gains in family self-sufficiency in Colorado; and
- A 20 percent increase in parents' self-reports on their ability to keep the children in their care safe from abuse in Massachusetts.

Prevention Programs

Sometimes the most effective policies or programs are those that seek to prevent undesirable outcomes early on, rather than mitigating the effects. The Good Behavior Game is an example of a program that can help children learn about social expectations and self-regulation of undesirable behavior in a group setting.

The Good Behavior Game (GBG) is a model that helps with classroom management in the first grade. In the program, teachers specify which behaviors are disruptive (e.g., verbal or physical disruptions) and then students are grouped into teams. The teacher periodically starts the "game" of assessing behavior without warning the children ahead of time. If the children engage in disruptive behaviors, they get a check mark on the board for their team. At the end of the game, teams that do not exceed the number of checkmarks allowed are rewarded and teams that exceed the

number of checkmarks allowed are not. The result is that students are always monitoring their behavior, their peers' behavior, and collectively conforming to pre-defined behavior expectations.¹⁰³

Evaluations of the program have demonstrated positive effects. The model has been implemented in Baltimore City, Maryland and Eugene, Oregon. Participants in the GBG treatment group had lower rates of Antisocial Personality Disorder, compared with control participants at the 14-year follow up. This difference was statistically significant. Additionally, short-term outcomes show reduced aggressive behavior in the classroom.¹⁰⁴ In 2012, the Washington State Institute of Public Policy conducted a cost-benefit analysis for the model and found that for every dollar spent on the program, there was \$31.19 in benefit.¹⁰⁵

Domestic Violence

NSCH Question

To the best of your knowledge, has this child ever experienced the following: saw or heard parents or adults slap, hit, kick, punch one another in the home?

Arizona's Rank

15th*

* Highest compared to all other states

► 6.9% of children's parents responding that child experienced domestic violence.

Domestic violence (DV) is a pervasive issue that deeply affects many families. Although there has been progress in reducing domestic violence over the past decades, the statistics remain alarming. It is estimated that nationally, approximately 20 people are abused by their partner every minute.¹⁰⁶ Unfortunately, Arizona has the 4th highest rate of domestic violence in the country.¹⁰⁷ There is evidence that witnessing domestic violence can have profound and enduring effects on children's wellbeing and places them at a greater risk of suffering from severe anxiety and depression.¹⁰⁸ Sadly, having been exposed to domestic violence in the home growing up is the single best predictor of whether children eventually become abusers or victims of domestic violence.¹⁰⁹

Services for Survivors

Survivors of domestic violence need a variety of services to meet their needs. Such services include food and shelter, longer-term mental health assistance for themselves and their children, and assistance for economic and housing security.¹¹⁰

Safe and Affordable Housing

Domestic violence is one of the leading causes of housing instability among women and children.¹¹¹ Key reasons why domestic violence causes housing instability include:¹¹²

- Insufficient income to live independently
- Limited availability of affordable housing
- Potential housing discrimination against them as domestic violence survivors
- Histories of credit or rental problems
- Criminal history
- Ongoing harassment and assaults by the ex-intimate partner

Research shows that stable housing can be one of the most important resources during the post-separation period.¹¹³ The most common types of housing available for domestic violence survivors after separation from an abuser are emergency shelters, transitional housing, and permanent housing.

- Emergency domestic violence shelters are typically the first step to accessing resources for more long-term solutions.¹¹⁴ These shelters keep the location of survivors confidential and typically allow stays from 30-60 days.¹¹⁵ However, shelter space can be inadequate or unavailable if full. In Arizona, 1,973 children stayed in an emergency shelter under a domestic violence program in Fiscal Year 2022.¹¹⁶
- Transitional housing allows survivors to stay for longer periods of time (1-2 years) to develop more stability. Sites often offer various services, such as counseling, job search programs, and case management, and some require participation in these services to remain a resident.¹¹⁷ However, some survivors do not like being required to participate and the many rules they must follow.¹¹⁸ In FY 2022, 315 children lived in transitional housing in Arizona.¹¹⁹
- Permanent housing can be difficult to secure even when survivors do have stable income because of a lack of affordable housing stock. Additionally, landlords may turn away survivors out of concern for future risk to other tenants or property by the abuser.¹²⁰ Women who have previously moved multiple times to escape an abuser can also accumulate poor rental histories, which can impact future housing attainment.¹²¹ Criminal histories that develop as a result of the domestic violence can also keep survivors out of public or other affordable housing.¹²²

1,973 children stayed in an emergency shelter under a domestic violence program in 2022

315 children lived in transitional housing in 2022



Programs in Arizona: One issue that survivors face when looking to get out of an abusive situation is that they don't know what to do with family pets. About 68% of households in the US have pets and the Arizona Coalition to End Sexual and Domestic Violence reports that 71% of women with pets in abusive relationships said that their abuser had injured, maimed, killed, or threatened family pets.¹²³ The Sojourner Center in Phoenix is one domestic violence shelter that accepts victims and their pets. Only about 10% of domestic violence shelters in the US accept companion animals along with survivors.¹²⁴ Pets also participate in an enrichment program that enhances connection with their pet parent, healing, stress relief, and social interaction.¹²⁵ The organization typically has between 10-15 dogs and 8 cats with the victims in transitional housing.

Another unique element at the Sojourner Center is the onsite preschool. Although the daycare has been on the Sojourner Center campus since 2000, it underwent a transition in 2015 to use more trauma-informed design principles. Some ways they accomplished this was to remove pieces from the classroom that were over-stimulating to the senses. For example, Sojourner removed toys that played music and toys that had multiple bright colors and replaced those with toys that used pastel colors. They also switched to lamps and natural lighting.¹²⁶

The child care center is licensed up to 59 children, but Sojourner typically serves between 25-30 children to ensure teachers have therapeutic and more one-on-one interactions with the children.¹²⁷

Economic Security

Economic security is crucial for survivors to help ensure they have the resources necessary to escape an abusive situation and obtain help. Lack of economic resources can compound the danger of a domestic violence situation and low-income women are more likely to experience domestic violence. Additionally, one study found that 75 percent of women in domestic violence shelters stayed with an abuser longer because of financial concerns.¹²⁸ Research has shown that female survivors of domestic violence have a harder time securing and maintaining employment, and that previous exposure to domestic violence can be linked to future unemployment and poverty.¹²⁹

Policies in Other States: Oregon is blending state and federal funding to provide comprehensive, survivor-centered services to those fleeing domestic violence. In 1997 Oregon established a Temporary Assistance for Domestic Violence Survivors (TA-DVS) program that uses federal TANF money to provide short-term cash assistance to survivors. The program allows survivors to receive up to \$1,200 in a 90-day period to help them with emergency needs, with the ability to reapply for additional money after the 90 days.¹³⁰ The typical TANF requirements are waived under the TA-DVS program. Oregon also installed a co-located DV Advocates program where local domestic violence organizations are located in Oregon Department of Health Services offices. The co-located DV advocates provide services such as safety planning, risk and fatality assessments, shelter services, and referrals for other needed services like mental health services.¹³¹

Childcare

Affordable, flexible, and reliable childcare is another significant barrier on the pathway to stability for DV survivors looking to flee an abuser.¹³² The United States is facing a childcare crisis and a recent report found that the infant-toddler child care crisis now costs \$122 billion in lost earnings, productivity, and revenue every year.¹³³ The high cost of child care coupled with the lack of accessibility makes securing child care arrangements difficult for most families in Arizona, but families dealing with domestic violence have it especially hard.¹³⁴ Abusive partners sometimes interfere with childcare and cause work instability for DV survivors. In a survey based in Canada, 38% of mothers reported that their abusive partner sabotaged childcare arrangements.¹³⁵

Services for Abusers

Programs for abusers have limited evidence for success. The commonly used Duluth model assumes that domestic violence is a gender-based behavior influenced by social and historical constructs in that men are socialized to take control and use physical force when necessary to maintain dominance.¹³⁶ The Duluth model focuses on providing group-facilitated exercises that challenge a male's perception of entitlement to control and dominate his partner.¹³⁷ While this is the most popular model in the country, it shows low or modest levels of effectiveness.¹³⁸

There have been a few recent studies comparing a model called Achieving Change Through Value-Based Behavior (ACTV) to the Duluth model that yielded promising results.¹³⁹ ACTV is delivered in a group-format and focuses on building emotional- and behavioral skills for adults who engaged in aggressive behavior with their partners.¹⁴⁰ This model targets many problematic characteristics of abusers, including a low tolerance for emotional distress, low empathy (particularly for an abused partner), and an inability to notice or identify emotions.¹⁴¹

Policies in Other States: One study in conducted with 725 men in Ramsey County Minnesota found that abusers who completed the ACTV intervention were significantly less likely to have subsequent domestic violence-related convictions when compared to abusers who received the Duluth intervention over the follow-up time period of 5 years.¹⁴² Another study conducted in Iowa found that men participating in ACTV reported significantly less controlling behavior, fewer physical assaults, and had half the number of new violent charges when compared to men who participated in the Duluth program.¹⁴³

Preventing Violence

Violence in relationships can start at a young age. Most people who have experienced rape, physical violence, or stalking had their first experience before the age of 25 and 10% of high school students reported experiencing physical violence from a dating partner in the last year.¹⁴⁴ The Centers for Disease Control developed a teen dating prevention model called Dating Matters that focuses on teaching 11-14-year-olds healthy relationship skills.¹⁴⁵ This program was evaluated in a randomized controlled trial in four cities across the US: Oakland, California, Ft. Lauderdale, Florida, Baltimore, Maryland, and Chicago, Illinois. Results from the randomized control trial showed that students who participated in Dating Matters reported 8.4% lower teen dating violence perpetration, 9.8% lower victimization, and 5.5% lower use of negative conflict resolution strategies.¹⁴⁶

Another program, called The Fourth R: Strategies for Healthy Teen Relationships, is based on the concept that teens should learn the fourth skill of relationships alongside reading, writing, and arithmetic. The program teaches personal safety and injury prevention, healthy growth and sexuality, and substance abuse. This program was evaluated using a randomized control trial in 20 schools across the US. Significant program effects were found among boys showing that boys in the intervention were almost three times less likely to report perpetration than boys in the control condition 2.5 years later. However, there was no significant intervention effect on girls' perpetration of dating violence.¹⁴⁷

Mental Illness in Families

NSCH Question

To the best of your knowledge, has this child ever experienced the following:
live with anyone who was mentally ill, suicidal, or severely depressed?

Arizona's Rank

17th*

* Highest compared to all other states

- ▶ 10.3% of children's parents responding that child lived with someone who was mentally ill, suicidal, or severely depressed.

A parent's mental illness does not by itself mean that a child will be negatively affected, rather it's how the mental illness affects the parent-child relationship and the parent's social functioning that may cause risk to the child. For example, an unpredictable or inconsistent family environment can contribute to chronic stress for the child as can other factors that can accompany or compound mental illness such as poverty, co-occurring substance abuse, or issues with work or the parenting partner.¹⁴⁸

A parent's mental health is important for a child's growth and development. A recent study found that poor mental health of parents was associated with poor mental and physical health in children.¹⁴⁹ This study also found that about 7% of children in the US had one or more caregivers with poor mental health. The study found that children with caregivers who had poor mental health were four times as likely to have poor general health and twice as likely to have a mental, behavioral, or developmental disorder when compared to children whose caregivers had good mental health.¹⁵⁰

Access of Mental Health Care

It is particularly difficult to access mental health care in Arizona. Mental Health America produces a report every year to assess each state's access to mental health. In 2022, Arizona was ranked close to the bottom landing at 49 out of 51 (including Washington D.C.) in terms of its overall ranking which includes elements like the prevalence of mental

health issues, access to insurance, access to mental health care, and presence of pronounced barriers to accessing mental health such as mental health workforce or costs.¹⁵¹ The only states that performed worse than Arizona were Idaho and Nevada.

Additionally, research from the Kaiser Family Foundation estimates that only 9% of mental health needs are being met in Arizona and the state would need an additional 228 practitioners to address the mental health professional shortages in the state.¹⁵²

In 2021, the RAND corporation produced a research report and recommendations focused on improving mental healthcare access in the United States.¹⁵³ One recommendation they made was to integrate behavioral health into general health care. RAND recommended that this is a long-term strategy that includes overhauling medical education so all levels of medical professionals have awareness and training on behavioral health. RAND also recommended using collaborative care models in which a team including primary care providers, health care managers and psychiatrists work together to ensure quality care for patients. Despite well-documented evidence of cost-effectiveness and clinical effectiveness for collaborative care models, it is rarely implemented.¹⁵⁴ Other ways to improve access to mental health care include reducing exclusionary policies and administrative burdens on providers to receive Medicaid and Medicare reimbursement, expanding telemedicine coverage, reforming payment systems to reduce the burden of paperwork on providers, and expand the mental health workforce by offering incentives or loan repayment to encourage more people to enter the profession.¹⁵⁵



Only **9%**
of mental health
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An additional
228
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shortages.

Programs in Arizona: One practice in Arizona serves as a bright spot on this issue.

The Willow Birth Center has taken steps to integrate mental health services into its midwife practice to address issues like postpartum depression and anxiety.¹⁵⁶

Survey results from patients at the Willow Birth Center indicated that 91% of women preferred mental health to be integrated into the perinatal experience and 74% said that the integration greatly improved their perinatal experience.¹⁵⁷ This model is similar to the collaborative care model recommended by the RAND corporation.¹⁵⁸

Another promising practice in Arizona started in 2022 with Arizona establishing a loan repayment program to help behavioral health providers repay their student loans if they provide direct patient care behavioral health services at eligible service sites.¹⁵⁹ This aligns with recommendations made by Deloitte in helping to improve access to mental health care.¹⁶⁰

Policies in Other States: In 2020, Washington state created a workgroup to identify strategies to increase its behavioral health workforce. Based on recommendations from the group, Washington appropriated \$1.5 million in 2021 to create apprenticeship programs, pay providers and apprentices, develop training, and provide incentives for providers who serve rural communities and communities of color.¹⁶¹

Many other states have loan forgiveness or repayment programs for mental health service providers to incentivize more people to join and stay in the mental health workforce. Minnesota offers a loan forgiveness program for behavioral health providers to forgive loans of individuals who agree to a three-year contract.¹⁶²

Utah offers tax incentives for behavioral health providers in the state. The legislation allows psychiatrists, psychiatric mental health nurse practitioners, and volunteer retired psychiatrists to claim a \$10,000 refundable tax credit.¹⁶³

Home Visiting with Cognitive Behavioral Therapy (CBT)

Circumstances that can increase risk for postpartum depression are lack of social support, being a young mother or single mother, conflict with a partner, or when a mother or baby has health conditions.¹⁶⁴ Home visiting programs can help with many of these issues by supporting the health of the mother and the baby and providing a support system for the new mother. While home visiting programs can help a mother with postpartum depression, a mother who is experiencing postpartum depression may not engage fully with a home visiting program, which can limit the positive impact of the program on the mother and baby.¹⁶⁵ One benchmark tracked in federally funded home visiting programs (Maternal, Infant, and Early Childhood Home Visiting or MIECHV) is the percentage of mothers who are screened for depression within the first few months of starting the program. Another benchmark assessed for MIECHV programs is whether or not a mother followed up with a referral for counseling services. Nationally, MIECHV programs do fairly well with screening mothers for depression (80.9% nationally and 80.4% in Arizona in 2022), but less than half of the mothers follow up with a referral for counseling (42.4% nationally and 36.7% in Arizona in 2022).¹⁶⁶

Moving Beyond Depression is an in-home Cognitive Behavioral Therapy (CBT) approach designed to be used alongside home visitation programs. Evaluations of the program have shown that mothers who participate in in-home CBT see significant reductions in depression that are maintained at least three months post-treatment when compared to mothers who participated in home visiting but did not receive in-home CBT.¹⁶⁷

There are currently eight states that are implementing Moving Beyond Depression (California, Kansas, Missouri, Kentucky, Florida, South Carolina, Ohio, and Pennsylvania).¹⁶⁸

Depression in Dads

The American Academy of Pediatrics published a call to action for pediatricians to start screening new fathers for depression after the birth of a baby as well. The article stated that the well-validated and widely used Edinburgh Postnatal Depression Scale (used for moms in the postpartum period) can also be used for fathers with minor adjustments like lowering the cutoff scores for referral.¹⁶⁹

The Institute of Family & Community Impact in Ohio is currently working on developing a screening tool specifically for depression in fathers prenatally and up to 12 months after birth. The Yates Paternal Depression Screening Tool is the first of its kind as it will be specifically targeted towards fathers. As of June 2023, the Yates Paternal depression Screening Tool was being used in Cuyahoga County Ohio's home visiting programming.¹⁷⁰

Accurate and reliable screening tools are important to allow for correct diagnosis and fast interventions for parents who may be suffering from mental health disorders. In the call to action from the American Academy of Pediatrics, the article states that maternal and paternal postpartum depression are highly correlated and this compounds the impact on children.¹⁷¹

Parental Incarceration

NSCH Question

To the best of your knowledge, has this child ever experienced the following:
parent or guardian served time in jail?

Arizona's Rank

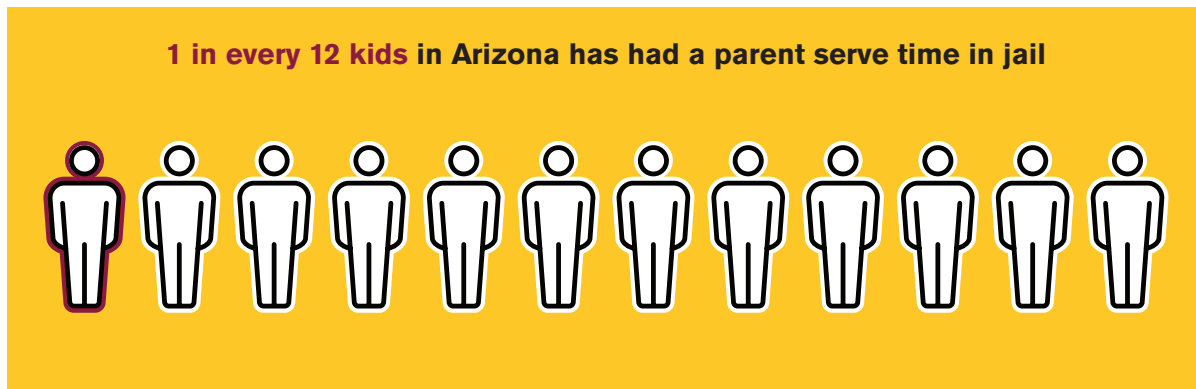
18th*

* Highest compared to all other states

► 8.3% of children's parents responding that child lived with a parent or guardian who served time in jail.

About half of all prisoners in the US reported being parents to minor children.¹⁷² According to the Urban Institute, around 2.7 million children in the United States have at least one parent incarcerated.¹⁷³ The Urban Institute reports that about 5 million children, or 7% of all children, have had a parent incarcerated at some point in their lives.¹⁷⁴

Black children are twice as likely to experience incarceration of parents as compared to white children, and poor children are three times more likely to experience it than children from families whose household income is at least twice the poverty level.¹⁷⁵



Among Western States, Arizona has the highest incarceration rate. Based on the combined 2020 and 2021 NSCH data, one in every 12 kids in Arizona has had a parent serving time in jail or prison.¹⁷⁶ Children of incarcerated parents deal with challenges such as psychological strain, suspension or expulsion from school, antisocial behavior, economic hardship and criminal activities. Although each case is different, research indicates that a parent's incarceration can present risks to a child's emotional, physical, financial and educational well-being. Additionally, Black children and those children who have both their parents incarcerated have a greater likelihood of suffering from depression. Other issues that can persist into adulthood include substance abuse, suicide attempts and risky sexual behavior leading to sexually transmitted diseases.¹⁷⁷

Children can experience trauma at many different points along the incarceration continuum and policies and programs can be introduced at many different points to reduce or mitigate trauma that children may experience. This section has been divided into four sections (arrest, sentencing, incarceration, and re-entry) to provide examples of policies and programs that are used at different stages in the incarceration continuum.

Arrest

Police officers often deal with traumatic situations, but officers are not often trained to understand the effects of trauma on children and how it manifests. Police officers are also not often provided training on child development or how to respond to children who are on site when a parent or caregiver is arrested. This perpetuates distrust and fear of interactions with law enforcement.

When a child witnesses a parent being arrested, the child is more likely to internalize symptoms of stress which can result in things like depression and anxiety.¹⁷⁸ Even after the parent is released, a child who witnessed a parent's arrest is significantly more likely to internalize their stress with continued experiences of anxiety and depression and also externalize symptoms of stress potentially by expressing aggressive or impulsive behavior.¹⁷⁹

***Policies in Arizona:* Although there is no current statewide law that establishes requirements for training or guidance to law enforcement related to child safety or well-being when a parent or guardian is arrested, there are a few examples of these activities taking place in Arizona.**

One example is in the guidelines for police officer training. The Arizona Peace Officer Standards and Training Board (Board) sets guidelines for local police enforcement entities for training. One basic training model lesson plan from the Board provides guidance to police officers regarding children in the section on domestic violence under patrol procedures.¹⁸⁰ In the section providing guidance on responding to domestic violence calls, a model lesson plan instructs officers to, “get and keep all persons in sight; ask for, look for and reassure children. (Children may hide in closets or under beds for safety or out of fear.)”¹⁸¹ In this situation, law enforcement is encouraged to ask if kids are present.

Another section of the Board’s model lesson plan regarding investigative techniques provides guidance on arresting parents or caregivers by stating, “Try to place the victim in another room or out of sight when making an arrest. (Place the children in a room where they cannot view the arrest.)”¹⁸²

Policies and Programs in Other States :

New York

New York has one of the lowest rates of children with incarcerated parents in the nation. According to the NSCH data, 3.0% of children have a parent who is incarcerated.¹⁸³

In 2019, New York City passed a law to ensure child-sensitive arrest policies and required the Police Department to develop guidance for police officers to reduce the potential traumatic impact of the arrest on a child and required training for the officers.¹⁸⁴ The law details the type of guidance and training provided to police officers to make an arrest less traumatic and includes:¹⁸⁵

- Determining whether a child is present
- Handcuffing and questioning the arrested caregiver in a location where the child cannot see or hear the situation
- Reasonably avoiding the use of force to separate a child from the arrested caregiver
- Providing objects that comfort the child of an arrested caregiver like a toy, clothing, blankets, photographs, or food.
- Permitting the caregiver to make arrangements for the care of a child even if the child is not present at the arrest

Connecticut

According to the NSCH, Connecticut is among the lowest in the nation for children who have an incarcerated parent. They are 10th lowest with 5.2% of children having an incarcerated parent as compared to Arizona’s 8.3% of children that have an incarcerated parent.¹⁸⁶

In 2014, building on the work that was done in New Haven with the Child Development Community Policing model, the communities of Manchester and Waterbury developed and implemented the Responding to Children of Arrested Caregivers Together (REACT) model.¹⁸⁷

Resulting from several statewide initiatives to improve services to children of incarcerated parents, REACT’s goals include minimizing traumatic stress in children, providing training and resources for law enforcement, and helping improve collaboration between law enforcement, mental health, and child welfare systems. As a result of the REACT model, a field guide was developed and provided to officers along with training.¹⁸⁸ Below is an excerpt from the field guide that provides police officers with trauma-informed approaches for speaking with children at the time their parent is arrested:

How To Explain A Parent's Arrest To A Child

PRESCHOOL—AGES 4 TO 5

CHILD'S PERCEPTION OF ARREST	WHAT TO SAY
<p>Fear of separation and loss of parent protection:</p> <ul style="list-style-type: none"> • Unable to psychologically separate harm to parent from harm to self. • May cling to parent to avoid separation. <p>Very anxious that parent will be hurt:</p> <ul style="list-style-type: none"> • May view a police officer as an action figure who can help, hurt, or take them away. • May believe his/her behavior or wishes caused a parent's arrest. 	<p>Speak to the child so that your eyes are level with the child's.</p> <p>Clarify basic facts in simple language:</p> <ul style="list-style-type: none"> • Why the police are there. • What the police are going to do: <p><i>"I have to take your parent to the police station to talk about some things." "I've called your grandmother and she's on the way over to be with you."</i></p> <ul style="list-style-type: none"> • Reassure children it is not their fault. • Do not make promises you cannot keep (i.e. "I will come back to check on you" unless you know you will).
HOW CHILDREN MIGHT REACT & HOW YOU SHOULD RESPOND	WHEN ARREST IS RAID OR DV
<ul style="list-style-type: none"> • Where possible, avoid use of force on parents in presence of child and avoid cuffing the parents in the presence of child. • Avoid pointing guns at child. • Try to distract the child. <ul style="list-style-type: none"> – Offer a stuffed animal or a sweater/scarf of the parent to comfort the child. • Anticipate that if you do use force, the child's reaction will be extreme: <ul style="list-style-type: none"> – Try to protect parent or hit officer. – Zone out or be non-reactive. 	<p>RAID</p> <ul style="list-style-type: none"> • Element of surprise may be necessary for effective law enforcement, but will escalate children's reactions. • Try to ascertain ahead of time if children are present. If possible, have them removed to a safe place prior to raid. <p>DV</p> <ul style="list-style-type: none"> • While you may perceive yourself as the rescuer of the abused parent, the child may only perceive you as someone using force as the abuser did and not see the difference. • If the child had any positive connection to the batterer parent, the child may view you as harming their batterer parent.

Strategies for Youth
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Two full-time child protective workers are housed in the police department and emergency mobile psychological services (a mobile crisis intervention team) is available to police officers if they need help on scene or guidance over the phone.¹⁸⁹

California

California has one of the lowest rates of children with incarcerated parents in the nation. According to the NSCH data, 4.6% of children have a parent who is incarcerated.¹⁹⁰

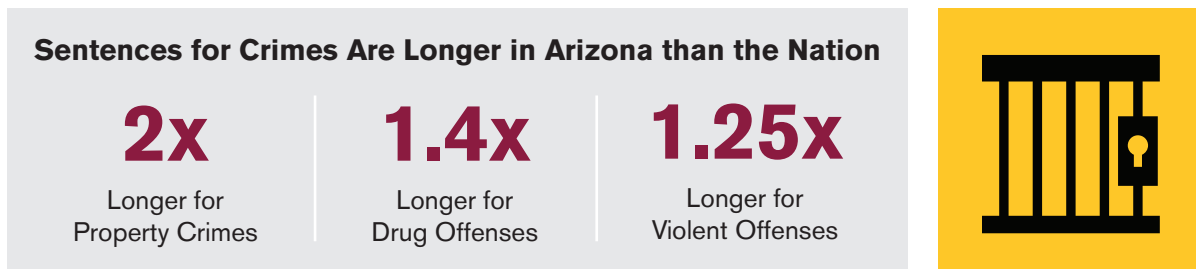
In 2006, California passed AB1942 encouraging law enforcement and other entities to develop protocols regarding ensuring the safety of children when a parent or caretaker is arrested.¹⁹¹ As part of this bill, the Commission on Peace Officer Standards and Training was directed to develop guidelines and training related to child safety when a parent or guardian is arrested. Some items that the commission was directed to develop included guidelines and training for:¹⁹²

- Asking whether an arrested person has a minor child in need of supervision
- Authorizing additional phone calls to arrange for child care
- Temporary supervision of the child to ensure safety and well-being
- Sample procedures to assist local law enforcement in developing ways to ensure the safety and well-being of a child when the parent has been arrested

Sentencing

The type of punishment, length of a sentence, and location of a parent's incarceration can impact a child's trauma related to parental incarceration. States across the nation have implemented different policies that target some of these factors.

Policies in Arizona: According to a recent collaboration project between the Academy for Justice and the Arizona State Law Journal, Arizona sentences people for longer prison stays than the national average.¹⁹³ The collaboration project called *Reforming Arizona Criminal Justice* reports, "Using the national average for length of prison stay as a point of comparison, Arizona sentences for property crimes are 100% longer, sentences for drug offenses are 40% longer, and sentences for violent offenses are 25% longer."¹⁹⁴



According to a bi-partisan political organization called FWD.us, the national prison population has quadrupled over the past 40 years, but Arizona's prison population increased by a factor of 12 even though crime has declined over that same amount of time in both total numbers of crime and crime per capita.¹⁹⁵ The political organization FWD.us conducted a data analysis of individual-level data from the Arizona Department of Corrections and found that since 2000, Arizona has moved towards using prison sentences in non-violent and first-time felony cases as opposed to using alternatives such as probation, community supervision, or drug treatment.¹⁹⁶

Analysis of Arizona's laws in the *Reforming Arizona Criminal Justice* project highlights several propositions and laws that have effectively made sentencing more punitive in Arizona. Some of the legislation mentioned in the analysis include:¹⁹⁷

- Proposition 301 which allowed judges to impose a prison sentence on first-or-second time offenders for possession of methamphetamine.
- Arizona's truth-in-sentencing statute requires that people serve at least 85% of their sentence behind bars.
- "Repetitive offender" enhancement to sentences means longer stays for people who have committed multiple offenses even if these are non-violent offenses.

Policies and Programs in Other states: Alternative sentencing can divert parents away from traditional incarceration and can allow families to stay together. This has been demonstrated by successful policies in Washington state.¹⁹⁸

Washington

In 2010, Washington passed SSB6639 which allows judges to divert parents of minor children away from incarceration and instead impose a 12-month community supervision, treatment, and programming requirement. This bill also allows for judges to release parents for electronic monitoring for up to the last 12 months of their sentence.¹⁹⁹

Oregon

In 2016, Oregon established a pilot program called Family Sentencing Alternative Pilot Program that allows parents to be diverted to supervision and treatment programs to avoid being incarcerated for non-violent crimes.²⁰⁰

Similar programs exist in 4 other states (California, Illinois, Massachusetts, Tennessee) and are being considered in 2 additional states (Connecticut, Oklahoma).²⁰¹

Incarceration

Policies in Arizona: Visitation policies in Arizona vary by institution, but there are general guidelines provided by the Arizona Department of Corrections that stipulate acceptable visitor dress codes and behavior. In the general ADOC policies, there are very specific limits on what items visitors with infants can bring including limiting the number of diapers allowed to one diaper per hour of visitation and one pacifier for an infant. The policy prohibits visitors from bringing toys for infants or babies to a visitation.²⁰²

ADOC policy allows for female prisoners to show affection and play with visiting children to promote positive family interaction, but it's unclear if this policy allows for male prisoners to interact with visiting children in the same way.²⁰³

In Arizona, some policies make it more difficult for families to remain in contact with each other. A phone call with a person in a jail in Arizona costs \$3.15 for a 15-minute phone call and a call with a person in prison in Arizona costs \$1.05 for a 15-minute phone call. Families that try to send money to their loved one in prison pay up to a 12% transfer fee.²⁰⁴

Arizona has struggled to provide adequate physical and mental health care to people who are incarcerated and in June 2022, Judge Roslyn Silver issued an injunction ordering the Arizona Department of Corrections to address the issues.²⁰⁵ Although the case and resulting injunction were not specific to incarcerated pregnant women, there have been allegations by formerly pregnant prisoners that women are forced to have their labor induced while incarcerated at the Perryville prison in Buckeye.²⁰⁶ Additionally in 2019, there was an incident where an incarcerated pregnant woman's water broke, was sent to a hospital, and then returned to the prison for unknown reasons where she gave birth alone in the toilet of her cell at Perryville prison.²⁰⁷ In January 2023, Governor Katie Hobbs announced the creation of a commission to monitor issues like health care, conditions of facilities, and access to nutrition and sanitary products.²⁰⁸

Policies and Programs in Other states:

Connecticut

A bill passed in June 2021 makes Connecticut the first state to adopt a fully taxpayer-funded model for calls made from correctional facilities. The state law also prohibits the state from collecting any revenue from communication services and prevents visits from being replaced by communication technology.²⁰⁹

Minnesota, Wisconsin, and Oregon

In Minnesota, Wisconsin, and Oregon, prisons have used a parenting skills training program called Parenting Inside Out. This model introduces core parenting practices (e.g., nonviolent discipline), supportive skills (e.g., emotion regulation and communication), child development, healthy family dynamics and relationship building in group sessions.²¹⁰ Inmates that participate in this program are able to have interactive, contact visits with their children that involve crafts and organized activities. This program has been rigorously evaluated using longitudinal randomized control trials and has shown to reduce recidivism one-year post-release, reduce substance abuse, and result in better parental participation and reduced depression and better adjustment when compared to peers that did not participate in the program.²¹¹

Washington

Residential Parenting Program allows mothers in Washington with 30 months or less left on sentences to keep their babies with them. Mothers and infants are housed in a special unit. Minimum security risk mothers are allowed more freedom like having keys to their rooms and access to a shared kitchen where they can prepare food for themselves and their kids.²¹² There is some evidence that shows recidivism of mothers who participated in the program was at 4% three years post-release compared to about 9% of women released from the general female prisoner population.²¹³ Additionally, one study showed that children who co-resided in a prison nursery had lower mean anxious or depressive behaviors when compared to children that were separated from their mother due to incarceration.²¹⁴

Prison nursery programs vary from state to state but exist in 7 other states besides Washington including New York, Ohio, South Dakota, Illinois, Indiana, Nebraska, and West Virginia.²¹⁵

Reentry

Programs in Arizona: In 2017 the Arizona Department of Economic Security and the Department of Corrections Rehabilitation and Reentry partnered to provide comprehensive support services to inmates re-entering the community. The DES Division of employment and rehabilitation services have been placed inside three Arizona prisons and help inmates within 90 days of release to acquire skills during an 8-week program. In this program the inmates develop resumes, create email accounts, participate in mock interviews and receive employment counseling.²¹⁶ The program reports that 48% of the inmates who graduate from the program obtain employment opportunities.²¹⁷

Feedback from community listening sessions conducted by Lecroy & Milligan Associates on behalf of ADHS highlighted that a priority for communities across Arizona is to increase the support services for people released from incarceration.²¹⁸ In these listening sessions, communities emphasized that it is difficult for formerly incarcerated people to earn a living wage and that additional supports like transitional housing, technology re-training, and business development opportunities are needed to help people transition back into their communities.²¹⁹

Policies and Programs in Other States:

Colorado

In 2014, the Colorado legislature passed House Bill 1355, creating a reentry grant program in the Colorado Department of Corrections for initiatives to reduce recidivism, increase public safety, and support the successful transition of people released from incarceration. One of these programs was the Work and Gain Education and Employment Skills Program (WAGEES) which offered case management and services such as access to vocational training and education. The program uses community partners who assess the participants' needs using the Individual Needs and Strengths Inventory Tool (INSIT). One unique component of the program is that formerly incarcerated and system-impacted people hold leadership roles in several WAGEES community organizations, with some leading organizations. The program was evaluated and demonstrated statistically significant reductions in recidivism rates for program participants. The evaluation found that the recidivism rate for active WAGEES participants is less than 5 percent and has been as low as 2.5 percent.²²⁰

New Jersey

In 2018 Camden County, New Jersey became an awardee of The Safety and Justice Challenge's Innovation Fund which provided funding, technical expertise from the Urban Institute, and a peer support network to facilitate the implementation of reforms to create fairer, more effective local justice systems.²²¹ Camden County sought to use community engagement strategies to improve outcomes for people being released from jail or prisons back into the community. They developed partnerships with organizations in the community, hired a community engagement coordinator, and then created a network of peer reentry specialists.²²² By the end of the grant in 2020, 25 reentry specialists²²³ had been recruited, hired, and trained on practices like motivational interviewing, issues like trauma-informed engagement, resource navigation, and mentoring

principles.²²⁴ At the end of the grant, the reentry specialist had assisted over 100 people returning to the community. The project also hosted two successful resource forums that connected people with employers and benefits and assisted people with getting identification documents. Specifically, about 25 people received library cards to access computers, 45 accessed legal support, 30 people were able to research outstanding warrants and reschedule court hearings, about 20 people were able to access medical records and about 30 people submitted applications to receive state benefits.²²⁵

Protective Factors

Protective factors help mitigate risks posed by adverse childhood experiences. Protective factors are conditions or attributes in individuals, families, and communities that promote the health and well-being of children and families. The protective factors framework was first developed by the Center for the Study of Social Policy (CSSP) and includes six categories:



There has been some research regarding how protective factors help mitigate adverse childhood experiences.²²⁶ There is some evidence that maternal responsiveness and presence helps by diminishing threat processing in a child's brain after a traumatic event by reducing amygdala reactivity (the amygdala is where emotions such as fear and aggression are processed).²²⁷ The impact of adverse childhood experiences is also somewhat dependent on co-occurring stressful events. The more ACEs a child experiences, the more likely they are to experience negative mental and physical outcomes later in life. The presence of protective factors can potentially reduce the number of ACEs a child experiences over time and in turn, reduce the associated negative outcomes.²²⁸

Safe, stable, and nurturing relationships are incredibly important as a protective factor against the negative effects of ACEs.²²⁹ The CDC underscores the importance of safe, stable, and nurturing relationships for children exposed to traumatic experiences and defines these ideals in the following way:

Safety: The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.

Stability: The degree of predictability and consistency in a child's social, emotional, and physical environment.

Nurturing: The extent to which children's physical, emotional, and developmental needs are sensitively and consistently met.²³⁰

Building on previous research and a report from the Arizona Department of Health Services (ADHS) certain protective factors can be enhanced through policy and government-level actions and programs to help support families.

Economic supports for families are critical to facilitating strong and stable families and align with the **Concrete Supports to Parents** protective factor. The CDC reports that policies seeking to improve socioeconomic status for families generally have the greatest impacts on improving health.²³¹ A report from ADHS also highlights that poverty and low socioeconomic status are linked with poor outcomes for children in regard to child development, academic performance and health outcomes.²³² Based on evidence from programs mentioned earlier in this report, programs such as tax credits, expanded reach of federal programs such as TANF, and cash transfers allow caregivers to meet their child's basic needs and also expand children's access to educational materials. A report by the CDC lists approaches for communities and states that they can use to help encourage safe, stable, and nurturing relationships for families. The CDC report mirrors many of the options presented in this paper including:²³³

- Tax credits
- Housing mobility supports and programs
- Subsidized child care
- Paid family leave
- Cash transfer programs like TANF

Parental Resilience is a protective factor that can be supported through many of the approaches mentioned in this paper as well. For example, offering mental health support to parents can help them better deal with stress or mental illness which can then translate to a more stable and nurturing home environment for kids. Home visiting is a very effective way to help new mothers increase their resiliency and parenting skills during a time of incredible change and stress. Remarkably, home visiting programs also serve to improve **Knowledge of Parenting and Child Development** which is another protective factor. Additionally, by using systems that parents already interact with like OBGYN offices or pediatricians, health care providers can screen parents for depression or other mental health struggles to get them connected to support and increase their capacities. Establishing community anchor points like family resource centers also facilitates parental resilience by providing a safe space to make **Social Connections** with others in the community. Further, connecting with others in the community can help to increase social cohesion in a small area which can act as a buffer for neighborhood violence.

Social and Emotional Competence of Children can be supported and enhanced through school programs mentioned earlier like the Good Behavior Game in school settings, but also through increased access to high-quality early childhood education. Other ways to help increase this protective factor is through domestic violence prevention programs that teach healthy relationship behaviors and expectations such as Dating Matters.

Summary

Many of the approaches listed above are considered preventative in nature and attempt to address issues before they happen. But as the CDC and ADHS point out, it is also important to intervene and lessen harms if they have already occurred.²³⁴ This can happen in many ways, from improving relationships with police in neighborhoods and throughout the criminal justice continuum to ensuring responsive, accessible, and appropriate services for victims of domestic violence and their abusers.

Research Approach

In order to learn from subject-matter experts, researchers spoke with multiple experts in each content area to ask for opinions and to guide our examination of policies that may be useful in either reducing the incidence of the adverse childhood experience or mitigating its effect. In total, researchers spoke with 12 experts.

Researchers used existing journal articles, evaluations, and other sources identified through web searches or recommendations from experts.

Researchers also used the National Conference for State Legislatures legislation databases to review states' policies on the ACE topics contained in the report. We also consulted state-level department websites such as state department of corrections and state statutes and/or codes to identify policies.

Limitations

- The NSCH is completed by the parent/guardian of children 0-17 years old who reside in the United States. The data collected through this self-reporting parent method may not capture all ACE experiences depending on parental awareness or willingness to report via survey, as well as limited numbers of questions pertaining to ACEs in the survey.
- Other surveys that assessed ACEs were considered, such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS). However, these surveys also have their limitations. The BRFSS captures adult retrospective data from individuals over 18 years of age, and the Arizona BRFSS questionnaire does not include a question about neglect.
- This policy review does not include analyses of protective factors or Positive Childhood Experiences (PCEs); future reviews may integrate both PCEs and ACEs to explore policies related to both aspects.
- This policy review is not comprehensive and instead aims to identify some of the effective or unique and innovative policies and programs states are using to reduce or mitigate the impact of ACEs.

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