



Investigating The Role Of Adverse Childhood Experiences in Youth (10-18) Homelessness And Substance Abuse Through Community Based Interventions Iverson Lee

Abstract:

Objective: Adverse Childhood Experiences (ACEs) are possibly traumatic events that occur in one's childhood and can have long-term effects on an individual's health. The purpose of this project is to investigate the roles of these adverse childhood experiences in hopes of mitigating homelessness and substance abuse among youth through community-based intervention.

Methods: Using research databases like Google Scholar and PubMed, a literature review was conducted on: ACEs in youth, the effects they have on homelessness and substance abuse, and the limitations and strengths of existing youth substance abuse prevention programs. An analysis was then conducted using the successes and failures of the programs to create a formal classroom program for youth.

Results: Results from the analysis of these studies shows ACEs can have a heavy influence on homelessness and substance abuse among youth. These events can have long-term effects on youth's physical and mental health. Substance abuse prevention programs can be an effective way to deter the effects of ACEs. Programs like Keepin' It Real and SmartCoach were two examples of youth substance abuse prevention programs that had an effect in reducing substance abuse rates.

Conclusions: Life-skills training specifically can be highly effective in preventing worse health outcomes for those who already experienced ACEs. To determine this, a deep dive on these studies was conducted and there is a clear need for life-skills training. I am proposing a classroom curriculum that pairs this teaching with monthly meetings with a licensed therapist, youth will have access to the tools necessary to manage their trauma during their formative teen years.

Introduction: In recent years, homelessness has been on the forefront of public health research due to its wide-spread effect on multiple sectors across the U.S. As of 2024, an estimated 771,480 individuals experienced homelessness on a single night (U.S. Department of Housing and Urban Development, 2024)—a number that has only been on the rise due to the effects of the COVID-19 pandemic. However, with the pandemic coming to an end in 2023, significant budget cuts towards homelessness-related funding are expected in the upcoming years. By 2026, there is estimated to be \$532 million in cuts to the federal government's Homeless Assistance Grants account (National Alliance to End Homelessness, 2025). Ultimately, this means a decrease in ongoing research and support for those experiencing homelessness. Homelessness, however, extends far beyond a housing crisis. Its ties to substance abuse make it a complex issue with multiple factors that need to be taken into account. Around 1 in every 3 people who are homeless have problems with alcohol and/or drugs (Mosel, 2025), meaning that support beyond a place to stay is necessary. With the soon to be 2026 budget proposal, it is more important than ever to provide help to those in need through intervention and research.

With this being said, many studies have failed to address the ongoing battle with homelessness among youth ages 10 to 18. With around 1 out of every 30 adolescents experiencing



homelessness each year (National Conference of State Legislatures, 2023), there are serious concerns regarding the long-term effects that homelessness has on youth in the future. Similar to adults, youth without a stable living environment are at higher risk of substance abuse—the majority of those being males from low-income areas (Zhang and Monnat, 2021). The purpose of this investigation is to delve into the role of Adverse Childhood Experiences (ACES) to better understand homelessness and substance abuse in youth through community-based intervention. With many experiencing past trauma or abuse, it is hard for individuals to find the social support necessary to overcome such challenges. This paper will explore the effect that ACES have on youth's physical and mental health long term. From there, the paper investigates how ACEs can lead to future issues with substance abuse and homelessness for youth. A formal connection will then be established between substance abuse and homelessness, highlighting the role that ACES plays in worsening health outcomes. Lastly, the paper will propose a prevention program, more specifically a life-skills classroom curriculum, by analyzing and drawing insights from existing programs that focus on educational substance abuse prevention.

ACES and Outcomes of ACES: Adverse Childhood Experiences refer to potentially traumatic events that occur during childhood and can have lasting impacts on health and well-being. Typically, they are identified through a 10-question screening tool which can be administered at pediatric or adult primary care. This questionnaire asks questions like, “Did you feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?” or “Did you live with anyone who went to jail or prison?” It was designed to assess whether or not a child has been subject to abuse, neglect, and/or trauma. ACEs, however, are not experienced evenly among the adolescent population—with prevalence significantly higher among Blacks and Hispanics (Zhang and Monnat, 2021). This is in part due to the socioeconomic disparities that plague many lower-income communities. Combined with a weak social support system, these conditions significantly contribute to the high prevalence of ACEs related to economic hardship, parental separation/divorce, low maternal education, and paternal incarceration (Zhang and Monnat, 2021). This ultimately leads to many problems that can carry on to adulthood for youth.

To build on this, Adverse Childhood Experiences not only are the cause of short-term issues, but rather long-term ones as well. These challenges have an impact on youth development, influencing both mental and physical health outcomes well into adulthood. In 2016, just under half (45%) of children nationwide experienced at least one ACE, while approximately one in ten children experienced three or more ACEs (Child Trends, 2018). This number, however, does not highlight the extent to which ACEs affect the future of many. When compared to adults with no ACEs, those who experienced four or more ACEs as children were 4–12 times more likely to experience alcoholism, substance abuse, depression or a suicide attempt and 2–4 times more likely to smoke or have a sexually transmitted disease. People exposed to six or more ACEs died on average 20 years earlier than people without ACEs (American School Counselor Association, 2020). By looking at this data, it is evident that Adverse Childhood Experiences are significant risk factors for negative health outcomes. There is a clear relationship between ACEs and later challenges like substance abuse and homelessness, which will be explored in the following sections.



ACEs and Substance Use: ACEs can often lead to dangerous and self-destructive behaviors, one of the most common being the use of substances. These traumatic events can disrupt brain development, emotional regulation, and coping mechanisms for many youth (Cross et al, 2019). With the addition of a lack of support and resources for these youth, it leaves them with little to no option—often resulting in self-medicating as a means to cope with their past (Nyamathi et al, 2010). Adverse Childhood Experiences such as familiar problems, sexual abuse, and mental illness have all been linked to higher rates of adolescent and adult substance use (Broekhof et al, 2023). With accidental drug overdoses being the leading cause of death among people under the age of 45 (National Center for Drug Abuse Statistics), understanding the root causes is becoming more urgent than ever. In fact, research shows that many times, there is a significant correlation between symptoms of PTSD, anxiety, and depression and the use of opioids and stimulants among youth (Dawson-Rose et al, 2020). By being able to recognize and develop ways for an individual to manage such challenges, we can help prevent future substance dependency. Despite this, ACEs can lead to other issues for vulnerable youth beyond substance use—one of the most devastating being the risk of homelessness.

ACEs and Homelessness: Majority of the time when youth are experiencing homelessness, Adverse Childhood Experiences are the driving cause. Around 90% of youth that access youth shelters state that they experience difficulties at home, such as constant fighting or screaming (National Network for Youth, 2023). This familiar conflict often leaves youth feeling vulnerable with no one to reach out to for help—causing them to run away and live on the streets (Slesnick et al, 2013). This statistic, however, doesn't account for the many youth who don't seek help from shelters. There are a number of youth out there living independently without the help of temporary housing—including living conditions like sleeping in a car or couchsurfing. This makes them much more susceptible to the dangers of being homeless, the biggest being physical and mental health risks. Due to the dangerous conditions that these individuals live in, many are exposed to food insufficiency, sexually transmitted infections, and respiratory issues (Edidin et al, 2012). This is in part due to the lack of money, with some turning to prostitution to pay for their needs—the majority of those being women (Wolfe et al, 2018). Furthermore, the chronic stress and trauma this population experiences can lead to PTSD, impaired decision making, and psychiatric disorders (Edidin et al, 2012). Ultimately, these risks associated with youth homelessness can contribute to a serious consequence that was explored earlier—substance use. With a lack of support to intervene and limited life-skills, those living on the streets are often drawn to substances. There is a close relationship between these two public health crises, which will be addressed in the next section.

ACEs and Substance Use and Homelessness: As investigated earlier, there are significant effects that ACEs have on youth—the biggest potentially leading to homelessness and/or substance use. Often, both of them co-occur which is why it is important we talk about both. For example, with substance abuse, many people tend to self-medicate to cope with the trauma they experienced due to the events of ACEs (Mosel 2025). This, however, can lead to the overuse of these substances leaving individuals to eventually live on the streets. This same cause and effect relationship can be seen with those lacking a stable shelter due to ACEs. Without a place to stay, many will battle with the physical and mental health problems that come with being homeless. With no support to help them, they will often turn to self-medication and will start to struggle with substance disorder. In fact, it was found in a 2014 report, substance



abuse was one of the top three causes of homelessness in adults (Mosel, 2025). Nevertheless, the greatest challenge many individuals face is not the issue itself, but the lack of intervention and support to help them escape it.

According to the National Coalition for the Homeless, even for those motivated to seek treatment, it was difficult to attain help due to the lack of health insurance (National Coalition for the Homeless, 2017). This is a common issue with many experiencing homelessness and substance abuse, and even an issue for a portion of the general public—with around 8% of Americans not having access to health insurance in 2023 (Keisler-Starkey, 2023). Whether it be when they were young and first experiencing the ACEs or as they got older and needed help, many are unable to receive the treatment they need. This is in part due to the cost of rehab for many adults and children. With outpatient detox ranging in price from about \$250 to \$800 per day and inpatient care ranging in price from \$5,000 to \$80,000, it is financially difficult for those living on the streets to get the long-term help they need (Buffo, 2023). This inequity for healthcare feeds into the cycle of substance abuse and homelessness for many of these individuals and as a result, is a big reason why many across the nation are struggling to recover. To break this cycle, it is essential to equip youth with the skills to handle and cope with the trauma associated with ACEs before it leads to further dependency and the risks that come with homelessness. This calls for greater investments in programs that teach youth how to deal with trauma and avoid turning to substance use. Fortunately, there are several programs that already exist and in the next section, the limitations and strengths will be explored.

Limitations/Strengths of Existing Programs: Over the past few decades, there have been a number of programs that have aimed to prevent substance use among the youth population. From classroom curriculums to nation-wide campaigns, the main goal is to decrease substance dependency among youth. This is in part due to the methods each program used to carry out their plan—with some working better than others. This section will explore multiple substance abuse prevention programs that have been implemented over the years in schools across the U.S and their effectiveness.

The first program that will be investigated is Project D.A.R.E (Drug Abuse Resistance Education) which lasted from 1983 to 2009. Project D.A.R.E was a substance abuse prevention program founded in Los Angeles, California that aimed to prevent drug abuse for youth. Its primary purpose was to veer students away from substance abuse and related risky behaviors by providing them education on the dangers of drugs, alcohol, and violence. The program targeted K-12 students, but more specifically elementary and middle school students. Although D.A.R.E began in Los Angeles, it quickly spread nationwide with the program eventually receiving an average of three quarters of a billion dollars annually—making it the country's largest single school-based prevention program in terms of federal expenditures (West and O'Neal, 2004). To achieve this, the program focused on teaching its participants the knowledge and skills to recognize and resist peer pressure to experiment with tobacco, alcohol, and other drugs. This meant enhancing self-esteem, learning assertiveness techniques, learning about positive alternatives to substance use, learning anger management and conflict resolution skills, developing risk assessment and decision making skills, reducing violence, building interpersonal and communications skills, and finally resisting gang involvement (Gist, 1995). Despite Project D.A.R.E's well-developed program, its effectiveness was far from what was desired. When a

meta-analysis was conducted using 11 research articles reporting an outcome evaluation of Project D.A.R.E, it was found that there was little to no difference in the two subject groups—those being individuals who took received D.A.R.E's programming versus who didn't (West and O'Neal, 2004). This forced Project D.A.R.E to rebrand, and in 2009, the program was renamed to Keepin' It REAL.

Keepin' It REAL (kiR), like its counterpart Project D.A.R.E, is a substance abuse prevention program that hopes to mitigate future substance abuse in the American K-12 population with emphasis on elementary and middle school students. Keepin' It REAL, however, focuses on using an evidence-based prevention curriculum to educate youth on the dangers of substance abuse. This means there was sufficient evidence that proved the curriculum to be effective in classes—something D.A.R.E was unable to do. This was in part due to D.A.R.E being a pilot program, and through the successes and failures of that program, kiR was able to use the data for their benefit. Building on the widespread outreach of Project D.A.R.E. in the U.S., kiR was able to successfully integrate its curriculum into schools nationwide. In kiR's program, educators followed a program that focused on teaching students: (1) self-awareness and management, (2) responsible decision making, (3) understanding others, (4) relationship and communication skills, and (5) handling responsibilities and challenges (Hansen et al, 2023). This new curriculum differed from Project D.A.R.E's original one, as kiR's curriculum was more focused on life skills training in comparison to D.A.R.E focusing on resisting peer pressure. Through this shift in what was taught, a visible change could be observed among the study group. At the end of the study, the results ended up showing a positive effect in terms of deterring the onset of alcohol use and vaping with kiR's new curriculum (Hansen et al, 2023). Through continuing to use life-skills training in substance use prevention programs like Keepin' It Real, the use of substances in youth should continue to decrease—as it has been in the past few years (National Institutes of Health, 2024).

The final program is SmartCoach—an evidence-based prevention program that aims to reduce substance use in students ages 14-16 in Switzerland. This program, like Keepin' It Real, utilizes a life-skills training curriculum to steer students away from substances and alcohol. SmartCoach, however, differs in the fact that the program's curriculum is solely digital and through SMS (short message service). Participants will engage in a 4-month long coaching that improves their social competencies, stress and substance use resistance skills (SmartCoach, 2024). They will be taught things like: 1) cope with stress, 2) interact with others and 3) use addictive substances, such as alcohol or social media, in a low-risk way (SmartCoach, 2024). This approach was proven to be highly effective in teaching the youth self-management skills, social skills, and drug awareness and resistance skills (Raquel Paz Castro, et al, 2022). Just like kiR, through these skills that were taught, research showed there were long-term results that showed effectiveness in preventing tobacco smoking and cannabis use (Paz Castro et al, 2022). Despite the positives, one negative that was found about SmartCoach's program was its failure to reduce the rate of alcohol consumption for the youth (Paz Castro et al, 2022). All in all, research shows the power of life-skills training programs like Keepin' It Real and SmartCoach can be used effectively to battle substance use in youth. In the next and final section, a formal prevention strategy will be proposed using the pros and cons of the investigated programs in order to mitigate the effects of ACEs in hopes of preventing future homelessness and substance abuse.



Strategy: Using the successes and failures that the previously said programs had, I propose the following formal strategy. To begin, when developing a strategy to mitigate the consequences of Adverse Childhood Experiences (ACEs), it is first important to address the need for increased ACEs screenings in youth. This strategy will work to address the gap in the lack of ACEs screenings in youth by providing them access to this test in hopes of reducing the long-term effects of ACEs to mitigate the risk of homelessness and substance abuse for many.

First, this strategy will require every school across the nation to administer an ACEs questionnaire to its students once they reach the 8th grade. Giving the test in schools allows us to capture a larger portion of youth in this age range and creates an equitable solution without the concern of a portion of youth being able to while others can not. From there, students who receive a score of 4 or more are considered to be high-risk as they are 4–12 times more likely to experience alcoholism, substance abuse, depression or a suicide attempt—as stated earlier (American School Counselor Association, 2020). Therefore, these students will be required to take a mandatory year-long class once they reach high school. This will identify the youth at high risks of future health issues before they reach their formative teen years and provide them with a way to cope and manage with their trauma.

In this class's curriculum, students will follow a life-skills training approach in hopes of teaching them ways to deal with their traumatic experiences. This means following a lesson plan similar to Keepin' It REAL, with students learning (1) self-awareness and management, (2) responsible decision making, (3) understanding others, (4) relationship and communication skills, and (5) handling responsibilities and challenges (Hansen et al, 2023). They will engage in interactive activities weekly in order to strengthen these abilities and grow communication skills that will aid in their ability to reach out for help when they need it. The goal is by the end of the year, students will be comfortable in expressing their feelings and knowing how to manage their trauma.

After the class is over and the students receive their life-skills training, this program will tailor off to monthly check ups for the next 3 years where students will meet with a licensed therapist to ensure they are following a healthy life and staying away from substances and other dangers that can put them in jeopardy. Through this 4 year period, the goal is that these students will create strong habits that will last with them for the rest of their life. The outcome of this proposed program is to decrease the number of individuals at risk of experiencing homelessness and substance abuse along with creating permanent large scale change.

Conclusion: As America continues to grow and transition in the years to come, its goal of aiding in the homelessness and substance abuse crisis should only continue to grow. The effects these issues have on society beyond health is concerning for all and the change should begin with the youth. Research shows that by providing them the ability to handle the trauma that Adverse Childhood Experiences can cause, the number of those experiencing homelessness and substance dependency disorder should decrease. This means increasing funding towards school curriculums that educate the youth on the dangers of substance abuse and how to spend their time productively—like SmartCoach and the Keepin' It Real Program. If we want to continue to mitigate these effects, we can build programs that focus on teaching



them life-skills that aid in their ability to handle their trauma and a continuation of monitoring with the use of therapists throughout their teen years. Additionally, youth should have increased access to the ACEs questionnaire to help them get screened before these issues start to have an affect on their future. By doing so, the youth of this nation can be equipped with the skills to guide them away from their past trauma.



References

- ACEs Aware. "Adverse Childhood Experience Questionnaire for Adults." California Surgeon General's Clinical Advisory Committee, 5 May 2020.
<https://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf>
- Broekhof, Rosalie, et al. "Adverse Childhood Experiences and Their Association with Substance Use Disorders in Adulthood: A General Population Study." *Addictive Behaviour Reports*, vol. 17, no. 100488, 1 June 2023, pp. 100488–100488,
<https://doi.org/10.1016/j.abrep.2023.100488>.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10106480/>
- Buffo, Jacquelyn. "The Cost of Rehab: Why Rehab Is Worth the Price." *American Addiction Centers*, 19 Apr. 2023, americanaddictioncenters.org/rehab-guide/rehab-cost.
<https://americanaddictioncenters.org/rehab-guide/rehab-cost>
- Cross, Dorthie, et al. "Neurobiological Development in the Context of Childhood Trauma." *Clinical Psychology: Science and Practice*, vol. 24, no. 2, 2019, pp. 111–124,
pmc.ncbi.nlm.nih.gov/articles/PMC6428430/, <https://doi.org/10.1111/cpsp.12198>.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6428430/>
- Dawson-Rose, Carol, et al. "Trauma, Substance Use, and Mental Health Symptoms in Transitional Age Youth Experiencing Homelessness." *Public Health Nursing*, vol. 37, no. 3, 23 Mar. 2020, <https://doi.org/10.1111/phn.12727>.
<https://pubmed.ncbi.nlm.nih.gov/32202664/>
- De Sousa, Tanya, and Meghan Henry. *The 2024 Annual Homelessness Assessment Report (AHAR) to Congress*. The U.S. Department of Housing and Urban Development, Dec. 2024.
<https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>
- Edidin, Jennifer, et al. "The Mental and Physical Health of Homeless Youth: A Literature Review." *Child Psychiatry & Human Development*, Springer Nature, 2012,
www.researchgate.net/publication/224120419_The_mental_and_physical_health_of_homeless_youth_A_literature_review. Accessed 1 Aug. 2025.
https://www.researchgate.net/publication/224120419_The_mental_and_physical_health_of_homeless_youth_A_literature_review
- Feldman Hertz, Marci. "Address Adverse Childhood Experiences - American School Counselor Association (ASCA)." *Www.schoolcounselor.org*, 1 May 2020,
www.schoolcounselor.org/Magazines/May-June-2020/Address-Adverse-Childhood-Experiences.
<https://www.schoolcounselor.org/Magazines/May-June-2020/Address-Adverse-Childhood-Experiences>



Gist, Nancy. Drug Abuse Resistance Education. 1995.

<https://www.ojp.gov/pdffiles/darefs.pdf>

Hansen, William B., et al. "D.A.R.E./Keepin' It REAL Elementary Curriculum: Substance Use Outcomes." PloS One, vol. 18, no. 4, 2023, p. e0284457,

pubmed.ncbi.nlm.nih.gov/37115774/, <https://doi.org/10.1371/journal.pone.0284457>.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10146478/>

Keisler-Starkey, Katherine, and Lisa Bunch. "Health Insurance Coverage in the United States: 2023." United States Census Bureau, 10 Sept. 2024,

www.census.gov/library/publications/2024/demo/p60-284.html.

<https://www.census.gov/library/publications/2024/demo/p60-284.html>

Mosel, Stacy. "Substance Abuse and Homelessness: Statistics and Rehab Treatment."

American Addiction Centers, 1 Apr. 2025,

americanaddictioncenters.org/rehab-guide/addiction-statistics-demographics/homeless.

<https://americanaddictioncenters.org/rehab-guide/addiction-statistics-demographics/homeless>

National Center for Drug Abuse Statistics. "NCDAS: Substance Abuse and Addiction Statistics [2025]." National Center for Drug Abuse Statistics, 2025, drugabusestatistics.org/.

<https://drugabusestatistics.org/>

National Coalition for the Homeless. Substance Abuse and Homelessness Policies. June 2017.

<https://nationalhomeless.org/wp-content/uploads/2017/06/Substance-Abuse-and-Homelessness.pdf>

National Conference of State Legislatures. "Youth Homelessness Overview." NCSL, 29 Mar. 2023, www.ncsl.org/human-services/youth-homelessness-overview.

<https://www.ncsl.org/human-services/youth-homelessness-overview>

National Institutes of Health. "Reported Use of Most Drugs among Adolescents Remained Low in 2024." National Institutes of Health (NIH), 17 Dec. 2024,

www.nih.gov/news-events/news-releases/reported-use-most-drugs-among-adolescents-remained-low-2024.

<https://www.nih.gov/news-events/news-releases/reported-use-most-drugs-among-adolescents-remained-low-2024#:~:text=When%20breaking%20down%20the%20data,to%2017.6%25%20in%202023>).

National Network for Youth. "Youth Homelessness." National Network for Youth, 2023, nn4youth.org/learn/youth-homelessness/.

<https://nn4youth.org/learn/youth-homelessness/>

- Nyamathi, Adeline, et al. "Correlates of Substance Use Severity among Homeless Youth." *Journal of Child and Adolescent Psychiatric Nursing*, vol. 23, no. 4, Nov. 2010, pp. 214–222, <https://doi.org/10.1111/j.1744-6171.2010.00247.x>. Accessed 21 Aug. 2018.
[https://pmc.ncbi.nlm.nih.gov/articles/PMC3140171/#:~:text=The%20difficult%20situations%20inherent%20in,use%20\(Slesnick%2C%202004\).](https://pmc.ncbi.nlm.nih.gov/articles/PMC3140171/#:~:text=The%20difficult%20situations%20inherent%20in,use%20(Slesnick%2C%202004).)
- "Program Profile: Drug Abuse Resistance Education (DARE) (1983-2009)." CrimeSolutions, National Institute of Justice, 3 June 2011, crimesolutions.ojp.gov/ratedprograms/drug-abuse-resistance-education-dare-1983-2009#4-0.
<https://crimesolutions.ojp.gov/ratedprograms/drug-abuse-resistance-education-dare-1983-2009#4-0>
- "The President's Budget Proposal Cuts \$532 Million in Homelessness Funding." National Alliance to End Homelessness, 24 June 2025, endhomelessness.org/resources/sharable-graphics/the-presidents-budget-proposal-cuts-532-million-in-homelessness-funding/. Accessed 13 July 2025.
<https://endhomelessness.org/resources/sharable-graphics/the-presidents-budget-proposal-cuts-532-million-in-homelessness-funding/>
- Raquel Paz Castro, et al. "Longer-Term Efficacy of a Digital Life-Skills Training for Substance Use Prevention." *American Journal of Preventive Medicine*, vol. 63, no. 6, 1 Dec. 2022, pp. 944–953, <https://doi.org/10.1016/j.amepre.2022.06.017>.
<https://www.sciencedirect.com/science/article/pii/S0749379722003476>
- Sacks, Vanessa, and David Murphey. "The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity - Child Trends." *Child Trends*, 12 Feb. 2018, www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity.
<https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>
- Slesnick, Natasha, et al. "Two-Year Predictors of Runaway and Homeless Episodes Following Shelter Services among Substance Abusing Adolescents." *Journal of Adolescence*, vol. 36, no. 5, Oct. 2013, pp. 787–795, <https://doi.org/10.1016/j.adolescence.2013.06.007>. Accessed 12 Sept. 2019.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC3768003/>
- "SmartCoach." Smartcoach.info, 2024, www.smartcoach.info/index_en.htm. Accessed 23 Aug. 2025.
https://www.smartcoach.info/index_en.htm



- West, Steven L., and Keri K. O’Neal. “Project D.A.R.E. Outcome Effectiveness Revisited.” American Journal of Public Health, vol. 94, no. 6, 2004, pp. 1027–1029, www.ncbi.nlm.nih.gov/pmc/articles/PMC1448384/, <https://doi.org/10.2105/ajph.94.6.1027>.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC1448384/>
- Wolfe, Debra, et al. Human Trafficking Prevalence and Child Welfare Risk Factors among Homeless Youth a Multi-City Study Acknowledgments. 2018.
<https://fieldcenteratpenn.org/wp-content/uploads/2022/12/6230-R10-Field-Center-Full-Report-Web.pdf>
- Zhang, Xiaoyan, and Shannon M. Monnat. “Racial/Ethnic Differences in Clusters of Adverse Childhood Experiences and Associations with Adolescent Mental Health.” SSM - Population Health, vol. 17, Mar. 2022, p. 100997, <https://doi.org/10.1016/j.ssmph.2021.100997>.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8693281/>